

HCA INTERNATIONAL POLICY

FIRE POLICY

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1 OVERVIEW

This policy should be read in conjunction with HCA corporate fire policy, The London Bridge Hospital (LBH) Fire Policy is endorsed by the Chief Executive Officer (CEO) and staff compliance is supported by the Senior Management team. It will provide staff with information on how they should behave in the event of a fire at LBH Campus site. All LBH satellite sites will have their own fire policy.

2 POLICY

The purpose of this policy is to ensure that all staff members are fully aware of their roles and responsibilities when the fire alarm is activated, therefore minimising the risks posed to all persons on site in the event of a fire by ensuring safe and secure procedures are followed and the fire is dealt with swiftly and safely to minimise the risk of harm to persons and damage to LBH Campus site which includes the following buildings:

27 Tooley Street London Bridge Hospital

29 Tooley Street Outpatient facility

Emblem House - Outpatient facility

St Olaf's House - Outpatient and Day surgery facility

The fire policy will set out the framework for:

- immediate actions
- command and control
- staff responsibilities
- training regimes and fire drills
- fire detection systems, alarms
- firefighting and evacuation equipment
- additional fire stopping precautions
- evacuation systems
- administration

3 PROCEDURE

3.1 Immediate actions

- On discovering a fire all staff should
 - **Raise the alarm** by using a break glass, close all windows and doors, contain the fire by use of fire rated doors and evacuate the immediate area the fire is in.

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- **Inform Main Reception** of the location of the fire by calling Extn 42000.
- **Turn on emergency radio and await instruction** from the fire controller/ fire marshal/ fire brigade.
- On hearing a fire alarm
 - **On hearing the continuous alarm** – this indicates that the fire is in your zone. Close all doors and windows. Staff and visitors should remain in their departments until advised it is safe to evacuate by the manager as they may be required to assist with the evacuation of others.
- **The senior person present** will take charge as Fire Marshal and make decisions as to whether it is appropriate to evacuate patients, until such time as the Fire Controller or Fire Brigade arrives.
- **On hearing the intermittent alarm** – this indicates that the fire is in your building but not in your zone. All staff and visitors should remain in the building. The senior person/Fire Marshal, present should check the location of the fire, staying within zone, take charge and await instructions from the Fire Controller or Fire Brigade as to further action.
- **Nursing/ Departmental staff where patients/ visitors are present** must communicate what is happening to reduce anxiety and to avoid panic. Regular updates should be given where evacuation is not to take place.
- **Do not attempt** to make contact with Main Reception by phone or in person, as the repeater panels will provide sufficient information. Emergency radios should be turned on for communication purposes.
- **Do not attempt to use the lifts** as these will be grounded.
- **Departmental action cards** will outline specific actions to be taken for your areas and staff must familiarise themselves with these.
- **Command and Control:** In all circumstances the Senior Fire Brigade Officer once on site will have total responsibility for a fire situation. However prior to the arrival of the fire brigade the LBH Estates Manager/Fire Controller will assume control of the incident with the full delegated authority of the CEO in the event of a fire incident.
- **LBH Duty Manager** will assume the role of Fire Controller in the absence of the Estates Manager.
- **At ward/ departmental level** the senior person in charge will assume the role of fire marshal for their area and take control of all persons present until such time as the fire controller or fire brigade assumes command.

3.2 Responsibilities

- **All Staff.** Will attend mandatory fire training, read, understand and comply with relevant policies and procedures, to enable them to carry out tasks safely in the event of a fire, as set by the person in charge – Fire Controller, Fire Marshal and Fire Brigade.
- **CEO** - to set and implement policy through delegated authority.

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- **Emergency Planning Officer** (hotel services Manager) - to ensure compliance with Group policies and strategy and alignment with Major Emergency Plan.
- **Fire Officer** (Estates Manager) - to coordinate training and fire drills and will plan, supervise and conduct inspections and provide technical direction.
- **Fire Controllers & Marshals** - to attend mandatory training which is carried out annually for all fire controllers and fire marshals. To be aware of duties and take action in event of fire alarm activation or fire drill.
- **Heads of Department** (HODS) – must ensure staff attend training, ensure local induction is carried out and maintain/make available departmental action card details.
- **Engineers & Porters** - to participate in fire team(s) in the event of an incident.

All staff have a duty of care to ensure that fire equipment is not tampered with and to report any known damage/ broken/ missing equipment to the estates team immediately.

3.3 Training

All staff: will attend mandatory fire training annually. This may also be carried out via the e-learning system on Grapevine. New staff will attend fire training at induction (this must be completed within 3 months of commencement of employment) and receive local instruction as part of their departmental orientation.

General Fire Drills and Patient evacuation scenario training must be practised annually from all LBH site buildings. These will be coordinated and managed by the fire officer. Clinical area scenarios may not always include a full patient evacuation. Patients and visitors will be informed when drills and evacuations will take place to avoid any potential distress.

Fire controllers and Fire Marshals: in addition to the annual mandatory training duty managers will attend specific annual training that is carried out by the fire officer and is site specific.

Mandatory annual training will be delivered by a qualified trainer and shall be in line with up to date legislation.

This session will include:

- causes of fire
- immediate actions to be take
- evacuation techniques
- local procedures

Additional training will be made available for staff with specific fire responsibilities:

- fire extinguisher training
- evacuation equipment
- evacuation of patients

All staff training completed will be recorded and records held by the department manager.

Evacuation training records will be held by the Fire Officer and shall include a written review

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of the exercise and actions to be taken to improve practice.

3.4 Fire detection systems and alarms panels/ alarms and bells

Redcare: LBH campus is linked to an automated call routing system whereupon activation of a fire alarm a call is automatically made to the Fire Brigade without need for telephone call from reception. Once activated Redcare cannot be stood down and the fire brigade must attend the site. Care must be taken by the estates team and main reception to inform appropriate persons when repair works or alarm testing is being carried out so as to avoid false call outs of the fire brigade. During these times main reception staff will be required to physically call the emergency services 999, to request assistance from the fire brigade if there is an actual or suspected fire on site.

Smoke/heat detectors are installed throughout the facility and are usually located within the ceiling void or attached to the ceiling. They are activated by direct smoke, heat or flames within specified areas (zones). It should be noted that use of aerosols in some areas such as toilets may cause the detector to be activated. These devices are tested quarterly by the alarm servicing contractor.

Alarm indicator (repeater) panels (addressable systems) are situated specifically at the following locations:

- the main reception areas for the main hospital building, comms room in the basement and at the North side departmental reception desks
- link bridge between main hospital and Emblem house
- reception and basement of St Olaf's house

Indicator panels will identify the precise zone (area of the facility) that the fire is located in within a range of 1 metre.

Fire alarms/bells: Upon activation of the fire alarm bells will sound.

LBH and 29 Tooley Street there are 2 distinct sounds:

- Intermittent: this indicates that there is a fire in the zone adjacent to the zone where the intermittent alarm sounds.
- Continuous: this indicates that the fire is within that zone.
- Irrespective of the identified fire zone as part of the overall fire safety arrangements the alarm will always sound continuously within the following areas: basement, stairwells and ground floor of the buildings. This allows key staff to be alerted to the fire immediately.

St Olaf's House: fire alarms are bells which will ring out continuously irrespective of the fire location and these will also be activated on the link bridges access routes between the building and LBH. Additionally on the link bridge between LBH and Emblem house a flashing light will be activated if there is a fire in either building.

Resetting of alarms system may only be undertaken upon the instruction of the onsite Fire Brigade.

Alarms are tested every Tuesday starting at 10:00 and records are kept. Patients and visitors are informed of the testing to avoid any unnecessary distress.

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Silencing of alarms/ bells can only be authorised by the Duty Manager or Hospital Fire Officer and must not be interpreted as an “all clear” for re-entering the buildings, department or evacuated zone.

Comms Room: An automated FM200 suppression system is operated in the Main Building basement comms room. This uses a gas to suppress fire, which may prove fatal to persons present due to the lack of oxygen available. Therefore this room can only be accessed by authorised persons who have gained permission by a permit issued by the Estates Manager or the Front of House Manager.

3.5 Equipment/ safety precautions

All firefighting equipment located within each building will be maintained in accordance with manufacturers’ instructions and will comply with building control and HTM05 01 – Management of Fire Safety.

Equipment is checked in accordance with the British standards, both on the annual fire risk assessment which is undertaken by the fire officer or Quadriga - our external fire safety advisers and quarterly as part of the in-house safety checks. Full and completed records of all maintenance and servicing of equipment will be held by the Estates Manager and will be made available for any inspections upon request.

All equipment should only be used by trained and competent staff.

Fire Equipment consists of the following:

- **Break glass points:** Located throughout all buildings near to the fire exits. Activation of the break glass point will automatically trigger the alarm system and initiate the Redcare call to the fire brigade. Broken or damaged break glass points must be reported to the estates team immediately to ensure prompt repair.
- **Fire Dry Riser:** The buildings incorporate a fire dry riser which may only be used by the Fire Brigade. The dry riser will be charged with water from a fire tender or external stand pipe.
- **Fire Hose Reel:** The water fire hose reels are strategically sited on each floor near to the main exit routes. These are only to be used on wood, paper, fabric, working on the principle of cooling the fire. **They must not be used on electrical fires.**
- **Fire Extinguishers:**
- **Red extinguishers (water)** these are strategically sited throughout the buildings. They should only be used on wood, paper, and fabric. They **must not be used on electrical equipment fires.** These act by cooling the source of the fire.
- **Red Extinguisher with black labels (carbon dioxide)** these are located in or close to areas with high levels of electrical equipment. **They should be used on electrical fires.** These act by depriving the source of the fire of oxygen for the duration of the time used.
- **Fire blanket:** Wall mounted and located within kitchens, pantries, workshops and operating theatres. These act by depriving the fire of oxygen, to be used on equipment where it is not deemed safe to use an extinguisher e.g. when cooking with fat, using alcohol based solutions for use with persons in physical contact with

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fire

- **Ski sheets/ pads:** Ski sheets are available on all patient beds (pads are strategically placed throughout the facility) and can be used to secure non ambulant patients to their mattress to enable safe and secure transfer of the patient away from the fire zone.
- **Fire box:** located at main reception and to be made available for the Fire controller and fire brigade. Contents:
 - Hi- viz jacket
 - Arm bands for Fire Marshals
 - Site Plans of all buildings
 - Torch
 - Action Cards – policy and procedure
 - Forms to record incident details paper and pencils, pencil sharpener
 - Head of Departments and emergency incident team telephone numbers

3.6 Additional fire stopping precautions:

Zones /Fire doors: All buildings are divided into zones visible on the indicator boards for identifying where the fire is located. Fire doors are located at the entrance to each department and define zones. These allow for confining fire within an area to allow sufficient time for safe evacuation of the adjacent areas.

Medical gases: Isolation valves for medical gases are located on all floor levels to isolate north and south zones. In the event of a fire, in which the piped medical oxygen supply would present a foreseeable leak or fracture and so worsen the fire, these should be turned off by the senior clinician or medical officer present, after making sure that affected patients have continuity of supply through portable cylinders or other means. Permission from the senior clinician or medical officer must be obtained before turning supplies back on again.

Kitchen Valves: In the event of a fire in the kitchen, there is a yellow break glass at the fire exit which, when broken, will automatically turn off the gas and electrical supplies for the kitchen.

3.7 Evacuation

There may be an occasion when evacuation becomes necessary. The Fire Brigade will provide advice, BUT the Fire Controller must take the decision in the light of the prevailing circumstances. The following guidelines should be followed but where immediate action is necessary, do not wait for instructions.

There are two possible phases of evacuation:

- **Immediate:** The fire or the smoke is present and within the immediate area and unless moved from the area quickly, patients/ visitors may be seriously affected/injured or there is a risk of death.
- **Precautionary:** Where there is a chance that the area may soon become affected by the fire and although the decision to evacuate is taken by the Fire Controller, the

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actual evacuation can be undertaken more slowly.

All personnel staff in non-clinical areas should leave the building 29 Tooley Street, Emblem House,

Basement and ground floor of main hospital, St Olaf level basement to 2nd floor should leave in an orderly fashion and make their way to the designated fire assembly/muster points (refer to appendix

All other staff and visitors should remain within the department and await instruction from the person in charge. It may be necessary for non-clinical personnel to be requested to assist in the evacuation of visitors and those with mobility restrictions.

Inpatients should remain within the department.

Day case patients should remain within the department until staff advice and assist them to evacuate safely.

All ambulant patients must be escorted by a member of staff. Mobile, ambulant patients should be moved first to allow for clear, unhindered exit from the area

Patients who are confined to bed have 2 forms of evacuation:

- **Horizontal** (preferred): Patients are to be moved to an adjacent fire zone, away from the fire. Horizontal evacuation may include crossing link bridges into adjacent buildings. Two fire doors should be maintained as the distance between the moved patients and the affected zone.
- **Vertical:** evacuation involves the movement of patients downstairs to a place of safety. This will entail removing them from their beds and using specialist equipment to move down the staircase. Equipment can be a Ferno evacuation chair, under-mattress ski sheets or ski pads where available. Staff must be competent in their use of the equipment and the appropriate clinical risk assessment must be undertaken when deciding on which method is most suitable. Vertical evacuation is not to be undertaken lightly and Fire Brigade advice should be sought if at all possible.

The nurse in charge of the clinical area is responsible for accounting for the patients from the evacuated area; this includes responsibility for the safe transfer of patient notes, however this may be delegated to a ward clerk or other staff member.

3.8 Administration

All activations of the fire alarm system and all evacuations and scenario training outcomes must be recorded and records held in accordance with the corporate fire policy. Copies of these records must be sent to Quadriga the Health and Safety Consultancy whose services are retained by HCA.

All fire incidents must be reported and investigation reported within the 10 day time frame on the incident reporting system datix.

The fire officer will provide a briefing on all fire matters quarterly at the Health and Safety Committee. A written report will also be provided for the annual LBH Health and Safety report.

- End Document -

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4 APPENDIX - ASSEMBLY POINTS

Located to the far left Assembly/muster locations:

Upon evacuation of the premises staff, visitors and patients should make their way to the following locations and remain there until advised that it is safe to return to the building:

Main LBH site, St Olaf's House and Emblem House persons should evacuate to the side entrance of No.1 London Bridge located to the far right of St Olafs's House as shown below:



No 1 London Bridge

29 Tooley Street should evacuate to the base of the steps outside the Cottons Centre as shown below. Note- care should be taken when walking across the cobbled grounds:



Cottons Centre

5 APPENDIX - FIRE TEAM

During office hours 08:00- 19:00

Fire Controller: Estates Manager /Fire Officer

Security Officer: Front of house Manager

Duty Manager

Porters

Receptionists

Engineers

After office hours 19:00 – 08:00: plus at Weekends

Fire Controller: Duty Manager

Front of House Supervisor.

Shift Engineers

Security Staff: 3rd Party Contractor

Porters