


## FIRE EMERGENCY PLAN

Address of premises:	Salisbury District Hospital		
Ward/Dept:	Theatres 5 – 8 SDH North Level 4 sector 3		
Date plan produced and/or amended:	March 2023		
Name of person producing plan	P K Dovey		
Job Title:	Fire Safety Officer	Signature:	
Description of Dept:	Operating suite occupying 4th floor of hospital, constructed of a steel frame and concrete with brick facia under a metal sandwich panel roof. Theatres are enclosed with 30 minute fire protection and fitted with positive pressure system atmosphere.		

### Action to be taken by person discovering a fire

Operate the nearest break glass fire alarm call point.  
Dial 2222 and inform switchboard of the details of the incident.  
If possible fight the fire with the appropriate fire extinguisher but only if safe to do so. Do not put yourself or others at risk.

### How the Fire Brigade is to be called and who is responsible

By the switchboard using the 999 service.

### Description of fire warning system and location of system panels

2 stage alarm with electronic sounders, sounding continuously in the affected compartment and intermittently in adjacent areas, repeater panel in hospital street. Break glass call point at final exits. Main panel in switchboard in hospital reception.

### Evacuation procedures

All nonessential staff shall leave the building when the continuous fire alarm sounds.  
Staff will be responsible for the safe evacuation of patients in their care at the time.  
Operating staff should remain in the theatres until it is confirmed that there is a fire and that evacuation is to take place.  
Leave the premise using the shortest route through ICU, Recovery or hospital street and into theatres 1-4.

**Medical notes for inpatients**

Staff should ensure that medical notes are evacuated with patients to their new location to reduce risks to continuity of care.

**Assembly points.**

Hospital street or theatres 1-4.

**Arrangements for safe evacuation of patients and disabled persons.**

Utilising handling methods as appropriate to the risk.

**Fire fighting equipment provided**

6 litre water

6 litre foam

2 kg CO<sub>2</sub>

Fire blanket

**Specific arrangements for high fire risk areas**

None required.

**Procedures for liaison with Fire Brigade on arrival**

The fire response team will direct Fire and Rescue service to sector indicated.

Department manager/Fire Warden will provide details of incident and any hazardous material present to Senior Fire Officer present.

ETS staff will liaise with FRS regarding the necessity to shut down any services.

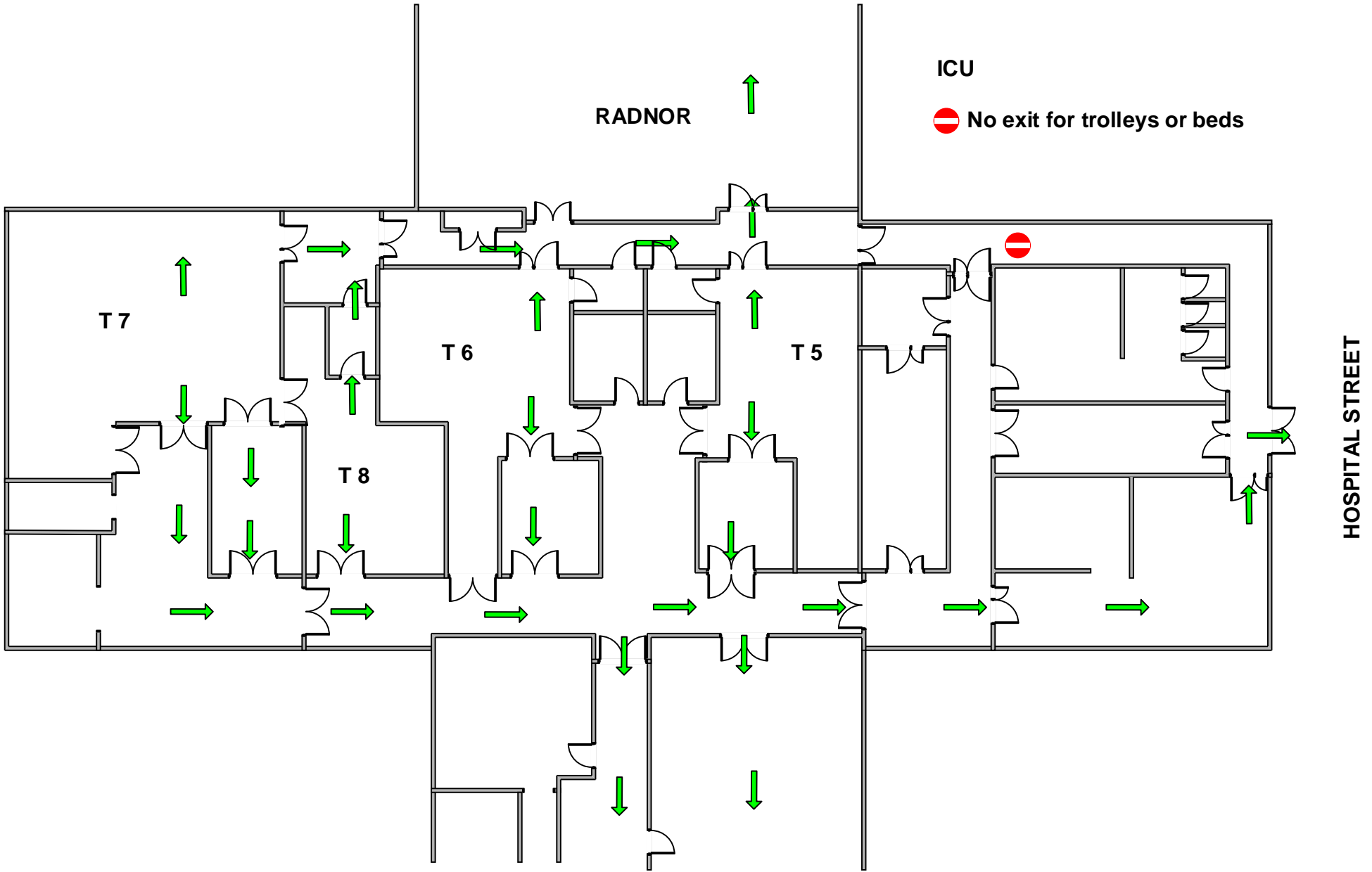
**Training requirements**

All staff to complete computer-based training on appointment.

All staff to have departmental fire safety procedures on appointment from manager or fire warden.

All staff to take part in the Trust recommended face-to-face training.

All Fire wardens and departmental heads to attend fire training with Trust Fire Safety Advisor.



# **Fire and Emergency Evacuation plan.**

## **Action to be taken on hearing the fire alarm:**

Identify alarm sound – **continuous alarm** is **your** affected area/sector and action must be taken, **intermittent alarm** is a **different** area/sector stand by.

## **If the alarm/fire is identified as our sector/area, you must follow the plan below.**

1. Nurse in charge to check main exit routes and ensure all relatives, non-essential staff and non-patients are evacuated onto the main hospital street via a safe route.
2. Nurse in charge to organise a sweep of the ward to identify the cause of the alarm.
3. Monday – Friday 08:00 – 16:00 the hospital fire response team will attend the area to assist in identifying the cause of the alarm.
4. If no fire/smoke detected, call 2222 and inform switchboard, keep them updated.
5. If a fire is discovered switchboard should be called immediately (dial 2222), or break the nearest fire alarm call point. Patients and staff should prepare for evacuation. If possible, fight the fire with the appropriate fire extinguisher. This should only be done if you have been trained and it's safe to do so without putting yourself or others at risk.
6. Nursing staff should prepare all patients, medical notes and emergency equipment for evacuation and wait for further instruction. Priority of evacuation shall be determined by the nurse in charge and medical staff.
7. When instructed, evacuate patients to the hospital street or theatres 5-8.
8. All other persons to evacuate through the identified evacuation route.
9. Nurse in charge to communicate with Fire and Rescue teams and provide details of incident and any hazardous material present to the senior fire officer.

## **Action to be taken by a person discovering a fire:**

- Operate the nearest break glass fire alarm call point.
- Dial 2222 and inform switchboard of your location and details of the incident.
- If possible fight the fire with the appropriate fire extinguisher only if it is safe to do so. Do not put yourself or others at risk.
- Follow ward evacuation procedure.

## **Fire Evacuation procedures Salisbury NHS Trust**

### **1. Fire alarm system**

The fire alarm system comprises smoke and heat detectors, manual call points with audible siren or bells. Visual indicators (strobe lights) are provided in areas where the background noise is high or to alert persons with audible impairments.

Fire detectors are activated by either smoke particles or a raise in the ambient temperature.

Alarms can also be raised by the breaking of a manual call point coloured red and situated around the site normally near exit/entrance doors.

### **Continuous sounding of the alarm**

This indicates a fire event in the immediate zone or compartment.

### **Intermittent sounding of the alarm**

This indicates that the system has detected a fire event in the adjacent zone or compartment

Zones and compartment fire alarm sounds vary as detailed above but usually indicate relationship to a particular ward or department. Zones remote from the fire may remain silent. Information with regard to the fire zone is shown on the fire control panels which are situated throughout the hospital. The main switchboard operator will call the fire service if required via the 999 system.

A weekly audible test is carried out on Wednesday afternoons by ETS and FES the alarms will only sound for 30 seconds, if sounding for longer than this time evacuation procedures should be instigated.

### **2. Action to be taken on discovering a fire**

It is important that on discovering a fire, the alarm is raised on every occasion, if the detectors operate the alarm, you should make a quick sweep of the department to check for signs of a fire, if there are none please telephone 2222 and inform switch this is the case the fire service will not be summoned. If a fire is discovered dial 2222 and inform switchboard that a fire is confirmed giving the location, if you do not have access to a telephone operate the

nearest fire alarm call point, this will send a second alert signal to switch and they will summons the fire service immediately.

If it is safe to do so and you have been trained in the use of fire extinguishers tackle the fire but ensure you have reported the fire first, do not put yourself or others in danger. If you can close a door on the fire do so. Start evacuation of the area immediately.

Remember the basic procedure

- Raise the alarm, always your first action.
- Move person(s) from immediate danger where appropriate usually through two sets of fire doors if possible.
- Evacuate the ward or department, Instigate, decide, evaluate.
- Close all doors and windows behind you but don't delay or put yourself at risk.
- If safe to do so tackle the fire, only if you have been trained and have the correct extinguisher.
- Remember get out and stay out.

Assist in the evacuation of patients and visitors, remember your part in the evacuation plan – if in doubt ask

Remember:

**DO NOT** use the lifts

**DO NOT** enter the building, zone or department when the alarm is sounding.

**DO NOT** allow others to enter the zone even if they insist.

**DO** go to your assembly point; do not return till you are told it is safe to do so.

**DO** assist patients and visitors to evacuate to the assembly point.

## 2.1 Action by staff in the fire area

You will be in the area of a continuous alarm: this indicates you have to react in accordance with the stated fire procedure. The senior person on duty will take charge and be responsible until relieved by the Fire Control Officer (duty manager)

If the fire is not clearly visible or cannot be seen an investigation must take place.

If no fire call 2222 and inform switch, if fire confirmed call 2222 and confirm fire situation and location with switch.

No new procedures should be commenced.

Escort guests and visitors to safe place.

Tackle the fire if it safe to do so.

Ensure the alarm has been sounded.

Ensure your exits are clear and available at all times.

Never open a door to investigate fire.

Close all doors and windows if safe to do so.

A fire alarm response team will arrive and report to the senior person present.

The team will consist of:

### **08.00 – 16.00 (Monday – Friday)**

Hospital Fire Advisor.  
ETS electrician  
ETS manager  
Porters  
Site security  
Duty manager (fire control officer)

### **16.00 – 08.00 (Monday – Friday) 24-hour cover at weekends and bank holidays**

Security  
Porters  
Duty manager (fire control officer)  
The fire control officer will take over the evacuation and control until the arrival of the Fire Service.

#### **2.2 Action by staff not in the fire area – (intermittent alarm)**

This indicates that you are not in the fire area but are receiving a pre-warning of the need to start evacuation or other actions should the need arise. An intermittent alarm occurs in the adjacent compartments or zone to the fire.

The actions required are:

Stay in your department/ward.

Be prepared to evacuate if the alarm changed to a continuous tone.

**Do not telephone switchboard** to ask where the incident is, telephone traffic to switch should be reduced during fire alarm operations.

#### **2.3 Assembly points**

Progressive Horizontal evacuation.

The hospital evacuation plan involves Progressive Horizontal evacuation in patient areas via a compartment barrier into a separate fire compartment on the same level. Movement will be horizontally via 2 sets of fire doors where possible. Vertical evacuation would only be a last resort.

Total evacuation

In the unlikely event of a total evacuation of the hospital, assembly points that are considered safe are those outside the hospital buildings in car parks and road ways. Guidance should be sought from the senior Fire officer in attendance.

#### **2.4 Action in unoccupied areas**

The fire service on its arrival will deal with any report of fire from an area, which is not occupied.

Staff should not enter the area under any circumstances. To gain entry into secure areas the senior person present will arrange for the entry keys from the nominated key holder or Portering and security officer.

## **2.5 Action by specified staff**

You will be in the area of a continuous alarm: this indicates you have to react in accordance with the stated fire procedure. The senior person on duty will take charge and be responsible until relieved by the Fire Control Officer (duty manager)

If the fire is not clearly visible or cannot be seen an investigation must take place.

If no fire call 2222 and inform switch, if fire confirmed call 2222 and confirm fire situation and location with switch.

No new procedures should be commenced.

Escort guests and visitors to safe place.

Tackle the fire if it safe to do so.

Ensure the alarm has been sounded.

Ensure your exits are clear and available at all times.

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08.00 – 16.00 (Monday – Friday)

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ETS electrician

ETS manager

Porters

Site security

Duty manager (fire control officer)

16.00 – 08.00 (Monday – Friday weekends and bank holidays)

Porters

Site security

Duty manager (fire control officer)

The fire control officer will take over the evacuation and control until the arrival of the Fire Service.

### **Switch board**

Switch board staff will take the following action:

Operate Fire response pagers (08.00 – 16.00 Mon – Fri)

Inform duty porter.

Duty electrician.

On confirmation of fire, call 999 and summons fire service.

Contact the duty manager.

Log all details.

### **Security & Portering**

Attend zone operating.

Arrange for keys or access codes to unoccupied areas

Meet Fire service in main reception level 3.

### **Estates department**



Report to the Fire controller.

Isolate any services as required e.g. Electricity, water gas and medical gases.

Reset the fire alarm panel.

**Senior person at incident initially.**

Determine location and extent of fire.

Take charge of the incident until arrival of Fire Service.

Implement the Fire Procedure and evacuation as required.

Ensure reassurance is given to patients.

Organise the firefighting attempt, but only if it is safe to do so.

Hand over to Fire Control Officer (duty manager) and give further assistance where required.