

Fire Safety and Arson Prevention Policy

Issue Date	Review Date	Version
September 2019	September 2024	5.2

Purpose

University Hospitals Plymouth NHS Trust (UHPNT) is committed to ensuring peoples’ safety at work; it aims to do this by:

- Providing a safe working environment which, as far as is reasonably practicable, removes or reduces the fire hazards present on site;
- Implementing a proactive approach to risk assessment to identify where risks need to be controlled;
- Developing preventive and protective measures to mitigate the impact of fire on life, safety, the delivery of service, property and assets;
- Providing guidance to management and staff on operational requirements relating to fire safety i.e. instructions, training, evacuation drills plans and associated matters.

Who should read this document?

- Senior managers, heads of department/services, ward/line managers;
- Fire Wardens;
- All staff to be familiar with Document Headlines

Key messages

The policy covers: key responsibilities, fire risk assessments, training, evacuation procedures, the prevention and reporting of incidents of fire and unwanted fire signals and arson prevention.

Fire prevention is the responsibility of all staff and contractors.

Accountabilities

Owner	Fire Safety Manager/ 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 must be applied to all Trust policies and procedures

Version History

1	14.01.13	Sarah Widnell following meeting with Dave Presswell (Fire Safety Advisor)
2	30.01.13	Update from Dave Presswell (Fire Safety Advisor)
3	18.02.13	Comments from Nick Thomas (Director Responsible – Fire Safety)
4	07.05.13	Dave Presswell final update incorporating responses and EIA update
4.1	25.04.17	Dale Mills amendment Fire Safety Management Structure Flowchart (Fire Safety Manager)
5	21.08.18	Dale Mills 5 yearly review (Fire Safety Manager)
5.1	13.06.19	Dale Mills minor adjustment to include Personal Appliances section and hyperlink to ‘Headlines Electrical Safety Policy’

5.2	23.09.19	Dale Mills minor adjustment in 3.7 patient areas must ensure there is a fire warden on duty for all shifts.
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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.

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Fire Safety and Arson Prevention Policy V5.2 September 2019

The Fire Safety and Arson Prevention Policy sets out how the Trust will control and monitor fire safety in all of its premises and comply with its legal and statutory obligations. All staff with management responsibility are required to be fully conversant with the policy; all other staff should familiarise themselves with the key points detailed below and refer to the main policy as necessary.

What You Need to Know

Every member of staff must:

1. Be aware of this policy
2. Be familiar with the fire safety arrangements for their premises/area of work including the location of their nearest manual call point.
3. Take reasonable care of themselves and others and be pro-active about fire safety.
4. **NOT** interfere with fire precautions in the workplace such as, wedging open fire doors or obstructing escape routes or fire safety equipment.
5. Comply with any fire risk assessment findings and notify their line manager of any fire safety concerns.
6. Participate in evacuation drills or simulations.
7. Complete annual mandatory fire safety training.
8. Know how to raise the alarm if a fire is discovered by use of manual call points and the **3333** emergency number.
9. Be familiar with the two minute switchboard 999 response delay procedure to allow for false alarms (toast etc.).
10. All staff working in the main hospital must be aware that the **3333** switchboard contact number is also to be used in the event of a known false alarm e.g. accidental breakage of a call point or toast.
11. Know the difference between **INTERMITTENT** and **CONTINUOUS** alarms and associated actions at their place of work.
12. Understand Progressive Horizontal Evacuation (PHE) and the arrangements for their workplace where applicable.
13. Ensure that a Personal Emergency Evacuation Plan (PEEP) is developed with, and documented by, their line manager if they require assistance with evacuating the workplace.
14. Ensure someone has taken responsibility for reporting a fire incident via the Trust DATIX incident reporting procedure.

If you require fire safety advice please call the Fire Safety Team on Ext(s), 31299, 39639 or 39709

1 Introduction

University Hospitals Plymouth NHS Trust (UHPNT) has statutory obligations under the Health and Safety at Work Act and the Regulatory Reform (Fire Safety) Order 2005 to ensure that it has robust fire safety arrangements in place within its premises. This document outlines the responsibilities and the operational procedures in place to demonstrate compliance with this legislation and associated Department of Health guidance.

2 Purpose, including legal or regulatory background

This document applies to all premises owned, occupied, administered, operated or leased by the UHPNT.

It applies to all contracted employees, including agency and locum staff, contractors, visitors and volunteers who may be present on these premises. UHPNT is committed to ensuring peoples' safety at work; it aims to do this by:

- Providing a safe working environment which, as far as is reasonably practicable, removes or reduces the fire hazards present on site;
- Implementing a proactive approach to risk assessment to identify where risks need to be controlled;
- Developing preventive and protective measures to mitigate the impact of fire on life, safety, the delivery of service, property and assets;
- Providing guidance to management and staff on operational requirements relating to fire safety i.e. instructions, training, evacuation drills/plans and associated matters.

2.1 Working in non-trust controlled premises

Whilst this policy applies to all staff, those staff who work in premises owned/managed by a third party should comply with the building owner/landlord's fire safety policy and be aware of their local evacuation arrangements. Managers responsible for staff working in a non-trust controlled premise must complete a specific workplace *fire safety checklist* for these areas; refer to: [G:\TrustDocuments\FireSafety \(Fire Safety Operating Procedure - 01 Trust Employees Working in Non Trust Buildings Workplace Fire Safety Checklist\)](#).

3 Duties

3.1 Chief Executive

The Chief Executive is responsible for overall fire safety within the organisation and for the implementation of this policy. This includes the appointment of a *competent person* to provide fire safety advice and support to the organisation as well as ensuring adequate resources for fire protection. The Chief Executive is responsible for approving the organisation annual *Firecode* Statement for Trust approval and record. The Chief Executive is ultimately responsible for ensuring that the Trust maintains adequate procedures for ensuring that, as far as possible, patients, staff and visitors are kept safe from the risk of harm from incidents arising from fire.

3.2 Trust Board

The Board recognises its regulatory responsibilities for safeguarding the health and safety of its employees. Responsibility for gaining assurance that these statutory responsibilities are delivered is delegated to the Health and Safety Committee (which reports to the Workforce & Organisational Development Committee).

3.3 Director Responsible (Fire Safety)

The Director of Planning and Site Services is the Director for Fire Safety and is responsible for championing fire safety issues at a senior level and should ensure that:

- The policies relating to fire safety organisation and training are implemented;
- Advice from suitably qualified personnel is always available.

3.4 Fire Safety Manager

The Fire Safety Manager and is responsible for the operational delivery of fire safety within the Trust. The Fire Safety Manager must ensure the following is in place:

- Adequate fire safety systems and precautions within buildings;
- A fire risk assessment programme;
- A fire safety training programme;
- Co-operation between other employers where two or more share premises;
- The appropriate reporting of fire and false alarms;
- The reporting of fire safety information to the Health and Safety Committee;
- Preparation of the Annual Fire Report to the Trust Board.

3.5 Fire Safety Advisor

The Fire Safety Advisor role is to:

- Arrange fire safety inspections, to comply with all relevant legislation;
- Provide expert advice on the application of fire legislation, and fire safety guidance, including Firecode;
- Advise on the content of the organisations' fire safety and arson reduction policy;
- Investigate all incidents of fire occurring on UHPNT premises and report findings to the Chief Executive via the Fire Safety Manager;
- Immediately report to the Department of Health events of more serious outbreaks of fire involving death, injury, large-scale evacuation or damage on a large scale;
- Report to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 any fires that cause death or injury.
- Assist with the development of the organisations' fire strategy;
- Support the development and delivery of a suitable & sufficient training programme, including the delivery of training;
- Liaise with enforcing Authorities, Architects, etc. on technical issues;
- Liaise with managers and staff on fire safety issues;
- Support the development of appropriately trained Fire Safety Wardens across the Trust;
- Liaise with any appointed Authorising Engineer (Fire).

3.6 Senior Managers and Heads of Service/Department

Senior staff have a responsibility for ensuring the day-to-day health, safety and welfare of their teams. They should be familiar with the fire safety arrangements for their premises/area of work and for ensuring the implementation of any control measures designed to prevent a fire from occurring or reduce the impact in terms of damage/harm if one does occur. This will include sufficient provision of information, instruction and training for staff.

They should ensure that:

- Sufficient numbers of staff are nominated for FIRE WARDEN duties within each ward or department;
- Ensure fire instructions are observed by staff;
- Ensure that local fire risk assessment reviews are carried out and *significant findings* entered on Datix;
- Ensure that evacuation plans are in place and *Personal Emergency Evacuation Plan* (PEEP) assessments carried out where necessary;
- To provide end of year statements to confirm that all statutory fire safety requirements within their control are complied with.

3.7 Line Managers / Ward Managers

Managers have a responsibility for the safety of their staff and patients. They should ensure that their staff are aware of this policy and of any fire risk assessment findings for the areas under their control. They are responsible for monitoring staff training and should be proactive about identifying and eliminating any poor fire safety on site. Any concerns must be reported promptly to their Directorate Manager and the Fire Safety Team. Managers must be familiar with the evacuation arrangements for their premises/area of work and should take initial charge of the incident with assistance from the Fire Wardens and their colleagues as necessary during an emergency. They will:

- Arrange for staff to receive induction, fire warden and annual update training and maintain an up to date training record; **patient areas must ensure there is a fire warden on duty for all shifts.**
- Ensure that the induction checklist is completed for all staff new to the work area;
- Organise simulated fire evacuation drills in conjunction with a member of the Fire Safety Team;
- Ensure that an *evacuation plan* is in place, including provision for the safe and effective evacuation of all vulnerable visitors, staff and patients;
- Ensure the use of PEEP to support the individual needs of staff when considering means of escape if identified;
- Ensure that all staff are aware of fire evacuation procedures within their immediate work area;
- Undertake fire risk assessment reviews and complete the workplace fire safety checklist with support from the Fire Safety Team when necessary;
- Assist in audit and monitoring processes;
- Respond immediately to the fire zone and liaise with the Fire Warden at the scene of the alarm, taking initial charge of the incident (Fire Incident Manager);

- Upon arrival of the Duty matron/Senior Nurse or Fire and Rescue Service, complete a hand over;
- Inform the Fire Safety Team of any building alteration or change of use associated with any department or premises under their control.

3.8 Fire Wardens

Each workplace will have sufficient fire wardens in place to meet the needs of the Trust and the Department. They will act as the fire safety “eyes and ears” within their local area, but not have an enforcing role. The local fire warden reports fire safety issues to their line manager who will either escalate or deal with the matters arising according to their level of responsibility and authorisation. Designated Fire Wardens will receive suitable training in respect of the role. Fire wardens will:

- Act as a focal point on fire safety issues for local staff;
- Organise and assist in the fire safety regime within local areas;
- Raise issues regarding local area fire safety with line management;
- Assist with coordination of the response to an incident within the immediate vicinity;
- Assist with evacuation record or roll-call during an incident;
- Be trained to tackle fire with first aid fire fighting apparatus where appropriate;
- Provide support to line managers on fire safety issues.

3.9 Fire Incident Manager

The Duty Matron/Senior Nurse should assume the role of the Fire Incident Manager from the line/ward manager until relieved by a member of the Fire Safety Team or the Fire Service, they are required to:

- ensure the local response has commenced;
- ensure the local fire emergency action plan has been initiated;
- confirm whether evacuation is necessary and commence the evacuation if appropriate;
- liaise with the Fire Response Team and the Fire Response Team Leader on their arrival.

3.10 Authorising Engineer (Fire)

There is no requirement to appoint an Authorising Engineer (Fire) in a permanent capacity. A fire engineer should be engaged if a specific fire-engineered solution has been identified or is proposed, and the in-house resources have limited expert knowledge.

3.11 All staff

All staff should be aware of this policy and be familiar with the fire safety arrangements for their premises/area of work. They must take reasonable care of themselves and others, and be pro-active about fire safety. This includes not interfering with fire precautions i.e. wedging fire doors open or obstructing escape routes with storage.

Staff should comply with any risk assessment findings and notify their line manager of any fire safety concerns. They are required to participate in evacuation drills and undertake annual fire safety training.

4.1 Fire Risk Assessments

In line with the *Fire Safety Order*, full fire risk assessments will be carried out by the Trust's Fire Safety Advisor or nominated authorised person, in accordance with the guidance contained in Firecode **HTM 05-03: Part K** to satisfy **Article 9 REGULATORY REFORM (FIRE SAFETY) ORDER 2005**.

Fire risk assessments must also be undertaken for any new build projects, for any material changes to a premises or if a premises changes its use i.e. a change of service operating from that premises. The Project or Building Lead will notify the Fire Safety Team so that a fire risk assessment can be arranged. Fire risk assessments in larger premises are carried out by "fire zones" which are fire compartments within the main building. Smaller premises may be assessed in their entirety.

Risk assessments will be entered with reference to the floor level to which they are applicable. A copy of each completed risk assessment will be kept in electronic format by Site Services (Fire Safety Manager).

Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR)

A DSEAR check sheet (**Part 1**) must be completed by a competent person where dangerous substances and chemicals are being used. Any identified dangerous substances being handled and/or stored that are flammable, extremely flammable, highly flammable, oxidising, explosive, or capable of producing an explosive atmosphere, should be subject to a thorough risk assessment (**Part 1 and 2**) to eliminate, reduce, substitute, and/or control the hazard. Refer to: [G:\TrustDocuments\FireSafety \(Fire Safety Operating Procedure - 07 DSEAR Risk Assessment\)](#).

Workplace Fire Risk Assessment

Workplace fire risk reviews will be carried out annually or be directed to be carried out by the *responsible person* (as defined in appx.1) for the workplace using the Workplace Fire Safety Checklist. Refer to: [G:\TrustDocuments\FireSafety \(Fire Safety Operating Procedure - 02 Workplace Fire Safety Checklist\)](#).

Fire Safety Committee ref. HTM 05 - 01

Fire Safety matters are reviewed and reported as a standing item at the Health and Safety Committee.

4.2 Training Provision and Records

It is a statutory requirement for all staff to complete mandatory fire safety training. The training sessions can be accessed in a variety of ways including:

- Local and corporate induction for all new starters;
- Mandatory annual update Fire Training
- E-learning access to fire training;
- Further specialist fire safety training is available for fire wardens and response personnel using internet, intranet and face to face delivery as required.

Fire safety training will ensure all staff are able to identify fire hazards, understand how a fire starts, know how to raise an alarm, determine what action to take in the event of a fire, use

of fire fighting equipment, means of escape etc. Fire Warden training is only required for staff who have been nominated for such roles.

General fire warden training will cover all the responsibilities of the role using a training package delivered face to face and can be accessed through the following link: <http://staffnet.plymouth.nhs.uk/LearningDevelopment/FireSafety.aspx>

Training for clinical area fire wardens will be hospital based and specific to the risks in healthcare premises/areas.

Practical training in fire extinguisher use is available to all staff but only required for Fire Wardens and Response Personnel.

Fire Wardens will receive refresher training every two years.

All fire safety training is recorded on the Trust's electronic training management system.

4.3 Record Keeping

All fire incidents must be reported immediately via the Trust DATIX incident reporting procedure.

All fire alarm activations are recorded by switchboard and historic data kept by the Fire Safety Team.

A record of all fire evacuation drills or incident evacuations must be kept by the directorate and an electronic copy sent to the Fire Safety Team or. Refer to: [G:\TrustDocuments\FireSafety \(Fire Safety Operating Procedure - 03 Recording Fire Evacuation Incidents and Drills\)](#).

Evidence of all on-site maintenance and testing e.g. extinguisher and emergency lighting checks, portable appliance testing, alarm tests, alarm maintenance etc. will be kept centrally and accessible through Site Services.

4.4 Evacuation

Each building is legally required to have an evacuation procedure on display. The basic instructions for evacuation should also be detailed on *Fire Action Notices* displayed within the escape routes adjacent to manual call points. Line managers should explain these arrangements to any new staff as soon as they start work. A basic procedure will detail:

- How to raise the alarm if a fire is discovered;
- Arrangements for calling the Fire and Rescue Service;
- What action to take on hearing the alarm i.e. escape via the closest exit to a place of safety away from the building;
- Do not stop to collect personal belongings;
- Close windows and doors whenever possible to contain the spread of fire;
- Do not tackle the fire unless trained and it is considered safe to do so;
- In the event of fire do not use lifts – unless dedicated evacuation lifts or as part of supervised major incident plan;
- Do not put yourself at risk, exit the premises according to local instructions, wherever possible assist colleagues and others to evacuate to a place of safety;

- If necessary meet at a visible assembly point where the Fire Wardens and /or Fire Service can see you;
- Do not re-enter the premises until the Fire Service give the all clear.

The accepted evacuation procedure for the main hospital is Progressive Horizontal Evacuation (PHE) to the next safe fire zone. This procedure utilises the protection afforded by the compartmentation of building design. Each ward/ patient access area must have in place an evacuation plan specific to the patient care profile. Refer to: [G:\TrustDocuments\FireSafety \(Fire Safety Operating Procedure - 04 Developing an Evacuation Plan\)](#).

Personal Emergency Evacuation Plan (PEEP)

A PEEP should be documented for any member of staff who requires assistance with evacuating the workplace. The plan will outline what additional measures or assistance may be needed by the individual in order for them to evacuate safely with their colleagues. Plans should have regard to temporary refuges, safe routes, mobility equipment, hearing and visual impairments and appropriate training. Guidance on completing a PEEP is available from [G:\TrustDocuments\FireSafety \(Fire Safety Operating Procedure - 05 Personal Emergency Evacuation Plan\)](#).

Evacuation Drills

The effectiveness of any evacuation procedure must be tested via drills. These should be undertaken at least once a year, to ensure staff can become competent about evacuating their area. Depending on the size and complexity of the building, the drills can include the whole building, part of the building or individual areas. Fire drills should be performed with the minimum of disruption to service. The nature of patient care in an acute hospital places severe restrictions on physically evacuating patients for the purposes of exercise. In these areas a simulation is to be carried out to identify any weakness in procedures.

Wherever possible, wardens or designated staff should observe the drill. The outcomes must be recorded on a fire drill record [G:\TrustDocuments\FireSafety \(Fire Safety Operating Procedure - 03 Recording Fire Evacuation Drills\)](#).

Senior managers and fire wardens will identify any failings within the exercise and communicate to staff where weaknesses may still exist. It is important to record every drill as evidence that staff training is being undertaken.

Evacuation Control and Access Restriction

There are occasions when specific parts of the hospital will require controlled access e.g. Main Hospital Level 6 Concourse. In order to provide the necessary control of these areas procedures are in place, all staff are required to comply with any control measures in place. refer to [G:\TrustDocuments\FireSafety \(Fire Safety Operating Procedure - 06 Procedure for Concourse Closures\)](#).

4.5 Incidents Leading to Fire or Unwanted Fire Signals

Reporting

Where the incident is an actual fire resulting in the production of smoke or flames (not toast) a report will be completed by the Trust's Fire Safety Team or a representative from Site

Services in addition to the DATIX incident entry. All documentation is to be attached to the relevant DATIX incident record.

The Fire Safety Team will be required to investigate any serious fire incident. These findings will be presented to the Health & Safety Committee.

Where any fire involves death or major injury, the Fire Safety Manager or their nominated representative must report the incident to the Health and Safety Executive in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). The Department of Health should also be notified immediately by telephone 0845 300 9923 or email fire@dh.gsi.uk. by the Fire Safety Manager or their nominated representative.

Unwanted Fire Signals (UwFs)

These are alarm actuations which are considered to be preventable. Those UwFs actuations resulting in fire service attendance are classed as “Group 1” actuations and are used as a measure of effective alarm system management. Unwanted alarm signals cause disruption to service provision and worry to staff, patients and visitors. These false alarms are recorded and investigated to reduce the likelihood of repeat problems.

Prevention

The main hospital employs a two minute, switchboard 999 response delay for any operation of the fire alarm system. This is to ensure that false alarms are reduced from incidents involving toast, cooking fumes etc. It is essential to back up any manual call point operation with a 3333 call to switch board identifying the location and severity. All staff working in the main hospital must be aware that the 3333 switchboard contact number is to be used in the event of a known false alarm e.g. accidental operation of a manual call point.

Personal Appliances

Personal rechargeable electronic devices present a fire risk during use and when being charged. Where personal electrical equipment is permitted in the healthcare environment, it is essential it is used and charged in a safe manner. All staff should be aware of the risk of fire as a result of faulty rechargeable devices, particularly those with lithium batteries and faulty chargers.

Personal rechargeable electronic equipment belonging to staff, patients or others should not be used in healthcare premises unless the guidelines within the Electrical Safety Policy have been followed. See the Estates Electrical Safety Policy for further information: <G:\DocumentLibrary\UHPT Trust Documents\Facilities & The Estates\Headlines Electrical Safety Policy.pdf>

Contractors

Where contractors are working in or around smoke detection equipment it is essential that sufficient briefing is given on the safety provisions necessary to avoid unwanted alarms due to excess dust or disturbance. Under no circumstances should gloves be used to shroud any detector. The Fire Safety Team or Site Services representative should be contacted with regards to these works for approval and suitable isolation methods.

Hot Work permits

Where any hot work is to take place a permit must be obtained from Site Services before work commences. Hot works include any equipment that produces heat, smoke, sparks or fumes and will include vinyl welding equipment. Conditions of the permit are advised at the

time of issue. Permits must be kept with the contractor for the duration of the permit and available on request. Failure to produce a valid permit will result in a cessation of works.

4.6 Arson Prevention

Measures to prevent arson will be considered for each premises/area of work as a result of its fire risk assessment. When identifying suitable controls, the responsible manager for each premises/area should take into account external lighting, site access, infrequently visited areas, bin stores, plant rooms, gas storage, workshops, disused or derelict buildings.

Control of Smoking

Smoking is prohibited on all Trust sites, i.e. smoking is not permitted inside any of the Trust's premises or anywhere within the grounds. This also includes electronic cigarettes (vaping).

Use of Skips

Where skips are to be used on site these must only be of the metal lockable enclosed type and where possible, located no closer than six metres from any building opening (including windows). Skips used exclusively for non-combustible building rubble will be considered based on circumstances and control measures. In all cases provision should be discussed with the Fire Safety Team or nominated representative.

4.7 Fire Incident Response

Any fire alarm actuation will require a disciplined and coordinated response and is part of a pre-planned process. There must be clearly defined duties and responsibilities for all involved. No two incidents will be the same and the nature of fire incidents cannot be predicted. Incidents will range from accidental alarm operations to confirmed fires. Fire alarm actuations are initiated either by automatically operated devices (smoke and heat detectors) or by manual operation (call points). The person discovering a fire will phone switchboard using the **3333** emergency number.

Switchboard will respond by calling Fire Service using 999. For any significant incident involving a confirmed fire or sustained evacuation, a Critical Internal Incident call out cascade will be implemented.

The duties, responsibilities and levels of response are part of a standard operating procedure. [G:\TrustDocuments\FireSafety \(Fire Safety Operating Procedure - 08 Fire Incident Response and Release of Persons from Lifts\)](#).

4.8 Transportation of Compressed Gases and Flammable Liquids

The transportation of compressed gases or flammable liquids should be in accordance with current and relevant Health and Safety Guidance, subject to risk assessment regarding personal and public liability and a suitable notice should be displayed on the vehicle for the hazard being transported. Further advice should be sought from Trust Health and Safety team and referring to COSHH policy. Private vehicles used for this purpose must have valid insurance cover for this activity.

5 Overall Responsibility for the Policy

Responsibility for maintaining this document rests with the Fire Safety Manager.

6 Consultation and Ratification

The design and process of review and revision of this policy will comply with 'The Development and Management of Trust Wide Documents'.

The review period for this document is set as a default of five 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 Health and Safety Committee.

Non-significant amendments to this document may be made, under delegated authority from the Director of Planning and Site Services, by the nominated author. These must be ratified by the Director of Planning and Site Services and will be reported, retrospectively, to the Health and Safety Committee.

7 Dissemination and Implementation

Following approval and ratification, this policy 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'.

8 Monitoring, Compliance and Effectiveness

Reporting and monitoring

Fire incidents are reported at meetings of the Health and Safety Committee as part of the regular fire safety report. The investigation of these incidents will be carried out by the fire safety team or nominated representative and will be used to identify the adequacy of existing controls and the effectiveness of the policy. Monitoring of the policy effectiveness will also be undertaken via the analysis of completed risk assessments, RIDDOR incidents and the review of risk register information. The monitoring and assurance criteria for each Standard Operating Procedure will be followed. The results of audits and fire risk assessments will be entered on the trust risk register via DATIX by the trust fire safety team or nominated competent person.

Action plans arising from significant findings will be reported to and monitored by the Health and Safety Committee.

Fire Risk Assessment Review

Workplace fire risk reviews will be carried out annually in accordance with SOP's 01 or 02.

9 References and Associated Documentation

Operational procedures to ensure compliance with this policy can be found in [G:\TrustDocuments\Fire Safety](#).

External Reference Documentation

- *Health and Safety at Work Act 1974*
- *Regulatory Reform (Fire Safety) Order 2005*
- *Building Regulations 2010 (2013 as amended): Approved Document B: Fire Safety – Volume 1 & 2*

<http://www.legislation.gov.uk/>

"Firecode" suite of documents

Department of Health Technical Memorandum (HTM) 05-02: sets out healthcare specific measures to meet functional requirements of Part B (Fire Safety) to the Building Regulations 2010 for all healthcare buildings. <https://www.gov.uk/government/publications/guidance-in-support-of-functional-provisions-for-healthcare-premises>

Internal Reference Documentation

Health and Safety Policy

Risk Management Framework

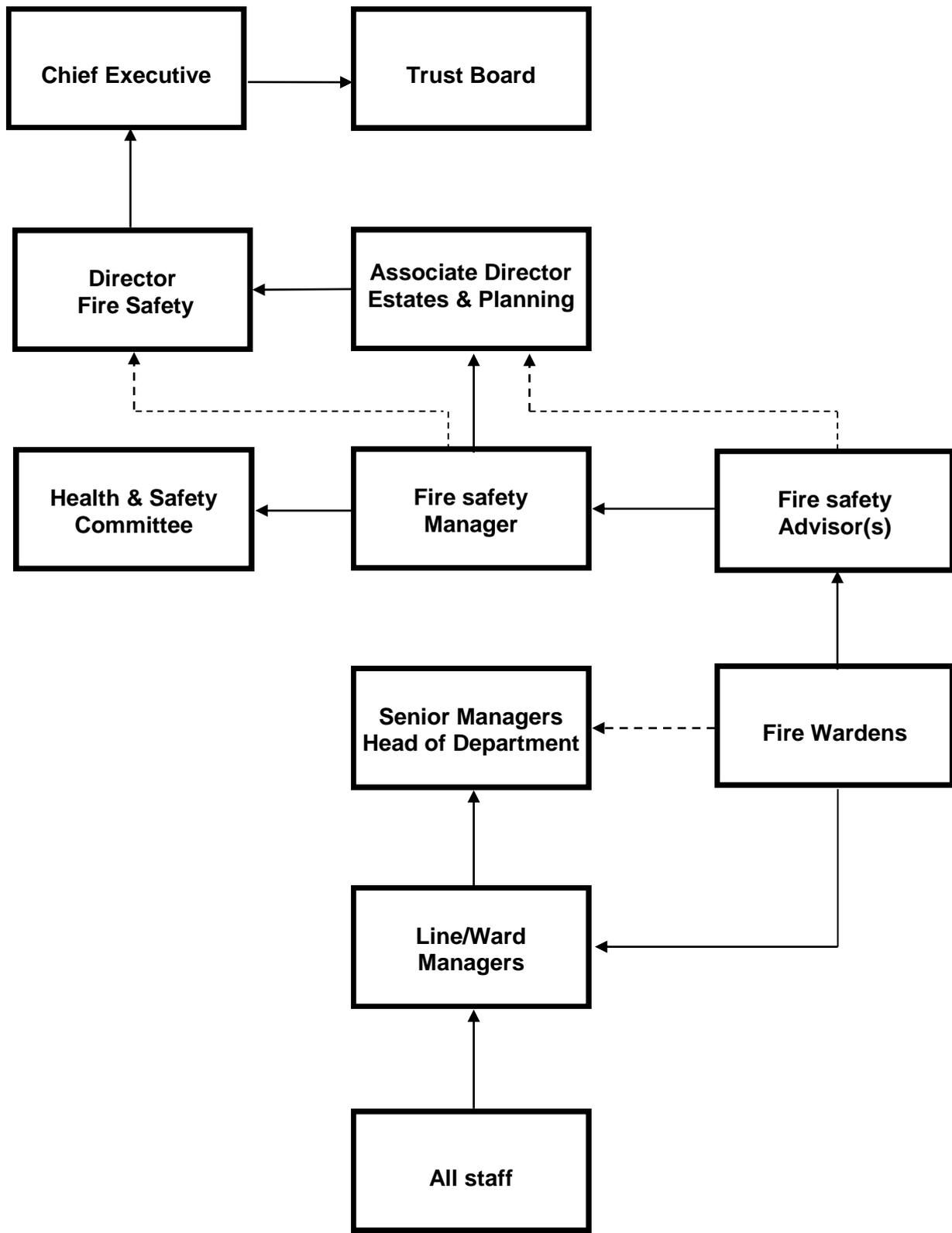
Incident Management Standard Operating Procedure

Policy for the Management of Adverse Events

Major Incident Policy

Control of Substances Hazardous To Health (COSHH) Policy

- **Competent person:** someone with sufficient training, experience and/or knowledge enabling them to assist in undertaking preventive and protective measures
- **Compartmentation:** fire compartmentation is the division of a building by fire resistant construction.
- **Evacuation Plan:** a written document outlining how the accepted evacuation process will be achieved making reference to patient/ occupant dependency levels and specific equipment or procedures which need to be employed to support the process.
- **Fire Safety Order:** the enforcement legislation 'The Regulatory Reform (Fire Safety) Order 2005' – the enforcing authority is the Fire and Rescue Service.
- **Fire Risk Assessment:** a written document complying with the Fire Safety Order to ensure the employing organisation has identified its fire hazards, evaluated the risks of fire occurring and as a consequence implemented suitable control measures. Fire risk assessments are undertaken with reference to guidance contained in Firecode HTM 05-03: Part K to satisfy Article 9 of Regulatory Reform (Fire Safety) Order 2005.
- **Fire Safety Checklist:** a local management tool to record or re assess changes or suitability of existing standards of fire safety.
- **Fire Action notice:** a mandatory notice located above fire alarm call points, containing basic instructions in the event of fire.
- **Firecode:** Department of Health guidance in the form of Healthcare Technical Memorandums on fire safety areas i.e. managing fire safety, functional and operational provisions.
- **Premises:** a building or part of a building.
- **Personal Emergency Evacuation Plan (PEEP):** a specific plan for any employee or non-hospitalised visitor who requires special assistance in vacating the premises during an emergency.
- **Patient Dependency Levels:** NHS identified levels of dependency i.e. independent, dependent or very highly dependent.
- **Policy:** a statement agreed by the Trust Board (or it's designated sub-committee) that applies across the whole trust and sets out an approach on a particular issue to achieve legal and statutory compliance.
- **Procedure:** description of the actions or steps required to achieve a policy objective.
- **Responsible person:** the person who has control of the premises. This may either be the owner of the building or the occupier, provided they have control of the premises in connection with their trade/business. For the purposes of the Workplace Fire Safety Checklist this may also be the senior person in control of a workplace or department
- **Significant finding:** an identified deficiency which is capable of creating a risk to health and safety, which could lead to enforcement action. Each significant finding must have an action plan to reduce the risk to a tolerable level if it cannot be removed completely.
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Direct accountability for fire safety —————>
Indirect accountability for fire safety - - - - ->

Dissemination Plan**Appendix 3****Core Information**

Document Title	Fire Safety and Arson Prevention Policy
Date Finalised	12 June 2018
Dissemination Lead	Fire Safety Advisor

Previous Documents

Previous document in use?	Fire Safety Policy 2008
Action to retrieve old copies.	Removed from Trust Folders

Dissemination Plan

Recipient(s)	When	How	Responsibility	Progress update
Health and Safety Committee for approval	June 2018	Email	Fire Safety Advisor	completed
Director (Fire Safety) for ratification	June 2018	Email	Fire Safety Advisor	completed
All staff	June 2018	Trust Documents Folder	Fire Safety Advisor	
All Staff	June 2018	Vital Signs	Fire Safety Advisor	

Core Information

Manager	Associate Director of Planning and Estates
Directorate	Site Services and Planning
Date	12 June 2018
Title	Fire Safety and Arson Prevention Policy

Impact Assessment

What are the aims, objectives & projected outcomes?	<p>This document applies to all premises owned, occupied, administered, operated or leased by the University Hospitals Plymouth NHS Trust (UHPNT).</p> <p>It applies to all contracted employees, including agency and locum staff, contractors, visitors and volunteers who may be present on these premises. UHPNT is committed to ensuring peoples’ safety at work; it aims to do this by:</p> <ul style="list-style-type: none"> • Providing a safe working environment which, as far as is reasonably practicable, removes or reduces the fire hazards present on site; • Implementing a proactive approach to risk assessment to identify where risks need to be controlled; • Developing preventive and protective measures to mitigate the impact of fire on life, safety, the delivery of service, property and assets; • Providing guidance to management and staff on operational requirements relating to fire safety i.e. instructions, training, evacuation drills, plans and associated matters.
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Scope of the assessment

The assessment covers all protected characteristics

The EIA was produced by the policy lead with the support of the Trust’s Equality & Diversity Leads

Fire incidents are monitored via DATIX and an appropriate investigation carried out by the fire safety advisor or nominated competent person. All findings are reported to the Health and Safety Committee. No personal data is collected, only factual evidence relating to the circumstances in which an incident took place. Fire risk assessments only record the number of staff, patients and visitors likely to be present. The general patient dependency level is recorded but does not relate to individuals. It is the responsibility of the manager for a department or ward to ensure that staff are made aware of the findings from fire risk assessments.

All evacuations are staff led so there is considered to be no need for specific signage. If such a need should arise during any relevant risk assessment process, this will be dealt with as an action under the trust monitoring system.

Collecting data

Race	<p>There is no evidence to suggest that there is an impact on race regarding this policy.</p> <p>However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored.</p> <p>Consideration will be made if information is required in a different language for the fire safety of patients.</p>
Religion	<p>There is no evidence to suggest that there is an impact on religion or belief and non-belief regarding this policy.</p> <p>However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored.</p>
Disability	<p>There is no evidence to suggest that there is an impact on disability regarding this policy.</p> <p>However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored.</p> <p>Consideration must be given to staff who require reasonable adjustments for training purposes.</p> <p>Senior Managers and Heads of Service/Department are responsible for ensuring evacuation plans are in place and personal emergency plans (PEEP) assessments are carried out where necessary.</p> <p>Line managers are responsible for ensuring the use of PEEP to support the individual needs of staff when considering means of escape.</p> <p>Line managers/Ward managers are responsible for ensuring that an evacuation plan is in place, including provision for the safe and effective evacuation of all vulnerable visitors, staff and patients.</p>
Sex	<p>There is no evidence to suggest that there is an impact on sex regarding this policy.</p> <p>However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored.</p>
Gender Identity	<p>There is no evidence to suggest that there is an impact on gender identity regarding this policy.</p> <p>However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored.</p>

Sexual Orientation	<p>There is no evidence to suggest that there is an impact on sexual orientation regarding this policy.</p> <p>However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored.</p>
Age	<p>There is no evidence to suggest that there is an impact on age regarding this policy.</p> <p>However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored.</p> <p>Line managers/Ward managers are responsible for ensuring that an evacuation plan is in place, including provision for the safe and effective evacuation of all vulnerable visitors and patients.</p>
Socio-Economic	<p>There is no evidence to suggest that there is an impact on socio-economic regarding this policy.</p> <p>However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored.</p>
Human Rights	<p>There is no evidence to suggest that there is an impact on Human Rights regarding this policy.</p> <p>However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored.</p>
What are the overall trends/patterns in the above data?	No comparative data has been used to date which means that no trends or patterns have been identified
Specific issues and data gaps that may need to be addressed through consultation or further research	No gaps have been identified at this stage but this will be monitored via data collected from datix incident reporting, ad hoc inspections and complaints.
Involving and consulting stakeholders	
Internal involvement and consultation	All stakeholders through Health and Safety Committee
External involvement and consultation	Devon and Somerset Fire and Rescue Service
Impact Assessment	

Overall assessment and analysis of the evidence	<p>Consideration must be given to staff who require reasonable adjustments for training purposes.</p> <p>Senior Managers and Heads of Service/Department are responsible for ensuring evacuation plans are in place and personal emergency plans (PEEP) assessments are carried out where necessary.</p> <p>Line managers are responsible for ensuring the use of PEEP to support the individual needs of staff when considering means of escape.</p> <p>Line managers/Ward managers are responsible for ensuring that an evacuation plan is in place, including provision for the safe and effective evacuation of all vulnerable visitors, staff and patients.</p>
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Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Collect and monitor data collected from Datix on incidents and complaints	Fire Safety Manager		On going	
Collect and monitor data collected from ad hoc inspections	Fire Safety Manager		On going	