Fire Safety Policy

***The East London NHS Foundation Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This procedural document has been equality impact assessed to ensure fairness and consistency for all those covered by it regardless of their individual differences and the results are outlined, as required.***

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| --- | --- |
| Version number | 13.0 |
| Consultation Groups | Fire Safety Group |
| Approved by (Sponsor Group) | Fire Safety Group, Health, Safety and Security Committee |
| Ratified by | Quality Committee |
| Date ratified | 27th March 2024 |
| Name of originator/author | Assistant Director of Estates Authorising Engineer – FireAssistant Director of Estates – Engineering and Infrastructure |
| Executive Director lead | Director of Estates, Facilities & Capital Development |
| Implementation Date | March 2024 |
| Last Review Date | March 2024 |
| Next Review Date | March 2027 |

|  |  |
| --- | --- |
| Services  | Applicable to |
| Trust wide | Yes |
| Mental Health and LD  | Yes |
| Community Health Services  | Yes |
| Primary care | Yes |

Version Control Summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ver | Date | Author | Status | Comment |
| 12.1 | 4th January 2024 | John Tindell (Assistant Director of Estates – Fire Safety)Dr Paul Bryant (Authorising Engineer – Fire) | Draft | Full review of version 12.0. Document fully updated. |
| 13.0 | 4th March 2024 | Bevan Speariett (Assistant Director of Estates – Engineering and Infrastructure) | Final | Final review before publication. |

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# Fire Safety Policy Gateway

Please complete the checklist and tables below to provide assurance around the Fire Safety Policy review process.

|  |
| --- |
| Fire Safety Policy Checklist |
| ☒ I have involved everyone who should be consulted about this policy/guidance☒ I have identified the target audience for this policy/guidance ☒ I have completed the correct template fully and properly☒ I have identified the correct approval route for this policy/guidance ☒ I have saved a word version of this policy/guidance for future reviews and reference  |

|  |
| --- |
| Please set out what makes you an appropriate person to conduct this review: |
| I am the Assistant Director of Estates - Fire SafetyI am the Assistant Director of Estates - Engineering and Infrastructure |

|  |
| --- |
| Please set out the legislation, guidance, and best practice you consulted for this review: |
| The Health and Safety at Work etc. Act 1974Health and Safety Executive (2013) Approved Code of Practice (L8 - Fourth Edition)Management of Health and Safety at Work Regulations 1999Construction (Design and Management) Regulations 2015 (CDM 2015)Building Regulations 2010: Approved Document B: Fire Safety – Volume 2Regulatory Reform (Fire Safety) Order 2005Building Act 1984Building Safety Act 2022Fire Safety Act 2021The Workplace (Health, Safety and Welfare) Regulations 1992Health Technical Memorandum – Fire CodeOther references as detailed within this Fire Safety Policy |

|  |
| --- |
| Please identify the key people you involved in reviewing this policy why, and when: |
| The Fire Safety Group on 24th January 2024. |

|  |
| --- |
| Summarise the key changes you have made and why: |
| Policy has been fully reviewed and updated as part of the three-year review. |

# Executive Summary

The East London NHS Foundation Trust’s (ELFT) Fire Safety Policy (FSP) is aimed at the management of Fire Safety at ELFT sites directly under its control and must be used in conjunction with all other pertinent ELFT policy / management documents.

This Fire Safety Policy demonstrates the Trust’s commitment to managing fire risks to any persons on Trust property under its control. The policy defines the Trust’s statutory requirements to comply with the Regulations and direct staff to the relevant procedural documentation to enable this compliance.

As part of ELFT commitment to compliance with Health and Safety Executive Guidance and the Approved Code of Practice it is necessary that all design, installation, commissioning, regular tests, and checks set out in this document shall be carried out even if they cause disruption to services, and that comprehensive records will be maintained.

It is acknowledged that it is for ELFT management and staff to do all that is reasonably practicable to achieve compliance with the guidance requirements detailed within this Fire Safety Policy (FSP) and all other regulations and guidance regarding Fire Safety under ELFT’s control. It is therefore considered essential that management and staff should work together to achieve an environment compatible with the provision of the highest quality services where health hazards to patients, staff and others are minimised, so far as is reasonably practical.

It is also expected that this Fire Safety Policy (FSP) will be complied with by all the ELFT employees and by all appointed contractors, in whatsoever capacity, with or without contractual agreements.

All persons working on both active fire protection systems (e.g., fire alarm systems / fire-fighting systems and equipment / ventilation systems, etc.) and passive fire protection (e.g., fire doors / dampers / elements of structural protection / compartmentation) must be suitably qualified and competent. Note that the expectation is for third-party accredited installation contractors to be utilised.

The Fire Safety Policy (FSP) is a living document which is kept under continual review and is a standing agenda item at the Fire Safety Group meetings. It is available on the ELFT Intranet, by request from the Assistant Director or Estates, Fire Safety, and will be shared with the Fire Safety Group attendees prior to every meeting.

# Introduction

Effective Fire Safety depends on a combination of physical fire precautions and a robust system of effective management. Fire Safety in East London NHS Foundation Trust’s (ELFT) properties is particularly challenging and therefore this Policy sets out the framework that shall be followed by ELFT management and staff.

The main task in managing ELFT buildings is to minimise the risk of fire occurring, and if a fire does occur, to prevent it escalating into a serious incident. The maintenance of furniture, furnishings and equipment is as important as maintaining the fire safety equipment for the safety of the building occupants. Key tasks and considerations to reduce the risk of fire include:

* Housekeeping.
* Monitoring of no-smoking / safe smoking policies.
* Routines for disposal of waste.
* Policies for procurement of furniture and textiles to ensure the use of fire-retardant materials.
* Control systems for procurement and storage of flammable substances and liquids.
* Control permits (for example ‘hot work’).
* Supervising contractors.
* Carrying out routine checks and inspections (including means of escape, fire doors, and firefighting equipment).
* Preparing and acting upon Fire Risk Assessments.

# Objectives

The key objectives of this Policy are to.

* To minimise the incidence of fire throughout the Trust’s premises
* To minimise the impact from fire on life safety, delivery of service, the environment and property.
* To ensure that the Trust fully complies with the requirements of the Regulatory Reform (Fire Safety) Order 2005, Fire codes and other Fire Regulations and Standards relevant to the Trust operations.

# Scope

Where the management of premises / areas occupied by Trust staff and / or patients is carried-out by others, the requirements of this Policy remain applicable although implementation of the site-specific Risk Management requirements is managed by local policies which are ratified by the Trust's Fire Safety Group and the Health, Safety and Security Committee. It remains; therefore, the Trust’s responsibility to ensure that the requirements of this Policy are notified to and complied with by all other relevant parties (PFI partners, property owners, NHSPS etc.). It is the responsibility of any person employed by the Trust, in whatsoever capacity to comply with the requirements of this Policy.

This Policy applies to all Trust premises whether owned or occupied by the Trust under lease or other Service Level Agreements (SLA’s) and Private Finance Initiatives (PFI). Where the management of buildings, areas occupied by Trust staff and / or patients is carried-out by others, the requirements of this Policy remain applicable although implementation of the site-specific risk management requirements is managed by local policies. It remains; therefore, the Trusts responsibility to ensure that the requirements of this Policy are notified to and complied with by all other parties described above.

These premises may be.

1. Owned and occupied partly by the Trust.
2. Owned and occupied exclusively by the Trust.
3. Not owned by the Trust but occupied exclusively by the Trust on a permanent basis.
4. Not owned by the Trust but occupied partly by the Trust on a permanent Basis.
5. Not owned by the Trust but occupied partly by the Trust on a temporary or periodic basis.

This Policy does not apply to premises owned by the Trust but occupied exclusively by others unless agreed under specific Service Level Agreement (SLA) requiring the Trust to deliver to the occupier Fire Safety in accordance with this Policy.

The Trust recognises its responsibilities as a Duty Holder and will seek to cooperate with other Duty Holders where the duty is shared.

This policy relates to Trust buildings for which it is the Primary Duty Holder but does not relate to buildings for which the Trust does not have Duty Holder responsibilities.

Whilst the Trust will do everything practicable to cooperate with Partners and Stakeholders, a separate Fire Safety Policy, governed by others shall exists for those areas. A Collaborative Working Document shall be in place so that both parties co-operate to manage Fire safely.

# Exclusions

This Policy does not apply to premises owned by the Trust but occupied exclusively by others unless agreed under specific Service Level Agreement (SLA) requiring the Trust to deliver to the occupier Fire Safety in accordance with this Policy.

# Derogations

Where any of the requirements of this FSP or any other relevant legislation or guidance, whether in-whole or in-part thereof cannot be adhered to as detailed, formal application for derogation must be submitted to the Trust’s Assistant Director of Estates – Fire Safety and the Fire Safety Group for approval. Requests for derogation must be accompanied by a robust rationale detailing the reasons for seeking derogation and alternative processes and procedures proposed. No deviation from the requirements of this Fire Safety Policy (FSP), either implicit or explicit, is allowed without suitably signed and dated approval.

# Definitions

| Term | Definition |
| --- | --- |
| Active Fire Protection Systems | Fire Alarms, Fire-fighting systems, and equipment |
| Assembly Point | A pre-determined area of safety where persons should assemble in the event of an emergency. |
| Authorising Engineer (Fire) | A Chartered Fire Engineer, or a Chartered member of an appropriate professional body, with extensive experience in healthcare Fire Safety. |
| Compartmentation | The Fire – Resisting elements including walls, floors, and where applicable, roofs and / or structures used in the separation of one compartment from another. |
| Competence | A person who should be able to demonstrate through training and experience or knowledge and other qualities that they have the ability to properly assist in undertaking the preventative and protective measures. |
| Competent Person (Fire) | A person who can provide skilled installation and / or maintenance of fire – related services (both passive and active fire systems) |
| Contractor / Supplier | A contractor / supplier or partner organisation who provides services to ELFT. |
| COSHH | Control of Substances Hazardous to Health regulations 2002 |
| DP | Designated Person |
| Duty Holder | It is primarily the responsibility of the designated Duty Holder, or Duty Holders, where the responsibility is shared, to ensure that Fire Safety is effectively controlled and managed within their premises. |
| Fire Emergency Action Plan | The pre-determined plan that describes the actions necessary in the event of a fire to protect relevant persons and facilitate their safe evacuation. |
| Fire Fighting Equipment (FFE) | Fire Extinguishers, Fire Blankets and other equipment made available to trained personnel for the purpose of fighting fire. |
| Fire Resistance | The ability of an element of building construction, component, or structure to fulfil, for a stated period of time, the required load – bearing capacity, fire integrity and / or thermal insulation and / or other expected duty in a standard fire resistance test. |
| Fire Risk Assessment | The process of identifying fire hazards and evaluating the risks to people, property, assets, and the environment arising from them, taking into account the adequacy of existing fire precautions, and deciding whether the fire risk is acceptable without further fire precautions. |
| Fire Safety Advisor (Authorised Person – Fire) | A person who has sufficient training and experience or knowledge and other qualities to enable them to properly assist in undertaking preventative and protective measures. |
| Fire Safety Management System | A robust framework of protocols and processes used to ensure that an organisation can fulfil all tasks required to achieve the Fire Safety objectives set out in this Fire Safety Policy. |
| Fire Safety Manager | The person within the organisation tasked with coordinating Fire Safety issues throughout ELFT’s activities. |
| Fire Safety Procedure | A detailed document setting out each step of a process intended to prevent fire, maintain fire precautions, minimise fire hazards or effectively respond to a fire incident. |
| Fire Safety Protocols | A set of organisation specific guidelines that set the fire safety parameters of any activity that may impact on fire risk. |
| FSG | Fire Safety Group |
| FSP | Fire Safety Policy – A high level statement of intent, as expressed by the board, partners or equivalent controlling body, setting out clear fire safety objectives for the organisation. |
| HSAWA | Health and Safety at Work etc. Act 1974 |
| Passive Fire Protection | Fire doors, dampers, and elements of structural protection / compartmentation. |
| PC | Principal Contractor |
| PEEPs | Personal Emergency Evacuation Plans |
| PHE | Public Health England |
| Place of relative safety | An initial place away from the immediate danger of fire and from which further evacuation is possible to a place of safety. |
| Place of safety | A place where persons are in no danger from fire. |
| PPE | Personal Protective Equipment – All equipment (including clothing) which is intended to be worn or held by a person at work and which protects that person against one or more risks to that person’s health, and any addition or accessory designed to meet that objective. |
| PPM | Planned Preventative Maintenance |
| Premises | The land, building, or part of a building which is owned, occupied, or managed by ELFT. |
| Progressive Horizontal Evacuation | Evacuation of patients away from a fire into an adjacent fire-free compartment on the same level. |
| SOM | Senior Operational Manager |
| Supplier / Contractor | An ELFT appointed company or partner. |
| Trust or The Trust | East London NHS Foundation Trust |
| UKAS | United Kingdom Accreditation Service |
| UwFS | Unwanted Fire Signals |

# Related Trust Policies & Procedures

The following Trust polices should be read in conjunction with this policy.

* Health and Safety Policy
* Asbestos Safety Policy
* Lift Safety Policy
* Estates Operational Policy (due for release in 2024)

# Roles and Responsibilities

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 Chief Executive Officer and Board shall ensure they have appropriate assurance that the requirements of current Fire Safety legislation are met and, where appropriate, that the objectives of the Department of Health’s Fire Code are met. The overall responsibility for the performance of the Trust in respect of fire precautions and fire safety is delegated to the Chief Executive and the Board.

## Fire safety management structure



## Duty Holder - The Chief Executive Officer (CEO) and Board

The Chief Executive Officer (CEO) and Board has overall responsibility to provide a safe working environment. They shall.

* Ensure compliance with the Department of Health’s Fire code guidance, all other relevant Fire Safety legislation and the requirements of this policy in all premises owned, occupied or under the control of East London NHS Foundation Trust.
* Be responsible for ensuring that appropriate Fire Safety Policies, Management Plans and Programmes of Work are in place to improve and maintain Fire Safety within the Trust’s Properties.
* Ensure that all agreements for the provision of care and other services by third parties include sufficient contractual arrangements to ensure compliance with the Trust’ Fire Safety Policy.
* Ensure the Corporate Directors, General Managers and Business Managers are aware of their respective responsibility in relation to this Fire Safety Policy within the areas that they manage.

The Chief Executive discharges the day-today operational responsibility for fire safety through the Director of Estates, Facilities & Capital Development.

## Board Level Director (with Fire Safety responsibility) – Chief Digital Officer

The Chief Digital Officer is the Board Level Director with Fire Safety responsibility. They will champion Fire Safety at board level. They will be supported in this role by the Director of Estates, Facilities & Capital Development.

## Director of Estates, Facilities & Capital Development

The Director of Estates, Facilities & Capital Development leads on Health and Safety matters by informing the Board on all relevant Health and Safety management issues. This includes alerting them to the requirements of this policy and any actual or potential breaches of Health and Safety Legislation.

They will.

* Ensure that key Health and Safety information and instructions are cascaded and communicated throughout the Trust through a variety of routes, including the Trust’s Governance Committee structures.
* Propose programmes of work relating to Fire Safety for consideration as part of the business planning process.
* Manage the fire-related components of the capital programme and future allocation of funding.
* Assist the Chief Digital Officer, Chief Executive Officer, and Board with Fire Safety matters.
* Ensure that ELFT has in place a clearly defined Fire Safety Policy and relevant supporting protocols and procedures.
* Ensure that all work that has implications for fire precautions in new and existing ELFT buildings is carried out to a satisfactory technical standard and conforms to all prevailing statutory and mandatory fire safety requirements (including the Department of Health’s Fire code requirements)
* Ensure that all proposals for new buildings and alterations to existing buildings are referred to the Fire Safety Manager before building control approval is sought.
* Ensure that all passive and active fire safety measures and equipment are maintained and tested in accordance with the latest relevant legislation / standards, and that comprehensive records are kept.
* Ensure cooperation between other employers where two or more share trust premises.
* Ensure through senior management and line management structures that full staff participation in fire training and fire evacuation drills is maintained.
* Ensure that agreed programmes of investment in fire precautions are properly accounted for in the ELFT’s annual business plan.
* Ensure that an annual audit of Fire Safety and Fire Safety management is undertaken, and the outcomes are communicated to the Trust Board
* Fully support the Fire Safety Manager function.

Accountability for all fire safety matters will always be through the Board Level Director (with Fire Safety responsibility).

In line with delegated authority, the Director of Estates, Facilities & Capital Development devolves day-to-day Fire Safety duties to the Assistant Director of Estates – Fire Safety.

## Fire Safety Manager - Assistant Director of Estates – Fire Safety

The Assistant Director of Estates - Fire Safety will be sufficiently empowered and have access to adequate resources to enable them to perform their duties effectively. They act as the focus for all Fire Safety matters within the Trust.

Their responsibilities include.

* Developing and managing the Fire Safety Management System, and will be responsible for (exemplar role / duties)
* The day-to-day implementation of the Fire Safety Policy.
* Reporting of non-compliance with legislation, policies and procedures to the Director of Estates, Facilities & Capital Development.
* Providing expert advice on fire legislation
* Providing expert technical advice on the application and interpretation of fire safety guidance, including the Department of Health’s Fire code.
* Raising awareness of all fire safety features and their purpose throughout the trust
* Developing, implementing, monitoring, and reviewing of the organisation’s Fire Safety management system.
* Developing, implementing, monitoring, and reviewing of the organisation’s Fire Safety Policy and protocols
* Ensuring that fire risk assessments are undertaken, recorded and suitable action plans devised.
* Ensuring that risks identified in the fire risk assessments are included in the trust’s risk register as appropriate.
* Ensuring the operational management of Fire Safety risks identified by the risk assessments.
* Developing, implementing, and reviewing the organisation’s fire emergency action plan
* Ensuring that requirements related to fire procedures for less-able staff, patients and visitors are in place.
* Developing, delivering, and auditing of an effective fire safety training programme.
* Reporting of fire incidents in accordance with trust policy and external requirements.
* Monitoring, reporting, and initiating measures to reduce false alarms and unwanted fire signals.
* Liaising with external enforcing authorities.
* Liaising with trust managers.
* Liaising with the Trust’s Authorising Engineer (Fire).
* Monitoring the inspection and maintenance of fire safety systems to ensure it is carried out.
* Ensuring that suitable fire safety audits are undertaken, recorded and the outcomes suitably reported.
* Providing a link to the relevant trust committees
* Ensuring an appropriate level of management is always available by the establishment of Fire Response Teams for trust sites or premises.

## Fire Safety Adviser (Authorised Person – Fire)

The Fire Safety Adviser will be accountable to the Fire Safety Manager for matters of fire safety. They provide competent Fire Safety advice.

They are responsible for.

* Undertaking, recording, and reporting fire risk assessments.
* Providing expert advice on fire legislation.
* Providing expert technical advice on the application and interpretation of fire safety guidance, including the Department of Health’s Fire code.
* Assisting with the review of the content of the trust’s fire safety policy.
* Assisting with the development and delivery of a suitable and sufficient training programme for staff.
* Assessing the fire risks within premises owned, occupied or under the control of the ELFT.
* The preparation of fire prevention and emergency action plans.
* The investigation of all fire-related incidents and fire alarm actuations.
* Liaising with the enforcing authorities on technical issues.
* Liaising with managers and staff on fire safety issues.
* Liaising with the Authorising Engineer (Fire).

The Fire Safety Advisor will seek specialist advice from the Authorising Engineer (Fire) where specialist solutions are required to resolve Fire Safety issues.

## Authorising Engineer (Fire)

The Authorising Engineer Fire (AE (F)) shall be an appropriately trained, competent, and experienced consultant appointed on an annual basis to undertake the role and perform the required duties. They will act as an independent adviser to ELFT.

The role of the Authorising Engineer (Fire) is to provide technical expertise to the Fire Safety Manager to enable them to fulfil their duties effectively.

The Authorising Engineer (Fire) will.

* Act as an assessor and make recommendations for the appointment of the Fire Safety (Adviser).
* Monitor the performance of Fire Safety management and provide an annual audit report to the Director of Estates, Facilities & Capital Development.
* Provide expert advice on the application and interpretation of Fire legislation and Fire Safety guidance, including the Department of Health’s Fire Code.
* Provide advice on the content of the organisation's Fire Safety Policy.
* Assist with the development of the organisation's fire strategy.
* Assist with the development of a suitable training programme, including delivery of the training.
* Liaise with enforcing authorities on technical issues.
* Liaise with managers and staff on fire safety issues.

## Local Risk Officer

All premises managed by the ELFT shall have a Local Risk Officer. A deputy (or deputies) should also be nominated to provide cover for when the appointed Risk Officer is absent on leave or sick.

Local Risk Officers do not require technical Fire Safety knowledge. The role is to ensure that policies and procedures are in place and staff and visitors are aware of the procedures and adhere to them.

The Duties of the Local Risk Officer include.

* Overall responsibility for fire safety management of the premises.
* Report any concerns on fire safety to their line manager and the Fire Safety Manager.
* Ensure procedures are in place for summoning the fire brigade in an emergency.
* The first point of contact for the premises for visits / inspections by the Fire Brigade.
* Ensure all staff (particularly agency or other temporary staff) are aware of fire and emergency evacuation procedures.
* Ensure arrangements for evacuating disabled staff and visitors are in place.
* Ensure sufficient Fire Wardens (and deputies) are appointed, trained, and 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 to the responsible person.

## Fire Wardens

Fire Wardens are appointed by the Local Risk Officer.

The Fire Wardens will be responsible for.

* Acting as focal point for fire safety issues with local staff.
* Organising and assisting in the Fire Safety regime within local areas raising any arising issues with line management.
* Assisting with the coordination of the response to an incident within the immediate vicinity.
* Be responsible for rollcall during an incident.
* Be trained to tackle fire with first aid FFE.
* Support line managers on fire safety issues.

## Competent Person (Fire) – ELFT Suppliers

Installers and maintainers of Fire Safety equipment shall be appointed by ELFT and be able to demonstrate a sound knowledge and specific skills in the specialist service they are providing.

Specialist services include but are not limited to the installation and / or maintenance of Fire Safety equipment / services such as.

* Fire Alarm and Detection Systems.
* Portable FFE.
* Fire Suppression Systems.
* Fire Dampers.
* Smoke Dampers.
* Fire Fighting Hydrants.

In cases where external parties provide services, the party concerned should be registered with an appropriate fire industry accreditation scheme.

## Departmental Managers and Staff

All ELFT staff, including Agency and Bank personnel, must co-operate 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.

Each and every member of staff has an individual responsibility to help prevent the outbreak of fire, to help maintain the integrity of fire precaution measures and to follow the established procedures for the management of any actual or suspected fire incident.

It is essential therefore that every member of staff.

* Observes the Trust no smoking policy.
* Understands the character of fire, smoke, and toxic fumes.
* Knows the fire hazards involved in their working environment.
* Practices and promotes fire prevention. Examples include.
	+ Ensuring that only approved portable heaters are used in ELFT premises.
	+ Ensuring that Fire Doors are kept closed or a sentry is in place when they are open.
	+ Ensuring that materials / waste is stored in a safe manner / in a safe designated location.
* Knows the correct action to take if fire breaks out.
* Assists the Fire Warden’s to evacuate patients and visitors.

## Contractors / Suppliers

All appointed contractors / suppliers working on the Trust’s premises must adhere to the Trust’s Fire Safety Policy and any other relevant management plans / procedures. Sub-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 / Suppliers 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 /supplier is advised of our policy 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 contractor’s / supplier’s activities 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 by necessity interfere with existing fire prevention facilities. In these circumstances the officers arranging the work must seek advice from the Fire Safety Advisor and / or Fire Safety Manager and make appropriate alternative arrangements.

## Project Managers (Capital and Digital)

Capital Project and Digital Project Managers develop and deliver building, demolition, construction, digital and engineering projects on behalf of the Trust.

Their responsibilities include.

* Adhering to the requirements of this Policy.
* Ensuring all appointed contractors and sub-contractors adhere to the requirements of this Policy.
* Ensuring all appointed contractors and sub-contractors are suitably qualified and competent.
* Ensuring all that the instructed works do not compromise Fire Safety.
* Ensuring the Fire Safety Manager is consulted on all matter relating to Fire Safety.
* Ensuring a suitable Permit to Work system is in place for all high-risk activities that may affect Fire Safety (for example Hot Works and Fire Compartmentalisation Breaches).
* Ensuring all Fire Compartmentation breaches that are identified or are made during the project are suitably remedied. The Fire Safety Manager shall be informed of the methodology to be used for remediation and evidence of remediation shall be included within the project handover documentation.
* Ensuring suitable and adequate Fire processes are implemented and agreed with the Fire Safety Manager.
* Ensuring suitable and adequate temporary Fire Safety equipment is in place for the length of the project and agreed with the Fire Safety Manager.
* Ensuring all required Fire Safety documentation is provided to the Trust’s Estate department at handover. This shall include but is not limited to Asset Registers, Fire Safety drawings, Fire Risk Assessments etc.
* Ensuring all changes to the project are captured and any deviations are agreed with the Fire Safety Manager.

## Suppliers contracted to manage Fire Safety in buildings where the trust is not the duty holder.

The Trust provides several services from buildings which are not owned by the Trust and the Trust is not the duty holder. These include several Health Centres, PFI Hospitals and any other premises in which ELFT staff are based or carry out work.

The Estates Service provider has responsibility for the monitoring and managing Fire Safety within the Health Centres including ensuring that inspections to manage Fire risks are carried out, and any remedial works are reported (within the limits set by the contract) by Competent Persons, whether directly employed by an NHS organisation, contracted, or subcontracted.

## 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 / property owner 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.

# Fire Safety Group

The aim of the Fire Safety Group (FSG) is to provide leadership and direction to the Trust on all matters relating to Fire Safety. This is achieved through the assessment of information and reports from the Operational Team and the Fire Authorising Engineer, and any other Trust Groups, contractors, or stakeholders and by providing direction in sustaining Operational Fire Safety plans and actions.

The FSG will be chaired by the Director of Estates, Facilities & Capital Development it is a sub-committee of the Trust’s Health, Safety and Security Committee. The FSG reports to Health, Safety and Security Committee which in turn reports to the Trust Board, and any other relevant parties (such as the Health and Safety Executive or CQC).

The FSGs aims are to.

* Consider the impact of Fire Systems and associated issues within Trust properties.
* Ensure risks associated with Fire systems are recognised, documented action taken to minimise them through the operation of an action log system.
* Review any CAS or Patient Safety Alerts relating to Fire Systems.
* Review any actions on Fire related risks recorded in the Trust’s Risk Management System.
* Determine the particular vulnerabilities of the at-risk population and to review the risk assessments.
* Ensure the Fire Safety Policy is kept under review, including risk assessments and other associated documentation.
* Ensure all tasks indicated by the risk assessments have been allocated and accepted.
* Ensure new builds, refurbishments, modifications, and equipment are designed, installed, commissioned, and maintained to the required standards.
* Ensure maintenance and monitoring procedures are in place and that records of all maintenance, inspection and testing activities are kept up to date and properly stored.
* Agree and review remedial measures and actions, and ensure an action plan is in place, with agreed deadlines, to ensure any health risks pertaining to Fire Systems are addressed.
* Ensure any health risks pertaining to Fire Systems and Safety are addressed.
* Determine best use of available resources.
* Be responsible for training and communication on Fire Safety issues.
* Ensure that decisions affecting the safety and integrity of Fire Systems do not proceed without its agreement.

# Fire Risk Assessment and Risk Escalation

Fire Risk Assessments (FRAs) are carried out on all Trust premises, in accordance with the Regulatory Reform (Fire Safety) Order 2005. Upon receipt of the Fire Risk Assessments the Fire Safety Manager ensures that their department prioritises the contents and formulates a programme for compliance in respect of each report.

The Local Risk Officer must ensure that an appropriate action plan is implemented. Employees are to be provided with clear and relevant information on the risks to them identified by the Fire Risk Assessment, about the measures that are taken to prevent fires and how these measures will protect them if a fire breaks out.

Any outstanding risks should be discussed with the team / service manager and considered for escalation to the Trust Risk Registers including local team risk registers, directorate level risk registers and where necessary escalation to the Corporate Risk Register dependent on the level of risk.

# Fire Safety Management

## Trust Fire Strategy

A robust fire strategy is the key to ensuring a high standard of fire safety. ELFT’s Fire Strategy reflects the organisation and addresses the following.

* Fire Safety Policy.
* Management roles and responsibilities.
* New building specification.
* Upgrading of fire precautions.
* Alarm and detection systems.
* Training.
* Fire Fighting.
* Emergency plans (including evacuation strategies).
* Procurement.
* Fire safety audits.
* Assessments under Dangerous Substances and Explosive Atmospheres.
* Disability Discrimination Act (2005) audits.
* Maintenance (Planned and Reactive).
* Records.
* Fire Risk Assessments.
* Integrated risk management plans (IRMP).

This list is not exhaustive, but these are considered to be core elements.

ELFT’s Fire Strategy shall set out the approach to be taken by the Trust in relation to each of the points above, clearly and without ambiguity.

For the benefit of the future management of the premises, the design decisions in relation to new buildings or building alterations shall be adequately documented as part of the Fire Strategy. This would include identifying where a design solution achieves the objectives of the Department of Health’s Fire code by another method. Any assumptions made during the design stage must be included in the Fire Strategy.

## Fire procedures

Managers at each appropriate level in the Trust must ensure that an operational strategy, for immediate implementation when a fire emergency arises, is in place. This strategy should set out the emergency procedures and should be prepared to suit the circumstances of individual premises and departments.

# Planning and responding to an emergency

The safety of building occupants is paramount and will depend on the successful implementation of safety procedures, in addition to the use of active and passive systems (for instance fire alarm and detection systems, fire doors, fire-fighting equipment etc).

Pre-planning for fire is key to the success of safeguarding the occupants and the fabric of the building and will also include testing the proposed measures to ensure they achieve their intended objectives. The overall aim is to ensure that all occupants can escape unharmed to a place of safety either within the building (progressive horizontal evacuation) or outside the building. To achieve this, there must be a prompt response to the alarm and an effective strategy for evacuation.

In complex buildings such as hospitals, a sufficient number of adequately trained staff will need to be available to assist occupants who may be unfamiliar with the building layout or need assistance due to their medical condition.

It is not possible to give precise guidance on every conceivable situation that could arise in a fire emergency, however, here are some considerations to make when preplanning.

* Action on discovery.
* Warning and alarm signals.
* Calling the Fire and Rescue Service.
* Fire Risk Assessment findings (risk to occupants whilst evacuating).
* Arranging and coordinating evacuation.
* Firefighting (prior to the arrival of the Fire and Rescue Service).
* Availability of staff as an additional resource.
* Internal management control systems.
* Availability of additional specialist equipment and facilities for the continuation of care.
* Caring for high-risk and vulnerable patients and people with disabilities.
* Information for the Fire and Rescue Service.
* Contingency planning.
* Visitors and relatives.
* Information, instruction, and training.
* Debriefing after the incident.
* Returning the building to normal service.

In addition, information about the premises should be readily available for attending fire and rescue services. The information should be located at a pre-agreed location (usually a main entrance area). Information required by fire crews about premises e.g., building construction, contents, hazards, and built-in fire protection measures etc. will reduce risks to occupants, fire crews and, potentially, the premises.

The type of information that should be available will include.

* Plans of the premises
* The location of valuable equipment.
* Fire and safety systems.
* Utilities and environmental systems.
* Hazardous contents of the premises.

# Evacuation strategies

An evacuation strategy will be dependent upon the type of building, its use, and the occupancy profile (including staff levels). The structural design of Hospitals will accommodate 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). Other Healthcare buildings often operate on the principle of full evacuation.

It will be incumbent on the Local Risk Officer to ensure that the evacuation strategy for the premises adequately reflects the individual needs of both the building and its occupants.

Evacuation strategies should 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 in the strategy 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 (by automated or manual means).
* The arrangements for the mobility impaired are adequate.
* Re-entry to the building is not permitted until it is safe to do so.

Strategies 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.

## Fire fighting

Firefighting is always secondary to life safety.

All ELFT premises are provided with portable fire extinguishing equipment appropriate to local risks. Extinguishers may be supplemented by fire blankets in certain areas (e.g., in kitchens).

It is only intended that staff use the appliances in order to extinguish a small fire, if it is still safe to do so, or to safeguard their escape route. People must not put themselves at risk and should understand the limitations of tackling fires with portable extinguishers, etc. No one should use an extinguishing appliance unless they have received information / training in its use.

## Fire prevention

Each and every member of staff has an individual responsibility to help prevent the outbreak of fire, to help maintain the integrity of fire precaution measures, and to follow the established procedures for the management of any actual or suspected fire incident. Certain staff will have more extensive duties and responsibilities for fire prevention and management than others, by virtue of their role, or their particular knowledge or expertise.

All staff must be familiar with:

* The established local fire procedures.
* The positions of and use of the fire equipment in the proximity of their place of work.
* The escape routes from their place of work.
* The relevant fire assembly points(s).

Staff that operate across various departments and sites are expected to be especially observant of the above fire prevention arrangements in their travels.

All staff have a responsibility to.

* To keep fire escape routes, clear at all times.
* To follow safe working practices at all times.
* To be vigilant to any potential fire risks and bring these to the attention of their line managers or to the manager of the department concerned.

## The Evacuation of Disabled People

### Introduction

The Disability Discrimination Act (superseded by the Equalities Act 2010) requires the adjustment of policies, practices, and procedures and, where necessary, the building fabric, so as not to discriminate against disabled people. The development of a fire strategy must therefore take account of the requirements of the Disability Discrimination Act.

The safe evacuation of disabled staff and visitors is the responsibility of the Trust. It is essential to identify the needs of disabled people and to make proper arrangements for their assistance in the event of an emergency evacuation. These guidance notes will not determine which procedure should be adopted in any particular circumstances. The procedure will vary as to the needs of disabled people, their relationship to the building they occupy and its structural characteristics.

As far as is practical disabled people, particularly wheelchair users should be accommodated and treated in ground floor accommodation. All sites where lift access to upper floors available are provided with appropriate evacuation equipment (normally AlbacMat or Ski-pad).

Lifts are normally prohibited from use during an emergency evacuation. The only lifts that can used are special Evacuation Lifts which fully comply with BS 5588 Fire Precautions in the design and construction of buildings Part 8: Code of practice for means of escape for disabled people.

### Planning an evacuation procedure

The following issues need to be considered when planning an evacuation procedure for disabled people.

* Identify the number of disabled staff and visitors and where they will be in the premises.
* Implement Personal Emergency Evacuation Plans (PEEPs).
* Consider the characteristics of the building.
* Assess the evacuation equipment disabled people will need.
* Train staff to deal with emergency evacuations.
* Determine what needs to happen when the alarm goes off.
* Personal Emergency Evacuation Plan (PEEP)
* The purpose of a PEEP is firstly to ensure the safety of the named individual in a building evacuation situation.
* The PEEP will also record the safety plan e.g., routes, corridors, stairs, or refuges etc, identify those persons who will assist and any training or practice needs.
* The PEEP is a personal plan and so must be drawn up with the active participation of the person concerned.
* All staff who could be expected to aid the evacuation of a disabled person should receive a copy of the relevant PEEP.
* A practice fire drill should be carried out at least once a year to monitor the effectiveness of any active PEEP.
* A PEEP should be activated immediately the alarm is raised.
* The PEEP should address work out of normal hours or areas where close supervision is not available. A person with a mobility impairment working unaccompanied may mean that they cannot evacuate (e.g., on any floor other than the ground floor. In these circumstances the TPCT can insist they work on the ground floor.

### Implementation of personal emergency evacuation plans (staff and visitors)

In conjunction with the disabled person the Local Risk Officer and their Head of Department are to meet and agree the PEEP. Following assessment evacuation equipment specific to the individual’s needs may have to be provided.

Where areas above or below the ground floor are identified that are regularly visited by persons (including visitors) who are wheelchair users or otherwise disabled, the Local Risk Officer should take appropriate action to ensure these persons can be evacuated in a fire or other emergency. The use of generic evacuation equipment may be considered in these instances.

### Implementation of personal emergency evacuation plans (patients)

A PEEP should be completed for any patient who requires assistance with a mobility issue in regard to any aspect of emergency evacuation. Managers and clinical staff will agree the methodology of evacuation with the patient (where the latter has the ability to provide input).

Once developed, the PEEP will describe the individual’s intended means of escape in the event of emergency, including during fire drills. The documentation will be included within the patient care plan. The PEEP will specify what type of assistance is agreed and how it is to be maintained to ensure the patient’s continued safety and should include assistance required from the moment of alarm activation through to arrival at a designated safe area. Specific equipment may be required for the individual patient.

Note: All documentation relating to the evacuation of disabled person from Trust premises is located at the following source on the Trust network - Shared Depts. (K): Fire Safety: Disability documentation.

# Fire Safety Manual

A Fire Safety Manual is an essential tool in managing the Fire Safety of an occupied building. It should contain both design information and operational records for the premises.

The manual should initially be created by the design team (for new builds), as it needs to provide details of assumptions and decisions made during the design stage which led to the final building design. This should include explicit assumptions made in respect of ongoing management arrangements once the building has become occupied.

Upon handover, responsibility for the manual transfers to the Trust. It should be maintained by the Local Risk Officer with a digital copy to be provided to the Estates department. The following information should be included.

* Planning arrangements for fire safety, construction and details of the fire safety systems installed (for example alarm and detection, fire suppression etc).
* Records of observed fire evacuation training.
* Records of ongoing fire safety testing and maintenance (which should be continually updated).

The Fire Safety Manual should be available for inspection by any auditor, regulator or the fire and rescue service.

BS 9999: 2017 Annex I, gives more detailed suggestions of the content of a fire safety manual in respect of both the design information and the operational records.

Whilst this section is primarily aimed at developing a fire safety manual for new buildings, The Trust will consider developing manuals for existing buildings.

For new buildings, the fire safety manual should be part of the health and safety manual, developed to comply with the requirements of the Construction (Design and Management) Regulations.

# Reducing Unwanted Fire Signals (False Alarms)

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 unwanted fire signals (UwFS) is 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. At the same time, it is recognised that the complete elimination of UwFS is impossible.

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 H — 'Reducing unwanted fire signals in healthcare premises' to mitigate the risk and number of unwanted fire calls.

All unwanted fire signals 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. Incidents will be classified in accordance with Appendix A of the HTM 05-03 Part H. 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 user to ensure that appropriate steps are taken to reduce the rate at which they occur, such as, 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 organization 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 to the user.

All Trust premises should put measures in place to minimise their UwFS. Each premise should identify their current level of UwFS and set the corresponding continuous improvement goal as a key performance indicator within Controls Assurance.

# Routine Inspection and Maintenance of Fire Safety Installations (Reference - BS 9999: 2017 Annex I)

## **General**

It is essential for the safety of the occupants of a building that fire safety equipment (including passive fire protection provisions) is inspected frequently. Although some informal inspection can be undertaken by nominated personnel a formal agreement should be made with the installer or the installer’s representative to provide the regular formal inspection and testing described in the relevant British Standards for individual Fire Safety installations. Unless temporary alternative Fire Safety Systems can be put in place, it might be appropriate for certain of the inspections carried out at three-monthly or longer intervals to be done outside normal working hours.

Note - The inspections detailed within this section are not an exhaustive list of Fire Safety maintenance and inspections. This will be defined within the Trust’s Maintenance Strategy.

## Daily inspections

The checks described below should be undertaken daily by nominated member of staff (e.g., Fire Warden).

| System | Requirement |
| --- | --- |
| Fire Detection and Alarm Systems | All fire detection and alarm system panels should be visually inspected daily. It should be ensured that:* The control panel indicates normal operation or, if any fault is indicated, that it has been logged with the relevant helpdesk and the appropriate action(s) taken.
* Any fault recorded the previous day has received attention.
 |
| Sprinkler Systems | All sprinkler systems should be visually inspected daily. It should be ensured that:* There is continuity of the connections between the alarm switch and the control unit.
* Unless automatically controlled, the water level and air pressure are correct in any pressure tank that provides a duplicate supply.
* Any necessary corrective action(s) are taken.
 |
| Portable Fire Extinguishers | * The presence of all portable fire extinguishers should be conformed daily.
* Missing or damaged fire extinguishers should be replaced immediately.
* Any extinguisher used in a fire or for training, or otherwise discharged, should be replaced immediately.
 |

##  Weekly inspections

In addition to the recommended daily inspections detailed in the previous section the following checks should be carried out on a weekly basis by a competent person or nominated contractor:

| System | Requirement |
| --- | --- |
| Fire Detection and Alarm Systems | All fire detection and alarm systems should be tested weekly by means of activation. It should be ensured that:* The control equipment is able to receive a fire signal and to initiate the evacuation procedure, recording which trigger device has been used, in accordance with BS 5839 Pt.1 (2013).
* Any standby batteries are in good condition and the fuel, oil and coolant levels of any standby generators are correct, topping up as necessary.
 |
| Fire door automatic release mechanisms | All doors that are held open by automatic release mechanisms should be checked for operation at the same time as the weekly fire alarm test. They should release upon operation of the alarm and revert to a fully closed position. |
| Smoke control systems for means of escape | Activation of the system should be simulated once a week with the fire alarm. It should be ensured that any fans and powered exhaust ventilators operate correctly, smoke dampers close (or open in some systems), natural exhaust ventilators open, automatic smoke curtains move into position, etc. |
| Fire hydrants | All fire hydrants within the confines of the site should be visually inspected once a week. In particular, it should be ensured that there are no obstructions impeding access and that the indicator plates are in position. |

## Monthly inspections

In addition to the checks detailed in the previous sections of this section, the following should be undertaken once a month by competent person / contractor.

| System | Requirement |
| --- | --- |
| Fire Detection and Alarm Systems | * Any standby generator should be started up once a month by simulating failure of the normal power supply and allowed to energize the system for at least 1 hour, while the system is monitored for any malfunctioning caused by the use of the generator.
* After restoring the normal supply, the charging arrangements for the generator starting battery should be tested, and the appropriate action should be taken if they are found not to be functioning correctly.
* In addition, the oil and coolant levels should be topped up and the fuel tanks filled.
 |
| Emergency and escape lighting systems | An operational failure of the supply to the normal lighting should be simulated once a month, during which time all luminaires and exit signs should be inspected to determine whether they are functioning correctly. If the standby supply is from a generator with back-up batteries, a test should be carried out to determine whether all luminaires and exit signs function correctly even if the generator is prevented from starting. After restoring the supply to the normal lighting, it should be ensured that.* Indicator lamps or devices to self-contained luminaires or internally illuminated exit signs show that the normal supply has been restored.
* Indicator lamps or devices to central battery systems show that the normal supply has been restored, and that the charging arrangements are functioning correctly.
* Generator oil and coolant levels are topped up and the fuel tanks filled.

Any luminaries or exit signs that do not function correctly should be repaired or replaced.  |
| Evacuation lifts and fire-fighting lift installations | A failure of the primary power supply should be simulated once a month. If a generator provides the standby power supply, it should energize the lift(s) for at least one hour. |
| Hose reels (if applicable) | Hose reels should be visually inspected once a month. It should be ensured that there are no leaks and that drum assemblies are free to rotate on their spindles. |
| Automatic opening doors | The operation of fail-safe mechanisms should be tested once a month, either by “breaking-out” the door-set or by simulating failure of the mains power supply, as appropriate. The results of the test should be recorded. Any doors that are found to be faulty should be repaired. |
| Doors on hold-open devices | The operation of hold-open devices should be tested once a month by simulating failure of the mains power supply or operation of the fire alarm system. The results of the test should be recorded. Any doors that are found to be faulty should be repaired or replaced. |

## Quarterly / Three Monthly inspections

In addition to the checks detailed in the previous sections, the following should be undertaken every quarter month by competent person / contractor.

| System | Requirement |
| --- | --- |
| Smoke control systems | In addition to the previous periodic requirements the activation of all smoke control systems should be simulated once every three months. All zones should be separately tested, and it should be ensured that any fans and powered exhaust ventilators operate correctly, smoke dampers close (or open in some systems), etc. |

## Six Monthly inspections

In addition to previous requirements detailed in this section the following checks should be undertaken once every six months. Arrangements should be made for six-monthly inspections and tests to be carried out by Competent Persons (Fire) on the fire detection and alarm systems, the sprinkler systems, any extinguishing systems, and the fire-fighting lift, for any defects found to be logged and the necessary action taken, and for certificates of testing to be obtained. Maintenance shall include.

| System | Requirement |
| --- | --- |
| Fire alarm and detection systems | Six monthly servicing of the system in accordance with BS 5839-1:2013 by a competent person or nominated contractor. Certificates of testing to be obtained and provided to the ELFT Estates Compliance Manager. |
| Fire doors | All fire doors should be inspected every six months. In particular, it should be ensured that.* Heat-activated seals and smoke seals are undamaged.
* Door leaves are not structurally damaged or excessively bowed or deformed.
* Gaps between the door leaf and the frame are not so small as to be likely to bind, or so large as to prevent effective fire and smoke-sealing.
* Hanging devices, securing devices, self-closing devices and automatic release mechanisms are operating correctly.

Any remedial works required shall be discussed with the Assistant Director of Estates – Fire Safety. |
| Fire rising mains | All dry rising mains should undergo a visual inspection every six months by a competent person or nominated contractor in accordance with British Standard 5306:1976. Certificates of testing to be obtained and provided to the ELFT Estates Compliance Manager. |

## Annual inspections

In addition to previous requirements detailed in the appendix the following checks should be undertaken on an annual basis by a Competent Person.

| System | Requirement |
| --- | --- |
| Emergency lighting systems | An annual drain down of all emergency luminaires. Certificates of testing to be obtained and provided to the ELFT Estates Compliance Manager. |

# Training and Competence Requirements

Fire safety training is essential for all staff and is a legal requirement under legislation, namely.

* The Health and Safety at Work etc Act 1974.
* The Management of Health and Safety at Work Regulations 1999.
* The Regulatory Reform (Fire Safety) Order 2005.

Staff need to have an understanding of fire risks and know what to do in the event of a fire so that Fire Safety procedures can be applied effectively. It is therefore imperative that the Trust provides appropriate levels of fire safety training. This applies to all staff without exception. Senior management and senior medical staff should lead by example.

The Fire Safety Manager is responsible for developing a training programme. The programme should reflect staff responsibilities for fire safety and set in place appropriate means for recording and monitoring staff training. More information on training can be found in HTM 05-01 – Managing Healthcare Fire Safety (2nd ed. 2013).

The Fire Safety Manager in conjunction with the Training Department. is responsible for monitoring the efficacy of staff training and reporting this back to the Director of Estates, Facilities & Capital Development.

All staff should receive induction training on or before their first day of employment. This may take the form of generic training. Where staff are working in areas where there are specific risks or hazards, the induction training must be supplemented by job-specific instruction as soon as their employment commences.

All staff should receive regular, updated training and instruction. Reference should be made to the most recent Trust ‘Statutory and Mandatory training policy’ and the Risk Management Training Needs Analysis (TNA) which is an appendix to this policy. This will determine specific training requirements by staff groups and for those with certain responsibilities for fire safety.

Under the requirements of the Regulatory Reform (Fire Safety) Order 2005 one or more Competent Persons must be appointed to carry out any of the preventative or protective measures required. This task would normally be carried out by a Fire Warden who should undergo specific training to fulfil the role, which should be repeated at two yearly intervals.

Training programmes should include the following (this list is not definitive).

* Basic fire safety.
* Good housekeeping.
* Actions to take on discovering a fire.
* Raising the alarm.
* Actions to take on hearing the fire alarm.
* Procedures for evacuation.
* Knowledge of escape routes.
* Staff responsibilities during a fire incident.
* Specialist roles (switchboard staff, estates staff, fire wardens etc.).
* Fire extinguishing media.

## Records

Training attendance shall be recorded, and relevant training certificates maintained for inspection if required.

All records must be kept for a minimum of 5 years.

## Contractors / Suppliers

Contractors / Suppliers are expected to have their own specific company training and provide evidence of a suitable formal refresher training programme.

# Records and Drawings

The relevant standards for certain fire safety systems recommend that records are kept with regard to maintenance and testing. It is recommended that a single logbook with digital backup copies is the most convenient way of maintaining the relevant records and should contain records for the following,

* Event log
* Staff training
* Fire drills
* The testing servicing & maintenance of the.
	+ Fire alarm system
	+ Emergency lighting and all other fire safety equipment
	+ Fire protection provisions
	+ Electrical systems and Portable Appliance Testing.

Digital copies of Fire Safety records and drawings are held in a centralised database which is managed by the Estates team.

# Fire Safety Policy Review

The FSP will be reviewed.

* As and when there are changes to any legislation and national policy governing this area of work.
* Every three years or when there is a change in legislation or ELFT has recognised improved systems of work.
* More frequent reviews will be undertaken whenever warranted e.g., whenever there is a significant change to the structure of the organisation, or personnel responsible for its implementation.

Relevant colleagues including Senior Managers are notified where revisions have been undertaken and that the revised procedure is sent by all Senior Managers to their staff.

# Consequences of Breaching this Policy

Failing to follow this Policy could lead to action as detailed within the Trust’s Disciplinary Policy and could cause harm to yourself or others.

# References

* The Health and Safety at Work etc. Act 1974
* Health and Safety Executive (2013) Approved Code of Practice (L8 - Fourth Edition)
* Management of Health and Safety at Work Regulations 1999
* Construction (Design and Management) Regulations 2015 (CDM 2015)
* Building Regulations 2010: Approved Document B: Fire Safety – Volume 2
* Regulatory Reform (Fire Safety) Order 2005
* Building Act 1984
* Building Safety Act 2022
* Fire Safety Act 2021
* The Workplace (Health, Safety and Welfare) Regulations 1992
* Department of Health’s - Health Technical Memorandum – Fire Code publications.
	+ HTM 05-01 – Managing healthcare Fire Safety.
	+ HTM 05-02 – Guidance in support of functional provisions for healthcare premises.
	+ HTM 05-03 – Operational provisions.
* British Standard 9999:2017 – Fire safety in the design, management, and use of buildings. Code of practice.
* British Standards 9997:2019 – Fire risk management. Requirements with guidance for use.
* British Standards 7974:2019 - Application of fire safety engineering principles to the design of buildings. Code of practice.
* Chartered Institution of Building Services Engineers – Guide E – Fire Safety Engineering

There are several other legal requirements that NHS Organisations, supporting professionals, contractors and suppliers must comply with.

The Trust recognises its duties and legal responsibilities under these Act and Regulations and has compiled this Fire Safety Policy that sets out the planned approach for the Trust to achieve compliance with all relevant Health and Safety Legislation, Department of Health guidance and Approved Codes of Practice (ACOP) within the Trust’s owned or maintained properties.

# Appendix A: Policy Equalities Impact Assessment

This checklist must be completed for all new policies to understand any potential impact on equalities and to assure equality in service delivery and employment.

|  |  |
| --- | --- |
| **Policy Name:** | Fire Safety Policy |
| **Author:** | John TindallHadi Shukir Bevan Speariett |
| **Role:**  | Assistant Director of Estates – Fire SafetyAssistant Director of Estates - Engineering, and InfrastructureInterim Senior Engineering ManagerAuthorising Engineer (Fire) |
| **Directorate:** | Estates, Facilities & Capital Development |
| **Date** | 04/03/2024 |

* If any of the questions are answered ‘yes,’ then the proposed policy is likely to be relevant to the Trust’s responsibilities under the equalities duties. Please provide the ratifying Committee with information on why ‘yes’ answers were given and whether or not this is justifiable for clinical reasons.
* The author should consult with the Associate Director of People & Culture to develop a more detailed assessment of the Policy’s impact and, where appropriate, design monitoring and reporting systems if there is any uncertainty.
* A copy of the completed form must be submitted to the relevant committee when submitting the document for ratification.
* The ratifying committee will inform you if they perceive the impact to be sufficient that a more detailed assessment is required.

|  |  |  |  |
| --- | --- | --- | --- |
|  **Equalities Impact Assessment Question** | **Yes** | **No** | **Always give further information if you answer “YES”** |
| 1. How does the attached policy/service fit into the Trusts overall aims?
 | Yes | The Policy has been created to meet the Trusts aims of providing and maintaining safe and health working conditions, equipment, and systems of work for all staff, patients, and visitors, and to provide such resources, information, training, and supervision as they need for this purpose. |
| 1. How will the policy/service be implemented?
 | Yes | The Policy will be communicated via the Trust’s Fire Safety Group and the ELFT Intranet. |
| 1. What outcomes are intended by implementing the policy/delivering the service?
 | Yes | Effective management and monitoring of Fire Safety within ELFT properties. |
| 1. How will the above outcomes be measured?
 | Yes | The outcomes will be measured via Audits, monitoring of compliance activities and via the ongoing Fire Safety Group meetings |
| 1. Who are they key stakeholders in respect of this policy/service and how have they been involved?
 | Yes | The key stakeholders are the Fire Safety Group (FSG). |
| 1. Does this policy/service impact on other **policies or services**?
 | Yes |  | Health and Safety PolicyEstates Operational Policy (due for release in 2024) |
| 1. If YES is that impact understood?
 | Yes |  | No further comments |
| 1. Does this policy/service impact on other **agencies?**

 |  | No | No further comments |
| 1. If YES is that impact understood?
 |  | No | No further comments |
| 1. Is there any data on the policy or service that will help inform the equalities impact assessment?
 |  | No | No further comments |
| 1. Are there are information gaps, and how will they be addressed/what additional information is required?
 |  | No | No further comments |
| **Equalities Impact Assessment Questions** | **Yes** | **No** | **Comment** |
| 1. Does the policy or service development have an adverse impact on any particular group?
 |  | No | No further comments |
| 1. Could the way the policy is carried out have an adverse impact on equality of opportunity or good relations between different groups?
 |  | No | No further comments |
| 1. Where an adverse impact has been identified can changes be made to minimise it?
 |  | No | No further comments |
| 1. Is the policy directly or indirectly discriminatory, and can the latter be justified?
 |  | No | No further comments |
| 1. Is the policy intended to increase equality of opportunity by permitting Positive Action or Reasonable Adjustment? If so, is this lawful?
 |  | No | No further comments |

# Appendix B: Policy Submission Form / Checklist

To be completed and attached to any policy or procedure submitted to the Trust Policy Group

|  |  |  |
| --- | --- | --- |
| **1** | **Details of policy** |  |
| 1.1 | Title of Policy: | Fire Safety Policy |
| 1.3 | Author (job title) | Assistant Director of Estates – Fire SafetyAssistant Director of Estates - Engineering, and InfrastructureAuthorising Engineer (Fire)Interim Senior Engineering Manager |
| 1.4 | Lead / Sponsor Sub Committee | * David Stevens - Director of Estates, Facilities & Capital Development
* Fire Safety Group
* Health, Safety and Security Committee
 |
| 1.5 | Reason for Policy | Effective management and monitoring of Fire Safety within ELFT properties. |
| 1.6  | Who does policy affect? | * Fire Safety Group
* Health, Safety and Security Committee
* Matrons / Lead Nurse
* Ward or department managers
* ELFT staff
* ELFT Suppliers / Contractors
 |
| 1.7 | Are national guidelines/codes of practice /best practice/ references incorporated and cited? | Yes |
| 1.8 | Has an Equality Impact Assessment been carried out? | Yes |
| 1.9 | Is this a revision of an existing policy? | Yes  |
| 1.10 | If yes, have you identified the changes in the document?  | Yes |
| 1.11 | Is the policy in the correct format? | Yes |
| **2** | **Information Collation** |  |
| 2.1 | Where was Policy information obtained from? | Legislation, guidance, and best practice as stated within this FSP |
| **3** | **Policy Management** |  |
| 3.1 | Is there a requirement for a new or revised management structure if the policy is implemented? | No |
| 3.2 | If YES attach a copy to this form | Not Applicable |
| 3.3 | If NO explain why | No changes to management structure |
| **4** | **Consultation Process** |  |
| 4.1 | Was there internal/external consultation? | Yes |
| 4.2 | List groups / Persons involved | * Assistant Director of Estates – Fire Safety
* Assistant Director of Estates - Engineering, and Infrastructure
* Authorising Engineer (Fire)
* Interim Senior Engineering Manager
* Fire Safety Group
 |
| 4.3 | Have internal/external comments been duly considered? | Yes |
| 4.4 | Date approved by relevant Sub-committee | Fire Safety Group – 24th January 2024 |
| 4.5 | Signature of Subcommittee chair | David Stevens |
| **5** | **Implementation** |  |
| 5.1 | How and to whom will the policy be distributed? | The Policy will be displayed on the Trust’s Intranet page and will be communicated via the Trust’s Fire Safety Group |
| 5.2 | If there are implementation requirements such as training, please detail? | ELFT training will be identified on the Estates training matrix.Contractors / Suppliers will conduct their own training to ensure competency with training records provided. |
| 5.3 | What is the cost of implementation and how will this be funded? | No significant costs apart from ongoing training which will be funded through the Estate budget |
| **6** | **Monitoring** |  |
| 6.1 | List the key performance indicators e.g., core standards | * Audits undertaken by the Authorising Engineer (Fire)
* Fire Risk Assessments
* InPhase reports
 |
| 6.2 | How will this be monitored and/or audited? | The outcomes will be measured via Audits, monitoring of compliance activities and via the Fire Safety Group |
| 6.3 | Frequency of monitoring/audit | As per review section of this Policy |

**Completed by Bevan Speariett**

**Date policy approved by the Sponsor Committee: 24th January 2024**

**Date policy approved by the Ratifying Committee:**