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1. SUMMARY

The provision of adequate fire safety provision is a statutory requirement under the Regulatory Reform (Fire Safety) Order 2005. Fire safety is at law a collective responsibility and all members of staff have a role to play in the provision and maintenance of fire safety systems. We all have a responsibility to prevent fire occurring in the first place and this means that there is trust wide compliance with policies and procedures that are related to fire prevention e.g. Smoking policy. Furthermore Health Technical Memorandum “Firecode” series make it clear that responsibilities lie with individual members of staff insofar as their role responsibilities extend. This policy therefore has a wide application.

2. PURPOSE

2.1 This policy is intended to outline the overall Trust approach to the management of fire safety and to provide appropriate information and guidance to those managers and staff who may have locally specific responsibilities.

2.2 FIRE STRATEGY

The Trust has a three stranded fire safety strategy:

- a. **Prevention.** Every effort will be made to avoid the outbreak of fire. This will be achieved through staff training, individual vigilance and corporate policies and procedures designed to minimise risks of ignition e.g. non-smoking, safe management of contractors, hot work permits, waste disposal etc.
- b. **Protection.** The estate will be fully provided with fire detection linked to evacuation alarms. Individual buildings will each have adequate means of escape, adequate means for securing those means of escape and will be appropriately compartmentalised to minimise fire and smoke spread. Wherever appropriate active suppression systems will be installed in part to enhance life safety but principally to protect property and therefore maintain service delivery.
- c. **Responding.** Should a fire break out staff will be trained to respond appropriately. All staff will know how to raise the alarm, understand their immediate responsibilities in respect of patient evacuation and their specific duties in respect of salvage and damage mitigation. Specialist staff will also respond and tackle the fire with fire extinguishers if it is safe to do so.

2.3 GENERAL PRINCIPLES

- a. The Trust will make fire safety and the prevention loss of life; injury and damage by fire as one its primary objectives.

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- b. All Trust premise will be brought up to modern standards of fire safety and fire detection and warning progressively during re-build and refurbishment projects and in accordance with all relevant BS EN standards.
- c. First aid firefighting equipment will be deployed and maintained at suitable and appropriate points within Trust premises, particularly where fire risk assessment has shown that there are higher risk areas.
- d. Existing fire systems will be maintained by an appointed fire-engineering contractor in accordance with current standards and periodicities.
- e. All Fire incidents and false alarms will be reported on Datix.
- f. All premises will be maintained in a safe condition with regards to fires safety and with particular reference to maintaining the means of escape in case of fire.
- g. Nominated fire safety staff (fire wardens) will be fully trained and supported in their duties by all levels of management and staff.
- h. All staff members will receive both Trust and local fires safety induction, reinforced by annual fire safety training during mandatory training.
- i. Fire Risk Assessments will be undertaken for all Trust premises and these will be reviewed annually or sooner where legislation changes or doubt occurs as to their effectiveness.
- j. Trust officers will liaise with Lancashire Fire and Rescue Personnel both operational and fire safety on a regular basis, regarding both general operational and fire safety issues and the content of the fire risk assessment.

**3. SCOPE
FIRE IN THE CONTEXT OF EMERGENCY PREPAREDNESS, RESILIENCE
AND RESPONSE**

The Civil Contingencies Act 2004 defines the term “emergency” as:

“An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK”.

Within the NHS an outbreak of fire has traditionally been considered as a specific event requiring a particular form of management response. Whilst fire remains a constant threat which needs to be effectively managed, an outbreak of fire represents both “an event or situation which threatens serious damage to human welfare” and an immediate and significant disruption to service delivery. Fire should therefore be categorised within the range of

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“emergencies” covered under the Civil Contingencies Act and thereby within the NHS concept of Emergency Preparedness, Resilience and Response (EPRR). Essentially EPRR requires NHS-funded organisations to maintain a robust capability to plan for, and respond to, incidents or emergencies that could impact on health or services to patients.

The Health and Social Care Act 2012 places upon NHS-funded organisations the duty to have an Accountable Emergency Officer (AEO) with regard to EPRR (section 46.9).

Paragraph 3.6 of Health Technical Memorandum 05-01: Managing healthcare fire safety (Second edition) states:

“Responsibility for complying with the Fire Safety Order rests with the responsible person. For the majority of cases in healthcare organisations the responsible person will be the employer. For example, in a hospital NHS trust the responsible person is likely be the Trust Board”.

The Trust has therefore designated both the Accountable Emergency Officer and the Responsible Person (Fire) roles to the Chief Operating Officer.

However and in respect of fire, the Regulatory Reform (Fire Safety) Order 2005 and therefore paragraph 3.11 of Health Technical Memorandum 05-01: extends responsibility for fire safety more widely:

“The duties imposed by the Fire Safety Order on the responsible person are also imposed on every person, other than the responsible person, who has to any extent control of the premises. The extent of such duties is determined by the extent of control exercised by that person. In essence, the person in charge of a ward at any given time is subject to the same responsibilities under the Fire Safety Order as the responsible person in respect of the ward, in so far as the elements they control”.

This policy should be read and considered in conjunction with the Trust’s Corporate Emergency Response Plan, the Incident Command & Control Guide and the Emergency Preparedness, Resilience & Response Policy.

4. POLICY

- 4.1 The Trust recognises that risks from fire incidents may range from minor incidents to catastrophic, involving potentially serious harm to staff, patients and visitors to Trust premises, as well as loss of service where facilities are affected by fire. The Board accepts responsibility through its Chief Executive for ensuring that the highest possible standard of fire preventative measures are in place, and in the event of fire breaking out, a robust system for the rapid and safe evacuation of at risk personnel is both in place and has been practiced.

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- 4.2 In order to achieve these high standard the Trust will provide sufficient resource, including funding, together with the provision of suitably trained personnel to meet its statutory requirements under The Regulatory Reform (Fire Safety) Order 2005 and those Regulations and Orders enabled thereunder from time to time. The requirements and practice detailed within the NHS Firecode documentation (HTM-O5-01) also play an important part in the prevention of fire together with the provision of safe and readily accessible means of escape. Where necessary Firecode is supplemented by other detailed fire safety related Health Technical Memorandums (HTM) which form part of the Firecode series. The requirements of these documents will act as the basis for all organisational and practical arrangements on which the Trust Fire Safety Policy is based.
- 4.3 There will be a requirement for a series of detailed Fire Risk Management Procedures, which will flesh out the intentions of the Trust Management Team and provide information, guidance and instruction to all members of staff and in particular those with a specific managerial or support role in fire safety. This Policy will therefore act as the enabling document for the series of Fire Risk Management Procedures, which are, Trust wide in application. These procedures will follow the normal consultation route, through the Health and Safety Governance Committee and be authorised by the Chief Executive on behalf of the Integrated Governance, Risk & Performance Committee.

Organisational Arrangements

- 4.4 **Board Level Director Fire Safety.** The Chief Operating Officer (COO) will take devolved responsibility of all aspects of fire safety on behalf of the Board of Directors. (S)he will hold the post of COO and ensure that the requirements of Firecode are applied universally throughout the Trust. The post holder will ensure that any deputy appointed by him/her has been suitably trained.
- 4.5 **Resilience Officer (Fire) - Authorised Person.** The Resilience Officer (Fire), will report to the Assistant Director Estates Resilience and Compliance and form part of the Resilience Team. (S)he will be responsible for the provision of advice on all aspects of fire safety to the Board Level Director Fire Safety, Fire Safety Managers, managers, safety representatives and employees of the Trust. NB The Resilience Officer (Fire) may be either directly employed by the Trust or separately contracted from a specialist provider.
- 4.6 The Resilience Officer (Fire) will take responsibility for the completion of Fire Risk Assessments as required by The Regulatory Reform (Fire Safety) Order 2005 ensuring that the results of the risk assessments are held on the relevant site and conveyed to the manager of the premises.
- 4.7 The Resilience Officer (Fire) will ensure the carrying out audits of the fire safety and precaution measures to ensure that the requirements of this policy and any procedures enabled by this policy are adhered to.

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- 4.8 The Resilience Officer (Fire) will liaise closely with Officers from Lancashire Fire and Rescue Service, both fire safety and operational. (S)he will ensure that any concerns regarding the Trust Fire Policies and Procedures are addressed and will action any contravention or improvement notice issued, in conjunction with relevant managers.
- 4.9 **Fire Evacuation Officers.** Sufficient Fire Evacuation Officers will be appointed by the Fire Safety Manager to ensure that effective cover for this post is available on each site at all times. The post holder will be responsible for reacting to fire incidents and taking charge of the incident, during and after the fire alarm has been raised. The post-holder will liaise with Lancashire Fire and Rescue Service regarding the evacuation of patients and staff. A detailed risk management procedure covering all aspects of fire evacuation within Trust premises will be produced; this will include the role and responsibilities of the Fire Evacuation Officers and Assembly Point Officers. Specific instructions for the post-holder will be detailed in [Appendix A](#) to the Risk Management Procedure Fire, entitled 'Fire Evacuation Procedures'.
- 4.10 **Fire Assembly Point Officers.** Sufficient Fire Assembly Point Officers will be appointed by the Fire Safety Manager to ensure that cover for this post is available on each site at all times. Specific instructions for the post holder will be detailed in Appendix B to the Risk Management Procedure Fire, entitled 'Fire Evacuation Procedures'. [Click here](#) for the Trust's Fire Evacuation Procedure.
- 4.11 All **Line Managers** are responsible for:
- monitoring fire safety within their respective workplaces and ensuring that contraventions of fire safety precautions do not take place;
 - ensuring local fire risk assessments are undertaken and maintained up-to-date;
 - notifying the Resilience Team of any proposals for "change of use", including temporary works that may impact on the risk assessment, within their area;
 - reporting any defects in the fire precautions and equipment in their area and ensuring that appropriate remedial action is taken;
 - ensuring that local fire emergency action and evacuation plans are developed, brought to the attention of staff and adequately rehearsed to ensure sufficient emergency preparedness;
 - ensuring that local fire emergency action plan is revised in response to changes, including temporary works, which may affect response procedures;
 - ensuring the availability of a sufficient number of appropriately trained staff at all times to implement the local fire emergency action and evacuation plans;
 - ensuring that the duties outlined in this document and relevant fire safety instructions are brought to the attention of staff through local induction and ongoing staff briefings;

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- ensuring that every member of their staff attends fire safety training as set out in the trust's fire safety training matrix;
- ensuring that all new staff, on their first day in the ward/department, are given basic familiarisation training within their workplace, to include:
 - local fire procedures and evacuation plan.
 - means of escape.
 - location of fire alarm manual call points.
 - fire-fighting equipment.
 - any fire risks identified;
- keeping a record of staff induction and attendance at fire safety training;
- ensuring staff at all levels understand the need to report all fire alarm actuations and fire incidents as detailed in the fire safety protocols;
- ensuring that the staff record is completed and returned denoting how this document has been brought to the attention of staff;
- where appropriate, ensuring that sufficient Fire Wardens are identified and appointed for their specific areas of responsibility;
- Where a member of staff has a Personal Egress and Evacuation Plan (PEEP), to facilitate the operation of PEEPs during any evacuation.

4.12 All **Staff** are responsible for their active involvement in fire safety measures and shall:-

- Maintain familiarity with the fire routine procedure, escape routes and firefighting equipment.
- Raise alarm immediately if a fire is discovered or suspected.
- Report fire hazards to their Line Manager or above.
- Attend fire safety training sessions, whether local or central, as detailed.
- Take part in evacuation drills whether announced or not.

Where members of staff have any type or degree of disability that may impede their ability to evacuate from their place of work, they may request the Resilience Team to prepare a Personal Egress and Evacuation Plan (PEEP) bespoke to their needs and circumstances.

4.13 Managers, in conjunction with the Resilience Officer (Fire) are responsible for ensuring that there is a fire evacuation plan in place for the area/department under their responsibility and that all members of staff are trained in the implementation of the evacuation plan. Consult with the Resilience Officer (Fire) and relevant Fire Safety Manager, for the site, with regard to the production of local evacuation plans.

4.14 **Fire Wardens.** Divisional and Departmental/Ward Managers are responsible for nominating local fire wardens. The duties and responsibilities for fire wardens are included at [Appendix E](#). The number of fire wardens required in each department/ward needs to be sufficient to ensure that at least one is on duty at all times taking fully into account the prevailing shift patterns and to cover for sickness and annual leave.

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- 4.15 **Fire Prevention.** In order to reduce the risk of fire to the minimum, it is essential that robust fire preventative measures are in place and effectively enforced by all levels of supervisory and managerial staff. All staff members, permanent contractors staff, volunteers and others who work either permanently or for long periods of time on Trust premises will receive fire induction training as soon as possible after commencing work, this to be delivered as part of the Trust Induction training day, supplemented by a local fire induction briefing. The training will emphasise the importance of the fire safety measures in place and will be formulated in conjunction with the Resilience Officer (Fire) in the form of up to date and relevant lesson plans.
- 4.16 All members of staff and in particular supervisors and managers are responsible for assisting in fire safety by ensuring that areas within their control are maintained free from any fire risks, or where this is not possible the fire risks are properly controlled. Any concerns regarding fire hazards should be addressed through the normal management chain.
- 4.17 The Operational Services Manager, together with the relevant Facilities Managers are responsible for ensuring that waste is collected frequently and not permitted to accumulate in areas where it will present a fire risk. They should consider the possibility of arson, when determining the frequency of waste collections, the storage of waste and the prevention measures for preventing accumulations of waste.
- 4.18 **Fire Alarm and Fire Detection Systems.** The COO will ensure that sufficient effective automatic fire detection devices and manual call points, together with the necessary control systems are provided to ensure that early warning of any fire is given and the alarm is raised promptly. The requirements of Health Technical Memorandum 05 – 03 Part B. Fire Detection and Alarm Systems and British Standard 5839 will be used as a basis for this. Such detection systems will conform to the relevant BS/EN for the installation and operation of fire detection systems; a system of commissioning, testing and maintenance will be put in place.
- 4.19 The COO will delegate the responsibility for arranging the testing and maintenance of fire detection systems to the relevant Senior Engineering Manager responsible for each hospital site, clinic or other premises.
- 4.20 A detailed Risk Management Procedure will be produced detailing the arrangements for the management and operation of automatic and manual fire detection systems and call points. This will link into the Procedure on fire evacuation.
- 4.21 Staff members will be trained in the means of raising the alarm during annual mandatory fire training and in local fire, and health and safety induction sessions.

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- 4.22 **Provision and Maintenance of adequate Means of Escape.** The COO will ensure that sufficient means of escape in the event of a fire are provided in accordance with the requirements of Firecode. This will include the provision of suitable lighting and where necessary, emergency lighting to ensure that personnel are able to either leave the building, or move to the next and subsequent compartments in safety; depending on the evacuation plan in force for the area.
- 4.23 The relevant Assistant Director Estates Operations will be responsible for ensuring that the means of escape are provided and properly signed, and that all doors compartment and sub compartment walls are intact and properly maintained. Departmental Managers are responsible for ensuring that the means of escape are kept clear. Relevant fire safety signs, containing a pictogram and meeting the requirements of the Safety Signs and Signals Regulation, leading to places of safety will be provided by the Assistant Director Estates Operations, and properly maintained, and where necessary illuminated as part of the emergency lighting provision.
- 4.24 Fire assembly points as identified with fire evacuation plans will be designated and properly marked to ensure that personnel know where to go in the event of a fire and to ensure that wherever possible a role call may be made in order to identify individuals who may still be in the evacuated area.
- 4.25 **First Aid Fire Fighting Equipment.** Sufficient first aid firefighting equipment such as fire extinguishers, fire hose reels, fire blankets etc., will be provided in accordance with the requirements of The Regulatory Reform (Fire Safety) Order 2005, Firecode or identified within the fire risk assessment. The position of fire extinguishers and other first aid firefighting equipment will be marked in accordance with the Safety Signs and Signals Regulations.
- 4.26 The Assistant Director of Estates Operations will be responsible for ensuring that the correct type/classification/capacity of extinguisher, as identified in the fire risk assessment, is provided, and that extinguishers are properly mounted. A maintenance contract must be put in force to ensure that the extinguishers are inspected at least annually, by a competent person. Records will be maintained by the Senior Engineering Manager for the relevant hospital site. Advice on the positioning and types of extinguisher should be obtained via the Resilience Officer (Fire).
- 4.27 All members of staff are reminded that it is a criminal offence under Section 8 of the Health and Safety at Work Act 1974, to misuse or tamper with in any way, any equipment provided by the employer to meet its obligations under any health and safety regulation. This includes using fire extinguishers as door stops or discharging fire extinguishers for any other reason than firefighting, organised fire training or the maintenance of the equipment by a qualified engineer.

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- 4.28 The type of extinguishers in use throughout the Trust and how to use them safely is included within [Appendix F](#).
- 4.29 **Training.** The Strategy, Workforce & Education Director is responsible for facilitating the provision of an annual fire safety lecture/training session for all members of staff, during the mandatory training programme. (S)he is also responsible for ensuring that suitable fire training is provided for all new members of staff during Staff Induction Training. Departmental Managers must ensure that all new members of staff, including bank or agency staff, volunteers etc., are locally briefed about the fire precautions and emergency plan for the area, during local induction. The Assistant Director Estates Resilience and Compliance and the Resilience Team will be responsible for the content and, where necessary, the presentation of the training. Properly formulated lesson plans will be produced.
- 4.30 Directorate/Ward/Department Managers are responsible for ensuring that the evacuation plan for their area is exercised at least once per year, unless the frequency is specified different in any action plan issued by Lancashire Fire and Rescue Service, in which case the Resilience Officer (Fire), will advise the department manager. The exercise should be conducted in conjunction with the Resilience Officer (Fire).
- 4.31 Individual staff members are responsible for attending mandatory training sessions and recording their attendance by signing in to the session on the sheet provided. The Mandatory Training Facilitator will maintain such records for three years.
- 4.32 The Resilience Officer (Fire), is responsible for identifying any specialist fire training which may be required, for example practical training for facilities and services engineers and staff in any area identified as presenting a high fire risk. Specific training for the COO and Fire Safety Managers will be identified under this category.
- 4.33 **Smoking.** Lancashire Teaching Hospitals NHS Foundation Trust, its staff, visitors and patients are all subject to the Smoke-Free (Premises and Enforcement) Regulations 2006. The Trust has a Smoking Policy which states that smoking is permitted only in designated external smoking shelters and other parts of the grounds away from building entrances. The policy applies to all, staff, patients, visitors, contractors etc. The misuse of smoking materials is a major contributory factor in many fire incidents, particularly where people hide in order to smoke. In the event that any member of staff is found smoking on Trust premises the action may be considered to be misconduct. Where people or property is put at risk by such actions this may be construed as gross misconduct and where harm does occur may leave them open to prosecution.
- 4.33 **Incident Reporting.** All fire incidents including false alarms will be reported and investigated using the DATIX reporting system. The Evacuation Officer

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will normally complete the forms having due regard to any comments made by the Senior Officer from Lancashire Fire and Rescue Service, in attendance. The Resilience Officer (Fire) is responsible for assisting in the investigation of fire incidents, collating returns to NHS Estates and providing information to Lancashire Fire and Rescue Service. (S)he will liaise closely with Lancashire Fire and Rescue Service and work towards minimising the number and types of false alarms.

- 4.34 **Fire Evacuation Principles.** Hospital premises must have in place an effective fire evacuation plan at all times. This procedure details the general principles involved with fire evacuation plans and will form the basis for expansion into individual Ward and Departmental fire evacuation plans. The basic concept governing the means of escape from a premises is that: the occupants, including patients, assisted as appropriate, should be able to turn their backs to a fire, wherever it occurs, and travel away from it directly to a place of safety, first within the premises and then, if necessary, to one outside the building.
- 4.35 The major difference between healthcare premises and other places of work is the fact that there will be a number of patients who are unable to mobilise for themselves and consequently will need assistance. The degree of assistance required will vary from the necessity to direct the patient down the route to a place of safety, to evacuation on the bed or by wheeled trolley to a place of safety. Patients may be unconscious and attached to vital life support equipment, which would necessitate very careful preparation for any emergency evacuation. Patients may be undergoing intrusive procedures at the time of the emergency, therefore the higher the risk of infirmity of patients, the greater the degree of preparation is required.
- 4.36 Those Departments which do not work with patients or which patients do not visit for treatment should have an evacuation plan which directs all personnel to a place of safety via the nearest available fire exit. Arrangements should be made for checking that evacuation has taken place and for any special requirements to be addressed for members of staff with any form of disability. The normal method of evacuation in such areas is to turn away from any fire and evacuate the Department as quickly as possible.
- 4.37 Departments and Wards which deal directly with patients will require an evacuation plan which is capable of evacuating all patients, visitors and members of staff to a place of safety via the nearest reasonable fire evacuation route for the circumstances. This will usually implement the policy of 'progressive horizontal evacuation' from the compartment where the incident has happened to the next compartment or sub compartment, which will provide one hour's fire protection. The principles of compartmentation are detailed in part two below.
- 4.38 The instruction and procedures contained in this document are general in context; they will be supplemented by specific Fire Action Plans for each Ward

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or Department. These plans will detail the position of fire assembly points (for non-patient area evacuation) and the layout and routes to adjoining compartments (for patient areas). The specific fire actions plans will be displayed behind a Perspex cover, in a prominent place within the relevant Department.

4.39 **Compartmentation.** Basic principles in the design of fire protection systems in hospital premises generally rely on a system of compartments, which are designed to withstand the spread of fire, smoke and the toxic fumes generated by combustion. These compartments are separated by walls and doors designed to prevent the spread between compartments for a specific period of time, normally half an hour or one hour. Clearly people and equipment will need to transit between the compartments and for this reason the doors between compartments are rated as fire doors, with automatic door closers and safety signs, which state that the door is a fire door, and must be kept shut. There will be situations where it is impractical or inconvenient to keep these doors on automatic closers; in such circumstances the doors will be fitted with hold open devices which will release when the fire alarm activates, thereby allowing the doors to close, assisted by the self-closing device.

4.40 **Fire Doors and Final Exit Doors.** There is often confusion about the terminology for fire doors. These doors are divided into two distinct types: The term fire check doors, refers to those doors which form an integral part of the compartmentation principle outlined in 2.1 above. These doors will usually be fitted with a self-closing device and will always have a safety sign fitted at eye level. This sign conforms to the requirements of the Safety Signs and Signals Regulation, and it is mandatory to carry out the instruction on the sign. These doors are designed to prevent the spread of flame, smoke of combustion fume for either 30 minutes or 60 minutes, depending on the rating of the door and the rating of the compartment or sub compartment. Hinges and other door furniture used on fire check doors are tested to ensure that they maintain integrity during the high temperatures encountered in a fire. Care is therefore to be taken when repairing or replacing such doors or parts of doors.

Where the sign below is fitted to a door it must be kept shut when not being used unless it is fitted with a holding open device and automatic interface with the fire alarm system. It is an offence under the Health and Safety at Work etc. Act 1974 to use wedges and other devices to hold open a fire check door.

Fire and smoke check doors will often be fitted with an intumescent strip plus cold smoke seals, which expands when subjected to intense heat, thus wedging the door into place and forming an effective seal between the door leaves and the door frame.

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4.41 **Final Exit Doors:** This term refers to those doors, which lead outside, to a place of safety. They must be capable of being opened easily from inside and will always have a safety sign above them to show that they form part of the means of escape. This sign has a white pictogram and lettering on a green background and indicates a 'safe condition sign'.



Such doors do not necessarily have to be closed at all times, but they must never be obstructed or prevented from opening. The following mandatory sign should be displayed on both sides of fire, final exit doors:



It is both very poor safety management practice and an offence to block fire exits or place equipment in such a way as to prevent a final exit door from being used quickly in an emergency. Where a final exit door is normally locked, a quick release mechanism must be fitted to permit persons inside the building to open the door quickly and easily. In these cases a safety sign will be fitted to show how the door mechanism operates:



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This sign indicates for instance, that it is necessary to push the bar on the release mechanism, in order to open the door. Other signs would indicate where it is necessary to break a glass to release a bolt, or turn a catch etc.

Sometimes fire doors will be used to prevent the spread of fire from inside plant rooms, machine rooms and hazardous equipment cupboards, in these cases the doors will normally be kept locked and shut, in which case the following mandatory sign will be displayed on the door of the room or cupboard at eye level:



Any vision panel fitted into a fire check door will be fitted with fire resistant glass or wired glass in order to maintain the efficacy of the fire resistance. Any replacement vision panel must be fitted with glass to the same or better standard of fire resistance to the original.

- 4.42 Maintenance and Inspection of Fire Doors.** It is the responsibility of the Resilience Officer (Fire), in conjunction with relevant Estates operational staff to ensure that all fire doors are identified on fire plans, either in association with any fire certificate or the fire risk assessment carried out in accordance with the Regulatory Reform (Fire Safety) Order 2005. Where such doors are identified on the fire plan, the Director of Estates and Facilities is responsible for ensuring that the correct door is fitted, that it works properly and that all necessary self-closing and hold open devices are fitted, together with appropriate signage. During the planning phase of new build projects or major refurbishment work, the requirement to provide fire doors will be delegated to the Assistant Director of Capital in conjunction with the local authority planning department. Any interface between new-builds or major refurbishment, which affects the building or means of escape, must be agreed by the Fire and Rescue Service and detailed in the Health and Safety plan, produced under the Construction (Design and Management) Regulations.

Responsibility for the maintenance of all types of fire doors on Trust premises is delegated to the Assistant Director Estates Operations. Doors must be maintained in a working condition with no gap greater than 4mm between the leaves of doors or the door and doorframe. The frame must be properly fitted in the door recess and all gaps between the frame and wall made good with fire resistant material. Estates Managers will carry out checks on the functionality of all fire doors at least annually and record the findings from such checks, together with details of work carried out. The operation of self-closing devices and hold open devices, which rely on interface with the fire

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alarm system, will be checked as part of the fire alarm testing regime or monthly, whichever is the least period.

Additionally the Resilience Officer (Fire) will test all fire doors during an annual inspection and fire risk assessment, carried out in accordance with the requirements of Firecode and the Regulatory Reform (Fire Safety) Order 2005. Any defects found will be reported immediately through the Facilities help desk.

All staff are responsible for maintaining vigilance with regard to fire doors and equipment and for reporting defects to Managers or directly to the Facilities and Service helpdesk on ext. 8282.

4.43 The Maintenance of the Integrity of Walls Part of any Compartment or Sub compartment. Clearly, the efficacy of the principle behind compartmentation requires the walls as well as the doors to be maintained intact with no holes or breaches. Managers are responsible for ensuring that any maintenance work or modifications to compartment of sub-compartment walls which require any hole or breach to the wall will be made good with fire resistant materials to the fire resistance standard of the wall, including where work is temporarily discontinued.

The Manager for each premises must prepare and hold a set of plans detailing the fire precaution arrangements of the building, indicating escape routes, compartmentation and other fire-resistant construction, and all active fire precaution measures. The plans must be maintained up to date and copies provided for:

- Trust Fire Safety Advisor. (Resilience Officer (Fire)).
- The operational Fire and Rescue Service with immediate responsibility for responding to fire calls on the premises.

In the event of subsequent alterations to the premises, the plans and drawings should be consulted to ensure that the fire safety integrity is not breached.

4.44 Corridors, Stairways and Walkways Forming Part of the Means of Escape. All corridors, stairways and walkways within buildings will form part of the means of escape in the event of a need to evacuate the building; or any compartment within the building. Corridor walls, ceiling and floors are designed and built to provide a high degree of fire resistance and in essence will provide a place of relative safety during movement either to a final exit door, or to another compartment.

Corridors are designed to facilitate the movement of large numbers of people in the event of a fire evacuation, they must therefore be maintained clear of any items, rubbish or equipment which will impede such progress. Corridors must be maintained clear for the full width of the corridor, notwithstanding any narrowing at points where fire check doors have been fitted in order to prevent any fire or combustion products from travelling the length of the corridor.

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It is particularly important to prevent any accumulation of rubbish or other flammable materials along corridor routes and stairwells. Corridors and stairwells are walkways, not storage areas or cupboards. Managers are responsible for ensuring that corridors forming part of the means of escape within their areas of control are maintained clear of equipment, rubbish, flammable items and trip hazards. Facilities Managers are responsible for ensuring that common corridors, stairways and general areas, which are not part of individual Departments, are maintained clear of equipment, rubbish and trip hazards and that floor surfaces are level and well maintained.

- 4.45 **Signage on Fire Escape Routes.** Personnel will be able to follow relevant signs showing the way out in the event of a fire alarm sounding on the premises. The signs will conform to Safety Signs and Signals Regulations and will consist of a pictogram and white lettering on a green background to indicate a 'safe condition'. Examples of signs on fire evacuation routes are shown below.



This sign indicates that the fire exit is straight ahead from here.



This sign indicates that the fire exit is down and to the right from here. (Left if arrow reversed)



This sign indicates that the fire exit is left from here. (right if arrow reversed)

- 4.46 Managers are responsible for ensuring the fire exit and escape route signs are maintained properly and fixed into place. Where illumination could be poor or non-existent in the event of a loss of electrical power, all safety signs leading along the escape route should be illuminated on the emergency lighting circuit or in little used areas be in photo-luminescent material which will glow in the dark. The location and type of fire exit signs will be identified

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in the fire risk assessment carried out in order to meet statutory and Firecode obligations. Fire signs which require illumination as part of the emergency lighting scheme will be marked on the fire plans for the premises. This will further state whether the lighting is maintained (always on) or non-maintained (come on only when the mains power fails).

- 4.47 In workshops and laboratories, clear exit routes and circulation routes should be marked out and maintained clear of machinery, storage areas or equipment. Very thorough housekeeping standards should be maintained to ensure that staff could easily use these routes in an emergency.
- 4.48 Fire exit routes will lead to a place of safety outside the building or to an adjoining compartment. Fire action notices will be placed adjacent to each fire alarm call point (except Ward areas and other areas where progressive evacuation in more than one direction is the normal route), indicating the means of raising the alarm, and the location of fire assembly point.
- 4.49 Fire assembly points are not required on Trust premises due to the complexity of the site. Managers must ensure that their staff are aware of the local evacuation procedures for their Department, together with designated fire evacuation routes.
- 4.50 **Action on Hearing the Fire Alarm.** On hearing the fire call through the portering bleep system, the portering duty Manager/Supervisor will despatch all available porters and security staff to monitor and control the entrance to the zone, which is in alarm. This is distinguished by the point where the alarm changes from intermittent, to continuous (Ref Appendix D). The fire alarm signal is configured in such a way that warning is given of a fire or suspected fire in a particular zone, by a continuous alarm bell sounding. The continuous warning indicates an immediate threat. An intermittent alarm bell signifies that a fire or suspected fire has occurred in an adjacent zone, this indicates a less immediate threat, and gives time for evacuation to be planned should it become necessary.
- 4.51 In the premises and Departments which have no patient contact and where the local fire evacuation plan requires that personnel evacuate to a nominated fire assemble point, the continuous fire alarm bell means that evacuation of the building should commence immediately. (Ref: [Appendix A](#)) Personnel should treat all alarms as serious and make their way quickly but calmly to the nearest final exit door or designated assemble point and leave the premises, if it is safe to do so, close doors and windows on the way out to help contain the fire and prevent the spread of smoke and fumes.
- 4.52 Many Departments and Outpatient Clinics, which are directly attached to the Hospital main building, may carry out progressive horizontal evacuation in accordance with the Department fire evacuation plan. Staff, patients and other visitors should evacuate these Departments on hearing the continuous

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alarm bell and muster in the first available safe compartment as directed within the individual Department fire evacuation plan.

- 4.53 On hearing the fire alarm one member of staff from each area which is in alarm, either continuous or intermittent, will proceed immediately to fire alarm repeater panel assembly point as marked by the adjacent assembly point sign. Each assembly point is designated with an assembly point identification letter.
- 4.54 On Wards or Clinics where patients will be dependant of staff support for evacuation, unless there are obvious signs of fire, the staff should prepare patients for evacuation as follows:
- Visitors should be asked to leave the Department or Ward and wait outside the cordoned off area.
 - Staff not required or trained in the evacuation process should evacuate the Ward or Department and wait outside the cordoned area.
 - Non-ambulant or slow walking patients should be returned to bed immediately and prepared for the evacuation process using either a wheelchair (preferable) or the bed as the means of transportation.
 - Patients who can walk reasonably well (semi-ambulant) should sit by their bed with slippers and dressing gown on and await further instructions.
 - Clutter around beds and along walkways should be tidied up to ensure the free movement of beds which are required as part of the wheeled evacuation process.
 - Staff should prepare to assist patients in the evacuation process, if it became necessary.
 - Carry out instructions from the Fire Evacuation Officer or Fire Officers in attendance and commence progressive horizontal evacuation as necessary.
- 4.55 In the unlikely event that a fire looks likely to break through to the next compartment, evacuation through to the next compartment should take place, until ultimately there is nowhere to go except down the stairs. Lifts should never be used during a fire alarm.
- 4.56 Where the stairwells become the final resort in order to progress downwards away from the spreading fire, the walking patients must be assisted down the stairs to the safe place identified by the Fire Evacuation Officer and Senior Fire Officer. Non-ambulant patients will need to be slid down the stairs using the ski-pads. Abandoned beds should be parked to one side of corridors in order to ensure that they do not prevent following on patients from reaching the stairwell.
- 4.57 **Fire Evacuation Officers.** The Trust will appoint senior duty staff to undertake the role of Fire Evacuation Officer. Sufficient officers should be appointed to ensure that each hospital site has an Evacuation Officer on duty at all times. The Evacuation Officer represents Trust Management and will form the first line of management decision making during any fire emergency.

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The role of Fire Evacuation Officer will normally be undertaken by the Duty Site Manager as detailed by the Nursing Directorate. During any fire emergency all Trust Staff, (except the Duty Directorate Manager and Duty Executive), in any capacity will carry out instructions given by the Evacuation Officer. Details of the role and responsibilities of Fire Evacuation Officers and Assembly Point Officers are promulgated in Appendix B and Appendix C of this document.

- 4.58 The Fire Evacuation Officer will attend all fire alarms and act as the liaison point with the Senior Fire Officer in attendance. (S)he will make decisions in consultation with the Senior Fire Officer regarding the need to evacuate any patient area, the route of the evacuation and the location(s) of the safe compartments. The Evacuation Officer will take overall command of the evacuation process, under the guidance of the Senior Fire Officer, detailing Ward and Department staff in accordance with the requirements of the situation. The Fire Evacuation Officer will liaise with the Senior Fire Officer in attendance and determine the requirement for the evacuation of patients.
- 4.59 The Fire Evacuation Officer and Senior Fire Officer may refer to the detailed Department/Ward fire evacuation plans for the relevant areas, which will show the layout of the compartments in the immediate area and adjacent areas. This will assist them with immediate evacuation planning. Ward Managers/Sisters/Charge Nurses should also be familiar with the evacuation plan and advise the Fire Evacuation Officer with regard to layout and potential evacuation routes.
- 4.60 Should the situation deteriorate to a point where it is unsafe for hospital staff to continue to assist with the evacuation of patients, the Evacuation Officer will, on instruction from the Fire and Rescue Service, order all Trust employees and others able to ambulate for themselves to completely evacuate the area, leaving the evacuation of non-ambulant patients to the expertise to the Fire and Rescue Service Personnel.
- 4.61 **Contingency Planning.** The Trust approach to contingency/Business Continuity Planning is outlined within the Corporate Emergency Response Plan. Each Ward/Department/Unit must have a Business Continuity Plan which should detail contingency arrangements should their accommodation become untenable for whatever reason – including as a result of a fire. This will further advise staff on how to deal with the problems resulting from the enforced movement of patients away from their normal accommodation and detail how services will be maintained following the loss of that facility. The local business continuity plan will also link as necessary with the Trust Incident Command & Control Guide and ensure that necessary staff at all levels are called in promptly to support those staff on duty when the emergency arises. The requirements of the contingency plan should be exercised as necessary to ensure that the theoretical solutions detailed in the plan are workable in practice.

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- 4.62 **Training.** The Head of Training and Development in conjunction with the Assistant Director Estates Resilience and Compliance, will ensure that suitable and sufficient training is carried out to ensure that all staff members, employed in any capacity, (including volunteers) are trained in the actions to be taken in the event of a fire alarm sounding or a fire being discovered by them or in an area where they are employed.
- 4.63 Training must be given to all new starters in the form of a specialist lecture which must be attended by all employees, permanent contractors and volunteers during the Trust Induction Programme. The collective training is to be supplemented by individual briefings for all new members of staff, on the fire precautions and evacuation plan for the Ward or Department. This includes staff transferred in from other Wards or Departments, temporary or bank staff, locum doctors and other temporary staff employed in any capacity. Fire training must be carried out subsequently on an annual basis, either by the attendance of a suitable fire lecture undertaken by a Physical Risk Officer or qualified trainer, supported by lesson plan prepared by the Resilience Officer (Fire) and approved by the Assistant Director Estates Resilience and Compliance. Alternatively the annual mandatory fire training session may be undertaken as part of a planned e-learning package, prepared and authorised by the Head of Training and Development.
- 4.64 The Head of Training and Development will ensure that training records are maintained for all indication and mandatory training sessions are undertaken, showing the name of all attendees, the date and place of training and details of the lectures given during the period. The trainee should sign to say that they have attended the training session. Similarly a record of Ward or Department induction should be held by the Manager of the Ward or Department concerned, in accordance with procedures put in place for such local induction, by the Head of Training and Development. The Assistant Director Estates Resilience and Compliance will ensure that all fire related lesson plans are archived for five years after they are replaced or updated, thus providing an audit trail of the training given, to whom and when.
- 4.65 All patient key movers will be trained in the correct method of using evacuation ski pads, together with the safe and correct method for preparing the patient for evacuation. This training must then be cascaded to all Ward staff, including support staff during moving and handling cascade training. Particular emphasis is required on the most effective methods of manually moving the patients whilst minimising the risk of moving and handling injury to staff.
- 4.66 Fire evacuation drills will be undertaken in all areas once per year as follows:
- **Non Clinical Areas.** Carry out a full fire evacuation of the premises. Ensure that all personnel have evacuated within the times-scale shown on the individual Department evacuation plan. All personnel should be outside or the alternative place of safety marked on the individual evacuation plan.

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- **Wards and other Clinical Areas.** Carry out a drill to ensure that staff are aware of the fire alarm sound, ensuring that all patients are accounted for and prepared for horizontal progressive evacuation. (Not at this stage for ski-pad vertical evacuation). Staff members not required (or trained) to assist with patient evacuation are themselves evacuated to the next compartment which does not have a continuous alarm sounding and staff detailed to assist are standing by at their nominated assembly point.

4.67 Where an evacuation takes place as a result of a false alarm, and where the full evacuation plan has been put into place for the Ward or Department, the incident may be recorded against the requirement for fire drills.

4.68 The Resilience Officer (Fire) will ensure that all personnel who may be nominated to carry out the role of Evacuation Officer have been fully trained in their role and the scope of their duties. A record of training will be maintained by the Resilience Officer (Fire), together with a written lesson plan which details the content of the training. Whenever such training is changed in context the previous training course should be archived.

4.69 **Housekeeping.** Attention to “good housekeeping” practices across the Trust can reduce the likelihood of fire. Some of the “good practices” which should be observed are:

- Equipment and packaging must only be stored in designated areas – never in plant rooms, service voids and shafts, corridors, lobbies or hospital streets.
- Storage of ANY items on a means of escape fire route is strictly prohibited under fire safety legislation.
- All first aid firefighting equipment must be kept free from any obstruction at all times.
- All final exit fire routes and doors must be kept free from obstructions and anything of a combustible nature at all times.
- Combustible rubbish must be removed promptly from corridors, circulation spaces, wards and departments.
- Workplace machinery and equipment spaces must be cleaned regularly, paying particular attention to any build-up of fluff and grease deposits in laundries, main kitchens and similar areas.
- Cleaning materials such as rags, cleaning fluids, polishes and cleaning machines must be correctly stored. These items must NEVER be stored on corridors, fire escape routes or under staircases. It is a requirement under fire safety legislation that the “storage” of goods must be in a room constructed to a minimum of 30 minutes fire resistance.
- All electrical equipment not designed to remain on or in standby mode should be switched off and unplugged from the mains supply when not in use. For electrical safety advice contact the Physical Risk Department or the Estates Department. The user of the equipment should visually check electrical cables and sockets on a regular basis. Any defects or wear should be reported to the Estates helpline immediately.

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- No member of staff will attempt to adjust or make any repair to electrical equipment whatsoever.
- Trust staff are prohibited from using any official, unofficial or private electrical equipment until it has been checked and approved by the appropriate technical staff.
- When staff have finished work for the day, lights and electrical equipment not needed must be switched off and fire resistant doors checked to ensure they are closed.
- Voids (including roof voids) will not be used to store combustible material. Such voids should be sealed off or kept entirely open to allow easy access for inspection and maintenance. Further guidance can be found in Health Technical Memorandum 05-03 Part A Operational Provisions General Fire Safety.

5. AUDIT AND MONITORING

- 5.1 The fire safety precautions outlined within this document are audited by risk assessments carried out in line with the requirements of the Regulatory Reform (Fire Safety) Order 2005 and are ratified by the enforcing authority, Lancashire Fire and Rescue Service. This is carried out on a bi-annual basis.

The audit findings are collated and presented to the Trust Fire Safety Committee for action where necessary.

6. TRAINING

TRAINING		
Is training required to be given due to the introduction of this policy? No		
Action by	Action required	Implementation Date

7. DOCUMENT INFORMATION

ATTACHMENTS	
Appendix Number	Title
Appendix A	Trust premises which will evacuate outside to a place of safety
Appendix B	Duties of the Fire Evacuation Officer
Appendix C	Duties of the Assembly Point Officer CDH
Appendix D	The role of portering staff during fire alarms
Appendix E	Fire warden roles and responsibilities
Appendix F	Fire Fighting Equipment and its use
Appendix G	Patient Evacuation
Appendix H	Equality, Diversity & Inclusion Impact Assessment Tool

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OTHER RELEVANT / ASSOCIATED DOCUMENTS

Unique Identifier	Title and web links from the document library

SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS

References in full checked by library 17/06/2019 ZM

Number	References
1	Legislation.gov.uk (2005) <i>The regulatory reform(fire safety) order 2005</i> . SI 2005 / 1541. https://www.legislation.gov.uk/uksi/2005/1541/pdfs/uksi_20051541_en.pdf
2	HM Government (2006) <i>Fire safety risk assessment: healthcare premises</i> . https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/14892/fsra-healthcare.pdf
3	Legislation.gov.uk (1974) <i>The health and safety at work etc act 1974</i> . https://www.legislation.gov.uk/ukpga/1974/37/pdfs/ukpga_19740037_en.pdf

Bibliography

Department of Health and Social Care (2006) *Managing healthcare fire safety (HTM 05-01)*. <https://www.gov.uk/government/publications/managing-healthcare-fire-safety>

Department of Health and Social Care (2013) *Operational provisions Part A: General fire safety (HTM 05 -03)*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/148476/HTM_05-03_Part_A_Final.pdf

Department of Health and Social Care (2015) *Guidance in support of functional provisions (Fire safety in the design of healthcare premises) (HTM 05 – 02)*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/473012/HTM_05-02_2015.pdf

Department of Health and Social Care (2006) *Operational provisions Part B: Fire detection and alarm systems (HTM 05 – 03)*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/148477/HTM_05-03_Part_B.pdf

Department of Health and Social Care (2007) *Operational provisions Part C: Textiles and furnishings (HTM 05 – 03)*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/148478/HTM_05-03_Part_C.pdf

Department of Health and Social Care (2013) *Operational provisions Part F: Arson prevention in NHS premises (HTM 05 – 03)*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/148481/HTM_05-03_Part_F_Final.pdf

Department of Health and Social Care (2013) *Operational provisions Part H: Reducing false alarms in healthcare premises (HTM 05 – 03)*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/148483/HTM_05-03_Part_H_Final.pdf

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Department of Health and Social Care (2008) *Operational provisions Part J: Guidance on fire engineering of healthcare premises (HTM 05 – 03)*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/148485/HTM_05-03_Part_J.pdf

Department of Health and Social Care (2013) *Operational provisions Part K: Guidance on fire risk assessments in complex healthcare premises (HTM 05 – 03)*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/148486/HTM_05-03_Part_K_Final.pdf

DEFINITIONS / GLOSSARY OF TERMS

Abbreviation or Term	Definition

CONSULTATION WITH STAFF AND PATIENTS

Enter the names and job titles of staff and stakeholders that have contributed to the document

Name	Job Title	Date Consulted

DISTRIBUTION PLAN

Dissemination lead:	Russell James
Previous document already being used?	Yes
If yes, in what format and where?	Electronic, heritage library system, hard copy
Proposed action to retrieve out-of-date copies of the document:	Knowledge and library to replace with updated version. Any paper copies to be removed and placed in confidential waste.
To be disseminated to:	Trust wide
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the LTHTR weekly Procedural documents communication– New documents uploaded to the Document Library.

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TRUST PREMISES WHICH WILL EVACUATE OUTSIDE TO A PLACE OF SAFETY

Royal Preston Hospital

1. Gordon Hesling Block, including the Trust Board Corridor
2. Education Centre One
3. All Accommodation Blocks
4. Education Centre Two
5. Pharmacy and Pharmacy Stores
6. Pathology
7. Safe Centre
8. Facilities and Services Workshop areas, including Stores
9. Boiler Rooms
10. Catering Facilities

Chorley and District General Hospital

1. Facilities and Services workshops, Stores and boilers houses
2. Facilities and Services Office block
3. Trust Headquarters
4. Finance Headquarters
5. Salaries and Wages portakabin
6. Post Graduate Education Centre
7. Diabetic and Dermatology Centre
8. Catering Facilities

Preston Business Centre

1. Complete evacuation of entire building

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DUTIES OF THE FIRE EVACUATION OFFICER

1. The Fire Evacuation Officer (FEO) will be detailed by the Nursing Directorate and is responsible for holding the Evacuation Officer bleep during the stipulated hours of duty. There will be a nominated Evacuation Officer for each hospital site. On the CDH site the bleep holder will be responsible for the whole site. The post holders may not leave the site for any reason during the period of duty.

SITE FIRE EVACUATION OFFICER

- 1 On receipt of a fire alarm warning via the bleep system, the FEO will proceed to the main fire panel and establish the location of the emergency from the panel. (S)he will don the FEO high visibility tabard and switch on the FEO two way radio, (not CDH) before proceeding immediately to the location of the fire alarm. En route to the alarm site the FEO should carry out a radio check with the switchboard to ensure that the radio is working properly.

- 2 On arrival at the location of the fire alarm, the FEO should assess the situation and in the event of evident of an actual fire, determine the requirement to evacuate the Ward or Department. (Some Departments are required to evacuate immediately as soon as the alarm sounds in accordance with the fire evacuation plan). The senior staff member in charge of the Ward or Department should be advised to commence the preparation of patients for horizontal evacuation and check that non-essential staff has evacuated the area. Where it is clear that an evacuation is necessary, this should be commenced immediately with the assistance of those staff members designated to assist, and under the full control of the Fire and Rescue Service when they arrive. Evacuation should not be delayed awaiting the arrival of the Fire and Rescue Service, but should be commenced as soon as it becomes clear that the requirement for horizontal, progressive evacuation is necessary.

- 3 If the alarm appears to be a false alarm, Facilities and Service Engineering staff will determine which device has been activated and will stand by to assist the Fire and Rescue Service on their arrival. Should the Evacuation Officer consider that there appears to be no imminent danger to staff or patients, then the evacuation need not progress any further than the preparation already made, although no relaxation of preparation may take place until the fire alarm panel has been successfully reset (silence and reset is on the authority of the Senior Fire Officer) or faulty device isolated and the Senior Fire Officer in attendance has declared the area to be safe. When this occurs the Evacuation Officer will authorise a 'stand down' using the radio system.

- 4 In the event of an actual fire, the Fire Evacuation Officer will co-ordinate with the Fire and Rescue Service and ensure where it is safe to do so that patients and staff are evacuated to a place of safety. Where necessary the co-ordination role may take place in the next available safe compartment, should the area in alarm

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be unsafe due to smoke, fire or fumes. The Evacuation Officer will request that the Duty Directorate Manager be called out by radioing the switchboard, additionally the duty engineer should be called out by the same system.

- 5 The Evacuation Officer will continue to act as the senior Trust employee in charge of the incident until (S)he is able to call a stand down due to the relatively minor nature of the incident or is relieved of the responsibility by the arrival at the scene of the Duty Executive. The Duty Directorate Manager, when called should provide assistance to the Evacuation Officer but not normally take charge.
- 6 When the incident is over the Evacuation Officer should complete the IR1, incident reporting form, detailing:
 - The nature of the fire incident, including any known facts regarding the likely cause of the incident.
 - Arrival time of the Fire and Rescue Service.
 - Any problems encountered by anyone during the incident.
 - Any unserviceability or failure of equipment.
 - Any problems encountered with the evacuation or preparation for evacuation, including the names of any person who failed to comply with the instructions of the Evacuation Officer.
 - Any failure of systems or procedures which require rectification.
 - Significant actions taken during the incident.
 - Any comments made by the senior Fire Officer in attendance, which will require follow up action.
 - Time of stand-down.

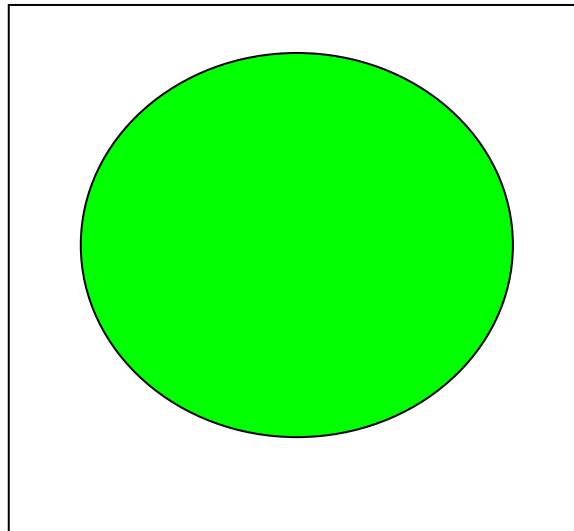
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APPENDIX C

DUTIES OF THE ASSEMBLY POINT OFFICER CHORLEY HOSPITAL SITE

1. Assembly point offices will be designated by the Fire Safety Manager for the Chorley site.
2. The function of the Assembly Point Officer is to co-ordinate the assembled staff and liaises as necessary with the Evacuation Officer for the provision of extra staff who may assist with the evacuation of patients.
3. Non nursing assembly point support staff will work under the direction of nursing staff when assisting with patient evacuation.

ASSEMBLY POINTS FOR SUPPORT STAFF ARE MARKED WITH A GREEN CIRCLE ON A WHITE BACKGROUND.



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THE ROLE OF PORTERING STAFF DURING FIRE ALARMS

1. On hearing the fire call through the portering bleep system, the portering duty Manager/Supervisor will despatch all available porters and security staff to monitor and control the entrance to the zone, which is in alarm. This is distinguished by the point where the alarm changes from intermittent, to continuous. Porters will permit exit from the area in alarm and prevent entry, except for:
 - Fire and Rescue Crews.
 - Evacuation Officer.
 - Duty Directorate Manager and or Duty Executive.
 - Facilities Managers and Services Engineers. (This should be a minimum number).
 - Physical Risk Officers and Assistant Director Estates Resilience and Compliance.
 - Hospital Crash Team responding to a crash call.

2. One porter wearing a marked orange tabard will be despatched to the hospital site main entrance (or relevant entrance at CDH) to direct the Fire and Rescue Service as to the quickest and easiest road route to the area in alarm. This person must be fully briefed as to the actual Department or Ward where the alarm has been activated, and should be in radio contact with portering control.

3. On receipt of the stand-down from the Evacuation Officer via the switchboard bleep system, open up areas previously restricted in a controlled manner. Having due regard to number of patients, visitors and staff who may have congregated at the entrance points. Some degree of segregation may be necessary immediately after stand down to ensure safety. Where a large number of staff and public have congregated outside the area in alarm, security staff and porters should be utilised by the Site Manager to ensure safe segregation and prevent a free for all surge which could result in falls and injury to elderly or frail people.

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FIRE WARDEN ROLES AND RESPONSIBILITIES

1. The persons having control of the building or relevant part of the building is required to appoint a responsible and competent person to carry out duties of “Fire Warden”. The primary role of the fire warden is to support their manager to discharge their local fire safety responsibilities and to provide local “eyes and ears” in support of the Trust’s fire officer discharge their corporate responsibility.

2. The Fire Wardens role includes the task of ensuring all **means of escape** are properly maintained and kept free from obstruction. They should undertake a weekly inspection to ensure that:
 - a. All doors which are required for means of escape from any part of the premises are easily openable;
 - b. All escape routes, including staircases, corridors, doorways etc., are free from obstruction;
 - c. All self-closing devices fitted to doors are effective in operation i.e. doors close fully;
 - d. All walls, doors, floor and glazing, which are required to be fire resisting are inspected to ensure that the fire resistance is being maintained i.e. No holes in walls and floors, no glazing is broken, doors are not damaged etc.;
 - e. No undue storage of combustible materials or waste is allowed to accumulate;
 - f. Daily check to ensure (only for areas where there is a fire alarm panel) that the panel indicates “normal operation” and that any faults indicated are reported to Estates;
 - g. Visual check of smoke detectors to ensure that tradesmen haven’t left them “capped”;
 - h. A monthly inspection of all extinguishers should be carried out to ensure that they are in the proper position, unobstructed, not been tampered with and have not been discharged, lost pressure (in the case of extinguishers fitted with a pressure indicator) or suffered any obvious damage;
 - i. Additionally the Fire Warden should ensure that all false alarms are recorded within a log;
 - j. To record these checks and to report any deficiencies that are found to the Trust fire safety officers and to enter on DATIX as a near miss when appropriate; and
 - k. To act as a conduit to management regarding fire safety queries and matters.

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3. The role of a fire warden is to identify potential fire safety hazards and issues and to either;

- Resolve them. For example, if items are found to be obstructing an escape route, remove them or get them moved; or where something is found requiring a repair.
- Ensure arrangements are made with Estates to get them repaired.

NB The fire warden role is to identify faults. Where issues are identified which require assistance from elsewhere to resolve, the responsibility of the fire warden ends at the point they have escalated the issue to Estates.

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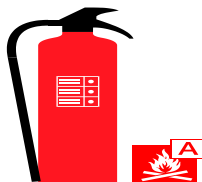
FIRE FIGHTING EQUIPMENT AND ITS USE

1 Different classes of fires are defined in BS 4547. These are classified in the following categories.

Class A fires:	These involve solid materials such as paper, wood and textiles.
Class B fires:	These involve flammable liquids, oils, grease and fats
Class C fires:	These involve burning gases
Class D fires:	These involve burning metals
Class F fires:	These involve cooking oils and fats
Electrical fires	

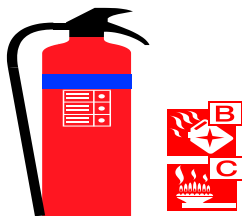
2 The Trust has supplied and fitted a selection of first aid firefighting equipment across both sites in accordance with BS EN 3-7. This is to ensure that legal compliance with the provision of first aid firefighting equipment is adhered to under the Regulatory Reform Order (Fire Safety) 2005 and Health Technical Memorandum 05-03 Part A Operational Provisions General Fire Safety. Each fire-extinguishing cylinder is colour coded in accordance with the requirements of the European Manufacturers Guidance BS EN 3.

3 All portable first aid firefighting extinguishers manufactured after 1996 will have the body of the cylinder coloured red. The cylinder has a band, of no more than 5%, colour coded to indicate the content of the extinguisher. Portable first aid firefighting extinguishers manufactured pre-1996 will have the body of the cylinder fully colour coded to indicate the content of the extinguisher.



Water Class A

Mainly acts by cooling the burning materials. Do not use on live electrical equipment or on burning liquids. The jet should be directed at the base of the flames and kept moving across the area of the fire. Any hot spots should be sought out after the main fire is out.



Dry Powder Class B & C

Knocks down the flames. Safe on live electrical equipment. The discharge nozzle should be directed at the base of the flames and, with a rapid sweeping motion, the flames should be driven towards the far edge until the flames are out.



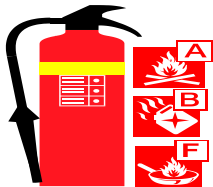
Co₂ Carbon Dioxide Class B & Electrical Equipment

Safe and clean to use on live electrical equipment and flammable liquids. The discharge horn should be directed at the

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base of the flames and the jet kept moving across the area of the fire. Care should be taken not to hold the discharge horn during use of the extinguisher as the horn gets very cold. Confined space areas should be ventilated when the fire is completely extinguished as the CO₂ from the extinguisher will reduce oxygen levels.



FOAM CLASS A B & F

Safe to use on flammable liquid fires. The jet of foam should be aimed at the base of the flames and kept moving from side to side allowing a blanket of foam to cover the source of ignition.

FIRE BLANKET A & B

Suitable for burning clothing and small fires involving fats, oils and burning liquids.

4 Total and Partial Flooding Systems (Computer Suites)

All total and partial flooding systems that use Halon 1301 will be replaced by the Trust at the end of the system’s service life. This is between 10 and 20 years from installation. Existing alternatives to Halon 1301 are CO₂ and watermist. A fire engineering solution and fire risk assessment will be sought by the Trust prior to any replacement-extinguishing agent being used - Ref: Health Technical Memorandum 05-03 Part A Operational Provisions General Fire Safety. New systems should be installed in accordance with BS 5306 part 0 to 7. All existing Halon systems will be serviced by the Trust in accordance with the manufacturer’s recommendations.

5 Response to Outbreaks of Fire

The prime responsibility for dealing with any serious outbreak of fire within the Trust rests with Lancashire Fire & Rescue Service. Lancashire fire & Rescue Service must be called immediately a fire is detected or suspected, however small it may appear. This should be done by raising the fire alarm using one of the manual call points situated around the Trust. Switchboard must also be contacted on emergency telephone extension 2222 to confirm the incident and the location.

The first few minutes of any fire are the most crucial in its development. Staff should not attempt to fight a fire unless it is safe to do so. Staff should be familiar with the correct operating technique of first aid firefighting equipment, including the type of fire each extinguisher can be used on.

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6 **Signs of Fire**

The presence of fire may be indicated by a number of signs, smell of burn, crackling sounds and smoke seepage. A closed door, even one which is not hot to touch, may have a fire on the other side of it. As such, doors should never be opened as this will allow a fire to spread rapidly and could cause the person opening the door to sustain serious injuries.

7 **Fire Fighting Safety**

Most small fires are easily extinguished if attacked as soon as they start with suitable first aid firefighting equipment. Any person attempting to fight a small fire should always place themselves between the fire and the nearest means of escape. If there is any doubt about personal safety, if a fire becomes too difficult to fight or cannot be contained, it should be abandoned and left to Lancashire Fire & Rescue Service to deal with. A buddy system should always be used to ensure that the person fighting the fire is supported by another staff member who looks to the personal safety of the fire fighter.

8 **DANGERS FROM SMOKE**

A high proportion of fires in hospitals originates in wards and involves textiles and furnishings. In many fires, smoke and toxic gases present far greater hazards than flames. Most deaths result from smoke asphyxiation and inhalation of hot toxic fumes. Smoke and toxic fumes can spread very rapidly. They obscure vision, affect breathing, mental and physical reactions. They can kill patients and staff who are some distance away from the seat of the fire. Man-made materials without flame-retardancy properties used in furniture, furnishings and textiles are particularly hazardous because, if ignited, they produce large quantities of hot, dense, black smoke with toxic fumes which will quickly interfere with evacuation and firefighting. All furnishings should comply with the requirements of Firecode: HTM 05-03 Part C 'Textiles and furniture'. Compliant furnishings are tested and proven to produce minimal toxic gases and fumes under fire conditions.

9 **IMMEDIATE ACTION REQUIRED**

The immediate action to be taken when an outbreak of fire is discovered is:

- Raise the fire alarm by operating a manual call point.
- Contact switchboard on internal telephone extension 2222.

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- State the location of the incident to the switchboard operator
- Close all doors and windows in the vicinity of the fire

10 ACCESS FOR FIRE ENGINES AND FIREFIGHTERS

The Trust will endeavour to ensure that the hospital roads used by Lancashire Fire & Rescue Service fire engines are kept as clear as possible of obstructions at all times. Entry points from stairways in firefighting shafts to floors will be maintained clear of obstructions and anything of a combustible nature.

11 DRY AND WET RISING FIRE MAINS

The trust will ensure that the fire mains remain in good working order. The trust will also ensure that the following requirements are maintained.

- The physical approach to the inlet boxes will be such that Lancashire fire & rescue service can park within 18m, and have the inlet box in view.
- The trust will prohibit car parking in front of the inlet boxes.
- The inlet boxes will be secured in such a way that Lancashire fire & rescue service can open the door without too much difficulty.
- Landing valves in the closed position will be secured with a leather strap and padlock.

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PATIENT EVACUATION

1 Progressive Horizontal Evacuation

The concept of progressive horizontal evacuation is to move the patients in stages away from the site of the fire. This involves moving patients initially to an adjoining fire compartment or sub compartment on the same level, which has been designated to protect its occupants from the immediate dangers of fire and smoke. Patients from the affected area will be able to remain in an adjacent compartment or sub compartment until the fire is dealt with. Should the fire progress and further evacuation of patients away from the area of the fire become necessary, they will be moved to the next adjoining fire compartment or sub compartment providing further safe refuge. This process can be repeated, on numerous occasions, leading ultimately to a final exit.

When all patients at risk have been removed from the immediate vicinity of a fire, all doors to the affected area will be shut to contain and delay the spread of flames, smoke and toxic fumes. This action will reduce the supply of oxygen to the fire and thus help to control its spread.

2 Vertical Evacuation

Vertical evacuation should rarely be required. Vertical evacuation can be carried out by staff assisted by the use of fire evacuation ski pads. Very high dependency patients can be evacuated vertically down any one of the fire-protected staircases to a lower floor level or alternatively to a final exit door. It is clearly not desirable to keep vulnerable and dependant patients outside for any longer than is absolutely necessary. Local Evacuation plans and Business Continuity Plans must therefore include alternative internal locations where they can be kept warm and dry and any necessary treatment continued.

When all patients at risk have been removed from the immediate vicinity of the fire, all doors to the affected area will be shut to contain and delay the spread of flames, smoke and toxic fumes. This action will reduce the supply of oxygen to the fire and thus help to control its spread.

3 Category of Patients

- a. **Independent:** the mobility of patients is not impaired in any way and they are able to physically leave the premises without the assistance of staff or, if they experience some mobility impairment, they are able to leave with minimal assistance from another person. They can negotiate stairs unaided.
- b. **Dependent:** all patients except those defined as independent or very high dependency. This category also includes children and mental health patients regardless of their independent mobility. The patient or visitor will require the assistance of a member of staff to evacuate to a place of safety. The level of assistance may be in the form of simply a supportive arm, a

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walking frame, a wheelchair or in the case of children or a confused patient, guidance to the fire exit route.

- c. **Very High Dependency:** those patients whose clinical treatment and/or condition create a high dependency on staff. This includes those in intensive care/intensive therapy units and operating theatres and those where evacuation would prove potentially life threatening. It will not be possible to evacuate a very high dependent patient from the area other than by progressive horizontal evacuation of the patient on their bed. Should further evacuation be require, the patient would be transferred to a bed fitted with a ski sheet. This would allow the patient to be evacuated vertically to a different floor level or to a final exit. This course of evacuation would only be carried out in extreme fire situation and under the supervision of the Evacuation Officer.

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Equality, Diversity & Inclusion Impact Assessment Form

Department/Function	Estates & Facilities			
Lead Assessor	Russell James			
What is being assessed?	Fire Safety			
Date of assessment	06.06.2019			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues	<input type="checkbox"/>
	Service Users	<input type="checkbox"/>	Staff Inclusion Network/s	<input type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Other (Inc. external orgs)	<input type="checkbox"/>
	None. Fire is indiscriminate in its impact. By the very nature of the Trusts activity, it is recognised that patients (particularly but not exclusively) will have levels of disability that have to be taken into account. This is particularly relevant to the evacuation of non-ambulant patients from a fire situation. However, these mobility issues are recognised and reflected in the building design codes and then in the concept of “progressive horizontal evacuation.			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments:
Race (All ethnic groups)	Neutral	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?
Disability (Including physical and mental impairments)	Neutral	Whilst considered as neutral, this policy, particularly in relation to the evacuation of people with mobility and sensory impairments is fully recognised because of the nature of many patients that attend and indeed some staff.

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Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief (includes non-belief)	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	Whilst considered neutral, the delivery of babies is particularly acknowledged in respect of evacuating mothers in labour should the need arise.
Other (e.g. caring, human rights, social)	Neutral	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	None identified.
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3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan **to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.**

- This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
- This should be reviewed annually.

ACTION PLAN SUMMARY		
Action	Lead	Timescale

HOW THE NHS CONSTITUTION APPLIES TO THIS DOCUMENT

WHICH PRINCIPLES OF THE NHS CONSTITUTION APPLY? Click here for guidance on Principles	Tick those which apply	WHICH STAFF PLEDGES OF THE NHS CONSTITUTION APPLY? Click here for guidance on Pledges	Tick those which apply
1. The NHS provides a comprehensive service, available to all. 2. Access to NHS services is based on clinical need, not an individual's ability to pay. 3. The NHS aspires to the highest standards of excellence and professionalism. 4. The patient will be at the heart of everything the NHS does. 5. The NHS works across organisational boundaries. 6. The NHS is committed to providing best value for taxpayers' money. 7. The NHS is accountable to the public, communities and patients that it serves.	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability. 2. Provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities. 3. Provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential. 4. Provide support and opportunities for staff to maintain their health, wellbeing and safety. 5. Engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families. 6. To have a process for staff to raise an internal grievance. 7. Encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Employment Rights Act 1996.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
WHICH AIMS OF THE TRUST APPLY? Click here for Aims	Tick those which apply	WHICH AMBITIONS OF THE TRUST APPLY? Click here for Ambitions	Tick those which apply
1. To offer excellent health care and treatment to our local communities. 2. To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria. 3. To drive innovation through world-class education, teaching and research.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Consistently deliver excellent care. 2. Great place to work. 3. Deliver value for money. 4. Fit for the future.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

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