

Ref: FOI/GS/ID 4540 and 4658

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2 May 2018

### Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Operating theatre fire incidents. Please note that this response relates to FOI requests ID 4540 and ID 4658.

*You asked:*

- 1) What is the number of operating theatre fire incidents reported in Maidstone and Tunbridge Wells NHS Trust for the period 2010-2018? Please provide a breakdown for each year.*
- 2) Can you please include a breakdown of the type of operating theatre fire incidents for the period 2010-2018, broken down by each year and characterised as follows:*
  - a. chemical ignition*
  - b. chemical related*
  - c. diathermy related*
  - d. equipment related*
  - e. other reported in Maidstone and Tunbridge Wells NHS Trust? Please provide a breakdown for each year.*
- 3) What is the number of operating theatre fire incidents related to alcoholic skin preparation agents specifically reported in Maidstone and Tunbridge Wells NHS Trust's for the period 2010-2018? Please provide a breakdown for each year.*
- 4) Can you please include additional details on the number of operating theatre fire incidents that resulted in an injury for the patient, i.e. burn reported in Maidstone and Tunbridge Wells NHS Trust for the period 2010-2018? Please provide a breakdown for each year.*
- 5) Can you please describe what prevention protocols are in place to avoid operating theatre fire accidents in Maidstone and Tunbridge Wells NHS Trust? Please attach a copy of any protocols.*
- 6) Does Maidstone and Tunbridge Wells NHS Trust provide any prevention training courses for operating theatre healthcare professionals on operating theatre fire incidents? If so please provide details.*

Trust response:

1) One

2)  
d. One

3) NIL

4) NIL

5) This is the version currently available to staff however the updated version has been ratified in Oct 2017 and is awaiting publication.

## MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

# Fire Safety Policy and Procedure

<b>Requested/ Required by:</b>	Health and Safety Committee <ul style="list-style-type: none"><li>• Health and Safety at Work etc Act 1974</li><li>• Regulatory Reform (Fire Safety) Order 2005</li></ul>
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<b>Directorate:</b>	Corporate
<b>Specialty:</b>	Clinical Governance
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<b>Approved by:</b>	Health and Safety Committee, 19 <sup>th</sup> May 2014
<b>Ratified by:</b>	Quality and Safety Committee, 9 <sup>th</sup> July 2014
<b>Review date:</b>	May 2016

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## Document history

<p><b>Requirement for document:</b></p>	<p>This policy is a statement of managerial intent to effectively manage the risk of Fire within the Trust and support the Trust's Risk Strategy and Health and Safety Policy. To state the Trust's commitment to the prevention of fire and the provision of:</p> <ul style="list-style-type: none"> <li>• Adequate fire detection and warning systems.</li> <li>• Fire protecting structures and fire fighting equipment.</li> <li>• Fire information and training.</li> </ul> <p><b>Statutory requirements</b></p> <ol style="list-style-type: none"> <li>1. Regulatory Reform (Fire Safety) Order 2005.</li> <li>2. Department of Health FIRECODE suite of documents – Health Technical Memorandums.</li> <li>3. Health &amp; Safety at Work etc, Act 1974.</li> <li>4. The Health Act 2006.</li> <li>5. The Dangerous Substances and Explosive Atmospheres Regulations (DSEAR 2002).</li> <li>6. Management of Health and Safety at Work Regulations 1999.</li> <li>7. Workplace (Health, Safety and Welfare) Regulations 1992.</li> <li>8. Control of Substances Hazardous to Health Regulations 2002 (2004).</li> <li>9. The Health and Safety (Safety Signs and Signals) Regulations 1996.</li> <li>10. Housing Acts 2004</li> <li>11. Civil Contingencies Act 2004.</li> <li>12. Disability Discrimination Act 1995 (amended 2005).</li> <li>13. Building Regulations 2002 (as amended).</li> <li>14. Electricity at Work Regulations 1989.</li> <li>15. Gas Safety (Installation and Use) Regulations 1998.</li> <li>16. Smoke Free Premises Regulations 2007.</li> <li>17. Occupiers' Liability Act 1984.</li> </ol>
<p><b>Cross references:</b></p>	
<p><b>Associated documents:</b></p>	<p>The Trust's strategies, policies, procedures and guidance are held on the Q-Pulse (Corporate) database and can be accessed by all staff through the Trust's intranet site. Paper copies are held in libraries on all sites:</p> <ol style="list-style-type: none"> <li>18. Maidstone and Tunbridge Wells NHS Trust. <i>Health and Safety Policy and Procedure</i> [RWF-OPPPCS-NC-CG1]</li> <li>19. Maidstone and Tunbridge Wells NHS Trust. <i>Risk Management Policy and Strategy</i> [RWF-OPPPCS-NC-CG13]</li> <li>20. Maidstone and Tunbridge Wells NHS Trust. <i>Fire Strategy</i></li> <li>21. Maidstone and Tunbridge Wells NHS Trust. <i>Major Incident Plan</i> [RWF-OPPP-CS-NC1]</li> <li>22. Maidstone and Tunbridge Wells NHS Trust. <i>Statutory and Mandatory Training Policy and Procedure</i> [RWF-OPPPCS-NC-WF22]</li> <li>23. Maidstone and Tunbridge Wells NHS Trust. <i>Incident Management Policy and Procedure</i> [RWF-OPPPCS-NC-CG22]</li> <li>24. Maidstone and Tunbridge Wells NHS Trust. <i>Serious Incidents Requiring Investigation (SIRI) Policy and Procedure</i> [RWF-OPPPCS-NC-CG23]</li> <li>25. Maidstone and Tunbridge Wells NHS Trust. <i>Risk Assessment Policy and Procedure</i> [RWF-OPPPCS-NC-CG6]</li> <li>26. Maidstone and Tunbridge Wells NHS Trust. <i>Infection Control Policy and Procedure</i> [RWF-OPPPCSS-C-PATH15]</li> <li>27. Maidstone and Tunbridge Wells NHS Trust. <i>Control of Contractors, Policy and Procedure for the</i> [RWF-OPPPCS-NC-EST5]</li> <li>28. Maidstone and Tunbridge Wells NHS Trust. <i>Artificial Optical Radiation Safety Policy and Procedure</i> [RWF-OPPPCS-NC-CG15]</li> </ol>

29. Maidstone and Tunbridge Wells NHS Trust. <i>Smoke Free Policy and Procedure</i> [RWF-OPPPCS-C-TM4]
30. Maidstone and Tunbridge Wells NHS Trust. <i>Emergency Planning Policy</i> [RWF-OPPCS-NC-TM25]
31. Maidstone and Tunbridge Wells NHS Trust. <i>Fire Response Plan Tunbridge Wells Hospital.</i>
32. Maidstone and Tunbridge Wells NHS Trust. <i>COSHH, Control of Substances Hazardous to Health Policy and Procedure</i> [RWF-OPPPCS-NC-CG16]
33. Maidstone and Tunbridge Wells NHS Trust. <i>Safety of Electrical Appliance Policy, Procedure and Policy (SEAP)</i> [RWF-OPPPCS-NC-EST8]
34. <i>Maidstone and Tunbridge Wells NHS Trust. Electrical Infrastructure Safety, Policy and Procedure on the Management</i> [RWF-OPPPCS-NC-EST6]

<b>Version Control:</b>		
<b>Issue:</b>	<b>Description of changes:</b>	<b>Date:</b>
1.0	Fire Safety Policy	December 2002
2.0	Fire Safety Policy (Arson Policy appended)	February 2006
3.0	Fire Safety Policy (Arson Policy appended)	March 2007
4.0	Policies combined and updated	March 2009
4.1	Minor changes	May 2010
5.0	Revised to include the arrangements for the Tunbridge Wells Hospital	March 2011
6.0	Reviewed. Minor changes & include safe use of toasters	March 2012
7.0	Reviewed. References made to assistant fire safety officer removed. References to "New" Tunbridge Wells Hospital removed	May 2013
8.0	Reviewed: New Fire Safety Officer, minor grammatical changes, no major changes to the document.	May 2014

## Policy statement for **Fire Safety Policy**

The Maidstone and Tunbridge Wells NHS Trust (MTW) is committed to safeguarding the safety of its employees, patients, visitors, volunteers, contractors and others who visit its premises from the hazards of fire. The Trust recognises its responsibilities for the prevention and management of fire risks as described in the Health & Safety at Work etc. Act 1974, the Regulatory Reform (Fire Safety) Order 2005, the FIRECODE suite of documents and all other associated legislation (see references).

The Trust will ensure safe premises and systems of work, so far as is reasonably practicable, in accordance with statutory duties, Department of Health and Fire Authority guidance. The Trust will provide adequate resources to meet the Policy requirements and complete agreed works; taking into account other established priorities.

Specifically, the Trust will:

- Provide adequate fire warning systems, fire protecting structures fire fighting equipment and good housekeeping practice to minimise the risk of fire.
- Undertake suitable and sufficient fire risk assessments for all Trust buildings and undertake the actions arising from the assessments. Review these regularly through audit and inspection.
- Meet the extra requirements as landlords for Trust accommodation buildings.
- Cooperate and coordinate fire safety arrangements on premises where our staff are employed but the Trust is not the landlord.
- Ensure all new buildings are designed and constructed to meet current Fire protection standards.
- Provide compulsory training of “ALL” employees, contractors and voluntary workers in fire safety procedures.
- Encourage the reporting of all fire related incidents and near misses. All adverse events will be investigated to identify causes and introduce controls to prevent reoccurrence.
- Take additional fire and other safety precautions which may be necessary to prevent, control and detect arson in Trust premises.
- Have safe systems for managing fires through resilience planning and the Trust emergency plan.
- Seek the approval and advice of the Kent Fire Authority (enforcing officers) through regular meetings, inspections and agreed work programmes.

The Tunbridge Wells Hospital is managed under a project agreement between the Trust and the “Kent and East Sussex Weald Hospital Limited” (KESWHL) who as landlords are responsible for the buildings, maintenance, grounds, utilities, checking alarms, signals and extinguishers. However, work will be carried out by “Interserve Facilities Management” (InterserveFM) who are KESWHL’s sub-contractor. The Trust will coordinate its fire arrangements with the KESWHL through monthly liaison meetings and reports to the Health and Safety Committee.

**Authorised by the Chief Executive:** ..... **Date:** .....

# Fire Safety Procedure

<b>Contents</b>	<b>Page</b>
<b>1.0 INTRODUCTION AND SCOPE</b>	<b>6</b>
<b>2.0 DEFINITIONS</b>	<b>7</b>
<b>3.0 DUTIES - ROLES AND ACCOUNTABILITIES</b>	<b>7</b>
3.1 Executive accountabilities	
3.2 Fire safety management	
3.3 Fire/Emergency Response Team	
<b>4.0 TRAINING AND COMPETENCY</b>	<b>12</b>
4.1 General training	
4.2 Local induction	
4.3 Special training	
4.4 Fire training records	
<b>5.0 FIRE PROCEDURES</b>	<b>13</b>
5.1 Fire Protection	<b>13</b>
5.1.1 Automatic detection and alarm systems	
5.1.2 Emergency lighting systems	
5.1.3 Fire doors	
5.1.4 Ventilation systems	
5.1.5 Fire exits	
5.1.6 Plans of Trust premises	
5.1.7 New premises or alterations to existing premises	
5.1.8 Furniture and fittings	
5.2 Fire Prevention	<b>15</b>
5.2.1 Fire fighting equipment	5.2.10 Electrical and mechanical equipment
5.2.2 Fire notices and fire signage	5.2.11 Hazardous substances and laboratory safety
5.2.3 Water supplies	5.2.12 Heat powered clinical equipment
5.2.4 Fire drills	5.2.13 Pneumatic tube systems
5.2.5 Informal visits	5.2.14 Arson
5.2.6 Staff working on other Trust premises	5.2.15 Mobile X-ray equipment
5.2.7 Fire and unwanted signal investigation	5.2.16 Contractors
5.2.8 Smoking	5.2.17 Permits to work
5.2.9 Housekeeping	
5.3 Fire safety management	<b>19</b>
5.3.1 Fire risk assessments	
5.3.2 Shared workplaces	
5.3.3 Local emergency action plan	
5.4 Fire response	<b>20</b>
5.4.1 Fire response plans	
5.4.2 Fire detection and raising the alarm	
5.4.3 Evacuation	
5.4.4 Special arrangements for the Tunbridge Wells Hospital	
5.5 Toasters	
<b>6.0 MONITORING and AUDIT</b>	<b>23</b>
<b>Appendix 1 - Process requirements</b>	<b>24</b>
<b>Appendix 2 - Consultation table</b>	<b>25</b>
<b>Appendix 3 - Equality impact assessment</b>	<b>26</b>
<b>Appendix 4 - Arson guidance and risk assessment checklists</b>	<b>27</b>
<b>Appendix 5 - Clinical fire action notice</b>	<b>27</b>
<b>Appendix 6 - Non-clinical fire action notice</b>	<b>27</b>
<b>Appendix 7 – Safe use of toasters</b>	<b>27</b>
<b>Appendix 8 – Request for permission to use toaster on unit</b>	<b>27</b>

## 1.0 INTRODUCTION AND SCOPE

### 1.1 Introduction

Hospitals are 'high life risk' areas and the consequences of any fire can be very serious. Contributory factors include difficulties and risks associated in evacuating dependent patients and personnel with special requirements or disability. This policy and procedure are provided to ensure effective management of fire safety in all Trust premises for all Trust personnel and patients.

The Fire Safety Policy and Procedure states how MTW will meet its obligations for fire safety and comply with its statutory and mandatory requirements in respect of the Regulatory Reform (Fire Safety) Order 2005 and Health Technical Memorandum 05 'FIRECODE'.

MTW has, for each of its premises, a programme for implementing and maintaining an adequate level of fire precautions. A commitment to fire precautions is to be regarded as a basic duty of all staff. Trust managers and staff must be familiar with their duties and responsibilities for fire safety as described in this policy and procedure.

Fire safety measures are to be achieved through three primary elements:

1. Structural fire protection of buildings, fire safety equipment, systems and installations.
2. Fire prevention through the education and cooperation of Trust staff and contractors.
3. The provision and implementation of fire safety management systems at all levels to ensure a robust and systematic approach to fire safety provision and management at local level.

This policy and procedure provides a platform of understanding and an underpinning framework for the Fire/Emergency Response Plan that provides the operational procedures that will be implemented in the event of a fire alarm sounding or in the event of an evacuation being required for any reason.

### 1.2 Scope

This policy and procedure is designed to give guidance and instructions to all MTW employees (full time, part time, permanent and temporary). It also applies to contractors, Staff Bank and volunteers. The responsibility for compliance rests with Heads of Departments and local managers.

It applies to all Trust premises. It will also apply in a lesser extent to premises managed by other organisations but where MTW employees are located. Fire safety will be achieved through cooperation and coordination with the landlord. Trust staff will also have to comply with the procedures developed by the landlord.

The Tunbridge Wells Hospital is managed under a project agreement between the Trust and the "Kent and East Sussex Weald Hospital Limited" (KESWHL) who as landlords are responsible for the buildings, maintenance, grounds, utilities, checking alarms, signals and extinguishers. However, work will be carried out by "Interserve Facilities Management" (InterserveFM) who are KESWHL's sub-contractor. The Trust will coordinate its fire arrangements with the KESWHL through monthly liaison meetings and reports to the Health and Safety Committee.



## 2.0 DEFINITIONS

### 2.1 Progressive horizontal evacuation

The concept of “progressive horizontal evacuation” is to move patients in stages away from the site of a fire. This will involve moving them initially to an adjoining compartment or sub-compartment on the same level, which has been designed to protect its occupants from the immediate danger of fire and smoke and their associated affects. It is usual to place two fire doors between the source of the fire and the place of safety.

### 2.2 Vertical evacuation

Vertical evacuation is the process of moving vertically from one floor(s) to the floor(s) below or above. In the event of a fire this must be done via the stairwells. Lifts must not be used. Vertical evacuation may be necessary as a last resort at the Tunbridge Wells hospital but is unnecessary at Maidstone hospital.

### 2.3 Fire

A process that releases energy. A fire is not just flame but could be an abnormal smell of burning, heat, smoke, fumes or explosion.

### 2.4 Trespasser

In civil law, a trespasser is a person who enters land or property without invitation, permission or privilege.

### 2.5 Arson

Arson is a criminal act defined by the Criminal Damage Act 1971 and the Crime and Disorder Act 1998. Arson is defined as:

- Destruction or damage to property by fire.
- Intention thereby to endanger the life of another, or being reckless as to whether the life of another would thereby be endangered.

## 3.0 DUTIES - ROLES AND ACCOUNTABILITIES

### 3.1 Executive accountabilities

#### 3.1.1 Duties of the Trust Board

Authority and responsibility for health and safety risks including fire, rests with the Trust Board of Directors as described in the Trust’s Health and Safety Policy and Procedure (Reference 18). Detailed management of risk is through a complex committee structure described in the Trust’s *Risk Management Policy and Strategy* (Reference 19). 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 met.

#### 3.1.2 Chief Executive Officer

The **Chief Executive** carries overall responsibility for fire safety and fire precautions in accordance with legislation (reference 1 to 4). He/she is responsible for ensuring that where appropriate, Firecode guidance is implemented in all premises owned or occupied by the Trust. He/she is also required to provide assurance of statutory compliance by signing the “Annual Statement of Fire Safety”. This is prepared by the Trust Fire Officer in consultation with senior estates officers. He/she is effectively the “responsible person” as defined in legislation.

The Responsible Person [as defined in the Regulatory Reform (Fire Safety) Order [2005]:

- (a) In relation to a workplace, the employer (the Trust), if the workplace is to any extent under his control;
- (b) In relation to any premises not falling within paragraph (a)—
  - (i) the person who has control of the premises (as occupier or otherwise) in connection with the carrying on by him of a trade, business or other undertaking (for profit or not); or
  - (ii) the owner, where the person in control of the premises does not have control in connection with the carrying on by that person of a trade, business or other undertaking.

Responsibilities for specific areas of fire prevention and management have been delegated to **Executive Directors** and, through them to managers. The **Chief Operating Officer** takes the lead for health and safety and is responsible for providing a safe environment and for the prevention of fire and championing fire safety matters at Board level.

## 3.2 Fire safety management

### 3.2.1 Director of Estates and Facilities

The Chief Operating Officer has delegated to the Director of Estates and Facilities, the responsibility for managing some aspects of fire risk in premises owned or occupied by the Trust. He/she is the “Fire Safety Manager” as defined under FIRECODE as he has budgetary control for fire systems. However, he/she has assigned many of the day to day responsibilities for fire precautions to the Trust Fire Officer and the Estates Directorate.

He/she is responsible for ensuring compliance with legislation and effectiveness of fire safety standards and policy for all Trust premises. This includes suitable and sufficient management systems to ensure the provision and maintenance of fire precautions throughout the Trust:

- The provision, service, maintenance and testing of fire detection and alarm systems.
- The provision, service, maintenance and testing of emergency lighting.
- The inspection and service of fire extinguishers.
- The design and maintenance of buildings to meet fire and building legislation.
- Proposing programmes of work and investment relating to fire safety for consideration as part of the Trust’s annual business plan.
- The provision of effective emergency plans through the Emergency Planning (Resilience) Team.

### 3.2.2 Fire bleep holders (Nominated Officer - Fire)

Each premises of the Trust shall have a number of appointed Fire bleep holders. These are trained by the Resilience Team and the Fire Officer. They undertake the role of “Nominated Officer (Fire)” as defined in FIRECODE. There should be sufficient fire bleep holders on each site to ensure that there is “**always**” a responsible person available.

Fire bleep holders are responsible to the Director of Operations through the Resilience Team, and whose principle duties are to:

- Responding to the scene of an incident, on being informed via the hospital bleep system of a fire alarm sounding.
- Responsible to call confirming a fire, or confirming a false alarm to switchboard
- The co-ordination and direction of staff actions at a serious fire in accordance with the emergency plan.
- In the event of an emergency, take command until the fire brigade arrives and act as a focus for liaison purposes thereafter.

- Arrange for the area to be secured following any fire until investigated by the Fire Safety Officer, Fire and Rescue Service or Police.
- Arrange and organise in conjunction with the Emergency Planning Officer, fire drills;
- Ensure that “incident reports are completed for all fire related incidents and the Fire Safety Officer is informed. This is through the Trust reporting system (reference 23).
- Ensure that all evidence of fire is protected / secured until investigated by the Trust Fire Safety Officer.
- Arrange for the Trust Estates Department to repair any damage, unless the area is secured and under investigation.
- Receive reports of all fire inspections from the hospital’s Fire Safety Officer, and monitor the completion of action plans by local and Estates managers.

### 3.2.3 Trust Fire Safety Officer

The Trust Fire Safety Officer is specifically employed as the “competent person” to advise and lead the Trust in all areas of fire safety management. The Chief Operating Officer has delegated to the Trust Fire Safety Officer other aspects of fire risk in premises owned or occupied by the Trust. Namely:

- Advising and assisting the Trust in the interpretation and application of the provisions of legislation, FIRECODE and other official guidelines. The provision of competent advice to directors, managers, staff and committees on all aspects of fire safety.
- The provision of the *Fire Safety Policy and Procedure* and other documentation required by legislation.
- Provide assurance of compliance with legislation, policy and procedures through an annual fire safety report to the Trust Board.
- The provision and review of fire risk assessments for all Trust premises produce reports to management recommending prioritised actions in respect of fire safety improvements.
- Undertaking fire safety audits with estates staff and provide periodic authoritative reports to management about the state of fire precautions in their premises.
- Managing and supervising the adequate provision, sighting and effective maintenance of all first aid fire-fighting equipment (extinguishers etc), fire safety signs, notices, etc.
- Ensure that fire emergency information packs are prepared, reviewed and updated for all Trust premises.
- Preparing training programmes and provision of mandatory and statutory training to all staff at all levels (see section 4). The monitoring of central training records.
- Be the key contact for external agencies and enforcing officers for fire safety management.
- The provision of advice to Estates design teams and to InterserveFM to ensure new and existing premises meet fire legislation and best practise. Liaising with, local building control and fire authorities in the specification of fire precautions in new and existing premises.
- The investigation of all fire related adverse incidents to identify causes and prevent reoccurrence.
- Work closely with the Resilience Team to ensure the fire aspects of major incidents are considered, and to run drills and exercises. Witnessing the effectiveness, or otherwise, of fire drills and recommending remedial action when necessary.
- Work closely with the KESWHL and InterserveFM to coordinate the fire arrangements for the Tunbridge Wells Hospital.

### 3.2.4 Fire Wardens

The Fire Warden will be nominated by their local manager and responsible for:

- maintaining the day to day fire precautionary arrangements within their department
- acting on any request or instruction of the Fire Bleep Holder
- carrying out tasks as described in the training provided for Fire Wardens

Fire Wardens should have appointed deputies to ensure that a responsible person is always available to assume their duties when they are absent.

### **3.2.5 The Trust Health and Safety Committee**

The Trust Health and Safety Committee shall be responsible for the monitoring and reviewing the application of the Fire Safety Policy and Procedures (reference 5). The Fire Safety Officer will make regular reports to the committee. The committee is chaired by the Chief Operating Officer.

The Committee will include the “Trust Representative” for the project agreement between MTW and KESWHL. Fire will be discussed at the “monthly liaison committee” and reported to the Health and Safety Committee.

### **3.2.6 Managers / Heads of Department**

All Managers / Heads of Department are responsible for:

- Local implementation of the Fire Safety Policy (through their nominated Wardens).
- Nominating Fire Wardens and ensuring that they are trained.
- Developing local fire procedures detailing the action to be taken on discovering a fire, or hearing the fire alarm, and agreeing them with the Fire Officer.
- Ensuring the local fire procedures are brought to the attention of all their own staff
- Ensuring provision is made for all their staff to participate in Fire Safety Training and any organised fire drill. Any avoidable fire alarm activation may be recorded as a fire drill as all local policy and procedures will have been tested fully as part of the incident.
- All managers have a responsibility to ensure that properties, systems and installations are maintained in good order and that no unauthorised alterations take place including changes to their size, layout, use or occupancy.
- All managers will ensure that the Fire Safety Officer is consulted on all fire safety issues relating to any premises owned or occupied by the Trust.
- Unwanted items, equipment and rubbish will not be dumped in the hospital corridors; managers are responsible for ensuring that unwanted items are retained within their department until appropriate disposal is agreed. The items remain the property of the originating department until collected.
- Managers will ensure that only approved furniture and equipment that meets current Fire Safety Design and Specifications are used in Trust premises.

### **3.2.7 General circulation areas**

Management of general circulation area within the hospitals will be the responsibility of the facilities directorate, who will accept the responsibilities outlined in 3.2.6 above.

These areas will be kept free of all linen cages, trolleys and beds at all times as these areas are used as fire evacuation routes and safe refuge areas for patients.

### **3.2.8 Purchasing and Supplies Department**

All items procured via NHS Supplies will comply with the current Fire Safety Design and Specifications for Fire Safety HTM 05-03 part C. Cages used by this department will ensure that they are not left in general circulation areas, but will ensure they are relocated after distribution of materials to wards and departments with immediate effect. All packaging should be disposed of appropriately.

### 3.2.9 Employees

All employees have a legal duty to take reasonable care to avoid injury to themselves, or to others, by their work activities and to co-operate with their employers and others in meeting statutory requirements (reference 5).

Employees must not interfere with or misuse equipment or protective measures. (e.g. wedging open fire doors, misuse of extinguishers, locking or otherwise blocking use of fire exits etc.)

In addition to any executive, managerial or supervisory responsibilities all employees of the Trust must be aware of, understand and follow the Fire Safety Policy and Procedure, Fire/Emergency Response Plan and their local emergency action plans specific to their workplace.

All staff have responsibilities for fire safety including fire prevention and has a duty to receive and participate in regular fire safety training and fire drills. Trust staff must receive specific local fire safety instruction relevant to their workplace from their manager.

All staff must report fire safety related defects or deficiencies to their line manager as soon as they become apparent. They will be reported via the Trust's incident reporting system (reference 23). The Fire Officer will be informed and will investigate. Any member of staff or staff representative can raise a fire safety issue with a Fire Safety officer who may bring it to the attention of the Health and Safety Committee.

Staff employed by The Trust but working in a premises run by another organisation should abide by the local fire safety policy and fire response plan or equivalent document applicable to those buildings they occupy. Training given by other Trusts may be considered compliant by MTW.

### 3.2.7 Contractors

Trust staff that are engaged and/or accommodate contractors must ensure that they are aware of the Trust's Fire Policy and Procedures as well as any relevant Standard Operating Procedures; prior to commencing works (reference 27). Contractors will be monitored for compliance by the Trust respective Project Manager or InterserveFM.

The manager responsible for any work that may must notify the Estates Department or InterserveFM of the work being undertaken and request the isolation of automatic fire detection devices (if necessary) in the immediate and adjacent areas for the duration of the works in accordance with Trust policy (reference 27).

### 3.2.8 Clinical Staff (medical procedures)

Certain operations/investigation procedures require the use of laser or other heat operated instruments, tools or equipment. Only trained, competent staff may use or operate such equipment (reference 28). Staff must be aware of the potential for fire when using such items especially in the presence of medical gases.

Any manager responsible for residential accommodation such as rooms for staff on call, overnight visitors, patient relatives etc will ensure that any such residents are informed of the fire safety measures and conditions and restrictions on use relating to the building or rooms where they will stay. They will also ensure the provision of any necessary arrangements to accommodate the safety of persons with disabilities.

## 3.3 Fire Response Team/ Emergency Response Team

Each site has a fire/emergency response plan developed as part of the Trust's Major Incident Plan (see section 5.4.1). The response plan details how incidents such as fire

and explosion will be managed. It describes the duties and role of the fire/emergency response team.

A fire/emergency response team is required to attend every fire alarm. The team will assist with the investigation of the cause of the alarms, evacuation of patients where necessary and isolation of various technical services if required.

The fire response team is led by the site fire bleep holders and will include porters, security staff, estates officers, InterserveFM Officers and the switchboard.

## **4.0 TRAINING AND COMPETENCY**

### **4.1 General**

The Trust shall provide effective training in fire prevention and in how to respond to an outbreak of fire. This applies to all staff without exception. Senior medical and managerial staff must lead by example.

Each Directorate / Corporate department shall ensure that their staff has the following:

- Basic instruction in fire safety.
- Training appropriate to the specific needs of their workplace.
- Periodic fire safety refresher courses.

Each member of staff in premises providing healthcare must:

- Understand the character of fire, smoke and toxic fumes.
- Know the fire hazards involved in the working environment.
- Practice and promote fire prevention.
- Know the right action to take if fire breaks out, or smoke is detected.
- Be familiar with evacuation procedures and practical use of equipment.

To achieve the above objectives Directorate / Corporate Management must ensure that, all staff undertakes mandatory training as described in the Trust's Statutory and Mandatory Training Policy and Procedure (reference 22). This includes corporate induction training (Welcome day) and periodic refresher training.

### **4.2 Local induction**

On their first day of work, as reasonably practicable, every new member of staff, including voluntary and agency workers, should be given fire safety instructions relating to their workplace by one of the following:

- Head of Department
- Ward Manager / Local Manager
- Fire Warden

They should be made aware of the following:

- Trust Fire Safety Policy and Procedure
- The position of fire action notices, Departmental Fire Plan
- The Departmental fire procedures including evacuation (including that of patients where necessary).
- Fire alarm break glass call points
- Fire exits and escape routes
- Fire fighting equipment

### **4.3 Special training**

Fire Wardens and Fire Bleep Holders shall receive appropriate specialised training to equip them for their relevant duties. This is provided by the Fire Safety Officer and the Resilience Team.

#### **4.4 Fire training records**

Each Directorate shall be responsible for making arrangements to ensure all employees attend staff training. The nature of the training programme, dates and duration will be recorded and retained centrally by the Learning and Development Department for each Directorate.

The Learning and Development Department must be informed of any staff training carried out, but not organised via that department so the Trust records are accurate.

Each Directorate shall review the training received by their staff and feed back any ideas for improvement to the Fire Safety Officer.

#### **5.0 Fire procedures**

Fire Safety is derived through three main elements: Fire Protection, Fire Prevention and Fire Safety Management. This is in accordance with current guidance from Firecode documents.

The basic principles of the physical fire precautions on Trust premises are to ensure that:

- If possible, outbreaks of fire do not occur
- Fires that do occur are rapidly detected, the alarm is raised and the Fire and Rescue Services called.
- There is a safe means of escape from all endangered areas to a place of safety for everyone on the premises.
- The fire is extinguished as quickly as possible
- The development and spread of any fire is delayed and contained as long as possible by structural and other means.
- Endangered areas are evacuated quickly to a pre-arranged and rehearsed plan

These principles have fundamental implications for the design of buildings, their mechanical and electrical systems, for the equipment within them, including furniture, textiles, fixtures and fittings.

#### **5.1 Fire protection**

Fire protection is provided through passive and active measures incorporated in the construction and maintenance of the building. Passive measures include fire resistant doors and compartmentation to contain fire. Active provisions include fire detection and alarm systems, emergency lighting and fire fighting equipment, so that persons are alerted and can quickly and safely go to a place of safety.

Fire protection measures in Trust properties meet all relevant statutory, mandatory and industry standards and codes of practice including current FIRECODE.

Fire protection can be compromised if unauthorised or unapproved changes are made in respect of any fire protection measures and/or work that is designed or carried out. Therefore only competent persons must undertake such works.

##### **5.1.1 Automatic fire detection and alarm systems**

A two stage fire alarm is provided throughout the hospitals. A continuous alarm means that a fire detection system has been activated within that fire zone. An intermittent sound means that a fire detection system has been activated within an adjoining zone,

and preparations should be made for possible evacuation. In operating theatres, critical care unit, etc. and at many nurse stations, buzzers and lights will operate either intermittently for alert status, or continuously for fire status.

The fire alarm systems in each building are tested weekly, quarterly and annually in accordance with BS 5839. At both hospitals all installation work has been carried out to BS 5839, and complies with the guidance outlined in FIRECODE. All work carried out on the fire alarm system must be supported by a 'Permit to Work'. At Tunbridge Wells hospital this is available from InterserveFM Offices on Level -3. At Maidstone hospital it is completed by the Estates and Facilities project manager/maintenance appointed person. The Fire Bleep and the Department/Ward Manager must be informed of the work and of the implications of that work prior to commencement.

### **5.1.2 Emergency lighting systems**

At both hospitals emergency lighting systems are provided throughout the building in the form of both 'standby lighting systems' served by the emergency standby generators and emergency lighting served from self contained luminaries.

### **5.1.3 Fire doors**

Fire doors are an integral part of fire resistant compartmentation in the building which are designed to contain fire to the area of origin or minimise its spread. Fire doors must not be wedged or held open as they present a serious opportunity for fire to spread rapidly.

Holding open fire doors by unauthorised means such as wedges is an offence in law and will not be tolerated. Ward/Department Managers or their deputies will ensure that daily checks are carried out on the functionality of the fire doors, any faults will be reported.

Fire doors that are required to be held open may be fitted with electromagnetic devices connected to the hospitals fire alarm system in accordance with BS5839.

### **5.1.4 Ventilation systems**

In the event of a fire at either hospital, the general supply and extract systems shall remain in operation under automatic control via the building management system.

### **5.1.5 Fire exits**

Fire exits, exit routes and corridors will be kept clear of obstructions and combustible materials at all times, it is the responsibility of **every** member of staff to ensure a quick, easy and safe egress for all persons. Doors to fire exits will not be locked in such a manner that they cannot be easily and quickly opened from the direction of escape without the use of a key or keypad.

### **5.1.6 Plans of Trust premises**

Detailed plans and drawings are to be provided for all premises and departments showing the fire precautionary arrangements, indicating escape routes, fire resisting separation and compartmentation, and other fire resisting construction. These plans may be part of the local fire risk assessment and displayed at entrances and fire exits in all premises and/or departments. The Kent Fire and Rescue Service will also require a copy of the plans.

At the Tunbridge Wells hospital the fire plans are available in the Emergency Fire Bag located in the security control room on level -2. At the Maidstone Hospital the plans are held in the switchboard as part of the emergency information pack.

### **5.1.7 New premises or alterations to existing premises**

For all premises operated by MTW, the Estates and Facilities Directorate or InterserveFM will consult the Fire Safety Officer to ensure that:



- New buildings or alterations to existing buildings comply with FIRECODE and the appropriate Health Technical Memorandum.
- ALL plans of the building or alterations have been given to the Trust Fire Safety Officer for comment and certification that they comply with FIRECODE or other relevant legislation.

### **5.1.8 Furniture and fittings**

It is essential that all furniture, textiles, fixtures and fittings, including mechanical and electrical equipment, receive careful consideration and selection. The Department of Health expects that all new purchases of textiles products and furniture for use in NHS healthcare premises should meet FIRECODE. Flame retardant products should be purchased wherever possible. FIRECODE document Health Technical Memorandum 05-03 Part C (Textiles and Furnishings), gives fire safety considerations and detailed guidance on furniture and textile products.

## **5.2 Fire prevention**

### **5.2.1 Fire Fighting Equipment**

At both hospitals the entire building is equipped with adequate and suitable portable fire appliances, dry risers, fire blankets and automatic fire suppression systems in high risk areas. The maintenance and exchange of portable fire fighting equipment will be the responsibility of either Estates Department or InterserveFM.

In refurbished premises this provision will be incorporated within the design and build programme, existing stock will be utilised where possible. Any extinguisher that is found to be unserviceable following a maintenance inspection or a daily check by staff or after use on a fire will be replaced immediately from reserve stock.

The Estates department or InterserveFM will service, exchange or replace any spent or missing extinguishers and ensure that there is in place an annual fire extinguisher maintenance plan.

### **5.2.2 Fire notices and fire safety signage**

The Trust Fire Safety Officer will ensure that all the required fire safety signage is displayed in workplaces. This will include:

- Signage showing evacuation routes.
- Signage on fire doors.
- Fire action signs for clinical and non-clinical areas (see **Appendix 5 and 6**). Fire Action notices are displayed at conspicuous positions, normally by fire alarm call points or fire exits, within the entire building. These state the action to take on discovery of a fire and on hearing the fire alarm. It is the responsibility of all staff and residents to be aware of their contents.
- Fire point signage including those for call points and extinguishers.

The signage will meet the requirements of the Health & Safety (Safety Signs and Signals) Regulations 1996 (Cross Reference 7).

### **5.2.3 Water supplies**

Private hydrants are provided at Maidstone hospital from a designated ring main around the whole site, which is for fire fighting purposes only, and is supplied from a static tank via three fire pumps situated in the Service Yard. All Hydrants are "H" plated, with the Estates Department, responsible for maintenance and the annual testing.

Static water supplies are provided at Maidstone hospital in the form of a tank, containing 100,000 litres, supplied from mains water supply and a lagoon to the rear of the Trevor

Gibbons Unit, collecting surface water from the site, which is variable throughout the year.

At the Tunbridge Wells hospital fire hydrants are provided by direct feed from the mains.

Dry risers are provided, in part at Maidstone hospital covering all patient areas at all levels, with outlets at all fire fighting bridge heads.

### **5.2.3 Fire drills**

The effectiveness of fire/emergency plans must be tested by means of practical fire drills. Where reasonably practicable and these should include practising progressive horizontal evacuation. In non-patient areas these should take the form of 'full scale evacuations'. To avoid disruption to patients, fire drills/procedures in wards and other patient areas may be rehearsed through the use of table top exercises facilitated by the Fire Safety Officer in conjunction with the Head of Department and the Resilience Team.

The frequency and nature of such drills shall be determined by the Fire Safety Officer in conjunction with the ward manager and the Resilience Team. Guidance states that the frequency shall be not less than twice a year on each Trust site. Fire drills carried out shall be recorded and assessed by the Fire Safety Officer, the ward manager and the Resilience Team.

### **5.2.4 Informal visits**

The Fire Bleep and the Fire Safety Officer will carry out impromptu visits to wards and departments to discuss fire safety procedures with staff. Special attention will be given to high risk areas e.g. laboratories, in patient areas, staff sleeping areas, Critical Care Units, operating theatres, diagnostic areas, laboratories, kitchens etc.

### **5.2.5 Staff working on other trust premises**

Maidstone and Tunbridge Wells NHS Trust employees working on, or visiting sites or premises, which do not belong to the Trust must be instructed and made aware of the local fire safety arrangements for the site or building, by the occupier of the premises.

A copy of the local fire risk assessment is to be requested by the member of staff and sent to the Trust Fire Safety Officer to ensure compliance with FIRECODE and other relevant legislation.

### **5.2.6 Fire and unwanted signal investigation**

Full details of all fire incidents at any premises owned or occupied by the Trust must be reported as an adverse incident as described in the "Incident Management Policy and Procedure" (reference 23). All fires no matter how small and fire alarm actuations must also be reported to the Fire Safety Officer within 24 hours. The Hospital Incident Manager must forward an incident report.

Some fire incidents may need to be reported to the "Health and Safety Executive" (HSE) under the RIDDOR regulations as a dangerous occurrence. Namely:

- Fires resulting in death, unconsciousness or hospitalisation.
- Electrical short circuit or overload attended by fire or explosion which caused a loss of service for 24 hours or more OR which has the potential to cause the death of any person.
- An explosion or fire in any premises which results in the stoppage of that service for more than 24 hours.

Reporting must be within ten days by the Trust's Health and Safety Manager.

The Fire Safety Officer will investigate all incidents and produce a report for the Trust. The Fire Safety Officer will report all major incidents to the Department of Health, using the on-line efm-information system ([www.efm.nhsestates.gov.uk](http://www.efm.nhsestates.gov.uk)).

Fire details must be reported by the Fire Safety Officer to the Head of Performance Analysis (N.H.S.) Estates within 48 hours. Serious fires involving deaths, multiple injuries or major damage to healthcare premises must be reported immediately by Fax/Telephone.

### **5.2.7 Smoking**

The Trust does recognise that a total ban on smoking on Trust premises does cause some distress and difficulty to a minority of patients and visitors. To avoid the risks associated with covert smoking the Trust has provided outdoor smoking shelters away from the hospital entrance on both main hospital sites. Smoking will not be allowed outside of these shelters, in accordance with the Trust's Smoke Free Policy and Procedure (reference 29).

### **5.2.8 Housekeeping**

All wards and departments must operate a good housekeeping culture to ensure fire escape routes are kept free of inappropriately stored items and obstructions. Common fire hazards include uncontrolled storage of combustible materials particularly on escape routes. Such storage is susceptible to accidental or deliberate ignition and consequential fire spread through buildings. In addition to the fire risk, it can present an obstruction or trip hazard on the means of escape. In addition, medical gases must only be stored and secured in designated areas across the hospital site.

Common areas such as the main entrance will be managed with a low fire load and will be monitored on a continuous basis, Christmas decorations will not be permitted in the main entrance area and any part of the hospital street (main corridors within the hospitals) without prior consultation and approval of the Fire Safety Officer, as this will add to the fire load. The hospital street will be free of any obstructions at all times no storage will be permitted at any time.

### **5.2.9 Electrical and mechanical equipment**

The use of all electrical and mechanical equipment must be in compliance with relevant legislation such as the Electricity at Work regulations and the Provision and Use of Work Equipment Regulations. Hence the relevant Trust policies and procedures must be followed.

### **5.2.10 Hazardous substances and laboratory safety**

It is the responsibility of all Managers to ensure that all hazardous substances are risk assessed as described in the Trust COSHH policy and procedure (reference 32). The assessments should consider all flammable substances to ensure:

- All flammable substances are purchased and stored in minimum quantities and are kept in suitable fire retardant cabinets.
- A COSHH risk assessment must be carried out before the purchase of flammable or potentially explosive substances to ensure that risks to the patients, staff or visitors to the hospital are known and that robust management systems and control measures are in place to inform staff and others that might be affected. It must review accordingly to ensure is up date and complies with current regulations.

### **5.2.11 Heat powered clinical equipment**

Some clinical tools, instruments and equipment operate using heat (e.g. laser or diathermy). Great care is needed to reduce surgery fire, to minimise oxidising risks when medical gases are in use and to reduce fuel risks such as cleaning agents, drapes, body tissue etc. (See also local systems of work for surgery). For further information please see Artificial Optical Radiation Safety Policy and Procedure (reference 28).

### 5.2.12 Pneumatic tube systems

A pneumatic tube system is installed in both hospitals for the rapid transmission and reception of items between departments. The pneumatic tube system will automatically shut down during an activation of two detectors, or a combination of a manual call point and a smoke / heat detector being activated. Should the fire alarm be activated by a single device only, an initial period allows for an investigation/ confirmation into the cause of the fire alarm, if found to be a fire, then the pneumatic tube system should be manually shut down by the Service Engineer. A contingency plan should be in place during the absence of the operating pneumatic system; this plan is held by the Pathology Department.

### 5.2.13 Arson

Many fires that occur in healthcare premises are a result of arson and this is of concern for all Trust's premises where the act of intentionally setting them or their contents on fire would pose serious threats to life, undermine their strategic importance or effectiveness, or incur high financial loss.

Risk assessments should include avoiding arson. Detailed guidance and assessment checklists are given in **Appendix 4**.

At the Tunbridge Wells hospital wood chips are used to fuel a biomass boiler situated on (Level -3) The Fuel could be a potential arson risk. To prevent this, wood chip moisture content must be maintained between 20%-35% max; this reduces the flammability of the fuel. The fuel tank for the wood chippings has a metal cover; this must remain closed to reduce the likelihood of an arson attempt on the fuel storage tank.

### 5.2.14 Mobile X-Ray equipment

Mobile X-Ray equipment is located in designated areas. These devices have lead acid batteries fitted to them and are on charge whilst "parked" in these designated areas. It should be noted that these devices must not be stored or "parked" within the hospital street.

### 5.2.15 Contractors

Contractors working on Maidstone and Tunbridge Wells sites or premises must be instructed and made aware of the local fire safety arrangements for the site or building by the supervising Trust manager (reference 27). Estate project managers that engage major contractors must ensure that they are given a copy of the Trust's Fire Safety Policy and Procedure and local standard operating procedures prior to commencing works. This is a requirement of the "Construction Design and Management Regulations" as well as fire and other health and safety legislation.

Effective risk based management systems must be in place to ensure all projects are planned, organised, implemented and managed in a safe and timely way in compliance with this and other relevant Trust policies. This must take account of the effects of contractors working on normal day to day activities.

Project managers must ensure that activities of the contractors are supervised and that all necessary precautions are taken to prevent fire, unwanted fire signals and false alarms.

Contractors will be monitored for compliance by the Trust respective Project Manager, InterserveFM, Contract Administrator, the Fire Safety Officer and/or managers. They will be supervised to ensure that all necessary precautions are taken to prevent fire, unwanted fire signals and false alarms.

### 5.2.16 Permits to work – hot work and isolation of fire alarms

Work involving heat and/or flame must be strictly controlled and must be carried out under a “Permit to Work”. The permit should indicate the type of work to be carried out, the duration of the work, any possible implications and numbers and locations of all available fire fighting appliances.

Under no circumstances should fire alarms be interfered with without an appropriate permit to work is obtained. In all cases the Duty Manager and the Department / Ward Senior of the affected area must be informed of the work and the implications of that work, prior to commencement.

Before commencing any hot work the area is to be cleared of as much combustible material as possible, with suitable and sufficient means of attacking any outbreak of fire that may occur. In the case of tar or bitumen boilers a bund must be provided to contain any leakage or spillage equal to the total contents plus 10% In any case the hot work must cease at least 1 hour prior to the end of the working shift and examination of the area for any signs of fire or hot spots to be carried out before leaving the site.

All **LPG cylinders** must be returned to a safe and secure storage area and not left in situ.

**Acetylene gas** should **not** be used where there are suitable alternatives. Fires involving acetylene cylinders directly or indirectly will have very serious implications to the safe running of the hospital. Information on ‘Fire precautions on works contracts’ will be issued to each contractor prior to commencement of work.

#### **Tunbridge Wells Hospital**

At the Tunbridge Wells hospital a ‘Permit to Work’ form available from InterserveFM Management Offices on Level -3 and the Fire Bleep and the Department/Ward Manager must be informed of the work and of the implications of that work prior to commencement.

In the event that there will be a planned disconnection of part of the fire alarm system a member of InterserveFM (or their contractor) will contact the Fire Officer and/or Fire Bleep in advance of the proposed work, requesting authorisation to disconnect a section of the fire alarm system and also giving information about the possible implications of such a disconnection.

#### **Maidstone Hospital**

Maidstone Hospital a ‘Permit to Work’ form is completed by the Estates and Facilities project manager or the maintenance department. The Fire Bleep and the Department/Ward manager must be informed of the work and of the implications of that work prior to commencement.

## 5.3 Fire safety management

Fire safety management provides a systematic approach to the provision and maintenance of all aspects of fire safety. It includes effective systems of work, fire prevention, staff training and support and audit at a strategic as well as local level. The following are key components of fire safety management:

### 5.3.1 Fire risk assessments

The Regulatory Reform (FIRE SAFETY) Order 2005 (RRO) came in to force in October 2006. It repealed most of the previous fire legislation and removed the requirement to have fire certificates for designated premises. It does however require “suitable and sufficient” Fire risk assessments to be completed for all work places.

To be “suitable and sufficient” - risk assessments must follow the approved code of practice in the “Management of Health and Safety at Work Regulations” (five steps):

1. Identify the hazards.
2. Identify all those at risk.
3. Evaluate the risks and introduce controls to reduce the likelihood or effects of fire.
4. Review regularly (usually annually).
5. Written down and shared with staff.

To meet the increased requirements the NHS published, Firecode 05-01 “Managing Healthcare Fire Safety”. The revised guidance is far more detailed than previously required and has a new format for the written assessment (part K). However, the format does not have to be followed provided the assessment contains all the prescribed information. Both hospitals will eventually have all new risk assessments in the new part K format for all work areas.

Department Heads (persons in control of the workplace) are responsible for the implementation of their risk assessments, management of resulting action plans and the introduction of controls.

### **5.3.2 Shared workplaces**

Where the workplace is shared with employees of other organisations, all employers have a responsibility to make sure the regulations are complied with. This will require communication and cooperation between all parties to ensure co-ordination of fire safety provisions, fire fighting measures and evacuation procedures. The Trust will share information with other employers where there is a risk to their staff.

### **5.3.3 Local emergency action plan**

All wards and departments must develop and maintain a suitable and sufficient local fire/emergency action plan as part of their fire risk assessment. This must be disseminated to all staff. Consideration and provision must be made for those who present any kind of disability.

## **5.4 Fire response**

### **5.4.1 Fire response plans**

The Trust Resilience Team (Emergency Planning Officer) has published the MTW Major Incident Plan for the Trust. This describes in detail how the Trust manages major incidents.

Fire response plans exist for both hospital sites and are included on the emergency planning intranet page (major incident section).

Both these plans should include:

- Procedures for detecting fires and raising the alarm.
- Procedures for command and control of the incident.
- Action cards for all the key roles.
- Communication arrangements.
- Local emergency action plan templates.

The information will not be repeated in this procedure but managers should refer to the emergency plans when undertaking risk assessment and devising their local emergency action plan.

The damage and disruption caused by fire can seriously compromise business continuity of the Trust. The Trust Resilience Team (Emergency Planning Officer) will also ensure that business continuity plans are developed.

### 5.4.2 Fire detection and raising the alarm

When a fire is detected, discovered or suspected it is essential that the alarm is raised immediately by activating a call point and calling 3333 on an internal telephone. The first few minutes are critical in the development of a fire but staff must not attempt to fight a fire unless it is safe to do so. The prime responsibility for dealing with a serious outbreak of fire rests with the Kent Fire and Rescue Service (KFRS). The KFRS **must** be called immediately and activating the alarm or calling the switchboard will ensure that they are immediately called. The switchboard will also instigate the local emergency plan and alert the fire response team.

Some common sense is required in applying these principles. In the case of a minor fire, prompt action with a fire extinguisher or fire blanket may control the outbreak immediately without the necessity of undue disturbance to the patients. However, this does not preclude the first step of raising the alarm.

If the alarm is activated each department should:

- Instigate their local fire plan.
- Staff should be primarily concerned with the safety and welfare of patients and others in the vicinity.
- Ask visitors to leave and evacuate the hospital.
- Close all windows and fire doors.
- Staff should reassure patients.
- Prepare their area to receive patients being evacuated from elsewhere.
- Prepare their patients for evacuation.
- Await instructions from the fire response team.

In the event of a fire smoke and toxic fumes can spread very rapidly. They obscure vision, affect breathing, affect mental reactions, quickly interfere with evacuation and fire fighting. It may therefore be necessary to evacuate the area before instructed to do so by the fire response team.

### 5.4.3 Evacuation

Evacuation is to remove any persons endangered by the fire and smoke to an intermediate place of safety in adjoining compartments or sub-compartments which are fire and smoke free, in accordance with the pre-arranged local policy of progressive horizontal evacuation and the local fire/emergency response plan.

#### **Horizontal evacuation:**

The concept of “progressive horizontal evacuation” is to move patients in stages away from the site of a fire. This will involve moving them initially to an adjoining compartment or sub-compartment on the same level, which has been designed to protect its occupants from the immediate danger of fire and smoke and their associated affects. The patients from the evacuated areas may be able to stay there until the fire is dealt with. If the fire progresses and further movement of patients away from the fire becomes necessary, they can be moved to the next adjoining safe compartment providing refuge. It is usual to place two fire doors between the source of the fire and the place of safety. Horizontal progressive evacuation is the primary method of evacuation. This procedure will give sufficient time for non-ambulant and partially ambulant patients to be taken to a place of safety.



**Vertical evacuation:**

Vertical evacuation is the process of moving vertically from one floor(s) to the floor(s) below or above. In the event of a fire this must be done via the stairwells. Lifts must not be used. Vertical evacuation may be necessary as a last resort at the Tunbridge Wells hospital but not necessary at Maidstone hospital.

Evacuation of non-ambulant patients to a lower level is achieved by the use of dedicated fire lifts which are situated at either end of the Tunbridge Wells Hospital; these lifts would be used only in conjunction with the Fire Brigade. Evacuation Mattresses would only be used as a last resort in the event of the fire lift being inoperable. This evacuation Procedure is detailed in greater detail in the Tunbridge Wells Fire Response Plan.

Training in the correct fitting and safe use of the evacuation sheet is available from the Manual Handling Team. Vertical evacuation is a last resort means of evacuation, in healthcare premises, the practice of designating certain stairways as escape stairways and others as communication stairways only is not acceptable, since in an emergency any stairway will be used if necessary. Therefore all stairways are designed as escape stairways other than those contained wholly within and only serving an atrium.

All stairways will be kept free of any obstructions and no items will be stored within the stairwells and escape routes. Vertical evacuation will only be attempted under instruction from the fire response team as it will block access for fire and rescue personal and ambulant patients.

**Corridors and escape routes**

Hospital streets, main corridors, link corridors, staircases, and circulation routes, are all escape routes and possible patient refuges in the initial stages of a fire evacuation.

It is paramount that these areas are not exposed to:

- □ Obstructions from broken / surplus beds, lockers, filing cabinets and delivery cages.
- Combustibles such as disused mattresses, discarded wheel chairs, black or yellow waste bags, linen bags, and mobile waste containers.
- Fire hazards like vending machines and photocopiers.

It is also important, in respect of 'surface spread of flame' and actual 'fire spread' that these areas are not contaminated with any combustibles that may constitute anything greater than a 'class O rated' wall / ceiling lining (non-combustible). Any other combustible items, including waste materials, posters, advertising material or notice boards that have not been given approval by the Fire Safety Officer are also prohibited.

**5.4.4 Special arrangements for the Tunbridge Wells hospital****Evacuation from external refuge area on (Level -1)**

An area has been designated as a temporary refuge area to the rear of the Short Stay Surgery unit on (Level -1), this would only be used as a last resort, should other means of evacuation be exhausted, there is space for 5 trolleys, this is a temporary safe refuge area for bed-bound patients. Once a decision to evacuate the patients from this area has been made a joint effort of nursing staff and portering staff will evacuate the patients up a flight of stairs to a place of safety away from the building. Kent Fire and Rescue services can be requested to assist in the rescue of these patients providing that Kent Fire and Rescue Services have the required resources to assist.

### **Delivery Suite on (Level 2) - Contingency in case of evacuation**

The Theatres in the delivery suite on (Level 2) have been designed in a particular way that does not provide enclosed 60 minute fire resistance construction to ensure that no more than 50% of theatres are compromised at any one time in the event of a fire. To overcome this issue, the Women's Services Division have a contingency plan that refers to alternative theatres on (Level-1). The contingency document refers to this in greater detail; this document is kept by the Maternity Services Directorate.

### **5.5. Toasters**

The use of toasters within the hospital is not permitted in general, however, there are certain clinical areas who can apply for permission to use toasters; supporting information should be included giving reasons why it is necessary to have the use of a toaster on a ward / unit or department. All unauthorised toasters will be removed and discarded. All applications should be submitted to the Fire Safety Officer.

The Catering Department will have toasters to serve toast to patients as part of their service; however strict guidelines are to be followed when using toasters. **Appendix 7.**

## **6.0 MONITORING AND AUDIT**

### **6.1 Process for monitoring compliance and effectiveness**

The Fire Safety Officer, in consultation with the Learning and Development Department, will monitor training records and where necessary report to the Health and Safety Committee Trust performance and details of staff groups who are not being properly represented during fire training sessions.

The Fire Safety Officer will monitor compliance with all other aspects of this policy and report such matters to the Health and Safety Committee.

### **6.2 Standards/key performance indicators**

Compliance and performance with this policy will be monitored on a regular basis by the Fire Safety Officer through the following mechanisms:

- Annual Report of the state of fire safety across both Hospital Sites presented to the Health and Safety Committee.
- Annual fire risk assessment review and report by the Fire Safety Officer.
- Local workplace management systems including regular audits and reports of fire safety arrangements.
- Regular reports to the Trust Health and Safety Committee from the Fire Safety Officer which will include:
  - Regular fire safety audits and reports
  - Unwanted fire signals reports
  - Fire Safety incidents
  - Records (Estates) of defects to fire safety provisions
  - Records of staff fire drills
  - Records of staff attending statutory training
  - Records of Fire Service attendance on site
  - Trust Risk Register

### **6.3 Annual Reports**

Director of Estates and Facilities acting as the Trust Fire Safety Manager and Manager with overall budgetary control will advise the Director of Operations and Chief Executive, in order to complete the "MTW Annual Statement of Fire Safety", this is produced to provide assurance of statutory compliance.'

## Process requirements

### 1. Implementation and awareness

For the Trust to prevent, detect and fight fires effectively, it is essential that this policy and procedure is successfully implemented.

The policy and procedure will undergo consultation throughout the Trust and then be approved by the Health and Safety Committee. All staff will have access to a copy of the policy and procedure through the Trust's intranet site. The policy and procedure will be cascaded from Directors to all staff through the line management structure.

- Once approved the document lead or author will submit this policy/procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database on the intranet, under 'Trust policies, procedures and leaflets'.
- A monthly publications table is produced by the Clinical Governance Assistant which is published on the Bulletin Board (Trust intranet) under "Trust Publications"; notification of the posting is included on a bi-weekly Bulletin Board round-up email, circulated Trust wide by the Communications team.
- On receipt of the Trust wide Bulletin Board notification all managers should ensure that their staff members are aware of the new publications.

### 2. Review

Full review of the policy and procedure will be undertaken at a minimum of once every two years. Minor changes to this policy and procedure will be noted by the Fire Safety Officer and included in the next review. Major changes will be agreed by the Health and Safety Committee and the policy and procedure revised. The policy and procedure will be ratified by the Quality and Safety Committee.

Trust performance with respect to the implementation of the Fire Safety Policy and Procedure will be overseen by the Health and Safety Committee. The Fire Safety Officer will undertake monitoring of the Trust's performance and report to the Health and Safety Committee through the Fire Officer's report.

### 3. Archiving

The Trust approved document management database on the intranet retains all superseded files in an archive directory [obsolete register] in order to maintain document history.

**APPENDIX TWO**

**Consultation on:** Fire Safety Policy and Procedure

**Consultation process** – Use this form to ensure your consultation has been adequate for the purpose.

**Please return comments to:** Fire Safety Officer

**By date:** 16<sup>th</sup> May 2014

Name	Date sent	Date reply received	Modification suggested? Y/N	Modification made? Y/N
Chief Executive	09/05/2014			
Chief of Operating Officer	09/05/2014			
Director of Finance	09/05/2014			
Medical Director	09/05/2014			
Chief Nurse	09/05/2014	12/05/14	Y	Y
Director of Corporate Dev.	09/05/2014			
D.I.P.C	09/05/2014			
IM&T Director.	09/05/2014			
Workforce Director	09/05/2014			
Trust Secretary	09/05/2014	12/05/14	Y	Y
Risk Lead (Cancer)	09/05/2014			
Risk Lead (W&C)	09/05/2014			
Risk Lead (Planned Services)	09/05/2014			
Risk Lead (Emergency Services)	09/05/2014			
Head of Governance	09/05/2014			
Risk Manager	09/05/2014			
Quality and Patient Safety Manager	09/05/2014			
Trust Health & Safety Advisor	09/05/2014	12/05/14	Y	Y
Trust LSMS	09/05/2014			
Trust RPA	09/05/2014			
Trust OH Manager	09/05/2014			
Staff Side chair	09/05/2014			
Health and Safety Committee	09/05/2014			
Director of Estates and Facilities	09/05/2014	09/05/14	N	N
Deputy Director of Estates and Facilities	09/05/2014			
Emergency Planning Team	09/05/2014	12/05/14	Y	Y
Learning and Development	09/05/2014	12/05/14	Y	Y
The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.				

### APPENDIX THREE

#### Equality Impact Assessment

In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality.

The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the Equality and Human Rights Policy on the Trust intranet, for details on how to complete the grid.

**Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the Trust's intranet.**

<b>Title of Policy or Practice</b>	Fire Safety Policy and Procedure.
<b>What are the aims of the policy or practice?</b>	Describes commitment to and processes for the prevention, detection and control of Fire and Arson.
<b>Identify the data and research used to assist the analysis and assessment</b>	Regulatory Reform (Fire Safety) Order 2005
<b>Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.</b>	<b>Is there an adverse impact or potential discrimination (yes/no). If yes give details.</b>
Males or Females	No
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	No
People who do not speak English as a first language	Safety signs are pictorial.
People who have a physical disability	Included in fire risk assessment process
People who have a mental disability	No
Women who are pregnant or on maternity leave	There is a requirement to specifically risk assess all pregnant staff.
Single parent families	No
People with different sexual orientations	No
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	No
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed institutions, community offenders	No
Carers	No
<b>If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?</b>	

<b>When will you monitor and review your EqIA?</b>	March 2016
<b>Where do you plan to publish the results of your Equality Impact Assessment?</b>	Published as Appendix 3 of the policy / procedure and available to all staff on the Trust Intranet.

### FURTHER APPENDICES

The following appendices are published as related links to the main policy /procedure on the Trust approved document management database on the intranet (Trust policies, procedures and leaflets):

<b>No.</b>	<b>Title</b>	<b>Unique ID</b>
4	Guidance of minimising the risk of arson	RWF-OWP-APP48
5	Clinical fire action notice	RWF-OWP-APP49
6	Non-clinical fire action notice	RWF-OWP-APP50
7	Safe use of toasters	RWF-OPPM-CORP87
8	Request for permission to use toaster on unit	RWF-OPF-CS-NC-CG1

6) Yes Departmental Fire training and Mandatory general fire training