HS26
Fire Safety Management Policy

Contents

Appendices		
Appendix 1	Fire Safety Protocol – Fire Doors	
Appendix 2	Fire Safety Protocol – False Alarms and Unwanted Fire Signals	
Appendix 3	Fire Safety Protocol – Personal Electrical Equipment	
Appendix 4	Fire Safety Protocol – Battery Charging	
Appendix 5	Fire Safety Protocol – Electrical Bikes, Scooters and Wheelchairs	
Appendix 6	Fire Safety Protocol –Electronic Cigarettes	
Appendix 7	Fire Safety Protocol – Tugs and Cleaning Equipment Charging	
Appendix 8	Fire Safety Protocol – Kitchen Equipment	
Appendix 9	Fire Safety Protocol – Arson Prevention	
Appendix 10	Arson Prevention Checklist	
Appendix 11	Protection of Structural Fire Precautions Procedure	
	Protection of Structural Fire Precautions Procedure Contractor Annual Declaration	
Appendix 12	Responding to Surgical Fires – Fire on Patient Action Card	
Appendix 13	Responding to Surgical Fires – Airway Fire Action Card	
Appendix 14	Personal Emergency Evacuation Plan Procedure	
Attachments		
Attachment 1	Personal Emergency Evacuation Plan Questionnaire	
Attachment 2	Personal Emergency Evacuation Plan	
Attachment 3	Manual Handling & PEEP Risk Assessment – Bariatric Patient Handling	
Attachment 4	Fire Safety Group Terms of Reference	

1.0 Policy Statement

This policy sets out how the Trust will comply and demonstrate its compliance with the requirements of fire safety legislation. It should be read in conjunction with the NHS PAM SH14 Safety Plan.

The policy applies to all Trust employees, contractors, students and all Trust owned and occupied premises and those under our control.

The Board is committed to maintaining high standards of fire safety in order to minimise the loss of life and personal injury through the effects of fire, smoke and associated fire hazards.

Our aim is to ensure, as far as possible, that outbreaks of fire do not occur, and if a fire does occur, that it is rapidly detected, effectively contained, and quickly extinguished, preventing harm to staff, patients, and visitors through robust fire safety management.

This policy sets out the clear lines of accountability and responsibility at all levels within the organisation in respect of fire safety.

Fire safety is a priority, and we will ensure, so far as is reasonably practicable, that the risk from fire will be well-managed in compliance with the requirements of the:

- Regulatory Reform (Fire Safety) Order 2005 (FSO)
- Health and Safety at Work etc Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Equality Act 2010, by providing suitable means of escape arrangements for all people attending its buildings and where applicable
- Department of Health Fire Safety Guidance with regards to the management of fire safety in Healthcare, Health Technical Memorandum (HTM) 05 series
- Building Regulations 2010 and associated approved documents

Furthermore, where appropriate and relevant to our properties, we will adopt measures introduced by:

- Fire Safety Act 2021
- Building Safety Act 2022

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflicts of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

Authorised Person	A person competent in fire safety that is responsible and provides advise on such matters as undertaking, recording and reporting fire risk assessments, providing expert advice on fire legislation and assisting with the review of the content of the trust's fire safety policy.
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.
Fire Leader	Nominated Senior Manager, whose duty is to take responsibility for direction of the fire response team.
Fire Scene Manager	Nominated senior person required to take responsibility for their clinical area, in the event of a fire emergency.
Fire Wardens	The Fire Wardens essentially will be the "eyes and ears" within that local area but will not have an enforcing role. They will report any issues identified to their matron and/or head of service or departmental managers and if necessary to the Fire Safety Adviser or Fire Safety Manager.
Healthcare Premise	Hospitals, treatment centre, health centre, clinic, surgery, walk in centre, or other building where patients are provided with medical care by a clinician.
Lift Warden	A person nominated to undertake duties in relation to the evacuation of occupants in case of fire by means of an escape lift installation. There are three types of lift warden each having separate duties, namely lift wardens (floor), lift wardens (control), and lift wardens (car).
Local Fire Response Procedure	Bespoke procedure relating to an individual ward, department or small healthcare premise that details the expected response in the event of a fire.
Mandatory Requirements	Recommendations considered compulsory by the Department of Health for all NHS organisations in England.
Nominated Person	An individual who will carry out a specified role, after being provided with the relevant training to do so.
PEEP	Personal Emergency Evacuation Plan.
SH14 Safety Plan	Safety Plans are designed to be a series of specific easy reference guides to illustrate the management and provision of estates services. These plans are designed to be used by our direct & indirect staff explaining in brief how services are managed, systems maintained and developed within Trust properties ultimately providing best practice guidance.
Statutory Legislation	Fire safety legislation that has been approved by parliament, in particular the Regulatory Reform (Fire Safety) Order 2005.
Vulnerable Area	Any clinical area where patient safety could be compromised as a consequence of carrying out practical fire safety training.

3.0 Accountabilities

3.1 Trust Board

Under UK Fire Law, the Trust is the Responsible Person. The Trust recognises its responsibilities to implement in full their duties in respect of fire safety of their estate and to ensure all employees understand and partake in fire precaution routines. The Board should ensure they have appropriate assurance that the requirements of current fire safety legislation are met and, where appropriate, that the objectives of Firecode are also met. The overall responsibility for the performance of the Trust in respect of fire precautions and fire safety is delegated to the Chief Executive Officer.

3.2. Chief Executive Officer (CEO)

The CEO has overall responsibility for ensuring that current fire legislation is met and that, where appropriate, Firecode guidance is implemented in all premises owned or occupied by the Trust. The CEO will ensure that appropriate fire safety policies and programmes of work are in place in order to improve and maintain fire precautions within the Trust's premises.

3.3 Chief Operating Officer (COO)

The COO is the Executive Director with delegated responsibility for fire safety issues across the organisation and for the delivery of a safe and responsive system. They are responsible for championing fire safety issues at Board level. Part of this role will include endorsing programmes of work relating to fire safety as part of the annual business plan. Accountability for all fire safety matters will always be through the Board level Director.

3.4 Divisional Manager Estates and Facilities (DM)

The DM is the Senior Operating Manager accountable to the COO, and is responsible for the day to day fire safety activities and taking the lead on all fire safety matters. Part of this role includes preparing programmes of work relating to fire safety for consideration as part of the annual business plan.

3.5 Authorising Engineer (AE) (Fire)

The Authorising Engineer (Fire) will act as an independent professional adviser to the Trust. They will act as assessor and make recommendations for the appointment of Authorised Persons (Fire), monitor the performance of fire safety management, and provide an annual audit to the COO.

3.6 Directors/Senior and Departmental Managers/Matrons

Directors, Departmental Managers and Clinical Managers are responsible for policy compliance, and in particular must ensure:

- That the evacuation strategy for the premises adequately reflects the individual needs of both the building and its occupants
- Staff are conversant with fire procedures specific to their work area
- Fire Scene Manager takes responsibility for their clinical area, in the event of a fire emergency
- Fire safety risks are controlled, monitored and resolved, where appropriate
- Safe storage, use and disposal of flammable liquids
- Sufficient Fire Wardens (and deputies) are appointed, trained and that they regularly inspect the premises for fire safety deficiencies and either rectify them, if

they are simple to resolve (i.e. fire doors wedged open), or report them. See section 4.1.4.

- Mandatory fire training is undertaken ensuring compliance with OP41 Induction and Mandatory Training Policy.
- Liaison with the relevant Fire Safety Advisors (see section 3.13) on fire safety issues
- Staff that may have disabilities or short-term conditions such as pregnancy that could affect their evacuation during an emergency, can escape safely
- Personal emergency evacuation plans (PEEPS) are provided and fully implemented
- Arrangements for evacuating disabled staff and visitors are in place
- Incidents relating to fire safety are reported on the Trust's Datix System, managed in line with HS01 Management of Health and Safety Policy.
- Where a fire risk is present, include the risk along with associated actions to reduce the risk on the department/divisional risk register via the Datix System

3.7 Head of Estates Management (HE)

The Head of Estates Management is accountable to the DM and is responsible for policy compliance. They must ensure:

- Passive and active fire safety measures and equipment are maintained and tested in accordance with the latest relevant legislation/standards and manufacturers' instructions
- Full and accurate maintenance records are kept readily available for audit
- Adequate "Permit to Work" systems are implemented to ensure safe working by directly employed and contract building operatives
- Contractors working on behalf of the Trust in premises under Trust control follow Trust procedures in the event of an evacuation or emergency

3.8 Head of Estates Development

The Head of Estates Development must ensure that any newly developed construction or alteration complies with the requirements of the Building Regulations, and where applicable, HTMs and HBNs. They must ensure that:

- On completion of any construction (simple or complex), building drawings are updated to reflect the modifications undertaken to both passive and active fire safety precautions.
- The Fire Safety Team are notified of and engaged with any construction, alterations, repairs or demolition works where the activities directly or indirectly affect fire safety or escape routes. This notification must be given as soon as is practical so assessments can take place before the works commence.

  Contractors working on behalf of the Trust in premises under Trust control follow Trust procedures in the event of an evacuation or emergency.

  The general fire precautions afforded to any building are not compromised throughout the building works.

  A minimum of 60-minutes fire resisting construction is provided between areas under construction/refurbishment and live areas of the building.

  They are also responsible for ensuring that an adequate annual capital programme to ensure Firecode compliance is in place.

3.9 Head of Property Management

The Head of Property Management is responsible for ensuring the Fire Safety Team are aware of all premises where Trust staff are based. The Fire Safety Manager (FSM) will liaise with Estates Developments to ensure that the Trust discharges its statutory duties. In particular:

- The results of Fire Risk Assessments (FRAs) and fire safety audits are shared between landlord and tenant, whether the Trust is landlord or tenant. This is equally applicable in sub lease arrangements and where no written agreement exists
- Where the Trust acts as landlord, the tenant shall be responsible for carrying out their own fire risk assessments of their demised space in accordance with the Regulatory Reform (Fire Safety) Order 2005 in addition to any assessments that may be carried out by the Trust

- Tenants and 3rd Party contractors in Trust premises, whether owned or where the Trust is the head or major lease holder, must provide evidence of their suitable and sufficient fire safety procedures on request so that relevant articles of the Regulatory Reform (fire safety) Order 2005 can be satisfied

3.10 Corporate Education Steering Group Responsibilities

The Corporate Education Steering Group is responsible for gaining assurance that Fire Safety training content has been formally reviewed on an annual basis. They are also responsible for assisting in the implementation of any required fire safety training as identified by the Training Needs Analysis in this policy.

3.11 Heads of ICT Services

The Head of ICT Services is responsible for ensuring any ICT staff or contractors adhere to the Control of Contractors Policy and this policy. They must ensure the general fire precautions afforded to any building are not compromised while carrying out any works. Where penetrations are formed to run data cables, the building fabric must be reinstated to achieve the intended fire resistance.

3.12 Group Head of Fire Safety Services

The Group Head of Fire Safety Services will carry out the functions of the FSM as defined with HTM05 series. They will be sufficiently empowered and have access to adequate resources including competent persons and budgets to enable them to perform their duties effectively. Responsibilities include the following:

- An awareness of all fire safety features and their purpose, including fire safety risks particular to the organisation
- Requirements for disabled staff and patients (related to fire procedures)
- Ensuring appropriate levels of management are always available to ensure decisions can be made regardless of the time of day
- Compliance with legislation
- Development and implementation of the organisation's Fire Safety Management Policy
- Development of the organisation's Fire Safety Strategy
- Coordination and cooperation between other employers where two or more share the premises
- The reporting of fire incidents in accordance with current practice
- Monitoring and mitigation of unwanted fire incidents

- Liaison with the Authorising Engineer (Fire)
- Liaison with Enforcing Authorities
- Liaison with the Board, Senior Managers
- Prepare the annual fire statement of fire safety
- Monitoring of inspection and maintenance of fire safety systems
- Reporting to, and raising issues at the Trust Fire Safety Group, Health and Safety Operational Group, and Health and Safety Steering Group.
- Ensures written Fire Risk Assessments are carried out and reviewed regularly and actions are progressed in accordance with section 4.2 of this policy.

3.13 Senior Fire Safety Advisor

Are accountable to the FSM and provide technical expertise and support for delivery of fire safety to the Trust, therefore assisting with the following:

- Providing expert advice on the legal application and interpretation of fire legislation and fire safety guidance, including Firecode
- Advising on the content of the organisations fire safety policy
- Assisting with the development of the organisations fire safety policy
- Helping with the development and delivery of a suitable training programme
- In conjunction with the Authorised Person (lifts), provide Lift Warden training in relation to emergency evacuation duties.
- Liaising with enforcing authorities on technical issues
- The first point of contact for the premises for visits/inspections by the Fire Service
- Liaising with managers and staff on fire safety issues
- Liaising with fire engineers if required
- Ensure procedures are in place for summoning the fire brigade in an emergency
- Ensure all staff (particularly agency or other temporary staff) are aware of fire and emergency evacuation procedures

The Senior Fire Safety Advisor will ensure the following are subject to a regular robust testing programme and appropriate records are maintained:

- Fire alarm systems
- Auxiliary equipment, including fire dampers
- Emergency lighting systems
- Fire Doors
- External Fire Escapes
- Firefighting equipment
- Private fire hydrants
- Fixed Installations

3.14 Fire Risk Assessors

Actively engage with and undertake Continued Professional Development in relation to your role as a Fire Risk Assessor within Healthcare, keeping suitable records.

As part of the fire risk assessment process, ensure that the evacuation strategy for the premises adequately reflects the individual needs of both the building and its occupants.

3.15 Fire Wardens

In order to supplement fire safety measures, managers shall nominate staff to be trained as Fire Wardens, to provide a focal point for local staff on fire safety issues:

Fire Wardens must not be a substitute for the training of all other departmental staff to a competent level with regard to their fire safety duty (including the safe evacuation of all relevant persons)

The Fire Warden does not have an enforcing/managerial responsibility and will report any fire issues to their line manager and the FSM to progress accordingly Managers retain their full responsibilities for fire safety irrespective of whether or not nominated persons are appointed.

Full duties include, but are not limited to:

- Coordinating the evacuation of premises and ensuring all persons are accounted for
- Giving information to the fire and rescue services about the location of any hazards, the layout of the premises and escape routes
- Checking names on roll call system if applicable
- Providing subsequent information to the Trust Fire Safety Advisors of the evacuation times, number of staff / patients involved and any reported shortcomings in the fire safety provision, e.g. defective fire alarm sounders
- Ensuring no-one re-enters the premises until it is safe to do so
- Assisting with the coordination of the response to an incident within the
- Premises

For further information refer to your departmental fire manual.

3.16 Competent Persons

The Trust shall employ Competent Persons to install service and maintain fire systems both passive and active within its premises. Competent Persons shall be those that can demonstrate the appropriate technical knowledge/technical skills necessary; this includes both Trust-employed and external contractors.

It is the responsibility of appointed persons, whether employed directly by the Trust, or as a contractor or sub-contractor of the Trust if for any reason they are no longer deemed as ‘competent’ by industry standards.

3.17 All Staff

All staff, including agency and bank personnel, must adhere to the requirements of this policy, to ensure the workplace is safe from fire and its effects, and must not do anything that will place themselves or other people at risk, in particular:

- Take reasonable care for the safety of themselves and others who may be affected by their actions
- Observes the Trust no smoking policy
- Cooperate with the Trust to ensure all aspects of this policy are complied with
- Act to prevent fire risks and to ensure that they do not knowingly compromise fire safety through their own actions, lack of action or negligence
- Escalate to line manager or fire safety advisor any issues that could present a shortfall in the protection arrangements for fire safety

- Attend mandatory training and any other relevant fire training necessary for their role
- Understand the character of fire, smoke and toxic fumes
- Know the fire hazards involved in their working environment
- Practice and promote fire prevention
- Know the correct action to take if fire breaks out
- Assist the Fire Warden's to evacuate patients and visitors
- Ensure incidents relating to fire safety are reported on the Trust's Datix System

3.18 Contractors

All appointed contractors working on the Trust's premises must adhere to this policy and all other policies and procedures.

Private contractors working within the Trust's sites must be afforded the same protection from the hazards of fire as any other visitor or member of staff. Contractors similarly have the same duty of care as the Trust's staff not to create risk of fire or impede or impair fire prevention arrangements and facilities.

The manager and department responsible for arranging any contract work must ensure that the contractor is advised of our policies and procedures and the requirement to comply with them. There must also be adequate supervision of that contract work to ensure compliance as far as that is practical. Since comprehensive supervision is not always possible, all staff are required to be vigilant of contractors' activity when this takes place in their working area and report any untoward incidents to the supervisor of the contract, or their department's manager.

Certain contracting work will require some interference with existing fire prevention facilities. In these circumstances the officers arranging the work must seek advice from the Fire Safety Team and make appropriate arrangements.

A senior representative from every contracting company must read the Protection of Structural Fire Precautions Procedure and sign the Contractor Annual Declaration that they will adhere to the requirements of procedure.

3.19 Premises with more than one employer

Where two or more employers share premises, each employer should be responsible for managing fire safety within their own area. There must be formal arrangements put in place to share information about the risks, emergency procedures, staff training and individual organisational responsibilities. For the common areas of the premises (such as stairways, corridors etc), the host employer/landlord will have the responsibility for managing fire safety. Each employer must cooperate fully with the other to ensure that fire safety measures are not compromised.

4.0 Fire Safety Management

The Regulatory Reform (Fire Safety) Order (FSO) 2005 is the primary fire safety legislation for England. This requires the responsible person to take such general fire precautions as will ensure, so far as is reasonably practicable, the safety of their employees and relevant persons who are not their employees.

The FSO defines 'general fire precautions' as:

- Measures to reduce the risk of fire on the premises and the risk of the spread of fire on the premises
- Measures in relation to the means of escape from the premises
- Measures for securing that, at all material times, the means of escape can be safely and effectively used
- Measures in relation to the means for fighting fires on the premises
- Measures in relation to the means for detecting fire on the premises and giving warning in case of fire on the premises
- Measures in relation to the arrangements for action to be taken in the event of fire on the premises, including
- Measures relating to the instruction and training of employees; and
- Measures to mitigate the effects of the fire

The policy has been developed to support the Estates Enabling Strategy 2020-2025. This section sets out the broad framework for ensuring fire safety within the Trust and forms an essential part of the Trust's approach to managing health and safety.

4.1 Fire Safety Management Structure

It takes the entire organisation to ensure the success of effective fire safety management.

4.1.1 Fire Safety Group (FSG)

The Fire Safety Group is responsible for managing, monitoring and reviewing all fire safety related activity to maintain statutory and mandatory compliance. The Group ensures that the Trust has an effective approach to fire safety management and empowers those with roles and responsibilities relating to fire safety and ensures they are appropriately supported to carry out these duties.

FSG will manage, monitor and review all fire safety related activity to maintain statutory and mandatory compliance, to ensure that the Trust has an effective approach to fire safety management.

The FSG will provide assurance to the Health & Safety Steering Group on a quarterly basis and issue an Annual Report to the Trust Board to report on each financial years' performance.

For further detail, refer to the FSG Terms of Reference, Attachment 4.

4.1.2 Safety Assistance

The Trust appoints competent persons to assist in the undertaking of preventative and protective measures; the Fire Safety Team, which is which is managed by the Group Head of Fire Safety Services (FSM), accountable to the Divisional Manger of Estates and Facilities, has a dedicated team of Fire Safety Professionals.

4.1.3 Independent Audit

The Trust has appointed an Authorising Engineer (Fire).

In accordance with HTM 05-01 and to satisfy the requirements of the Regulatory Reform (Fire Safety) Order 2005, they will act as an independent professional adviser to the above NHS Trusts and will undertake annual assessments and monitor the performance of fire safety management within these NHS Trusts, and provide an annual report on the outcomes of the audit to Board Level Directors (with fire safety responsibility).

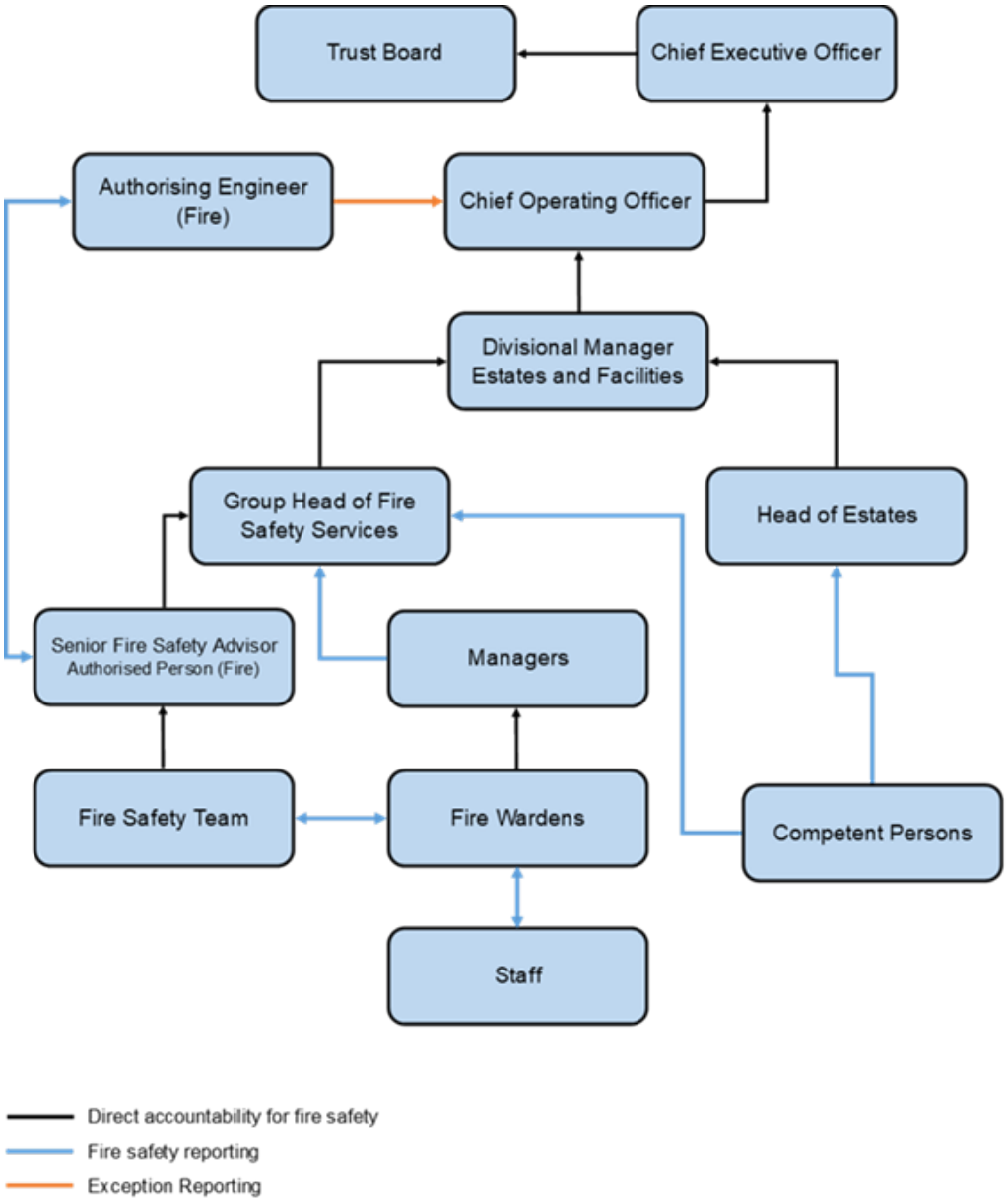
The annual audit will assess the effectiveness of the fire safety management systems operated to provide management with appropriate assurance in relation to fire safety management. While such a process should enable the organisation to demonstrate due diligence, it also serves as the means by which the board, partners or equivalent controlling body holds the management to account for the delivery of an appropriate level of fire safety.

In accordance with section 12.7 of HTM 05-01, the audit report shall include:

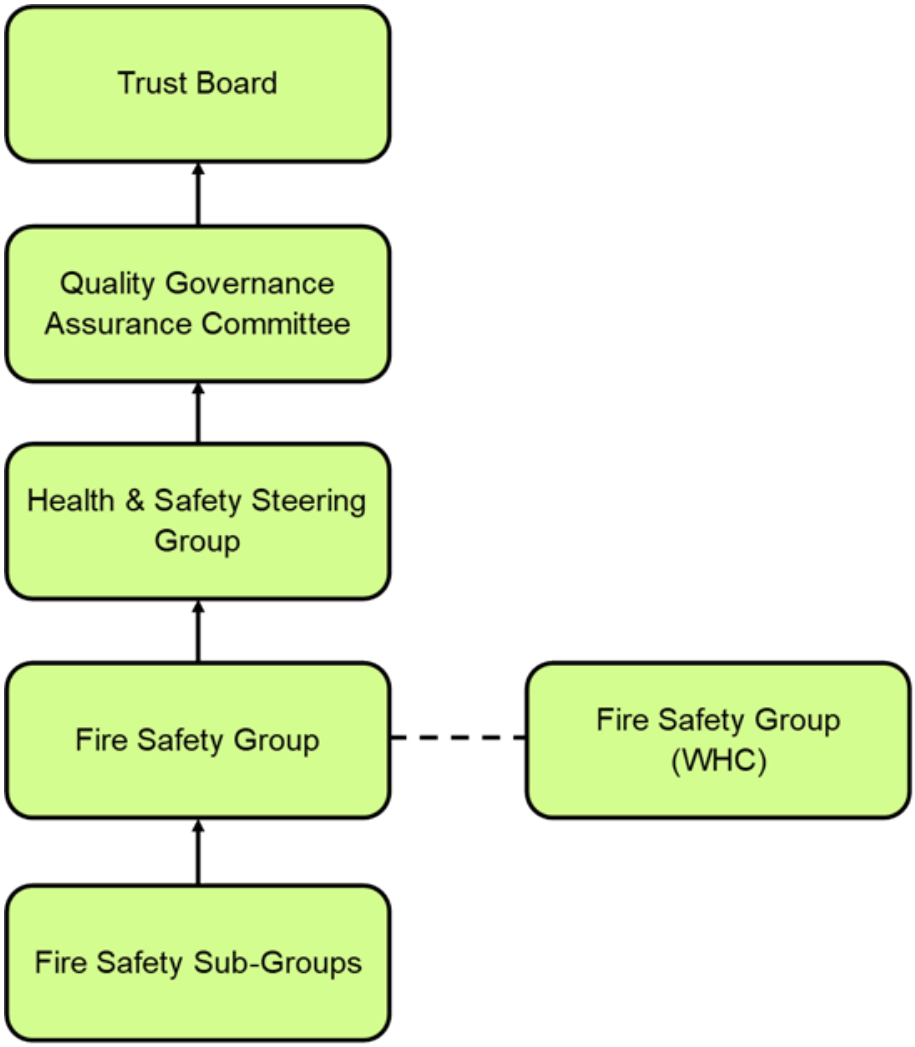
- Does the fire safety policy contain clear fire safety objectives and appropriate commitment to facilitate the management of fire safety in the organisation?
- Are management roles and responsibilities clearly described and are post holders aware and accepting of the roles they are required to fulfil?
- Do the fire safety protocols provide sufficient and clear instruction on important fire safety matters, and in particular to those whose role may not immediately appear to significantly impact upon fire safety?
- Are adequate fire risk assessments in place for all areas under the organisation's ownership, occupation and/or control?
- Have suitable fire safety improvement action plans been developed to mitigate the risks identified in the fire risk assessments?
- Have the significant findings from fire risk assessments been communicated to the board, partners or equivalent controlling body and has appropriate action been implemented?
- Has an appropriate training needs analysis been undertaken and a suitable fire safety training programme been implemented?
- Has the fire safety training activity been effective in ensuring that staff are aware of their fire safety responsibilities and their role in fire prevention and implementing the fire emergency action plan?
- Have sufficient robust fire emergency action plans been developed, disseminated and suitably rehearsed for all parts of the organisation?
- Is a suitable programme of maintenance activity by sufficiently competent persons in place to adequately maintain the fire precautions, systems and equipment?
- Is sufficient information in respect of the emergency procedures, fire precautions, systems and equipment readily available in an appropriate form to facilitate firefighting activities?
- Where applicable, has a detailed plan of action plan been implemented to reduce false alarms and unwanted fire signals?
- Have any notices been issued by the fire and rescue services in respect of the organisation's compliance with statutory fire safety duties?
- Is the fire safety management system delivering the appropriate outcomes to meet the fire safety objectives set by the organisation's fire safety policy?

An audit report will be produced covering the items above and any actions or recommendations to improve the fire safety management.

4.1.4 Fire Safety Management Reporting Structure



4.1.5 Reporting Structure for Fire Safety Group

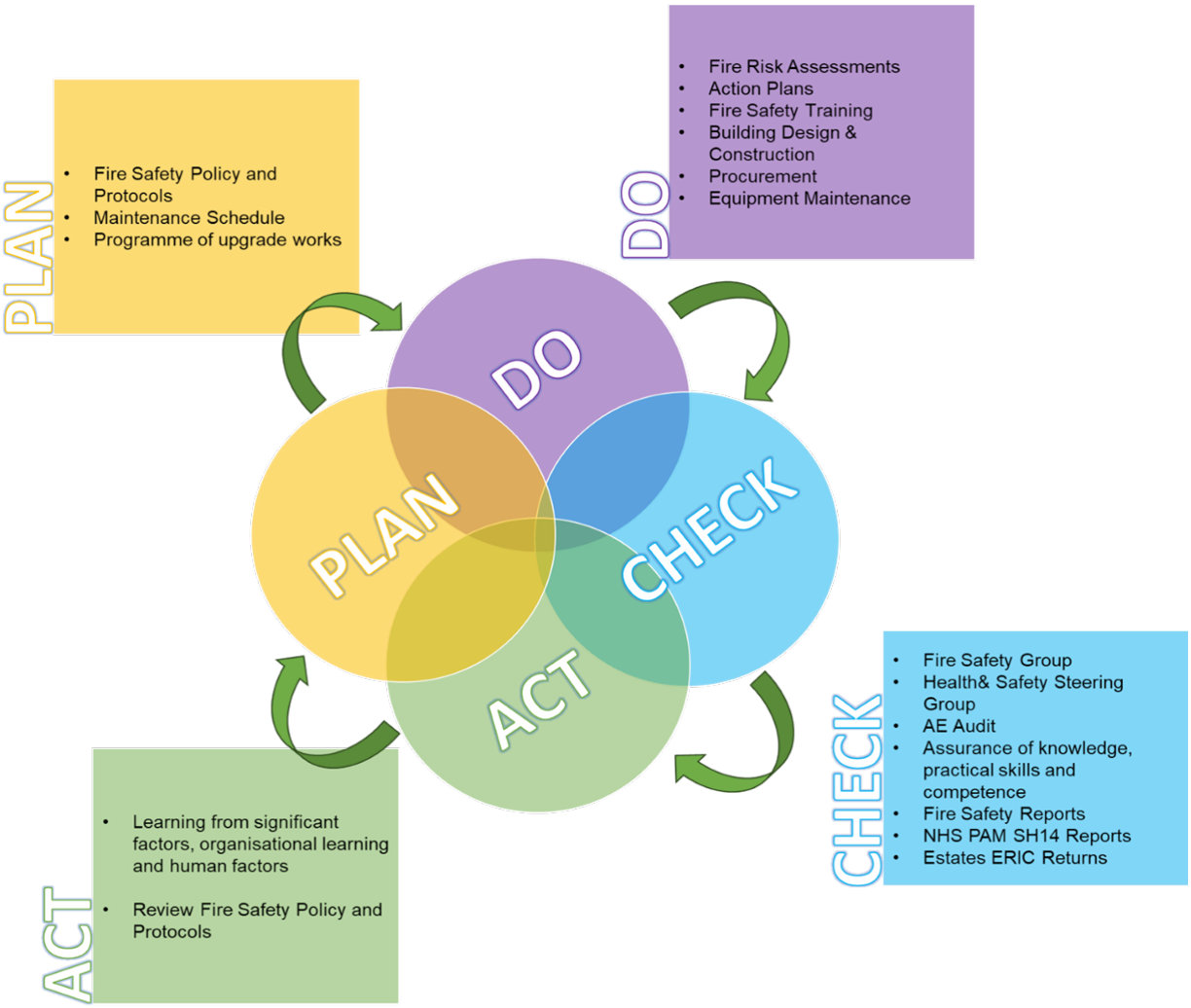


Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust provide services via a combined Fire Safety Team. Through the Fire Safety Group, both Trust's will share good practice, lessons learnt, alerts and any other relevant information with the aim to improve safety.

4.1.6 Safety Alerts

Refer to HS01 Attachment 14 Management of Safety Alerts.

4.1.7 Fire Safety Planning & Review Cycle



4.2 Fire Risk Assessments (FRA)

A Fire Risk Assessment (FRA) must be undertaken on all premises owned, controlled or otherwise occupied by the Trust. The FSM will ensure written FRAs are carried out and reviewed regularly.

There may be instances where RWT staff are based in premises not owned or controlled by the Trust. The FSM and Head of Property Management will liaise with landlords to gain copies of such FRAs; these will be stored within iFire (see section 4.2.2).

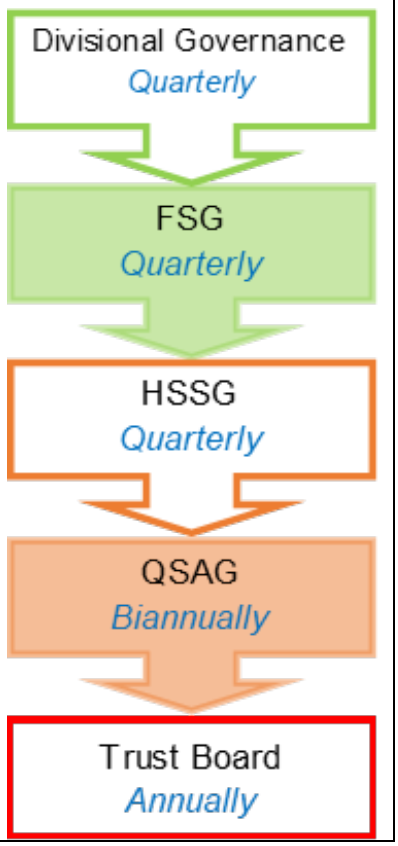
All FRAs undergo thorough scrutiny prior to being issued as complete. This includes a validation process where they will ensure the actions are prioritised within an action plan. Where capital funding is required to support actions, the FSM will progress this with the relevant department lead for consideration by CRG.

FRAs are carried out under the requirement of the FSO, and the relevant guidance will be adopted where applicable, namely HTM05-03 Part K Guidance on fire risk assessments in complex healthcare premises, Communities and Local Government (DCLG) guide Fire Safety Risk Assessment (Healthcare Premises) and (Means of Escape for Disabled People).

Escalation

Upon completion of the FRA, each departmental manager is responsible for ensuring that the action plan is implemented. The departmental/area manager is responsible for resolving actions identified by the FRA and Fire Warden Checks, although the work may be carried out by someone else.

Actions for each directorate/division will be sent on a quarterly basis to the Divisional Governance Meetings with a status of each action. Actions not progressing in line with the timescales specified will be escalated through the Fire Safety Group.

Issue Identified	Route to Resolution	Escalation Route
Local Management Issues e.g. Wedged open fire doors, lack of Fire Wardens, obstructed escape route	Departmental Manager or Fire Warden if identified during their routine inspection, supported by the Departmental Manager	It is a legal requirement to progress and complete actions identified within the Fire Risk Assessment. 
Maintenance Issue – Estates e.g. fire door damaged, fire exit not opening, stair covering damaged, faulty damper	via Estates Helpdesk (Fire Risk Assessor to raise job if identified in FRA) (Fire Warden to raise job if identified during their routine inspection)	
Maintenance or Training Issue – Fire Safety Team e.g. fire extinguishers, signage, evacuation equipment, dry risers. Fire Warden Training, Evac Chair Training	via Fire Safety Team	
Issues requiring significant funding that cannot be resolved by the departmental budget	Departmental Manager/Service Manager to prepare a Business Case supported by FSM	

Any outstanding risks will be discussed with the Department/Service Manager and considered for escalation to the local team risk registers, divisional level risk registers and where necessary escalation to the Trust Risk Register, dependent on the level of risk.

Managers must ensure employees are provided with clear and relevant information on the risks to them identified by the FRA, about the measures that are taken to prevent fires and how these measures will protect them if a fire breaks out.

Existing FRAs must be reviewed and revised if the assessment is no longer valid or when there are:

- Significant changes to work process or the introduction of new equipment
- Alterations to the building, including internal layout
- Substantial changes to furniture and fixings
- Introduction, change of use or increase in the storage of hazardous substances
- Failure of fire precautions
- Changes to fire loading
- A significant increase in the numbers of people present or change in patient dependency
- Presence of people with some form of disability

Or after a period of time, not exceeding:

- In-patient and accommodation areas 12 months
- Out-patient patient access areas 18 months (low life risk)
- Non- patient areas 24 months (low life risk)

Refer to the SH14 Safety Plan for Further information.

Where specialist risk assessments are required, identified through the FRA process, for example Fire Risk Appraisal of External Walls (FRAEW), or a risk assessment under the Dangerous Substances and Explosive Atmosphere Regulations (DSEAR), the Trust will appoint an external competent specialist.

4.2.1 Fire Risk Assessors

A person is to be regarded as competent for the purposes of this article where he has sufficient training and experience or knowledge and other qualities to enable him properly to assist in undertaking the preventive and protective measures.

The Fire Safety Team undertake regular Continue Professional Development throughout the year and are all suitably qualified in undertaking Fire Risk Assessments.

4.2.2 Fire Risk Management System

The Trust have invested in a bespoke Fire Risk Management System, known as Insight Fire, or iFire. All fire risk assessments are carried out within iFire. Managers can access the fire risk assessments for the areas under their control by following the secure link emailed to them each time an assessment is completed.

4.2.3 Action Plans

The outcome of FRAs may produce actions the assessor deems necessary to remove or reduce the likelihood or severity of fire. These action plans will be issued with and will form part of the FRA.

It is the responsibility of managers to ensure actions within their areas are completed. Actions will be monitored by the FSG. Where actions are not progressing, these will be escalated to Divisional Managers in the first instance. It is a statutory requirement to implement any preventive and protective measures identified by the FRA.

Actions arising may require Capital investment. In this instance, the FSG will consider a business case submission for Capital funding.

4.3 Risk Register

The Risk Register is a module within the Datix system where risks can be entered, updated, monitored and closed. All Directorates have their own section (Local Risk Register) within the Datix system and must use the register as the basis for discussion and monitoring of their open risks at governance meetings at least quarterly.

Refer to OP10 Procedure 2 for further detail.

Organisational fire safety risks must be raised via the FSG prior to being inputted into Datix. These risks will then be discussed, agreed and monitored for progress via the FSG.

4.4 Departmental Fire Safety Manuals

Each department and ward throughout the Trust have been allocated a Departmental Fire Safety Manual. These manuals are a guide for all managers, staff and Fire Wardens and will provide you with the necessary information around fire safety for your area. Within the Fire Safety Manual there is also a section for your local evacuation procedure and your fire risk assessment.

To access a copy, follow this link Departmental Fire Safety Manuals (xrwh.nhs.uk)

4.4.1 Fire Warden Checks

Fire Wardens are the focal point for local staff in relation to fire. They will be the “eyes and ears” within a local area for fire safety. They will report any issues identified to their line manager.

Fire Warden will undertake routine checks of fire safety precautions within their departments which is fundamental to high fire safety standards.

Fire Warden checks are now completed within iFire. To access the system visit the Fire Safety Team page via the intranet. Fire Safety Team (xrwh.nhs.uk)

4.5 Fire Evacuation

The content of an evacuation strategy is dependent upon the type of building, its use, and the occupancy profile (including staffing levels). The structural design of Hospitals accommodates the concept of progressive horizontal evacuation, which enables occupants to move away from a fire to a place of relative safety on the same floor level. Occupants can remain in place, protected by the barrier of the fire resisting structure of the building until the fire has been dealt with, or if necessary, move further into the building away from the source of fire. Alternatively at a certain point vertical evacuation may be considered using stairways or appropriate lift (evacuation lift).

Generally, our non-hospital buildings operate on the principle of a full evacuation, where by the simultaneous evacuation of the building is triggered by the activation of the fire alarm system.

Consult the local fire evacuation procedures for site specific information.

4.5.1 Evacuation Procedures

It will be incumbent on the Fire Risk Assessor and Departmental Manager jointly to ensure that the evacuation procedure for the premises adequately reflects the individual needs of both the building and its occupants.

Evacuation procedures must clearly define the sequence to be followed, and should include reference to:

- Evacuation of building occupants including visitors and contractors
- Refuges and places of intermediate safety
- The use of lifts (including evacuation lifts)
- Communications during the evacuation

Detailed procedures should also ensure that:

- All persons are accounted for
- Designated staff carry out a thorough check to ensure no persons have been left behind
- Appropriate protocols are in place for summoning the Fire Service
- The arrangements for those requiring support to evacuate are adequate
- Re-entry to the building is not permitted until it is safe to do so

Procedures may differ between patient areas and those areas to which only staff have access. However, the concept of inclusive means of escape should be adopted for all areas of all buildings. This concept ensures that means of escape for disabled people are not considered in isolation.

For further information refer to your departmental fire manual.

4.5.2 People at Risk

Premise(s) emergency evacuation plans should not rely upon the intervention of the Fire and Rescue Service. Recent equality legislation does not make any change to these requirements; it underpins the current fire safety legislation in England and Wales.

Where an employer or service provider does not make provision for the safe evacuation of disabled people from its premises, this may be viewed as discrimination. It may also constitute a failure to comply with the requirements of statutory fire safety legislation. Further guidance as necessary is available within the Department for Communities and Local Government (DCLG) guide Fire Safety Risk Assessment (Means of Escape for Disabled People). 9446 DCLG Fire Risk Means of Escape Insides.indd (publishing.service.gov.uk)

4.5.3 Young Persons at Work

In those instances where young persons are employed, or present within the workplace, e.g. work experience, it should be ensured that the requirements of the Regulatory Reform (Fire Safety) Order 2005 Article 9(5) and Schedule 1: Part 2 are considered. Specifically, due regard should be made to:

- The inexperience, lack of awareness of risks and immaturity of young persons;
- The fitting out and layout of the premises;
- The nature, degree and duration of exposure to physical and chemical agents;
- The form, range and use of work equipment and the way in which it is handled;

- The organisation of processes and activities;
- The extent of the safety training provided or to be provided to young persons; and
- Risks from agents, processes and work listed in current guidance regarding the protection of young people at work

It should be ensured that all young persons are subject to a fire safety related risk assessment, commensurate with their role; where necessary, suitable and sufficient supervision, instruction and training must also be provided.

4.5.4 Personal Emergency Evacuation Plans (PEEPs)

When planning evacuation procedures and assessing the adequacy of fire precautions, consideration must be given to the requirements of people with special needs. Some common forms of disability that may need to be considered include:

- Mobility impairment, which can limit speed of evacuation
- Hearing impairment, which can limit the response to an alarm
- Visual impairment, which can limit the ability to self-evacuate
- Cognitive impairment, which can limit understanding of evacuation procedures

The above are examples, and it is critical that where people with special needs (individuals and visitors) work in or use the premises, their needs are, so far as is practicable, discussed with them to consider their full requirements. These will often be modest and may require only changes or modifications to existing procedures. However, in some cases, more individual arrangements involving the development of 'personal emergency evacuation plans' (PEEPs) may need to be considered.

The PEEP should be a live document and updated regularly, such as annually or when you are notified of any changes. The frequency should be discussed and agreed with the individual.

Employees have a responsibility to inform their Managers of any changes to their health that may impact on their ability to self-evacuate or where a change in an existing PEEP is required.

Individuals requiring a PEEP should be involved in all aspects of this process. **No assumptions should be made** that a disabled person cannot leave the premises independently.

Line Managers are responsible for identifying other members of their staff, eg, pregnant women or staff with an injury, that may require extra consideration if an evacuation was to occur and conduct an appropriate risk assessment.

Refer to appendix 14 Personal Emergency Evacuation Procedure.

4.6 Fire Safety Standards

A comprehensive set of fire safety standards is fundamental to the successful management of fire safety. This section of the policy sets out those standards, and in some instances, there is a Fire Safety protocol that provides additional guidance.

A copy of relevant protocols should be kept within the Departmental Fire Safety Manual. Staff will be notified of new and updated protocols via the Trust's Communication Team.
Access the latest protocols, via Fire Safety Team (xrwh.nhs.uk).

4.6.1 Control of Oxygen and Oxidisers

Piped Medical Gases

Oxygen is not explosive, but it will help fires to burn more fiercely. Oxygen can be absorbed into the clothing and furnishings surrounding the user and excessive levels of oxygen will cause substances to ignite more easily and burn more fiercely.

It is therefore important to limit the potential for oxygen concentration to rise above that normally present in atmospheric air.

Care should be taken to:

- Ensure that the piped medical gas outlets are turned off when not in use.
- Before connecting or operating the medical gas system care should be taken to:
- Ensure that hands are clean; and
- that any hand sanitiser has fully evaporated

Where patients are receiving medical gas by means of a mask or nasal cannula, patients should be **made aware of the particular dangers of removing the mask or cannula and placing it upon their bedding, clothing, or other permeable fabric** whilst the gas is still being supplied.

Bedding that has become saturated with oxygen is **readily ignited with the oxygen enriched atmosphere effectively overcoming any fire retardancy of the fabric**. Furthermore, patients receiving medical gases with a higher than atmospheric concentration of oxygen through a mask or nasal cannula, **must be warned of the potential dangers of using products containing volatile substances such as paraffin-based lip balms and some topical skin treatments.**

Medical Gas Cylinders

Where medical gas cylinders are in use, care must be taken to ensure sufficient ventilation in the immediate vicinity of the gas cylinder and in the room of use to prevent an increase in oxygen concentration. Before handling or operating any medical gas cylinder care must be taken to ensure that hands are clean and that any hand sanitiser has fully evaporated. When in use, cylinders must be firmly secured to a suitable cylinder support.

Cylinders should not be placed on patients beds, they must `be placed in specifically designed holders where they can be kept away from direct contact with combustible materials. Medical gas cylinders should be stored in appropriate storage racks or trolleys to prevent them being knocked over, and away from combustible materials.

Cylinders larger than size AE, or where more than two smaller cylinders are to be stored, should be stored in a designated room provided with appropriate fire detection, fire resisting construction and ventilation (ideally on an external wall). Where medical gases are being administered the patient must be informed not to smoke cigarettes or E-Vaping due to oxygen saturation.

Oxidising Agents

Although most oxidizing materials do not burn themselves, they can produce very flammable or explosive mixtures when combined with combustible materials. Oxidising substances (e.g., peroxides and nitrates) should be stored in a COSHH metal cabinet well away from organic matter such as wood and paper.

Oxidising agents should never be stored in a wooden cabinet or be stored with flammable solvents or reducing agents since this may result in fire or explosion, particularly if a spillage occurs, even without a naked flame or heat present. The volume of oxidising agents being stored should be kept to the minimum quantity necessary to meet operational requirements.

4.6.2 Arson Prevention

Arson is a significant cause of fire in all types of premises. Many fires in healthcare premises occur in parts of the building where the materials or commodities stored provide a ready source of fuel. In many cases, arsonists are likely to start a fire whenever they are presented with a casual opportunity.

These are circumstances where:

- There is an ample supply of fuel (for example waste bags awaiting disposal in a corridor)
- They feel they are unlikely to be discovered (for example no visible surveillance, no-one is around and there is an escape route available)

Fires started by an arsonist may involve the use of a flammable liquid as an accelerant or merely the combustible materials available at the location. Multiple points of origin, either locally or in various vulnerable parts of the building, indicate that a fire may have been started deliberately.

Staff must be empowered to challenge those who:

- Have no visible means of identification
- Are in a restricted area and appear to be unfamiliar with the premises
- Otherwise exhibit suspicious behaviour

Where staff do not feel able to challenge them directly, any suspicious behaviour should be reported to the Security Team without delay.

Arson is preventable and should be viewed as such. At least to such a degree that its possible effect is reduced to the lowest practicable level, considering all the circumstances. Prior attention to the threat presented by an arsonist should limit their ability to endanger life, dislocate services, damage property and waste scarce resources.

All staff must follow the guidance provided in the relevant Arson Prevention protocol, Appendix 10. Further guidance can be found in HTM05-03 Part F Arson

prevention and control in NHS healthcare premises.

4.6.3 Hot Working

Hot work comprises of work activities that involve the application or generation of ignition sources and heat during their execution. Such activities include (but not limited to):

- Abrasive disc cutting
- Oxyacetylene cutting
- Welding
- Brazing
- Soldering
- Blowlamps

To control the risks associated with hot work, the HE, Head of Estates Development and the relevant Competent Person must ensure that any applicable activities undertaken are carried out in accordance with a Hot Work Permit to Work. This is applicable for both contractors and staff employed by the Trust, such as the Estates Department.

Hot Work Permit Requests are recorded within the Estates CAFAM System. It is the responsibility of the Fire Safety Team and Estates Management Department to ensure Risk Assessments and Method Statements submitted for Hot Working are suitable and sufficient and that work is carried out inline with the requirements of the Permit.

For further information refer to the Hot Working Permit Procedure Permit Request Forms (xrwh.nhs.uk).

4.6.4 Control of Cooking

The inappropriate use and/or lack of supervision of cooking/food warming appliances have resulted in many incidents of fire and false alarms in healthcare premises. The use of cooking/food warming appliances must always be appropriately controlled to minimise the likelihood of fire. Such controls include ensuring that these appliances are only used in specifically designated areas that are provided with appropriate fire precautions (not to be used in office, ward, or undesignated areas). **All staff must adhere to any guidance provided within the department FRA regarding cooking equipment.**

Toasters

Toasters are one of the organisation's leading causes of false alarms, so it important that all staff use them safely to prevent both fires and false alarms.

- Toasters must only be used in designated areas which are provided with appropriate fire detection and fire resisting construction.
- Toasters must not be left unattended whenever energised and should be unplugged when not in use.
- Combustible materials must be kept a minimum of 0.3m away from a toaster whilst energised and until the appliance has cooled to room temperature.
- A toaster that is energised or hotter than room temperature must not be positioned beneath a cupboard or other similar structure that would be subjected to the heat rising from the toaster.

Under no circumstances can a toaster be used for any purpose other than toasting suitably sliced bread products. Care must be taken to ensure that the toaster controls are set appropriately, and that the automatic mechanism for preventing the toast from burning is in a serviceable condition and free to operate without manual intervention. **All toasters must be regularly cleared of crumbs to prevent a build-up of combustible detritus.**

Microwaves

Microwave ovens must be of the Trust approved design (Low wattage below 800W - metal body) and should only be used in designated areas which are provided with appropriate fire detection and fire resisting construction. Microwave ovens should not be left unattended when in use and should be emptied of their contents once the heating cycle has concluded. The microwave oven and other room contents must be appropriately located to ensure that the area around the microwave oven is maintained clear for a minimum distance of 100mm to allow for adequate ventilation. Combustible materials should be kept a minimum of 0.3m away from a microwave oven whilst energised. Under no circumstances should a microwave oven be used for any purpose other than heating appropriately packaged food and care should be taken to ensure that metallic objects are not placed inside the microwave oven. All microwave ovens should be regularly cleaned to prevent a build-up of combustible detritus.

Air Fryers, Pressure Cookers, Grills etc

The following items are not permitted to be present/used within Trust premises other than within retail or industrial units, under proper supervision, in fire resisting rooms by trained staff:

- George Foreman type grills/electric frying pans/sandwich/panini makers
- Portable hot plates/ovens/cooker/stoves
- Pressure cookers/slow cookers/rice cookers
- Air fryers
- Deep fat fryers

This is due to the long cooking/heating time that is required and the high temperatures that the appliances can reach. Any such appliances that are found will be removed.

The above lists are not exhaustive, and further guidance should be sought from the Fire Safety Team prior to procurement.

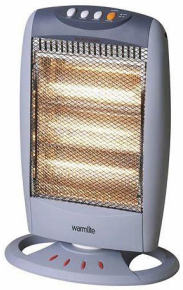
4.6.5 Portable heaters

Where heaters (either portable or fixed) are used, care must be taken to ensure sufficient ventilation and air movement around the heating appliance. Combustible materials should be kept a minimum of 0.5m away from any heater. If any heater (including the electrical cable and plug supplying that appliance where applicable), is damaged, it should be removed from service until such time as the damage has been properly repaired by a competent person.

It is recognised that there may be instances where porting heating is required. However, **the use of portable convection heaters, blow/fan heaters and halogen heaters is strictly prohibited.**

Example of a convection heater

Example of a blow/fan heater



Example of a halogen heater

- Portable heaters must not be obstructed in any way.
- Portable heaters must not be plugged into multi-way extension leads.
- Portable heaters must be unplugged and switched OFF at the end of the working day and not left on when not supervised.

4.6.6 Extension Leads and Adaptors

The use of multi-way electrical adaptors and wound extension leads is prohibited in premises occupied by the Trust, except where approved 110V extension leads are used by contractors or maintenance personnel.

Example of multi-way electrical adaptor

Example of wound extension lead

The use of extension leads should be minimised and additional fixed electrical sockets provided where necessary. Where the use of extension leads is unavoidable care must be taken to ensure that their use does not increase the potential for a fire to occur.

Only extension leads procured and supplied by the Trust are authorised to be used on Trust premises. **The use of any extension lead obtained other than through the Trust's authorised procurement is prohibited**. Where multi-socket extension leads are used, they must be of an approved, industrial type in line and fused at the block, and the **total current used by the appliances plugged into the extension lead must not exceed the extension lead rating.**

Example of accepted extension lead

If in doubt, seek advice via the Fire Safety Team
prior to using any extension lead. Any extension lead must only be plugged directly into a switched wall socket, and never into another extension lead. The switched wall socket must be readily accessible to allow the power to the extension lead to be easily switched off.

Care must be taken to ensure that the extension lead cable is not routed where it may come into contact with a source of heat or where it may be damaged. Particular attention should be given to extension leads that may run beneath desks which may be inadvertently damaged by crushing beneath the feet of anyone using the desk, or by the castors of chairs.

4.6.7 Battery-Powered Equipment and Recharging

Fire authorities are reporting an exponential growth in the number of fires caused by re-chargeable electrical storage devices such as lithium-ion batteries. These batteries are used for devices such as electric scooters, electronic robots and e-bikes. Electric fires can develop rapidly and pose a considerable risk to anyone in the vicinity. Fire risks are especially relevant to NHS sites given their scale, locations and complexity of evacuating patients.

Any device which has an internal battery supply has the potential to pose a hazard. The size of the batteries can vary considerably, from those in an e-cigarette to those in an electric car or bike. Generally, the larger the battery, the greater the risk. Lithium-ion batteries have the highest energy density and utilise an organic solvent in the electrolyte. This means, if the battery overheats, it can cause a chemical reaction which in turn increases the risk of a serious fire or explosion.

Most fires occur whilst batteries are being charged. The risk of an incident occurring increases if batteries are damaged, are subject to excess heat or are charged when thermally insulated e.g. instance under a duvet or blanket. Fire risk is further exacerbated when a battery is over-charged, short circuited or submerged in water.

Wherever possible, charging and storage areas should be located in a separate building reserved for this purpose, or in a specially designed charging area. For external storage areas, the potential for arson and the ability of the construction to contribute to the spread of fire, including to adjacent buildings, should be considered.

Any area designated for charging should have the appropriate electrical equipment for this use. It should be kept clear of combustible material and not used for general storage.

Where charging and storage of vehicles and batteries is in an occupied hospital, the charging of vehicles and batteries should be done in an area separated from the remainder of the building by fire-resisting construction. These should not be in patient-access areas (unless specifically provided for use by patients or members of the public). Charging and storage of such devices should not take place in means of escape routes or circulation areas. These areas should be protected by the building's fire detection and alarm system and have suitable fire extinguishers provided.

Charging areas should be ventilated directly to the outside. Electrical circuits should be easily and automatically isolated in the event of a fire. All products should be used in accordance with the manufacturer's instructions.

Mobile phone charging units are becoming more common throughout our premises.

Whilst there is no outwardly perceived risk form the charging units, consideration must be given to their installation.

For example, charging units must not be installed on escape routes or be position in such a way that they obstruct fire equipment or signage.

The Fire Safety Team must be notified of and consulted with on all new installations.

4.6.8 Electric Car Charging

The charging for electric vehicles ranges from the use of cables designed for use from a domestic three pin socket to high powered dedicated chargers using either AC or DC current. The combination of the car batteries, which contain lithium-ion batteries, and a significant fire load in any car presents a potential risk. In the case of a thermal runaway and battery failure, structurally flammable gases can be released, resulting in immediate ignition of the emitted gases (especially for batteries with a high level of charge).

Alternatively, the gases may spread out unignited, with the potential for a deflagration (very rapid combustion) or explosion if they encounter an external ignition source.

The siting of any car charging facility is an important factor in complex healthcare settings. If car fire either underneath or adjacent to a healthcare building could affect the operation of that building. A specific FRA should be carried out prior to installation. Consideration must also be given to access, including the availability of water supplies for firefighting, for the Fire and Rescue Service (FRS). **The Fire Safety Team therefore must be consulted with prior to any installations.**

Where charging points are to be provided in multi-storey car parks, serious consideration should be given to locating these in open areas with good access for firefighting. Where car parks are located beneath ground level, consideration should begiven to providing sprinkler protection at the planning stage. Where a car fire may spread to an external wall of a hospital, this should be considered as part of the external wall Fire Risk Appraisal of External Wall construction (FRAEW).

4.6.9 E-cigarettes and Vaping Devices

It is prohibited to use or charge E-cigarettes and vaping devices anywhere in Trust buildings, regardless of whether these belong to staff, patients, visitors or contractors.

For further information refer to HS32 Smoke Free Policy.

4.6.10 Photovoltaic Installations

Photovoltaic systems present similar risk from any electrical installations. They can potentially cause fire or present a hazard during a fire. They differ in that when solar panels are exposed to light, they will continue to produce potentially lethal amounts of direct current (DC) electricity.

As with all electrical installations, photovoltaics must be installed and maintained appropriately. Further guidance can be found in the Fire Protection Association/RISCAuthority's (2023b) 'RC62: Recommendations for fire safety with PV panel installations: the Joint Code of Practice for fire safety with photovoltaic panel installations, with focus on commercial rooftop mounted systems'.

Facilities should be available for firefighters to isolate photovoltaic systems in case of fire. These isolation points should be clearly marked with appropriate signage and be readily accessible. There should also be schematic diagrams available to firefighters.

Any photovoltaic and/or Battery Energy Storage Systems (BESS) installations should be appropriately installed and be subject to ongoing maintenance. This should be verified with the electrical Authorising Engineer.

4.6.11 Naked flames and candles

The use of candles, matches, cigarette lighters or any naked flame is prohibited for use within trust buildings and vehicles.

4.6.12 Alcohol and Other Spirit Based Sanitiser

Whilst readily available, the quantities of sanitiser present in any one discrete dispenser do not represent a significant fire hazard. However, where sanitiser liquids and gels are brought into contact with permeable combustible items such as paper goods, textiles of upholstered furniture coverings, the fire risk increases significantly. Hence, care should be taken to limit the potential for sanitiser fluids to inadvertently contaminate other combustible materials, and staff should be vigilant for potential acts of deliberate contamination.

All sanitiser fluids that are readily accessible should be contained within an appropriate dispenser positioned in a suitable location. The quantity of sanitiser made available should be kept to the minimum necessary to meet operational requirements. Sanitiser fluids not fitted within approved dispensers must only be stored in designated storage areas which are provided with appropriate fire detection and fire resisting construction, and the quantity being stored in any area should be kept to the minimum quantity necessary to sustain immediate operational requirements.

In any case, the total volume of sanitiser fluids present in any patient accessed department (quantity in dispensers and being stored) must not exceed 25 litres.

4.6.13 Flammable Liquids

The control of flammable liquids is particularly important since they are generally more volatile and can be used to accelerate the development of a fire. Whilst flammable liquids generally represent a greater fire hazard that a comparable quantity of solid combustible material, their availability is usually much lower than that of other combustible materials.

Example of suitable COSHH storage

For further information refer to your local health & safety file for COSHH risk assessments and data sheets.

4.6.14 Aerosols

Since the banning of Chlorofluorocarbon (CFCs) as propellants in aerosol containers, butane and propane gasses are widely used instead. These and other similar products are extremely flammable. It is important therefore to ensure that aerosols are used carefully and never sprayed at or near items with the potential to produce a naked flame or sparks, or any item whose operation produces elevated temperatures such as heaters or cooking appliances.

Safety sign to indicate flammable or highly flammable

Wherever possible, products packaged in pressurised aerosol containers should be replaced with non-aerosol sprays. Pressurised aerosol containers must be kept away from all items potential heat sources, even when empty. Pressurised aerosol containers must not be disposed of in the general waste but must be kept separately for collection and appropriate disposal. Where multiple pressurised aerosol containers are to be stored, they must only be stored in designated storage areas which are provided with appropriate fire detection and fire resisting construction. The quantity of pressurised aerosol containers being stored in any area should be kept to the minimum quantity necessary to meet immediate operational requirements. All aerosols are to be kept away from direct or indirect heat source and windowsills.

4.6.15 Furniture

Whilst generally the majority of furniture in the healthcare environment is constructed using combustible materials, the main cause for concern relates to upholstered furniture since such items have the potential to burn rapidly once involved in a fire.

The upholstered furniture provided in healthcare premises should meet a minimum standard for fire retardancy and with the exception of relatively low risk areas such as offices, should meet the fire performance standards relating to ignition sources 0, 1 & 5. This should be clearly identified on a label permanently affixed to the furniture item.

In low-risk areas the fire performance standards relating to ignition sources 0 & 1 should be met.

Despite the fire retardancy and tested fire performance of items of furniture, it is important to ensure that items of furniture are **kept away from any sources of heat** and in particular any item whose operation produces elevated temperatures such as heaters. Particular care must be taken to ensure that patient bedhead light units are not allowed to contact items of furniture or be energised when in close proximity to furniture where the heat produced from the light unit may be sufficient to ignite the furniture or cause it to char or smoulder.

Upholstered furniture is particularly vulnerable to fire when the outer cover has become damaged whether through wear or vandalism. **If the cover fabric is damaged and the filling material is exposed, the item of furniture must be withdrawn from use and repaired as soon as possible**, irrespective of its location. Items that cannot be economically repaired should be disposed of. **Furniture not in use must only be stored in designated storage areas which are provided with appropriate fire detection and fire resisting construction** and the quantity being stored in any area should be kept to the minimum quantity necessary to meet operational requirements.

4.6.16 Waste Management

The modern healthcare environment generates considerable volumes of combustible waste and regular collection of waste material is essential. Wherever possible, the volume of combustible waste that may be present in departments must be minimised.

Where practicable, this may be achieved by removing the outer packaging of supplies prior to delivery to the department. Waste materials must only be placed in officially provided containers, and at designated collection points such as disposal holds and refuse stores.

In no circumstances should combustible waste be allowed to remain in corridors, even on a temporary basis, unless stored in a designated waste bin. Designated waste bins with lockable lids are provided for depositing waste and staff must ensure that the waste bin lids remain locked at all times, particularly where the waste bin is located in a publicly accessible area.

Waste bins must not be allowed to overflow such that the bin lid cannot be locked shut. Combustible waste must not be placed in any cage or other such open structure unless contained within a designated secure disposal hold or refuse store which is provided with appropriate fire detection and fire resisting construction.

For further information refer to HS10 Waste Management Policy.

4.6.17 Skips and External Waste Management

External bins must be within secure compounds to prevent them being moved to a position next to the building and set on fire.

Skips are accepted onsite; however, they must:

- Be covered and locked at all times
- Be located a minimum of 6m away from any building or structure (e.g. gas store).
- The siting of any skips must not impact on the emergency routes and exits or the access for emergency services

4.6.18 Reporting Incidents

See HS01 Management of Health and Safety Policy.

4.6.19 Unwanted Fire Signals

A false alarm is an activation of the fire detection and alarm system resulting from a cause other than fire. In accordance with the NFCC policy, a false alarm becomes an unwanted fire signal (UwFS) at the point the Fire and Rescue Service is requested to attend.

False alarms from automatic fire-detection systems are a major problem and result in many unwanted calls to the Fire and Rescue Service every year. The occurrence of UwFS are detrimental to the operation of any healthcare establishment. Such instances lead to **disruption of service and patient care**, increased costs, and unnecessary risk to those required to respond to the alarm raised. Therefore, no unwanted fire signal is acceptable.

However, it is recognised that the complete elimination of UwFS is impossible, however all Trust staff have a responsibility to minimise UwFS. It is incumbent on all staff to reduce UwFS wherever possible, by controlling their environment, processes and actions to avoid unnecessary activation of the fire detection and alarm system.

The Trust will follow the guidance contained in HTM 05-03 Part B: Fire detection and alarm systems including the reduction of false alarm and UwFS to mitigate the risk and number of unwanted fire calls.

All UwFS should be categorised to identify their causes, record and report their occurrence, and allow appropriate actions to be decided on for their reduction. Following any UwFS an investigation should take place to identify the cause. The Datix System has been configured to classify incidents in accordance with Appendix A of HTM05-03 Part B. These classes should be used in all UwFS recording and reporting.

Where an unacceptably high rate of false alarms does occur, it is the responsibility of the Trust to ensure that appropriate steps are taken to reduce the rate at which they occur. For example. where the false alarms are caused by damage to fire alarm call points then consideration should be given to providing protective covers.

It is also the responsibility of the servicing organisation (competent person – Fire Alarms) to consider the recorded false alarm experience on each occasion that the system is serviced, so that unacceptable rates of false alarms can be identified, and that appropriate advice can be given, in accordance the current BS5839-1.

4.6.20 Responding to Surgical Fires

A Short Life Working Group (SLWG) for the prevention of surgical fires was established in May 2019, following an initial discussion in December 2018 on the issue of surgical fires in the UK.

In the perioperative setting, a fire may cause injury to both the patient and healthcare professionals. Injuries caused by a surgical fire most commonly occur on the head, face, neck and upper chest. The prevention of surgical fires, which can occur on or in a patient while in the operating theatre, is an urgent and serious patient safety issue.

There are three elements in the fire triad that must be present for a surgical fire to occur within the operating theatre:

- Ignition source – this includes electrosurgical units (also called surgical diathermy units), fibre optic light sources and lasers
- Fuel – this includes the patient (hair, gastrointestinal gases), alcohol-based skin prepping agents, swabs, patient gowns, aerosol adhesives and petroleum-based products
- Oxidiser – this is where there is an oxygen enriched environment (>30%) and where nitrous oxide is present with the oxygen

Surgical fires often leave patients with long lasting, life-changing injuries, including:

- Localised burns and subsequent infections to the parts of the body damaged by the fire
- Inhalation injuries from inhaling flames or smoke
- Difficulty breathing through their nose due to scar tissue build-up
- Pain from multiple plastic surgeries
- Difficulty chewing because of the lack of elasticity around the mouth and face
- Long-lasting physical and emotional scars

Surgical fires are entirely preventable, but the absence of national guidelines has resulted in an inconsistent approach to prevention in UK hospitals.

The following precautions should be observed to reduce the likelihood if a surgical fire occurring.

Ensure the safe use of devices that may serve as an ignition source:

- Inspect all instruments for evidence of insulation failure (devices, wires and connections) prior to use. Do not use if any defects are found.
- Use a return electrode monitoring system.
- Tips of cautery instruments should be kept clean and free of char and tissue.

- When not in use, place ignition sources such as ESUs, electrocautery devices, fibre optic light sources and lasers in a designated area away from the patient (for example, in a holster or a safety cover) and not directly on the patient or surgical drapes. They should also be placed in standby mode.
- Always ensure a carbon dioxide fire extinguisher is available in theatre when lasers are being used, and staff must have received training in its use.

Be aware of fuels and accelerants in the operating room setting:

- The quantity of flammable fluid used to prepare the skin should be kept to a minimum in order to avoid run-off and pooling, either on or around the patient.
- Precautions should be taken to prevent pooling underneath drapes or in skin creases, for example the groin and umbilicus. Any run-off that occurs should be contained by absorbent material placed around the patient, which should be removed before the drapes are applied.
- The Association for Perioperative Practices (AfPP) recommend that a closed oxygen delivery system should be used. If an open delivery system is used, those in the operating theatre should take additional precautions to exclude oxygen from the operative field. For example, this includes using draping techniques that avoid the accumulation of oxygen in the surgical field.

Take steps to reduce the risk of airway fires:

- The potential for airway fires should be minimised during surgical procedures involving the airway, by placing wet radiopaque sponges or throat packs in the back of the patient's throat, as this assists with decreasing or preventing oxygen leaks from the endotracheal tube.
- Inflating endotracheal tube cuffs with solutions helps increase the temperature required for the endotracheal tube cuff to rupture after being in contact with the ignition source. The tinting of the solution provides a visual indicator of cuff rupture.

Train staff on how to respond to a surgical fire

Although rare, surgical fire incidents continue to occur, and therefore it is crucial for theatre staff to have training and information at hand to extinguish a fire. The SLWG and AfPP have provided recommendations for extinguishing a surgical fire.

Refer to Fire on Patient Action Card: Appendix 12 and Airway Fire Action Card: Appendix 13.

4.6.21 Access for Emergency Vehicles

Vehicle parking and vehicle waiting restrictions must be observed to leave free access for emergency vehicles in accordance with OP99 Car Parking Policy.


Example of Emergency Vehicle Access Routes to be observed across our sites

4.7 Protective Measures

The Trust must take such general fire precautions as will ensure, so far as is reasonably practicable, the safety of any of its employees.

4.7.1 Compartmentation

Fire compartmentation is the practice of dividing a building into smaller sections or units using fire-resistant construction. These compartments are designed to prevent the spread of fire to or from another part of the same building or an adjoining building.

There are a number of features to compartmentation;

- Fire resisting walls and floors (commonly offering 30 minutes, 60 minutes and 120 minutes fire resistance)
- Fire doorsets (the door, frame and any hardware)
- Fire and smoke dampers
- Fire stopping products to seal penetrations
- Pipe collars and wraps to protect pipework passing through fire resisting walls
- Cavity barriers

It is everyone's responsibility to maintain the integrity of every element of compartmentation.

Fire Doors

A fire door is a specially constructed door designed to withstand fire for a specified period of time. The purpose of a fire door is to save lives and it is everyone's responsibility to take care of fire doors and report any damage.

Example of mandatory fire door signage

Fire Doors are provided for safety. Under Section 8 of the Health and Safety At Work Act 1974, '*No person shall intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare in pursuance of any of the relevant statutory provisions.'*

- Do not wedge open fire doors
- Ensure fire doors to kitchens are always shut
- Fire doors may be left open where 'automatic release' fire doors are installed as these will close when the fire alarm sounds
- Take care not to hit fire doors with beds, bins, trolleys, cages etc
- Report any damage via the Estates Helpdesk

No damage to our fire doors is acceptable and must not be ignored. If you observe any damage, ensure this is report via the Estates Helpdesk Welcome - Planet Web Portal (xrwh.nhs.uk)


Example of damage around glazing


Example of damage to edge of fire door


Example of damage to surface of fire door

4.7.2 Hazard Rooms

Certain rooms within patient-access areas constitute a particular fire hazard. These are known as "fire hazard rooms" and are locations where a fire could be more likely to develop.

These rooms are likely to require a greater degree of attention owing to the heightened risk of a fire starting and developing. The FRA and corresponding fire line drawings will identify and depict which rooms are fire hazard rooms.

4.7.3 Fire drawings

Fire drawings show the general fire precautions afforded to a building. They depict compartmentation, fire doors, dampers, fire extinguishers, fire alarm devices etc.

Refer to HTM05-02 Appendix G: Fire drawings for further information.

Fire drawings also highlight the emergency exits and routes required in an emergency evacuation.

A drawing of your department can be found within your departmental FRA.

4.7.4 Firefighting Equipment

Trust employees are encouraged to use firefighting equipment only where there is a clear threat of harm from the effects of fire.

Staff must not attempt to fight a fire for any longer than it takes to discharge a single fire extinguisher, prolonged firefighting can put persons at risk from smoke inhalation or entrapment.

The provision of firefighting equipment will be identified by the FRA process and for most of our premises, portable equipment (fire extinguishers) will be required.

The testing and maintenance of fire extinguishers is managed by the Fire Safety Team. If you note any issues with firefighting equipment, log a job via the Estates Helpdesk.

Specialist systems may be required in some instances, for example sprinkler systems and gas suppression systems.

Generally, the types of extinguishers present throughout our sites are show below:

4.7.5 Fire Detection and Alarm System

The Trust will ensure all premises are protected by fire detection and alarm systems which are suitable for the patient type, and services provided, in all premises under its control.

These systems must be designed to follow the fire strategy so that they give staff indication of a fire at the earliest possible opportunity.

All new systems procured by the Trust will be designed and installed to the current BS 5839-1 with reference to Firecode document HTM05-03 Part B.

A programme of works will be developed to ensure existing systems are upgraded where the FRA process highlights any areas requiring improvement.

All premises accommodating in-patients who may be incapacitated by clinical procedures will, in addition to informing switchboard, have fire alarm signals automatically transmitted to a remote call centre (Alarm Receiving Centre) from where the Fire and Rescue Service can be summoned.

4.7.6 Escape Routes and Exits

All escape corridors and all stairs must be maintained as an evacuation route and must not contain any extra fire loading such as equipment, storage, waste bins, cages etc. This also includes the presence of notice boards on walls etc. NOTE- Notice boards that are enclosed are acceptable.

Escape routes are designed to ensure, as far as possible, that any person confronted by fire anywhere in the building should be able to turn away from it and escape (or be evacuated), either directly to a place of total safety (single stage evacuation) or initially to a place of reasonable safety (progressive horizontal or delayed evacuation), depending on the escape strategy adopted.

4.7.7 Emergency Escape/Safety Lighting

Emergency lighting is provided in the building to ensure that exits, routes, fire equipment and high-risk areas have some lighting should the mains power fail in an emergency situation. Emergency lighting is provided in accordance with the current BS 5266-1 and HTM06-01.

4.7.8 Procurement

It is the policy of the Trust that any new items of textiles or furniture used in healthcare premises must comply with the appropriate requirement of NHS Firecode HTM 05-03 Part C Textiles and furnishings to the standard applicable for the specific use and occupancy of the building. All items supplied must be clearly marked with details of the manufacturer and test standard to demonstrate compliance.

If there are any doubts about the fire performance of any textiles or furniture, confirmation should be sought from the supplier that the items have been tested for flammability by a United Kingdom Accreditation Service (UKAS) organisation test facility.

Where, in exceptional circumstances, it is considered necessary to depart from the HTM 05-03 Part C standard following consultation with the Trust Fire Safety Adviser, the decision together with supporting information should be recorded in the departmental fire safety manual and FRA.

4.8 Upgrading of Fire Precautions

The Trust is committed to ensuring the safety and welfare of employees and relevant persons, and the fire policy statement identifies the intention to comply with NHS Firecode and other statutory requirements.

Where the requirement to upgrade existing fire precautions is identified either by management of the building, reports from the Patient-Lead Assessment of the Care Environment Team (PLACE Inspections), Environmental Audits, FRAs or audits, reports or enforcement notices from enforcing agencies, proposals for upgrading fire precautions will be submitted to the FSM for consideration.

Any significant areas of non-compliance with statutory requirements must be recorded on the appropriate risk register.

Urgent remedial work will normally be authorised from budgets in accordance with the Trust financial policies.

Proposals for major upgrading work will be submitted to the Trust Fire Safety Group for consideration for Business Case submitted to the Capital Review Group, for inclusion in the annual capital projects scheme.

Where funds are allocated, a project leader will be nominated to ensure completion of works to an agreed standard and timescale, and the FRA must be amended on completion of work.

4.9 New Building Projects and Major Alterations

Proposals for the alteration or change of use of existing Trust buildings, design and construction of new buildings or purchase/lease of additional premises are normally initiated by the Estates Developments Department and a project leader will be nominated.

The Trust recognises the requirement that adequate fire precaution measures form an essential part of the building management and design, and that the design specifications for the building should fully comply with the requirements of the Building Regulations Approved Document B Fire Safety, NHS Firecode HTM 05-02 Guidance in support of the functional requirements (where applicable) together with other relevant standards.

In order to comply with the recommendations of NHS Firecode HTM 05-01, the Fire Safety Team must be consulted by the design team as soon as practicable to ensure that appropriate fire safety precautions are considered and included in the scheme.

As soon as detailed plans become available, the Trust Fire Safety Team must be consulted to ensure all appropriate fire precautions issues have been considered before the plans are submitted to Local Authority Building Control or to an Approved Inspector (AI) for formal approval under the Building Regulations.

It is the responsibility of the Capital Developments Department to ensure a suitable and sufficient fire strategy for the building is produced. This must be done at the start of the project and kept as a live document throughout the design and construction phases. The Fire Safety Team will not produce the Fire Strategy for the building.

The Trust Fire Safety Team are available to liaise with the local Fire Authority (where applicable) to ensure that the design specification meets the appropriate fire safety standard for the intended use of the building. However, generally this process is managed via the Local Authority Building Control or to an AI.

The Trust recognises the specific requirements under the Construction (Design and Management) Regulations 2015 (CDM Regulations) when acting in the capacity of client, designer or contractor as specified in the Regulations.

Where projects are notifiable to the Health and Safety Executive (HSE) under Regulation 2, the Trust will ensure that a competent CDM co-ordinator is appointed. The co-ordinator will prepare and update the health and safety file throughout the project. This will include a live fire risk assessment constantly reviewed throughout the project.

Where building works are in progress in occupied premises, existing fire precautions and escape routes must be maintained to ensure that the safety of persons in the building is not compromised by construction work, and the Trust Fire Safety Advisers must be consulted regarding all relevant proposals.

On completion, and before occupation of any new building, Regulation 38 of the Building Regulations requires that relevant fire safety information regarding the fire precautions in the building (as described in Appendix G of Approved Document B Fire Safety (2006 edition) must be provided to the responsible person. This will be issued in the form part of a Fire Strategy Document.

On completion of building works, the health and safety file will be retained for reference by the Estates Development Department. All associated Operations and Maintenance (O&M) Manuals will be provided to the Estates Management Department at handover.

4.10 Maintenance and Testing

The HE and FSM are responsible for the planned preventative maintenance and repairs of all fire safety installations and equipment in premises controlled by the Trust. OP33 Estates Maintenance Policy.

Suppression Systems within rooms under IT control are maintained and tested by the IT Department. They must share the test certification with the Fire Safety Team as testing is conducted.

Refer to the SH14 Safety Plan for Further information.

4.11 Integrated Risk Management Plans

Under the Fire and Rescue Services Act 2004, the local fire and rescue authority must make provision for the purpose of extinguishing fires in its area and protecting life and property in the event of fires in its area. To ensure a safe and effective response to incidents, the Trust works closely with West Midlands Fire Services and Staffordshire Fire and Rescue Service to develop a risk-based approach for all Trust properties to manage both fire risks and firefighting resources. Under section 7(2)(d) of the above legislation, the local fire crews will attend site to obtain information and undertake familiarisation visits.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	N/A

If the response to any of the above is 'Yes' please complete a standard business case report and which is signed by your Divisional Accountant and Directorate Manager for consideration by the Divisional Management Team before progressing to your specialist committee for approval. Please retain all yes content in the final policy.

6.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
	There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
✓	There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include:

7.0 Maintenance

The Trust FSG will be responsible for reviewing this policy on a regular basis. In particular on any of the following occasions:

- Time (3 years maximum)
- Changes to Legislation, relevant guidance, Organisation or technology
- Any significant increase in risks
- Results from any monitoring or audits

To ensure that it reflects current practice and the changing needs of the Trust.

8.0 Communication and Training

8.1 Communication

Departmental Managers will be contacted via phone or email to organise a date for the FRA to be carried out. Upon its completion, Managers will receive an email notification with a link to the FRA for their area. This is usually within 14 days of the

FRAs being undertaken.

All staff will be notified by email (via the My Academy system) when their mandatory fire training is due for renewal.

Dates for specialist training, such as Fire Warden training, Fire Scene Manager and Evac chair training will be released via the Comms Team's newsletters.

Where appropriate, the Fire Safety Team will give managers notice when we plan to carry out a fire evacuation drill.

It is the responsibility of Departmental Managers to ensure that their staff are suitably trained in the fire evacuation procedures and must share the names of trained staff with the Fire Safety Team.

Staff will be notified of changes to this policy via the Comms Team's newsletters.

Updates to and new fire procedures and protocols will be updated on the Fire Safety Team's intranet page and sent directly to departments affected. Where the procedure/protocol affects the Trust, these updates will be via the Comms Team's newsletters.

8.2 Fire Safety Training

The COO assisted by the FSM is responsible for ensuring there is an effective policy for training all staff in fire safety.

The FSM in conjunction with the Training Dept. is responsible for monitoring the efficacy of staff training and reporting this back to the COO.

Under Article 21 of the FSO, the Trust must ensure that employees are provided with adequate safety training. This needs to happen at the time when they are first employed and updated should they be exposed to an increased risk such as:

- Changing responsibilities
- The introduction of new equipment or new technology, or
- A new system of work

Article 21 of the FSO sets out that adequate training must be provided when staff are exposed to new or increased risks because of a change in working environment and/or equipment. Refresher training should take place at regular periods.

Under Article 9 of the FSO, the responsible person must make a suitable and sufficient assessment of the risks to which relevant persons are exposed for the purpose of identifying the measures they need to take to comply with the requirements of the FSO. This should form the basis for all fire safety training.

Should a member of staff be transferred or given a change of responsibilities, they must receive suitable and sufficient instruction and training on the appropriate precautions and actions required to safeguard themselves and others.

Article 15 of the FSO states that suitable procedures need to be put in place for serious and imminent danger from fire. This will require that an emergency plan be developed and maintained for the premises that is appropriate for the risk from fire.

All staff should understand their role in an emergency plan. It is also vital that emergency plans are evaluated through fire drills and practical training that will test the effectiveness of the training given to staff.

Efficient application of fire safety procedures is subject to staff knowing what to do. Healthcare organisations are required, both under law and under the provisions of Firecode, to provide effective training in fire safety and how to respond to an outbreak of fire. This applies to all staff without exception.

Article 13 of the FSO requires that appropriate measures for firefighting must be provided. The Trust should provide appropriate training for staff to support the use of firefighting equipment. Appropriate firefighting at an early stage of a fire may prevent a small fire growing out of control and spreading, potentially affecting the means of escape and posing a risk to people. The use of a fire extinguisher could negate the need to move a critically ill patient.

Every member of staff in premises providing healthcare should:

- Be aware of the findings of relevant fire risk assessments
- Know the measures in place to reduce the risk, including fire detection and warning, escape routes and fire compartmentation, and understand the emergency plan
- Understand their role in the emergency plan and how this integrates with other team members' roles
- Know the special arrangements for serious and imminent danger to persons from fire
- Understand the characteristics of fire, smoke and toxic fumes
- Know the fire hazards involved in the working environment
- Practice and promote fire prevention
- Understand the need and practical requirements for evacuating disabled people including personal emergency evacuation plans (PEEPs)
- Know how to recognise a change in their work environment that constitutes an immediate risk that needs to be addressed, and how to access appropriate professional support

Staff responsible for the care of patients should:

- Be familiar with the evacuation procedures, equipment, and associated escape routes at their location and at their time of duty
- Take part in practical training sessions, which should include evacuation techniques. This includes the ability to move patients who require dedicated life support or who have other special needs

Departmental managers should make sure that:

- Staff have received suitable training
- Sufficient Fire Wardens are in place
- An evacuation drill/exercise or tabletop/ walkthrough is completed in line with the Training Needs Analysis.
- There are always enough appropriately trained staff available to implement the local fire emergency action plan

Local management should also ensure that on their first day, all new staff in the ward/ department are given basic familiarisation training within their workplace. This includes:

- Local fire procedures and evacuation plan means of escape
- The location of fire alarm manual call points
- The location of firefighting equipment
- Any identified fire risks
- Keeping a record of staff induction and attendance at fire safety training
- Staff should also know how to recognise a change in their work environment that constitutes an immediate risk that needs to be addressed immediately, and how to access appropriate professional support

Where Key Learning Outcomes are Achieved

Training Session → / Learning Outcome ↓	Induction & Mandatory	Local Induction	Regular Team Meetings	Fire Warden	Fire Scene Manager	Fire Response Team/Leader	Clinical Tabletop	Fire Evacuation Drill
understand the characteristics of fire, smoke and toxic fumes	✓							
know the fire hazards in the working environment		✓						
be aware of the significant findings of relevant fire risk assessments		✓	✓					
understand how to practice and promote fire prevention	✓			✓	✓	✓		
be aware of basic fire safety and local fire safety protocols including staff responsibilities during a fire incident	✓	✓	✓	✓	✓	✓	✓	✓
know the means of raising the fire alarm and the actions to take on hearing the fire alarm	✓	✓				✓	✓	✓
the effects of false alarms and unwanted fire signals	✓							
know instinctively the right action to take if fire breaks out or smoke is detected	✓			✓		✓	✓	
be familiar with the different types of fire extinguishers, state their use and identify the safety precautions associated with their use	✓			✓		✓		
understand the importance of being familiar with evacuation procedures and associated escape routes	✓	✓	✓	✓		✓	✓	✓
the PEEPs process, including what they need to do if they become disabled themselves, and fire procedures for both individual disabled people and standard plans for disabled people.	✓							

Refer to OP41 Induction and Mandatory Training Policy for further information.

Training Needs Analysis

	Trust fire induction	Online mandatory annual update	Local fire safety induction	Fire drill/clinical desktop exercise	Evacuation chair (face to face)	Evacuation mat (face to face)	Evacuation lift (face to face)	Fire extinguisher Training	Fire warden (face to face)	Evacuation exercise (High dependency)	Fire Bleep Holders (face to face)	Hot works
A hospital based non-clinical member of staff with no patient or public-facing responsibility	A	24	B	12	24 (O)			24 (O)	24 (O)			36 (O)
A non-clinical member of staff that is ward or outpatient department based or often enters ward areas	A	24	B	12	24 (O)	24 (O)		24 (O)	24 (O)			
Portering Staff	A	24	B	12	24	24		24 (O)	24 (O)			
Clinical staff working on a general ward or outpatient area	A	24	B	12	24 (O)	24 (O)	24 (O)	24 (O)	24 (O)			
Clinical staff working in a high dependency area	A	24	B	12	24 (O)	24 (O)	24 (O)	24 (O)	24 (O)	12		
Clinical staff working in an operating theatre	A	24	B	12	24 (O)	24(O)	24 (O)	24 (O)	24 (O)	12		
Technician or Healthcare scientist working in a non-patient area	A	24	B	12	24 (O)			24(O)	24(O)			
Community Based non-clinical member of staff with no patient or public-facing responsibility	A	24	B	12	24 (O)			24 (O)	24 (O)			
Community based non-clinical member of staff that is patient facing	A	24	B	12	24 (O)	24 (O)		24 (O)	24 (O)			
Community based clinical staff	A	24	B	12	24 (O)	24 (O)		24 (O)	24 (O)			

Key

A= Training to be completed by all members of staff on joining the trust
B= Training to be completed by members of staff joining a new work area as part of there local induction
O= Training identified as being required during fire risk assessment
12= Maximum 12-months interval between training updates
24= maximum 24-months interval between training updates
36= maximum 36-months between training updates

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Annual Statement of Fire Safety (Section 3.12)	FSM	Fire Safety Annual Report	Annually	FSG HSSG TMC
An effective fire risk assessment programme is in place (Section 4.2)	FSM	FRA Register	Monthly Quarterly Annually	E&F Gov. FSG TMC
Actions arising from Fire Risk Assessments (Section 4.2)	Departmental Leads	FRAs	Quarterly	Divisional Gov.
An effective fire safety training programme is in place (Section 8)	FSM	Training Compliance via ESR/My Academy	Monthly Quarterly Quarterly Annually	FTAG FSG HSSG TMC
An effective fire safety maintenance programme is in place (Section 4.10)	FSM, HE, Estates Compliance Manager AE(fire)	NHS PAM SH14 Report Independent Audit	Quarterly Annually	EPAG FSG TMC
Fire Incidents (includes fires and unwanted fire signals) (Section 4.6)	Fire Safety Team	Meeting agenda & minutes Fire Safety Annual Report	Quarterly Annually	FSG HSSG TMC
Fire Risks (Section 4.3)	Departmental Managers FSM	Datix	Monthly Quarterly Annually	FSG HSSG TMC
An adequate annual capital programme to ensure Firecode compliance is in place (Section 4.8)	Head of Estates Development	Business Case Submissions/Risk Register/FRAs	Annually	CRG

10.0 References - Legal, professional or national guidelines must underpin policies and be referenced here. Where appropriate cross references must be made to other policies. All references to appendices and attachments within the body of the document must be highlighted in blue and all hyperlinks inserted.

- Regulatory Reform (Fire Safety) Order 2005
- The Fire and Rescue Services Act 2004
- Health and Safety at Work etc Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Equality Act 2010
- Fire Safety Act 2021
- Building Safety Act 2022
- Dangerous Substances and Explosive Atmosphere Regulations (DSEAR)
- Control of Substances Hazardous to Health
- Building Regulations 2010
- BS5839-1 Fire detection and fire alarm systems for buildings. Code of practice for design, installation, commissioning and maintenance of systems in non-domestic premises
- BS 5266 Emergency lighting. Code of practice for the emergency lighting of premises
- HTM05-01 Managing Healthcare Fire Safety
- HTM05-02 Firecode – Guidance in support of functional provisions (Fire safety in the design of healthcare premises)
- HTM05-03 part A Training
- HTM05-03 Part B Fire detection and alarm systems including the reduction of false alarm and unwanted fire signals
- HTM05-03 part C Textiles and furnishings
- HTM05-03 Part K Guidance on fire risk assessments in complex healthcare premises
- HTM05-03 Part F – Arson prevention and control in NHS healthcare premises
- HTM06-01 Electrical services supply and distribution
- Communities and Local Government (DCLG) guide Fire Safety Risk Assessment (Healthcare Premises)
- Communities and Local Government (DCLG) guide Fire Safety Risk Assessment (Means of Escape for Disabled People)
- OP41 Induction and Mandatory Training Policy
- HS01 Management of Health and Safety Policy
- OP10 Risk Management and Patient Safety Reporting Policy
- HS10 Waste Management Policy
- OP33 Estates Maintenance Policy
- Estates Enabling Strategy 2020-2025
- NHS PAM SH14 Safety Plan

Part A - Document Control

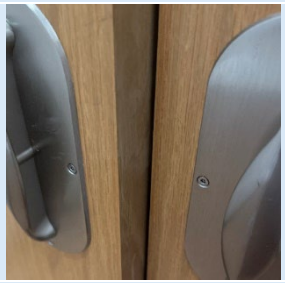
Policy number and Policy version: HS26 v6.1	Policy Title Fire Safety Management	Status: Final		Author: Group Head of Fire Safety Services Chief Officer Sponsor: Chief Operating Officer
Version / Amendment History	Version	Date	Author	Reason
	1	July 2005	Fire Safety Consultant	Original Policy
	2	May 2013	Fire Safety Manager	Existing policy out of date due to the introduction of new legislation. 4.20 Alignment to Smoke Free Policy HS 32
	3	May 2016	Fire Safety Manager	Standard review period (3 years) Inclusion of Appendices 2,5,6&7
	4	May 2017	Fire Safety Manager	Inclusion of Appendix 9
	5	July2019	Fire Safety Manager	Standard review period (3 years)
	5.1	Sept. 2021	Fire Safety Manager	Minor updates to Attachment 3, Fire Risk Assessment Management – Protocol and Template
	5.2	Oct. 2022	Fire Safety Manager	Extension
	5.3	May 2023	Fire Safety Manager	Extension
	5.4	Sept. 2023	Fire Safety Manager	Extension
	5.5	April 2024	Fire Safety Manager	Extension
	6.0	November 2024	Group Head of Fire Safety Services	Full review

	6.1	December 2024	Group Head of Fire Safety Services	Minor updates to definitions (Authorised Person / Fire Wardens / Lift Warden and Nominated Person)

Intended Recipients: All staff	
Consultation Group / Role Titles and Date: Fire Safety Group members Health & Safety Steering Group members	
Name and date of Trust level group where reviewed	Trust Policy Group – November 2024 Trust Policy Group Virtual Approval – December 2024 – V6.1
Name and date of final approval committee	Trust Management Committee – November 2024
Date of Policy issue	December 2024
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	November 2027 – Every 3 years
Training and Dissemination: Via the intranet, Fire Safety Group, Health & Safety Steering Group, Divisional Governance Meetings	
To be read in conjunction with: State the name / s of any other relevant policies / procedures.	
Initial Equality Impact Assessment (all policies): Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904	
Monitoring arrangements and Committee	Briefly state the monitoring report and key committee receiving the report.
Document summary/key issues covered. Please provide a brief summary of the document to direct staff attention as to its main purpose and content.	
Key words for intranet searching purposes	

Fire Safety Team – Fire Safety Protocol – Sept 24

Title	Fire Doors This protocol must be read in conjunction with HS26 Trust Fire Safety Management Policy
Rationale	The Fire Team are noticing increasing amounts of damage to fire doors. This would prevent their proper operation and they would not provide the required protection in a fire situation.
Requirement	Take care to prevent impact damage when passing through doors with equipment. DO NOT wedge fire doors, this is not allowed, the door will not provide the required protection in a fire situation and it causes the door to warp and therefore not close fully. Report any damage you see on a fire door, including:

			
Split door leaves or frames	Missing, loose or damaged seals	Damaged glazing or glazing beads	Doors that don't fully close
			
Damaged or missing ironmongery	Fire doors that are wedged open	Damaged leaves or frames	Holes or penetrations in door leaves or frames

Fire Safety Team – Fire Safety Protocol – Sept 24

Title	False Alarms & Unwanted Fire Signals This protocol must be read in conjunction with HS26 Trust Fire Safety Management Policy
Rationale	HTM 05-03 Part B states the disruption caused by false alarms in premises where treatment is being provided can be detrimental and affect patient care. False alarms can impact directly on the treatment, care and well-being of patients and may result in considerable disruption to appointment systems, out-patient and in-patient care, accident and emergency departments and treatment plans generally/.
Causes	Burnt toast and cooking. Do not leave items unattended when in use. Only use in designated kitchens & tea-bars, these rooms will be highlighted on your fire safety plan. Damage to fire alarm equipment from trolleys, cages etc. Be careful when going round corners, storing items against walls and moving equipment around the hospital. Avoid using aerosols in confined spaces or directly below where detectors are fitted. Deliberate or malicious activations, this is difficult to control but staff must be vigilant. Contractors not following procedures including not isolating detectors, creating dust, carrying out hot works without a Permit Inappropriate use such as patients activating in error when trying to exit the building - please ensure door controls are adequately signed.
Requirement	Every false alarm will be investigated by the Fire Safety Team. Security will log all fire alarm activations on the Security Log. Staff to ensure all near misses are reported as soon as practicable following the incident and, in any case, within 24 hours of the incident occurring, via Datix. All details surrounding all false alarm incidents should be accurately recorded as soon as possible following the incident. Doors to kitchen areas should not be wedged or otherwise held open, since this may permit cooking fumes to permeate beyond the kitchen and activate nearby automatic smoke detection. All contract documents will clearly identify the contractor as being responsible for taking all necessary precautions to avoid incidents of false alarm.
Definitions	False Alarm – Activation of the fire detection and alarm system resulting from a cause other than fire Unwanted Fire Signal (UwFS) – A UwFS is a false alarm from a fire detection and fire alarm system that has been passed through to the Fire and Rescue Service

Fire Safety Team – Fire Safety Protocol – Sept 24

Title	Personal Electrical Equipment and Charging This protocol must be read in conjunction with HS26 Trust Fire Safety Management Policy
Rationale	HTM 05-03 Part K states “Protection against fire risks should also include prohibition of unauthorised adjustment or repair to electrical equipment, and no use of authorised or private electrical equipment until it has been checked and approved by the appropriate technical staff.”
Requirement	The only personal electrical items that staff are permitted to be charged in the Trust are mobile phone or tablets. Any other equipment must be agreed with the Fire Team prior to being brought on-site. Staff are not permitted to bring electrical appliances or any other device with a heating element such as fan heaters, coffee makers, toasters, microwaves, fridges, hair straighteners etc. Equipment must be charged directly in a wall socket. Personal equipment must not be left unattended when it is being charged. PAT testing as per electrical safety policy. The fire risk is highest while batteries are charging. Charger must be inspected before each use. Damaged chargers must not be used. Chargers must be the original chargers or be CE or UKCA marked & from a reputable source. Fake chargers are often made with poor quality components that fail to meet UK safety regulations. This means they can cause injury, electric shocks and even fires. Equipment must not be charged in corridors or communal areas such as waiting rooms. Whilst on charge the lead must be long enough to avoid being put under strain or tension. Equipment must not be charged near any heat source. Equipment must not be charged on any combustible or flammable material.

Fire Safety Team – Fire Safety Protocol – Sept 24

Title	Battery Charging This protocol must be read in conjunction with HS26 Trust Fire Safety Management Policy
Rationale	HTM 05-03 Part K states that batteries should be stored, charged and used in accordance with the manufacturer's instructions and the location and use of charging equipment should be controlled.
Requirement	No flammable or combustible material, other than that associated with the chargers, should be stored within 2m of the charging area. Damaged batteries must not be charged or used. Staff on site who may be called to take action in an emergency must be made aware of the location of the charging area, the means for isolating the power and the action to take in an emergency. All staff authorised to use, change or charge batteries must be adequately trained concerning the properties of the batteries and the safe use of chargers. Where batteries are left to charge between uses, it may be appropriate to use timers to control the charge. Portable chargers must be placed away from fire hazards and on a stable, level surface. Charging leads must be long enough to avoid being put under strain or tension.
Further Information	Further advice can be found in The Fire Protection Association - RISC Authority's (2023a) 'Need to know guide RE2: Lithium-ion battery use and storage'. The Fire Protection Association - RISC Authority's (2014) 'RC61: Risk control – Recommendations for the storage, handling, and use of batteries'.

Fire Safety Team – Fire Safety Protocol – Sept 24

Title	Electrical Bikes, Scooters and Wheelchairs This protocol must be read in conjunction with HS26 Trust Fire Safety Management Policy
Rationale	It is now generally accepted that the lithium ion-based batteries, especially if they are damaged or modified, are a significant fire safety hazard, because damaged batteries can experience 'thermal runaway' or overheat and explode.
Requirement	RWT does not allow any visitor to bring fully electric bikes, or any type of e-scooter or e-unicycle into Trust buildings. This includes leaving them parked at entrances and charging them on site. Staff wishing to use an electric bike or scooter to travel to work must discuss this with the Fire Safety Team before bringing anything to site. For electric wheelchairs staff should discuss a suitable charging location with the Fire Team and this will be documented on the individuals PEEP. Please note that most e-scooters and e-bikes are classed as motor vehicles under the Road Traffic Act 1988, which means they are subject to the same legal requirements, such as MOT, Licensing and Tax. It is not currently possible to get insurance for privately owned PLEVs, which means it's currently illegal to use them
Safety	Equipment must not be charged in corridors or any communal rooms such as waiting rooms. The room where equipment is charged must have a smoke detector & fire door installed and be agreed with the Fire Safety Team. The location will be marked on the Fire Safety Plan for the area. Make sure the battery is charged in a well-ventilated area and don't cover the battery. Equipment must not be charged near any heat source. Unplug your charger when it's finished charging and always follow the manufacturer's instructions No flammable or combustible material, other than that associated with the chargers, should be stored within 2m of the charging area. The area should be dust-free. Equipment must be checked before it is used. Equipment that is damaged or has a damaged battery must not be charged or used. Always use the manufacturer approved charger for the product, and if you spot any signs of wear and tear or damage buy an official replacement charger for your product from a reputable seller. Equipment must be charged directly in a wall socket. PAT Testing as per electrical safety policy. Security, shift engineer & other responsible staff on site who may be called to take action in an emergency must be made aware of the location of the charging area, the means for isolating the power and the action to take in an emergency.

Fire Safety Team – Fire Safety Protocol – Sept 24

Title	Electronic Cigarettes This protocol must be read in conjunction with HS26 Trust Fire Safety Management Policy
Rationale	The Trust Smoking Policy is clear that electronic cigarettes are to be treated the same as traditional smoking materials. This in effect means they are not to be used inside of buildings that are owned or occupied by RWT or on Trust premises.
Issues	Electronic cigarettes work on the principle of a heating element that vaporises a liquid solution which delivers nicotine. Electronic cigarettes include a power source, either a USB connector or a separate battery charger. A number of incidents of ignition of these devices have been reported nationally and are of concern to Fire & Rescue Services. Suppliers of oxygen to healthcare providers indicate that there could be a risk of an ignition from an electronic cigarette whilst a patient is undergoing oxygen therapy. As a result, electronic cigarettes must NOT be used whilst on oxygen therapy. Additionally, batteries of electronic cigarettes must not be charged in the vicinity of a patient undergoing oxygen therapy or the oxygen source itself. The same safety principles should be adopted when smoking burning cigarettes and electronic cigarettes. Vapes must not be used in the same room as an airflow mattress.
Home Safety	Do not cover e-cigarettes with combustible or flammable material, i.e. bedding, towels, aerosols. Avoid storing or using e-cigarettes in extremes of high or low temperatures. Protect e-cigarettes against being damaged, crushed or punctured and don't immerse in water. Never let your e-cigarette come into contact with metal items such as coins or keys in a pocket or bag, as this can cause a short circuit and explosion. Do not use e-cigarettes that appear damaged or deformed in any way.

Fire Safety Team – Fire Safety Protocol – Sept 24

Title	Tugs and Cleaning Equipment Charging This protocol must be read in conjunction with HS26 Trust Fire Safety Management Policy
Rationale	HTM 05-03 Part K states that batteries should be stored, charged and used in accordance with the manufacturer's instructions and the location and use of charging equipment should be controlled.
Requirement	Equipment must not be charged in corridors or any communal rooms such as waiting rooms. The room where equipment is charged must have a smoke detector & fire door installed and be agreed with the Fire Team. The location will be marked on the Fire Safety Plan for the area. No flammable or combustible material, other than that associated with the chargers, should be stored within 2m of the charging area. The area should be dust-free. Equipment must not be charged near any heat source. Equipment must be checked before it is used. Equipment that is damaged or has a damaged battery must not be charged or used. Equipment must be placed on a stable, level surface. Charging leads must be long enough to avoid being put under strain or tension. Equipment must be charged directly in a wall socket, PAT Testing as per electrical safety policy. Security, shift engineer & other responsible staff on site who may be called to take action in an emergency must be made aware of the location of the charging area, the means for isolating the power and the action to take in an emergency. All staff authorised to use, change or charge batteries must be adequately trained concerning the properties of the batteries and the safe use of chargers. Timers should be used to control socket outlets used for the charging equipment, to eliminate the fire hazard during times when there are fewer or no staff are in attendance. However, the charging process should always be started manually and monitored for a 10 minutes before being left to operate unattended. The manufacturers instructions must be read & kept on site adjacent to the equipment being charged.
Further Information	Further advice can be found in The Fire Protection Association - RISC Authority's (2023a) 'Need to know guide RE2: Lithium-ion battery use and storage'. The Fire Protection Association - RISC Authority's (2014) 'RC61: Risk control – Recommendations for the storage, handling, and use of batteries'.

Fire Safety Team – Fire Safety Protocol – Sept 24

Title	Kitchen Equipment This protocol must be read in conjunction with HS26 Trust Fire Safety Management Policy
Rationale	HTM 05-03 Part B Fire detection and alarm systems includes a section on minimising false alarms due to cooking activity. West Midland Fire & Rescue Service and Staffordshire Fire & Rescue Service can charge the Trust for any fire alarm activations caused by unattended cooking equipment. If they had charged the Trust for all the unattended cooking equipment activations in the last year it would have cost us over £10,000.
Requirement	Designated cooking areas will be marked on the Fire Safety Plan for each area. It is important to ensure that cooking activity is only ever carried out in designated cooking areas in which appropriate automatic detection such as heat detectors, and appropriate ventilation measures, have been installed. This includes kettles, coffee machines and fridges. Doors to kitchen areas must not be wedged or otherwise held open, since this may permit cooking fumes to permeate beyond the kitchen and activate nearby automatic smoke detection. In addition, this practice may increase the fire risk to occupants and contravene fire safety legislation. Dorgards are not permitted to be fitted in any area where there is cooking activity. Toasters must only be used in areas designated for cooking with appropriate detection measures. Kitchen equipment must be plugged directly into a wall socket and not into an extension lead. No kitchen equipment should be brought from home and used within the Trust. The Policy indicates which equipment is prohibited.
Definitions	The term kitchen equipment includes, (this is not an exhaustive list): Cookers and/or hobs Air Fryers Coffee Machines Kettles Water Boilers Toasters Smoothie Makers Fridges Microwaves Food Grills Freezers

Fire Safety Team – Fire Safety Protocol – Sept 24

Title	Arson Prevention This protocol must be read in conjunction with HS26 Trust Fire Safety Management Policy
Rationale	HTM 05-03 Part F The prevention and control of arson in NHS healthcare premises is intended to prevent life-threatening fires occurring in the clinical areas of hospitals but the principles apply to all parts of healthcare premises. Arson is committed for a number of reasons including: Revenge, Faud, Boredom, Political Reasons, Mental illness Social Reasons, Financial gain, Terrorism, To conceal another crime
Requirement	The most effective defence against arson is the implementation of fire preventative and precautionary measures designed to deter and inhibit persons from accessing combustible and flammable materials with the intent to start a fire. The potential for arson incidents occurring can be reduced by; Not allowing combustible items to accumulate on the means of escape routes Keeping waste skips locked at all times Placing skips as far away from the premises as possible, ideally they should be 6m from any building. Not permitting accumulations of waste and combustible items internally and externally and around loading bay areas Contractors clearing waste from sites they are in control of at regular intervals and upon completion of work Securing areas when they are not in use By taking extra precautions for disused areas and buildings. The Fire Team can offer advice on specific requirements for individual premises Clearing laundry at regular intervals Staff remaining vigilant in regards to their surroundings and people in their area Staff challenging or reporting suspicious behaviour to their managers or the Security Team.
Checklist	It is helpful to complete an arson checklist for areas that you have concerns about. This is available as a Word document to complete electronically via the fire safety team internet page Further information and advice is available from the Fire Safety Team via rwh-tr.firesafetyteam@nhs.net

Appendix 10 – Arson Prevention Checklist

One complete, return to the Fire Safety Team via **rwh-tr.firesafetyteam@nhs.net**

Location:	**Y/N**	**Comments – positive & negative**
Are there accumulations of items or waste along circulation routes or in public areas?		
Are the areas where waste is kept secured *In skips or within the building*		
Are there any skips outside your building? *Are they locked? How far away from the building?*		
Are the skips required?		
Is your Ward/Dept secure out of hours?		
What is the entry system during operational hours?		
Are supplies a problem when delivered?		
Do supplies regularly obstruct fire exit routes and are items such as cages and pallets left for more than 12 hours?		
Is there external lighting in your area? *Does the lighting appear to be adequate*		
Is there CCTV in your area?		
Are any of the following present in your ward or department?		
Gas Cylinders		
Aerosol storage *More than 10 containers*		
More than 5 litres of flammable liquid in one area		
Would additional signage supplied by the Fire Team help assist in managing Arson or problems on Means of Escape?		
Are there any other issues?		
Checklist complete by:		
Date:		

Appendix 11 – Protection of Structural Fire Precautions Procedure

Fire Safety – Protection of Structural Fire Precautions Procedure

1.0 Procedure Statement

Passive fire protection is an integral and important component of fire safety in buildings. Effective fire compartmentation is required to preserve life and protect buildings, their content and other assets; paramount in healthcare premises due to the varying dependency levels of occupants and the importance of its activities.

Fire and smoke resisting dampers and firestopping in fire walls, compartments and sub-compartments, together with cavity barriers in hidden voids, play a crucial role in controlling and restricting fire, heat and smoke spreading from its source uninhibited. Also, in achieving the required degree of containment and thereby ensuring the fire evacuation strategy of a building can be undertaken with life safety risk and disruption, including critical care, minimised.

The Trust recognises its obligation to ensuring the safety of our patients, staff and visitors at all times. Issued under the Fire Safety Management Policy, this SOP is to ensure that structural fire safety precautions and fire integrity of the building is maintained when work is being undertaken.

This procedure applies to ALL trust premises.

The penetrating of any element of structure provided for fire safety will require an 'Permit to Breach'.

The purpose of this Standing Operating Procedure is to prevent the general fire precautions, in relation to the physical elements of the building structure, being compromised, thus preventing relevant persons being put at risk.

All aspects of this document regarding potential Conflicts of Interest must refer first to the Conflicts of Interest Policy (OP109). In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflicts of Interest Policy is to be considered the primary and overriding Policy.

2.0 Accountabilities

As per accountabilities is HS26 Fire Safety Management Policy.

3.0 Procedure Detail

3.1 Prior to Penetrations

Prior to any penetrating work taking place, **the Asbestos Management Policy must be consulted.**

It is accepted that there will be times of infrastructure work, both reactive repairs and proactive changes to services and maintenance that will require the walls/floors/ceilings of fire resistance to be penetrated, as well as external wall systems.

Approved Document B 2019 Volume 2 'Buildings other than dwellings', Section 10 states that; "The performance of a fire-separating element should not be impaired. Every joint, imperfect fit and opening for services should be sealed. Fire-stopping delays the spread of fire and, generally, the spread of smoke as well."

To enable safe evacuation, especially where it is not always possible to evacuate immediately due to clinical risk, we are reliant on the structural fire precautions of our buildings. It is therefore imperative that work affecting the fire integrity of our buildings is carried out in accordance with this SOP.

The Trust consider this to be so significant that anyone making penetrations into the structure of the building must sign up to adhere to this protocol annually.

3.2 Prior to Commencing Work

The Project Manager (the person responsible for the work) must apply for a Permit to Breach, which is submitted to the Fire Safety Team for consideration, via the Estates Helpdesk. This must be accompanied by suitable Risk Assessments and Method Statements.

A Permit to Breach Request must be submitted for any work that penetrates a wall, floor or ceiling, regardless of whether it is identified as fire resisting, and any work that interferes with passive fire protection.

An Permit to Breach is required for the following:

- Firestopping
- Fire/Smoke Control Dampers
- Cavity Barriers
- New Fire Doors/Fire Doorsets

See Permit to Breach Process flow chart, appendix 1 of this SOP.

3.3 Competent Persons

All persons carrying out fire stopping works must be competent, third party accredited, under an accredited scheme that is robust in auditing and inspection procedures, (e.g., BM Trada, FIRAS). The approved contractor list can be found in appendix 3, however, preference is that the incumbent installer is used.

3.4 Products – selection and installation

Passive fire protection products must only be used in their tested application, be fit for purpose (within date of expiry), properly installed and maintained in accordance with the manufacturer's instructions.

Our building stock is old and has been developed over a number of years. For this reason, it is accepted that a 'standard detail' of installation may not always be achieved. Where a non-standard detail is required, or only a 'betterment' can be achieved, this is at the strict discretion of the Group Head of Fire Safety Services.
The use of expanding foam (including fire rated expanded foams) is strictly prohibited, unless used in a fire tested application.

3.5 Commencing Work

A Permit to Breach is approved for one breach. If multiple breaches are required, a request for each breach is required. In order to issue a Permit to Breach, the Fire Safety Team must be informed of the intended product, the test data for that product to be used in the proposed application.

As per Dame Judith Hackitts' recommends in her independent report following the Grenfell Tower fire and to meet the requirements of the Building Safety Act 2022, all fire damper, firestopping and fire barrier inspections should be electronically recorded using software that have the flexibility to accommodate the 3 inspection Types, to create a 'golden thread' of information that can be used as the foundations of a robust electronic audit trail for managing remediation and future ongoing inspections.

ALL fire stopping carried out must be recorded on the Trust's fire stopping register, Onetrace. Access is granted by the Fire Safety Team upon Permit to Breach being granted. Project Managers will be authorised 'guest access'. See Permit to Breach, appendix 2 of this SOP.

3.6. Persons Carrying Out The Work

Section 8 under General Duties of The Health and Safety at Work etc Act, places a specific duty on persons not to "intentionally or recklessly interfere or misuse anything provided in the interests of health, safety or welfare in pursuance of any relevant statutory provision". Fire Compartmentation has been installed to comply with statutory requirements, therefore section 8 applies to Fire Compartmentation.

Unless it forms part of their work order and any breach etc. will be made good to the standard required as stated elsewhere in this procedure, the responsibilities of any person who is working on or adjacent to Fire Compartmentation shall include but not be limited to:

- Take care not to damage, breach or otherwise compromise the Fire Compartmentation any way whatsoever.
- Any damage to Fire Compartmentation no matter how minor must be reported to the Project Manger, who in turn must report same to the Fire Safety Team.
- Unless it is part of the work order and agreed under a Permit to Breach, and they are competent in doing so, do not attempt any repair to Fire Compartmentation due to damage caused by the work activity. Report the damage as per to the Trust Project Manager.
- Do not interfere in any way with any temporary Fire Stopping unless given permission to do so, via a Permit to Breach.

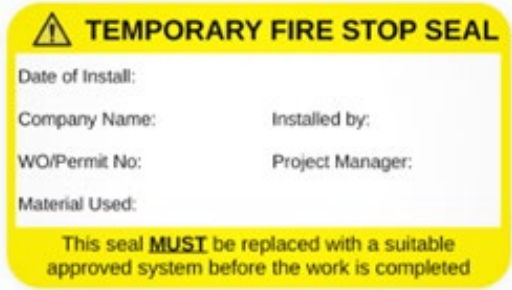
3.7 Failure to follow Procedure

To enable safe evacuation, especially where it is sometimes not possible to evacuate immediately due to clinical risk, we are reliant on the structural fire precautions of our buildings. As per HS01, section 2.4, all employees have a responsibility to not to interfere with or misuse anything provided in the interest of Health. Failure to follow this policy may result in disciplinary action due to the impact this may have on life safety.

3.8 Protection of Penetrations

The Permit to Breach will confirm what precautions are required to manage open penetrations. However, typically, penetration must not be left unprotected unless supervision is in place and penetrations must not be left unprotected overnight.

When installing temporary fire seals, this must be recorded on the Onetrace System and a Temporary Fire Stop Seal (TFSS) Sticker must be applied.



TFSS Stickers will be issued alongside the permits. Stickers are a charged for item.

3.9 Completion of Works

The Fire Safety Team must inspect any application/installation of 'firestopping' prior to completion of works and prior closing of ceilings and replacing architrave on fire doorsets.

On completion, the following must be provided:

- Record of installation from BM TRADA/FIRAS
- Installation Guides
- Submitted report on Onetrace
- Completed permit

3.10 Firestopping & Breaches not exceeding 25mm

Due to the complexity, and cost, temporary and minor fire stopping need not always be required to be carried out by a third-party accredited company, however this is at the strict discretion of the Group Head of Fire Safety Services and must be supported by a risk assessment and documented within the project file.

3.11 Identification of Fire Walls

It is not always possible to identify the presence of a fire wall, and in some instances, an 'ad hoc' strategy is employed due to many factors. This is why a Permit to Breach Request is required for all projects.

3.12 Marking-up Fire Walls

Significant/major projects, will require the Project Manager to ensure the wall is suitable marked as a fire wall, thus improving ease of identification for the future. This will be achieved by a single line of red paint, 3-4 inches wide, painted across the wall, accompanied by the installation of 'fire barrier' signs. Signs can be obtained from the Fire Safety Team. See Marking-up Fire Walls, appendix 4. Signs are a charged for item.

3.13 External Wall System

Any work to an External Wall System (EWS), will be referred to the Trust's appointed Authorising Engineer (Fire), Steve Walker MIFireE MIFSM MCABE C.Build E, National Fire Risk Management Director of Hydrock now Stantec.

3.14 IT/Data Cables

With the dispensation stated in section 3.10 for breaches not exceeding 25mm, any installations for IT/Data Cables will still require a Permit to Breach request to be made, for consideration of whether firestopping is required or not.

4.0 Equipment Required

Access to a smart device, such as a phone or tablet is required to access and input into the Onetrace system.

Access to the system is provided via the Fire Safety Team.

The Onetrace system app will need to be installed:

Android – https://play.google.com/store/apps/details?id=com.onetrace.app.android
iOS – https://apps.apple.com/gb/app/onetrace-nexus

5.0 Training

Fire Safety Officers issuing permits must be competent in passive fire protection. The Group Head of Fire Safety Services will confirm what level of competence is required depending on the request being made. See Authorised Person (Fire) appendix 5.

6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	Yes
2	Does the implementation of this document require additional revenue resources	Yes
3	Does the implementation of this document require additional manpower	Yes
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	Yes
	Other comments	

7.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
Permits to Breach issued via Planet	Fire Safety Team	Routine audit External Audit	Quarterly Annual	Fire Safety Group Authorising Engineer (Fire)

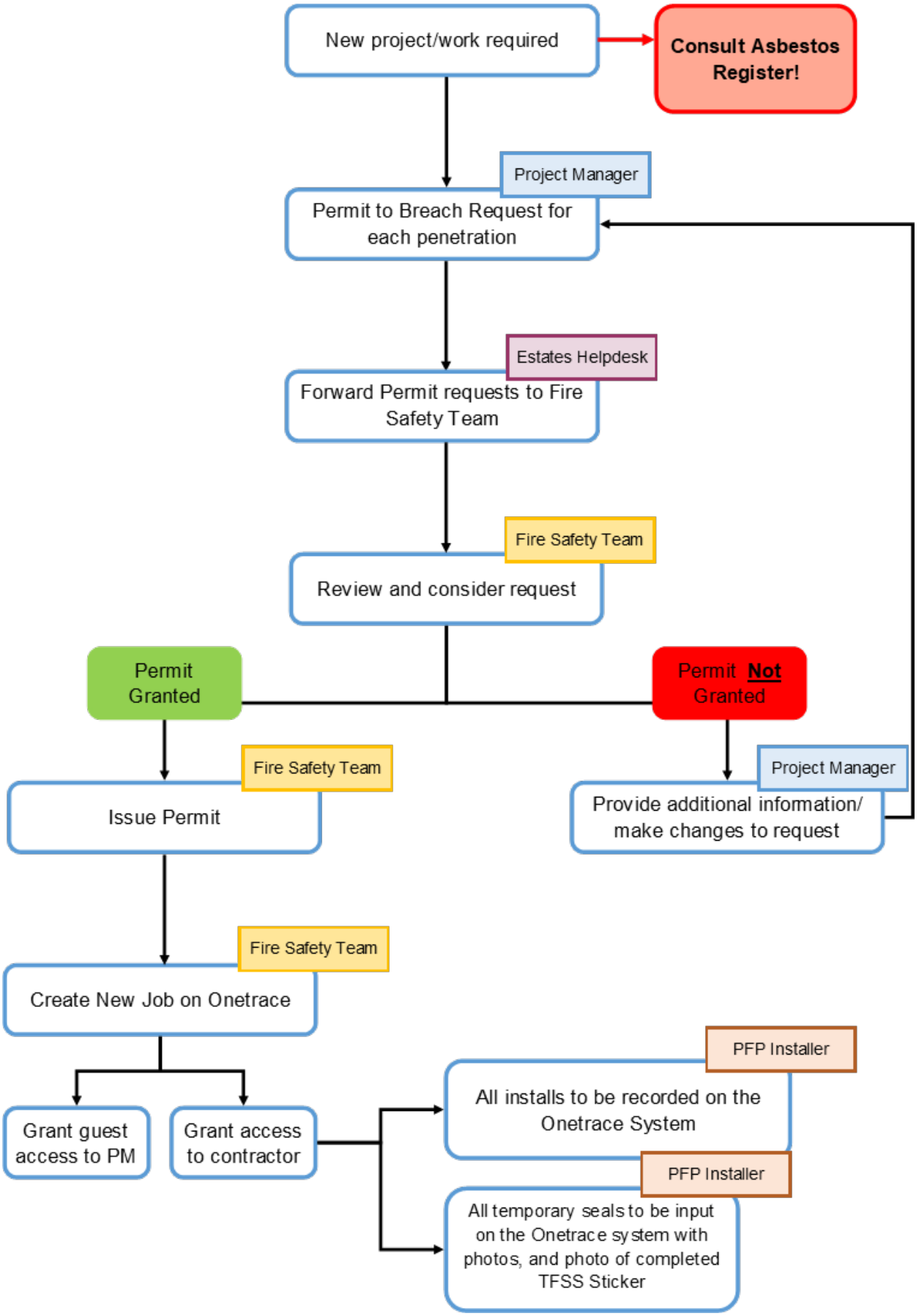
8.0 References

- Regulatory Reform (Fire Safety) Order 2005
- Building Safety Act 2002
- The Building Regulations 2010, Approved Document B, Volume 2: Buildings other than dwellings
- Specialist Fire Protection (ASFP)
- Building Engineering Services Association (BESA)
- Building Services Research and Information Association (BSRIA)
- FIS (representing the finishes and interior sector)
- Gypsum Products Development Association (GPDA)
- HTM05 Firecode
- BS9999*

*BS 9999 acknowledges that: Currently occupancy characteristic D, medical care (Hospitals and Residential Care Facilities), is dealt with in other documentation and is outside the scope of this British Standard.

Procedure/ Guidelines number and version	Title of Procedure/Guidelines v0.0	Status: Final		Author: Group Head of Fire Safety Services For Trust-wide Procedures and Guidelines Chief Officer Sponsor: Chief Operating Officer / Deputy Chief Executive
Version / Amendment History	Version	Date	Author	Reason
Intended Recipients: All staff				
Consultation Group/Role Titles and Date: Fire Safety Group (FSG)				
Name and date of group where reviewed	Fire Safety Group (FSG)			
Name and date of final approval committee				
Date of Procedure/Guidelines issue				
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	2027. Every 3 years			
Training and Dissemination: Document will be shared Trust wide via the Communications Team. Training will be given to Project Managers via a CPD session.				
To be read in conjunction with: HS26 Fire Safety Management Policy				
Initial Equality Impact Assessment: Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Management Officer 85887 for Trust- wide documents or your line manager or Divisional Management office for Local documents.				
Contact for Review	Philippa Hayward			
Monitoring arrangements	Monitoring Permits to Breach requests and the Onetrace firestopping register will be reported to the Fire Safety Group Quarterly.			
Document summary/key issues covered. The purpose of this Standing Operating Procedure is to prevent the general fire precautions, in relation to the physical elements of the building structure, being compromised, thus preventing relevant persons being put at risk.				
Key words for intranet searching purposes	Firestopping Damper Fire Door Compartment Compartmentation Permit			

Appendix 1 – Authorisation and Permit Process



Appendix 2 – Permit to Breach

The Royal Wolverhampton NHS Trust

Permits must be submitted 10 days prior to the permit being required.

COMPARTMENTATION PERMIT TO BREACH REQUEST FORM												
Estates WO/Permit No:						Onetrace Job No:						
Part One – Proposal (completed by Project Manager) prior to the work starting												
Site						Block Number						
Building						Level						
Department						Room Number						
Does this work involve an External Wall System (EWS)?								Yes		No		
Does this involve running cable?*	Data		Fire Alarm		Electrical		Other					
*Proposed Cable Installation												
From: To: Via: Cable size (e.g. diameter)						Penetration Size:						
Description of Works (provide as much detail as possible)												
Date proposed breach to be made						Who will create the breach?						
PM Name				PM Signature				Date				

Part Two – Component to be Effected (To be completed by Project Manager)									
Fire resisting wall, floor, ceiling		Fire/Smoke Damper		Cavity Barrier		Fire Door		Other	
Note: All fire stopping details to be completed in accordance with an appropriate approved detail for the product used. Where this cannot be achieved, a record of why not is required, before a betterment will be accepted, and this must be based on a similar approved detail. ***See section 'Before Photographs' before submitting****									

Part Three – Approval/Rejection (To be completed by Authorised Person (Fire))

Has the following documentation been received? Photographs during and after the works will also be required.

Risk Assessment		Method Statement		Product Information		Annotated Plans		Before Photographs	

Note: All fire stopping details to be completed in accordance with an appropriate approved detail for the product used.
Where this cannot be achieved, a record of why not is required, before a betterment will be accepted, and this must be based on a similar approved detail.

Who is going to firestop the breach?			Are they on the approved PFP contractor list?	Yes		No**	
Standard of firestopping required	Standard Detail		**If no, provide justification				
	Betterment						
	Not exceeding 25mm						
AP (Fire)		Signature of AP (Fire)		Date			

Part Four – Precautions to be implemented throughout the breach

How long will the breach be present until correctly sealed?		Supervision of the breach		Breach to be sealed overnight	
Other precautions to be followed					
Yellow 'Temporary Fire Stop Seal' sticker must be added to any temporary fire seals. A new sticker to be used every time the temporary seal is installed.					

Part Four – Acceptance of Permit – To be completed by the Installer

Operative		Signature of Operative		Date	

Part Five - Completion

The Fire Safety Team must inspect all installations prior to closing of ceilings and replacing architrave on fire doorsets

I can confirm that the fire stopping works summarised above have been completed in accordance with manufactures instructions to the required standards outlined within Building Regulations: Approved Document Part B; The Regulatory Reform (Fire Safety) Order 2005; HTM 05-02 and BS9999:2017. Electronic photographic evidence has been provided showing the compartment before, during and after the works.

Onetrace Pin Numbers:	

I can confirm that all fire stopping works have been approved as satisfactory and all relevant evidence has been provided. The Onetrace system has been updated and all associated documentation has been attached.

Operative		Signature of Operative		Date	
PM Name		PM Signature		Date	
Fire AP		AP (Fire) Signature		Date	

Before Photographs – to be provided when making Permit Request		

Appendix 3 Approved Contractor List

The following companies have been through a verification exercise, where competency, accreditation and insurances have been reviewed and meet the needs of the organization.

Company	3rd Party Scheme	Contact Details
Incumbent Installer	BM TRADA Group A: Fire stopping and fire sealing products/ kits for penetration seals Group B: Fire stopping and fire sealing products for linear joint seals Group C: Fire stopping and fire sealing products for cavity barriers Group D: Fire stopping and fire sealing products for air transfer grilles Fire/Smoke Damper Install and Maintenance Fire Door Installation Fire Door Maintenance	
Saracen Compliance Ltd		Jak Ryan, Director, 07368576676 enquiries@saracencompliance.co.uk
Pyrotect Ltd	FIRAS Fire rated cavity barriers (Cavity Barriers) Fire rated reactive coatings to structural steelwork (Intumescent Paint) Fire rated penetration seals/fire-stopping and linear gap sealing (Penetration Sealing)	Russell Morgan, Sales Director, 07879 887696 or sales@pyrotect.co.uk
Marshdale Construction Ltd	FIRAS Fire door maintenance to maintain a doorset to the relevant fire test evidence to BS 476 Pt 22 or BS EN 1634 (Fire Door Maintenance) Fire resisting timber doors/doorsets (Timber Doors) Fire rated penetration seals/fire-stopping and linear gap sealing (Penetration Sealing)	Sean Collins, Director of Infrastructure Safety, 07795 611183 sean.collis@marshdale.co.uk

While other companies may be able to carry out minor fire stopping installations, advise must be gained from the Fire Safety Team in the first instance.

Appendix 4 – Marking Up Fire Walls

Painted Red Line on Fire Wall

Fire Barrier Sign to Be Installed on Fire Wall

Appendix 5 – Authorised Person (Fire)

Name	Role	Authority
Adam Wakefield	Fire Safety Officer	Compartmentation Cavity Barriers
Jordyn Yildirim	Fire Safety Support Officer	Compartmentation Fire Doors
Liam Daffern	Fire Safety Advisor	All applications excluding EWS
Lucy Gannon	Fire Safety Officer	Compartmentation Cavity Barriers Fire Doors
Peter Ball	Senior Fire Safety Advisor	All applications excluding EWS
Philippa Hayward	Group head of Fire Safety Services	All applications excluding EWS
Steve Walker	Authorising Engineer (Fire)	EWS

Appendix 6 Firestopping Requirement

Type	Description	Requirement
(Sub) Compartment walls, ceilings, floors / designated hazard rooms: Upon Completion	All fire stopping completed by accredited installer. Inspected on completion and prior to ceilings being closed.	Third party certificated products/installers. Suitable records submitted to Fire Safety Team via Onetrace.
(Sub) Compartment walls, ceilings, floors / designated hazard rooms: Temporary & penetrations / breaches not exceeding 25mm	Holes facilitating cables or joints not exceeding 25mm may be filled with an approved intumescent sealant provided that both sides are sealed. 'Stopping' need not always be carried out by a third party external accredited company. *Authorisation must be given via Permit.	Suitable records submitted to Fire Safety Team via Onetrace.
Penetrating services (cables & pipes): Penetrations / breaches exceeding 25 mm	All fire stopping completed by accredited installer. Inspected on completion and prior to ceilings being closed.	Third party certificated products/installers. Suitable records submitted to Fire Safety Team via Onetrace.
Penetrating services (dampers, air handling etc.)	Installed correctly. All fire stopping completed by accredited installer. Inspected on completion and prior to ceilings being closed.	Third party certificated products/installers. Suitable records submitted to Fire Safety Team via Onetrace.

The Royal Wolverhampton NHS Trust

Contractor Annual Declaration

Fire Safety – Protection of Structural Fire Precautions Procedure

(name) (company name)

I, _____ of _____
confirm that I have read and understood the content of the Trust's Protection of Structural Fire Precautions Procedure.

I confirm that I will adhere to this procedure when working on any site under the control of the Royal Wolverhampton NHS Trust. All operatives, whether directly employed or employed as a sub-contractor, will adhere to the requirements of this procedure.

I understand that failing to comply with the requirements of this procedure may result in the contract being terminated and the company removed from site.

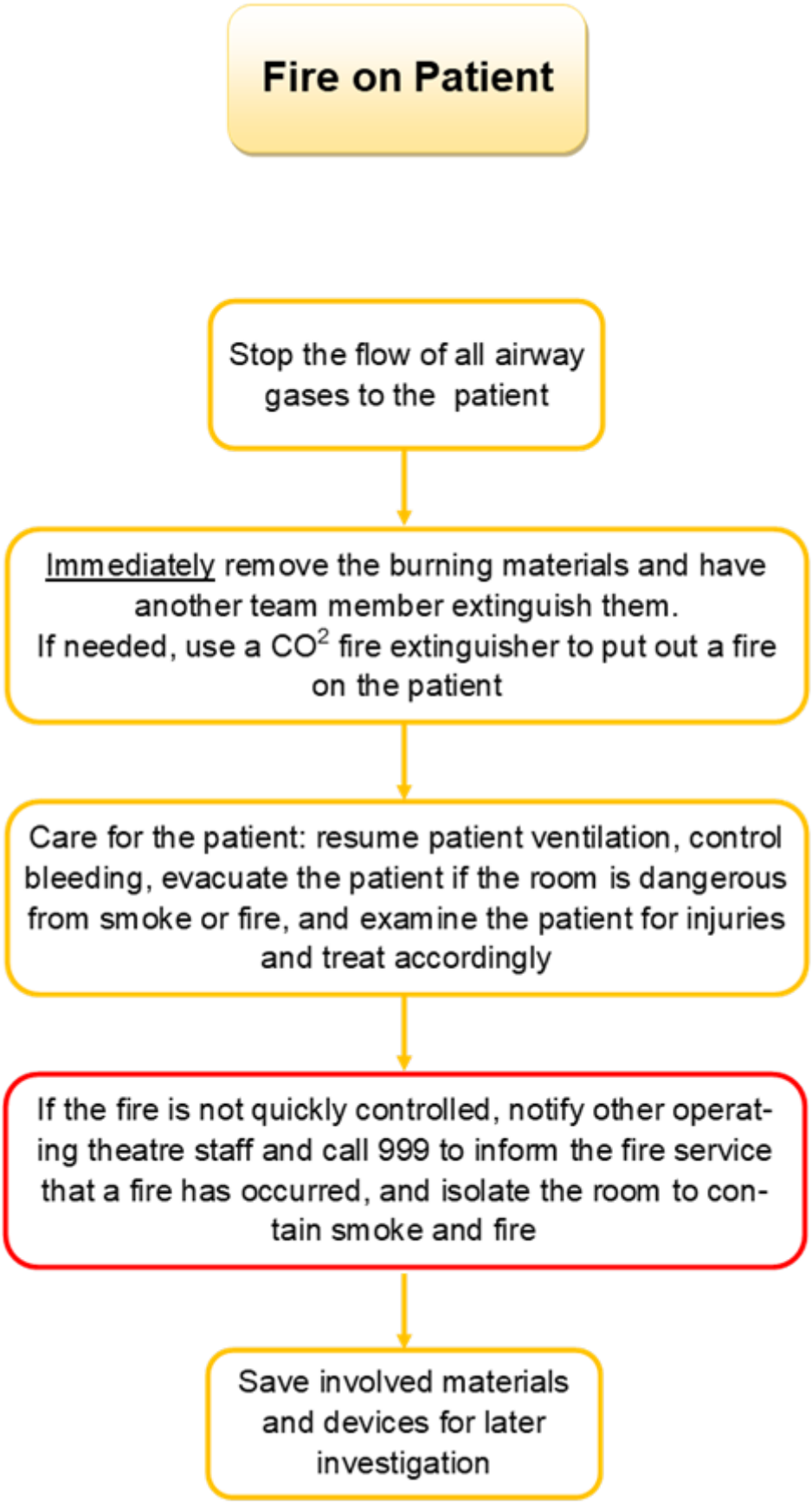
Furthermore, if I observe any instances where the requirements of the procedure are not being adhered to, I will raise these with my point of contact from the trust without delay.

TO BE COMPLETED ANNUALLY

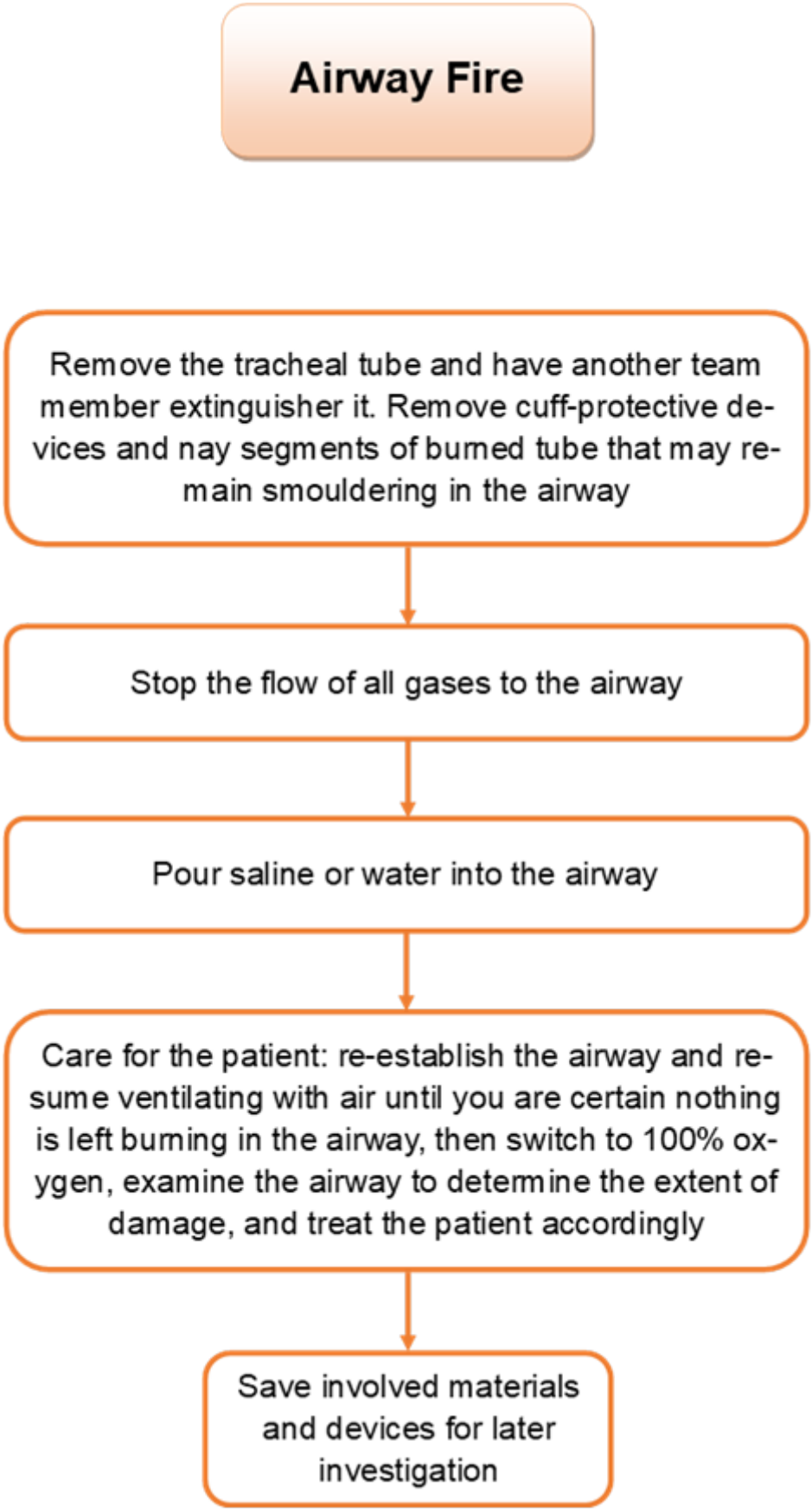
Name: (print)	
Signature:	
Company:	
Date:	

Current copy to be kept on file

Appendix 12 – Responding to Surgical Fires-Fire on Patient Action Card



Appendix 13 – Responding to Surgical Fires-Airway Fire



Appendix 14 – Personal Emergency Evacuation Plans (PEEPs)

Fire Safety – Personal Emergency Evacuation Plans Procedure

1.0 Procedure Statement

Under current fire safety legislation, it is the responsibility of the Chief Executive Officer to provide a fire safety risk assessment that includes an emergency evacuation plan for all people likely to be in the premises, including disabled or people with conditions such as pregnancy, and how that plan will be implemented.

Where disabled persons are identified there are a number of special considerations.

In all of the following aspects the Fire Safety Team will be able to give more advice:

- Blind and Partially Sighted persons
- Deaf and Hearing-Impaired persons
- Temporary Refuges
- Lifts
- Safe Routes
- Equipment

2.0 Accountabilities

As per HS26 Fire Safety Management Policy.

3.0 Procedure

3.1 Completing a PEEP

A PEEP must be completed whenever an individual has a long- or short-term condition that will affect their safe evacuation in the event of an emergency. This also includes minor injuries that could affect a person's ability to self-evacuate. Its purpose is to provide a detailed, step-by-step and comprehensive plan that documents the procedures and equipment that is in place for ensuring that person is able to safely evacuate a building if needed.

The PEEP must consider all buildings / areas the individual commonly works, visits or uses and therefore it may be necessary to complete a separate PEEP for each area.

3.2 What must be documented?

The PEEP form provides the main headings needing to be considered. However, additional questions requiring further consideration include, for example:

- Whether the means of raising the alarm is consistent with individual needs, e.g. can they hear the alarm?
- Is the individual aware how to, and are they able to, raise the alarm?
- Is there adequate cover if an assistant is out of office and how this will be coordinated?
- Is the assistant physically able to provide the support, e.g. to transfer from wheelchair to evacuation chair?

- Have they received any necessary training?
- Are evacuation chairs provided on alternative escape routes?
- Is additional signage needed, e.g. of refuge areas?
- Is signage adequate when considering the individual's needs?
- Can escape route doors be easily open?

Information, Instruction and Training Needs

As well as the need to provide information and instruction on escape routes and procedures etc. further practical training may also be required, such as in the use of any equipment provided e.g. evacuation chairs, communication devices etc. These training and refresher training requirements must form part of the PEEP.

The PEEP must be signed by and distributed to all involved parties following completion to show that it has been received and that individual responsibilities are understood.

The PEEP must form part of the overall Fire Evacuation Plan and must therefore be incorporated into any fire drills that are undertaken. Any issues identified following a fire drill must be fed back to the relevant parties e.g. the premises manager.

Review

The PEEP form must be reviewed annually:

- At any time, when other aspects of fire evacuation arrangements are reviewed
- When believed to be no longer valid e.g. following a poorly executed fire drill
- If there are any concerns e.g. the individual, the assistant, the fire warden(s), the fire officer, etc.
- There are changes in the individual's health etc.

3.5 Questionnaire

A questionnaire must be completed by the applicant to assist in the development of a plan. Refer to Attachment 1.

3.6 PEEP Plan Form

To be completed following the receipt of a questionnaire. Refer to Attachment 2.

3.7 Generic Disabled Evacuation Visitors, Unknown or Uncontrolled Casual Visitors

In public access buildings it is, for the most part, impossible to know how many disabled people are present at any one time, or their level of disability. In these instances, a system incorporating a standard PEEP could be implemented and advertised accordingly. In such cases, responsibility for evacuating them safely in the event of an emergency will rest with Trust staff, to varying degrees. In public access buildings, as with most Trust buildings, there is little or no control over the people who are present in the building; this can present a problem.

It will, therefore, not be possible to provide a bespoke plan for each person. Instead, a general plan(s) must be developed.

It is important therefore, that staff and managers fully understand the evacuation plan and fire safety strategy for the building so that they can render the maximum assistance to disabled people, irrespective of the nature of their impairment. This must be incorporated within your local evacuation procedure. For further information

refer to your departmental fire safety manual.

3.8 Bariatric Patients

Recognising that in some instances, the emergency evacuation of bariatric patients could be challenging, a Manual Handling & PEEP Risk Assessment – Bariatric Patient Handling, should be completed on admission and at each patient review or when the patient's clinical/mobility condition changes. Refer to Attachment 3.

HS 26 Attachment 1

Personal Emergency Evacuation Questionnaire

This questionnaire is intended to be completed by personnel to assist the development of a Personal Emergency Evacuation Plan (PEEP). Please provide as much information as possible.

Once developed the plan will be the intended means of escape in the event of an emergency (including drills).

1. **Why must you fill in the form?**
   RWT has a legal responsibility to protect you from fire risks and ensure your health and safety at work. The PEEP will be developed based on the information you provide.

2. **What will happen next?**
   You will be provided with any additional information necessary about the emergency evacuation procedures in the building(s) you attend.

If you require assistance, the 'Personal Emergency Evacuation Plan' will specify what type you require.

Category: (please circle)

Staff	Student	Contractor	Service User

Name	
Department	
Site	
Telephone	
E- mail	

Location

1. **Where are you based for most of the time?**
   Please name: the building/ block and room number.

2. **Do you use routinely more than one location?** Yes / No
   If you feel it necessary, please provide details below.

Awareness of the emergency evacuation procedures

		Tick Box ✓	Yes	No
1	Are you aware of the emergency evacuation procedures which operate in the building (s) you attend?			
2	Do you require written or otherwise recorded emergency evacuation procedures? If no, please go to question 5			
a	Do you require written emergency procedures to be supported by BSL interpretation?			
b	Do you require the emergency evacuation procedures to be written in Braille?			
c	Do you require the emergency evacuation to be on tape?			
d	Do you require the emergency evacuation procedure to be in large print?			
Emergency Alarms				
3	Can you hear the fire alarm in your place of work?			
4	Could you raise the alarm if you discovered a fire?			
Assistance				
5	Do you require assistance to evacuate in an emergency?			
a	Is anyone delegated to assist you evacuate during an emergency? If so, give details below:			
b	Is the arrangement with assistant a formal arrangement? If so, give details below:			
c	How is this arrangement managed? If so, give details below:			
Evacuation				
6	Can you move quickly in the event of an emergency?			
7	Do you find stairs difficult?			
8	Are you a wheelchair user?			

Thank you for completing this questionnaire. The details you have provided will contribute towards your bespoke evacuation plan.

Please return this form to your: Line Manager

HS 26 - Attachment 2

PERSONAL EMERGENCY EVACUATION PLAN (PEEP)

Please note – A PEEP must take into consideration all buildings/areas of employment. It may, therefore, be necessary to complete a separate document for each area

Name	
Site	
Department	
Role	
Contact Details	
Areas Peep Applicable To	

Impact of personal condition on emergency evacuation

How the individual's personal condition (e.g. mobility, sight, hearing, communication) impacts on their safe evacuation?

Awareness

How will the individual be made aware of the need to evacuate the building?

Assistance		
Identify those people who will provide assistance, and the nature of that assistance. • **Primary assistance** • **Secondary assistance – During holidays and sickness** **Ensure there is an adequate number of personnel to provide support**		
Name	**Nature Of Assistance**	**Contact Details**
Equipment		
What type of equipment will be provided and who will be maintaining this?		
Procedure		
Detail the agreed evacuation procedure including refuges and safe routes		

Details	Name	Signature	Date
PEEP Owner			
PEEP Assessor			
Assistants			
Distribution List			
Review Dates			

The Royal Wolverhampton NHS Trust

Attachment 3

Manual Handling & PEEP Risk Assessment – Bariatric Patient Handling

To be completed on admission and at each patient review or when the patient's clinical/mobility condition changes

Assessor details:

Initials	Print Name

AFFIX PATIENT LABEL

Patient Weight - Kgs

Body shape: | PEAR | APPLE | PROPORTIONAL |

Does this patient need any help to mobilise, either physically/use of aids?

No – no further action required - Assessor name (PRINT NAME) …… Signature ……

YES – continue with assessment below and ensure care plan is completed and clinical judgment taken into account.

RAG Key:

Green - Independent	1-5	This category suggests the patient is generally independent but may need low level assistance with moving and handling
AMBER – Requires assistance	6-10	This category suggests the patient requires staff to assist with moving and handling
RED – Dependent	>11	This category suggests the patient required full support with equipment for moving and handling

Please initial, date and time all appropriate boxes

Date of initial assessment and further reviews								
Assessing nurse initials PRINT please ……								
Degree of Independent Movement	Able to fully reposition self. No pain, disability, limb weakness, skin lesion, mobility issue							
	Partly able to reposition self, including use of walking aid							
	Unable to reposition self							

Co-operation and understanding and implementation of instructions, e.g. visual/hearing impairment, language barrier, unpredictable, confused, dementia, depressed	Able to fully co-operate							
	Partially able to co-operate							
	Unable to co-operate							
Frequency of movement	Can reposition self							
	Requires support with repositioning							
	Requires frequent support with repositioning							
Constraints of movement	None							
	Limited pain, equipment attachments							
	Dependent e.g. neurological/orthopaedic weakness, skin lesions, cannot tolerate hoisting							
Additional risks e.g. falls risk, clinical condition, confusion, epilepsy, Tissue viability etc.	None – low							
	Medium – High 1-2							
	High – extremely high 3 or more co-morbidities							

If the above records AMBER or RED please continue with below:
For consideration during assessment :

Date								Date							
BED to be used : TRUST / Rental								For rental refer to policy rental procedure APP XX							
Turning in Bed								Lateral Transfer							
Independent								Independent							
Slide Sheet								Patslide							
Sitting up in Bed								In / Out Chair / Commode							
Independent								Independent							
Monkey Pole								With Staff							
Slide Sheet								Stand Hoist							
Hoist								Hoist							
On / Off Bed								Walking							
Independent								Independent							

With Staff								With Staff								
Transfer Board								Walking Aid								
Stand Hoist								Type of Aid								
Hoist								Intra-operatively (prone, limb holding)								
Chair to Trolley								Staff								
Independent								Hoist								
Hoist								In / Out of Bath								
Up from Floor								Independent								
Independent								Hoist								
With Staff								Other Considerations (Please list anything not covered above)								
Hoist																
Hover mat																

Patient Name: Unit No: NHS No:

Current Ward: Room:

Is the patient located close to the preferred fire exit (for bed evacuation) behind a set of fire doors? Yes No If no why

_____

Can the patient be moved on their bed in both directions behind additional fire doors? Yes No If no why

_____

Is advice required from the Fire Officer? Yes No

Advice given: -

_____

I will be evacuated using the following method:	I have the following oxygen requirements:	I have the following disabilities that could possibly hinder my evacuation:

☐ I am independent +/- my walking aid ☐ Wheelchair ☐ On my bed or by Ski-Pad ☐ Using specialist equipment - EvacMat	☐ None ☐ 24-60% L/min ☐ NIPPV ☐ Full Ventilator Support I can go without oxygen for a period of: ☐ I am oxygen dependent ☐ Minutes/hours	☐ Impaired Vision ☐ Impaired Hearing ☐ Learning Disabilities ☐ A mental health condition/cognitive impairment

I will require the following number of people to assist in a horizontal evacuation: ☐ None ☐ 1-3 ☐ 4+	I will require the following number of people to assist in an evacuation requiring me to go downstairs: ☐ None ☐ 1-3 ☐ 4+	I require the following medication in order to continue my treatment…….. …… …….. …… …… …… …… …… …… …… …… ……	I require the following specialised equipment in order to continue my care/treatment……... ……... ……... ……... ……... ……... ……... ……...

Name: Designation: Signature:	Name: Designation: Signature:	Name: Designation: Signature:

This plan should be re-evaluated if a change has occurred in the patient's ability. Otherwise it should be re-evaluated weekly, dated and signed. Re-evaluated out in collaboration with patient (preferably) or a person acting as next of kin.

Attachment 4

TERMS OF REFERENCE – Fire Safety Group – Updated April 2024

1.0 Purpose

The purpose of this group is to manage, monitor and review all fire safety related activity to maintain statutory and mandatory compliance.

To ensure that the Trust has an effective approach to Fire Safety Management.

To empower those with roles and responsibilities relating to Fire Safety and ensure they are appropriately supported to carry out these duties.

To implement a robust Fire Safety Management Policy and associated procedures/protocols and monitor their effectiveness.

2.0 Constitution

The Chief Operating Officer is the Executive Director with delegated responsibility for fire safety issues across the organisation and the delivery of a safe and responsive system. Part of this role will include endorsing programmes of work relating to fire safety as part of the annual business plan.

The group will meet quarterly and report to the Health and Safety Steering Group.

3.0 Membership

The membership of the Fire Safety Group shall consist of:

Stake Holder Group	
	Chief Operating Officer (Optional)
	Divisional Manager of Estates & Facilities
Clinical	Representative Division 1
	Representative Division 2
	Representative Division 3
	Representative Division 4
Estates Operational	Estates Building & Grounds Manager
	Compliance Manager
Facilities	Head of Hotel Services
Estates Development	Head of Developments
	Property & PFI Contracts Manager (Optional)
Fire Safety	Group Head of Fire Safety
	Senior Fire Safety Advisor
	Fire Safety Advisor
IT	Head of Systems & Applications
	IT Services Engineer
Infection Prevention	Infection Prevention Nurse
Governance	Governance Officer
Health & Safety	Health & Safety Manager
Emergency Planning	Head of Emergency Planning & Business Continuity

Security	Local Security Management Specialist (LSMS)
Learning & Development	Trainer

The membership of the Group will be reviewed as necessary to ensure that it best reflects the requirements to fulfil the groups responsibilities. Members will be required to attend at least two meetings each year.

Deputies can be appointed in exceptional circumstances.

Other Trust employees may be co-opted for specific projects or sub-groups.

4.0 Quorum

The meeting will be considered quorate with the attendance of the following members:

- Divisional Manager of Estates & Facilities (Chair) or Deputy Chair
- Nominated representative from two of the clinical Divisions
- Head of Fire Safety or Senior Fire Safety Advisor
- Head of Estates Developments or a representative
- Estates Building & Grounds Manager or Estates Compliance Manager

5.0 Meeting Administration

The Group shall appoint a secretary (Fire Safety Administrator) to prepare agendas, keep minutes and deal with any other matters concerning the administration of the Group.

Agenda and papers should be circulated five working days prior to each meeting.

6.0 Frequency of Meetings

Meetings will be held every three months. Sub-Groups may need to be appointed.

7.0 Key Functions of the Group

To monitor, with the aim to reduce, the occurrence of false alarms and unwanted fire signals.

Report on the occurrence of fires, identifying trends and lessons learnt.

To receive assurance that Fire Risk Assessments are undertaken, and that actions arising from such assessments are progressed.

Have oversight of all fire safety related risks ensuring suitable action plans are in place and support the need for investment where necessary, providing support for required mitigations to ensure safety and compliance.

Consider and action where required, fire related alerts.

Ensure the effective delivery of staff training against the requirements identified in the Training Needs Analysis.

Have oversight of all fire safety systems and equipment maintenance, ensuring

compliance with British Standards and other relevant manufacturer requirements, supporting the need for sufficient resource and funding to ensure fire safety systems are adequately maintained and in good repair.

To be aware of and consider correspondence with external agencies (e.g. West Midlands Fire Service) regarding Fire Safety.

Examine any matters referred by the Trust Board, Trust Management Team, Health and Safety Steering Group, Estates Strategy Board or Estates Strategy Working Group.

Escalate relevant matters to the Health and Safety Steering Group as required.

To inform the Trust Board of the organisation's position in relation to Fire Safety by way of an annual report, ensuring any urgent issues are escalated without delay to the Chief Operating Officer (Board Level Director for Fire Safety).

8.0 Review

The Group will review its terms of reference annual or as necessary to ensure it remains fit for purpose and is best facilitated to discharge its duties. Any amendments will be proposed to the Health and Safety Steering Group.

Reporting Structure for Fire Safety Group