

Fire Incident Action Plan

Kidderminster Hospital

Trust Fire Safety Strategy and Policy WAHT-CG-483.
Supporting Document 7 –

Fire Incident Action Plan

KIDDERMINSTER HOSPITAL

Revision	Date	Amendment	Drafted	Authorised
2006-1	24 JUNE 2004	Updated document	Fred Roden	
2010-1	16 JULY 2010	Amendments following management structure changes: <ul style="list-style-type: none"> Page 1 – Key Responsibilities updated to include All Sisters/Charge Nurses to go to incident to ascertain if support is required by the incident manager, If not needed go to the assembly point and await instruction. Page 10 – As above Appendix 6 flowchart – As above Site fire team references in appendix 12 – as above 	Fred Roden	
2018-1	18 MARCH 2018	Review and update of document to mirror the Trust's other sites including: <ul style="list-style-type: none"> Addition of Switchboard Action Card Estates Tradesperson contact methods updated. Porters Action Sheet updated. External Evacuation Muster Points Plan added Site Response Plan added. 	Fred Roden	
2018-2	24 September 2018	Switchboard fire team bleep list incorporated within the switchboard action card.	Fred Roden	
2019-1	13 November 2019	Amendments following Fire Alarm Sounder changes and Ward and Treatment provision changes: <ul style="list-style-type: none"> All buildings now fitted with Bell sounders only. No Dependant patients in Ward 1 from 1200hrs Saturday to 0800hrs Monday. OOH Site Staffing level reduced to MIU (2) and Drs OOH Service (3). Weekend Reduced Working Procedures added as Appendix 7 to reflect reduced staffing level and lower patient risk. 	Fred Roden	
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. <ul style="list-style-type: none"> Weekend Reduced Working Procedures amended 	Fred Roden	
2020/02	22/04/2020	Document re-designated as Supporting Document 5 of the Trust Fire Safety Strategy and Policy WAHT-CG-483.	Fred Roden	

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2020/03	28/08/2020	Due to increased out of hours working the Weekend Reduced Working Procedures were amended to apply only when no patients are on wards overnight.	Fred Roden	
2021/01	24/08/2021	Due to changes in out of hours services and staffing levels Appendix 7(a) amended and new Appendix 7(b) added.	Fred Roden	
2022/01	12/08/2022	References to 2-222, amended to 2222.	Julie Noble	

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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. Treatment Centre	WAHT	Outside TC Main Entrance Alt – MIU Entrance	Full Acute Fire Team	3186/3160/3247/3626/3638/ 3152/3150/3235/3253/3893/ Estates
THE STAFF MAIN ASSEMBLY POINT IS OUTSIDE THE TREATMENT CENTRE MAIN ENTRANCE. (IN THE EVENT OF A CONTINUOUS ALARM IN THE ENTRANCE TEMPLATE THE ASSEMBLY POINT SHOULD BE MOVED TO THE MIU ENTRANCE).				
2. C Block	WAHT	C Block Building Main Entrance	Full Acute Fire Team	3186/3160/3247/3626/3638/ 3152/3150/3235/3253/3893/ Estates
3. C Block Link	WAHT	C Block Building Main Entrance	Full Acute Fire Team	
4. A Block	WAHT	A Block Building Main Entrance	Full Acute Fire Team	
5. Estates	WAHT	Estates Building Main Entrance	Full Acute Fire Team	
6. Robertson Centre D Block	WHCT		WH&CT Responsibility	Acute Fire Team Support Not Requested
7. F Block	WHCT		WH&CT Responsibility	Acute Fire Team Support Not Requested
8. Xerox F Block	WAHT	F Block Building Main Entrance	Full Acute Fire Team	3186/3160/3247/3626/3638/ 3152/3150/3235/3253/3893/ Estates
9. CSU F Block	WAHT	F Block Building Main Entrance	Full Acute Fire Team	



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2. Key Staff Responsibilities:

Post	Responsibilities
Senior Nurses/ Managers or Designated Fire Wardens	Take on the role of Incident Manager in affected area.
Fire Team Leaders – (Fire Team Bleep Holders - Ward/Dept. Bleep Holders) 3186/3160/3247/3626/3638/3152/3150/3235	All Sisters/Charge Nurses to go to incident to ascertain if support is required by the incident manager, If not needed go to the assembly point and await instruction.
Estates on-call tradesman Radio (Day) Telephone (Night)	Respond to the affected building and provide Estates Technical and Practical support.
Porters Bleep Holder 3893 Bleep Holder 3253	Both respond as designated within these procedures Bleep Holder 3893 to support the Incident Manager and Bleep Holder 3253 to act as Assembly Point Coordinator.

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 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 be kept by heads of departments and the Hospital Manager.

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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

Kidderminster Hospital consists of a range of hospital buildings that includes:

- B Block Treatment Centre – 5 Floors
- C Block - 4 Floors
- C Block Link – 2 Floors
- Estates Block – 2 Floors
- A Block – 2 Floors (vacant)
- D Block – 2 Floors (WHCT Mental Health Unit)
- F Block – 1 Floor (WHCT Unit)
- Old Workhouse Building (disused)

b ACCESS DRIVEWAYS

The Fire Service will attend the site via the main entrance to the Treatment Centre building. They will be directed to the incident by a Porter to initially view the relevant fire alarm indicator panel and to be briefed by the Incident Manager/Assembly Point Coordinator.

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.

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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 in order to reduce the number of different types necessary. Those provided are: -

- **RED\BLACK LABEL - CARBON DIOXIDE EXTINGUISHERS**

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

- **RED\CREAM LABEL - FOAM EXTINGUISHERS**

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

- **RED\BLUE LABEL - DRY POWDER EXTINGUISHERS**

Use on flammable liquids, electrical equipment and ordinary combustibles.

- **RED\WHITE 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 main buildings on site are covered by Fire Alarm systems with indicator panels and repeater panels strategically sited within each building. Indicator panels are also fitted within the Alexandra Switchboard where operators will immediately call the fire brigade and activate the Bleeps for all fire alerts on the Kidderminster site. There is also an automatic link to the fire service via a fire alarm company's call centre.

To give audible warning of a fire, the buildings on site are fitted with fire bells. There are two alarm sounds that will be heard:

- **“Alert” signal - Intermittent sounding bells.**
- **“Fire Evacuation” signal - Continuous sounding bells.**

ALL BUILDINGS ON SITE

Bell Sounds:

1. The continuous “fire” bells will sound within the affected Zone and the intermittent “alert” bells will sound in the remainder of the building.
2. An Intermittent “alert” signal will also sound for 30 seconds in all other buildings on site to warn staff that there is an incident on-site.
3. The intermittent “alert” signal in a zone will change to the continuous “fire” signal in the following circumstances:
 - Someone operates a break glass point in the zone.
 - Smoke or heat activates a sensor in the zone.
4. A continuous “Fire” signal for any chosen building or zone can also be operated from the Main indicator panel of the building's fire alarm system.
5. There are also some Red flashing beacons in parts of the hospital to supplement the sounders.

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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/or 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 - NORMAL WORKING FIRE PROCEDURES

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.*

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.

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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 The staff from your building and the site fire team will assemble to provide you with "back-up" support. Liaise with the Nurse in charge / Fire Warden 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 BELLS IN YOUR AREA

If the continuous sound indicates that there is a fire in your immediate area, Staff must: -

- 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 fire team and fire brigade 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.
- If possible, ring the switchboard on 2222 and tell them the exact location of the fire and any relevant information.
- Tackle the fire only if safe to do so, otherwise close doors to contain it.
- Create an assembly point in an adjacent safe area and take a roll call.
- Liaise with the fire team and the Fire Service and follow their instructions.

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(C) IF YOU HEAR THE INTERMITTENT BELLS 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 as many spare **CARE STAFF** as possible to the affected building's staff assembly point to form a support team.

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: If your Fire Alarm changes to a continuous bell 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.

3. THE SITE FIRE TEAM

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

Incident Manager - Senior Nurse/Manager or designated Fire Warden for the affected ward / department or building.

Assembly Point Coordinator - rostered senior porter Fire Bleep Holder 3253.

Fire Team Leaders - rostered Fire Team Bleep Holders (ward/dept. bleep holders)

Incident Porter - according to Duty Roster. Fire Bleep Holder 3893

Estates on-call tradesman - according to Duty Roster.

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 (SENIOR NURSE / MANAGER /FIRE WARDEN OF AFFECTED AREA)

To control and co-ordinate the incident in the affected area or building until arrival of the Fire Brigade.

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 (rostered senior porter Fire Bleep Holder 3253)

Put on Tabard.

Establish communications with affected area using Radios and Runners.

Control and co-ordinate the incident on a site wide basis.

Check with Switchboard that the Fire Service has been called.

Support the staff at the incident site by arranging additional staff support as requested by the Incident Manager (Nurse in charge / Fire Warden).

Make arrangements throughout the Hospital site for continuing action relating to the incident.

Ensure Fire Brigade are met, briefed and directed to the affected area.

Liaise closely with the Estates on-call tradesman.

Stand-down staff in accordance with STAND-DOWN procedures.

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FIRE TEAM LEADERS (ward/dept. bleep holders)

All Sisters/Charge Nurses to go to incident to ascertain if support is required by the incident manager, if not needed go to the assembly point and await instruction.

INCIDENT PORTER: (Fire Bleep Holder 3893)

Make back-up 999 call to fire brigade.

Ensure that the Fire Brigade are directed to the affected building via the best access route.

Stop public access to the site.

ESTATES ON-CALL TRADESMAN

Give such support as is required by the Incident Manager, Assembly Point Coordinator and the Fire Brigade.

Silence alarms ONLY on authority of Fire Brigade (or Incident Manager and Assembly Point Coordinator under strict STAND-DOWN criteria).

Inform the Incident Manager and Assembly Point Coordinator of any problems with equipment following the incident.

5. STAND DOWN PROCEDURES

Authority to silence or re-set fire alarms and to "Stand Down" staff should normally ONLY be given by the Senior Fire Service Officer attending an 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 a "known" false alarm, 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 a small fire or smoke source that has been extinguished or Facilities personnel can clearly show that there has been interruption to the electrical supply that has triggered the alarm.
 - * AND there has been a thorough search of the template that has not revealed any other cause for concern
 - * AND the Assembly Point Coordinator and the Estates on call tradesman both agree.
- Under these rare circumstances only, the alarm may be **silenced** and spare staff from the Building's Assembly point dispersed BUT THE ASSEMBLY POINT COORDINATOR AND THE STAFF IN THE AFFECTED AREA MUST NOT STAND DOWN UNTIL THE FIRE SERVICE HAVE ATTENDED AND AGREE. THE ALARM SYSTEM MUST NOT BE **RESET** until the Fire Service have agreed the Stand Down.

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

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7. DEBRIEFING

A Debrief Meeting should be held following all exercises or actual fire incidents. These meetings may include: -
Hospital Fire Team members.
Trust Nominated Officer (Fire).
Specialist Fire Safety Advisor.
Estates on call tradesman
Facilities Manager.
Representatives of Staff involved at site of fire.

8. ASSEMBLY POINTS FOR SPARE STAFF AND EVACUATED PATIENTS

STAFF

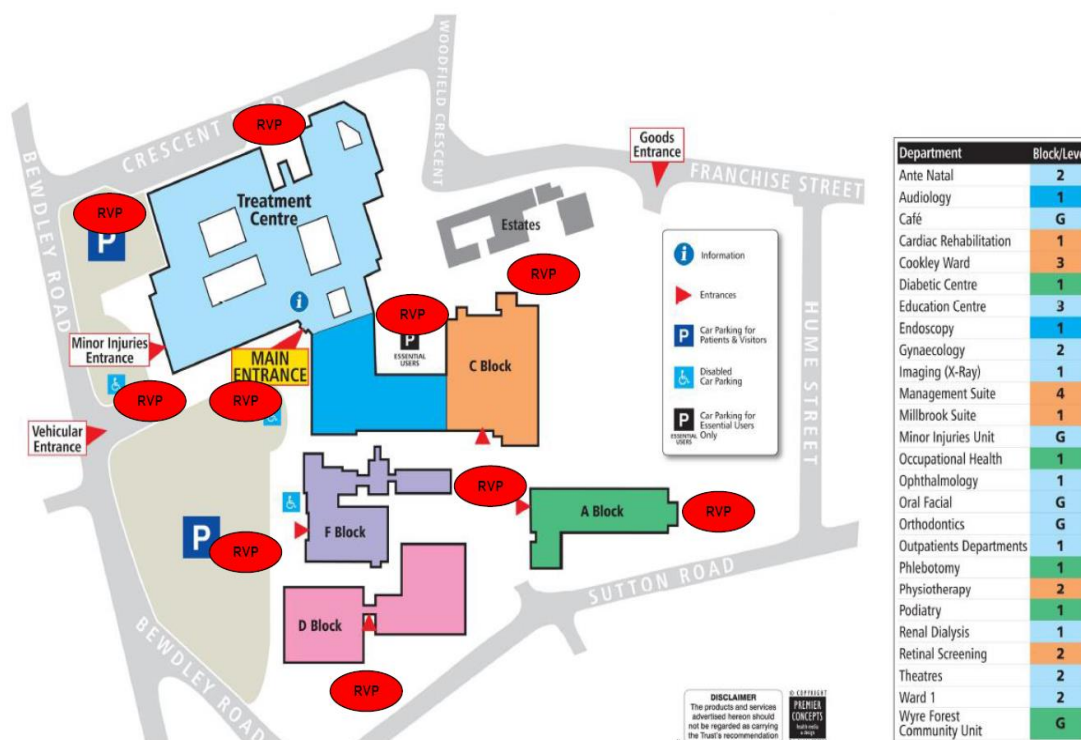
The staff main assembly point is outside the affected **building's MAIN ENTRANCE**. (In the event of a continuous alarm in the entrance area the assembly point should be moved to a safe location nearby).

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 fire action procedures.

*In the event of a **Major Evacuation** of the Kidderminster Hospital buildings the Trust's Major Incident Plan identifies the following external RVP / Muster points for Patients and Staff*

APPENDIX 1 – EXTERNAL RENDEZ-VOUS POINTS FOR KH&TC SITE (i.e. all exit points including fire exits)



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.

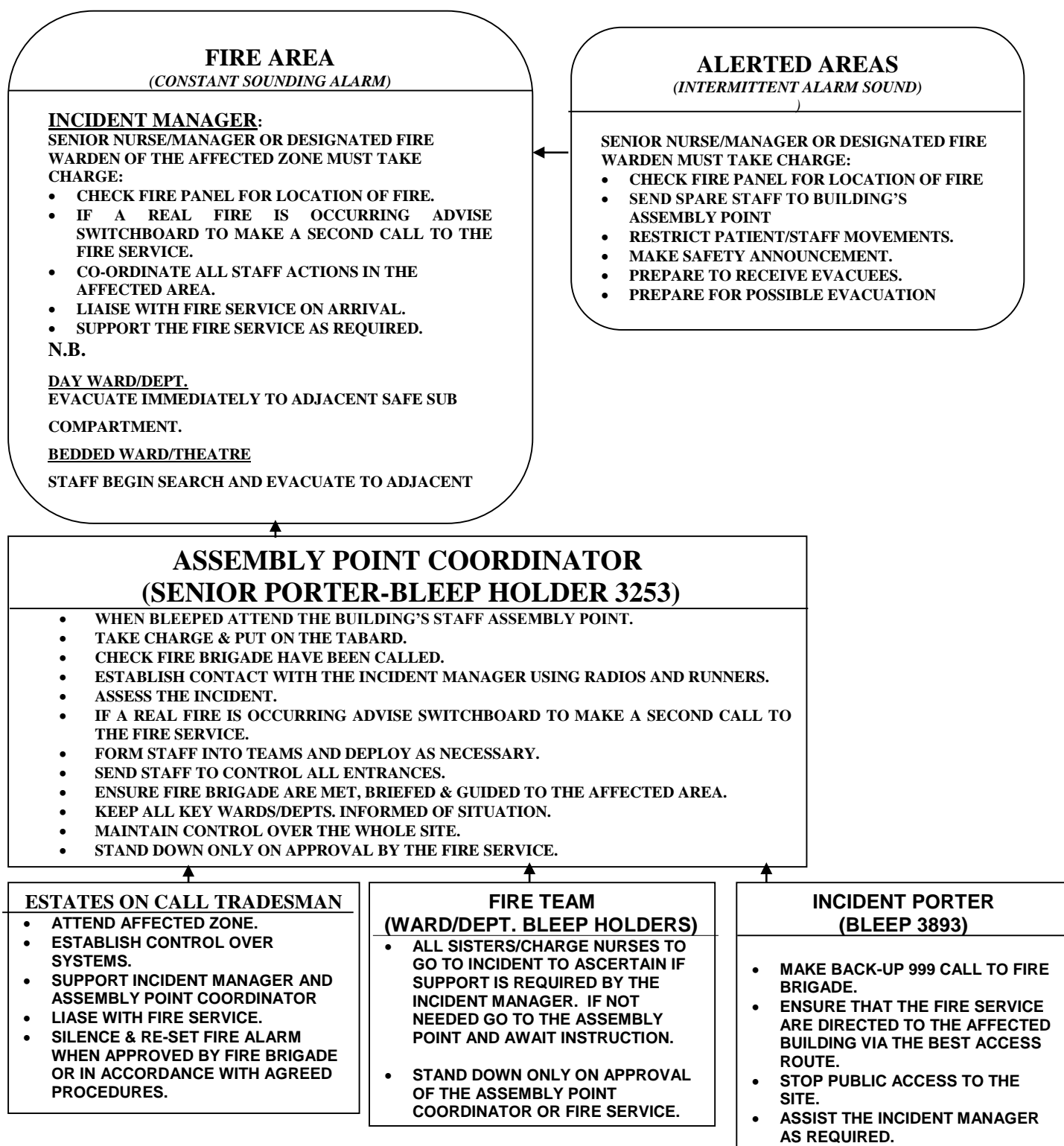
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APPENDIX 6

NORMAL WORKING PROCEDURES FULL HOSPITAL FIRE TEAM RESPONSE



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APPENDIX 7(a)

EVENING & WEEKEND (DAY) REDUCED WORKING PROCEDURE MIU STAFF TAKE INCIDENT MANAGER LEAD.

Activity across the whole site significantly reduces during evenings, weekends, and bank holidays, and again overnight after 2200hrs. Less complex fire procedures are appropriate to reflect separately, the **evening & weekend (day)** out-of-hours situation, and the **overnight** situation. For example, at evenings and weekend (day):

- The Treatment Centre MIU is open until 2200hrs.
- The Day Surgery Ward might have up to 12 inpatients and 3 staff overnight (*unknown how many patients might be Dependent on staff for evacuation*).
- The Renal Unit is open until 1930hrs Saturday and might need support to evacuate patients.
- Ophthalmology and Outpatients Department might have ad-hoc clinics running at weekends.
- Out of hours until 2200hrs the whole-site clinical staffing level might therefore fall to: MIU 2 staff / Day Surgery Ward 3 staff (*if occupied*) / Porters 2 (*occasionally reducing to 1*).
- Additional staff might be available from Renal Unit and/or Ophthalmology and Outpatients Department, but this will be variable.

1. When the fire alarm sounds during EVENING & WEEKEND (DAY) Reduced Working Procedure:

- a. Senior MIU Nurse to act as Incident Manager.
- b. Check the fire alarm panel and/or screen in MIU for the location of the fire.
- c. Send one Porter to wait outside to meet and brief the Fire Service and direct them to the affected building.

2. If the alarm is sounding for a fire in the Treatment Centre (whether Continuous or Intermittent):

- a. Immediately evacuate everyone from MIU, Ophthalmology and Outpatients to the external assembly point outside the MIU entrance.
- b. Contact the Renal Unit and Day Surgery Ward to see if they need assistance to evacuate.
- c. If it is a real fire anywhere in the building the Renal Unit and Day Surgery Ward MUST evacuate all patients out of the building.
- d. If there is no sign of a real fire, and Renal patients are undergoing dialysis treatment, they and Day Surgery Ward patients can stay in, in accordance with bedded ward PHE fire procedure.
- e. Senior MIU Nurse to take a roll call and wait for the Fire Service to arrive.
- f. If evacuated, do not allow anyone to re-enter the Treatment Centre until authorised by the Fire Service.

3. If the alarm is sounding for a fire in another building on site:

- a. The alarm sound in the Treatment Centre will be Intermittent for 30 seconds.
- b. There is no need to immediately evacuate people from the Treatment Centre. Everyone should stay inside by the MIU entrance. Renal and Day Surgery Ward can remain in place.
- c. If available, 2 responding staff (e.g. 1 MIU and 1 Porter) should go to the affected building to see if real fire or smoke can be seen. They should not enter the affected building but simply observe the external windows. If a real fire is seen then Switchboard should be contacted to tell the Fire Service that the incident is a real fire.
- d. If the fire is serious then a mobile phone 999 call can also be made to the fire service, if this a quicker way of contacting them.
- e. If there are insufficient Staff to send 2 to view the affected building, then everyone should wait in the MIU entrance for the Fire Service to arrive.
- f. If any Trust staff are working out of hours in other buildings on site it is their own responsibility, whenever a fire alarm sounds, to immediately evacuate the building and report to the MIU ENTRANCE fire assembly point for roll call.

4. Safe Working Procedures at all Times

- a. MIU Staff must keep Switchboard informed of the situation and request additional help immediately if it is needed for any reason.
- b. Patient and Staff safety is paramount at all times. If safety is in doubt, immediately evacuate everyone, including Renal Unit and Day Surgery Ward, onto the car park and stay there until the Fire Service and / or additional senior Trust Managers arrive to assist.

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APPENDIX 7(b)

OVERNIGHT REDUCED WORKING PROCEDURE PORTER TAKES INCIDENT MANAGER LEAD

Activity across the whole site significantly reduces during evenings, weekends, and bank holidays, and again overnight after 2200hrs. Less complex fire procedures are appropriate to reflect separately, the **evening & weekend (day)** out-of-hours situation, and the **overnight** situation. For example, overnight:

- The Treatment Centre MIU is closed after 2200hrs.
- The Doctors out-of-hours service is open for appointments 2200hrs to 0800hrs.
- The Day Surgery Ward might have up to 12 inpatients and 3 staff overnight (*unknown how many patients might be Dependent on staff for evacuation*).
- Overnight therefore, the whole-site staffing level may fall to: Day Surgery Ward - 3 staff (*if occupied*) / Porters 2 occasionally reducing to 1 / OOH Doctors service - 3 staff (*although they might not be on site all of the time*)

5. When the fire alarm sounds during OVERNIGHT Reduced Working Procedure:

- d. One Porter to act as Incident Manager.
- e. Check the fire alarm panel and/or screen in MIU for the location of the fire.
- f. Send one Porter to wait outside to meet and brief the Fire Service and direct them to the affected building.

6. If the alarm is sounding for a fire in the Treatment Centre (whether Continuous or Intermittent):

- g. Immediately evacuate everyone from OOH Doctors Service to the external assembly point outside the MIU entrance.
- h. Contact the Day Surgery Ward (if occupied) to see if they need assistance to evacuate.
- i. If it is a real fire anywhere in the building the Day Surgery Ward MUST evacuate all patients out of the building.
- j. If there is no sign of a real fire, Day Surgery Ward patients can stay in (as for a bedded ward PHE fire procedure).
- k. Porter to take a roll call and wait for the Fire Service to arrive.
- l. If evacuated, do not allow anyone to re-enter the Treatment Centre until authorised by the Fire Service.

7. If the alarm is sounding for a fire in another building on site:

- g. The alarm sound in the Treatment Centre will be Intermittent for 30 seconds.
- h. There is no need to immediately evacuate people from the Treatment Centre. OOH Doctors Service should stay inside by the MIU entrance. Day Surgery Ward (if occupied) can remain in place.
- i. If available, 2 responding staff (e.g. 1 Porter + 1 Day Surgery Ward staff) should go to the affected building to see if real fire or smoke can be seen. They should not enter the affected building but simply observe the external windows. If a real fire is seen then Switchboard should be contacted to tell the Fire Service that the incident is a real fire.
- j. If the fire is serious then a mobile phone 999 call can also be made to the fire service, if this a quicker way of contacting them.
- k. If there are insufficient Staff to send 2 to view the affected building, then everyone should wait in the MIU entrance for the Fire Service to arrive.
- l. If any Trust staff are working out of hours in other buildings on site, it is their own responsibility, whenever a fire alarm sounds, to immediately evacuate the building and report to the MIU ENTRANCE fire assembly point for roll call.

8. Safe Working Procedures at all Times

- c. The Porter Incident Manager must keep Switchboard informed of the situation and request additional help immediately if it is needed for any reason.
- d. Patient and Staff safety is paramount at all times. If safety is in doubt, immediately evacuate everyone, including OOH Doctors Service and Day Surgery Ward, onto the car park and stay there until the Fire Service and / or additional senior Trust Managers arrive to assist.

APPENDIX 8

FIRE ACTION CARD (1)
INCIDENT MANAGER

***(SENIOR NURSES/ MANAGERS OR DESIGNATED FIRE WARDENS OF
AFFECTED AREA/BUILDING)***

UPON FIRE ALARM SOUNDING

- (1) PUT ON INCIDENT MANAGER TABARD AS SOON AS IT IS DELIVERED BY THE INCIDENT PORTER.
- (2) YOU ARE RESPONSIBLE FOR THE CONTROL AND CO-ORDINATION OF THE EVACUATION OF THE AFFECTED AREA.
- (3) 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? (STAFF, EQUIPMENT ETC;)
- (4) IF A REAL FIRE IS REPORTED ENSURE THAT A SECOND CALL IS MADE TO THE FIRE SERVICE VIA SWITCHBOARD.
- (5) DEPLOY STAFF INTO AND AROUND THE INCIDENT AS NECESSARY - KEEP STRICT CONTROL.
- (6) LIAISE WITH THE ASSEMBLY POINT COORDINATOR TO REQUEST ADDITIONAL STAFF OR RESOURCES.
- (7) LIAISE WITH THE ESTATES ON-CALL TRADESMAN RE: OPERATION OF FIRE ALARM CONTROLS, SMOKE EXTRACTION, VENTILATION, OXYGEN, ELECTRICITY, GASES AND OTHER TECHNICAL ASPECTS.
- (8) BRIEF FIRE BRIGADE AND CONTINUE TO ASSIST THE FIRE OFFICER AS NECESSARY AT THE SCENE.

BE CONSPICUOUS, CALM, AND DECISIVE.

APPENDIX 9

FIRE ACTION CARD (2)
INCIDENT PORTER
(BLEEP 3893)

UPON FIRE ALARM SOUNDING (OR BLEEP OPERATING)

1. CHECK BLEEP AND FIRE ALARM PANEL FOR LOCATION OF INCIDENT.
2. MAKE A BACK-UP 999 CALL
3. ENSURE FIRE SERVICE ARE MET AND GUIDED TO THE AFFECTED BUILDING VIA THE BEST ROUTE.
4. SUPPORT INCIDENT MANAGER BY: -
 - A) TAKING THE INCIDENT MANAGER TABARD TO THE INCIDENT.
 - B) ESTABLISHING RADIO LINK WITH THE ASSEMBLY POINT COORDINATOR IN THE AFFECTED AREA.
 - C) GATHERING INFORMATION ON TYPE OF INCIDENT.
 - D) CONTROLLING STAFF, VISITORS AND PATIENTS AT THE INCIDENT.
 - E) SECURING ALL ENTRANCES TO THE AFFECTED BUILDING.
5. IF RADIOS FAIL USE TELEPHONES OR RUNNERS TO MAINTAIN CONTACT WITH INCIDENT MANAGER, ASSEMBLY POINT COORDINATOR AND SWITCHBOARD.

APPENDIX 10

FIRE ACTION CARD (3) **ASSEMBLY POINT COORDINATOR** **(SENIOR PORTER BLEEP HOLDER 3253)**

UPON FIRE ALARM SOUNDING (OR BLEEP OPERATING)

- (1) GO IMMEDIATELY TO THE STAFF ASSEMBLY POINT. YOU ARE RESPONSIBLE FOR THE EFFECTIVE CONTROL AND CO-ORDINATION OF THE WHOLE INCIDENT SITE.
- (2) PUT ON “ASSEMBLY POINT COORDINATOR” TABARD.
- (3) ESTABLISH CONTACT WITH THE INCIDENT MANAGER IN THE AFFECTED AREA AND OBTAIN BRIEFING.
- (4) ASSESS THE INCIDENT: -
 - A) CHECK THE INCIDENT MANAGER IS 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? (STAFF, EQUIPMENT ETC;)
- (5) IF A REAL FIRE IS REPORTED ENSURE THAT A SECOND CALL IS MADE TO THE FIRE SERVICE VIA SWITCHBOARD.
- (6) DEPLOY STAFF INTO AND AROUND THE INCIDENT AS YOU THINK NECESSARY AND AS REQUESTED BY THE INCIDENT MANAGER. KEEP STRICT CONTROL.
- (6) LIAISE WITH THE ESTATES ON-CALL TRADESMAN RE: OPERATION OF FIRE ALARM CONTROLS, SMOKE EXTRACTION, VENTILATION, OXYGEN, ELECTRICITY, GASES AND OTHER TECHNICAL ASPECTS.
- (7) BRIEF FIRE SERVICE AND CONTINUE TO ASSIST THE FIRE OFFICER AS NECESSARY AT THE SCENE.
- (8) KEEP SWITCHBOARD INFORMED AND WELL BRIEFED.
- (9) DEPLOY STAFF TO CONTROL ALL ENTRANCES INTO THE BUILDING.
- (10) ALLOW STAFF TO STAND DOWN ONLY WHEN APPROVED BY THE FIRE BRIGADE

APPENDIX 11

FIRE ACTION CARD (4)
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.**
-

APPENDIX 12

FIRE ACTION CARD (5) **FIRE TEAM MEMBERS**

UPON HEARING THE FIRE ALARM OR BLEEP OPERATING:

- ALL SISTERS / CHARGE NURSES TO GO TO INCIDENT TO ASCERTAIN IF SUPPORT IS REQUIRED BY THE INCIDENT MANAGER. IF NOT NEEDED GO TO THE ASSEMBLY POINT AND AWAIT INSTRUCTION.
- PROVIDE ASSISTANCE TO THE INCIDENT AS REQUIRED.
- STAND DOWN ONLY ON APPROVAL OF THE ASSEMBLY POINT COORDINATOR OR FIRE SERVICE.

APPENDIX 13

FIRE ACTION CARD (6)

ALEXANDRA HOSPITAL SWITCHBOARD OPERATORS

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

- 1 RECORD ALL RELEVANT INFORMATION WITH REGARD TO 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.**
- 4 NOTIFY THE ESTATES TRADES-STAFF BY RADIO (DAY) TELEPHONE (NIGHT).**
- 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.**

LIST OF FIRE TEAM BLEEPS ACTIVATED BY ALEXANDRA SWITCHBOARD FOR THE KIDDERMINSTER HOSPITAL SITE.

MIU	3186
OPHTHALMOLOGY	3152
PORTER (ASSEMBLY POINT COORDINATOR)	3253
PORTER (INCIDENT)	3893
RENAL UNIT	3896
OPD	3638
SITE NURSE	3150
THEATRES	3160
WARD 1	3235
TEMPORARY CORONA POD	3247