FIRE SAFETY POLICY

Version 3.0

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SECTION 1 - INTRODUCTION

1.1. Policy Statement and Rationale

1.1.1. The Ipswich Hospital NHS Trust (hereinafter referred to as the Trust) is committed to providing and maintaining a safe and healthy work place and to provide suitable resources, information, training and supervision on health and safety to all members of staff, patients Contractors and visitors.

1.1.2. The Ipswich Hospital NHS Trust is committed to complying with the appropriate Statutory Fire Safety Legislation, Regulatory Reform (Fire Safety) Order 2005, and the provisions of Section 3 of “Firecode” – Fire Safety in the NHS – HTM 05-01.

1.1.3. This Policy establishes the principles for:

1.1.3.1. The Trust's Fire Safety Programme (i.e. a programme for installing and maintaining an adequate level of physical fire precautions designed to prevent the occurrence of fire, ensure its early detection and warning, and to control and stop its spread);

1.1.3.2. The Trust's Emergency Fire Procedures (i.e. procedures for raising the alarm in the event of fire first aid fire-fighting, the evacuation of persons at risk and appropriate staff training in these matters).

1.1.4. The Trust aims to do all that is reasonably practicable to manage the risk and to follow the steps laid out in the procedures.

1.1.5. The overall objective is to ensure that there is a hospital wide approach to the development, management and implementation of this policy, which is communicated to and available to all members of staff.

1.2.1. Key Principles/Aim

1.2.1. This fire policy aims to ensure that if possible, outbreaks of fire do not occur and that if they do, they are rapidly detected, effectively contained and quickly extinguished.

1.2.2. This policy describes the objectives and responsibilities for Fire Safety within the Ipswich Hospital NHS Trust. It covers all persons employed by the Trust and all persons affected by the work of these employees.

1.2.3. The aim of this policy document is to detail the structure of the organisation and the management of Fire Safety within the premises.

1.2.4. Post-incident response and evaluation are essential for an effective fire prevention programme. It is also important that we learn lessons from fire incidents and from incidents when the alarm systems have been activated. Effective incident investigation and review of risk assessments will help prevent further incidents. It is also important to look at the factors that may have led to the incident.

1.2.5. It is vital to the effectiveness of the policy that the document is available to all staff; that they understand its contents and are aware of their role in ensuring a fire safe environment.
1.3 Background Information

1.3.1. This document complies with the Department of Health Fire Safety Policy Statement, which requires those responsible for Fire Safety within healthcare premises in England to:

- Comply with prevailing legislation,
- Implement Fire Safety precautions through a risk managed approach,
- Comply with monitoring and reporting mechanisms appropriate to the management of Fire Safety,
- Develop partnership initiatives with other agencies and bodies in the provision of Fire Safety.

1.3.2. The geographical area covered by this policy

- The Ipswich Hospital – Heath Road.

1.3.3. This policy does not relate to the following

- The Ambulance Station,
- The Incinerator Building,
- Gilchrist Unit – Castleton Way, Eye (although this area is occupied by the Trust it will have its own policy).
- Woodlands

1.4 Definitions (define key words or any abbreviations used in the document)

1.4.1. RRFSO
   The Regulatory Reform (Fire Safety) Order 2005

1.4.2. HTM 05

1.4.3. DoH
   Department of Health.

1.4.4. FIRECODE.
   Firecode consists of a number of Health Technical Memoranda (HTM) which considers policy, technical guidance and specialist aspects of fire precautions.

1.4.6. DATIXWeb.
   An intranet based incident reporting system.
1.5. Scope

1.5.1. This Fire Safety Policy is an essential document for all work force employed by the Ipswich Hospital NHS Trust.

1.5.2. The policy must be followed equally by permanent and temporary work force, by contractors and any other person working on or occupying Trust premises.

1.5.3. There are a number of facilities e.g. hotel services, the Renal Unit, who occupy part of the Trust premises under lease arrangements. Whilst they operate under their own health and safety policies and procedures they are obliged to follow this document as far as is necessary for the Trust to achieve compliance and provide specialist services.

1.5.4. Where appropriate, regular meetings are held with representatives of these organisations to ensure coordination and cooperation in health and safety management.

SECTION 2 – DUTIES AND RESPONSIBILITIES

2.1. Chief Executive and Trust Board

2.1.1. The Chief Executive is ultimately responsible for Fire Safety, including documentation throughout the Trust and will be the “Responsible Person” for the purposes of the Regulatory Reform (Fire Safety) Order 2005.

2.1.2. It is his/her duty, so far as is reasonably practicable, to ensure that the Trust complies fully with current Fire Safety legislation and Department of Health requirements under Firecode.

2.1.3. The Chief Executive delegates executive responsibility to the Director of Operations as the Executive Director for Fire.

2.1.4. The Fire Safety Management Structure can be found in Appendix 1

2.1.5. The Trust Board has overall accountability for the activities of the Trust. They will ensure that the requirements of current Fire Safety legislation and Firecode are met.

2.2. Executive Director with Responsibility for Fire (Director of Operations)

2.2.1. Ensuring there is a Fire Safety Management structure for the Trust which clearly defines levels of responsibility and line of accountability for Fire Safety throughout the organisation, leading to the Board,

2.2.2. Ensuring the Fire Safety management structure must be approved by the Board and been clearly communicated across the organisation;

2.2.3. That Fire Safety roles are clearly defined for all situations where accommodation is multi occupied with other organisations e.g. leased areas,

2.2.4. The Annual Certificate of Fire Safety Management is completed and signed by the Chief Executive,
2.2.5. The Proposal and execution of programmes of work relating to Fire Safety to the Trust,

2.2.6. Fire Safety is considered in the planning of any change of use of buildings or new development on the hospital site. The Director of Operations is the designated Director with responsibility for health and safety and security management matters

2.3 The Fire Safety Manager

2.3.1. The Fire Safety Manager is tasked with developing and managing the fire safety management system, and will be responsible for (exemplar role/duties):

2.3.2. The day-to-day implementation of the fire safety policy.

2.3.3. Reporting of non-compliance with legislation, policies and procedures to the Director with fire safety responsibility.

2.3.4. Obtaining expert advice on fire legislation.

2.3.5. Obtaining expert technical advice on the application and interpretation of fire safety guidance, including DH’s Firecode.

2.3.6. Raising awareness of all fire safety features and their purpose throughout the Trust.

2.3.7. The development, implementation, monitoring and review of the organisation’s fire safety management system.

2.3.8. The development, implementation and review of the organisation’s fire safety policy and protocols.

2.3.9. Ensuring that fire risk assessments are undertaken, recorded and suitable action plans devised.

2.3.10. Ensuring that risks identified in the fire risk assessments are included in the Trust’s risk register as appropriate.

2.3.11. The operational management of fire safety risks identified by the risk assessments.

2.3.12. The development, implementation and review of the organisation’s fire emergency action plan.

2.3.13. Ensuring that requirements related to fire procedures for less-able staff, patients and visitors are in place.

2.3.14. The development, delivery and audit of an effective fire safety training programme.

2.3.15. The reporting of fire incidents in accordance with trust policy and external requirements.

2.3.16. Monitoring, reporting and initiating measures to reduce false alarms and unwanted fire signals.

2.3.17. Liaison with external enforcing authorities.

2.3.18. Liaison with Trust managers.
2.3.19. Liaison with the Authorising Engineer (Fire).

2.3.20. Monitoring the inspection and maintenance of fire safety systems to ensure it is carried out.

2.3.21. Ensuring that suitable fire safety audits are undertaken, recorded and the outcomes suitably reported.

2.3.22. Providing a link to the relevant trust committees.

2.3.23. Ensuring an appropriate level of management is always available by the establishment of Fire Response Teams for trust sites or premises.

2.4 **Fire Safety Adviser**

2.4.1. The Fire Safety Adviser will be accountable to the Fire Safety Manager for matters of fire safety. They provide competent fire safety advice and are responsible for (exemplar role/duties):

2.4.2. Undertaking, recording and reporting fire risk assessments;

2.4.3. Providing specialist advice on fire legislation.

2.4.4. Providing specialist technical advice on the application and interpretation of fire safety guidance, including DH’s Firecode.

2.4.5. Assisting with the review of the content of the trust’s fire safety policy.

2.4.6. Assisting with the development and delivery of a suitable and sufficient training programme for staff.

2.4.7. The assessment of fire risks within premises owned, occupied or under the control of the trust.

2.4.8. The preparation of fire prevention and emergency action plans.

2.4.9. The investigation of all fire-related incidents and fire alarm actuations.

2.4.10. Liaison with the enforcing authorities on technical issues.

2.4.11. Liaison with managers and staff on fire safety issues.

2.4.12. Liaison with the Authorising Engineer (Fire).

2.5 **Chairs and General Managers of Business Units / Associate Directors**

2.5.1. Chairs and General Managers of Business Units and Associate Directors are responsible for the effective implementation of this policy within their area of responsibility including overall management of any potential risks and development of safe systems of work to manage any identified risks.

2.5.2. They are responsible for monitoring compliance and effectiveness of this policy under the Health and Safety Performance Management and Assurance Framework.
2.5.3. Chairs and General Managers of Business Units and Associate Directors are answerable for the safety of their work force, and the activities in their charge, and are expected to promote a high degree of health and safety awareness amongst all work forces. This involves the following key responsibilities:

2.5.4. Ensuring managers within their Business Unit understand their responsibilities to complete risk assessments for all equipment within their responsibility.

2.5.5. Providing sufficient resources to complete the risk assessments and implement identified control measures.

2.6. Directors, Service Managers, Heads of Departments, Head Matrons and Ward Matrons

2.6.1. All Directors, Service Managers, Heads of Departments, Head Matrons and Ward Matrons are responsible for the following Fire Safety requirement in their own designated area.

2.6.2. Monitoring Fire Safety in their department and ensuring that contraventions of Fire Safety precautions do not take place,

2.6.3. Ensuring that Fire Safety instructions are bought to the attention of their colleagues and that every member of their staff participates in appropriate Fire Safety training on induction and refresher training according to the Mandatory Training Policy.

2.6.4. Ensuring that all new staff, at induction are given basic familiarisation training to include fire procedures, means of escape and location of assembly points within relation to their place of work,

2.6.5. Keeping a record of staff attendance at Fire Safety lectures and training sessions and ensuring that action is taken following non-compliance by staff with mandatory fire training,

2.6.6. Notifying the Fire Safety Adviser of any proposals for change of use, alterations or occupancy of the building within their area of responsibility;

2.6.7. Identifying Fire Safety Coordinators and ensuring they have sufficient support, in training, time and resources to carry out their duties.

2.7. Leaseholders and Tenants

A number of buildings or areas are occupied by tenants from other organisations.

2.7.1. These tenants will comply with the broader principles of this policy.

2.7.2. As leaseholders they are required to comply with all statutory obligations, including the RRFSO,

2.7.3. Each tenant will manage Fire Safety in their own areas, carry out their own fire risk assessments and introduce policies and procedures in their occupied premises. Copies of these documents will be forwarded to the Executive Director of Fire.
2.8. **Hospital Coordinators**

The Hospital Coordinator is the person in overall operational control for day to day emergency/fire issues, thereby providing 24 hour, 365 day operational cover. Their responsibility during any emergency is to:

2.8.1. Liaise with other members of staff to coordinate action in the event of a fire,

2.8.2. Investigate the alarm activation,

2.8.3. Control horizontal evacuation of a fire compartment or full evacuation of a department or building,

2.8.4. Request the silencing and resetting of the fire alarm system,

2.8.5. Complete the Fire incident reports, for further information please see: Appendix 2: Fire incident report form.

2.8.6. Act as the point of contact and liaison with the Senior Fire Officer from the Suffolk Fire & Rescue Service Officer in the event of an emergency.

2.9. **Switchboard Operator**

The responsibilities of Switchboard operators are as follows:

2.9.1. Monitoring the Fire Alarm Panels.

2.9.2. In the event of a fire alarm activation, alerting by Bleep and passing on all relevant information to:

- Hospital Coordinator,
- Fire Response Support Team,
- Keir (KMS) engineer (Garrett Anderson Centre only).
- Fire Safety Manager (if available)
- Electrical Engineer (normal working hours)
- Boiler house engineer (out of normal working hours)

2.9.3. Communications with Fire Service and all persons involved during any fire emergency;

2.9.4. Calling the Fire Service when the fire alarm activates and passing on all relevant information;

2.9.5. Keeping records of all fire alarm activations;

2.9.6. Silencing and resetting the fire alarm system on instruction from the Hospital Coordinator, Fire Safety Manager or Fire Service. **Note:** Only the Senior Service Officer in attendance can make the decision to silence alarms and reset them.
2.10. Fire Response Support Team

The Trust has a number of nominated staff who acts as a Fire Response Team (FRT). The team comprise of the following representatives:

- Hospital Co-ordinator
- Fire safety Manager
- Porter Representative,
- Estate Representative/Kier (KMS – GAC)
- Security Officer.

The Fire Response Support Team will be alerted from Switchboard by bleeper.

2.10.1. Portering Representative

In the event of a fire or other emergency incidents the Switchboard Operator will contact the Duty Porter or ‘Helpline Operator’, informing him/her of the incident, giving relevant information. It will be the responsibility of that person to contact and inform the Porters on duty to enable them to respond to the incident.

Portering staff will be responsible for:

- Attending the incident and making themselves available to assist the Hospital Coordinator (Senior Fire Coordinator)/Fire Safety Coordinator,
- Helping with policing the exits to stop re-entry until it is safe to do so,
- In areas containing lifts (if required by the Hospital Coordinator or Fire Service).

2.10.2. Estate Representative

During normal working hours: 08:00 – 16:00, an electrical engineer will be contacted by the Switchboard. Out of normal working hours: Nights, Weekends or Bank Holidays, this responsibility will be taken on by the Boiler House engineer.

Their responsibilities during a fire or emergency will be as follows:

- Checking and identifying Zones and fire detection equipment,
- Replacing the glass in ‘Break Glass Call-points’ (if required),
- Silencing or resetting non addressable fire alarm panels in conjunction with switchboard (when required),
- Replacing faulty detectors (if required),
- Attending the incident and offering advice and assistance to the Hospital Coordinator or Fire Safety Coordinator.
N.B. Woodlands will provide their own representative(s) to alarm actuations within their area of responsibility.

2.10.3. **Security Staff**

In the event of a fire or other emergency incident the Switchboard Operator will contact Security by means of the ‘bleep system’. The relevant information will be passed onto Security and they will respond accordingly.

Security staff will be responsible for and carry out the following actions:

- Standard practice will be for one member of the Security Team, to meet the Fire and Rescue Service to facilitate their route to the fire alarm incident. This is priority.
- Other Security Officer(s) will attend the scene to assist with securing the area.
- Should the Hospital Coordinator in charge, require Security staff to undertake any other duty, they should instruct them accordingly.

**2.11. Fire Safety Coordinator**

2.11.1. Fire Safety Coordinators will be nominated by each department to be the local point for Fire Safety within their area of responsibility.

2.11.2. They will act as the Fire Safety ‘ears and eyes’ within their area reporting all Fire Safety issues to their Line Manager and or Fire Safety Adviser.

2.11.3. Managers will ensure that all areas under their responsibility have sufficient trained Fire Safety Coordinators to cover the requirements of this Policy.

2.11.4. In ward areas the Fire Safety Coordinator will be the nurse in charge of the operational area and be available 24/7.

2.11.5. Their role will include assisting the Trust Fire Safety Adviser by maintaining basic Fire Safety procedures in their workplace and in particular,

- **Preventing un-safe Fire Safety practices.**

The post requires a general understanding of possible Fire Safety issues that present themselves during the normal working day, for example; toasters being used under shelving in kitchens, advising new members of staff on Fire Safety in their department, Fire Doors being wedged open, fire-fighting equipment and Fire Alarm Break Glass call-points being obstructed etc.

- **Weekly checks on the availability and condition of Fire Safety Equipment.**

British Standards 5306 part 3: 2009, 5266 and 5839 require regular checks be made on Fire Safety Equipment i.e. extinguishers, emergency lighting, signs and fire alarm equipment by a competent person, these checks are only visual, but crucial to maintaining a good standard of Fire Safety in each department.

- **Maintaining safe Fire Exit Routes in their department.**

Maintaining exit routes are paramount to enabling a successful evacuation of patents, visitors and staff. The department Fire Safety Coordinator will be required to monitor Fire Exit routes in their department during the working day.
Closing doors & windows when the Fire Alarm activates.

During any alarm actuation (intermittent or continuous alarm) the department Fire Safety Coordinator will be responsible for making sure all doors and windows in their department are closed (if safe to do so), they can nominate competent persons in the department to assist. The closing of any door will halt the movement of fire through the building, giving valuable time for safe evacuation and saving the integrity of the building. Closing windows will stop fire spread into the building, to an adjacent building or to an upper floor level.

Monitoring the build-up of combustibles in their area.

The build-up of combustible waste material in departments i.e. cardboard, wrapping paper/plastic etc. can be controlled by the department Fire Safety Coordinator thus maintaining a safe working environment.

Assisting and supporting the Hospital Coordinator

The department Fire Safety Coordinator will have knowledge of their department gained through their normal work routine. They will initially take charge of an incident until the arrival of the Hospital Coordinator or Fire Service and then assist the Hospital Coordinators by giving relevant information on their department during an emergency.

2.12. Fire Policy Group

2.12.1. The function of the Fire Policy Group will be to develop this Policy and the procedures which implement it; they are also responsible for the monitoring compliance and effectiveness of this policy.

2.12.2. The Group will ensure compliance with all current Fire Safety legislation and DoH guidance and report its findings to the Risk Management Group.

2.12.3. The Fire Policy Group will have at least the following representation –

- Associate Director of Estates (chair)
- Trust Fire Safety Manager (vice chair)
- Trust Fire Safety Adviser
- Hospital Coordinator Representative
- Nursing Representative with Fire Coordinator qualification
- Suffolk Fire and Rescue Service Representative.

2.12.4. The group will meet at regular intervals and not less that quarterly. Meetings will be convened by the chair.

For further information please see: Fire Policy Group – Terms of Reference.
2.13. Contractors

2.13.1. All contractors are required to report to the Estates Department and be issued with a security badge.

2.13.2. They are issued with permits as required and a range of information including Fire Safety

2.14. Members of Staff

All members of staff have a responsibility to comply with this policy and procedure. In particular they must:


2.15. Responsible Officer

2.15.1. The Responsible Officer for this policy is the Fire Safety Manager, who is responsible for reviewing the document and ensuring its contents comply with current standards and legislation.

SECTION 3 – ARRANGEMENTS

3.1. Key Related Hospital Policies

3.1.1. The Trust Health and Safety Policy TPO HS 001 is supported by a number of separate policies, procedures and guidance covering specific aspects of risk management and health

3.1.2. Risk Assessment Policy

3.1.3. Mandatory training Policy

3.1.4. Investigation and Monitoring of Incidents, Complaints and Claims Policy

3.2. Fire Prevention Measures

The Estates department maintains / tests Fire Safety equipment and maintain records of all tests to British standards and HTMs. This equipment includes:

- Fire Detection & Fire Alarm Systems,
- Emergency Lighting,
- Lightning conductors,
- Portable Electrical Equipment (PAT),
- Fire-fighting Equipment,
- Sprinklers,
- Rising Mains, Hydrants
3.3. **Statutory record**

The hospital keeps records of the following:

- Testing and maintaining of Fire Safety Equipment,
- All Fire Safety related incidents including fires and false alarms,
- Staff Fire Safety training.

3.4. **Emergency Planning for Disabled Persons (employees and visitors)**

3.4.1. Heads/managers of departments must ensure that specific and suitable departmental arrangements are in place for all members of staff in their department who have restricted mobility, sensory disabilities or who are temporarily incapacitated.

3.4.2. In particular they must ensure that safe egress from their area of responsibility to a place of safety in case of a fire or emergency evacuation has been given due consideration.

3.4.3. Once person(s) with disabilities have been identified by the Heads/managers they should conduct an assessment of their department then notify the Fire Safety Adviser and Fire Safety Manager.

3.4.4. Disabled persons have a duty to make Heads/managers of departments aware of their condition as far as relevant to the individual’s Emergency Planning and Egress in case of fire. The Trust can only effectively discharge its ‘duty-of-care’ to individuals who may be affected by an emergency, on being informed of their relevant conditions as soon as reasonably practicable.

3.4.5. An evaluation of any disabled visitors will be undertaken by Heads/managers of departments at the time of any evacuation of the department, they must ensure that suitable arrangements are made for all visitors in their department who have restricted mobility.

3.4.6. **Note:** It is considered that all patients at some stage during their treatment may be temporarily incapacitated and deemed as being disabled, with this in mind arrangements for safe evacuation of patients are in place throughout the hospital and ‘Personal Emergency Evacuation Procedures’ (PEEP) will be instigated as required.

3.5. **Fire Safety Risk Assessments**

3.5.1. The Regulatory (Fire Safety) Order places a duty on the Responsible Person (the Chief Executive) to take such general fire precautions as will ensure, so far as is reasonably practicable, the safety from fire of any of his/her employees; and in relation to relevant persons who are not his/her employees, take such general fire precautions as may be reasonably required in the circumstances to ensure that the premises are safe.

The Chief Executive may delegate this duty to the Executive Director with Responsibility for Fire and the Fire Manager, but s/he still retains ultimate responsibility for fire safety within the premises under his control.
3.5.2. The Chief Executive, as the Responsible Person must make a suitable and sufficient assessment of the risks to which relevant persons (staff, patients, visitors, contractors and other persons having justifiable presence on the premises) are exposed for the purpose of identifying the general fire precautions that s/he needs to take to comply with the requirements and/or prohibitions imposed on him/her or under the RRFSO.

This will be achieved by carrying out Fire Risk Assessments and, as far as is reasonably practicable, the Head of Safety will ensure that all Trust premises are assessed on a regular basis by persons competent to do so, for compliance with statutory and Firecode fire safety provisions.

For these purposes, a competent person is someone with enough training and experience or knowledge and other qualities to be able to implement these measures properly.

3.5.3. These assessments will be carried out in the form of risk assessments, site inspections, ad hoc visits and other inspections, arranged and co-ordinated by the Head of Safety. In principle they will be based on the guidance outlined in Firecode: HTM 05-03 Park K – “Guidance on fire risk assessments in health care premises”. They should show that the Responsible Person(s) has looked at how to prevent fire from occurring, by removing or reducing hazards and risks (ignition sources) and then looked at the precautions necessary to ensure that people are adequately protected, if a fire were still to occur.

3.5.4. All areas of the hospital are Fire Safety risk assessed. The findings of the assessments will be available to staff in the areas covered by the assessments, in accordance with Article 19 (1) of RRFSO and will be used to maintain or improve the Fire Safety standards within the hospital.

3.5.5. Any 'significant findings' from the assessments will be collated by the Fire Safety Manager, prioritised for completion and forwarded, through the Head of Safety to the Director of Estates and Facilities for action. The Fire Safety Manager should maintain a monitoring eye on the progress of necessary works.

3.5.6. All matters requiring improvement will be addressed as soon as practically possible. Actions will be either completed by the manager of the area of the assessment, completed under back-log maintenance if appropriate or through a business case application.

3.5.7. If a ‘significant finding’ achieves a score of 15 or higher (using the Trust Risk Classification Matrix) it will be presented to the Risk Management Committee for consideration for entry onto the Trust Risk Register. Items with a score below 15 will be dealt with at Directorate level.

3.5.8. Towards the end of the calendar year the Head of Safety will submit a report on the results of the fire risk assessments to the Trust Management, thus enabling the Chief Executive to complete the Annual Certificate of Firecode Compliance by 31 December (in observance with Firecode: HTM 05-01 and statement proforma Appendix C).

3.5.9 The Trust will ensure that, in addition to annual fire assessments, there will be an annual audit of fire safety, covering all Trust premises.

3.5.10 The annual audit will be organised by the Director of Estates and Facilities, in liaison with the Head of Safety. The purpose will be to monitor compliance with Firecode
and other statutory requirements, identify weaknesses, set up remedial programmes and allocate sufficient resources to fire precautions according to the priority of need. The audit will be carried out by an audit team comprising of “competent persons” (as defined in Firecode: HTM 05-003 Part A, paragraph 2.28).

The audit will be systematic, and will monitor the compliance with statutory requirements and Firecode, as outlined in Firecode: HTM 05-03 Part A, paragraph 2.22.

3.6. Fire Evacuation Drills

3.6.1. Appropriate Fire Evacuation Drills will be undertaken in all departments at the Trust in accordance with Article 15 (1) (a) of RRFSo and the recommendations of HTM 05 and may be witnessed by Suffolk Fire and Rescue Service. The drills should be carried out at least annually or as determined by the Fire Risk Assessment.

3.6.2 Fire drills/exercises will be organised by the Fire Safety Manager and Fire Safety Adviser in consultation with the Estates and Facilities Management and other relevant persons. They will simulate a variety of conditions, but whatever the circumstances, will not be allowed to prejudice the health, safety and welfare of patients, staff, visitors, contractors and other persons having a justifiable presence on the premises.

3.6.3 Evacuation drills in non-clinical areas will be conducted as ‘real’ events. Drills in clinical areas will be conducted without moving patients. In the latter circumstance, where fire drills may not be appropriate, practical fire training will be arranged with the aim of providing a realistic alternative.

3.6.4. Where exercises will involve actual manual handling they will only be conducted after consultation with the manual handling advisor, and strictly in accordance with the appropriate moving and handling guidelines.

3.6.5. All fire drills/exercises will be monitored and the details recorded to enable the Fire Safety Manager to assess the effectiveness of fire procedures and the adequacy of training. Records will be kept centrally by the Fire Safety Manager, for a minimum period of three years.

3.7. Fire Procedures

3.7.1. In all Trust premises there will be an established procedure to be followed by staff in the event of fire and fire alarms.

3.7.2. Fire procedures will be particular to the nature and requirements of the individual buildings and, where necessary, areas within those buildings.

3.7.3. The principal aim of the procedure will be to achieve a rapid and effective response to all fire emergencies and fire alarms, in order to safeguard life, property and equipment with the minimum disruption to the healthcare environment.

3.7.4. Fire procedures will include plans for:

3.7.4.1. Raising the alarm in the event of fire;
3.7.4.2. Calling the Fire Rescue Service;
3.7.4.3. Notifying essential personnel;
3.7.4.4. Staff action on hearing the fire alarm;
3.7.4.5. The co-ordination of emergency action;
3.7.4.6. First aid fire-fighting (if safe to do so);
3.7.4.7. The control of fire and smoke;
3.7.4.8. The isolation/disconnection of services, as necessary;
3.7.4.9. The evacuation of persons, as necessary;
3.7.4.10. Assessment, reporting and restoration after the event.

3.7.5. Fire procedures on site will be formulated and periodically reviewed by the Fire Safety Adviser and other relevant parties.

3.7.6. In all Trust premises detailed written accounts of the fire procedure will be circulated and made accessible to all members of staff via the Trust’s intranet.

3.7.7. Fire Action Notices will be exhibited in conspicuous positions stating the essentials of the action to be taken upon discovering a fire and on hearing the fire alarm. They will be designed according to the latest specifications, as outlined in Firecode: HTM 05-03 “Firecode Fire Safety in the NHS - General Fire Safety and “Fire Safety Signs” (as amended by the Health & Safety (Safety Signs & Signals) Regulations 1996”).

Signs not complying with the latest guidance will be replaced according to a planned programme forming part of the Trust’s Fire Safety Risk Assessment Programme.

3.8 Fire Incidents

3.8.1. All fire incidents and false alarms will be investigated and recorded.

3.8.2. For real event fires the incident will also be recorded on DATIXWeb. Where appropriate a RIDDOR report and/or Untoward Event Investigation will be completed.

3.8.3. Staff and others will be offered support and counselling if required and lessons learned from post-incident evaluation will be implemented.

3.9. Unwanted Fire Alarm Actuations
3.9.1. The RRFSO and Firecode require efforts to be made to prevent unwanted fire alarm signals. An unwanted fire signal is one where the Fire Service is alerted that a fire alarm has been activated, but where there is a 'false alarm'. This could range from the deliberate setting off of alarms, faulty alarms, or inappropriate procedures being carried out in proximity to smoke or heat detectors, for instance cooking fumes, or procedures which create a lot of dust such as building work or alterations.

3.9.2. The Fire Safety Adviser will actively monitor record and report unwanted fire signals. Where an unacceptable number of unwanted fire signals is recorded the Fire Safety Adviser must implement suitable measures to address and remedy the causes with the support of the Fire Safety Manager.

3.9.3. Every fire alarm activation, fire or unwanted signal (except for routine testing) must be reported as soon as is practicable to the Fire Safety Adviser. The person in charge of the incident should make the report.

3.10. Post Incident Response and Evaluation

3.10.1. The following points are to be considered when assessing post fire incidents and incidents where the alarm systems have been activated. These are recommendations and are not an exhaustive list of options. Managers must
consider the problems and solutions as they relate to their areas of responsibility and take account of:

3.10.1.1 The immediate risk of further potential fire incidents and appropriate action to be taken;

3.10.1.2. The immediate needs of victim's e.g. first aid, medical treatment, being taken home etc.

3.10.1.3. Establishing the procedure for providing support and aftercare by assessing and referring staff for counselling where appropriate;

3.10.1.4. Ensuring that the incident is reported as per Trust's incident reporting procedure;

3.10.1.5. Reviewing the effectiveness of emergency procedures.

3.10.2 Managers have a duty of care to their employees and it is their responsibility to ensure that any employee involved in a fire incident:

3.10.2.1 Receives appropriate medical care;

3.10.2.2 Is referred to the Occupational Health Service for follow up and onward referral for counselling, if necessary;

3.10.2.3 Is made aware that Ipswich Hospital NHS Trust staff can self-refer to the Occupational Health Department, in confidence, for advice/support at any time.

3.11. **Dignity and Respect Charter**

3.11.1. The Charter has been considered and there are no dignity and respect concerns in the implementation of this policy.

3.12. **Equality Impact Assessment**

3.12.1. This policy applies equally to all work forces, patients, visitors, contractors and the public.

3.12.2. An equality impact assessment has been completed for this document.

3.13. **Consultation**

3.13.1. This document was forwarded for comment to the following:


3.13.1.2. Risk Management Committee members

3.13.1.3. Trust Safety Group members
SECTION 4 – TRAINING AND EDUCATION

4.1. Training Needs Analysis (TNA)

4.1.1. All new employees to the Trust must attend Trust Welcome (Induction) where basic Health and Safety, Security, Personal Safety and Fire Safety information is given. Detailed induction training will take place within each department and is based on a training needs analysis.

4.2 Training

4.2.1. The prime purpose of fire safety training is to help staff discharge their roles and duties effectively, efficiently and safely, without removing them unnecessarily from patient care and their work environment. Flexible, targeted and appropriate training helps minimise and manage identified and inherent risk.

4.2.2. Article 21 (1) RRFSO) requires the Responsible Person (Chief Executive) to ensure that his/her employees are provided with adequate safety training:

4.2.2.1. At the time when they are first employed;
4.2.2.2. On being exposed to new or increased risks because of;
4.2.2.3. Being transferred or given a change of responsibilities within the Trust;
4.2.2.4. The introduction of new work equipment into, or a change respecting work equipment already in use within the Trust.
4.2.2.5. The introduction of new technology into the Trust;
4.2.2.6. The introduction of a new system of work into, or a change respecting a system already in use within the Trust.

4.2.3. Article 21 (2) states that the training must:

4.2.3.1. Include suitable and sufficient instruction and training on the appropriate precautions and actions to be taken by members of staff in order to safeguard themselves and other relevant persons on the premises;
4.2.3.2. Be repeated periodically where appropriate;
4.2.3.3. Be adapted to take account of any new or changed risks to the safety of the members of staff concerned;
4.2.3.4. Be provided in a manner appropriate to the risk identified by the risk assessment;
4.2.3.5. Take place during working hours.

4.2.4. The majority of staff employed by the Trust will be required to attend at least one scheduled fire training session per calendar year. Video-and computer based training should only be used to enhance the training delivered by the Fire Safety Adviser, and should not be used in isolation for induction or any other form of training. In extreme circumstances, and where a member of staff cannot be made available for training by the Fire Safety Adviser, the sole use
of computer-based training may be considered. However, no member of staff should go without a training session conducted by the Fire Safety Adviser for longer than two years.

4.2.5 Staff fire training will be organised by the Learning and Development Department in liaison with the Fire Safety Manager and Fire Safety Adviser in accordance with the requirements set out in the relevant sections of Firecode.

4.2.6 Training will be conducted by a “suitably competent person” (defined in HTM 05-01 and 05-03 Part A. The trainer will be “a person recognised as having sufficient technical training and actual experience, or technical knowledge and other qualities both to understand fully the dangers involved, and to undertake properly the statutory and Firecode provisions referred to in this document”). In general, staff fire training will be conducted by the Trust’s Fire Safety Adviser in person.

4.2.7 The training will:

4.2.7.1 Take account of the findings of the fire risk assessment;

4.2.7.2 Explain the Trust Fire Emergency procedures;

4.2.7.3 Take account of the work activity and explain the duties and responsibilities of members of staff (and others);

4.2.7.4 Take place during working hours and be repeated periodically where appropriate;

4.2.7.5 Address the roles of staff in relation to fire safety;

4.2.7.6 Where appropriate, be tested by fire drills;

4.2.7.7 Be understandable by members of staff and other people who may be present.

4.2.8 The aim of the fire training will be to make every member of staff aware of the following key teaching points:

4.2.8.1 The nature and character of fire, smoke and toxic fumes;

4.2.8.2 The causes of fire;

4.2.8.3 The principles of fire prevention and its promotion;

4.2.8.4 What action to take on discovering a fire;

4.2.8.5 How to raise the alarm;

4.2.8.6 What action to take on hearing the fire alarm;

4.2.8.7 The arrangements for calling the Fire and Rescue Service;

4.2.8.8 The procedures for alerting members of the public and visitors including, where appropriate, directing them to exits;
4.2.8.9 The evacuation procedures for everyone to reach an assembly point at a place of total safety;
4.2.8.10 The location and, when appropriate, the use of fire-fighting equipment;
4.2.8.11 The location of escape routes, especially those not in regular use;
4.2.8.12 Where appropriate, how to stop machines and processes and isolate medical gases and power supplies in the event of a fire;
4.2.8.13 The safe use of and risks from, storing or working with highly flammable and explosive substances;
4.2.8.14 The importance of general fire safety, which includes good housekeeping;
4.2.8.15 The significance of structural fire protection;
4.2.8.16 The principles of fire/smoke containment.

4.2.9 The fire training will be comprehensive enough to enable staff to learn about and practice basic actions and appreciate the wider implications of NHS fire safety strategy, as outlined in Firecode: HTM 05.03 Part A. 4.11

4.2.10 Where appropriate, line managers will ensure that their own staff are familiar with the basic fire safety instructions, and that new members of staff are informed of the fire procedures and basic fire precautions on their first day at work.

4.2.11 Heads of Departments will liaise with the training department and the Fire Safety Manager to ensure that annual fire training is available for, and can be attended by, all members of staff.

4.2.12 So far as is reasonably practicable, all department managers will ensure that every member of their staff attends annual fire training. They will maintain records showing when individual staff members received the training.

4.2.13 Enhanced additional fire training will be provided to meet the special needs of particular locations, and for staff who have special responsibilities (e.g. nursing staff, porters, security staff, maintenance staff and switchboard operators).

4.2.14 Specific training will be provided for all staff who regularly deal with flammable materials or heat producing equipment and for those involved in the selection, installation, operation and maintenance of fire alarm and detection systems.

4.2.15 All members of staff identified in the emergency plan that have a supervisory role in a fire emergency should be given details of the fire risk assessment covering their area of responsibility and receive appropriate additional training.

4.2.16 Where practicable, fire training will be conducted in the workplace for specific groups of staff. Otherwise (and in addition), fire training will take place in a central location on the hospital site and sufficient sessions will be arranged each year to give all members of staff a reasonable chance of attending.
“E-learning is not acceptable as the sole means of training staff in the NHS”. E-learning can only be used to support training delivered by the Fire Safety Adviser.

4.2.17 Where private companies are operating long term contracted services in Trust premises, such as security, catering and cleaning, the Fire Safety Manager will seek assurance that all employees of those companies receive annual fire training and are instructed to follow the fire procedures.

4.2.18 There will be no compulsion for contractors’ employees to participate in the Trust’s fire training programme. However, the independent fire training that they receive must be shown to incorporate the aims and objectives of the Trust’s own programme, as listed in this Policy, and satisfy the scrutiny of the Trusts Fire Safety Manager and Fire Safety Adviser.

4.2.19 Persons visiting Trust premises on a regular basis, such as voluntary workers, will be encouraged to attend staff fire training.

4.2.20 The Learning and Development Department will maintain central records of all those who attend staff fire training.

4.2.21 On completion of the year’s fire training programme, the Learning and Development Department, in conjunction with the Fire Safety Manager, will submit an analysis of attendance to the managers and Heads of Departments as appropriate.

4.2.22 Records of fire safety instruction, training and drills will be kept by the Learning and Development Department for at least three years and will be accessible to any authorised person wishing to consult them.

4.2.23 The training provision will be presented in the Training Prospectus and updated as required. As a minimum the training provision will be reviewed when the periodic policy review is undertaken. However, in order to ensure currency of the training provision, the subject matter expert will undertake an interim training review and revise the training provision whenever it is deemed necessary.

SECTION 5 – DEVELOPMENT AND IMPLEMENTATION INCLUDING DISSEMINATION

5.1. Development and Implementation

5.1.1. The Trust’s Fire Safety Manager has consulted with those referred to in paragraph 3.13.1 in compiling this policy by forwarding a draft to them for comment.

5.1.2. The policy will be approved and ratified in compliance with the addendum to powers of registration to the board and scheme of delegation.

5.1.3. The policy will be monitored as set out in section 6.

5.2. Dissemination

Once this policy has been approved and ratified it will be brought to the attention of work force via the following:
5.2.1. The policy will be placed on the Trust intranet; notification will be via the regular policy update broadcast.

5.2.2. The policy will be brought to the attention of all workforces attending appropriate training.

5.2.3. As part of the Trust's induction process, all health and safety, security and fire safety policies must be brought to the attention of all new members of staff.

SECTION 6 – MONITORING COMPLIANCE AND EFFECTIVENESS

6.1. Indicators that may be used to assess compliance include monitoring by the Fire Safety Manager of:

- Incidents recorded on DATIXWEB,
- Corporate Risk Register,
- RIDDOR reported injuries,
- Failure to attend training sessions,
- Failure to complete training to a satisfactory standard.

6.2. An annual report on Fire Safety is produced for the Trust Board.

6.3. Attendance at Fire Safety training will be continuously monitored by line managers/heads of department. Non-attendance will be investigated and managers will take the necessary steps including disciplinary action where required to ensure full attendance.

6.4. This policy will be reviewed at a maximum of three years following approval by the Trust Safety Group.

6.5. This policy will be reviewed following changes in legislation and guidance and changes in relevant Trust policies and procedures.

SECTION 7 – CONTROL OF DOCUMENTS INCLUDING ARCHIVING ARRANGEMENTS –

7.1. Once ratified by the Risk Management Committee, the Responsible Officer will forward this document to the Information Governance Department for a document registration number to be assigned and for the policy to be recorded onto the central hospital master index and central document library of current documentation.

7.2. In order that this document adheres to the hospitals Record Management Policy, the Responsible Officer will:

7.2.1. Ensure that the most up to date version of this document is stored on the document Library;

7.2.2. Archive previous versions of this document;

7.2.3. Retain previous versions of this document for a period in accordance with the NHS Records Retention and Disposal Schedule.
SECTION 8 - SUPPORTING COMPLIANCE AND REFERENCES

8.1. The Regulatory Reform (Fire Safety) Order 2005
8.3. The Fire and Rescue Services Act 2004,
8.4. Health and Safety (Training for Employment) Regulations 1990
8.6. Management of Health and Safety at Work Regulations 1999
8.7. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
8.8. Safety Representatives and Safety Committees Regulations 1977
8.9. Building Regulations 2010,
8.10. The Housing Act 2004
8.11. NHS Executive HTM Firecode suite of guidance documents,

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<thead>
<tr>
<th>LIST ONE (AFFECTED AREA)</th>
<th>LIST THREE (ROOMS)</th>
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<tr>
<td>Office</td>
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<td>Shop</td>
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<td>Residential Staff</td>
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<td>Communal Area</td>
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<td>Food Prep Area</td>
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<td>LIST TWO (WARD/DEPARTMENT)</td>
<td>Corridor/circulation area</td>
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<td>Utility Room</td>
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<td>Outpatient Department</td>
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<td>Accident &amp; Emergency</td>
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<td>Service Void</td>
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<td>Education</td>
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**Section 9 - Means of Escape**

Trust premises will be provided with adequate means of escape established according to the guidelines outlined in whichever of the following is appropriate:-

9.1 Firecode: HTM 05-02 - “Fire precautions in new hospitals”;

9.2 Firecode: HTM 05-02 - “Fire precautions in existing hospitals”;

9.3 The Building Regulations 2010 - Approved Document B - “Fire safety”;
Circular 12/92 - Houses in Multiple Occupation: “Guidance to local housing authorities on standards of fitness under section 352 of the Housing Act 1985;”

HTM 05-03 - specific to certain types of establishment within NHS premises (e.g. laundries, kitchens, Laboratories)

The key principle underlying the provision of means of escape in Trust premises will be that all occupants will be able to move away from fire and/or smoke to a place of safety as quickly as possible.

In patient access areas the principle of “progressive horizontal evacuation” will be adopted, as far as is reasonably practicable. The basic concept governing means of escape from premises is that the occupants, including patients, assisted as appropriate, should be able to turn their backs on a fire, where-ever it occurs; then travel away from it directly through circulation spaces and stairways to a relative place of safety, firstly within the premises and then, if necessary, to one outside the building to a final place of safety as laid down in “Firecode – Fire safety in the NHS 05.

As far as reasonably practicable, patient access areas will have a minimum of two members of staff present at all times (three if there are over 30 patients). These members of staff will have received training in the methods of patient evacuation appropriate to the level of dependency of the patients and will be familiar with the evacuation strategy particular to their place of work. (Firecode: HTM 05-02, 2015)

In areas to which patients do not have access, (e.g. offices) the arrangement of the means of escape will reflect the particular requirements of the fire procedure for that area.

Escape routes and emergency exits in Trust premises will be prominently indicated by means of approved signs designed according to the current specifications (The Health and Safety (Safety Signs and Signals) Regulations 1996). Signs not conforming to the latest specifications will be replaced according to a planned programme forming part of the Trust’s Fire Risk Assessment Programme. Where practicable, escape plans will be displayed on each floor of Trust buildings.

Every member of staff will be made aware that they have a responsibility to ensure that escape routes and Suffolk Fire Rescue Service access routes are kept clear at all times.

Problems concerning the means of escape will be resolved by the relevant manager in consultation with the Head of Estates and Facilities, Head of Safety and/or the Fire Manager or Fire Safety Adviser (etc.) as appropriate.

Procedures will be in place to ensure that the Head of Safety is consulted in advance about any proposed alterations to the means of escape, however minor. Building and engineering work will not be allowed to prejudice the means of escape; where such work impinges on escape routes, alternative arrangements for escape will be made.

Section 10 – Structural Fire Precautions

The Trust recognises the importance of incorporating structural fire precautions in the buildings for which it is responsible, utilising compartmentation and the latest fire resistant materials and methods of construction.
10.2 All building schemes, including alterations to existing premises and major changes of use, will comply with the requirements of Building Regulations and with all other relevant standards, codes of practice and Firecode guidance.

10.3 To ensure that such schemes meet the appropriate fire safety standards, the Head of Safety will be consulted at the planning stage, at various times during the work, and on completion and commissioning.

10.4 Properties acquired by the Trust for purposes such as accommodating staff or providing office facilities will not be utilised until they have the appropriate level of fire precautions.

10.5 In existing Trust premises structural fire precautions will be provided to at least the standard outlined in Firecode: HTM 05-02 - “Fire precautions in existing hospitals” (as far as reasonably practicable). Where this standard is not being met, improvements will be made according to the priority of need as part of the Trust’s Fire Safety Risk Assessment Programme.

10.6 As far as practicable the Head of Estates and Facilities will maintain plans for Trust premises indicating escape routes, compartmentation and other aspects of fire safety. In the event of alteration to these premises these plans will be consulted to ensure that the integrity of fire safety is not breached.

Section 11 – Alarm and Detection Systems

11.1 In all Trust premises there will be a fire alarm and detection system established and maintained according to the principles of Firecode: HTM 05-03 part B - “Alarm and detection systems”, and associated publications.

Systems which do not meet the standard of HTM 05-03 part B will be upgraded as part of the Trust’s Fire Safety Programme, as far as reasonably practicable, on the recommendation of the Fire Safety Manager and Fire Safety Adviser.

11.2 A fire alarm and detection system of the appropriate standard will be established as a matter of principle in the following cases (by upgrading or replacing the existing system, if necessary):

11.3 All new building schemes within the Trust estate;

11.4 Premises being upgraded or subject to a major change of use;

11.5 Additional properties acquired for residential, office or other use.

11.6 Installation of new fire alarm systems will be monitored by the Heads of Estates & Facilities and Safety at the following stages: Planning; during the course of work; on completion and commissioning.

11.7 In line with the requirements of HTM 05-03, all fire alarm and detection systems in Trust premises will be tested and maintained in accordance with BS5839: Part 1: 2002 -“Fire detection and alarm systems for buildings: Code of practice for system design, installation and servicing”, by persons deemed “competent” in terms of the British Standard.
11.8 A test schedule will be implemented to incorporate all the appropriate weekly, quarterly and annual tests of individual detectors, call points etc. Defects will be reported immediately to the Fire Safety and appropriate Maintenance Managers.

11.9 Modifications to the alarm systems, including temporary arrangements made during building work, will not be undertaken without the authority and approval of the Head of Safety or authorised representative. Unauthorised modifications to the alarm systems may result in disciplinary action.

11.10 In patient sleeping areas the early detection of fire will be facilitated by ensuring that - as far as is reasonably practicable – the maximum number of beds and trolleys are under observation from the staff base.

Section 12 – Emergency Lighting

12.1 In all Trust premises emergency lighting will be provided and maintained in accordance with the guidance outlined in HTM 06 - Emergency electrical services and “Electrical services, supply and distribution” and associated publications. Where the emergency lighting does not comply with the guidance there will be a planned programme for upgrading, as part of the Trust's Fire Safety Risk Assessment Programme (as far as reasonably practicable).

12.2 Emergency lighting of the appropriate standard will be established as a matter of principle in the following cases (by upgrading or replacing the existing system, if necessary):

12.3 All new building schemes within the Trust estate;
12.4 Premises being upgraded or subject to a major change of use;

12.5 Installation of new emergency lighting systems will be monitored by the Head of Estates and Facilities and the Head of Safety, at the planning stage, during the course of work, and on completion and commissioning.

12.7 Emergency lighting systems in Trust premises will be tested and maintained in accordance with BS5266: Part 1: “Code of practice for the emergency lighting of premises other than cinemas and certain other premises used for entertainment”, by persons deemed “competent” in terms of the British Standard.

12.8 A test schedule will be implemented to incorporate all the appropriate tests. All defects will be reported to the appropriate Maintenance Manager. If lighting is out of commission the Head of Safety should also be informed.

Section 13 - First Aid Fire Fighting Equipment

13.1 In all Trust premises first aid fire-fighting equipment will be provided and positioned in accordance with:

13.2 The principles and standards outlined in the relevant sections of Firecode (HTM 05-02 and associated publications);

13.4 The nature of the fire hazard;
13.5 The recommendations of the Fire Safety Risk Assessment.
13.6 With all new building schemes and acquisitions within the Trust estate the requirement for fire-fighting equipment will be determined at the planning stage by consultation with the Head of Safety.

13.7 In existing Trust premises the provision of fire-fighting equipment will be periodically reviewed during Risk Assessments and, where necessary, upgrading will take place as part of the Trust's Fire Safety Risk Assessment Programme.

13.8 All first aid fire-fighting equipment will be maintained according to BS5306: “Code of Practice for selection, installation and maintenance of portable fire extinguishers" by a “competent" person.

13.9 The inspection schedule will be conducted once a year, with the periodic testing and discharge of extinguishers.

13.10 Through training every member of staff will be made aware of:

13.11 The need to keep all fire-fighting equipment accessible and free from obstruction at all times;

13.12 The need to keep a visual check on the fire-fighting equipment in their own work/residential area and report to their manager and/or the Head of Safety any equipment that appears to have been used, damaged, removed or in any way abused.

13.13 The abuse of fire-fighting equipment by members of staff may result in disciplinary action as it is an Offence under Section 8 of the Health and Safety at Work Act 1974 to interfere with or misuse anything provided in the interests of Health, Safety or Welfare.

Section 14 – Fire Hydrants

14.1 Fire hydrants on the Trust site will be maintained by a competent person in accordance with BS5306: Part 1.

14.2 The position of hydrants will be shown by appropriate indicator plates designed in accordance with BS3251: “Indicator plates for fire hydrants and emergency water supplies". Periodic checks will be made to ensure that these plates are visible and in good repair, and that the hydrants are accessible.

Section 15 – Site Access

15.1 Throughout the Ipswich Hospital site adequate access will be provided for fire-fighting appliances, in accordance with the requirements of Firecode HTM 05-02 chapter 7.

15.2 Points of access will be agreed with the Suffolk Fire and Rescue Service (SFRS) and any modifications to the access routes, including both permanent and temporary changes, will be discussed in advance with the SFRS.

15.3 So far as is reasonably practicable, Estates and Facilities Management will ensure that access routes and other roads within the hospital site are kept sufficiently clear of parked vehicles and other obstructions, to allow the ready passage of fire brigade appliances.
Access to Trust buildings for the Fire Rescue Service personnel will be provided in accordance with the requirements of Firecode HTM 05-02.

All members of staff will be made aware that they must not obstruct access routes and fire hydrants by careless parking.

Section 16 – Fire Prevention - Smoking

The Smoke-free (Premises and Enforcement) Regulations 2006 came into force on 1st. July 2007 and proved to be comprehensive legislation prohibiting smoking in enclosed public places. It is anticipated that the Smoke Free law will save thousands of lives and improve the health of many others thanks to the reduction of second hand smoke to which they would have been exposed.

In all Trust premises “No Smoking” will be promoted as the norm. Smoking and the disposal of smokers’ materials will be restricted and controlled to enhance healthcare and minimise the risk of fire.

Section 17 – Fire Prevention – Arson

The Trust recognises the serious fire threat posed by the possibility of arson and will implement policies and procedures in its premises to reduce the risk and minimise the effects of arson.

The fire risk assessments carried out in Trust premises will take account of the possibility of arson (guided by the considerations outlined in Firecode: HTM 05-03 Part F - “Arson prevention and control in NHS healthcare premises”)

Information relating to the risk of arson, derived from the risk assessments, will be analysed by the Head of Safety and used to formulate measures to combat arson, according to the priority of need.

In Trust premises assessed to be particularly vulnerable to arson the following security measures will be implemented (as far as resources and circumstances permit):

Access will be controlled in order to keep out unauthorised persons. Regular staff will be instructed to wear their identity badges;

The issuing of Keys, swipe cards, entry codes etc. will be subject to a strictly controlled system of accountability;

Intrusion detection equipment will be maintained or installed (including CCTV);

Security patrols will be carried out at irregular intervals by staff having a responsibility for security;

Security alarm systems will be maintained or installed for use by staff;

Staff will be instructed to challenge strangers politely and, if necessary, to report their presence.
17.11 In the selection of staff (especially those who will work without supervision for long periods) their employment background should be examined to determine if there is any history of arson. So far as is practicable, new employees, temporary staff, cleaners and contractors will be under regular surveillance and will not be left to work in isolation, undisturbed. (HTM 05-03 Part F).

17.12 As far as practicable disused premises will be firmly secured against intruders, by paying particular attention to the security of doors and windows etc.

17.13 In staff fire training the significance of routine fire/security precautions, as a means of combating arson, will be stressed. In particular, staff will be reminded of the importance of carefully managing waste materials, combustible storage, laundry and flammable liquids etc. with a view to minimising the risk of such items providing fuel for arsonists. Trust policies in respect of waste storage and disposal will reflect the needs of security and fire safety.

17.14 Staff will be encouraged to report any evidence of arson or “playing with fire”, however minor. Information concerning possible arson will be collected and collated by the Fire Safety Manager, who will implement counter-measures accordingly.

17.15 Fires with an apparently suspicious origin will be reported in the normal way within the Trust, and to NHS Estates. If possible the material evidence of such fires will be impounded and safeguarded pending investigation by the appropriate authorities, and persons directly involved will be made immediately available for interview by the fire brigade and police, as required.

Section 18 – Fire Prevention – Electrical Equipment and Systems

18.1 Fire precautions associated with electrical equipment and systems, as defined in the Electricity at Work Regulations 1989, in Trust premises will be based on the guidance outlined in the relevant sections of Firecode and its associated HTMs.

18.2 In accordance with the Electricity at Work Regulations the Director of Estates and Facilities will ensure that, so far as is reasonably practicable, the danger of fire and other hazards from electrical equipment/systems is prevented by:

- Checking that all electrical equipment and systems are of sound and suitable construction when installed/provided (including equipment loaned to patients for use in their homes);

- Carrying out appropriate preventive maintenance where danger would otherwise result;

- Ensuring that all maintenance performed on or near electrical equipment and systems is carried out in a safe manner by a “competent person”;

- Checking, all electrical equipment introduced by staff, patients and residents prior to its initial use;

- Ensuring that all electrical equipment and its wiring are inspected periodically, particularly to check that appropriately rated fuses and/or circuit breakers are fitted.

18.3 Responsibility for arranging the checking of electrical equipment by the appropriate Maintenance Department, prior to its initial use, will be assigned to:
• All persons responsible for purchasing equipment on behalf of the Trust for use in Trust premises or by patients;

• Those officers responsible for managing staff accommodation, in the case of equipment introduced by resident staff;

• Those officers responsible for allocating equipment for distribution to clinical areas and to patients for use in their own homes.

• Through instruction and training, all members of staff will be made aware of the precautions and regulations pertaining to electrical equipment and systems, particularly the following points:

  • Electrical equipment should be switched off and preferably unplugged or isolated when not in use or when it is unattended, especially overnight;

  • No attempt should be made by non-competent persons to carry out any unauthorised adjustment, modification or repair to equipment or wiring;

  • No official or private electrical appliance should be used before it has been checked and approved by a competent person;

  • Any suspect electrical equipment or electrical wiring must be withdrawn from service immediately and reported.

  • In accordance with Circular HSG (93), the Head of Plant Operations & Maintenance or authorised representative) will ensure the immediate reporting of adverse incidents, reactions and defective products relating to medical and non-medical equipment etc. and plant and buildings etc.

  • The Clinical Risk Manager will ensure that Safety Action Bulletins and Hazard Notices produced by the Department of Health or its Agencies, in relation to equipment etc. are distributed to all relevant persons within the Trust.

Section 19 – Fire Prevention – Lightning Protection

19.1 The Trust will ensure that, as far as reasonably practicable, all buildings will be adequately protected against lightning.

19.2 All new lightning protection systems will comply with the guidance outlined in BS6651:1992 – “Code of Practice for Protection of Structures against Lightning”.

19.3 All lightning protection systems will be visually inspected once in every 12-month period, by a suitably qualified/competent person, and a record of the inspections will be maintained.

Section 20 – Fire Prevention – Work Processes

20.1 The Trust will ensure that, by means of risk assessment, all hazardous work processes are identified and evaluated.

20.2 Measures will be taken to ensure that all those involved with hazardous work processes receive adequate training and are made aware of the potential hazards to themselves and to all others who may use the hospital.
20.3 Those managing areas where hazardous work takes place will ensure that safe working practices are established, adhered to and periodically re-evaluated.

Section 21 – Fire Prevention – Fire Hazard Rooms

21.1 In patient access areas, rooms which constitute fire hazard rooms (as listed in Firecode: HTM 05-02 - “Fire Precautions in New Hospitals”) will be enclosed within 30 minutes fire resisting construction.

21.2 As far as practicable the following potentially hazardous departments or areas will be located in compartments separate from patient access areas:

- Boiler houses;
- Central staff changing;
- Central sterile supplies;
- Flammable stores;
- Hospital sterilising and disinfecting units;
- Laundries;
- Main electrical gear;
- Main kitchens;
- Main stores;
- Medical records;
- Pharmaceutical (manufacturing);
- Pathology;
- Patient services;
- Refuse collection/disposal areas; incineration;
- Works & Maintenance.

21.3 Main medical gas stores will be located in separate buildings, as per the guidance outlined in HTM 02 - “Medical gas pipeline systems”.

Section 22 – Fire Prevention – Combustible Materials – Surface Finishes

22.1 Maintenance officers and others responsible for construction and decoration in Trust premises will ensure the following:

- “Surface spread of flame” rating of walls and ceilings will comply with the guidelines outlined in Firecode: HTM 05-02 (existing hospitals) and (new hospitals & developments) and Building Regulations Part B, as appropriate.
• The finish applied to floors will comply with the guidance outlined in HTM 61 - “Floors”.

• Members of staff will be made aware that they must not redecorate or in any other way alter the surface finish in their work area without reference to the maintenance department and/or seeking Fire Safety advice.

• With regard to displays of posters, fabrics, prints, decorations etc. on walls, screens and ceilings, those persons responsible for arranging such displays will, in advance, seek Fire Safety advice to ensure that fire safety is not compromised.

Section 23 – Fire Prevention – Combustible Materials – Textiles and Furniture

23.1 The Head of Safety will liaise with the appropriate officers from NHS Supplies to establish the flame retardancy standard of textiles and furniture purchased for use in Trust premises.

23.2 As far as reasonably practicable, all those purchasing textiles, furniture and furnishings on behalf of the Trust will ensure that they comply with the requirements of Firecode: HTM 05-03 Part C – “Textiles and Furniture”.

23.4 All new additions, extensions and major alterations to the Trust estate will be equipped at their commissioning stage with textiles and furniture meeting the standard of HTM 05-03 Part C.

23.5 In order to maintain fire safety standards in such areas at their initial level, textiles and furniture to lower standards will not be introduced at later stages.

23.6 With regard to textiles and furniture in existing Trust premises, the aim will be to achieve full compliance with HTM 05-03 Part C. Materials not meeting this standard will be replaced according to the priority of need as part of the Trust’s Fire Safety Programme.

23.7 Those managing laundry services on behalf of the Trust will ensure that the appropriate laundering processes are followed, in compliance with HTM 05-03 Part C, section 11 such that the flame retardancy of fabrics will be retained.

23.8 Those managing linen services on behalf of the Trust will ensure that flame retardant items such as curtains etc. are clearly and durably labelled in compliance with HTM 05-03 Part C section 13.

23.9 Members of staff must ensure that any alterations or additions they make to the textiles and furniture in Trust areas where they work or reside comply with the appropriate fire safety standards.

23.10 As far as possible the Trust will ensure that all items donated or purchased with financial contributions from voluntary bodies and other sources comply with the appropriate fire safety standards. To achieve this, the Trust will try to secure advance consultation with those proposing to make gifts.

23.11 Furnishings, furniture and clothing manufactured by employees of the Trust for use by patients and clients, such as specialised items made for people with a physical disability, will comply with the fire safety guidance outlined in HTM05-03 Part C.
Section 24 - Fire Precautions (General)

24.1 Through training and instruction all Trust personnel will be made aware of the general principles of fire prevention as outlined in Firecode: HTM 05-03 Part A “General Fire Precautions”. Those with specific responsibilities in this respect will be given appropriate training.

24.2. The Trust recognises the importance of enhancing fire precautions in high fire risk areas, such as workshops, laundries, kitchens, X-ray departments and laboratories, and certain other specific areas, such as residences. Staff working in these areas will be apprised of the particular fire risks and precautionary measures, as outlined in the appropriate Firecode HTMs and fire precautions will be implemented as per the following guides:

- Staff residences - Building Regulations, Approved Document B (Fire Safety) 2006 Edition: Volume 1;
- Dwelling houses: The Housing Act 2004” Sections 254 – 259;
- General Fire Safety - Firecode HTM 05-03 Part A;
- Main kitchens - Firecode HTM 05-03 Part A Chapter 5;
- Fire detection and alarm systems - Firecode HTM 05-03 Part B;
- Textiles and furnishings - Firecode HTM 05-03 Part C;
- Commercial enterprises on hospital premises - Firecode HTM 05-03 Part D;
- Commercial premises - Firecode HTM 05-03 Part D;
- Laboratories - Firecode HTM 05-03 part G.

24.3. Persons responsible for organising social events in Trust premises, such as fetes, open days, parties and barbecues, will ensure that adequate fire precautions are taken (on the advice of the Head of Safety).

24.4. The level of fire precautions in Trust premises in general, and high fire risk areas in particular, will be monitored by means of regular local risk assessments, fire safety audits and site visits carried out by the appropriate Manager (i.e. Department Manager, Maintenance Manager or H&S / Fire Safety Adviser).

Section 25 - Fire Precautions (Building and Maintenance Work)

25.1. All persons carrying out building and maintenance work in Trust premises will be required to take all reasonable precautions against the following risks:

- Outbreaks of fire;
- Obstructing fire safety equipment, access and/or egress routes etc.
- The accumulation of rubbish, combustible materials, compressed gases or flammable liquids in inappropriate areas;
• Hazardous spillages and the build-up of flammable vapour;
• The accidental activation of fire alarm systems;
• Damage to fire protection equipment and structures.

25.2. Work affecting any aspect of fire precautions will be discussed and agreed in advance with the Head of Operations (Estates and Facilities) or authorised representative. Reductions in the level of fire safety will be made good as soon as possible.

25.3. The Trust will operate a “Hot Work Permit” scheme whereby anyone intending to carry out hot work in Trust premises must first obtain a permit from an authorised representative of the Estates and Facilities Department. (Hot Work will be defined as including cutting and welding, bitumen heating, soldering and any operation involving the use of blow lamps or other equipment producing heat or having naked flames).

Hot work permits will be valid for a limited period and will be a means of ensuring that all reasonable precautions are taken before, during and after hot work operations.

25.4 With regard to contractors and sub-contractors, the Trust will implement the following procedures:

• There will be a “permit to work” scheme whereby all outside contractors and sub-contractors working in Trust premises will be required to give an assurance that they will take the requisite fire precautions and follow the appropriate fire procedures.

• The “permit to work” form will summarise the Trust’s requirements in respect of fire safety and will be issued by an authorised representative of the Estates and Facilities Department.

• Implementation of these requirements by contractors will be made a condition of the contract.

• Contractors will be required to ensure that copies of the permit are shown to all their employees and Sub-contractors when they arrive on site. They must then ensure that all their supervisors sign to indicate that they have read and understood them and will comply with the Trust’s Code of Practice.

• Upon appointment contractors will be apprised of the Trust’s fire safety requirements at the initial site meeting. While contract work is in progress there will be frequent inspections organised by the contract manager, or the person raising the contract (or as delegated) to ensure that the requisite fire precautions are being observed.

• Before a contractor is appointed, the Head of Estates & Facilities (or as delegated) will inform the likely main contractor that all persons liable to be engaged in potentially hazardous operations such as cutting, welding and electrical wiring must be fully qualified and competent to do the work.

25.5. Where building work is being carried out in occupied premises, staff and/or residents in adjoining areas will be warned by the Head of Safety (or authorised representative) of any increased fire and security hazards, and advised of any additional requirements.
25.6. At the completion of construction work etc. new and existing fire-resisting structures will be thoroughly inspected to ensure that full floor-to-ceiling and roof fire integrity has been achieved, with the correct use of fire-stopping materials around penetrating services.