



FIRE SAFETY POLICY

1. INTRODUCTION

- 1.1 The Chesterfield Royal Hospital NHS Foundation Trust is located on Chesterfield Rd, Calow, Chesterfield, Derbyshire S44 5BL. This policy is relevant to all 'Trust' employees, patients, visitors, and any other persons who may work on, visit, or use its premises, or who may be affected by its activities or services as part of its medical care provision
- 1.2 The Chesterfield Royal Hospital takes its responsibility toward continued fire safety seriously, for that reason, this Fire Safety Policy has been formulated to assist the Trust in complying with its legal obligations to employees, patients and visitors under the Regulatory Reform (Fire Safety) Order 2005 (The Order) and where applicable, Health & Safety legislation
- 1.3 Registered with the Care Quality Commission, Chesterfield Royal Hospital is committed to the consistent implementation of its Health and Safety Policy and procedures and the requirements therein. Future revisions will be incorporated in the Trusts Health & Safety work place practices in a systematic way.

2. POLICY STATEMENT

- 2.1 The purpose of this policy is to outline the approach Chesterfield Royal Hospital has taken toward Fire Safety and Fire Safety management at its premises. The policy is applicable to all Trust staff members, whether direct or indirect employees and will be made available to all contract groups as part of on-going consultation and communication with them during the delivery or services provided by them to the Trust.
- 2.2 This Fire Safety policy addresses our obligation under the Regulatory Reform (Fire Safety) Order 2005 that requires premises where the main use of the building (or part of the building) is to provide healthcare including, hospitals, medical centers and other healthcare premises to:
 1. Develop a policy to minimise the risks associated with fire
 2. Reduce the risk of outbreak of fire
 3. Reduce the risk of fire spread
 4. Provide a means of escape
 5. Demonstrate preventative action(s)
 6. Provide adequate and appropriate training for all employees
 7. Maintain documentation and records in respect of effective fire safety management

- 2.3 The fire safety policy is a strategic level document and will be reviewed:
- Every Three Years
 - When significant change has been made to Trust business practices.
 - As a consequence of event or incident where fire has been involved
 - When deemed necessary by the Trust Fire Safety Manager

2.4 POLICY DETAILS

Chesterfield Royal hospital demonstrates and supports its organisational commitment to each of the sections in its Fire Safety Policy through the following:

1. A nominated 'Responsible Person' (RP)
The RP is the Hospital Fire Safety Advisor
2. A suitable organisational structure with clarity in roles and responsibilities each person has with regards to Fire. Further detail on the responsibilities of staff members, and the arrangements, procedures and operating standards in place will be described in the 'Overview of Responsibilities, Arrangements and Guidance' document attached as an 'Appendix' to this Policy.
3. Suitable arrangements for:
 - Identifying Fire hazards and managing risks (Risk Assessments)
 - The provision, testing and maintenance of fire detection systems, firefighting appliances, fire stopping systems and emergency lighting equipment
 - Reviewing updating and testing the Hospital Evacuation procedure
 - Maintaining documents and records
4. Information, instruction and training to hospital staff relevant to their role and responsibility in relation to continued fire safety

3. DEFINITIONS

3.1 Definition of key terms used.

3.1.1 **Fire Safety Manager-** A nominated person with responsibility for carrying out day to day management of fire safety.

3.1.2 **Fire Safety Advisor** – A person who has sufficient training and experience or knowledge as well as other qualities to enable them to properly assist in undertaking preventative and protective measures in relation to fire safety matters.

3.1.3 **Fire Risk Assessment** – A methodical process of identifying fire hazards, estimating the likelihood of those hazards causing harm and, taking into account the existing protective and preventative measures, evaluating the need for further risk controls.

3.1.4 **Preventative and Protective Measures** – The measures which have been identified by the responsible person, in consequence of a risk assessment,

as the general fire precautions necessary to comply with the requirements of the Regulatory Reform (fire safety) Order 2005.

- 3.1.5 **Material Change** – A change in arrangements or circumstances that may impact upon the validity of fire risk assessments, fire precautions and fire emergency action plans.

4. PROCEDURES

- 4.1 The Chesterfield Royal Hospital has the following procedures in order to assist in maintaining high standards of fire safety for all:

- Arson Reduction Document 1.0 August 2013.
- Arson Reduction Check sheet 1.0 August 2013
- Emergency Evacuation (due to fire) Procedure 2.0 August 2013.
- Fire Detector Isolation and Capping Procedure 4.0 August 2013.
- Fire Procedures Switchboard 6.0 August 2013.
- Fire Safety Management Procedure Document 2.0 August 2013.
- Matrons Fire Safety Manual 2.0 July 2013.
- Reporting of Fires Procedure 2.0 August 2013.
- Code of practice: contractors working for the Estates Department

- 4.2 The above named documents are being reviewed as part of the fire safety management review process, to ensure relevance, currency, validity and synergy with Fire Safety Policy.

- 4.3 Changes to any procedures and its supporting document(s) will be recorded, approved and communicated to all relevant persons where appropriate.

4.4 SMOKING POLICY

- 4.4.1 The Chesterfield Royal Hospital management team is committed to the safety of employees, patients and visitors to the hospital. To further minimise risk of fire outbreak and to maximize safety for all, the Trust operates a strict 'No Smoking' policy throughout the hospital interior.

- 4.4.2 This policy applies to all employees, patients and visitors to the hospital.

4.5 EXTERNAL CONTRACTORS

- 4.5.1 All at Chesterfield Royal Hospital are committed to the overall safety and continued protection of all visitors to our Trust, including external contractors, engineers, and material suppliers.

- 4.5.2 In line with our existing Health & Safety policy, provision has been made to guide, instruct where necessary, all contract groups within this scope, ensuring all such work activities conducted are in accordance with our Health and Safety policy statements.

5. ROLES AND RESPONSIBILITIES

5.1 The Responsible Person:

Part 2 of the Regulatory Reform (Fire Safety) Order 2005 details all the duties the Responsible Person has to implement, also certain duties other persons who have control have:

General Fire Safety Duties

1. Duty to take general fire precautions
2. Risk assessment
3. Principles of prevention to be applied
4. Fire safety arrangements
5. Elimination or reduction of risks from dangerous substances
6. Fire-fighting and fire detection
7. Emergency routes and exits
8. Procedures for serious and imminent danger and for danger areas
9. Additional emergency measures in respect of dangerous substances
10. Maintenance
11. Safety assistance
12. Provision of information to employees
13. Provision of information to employers and the self-employed from outside undertakings
14. Training
15. Co-operation and co-ordination
16. General duties of employees at work
17. Power to make regulations about fire precautions

5.2 The Responsible Person (RP): under The Regulatory Reform (Fire Safety) Order 2005, the RP must ensure that competent persons carry out Fire Safety Risk Assessments and ensure the safety of those employees whilst carrying out such assessments.

5.2.1 At Chesterfield Royal Hospital, the RP is designated as the Fire Safety Advisor. The day to day responsibility for ensuring the effective management of risks from fire is that of the Fire Safety Advisor.

5.2.2 The Fire Safety Advisor will receive regular reports, incident data in a timely manner from 'competent persons' where required in order to fulfill the responsibilities of the fire safety role.

5.2.3 Training will be provided for nominated delegates where required or where further development/refresh is required.

5.3 The Fire Safety Advisor is responsible for ensuring:

- Fire Risk Assessments are conducted on all areas of the Trust and where areas for immediate action, improvement or consultation and discussion are identified; the findings are documented, recorded and acted upon.

- The planning, execution and recording of all Trust evacuation events in a training/planning environment
- The liaison with engineers conducting service visits who have been tasked with conducting works, remedial, fault finding or otherwise on Trust; Fire Alarm System, Detection Systems, Emergency Lighting Systems, Portable Fire Fighting Appliances, Smoke Extraction Fans, Fire Stopping Systems and fire doors/final exit doors
- Liaison with engineers conducting visits/inspections as part of 'service level agreements' (SLA's) contacted to maintain Trust, Fire Alarm System, Detection Systems, Emergency Lighting Systems, Portable Fire Fighting Appliances, Fire Suppression Systems, Fire Stopping Systems and fire doors/final exit doors
- The design and delivery of all fire safety training events as part of Trust induction and essential learning programmes.

5.3.1 The weekly 'fire alarm' function test will, be conducted and recorded by Estates (Facilities & Services) personnel. It will take place on Wednesday of each week throughout the working day.

5.3.2 In addition to the weekly fire alarm test, Estates (Facilities & Services) personnel will conduct quarterly emergency lighting function tests, periodic fire detection systems function tests and periodic fire doors function tests.

5.3.3 These test/inspection events will be recorded and entered into the Trusts PPM schedule.

5.4 ARRANGEMENTS

In addition to the fire and emergency procedures in place at the Trust, the fire safety management practices will include:

- All employees will be given training, including fire safety information, by the Fire Safety Advisor as part of the Trust induction process, and will receive refresher training as appropriate. Further training may be required if there were any change that may affect fire safety.
- All employees will have an overview of the emergency evacuation procedures explained to them as part of their induction into the Trust.
- Specific emergency evacuation procedures for each area of the hospital have been developed and where employees, patients or visitors may be affected, will be tested, reviewed and amended if required
- A Personal Emergency Evacuation Plan (PEEPs) will be in place for those who may need assistance or special arrangements during an emergency evacuation of the building area they are occupying.
- Employees will be trained in the use of PFA's (portable firefighting appliances/extinguishers) as a consequence of their role, responsibility and working environment, whether or not they have been given specific fire/evacuation event roles and

- All escape routes will be established, kept in good working order and free from obstruction and combustible materials at all times. Operation of fire exit doors will be tested and recorded
- Portable Fire Appliances (PFA) equipment have been provided throughout the hospital premises. In general this means fire extinguishers but additional provision of fire blankets may be made where deemed appropriate
- All fire related equipment will be regularly serviced and maintained by a competent person or contractor. If any member of staff team notices defective or missing equipment, they must report it to a competent person, the Fire Safety Advisor or their Line Manager (RP)
- An appropriate fire detection and alarm system has been provided. Alarm systems will be tested regularly. All employees are informed of the test events during their induction and refresher training events.
- Emergency lighting has been provided for escape routes where applicable and necessary throughout the hospital premises on all floors
- The risk of fire spread will be controlled by the provision of fire resisting construction, fire/smoke resisting doors, fire stopping systems and fire/smoke dampers. These provisions will be kept in good order as part of the Trusts regular maintenance schedule. All employees are required to ensure that any fire door provided remains closed at all times and not wedged open. Any other fire safety systems provided will be checked regularly to ensure correct operation, where necessary e.g. emergency lighting, fire doors etc.
- Appropriate signs and notices have been positioned and displayed, giving clear instructions to staff and others in the event of a fire. In addition signage has been provided to indicate the position of fire extinguishers, fire alarm call points and, to indicate the emergency exit routes.
- In the normal course of the work activity, all employees will make it their business to ensure that staff, patients and visitors and other users of the hospital building keep exits and lobbies clear of debris, furniture, beds etc, that fire doors are not propped open, fire extinguishers have not been removed from their brackets and fire signs and notices have not been removed.

6. MONITORING AND REVIEW OF POLICY

- 6.1 The Policy will be reviewed by the Trusts senior management team every three years, or within this period as a consequence of an event, change in legislation or change in risk.
- 6.2 The review and any amendments will be initiated by the Fire Safety Advisor in conjunction with the RP for Health & Safety and recorded in the relevant section of this document.
- 6.3 The attached 'appendix' of this document '*Overview of Responsibilities, Arrangements and Guidance*' will be reviewed at least annually and at any

other times where deemed necessary as part of staff changes, changes in risk or immediately after an event involving an outbreak or threat of an outbreak of fire.

7. NON-COMPLIANCE

- 7.1 All Chesterfield Royal Hospital employees have legal duties under section 7 of the Health & Safety at Work Act 1974 and Regulation 14 of the Management of Health & Safety at Work Regulations 1999, in the taking of reasonable care of their own health & safety and that of others whilst in the work place.
- 7.2 It is expected and considered mandatory at Chesterfield Royal Hospital, that all employees will co-operate fully with all health & safety policies and procedures, shall report defects, and shall not misuse safety equipment provided.
- 7.3 Chesterfield Royal Hospital will consider any breach of these legal duties as a disciplinary matter and the established Trust HR disciplinary and grievance procedures will apply

8.0 RELATED DOCUMENTS & LEGISLATION

8.1 Internal:

- Company HR Policies & Procedures
- Health & Safety Policy
- Smoking Policy
- Equality & Diversity Policy/Procedures
- Company Induction Procedures for new start employees
- Hospital Fire Safety Procedures
- Hospital Evacuation Procedures

8.2 External: (Major applicable legislation & guidance)

- The Regulatory Reform (Fire Safety) Order 2005
- The Health & Safety at Work Act 1974
- The Building Regulations 2010, Approved Document 'B'
- The Management of Health & Safety at Work Regulations 1999
- The Building Act 1984.
- The Building & Approved Inspectors (amendment) Regulations 2007.
- The National Care Standards Act 2000.
- The Housing Act 1985
- The Health Technical Memoranda – FIRECODE suite of documents

8.3 The following Regulations/Acts are relevant:

- The Dangerous Substances and Explosive Atmospheres Regulations 2002.
- The Disability Discrimination act 1995.
- The Equality Act 2010.
- The Safety Representatives' & Safety Committee Regulations 1977.
- Health & Safety (consultation with employees) Regulations 1996.
- The Construction (design and management) Regulations 2007.

- Guidance on Fire Safety in Construction HSG168

9.0 KEYWORDS

9.1 Fire Safety

Date of Ratification: Hospital Leadership Team – October 2015

Policy first Issued: January 1996

Version number: 2.0

Date Issued: October 2015

Date to be reviewed: October 2017

To be reviewed by: Fire Safety Advisor

Director responsible: Head of Estates

Equality Impact Screening Tool

Please complete the following when screening your policy for potential impact on equality groups.

1. Name of lead	Russell Morrow
2. Directorate/ Department	Environmental Compliance, Facilities
3. Name of policy	Fire Safety Policy
4. Is this a new or existing policy?	Existing
5. Target audience e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	Internal Staff
6. What are the aims of the policy?	To outline the requirements of fire safety required by law and state what our business is going to do to meet such legal requirements
7. Does any part of this policy have a positive impact on our duty to promote good race relations, eliminate discrimination and promote equality based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.	No impact on existing duties re: good race relations, eliminate discrimination and promote equality based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation
8. Could any part of this policy have an adverse impact on our duty to promote good race relations eliminate discrimination and promote equality based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.	No, the policy refers to fire safety law and the business commitment to the requirements, no reference made about or relevance to race relations eliminate discrimination and promote equality based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation
9. Are there any factors that could lead to differential take-up, outcomes or satisfaction levels based on people's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.	No, the policy is aimed at securing continued business protection through fire safety mechanisms and does promote/suggest outcomes or satisfaction levels based on age, disability, ethnic origin, gender, religion/belief or sexual orientation