

Fire Incident Action Plan

Alexandra Hospital, Redditch

**Trust Fire Safety Strategy and Policy WAHT-CG-483.
Supporting Document 6 –**

Fire Incident Action Plan

ALEXANDRA HOSPITAL

Revision	Date	Amendment	Issued	Authorised
04-12	April 2012	Updated document	Fred Roden	
2015-1	April 2015	Annual review and reformat.	Fred Roden	Ray Cochrane
2016-1	October 2016	Annual review and reformat	Fred Roden	Ray Cochrane
2017- 1	February 2017	Amendments following management structure changes: <ul style="list-style-type: none"> Page 1 – Key Responsibilities updated to include Portering Supervisor and remove Facilities Duty Manager reference Appendix 10 action card for APC– name change of role/bleep number undertaking APC to Portering Supervisor Appendix 6 flowchart - name change of role/bleep number undertaking APC and simplification of role undertaking Incident Manager position Site fire team references in appendix 5 – as above. 	Fred Roden	Ray Cochrane
2018 - 1	22 January 2018	Procedures reviewed at meeting with Chief Nursing Officer, Emergency Planning Officer, Senior Bed Manager, Fire Safety Manager and Estates Property Manager. Amendments made: <ul style="list-style-type: none"> Assembly Point Coordinator Bleep Holders changed to Day (0800 – 2000hrs) Bleep 0200 Bed Manager. Night (2000 – 0800hrs) Bleep 0932 Nurse Practitioner Porter roles amended accordingly. 	Fred Roden	Ray Cochrane
2018 - 2	24 September 2018	Switchboard fire team bleep lists incorporated within the switchboard action card	Fred Roden	Ray Cochrane
2020 - 1	12 March 2020	Full review of document to tie in with review period of the Trust Fire Safety Strategy and Policy WAHT-CG-483. No significant changes made.	Fred Roden	Ray Cochrane
2020/02	22/04/2020	Document re-designated as Supporting Document 5 of the Trust Fire Safety Strategy and Policy WAHT-CG-483. No significant changes made.	Fred Roden	Ray Cochrane
2021/01	31/08/2021	Appendix 12 added Vanguard Theatre Fire Action	Fred Roden	Ray Cochrane

Fire Incident Action Plan

Alexandra Hospital, Redditch

2022/03	08/2022	Vanguard theatre removed; Bleep numbers changed to reflect all starting with 0 previously, now start with a 1, 2222 references checked and amended to ensure correct.	Julie Noble	Julie Noble
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CONTENTS

- 1. Aim and Scope of Procedure**
- 2. Key Staff Responsibilities**
- 3. References**
- 4. Introduction**
- 5. Appendix 1** STRUCTURAL Buildings, Access driveways, fire separation and Means of Escape.
- 6. Appendix 2** FIRE FIGHTING EQUIPMENT Fixed and Portable.
- 7. Appendix 3** FIRE ALARM - Manual and Automatic.
- 8. Appendix 4** ELECTRICAL- including emergency lighting and lifts
- 9. Appendix 5** FIRE INCIDENT ACTION PLAN including staff roles, fire team membership, stand down procedures and building assembly points”
- 10. Appendix 6** FIRE INCIDENT ACTION PLAN FLOW CHART
- 11. Appendix 7** FIRE ACTION CARD - SWITCHBOARD
- 12. Appendix 8** FIRE ACTION CARD – INCIDENT MANAGER
- 13. Appendix 9** FIRE ACTION CARD - PORTERS
- 14. Appendix 10** FIRE ACTION CARD – ASSEMBLY POINT COORDINATOR
- 15. Appendix 11** FIRE ACTION CARD – ESTATES ON CALL TRADESMAN

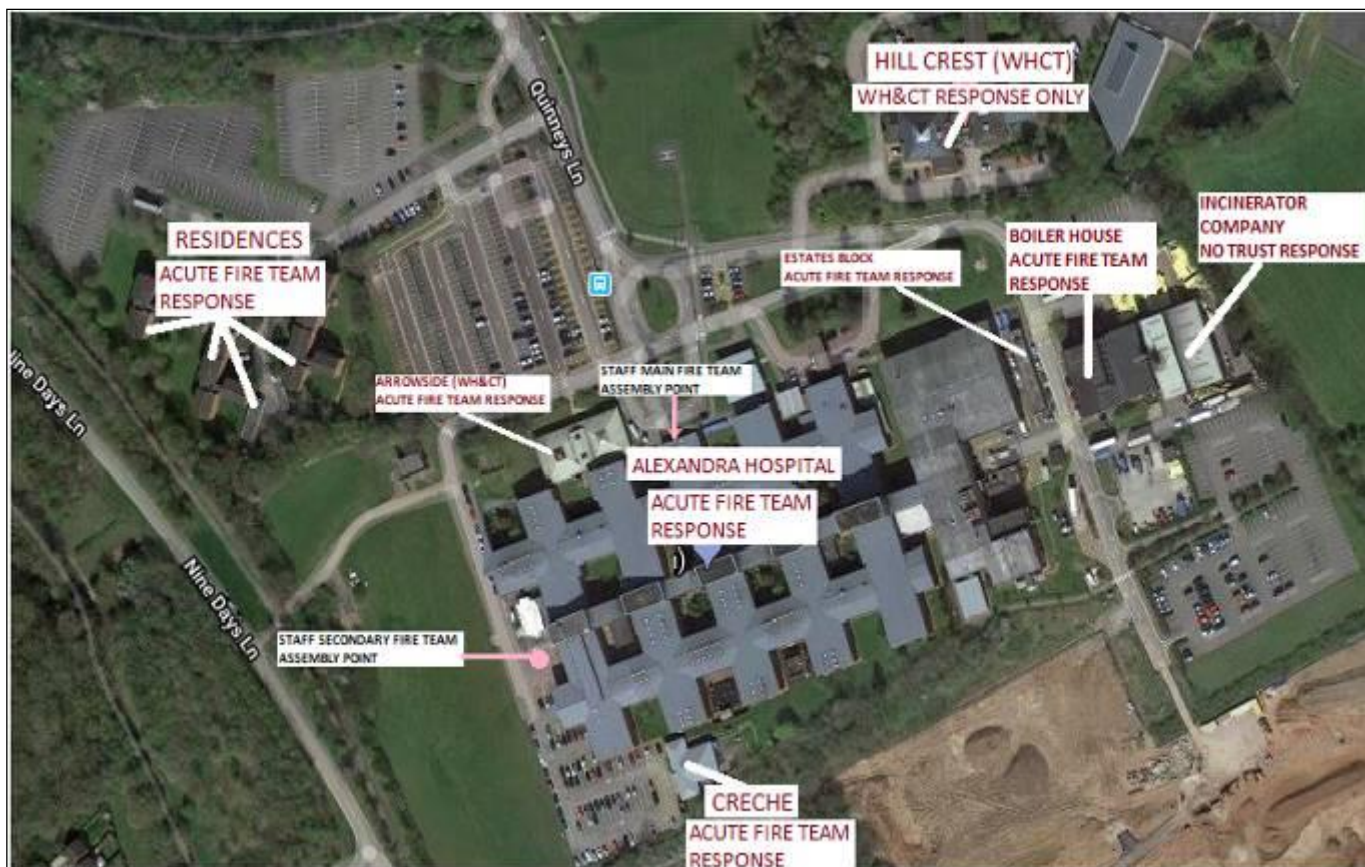
Fire Incident Action Plan

Alexandra Hospital, Redditch

1. Aim and Scope of Procedure:

This document contains guidance for staff in the buildings throughout the site on how to respond to an alarm of fire and on the site fire team response.

BUILDING	TRUST	FIRE TEAM ASSEMBLY POINT	RESPONSE	BLEEP HOLDERS
1. Alexandra Hospital Main Building	WAHT	Outside Main Entrance Alt – Pharmacy Entrance	Full Acute Fire Team	1903/1200/1932/Porters/Estates
THE STAFF MAIN ASSEMBLY POINT IS OUTSIDE THE HOSPITAL MAIN ENTRANCE. (IN THE EVENT OF A CONTINUOUS ALARM IN THE ENTRANCE TEMPLATE THE ASSEMBLY POINT SHOULD BE MOVED TO THE PHARMACY HOSPITAL STREET ENTRANCE).				
2. Residences	WAHT	Building Main Entrance	Full Acute Fire Team	1903/1200/1932/Porters/Estates
3. Crèche	WAHT	Building Main Entrance	Full Acute Fire Team	1903/1200/1932/Porters/Estates
4. Hill Crest	WHCT		WH&CT Responsibility	
5. Incinerator	N/A	N/A	The commercial Incinerator managers are responsible for any incinerator fires.	





Fire Incident Action Plan

Alexandra Hospital, Redditch

2. Key Staff Responsibilities:

Post	Responsibilities
DAY & NIGHT 1903 BLEEP SENIOR NURSE	INCIDENT MANAGER
DAY 0800 to 2000hrs 1200 BLEEP BED MANAGER	ASSEMBLY POINT CO-ORDINATOR
NIGHT 2000 to 0800hrs 1932 BLEEP NURSE PRACTITIONER	
ESTATES ON-CALL TRADESMAN	FIRE TEAM RESPONSE
PORTERING SUPERVISOR	FIRE TEAM RESPONSE
DESIGNATED PORTER	FIRE TEAM RESPONSE

3. References:

<u>Internal Documents:</u>	<u>Code:</u>
Trust Fire Safety Strategy & Policy	Estates Dept.
<u>External Documents:</u>	<u>Where held:</u>
NHS FIRECODE HTM 05-03 Part A	Estates Dept.
Regulatory Reform (Fire Safety) Reform Order 2005	Estates Dept.

4. INTRODUCTION

The Worcestershire Acute Hospitals NHS Trust attaches the greatest importance to Fire Precautions and Fire Safety Procedures in the Hospital. Patients and visitors require constant assistance and observation to ensure their health and safety and in particular it is necessary for management and staff to work together positively to achieve and maintain a high standard of Fire Safety.

It is expected that the managers of the buildings on the site will do all possible in the field of construction, operation and maintenance of buildings, plant, equipment and facilities to achieve a fire safe environment and to manage the fire risks.

With regard to the preparedness of staff to deal correctly with a fire incident, Management are required by law to ensure that persons employed to work in the premises receive appropriate instruction or training in what to do in case of fire, and that records are kept of instruction or training given for that purpose. Accordingly the Worcestershire Acute Hospitals NHS Trust requires that **all** employees of **all** disciplines attend fire instructions and training periods on the basis of at least one per year, and that records of such attendances should kept by heads of departments and the Trust Training Department.

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APPENDIX 1

STRUCTURAL

- a Buildings.
 - b Access Driveway.
 - c Fire Separation and Means of Escape.
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a BUILDINGS

The Alexandra Hospital is a two storey 24 template Nucleus design hospital building.

b ACCESS DRIVEWAYS

The Fire Service will attend the site via the main road entrance and view the Fire Alarm repeater panel on the junction to confirm the building affected.

They will then proceed to main entrance to the affected building. They will be directed to the incident by a Porter or Security staff to initially view the building's fire alarm indicator panel and to be briefed by the Incident Manager or Assembly Point Coordinator as appropriate.

The entrances and roads on the site must be maintained clear at all times and drivers of delivery vehicles must be immediately available during loading and unloading.

c FIRE SEPARATION AND MEANS OF ESCAPE

The buildings on site have fire resisting separating doors, fire compartments, sub fire compartments and fire alarm zones that are designed to support safe evacuation of occupants away from the fire. All corridors and stairways are fire protected and doors must be kept shut or automatically self-closing at all times. Fire alarm indicator panels are sited strategically in each building.

APPENDIX 2

FIREFIGHTING EQUIPMENT

Firefighting equipment as considered appropriate for the risk involved is provided and sited throughout the building on the site. This may be in fixed locations or portable extinguishers that are additional to the fixed equipment.

- **FIXED EQUIPMENT:**

DRY RISER FIRE HYDRANTS

These can be connected to the water main and enable the Fire Service to quickly produce main water jets within the building. Additional sub-surface public hydrants are provided throughout the site.

DO NOT DIRECT WATER ONTO LIVE ELECTRIC SWITCHES, PLUGS, EQUIPMENT OR CIRCUITS.

- **PORTABLE EQUIPMENT:**

Effort and consideration has been given to standardization to reduce the number of different types necessary.

Those provided are: -

- **REDBLACK LABEL - CARBON DIOXIDE EXTINGUISHERS**

Use safely on electrical equipment, small spillages of flammable liquids and ordinary combustibles.

- **REDCREAM LABEL - FOAM EXTINGUISHERS**

Use on flammable liquids and ordinary combustibles. **(Do not use on electrical equipment).**

- **REDBLUE LABEL - DRY POWDER EXTINGUISHERS**

Use on flammable liquids, electrical equipment and ordinary combustibles.

- **REDWHITE LABEL - WATER EXTINGUISHERS**

Use on ordinary combustibles. **(Do not use on electrical equipment or flammable liquid fires).**

- **FIRE BLANKETS**

Use to smother a fire by covering.

ONLY USE FIRE EXTINGUISHERS IF YOU KNOW HOW TO SAFELY OPERATE THEM ONTO THAT PARTICULAR TYPE OF FIRE. BEFORE FIGHTING THE FIRE ENSURE THAT THE FIRE ALARM HAS BEEN SOUNDED, THE FIRE SERVICE HAS BEEN CALLED AND EVERYONE IN DANGER FROM THE FIRE AND SMOKE HAS BEEN SAFELY EVACUATED. IF IN ANY DOUBT ABOUT YOUR OWN SAFETY OR THE SAFETY OF USING A FIRE EXTINGUISHER DO NOT USE IT. CLOSE ALL DOORS TO CONTAIN THE FIRE AND SMOKE AND LEAVE THE BUILDING UNTIL THE FIRE SERVICE ARRIVES.

APPENDIX 3

FIRE ALARM

MANUAL AND AUTOMATIC

The building is covered by a Fire Alarm system with indicator panels and repeater panels strategically sited within the building. A main indicator panel is fitted within the Switchboard room and the operators will immediately call the fire service to all fire alerts on site.

There are two general alarm sounds:

1. Continuous sounding “Fire” signal

2. Intermittent sounding “Alert” signal

1. The continuous “fire” signal will sound within the affected Zone and the intermittent “alert” signal will sound in all other zones for 30 seconds.
 2. The Fire Service is called automatically by Switchboard.
 3. The intermittent “alert” signal will change to the continuous “fire” signal in the following circumstances:
 3. Someone operates a break glass point in the zone.
- or**
4. Smoke activates a sensor in the zone.
 4. A continuous “Fire” signal for any chosen building or zone can also usually be operated from the Main indicator panel of the building’s fire alarm system.
 5. Red Flashing Beacons have been installed in selected locations around the building. These red beacons will continue to flash throughout an incident until the fire alarm is re-set. This enables staff to be aware that a fire incident is still in progress even though the Intermittent Sounding Alarm signal has stopped.

APPENDIX 4

ELECTRICAL

1. MAINS POWER
2. ESSENTIAL POWER
3. EMERGENCY LIGHTING
4. LIFTS

1. MAINS POWER

Electricity Board supplied.

2. ESSENTIAL POWER

Standby Generator supplied for some buildings.

3. EMERGENCY LIGHTING

In the event of failure of electricity supply from the mains or circuit failure, battery operated lighting units come into operation, in all escape routes and corridor areas. The lighting units provide a minimum standard of illumination for up to three hours.

4. LIFTS

UNDER NO CIRCUMSTANCES should lifts be used when a fire alarm has been activated. A possible failure of electrical circuits or the spread of smoke and fire could make the use of lifts very dangerous.

Only when the Fire Officer in charge of the fire has given permission can lifts be used.

A key switch is installed within each lift to allow operation of the individual lifts with a preference key by the Fire Service during an incident.

5. DOOR LOCKS AND SELF-CLOSERS

Electronic security door locks may be fitted that will release within and to the boundary of the fire zone where the fire is detected, and the alarm raised. Within the fire zone any corridor fire doors that are normally held open by door magnets will be released and self-closed by the actuation of any fire detector or manual call point. All door hold-open devices should normally incorporate a manual release button adjacent to each door to facilitate closure and allow testing.

6. VENTILATION SYSTEM/SMOKE DAMPERS

The building's ventilation system may be protected by fire dampers and shut down controls that operate automatically in the event of a fire. There are also override control panels for use by the Fire Service. Staff should be aware that the system protection operates on different principles depending upon the area being served and the controls must only be operated by trained engineers or the Fire Service.



APPENDIX 5

SECTION

1. *The responsibilities of individual members of staff.*
2. *The response of Staff throughout the affected building on discovering a fire (or suspected fire) or on hearing the alarm.*
3. *The site Fire Team.*
4. *The roles of members of the site Fire Team.*
5. *The arrangements for "stand down" from the incident.*
6. *The post "stand down" arrangements that may need to be made.*
7. *The reporting and debrief arrangements and responsibilities.*
8. *Assembly points for spare staff.*
9. *Control and Safety of Patients and Visitors.*

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1. RESPONSIBILITIES OF INDIVIDUAL MEMBERS OF STAFF:

All Staff must know what to do in case of fire and to understand the basic principles of fire precautions in their workplace.

All Staff MUST;

- KNOW -** The location of fire alarm operating points.
- KNOW -** The means of escape, exit doors and routes by corridors and staircases.
- KNOW -** The fire resisting doors between one compartment and the next and be aware of the protection afforded by these doors.
- KNOW -** The location of fire appliances and how to use them.
- KNOW -** The fire routine and study the notices that are displayed at fire alarm points.
- UNDERTAKE** Fire Training on Induction and thereafter annually.

Fire Incident Action Plan**Alexandra Hospital, Redditch**

2. STAFF RESPONSE:**(A) ANYONE DISCOVERING OR SUSPECTING A FIRE**

- 1 Break the glass in the nearest fire alarm point - The fire alarm will sound continuously in your zone and the site fire team and the Fire Service will be called automatically.
- 2 The location of the fire will also be displayed on the building's fire alarm indicator panels.
- 3 Hospital staff and the site fire team will assemble to provide you with "back-up" support. Liaise with the Incident Manager as soon as possible if you need help.
- 4 Evacuate any patients in immediate danger away from the fire, through the fire doors and fire exits, to adjacent unaffected areas.
- 5 If possible, ring the switchboard on 2222 and tell them the exact location of the fire and any relevant information.
- 6 Tackle the fire only if safe to do so, otherwise close doors to contain it.

(B) IF YOU HEAR THE CONTINUOUS FIRE ALARM SOUND IN YOUR AREA

The continuous sound indicates that there is a fire in your immediate area:

- The senior nurse/manager or designated fire warden for the ward or department must take immediate charge of the area.
- In a Day Unit or Department – Evacuate immediately to adjacent safe areas.
- In a bedded unit or Theatre – Search the area for signs of fire or smoke and evacuate only if there is potential danger to patients.
- Send a member of staff to check the nearest fire panel for the location of the fire. If there are no obvious signs of a fire look for the broken fire alarm point or any activated smoke sensors and liaise with the Incident Manager and Fire Service when they arrive.
- If at any time fire or smoke is found immediately evacuate patients away from the fire through the fire doors to adjacent unaffected areas.
- Tackle the fire only if safe to do so, otherwise close doors to contain it.
- Create a departmental/ward assembly point in an adjacent safe area and take a roll call.
- Liaise with the Incident Manager and the Fire Service and follow their instructions.

Fire Incident Action Plan

Alexandra Hospital, Redditch

(C) IF YOU HEAR THE INTERMITTENT FIRE ALARM SOUND IN YOUR AREA

There is a fire in an adjacent zone.

The senior nurse/manager or designated fire warden for the ward or department must take immediate charge of the area.

Send members of staff to check for the location of the affected area and if it is an adjacent ward or department, to check if immediate help is needed.

If the location of the incident is not adjacent to your area send as many spare CARE STAFF as possible to the staff fire assembly point outside the hospital main entrance to report to the Assembly Point Coordinator.

Make a safety announcement to your ward / department.

Keep patients and visitors under close control

Prepare to receive evacuated patients and visitors.

Prepare for possible evacuation of your area.

NB: The intermittent sound automatically ceases after 30 seconds – this does not mean that the incident is over. Red Flashing Beacons have been installed in selected locations around the building. These red beacons will continue to flash throughout an incident until the fire alarm is re-set. This enables staff to be aware that a fire incident is still in progress even though the Intermittent sounding alarm signal has stopped.

If your Fire Alarm changes to a continuous sound this may indicate a spreading fire. All efforts must be made to assess the danger and if necessary clear the affected area of patients as quickly as possible.

(D) SWITCHBOARD

On receipt of a fire alarm either from the fire panels, the 2222 telephone or any other means, the switchboard will:

- Immediately call the Fire Service.
- Notify the Site Fire Team via Bleeps / Radio
- Notify Estates.
- Receive additional information regarding the nature of the incident from the 2222 line and the Fire Team and pass this to the Fire Service Control.
- Notify the relevant Managers according to duty list.

Switchboard staff should pass all relevant information to the Fire Service and site fire team immediately it becomes available e.g. the name of the affected building, the best site entrance, affected zone, known fire or automatic alarm activation, any persons reported trapped etc.

3. THE SITE FIRE TEAM

Depending upon the location of the incident and the organization occupying the affected building the site fire team may consist of some or all of the staff detailed below:

Fire Warden – for the affected Ward/Department

Incident Manager – Day & Night Bleep 1903 Senior Nurse

Assembly Point Coordinator – Day (0800 – 2000hrs) Bleep 1200 Bed Manager.
Night (2000 – 0800hrs) Bleep Holder 1932 Nurse Practitioner

Fire Incident Action Plan**Alexandra Hospital, Redditch**

Control Porter – Portering Supervisor (Notified by Switchboard via Radio) .

Incident Porter – Designated by Portering Supervisor via radio.

Estates on-call tradesmen – Notified by Estates Radio (Day) and telephoned at home by Switchboard (Night & W/Ends)

All persons on these rosters **MUST** have received the appropriate training.

4. THE ROLES OF MEMBERS OF THE HOSPITAL FIRE TEAM

FIRE WARDEN:

- To take initial charge of the affected area until the arrival of the Incident Manager.
- Assess the incident and initiate immediate actions to contain the fire and evacuate patients and visitors.

INCIDENT MANAGER Day & Night (Bleep 1903 Senior Nurse)

- To control and co-ordinate the incident at the affected zone until arrival of the Fire Service.
- If a real fire is occurring, ask APC to get Switchboard to make a second call to the Fire Service.
- Assess, supervise and control the evacuation of patients, visitors and staff from the affected areas.
- Keep the Assembly Point Coordinator informed of the situation as it develops and to identify additional support requirements.
- Liaise with the Fire Service on their arrival at the affected area and brief the officer in charge.

ASSEMBLY POINT COORDINATOR Day (0800 – 2000hrs) Bleep 1200 Bed Manager.

Night (2000 – 0800hrs) Bleep 1932 Nurse Practitioner

- Control and co-ordinate the incident on a site wide basis.
- If a real fire is occurring, ask Switchboard to make a second call to the Fire Service.
- Support the staff at the incident site by arranging additional staff support as requested by the Incident Manager.
- Make arrangements throughout the Hospital site for continuing action relating to the incident.
- Liaise closely with Estates on call tradesman
- Stand-down staff in accordance with “STAND-DOWN” procedures.

PORTERS:

BLEEP 1210 PORTERING SUPERVISOR

1. Designate the Incident Porter role via radio.
2. Ensure that the fire service is directed to the affected building and zone via the best access route.
3. Assist the assembly point coordinator at the relevant staff main assembly point as required.
4. In the absence of an assembly point coordinator assume all relevant duties until he/she arrives.
Send the first 6 staff to arrive directly to report to the incident manager in the affected area.

INCIDENT PORTER

- Check fire alarm panel for location of incident.
- Collect incident bag from switchboard and proceed immediately to the affected zone. Put on orange porter tabard.
- Meet with incident manager at the affected building zone and help to establish control point.
- Support incident manager by gathering information on type of incident.
- Control staff, visitors and patients.
- Secure all entrances to the affected area.

Fire Incident Action Plan

Alexandra Hospital, Redditch

- Liaise with estates on call tradesman.
- If radios fail use telephones or runners to maintain contact with incident manager, assembly point coordinator and switchboard.

ESTATES ON CALL TRADESMAN - *Notified by Estates Radio (Day) and telephoned at home by Switchboard (Night & W/Ends)*

- Give such support as is required by the Incident Manager, Assembly Point Coordinator and the Fire Service.
- Inform the Incident Manager and Assembly Point Coordinator of any problems with equipment following the incident.
- Silence alarms **ONLY** on authority of Fire Service (or Incident Manager under strict "STAND-DOWN" criteria).

5. STAND DOWN PROCEDURES

The Fire Service must be called to any real fire however small and authority to silence or re-set fire alarms and to "Stand Down" staff in any real fire incident should **ONLY** be given by the Senior Fire Service Officer attending the incident. On receipt of such authority, the Incident Manager will stand down Staff and return the hospital to normal operation as appropriate given any ongoing issues.

However in the rare event of a delayed Fire Service attendance to an automatic fire alarm activation, the Incident Manager may give authority to **silence** the fire alarms but only in the following circumstances: -

- * The alarm point /sensor that has been activated has been clearly identified
- * AND the incident has been clearly confirmed as an **Unwanted Fire Alarm Signal (UFAS)**.
- * AND there has been a thorough search of the template that has not revealed any other cause for concern
- * AND the Incident Manager, the Assembly Point Coordinator and the Fire Alarm Technician agree.

Under these rare circumstances only, the Incident Manager may give authority to **silence** the fire alarms to reduce distress to patients.

If after a suitable re-assessment of the situation it is clear that the Fire Service are not going to attend the incident and that it was definitely caused by an **Unwanted Fire Alarm Signal** then the Incident Manager may give authority for the fire alarm system to be **Reset** .

When the fire alarm system has been satisfactorily reset the "Stand Down" order can be given by the Incident Manager so that the affected zone can be re-occupied and normal duties resumed.

6. POST "STAND-DOWN"

At this point, it may be appropriate to change the location of the Control Point to a more convenient location within the hospital.

The following issues may need to be addressed depending on the situation: -

- Relocation of patients.
- Notifying relatives.
- Reporting to higher/statutory authorities.
- Press release.
- Security of Area.
- Recovery area for staff.

Fire Incident Action Plan

Alexandra Hospital, Redditch

Replacement of Staff.
Debrief arrangements.
Bed situation and admissions state.
Transport arrangements for staff.
Forward planning.

7. **DEBRIEFING**

A Debrief Meeting should be held following all exercises, significant UFAS or actual Fire incidents. These meetings may include: -
Hospital Fire Team members.
Trust Fire Safety Manager.
Estates on call tradesman
Facilities & Estates Managers.
Representatives of Staff involved at site of fire.

The Incident Manager is responsible for completing a Trust Incident Record form within 24hrs for each fire or "near miss" that they attend.

8. **ASSEMBLY POINTS FOR SPARE STAFF AND EVACUATED PATIENTS**

STAFF

For Alexandra hospital building the staff main assembly point is outside the **HOSPITAL MAIN ENTRANCE**. (In the event of a continuous alarm in the entrance template the assembly point should be moved to the **PHARMACY HOSPITAL STREET entrance**).

For the Residences, Crèche and all other buildings the staff fire assembly point is on the car park or open grass area opposite the main entrance to the affected building.

INTERNALLY EVACUATED PATIENTS

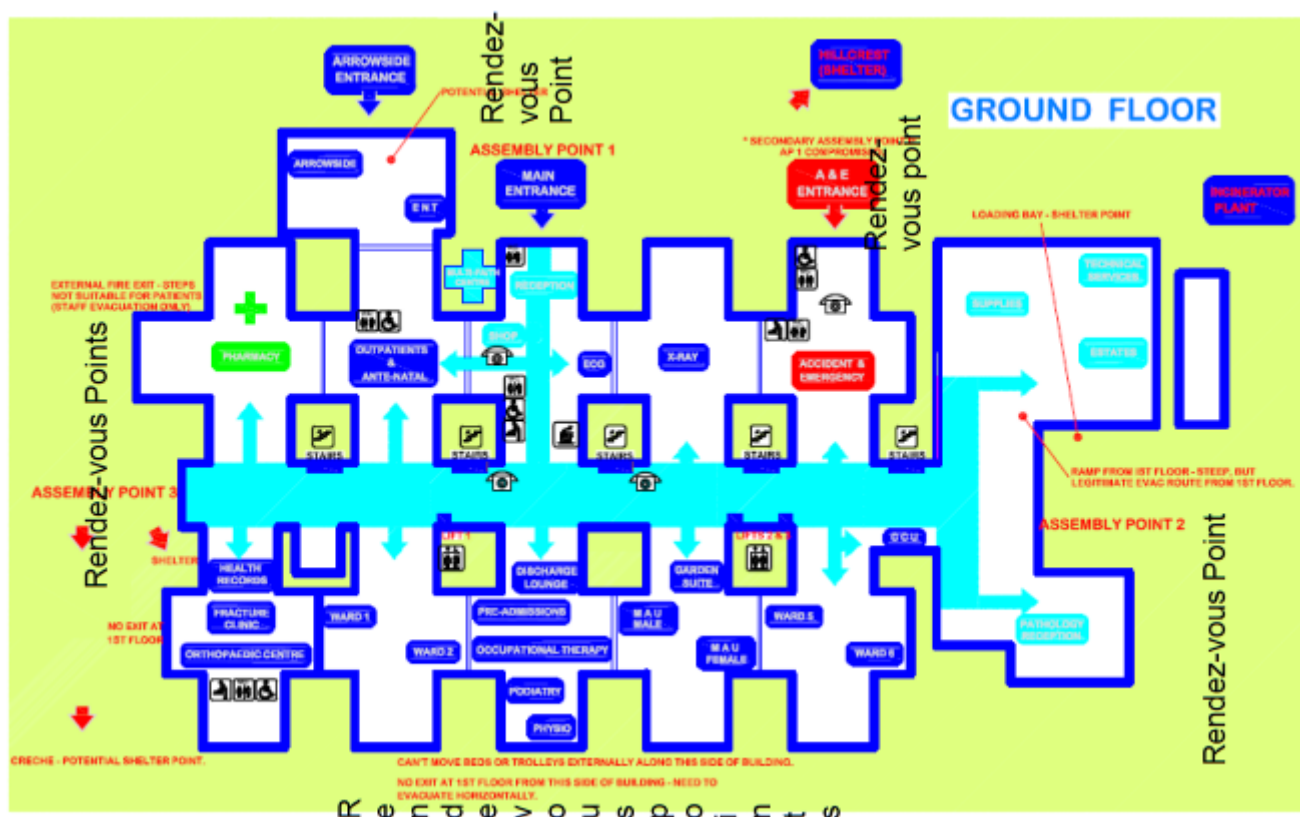
In addition, there should be a pre-determined ward/department evacuation procedure with identified first assembly and second assembly areas for patients and visitors. These areas should be detailed within the ward / department's own fire action procedures.

EXTERNALLY EVACUATED PATIENTS

In the event of a Major Evacuation of the Alexandra hospital building the Trust's Major Incident Plan identifies the following external RVP / Muster points for Patients and Staff:

Fire Incident Action Plan

Alexandra Hospital, Redditch



9. CONTROL AND SAFETY OF PATIENTS AND VISITORS

In all instances when the fire alarm has been actuated:

- Day wards/Departments where the fire alarm is continuous must be completely cleared of patients and visitors.
- Bedded wards where the fire alarm is continuous should be cleared of visitors, but patients need not be moved out unless there is a real threat to the area from smoke or fire.
- Patients and Visitors are to remain in intermittent sounding and unaffected wards/departments under the strict control of staff.
- Circulation areas such as main corridors lift links and the staircases that may be needed by the fire Service should be cleared of visitors.
- If Patients and Visitors are required to leave the building, they should be directed to the relevant pre-determined second assembly area.
- Staff, Patients and Visitors may only re-enter the building when approved by the Fire Service or the Incident Manager.

Fire Incident Action Plan

Alexandra Hospital, Redditch

APPENDIX 6



APPENDIX 7

FIRE ACTION CARD (1) **SWITCHBOARD OPERATORS**

UPON RECEIVING A FIRE ALARM SIGNAL, A 2222 TELEPHONE REPORT OF FIRE OR ANY OTHER NOTIFICATION OF POSSIBLE FIRE ON SITE:-

- 1 Record all relevant information about the exact location and nature of the incident.
- 2 Call to the Fire Service via 999. Pass on any additional information received via the 2222 system.
- 3 Notify the relevant Site Fire Team via "Voice Messaging" Bleeps. (See fire team bleep holder lists below).
- 4 Notify the Portering Supervisor AND Estates Trades-staff by Radio.
- 5 The Site Fire Team will keep switchboard informed about the incident.
- 6 If advised that a real fire is occurring make a second call to the Fire Service and inform the on-call senior manager.
- 7 Contact senior managers as requested by the Site Fire Team.
- 8 Advise Site Fire Team of all media enquiries.

IF FIRE\SMOKE AFFECTS THE SWICHBOARD ROOM

- (A) Sound the fire alarm
- (B) Tackle the fire only if safe to do so using the appropriate fire extinguishers.
- (C) If evacuation is required put consoles into NIGHT mode.
- (D) Leave area by the nearest available route.
- (E) Make a back-up 999 call to the fire brigade from the nearest available telephone.
- (F) Liaise with the Fire Team Incident Manager, Assembly Point Coordinator and Porters.
- (G) Contact all senior and other relevant Trust staff via the bleep system and advise them of the situation.
- (H) Inform the on-call senior manager that switchboard has been compromised.

LIST OF MAIN FIRE TEAM BLEEPS ACTIVATED BY ALEXANDRA SWITCHBOARD

DEPT	BLEEP
A&E PORTER	1211
SENIOR NURSE	1903
BLOOD PORTER	1208
CAR PARK	1209
ESTATES (DAVE STEPHENS)	1250
PATH LAB PORTER	1207
PHARMACY PORTER	1206
SECURITY	1123
SITE LEAD	1313
BED MANAGER	1200
NIGHT NURSE PRACTITIONER	1932

APPENDIX 8

FIRE ACTION CARD (3)

INCIDENT MANAGER

DAY & NIGHT

(BLEEP HOLDER 1903 SENIOR NURSE)

UPON FIRE ALARM SOUNDING

- (1) GO IMMEDIATELY TO THE AFFECTED AREA. YOU ARE RESPONSIBLE FOR THE EFFECTIVE CONTROL AND CO-ORDINATION OF EVACUATION.
- (2) PUT ON INCIDENT MANAGER TABARD.
- (3) ESTABLISH RADIO CONTACT WITH APC ON CHANNEL 1
- (4) ESTABLISH CONTACT WITH THE STAFF IN THE AFFECTED AREA AND OBTAIN BRIEFING.
- (5) IF A REAL FIRE IS REPORTED ASK APC TO GET SWITCHBOARD TO MAKE A SECOND CALL TO THE FIRE SERVICE.
- (6) ASSESS THE INCIDENT: -
 - A) CHECK YOU ARE AT THE CORRECT SITE!
 - B) IS THERE FIRE OR SMOKE?
 - C) ARE PEOPLE TRAPPED?
 - D) ARE ANY PEOPLE SUBJECT TO PERSONAL EVACUATION PLANS STILL REQUIRING EVACUATION?
 - E) IS SUFFICIENT EVACUATION IN PROGRESS OR IS MORE NEEDED?
 - F) ARE ADDITIONAL RESOURCES NEEDED?
- (7) REQUEST ANY ADDITIONAL RESOURCES IMMEDIATELY FROM THE ASSEMBLY POINT COORDINATOR THEN BRIEF THEM ABOUT THE DETAILS OF THE INCIDENT.
- (8) DEPLOY STAFF INTO AND AROUND THE INCIDENT AS NECESSARY - KEEP STRICT CONTROL.
- (9) LIAISE WITH THE ESTATES ON CALL TRADESMAN RE: OPERATION OF FIRE ALARM CONTROLS, SMOKE EXTRACTION, VENTILATION, OXYGEN, ELECTRICITY, GASES AND OTHER TECHNICAL ASPECTS.
- (10) KEEP SWITCHBOARD WELL BRIEFED AND CONTINUE TO ASSIST THE FIRE SERVICE AS NECESSARY AT THE SCENE.

APPENDIX 9

FIRE ACTION CARD (4)

PORTERS

UPON FIRE ALARM SOUNDING OR RADIO NOTIFICATION FROM SWITCHBOARD.

PORTERING SUPERVISOR

1. DESIGNATE THE INCIDENT PORTER ROLE VIA RADIO:
2. ENSURE THAT THE FIRE SERVICE IS DIRECTED TO THE AFFECTED BUILDING AND ZONE VIA THE BEST ACCESS ROUTE.
3. ASSIST THE ASSEMBLY POINT COORDINATOR AT THE RELEVANT STAFF MAIN ASSEMBLY POINT AS REQUIRED.
4. IN THE ABSENCE OF AN ASSEMBLY POINT COORDINATOR ASSUME ALL RELEVANT DUTIES UNTIL HE/SHE ARRIVES. SEND THE FIRST 6 STAFF TO ARRIVE DIRECTLY TO REPORT TO THE INCIDENT MANAGER IN THE AFFECTED AREA.

INCIDENT PORTER

- (1) CHECK BLEEP AND FIRE ALARM PANEL FOR LOCATION OF INCIDENT.
- (2) COLLECT INCIDENT BAG FROM SWITCHBOARD AND PROCEED IMMEDIATELY TO THE AFFECTED ZONE. PUT ON ORANGE PORTER TABARD.
- (3) MEET WITH INCIDENT MANAGER AT THE AFFECTED BUILDING ZONE AND HELP TO ESTABLISH CONTROL POINT.
- (4) SUPPORT INCIDENT MANAGER BY: -
 - A) GATHERING INFORMATION ON TYPE OF INCIDENT.
 - B) CONTROLLING STAFF, VISITORS AND PATIENTS.
 - C) SECURING ALL ENTRANCES TO THE AFFECTED AREA.
 - D) LIAISE WITH ESTATES ON CALL TRADESMAN
- (5) IF RADIOS FAIL USE TELEPHONES OR RUNNERS TO MAINTAIN CONTACT WITH INCIDENT MANAGER, ASSEMBLY POINT COORDINATOR AND SWITCHBOARD.

APPENDIX 10

FIRE ACTION CARD (5)

ASSEMBLY POINT COORDINATOR

Day (0800 – 2000hrs) Bleep 1200 Bed Manager.

Night (2000 – 0800hrs) Bleep 1932 Nurse Practitioner

UPON FIRE ALARM SOUNDING - (OR BLEEP OPERATING)

- (1) GO IMMEDIATELY TO THE RELEVANT STAFF MAIN ASSEMBLY POINT (HOSPITAL MAIN ENTRANCE OR IF MAIN ENTRANCE TEMPLATE IS IN CONTINUOUS ALARM GO TO PHARMACY ENTRANCE). FOR ALL OTHER BUILDINGS ON SITE GO TO THE MAIN ENTRANCE OF THE AFFECTED BUILDING.
- (2) YOU ARE RESPONSIBLE FOR THE EFFECTIVE CONTROL AND CO-ORDINATION OF THE WHOLE INCIDENT SITE.
- (3) PUT ON “ASSEMBLY POINT COORDINATOR” TABARD.
- (4) ESTABLISH RADIO CONTACT WITH THE INCIDENT MANAGER IN THE AFFECTED AREA AND OBTAIN BRIEFING.
- (5) ASSESS THE INCIDENT: -
 - A) CHECK YOU ARE AT THE CORRECT SITE!
 - B) IS THERE FIRE OR SMOKE?
 - C) ARE PEOPLE TRAPPED?
 - D) IS EVACUATION IN PROGRESS OR NEEDED.
 - E) ARE ADDITIONAL RESOURCES NEEDED?
- (6) IF A REAL FIRE IS REPORTED ASK SWITCHBOARD TO MAKE A SECOND CALL TO THE FIRE SERVICE REQUESTING MORE RESOURCES.
- (7) DEPLOY STAFF INTO AND AROUND THE INCIDENT AS REQUESTED BY THE INCIDENT MANAGER AND AS YOU THINK NECESSARY. KEEP STRICT CONTROL.
- (8) LIAISE WITH THE ESTATES ON CALL TRADESMAN RE: OPERATION OF FIRE ALARM CONTROLS, SMOKE EXTRACTION, VENTILATION, OXYGEN, ELECTRICITY, GASES AND OTHER TECHNICAL ASPECTS.
- (9) BRIEF FIRE SERVICE AND CONTINUE TO ASSIST THE FIRE OFFICER AS NECESSARY AT THE SCENE.
- (10) KEEP SWITCHBOARD INFORMED AND WELL BRIEFED.
- (11) DEPLOY STAFF TO CONTROL ALL ENTRANCES INTO THE BUILDING.
- (12) STAND DOWN ONLY WHEN APPROVED BY THE FIRE SERVICE.

APPENDIX 11

FIRE ACTION CARD (6)
ESTATES ON-CALL TRADESMAN

UPON FIRE ALARM SOUNDING OR BEING NOTIFIED BY RADIO (DAY) OR TELEPHONE (NIGHT & WEEKENDS)

- (1) GO TO AFFECTED BUILDING AND REPORT TO THE INCIDENT MANAGER.
- (2) PUT ON ORANGE “ESTATES” TABARD.
- (3) ASSESS SITUATION AND ESTABLISH NECESSARY CONTROLS OVER FIRE ALARM, SMOKE EXTRACTS, VENTILATION SYSTEMS, OXYGEN, ELECTRICITY, GASES AND OTHER RELEVANT SYSTEMS.
- (4) ADVISE INCIDENT MANAGER AND ASSEMBLY POINT COORDINATOR OF ALL SIGNIFICANT ASPECTS OF THE SYSTEMS.
- (5) LIAISE WITH FIRE SERVICE AND ADVISE AND SUPPORT THEM IN OPERATING ANY SYSTEMS.
- (6) ONLY ALLOW SILENCING OF THE ALARM SYSTEM IN ACCORDANCE WITH THE STRICT CRITERIA OF THE STAND DOWN PROCEDURES.
- (7) ONLY RE-SET THE FIRE ALARM WHEN THE FIRE SERVICE IS SATISFIED AND AGREE TO A FULL STAND DOWN.
- (8) TAKE ALL NECESSARY ACTIONS TO RESTORE THE BUILDING TO NORMAL WORKING.

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NOTES: