UNIVERSITY HOSPITALS OF LEICESTER

NHS TRUST

FIRE SAFETY STRATEGY

Approved By: Fire Safety Committee
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Originators: Director of Facilities, UHL Trust Fire Safety Advisors
Fire Safety Strategy:

This Fire Safety Strategy is designed to build upon the Department of Health Fire Policy and the University Hospitals of Leicester NHS Trust (UHL) Management of Fire policy.

Adherence to this Strategy should ensure that the UHL is:

- Complying with prevailing legislation;
- Implementing fire safety precautions through a risk managed approach;
- Comply with the monitoring and reporting mechanisms appropriate to the management of Fire Safety within the UHL.

Both the Management of Fire Policy and the Fire Strategy will be reviewed at least every year in line with legislative changes and incident recommendations, and subsequently re-written every three years unless events demand otherwise.
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1. Introduction

The UHL is committed to minimising the risk of fire to the lowest practicable level. In this event the Hospital seeks to provide the most effective response to fire through rapid detection, containment and control, supported by reliable and rehearsed procedures for removing patients to places of ultimate safety.

In view of the approach by the Government, in requiring Fire and Rescue Services, to reduce unwanted fire alarms; the effective development of a ‘Risk Managed’ approach, as required by the RRFSO, and by the adoption of this Strategy it will thus ensure that compliance to this legal requirement is achieved within the UHL.

2. Purpose

To provide an unambiguous statement of the management of fire safety in all of the premises within the UHL and will be maintained by monitoring the following strategic aims:

- To minimise the incident of fire throughout the UHL premises;
- To reduce the occurrences of unwanted fire signals within the UHL premises;
- To minimise the impact from fire on life safety, delivery of service, the environment and property.

3. Scope

The UHL Fire Strategy provides a framework, around which each site should develop fire safety procedures. Wherever possible, the procedures adopted should be corporate across the UHL. However, it may be necessary to deviate due to site specific influences and this must be documented at local level.

4. Compliance

All personnel within the UHL are responsible for ensuring compliance with this UHL Fire Strategy. Specific Management areas of responsibility are highlighted and should be adhered to.

In an effort to meet these responsibilities, the Fire Safety Advisors at Leicester General Hospital (LGH) and Glenfield Hospital (GH) and the Safety Manager at the Leicester Royal Infirmary (LRI) will report to their respective Heads of Facilities (identified as the Fire Safety Manager); with the Heads of Facilities working to the Director of Facilities, (Designated Executive Director).
5. Fire Strategy Procedures:

5.1 New Building Specifications:

This strategy outlines the procedure to be followed in order to achieve a high standard of fire safety before, during and on completion of new build projects.

The formation of a project team with representation including the hospital Fire Safety Advisor and/or the Safety Manager will be adopted throughout the UHL.

This process will thereby ensure that the required approach to Fire Safety within any of the UHL premises is maintained by:

- Consultation with Local Authority Building Control
- Consultation with the Health and Safety Executive (if necessary)
- Reducing Unwanted Fire Signals
- Fire Risk Assessment by the contractor
- Fire Risk Assessment upon occupation.

5.2 Upgrading of existing fire precautions:

The approach to this issue should be achieved within the UHL by the adoption of a planning meeting with the Fire Safety Advisors and/or the Safety Manager. The process identified within new build projects will therefore be adopted and followed.

Upon completion of the work it is a requirement that the Fire Risk Assessment document is reviewed and revised.

5.3 Ward/Department Refurbishments:

Whenever it is necessary to carry out any refurbishments on any premise within the UHL, it is a requirement that prior to re-occupation and after completion of the work; a revised Fire Risk Assessment must be completed in conjunction with any of the UHL Fire Safety Advisors and/or Safety Manager.

5.4 Work Control Procedures

Each site within the UHL must formulate effective work control procedures, for repairs to structures, and in particular hot work. Such procedures will ensure that clear lines of responsibility, a permit to work system, with logging and audit, routine checking and supervision is adopted and maintained.
5.5 Alarm and detection systems:

Fire Alarm and Detection systems within the UHL premises must be installed and maintained in accordance with British Standard 5839 – part 1. This standard is a code of practice containing general recommendations covering a wide range of building types. However, it is also recommended within this strategy that more specific guidance is available within the Health Technical memorandum 05-03: Operational provisions (Part B: Fire Detection and alarm Systems). This document is intended to supplement BS 5839 -1 by:

- Applying the recommendations of the British Standard to healthcare premises occupied by dependent and highly dependent patients;
- Amplifying and interpreting specific clauses of the standard in the light of the above;
- Providing additional recommendations over and above those in BS 5839 -1, which may in some instances apply and modify that standard.

When the fire alarm is activated, either by automatic fire detection or by manual operation of a call point, the following events will take place simultaneously:-

- alarm sounders (including flashing lights in some areas) will sound continuously (evacuation) in the affected fire zone and intermittently (alert) in adjacent zones
- fire resisting doors on electro-magnets in and around the affected zone will close automatically
- the affected zone will be indicated on the relevant fire alarm panel and repeater panels
- the signal may be automatically transmitted to the Fire Service. (This signal will be supported by the Hospital Telephonist making a 999 call).

The controls of the fire alarm indicator panels should only be operated by designated Hospital Facilities Staff. Once the situation has been assessed and there is no further danger, the fire alarm may be silenced once approval is given by the Fire Service if in attendance, or the Fire Safety Advisor and/or Safety Manager or the Duty Manager. In the event of fire, the dangers of prematurely silencing the alarm bells cannot be over emphasised.

In the event of a confirmed fire, switchboard must be informed immediately using the UHL Emergency Telephone Number: 2222.
5.6 Training:

Fire Safety Training is a legal requirement for ALL UHL Staff under the Health and Safety at Work etc Act 1974, the Management of Health and Safety at Work Regulations 1999, and the RRFSO.

The Fire Safety Manager will take responsibility for monitoring the efficacy of staff training. This is achieved in the receipt of regular reports from individual Fire Safety Advisors and/or Safety Manager. Utilisation of the corporate approach within the UHL of recording training through the Clinical Skills system should be adopted by all Departments thus ensuring that the recording of this legal duty is maintained and managed.

5.7 Internal fire-fighting arrangements:

Existing arrangements within the hospitals of the UHL range from portable Fire Fighting Equipment (FFE), fixed installations for specific risks, dry rising mains, to internal private fire hydrants. The FFE that is currently available within the UHL has been standardised upon the provision of:

- 2 kilogram Carbon dioxide, and
- 6 Litre Foam Spray.

The maintenance of these provisions is required by legal requirements and by the adoption of the appropriate British Standards.

Within the UHL a corporate approach has been adopted to have a single ‘competent’ company/person maintain all the Fire Fighting Equipment.

The Dry Rising mains within the hospitals must be tested and reported upon by a ‘competent’ company/person. It is therefore the Duty of the Fire Safety Manager to ensure that these Fire Safety provisions are included within the hospital pre-planned preventative maintenance programmes (PPMs).

Internal private fire hydrants exist within hospitals of the UHL; discussions have been established with Leicestershire Fire and Rescue Service (LFRS) for these provisions to be inspected by the Fire and Rescue Service, however any maintenance will incur a financial expectation that will need planning for.
5.8 Emergency plans (including evacuation strategies):

It is incumbent on the Fire Safety Managers to ensure that evacuation strategies for the premises within the UHL reflect the individual requirements of legislation, of the both the building, its occupants, and meeting the demands of the Disability Discrimination Act (DDA).

This strategy will be dependent upon the type of building, its use, and the occupancy profile (including staff levels).

The hospitals within the UHL are designed on the concept of progressive horizontal evacuation, which enables occupants to move away from a fire or an incident to a place of safety on the same level. Occupants can remain within this area until the fire or incident has been dealt with, or await further evacuation to another similar adjoining area or vertically down the building utilising the protected staircases.

Other healthcare buildings (i.e. administrative areas) will operate the principle of full evacuation.

It is also a requirement that any evacuation strategies satisfy the ‘Risk Managed’ approach as laid down within the guidance for the RRFSO and should also be integrated within the Hospital Emergency plans as required by the Civil Contingencies Act 2004 with a corporate approach being easily identified.

Fire evacuation drills will be carried out throughout the year in all areas except bedded patient access areas, for which alternative training will be provided.

All fire drills will be held by arrangement with the following officers:-

- The Fire Safety Manager
- The Hospital Fire Safety Advisor and/or Safety Manager.

The Hospital Fire Safety Advisor and/or Safety Manager will ensure that details of the drills and their outcomes are recorded.

NB: In addition to the above pre-arranged drills, staff are reminded that false alarms may be utilised for drill purposes especially if evacuation of the building was carried out.

5.9 Evacuation Aids

Evacuation aids should, where identified through the Fire Risk Assessment, be provided. Ward Managers are to ensure that their staff are familiar with the correct fitting and operational use of the evacuation aids.

However, patient evacuation utilising evacuation sheets is a last resort.
Effective evacuation should start with ambulant patients (who are supervised throughout their escape). Secondly, the use of wheelchairs/wheeled commodes should be considered along with the movement of patients on their beds. Evac chairs are provided in some instances and must only to be used by trained personnel.

5.10 Procurement:

This is an area that is controlled within the UHL through the central purchasing system. Standards exist for the expected fire resistance of furniture and textiles and this could be reviewed through the auspices of the Fire Safety Strategy. No furniture or fittings will be allowed within any UHL premise if it does not meet the approved standards relating to flame testing and the ignition source testing procedures. Further guidance should be sought from the Fire Safety advisors and/or the Safety Manager.

5.11 Assessments under Dangerous Substances and Explosive Regulations (DSEAR):

This should be assessed and reviewed during the Fire Risk Assessment process and reviewed at departmental level on a regular basis.

5.12 Disability Discrimination Act (2005) (DDA) Audits:

The UHL is committed to promoting access for persons who have a disability or long-term medical condition. This includes consideration of the requirements' to enable safe and effective evacuation from any UHL building in an emergency.

The development of a fire strategy must take account of the requirements of the DDA. From 1\textsuperscript{st} October 2004, reasonable adjustments should have been made to the physical features of the UHL premises in order to assist with access and egress. Any identified requirements not put in place immediately, should be added to the UHL Facilities Risk Register for consideration as funding allows.

Where necessary for individual Trust employees, the department manager must complete and act upon the findings of a Personal Emergency Evacuation Plan (PEEP) assessment. This should be carried out in conjunction with the Fire Safety advisors and/or the Safety Manager and be linked to the department’s Fire Risk Assessment. Additional information regarding PEEPs is available in the UHL PEEP guidance document; Appendix A shows a PEEP assessment template.
5.13 Fire Response Teams

A number of staff with specific responsibilities have been designated to attend all fire alarm activations within the hospitals of the UHL. They have all been allocated a fire bleep and their procedural response is detailed in Local Response to Fire/Pre Alert.

Fire response teams will be drawn up from the following personnel:-

Security
Engineers
Porters
Facilities Managers
Hospital Co-ordinators and On-Call Managers
Specialty Unit Nurses-in-Charge

In addition to the fire bleep holders, Switchboard is an integral part of the response to fire.

5.14 Fire Safety Audits:

The adoption of an annual Fire Safety Audit that will review and report upon is considered an important facet of this Fire Safety Strategy. The following areas will be audited:

- Current fire safety management procedures
- Changes in the use of premises;
- Effectiveness of fire alarm and detection systems;
- Fire safety policies;
- Training;
- Incident management;
- Action following Fire Risk Assessments;
- Housekeeping;
- Policies for the procurement of furniture and fittings;
- Control of contractors – (for example: hot work and supervising);
- Routine fire safety checks.

These audits will be carried out by the UHL Fire Safety Advisors and/or Safety Manager with the results being reported directly to the UHL Fire Committee.
6. DUTIES OF RESPONSIBLE STAFF

6.1 Chief Executive (Responsible Person)

Responsible for ensuring the implementation of Firecode HTM 05.01 in all Trust premises, and ensuring that all statutory requirements applicable to Fire Safety are observed and that appropriate fire safety policies and programmes of work are implemented to maintain and improve fire safety precautions in UHL properties.

6.2 Delegated Executive Director

The Director of Facilities will be the Delegated Executive Director with nominated responsibility for drawing up and maintaining comprehensive fire precautions, fire policies, fire strategies, programmes of improvements to be included in the Trusts Annual Business Plan, and will involve Managers at each level of the Trust in the process as appropriate.

6.3 Fire Safety Managers

The Fire Safety Managers for the Trust will be the Heads of Facilities at each site. These Officers will in accordance with HTM 05.01:-

- Ensure that the Trust is compliant with legislation and that all fire precautions are inspected and maintained.
- Ensure that an effective training programme is implemented.
- Attend major fire drills.
- Be responsible for the co-ordination and direction of staff at a serious fire, in accordance with the emergency plan.
- Receive reports of all fire incidents from the Fire Safety Advisers and Safety Manager, inform the Trust Board of their contents and arrange for them to be acted upon as appropriate, and ensure that all incidents are reported to NHS Estates.
- Reports to the Director of Facilities on fire safety issues relevant to their site.
- Support the Fire Safety Advisers and Safety Manager in meeting their duties and responsibilities.
- Receive and consider reports from the Fire Safety Advisers and Safety Manager; prioritise their standing with regards to the Trust's main objectives and, where necessary, liaise over the reports at Senior Management level.
• To establish effective fire response teams and plans.

• Ensure liaison with other enforcing authorities as necessary.

• Will assist the Delegated Executive Director in the development and implementation of the Trusts Fire Policy and Fire strategy.

6.4 Fire Safety Advisors and/or Safety Manager

Responsibilities and duties will be in accordance with Firecode HTM 05.01, and in particular include:-

• Advising and assisting management, in the interpretation and application of the provisions of legislation, Firecode and other official guidance, in respect of fire safety in NHS premises.

• Involvement in Fire safety audits with Facilities staff, and contributing to periodic reports to the Fire Safety Manager and the UHL Fire Committee, about the state of fire precautions in the UHL.

• Involvement with Facilities staff and others, in the identification and assessment of fire risks in healthcare premises, using appropriate techniques, and assisting with reports to management, recommending prioritised actions in respect of fire safety improvements.

• Liaising with Facilities staff, planning teams, local building control and fire authorities in the specification of fire precautions in new and refurbishment of existing premises.

• Preparing training programmes for all staff employed by the Hospital (including volunteers), liaising with the Fire Safety Manager in the organisation of regular fire drills and staff training and witnessing the effectiveness of fire drills.

• Arranging for accurate records of staff training and fire drills to be kept centrally, and at each Department / Ward.

• Keeping accurate records of all fire incidents, investigating fires occurring in suspicious circumstances, in conjunction with local fire and police authorities, and ensuring that all fire alarm activations are forwarded to NHS Estates.

• A Fire Safety Advisor and/or the Safety Manager should always be available within the UHL.
6.5 Senior Managers (General Managers, Heads of Service, Service Managers and Duty Managers) Clinical Governance

Will be responsible for ensuring that the Trust Management of Fire Policy is implemented and compliance with the Fire Strategy is being maintained within their respective areas. They will also assist the Delegated Executive Director, and Fire Safety Managers, with their duties as necessary.

6.6 Ward / Department Managers.

All Ward / Department Managers will be responsible for ensuring that:-

- Fire safety policies, Fire Safety Strategies and site specific instructions (Department Fire Procedure) are brought to the attention of their staff and observed by them. This includes making sure the Fire Risk Assessment is completed, reviewed and recommendations acted upon. A monthly Fire Safety Audit should also be carried out in each Ward/Department.

- Every member of staff receives training in accordance with the Management of Fire Policy and the Fire Strategy. This includes training in evacuation techniques such as evac-chairs, where necessary.

- Fire hazards brought to their notice receives immediate attention, by being reported to the appropriate Facilities Department (Serco LRI) with the maintenance action number being suitably recorded.

- A person or persons is nominated to carry out the role of Fire Risk Assessor (Fire Warden) on their behalf for the relevant Ward/Department.

- In the event of fire involving their ward or department, the prescribed fire procedures as detailed in the Fire Risk Assessment are put into immediate effect.

- Some managers may have responsibility at more than one site, and should account for this in their supervisory role, working to UHL and relevant local procedures.

- Where a fire compartment is occupied by more than one department / directorate, the managers from each will cooperate in the preparation of the fire risk assessment, in liaison with a Trust Fire Safety Advisor and/or Safety Manager.
6.7 Workplace Fire Risk Assessor (Fire Warden)

As required under the Regulatory Reform (Fire safety) Order 2005, fire compartments will be risk assessed by trained Workplace Fire Risk Assessors.

The Fire Risk Assessor will be nominated by the Ward / Department Manager to assist them in meeting their responsibilities under the Management of Fire policy and Fire Strategy.

A suitable and sufficient fire risk assessment will be undertaken and recorded for each fire compartment by the Ward/Department Fire Risk Assessor in conjunction with the Fire Safety Adviser.

Where the risk of fire to people is above the acceptable level, control measures which are considered reasonable and practicable should be put into place or included in an action plan.

Monthly surveys will be carried out by the Ward/Department Fire Risk Assessor to see that the current risk assessment and fire routine are satisfactory to meet the risk posed by fire. The date, time and outcome of the survey will be recorded in the Ward/Department Fire Log Book.

Any areas of concern which cannot be dealt with by the Workplace Fire Risk Assessor, should be raised initially with their Manager, and then if necessary with the Fire Safety Adviser and/or Safety Manager.

6.8 UHL Fire Committee

A Fire Committee will be formed as detailed in the Trust Fire Policy, in accordance with HTM 05.01.

Representatives will be nominated from all Trust Directorates and representative bodies to attend these Committee meetings, and expert advisers may be co-opted onto the Group or invited to attend meetings at the Committee’s discretion.

Meetings will be held quarterly and reports will be submitted to the Trust Board and Trust Executive via relevant Directors as necessary.

7. FIRE RISK ASSESSMENT

7.1 Legislation

The Regulatory Reform (Fire Safety) Order 2005 (RRFSO) applies to all workplaces where people are employed and requires a Fire Risk Assessment to be undertaken.
A record of the Fire Risk Assessment must be readily available for inspection by the Fire Authority when requested.

To comply with the legislation assessments will be undertaken for all Trust premises by the Fire Safety Advisers and/or Safety Manager in conjunction with the Ward/Department Fire Risk Assessor (Fire Warden).

All Fire Risk Assessments will be subject to annual review, and monthly inspections of the relevant areas will be carried out and recorded by the local Fire Risk Assessor.

7.2 Training

Managers and other designated staff will, receive training in Fire Risk Assessment, and having access to the Fire Safety adviser as necessary, will record, monitor and review such assessments in accordance with the fire Strategy.

7.3 Audit and Monitoring Performance

Many of the actions and procedures contained in this strategy are a legal requirement and all employees have a duty to comply under health and safety legislation. At Ward and Departmental level it will be the responsibility of the manager to monitor compliance with this strategy. Records will be maintained in the Fire Log Book, kept on each Ward / Department.

Items which will be documented in the log book are:-

- Ward or Department surveys and specific inspections
- Unwanted Fire Signals
- All forms of fire training, theory and practical
- Any defects or faults to the fire precautions, and the actions taken

It will be the responsibility of the Fire Safety Adviser and/or Safety Manager to audit and monitor the Hospitals overall compliance with relevant codes and legislation and advise the Fire Safety Manager on any deficient areas.
7.4 Christmas Festivities

- **Christmas Trees**

  Only Fire Retardant artificial trees can be used within the UHL, the use of natural trees even if treated with fire retardant spray is strictly prohibited.

  The department should perform a full risk assessment to identify an area suitable to site the Christmas tree, taking into account fire exit routes, evacuation methods to be employed and the availability of an electrical socket. The artificial tree provided should be sized according to the space available, be firmly based and stable when in place, well away from any heat or ignition sources.

- **Fairy Lights**

  These should conform to the current British Standards and, when purchased, should carry the British Standard Number or kite mark on the box. The relevant Facilities Department should check any such lights and connections before use. The lights should be switched off overnight and the power plug removed from the socket. Tinsel decorations are a conductor of electricity, and faulty lights can cause such decorations to become 'live'. Lights should not exceed 24 volts and should be fitted with a transformer.

- **Candles**

  Lighted candles should not be used in the Hospitals, but permission may be granted for their use in chapels, after consultation with a Fire Safety Advisor and/or Safety Manager.

- **Decorations**

  Metal foil decorations are preferable to paper. All decorations should be hung above the reach of standing people and clear of light fittings and electrical wiring. Combustible decorations - plastic, paper, Christmas cards etc - should not be placed near sources of heat. Cotton wool should not be used for decorative purposes.

- **Gift Wrappings**

  Gift wrappings and similar combustible refuse should be removed from the building as soon as practicable.
7.5 General Events

Advice regarding specific types of events should be sought from the hospital Fire Safety Adviser and/or Safety Manager.

8. ARSON PREVENTION AND CONTROL

8.1 Extent of Arson

Approximately one third of all fires in NHS Trust properties are started deliberately.

Many fires are started in areas of the buildings used for storage, where the materials or commodities stored provide a ready means for the arsonist. Areas where fewer people may be encountered present attractive targets, and allow the arsonist to practice undisturbed. An arsonist may seem to have a good reason to be on the premises, for example a patient, member of staff, or a member of the public.

Fires started by arsonists may involve the use of flammable liquids as accelerants, or merely the fuel or combustible materials available at the location such as waste and shredded materials. In some cases, the fire may exhibit multiple points of origin often closely related in time, either within a localised area, or in various parts of the building.

8.2 Motivation for Arson

A number of factors, taken individually or collectively, may provide the drive for a person or group to undertake an act of arson. The most common of these are:-

Mental abnormality; Vandalism; Ideology; Self glorification; Revenge; Concealment; Financial gain.

Children are able to gain entry to all types of premises, subject to lapses in security, and may start fires, sometimes to conceal theft. Bored visiting children or inadequately supervised paediatric patients can wander into unauthorised parts of the hospital and start fires.

8.3 Management Response to the Threat of Arson

The management's plan for combating arson forms an integral part of this Fire Strategy especially in dealing with fire safety issues.

Arson from whatever quarter or motive should be viewed as being preventable - if not in its entirety, then to a degree such that its effects are minimised.
In order to reduce the risk from an arson attack, it will be necessary to consider the following points:-

• Avoidance of the use of highly flammable materials wherever practicable.

• Orderly methods of stacking in stores where linen, paper or plastic packaging are used, to reduce the risk of fire spread and to assist fire fighting.

• Storage of equipment and packages in designated areas only - not in plant rooms, service voids and shafts, corridors or lobbies.

• Regular checks to ensure that storage is never permitted in a hospital street or an escape route, near a fire exit or fire fighting equipment.

• Reduce access to store rooms etc by closing or locking doors.

• Challenge members of the public found in unauthorised areas, report incidents to a member of security.

9. MEANS OF ESCAPE FACILITIES IN CASE OF FIRE

The design, management and operational policies of the Hospital provide for all occupants to be able to move away from a fire to a place of safety as quickly as possible.

The primary provisions are as follows:

9.1 Compartmentation

The premises are divided into a number of fire compartments; each compartment is designed to contain an outbreak of fire for at least 60 minutes.

Within each main fire compartment, certain high risk (hazard) rooms and intermediate walls and doors are designed to contain fire for a period of not less than 30 minutes.

This structural fire Compartmentation forms the basic fire protection for the occupants and the premises, but it must be emphasised that effective compartmentation is dependant upon fire resisting doors being closed, thereby, maintaining integrity.

All parts of the premises are subject to Fire Regulations. Any proposal to materially change the structure, occupancy or use of any part of the premises should, therefore, be referred to the Hospital Fire Safety Adviser for comment.
9.2 Fire Resisting Doors

Fire resisting doors are easily recognised. They are at least 40mm thick and close onto deep rebates. Any glazing in the doors is fire resisting, normally Georgian wired and 'Fire Door' signage should be affixed on both sides of the door.

These doors are designed to resist the passage of heat and smoke for a specified period (minimum 30 minutes) and have two specific functions:-

- To complete the fire resisting enclosure of fire tight compartments.

- To protect escape routes (e.g. staircases and corridors) along which people may need to travel when evacuating the area.

- It cannot be over emphasised that the safety of life in a fire situation may depend upon fire resisting doors being shut. They must never be held open other than by the use of approved restraining devices operated by the fire alarm system.

- Electro-magnetic releases are fitted to fire resisting doors in certain areas to facilitate easy movement. These devices hold the doors in the open position until the fire alarm is activated, or smoke is detected nearby, whereupon the doors close automatically. (The doors may also be opened or closed manually when necessary).

Doors on electro-magnetic releases normally bear labels to this effect and must be kept free from obstruction at all times.

Manually operated push buttons are usually installed adjacent to the doors. These should be used to close the doors when required, as constant hand closing will shorten the working life of the release unit.

9.3 Escape Routes and Exits

Corridors, ramps and staircases are the principle escape routes in event of fire. These areas must be kept free from obstruction at all times and, in particular, must not be used for temporary storage purposes, as this provides valuable fuel for a fire and increases evacuation time.

All doors, through which people may need to pass in event of fire, including all exits from the building, must be kept free from obstruction and readily operable from the inside, without the need for keys.
The particular needs of disabled people (e.g. wheelchairs) must be borne in mind.

9.4 Maintenance Provision

Within the UHL their currently exists a Planned Preventative Maintenance Program, this will ensure that all the Fire Safety Provisions as provided will be regularly maintained and records being available for inspection by the enforcing authorities.

If any ward/department identifies fire safety provisions, i.e. defective fire doors, they should report it immediately to the respective Facilities Department, Serco at the LRI, and also record the job maintenance record number that should be provided by the Facilities Department. This methodology will ensure that effective management of the maintenance and repair of all the Fire Safety Provisions that are available within the premises of the UHL are being effectively maintained.

10. Signs and Notices

Fire signs are displayed throughout the hospital, giving mandatory instruction and showing emergency escape routes. Providing essential element to hospital fire safety, these must not be removed or obscured.

General Fire action notices are displayed adjacent to Fire Alarm call points in all departments, stating the actions required upon both discovering a fire and hearing the fire alarm, they also detail specific assembly points.

In patient access areas these notices are supported by fire safety plans showing the layout of the compartment.

All staff are to make themselves aware of the essential information detailed in the ward/department fire safety procedure.

11. Lighting - General and Emergency

General lighting throughout the hospital provides illumination for normal access and egress and enables fire signage to be read clearly.

Emergency lighting is available through essential electrical circuits, in the event of a mass power failure, and is powered by a generator, thus enabling essential hospital services to be maintained, the inclusive lighting circuits provide illumination for emergency escape routes. These routes are often further supported by independent lighting units powered by batteries and giving a minimum duration of three hours.
12. Fire Incidents – reporting mechanisms

All fire incidents must be reported within 24 hours of the occurrence. The report should be completed by the Duty Manager/ Security, and forwarded to the Fire Safety Adviser and/or Safety Manager. Incident reporting forms are available from these persons upon request.

All Fires and Fire Alarm incidents will be reported by the Fire Safety Adviser to NHS Estates.

Both real fire incidents and false alarms are to be entered into the log book at the Main Panel and the Ward/ Department Fire Log Book.
University Hospitals of Leicester NHS Trust: PEEP Assessment Form

To be completed by the Line Manager/Section Head (working with the member of staff the PEEP is designed)
(May require to develop more than one plan for more than one building)

PERSONAL EMERGENCY EVACUATION PLAN FOR:

Name: _____________________________________________

Site: _______________________________________________

Department: ______________________________________

Building: _________________________________________

Floor: ___________________________________________

Room Number/Location of workplace: ______________________

What are the general provisions for fire evacuation within this building/workplace:
(i.e. continuous alarm – all staff to evacuate the building, or continuous alarm – progressive horizontal evacuation into another fire compartment)
___________________________________________________________
___________________________________________________________

E-mail address: _______________________________________

Telephone Numbers: MOBILE: __________________________
WORK EXTENSION: ________________________________

AWARENESS OF PROCEDURE:

The disable person is informed of a fire evacuation by:
- existing alarm system ☐
- pager device ☐
- visual alarm system ☐
- Other (please specify): _______________________________

DISABILITIES TO BE CONSIDERED:

- Ambulant: ☐
  - Able to evacuate stairs on own? Yes ☐ No ☐
- Non-Ambulant ☐
  - Able to evacuate stairs on own? Yes ☐ No ☐
- Impaired Sight: ☐
  - Able to evacuate stairs on own? Yes ☐ No ☐
• Impaired Vision ☐
  o Able to evacuate stairs on own? Yes ☐ No ☐
• Other (Please state): ____________________________

DESIGNATED ASSISTANCE:
(The following person(s) have been designated to assist the disabled employee to evacuate the building in an emergency)

1) Name: __________________________________________________
   Contact details: ___________________________________________
   (Share contact details with disabled employee)

2) Name: __________________________________________________
   Contact details: ___________________________________________
   (Share contact details with disabled employee)

3) Name: __________________________________________________
   Contact details: ___________________________________________
   (Share contact details with disabled employee)

METHODS OF ASSISTANCE:
(eg: Transfer procedures, methods of guidance, etc.)
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EQUIPMENT PROVIDED:
(including evac-chair, means of communication etc):
______________________________________________________________
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24
**EVACUATION PROCEDURE:**  
(A step by step account beginning from the first alarm)

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**SAFE ROUTE(S):**

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<th>Line Manager’s name:</th>
<th>Signature:</th>
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Appendix C