

# CONTROLLED DOCUMENT

## Fire Safety Policy

<b>CATEGORY:</b>	Policy
<b>CLASSIFICATION:</b>	Health and Safety
<b>PURPOSE</b>	To minimise risks from fire for patients, staff and visitors on Trust premises and ensure compliance with its statutory obligations.
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## **1. Policy Statement**

- 1.1 University Hospitals Birmingham NHS Foundation Trust (the ‘Trust’) is committed to take all reasonable steps to reduce the risk of, and impact, of fire to life, safety and delivery of service.
- 1.2 The purpose of this policy is to ensure that fire safety is managed effectively throughout the Trust to minimise risks from fire for patients, staff and visitors on Trust premises, and ensure compliance with its statutory obligations.

## **2. Scope**

This policy and its associated procedures apply to premises owned or under the control of the Trust and must be adhered to by all individuals employed by the Trust including contractors, volunteers, students, locum, agency/bank staff and staff employed on honorary contracts.

## **3. Framework**

- 3.1 This section sets out the broad framework for ensuring fire safety within the Trust and forms an essential part of the Trust’s approach to managing health and safety, as detailed in the associated Health and Safety Policy.
- 3.2 The Chief Finance Officer will approve all procedural documents associated with this policy, and any amendments to such documents, as well as ensuring that such documents are compliant with this policy.

### **3.3 Risk Assessments**

- 3.3.1 The Fire Safety Manager will ensure that Fire Risk Assessments are undertaken for all Trust premises, identifying potential fire hazards and who might be at danger from such hazards.
- 3.3.2 The risks arising from identified hazards will be evaluated and appropriate controls put in place to reduce the risk of fire to an acceptable level, considering:
  - a) The likelihood of fire occurring and measures that could reduce the likelihood;
  - b) The fire precautions and arrangements for warnings;
  - c) Means of escape;
  - d) Firefighting arrangements; and
  - e) Maintenance and testing of fire safety systems.

- 3.3.3 Fire Risk Assessments are to be recorded by the Fire Safety Manager, reviewed by the Fire Safety Management Group and updated annually. The Risk Assessments will be undertaken in accordance with the requirements of The Regulatory Reform (Fire Safety) Order 2005 and in a standard form agreed by the Chief Finance Officer and the NHS Fire code 05-03 Part K – Guidance on fire risk assessments in complex healthcare premises.
- 3.3.4 Any gaps in the controls identified by the Risk Assessments will be collated into a Fire Safety Action Plan, by the Fire Safety Manager which will contain a programme of remedial works, the implementation of which shall be monitored by the Fire Safety Group.
- 3.3.5 The completed Fire Risk Assessments will be used as the basis for the production of an annual Fire Safety report.
- 3.3.6 Fire strategies for each site will be produced by the Fire Safety Manager and approved by the Chief Finance Officer/Director of Corporate Affairs. The strategies will set out the actions to be taken on detection of a fire incident and arrangements for warnings, firefighting and evacuation. The strategies will be reviewed annually in accordance with HTM 05-01: Managing Healthcare Fire Safety.

#### **3.4 Departmental Fire Plans**

- 3.4.1 Departmental Fire Plans will be in place for each ward/department and will include:
  - a) A plan of the area;
  - b) Evacuation procedures;
  - c) A record of any fire defects and associated issues; and
  - d) Any hazards that may affect the Fire Service.
- 3.4.2 Departmental Fire Plans will be prepared by the Fire Safety Advisor, in consultation with local managers; it will be reviewed annually or prior to this date in situations of significant changes in departmental operational procedures or risks.

#### **3.5 Fire Safety Procedure**

- 3.5.1 A Fire Safety Procedure will be produced by the Fire Safety Manager in accordance with the statutory requirements.

3.5.2 The procedure will provide site specific information on the layout of each site, specific risks/hazards, fire evacuations procedures and the fire strategy, to enable the Fire Service to effectively manage all fire calls; these will be readily available to the Fire Service when attending a fire incident and are located in the security rooms for the main hospitals and in reception for the offsite premises.

### 3.6 Fire Evacuation Drills

- 3.6.1 Fire drills will be undertaken in accordance with a programme approved by the Chief Finance Officer/Director of Corporate Affairs.
- 3.6.2 All drills will include, where practical, a full evacuation; or
- 3.6.3 Where disruption to patients would be inappropriate, drills may be conducted on a walk-through/ talk-through basis.

### 3.7 Fire Response Team

- 3.7.1 Fire Response Teams will be available on each site at all times a site is occupied.
- 3.7.2 It is the Fire Response Team's responsibility to:
  - a) Attend all incidents and provide additional resources to enable their effective management;
  - b) Assume the role of incident controller until the Fire Service arrives; and
  - c) Support an ongoing evacuation and initiating any escalation that may be required.
- 3.7.3 Details of the constitution and duties of the Fire Response Team are set out in the Fire Procedure.

### 3.8 Fire Safety Group

- 3.8.1 The Fire Safety Group will meet quarterly, be chaired by the Fire Safety Manager and report to the Trust health and safety Group.
- 3.8.2 Members of the Fire Safety Group will be responsible for the review of the following:
  - a) all fire safety related matters, including fire incidents;

- b) staff training;
  - c) unwanted fire signals (false alarms);
  - d) enforcement action;
  - e) evacuation strategies;
  - f) appropriate fire safety audit schedule;
  - g) fire safety compliance with the Regulatory Reform (Fire Safety) Order 2005, the NHS HTM Fire Code Suite of Documents and the disability provisions of the Equality Act 2010/ Fire Safety issues; and
  - h) Fire strategies for new and existing buildings.
- 3.8.3 Membership of the Group is detailed within the associated Fire Safety Procedure and its terms of reference will be approved by the Chief Finance Officer.

### 3.9 Fire Wardens

Fire Wardens are an essential element in the management of fire safety. Their responsibility will be specific to the site for which they are responsible.

### 3.10 Fire Service Liaison

Effective and regular communication will be maintained with the Fire Service to enable a working partnership to be achieved.

## 4. Duties

### 4.1 Chief Finance Officer

The Chief Finance Officer has overall responsibility for fire safety in Trust premises.

### 4.2 Head of Estates/Director of Asset Management

The Head of Estates (QEH site) and the Director of Asset Management (Heartlands, Solihull and Good Hope sites) are the nominated Fire Safety Managers, and they have responsibility for:

- 4.2.1 Ensuring that the Trust meets its statutory obligations as regards to fire safety;

- 4.2.2 Ensuring that senior managers are aware of their responsibilities relating to fire safety;
- 4.2.3 Raising awareness of fire safety risks with managers and monitor management of these risks;
- 4.2.4 Monitoring compliance with Legislation including the Regulatory Reform Fire Safety Order 2005, NHS Fire code Suite of Documents, CQC and Fire Safety Guidance;
- 4.2.5 Developing the Fire Safety Policy and associated procedures;
- 4.2.6 Developing a Fire Safety Strategy for the Trust;
- 4.2.7 Monitoring the inspection, maintenance and testing of Fire Safety Systems;
- 4.2.8 Liaising with Enforcing Authorities (primarily Fire Service);
- 4.2.9 Ensuring that the Trust has an effective fire safety training programme.
- 4.2.10 Ensuring that Consort/Engie (QEH site) and the Estates Operational Team (Heartlands, Solihull and Good Hope sites):
  - a) Maintain all Fire Safety equipment in the Trust to an acceptable standard, and maintaining comprehensive records of all work undertaken;
  - b) Agree any deviations in standard maintenance frequencies with the Fire Safety Manager in writing prior to implementation;
  - c) Monitor any deviations from the agreed schedules and bringing these to the immediate attention of the Fire Safety Manager.

### **4.3 Fire Safety Advisors**

The Fire Safety Advisors are the key source of technical expertise and advice on fire safety for the Trust. Their responsibilities are:

- 4.3.1 Provision of expert technical advice on Fire Legislation (Regulatory Reform Fire Safety Order 2005), the application and interpretation of Building Regulations, NHS Fire code Suite of Documents, CQC, and Fire Safety Guidance;
- 4.3.2 Development and delivery of appropriate Fire Safety training;

- 4.3.3 Attending routine Fire Service liaison meetings;
- 4.3.4 Identification of fire safety risks within the Trust;
- 4.3.5 Undertaking annual fire drills/evacuation training in all departments;
- 4.3.6 Leading on the development of Departmental Fire Plans;
- 4.3.7 Investigation of fire incidents and preparation of incident reports;
- 4.3.8 Liaising with Managers and staff on Fire Safety issues;
- 4.3.9 Liaising with Enforcing Authorities (primarily Fire Service) on technical issues;
- 4.3.10 Review of the Fire Safety Policy;
- 4.3.11 Assisting in the development of the Trust's Fire Strategy; and
- 4.3.12 Monitoring of unwanted fire signal reports.

#### **4.4 Fire Wardens**

Fire Wardens are responsible for:

- 4.4.1 Acting as the primary point of contact for any arising local Fire Safety issues or concerns;
- 4.4.2 Seeking advice on technical matters from the Fire Safety Advisor, and raise other issues with the appropriate Line Manager;
- 4.4.3 For all wards (including critical care and burns wards), the nurse in charge will act as the fire warden; a deputy fire warden is to be identified by the nurse in charge for each shift;
- 4.4.4 In other clinical departments, which are not occupied 24 hours/day, the fire warden is to be the senior nurse on duty in each section and a nominated deputy is to be identified the senior nurse on duty.
- 4.4.5 Offices and other non-clinical intermittently occupied departments (e.g. labs) will have a nominated fire warden in each department during normal hours; during out-of-hours, any member of staff is responsible for acting in a responsible manner, identifying any fire issues and following Trust fire procedures as and when required;

- 4.4.6 Departmental managers will ensure there are sufficient fire wardens to cover a department based on layout and size fire risks;
- 4.4.7 The Fire Warden will also encourage other staff to minimise the risks from potential fire situations, for example, by ensuring that fire doors are not wedged open, fire escape routes are kept clear at all times.

#### **4.5 Head of Capital Developments**

The Head of Capital Developments will ensure that fire safety is carefully and fully considered in all projects, and all current Legislation and good practice guidance (Fire Code and HTMs) are complied with in order to minimise fire risks.

#### **4.6 Nominated Managers**

The Nominated Manager is the person identified in the associated Health and Safety Policy for a particular area/department/ward. Nominated Managers are responsible for:

- 4.6.1 Ensuring that each department/area/ward has Departmental Fire Plans in place and that these are regularly reviewed;
- 4.6.2 Identifying Fire Wardens and ensuring they are adequately trained;
- 4.6.3 Ensuring fire drills are carried out;
- 4.6.4 Recording any fire issues in the departmental fire safety manual and reporting incidents via the Trust's incident reporting system;
- 4.6.5 Ensuring the requirements of the Trust's Fire Safety Policy and associated procedures are complied with in the areas for which they have responsibility; and
- 4.6.6 Managers may discharge their responsibility to other suitably qualified levels of management on a day-to-day basis, subject to adequate monitoring and being regularly informed that the arrangement continues to be satisfactory.
- 4.6.7 Managers must also ensure that:
  - a) They implement the Fire Safety Policy in the areas for which they have responsibility;

- b) The requirements of the Fire Safety Policy and fire safety instructions are brought to the attention of, and observed by their staff, including contractors, volunteers, students, locums, agency/bank staff and staff employed on honorary contracts;
- c) Operational procedures are in place and ensure that fire safety training is provided to staff at their first attendance in an unfamiliar place of work, such as a ward or department;
- d) All members of staff attend a fire safety lecture on appointment, as part of the Trust's Induction Day, and thereafter on an annual basis;
- e) All means of escape routes are maintained free of any obstructions or storage;
- f) Any fire-related equipment, such as fire alarm break glass points, detection, sounders, indicator panels, fire action notices, signs, fire-fighting equipment and emergency lighting luminaries are not obstructed;
- g) No storage of combustible materials takes place other than in the approved areas and under approved conditions;
- h) Designated fire doors are not obstructed or wedged in the open position;
- i) Staff are familiar with the location and method of operation of approved door security devices on their escape route within their area of responsibility;
- j) Any alteration, extension or change of use proposed for their area of responsibility is approved prior to any work being commenced, by the Specialist Fire Safety Adviser, to ensure that any fire precautions are not compromised and/or any legislation is contravened;
- k) Sufficient capacity of trained staff is available at all times (including during night time to provide for the safe evacuation of patients in their area of responsibility);
- l) Staff, including contractors, volunteers, students, locums, agency staff and staff employed on honorary contracts participate in specific drills;
- m) A Trust incident form Datix IR1 is completed for all instances reported to them or noted by them, where agreed fire procedures are not being implemented or observed,

- e.g. anything affecting the integrity of means of escape routes, fire compartmentation and use of faulty equipment, etc;
- n) Staff do not undertake specialist responsibilities related to the Fire Safety Policy (such as fire wardens, assembly point marshal or membership of the hospitals fire emergency response teams) without completing the necessary training;
  - o) That the Fire Safety Advisor is contacted before the purchase or donation of furniture or furnishings to ensure the requirements of HTM 05-03 Operational Provisions Part C textiles and furnishings and the Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended in 2010) are being met;
  - p) At the end of the working day all electrical equipment no longer required is switched off and unplugged; and
  - q) Confirm that any portable electrical equipment purchased, donated or brought into the Trust by patients is checked by Estates prior to use; in the case of kettles, toasters and microwave ovens, or other similar equipment, that they are only used in approved areas.

#### 4.7 Staff

Staff will:

- 4.7.1 Comply with this Policy and associated Procedure;
- 4.7.2 Have awareness of this policy and follow the Fire Safety Procedures;
- 4.7.3 Report any incidents and potential hazards to their Line Manager;
- 4.7.4 Undertake Mandatory Fire Safety training on an annual basis, supplemented by local departmental guidance/ instruction as required;
- 4.7.5 Take appropriate actions to ensure they reduce the potential for fire incidents;
- 4.7.6 Ensure that fire exits are kept clear and firefighting equipment, including extinguishers, are accessible;
- 4.7.7 Receive instruction in fire safety and other fire training which is appropriate to their specific needs;

- 4.7.8 Report all fire hazards involved in their working environment;
- 4.7.9 Promote fire prevention best practice (good housekeeping, fire hazards related to smoking and possibilities of wilful fire raising); and
- 4.7.10 Correctly follow the procedures should fire break out (raising the alarm, first aid fire-fighting and evacuation techniques);

## **5. Implementation and Monitoring**

### **5.1 Implementation**

- 5.1.1 This policy shall be implemented by all levels of management in the Trust (see Duties). This policy will be available to all staff on the intranet.
- 5.1.2 All staff must receive appropriate training in Fire Safety annually, in accordance with the associated Mandatory and Statutory Training Policy. Attendance at the mandatory fire training will be recorded and closely monitored as per monitoring table.
- 5.1.3 To facilitate communication of the key duties and arrangements of this policy a leaflet will be designed, produced and disseminated to the Trust by the Fire Safety Manager.
- 5.1.4 Other communication approaches will be explored and adopted if deemed beneficial/appropriate by the Chief Finance Officer/Director of Corporate Affairs, including screen savers, dedicated briefing sessions, posters/notices and inclusion in fire lectures; which will include induction training, regular fire lectures, online fire training, and other specific training (Fire Wardens, Departmental), evacuation and fire Drills.

### **5.2 Monitoring**

Appendix A provides full details on how the policy will be monitored by the Trust.

## **6. References**

CQC Fire Safety Guidance

Equality Act 2010

Fire Safety Order 2005

HTM 05, Department of Health

Health and Safety at Work Act 1974

Managing Fire Safety HTM 05/01

Management of Health and Safety at Work Regulations 1999 HMSO – Statutory Instrument 1999 No. 3242

NHS Fire code Suite of Documents

Regulatory Reform (Fire Safety) Order 2005 (the “Order”) came into force for the NHS in October 2006 and replaces all previous Legislation

## **7. Associated Policy and Procedural Documentation**

Departmental Fire Safety manuals

Disciplinary Procedure

Fire evacuation procedures and information

Fire Safety Strategy (Procedure)

Health and Safety Policy

Helicopter Landing Procedure

Mandatory and Statutory Training Policy

Risk Management Policy

**APPENDIX A**

**Monitoring Matrix**

<b>MONITORING OF IMPLEMENTATION</b>	<b>MONITORING LEAD</b>	<b>REPORTED TO PERSON/GROUP</b>	<b>MONITORING PROCESS</b>	<b>MONITORING FREQUENCY</b>
Attendance at mandatory fire training	Fire Safety Manager	Fire Safety Group	From reports submitted by training and development which is collated from signed attendance sheets.	Monthly
Departmental Fire Drills	Fire Safety Manager	Fire Safety Group	Monthly report from Fire Safety Advisor.	Monthly
Fire Safety Audit	Fire Safety Manager	Director of Corporate Affairs  Fire Safety Group	Compliance audit report.	Annually
Fire Incidents	Fire Safety Advisor	Fire Safety Manager	Written report following an incident.	By exception
Unwanted fire signals	Fire Safety Advisor	Fire Safety Manager	Weekly report submitted by Engie	Weekly
Fire Inspections and fire risk assessments	Fire Safety Advisor (or approved contractor)	Fire Safety Manager & Fire Safety Group	Written report following inspections/ad hoc inspections/ audit.	Annually
Compliance with legislation	Fire Safety Manager	Health and Safety Committee	Monitoring of Fire Safety audits.  Report on breaches of this policy and against KPIs	Quarterly
Health and Safety Inspections	Director of Operations	Health and Safety Committee	Fire Safety will form part of Health and Safety inspections	6 monthly