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Firecode – fire safety in the NHS

Health Technical Memorandum 05-01: Managing healthcare fire safety

Firecode – Fire safety in the NHS
Health Technical Memorandum
05-01: Managing healthcare fire safety

This document replaces Firecode: Policy and principles (1994)

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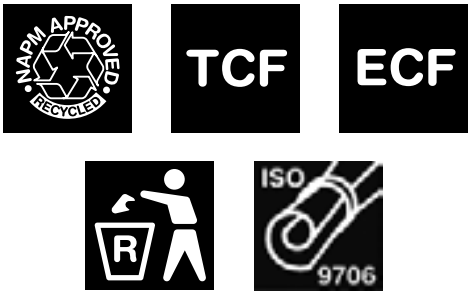


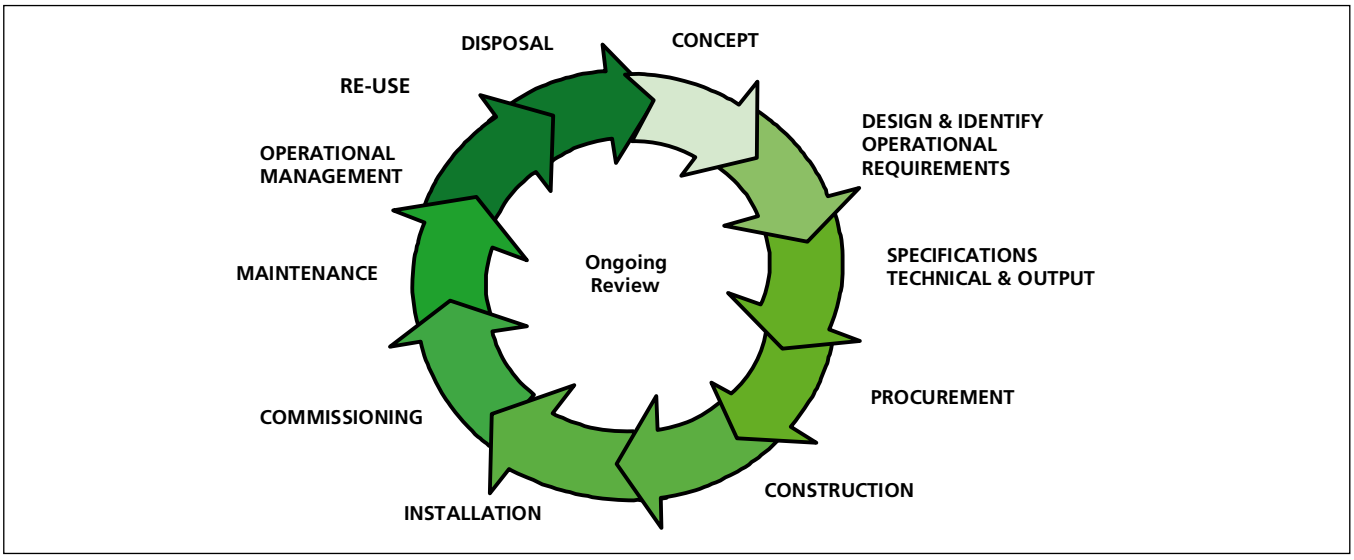
Preface

About Health Technical Memoranda

Engineering Health Technical Memoranda (HTMs) give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare.

The focus of HTM guidance remains on healthcare-specific elements of standards, policies and up-to-date established best practice. They are applicable to new and existing sites, and are for use at various stages during the whole building lifecycle:

Figure 1 Healthcare building life-cycle



Healthcare providers have a duty of care to ensure that appropriate engineering governance arrangements are in place and are managed effectively. The Engineering Health Technical Memorandum series provides best practice engineering standards and policy to enable management of this duty of care.

It is not the intention within this suite of documents to unnecessarily repeat international or European standards, industry standards or UK Government legislation. Where appropriate, these will be referenced.

Healthcare-specific technical engineering guidance is a vital tool in the safe and efficient operation of healthcare facilities. Health Technical Memorandum guidance is the main source of specific healthcare-related guidance for estates and facilities professionals.

The new core suite of nine subject areas provides access to guidance which:

- is more streamlined and accessible;
- encapsulates the latest standards and best practice in healthcare engineering;
- provides a structured reference for healthcare engineering.

Structure of the Health Technical Memorandum suite

The new series of engineering-specific guidance contains a suite of nine core subjects:

Health Technical Memorandum 00
: Policies and principles (applicable to all Health Technical Memoranda in this series)

Health Technical Memorandum 01
: Disinfection and sterilization

Health Technical Memorandum 02
: Medical gases

Health Technical Memorandum 03
Ventilation systems

Health Technical Memorandum 04
Water systems

Health Technical Memorandum 05
Fire safety

Health Technical Memorandum 06
Electrical services

Health Technical Memorandum 07
Environment and sustainability

Health Technical Memorandum 08
Specialist services

Some subject areas may be further developed into topics shown as -01, -02 etc and further referenced into Parts A, B etc.

Example: Health Technical Memorandum 06-02 Part A will represent:

- Electrical Services – Safety – Low Voltage

In a similar way Health Technical Memorandum 07-02 will simply represent:

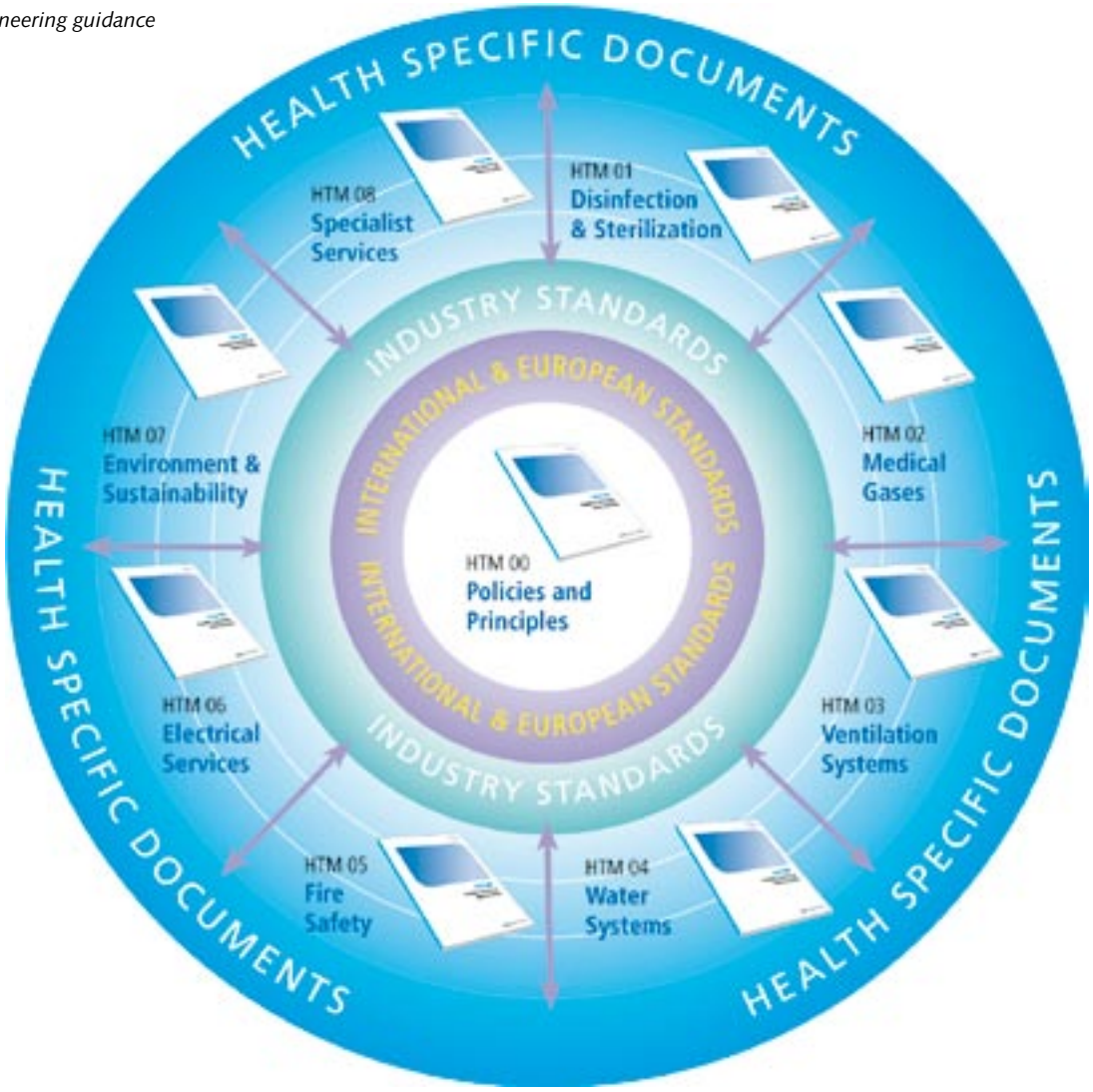
- Environment and Sustainability – EnCO_2de.

All Health Technical Memoranda are supported by the initial document Health Technical Memorandum 00 which embraces the management and operational policies from previous documents and explores risk management issues.

Some variation in style and structure is reflected by the topic and approach of the different review working groups.

DH Estates and Facilities Division wishes to acknowledge the contribution made by professional bodies, engineering consultants, healthcare specialists and NHS staff who have contributed to the review.

Figure 2 Engineering guidance



Executive summary

This document replaces 'Firecode: Policy and Principles' (1994).

'Policy and Principles' (1994) focused on aspects of the management of fire safety within healthcare organisations; this included statutory requirements, roles and responsibilities of all staff within a healthcare organisation, reporting and monitoring of incidents, and staff training.

HTM 05-01 'Managing healthcare fire safety' brings all the management elements together, and updates them, **taking effect from 1 October 2006**. It follows the principles of BS 5588-12:2004 and reflects the healthcare aspects of fire safety management.

This document builds upon the **Department of Health's fire safety policy** statement (see page 1), which has been mandated by the Minister of State (Delivery & Quality), and 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.

This document provides a framework for the implementation of the Department of Health's fire safety policy, which may be an appropriate method for meeting statutory duties under the Regulatory Reform (Fire Safety) Order 2005 (hereafter referred to as the Fire Safety Order).

From Chapter 3 onwards, this guidance represents "best practice" for the NHS. It presents one method of managing fire safety and recognises that there may be other ways to manage fire safety effectively.

It is intended for all types of healthcare buildings, including those that only perform administrative functions. Whilst reference is made to the responsibilities of chief executives, in smaller premises such as GP premises where this role may not exist, this refers to the person with overall management responsibility for the premises or practice.

Any reference to the NHS, NHS organisations or healthcare premises should be taken to exclude NHS foundation trusts, for which the Secretary of State cannot issue directions. However, the guidance may be considered as best practice for NHS foundation trusts.

Acknowledgements

Department of Health National Fire Policy Advisory Group:

BRE

Chief Fire Officers' Association (CFOA)

Department for Communities and Local Government (Fire)

Health Estates, Northern Ireland

Institute of Healthcare Engineering and Estate Management (IHEEM)

Institution of Fire Engineers (IFE)

National Association of Healthcare Fire Officers (NAHFO)

NHSScotland Property & Environment Forum Executive

Royal Institution of Chartered Surveyors (RICS)

Scottish Executive Health Department

Welsh Health Estates

Definitions

Authorising Engineer (Fire): There are essentially two groups of fire engineer:

1. university graduates – who tend to provide theoretical solutions to fire safety problems (computer models) or are involved in design;
2. those with a range of qualifications and experience from other sources, for example a fire and rescue service career, fire service college – who tend to provide practical solutions.

Competence: Where a person is required to be competent, he/she must be able to demonstrate through training and experience or knowledge and other qualities that they have the ability to properly assist in undertaking the preventive and protective measures.

Competent Person (Fire): a person who can provide skilled installation and/or maintenence of fire-related services (both passive and active fire safety systems). The Competent Person will be appointed or authorised to work (if a contractor) by the Fire Safety Manager (or nominated representative) in accordance with operating procedures, policies and standards of the service. The Competent Person must be able to demonstrate a sound knowledge and specific skill in the specialist service being provided.

Fire Safety Adviser (Authorised Person – Fire): a person who has sufficient training and experience or knowledge and other qualities to enable them to properly assist in undertaking preventative and protective measures.

IRMP – Integrated risk management plans: a key element of the UK fire and rescue service modernisation programme is that fire authorities should adopt a locally-determined risk-based approach to managing both fire risks and fire-fighting resources within their area. To fulfil this approach, fire authorities use IRMPs, particular to each building or premises, which will result in a more flexible level of emergency response.

Although the full implications of this change have not been determined, in a number of healthcare cases IRMPs will result in a significant change to the fire and rescue services' predetermined attendance.

Managers of healthcare premises are strongly recommended to apply a similar internal integrated risk approach to identify both high and low risk areas, so that a constructive exchange of information with the local fire and rescue service can take place.

Additionally, the guidance contained in HTM 05-03 Part H – 'Reducing unwanted fire signals in healthcare premises' (formerly Fire Practice Note 11) should be followed to mitigate the risk and number of unwanted fire calls.

Contents

1 Department of Health fire safety policy

Purpose

1.1 To provide an unambiguous statement of fire safety policy applicable to the NHS in England and premises where NHS patients receive treatment or care.

Policy aims

1.2 This fire safety policy has the following aims:

- to minimise the incidence of fire throughout the in NHS estate in England;
- to minimise the impact from fire on life safety, delivery of service, the environment and property.

Statements of policy

1. All NHS organisations in England fall within the scope of this policy.
2. All NHS organisations in England must comply with legislation relating to fire safety.
3. All NHS organisations in England commissioning new buildings, leasing new buildings, or occupying buildings under a PPP/PFI contract must be satisfied that such buildings comply with legislation relating to fire safety.
4. The Department of Health will ensure that appropriate advice and guidance on all matters related to fire safety will be available to NHS organisations in England through the Firecode suite of guidance.

Mandatory requirements for the NHS in England (excluding NHS foundation trusts)

1.3 **NHS organisations in England will:**

- have a clearly defined fire safety policy covering all buildings they occupy;
- nominate a board level director accountable to the chief executive for fire safety;
- nominate a Fire Safety Manager to take the lead on all fire safety activities;
- have an effective fire safety management strategy which enables:
  - the preparation and upkeep of the organisation's fire safety policy;
  - adequate means for quickly detecting and raising the alarm in case of fire;
  - means for ensuring emergency evacuation procedures for all areas, at all times the premises are occupied, without reliance on external services;
  - all staff to receive fire safety training appropriate to the level of risk and duties they may be required to perform;
  - reporting of all fire-related incidents via the "efm-information" database (http://www.efm.nhsestates.gov.uk);
  - the development of partnership initiatives with other bodies and agencies involved in the provision of fire safety.

Firecode

1.4 Firecode is a suite of guidance specifically covering fire safety in the NHS in England. It considers management, functional requirements, and operational provisions.

1.5 The Department of Health recognises that the range of premises providing healthcare is extensive, and therefore guidance within Firecode may not specifically address every issue for all buildings. Designers, building control and fire and rescue authorities are expected to use their professional judgement when considering fire safety measures to be applied to NHS buildings, taking into account:

- the type of healthcare being provided;
- the average age and dependency of patients;
- planned staffing levels;
- the size of the premises.

1.6 Whilst Firecode provides a means of achieving an acceptable standard of fire safety, the Department of Health recognises that alternative ways of achieving the same objectives may be possible. Where an alternative solution to Firecode is proposed, the designer must demonstrate that the approach does not result in a lower standard of fire safety than if Firecode had been applied.

1.7 Firecode guidance may also be used as "best practice" guidance for healthcare premises outside of the NHS.

Compliance with this policy has been mandated by the Minister of State (Delivery & Quality), and supersedes all previous fire policy statements

THIS POLICY TAKES EFFECT FROM 1 OCTOBER 2006

2 NHS trust fire safety policies

2.1 Chief executives are required to clearly define fire safety policies for all premises under their control. The Department of Health's fire safety policy should be used as the model on which to base local policies. Policies should include a carefully prepared programme for dealing with fire prevention, fire-fighting and the movement or evacuation of patients and other building occupants in an emergency. The programme should include the implementation of precautionary measures to prevent the occurrence of fire, and provisions for dealing with outbreaks (including minimising the impact of fire). Policies should also include instruction and training to ensure that every member of staff has a clear understanding of their role, and will cooperate in taking effective emergency action.

2.2 Fire safety policy should reflect the statutory requirements of the Fire Safety Order.

2.3 Although emphasis should be on fire prevention, an essential ingredient of any fire safety policy is the preparation of an operational strategy for immediate implementation when a fire emergency arises. This strategy should set out the emergency procedures and should be prepared to suit the circumstances of individual premises and departments. All staff should be familiar with the content of this strategy, as it is one of the most important features of a fire policy. The responsible person (as defined in the Fire Safety Order) has overall responsibility for drawing up and maintaining comprehensive fire precautions, fire safety policies and programmes of improvement, but managers at each appropriate level in the organisation should also be involved.

2.4 Preparation of a fire safety policy requires multi-disciplinary teamwork due to the complexities of a healthcare organisation. When formulating or amending fire safety policies, managers and the responsible person should consult with administrative, medical, nursing and estates staff, and the Fire Safety Adviser (where appointed).

2.5 Fire and rescue services will have integrated risk management plans (IRMPs) in place. These are aimed, primarily, at ensuring the right resources are in the right place at the right time throughout the fire authority's area. NHS organisations are encouraged to develop their own internal IRMP, particularly in response to fire incidents, which should be discussed with local fire and rescue services at an early stage.

2.6 It is important that policies and plans produced in accordance with the foregoing paragraphs be reviewed regularly so that changes in the healthcare premises' structure, function, procedures and other matters that have a bearing on fire safety can be taken into account promptly. In any case, policies and plans should be reviewed annually.

2.7 Fire safety policy should form an integral part of the overall fire strategy adopted by the organisation.

3 Developing management levels

3.1 Whilst the chief executive has overall responsibility for fire safety, in NHS organisations a board level director should be delegated to take formal responsibility and play an active role in managing fire safety. The board level director should determine the appropriate management knowledge necessary for the organisation, and this will vary depending on the size of the organisation, the number of premises, the activities within the premises and the overall risk of fire. It would not be reasonable to expect the same level of management knowledge in a small GP practice that might be necessary for a large hospital or NHS trust.

3.2 Table 1 gives levels of understanding that might be required for particular management tasks for the different types of healthcare building. The level of management knowledge should not be reduced from that given in the table; however, based on a higher risk identified by assessment, it can be increased to the more appropriate level.

3.3 The definitions of high, medium and low in the management levels are:

- **high** – a high level of understanding of each management task, along with the appropriate authority to take management decisions and authorise use of resources (including financial);
- **medium** – a reasonable understanding of the management tasks, with appropriate authority to instigate interim corrective arrangements;
- **low** – a basic understanding of the management tasks, but having the knowledge to understand individual limitations and to know where additional assistance might be sought.

Fire Safety Manager (Senior Operating Manager)

3.4 Based upon the level of management identified for the organisation, it may be appropriate to nominate a Fire Safety Manager to be responsible for the day-to-day activities. This role should be carried out by one person. Whilst the Fire Safety Manager may have a different line manager, accountability for fire safety matters should always be through the board level director.

Resources and authority

3.5 Staff undertaking the role of Fire Safety Manager must be sufficiently empowered and have access

Table 1 – Management knowledge levels (H – high; M – medium; L – low)

	Type of site		
	Acute or mental health	Primary care trusts	Small premises
Management task			
Fire training	H	M	M
Security	H	M	M
Control of works	H	M	M
Communications	H	M	L
Maintaining fire systems	H	H	L
Fire and rescue service liaison	H	M	L
Testing of management systems	H	M	L
Risk management	H	M	L
Fire load management	H	M	L

to adequate resources to enable them to perform their duties effectively. He/she should also be in a position to maintain fire safety systems within the organisation, including the testing and maintenance of fire alarm and detection systems and fire-fighting equipment. They should also be able to influence and direct staff.

Fire Safety Adviser (Authorised Person – Fire)

3.6 In all NHS organisations it will be necessary to have access to a Fire Safety Adviser (see "Definitions"). This may be an employee of the organisation or a person "bought in" from an external source, which includes other NHS organisations. Current guidance recommends that the appointment is made within the organisation, with the exception of the smallest NHS organisations (for example small independent contractors such as GPs, dentists, chiropodists etc).

3.7 It is therefore recommended that all NHS organisations should either directly employ, or have access to, a Fire Safety Adviser who should be familiar with the Firecode suite of documents.

4 Management of occupied buildings

4.1 The Fire Safety Manager role described in paragraph 4.7 may be combined with other roles such as health and safety, risk management, emergency planning etc.

4.2 It will be necessary to allocate a number of staff to act as deputies to the Fire Safety Manager to ensure there is always a key decision-maker available when the premises are occupied. Local management need to determine how this role can best be achieved and implemented.

4.3 When nominating the Fire Safety Manager, it will be necessary to ensure that there are clearly defined areas of responsibility and an integrated approach to avoid conflict with any overlapping responsibilities.

Role of the chief executive

4.4 The chief executive is responsible for ensuring that current fire legislation is met and that, where appropriate, Firecode guidance is implemented in all premises owned or occupied by the NHS organisation. Chief executives are required to have appropriate fire safety policies and programmes of work in place in order to improve and maintain fire precautions within the organisation's premises.

Role of the board

4.5 The trust board has overall accountability for the activities of the organisation. The board should ensure they have appropriate assurance that the requirements of current fire safety legislation are met and, where appropriate, that the objectives of Firecode are met.

Board level director

4.6 The board level director is responsible for championing fire safety issues at board level. Part of this might include proposing programmes of work relating to fire safety for consideration as part of the annual business plan.

Role of the Fire Safety Manager

4.7 It is not possible or desirable to fully define the roles and responsibilities of the Fire Safety Manager. However, he/she should be responsible for the following:

- an awareness of all fire safety features and their purpose;
- fire safety risks particular to the organisation;
- requirements for disabled staff and patients (related to fire procedures);
- ensuring appropriate levels of management are always available to ensure decisions can be made regardless of the time of day;
- compliance with legislation;
- development and implementation of the organisation's fire safety policy;
- development of the organisation's fire safety strategy;
- development of an effective training programme;
- cooperation between other employers where two or more share the premises;
- the reporting of fire incidents in accordance with current practice;
- monitoring and mitigation of unwanted fire incidents;
- liaison with enforcing authorities;
- liaison with other managers;
- monitoring of inspection and maintenance of fire safety systems.

4.8 The Fire Safety Adviser described in paragraphs 3.6–3.7 should be capable of assisting the Fire Safety Manager in discharging the roles and responsibilities outlined above. In some organisations, the Fire Safety Adviser could be the Fire Safety Manager provided they are given the

necessary authority and resources to discharge the functions.

Role of the Fire Safety Adviser

4.9 The definition of a Fire Safety Adviser has been set out in paragraphs 3.6–3.7. It is important for all NHS organisations to have access to a Fire Safety Adviser either directly or indirectly (for example through a service level agreement (SLA) or consultancy). It is important that staff engaged in this role have experience of Firecode (particularly at hospital sites) because of the complex nature of hospitals and the factors to be taken into account when assessing the suitability of fire safety measures. Fire Safety Advisers must be competent (see "Definitions") to undertake the role and perform the required duties.

4.10 The Fire Safety Adviser's role is to provide technical expertise to the Fire Safety Manager to enable them to fulfil their duties effectively. Therefore, the Fire Safety Adviser should be responsible for the following:

- providing expert advice on the application and interpretation of fire legislation and fire safety guidance, including Firecode;
- advising on the content of the organisation's fire safety policy;
- assisting with the development of the organisation's fire strategy;
- helping with the development of a suitable training programme, including delivery of the training;
- liaising with enforcing authorities on technical issues;
- liaising with managers and staff on fire safety issues;
- liaising with the Authorising Engineer (Fire).

4.11 Whilst this list is not comprehensive, these are considered to be the core features of the role.

4.12 There may be occasions where specialist solutions are necessary to resolve fire safety issues, for example fire engineering. The Fire Safety Adviser would not necessarily be expected to have specialist skills, but would be expected to have sufficient knowledge to realise when they required specialised skills.

Role of the fire warden

4.13 Fire wardens could be appointed to be the focal point for fire safety issues for local staff, where the organisation considers this necessary, perhaps on larger sites. They should act as the fire safety "eyes and ears" within their local area, but not have an enforcing role. The local fire warden reports fire safety issues to their line manager who in turn will report to their management.

4.14 The fire warden should:

- act as focal point on fire safety issues for local staff;
- organise and assist in the fire safety regime within local areas;
- raise issues regarding local area fire safety with line management;
- assist with coordination of the response to an incident within the immediate vicinity;
- be responsible for roll-call during an incident;
- be trained to tackle fire with first aid fire-fighting apparatus where appropriate;
- support line managers on fire safety issues.

Authorising Engineer (Fire)

4.15 This document does not require any NHS organisation to appoint an Authorising Engineer (Fire) in a permanent capacity. It is recommended that a fire engineer should be engaged if a specific fire-engineered solution has been identified or is proposed, and the in-house resources have limited expert knowledge.

4.16 It is not an easy task to define fire engineering. It could be argued that any person involved in the fire protection industry could call themselves fire engineers, and the fact that they may not belong to a professional association does not negate this.

4.17 As mentioned in Chapter 2, there are principally two groups of fire engineer, one with academic qualifications and the other with a range of qualifications and experience from other sources, for example a fire and rescue service career, the Fire Service College etc. As with other professions, there is an overlap depending on the field of fire safety the engineer is involved with.

4.18 Fire engineering is the application of scientific and engineering principles, codes, and expert judgement, based on an understanding of the

phenomena and effects of fire, and the reaction and behaviour of people to fire.

4.19 A fire engineer, through education, training and experience, should be able to demonstrate:

- an understanding of the nature and characteristics of fire, the mechanisms of fire spread, and the control of fire and the associated products of combustion;
- an understanding of how fires originate and spread (within and outside of buildings/ structures), and how they can be detected, controlled and/or extinguished;
- an ability to anticipate the behaviour of materials, structures, machines, apparatus, and processes (as related to the protection of life, property and the environment from fire);
- an understanding of the integration of fire safety systems and their interaction with all other systems in buildings, supported by knowledge about industrial structures and similar facilities;
- an ability to make use of all of the above and any other required knowledge to undertake the practice of fire engineering.

4.20 Fire engineering can include:

- the calculation of pipe sizing for automatic fire sprinkler systems;
- the calculation of how a structural building element will respond to fire (such as a beam or column);
- evaluating the life safety consequences of a specified fire (defining the context, defining the scenario and calculating the hazard);
- developing a package of measures intended to reduce the potential for injury, death, property and pecuniary loss to an acceptable level;
- use and application of appropriate knowledge, training and experience to undertake manual fire-fighting and/or rescue operations.

4.21 In seeking to appoint an Authorising Engineer (Fire), NHS organisations should approach the Institution of Fire Engineers (www.ife.org.uk) or the Association of Fire Consultants (www.afc.eu.com) for further guidance and information regarding fire engineers. An Authorising Engineer (Fire) should be able to demonstrate competence (see "Definitions").

Competent Person (Fire)

4.22 This is likely to be a person external to the NHS organisation who provides skilled installation and/ or maintenance of fire-related services (both passive and active fire safety systems). The Competent Person (Fire) must be able to demonstrate a sound knowledge and specific skills in the specialist service being provided.

Fire safety committee

4.23 In NHS organisations, it is recommended that a fire safety committee be formed. The committee should be responsible for the review of all fire safety matters. In exceptional circumstances, fire safety matters could be dealt with by another committee, such as a health and safety or risk management committee. Standard agenda items might include fire incidents, unwanted fire incidents, enforcement action, and staff training.

Premises with more than one employer

4.24 Where two or more employers share premises, each employer should be responsible for managing fire safety within their own area. There must be formal arrangements put in place to share information about the risks, emergency procedures, staff training and individual organisational responsibilities. For the common areas of the premises (such as stairways, corridors etc), the host employer will have the responsibility for managing fire safety.

4.25 Each employer must cooperate fully with the other to ensure that fire safety measures are not compromised.

Audit

4.26 There should be an annual audit undertaken to review:

- current fire safety management procedures, including maintenance procedures;
- changes in the use of premises;
- effectiveness of communication systems, including fire alarm and detection systems;
- local fire safety policies;
- training and incident management and their related records;
- action following risk assessment.

4.27 The findings of the audit should be presented to the trust board via the board level director.

General

4.28 The main task in managing occupied buildings is to minimise the risk of fire occurring, and if a fire does occur, to prevent it escalating into a serious incident.

4.29 The maintenance of furniture, furnishings and equipment is as important as maintaining the fire safety equipment for the safety of the building occupants. Key tasks and considerations to reduce the risk of fire include:

- housekeeping;
- monitoring of no-smoking policies;
- routines for disposal of waste;
- policies for procurement of furniture and textiles;
- control systems for procurement and storage of flammable liquids;
- control permits (for example hot work);
- supervising contractors;
- carrying out routine checks and inspections (including means of escape, fire doors, and fire-fighting equipment);
- preparing and acting upon fire risk assessments.

5 Fire strategy

5.1 A robust fire strategy is the key to ensuring a high standard of fire safety. All NHS organisations should develop a fire strategy that reflects the organisation and addresses the following:

- fire policy;
- management roles and responsibilities;
- new building specification;
- upgrading of fire precautions;
- alarm and detection systems;
- training;
- fire-fighting;
- emergency plans (including evacuation strategies);
- procurement;
- fire safety audits;
- assessments under DSEAR;[1]
- Disability Discrimination Act (2005) audits;
- maintenance;
- records;
- fire risk assessments;
- integrated risk management plans (IRMPs).

5.2 This list is not exhaustive, but these are considered to be core elements.

5.3 Fire strategy should set out the approach to be taken by the organisation in relation to each of the points above, clearly and without ambiguity.

5.4 For the benefit of the future management of the premises, the design decisions in relation to new buildings or building alterations should be adequately documented as part of the fire strategy. This would include identifying where a design solution achieves the objectives of Firecode by another method. Any assumptions made during the design stage must be included in the fire strategy.

1 Dangerous Substances and Explosive Atmospheres Regulations

6 Planning and responding to a fire emergency

6.1 The safety of building occupants is paramount and will depend on the successful implementation of safety procedures, in addition to the use of active and passive systems (for instance fire alarm and detection systems, fire doors, fire-fighting equipment etc).

6.2 Pre-planning for a fire is key to the success of safeguarding the occupants and the fabric of the building. Pre-planning will also include testing the proposed measures to ensure they achieve their intended objectives. The overall aim is to ensure that all occupants can escape unharmed to a place of safety either within the building (progressive horizontal evacuation) or outside the building. In order to achieve this, there must be a prompt response to the alarm and an effective strategy for evacuation.

6.3 In complex buildings such as hospitals, a sufficient number of adequately trained staff will need to be available to assist occupants who may be unfamiliar with the building layout or need assistance due to their medical condition.

6.4 It is not possible to give precise guidance on every conceivable situation that could arise in a fire emergency. However, here are some considerations to make when pre-planning:

- action on discovery;
- warning and alarm signals;
- calling the fire and rescue service;
- risk assessment findings (risk to occupants whilst evacuating);
- arranging and coordinating evacuation;
- fire-fighting (prior to the arrival of the fire and rescue service);
- availability of staff as an additional resource;
- internal management control systems;
- availability of additional specialist equipment for continuing care;
- facilities for the continuation of care;
- caring for high-risk and vulnerable patients;
- information for the fire and rescue service;
- contingency planning;
- people with disabilities;
- visitors and relatives;
- information, instruction and training;
- debriefing after the incident;
- returning the building to normal service.

6.5 In addition, information about the premises should be readily available for attending fire and rescue services. The information should be located at a pre-agreed location (usually a main entrance area). Information needed by fire crews about premises, their construction, contents, hazards and built-in fire protection measures is becoming increasingly complex; the more information you can make available, the lower the risk to occupants, fire crews and, potentially, the premises.

6.6 Information that should be included:

- plans of the premises;
- the location of valuable equipment (for example CT and MRI scanners);

and information about:

- fire and safety systems;
- utilities and environmental systems;
- hazardous contents of the premises.

6.7 This list is not exhaustive, but provides a valuable starting point. The local fire and rescue service should be able to suggest any other information they may require.

7 Evacuation strategies

7.1 An evacuation strategy will be dependent upon the type of building, its use, and the occupancy profile (including staff levels).

7.2 Hospitals are designed on the concept of progressive horizontal evacuation, which enables occupants to move away from a fire to a place of safety on the same level. Occupants can remain here until the fire has been dealt with, or await further evacuation to another similar adjoining area or vertically down the building using a stairway or appropriate lift.

7.3 Other healthcare buildings often operate on the principle of full evacuation.

7.4 It will be incumbent on the Fire Safety Manager to ensure that the evacuation strategy for the premises adequately reflects the individual needs of both the building and its occupants.

7.5 Evacuation strategies should clearly define the sequence to be followed, and should include reference to:

- evacuation of building occupants;
- refuges and places of intermediate safety;
- the use of lifts (including evacuation lifts);
- communications during the evacuation.

7.6 Detailed procedures in the strategy should also ensure that:

- all persons are accounted for;
- designated staff carry out a thorough check to ensure no persons have been left behind;
- the arrangements for the mobility impaired are adequate;
- re-entry to the building is not permitted until it is safe to do so.

7.7 Strategies may differ between patient areas and those areas to which only staff have access. However, the concept of inclusive means of escape should be adopted for all areas of all buildings. This concept ensures that means of escape for disabled people are not considered in isolation.

8 Fire safety and the Disability Discrimination Act

8.1 The Disability Discrimination Act (DDA) requires the adjustment of policies, practices and procedures and, where necessary, the building fabric, so as not to discriminate against disabled people. The development of a fire strategy must take account of the requirements of the DDA.

8.2 The Act places a duty on building managers/service providers to ensure access to services for all. From October 1999, service providers were required to make reasonable adjustments so that disabled people could access services. This could involve providing extra help or changing the way the service is provided. From 1 October 2004, reasonable adjustments should have been made to the physical features of their premises to assist with access and egress.

8.3 It is not possible to precisely define the term "disabled" in this document. However, in the broadest context, it is any person with a physical or mental impairment which has substantial and long-term adverse effects on their ability to carry out normal day-to-day activities. People who have had a disability in the past are also covered.

8.4 The term disability does have three distinct definitions:

- people who have an impairment that limits their ability to walk;
- people with impaired sight or hearing;
- people with a learning or mental impairment.

8.5 Section 19 (3) (*a*) of the Disability Discrimination Act indicates that the Act applies to "access to and use of any place which members of the public are permitted to enter". This clause means that the Act applies to NHS buildings where members of the public are admitted or where disabled people are employed. BS 8300 states that "health and welfare buildings should be fully accessible to disabled people". Section 13.4 states that such buildings include doctors' and dentists' surgeries, hospitals, health centres, opticians and older persons' day centres.

8.6 BS 5588-8:1999 does not apply to buildings purpose-built for disabled people, including healthcare premises which are covered by specific guidance documents issued by Government departments. It is therefore important to provide a unified approach to developing appropriate strategies (for example fire and DDA strategies). In order to achieve this unified approach, reference should be made to Health Building Note 40 – 'Recurring spaces' in addition to Firecode. BS 5588-8 will apply to the "non-patient" parts of the healthcare estate.

8.7 The main principle of fire safety is that all people should be evacuated from a building in the event of fire. In terms of healthcare premises, this may not necessarily be the case for all situations. In hospitals, the concept of progressive horizontal evacuation is the norm. Existing fire legislation requires suitable evacuation procedures to be in place for all people using the building. The Fire Safety Manager must ensure that any staff required to assist with evacuation are adequately trained.

9 Training

9.1 Fire safety training is essential for all staff and is a legal requirement under the Health and Safety at Work etc Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Fire Safety Order.

9.2 Staff need to have an understanding of fire risks and know what to do in the event of a fire so that fire safety procedures can be applied effectively. It is therefore imperative that healthcare organisations provide appropriate levels of fire safety training. This applies to all staff without exception. Senior management and senior medical staff should lead by example.

9.3 As stated earlier, the Fire Safety Manager should be responsible for developing a training programme. The programme should reflect staff responsibilities for fire safety and set in place appropriate means for recording and monitoring staff training. More information on training can be found in HTM 05-03 – Part A 'General fire precautions'.

9.4 The Fire Safety Manager should be responsible for monitoring the efficacy of staff training and report this back to the board level director.

9.5 All staff should receive induction training on or before their first day of employment. This may take the form of generic training. Where staff are working in areas where there are specific risks or hazards, the induction training must be supplemented by job-specific instruction as soon as their employment commences.

9.6 All staff should receive regular, updated training and instruction. The duration and frequency of the training should be determined by a training needs analysis. This should take account of the fire risks present in the premises, the numbers of people at risk, and the responsibilities of staff in a fire emergency. The outcomes of the fire risk assessment and the determination of training requirements should be formally recorded and periodically reviewed. It is expected that staff involved in the direct care of patients, who may need to help evacuate others, should receive instruction more frequently than those who may only be required to evacuate themselves from the building on the sounding of the fire alarm.

9.7 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.

9.8 In extreme circumstances, 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.

9.9 Training programmes should include the following (this list is not definitive):

- basic fire safety;
- good housekeeping;
- actions to take on discovering a fire;
- actions to take on hearing the fire alarm;
- procedures for evacuation;
- staff responsibilities during a fire incident;
- specialist roles (switchboard staff, estates staff, fire wardens etc).

10 Fire safety manual

10.1 A fire safety manual is an essential tool in managing the fire safety of an occupied building. It should contain both design information and operational records for the premises.

10.2 The manual should initially be created by the design team (for new builds), as it needs to provide details of assumptions and decisions made during the design stage which led to the final building design. This should include explicit assumptions made in respect of ongoing management arrangements once the building has become occupied.

10.3 Upon handover, responsibility for the manual transfers to the NHS organisation. It should be maintained by the Fire Safety Manager.

10.4 The following information should be included:

- planning arrangements for fire safety, construction and details of the fire safety systems installed (for example alarm and detection, fire suppression etc);
- records of observed fire evacuation training;
- records of ongoing fire safety testing and maintenance (which should be continually updated).

10.5 The fire safety manual should be available for inspection by any auditor, regulator or, for operational purposes, the fire and rescue service.

10.6 BS 5588-12 Annex A gives more detailed suggestions of the content of a fire safety manual in respect of both the design information and the operational records.

10.7 Whilst this section is primarily aimed at developing a fire safety manual for new buildings, NHS organisations should consider developing manuals for existing buildings.

10.8 For new buildings, the fire safety manual should be part of the health and safety manual, developed to comply with the requirements of the Construction (Design and Management) Regulations.

11 Procedures for reporting fire to the Department of Health

11.1 **All outbreaks of fire in the NHS (to which the fire and rescue service has been called)** must be reported within 48 hours to the Department of Health, using the on-line efm-information system (www.efm.nhsestates.gov.uk).

Note

There is no mandatory requirement for NHS foundation trusts to report fire incidents to the Department of Health.

11.2 More serious outbreaks such as fires involving death, injury, large-scale evacuation or damage on a large scale need to be reported immediately by e-mail to fire@dh.gsi.gov.uk, by telephone (0113 254 6881) or by fax (0113 254 5793) (with an assessment of the cost involved, if possible). An analysis of fire reports can be obtained via the efm-information system.

11.3 **Fires involving death or injury must also be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.**

Monitoring arrangements

11.4 Chief executives of NHS organisations and strategic health authorities need to demonstrate that their healthcare premises are in compliance with the prevailing fire legislation and with the principles and practice of Firecode (where applicable), and provide evidence annually.

11.5 This should be provided in the form of an annual statement of fire safety, which should be sent to The Information Centre (http://www.ic.nhs.uk).[2]

11.6 The completed annual statement of fire safety, and any attachments, should reach The Information Centre by 31 January (to cover the preceding year). For instance, the 2006 annual statement should be submitted by 31 January 2007. The Fire Safety Manager should ensure that the necessary procedures are followed every year, and that the certificates are with The Information Centre on time.

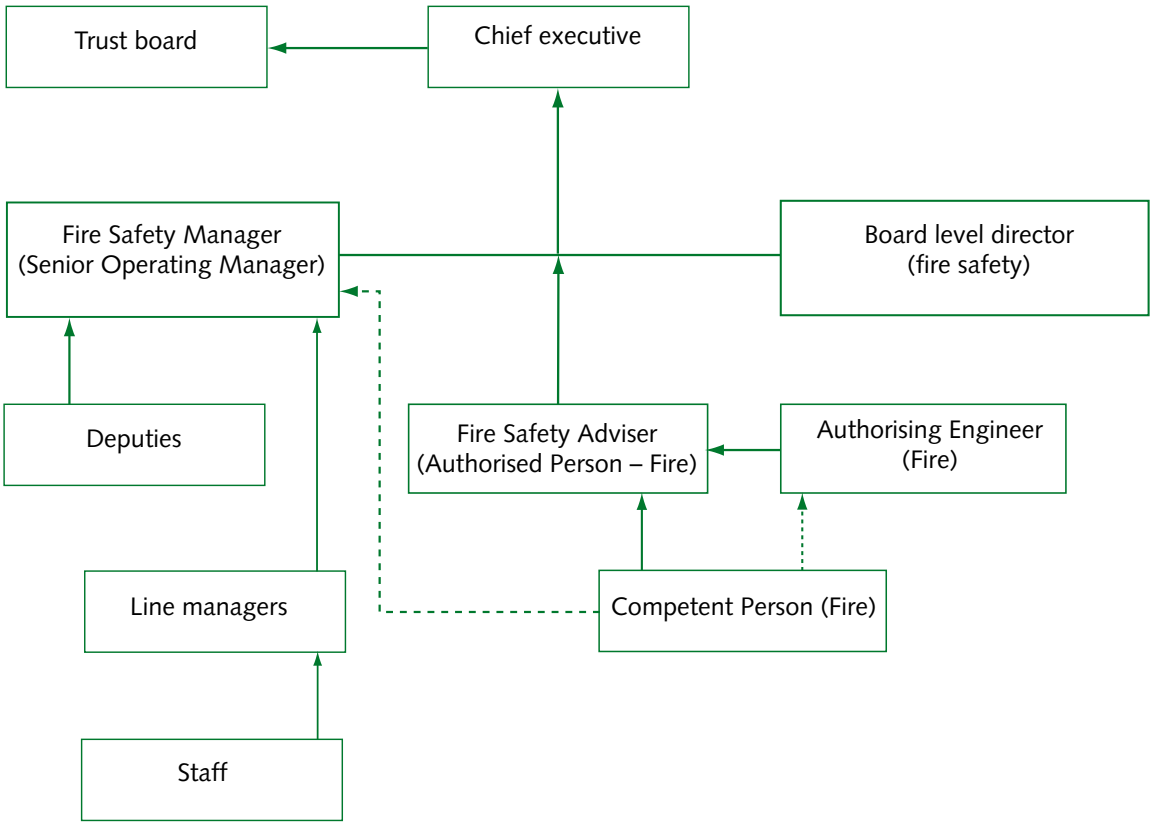
11.7 A copy of the annual statement of fire safety can be found in Appendix C.

11.8 The Department of Health expects that all contracts for health services placed by commissioners will contain clauses to ensure that premises comply with, and will continue to comply with, all statutory fire safety provisions and, where appropriate, Firecode. Regulators are encouraged to inspect the annual statement of fire safety.

2 In June 2005 The Information Centre took over monitoring of fire safety in the NHS on behalf of the Department of Health

Appendix A – Exemplar structure

The following is an exemplar management structure. There is no requirement to implement this structure. However, it does demonstrate functional accountability for fire safety throughout the organisation.



Key:

Direct accountability for fire safety

Indirect accountability

Note:

The lines of accountability flow upwards. This emphasises that everyone is responsible for fire safety .

The roles of Authorised Person – Fire, Authorising Engineer (Fire) and Competent Person (Fire) reflect the professional structure outlined in Health Technical Memorandum 00 – 'Policies and principles'.

Appendix B – Exemplar person specification

The essential requirements are not intended to prevent suitable applicants from being appointed. Criteria may not be met at the time of potential appointment, but both essential and desirable criteria should form the basis of a continuing professional development process.

Fire Safety Manager

Criteria	Essential	Desirable
Qualification/experience	Wide experience of management Ability to prioritise risks	Experience of healthcare engineering or estate management, or equivalent Science, engineering, fire engineering or fire safety degree
Special knowledge	Understanding of principles of risk assessment	Working knowledge of fire legislation and Firecode Membership of appropriate professional bodies (for example the Institution of Fire Engineers (IFE), Institute of Healthcare Engineering and Estate Management (IHEEM) etc)
Skills	Effective interpersonal and communication skills at senior management level Staff management Effective report writing Ability to assess efficacy of training programmes Basic IT skills Ability to work to timescales and within budgets	European Computer Driving Licence (ECDL) or equivalent IT qualification
Disposition and attitudes	Initiative and willingness to take responsibility Ability to motivate and direct staff Ability to work within tight deadlines Ability to work within a changing environment	

Fire Safety Adviser

Criteria	Essential	Desirable
Qualification/experience	Science- or engineering-based education; or extensive experience of fire safety Experience of preparing and delivering training courses Membership of a professional organisation (for example the Institution of Fire Engineers (IFE); Institute of Fire Prevention Officers (IFPO) etc)	Science, engineering or fire engineering/fire safety degree Corporate membership of professional organisation (such as the Institution of Fire Engineers (MIFireE); Institution of Occupational Safety and Health MIOSH) Professional qualification in a fire-related subject (for example Confederation of Fire Protection Associations Europe (CFPA) Diploma, Institution of Occupational Safety and Health (IOSH)) Experience of healthcare fire safety
Special knowledge	Thorough knowledge of: • Fire safety • Fire risk assessment • Fire legislation and Codes of Practice • Fire safety training Ability to undertake fire safety audits	Detailed knowledge of Firecode Understanding of fire modelling techniques Knowledge of risk management techniques
Skills	Effective interpersonal and communication skills Ability to devise and deliver training programmes Effective report writing Ability to work at all levels of the organisation Basic IT skills	Ability to work to time-scales and within budgets ECDL or equivalent
Disposition and attitudes	Initiative and willingness to take responsibility Self-motivated Ability to work within a changing environment Ability to as part of a team Willingness to participate in continued professional development	Ability to demonstrate continued professional development

Appendix C – Annual statement of fire safety

Annual statement of fire safety 20XX

NHS organisation:		
I confirm that for the period 1 January 20XX to 31 December 20XX, all premises which the organisation owns, occupies or manages have had fire risk assessments undertaken in compliance with the Regulatory Reform (Fire Safety) Order 2005, and *(please tick the appropriate boxes)*:		
1	There are no significant risks arising from the fire risk assessments.	
2	The organisation has developed a programme of work to eliminate or reduce to a reasonably practicable level the significant risks identified by the risk assessment.	
3	The organisation has identified significant risks, but **does not** have a programme of work to mitigate those significant risks.	
Where a programme to mitigate significant risks has not been developed, please insert the date by which such a programme will be available, taking account of the degree of risk.		
5	During the period covered by this statement, the organisation has/has not* been subject to any enforcement action by the fire and rescue authority. Please outline details of enforcement action in Annex A Part 1.	
6	The organisation has/has not* any ongoing enforcement action pre-dating this Statement. Please outline details of ongoing enforcement action in Annex A Part 2.	
7	The organisation achieves compliance with the Department of Health's fire safety policy by the application of Firecode or some other suitable method.	
Chief Executive:		
Fire Safety Manager:		
Contact details:	E-mail:	
	Telephone:	
	Mobile:	
Signature of Chief Executive		
Date:		
Completed statement to be forwarded to The Information Centre to arrive no later than 31 January 20XX.		

* Delete as appropriate

ANNEX A

Part 1 – Outline any enforcement action taken during the past 12 months and the action taken or intended by the organisation. Include, where possible, an indication of the cost to comply.
Part 2 – Outline any enforcement action ongoing from previous years and the action the organisation has taken so far. Include any proposed action needed. Include an indication of the cost incurred so far and, where possible, an indication of costs to fully comply.

NHS Organisation:	
Date:	

References

DH Estates and Facilities Division

Health Building Note 40 – Recurring spaces. TSO, 2006 (forthcoming).

Health Technical Memorandum 00 – Policies and principles. TSO, 2006 (forthcoming).

HTM 05-03 – Reducing unwanted fire signals in healthcare premises. TSO, 2006 (forthcoming).

Legislation/regulations

The Construction (Design and Management) Regulations 1994. HMSO, 1996.
http://www.opsi.gov.uk/si/si1994/Uksi_19943140_en_1.htm

The Construction (Design and Management) (Amendment) Regulations 2000, SI 2000 No 2380. TSO.
http://www.opsi.gov.uk/si/si2000/20002380.htm

The Disability Discrimination Act (2005). The Stationery Office, 2005.
http://www.opsi.gov.uk/ACTS/acts2005/20050013.htm

The Health and Safety at Work etc Act 1974. HMSO, 1974.

The Management of Health and Safety at Work Regulations 1999. The Stationery Office, 2000.
http://www.opsi.gov.uk/si/si1999/19993242.htm

The Regulatory Reform (Fire Safety) Order 2005 SI 2005/1541. The Stationery Office, 2005.
http://www.opsi.gov.uk/si/si2005/20051541.htm

British Standards

BS 5588-8:1999 Fire precautions in the design, construction and use of buildings. Code of practice for means of escape for disabled people. British Standards, 1999.

BS 5588-12:2004 Fire precautions in the design, construction and use of buildings. Managing fire safety. British Standards, 2004.

BS 8300:2001 Design of buildings and their approaches to meet the needs of disabled people. Code of practice. British Standards, 2001.

Useful websites

Department of Health Estates and Facilities Division
http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/EstatesAndFacilitiesManagement/fs/en

The Institution of Fire Engineers
http://www.ife.org.uk

The Association of Fire Consultants
http://www.afc.eu.com

on-line efm-information system
http://www.efm.nhsestates.gov.uk

The Information Centre
http://www.ic.nhs.uk/

The Institution of Occupational Safety and Health (IOSH)
http://www.iosh.co.uk