Standard Operating Procedures

Fire Safety Training Strategy (2025 – 2028)

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Approved by	**Health & Safety Committee**
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Date of next review This is the most current document and is to be used until a revised version is available	**10th July 2028**

Aim and scope of Standard Operating Procedure

The aim of this Standard Operating Procedure (SOP) is to enable clarity of the types and frequency of fire safety training that staff must undertake to enable compliance with the Trust Fire safety Policy, HTM-05 and the Regulatory Reform Fire Safety Order 2005.

This SOP applies to all employees working for the Trust.

Target Staff Categories

All staff

Key amendments to this Standard Operating Procedure

Date	Amendment	Approved by:
10th Jul 2025	New key document	H&S Committee

Fire Safety Training Strategy

1. Introduction

The Regulatory Reform (Fire Safety) Order 2005 states that fire safety training is a statutory duty for all employees, it requires employers to ensure that all staff are provided with training on fire safety appropriate to the risks identified as part of the fire risk assessments. Fire safety training will be provided in accordance with the Departments of Health's Health Technical Memorandum (Firecode) HTM-05. In particular HTM-05-03 Operational provisions Part A Training.

Efficient application of fire safety procedures and evacuation plans are subject to staff knowing what to do in the event of an emergency.

- All staff are required to ensure they are fully aware of the ward or department fire emergency procedures that they are working on.
- Senior medical and managerial staff should lead by example and ensure that staff for who they have a responsibility undertake fire safety training appropriate to the specific needs of their workplace.

2. Fire safety knowledge

Staff in premises providing healthcare should receive fire safety information and be aware of the following:

- Understand the characteristics of fire, smoke and toxic fumes
- Know the fire hazards involving the working environment
- Be aware of the significant findings of relevant risk assessments
- Practice and promote fire prevention
- Know the correct action to be taken in a fire situation
- Be familiar with the evacuation procedures and associated escape routes within their work location
- Participate in appropriate training sessions.

Smoke and toxic fumes can develop rapidly and cause confusion and panic; training provided should emphasise the requirement for quick and disciplined responses when a fire is discovered.

3. Duties and Responsibilities

3.1. The Director for Estates and Facilities
- Will ensure there are adequate resources to enable a suitable Fire Safety Team.

3.2. The Head of H&S & Fire Safety
- Will ensure there is Fire Safety Policy and a competent Fire Safety Team to support the delivery of the policy.

3.3. The Fire Safety Manager

- Will ensure the Fire safety policy and evacuation plans meet current legislation and are revised based on changing risks. They will ensure there is a suitable training needs analysis in place for the delivery of Fire Safety Training on an annual basis. This includes classroom fire safety training, online training and live fire drills and exercises.

3.4. The Fire Safety Advisors

- Will work with the Fire Safety Manager to deliver fire safety training. The Fire Safety Advisors will work with the Fire Safety Manager to ensure training is relevant to the organisation and its risks. Additional training will be provided to staff where areas of concern are noted.

3.5. All staff including part-time, volunteers and agency

- Must comply with the Training needs analysis (See Appendix 1)
- All must attend fire-safety training which will include emergency evacuation procedures appropriate to their workplace.
- This training is to be provided immediately on their appointment and repeated as per the Training Needs Analysis.
- The use of electronic learning programmes (e-learning) and video training are available to assist staff to complement. However, e-learning is not acceptable as the sole means of training staff; e-learning can only be used to support training delivered by competent Fire Safety Trainers.
- All staff should be made aware by line managers of the significant findings of fire risk assessments, including any measures to mitigate or control the risk(s) identified and follow the mitigations (e.g. may require additional training)..

3.6. Managers

- Must ensure that all staff receive training in accordance with the Fire Safety Training Needs Analysis, this will demonstrate compliance with any statutory duty under the Regulatory Reform (Fire Safety) Order 2005. Training should not be reliant solely on eLearning but should include face-to-face training delivered by a Competent Person.
- Managers should be aware of the significant findings of fire risk assessments, including any measures to mitigate or control the risk(s) identified and ensure their staff understand and follow the controls (e.g. may require additional training).

3.7. Staff with specific roles

- Staff with specific roles e.g. Switchboard Operators, Estates Staff, Incident Managers carrying the fire bleep, Assembly point coordinators, porters and fire wardens must receive additional training on their roles they play in the event of a fire situation (See Appendix 1)
- NB this is in addition to the basic training that all should attend.

3.8. Learning and Development Manager

- Will ensure there is a slot in the Trust induction for Fire safety training
- Will liaise with the Fire safety team to work collaboratively and ensure there are rooms available for face-to-face training programs prior to each financial year.
- Will ensure there is a methodology for recording all face-to-face training and added to ESR for monitoring purposes.

4. The training programme

The training programme uses risk profiles to identify the training frequency required of staff groups. A training needs analysis identifies training content for the following staff groups:

A training needs analysis identifies training content for the following staff groups:

- Non-clinical - management/administration/support/maintenance/corporate functions
- Clinical: Outpatient Services
- Clinical: Inpatient Services
- Specialist - Legal Duty Holders/Fire Wardens/ Building Managers.

4.1. Risk Profile

The risk profile will take into consideration the potential for fire risks from affect occupancy characteristics (life risk) and anticipated fire growth rate, this will determine the risk group and the training requirement of staff. Factors taken into consideration include:

- anticipated likelihood of a fire occurring
- anticipated severity and potential spread of fire
- ability of the structure to resist the spread of fire and smoke
- consequential danger to people in and around the building
- property and contents protection, business interests and the environment.

4.2. Occupancy Characteristic

The occupancy characteristic is principally determined according to whether the occupants are familiar or unfamiliar with the building and whether they are likely to be awake or asleep.

Occupancy	Description	Examples
A	Occupants who are awake, familiar with the building with no open public access	Administration
B	Occupants who are wake and may be unfamiliar with the building	Outpatient services
C	Occupants who are likely to work or be asleep	Inpatient and Residential

4.3. Fire Growth Rate The fire growth rate is the estimated rate at which a fire will grow.

Category	Fire Growth Rate	Examples
1	Slow	Slow Large open areas, minimal combustible materials (e.g. halls)
2	Medium	Small, fire-resisting compartments with combustible materials and sources of ignition (e.g. offices, recreational and sleeping accommodation)
3	Fast Large	Open areas, stored combustible materials with closed sources of ignition (e.g. open planned storage areas
4.	Very Fast	Flammable liquids, expanded cellular plastics and foam (e.g. flammable liquid storage areas with open sources of ignition)

4.4.   Occupancy Characteristics and Fire Growth Rate

Occupancy Characteristic	Fire Growth Rate	Risk Profile	Risk Level
A (Occupants are awake, familiar with building with no direct patient access)	1 Slow 2 Medium 3 Fast 4 Very fast	A1 A2 A3 A4	Low Low Medium High
B Occupants are awake, unfamiliar with the building provide direct/indirect healthcare	1 Slow 2 Medium 3 Fast 4 Very fast	B1 B2 B3 B4	Low Medium High High
C Occupants are awake/asleep - direct healthcare is provided	1 Slow 2 Medium 3 Fast 4 Very fast	C1 C2 C3 C4	Medium High High High

4.5.   Training Needs Analysis (see Appendix 1).

It is a requirement of HTM 05 Part A to have a training needs analysis (TNA) produced for fire safety training within the Trust; this being the type of worker and their working area is assessed to identify those who need more fire safety training compared to others. For example, nurses on wards need to know how and where to evacuate patients to, should a fire occur - compared to office staff working in a nonpatient / visitor building (whose response is to solely get themselves outside). NHSE has stated that all NHS staff must attend e-learning fire safety training. As this is a standard NHS package it is considered transferable training. This means if an NHS employee works at another Trust – then comes to our Trust, then as the same e-learning package will have been attended / completed, then provided this was within the last two years, they will not need to complete e-learning upon commencement of post.

Added to basic fire safety training the TNA assesses the requirement for "other" fire safety training needs e.g. fire wardens, fire team who have additional training requirements. The fire safety team have therefore reviewed all training needs for the Trust and have documented this within a TNA. All staff must adhere to this training program. See Appendix 1.

Fire safety competency is logged by completion of fire safety eLearning and by attending face to face fire safety refresher training. This will enable (via ESR) prompts to be issued to an employee when repeat training is required (as per the TNA). Fire Warden and Fire Team training, whilst formally recorded, is not tracked (as roles change, or staff choose not to voluntarily be a fire warden anymore). It is therefore the responsibility of those holding these roles to book their refreshers as per the TNA. Training records for those holding these roles is recorded and formally tracked by the Fire Safety group; should it be noted staff aren't re-booking as per the TNA then divisions will be requested to address.

4.6. Learning activities:

Below documents the differing training programs and the learning staff will acquire; instructor led fire safety training is delivered by the Trust Fire Safety Team

Learning activity				
Trust Induction **Delivered by Fire Safety Team**	**Content**	**Non-Clinical**	**Clinical Outpatient**	**Clinical Inpatient**
	Fire Safety Policy / evacuation plans	√	√	√
	Fire Triangle and risks	√	√	√
	Fire alarms and action to take for fires and false alarms	√	√	√
	Fire call points, signs, exit routes	√	√	√
	Compartmentation and progressive evacuation	√	√	√
	Fire evacuation equipment	√	√	√
	Fire prevention	√	√	√
	Highlight need to check locally on day 1 evacuation plans and routes, raising the alarm.	√	√	√
Local Induction **Delivered by Line manager or deputy**	Fire call points, signs, exit routes	√	√	√
	Local Evacuation plan	√	√	√
	Compartmentation and progressive evacuation	√	√	√
	Fire evacuation equipment	√	√	√
	Named fire warden	√	√	√
	Fire prevention; locally	√	√	√
	Fire hazard / controls: local			
	Contractor's pre-start	√		
Fire Refresher (face to face)	Fire Safety Policy / evacuation plans	√	√	√
	Fire Triangle and sources of ignition / fuel	√	√	√
	How fires spread	√	√	√

		Non-Clinical	Clinical Outpatient	Clinical Inpatient
Delivered by Fire safety Team	Fire alarms and action to take for fires and false alarms	√	√	√
	Fire call points, signs, exit routes	√	√	√
	Compartmentation and progressive evacuation	√	√	√
	Fire evacuation equipment	√	√	√
	Fire prevention	√	√	√
	Fire hazards including O2	√	√	√
	Fire fighting equipment	√	√	√
	Fire evacuation equipment	√	√	√
Fire refresher eLearning	Understanding the fire triangle	√	√	√
	Fire hazards	√	√	√
	Purpose of fire doors and fire alarm system	√	√	√
	Differing fire alarm sounders	√	√	√
	Introduction to fire extinguishers (type/use)	√	√	√

Specialist fire safety training:

Learning Activity				
		Non-Clinical	**Clinical Outpatient**	**Clinical Inpatient**
Fire Warden (voluntary) **Should be at least one on shift where possible.** **Training delivered by Fire safety team** **Face to face / TEAMS**	Proactive duties of the FW:	√	√	√
	Keeping evacuation routes clear	√	√	√
	Checking firefighting and evacuation equipment	√	√	√
	Checking fire doors and reporting issues	√	√	√
	Checking call points	√	√	√
	Checking training records and staffs awareness of evacuation plans	√	√	√
	Creating a fire safety culture; preventing unwanted fire signals	√	√	√
	Record keeping of FW checks	√	√	√
	Reactive duties of the FW: Directing people out of the affected area	√	√	√
	Assisting with the evacuation	√	√	√
	Conducting a visual sweep of the area (if safe to do so)	√	√	√
	Closing doors, windows etc	√	√	√

Learning Activity		
Type	**Duties**	**Who**
(Part 1) Fire Response Team **Training delivered by Fire safety team** **Face to face**	Overview of the fire evacuation plans (per site)	Incident Managers (Bleep 1903, 401) Assembly Point coordinators (Bleep 1200, bed managers) Porters Estates / Equans engineers
	Action card for Incident Managers	
	Action card for Assembly Point coordinators	
	Action card for Porters	
	Action card Estates / Equans engineers	
	Co-ordination of the response	
	Challenges	
	Hazards and risks	
	Liaising with Fire service (IM/APC)	
	Importance of information gathering (patients, wards, hazards)	
	Communication	
	Radios	
(Part 2) Fire Incident Manager	Leading a fire incident	Incident Managers (Bleep 1903, 401) Members of the Fire response team optional to stay on.
	Escalating to senior managers / execs on call	
	Technical handbook	
	Familiarization tours	

NB Fire response team training is as follows:

1. The first hour is with the full fire response team consisting of:
   a. Lead nurse acting as the Incident Manager (Bleep 1903 (ALX), Bleep 401 (WRH), Lead nurse (KTC)
   b. Assembly point coordinator (bed manager) e.g. bleep 1200 (ALX)
   c. Porters
   d. Estates officer or engineer who support the fire team.

2. The second hours is the role of Incident Manager, however all staff are recommended to listen. This session covers leading an incident, fire safety equipment, communications

Practical Training

Learning Activity				
		Non-Clinical	**Clinical Outpatient**	**Clinical Inpatient**
Fire drills: Desktop	To test knowledge of their local fire evacuation plan	-	-	√
	To test knowledge of fire equipment (e.g. manual call points, emergency door	-	-	√

	releases fire doors, fire detection etc)			
	To test understanding of local hazards	-	-	√
	To test understanding of local escape routes and exits	-	-	√
	To reiterate calling switchboard, searching for fire or not fire	-	-	√
	To explain the purpose and role of the fire response team	-	-	√
Fire drills: Live	To assess knowledge of the local fire evacuation plan by demonstrating an evacuation	√	√	√
	To assess staffs knowledge of fire equipment (e.g. manual call points, emergency door releases fire doors, fire detection etc) by demonstrating an evacuation	√	√	√
	To assess knowledge and understanding of local hazards via evacuation	√	√	√
	To assess knowledge and understanding of local escape routes and exits via a successful evacuation	√	√	√
	To assess knowledge of communications (calling switchboard) and searching for fire or not fire demonstrated via the "incident"	√	√	√
	To confirm understanding and purpose of the fire response team	√	√	√

5. Fire drills / Fire exercises

5.1. Fire Drills

The fire safety team will conduct fire drills (live and desktop) on a regular basis; a program of locations will be produced by the team and will ensure (as a minimum) there are:

- WRH / ALX – 3 Desktop drills per site per month (these are held in clinical areas where the fire scenario is described, and staff explain their actions/response).

- KTC – 1 Desktop drills per month (these are held in clinical areas where the fire scenario is described, and staff explain their actions/response).

- WRH / ALX / KTC – 1 Live drill per site per month (these are held in areas that are either staff only or outpatient areas).

The fire drill program will be produced 6 months prior to the drills; the dates / locations may change subject to issues or clinical demands. In most cases the drills are "no advanced warning incidents" however for more complex areas the lead for the area may be informed prior to ensure the drill does not affect patient treatment.

In addition to formal drills - Managers and teams should periodically conduct their own local "run through" scenarios. This being e.g. during a team huddle – ask what if a fire happened now, who would do what etc. This gets teams to e.g. consider their environment, the types of patients they have, the hazards and any issues they may face. This proactive approach can be logged on to the area's local workplace risk assessments as an addiotnal control and demonstrates the team's approach to continually being ready and responsive.

5.2. Formal fire evacuation exercises

The Fire Safety team and the Emergency Planning Resilience and Response Team work together to periodically conduct formal fire evacuation exercises. Formal scenarios and plans are put into place prior to these events (e.g. may have observers, marshals etc). The output of these exercises is to monitor the timeliness of the evacuation and adherence to the plan. Formal reports to the Fire Safety Group and Emergency Planning committee (with action plans) will be submitted post formal fire exercise. The number of exercises conducted per year are arranged on a risk-based approach; however, as a minimum there will be one exercise per year within the Trust initially and will increase to one per site as this process is embedded.

6. Tracking / Monitoring

The Fire safety team will monitor training compliance and provide monitoring reports to the Fire Safety Group quarterly; any areas of concerns will be escalated to divisions / managers.

7. Fire safety training review

This SOP will be reviewed annually by the Fire safety Manager to ensure it meets the needs of the Trust and fire hazards. The training needs analysis and content of the training packages also be assessed annually to ensure they are suitable and sufficient to comply with HTM-05 and the Regulatory Reform Fire Safety Order (2005). Any concerns with regards to fire safety training must be escalated to the fire safety group.

NHS Worcestershire Acute Hospitals NHS Trust

Staff Group	Example	MANDATORY Attend Trust Induction upon commencement of post; this includes 1 hour Fire Safety	MANDATORY Receive a local FS induction (local workplace specific; provided by local line manager or deputy)	MANDATORY Fire Safety refresher (e-learning); book via ESR	MANDATORY Fire Safety Refresher - classroom learning. Covers practicalities of an Evacuation Book via ESR	Use of evacuation equipment - Ski pads (included in classroom FS refresher)	Medical Gases inc piped and cylinders (included in classroom FS refresher)	Fire Evacuation drill; Fire Safety Advisors	Assisting independent patients and visitors; Included in drills, exercises and classroom FS refresher	Evacuating dependent patients' theory and practical; Included in drills, exercises and classroom FS refresher	Evacuating very high dependent patients' theory and practical	ADDITIONAL TRAINING; Roles and responsibilities of the FIRE RESPONSE TEAM Book via ESR (no reminders issued)	ADDITIONAL TRAINING; Roles and responsibilities of the Fire warden Book via ESR (no reminders issued)	Additional training: use of Fire Extinguishers (included in classroom FS refresher)
Non-medical member of staff with **no patient or public** facing responsibilities.	Finance working in office block only	√	√	√ -2 yearly	√ -2 yearly	√ -2 yearly	√ -2 yearly	FSA PLAN; 2 Yrly	Not mandatory	Not mandatory	Not mandatory			√ -2 yearly
Non-medical member of staff that IS ward or clinical dept based	ward clerk, housekeeping	√	√	√ -2 yearly	√ - Annual	√ - Annual	√ - Annual	FSA PLAN; 2 Yrly	√	√	Not mandatory			√ - Annual
Porters		√	√	√ -2 yearly	√ - Annual	√ - Annual	√ - Annual	FSA PLAN; 2 Yrly	√	√	√			√ - Annual
Member of nursing staff on a ward / department	ward e.g. Avon 1, Dept e.g. ED.	√	√	√ -2 yearly	√ - Annual	√ - Annual	√ - Annual	FSA PLAN; 2 Yrly	√	√	√			√ - Annual
Member of nursing staff on a critical care unit / high dependency		√	√	√ -2 yearly	√ - Annual	√ - Annual	√ - Annual	FSA PLAN; 2 Yrly	√	√	√			√ - Annual
Member of health care staff working in an operating theatre		√	√	√ -2 yearly	√ - Annual	√ - Annual	√ - Annual	FSA PLAN; 2 Yrly	√	√	√			√ - Annual
Medical staff; all areas	All grades	√	√	√ -2 yearly	√ - Annual	√ - Annual	√ - Annual	Not mandatory	√	√	Not mandatory			√ - Annual
Allied Heath professionals; that work on wards / with patients	OTs, Physio`s	√	√	√ -2 yearly	√ - Annual	√ - Annual	√ - Annual	FSA PLAN; 2 Yrly	√	√	√			Not mandatory

Staff Group	Example	MANDATORY Attend Trust Induction upon commencement of post; this includes 1 hour Fire Safety	MANDATORY Receive a local FS induction (local workplace specific; provided by local line manager or deputy)	MANDATORY Fire Safety refresher (e-learning); book via ESR	MANDATORY Fire Safety Refresher - classroom learning. Covers practicalities of an Evacuation Book via ESR	Use of evacuation equipment - Ski pads (included in classroom FS refresher)	Medical Gases inc piped and cylinders (included in classroom FS refresher)	Fire Evacuation drill; Fire Safety Advisors	Assisting independent patients and visitors; Included in drills, exercises and classroom FS refresher	Evacuating dependent patients' theory and practical; Included in drills, exercises and classroom FS refresher	Evacuating very high dependent patients' theory and practical	ADDITIONAL TRAINING; Roles and responsibilities of the FIRE RESPONSE TEAM Book via ESR (no reminders issued)	ADDITIONAL TRAINING; Roles and responsibilities of the Fire warden Book via ESR (no reminders issued)	Additional training: use of Fire Extinguishers (included in classroom FS refresher)
Specialist nurses	Tissue viability, diabetic nurses etc	√	√	√ -2 yearly	√ -2 yearly	√ -2 yearly	√ -2 yearly	Not mandatory	√	√	Not mandatory			√ -2 yearly
Nonclinical staff who work in public areas only		√	√	√ -2 yearly	√ -2 yearly	√ -2 yearly	√ -2 yearly	Not mandatory	√	√	Not mandatory			√ -2 yearly
Security (if in house)		√	√	√ -2 yearly	√ -2 yearly	√ -2 yearly	√ -2 yearly	FSA PLAN; 2 Yrly	√	√	Not mandatory			√ -2 yearly
Pharmacy staff		√	√	√ -2 yearly	√ -2 yearly	√ -2 yearly	√ -2 yearly	FSA PLAN; 2 Yrly	√	√	Not mandatory			√ -2 yearly
Pathology staff		√	√	√ -2 yearly	√ -2 yearly	√ -2 yearly	√ -2 yearly	FSA PLAN; 2 Yrly	√	√	Not mandatory			√ -2 yearly
Radiology staff that are patient and public facing		√	√	√ -2 yearly	√ - Annual	√ - Annual	√ - Annual	FSA PLAN; 2 Yrly	√	√	√			√ - Annual
Any porter, Fire bleep holder (e.g. 401, 1903, 1200, etc) estates lead who is a member of the fire response team		√	√	√ -2 yearly	√ - Annual	√ - Annual	√ - Annual	FSA PLAN; 2 Yrly	√	√	√	√On appointment then annual		Not mandatory
Fire wardens		√	√	√ -2 yearly	√ - Annual	√ - Annual	√ - Annual	FSA PLAN; 2 Yrly	√	√	√		√On appointment then 3 yearly	Not mandatory