



FIRE SAFETY POLICY

Policy Number:	CP28
Version:	1.0
Ratified By:	Governing Body on
Date Ratified:	
Name of Sponsor:	Melanie Craig, Chief Operating Officer
Name of Originator/Author:	Angela Paradise, Head of Corporate Services
Date Issued:	October 2014
Review Date:	October 2016
Target Audience:	CCG Staff and Members

Contents

1.	INTRODUCTION.....	3
2.	PURPOSE	3
3.	DEFINITIONS.....	3
3.1	Fire Incident	3
3.2	Fire Safety Management System (FSMS).....	4
3.3	NHS Firecode.....	4
4.	ROLES AND RESPONSIBILITIES	4
4.1	NHS Southend CCG Governing Body.	4
4.2	Chief Operating Officer	4
4.3	Directors on Call.....	4
4.4	Head of Corporate Services	5
4.6	Designated Fire Warden	5
4.7	Fire Safety Advisor	5
4.8	Fire Wardens.....	6
4.9	Managers	6
4.10	All Staff.....	6
5.	POLICY PROCEDURAL REQUIREMENTS	7
5.1.	Fire Risk Assessments (FRAs)	7
5.2.	Annual Certificate of Firecode Compliance	7
5.3.	Statutory Fire Drills	8
5.4.	Fire Incident / False Alarm Monitoring.....	8
5.5.	Fire Safety and Fire Warden Training	8
6.	MONITORING COMPLIANCE	8
7.	ASSOCIATED DOCUMENTATION	9
8.	LIST OF STAKEHOLDERS CONSULTED	9
9.	EQUALITY IMPACT ASSESSMENT	9
10.	VERSION CONTROL.....	10
	Appendix 1	11
	Appendix 2	19

1. INTRODUCTION

This is the policy of NHS Southend Clinical Commissioning Group (CCG) for ensuring that the organisations meets its statutory obligations around fire safety. It will ensure that the requirements of the following are met:

- Regulatory Reform (Fire Safety) Order 2005;
- Health and Safety at Work Act 1974;
- Building Act 1984 and Building Regulations 1991;
- Management of Health and Safety at Work Regulations 1999;
- Health Technical Memorandum 05-01 – Managing Healthcare Fire Safety;
- NHS Firecode Suite of Documents

Failure to implement this policy could place the CCG in a position of breaching its statutory requirements around fire safety.

2. PURPOSE

This policy is designed to ensure that NHS Southend CCG meets its obligations around fire safety with respect to all the premises for which it has fire safety responsibilities.

The policy applies to all premises owned, managed or occupied by NHS Southend CCG. As at Sept 2014 the only premises that fall into this category are the CCG Offices in Suffolk House, 102-104 Baxter Avenue, Southend SS2 6HZ. The Office is leased from the private sector by NHS Property Services Ltd (NHSPS). Landlord responsibilities therefore rest with NHSPS and the CCG has tenant responsibilities with respect to health and safety. As part of the service charge between NHSPS and the owner of Suffolk House, the owners will provide fire alarm testing and evacuation drills.

This policy does not apply to NHS Southend CCG staff or Board members when they are working in premises that managed by other organisations. In these circumstances, CCG staff and Board members are to comply with the Fire Safety Policy of the managing organisation and they should familiarise themselves with local evacuation procedures.

3. DEFINITIONS

3.1 Fire Incident

A fire incident can be defined as “any event which has given rise, or may give rise to, actual or possible personal injury or damage / loss to property as a result of fire”.

This definition includes near misses where an occurrence related to fire could have caused harm but did not do so on this occasion.

An example of this would be smouldering toast left unattended in a staff kitchen being discovered by another staff member before it catches light.

3.2 Fire Safety Management System (FSMS)

The FSMS comprises this Fire Safety Policy, all staff must complete online based Mandatory Training and Fire Action Notices can be found in CCG sites.

The FSMS is the framework by which the CCG will meet the requirements around fire safety.

3.3 NHS Firecode

This is a suite of guidance specifically covering fire safety in the NHS in England. It includes management, functional requirements and operational provisions. The Firecode is designed to support the FSMS but it will not specifically address every issue for all buildings.

4. ROLES AND RESPONSIBILITIES

4.1 NHS Southend CCG Governing Body.

The CCG Governing Body is responsible for receiving assurance that the organisation has in place a robust system for meeting its statutory obligations around fire safety.

4.2 Chief Operating Officer

This postholder is the CCG Executive with Board-level responsibility for fire safety. He or she is responsible for providing assurance to the Board that the systems and processes in place meet the organisations' statutory obligations around fire safety.

4.3 Directors on Call

When they are contacted to deal with a fire-related incident during the out-of-hours period, Directors on Call are responsible for ensuring that the out-of-hours incident report form is completed and logged with the Pan-Essex CCG Emergency Planning Manager (hosted by NHS Mid Essex CCG) on the next working day. The Emergency Planning Manager will in turn notify the Head of Corporate Services. (See Appendix 2)

4.4 Head of Corporate Services

As the Fire Safety Manager for the CCG, this post holder is responsible for:

- Commissioning or providing appropriate staff training in fire safety, including fire awareness training, fire evacuation drills at CCG premises and training for fire wardens;
- Monitoring uptake of fire awareness training and reporting coverage regularly to the Quality Finance and Performance Committee;
- Maintaining an up-to-date register of trained fire wardens;
- Commissioning the services of an appropriate qualified Fire Safety Advisor (either directly or via NHS Property Services Ltd);
- Ensuring that fire evacuation procedures are prepared for CCG premises;
- Monitoring the reporting and follow-up of all fire-related incidents;
- Ensuring that fire safety issues are logged and follow-up through the CCG Health & Safety Action Plan
- Co-ordinating the completion of the Annual Certificate of Firecode Compliance.

4.5 Designated Health and Safety Competent Person

This role is responsible for providing specialist support and advice to the CCG team to ensure the organisation meets its statutory obligations re fire safety.

4.6 Designated Fire Warden

This designated fire warden is responsible for assisting and deputising for the Head of Corporate Services in respect of the duties outlined above.

4.7 Fire Safety Advisor

The Fire Safety Advisor is a consultant responsible for advising on the implications of fire safety legislation and guidance and for undertaking fire risk assessments and reviewing such assessments on an annual basis or more frequently if appropriate to do so. The Fire Safety Advisor, through NHSPS, also provides the Designated Health and Safety Competent Person with evidence in relation to the fire safety compliance of all CCG premises to enable the Annual Certificate of Firecode Compliance to be completed by the CCG.

The Fire Safety Advisor will be commissioned by NHSPS (with respect to the annual fire risk assessments) and either by NHSPS or directly by the CCGs with respect to fire awareness and fire warden training.

4.8 Fire Wardens

Fire Wardens are members of CCG staff who have volunteered or been nominated by their director to perform specific duties in the event of a fire incident. These duties include:

- Undertaking a daily check of their area to ensure that fire exits and escape routes are not obstructed;
- Completing a mini FRA by carrying out monthly fire walks of the whole building by checking doors, exits, signs and extinguishers.
- Bringing to the attention of the Head of Corporate Services potential fire risks in their designated area such as the accumulation of flammable material or debris, overloaded or defective electrical equipment and fire doors wedged open
- On activating or hearing the alarms, ensuring that their predetermined designated areas are vacated as a matter of urgency and that all doors and windows are closed;
- Proceeding to the assembly point and reporting to the Head of Corporate Services that all staff and visitors in their area have been safely evacuated or that persons have been reported missing; and
- Preventing unauthorised re-entry into the premises before the all-clear signal is given.
- Ensuring staff complete mandatory fire awareness training annually;
- Highlighting to the NHSPS Receptionist when a gap occurs in fire warden coverage of their areas, such as staff leaving or long-term absence;

Fire Wardens are also responsible for ensuring that their training is kept up-to-date on an annual basis.

4.9 Managers

Managers are responsible for:

- Investigating fire incidents in accordance with the NHS Southend CCG Incident Reporting Policy.

4.10 All Staff

All staff are responsible for:

- Completing mandatory fire awareness training annually;
- Observing the CCG No Smoking Policy;
- Reporting to their line manager any instances where fire safety procedures are compromised or not being observed;
- Co-operating and complying with the instructions of Fire Wardens to evacuate the building in the event of a fire drill or real fire incident;

- Reporting fire incidents in line with the NHS Southend CCG Adverse Incident Reporting and Investigation Policy;
- Co-operating with management investigation of fire incidents;
- Conducting themselves in a manner which safeguards their own Health and Safety at Work and that of colleagues, patients and visitors.

5. POLICY PROCEDURAL REQUIREMENTS

5.1. Fire Risk Assessments (FRAs)

FRAs must be carried out by the Fire Safety Adviser on all premises occupied by the CCG and reviewed annually or at any stage if changes are carried out which could affect the fire safety of the premises.

The purpose of the FRA is to ensure that any change (either to the usage or the physical characteristics of premises and within each department) that has an effect on fire risk is evaluated and remedial actions put in place to reduce that risk.

FRAs include clear instructions in relation to meeting the evacuation requirements of different people and will make recommendations regarding personal emergency evacuation plans (PEEP).

The FRA adopted by the CCG is simple, clear and effective and relies on common sense and good observation, rather than detailed technical knowledge or complicated mathematic calculations. The FRA meets the requirements of the Regulatory Reform (Fire Safety) Order 2005.

5.2. Annual Certificate of Firecode Compliance

All NHS organisations are required to complete an Annual Certificate of Firecode Compliance in December each year with respect to that calendar year and submit it to the Department of Health. The Fire Safety Adviser supplies NHSPS with evidence for all premises of:

- Competent assessments of fire safety;
- Agreed programmes of fire precautions;
- Procedures for continuation of fire safety measures; and
- List of statutory notices served.

5.3. Statutory Fire Drills

The effectiveness of plans for dealing with a fire and the level of staff awareness of these arrangements will be tested by fire evacuation drills. The drills will be organised by the Fire Wardens and the landlords / NHSPS.

Fire evacuation drills will be carried out twice yearly in all premises owned, managed or occupied by the CCG. All staff / occupants will be expected to take part unless it would directly affect their Health and Safety to do so.

5.4. Fire Incident / False Alarm Monitoring

Fire incidents and false alarms are monitored by the NHSPA to ensure that any trends are identified and acted upon. Such incidents will form part of the quarterly Health and Safety report to the CCG's Quality Finance and Performance Committee.

All fire incidents and false alarms should be reported in line with the Incident Reporting.

Fire Wardens complete a report on any such incidents

5.5. Fire Safety and Fire Warden Training

NHS Southend CCG has designated annual fire awareness training as mandatory for all staff and Board members. This training will be delivered through an accredited e-learning package or through face-to-face sessions delivered by an appropriately qualified trainer. Staff will be expected to complete face-to-face training rather than e-learning every other year in line with Department of Health recommendations.

The CCG will commission fire warden training from an appropriately qualified trainer at a frequency to be dictated by the need to maintain sufficient coverage of fire wardens across the organisation. Such training may be commissioned across more than one CCG to achieve economy of scale and a critical mass. CCGs will be responsible for the cost of fire-related training rather than NHSPS.

6. MONITORING COMPLIANCE

This Policy will be reviewed on a two yearly basis by the Head of Corporate Services or sooner in the event of legislative or significant changes that affect its implementation.

The Quality Finance and Performance Committee is responsible for approving both minor and major amendments to the policy.

If only minor revisions are made then version number for the policy will be updated by ".1" e.g. from version 1.0 to 1.1.

If significant amendments need to be made then the version number would increase to the next whole number e.g. from version 1.1 to 2.

This Policy will be monitored by the Quality Finance and Performance Committee, taking into consideration expert Health and Safety advice where necessary.

The CCG senior manager who has overall responsibility for monitoring the policy is the Chief Operating Officer.

7. ASSOCIATED DOCUMENTATION

Health and Safety Risk Assessment Policy and Procedures
 Risk Management Strategy
 Incident Reporting Policy and Procedures
 Staff Training and Development Policy
 No Smoking Policy

8. LIST OF STAKEHOLDERS CONSULTED

Name	Title	Comments received Y/N	Comments incorporated Y/N
PAG Group (Sue Cleall and Angela Paradise)		Yes	Yes
Andrew Stride	Health and Safety Competent Person	Yes	Yes
Lucy Godsell	Corporate Services & Complaints Officer/ Fire Warden	Yes	Yes

9. EQUALITY IMPACT ASSESSMENT

NHS Southend CCG is committed to carrying out a systematic review of all its existing and proposed policies to determine whether there are any equality implications.

This policy has been assessed using the CCG's Equality Impact Assessment framework and identified as having the following impact/s upon equality and diversity issues:

Age	Marital Status	Disability	Gender	Pregnancy	Race	Sexuality	Religion	Human Rights	Total Points	Impact
0	0	1	0	0	0	0	0	0	0	Low

Points

- 3 – This area has a high relevance to equalities
- 2 – This area has a medium relevance to equalities
- 1 – This area has a low relevance to equalities
- 0 – This area has no relevance to equalities

Scoring

- 13-18 points – high impact
- 7-12 points – medium impact
- 0-6 points – low or no impact

Rationale:

This policy applies to all staff whether or not any of the above categories apply. There is an implication for people with physical and sensory disabilities in particular as these individuals will require consideration when evacuation plans are drawn up. Personal evacuation plans will be drawn up and reviewed as part of the fire risk assessment process.

10. VERSION CONTROL

Version	Author: Name & Title	Date Policy Issued	Date Policy Due to be Reviewed
1.0	Angela Paradise, Head of Corporate Services	October 2014	October 2016

APPENDIX 1

<p>OVERALL COLOUR ACTION CODE RISK GREEN/RED/AMBER</p>

STATUTORY INSTRUMENT 2005:1541

**REGULATORY REFORM (FIRE SAFETY)
ORDER 2005**

FIRE RISK ASSESSMENT



Address of Premises:	
Responsible person:	
Assessor:	Date:

PURPOSE OF COMPLETING A FIRE RISK ASSESSMENT

The purpose of completing a Fire Risk Assessment is to assess the hazards in a premises relating to fire precautions, and the likelihood that the hazards will cause harm or injury to persons in the building. The Risk Assessment Form provides a method of evaluating and presenting areas of concern within a building.

It should be borne in mind that it is the risk which is being scored and not the presence of a hazard - i.e.: if a building contained explosives (a hazard) but all fire precautions and management systems are in place, then the risk (the likelihood of that hazard causing harm) is acceptable.

The overall colour action code provides a guide to the timing of the action required e.g.

RED-Immediate action required AMBER-Within one month GREEN- Satisfactory

Any unsatisfactory features will be detailed under **action required** at the end of the report.

This report fulfils the statutory obligation to carry out a written Fire Risk Assessment under the Regulatory Reform (Fire Safety) Order 2005.

THIS WRITTEN FIRE RISK ASSESSMENT SHOULD BE KEPT ON THE PREMISES FOR INSPECTION BY AUTHORISED OFFICERS OF THE FIRE & RESCUE SERVICE

Description Of Building

Persons at Risk

Fire Hazards	Yes	No	N/A	Action/Remarks
Are potential Ignition sources controlled?				
Does the building contain piped oxygen or in cylinders?				
Is smoking controlled?				
Does excessive fire loading exist?				
Is there an arson or deliberate ignition risk?				
Is the storage of flammable liquids controlled?				

Are electrical fittings in good order and not congested, or buried in storage?				
Are heat sources controlled?				
Are cooking ignition sources controlled?				
Are portable electrical appliances tested?				
Are Waste and Rubbish collected regularly and placed in external containers clear of buildings?				
Are surface linings, upholstery and drapery compliant and in good condition?				
Is there potential for fire spread from adjacent buildings?				

Fire Fighting	Yes	No	N/A	
Are fire hydrants, static water tanks, bypass valves, sprinkler stop valves, foam inlets, risers, and ventilation controls indicated and accessible?				
Is access available to emergency vehicles?				
Does a 'hot work' permit system for contractors exist?				
Means of Escape	Yes	No	N/A	
Are escape routes clear of combustible storage and obstructions?				
Are there sufficient exit widths and routes for the number of persons present?				
Are inner rooms controlled?				
Are all floors, stairways and pathway surfaces in good condition and free from trip and slip hazards?				
Are exit routes suitable & sufficient for disabled persons?				

Do the escape routes for the premises lead as directly as possible to a place of safety?				
Are all exit doors easily opened with a single device from inside without use of a key, key-pad, code or swipe card?				
Are final exits separated from each other by fire resisting construction?				
Do exit doors open outwards where this is necessary?				
Where installed, are external escape staircases and ramps maintained in a safe condition?				
Are the means of escape suitable for disabled people? <i>Refuges etc</i>				
Fire Doors & Compartmentation	Yes	No	N/A	
Are all fire-resisting doors and frames in good condition, fully closing and not wedged open?				
Are fire doors fitted with intumescent strips and cold smoke seals where necessary and in good condition?				
Are the self-closing devices effective and of approved design?				
Are hold-open devices of approved design?				
Are vision panels fire-resisting?				
Are there any breaches in the compartmentation of the premises?				
Are service openings and ducts in floors and walls 'stopped' with fire resisting material?				
Are fire shutters tested and kept clear?				
Are areas of high fire risk enclosed in fire resisting construction				
Travel Distances	Yes	No	N/A	
Do the travel distances meet the recommendations for the type of occupancy of the premises?				
Do the first stage travel distances meet the recommendations for the type of occupancy of the				

premises?				
Do the second stage travel distance meet the recommendations for the type of occupancy?				
Do the dead end travel distances meet the recommendations for the type of occupancy?				
Are all dead ends situations made up from fire resisting construction?				
Fire Warning System	Yes	No	N/A	
Is the fire alarm in good working order, with a uniform signal, audible throughout the building?				
Is fire alarm tested every week using a different call point in rotation and whilst the building is occupied?				
Is fire alarm serviced quarterly, six monthly and annually by a qualified engineer or as appropriate in accordance with its design specification?				
Is the automatic fire detection adequate for the occupancy?				
Are fire alarm tests recorded in a fire precautions logbook?				
Are all fire alarm interfaces compliant with BS 5839-1?				
Are unwanted fire signal monitored and controlled?				
Does the alarm system have a legible zone plan?				
Emergency Signage	Yes	NO	N/A	
Do exit signs comply with the 'Signs and Signal Regulations 1999'?				
Is the exit signage suitable and sufficient?				
Is exit signage illuminated where required?				
Are fire action notices displayed adjacent to fire alarm call points?				

Are fire-resisting doors marked? <i>Fire Door Keep Shut</i> <i>Fire Door Keep Locked Shut</i> <i>Automatic Fire Door-Keep Clear-Close at Night</i>				
Do extinguishers have information signage?				
Emergency Lighting	Yes	No	N/A	
Is the premises provided with emergency lighting system to the escape routes?				
Does a qualified engineer test the emergency lighting system in accordance with the system design				
Is there adequate light outside the workplace that will illuminate the escape routes leading to assembly points?				
Fire Fighting Equipment	Yes	No	N/A	
Having regard to the hazards, Is the correct type of equipment present?				
Is there sufficient numbers of fire extinguishers and fire blankets present?				
Is the equipment mounted correctly at locations (wall hooks or floor stands)				
Is the equipment being serviced annually?				
Where fire suppression and extinction systems other than fire extinguishers are installed in the building are these systems regularly tested, serviced and maintained?				
Fire Training	Yes	No	N/A	
Do staff receive annual fire training?				
Do staff get initial and refresher instruction?				
Is separate instruction given to staff with a specialist role within the fire procedure? <i>Key Staff and Fire Wardens?</i>				
Is the training recorded?				

Emergency Plan	Yes	No	N/A	
Type of evacuation plan? <i>Single Stage</i> <i>Progressive Horizontal Evacuation</i> <i>Delayed Evacuation</i>				
Are the staff provided with suitable instruction & training on evacuation procedures?				
Are evacuation drills carried out twice yearly?				
Is there a mutual aid procedure for the site?				
Is the assembly point clearly defined and safe?				
Fire Policy & Procedures	Yes	No	N/A	
Is there a clearly defined written fire policy?				
Is the policy document accessible to staff?				
Is the policy tested and reviewed?				
Is there written fire procedures accessible to all staff?				
Are disabled people considered in the fire procedures?				
Are key personnel roles identified in the procedures? <i>Fire Wardens/Marshals etc</i>				
Arson Prevention	Yes	No	N/A	
Is CCTV installed?				
Are security patrols employed?				
Are combustible materials kept to a minimum in the work area and the remainder stored in a safe place?				
Is access to the building controlled?				

Are combustible materials kept to a minimum in the work area and the remainder stored in a safe place away from the perimeter of the building?				
Are intruder alarms fitted?				
Is the perimeter fencing secure?				

Recommended review date:	
<i>Action Required</i>	Date Action Taken & Signature

CCG ON CALL DIRECTOR ACTION CARD

Major Incident Notification

Note all details on the attached 'Initial Call Record'. Obtain as much information as possible at the time of the call. If needed, verify the incident by calling the caller back

If required activate the CCG incident Response Plan and open and resource the local CCG Incident Coordination Centre.

If there is no requirement to activate the CCG incident Response Plan, remain on standby and carry out any actions required.

Inform the On Call Directors in the other Essex CCGs and liaise with them for assistance/support as required/necessary.

If out of hours inform the CCG Emergency Accountable Officer (EAO) as soon as possible of the situation.

After 4 hours start to consider contacting the On Call Directors in the other CCGs so that one of them can take over from you if the incident goes on longer than 6 hours.

Inform the Head of Emergency Planning of the incident. Contact details on the EP Directory contained in Dropbox.

Seek Strategic / Tactical advice from the Head of Emergency Planning.

Keep a log of your actions/decisions (using a decision making tool if needed, e.g. STEEPLE).

At the end of the incident scan and send a copy of your log to the Emergency Planning team on essexccgincident@nhs.net

OOH Surge/Capacity Notification

Note all details on the attached 'Initial Call Record'. Obtain as much information as possible at the time of the call. During office hours, liaise with the COO and the local Commissioning Team.

Out of Hours, liaise closely with the relevant hospital Director On

Call Follow the relevant Surge/Capacity Escalation plan

Depending on the situation ask for:

- All details of the incident and discuss a plan to rectify it
- Agree ambulance divert if necessary (refer to Ambulance Divert Policy)
- Act as liaison between all necessary parties until resolved
- Refer to A&E Waits Reporting Procedures (Decision to Admit)

If the situation continues to escalate, or the agreed actions put in place do not rectify the problem, or the

trust concerned declares an internal major incident then contact the NHS England Essex Area Team.
Contact details in the EP Directory in Dropbox

If needed the Telephone Conference Numbers are contained in the EP Contacts Directory on

Dropbox Keep a log of your actions, and decisions, clearly detailing the rationale for any course of
action taken



CCG On Call Director Initial Call Record

Name of caller		
Position		
Organisation		
Contact No.	Tel	Fax
	Mobile	e-mail
Call received	Date	Time
Nature of Incident		
Reason for notification	For Information Only/Stand-by	For Action
Location of incident		
Current hazards/Casualties		
Potential hazards		
Hospitals/ other health services involved		
Your Name		
Your Job Title		
Signature		
Log of Action Taken Include		
• date and time		
• When you are making decision record the rationale for the course of action you have taken		
• Include names and job titles of people you have spoken to		

<p>Lessons/Issues</p> <p>Please record anything that you feel we can learn from to make future incidents easier to manage, so things that you feel could have been done better</p>	
---	--