




Fire Safety Policy

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EXECUTIVE DIRECTOR WITH FIRE SAFETY RESPONSIBILITIES	Interim Executive Director of Quality and Safety (Chief Nurse)	
POLICY LEAD	Fire Safety Advisor	
POLICY AUTHOR <i>(if different from above)</i>		
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

Policy Context

The aim of the policy is to ensure compliance with The Regulatory Reform (Fire Safety) Order 2005 and demonstrate an effective implementation of a combination of measures to achieve an acceptable level of fire safety. This will be accomplished by outlining the Trust's process in identifying fire risks and the controls to reduce or mitigate the risks where reasonably practicable.

Policy Requirement

The Trust's Board and Executive Director (with fire safety responsibility) will ensure that procedures have been formulated for:

- Staff fire training
- Fire Risk Assessment
- Fire drills
- Management of fire incidents
- Evacuation
- Fire prevention
- Deliberate fire setting prevention & control
- Maintenance of equipment and provision of new resources.

The Responsible Person for each site will provide a good standard of fire safety to all persons entering premises under the management of the Trust, Trust owned and leased premises, and will protect investment in buildings and resources.

The Responsible Person will secure competent advice on fire safety from appropriate sources. This will be obtained from suitably trained and experienced Fire Advisors, the local Fire Authority, and other statutory bodies.

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Introduction

1.1 Rationale

The primary remit of Birmingham and Solihull Mental Health Foundation NHS Trust with regard to fire safety is the safety of service users, staff and visitors.

This policy provides an unambiguous statement of fire safety applicable to Birmingham & Solihull Mental Health NHS Foundation Trust and to premises where patients of the Trust receive treatment or care, excluding a single private dwelling.

Fire is a potential serious hazard in healthcare buildings. It is imperative that all staff, without exception, understand what is required of them and co-operate fully in reducing the risk of fire.

This fire safety policy aims to minimise the incidence of fire throughout all activities provided by, or on behalf of, Birmingham & Solihull Mental Health NHS Foundation Trust.

Where fire occurs, this policy aims to minimise its impact life, safety, the delivery of patient care the environment and property.

1.2 Scope

This policy applies to all employees (permanent, temporary or agency), visitors and others (e.g. contractors) who enter the premises under the management of the Trust. This policy does not cover HMP Birmingham and other premises where building and fire arrangements are managed by another organisation.

The policy relates to all fire safety hazards and risks in premises under the management of the Trust.

Work that entails exposure to fire safety hazards and risk by the Trust's PFI partners and contractors, including new capital works, are covered by their policies and procedures, risk assessments and method statements. The responsible Estates Manager will ensure that these documents are of the appropriate standards.

Reasonably practicable adjustments with regards to emergency exit from premises will be implemented where there is a requirement highlighted for any employees (permanent, temporary or agency), visitors and contractors who use/enter the premises under the management of the Trust.

1.3 Principles

All staff will take all reasonable and practical steps to protect themselves, service users, other staff, visitors, and property from the dangers of fire with particular account to mental state and physical abilities.

For all premises under its control (in whole or in part) the Trust is required to select and effectively implement a combination of measures to achieve an acceptable level of fire safety considering the following:

- The guidance in the Fire code - Fire Safety in the NHS Health Technical Memorandum (HTM) 05-03: Operational provisions
- The guidance contained in the Department for Communities and Local Government – Fire Safety Risk Assessment – Healthcare Premises
- Fire codes, HTMs 05-01, 05-02 and 05-03 Parts A to M
- The Regulatory Reform (Fire Safety) Order 2005
- The Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Fire safety requirements of the Building Regulations 2010
- The Equality Act 2010

2. The Policy

2.1 To ensure compliance with the Regulatory Reform Order and other guidance documents, a number of elements of the fire safety management system must be implemented and these are outlined below.

2.1.1 Staff fire training

- Mandatory Fire Training Bi-Annually (eLearning Training to be reviewed Three Yearly)
- Fire Team Training Annually
- On-site Basic Fire Induction Training

2.1.2 Fire Risk Assessment

- In-patient Buildings undertaken every 18 months
- Community Buildings undertaken every two years
- Responsible Person will be required to report to the Trust on Action Points identified from the Significant Findings within two months of the Assessment

2.1.2 Trust Buildings Fire Procedure and Fire Strategies

All Trust owned or managed buildings have an individual Fire Procedure and Fire Strategy which has been formulated in consultation with Clinical and Estates Management Teams. An annual review should be undertaken to test the effectiveness. Part of the process includes a regular fire drill.

2.1.4 Fire drills

The Fire code – Fire safety in the NHS: HTM 05-03: Operational provisions – Part A: General Fire Safety/Fire drills sets out the following guidance:

- The effectiveness both of emergency plans for dealing with a fire and of various aspects of fire safety training should be tested by means of practical fire drills, preferably both day and night.
- The frequency and organisation of such exercises is a matter for local management. It is recommended that they take place at least once a year and simulate conditions in which at least one of the escape routes is deemed to be obstructed by fire.
- In order that the Trust has taken all reasonable steps to implement the Health Technical Memorandum noted above, fire drills must be undertaken as a minimum every 6 months for all In-patient units and annually for Community/office premises.
- A fire evacuation drill report is compiled based on observations at the time of the drill and includes an action plan for relevant persons to complete in a timely manner. Face to Face fire safety training is also arranged where lessons are needed to be learnt or there has been a shortfall in the appointment of fire Marshalls. (See attached Appendices 2)
- In-patient Buildings Six Monthly
- Community Buildings Annually
- The Responsible Person will be required to report to the Trust on the Remedial Action Points within two months of Assessment
- Responsible Person to review Local Operating Procedure Annually based on outcomes from Fire Drills

2.1.5 Management of fire incidents

- Local investigations undertaken with outcomes provided to the Responsible Person
- Outcomes of recommendations to be reviewed by the Trust within two months of the incident

2.1.6 Evacuation

- Single Point Evacuation (as per Local Operating Procedure)
- Horizontal Evacuation (as per Local Operating Procedure)

2.1.7 Fire prevention

- Responsible Person to ensure a high level of Fire Prevention is maintained throughout premises
- Responsible Person to mitigate against deliberate fire setting
- Responsible Person to apply appropriate Fire Prevention & Controls

2.1.8 Maintenance of equipment and provision of new resources.

The Responsible Person must ensure compliance with Fire Safety legislation and standards. Having in place a clearly defined management structure for the delivery, control and monitoring of fire safety measures in the following areas

- Procurement
- Estates
- Health & Safety
- Fire Safety

2.2 Implementation

The Trust Board expects those tasked with managing aspects of fire safety to:

- Diligently discharge their fire safety responsibilities as befits their position
- Develop and implement appropriate protocols, procedures, action plans and control measures to mitigate fire risks, comply with relevant legislation and, where practicable, codes of practice and guidance
- Develop and disseminate appropriate fire emergency action plans pertinent to each department/building/area to ensure the safety of occupants, protect the delivery of service and, as far as reasonably practicable, defend the property and environment for the site
- Develop and implement a programme of appropriate fire safety training for all relevant staff.
- Develop and implement monitoring and reporting mechanisms appropriate to the management of fire safety.

3.0 The Procedure

3.1 Staff Fire Safety Training

Fire safety training is essential for all staff and is a legal requirement under the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Regulatory Reform (Fire Safety) Order 2005.

Staff need to have an understanding of fire risks and know what to do in the event of a fire so that fire safety procedures can be applied effectively. It is therefore imperative that healthcare

organisations provide appropriate levels of fire safety training. This applies to all staff without exception.

Detailed information for this covered in the Fundamental Training Policy and the Staff Induction & Local Orientation Policy.

3.2 Fire Risk Assessment Significant Findings/Action Plan

The Responsible Person identified on the fire risk assessment must considers the full range of factors that affect fire safety in healthcare premises. At the end of the assessment there is a section entitled 'Significant Findings Action Plan', which is separated into 2 parts. (See attached in Appendices)

Remedial actions required by staff, nominated by the Responsible Person, are required to take action agreed within the time scales recommended by the Fire Risk Assessor. A significant number of actions will be the responsibility of the Estates team who will already have robust procedures in place for testing and maintenance of passive and active fire systems and equipment.

3.3 Management of Fire Incidents

All premises within the Birmingham & Solihull Mental Health NHS Foundation Trust will have a clearly defined and documented fire procedure. The procedure will vary in detail between premises but there will be essential common features as described below:

In the case of serious fire incidents, it may be necessary to initiate the Trust Major Incident & Continuity Plan to ensure that temporary accommodation is provided, and services maintained.

If a serious fire incident occurs or is thought to be occurring the Fire Response Team Coordinator should contact either the Clinical Nurse/Service Manager who will assess the situation and make a decision to contact the Executive Director with Fire Safety responsibilities.

3.4 Fire Evacuation of Persons with Disabilities –requiring a Personal Emergency Evacuation Plan

Under current fire safety legislation, it is the responsibility of the person(s) having responsibility for the building to provide a fire safety risk assessment. That includes a personal emergency evacuation plan for all people likely to be in the premises, including disabled people, and how that plan will be implemented.

Members of staff who have a disability, must have a documented "Personal Emergency Evacuation Plan" (PEEP) for their place of work. They must be fully involved in selecting the safest and most efficient method of emergency evacuation. Their personal safety and dignity must be taken into account.

The Trust Fire Safety Advisor and can provide support to both the individual and their manager when preparing the plan.

Visitors may have a disability or staff may have a temporary injury such as a healing fracture or muscular problem. It must be recognised that the disability could make them more vulnerable or challenging to evacuate in an emergency. As such it will be up to the individual to ensure Fire Safety compliance.

Colleagues must be trained in the plan so that any of them can assist in an emergency rather than relying on one or two specifically trained individuals who may not be available when needed. Evac chairs have been installed to some larger sites which require specialist training. Staff must not assist Service Users or others with physical disabilities using an evacuation chair unless they have been suitably trained.

When the location of individual staff workstations are selected it is important that any mobility or sensory impairment is taken into account. Where possible each individual should be able to make their own, unaided escape from the building. Lifts cannot be used during a fire emergency. Similarly, the person's safety (and that of their helpers) must not be impaired by emergency escape methods.

Visitors to Trust sites should be requested to make staff aware of any issues with exiting the building in the case of an emergency evacuation to either reception or the person that they are visiting. This is to ensure the Trust is aware of any appropriate requirements that need to be put in place.

3.5 Fire Prevention

Many fires can be prevented by recognising that ignition sources and combustible materials must be controlled and where possible kept apart. Below are examples of items you would typically find in health care premises:

An ignition source is the 'spark' that if in close proximity to combustible materials will cause a fire.

3.5.1 Management and Support of Smoke Free Services

To minimise the risk from fire, all buildings, premises, sites and vehicles belonging to or leased by the Trust are smoke free. Please refer to Policy Number RS07.

3.5.2 Candles prohibited on Trust Premises

No candles or lamps using a flame are allowed in Trust premises. Candles should never be used as decorations even if it is not intended to light them.

3.5.3 Electricity

Electricity is the cause of 70% of workplace fires. The need to take sensible precautions when handling electrical appliances is paramount.

- Never leave any cooking unattended. Toast is often the cause of many fires and "nuisance" alarm calls. If you are called away for any reason – switch the cooker or electric toaster off. Toasters and Microwaves must not be taken out of the kitchen
- Always switch off electrical items not in use (this includes light fittings).

- All new electrical equipment must be checked by the Estates Department.
- Only qualified staff should fit plugs etc.

3.5.4 Flammable Liquids

Any flammable liquids must be kept locked away in a metal cupboard. The amount stored should be kept to a minimum. Petroleum or other fuel must not be kept in any building or any part of the Trust's premises without the knowledge and agreement of the Trust Fire Safety Advisor.

3.5.5 Medical Gases

The following are guidelines for the safe use and storage of gas cylinders:

- Only purchase sufficient quantities of gas to cover short-term needs
- Do not store for excessive periods of time
- Rotate stocks of gas cylinders to ensure first in is first used.
- Gas cylinders must be clearly marked to show what they contain, and the hazards associated with their contents.
- Rooms where medical gases are stored must be clearly signed, properly restrained unless designed to be free standing.
- Gas cylinders should be stored in a dry, safe place on a flat surface in the open air. If this is not reasonably practicable, store in an adequately ventilated building or part of a building specifically reserved for this purpose.
- Gas cylinders should be stored away from sources of ignition and other flammable materials.
- Ensure the valve is kept shut on empty cylinders to prevent contaminants getting in.
- Store gas cylinders securely when they are not in use.

3.5.6 Combustible Materials

Combustible materials are materials that will burn easily when combined with an ignition source. It is vital that we control both elements.

It is essential that all such items coming into Trust premises, whether funded directly by the Trust or by donations, or actual items donated, correspond in quality and compliance with all current guidance, e.g. Health Technical Memorandum 05-03: Operational provisions Part C: Textiles and furnishings Hospital

Particular care must be taken in the selection of upholstered furniture, bedding, mattresses and bedroom furniture.

Attention should be given to waste bins, which should be non-flammable where practicable.

3.5.7 Laundry

In line with the Trust Laundry Policy single patient use duvets should be used and replaced as required.

Fire retardant curtains for bedrooms are required to be washed annually and replaced every 5 years.

3.5.8 Waste

Keep waste in a secure area as far away as possible from service users. If you have an unusually large quantity of waste or bulky items for disposal such as discarded furniture then telephone Porter Services to get it removed. Do not just leave it, for example, in a corridor. Waste bins should be non-flammable. Never leave any waste or stored items within a staircase enclosure.

3.5.9 Secure rooms

Rooms such as Storerooms, Linen Rooms, Clinics, Utility Rooms, Server Rooms, etc. should be kept locked.

3.5.10 Fire Compartments

Fire compartments are created when a building is designed and built to protect life. Fire compartmentation compliance should be checked as part of a building FRA

These are traditionally lobbies, corridors, and stairwells. The compartments are constructed with fire resistant high specification materials designed to resist temperatures of 1,000 degrees centigrade for a designated time. Typically, the linings of a fire compartment corridor will help keep its occupants safe for up to 1 hour.

It is therefore imperative that the physical structure of the compartment such as ceilings and walls is not breached. This can be caused by maintenance work and new or existing services such as IT equipment. If you notice any holes/gaps surrounding recent works such as electrical cabling, please inform the Estates Department/ PFI Service Provider immediately.

3.5.11 Fire Doors

Fire doors are essential to limit the spread of fire within a building because they are made from special fire-resistant properties. Smoke seals are fitted to fire doors which usually provide protection of up to 30 minutes, although there are higher rated fire doors such as 1-hour protection. Upon reaction with heat and smoke the seal surrounding the door will expand which 'seals' the fire door to the frame. Therefore, fire doors must never be propped open or the closers disconnected. Report all damaged doors to the Estates Department/ PFI Service Provider.

3.5.12 Means of Escape Routes

All escape routes must be kept clear and free of obstruction so as not to impede persons safe exit to either another compartment (Phased Evacuation internally – Relative Place of Safety) or to a Final Place of Safety (usually at the Fire Assembly Point externally)

3.5.13 Fire Alarm Systems/ Fire Fighting Equipment-Faults or misuse

Fire Alarms should be tested on a weekly basis with any fault indications reported to the Estates Department immediately. All fire extinguishers, detectors and alarm call-points are clear of obstruction at all times.

3.6 Deliberate Fire Setting (Arson)

3.6.1 In a Mental Health Trust a large proportion of fire incidents are deliberately started. Often these will be attributed to Service users underlying mental illness but the threat of arson by vandals or others should also seriously be considered on a day to day basis and included within the fire risk assessment process.

3.6.2 Deliberate Fire setting by Service Users

Supervision and exchange of information is a key element in managing the risk. Where a service user is regarded as an active 'fire risk' following a clinical risk assessment this must be taken into account within the drafting and frequency of review of their care plan, placement, level of therapeutic observation.

Where there is serious concern that a service user is presenting an immediate fire risk it is important that this is recorded, concerns passed on at subsequent hand-over meetings and access to ignition sources such as matches, or lighters reviewed. If the service user is re-located these concerns must be communicated to the new location.

Where a service user is thought to be a fire risk there must be a regular check of the service users' bedroom to ensure that there is no accumulation of easily ignited rubbish e.g. newspapers, cardboard or piles of clothing.

The fire detector in the room should be visually checked at frequent intervals to check that it has not been obstructed or tampered with in any way.

3.6.3 Deliberate Fire Setting by Persons not known to the Trust

The security arrangements for our premises must be carefully followed. The last person leaving must ensure the building is locked, alarm set, windows closed, and that fire doors are shut. Flammable waste must never be stored close to a building.

Advice on any security issues should be sought from the Local Security Management Specialist (LSMS).

3.7. Estates Team / PFI Estates Service Provider - testing and maintenance of passive and active fire systems and equipment

3.7.1 Estates Team / PFI Service Provider play a crucial part in ensuring an effective, cohesive system of fire precautions.

Many of the elements of both active and passive fire precautions are seldom actually required to perform under fire conditions and it is only by careful and painstaking maintenance that

these elements can be relied on to function correctly when a fire does occur. It is essential that new services are selected and designed to be compatible with existing precautions.

Where existing buildings are upgraded, and new premises constructed it is vital that the correct level of fire precautions are incorporated into the scheme for the intended use of the facility. Any proposed changes should be agreed with the Estates and Facilities Department and the Fire Safety Advisor.

3.7.4 Maintenance of Fire Equipment etc.

The testing and maintenance of all passive and active fire systems and equipment is the responsibility of the Estates Department or PFI Service Provider. In some cases, this will be devolved to an approved, competent contractor managed by the Estates and Facilities Department e.g. in the case of alarm systems and firefighting equipment.

Testing and maintenance must be carried out in accordance with the appropriate British Standard Code of Practice, Health Technical Memorandum, Manufacturer's Guidance and supplemented by advice and guidance from the Trust Fire Safety Advisor.

A Building Fire Manual must be kept, in which the results of all tests, faults and actions taken on fire equipment and systems, are recorded, or signposted to by the person carrying the tests. This manual must be kept on the premises and be available for inspection by the Fire Service.

3.7.5 Fire Safety Notices

Fire signs should comply with the Signs and Signals Regulations.

3.7.6 Fire Fighting Equipment

The testing and maintenance of fire- fighting equipment should be conducted and logged in the Building Fire Manual, in accordance with current guidance and regulations.

Where any doubts exist about the suitability of equipment provided, the Trust Fire Safety Advisor should be consulted.

3.7.7 Fire Alarm Systems

The testing and maintenance of fire warning systems should be conducted by an approved competent person in accordance with the appropriate British Standard

Inspection and servicing visits should comply with BS5839-1: 2013 for fire detection and fire systems for buildings, Code of Practice for systems design, installation, commissioning, and maintenance. Additional guidelines should be adhered to set by UKAS and Department of Health's - Health Technical Memorandum (HTM)

In particular the following points should be noted:

- Each one and trigger device to be numbered and indicated on plan drawings.

- DAILY: Fire alarm panels should be visually inspected by the building manager/occupiers to ensure there are no faults on the system.
- WEEKLY: A manual call point or call point operated by a key (in-patient wards/departments) will be operated during normal working hours. This weekly test should be carried out at the same time and day each week. A different call point should be used for each successive test.
- This weekly test will be carried out by the Estates Department (or Landlord) via direct labour or PFI Provider. The results of all routine tests, inspections and visits will be entered in the Building Fire Manual kept on the premises in a prominent position for inspection by any visiting fire service officer and Trust Fire Safety Advisor.

3.7.8 Emergency Lighting

The testing and maintenance of internal and external emergency lighting should be conducted by a competent person assigned by the Estates department in accordance with B.S. 5266: Part 1: 1988 and Approved Document B.

In particular the following points should be noted:

- DAILY: a visual check should be carried out by the building manager/occupier of all luminaires.
- MONTHLY: each luminaire to be energised briefly and checked for correct operation.
- SIX MONTHLY: each luminaire to be energised for a period not exceeding one third of its rated duration.
- THREE YEARLY: each self-contained luminaire and internally illuminated fire exit sign should be energised and tested for its full duration. (Only to be conducted when alternative arrangements can be made for secondary lighting or the premises are empty for sufficient time to allow full recharging of the batteries). For self-contained luminaires with sealed batteries this test should be carried out annually after the first three-year test.

Following this test, a Certificate of Testing should be completed by a competent person in addition to recording the results in the Building Fire Manual.

3.7.9 Fixed firefighting installations

Hydrants and hose reels (these are only at a limited number of sites) should be tested in accordance with BS 9990:2006 & B.S. 5306 in particular the following point should be noted:

- Hydrants should be numbered individually and shown on fire plans.
- Hydrant lids should be painted yellow.
- Annually hydrant pit covers will be removed, clean and grease, and any debris or silt removed.
- Hydrant valves are tested for free travel and ensure grease grommet is in position on valve spindle, clean.
- All indicating signs and notices are complete, clean, and satisfactory
- Annually – hose reel are run out to full extent, examined and tested for adequate pressure.

- Ease of nozzle and drum operation is checked.
- Valves do not require excessive force to close.

3.7.10 Fire Doors & Fire Exits

The Estates department will ensure that the fire doors and exits are checked six monthly in accordance with B.S. 8214:2008 in order to comply with the following:

To maintain any compartmentation of buildings, which has been introduced to limit the size and spread of fire in order to control the perceived risk

To allow access to protected escape routes, both vertically and horizontally, without any loss of fire resistance, and limit smoke movement in the structure forming these routes, i.e. protected corridors and protected shafts.

This British Standard is applicable only to the fire performance of the doors and door sets. It does not cover security, ergonomic factors, functional performance other than with respect to fire resistance, or safety of glazing.

The following checks will involve:

- All door furniture, e.g. locks, bolts, handles, faceplates, hinges, self-closers, selectors and magnetic retaining devices, function correctly.
- Doors swing open freely.
- Doors shut correctly and squarely onto rebates and are free from damage or deformation.
- Doors are not obstructed.
- Door frame is secure.
- Intumescent strip and smoke seal is undamaged.
- Relevant signs are attached and undamaged.
- Door gaps do not exceed 4mm between solid timber.
- All moving parts are oiled.

3.7.11 External Fire Escapes

The Estates department will ensure that external fire escapes are visually inspected six monthly. Particular care should be paid to the following:

- Signs of corrosion (metal stairs) or rot (wooden stairs) in supports and wall fixings.
- Treads and landings are secure, without visible damage, and are slip proof.
- Handrails are secure and free from rust or rot and that they comply with current building regulations, regarding gaps and height.
- Staircases are adequately illuminated, by both primary and secondary lighting, (test lights).

Records of the above tests should be kept and signed and dated by the person carrying out the checks with signposting recorded in the Building Fire Manual.

If a serious defect is suspected, then an Estates Manager/Supervisor should be contacted immediately who should arrange for a qualified engineer to exam the problem fire escape. The engineer should compile a report and forward to the Estates team without delay so that suitable remedial work can commence.

3.8 Designers & Contractors Fire Arrangements

Building/Engineering Designers whether in-house, Agency, or Private Consultants, shall at all time ensure compliance with the mandatory requirements of the Firecode and the Trust's policies and procedures. It is necessary to consult the Fire Safety Advisor at all stages of design and planning. The Fire Safety Advisor will normally act as the point of contact with the Local Fire Service.

Designers need to comply with the Building Regulations and Department of Health standards, and it is advisable to discuss all applications with the Health, Safety and Fire Advisor prior to making a formal submission for proposed works.

Building/Engineering Specifications must give clear instructions to Contractors as regards the fire precautions and the procedures applicable to the Contractor and the personnel when working on site.

3.8.1 Contractor Site Fire Arrangements

Contractors working on the Trust's premises must have the same protection from fire as any other visitor or member of staff. Contractors similarly have the same duty of care as Trust staff not to cause a fire or impair fire precaution arrangements and facilities.

All Contractors on arrival on site must receive the appropriate fire precaution procedures referred to and agree safe working methods with the Manager and/or Estates Manager, prior to commencing work.

The manager and department responsible for arranging any contract work must ensure that the contractor is informed of the Trust's policy and procedures and the requirement to comply. There must also be supervision of the contract to ensure compliance. Since comprehensive supervision is not always possible, all staff need to be vigilant of contractors' activity and report any untoward incidents to the supervisor of the contract, or their Manager.

Certain contract work will necessarily interfere with fire precautions. The manager arranging the work must seek advice from the Health, Safety and Fire Advisor and make appropriate arrangements.

3.8.2 Hot Work Permits

Estates Managers are responsible for ensuring "Hot Work Permits" are issued to Contractors and staff, after careful inspection of the site prior to hot work commencing.

The Estates Manager in discussion with the Site Manager must be satisfied that the work can be carried out safely.

The Permits are for issue to Trust staff as well as Contractors.

The Permit is normally for no more than one day and one place of work.

On issue the Issuing Officer will sign line 1 of the Permit. The recipient will sign line 2 of the Permit to indicate he understands his responsibilities. On completion the Contractor/staff will sign line 3 of the Permit book to indicate the site has been left in a safe condition.

On those contracts where issuing hot work permits on a daily or individual site basis is considered impractical, because of the size of the contract or complexity of operations, the Estates Manager may give permission to issue a “Fire Precautions for Hot Work” document (See Appendix) to the Contractors.

However, when this document has been issued the Estates Department must monitor, by regular inspection, the performance of the Contractors in complying with the conditions.

4. Responsibilities

Post	Responsibilities
<p>Trust Board</p>	<ul style="list-style-type: none"> • Discharge its responsibilities as a provider of healthcare to ensure that suitable and sufficient governance arrangements are in place to manage fire-related matters • Provide appropriate levels of investment in the estate and personnel to facilitate the Implementation of suitable fire safety precautions • Facilitate the development of partnership initiatives with stakeholders and other appropriate bodies in the provision of fire safety where reasonably practicable. • The Trust Board has overall accountability for the activities of the organisation, which includes fire safety of which the duties can be delegated. • The Trust Board should ensure that it receives appropriate assurance that the requirements of the current fire safety legislation and the objectives of Department of Health’s Fire code are being met. • The Trust Board discharges the responsibility for fire safety through its Chief Executive. • The Trust Board discharges its responsibilities as a provider of healthcare to ensure that suitable and sufficient governance arrangements are in place to manage fire-related matters • Trust Board provides appropriate levels of investment in the estate and personnel to facilitate the Implementation of suitable fire safety precautions

	<p>Monitor the implementation of this policy through:</p> <ul style="list-style-type: none"> ○ Periodic review of fire and false alarm incident reports ○ Periodic review of fire safety training records ○ Periodic review of fire service notices and communications ○ Fire safety audit reports ○ Periodic third-party fire safety audit
Chief Executive	<ul style="list-style-type: none"> ● The Chief Executive will, on behalf of the Board, be responsible for ensuring that current fire legislation is complied with and, where appropriate, Department of Health’s Fire code guidance is implemented in all premises owned, occupied or under the control of the Trust. ● The Chief Executive will ensure that all agreements for the provision of care and other services by third parties include sufficient contractual arrangements to ensure compliance with the Trust’s Fire Safety Policy. ● The Chief Executive discharges the day-to day operational responsibility for fire safety through the Executive Director (with fire safety responsibility).
Executive Director (with Fire Safety Responsibility)	<ul style="list-style-type: none"> ● The Executive Director (fire safety responsibility) is responsible for ensuring that fire safety issues are highlighted at Trust Board level. ● This responsibility will extend to the proposal of programmes of work relating to fire safety for consideration as part of the business planning process. ● This will include the management of fire-related components of the capital programme and future funding. ● At an operational level, the Executive Director (with fire safety responsibility) should be: ● Assisting the Chief Executive with Trust Board level responsibilities for fire safety matters: ● Ensuring that the Trust has in place a clearly defined fire safety policy and relevant supporting protocols and procedures: ● Ensuring that if a serious fire incident which has been defined as an Internal major incident (Significant Incident) - Inpatient unit, occurs which causes or may cause Loss of life or Damage to property, the BSBC AT plan arrangements are activated as part of Trust Major Incident & Business Continuity Plan; ● Ensuring that all work that has fire precautions in new and existing Trust buildings is carried out to a satisfactory technical

	<p>standard and conforms to all prevailing statutory and mandatory fire safety requirements (including Department of Health's Fire code).</p> <ul style="list-style-type: none"> • Ensuring that all fire safety proposals for new buildings and alterations to existing buildings are referred to the Trust Health & Safety Committee, Risk & Safety Manager, and the Trust Fire Safety Advisor before building control approval is sought. • Ensuring that all passive and active fire safety measures and equipment are maintained and tested in accordance with the latest relevant legislation/standards, and that comprehensive records are kept. • Ensuring cooperation between other organisations where two or more share Trust premises. • Ensuring that through senior management and line management structures that full staff participation in fire training and fire evacuation drills is maintained. • Ensuring that agreed programmes of investment in fire precautions are properly accounted for in the Trust's annual business plan. • Ensuring that an annual audit of fire safety and fire safety management is undertaken, and the outcomes communicated to the Trust Board. • Fully support the fire safety roles of the Fire Safety Advisor and Clinical Nurse Managers/Service Managers. • The Director with Fire Safety responsibilities must ensure that furniture, furnishings, and other equipment, comply with correct mental healthcare fire standards. Furniture and equipment must be obtained as far as is reasonably practicable via the Trust's Procurement department to ensure articles being purchased comply with fire/health & safety standards. • Various organisations e.g. Department of Health, BSI, DTI, Home Office, IEE, have made recommendations and provide guidance regarding the design, materials, construction, fire retardant and treatment of most items of furniture, furnishings, equipment, electric appliances etc., these must be followed.
<p>Trust Health, Safety and Fire Committee</p>	<p>The Trust Health & Safety Committee has the responsibility of ensuring that reviews take place of all fire safety matters. It will also act as a conduit for the reporting of fire safety issues and conveying exception reporting of issues which can be fed through the AD to local Committees'</p> <p>As a separate Fire Safety Committee does not exist at the Trust the following should be a standing agenda item at all Trust and Local Health & Safety Committee meetings:</p> <ul style="list-style-type: none"> • Fire incidents

	<ul style="list-style-type: none"> • False alarms • Enforcement action • Employee training • Remedial actions required from fire risk assessments • Practiced fire procedures
Head of Health, Safety and Fire Regulatory Compliance	<p>The post-holder is responsible for the following:</p> <ul style="list-style-type: none"> • Ensuring that an annual audit of fire safety and fire safety management is undertaken, and the outcomes communicated to the Executive Director (with fire safety responsibility) • Ensuring that risks identified in the fire risk assessments are included in the Trust’s risk register • The assessment of fire risks within premises owned, occupied or under the control of the Trust are managed by the Fire Safety Advisor • An audit of the fire safety training programme is undertaken • Ensure that a plan for the shelter and fire evacuation of people within the Trust as part of the NHS England Emergency Preparedness Framework (EPPF) has been developed and implemented • Reporting of any non-compliance with legislation, policies, and procedures to the Executive Director (with Fire Safety responsibility)
Trust Fire Safety Advisor	<p>The Fire Safety Advisor will be accountable to the Head of H&S and Regulatory Compliance for matters of fire safety. They will provide competent fire safety advice and will be responsible for the following roles and duties:</p> <ul style="list-style-type: none"> • Assisting in the day-to-day implementation of the fire safety policy • Ensuring that Fire Risk Assessments are undertaken, recorded and suitable action plans are devised by both SSL Estates and PFI Service Providers • Providing expert advice on fire legislation • Assisting with technical advice on the application and interpretation of Department of Health’s Fire code • Providing expert technical advice on fire safety guidance • Leading reviews of the content of the Trust’s fire safety policy • Providing, developing and delivery of a suitable and sufficient fire safety training programme for all employees • Ensuring that any reported significant incidents of fire are investigated • Liaison with the enforcement authorities on technical issues

	<ul style="list-style-type: none"> • Liaison with managers and employees on fire safety issues • Supporting the formulation of a plan for the shelter and fire evacuation of people within the Trust as part of the NHS England Emergency Preparedness Framework (EPPF) • Ensuring that requirements related to fire procedures for less able-bodied employees are in place and monitored regularly • Ensuring that fire procedure provision has been arranged for patients and visitors. • Establish appropriate fire safety network links with external agencies • Quality Assure all Fire Safety services provided by contacted service providers • Ensure the 'Responsible Person' of each site is provided with detailed information, support and guidance following all Fire Risk Assessments and Fire Drills
<p>Clinical Nurse Managers</p> <p>Clinical Service Managers</p>	<p>Clinical Nurse Managers/Community Service Managers will be designated as the 'Responsible Person' for their sites within the scope of the Regulatory Reform Order (Fire Safety) 2005</p> <p>Managers have responsibility for:</p> <ul style="list-style-type: none"> • Monitoring fire safety within their collective/respective workplaces and ensuring that contraventions of fire safety precautions do not take place • Reporting of a serious fire incident which has been defined as an Internal major incident (Significant Incident) - Inpatient unit, occurs which causes or may cause Loss of life or damage to property to the clinical/programme Director /on call programme/account Director and switchboard, providing a brief summary of the incident and its current status. • Undertaking the role of 'Responsible Person' for the purpose of Fire Risk Assessments. Action Points required from local fire risk assessments undertaken by Fire Advisors or PFI Service Providers are completed within an agreed time frame • Notifying the Trust Fire Safety Advisor of any proposals for "change of use", including temporary works that may impact on the fire risk assessment for the workplace • Ensuring that any appropriate information about the premises is readily available for the attending fire and rescue services • Ensuring that a 'Local Operating Procedure' has been devised for their collective/respective workplaces under their control. The procedure to be reviewed on an Annual basis • Reporting any defects in the local fire precautions and fire equipment and fire systems to the relevant estates team for that workplace

	<ul style="list-style-type: none"> • Ensuring that local fire procedures are developed and reviewed annually. Miscellaneous reviews will be required when changes take place (building use temporary or permanent, employee numbers or fire incident has occurred and brought to the attention of all employees • Ensuring employees rehearse fire procedures on a regular basis, time the event and discuss good/bad practice for shared learning purposes. Remedial Action Points identified from Fire Drills must be actioned within the allotted time scale • Learning outcomes from Fire Drills must be disseminated to team members. • Fire Drill reports to be used to support the Annual review of the Local Operating Procedure • Ensuring the availability of a sufficient number of appropriately trained Fire Marshalls at all times including day, night and weekend shifts. • Ensuring that the duties outlined in this document and relevant fire safety instructions are brought to the attention of employees through local induction and on-going employee briefings • Ensuring that every employee attends fire safety training which has been identified within the Trust Training Needs Analysis • Ensuring that all new starters, on their first day in the ward or department, are given basic familiarisation training within their workplace, to include: <ul style="list-style-type: none"> ○ Local Fire Operating Procedures (LOPs) and evacuation plan ○ Means of Escape ○ Location of fire alarm manual call points ○ Fire-fighting equipment ○ Any fire risks identified • Staff are provided with keys to access and actuate the above equipment • Keeping a record of staff induction and attendance at fire safety training • Ensuring employees at all levels understand the need to report all the fire alarm actuations and fire incidents as detailed in the fire safety protocols and Trust reporting procedure using the Eclipse electronic system. • Ensure that safe storage and use of flammable materials and substances is undertaken. • Ensure the Building Fire Manual is current and accurate
<p>Senior /Estates Managers</p>	<p>Senior /Estates Managers are responsible for the following:</p> <ul style="list-style-type: none"> • Ensuring that the testing and maintenance of all passive and active fire systems is undertaken by members of the estates

	<p>team at the required frequencies to comply with the Management of Health and Safety at Work Regulations 1999, The Regulatory Reform (Fire Safety) Order 2005 and Department of Health's – Fire code.</p> <ul style="list-style-type: none"> • Ensuring that all Estates Team Members who carry out the testing and maintenance of passive and active fire systems have been suitably trained and are competent. • Ensure that maintenance or services which involve a fire compartment breach must be returned to the original condition. Failure to take action could compromise the effectiveness of the fire strategy of the building where the breach has taken place.
<p>Estates Team Members (SSL)</p>	<p>Estates Team Members (who have been suitably trained and are therefore competent) are directed by the Senior /Estates Managers to carry out the following:</p> <ul style="list-style-type: none"> • The testing and maintenance of firefighting equipment • The testing and maintenance of fire warning systems • The testing and maintenance of internal and external emergency lighting • Test and inspection of any fixed firefighting installations hydrants and hose reels • Inspection of fire doors, fire exits including external fire escapes. • The issuing of and compliance with hot work permits to contractors.
<p>Private Finance Initiative (PFI) Contractors</p>	<p>Private Finance Initiative (PFI) Contractors (who have been suitably trained and are therefore competent) are directed by the Trust Senior/ Estates Managers to carry out the following:</p> <ul style="list-style-type: none"> • The testing and maintenance of firefighting equipment • The testing and maintenance of fire warning systems • The testing and maintenance of internal and external emergency lighting • Test and inspection of any fixed firefighting installations hydrants and hose reels • Inspection of fire doors, fire exits including external fire escapes (if applicable). • Carry out a regular review of all Fire Risk Assessments for Trust sites contained within their contract. • It is the responsibility on behalf of the Trust of Private Finance Initiative (PFI) Contractors to ensure that maintenance or services which involves a fire compartment breach, must be returned to the original condition. Failure to act could

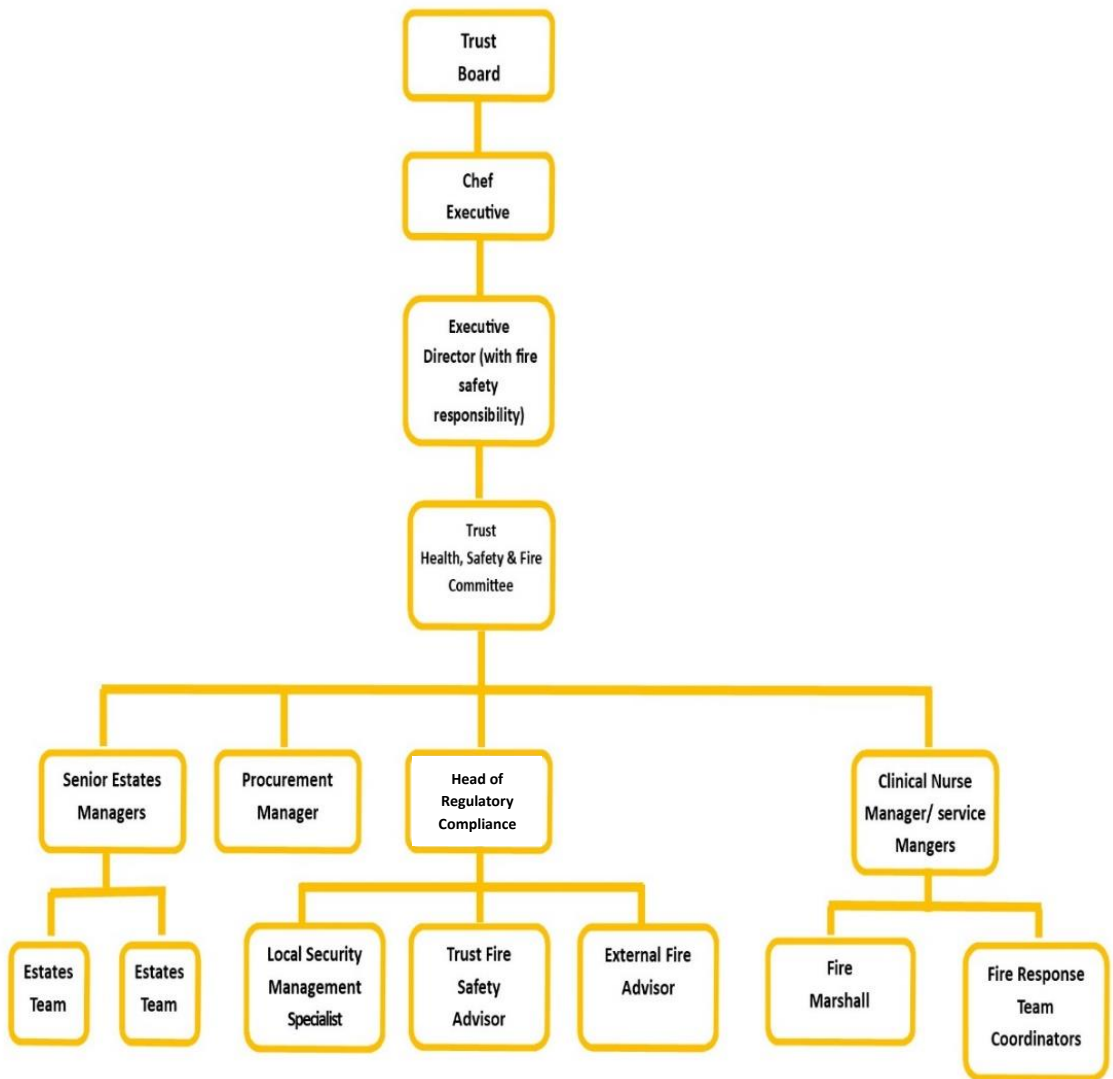
	<p>compromise the effectiveness of the fire strategy of the building where the breach has taken place.</p> <p><u>Fire Drills undertaken by Contracted Service Providers</u></p> <p>Fire Drills undertaken by Contracted Service Providers must be carried out by trained competent Fire Safety assessors within the following timescales:</p> <ul style="list-style-type: none"> • In-patient Units Six Monthly • Out-patient Unit /Administrative Sites Annually • Fire Drill reports must be submitted in the Trust standard format (Appendix 2) • Completed reports to be submitted to the Trust within one week of assessment • Fire Drill assessors must be competent to deliver an in-depth Fire Safety debrief to Clinical Staff members.
<p>Fire Response Team Co-ordinator (FRTC)</p>	<p>The responsibility of a Fire Response Team Co-ordinator is to take control of the fire event which could cause serious harm or death to Service Users, Employees and Visitors of the Trust.</p> <p>There are 2 main responsibilities which are as follows</p> <p><u>FRTC Duties in the event of a fire:</u></p> <ul style="list-style-type: none"> • Ensure that the Fire Service has been called by dialling 999 on activation the fire alarm or directing a colleague to do so. • A second phone call will made to the Fire Service confirming a fire or false alarm. • The Local Fire Authority would decide if an attendance would be required. In the event of a confirmed false alarm the FRTC would be required to re-set the alarm. • In the event of a post fire incident it will be the responsibility of the Fire Service to confirm that the fire alarm should be re-set. • Fire Response Team Co-ordinator should be immediately available (Via VHF Handheld radio) to direct operations from either the main reception area or at the incident scene. The FRTC can designate a Fire Marshall to control operations at the reception/main fire panel. • To take responsibility for the direction of Fire Marshalls. • Receive reports/information from Fire Marshalls • To liaise with Security staff to prevent entry/re-entry • To liaise with the attending fire and rescue services • Ensuring that if a serious fire incident occurs that contact has been made with the senior manager responsible for the ward/unit providing a brief summary of the incident and its current status. <p><u>FRTC Day to Day Duties</u></p>

	<ul style="list-style-type: none"> • Act as a focal point on fire safety issues for local staff • Raise issues regarding local fire safety with line management and the Fire Safety Advisor • Carry the fire bleep whilst on duty • Ensuring that a handover when either not on the premises or going off duty has taken place to the next Fire Response Team Coordinator • Ensuring that the 'Fire Response Plan' is adequately resourced and available at all times • Premises information is current for attending fire and rescue services. • VHF Handheld radios are always charged ready for use and set to the correct frequency. (This responsibility can be delegated to Fire Marshalls on Wards or departments according to the LOP)
<p>Fire Marshalls</p>	<p>In the Event of a Fire Alarm Activation:</p> <ul style="list-style-type: none"> • Be aware and have a full understanding of the sites Local Operating Procedure • Respond to all fire incidents once fire alarm has been activated • Report to the Fire Response Team Co-ordinator who will be usually located in the reception area (Local Operating Procedures may vary) • Follow all directions given by the Fire Response Team Coordinator • Instigate the evacuation of your area if this is an administration or out-patient areas to the nearest fire assembly point. If it is an In-patient area carry out horizontal phased evacuation. • Check all rooms, toilets, and storerooms • Assist persons with disabilities, only in accordance with the individuals Personal Emergency Evacuation Plan (PEEP) that has been carried out. • Inform the Fire Response Team Coordinator that your area has been swept and is clear, or there are persons who are not complying with the local fire procedure to evacuate. <p>Fire Marshalls Day to Day Duties:</p> <ul style="list-style-type: none"> • Ensure fire exits and routes are kept free from obstructions • Ensure that all fire alarm call points are well signposted • Ensure that fire extinguishers are signposted and have not been tampered with, serviced within the previous 12 months and are not obstructed • Ensure fire doors have not been wedged open (other than ones held open by appropriate systems)

	<ul style="list-style-type: none"> • Check that combustible materials are not allowed to accumulate • Ensure the safe storage and use of flammable materials and substances.
Procurement Manager	<p>The Procurement Manager is responsible for ensuring that all items purchased for use by Service Users, staff or visitors must comply with Health Technical Memorandum 05-03: Operational provisions <i>Part C: Textiles and furnishings</i> Hospital. This will include the following:</p> <ul style="list-style-type: none"> • Bedding • Mattresses • Bedroom furniture • Upholstered furniture • Waste bins • Furniture, furnishings, and other equipment comply with correct mental healthcare fire standards. • Items purchased must comply with fire/health & safety standards.
Local Security Management Specialist (LSMS)	<ul style="list-style-type: none"> • The Local Security Management Specialist (LSMS) is an accredited NHS role that provides specialist advice and guidance in relation to the safety and security of Trust premises, its' staff, service users and authorised visitors. • The LSMS is also responsible for overseeing the day-to-day implementation of business continuity arrangements within the Trust, on behalf of the Accountable Emergency Officer. • The LSMS reviews the safety and security of Trust premises and sites to prevent and mitigate the effects of loss or damage to Trust property and assets as a result of criminal or malicious acts.
Staff Fire Responsibilities	<p>Every employee has an individual responsibility for the safety of themselves and of others, to help prevent the outbreak of fire, to help maintain the integrity of fire precaution measures, and to follow the established procedures for the management of any actual or suspected fire incident, however minor it may appear to be.</p> <ul style="list-style-type: none"> • Fire Response Team Coordinators and Fire Marshalls have more extensive duties and responsibilities for fire prevention and management than others by virtue of their role, or their particular knowledge acquired. <p>The minimum duties of all Staff:</p> <p>To attend the following training sessions and apply the knowledge provided:</p> <ul style="list-style-type: none"> • Formal Trust Induction training • Local induction training – as undertaken within the workplace by their manager (this should be documented)

	<ul style="list-style-type: none"> • Appropriate updated training designed to the requirements of individual groups of staff. • Fire drills – as required by the Manager. • Any other special fire training or instruction determined by their Manager • To be familiar with Local Operating Fire procedures. • Awareness of the locations and use of the fire equipment in the proximity of their place of work, • Having immediately available personal keys to access fire equipment • Awareness of all escape routes from their place of work. • The building layout and that of the external area, especially in the larger buildings within the Trust • Fire assembly point(s). NB: Staff operating across various Departments and Sites will be expected to be particularly observant of the above fire safety arrangements when attending different premises. <p><u>Additional Responsibilities</u></p> <ul style="list-style-type: none"> • Keep access to fire escape routes clear at all times. • Ensure all fire extinguishers and fire appliances are kept free from obstructions. • Follow safe working practices at all times. • Be vigilant regarding any potential fire risks, bringing issues to the attention of their line manager, or to the Manager of the Department concerned. • Not interfering with or misusing anything provided for fire safety. • Report all the fire alarm actuations and fire incidents as detailed in the fire safety protocols and Trust reporting procedure using the Eclipse electronic recording system.
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5. Development & Consultation Process

The policy was developed using the articles contained in The Regulatory Reform (Fire Safety) Order 2005 and guidance in the Department of Health – Health Technical Memorandums Fire code publications.

The policy was out for consultation on Connect and also shared with key stakeholders to include the members of the Trust Health & Safety Committee.

Consultation summary		
Date policy issued for consultation	January 2023	
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	Date(s)	
Trust Health & Safety Committee		
PDMG		
Where received	Summary of feedback	Actions / Response

6. References

- The guidance in the Fire code - Fire Safety in the NHS Health Technical Memorandum (HTM) 05-03: Operational provisions
- The guidance contained in the Department for Communities and Local Government – Fire Safety Risk Assessment – Healthcare Premises
- Fire codes, HTMs 05-01, 05-02 and 05-03 Parts A to M
- The Regulatory Reform (Fire Safety) Order 2005
- The Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Fire safety requirements of the Building Regulations 2010
- The Equality Act 2010

7. Glossary

For the purposes of this document following terms are defined:

Assembly point: a pre-determined area of safety where persons should assemble in the event of an emergency.

Authorising Engineer (Fire): a chartered fire engineer, or a chartered member of an appropriate professional body, with extensive experience in healthcare fire safety.

Compartmentation: the fire-resisting elements including walls, floors, and where applicable, roofs and/or other structures used in the separation of one fire compartment from another.

Competence: where a person is required to be competent, he/she must be able to demonstrate through training and experience or knowledge and other qualities that they have the ability to properly assist in undertaking the preventative and protective measures.

Competent Person (Fire): a person who can provide skilled installation and/or maintenance of fire-related services (both passive and active fire safety systems).

Fire-fighting equipment: the fire extinguishers, fire blankets and other equipment made available to trained personnel for the purpose of fighting fire.

Fire resistance: the ability of an element of building construction, component or structure to fulfil, for a stated period of time, the required load-bearing capacity, fire integrity and/or thermal insulation and/or other expected duty in a standard fire resistance test.

Fire risk assessment: the process of identifying fire hazards and evaluating the risks to people, property, assets and the environment arising from them, taking into account the adequacy of existing fire precautions, and deciding whether the fire risk is acceptable without further fire precautions.

Fire Safety Advisor (Authorised Person – Fire): a person who has sufficient training and experience or knowledge and other qualities to enable them to properly assist in undertaking preventative and protective measures.

Fire safety management system: a robust framework of protocols and processes used to ensure that an organisation can fulfil all tasks required to achieve the fire safety objectives set out in the fire safety policy.

Fire Safety Order: The Regulatory Reform (Fire Safety) Order 2005.

Fire safety policy: a high-level statement of intent, as expressed by the board, partners, or equivalent controlling body, setting out clear fire safety objectives for the organisation

Fire safety Local Operating Procedure: a detailed document setting out each step of a process intended to prevent fire, maintain fire precautions, minimise fire hazards or effectively respond to a fire incident.

Fire safety protocols: a set of organisation-specific guidelines that set the fire safety parameters of any activity that may impact on fire risk.

Healthcare building: a hospital, treatment centre, health centre, clinic, surgery, walk-in centre or other building where patients are provided with medical care, diagnostics or other associated treatment.

Hot works: Operations involving the use of open flames or the local application of heat or friction such as welding, soldering, cutting or brazing.

Management level: standard or quality of the organisational fire risk management system.

Occupant dependency: the categorisation of occupants on the basis of their likely need for assistance to affect their safe evacuation in an emergency. The following categories are referred to in this Health Technical Memorandum:

Independent: occupants will be defined as being independent: if their mobility is not impaired in any way and they are able to physically leave the premises without staff assistance; or if they experience some mobility impairment and rely on another person to offer minimal assistance. This would include being sufficiently able to negotiate stairs unaided or with minimal assistance, as well as being able to comprehend the emergency wayfinding signage around the facility.

Dependent: all occupants except those classified as “independent” or “very high dependency”.

Very high dependency: those whose clinical treatment and/or condition creates a high dependency on staff. This will include those in critical care areas, operating theatres, coronary care etc. and those for whom evacuation would prove potentially life-threatening.

Place of relative safety: an initial place away from the immediate danger of fire and from which further evacuation is possible to a place of safety.

Place of safety: a place where persons are in no danger from fire.

Premises: the land, building, or part of a building which is owned, occupied, or managed by the organisation.

Preventative and protective measures: the measures which have been identified by the responsible person in consequence of a risk assessment as the general fire precautions necessary to comply with the requirements and prohibitions imposed by the Fire Safety Order.

Progressive horizontal evacuation: evacuation of patients away from a fire into an adjacent fire-free compartment on the same level.

Relevant person: any person who may be lawfully on, or in the immediate vicinity of, the premises and who is at risk from a fire on the premises.

Responsible person: the employer of persons working at the premises, a person who has control of the premises, or the owner of the premises.

Young person: any person under the age of 18.

8 Bibliography

None

9. Audit and Assurance:

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Completion of Fire Risk Assessments	Fire Safety Advisor	Fire risk assessment documents	Maximum two years. Frequency identified in Policy statement	Trust H,S & Fire Committee
Implementation of Significant Findings/Action Plans	Responsible Person	Trust wide SF/AP form	Quarterly	Local H/S Committees Estates H/S Committee And escalate to Trust H&S Committee
Review of Building Fire Procedures	Annually by the Responsible Person	Fire procedure sheet	Annually	Trust H,S & Fire Committee

Completion of Fire Drill Actions	Responsible Person	Fire Evacuation Drill Report	Quarterly	Trust H,S & Fire Committee Local H/S Committees Estates H/S Committee
Delivery of Fire Safety Training	Fire Safety Advisor	Training Needs Analysis	Annually	Trust H,S & Fire Committee Local H/S Committees

10. Appendices

APPENDIX 1

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Policy	Fire Safety Policy		
Person Completing this policy	Andrew Mead (MIFireE)	Role or title	Trust Fire Safety Advisor
Division	Risk & Safety	Service Area	Governance
Date Started	January 2024	Date completed	January 2024
Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.			
The management of Fire Safety across the Trust			
Who will benefit from the proposal?			
The workforce and Service Users will benefit based upon the principals within the Policy			
Does the policy affect service users, employees or the wider community? <i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i>			
Policy affects Service Users, employees and the wider community			
Does the policy significantly affect service delivery, business processes or policy? <i>How will these reduce inequality?</i>			
Positive impact of service delivery as it stives to improve service delivery			

Does it involve a significant commitment of resources? How will these reduce inequality?				
The Trust is committed to be a safe organisation should any additional resources be required that can be facilitated				
Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
No known equality issues				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this policy promote equality of opportunity? Eliminate discrimination? Eliminate harassment? Eliminate victimisation?</i>			<i>Promote good community relations? Promote positive attitudes towards disabled people? Consider more favourable treatment of disabled people? Promote involvement and consultation? Protect and promote human rights?</i>	
Please click in the relevant impact box and include relevant data				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age			✓	This policy outlines a positive impact on this protected characteristic as the principles and documents included support the safety of individuals of all ages
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your policy? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability			✓	This policy outlines a positive impact on this protected characteristic as the principles and documents included support the safety of all individuals
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues				

Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	✓			No known impact on this protected characteristic
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your policy?				
Marriage or Civil Partnerships	✓			No known impact on this protected characteristic
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity			✓	If required, the PEEP could be used to support this particular characteristic
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	✓			No known impact on this protected characteristic
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	✓			No known impact on this protected characteristic
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	✓			No known impact on this protected characteristic
Including gay men, lesbians and bisexual people				

Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	✓			No known impact on this protected characteristic
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your policy or service?				
Human Rights	✓			
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				✓
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.				
If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead .				
Action Planning:				

How could you minimise or remove any negative impact identified even if this is of low significance?
NA
How will any impact or planned actions be monitored and reviewed?
In line with policy review and in Health & Safety committees
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.
NA
Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis



Appendix 2

ROUTINE FIRE EVACUATION DRILL – REPORT

BUILDING:	
ADDRESS	
DATE:	
TIME ALARM SET OFF:	
TIME BUILDING REPORTED CLEAR:	

DRILL SUPERVISED BY:	
REASON ALARM ACTIVATED:	
EVACUATION TIME:	
CALL POINT USED:	
APPROX. NO. OF OCCUPANTS	
FRTC Response time to Incident Scene (3 Minute Max)	
Staff & Service User headcount	
Effective Radio Communication	
Appropriate Horizontal Evacuation	

	Immediate Observation/Actions
1.	

2.	<u>Simulation:</u>
3.	<u>Immediate actions:</u>
4.	<u>Evacuation</u>
5.	Debrief

	REMEDIAL ACTION (linked to above Comments)	BY WHOM	TIMESCALE

DISTRIBUTION	File
Responsible Person	
Interested Parties	

Appendix 3

FIRE PROCEDURE AND FIRE SAFETY STRATEGY

RATIFYING COMMITTEE	
DATE RATIFIED	
NEXT REVIEW DATE	
STRATEGY LEAD	
FORMULATED VIA	

BSMHFT Site Fire Procedure and Fire Strategy

This local Fire Procedure should be read in conjunction with the BSMHFT Fire Safety Policy.

Introduction

Site Description

Actions to be taken by Person discovering or suspecting a fire

- Upon discovering the fire, raise the alarm by operating the nearest break-glass call point.
- Do not use your Staff Assistance Alarm (if issued) to alert persons to fire activation- this causes confusion and may put your colleagues in danger.
- Evacuate any person in immediate danger if it safe to do so.
- Only tackle the fire if safe to do so and you have been trained.
- The person in charge of the department (FRTC/TM) will be responsible for Patients evacuating safely.
- Close all doors and windows, if safe to do so

Upon hearing a Continuous Alarm

- The fire alarm sounders will sound continuously throughout the premises.
- When the fire alarm is activated the fire service will be called immediately by the designated Fire Marshalls.
- FRTC/TM will find the location and cause of the alarm (as indicated on the fire panel in the lobby bottom of staircase), and take appropriate action.
- A quick attack will be made on the fire where staff judge they are able to do so, without risk to themselves, with the fire equipment available to them.
- Fire extinguishers are located in various locations.
- Staff, patients, and Visitors shall evacuate the area and make their way via the closest fire exit to the Fire Assembly Point in the car park, as per the Local Operating Procedure.
- On leaving the area you need to close doors and windows if there is time to do so.

Specific Responsibilities on Activation of the Fire Alarm

Fire Response Team Coordinator/ Team Manager

- The Fire Response Team Coordinator/Team Manager will assume overall control for the BSMFT Site.
- The FRTC/TM will go to the fire alarm panel located on ground floor and check the location zone of the fire.
- Instruct member of staff who will be designated as a Fire Marshall to make 1st phone call to West Midlands Fire Service (WMFS).
- Designate a Fire Runner to meet and support the Fire Brigade.
- The FRTC/ TM should then make their way to the location of the fire alarm.
- Direct/ lead any Patients to the Fire Assembly Point in the car park.
- If there is any doubt whatsoever or the alarm is in the void space (roof) plant room or the boiler house, the FRTC/TM should confirm this as a real fire. If the fire alarm is in one of these areas the FRTC/TM should evacuate the area and await the attendance of the fire brigade and maintenance staff.
- The FRTC/TM should instruct the Designated Fire Marshall to make the second call to the Fire Service informing them of the status of the fire being a 'Real Fire or a false alarm.
- Once the fire brigade (if attended) is satisfied and has agreed that the fire alarm can be re-set, the FRTC/TM are the only staff that can give this command.
- The FRTC/TM should complete Eclipse forms after every incident and report any problems or issues to the Health and Safety Team.

Fire Runner Responsibilities

- A member of staff will be directed by the FRTC/TM to act as a Fire Runner to meet responding Fire Service resources
- Put on hi-vis jacket/vest.
- Will receive up to date information to either: -
- Meet the fire brigade commander and inform them of the nature and the location of the fire or tell them to Stand Down it's a false alarm.
- Report back to the FRTC for further direction.

Designated Fire Marshall Responsibilities

- Upon fire activation, you should call the fire brigade by first dialling 9 to obtain an outside line and then 999 and say 'We have had a fire activation at BSMHFT Sit, giving full address. We are urgently checking the status of the alarm and will get back to you when we know more.'
- You will be instructed by the FRTC/TM make a 2nd phone call dialling 9 999 and tell them where you are from and that you have now confirmation that 'it is real fire please send fire appliances' or 'it is a false alarm please stand your crews down' Note: the Fire Brigade always attend to carry out an inspection even if the fire has been put out.
- Ensure that you put on your high visibility jacket and support FRTC/TM with the evacuation.
- Sweep your designated area of control – shutting doors and windows as you go.
- Now go directly to the Fire assembly point.
- Once FRTC has agreed it is safe to return into the building, a designated Fire Marshall should contact Trust Estates to log a call to arrange for an engineer to check fire alarm system is functioning correctly and have re-set it.

Fire Safety Strategy

1. Fire Prevention

The incidence of fire will be minimised by careful observance of fire prevention measures in line with current NHS guidance. Particular attention must be paid to:

- ❖ Planned Preventive Maintenance of machinery and equipment, including electrical safety checks to equipment (including items brought in by Service Users),
- ❖ Preventing smoking both within and close to the building of all Trust sites,
- ❖ Availability of ignition sources to patients,
- ❖ Ensuring good housekeeping,
- ❖ Patient assessment, particularly where deliberate fire raising has been highlighted in the past,
- ❖ Secure storage of waste material prior to collection and disposal.
- ❖ Furnishings, particularly in-patient bedroom areas, must meet the required standard of fire retardancy achieving 'High Hazard Level' (ignition source 7 in bedrooms, 5 in supervised areas),
- ❖ Staff will sign in and out electronically via the Traka system.

All of the above control measures should be carried out in conjunction with the assessment, observation, and supervision of Service Users by staff, which is fundamental to the fire safety of the service.

2. Building Structure and Components

The fire compartment of the fire doors, together with the appropriate solid walls and ceilings will assist in confining fire incidents to the room of origin. The sub-division of wards will also reduce the number of Service Users who will require evacuation in the initial stages of a fire incident.

Robust structure is seen as an essential fire safety element.

Furniture and furnishings in Day rooms will comply with HTM 05:03 Part C.

3. Means of Escape/Fire Evacuation

Single point evacuation – directly to the fire assembly point will be in practice at Trust sites. Fire escape routes and final exit doors are provided to achieve escape in two directions from virtually all points in the building and should be based on these general principles: -

- Evacuation of a specific area would take place on the opposite side or opposite end of the building to the fire or emergency situation;

4. Fire Detection and Alarm System

The buildings are provided with addressable fire detection and alarm system to L1 standard. Audibility levels will be sufficient to alert occupants but not so loud as to force evacuation of the building due to noise levels (Special provisions to be made for hearing impaired persons). Detectors are provided in all rooms to provide rapid detection of a fire developing from a flame source (e.g. deliberately started fires).

Early detection of fire incidents is another important element of the overall fire safety of the premises.

5. Fire Fighting Equipment

Fire -fighting equipment is provided to enable staff to make an early attack on an incipient fire when they judge it is safe to do so in order to minimise risk to personal safety, damage to property and the scale of any necessary evacuation.

Extinguishers installed are water for class “A” risks and CO2 for class “B” and electrical risks. Extinguishers are provided in main kitchens together with CO2 and fire blankets. Watermist extinguishers are available on some site to cover all classes of fire

Fire equipment is located in designated which are marked accordingly.

6. Fire Training

All staff will receive fire training appropriate to their duties and responsibilities on appointment and attend continuation training as required.

It is vital that staff know the risks of fire, fire prevention methods, and know what to do when a fire does occur and are confident to take appropriate and speedy action.

7. Fire Service Liaison

Wherever possible and consistent with security and patient confidentiality, local fire crews will be given guided access to the grounds and buildings to familiarise themselves with building lay-out and occupancies, water supplies, access arrangements etc.

8. Silencing of Fire Alarm

If a fire activation has occurred within a patient occupied area, and the fire activation has been checked by the FRTC/Team Manager and found to be a false alarm. The FRTC/ Team Manager can give authorisation for the fire alarm to be silenced and not wait for Trust Estates to arrive.

FIRE ALARM IS ACTIVATED!

9. Re-setting of Fire Alarm

If a Fire Service attendance is made the Senior Fire Officer WMFS will give an instruction to reset the fire alarm to the Fire Response Team Coordinator/ Team Manager who will then authorise the Trust Estates engineer.

In the absence of the FRTC the Trust Estates on call Manager will give authorisation.

10. Report all Fire Incidents on Eclipse.

It is the responsibility of the FRTC/Team Manager to report the fire incident on Eclipse.

11. Used Fire Extinguishers

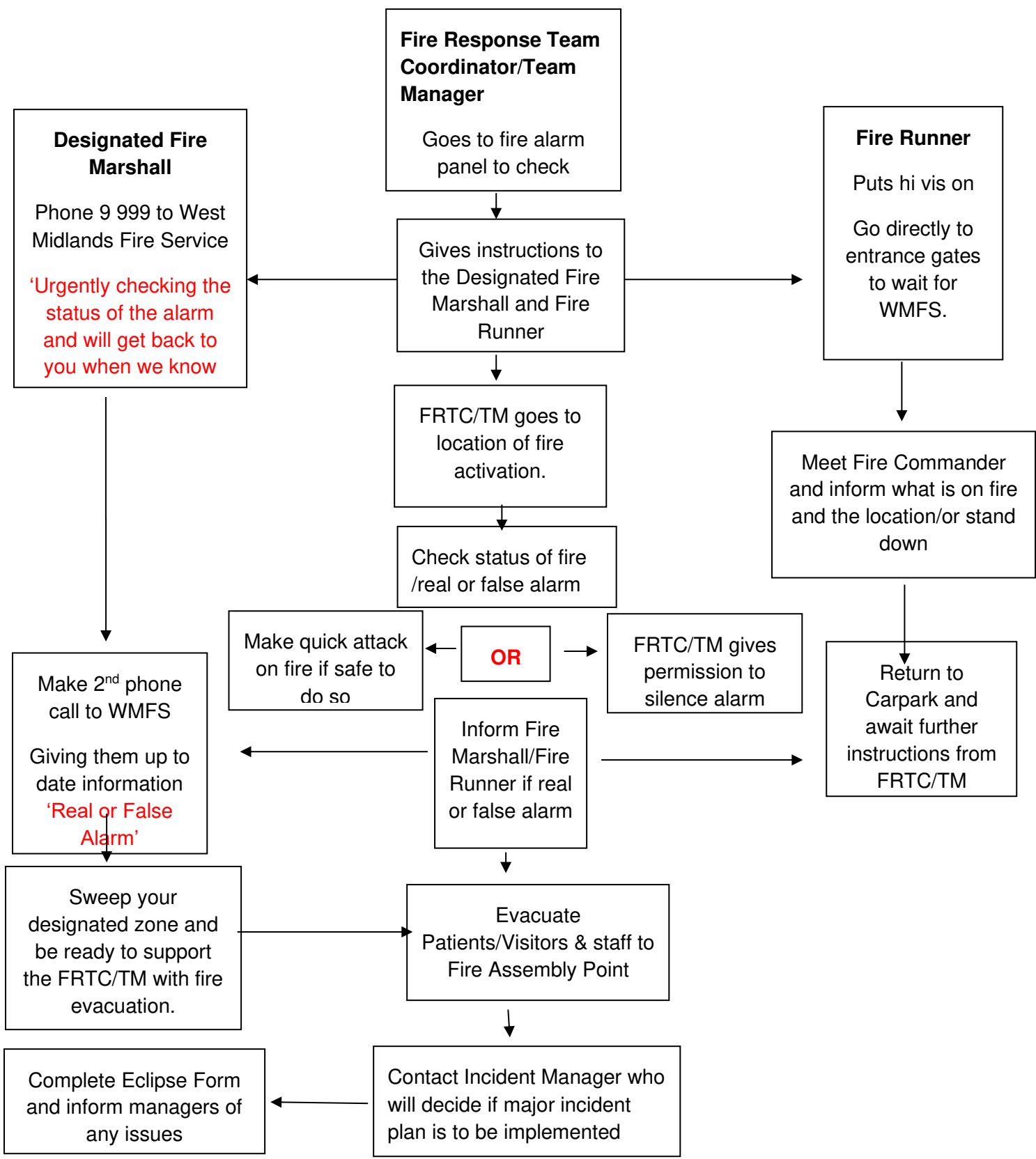
Ensure that all used fire extinguishers are reported to Estates and PFI Providers to enable replacement.

12. Review of the BSMHFT Site Fire Procedure and Fire Strategy

The compliance with BSMHFT Site Fire Procedure and Fire Strategy will be reviewed at least yearly by the Clinical Nurse Manager with a designated Site Manager as part of the Service's annual Fire Risk Assessment.

The Service's operational management will monitor compliance with the document on each fire alarm activation and report any issues to senior management and the Risk Department through the Trust Incident Reporting System.

Fire Procedure incorporated April 2021 V1



Appendix 4

Fire Risk Assessment



BSMHFT Property
Address & Postcode

Fire Risk Assessment carried out by
[Trust Fire Safety Advisor \(TFSA\)](#)

Regulatory Reform (Fire Safety) Order 2005

This Fire Risk Assessment is carried out in accordance with the “Regulatory Reform (Fire Safety) Order 2005 and will be carried out by TFSA who has sufficient technical training, knowledge and experience to understand the implications of the above legislation.

Whilst the assessor has taken reasonable care to ensure accuracy of the information The Trust will not accept any liability for any loss (including loss of any profits, loss of expected future business or damage to goodwill) or claim in connection with the information contained in this report.

Introduction

From the time these Regulations came into force in October 2006 it is a requirement for all employers, occupiers, or owners of a property to:

- Carry out a fire risk assessment of the workplace/property taking into consideration employees and all other people who may be affected by a fire in the building.
- Identify the significant findings of the risk assessment and the details of anyone who might be especially at risk in case of fire. If five or more people are employed or if the property has a licence it is a requirement that these significant findings are recorded;
- (However, it is recommended that a written record is produced on all occasions to assist when reviewing your fire risk assessment).
- Provide and maintain such fire precautions as are necessary to safeguard those who use the property.
- Provide information, instruction and training to employees about the fire precautions in the property to ensure the safety of all persons who use the property.

In order to comply with the above legislation, Health Trust premises fire safety principles are based upon Health Technical Memorandum ‘Fire Code – Fire Safety in the NHS’ within 05-02 ‘Guidance in support of functional provisions for health care premises’.

Any deviation from Fire Code is based upon a fire risk assessment where adequate control measures cannot be attained in applying the principles of the guides and as such either an engineered or alternative risk-based approach may be adopted.

Within Paragraph 1.15 of HTM Fire Code 05-02 it states..... *‘The range of NHS*

premises providing patient care facilities is extensive, and the guidance in this document may not be appropriate for all types of building. However it is expected that NHS clients, designers, building control and fire authorities will exercise a degree of judgement based on a full understanding of the problem, taking into account: The type of care provided, the mobility of the patients, the planned staffing levels, the age of the patients, the size of the premises.

Within Paragraph 5.6 of HTM Fire Code 05-01 it states.....'The ownership of the fire risk assessment and its findings should be vested in the person in control of the area that has been assessed'.

Details

Name & Address

Use of premises

Details of Responsible Person in charge of property

Responsible Person

Date of risk assessment

Review date

Name of person who carried out fire risk assessment

Accompanied by

GENERAL STATEMENT OF POLICY

It is the responsibility of the Clinical Nurse Manager/Clinical Service Manager to protect all patients, visitors, employees and contractors from potential injury and damage to their health which might arise from a fire on the premises.

The Clinical Nurse Manager will provide and maintain safe living and working conditions, equipment, and systems of work for all residents, employees and contractors, and to provide such information, training and supervision as they need for this purpose.

The Clinical Nurse Manager will give a high level of commitment to health and safety and will comply with all statutory requirements.

Description of premises

Fire Safety Management System

The auditor of this report has made the following observations and where required; action is noted in the 'Significant Findings' section.

The Responsible Person (Clinical Nurse Manager) should then complete the Action Plan within the time frames agreed. Failure to do so could compromise the Trust Fire Safety Policy.

Fire Warning System:

Emergency Lighting:

Firefighting:

Sources of Fuel

Sources of Ignition

People at Risk

Means of Escape/Signage

Fire Fighting and Fire Detection

Maintenance and Testing

Fire Safety Training

SIGNIFICANT FINDINGS

(Any item with a number by the side please refer to Action Plan for further action)

Significant Findings	Control Measure/Action
<u>1.Fire Fighting</u>	
<u>2. Sources of Fuel</u>	
<u>3.Sources of Ignition</u>	
<u>4.Persons at Risk</u>	
<u>5.Means of Escape/Signage</u>	
<u>6.Maintenance and Testing</u>	
<u>7.Fire Safety Training</u>	
<u>8.Site Specific Fire Procedure</u>	

Responsible Person

Action Plan

Item No	Deficiency/rectification	Priority	Date to be Rectified	Responsible Person	Date Rectified	RP to Sign when complete
1	Firefighting					
2	Sources of Fuel					
3	Sources of Ignition					
4	Persons at Risk					
5	Means of Escape & Signage					
7	Maintenance & Testing					
8	Fire Safety Training					
9	Site Specific Fire Procedure					

APPENDIX 5

To be completed by managers or responsible person for any individual who may require any assistance in the event of an emergency situation.

Emergency Egress (Exit) Assessment/Personal Emergency Evacuation Plan (PEEP)					
Name					
Location					
Contact Telephone No					
Mobile Telephone No.					
E-mail Address					
Date:					
Form completed by:					
Nature of Disability					
Where are you based for most of the time at the Trust?					
	Monday	Tuesday	Wednesday	Thursday	Friday
Building					
Floor					
Room Number					
Time of Day					

If you attend at evenings or at weekends, please give details:			
Awareness of emergency Exit procedures		Yes	No
Are you aware of the emergency exit procedures which operate in the building(s) in which you work?			
Do you require written emergency exit procedures?			
If yes, do you require written emergency exit procedures to be:		Yes	No
Supported by British Sign Language Interpretation?			
In Braille?			
On disk?			
In large print?			
If so, please specify what type and size of font you prefer and any other requirements such as colour of paper			
Signage		Yes	No
Are the signs which mark the emergency exits and the routes to the exits visible to you?			
If no, in which specific buildings?			
Emergency Alarm		Yes	No
Can you hear the fire alarm(s) provided in the buildings in which you work?			
If there are specific problem areas in a building, please Give details			
		Yes	No

Could you raise the alarm if you discovered a fire?		
Assistance	Yes	No
Do you need assistance to get out of any buildings in an emergency?		
Is anyone designated to assist you to get out in an emergency?		
If so, please give their name		
Telephone Number		
Are they with you at all times?		
In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work and tell them where you were located?		
Please give any other details which maybe important		
Getting out	Yes	No
Can you move quickly in the event of an emergency?		
Are you a wheelchair user?		
Do you find stairs difficult to use?		
Are there any doors that you are unable to open alone or without difficulty?		
Evacuation Plan		
Please include any other information which maybe relevant		

Name of Individual: _____

Signature of Individual: _____

Name of Assessor: _____

Signature of Assessor: _____

Date of Assessment: _____

Review Date: _____

APPENDIX 6

FIRE INSTRUCTIONS TO CONTRACTORS

Before any maintenance work, modification, extension to existing building or any external work in any Health Service Premises is commenced; the Contractor will ensure that all of the following clauses will be enforced.

1. PERMITS

- 1.01.1 If work is to be carried out in potential high-risk Departments, a permit to work must be issued by the Estates Department including PFI arrangements before work is commenced. In the case of larger capital projects where a contractor assumes temporary responsibility for a site or part of a site, the contractor will be required to operate its own permit to work system
- 1.02 Before cutting and welding operations are carried out, or any work involving heating in-situ (the attention of the Contractor is drawn to the special conditions regarding brazing and welding as contained in the General Mechanical Engineering specification), the Contractor must obtain from the Estates Manager, a Hot Work Permit. Suitable firefighting equipment and fire-resistant mats or blankets are to be provided by the Contractor before all such works are started. No source of heating, whether from cutting or welding torches, blowlamps, or other heating appliances, shall be left unattended whilst turned on. For extended contracts where Hot Work Permits are not considered suitable, the Contractor must abide by the Document "Fire Precautions for Hot Work" which can be obtained from the Estates Department.

2. GENERAL PRECAUTIONS

- 2.01 The Contractor is to draw to the attention of all workpeople on site, the special risks to hospital Service users in the event of fire.
To minimise the risk from fire, all buildings, premises, and vehicles belonging to or leased by the Trust will be smoke free. Also, staff must not be seen smoking in uniform or other identifiable items.
- 2.02 Fire escape routes and access must be kept clear and unobstructed and, if necessary, illuminated at all times during the contract.
- 2.03 The Contractor is responsible for instructing his workforce in the fire procedure and he must ensure that the location is shown of the nearest fire alarm operating point, with instructions to operate it in the event of a fire.
- 2.04 Fire hydrants must not be obstructed.

APPENDIX 7

FIRE PRECAUTIONS FOR “HOT WORK”

Where “Hot Work” is taking place on NHS premises to such an extent that the Health, Safety and Fire Advisor, Estates Officer/ PFI Provider agree that the issue of daily “Hot Work Permits” becomes impractical; the following conditions must be complied with.

1. A responsible person, acceptable to this Trust, shall be nominated by the Contractors. That person shall ensure that these fire precautions and any other safety rules or regulations in force at the time shall be complied with and shall sign the Hot Works Permit.
2. All employees of the Contractor or sub-Contractor should have the fire procedure for the premises drawn to his/her attention by the responsible person.
3. All exit routes must be kept clear and unobstructed at all times.
4. Welding, cutting, brazing, blowlamps, or other flame producing apparatus shall only be operated by skilled tradesmen, each of whom shall be made aware of these precautions.
5. All litter, rubbish and combustible material shall be removed from the vicinity of the work. Where combustible material is fixed and immovable, it shall be protected with non-combustible material such as sheet metal or a heavy-duty fire blanket.
6. Special care shall be taken to prevent flame, sparks or molten metal reaching combustible material along or down ducts, channels, chases or open-ended pipes or through holes in walls or floors. Non-combustible material shall be used for stopping holes.
7. The possibility of damage by heat which may be conducted by metal work, e.g. through partitions, shall be investigated and combustible material in contact with such metal removed.
8. Flame producing equipment shall not be used on or near containers for flammable liquids (whether full or empty) or compressed gases.
9. Apparatus shall not be left alight when unattended.
10. An adequate number of suitable fire extinguishers shall be placed readily at hand, until all possibility of an outbreak of fire has passed.
11. The area must not be left unattended for a period of 60 minutes following cessation of hot work.

(Contractor or staff to sign at Hot work Permit page below)

APPENDIX 8

HOT WORK PERMIT

Date.....

Permission is granted to

To use

In the(exact location)

Between..... am and am

..... pm and pm

The above location has been examined	
There are no combustible liquids, vapours, gases or ducts	
All combustible material has either been removed or suitably protected against heat and sparks.	
A person will be standing by with an extinguisher/hose reel while the operation is in progress.	
The person and the operatives have had the nearest fire alarm/telephone pointed out to them and have been told what to do in the event of a fire.	

Signature of person issuing permit and position held:

.....

Signature of person responsible for work:

.....

Work area and all adjacent areas to which spark, and heat might have spread were thoroughly inspected on completion of the operation and sixty minutes later no smouldering fires were discovered.

Signature

.....

Applicable to all operations involving flame, hot air or arc welding and cutting equipment, brazing, and soldering equipment, blowlamps, bitumen boilers and other equipment producing heating or having naked flames.

APPENDIX 9

FIRE SAFETY DURING COVID

The following advice is forwarded to support the 'Responsible Person' for the maintenance of Fire Safety of their site in light of the impact of COVID 19. They must review their local procedures to ensure staffing levels, operating times, business processes and evacuation arrangements are appropriate. Support is available as always from the Trust Fire Safety Advisor – Andy Mead. Some points below relate specifically to Estates and Facilities and others will be for local management.

Prevention

- Maintenance operations and building works should be appropriately fire risk assessed and supervised to ensure they are not creating increased fire risk.
- Review the impact of COVID 19 on maintenance provision on essential fixed installations for fire-fighters and potential ignition sources such as electrical installations, ducting cleaning etc.
- All 'Hot Works' will be prohibited during the crisis.
- For all premises that may be unoccupied, ensure that all electrical appliances are switched off and plugs are removed from sockets

Protection

- Ensure that all fire doors are securely closed
- Consider impact of disruptions to waste collections on waste storage and build up creating a fire risk.
- Consider security arrangements to address any increased risk of arson for empty premises and waste build up.
- Ensure that all staff are familiar with the sites Local Operating Procedure (LOP) A copy of which can be found in the Building Fire Manual or following the link on Connect:

<http://connect/corporate/governance/HealthandSafety/Pages/Being-a-nominated-Fire-Marshall-within-the-Trust.aspx>

Specific advice for Healthcare Premises

- Any staged evacuation arrangements such as progressive horizontal evacuation need to be supported by appropriate levels of staff
- Should staffing levels be significantly affected by COVID 19, the Responsible Person will need to review the site's Fire Risk Assessment and if staffing levels are not sufficient to support the Local Operating Procedure contact the Trust Fire Safety Advisor for support.

- If a fire does occur the Fire Alarm is raised, and the Local Operating Procedure is brought into immediate effect.

Storage of Excess Oxygen Cylinders

- Flammable materials must not be stored in the same areas as gas cylinders, manifold rooms or liquid oxygen compounds, and ideally should be kept away from all areas where medical gases are stored or being used. It is accepted, however, that it is not always possible to avoid flammable materials being near to the patients when medical gases are being used.
- Such items as named in HTM 05-03 might be nail-polish removers, oil-based lubricants, skin lotions, cosmetic tissues, clothing, bed linen, rubber and plastic items, alcohols, acetone, disinfectants and skin-preparation solutions. While the avoidance of all of those items in patient areas would not be practical, staff should be made aware of the fire risks posed by those items and materials.
- In areas where medical oxygen or nitrous oxide/oxygen mixtures are used, there can be an atmosphere containing more oxygen than usual. While oxygen itself is not flammable, it does make other things ignite at lower temperatures and burn faster and hotter. Nitrous oxide also supports combustion.

There can be no fire without a source of ignition, however, but those sources are plentiful. Open flames, cigarettes, lighters, matches, sparks and electrical sparks – even ones caused by children’s toys – high-frequency, short-wave and laser equipment, arcing and excessively high temperatures in electrical equipment such as hairdryers, cardiac defibrillator discharge, static electricity etc. are all capable of causing ignition in a volatile environment

Home Fire Safety (working from home)

Home Fire Safety Checklist

Smoke Alarms:

- Are smoke alarms installed on every level of the home, including inside and outside sleeping areas?
- Are smoke alarms less than 10 years old?
- Are smoke alarms tested monthly to ensure they are working correctly?
- Are batteries replaced annually, or are smoke alarms equipped with long-life batteries?
- Are smoke alarms installed according to manufacturer's instructions, typically on ceilings or high on walls?

Fire Extinguishers:

- Is there a fire extinguisher readily available on each level of the home?
- Are fire extinguishers easily accessible, mounted securely, and not blocked by furniture or other objects?
- Are household members aware of how to operate fire extinguishers using the P.A.S.S. technique (Pull, Aim, Squeeze, Sweep)?

Escape Routes:

- Are all exit routes from the home clear of clutter and obstacles?
- Do all household members know at least two ways to escape from each room in case of fire?
- Is there a designated meeting place outside the home where everyone can gather after escaping?

Electrical Safety:

- Are electrical cords and appliances in good condition, without frayed wires or signs of damage?
- Are extension cords used only temporarily and never overloaded?
- Are electrical outlets equipped with tamper-resistant receptacles, especially if there are young children in the home?

Heating Sources:

- Are portable space heaters kept at least three feet away from anything flammable, such as curtains, furniture, or bedding?
- Are chimneys and vents for heating systems, fireplaces, and wood-burning stoves cleaned and inspected annually?
- Are ashes from fireplaces and wood-burning stoves stored in metal containers with tight-fitting lids and placed outside, away from the home?

Kitchen Safety:

- Are cooking appliances, such as stoves and ovens, used with care and never left unattended while in use?
- Are flammable items, such as dish towels, pot holders, and paper towels, kept away from the stovetop?
- Is a fire extinguisher located near the kitchen area?

Children and Fire Safety:

- Are matches and lighters stored out of reach of children and in a secure location?
- Have children been taught not to play with matches, lighters, or any other fire-starting materials?
- Are children aware of what to do in case of a fire, including how to escape and when to call 999?

Emergency Contacts:

- Is there a list of emergency contacts, phone number, including 999 posted near each phone in the home?
- Are all household members aware of when to call 999 in case of a fire or other emergency?
- Regularly reviewing and updating this checklist can help ensure ongoing fire safety in the home. Additionally, consider scheduling an annual home fire safety inspection conducted by a qualified professional for added peace of mind.