Trust Standard Operating Procedure (Fire Safety 04)	NHS University Hospitals Plymouth NHS Trust

Developing an Evacuation Plan

Date	Review Date	Version
June 2018	**June 2023**	**V4**

Purpose

This document must be used when developing an evacuation plan for premises/wards and departments.

Who should read this document?

- Senior managers, heads of department/services, ward/line managers;
- Fire Wardens.

Key messages

It is the senior/line manager's responsibility to ensure that an evacuation plan is in place for their area of work, including provision for the safe and effective evacuation of all vulnerable visitors, staff and patients.

Accountabilities

Production	Fire Safety Advisor
Review	Health and Safety Committee
Ratification	Director Responsible (Fire Safety)
Dissemination	Trust wide
Compliance	Regulatory Reform (Fire Safety) Order 2005 and Firecode

Links to other policies and procedures

This policy links to the Trust's Fire Safety and Arson Prevention Policy

Version History

V1	25.02.13	Dave Presswell (Fire Safety Advisor)
V2	07.05.13	Final Version check
V3	04.01.18	Joe Heathcote (Fire Safety Advisor)
V4	12.06.18	Dale Mills 5 yearly review (Fire Safety Manager)

Last Approval	Due for Review
12/06/18	12/06/23

UHPNT is committed to creating a fully inclusive and accessible service.

Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.

We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.

An electronic version of this document is available on the Trust Documents.

Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

TRW.FIR.SOP.555.4 Developing an Evacuation Plan

Standard Operating Procedure (SOP) - Developing an Evacuation Plan

1	Purpose and Scope

- **All wards and departments are required to have evacuation plans in place.**

- **Where appropriate action cards should be produced, which are easy to read and immediately available.**

- **All staff should be familiar with the procedures for their area.**

Evacuation Definition:

"The process by which people are moved away from a place where there is immediate or anticipated danger to a place of safety, offered appropriate temporary welfare facilities and enabled to return to their normal accommodation/activities when the threat to safety has gone, or suitable alternative arrangements have been made."

The primary aims of evacuation are:

- To remove patients, staff and others from immediate danger;
- To keep the distance of any movement as short as possible;
- To avoid routes which in the particular circumstances may need to be used by fire-fighters and others involved in firefighting;
- To assess removal of patients to a reception area remote from the fire and suitable for their comfort and continued treatment, possibly for some hours, and ensure all persons are accounted for.

Fire is unpredictable and no two fires may be the same. Initiative, common sense, a sound knowledge of emergency procedures and a calm approach to an emergency will do much to ensure a satisfactory outcome. The accepted method of evacuation in hospitals is Progressive Horizontal Evacuation (PHE) to the next safe area referred to as **Stage 1**. This is generally the neighboring ward and continues **(Stage2)** until horizontal movement is either no longer possible or the circumstances dictate that vertical evacuation **(Stage 3)** should take place. Vertical evacuation **(Stage 3)** is a complicated, multidiscipline response at a later stage of evacuation. It would generally be part of an escalation to a Critical Internal Incident and is unlikely to be part of stage 1 evacuation.

An evacuation plan is the ward or departments method statement on the measures and equipment necessary to achieve satisfactory PHE for the patient dependency level in their care. It is therefore a clinical driven process for it could involve a variety of methods of patient movement and a decision on the minimum life sustaining equipment which would be necessary to achieve satisfactory patient transfer to a nominated receiving area.

Evacuation plans are not policies they should be considered as a local procedure. The knowledge which managers have of the physical constraints of the parts of the health premises for which they are responsible, the capabilities of their staff and the characteristics of the patients in their charge are essential to the formulation of evacuation plans. The following points will need to be considered when devising a plan. Plans will need to be reviewed and modified as necessary to take account of changing circumstances. If the following prompts are included in the plan it will be deemed suitable and sufficient for risk assessment purposes.

2	Procedure to Follow

Areas for Consideration	Information which should be included in plan
Ensure that Trust Fire procedures are followed i.e. raise alarm and notify switchboard using 3333. Off-site premises to use current local arrangements.	• Raise alarm by pressing Manual Call point; • Dial 3333 (unless off site number differs); • Deal with small fires if trained and confident of own and others safety.
Identify the number of patients and staff who will need to be removed from the fire compartment or premises in a fire emergency and the time available for such evacuation. Ensure that patient notes are moved at the same time.	• Responsible persons – identify specific duties including doctors etc.; • Use of care teams ; • 10 minutes is the benchmark time achieved for evacuating 20 non ambulant patients at Derriford Hospital.
Consider the degree of dependency of patients, visitors etc. and estimate the degree of surveillance and assistance they will require.	• Independent – Dependent – Very Highly Dependent; • Actions to be included; • Methods to be considered; • What arrangements are in place for parents in children's or maternity areas – accommodation information folder/leaflet, alarm system information route plans of accommodation doors?
Identify the number of staff available both during the day and at night to cope with an emergency in each ward or part of the premises.	• Ensure numbers are sufficient for the patient care profile.
When estimating the number of staff available, consider their capabilities to cope with evacuation, i.e. physical fitness, training and their likely performance under stress (especially part-time, agency or night staff). Moving sick people in an emergency is always very strenuous work.	• Staff with disabilities, restrictions age etc.
Consider the patient handling methods which would be appropriate in an evacuation, bearing in mind building constraints on the escape route and the types of patients. Discuss and agree these with the Hospital Fire Safety Advisor/Coordinator.	• Patient movement as ambulant, in wheelchairs or bed evacuation
Identify and note the location of equipment which could be used to aid evacuation.	• Sufficient access to portable oxygen, wheelchairs etc.
In the light of the preceding factors, estimate the number of extra helpers and their locations, required to achieve the safe and speedy removal of all patients.	• Consider reciprocal arrangements with other wards, not likely to be affected.
Identify the locations of staff available within the trust who could give assistance at the receiving area.	• What type of assistance is required?
Consider implications in dealing with patients on life-support equipment during an emergency, and ensure there is sufficient equipment available at the receiving area.	• Portable oxygen, baby transport units etc. • Ensure patient notes are moved at same time
Consider patients whose behaviour is likely to be obstructive during an evacuation.	• Are existing control measures satisfactory?
Practice aspects of the escape plan regularly, including patient-handling techniques and moving all members of staff.	• Local cascade training opportunities.

The form in appendix 1 should be used to develop an evacuation plan for your area.

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3 Document Ratification Process

The design and process of review and revision of this procedural document will comply with "The Development and Management of Trust Wide Documents".

The review period for this document is set as default of 5 years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Fire Safety Manager and ratified by the Director Responsible for Fire Safety (Director of Planning and Site Services).

Non-significant amendments to this document may be made, under delegated authority from the Director Responsible for Fire Safety or by the nominated author. These must be ratified by the Director Responsible for Fire Safety and should be reported, retrospectively, to the Fire Safety Group (FSG).

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades that are directly affected by the proposed changes

Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Fire Safety Manager and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

4 Monitoring and Assurance

Evacuation plans must be available for inspection by the enforcing authority and by internal and external auditors. During any inspection the content of the plan may be tested for effectiveness and relevancy in relation to the patient care profile or current workforce.

EVACUATION PLAN   APPENDIX 1

WARD/DEPARTMENT

INITIAL ACTIONS

Action to take on discovering a fire	• **Activate manual call point;** • **Dial 3333 inform switchboard;** • **Tackle fire only if safe to do so without endangering self or others.**
Action to take on hearing the alarm	• **Dial 3333 within 2 minutes for both accidental activations and genuine calls giving relevant information.** • **If continuous alarm make initial assessments of possible cause and consider evacuation priorities and evacuate is deemed necessary;** • **If intermittent alarm assess location of alarm and inform staff to prepare for possible evacuation;**

PATIENT DEPENDENCY – as defined in Firecode

This is not a patient care area ☐	Independent ☐ Dependent ☐ Highly Dependent ☐
Identify if there are visitors with known assistance requirements	

RESPONSIBILITIES AND ASSISTANCE

Identify staff with specific responsibilities What is their allocated role in evacuation? (fire warden etc.) Who is responsible for patient notes?	
If the number of staff is at minimum for patient care, what measures are in place to get assistance for an evacuation?	
Where is the initial evacuation area? (Main ward/Adjacent ward/department etc.)	
State here the arrangements for continued evacuation (arrangements with other areas etc.)	
What measures are in place to ensure overnight stay relatives or visitors are included in any evacuation (if applicable)	
How are relatives/ visitors accounted for in an emergency evacuation	

EQUIPMENT

Is there access to equipment sufficient for life support for the patient dependency level to enable transition to evacuation areas	
Identify any requirements for additional support equipment. (location, collection, delivery arrangements)	
Are there any special patient handling requirements to be met (access to specific equipment e.g. Plus size)	
List of areas where additional support equipment can be located in an emergency	

FIRE SERVICE LIAISON

Are there any specific hazards which should be brought to the attention of the fire service when attending an incident	
List any special procedures which should be considered for fire service	

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