

STANDARD OPERATING PROCEDURE MANAGEMENT OF A FIRE WITHIN THE SERVICE

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this SOP refers to:	Local Fire Evacuation Plan

VALIDITY - All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	Oct 2020	New format, amendments to names, review, no significant change
1.1	March 2023	Reviewed. Minor changes and updates. Approved at Security Committee (6 March 2023).

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1. INTRODUCTION

This procedure is intended to describe the process to be used in the event of fire alarm activation. The prime aims are:

- To ensure safety of all those in the building in the event of a fire, and
- To ensure that all those in the building are accounted for in the event of a fire alarm activation in order to inform the fire service as to any rescue needs.

This procedure is in addition to any described in Trust policies – it is specifically intended to guide the action of staff at the Humber Centre and Pineview in the event of an alarm – fire prevention measures etc. are found elsewhere in Trust policy.

2. SCOPE

This procedure applies to all staff working in the service.

3. DUTIES AND RESPONSIBILITIES

This procedure will be reviewed at the Security Committee annually. All staff will be made aware of it during security updates and will practice in accordance with it.

All staff will be made aware of this protocol during their security induction/refreshers.

4. PROCEDURES

4.1. Zone with a Continuous Fire Alarm

On hearing a continuous fire alarm, staff will understand that the alarm activation is in that zone, and that all within it (patients, staff and visitors) must move to their designated muster point (see 4.8).

On arrival at the muster point a roll call will be taken by the designated fire warden.

4.2. Zone with an Intermittent Alarm

On hearing an intermittent fire alarm, staff will understand that the alarm activation is **not** in that zone. They will remain where they are (patients, staff and visitors), and not move to any other part of the building since this may lead to confusion or to entering the fire zone.

A roll call will be taken by the designated fire warden.

4.3. All Staff and Patients who are not on a Ward when an Alarm is Activated *Incudes Staff on the First Floor)

This literally refers to anyone who is not physically on a ward at the time of the alarm, and includes those on the first floor, in the catering department, sports hall, and any other non- ward areas.

On hearing any fire alarm, all patients, staff and visitors who are not on a ward at that time will move to their designated muster point (see 4.8). Ward staff and patients **will not** return to their ward.

On arrival at the muster point a roll call will be taken by the designated fire warden (see 4.4.5).

This group of staff may be directed to additional tasks by the fire marshal.

4.4. Reception

Reception staff will undertake a fire radio check with all wards at the start of each early shift.

In the event of a fire alarm, reception staff will immediately commence a roll call of **all** staff, patients and visitors in the building, using:

Staff ID cards on the key board Visitors book Global fire list pf patients – retained in reception

(Patient leave forms will identify any patients not in the building)

All airlock traffic will cease.

Reception staff will support the fire marshal and act under the direction of the fire marshal.

If staff (and patients) have gathered in the reception lobby, reception staff will issue a yellow tabard, radio (set to channel 2) and roll call pack to the nearest staff member, effectively designating them as the fire warden for that group of people

If reception is affected by the alarm and cannot continue to be used;

- On evacuating the reception staff will take the Fire Safety File and Emergency Bag.
- In the event that a fire is located at reception the fire marshal will determine the location to coordinate from and inform all fire wardens.
- The fire marshal will contact emergency services to explain the situation and give directions for entry into the building using the existing fire exit arrangements.
- A roll call will be undertaken.
- The fire warden for non-ward and first floor staff will co-ordinate with the fire marshal regarding instruction for additional staff.
- Domestic and Catering staff will report to the nearest fire warden on their evacuation route.

4.5. Fire Warden

Each ward will nominate a fire warden on a shift-by-shift basis. This staff member will be responsible for liaison with the fire marshal and will be expected to carry a 'D' key if one is required to leave the ward.

In the event of a fire alarm, the fire warden will put on the yellow tabard and collect the fire radio.

Area with a continuous alarm, the fire warden will;

- Identify the location using the fire repeater panel in their area. They will assess the fire if safe to
 do so and inform the fire marshal.
- Co-ordinate the evacuation of the ward to the muster point.
- Consider attacking the fire only if safe to do so.
- Ensure that doors and windows are closed if it is safe to do so.
- Take the patient list with them.
- Undertake a roll call and confirm the roll call when requested by the fire marshal.
- Continue to liaise with the fire marshal in relation to managing those who have evacuated including injuries sustained, assistance required, and further relocation arrangements.
- Only allow persons to re-enter after consultation with the fire marshal and fire officer.

Area with an intermittent alarm, the fire warden will;

- Undertake a roll call.
- Confirm the roll call when requested by the fire marshal.
- Provide assistance as required by the fire marshal.

4.6. Fire Marshal

The unit duty manager will assume the role of fire marshal. This role entails overall co- ordination of the fire procedure and any necessary liaison within the unit and without (SCAMPS security, emergency services, etc.)

The fire marshal will proceed straight to reception and put on the orange tabard. Once there they will check the fire panel(s) and communicate with the fire wardens and reception to ascertain the nature of the incident. If a fire is identified by a fire warden they will confirm the call to the fire service using 9-999. In the event of there being a false alarm confirmed by a fire warden the fire marshal will cancel the emergency call by contacting SCAMPS and silence the reset the alarm system.

The fire marshal will liaise with all wards and match the roll call taken by reception with the sum of those taken throughout the building.

The fire marshal will remain based in reception and liaise with fire wardens as necessary

Once satisfied that necessary movements are occurring, the fire marshal will instruct that the fire alarm is **silenced (not reset)** – this will allow for the effective use of fire radios and other communication. It will also reduce stimulus which may distress some patients.

Update staff as necessary by radio and/or pager.

Direct additional staff as required to assist in the movement of patients and staff. Clinical staff will be prioritised to assist in the movement and management of patients.

Liaise with the Fire Service on the arrival at the Humber Centre providing information on:

- Who is unaccounted for and where they were last seen?
- Where is the fire?
- · What is on fire?
- Any special hazards (oxygen, clinical waste etc.)?

Additionally:

- Act as an information point to the fire service throughout the duration of the incident.
- Escort the fire service to the incident. In the event they are unable to continue to escort due to
 the presented risk they will issue the emergency services equipment and record in the fire safety
 file.
- Co-ordinate the access for hoses and other equipment into the building using the access points identified in the Fire Safety File (Red Folder). They will ensure a perimeter of security is maintained during this time.

Contact the following as required (depending on the severity of the incident):

- On-call consultant
- On-call Trust manager
- On-call director

Make arrangement with the local Police under the local emergency plan agreement if there is significant loss of the building or difficulty in maintaining security

On conclusion of the incident the fire marshal will:

- Complete the necessary documentation for false alarm and/or fire alarm report stored in the Fire Safety File (Red Folder).
- Complete a Datix report.
- Complete any additional incident reports for investigation.
- Instigate or co-ordinate team debrief as the result of an incident occurring.
- Identify issues and lessons that could be learnt from the incident.
- If the fire system cannot be reset immediately inform all areas that site is on 9-999 calls until
 further notice, ensuring that all areas will be notified when the system is back on line. Enact
 procedures for loss of fire alarm system.

4.7. Equipment

- Each ward will carry a fire radio set to channel 2 for the use of the fire wardens, fire marshal and reception (channel 2 is for fire purposes and no other) there will be a fire radio check (see 4.4.1) at the start of each early shift.
- Each ward and reception will carry a fire pack, which will contain:
 - This procedure
 - Blank roll call sheets
 - Fire plan
 - Action cards (see Appendix A)
- Fire panels main fire panels are in reception all wards have a fire panel in the ward office, and there are others around the building
- Fire muster point notices next to fire panels.
- Fire points key operated in clinical areas, and 'break glass' in non-patient areas.
- Fire keys all staff will carry a fire key on their key strap replacements are available in reception.
- Orange tabard to be worn by the fire marshal stored in reception.
- Yellow tabard to be worn by the fire wardens stored on each ward and one retained in reception to be issued to the non-ward staff group (see 4.4.5).
- Call filtering/call challenging (as described on fire training) is in operation at the Humber Centre 9am-5pm every day except weekends and bank holidays.
- E keys to unlock final exit doors (see 4.10) are in break glass points close to those doors and described in security inductions/updates.
- The secure garden can be accessed using an A or D key, depending on location, or by using the push-bar exit at the foot of the staircase near the lift to the first floor.

4.8. Muster Points

Ward based staff and patients;

- Dining room if not available use
- Sports Hall if not available use
- Secure garden

The order for muster points for staff and patients who are not on a ward at that time and for staff on the first floor is as follows:

- Reception/Bank area if not available use
- Dining room if not available use
- Sports hall if not available use
- Secure garden

4.9. Training

This procedure will form part of the induction of any new member of staff

Annual security updates will include this fire procedure

Staff must also attend fire training in line with Trust requirements. Training in the application of this policy is an addition to those requirements.

4.10. Final Exit Points

There are two final exit points which can be used to evacuate as an absolute last resort:

- In the lobby accessing the delivery airlock,
- At the foot of the stairs close to the entrance to the reception control room.

In the event of a fire alarm, shutters will rise and magnetic locks (where fitted) on these doors will disengage automatically. The doors can then be unlocked using E keys located nearby (see 4.7).

4.11. Miscellaneous and FAQs

This procedure cannot account for all eventualities – some staff will need to make decisions based on risk assessment, safety and security. But bear in mind:

- The priorities are to be safe and be on a roll call
- If the fire alarm stops sounding carry on with the fire procedure it has only been silenced to allow for effective radio communication
- In all alarms presume it is real. Act as if it is real. It just might be.

4.12. General Emergency Evacuation Plans (GEEPs), Personal Emergency Evacuation Plans (PEEPs), and Patients in Seclusion or Long-Term Segregation

Where appropriate, GEEPs may be formulated to describe evacuation arrangements for areas or groups of people.

A GEEP will be available and on display in all seclusion suites -Appendix C.

Patients and staff with particular support needs in the event of an emergency should have a PEEP completed. Template and advice are available from the Trust Fire Safety Officer

5. REFERENCES

A short guide to making your premises safe from fire (Department for Communities and Local Government)

Action Card – Zone with Continuous Fire Alarm

FIRE ALARM IS CONTINUOUS		
What does Fire alarm has been activated, and it is in my fire		
this mean?	zone.	
What must I do?	DO put on the yellow tabard and pick up the fire radio (set to Channel2)	
	DO check the fire panel and identify the location of the alarm	
	DO check out the status of the alarm if it is safe to do so	
	DO inform Fire Marshal (FM) of any information	
	that you may have (e.g. false alarm or confirmed fire)	
	DO co-ordinate the evacuation of the ward to the muster point	
	DO take the patient list with you	
	DO undertake a roll call of all on the ward and record on the sheet	
	DO wait until the FM asks for the result of the roll call	
	DO NOT ring reception	
	DO NOT unilaterally declare a false alarm – liaise	
	with the FM if you believe this to be the case, but	
	continue with the evacuation process until instructed otherwise	

Action Card – Zone with Intermittent Fire Alarm

FIRE ALARM IS INTERMITTENT		
What does	Fire alarm has been activated, but it is not in my	
this mean?	fire zone.	
What must I	DO put on the yellow tabard and pick up the fire	
do?	radio (set to Channel2)	
	DO undertake a roll call of all on the ward and record on the sheet	
DO wait until the Fire Marshal (FM) asks for the result of the roll call		
	DO await further instruction	
	DO NOT evacuate the ward (or go to reception unless instructed by FM)	
	DO NOT take patients/staff into the courtyard	
	DO NOT ring reception	

Action Card – Those Mustering in Reception Area

Fire Marshal will nominate Fire Warden and give them a pack (containing this Action Card, blank roll call sheets, a copy of the fire procedure), a yellow tabard and a radio (set to channel 2

Fire Warden will put on Yellow Tabard

Fire Warden will undertake a roll call

Fire Warden will update Fire Marshal as requested

Action Card – Fire Marshal and Reception Staff

Fire Marshal - go to reception immediately

Reception staff - establish how many people are in the building by counting ID cards and using the visitors book – then ask for the results of roll calls from all groups – record details on the reception roll card record sheet

Reception staff – all traffic in and out of the building must cease

If people are mustering in the area outside reception, pass them the fire pack (includes blank roll call sheets, yellow tabard, copy of the fire procedure) and a radio set to Channel 2

Ensure that the fire panel is active – the key should point to the 'l' symbol) – and identify the location of the alarm

If the Fire Marshal is satisfied that the fire procedure is being followed, then the alarm can be silenced by pressing the 'silence/resound' button on the fire panel ONCE

If a false alarm is verified, notify SCAMP Security who can pass information to the Fire Service

If the Fire Marshal is certain that the alarm is false, this can be communicated to staff by radios and pager message

Appendix B - Roll Call Sheets

HUMBER CENTRE RECEPTION ROLL CALL SUMMARY

Date		Time	
Total number of staff in the building (count of ID cards)			
Total number of visitors in the building (visitors book – do not include anyone in reception who is booked in but hasn't been collected)			
Overall total			
Darley House			
Derwent			
Ouse			
Swale			
Ullswater			
Staff mustered outside reception			
Staff in reception control room			
Overall total			

HUMBER CENTRE ROLL CALL SUMMARY

Group			
Date		Time	
			ı
Patients			
Staff			
Visitors			
Total			
Names (if necessary)			

HAND TO RECEPTION ON TERMINATION OF ALARM

Appendix C - General Emergency Evacuation Plan (GEEP) for Retention and Display in Seclusion Suites

NB To be printed in A3 size, laminated and displayed inside the utilities cupboard doors in all seclusion areas

(If applicable)

Any documentation to be inserted into client records must be the approved-Trust format and accessed via the Trust's intranet.