

FIRE POLICY

POLICY STATEMENT:

Trinity Hospice & Palliative Care Services is committed to providing a safe, healthy working environment for all staff, and ensuring that wherever possible, policies and procedures such as this one are available to help achieve this.

The line manager must ensure this Policy is given to each member of staff on the first day of employment. The Volunteer Services Department must ensure a copy is issued to new Volunteers during induction. Every member of staff will receive mandatory training in Fire Safety.

The single most important intention of this policy, which must be put before all else, is to protect health and preserve life.

RELATED POLICIES AND PROCEDURES:

01F – Safety Policy

Data Protection

Equality

RESPONSIBILITY AND ACCOUNTABILITY:

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| Policy formulation and review: | Facilities Manager & Clinical Director |
| Approval: | CEO |
| Compliance: | All Employees and Volunteers |

Last Review Date: September 2016

# Next Review Due by: September 2018

1. **TESTING OF THE ALARM**

The alarm will normally be sounded for test purposes on a Monday morning at 9.00 a.m. The HK & Maintenance team undertake this in order to check certain elements of automated system response. The alarm will sound for up to a minute depending upon your location, but should it continue without being silenced, or if it restarts and continues after being silenced, then you must assume the threat is real and follow this Policy.

1. **ASSEMBLY POINTS**

After 9pm when the In-patient unit has been secured for the night, Main Reception (inside) is the single Assembly Point, providing that it is safe to be there. Otherwise or at all other times there are three assembly points:

* the grass area by the canopy outside the Inpatient Unit reception
* the car park at the front of the Linden Centre
* the car park outbuilding of the Palliative Care Building

Once at an Assembly Point you must remain there until instruction to return is issued. The instruction must be in person from the Senior Nurse on Duty, the Facilities Manager or a Marshall (indicated by a high-vis orange waistcoat).

1. **MANAGERS’ RESPONSIBILITY**

It is all Managers’ responsibility to assess risks relevant to Fire Safety over which they have control and to remove/minimise any significant risk associated with their work. The normal Health & Safety Risk Assessment template should be used. Further information is available on the HandS website. Considerations need to include:

* Ensuring that work over which you have control doesn’t compromise the integrity of walkways or escape routes/exits (e.g. by allowing a consequence of your work to block them or store any items in a stairwell).
* Assessing whether any Volunteers work with patients without staff and if so, ensuring that they know what action to take if the alarm sounds.
* If you have responsibility for others, e.g. patients and visitors in clinical areas or for attendees at an event or conference then you need to include fire related risks in your Health & Safety Risk Assessment.

For example, at a conference - informing the attendees if a test is planned and of the assembly point and route to take if the alarm otherwise sounds.

For patients and visitors in clinical areas, having a clear plan for evacuating as may be required and displaying/communicating that to staff.

Managers must also undertake a specific Risk Assessment for anyone with a disability or temporary/permanent ambulatory difficulty that could affect their ability to either be aware that the alarm is sounding or make their way towards a place of safety (assembly point).

This assessment must include a Personal Emergency Evacuation Plan (PEEP), which is simply a statement of how the person will make their way towards a place of safety (e.g. that they will shuffle downstairs seated or be assisted by nominated others or instructing them to stay on the ground floor).

You *must* not let a person work anywhere where they would be unable to make their way towards a place of safety without using the passenger lift or for another reason. E.g. if stairs cannot be managed then they must work on the ground floor. The PEEP must be drawn up in consultation with the person concerned and agreed and signed by all upon whom action is imposed. The normal Health & Safety Risk Assessment template should be used. Further information is available on the HandS website.

1. **STAFF/VOLUNTEER RESPONSIBILITIES**

It is your responsibility to:

* Familiarise yourself with the location of fire-fighting equipment, fire alarm call points and assembly point(s) near to your area of work.
* To know in advance what action this Policy requires of you and what action to take in the event of the alarm sounding.
* Attend/complete any mandatory training relating to Fire Safety that is arranged for you.
* Immediately report any defective fire-related equipment in person to the Housekeeping & Maintenance Manager or your line manager.
* Turn off *at the socket* overnight any electrical equipment that does not need to remain switched on overnight or when not required for some time.
* Inform your manager immediately if you would have any difficulty at any point (temporarily or permanently) in raising or hearing the alarm, evacuating or otherwise following any requirement of this Policy.
* To seek advice from your Line Manager or the Facilities Manager regarding any point of this Policy for which you require clarification or have any difficulty.
1. **IF YOU DISCOVER A FIRE**
* *Immediately* sound the alarm using the nearest break-glass call point.
* Summon assistance andhelp to move patients/others in immediate danger beyond a set of closed fire-doors and with ready-access to a fire exit. Systematically check nearby rooms/toilets etc. without taking undue risk.
* Only consider fighting the fire with appropriate equipment if it is no larger than a waste paper bin, if you have had training and you are sure you always have an escape route. If you are not confident, do not try at all.
* Contain the fire wherever safe to do so by closing windows and doors and as soon as possible, give all details in person to the Senior Nurse on Duty who will be at the control panel at Main Reception.
1. **WHEN THE ALARM SOUNDS**
* **DO NOT USE PASSENGER LIFTS**
* Senior Nurse on Duty: You are in charge. Follow the flow chart in Appendix A.
* HK & Maintenance Manager/Porters and Facilities Manager report to the Senior Nurse on Duty at Main Reception and assist as directed.
* Brian House and Day Therapy Unit: Await instruction, but evacuate horizontally according to your evacuation plan if there is a sign of fire in the vicinity.
* In-patient Unit Nursing and Medical staff: Provide guidance to patients and visitors (who may remain in patient rooms if not necessary to evacuate according to your departmental evacuation plan). If the drugs trolley is in use it must be locked and safely located (if possible return it to pharmacy). Gather in equal numbers outside the family room and in line of sight by the two nursing stations to allow effective communication along the Inpatient Unit and await instruction - evacuating horizontally according to your evacuation plan if there is a sign of fire in the vicinity.
* Volunteers working with patients without staff present: follow instructions provided to you as part of your department’s Fire Risk Assessment.
* ALL staff and Volunteers not listed above: immediately stop work and calmly go straight to the nearest assembly point, helping others to do the same, closing windows and doors on the way if safe to do so. Help to stop people from entering the building whilst the alarm is active. Do not return inside until instructed by an appointed person, who will be wearing a high-visibility orange waistcoat.

**FIRE POLICY APPENDIX A: PROCEDURE FOR THE SENIOR NURSE ON DUTY**

Remember - you are in charge and this procedure is purposefully brief in order to provide only a framework for basic initial steps; to determine if there is a fire and to summon the Fire Service’s assistance (or not). You may therefore need to use your judgement to make decisions about other courses of action open to you depending upon specific circumstances.

**\* Notes regarding Step 3:**

* …in any circumstance where anyone so much as thinks they’ve seen, smelled, felt or heard signs of a fire, immediately summon the Fire Service by calling 999. The Fire and Rescue Service do not require us to be absolutely certain.
* Trinity has agreed with the Fire and Rescue Service that when the In-Patient Unit and Brian House are secured for the night and the source of the alarm is within another building no investigation will take place to avoid compromising security. So: if the IPU is secured and the alarm was activated from within another building, skip step 3. Call 999 straight away, obtain the keys from the FIRE pigeon hole to access the appropriate building and await the Fire Service.

**FIRE POLICY APPENDIX B: PROCEDURE FOR INVESTIGATING ALARMS**

At any point if you so much as think you’ve seen, smelled, felt or heard signs of a fire, immediately cease investigation and return to Main Reception and inform the Senior Nurse on Duty of your findings. They will call for the Fire Service by calling 999. The Fire and Rescue Service do not require us to be absolutely certain. It will be their job to check.



**EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

**POLICY STATEMENT:**

Trinity Hospice is committed to creating a culture in which diversity and equality of opportunity are promoted actively and in which unlawful discrimination is not tolerated.

Trinity Hospice believes in the principles of social justice, acknowledges that discrimination affects people in complex ways and is committed to challenge all forms of inequality. To this end, The Hospice will aim to ensure that:

* individuals are treated fairly, with dignity and respect regardless of their age, marital status, disability, race, faith, gender, language, social/ economical background, sexual orientation or any other inappropriate distinction;
* it affords all individuals, volunteers and employees the opportunity to fulfil their potential;
* it promotes an inclusive and supportive environment for staff, volunteers and visitors;
* it recognises the varied contributions to the achievement of the Hospice’s, mission made by individuals from diverse backgrounds and with a wide range of experiences.

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| Title of policy/ proposal/ activity: | Fire Policy |
| Equality Impact Assessment Group (names): | Simon Hellawell, David Houston |
| Date: | As per policy ‘last review date’ |

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| 1. Briefly describe the aims, objectives and purpose of the proposal  | To protect human life and provide clear action to be taken in the event of a fire or suspected fire. |
| 2. Are there any associated objectives of the proposal, please explain  | To maintain a working, tested alarm and detection system. |
| 3. Who is intended to benefit from the proposal and in what way? | Everybody on sites covered by the Policy as described in the Policy Statement. |
| 4. What outcomes are wanted from this proposal? | As described in the Policy Statement. |
| 5. What factors/forces could contribute/detract from the outcomes?  | Unsatisfactory management of processes or non-adherence to rules. |
| 6. Who are the main stakeholders in relation to the proposal? | Staff, patients, families, visitors to site. |
| 7. Who implements the proposal and who is responsible? | Author: Facilities ManagerApproval by: CEO. |
| 8. Is it likely that that the proposal **could** have a positive or negative impact on minority **ethnic** groups. What existing evidence (either presumed or otherwise) do you have for this? | No |
| 9. Is it likely that that the proposal **could** have a positive or negative impact due to **gender.** If so, please outline what the impact might be.What existing evidence (either presumed or otherwise) do you have for this? 7. Who implements the proposal and who is responsible for the propos | No |
| 10. Is it likely that that the proposal **could** have a positive or negative impact due to **disability.** If so, please outline what the impact might be.What existing evidence (either presumed or otherwise) do you have for this? | No – instruction is made within the policy and associated health & safety processes to actively plan in advance to protect anyone with a disability or with impeded mobility. |
| 11. Is it likely that that the proposal **could** have a positive or negative impact on people due to **sexual orientation.** If so, please outline what the impact might be.What existing evidence (either presumed or otherwise) do you have for this? | No |
| 12. Is it likely that that the proposal **could** have a positive or negative impact on people due to their **age.** If so, please outline what the impact might be.What existing evidence (either presumed or otherwise) do you have for this? | No |
| 13. Is it likely that that the proposal **could** have a positive or negative impact on people due to their **religious belief.** If so, please outline what the impact might be.What existing evidence (either presumed or otherwise) do you have for this? | No |
| 14. Is it likely that that the proposal **could** have a positive or negative impact on people with **dependants/caring responsibilities?** If so, please outline what the impact might be.What existing evidence (either presumed or otherwise) do you have for this? | No |
| 15. Is it likely that that the proposal **could** have a positive or negative impact on people due to them being **transgender or transsexual.** If so, please outline what the impact might be.What existing evidence (either presumed or otherwise) do you have for this? | No |
| 16. Can any adverse impact be justified on the grounds of promoting equality of opportunity for a particular group? (For example, the proposal may be deliberately designed to promote equality for disabled people but may run the risk of this being at the expense of non-disabled people). | No |
| 17. Is a full Equality Impact Assessment necessary? | No |
| 18. If Yes date on which full impact assessment is to be completed by |  |
| Signed on behalf of the organisation. | Simon HellawellDavid Houston |
| Agreed review date |  As per Policy ‘next review due’ date. |