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FIRE SAFETY POLICY PROCEDURAL ARRANGEMENTS

Introduction and Aim

- The policy takes into account the requirements of statutory obligations, policies, and Health Board site specific fire procedures. It applies to all Health Board personnel and all other occupants and users of Health Board owned premises. Cardiff University (CU) share a number of Health Board premises. Where this occurs, the policy will apply to the CU occupants of such premises.
- The Health and Safety at Work etc. Act 1974 imposes a general duty on employers to protect the health, safety and welfare of their own employees and others that may be affected by their activities. This includes the provision of safe means of access and egress. Employers are responsible for providing such information, instruction, training and supervision as is necessary to ensure the health and safety at work of their own employees and others.
- Further specific duties relating to fire safety are imposed by The Regulatory Reform (Fire Safety) Order 2005.
- The Fire Safety Policy is intended to provide an unambiguous commitment applicable to all premises used by Cardiff & Vale University Health Board and premises where Cardiff & Vale University Health Board patients receive treatment or care.

The Health Board will also ensure, so far as is reasonably practicable, that work undertaken on its premises and on its behalf by contractors, will be conducted in a manner that is safe and without risk to its employees and others who may be affected by the contractors activities.

Objectives

The principle objectives are to:

- Minimise the incidents of fire and all unwanted fire signals throughout all properties used by Cardiff & Vale University Health Board.
- Minimise the impact from fire on life, safety, delivery of service, the environment and property.

The following measures will also be implemented in order to ensure, so far as is reasonably practicable that the policy statement of intent, aims and objectives are achieved:

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- All premises used or occupied by Cardiff & Vale University Health Board fall within the scope of the policy and procedural arrangements
- The Health Board is committed to comply with all statutory fire safety standards.
- When commissioning new buildings, leasing new buildings or occupying buildings under a PPP/PFI contract, the Health Board must be satisfied that such buildings comply with legislation relating to fire safety.
- Appropriate advice and guidance through the Firecode suite of guidance documents issued by the Welsh Assembly's Department of Health and Social Services will be used for all matters related to fire safety.
- All contracts for health services placed by commissioners must contain clauses to ensure that premises comply with, and will continue to comply with, all statutory fire safety provisions and where appropriate, Firecode.

Scope

This policy procedural arrangements applies to all of our staff in all locations including those with honorary contracts

Equality Health Impact Assessment

An Equality Health Impact Assessment (EHIA) has/has not been completed. (please delete as necessary) Where it has not been completed indicate why e.g. 'This is because a procedure has been written to support the implementation the Policy. The Equality Impact Assessment completed for the policy found here to be a negative/positive/no impact.

Documents to read alongside this Procedure

Supporting Procedures and Written Control Documents

- Fire Safety Policy
- CRI Fire Procedure
- Acute Hospital Fire Procedure
- Community Hospital Fire Procedure
- Health Centres and Clinics Fire Procedure
- St David's Hospital Fire Procedure

Other supporting documents are:

- Safe Management of Medical Gas Cylinders
- Health & Safety Policy
- No Smoking & Smoke Free Environment Policy
- Major Incident Plan

Approved by

Fire Safety Group-Health and Safety Committee

Accountable Executive or Clinical Board Director

Executive Director of Planning

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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	10/07/2018	10/07/2018	New Procedure

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1.0 RESPONSIBILITIES/ IMPLEMENTATION

1.1 The Chief Executive

Responsibility for the organisation of fire safety arrangements within the Health Board rests with The Chief Executive in respect of all premises within the Health Board. The Chief Executive may appoint an Executive Director at board level who will have the nominated responsibility for fire safety matters. It will be the responsibility of the Chief Executive together with the Executive Director, to ensure:

1.1.1 The Health Board has an effective Fire Safety Management system.

1.1.2 Fire safety will be a standing agenda item at the Health Boards Executive Board meetings.

1.1.3 Agreed programmes of investment in fire safety improvements are accounted for in the Health Boards business plan.

1.1.4 An annual audit of fire precautions will be undertaken to advise the Executive Board on the current state of the fire precautions within the Health Boards premises.

1.2 Executive Director

The Executive Director with responsibility for Fire is the Director of Planning. The Executive Director in conjunction with the fire safety policy/procedure groups will be responsible for the preparation and upkeep of fire safety policies and the uniform co-ordination of fire safety management throughout the Health Board. The Director will make arrangements to;

1.2.1 Ensure appropriate arrangements for Fire are in place within each of the Clinical Boards.

1.2.2 Act as the Executive Leads for each of the Hospital sites so as to provide a focus for each site outside of the management accountability structure that will provide staff with an identified senior person to whom concerns can be raised.

1.2.3 Establish arrangements for each site to support the site Executive Lead function. This includes the appropriate numbers of Deputy Fire Safety Officers (DFSM).

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1.3 Fire Safety Manager

Firecode document – ‘Fire Safety in the NHS – (WHTM 05-01) Managing Healthcare Fire Safety’, requires the appointment of a Fire Safety Manager.

The Health Board has subsequently appointed the Head of Health & Safety as the Health Board Fire Safety Manager to undertake these responsibilities.

The Fire Safety Manager will be responsible to work within the defined role within the Firecode Guidance including the structure of the Management of Fire within the Health Board and the role of the Deputy Fire Safety Managers. These include:

- Ensuring that programmes are in place to provide fire safety training for all staff appropriate to their duties and place of work.
- Ensuring that procedures are in place to undertake fire risk assessments and monitor them to make sure they remain relevant.

The Fire Safety Manager will receive reports of all fire incidents from the Health Board’s Fire Safety Adviser and inform the Executive Director and, where appropriate, Cardiff University Vice Chancellor, of their contents and arrange for any action required.

The Fire Safety Adviser will be responsible for assisting the Fire Safety Manager in discharging his/her roles and duties as outlined in the Firecode Technical Memorandum. The Fire Safety Manager will have sufficient authority and resources to discharge their functions.

1.4 Deputy Fire Safety Manager (DFSM)

Deputy Fire Safety Manager together with one or more deputies will be appointed to ensure that there is adequate co-ordination and control of the fire arrangements on each of the main sites as follows:

Each Clinical Board will appoint a Deputy Fire Safety Manager for areas under their control as shown in Appendix V1.

Estates, Capital and Facilities Departments will appoint DFSM(s) for areas under their control including refurbishments. Capital projects and Public Areas

Community premises- The Clinical Board with the major presence will be responsible for nominating a DFSM for each Community premises. However actions identified relating to specific Clinical/Service Board activities within the premises will still remain be the responsibility of that Clinical/Service Board
DFSM

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They will be supported as necessary by Health and Safety Advisers and Fire Safety Advisers. The Deputy Fire Safety Manager will be appointed to:

- 1.4.1** Monitor the effectiveness of the day-to-day upkeep of the established Fire Safety Policy. As the Deputy Fire Safety Manager may not be “onsite” on a day-to-day basis, this responsibility will be delegated to the relevant Line Managers/Heads of Department to monitor day-to-day upkeep of the established Fire Safety Policy for their areas.
- 1.4.2** Ensure that for all areas within their control, emergency evacuation procedures are in place.
- 1.4.3** Verify that for all patient areas, appropriate fire response teams are established, this is detailed in the relevant site fire procedure.
- 1.4.4** Verify, via relevant Heads of Department/Line Managers, that for all patient areas within their control, mechanisms are in place for adequate staff to be available at all times to provide assistance with patient evacuation in a fire emergency.
- 1.4.5** Establish that appropriate training is given to the fire response team and other staff who are involved in patient evacuation in their place of work.
- 1.4.6** Be responsible during office hours for the co-ordination and direction of staff actions at a serious fire incident in accordance with the emergency plan. Out of hours response, being provided via agreed arrangements established with the relevant line managers or in line with the normal out of hours on site escalation procedure.
- 1.4.7** Ensure that Fire Risk Assessments are monitored and remain relevant.
- 1.4.8** Receive reports of all fire incidents and support the arrangement of any actions required.
- 1.4.9** Appointed Deputy Fire Safety Manager will receive appropriate training on their role requirements.

1.5 Senior and Fire Safety Advisers

The Health Board has the services of Fire Safety Advisers working under the direction of the Director of Planning. The Fire Safety Advisers will be responsible for advising the Fire Safety Manager, Deputy’s and management on professional and technical fire matters and for monitoring the condition of

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fire precautions in the Health Board premises. The responsibilities and duties will include:

- 1.5.1** Advising on the application of the provisions of legislation, Firecode and other guidance.
- 1.5.2** Liaising with Facilities Management staff and Planning Teams, Local Building Control and Fire Authorities in the specification of fire precautions in new and existing premises.
- 1.5.3** Advising management of their initial and continuing responsibilities in respect of Health Board premises falling within the scope of The Regulatory Reform (Fire Safety) Order 2005.
- 1.5.4** Assisting Capital and Asset Management and Facilities Management staff and others in fire risk assessments, audit and the preparation of reports to management.
- 1.5.5** Prepare training programmes in conjunction with the Learning and Education Department, organising regular fire drills and staff training, witnessing the effectiveness or otherwise of fire exercises/drills.
- 1.5.6** Recommending remedial action where necessary and arranging in conjunction with the Fire Safety Manager, Deputy Fire Safety Managers and the Learning Education & Development Department for accurate records of staff training and fire drills to be produced and maintained.
- 1.5.7** Ensuring in conjunction with Capital and Asset Management and Facilities Management staff that contractors working in existing premises use the Health Board's 'permit to work' system.
- 1.5.8** Keeping accurate records of all fire incidents, investigating fires in conjunction with the local fire and police authorities and insuring that fire reports are forwarded to NHS Wales Shared Services Partnership – Specialist Estates Services
- 1.5.9** The Senior Fire Adviser will be responsible for ensuring that a programme of Risk Assessments are completed throughout the organisation. These Assessments will be reviewed at the Fire Safety Group and deficiencies will be brought to the attention of the Executive Director of Planning and Fire Safety Manager.
- 1.5.10** The Senior Fire Adviser will liaise with the Estates Department to ensure that the Enforcement Notice Database is updated in a timely manner with regard to Estates based actions.

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1.6 Fire Wardens

Fire Wardens, and an appropriate number of Deputies, will be appointed in all wards and departments. In ward areas a named Ward Fire Warden should be appointed for carrying out the general duties. In the event of a fire the most senior member of the nursing staff on duty will assume Fire Warden status in order to co-ordinate actions.

In non-patient areas the Fire Wardens will be named individuals who will be appointed by, and responsible to, the Head of the Department. Fire Wardens will be made aware of the precise location, which they will be expected to cover, and the extent of their responsibilities within that location. These responsibilities are detailed in the relevant local Fire Safety Procedures.

1.7 Responsibility of Heads of Department /Line Managers

Managers must ensure that co-operation of staff and management is encouraged from the highest level. Line Managers have a responsibility under Article 5(3) of the Regulatory (Fire Safety) Order for ensuring fires are prevented and fire safety duties relating to matters within their control are maintained in good order. Records of fire training and routine fire inspections made within the ward/department are to be kept up to date. Any defects found in fire precautionary measures that are not within their control must be reported to their Line Managers.

- 1.7.1** Ensure arrangements are in place, within their designated areas of control, for effective day-to-day upkeep of the established Fire Safety Policy
- 1.7.2** Ensure that all staff are appropriately trained in fire safety management
- 1.7.3** Ensure that there are identified Fire Safety Wardens for all identified areas.
- 1.7.4** Ensure that all staff working within their designated area of control are aware/conversant with the agreed emergency evacuation procedures for the site
- 1.7.5** Contribute as requested to the provision and maintenance of a fire response team for the site.
- 1.7.6** Ensure that for all patient areas within their control, mechanisms are in place for adequate staff to be available at all times to provide assistance with patient evacuation in a fire emergency.

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1.7.7 Ensure that actions identified via Fire Risk Assessment are actioned without delay or escalated to Fire Safety Manager where necessary.

1.7.8 Ensure all Fire Service Notices and Enforcement Actions are actioned without delay and communicated with the Fire Safety Manager and relevant Fire Adviser.

1.7.9 Ensure all relevant shortcomings are communicated to the Deputy Fire Safety Manager.

1.8 Responsibility of all Staff

All staff have the legal responsibility to co-operate with the Health Board to provide and maintain a 'Fire Safe' workplace. This includes participating in training, taking part in fire risk assessments and following Health Board policy. Co-operation is required from all levels of the organisation and every member of staff without exception should ensure an understanding of their part in the arrangements.

1.9 Responsibility of Other Authorised Users, Students, Contractors etc.

The co-operation of every authorised user of the Health Board premises is expected, so as to ensure they understand their part in the arrangements.

1.10 Contractors

Contractors carrying out any work have a duty under Article 5(3) & (4) of the Regulatory Reform (Fire Safety) Order for ensuring that the work they do relating to fire safety matters within their controls are carried out in good order. Additional control measures may be implemented by means of permits to work. These will be issued by Estates Management at the relevant premises.

1.11 Health Board Fire Safety Group

The Health Board Fire Safety Group will determine the standards of fire prevention/protection throughout the Health Board and will oversee the implementation of the Fire Safety Policy on the various sites.

The meeting reports as a sub group of the Health and Safety Committee.

The terms of reference of the Fire Safety Group will include:

- Overall responsibility for fire precautions in the Health Board sites.
- Developing an action plan to deal with a fire emergency.
- Fire prevention measures.
- Overseeing the effectiveness of fire training, and
- Maintaining contact with Line Managers on fire precautions.

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The Executive Director with responsibility for Fire will chair the Group and membership will comprise of:

- Director of Planning (Deputy Chair)
- Fire Safety Manager
- Deputy Fire Safety Managers
- Health & Safety Adviser
- Cardiff University Representative
- Senior Fire Safety Adviser
- Trade Union/Staff Representatives
- Fire Service Representative
- Strategic Emergency Planning Officer

1.12 Deputy Fire Safety Manager (DFSM) Group

The DFSM Group aim is to give assurance to the Executive Director for Fire and the Fire Safety Group that the risks and actions identified as a result of Fire Inspections and Fire Risk Assessments are progressed and implemented. The group will monitor both the status of management and estates actions. The group will include representative appointed as Deputy Fire Safety Managers for each of the agreed fire areas.

The Group will report to the Fire Safety Group

The terms of reference of the Fire Safety Group will include:

- A review of the Status of the Fire Risk Assessment and any actions arising
- Review the Status of any management actions identified as a result of the Fire Service Inspections or Audits
- Agree responsibilities for areas of multiple occupancy
- Developing an action plan to deal with a fire emergency.
- Review the status of fire training and develop actions for enhanced compliance.

The Fire Safety Manager will chair the Group and membership will consist of :

- Senior Fire Safety Adviser
- Fire Advisers
- Deputy Fire Safety Managers
- Estate Management

1.13 Health and Safety Committees

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The Health and Safety Committee and the Cardiff University Occupational Health Safety and Environment Committee advise the Health Board and CU Senate respectively on fire, safety and health matters. In conjunction with Clinical Board/Directorate Health and Safety Groups they provide the necessary means by which management will consult with staff about fire precautions in their location and keep them under review.

2.0 RESOURCES

It is likely that issues will arise as a result of implementation of the policy, which may require resources to monitor effective standards of fire safety. This resource need will be considered at the Fire Safety Group and taken to the Executive Director of Planning for resolution or progression, on to the relevant Board Committee.

3.0 TRAINING

3.1 It is the responsibility of the Chief Executive to provide training for each category of staff. However, Line Managers are responsible for ensuring that fire safety policies and particular instructions are brought to the attention of their staff observed by them. They must make provisions such that every member of staff can participate in fire safety training and drills.

3.2 Fire safety training will be included as part of both local and corporate staff induction courses. Departmental induction should include fire safety issues such as location of fire exits, fire alarms, location of fire assembly points and oxygen isolation valves etc.

A mandatory Training E Learning Package has been developed which will be utilized in accordance with the guidance given in the new WHTM management Document 05-01. In effect the frequency and method of training will be based on the level of risk and responsibilities of employees in their workplace.

Ward based training sessions may be offered to staff, these will be initially undertaken by the Fire Adviser but may be cascaded down to staff by other competent trainers approved by the Senior Fire Adviser.

3.3 Permanent records of instruction training received will be kept on the Electronic Staff Record database maintained by the Learning Education & Development Department and made available to each departmental area as appropriate.

3.4 Compliance to fire training will be monitored at the Fire Safety Group, Operational Health and Safety Group and other relevant Clinical Board/Departmental meetings.

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3.5 Assurance of compliances will be given to the Board via regular reports to the Health and Safety Committee and People, Planning and Performance Committee.

3.6 Part-time staff, agency staff, students and ancillary workers will be included in the training. Additional training will be provided for key staff e.g. Deputy Fire Safety Manager, staff involved in maintenance of fire alarms and so on.

3.7 Major Fire Emergencies Exercises will be held periodically by the Fire Adviser to practice the entire Emergency Fire Procedure. This will allow key personnel to practise their roles.

4 FURTHER INFORMATION

The relevant evidence base for the document is listed below:

- The Regulatory Reform (Fire Safety) Order 2005;
- Firecode Suite of Documents;
- Building Act 1984;
- Building Regulations 2000;
- Health and Safety at Work etc. Act 1974;
- The National Health Service & Community Care Act 1990;
- The Management of House in Multiple Occupation (Wales) Regulations 2006;
- Furniture and Furnishings Fire Safety Regulations 1988;
- The Health & Safety (Safety Signs and Signals) Regulations 1996;
- The Disability Discrimination Act (2005);
- The Construction (Design and Management) Regulations 2007;
- The Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR);
- The Management of Health and Safety at Work Regulation 1999.

5 FIRE SAFETY PROCEDURES

5.1 Reporting of Fire Incidents

- All fires no matter how small, even if extinguished, must be reported to the Fire Safety Adviser for investigation and action.
- Details of all outbreaks of fire to which the fire service is called must be reported promptly to NHS Wales Shared Services Partnership – Specialist Estates Service.
- A fire report which is now available via the Fire and Unwanted Fire Signal (UwFS) Information Reporting System on the NHS Wales Shared Services Partnership – Specialist Estates

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Services intranet site is to be completed by the Fire Safety Adviser and the Senior Fire Safety Adviser informed.

- The Senior Fire Safety Adviser will review the report via the web site and forward a copy electronically to NHS Wales Shared Services Partnership – Specialist Estates Services. The report is to reach NHS Wales Shared Services Partnership – Specialist Estates Services within 48 hours of the incident.
- A copy of the report will be forwarded to the respective Deputy Fire Safety Officer who will forward a copy through the Executive Director to the Chief Executive. In addition, a copy of the report will be sent to the Cardiff University Vice Chancellor if University property or personnel are involved.
- In the event of a serious fire incident developing where disruption to services and patient care are likely, the senior person present should consider whether to initiate the “Health Board Major Incident Plan”.
- In addition, fires involving multiple deaths, multiple injuries or damage on a very large scale are to be notified immediately to the Director of the NHS in Wales, National Assembly for Wales, Health Service and Management Division, Cathay’s Park, Cardiff, CF1 3NQ by the Health Board Chief Executive Officer or Executive Director on call, depending on availability. The Health and Safety Executive must also be advised in the nearest regional office.
- Details of all false alarm calls to which the fire service is called must also be reported to NHS Wales Shared Services Partnership – Specialist Estates Services. The False Alarm Report which is now available via the Fire and UwFS Information Reporting System on the NHS Wales Shared Services Partnership – Specialist Estates Services intranet site, is to be completed by the respective Fire Safety Adviser for each call and forwarded electronically to NHS Wales Shared Services Partnership – Specialist Estates Services
- Switchboard operators will complete a Fire Call Report Form (Appendix II) for every fire call (including false alarms) received. These will be forwarded to the appropriate Fire Safety Adviser and the Senior Fire Safety Adviser.
- In the event of a serious fire involving property or life, senior management and Health Board members will be informed in accordance with the site fire procedures. The Vice Chancellor will be informed of serious fires involving CU personnel or property.
- Other users of Health Board premises such as National Public Health Service for Wales (NPHS), Concourse Units etc. will be informed of fires in their areas of responsibility.
- The Senior Fire Safety Adviser will maintain the fire statistics for the Health Board and submit quarterly reports to the Health and Safety Committee.

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5.2 Maintaining Adequate Levels of Physical Fire Precautions

- The Health Board needs to ensure it has an extensive programme for installing and satisfactorily maintaining an adequate level of physical fire precautions designed to prevent the occurrence, ensure the detection, and stop the spread of fires. If required further specialist advice in the preparation of this programme will be obtained from the Senior Fire Safety Adviser.
- The Chief Executive is responsible for the strategic organisation of fire safety arrangements. The Senior Fire Safety Adviser is to be informed of any proposals that could affect such arrangements.
- The Senior Fire Safety Adviser must be consulted prior to any changes to the structure, use/function, layout, furniture, fittings or decoration, or to procedures and staffing levels to determine if such changes will have a bearing on fire safety.
- The Senior Fire Safety Adviser will arrange for systematic inspections, at prescribed intervals, to be undertaken by the Fire Safety Advisers of all areas of the Health Board.
- Site Fire Plans are to be kept by the Head of Capital & Asset Management showing the following:
 - Fire resisting construction.
 - Periods of fire resistance.
 - Location of fire fighting equipment.
 - Location of fire alarm call points, detectors, sounders and panels.
 - Fire locks.
 - Location of fire action notices.
 - Arrangements for means of escape.
 - Location of exit signs.
 - Emergency lighting points.

5.3 Maintenance and Testing of Fire Appliances, Alarms etc.

The maintenance of all fire appliances such as alarms, fire doors, emergency lighting and mechanical ventilation etc. is a legal requirement under the Regulatory Reform (Fire Safety) Order 2005. It is the responsibility of the Assistant Director of Planning (Capital & Estates) and is implemented by designated trained engineers. These defined policies, procedures and programmes of work; maintenance and training are essential, irrespective of any designation of hospitals or other premises under the Regulatory Reform (Fire Safety) Order 2005. All such policies, procedures and programmes should be reviewed annually and brought up to date. Equipment is to be

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maintained and tested by the staff of Facilities Management in accordance with the following standards:

Portable fire extinguishers	BS 5306 Part 3
Fire blankets	BSEN 1869
Hydrants, dry risers and hose reels	BS 5999
Fire alarms	BS 5839 Part 1
Emergency lighting	BS 5266 Part 1
Sprinkler systems	BSEN 12845
Lightning protection systems	BS 6651:
Mechanical ventilation systems and Fire Dampers	BS 9999:
Fire doors	BS 8214
Smoke control systems	BS 7346-2

The results of tests and examinations of this equipment, together with any subsequent remedial actions, are to be recorded in a logbook. The Estates Maintenance Manager will keep the logbook available for inspection by the Fire Safety Group or the Fire Service. These records are to be retained for three years.

5.4 Project Design/ Building Works

5.4.1 The Project Design Protocol is to be followed for all Capital and Revenue projects and schemes undertaken by the Design Group, Facilities Management, and Cardiff University.

The Health Board Senior Fire Safety Adviser should be consulted during the design and construction of all Private Finance Initiative (PFI) Design and Build schemes to ensure that compliance with Firecode and the Health Board Fire Safety Strategy.

During building works:

- The site of the activities should be strictly supervised and controlled, even during small works and sporadic maintenance visits.

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- Capital & Asset Management and Estate Maintenance staff must ensure that all necessary precautions against fire are taken.
- The Fire Safety Adviser should give guidance and keep in regular contact with such activities to check compliance with fire safety policy.
- The 'permit to work' and 'hot work permits' policy issued by the Estates Department is to be used for removal/covering of fire detectors, and use of flame producing equipment for cutting, welding and grinding.
- The use of open waste skips is not permitted unless authorised by the Fire Safety Adviser. Enclosed lockable skips will be used and positioned in safe areas away from buildings and boundaries.
- The Loss Prevention Council booklet 'Fire Prevention on Construction Site' is a useful checklist of fire precautions, which contractors should observe and must be included as part of the contract documents.

5.4.2 Fire Alarm Systems - All Health Board buildings will be protected by analogue addressable fire alarm systems designed to the current BS 5839: Fire Detection and Alarm Systems for Building Category L1 standard as supplemented by the current Firecode WHTM 05-03 Operational Provisions Part B-Fire Detection and Alarm Systems. Some deviations from this policy may be considered e.g. small clinic buildings.

5.5 Escape Routes

5.5.1 Escape routes from each area are to be adequate, clearly marked and free from obstruction.

5.5.2 A simple outline plan is to be displayed in each area as appropriate, showing the relevant escape routes and fire barriers.

5.5.3 The duty to maintain escape routes, which includes corridors, staircases, lobbies and doors, is laid down in the Regulatory Reform (Fire Safety) Order 2005.

5.5.4 It is the responsibility of individual managers – or persons delegated on their behalf – to ensure that escape routes are maintained. These include external fire routes, which are the responsibility of the Estates Department.

5.5.5 A visual inspection at the start of the working day or shift should be made by staff working in a given area and any obstruction or defect found must be dealt with immediately.

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5.5.6 A further check should be made at the end of the working period to ensure that appropriate doors are shut, locked or secured as appropriate and the site cleared.

5.6 Fire Safety Signs

5.6.1 Fire Action Notices detailing the action to be taken on discovering a fire and on hearing the fire alarm are to be displayed throughout the sites adjacent to each manual fire alarm call point. The information contained in the notices will identify the methods of:

- Raising the alarm.
- Informing the switchboard by emergency number.
- Controlling the fire.
- Evacuation procedure – assembly point (where appropriate)
- Testing of the fire alarm.

5.6.2 Fire Safety Signs meeting the requirements of The Health and Safety (Safety Signs and Signals) Regulations 1996 will be displayed to indicate locations of fire exits, and fire alarm and fire fighting equipment, where required.

5.7 Fire Service Access

Access for the Fire Service is to be kept available at all times and fire hydrants and dry riser inlets are not to be obstructed. A copy of the Site Fire Plans and Evacuation Procedures are to be given to the Fire Service so that, where possible, the routes to be used by the service for fire fighting do not conflict with escape routes. The Fire Service is to be made aware of any special hazards on site e.g. radiation and biological hazards, during inspections made by them and they are to be kept up to date with any developments in this field by the Fire Safety Advisers.

5.8 Restricted Smoking Policy/ Sources of Ignition

The smoke-free Regulations in force from 2nd April 2007 prevents smoking in all enclosed public places. The Regulations cover all workplaces, including health-care premises. All staff, visitors and patients are expected to comply with the Regulations and Smoking Policy.

5.8.1 MENTAL HEALTH AREAS

Under current arrangements there are no areas for smoking set aside within mental health which are designated as smoking areas, either internally or within the grounds.

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5.8.2 NON MENTAL HEALTH AREAS

Smoke free regulations apply at all times.

5.9 Furniture and Textiles

5.9.1 It is essential that the contents of premises comprising furniture, textiles, fixtures and fittings, including mechanical and electrical equipment, receive careful consideration and selection in order that they will fulfil the aims of the fire strategy.

5.9.2 Any new or replacement furniture and textiles should be requisitioned through the Procurement Department who must ensure that they comply with the detailed guidance contained Firecode WHTM 05-03 Operational Provisions Part C – Textiles and Furniture.

5.9.3 Damaged furniture and textiles must be removed and repaired or replaced to meet the above guidance.

5.9.4 Donated furniture or textiles from whatever source must meet the above standards. The Fire Safety Adviser should be consulted if there is any doubt about the suitability of any item.

5.9.5 All soft toys in Paediatric Wards and Children’s Centres should comply with the above guidance. Commercially produced toys should already meet the requirements; however, donations of homemade toys and other donations should not be accepted if they do not comply with the requirements.

5.10 Staffing Levels

The presence of an adequate number of staff that has received training in fire safety is the best line of defence against fire. This is particularly important at night when levels of activity may be reduced and staffing levels are lower. It is the responsibility of management to achieve an agreed safe level of staffing sufficient to deal with the consequences of fire in its early stages. A minimum of two fire-trained staff is required to be on duty at all times. This number may need to be supplemented if patients are highly dependent and to ensure that there are at least two trained people quickly available at all times, for example during meal breaks, to carry out evacuation procedures in the event of fire.

5.11 Communications

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5.11.1 An effective and efficient fire reporting communications system is essential in healthcare facilities. All controls and indicators should be sited in a location, which is staffed 24 hours a day, typically a switchboard or continuously staffed reception. Where this is impracticable, a procedure should be developed to ensure that the panel is attended immediately the alarm has been raised.

5.11.2 In all Health Board premises when the alarm has been raised, a designated person will summon the Fire Service by voice communication using the 999 emergency system. This is defined as the primary method.

5.12 Arson

5.12.1 Hospitals and their externally and internally located storage areas are vulnerable to arson attacks from intruders, patients with disturbed patterns of behaviour, employees and others who may enter sites, including contractors. Stores, including those with pharmaceuticals, may be targets for theft and fires may be started to conceal the theft. Attention to housekeeping, for example management of waste collection, storage and disposal, and security arrangements can make a very positive contribution to the prevention of arson.

5.12.2 Security systems and procedures are already in place to keep unauthorised persons out of vulnerable areas e.g. lower ground floor at UHW. These systems must not be abused by personnel taking or allowing unauthorised persons into restricted areas without the necessary authority.

5.12.3 Identification badges must be worn at all times, including contractors and servicing personnel.

5.12.4 All fire incidents that are staff related, either by accident or intent, will be investigated in accordance with the Health Board Disciplinary Procedure.

5.12.5 Arson prevention and control measures are contained in site-specific Fire Safety Procedure Documents, which can accessed via the Health Board intranet, as below:

- Open the Cardiff & Vale web page;
 - Click on Site index button;
 - Click on 'Fire Safety' on the alphabetical list;

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- On the next page, open the 'Health Board Fire Safety Policy' or 'Health Board Fire Procedures' links.

5.13 Car Parking

The designated fire roads on all Health Board premises are maintained clear of obstruction by a site-specific car parking procedure.

5.14 Waste Management

It is important to keep all circulation areas clear of storage and combustible materials, to maintain the means of escape provisions and reduce the risk of arson attacks.

Waste, including trolleys and containers, must not be left unattended in lobbies to lift shafts and staircases, unless approved by the Fire Service. It is acknowledged that waste trolleys and containers will be placed in corridors for collection; however, it should be ensured that arrangements are in place to have them removed for disposal as soon as possible. This is of particular importance in the lower ground floor (basement) areas. Trolleys and containers should not be overfilled to ensure that the lids can be properly closed.

The collection, storage and disposal of waste will be undertaken on a regular basis according to the need and in accordance with the Waste Management Policy.

6 EQUALITY

An equality impact assessment has been undertaken to assess the relevance of this policy to equality and potential impact on different groups, specifically in relation to the Equality Act 2010 and including other equality legislation. The assessment identified that the policy presented a low risk to the Health Board.

7 AUDIT

7.1 The Chief Executive is required to ensure that the management policies regarding fire safety comply with the provisions of Firecode Fire Safety in the NHS WHTM 05-01: Managing Healthcare Fire Safety Section 4. To assist with this mandatory requirement, an annual fire safety audit, as recommended in WHTM03-03 Part A, covering all Health Board in-patient care premises will be arranged. The fire audit team must have full access to the relevant staff, records, buildings and plant.

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7.2 The Fire Audit Information System developed by Welsh Shared Services Health Estates will be used as the reporting mechanism for the audit.

8 DISTRIBUTION

This policy and accompanying guidance will be available on the Health Board Intranet site.

To access the document:

- Open the Cardiff & Vale web page;
 - Click on Site index button;
 - Click on 'Fire Safety' on the alphabetical list;
 - On the next page, open the 'Health Board Fire Safety Policy' or 'Health Board Fire Procedures' links

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Appendix I

PART 1. Brief précis of the Regulatory Reform (Fire Safety) Order 2005.

Article 1. This order came into force on 1st October 2006.

Article 3. The 'Responsible Person' is the employer (this is the Chief Executive of the Health Board).

Article 4. General Fire Precautions means:

- (a) measures to reduce the risk of fire on the premises and the risk of the spread of fire on the premises;
- (b) measures in relation to the means of escape from the premises;
- (c) measures for securing that, at all material times, the means of escape can be safely and effectively used;
- (d) measures in relation to the means for fighting fires on the premises;
- (e) measures in relation to the means for detecting fire on the premises and giving warning in case of fire on the premises; and
- (f) measures in relation to the arrangements for action to be taken in the event of fire on the premises, including
 - (i) measures relating to the instruction and training of employees;
 - and
 - (ii) measures to mitigate the effects of the fire.

Article 5. The Responsible Person must ensure that these Regulations are complied with. For the purposes of this Health Board the Chief Executive is the 'The Responsible Person'.

In addition, under Article 5 (3) any person who has to any extent any control is also responsible for complying with the fire safety duties relating to the matters within their control.

Article 6. Application to premises – this Order applies to all Health Board premises.

PART 2. FIRE SAFETY DUTIES

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- Article 8.** Duty to take precautions to safeguard employees and persons in the premises not in his employment.
- Article 9.** A written fire risk assessment must be carried out in each work area if 5 or more are employed.
- Article 10.** Duty to prevent fires.
- Article 11.** The Chief Executive and all persons who have any control must ensure arrangements are effective for planning, organisation, control and monitoring of fire safety measures and the keeping of records of all these measures.
- Article 12.** Where dangerous substances are present there must be measures to eliminate, reduce or control these substances.
- Article 13.** Appropriate fire fighting equipment must be provided and adequate training of nominated persons. Appropriate fire detection must be provided.
- Article 14.** Emergency and exit routes must be provided and kept clear, fitted with signs and suitable easy to use fastenings.
- Article 15.** A sufficient number of persons must be nominated to implement procedures for evacuation and provide training of these persons.
- Article 16.** In respect of dangerous substances to ensure information on emergency arrangements is available and made available to the emergency services.
- Article 17.** A suitable system of maintenance must be in place and fire precaution measures must be maintained in efficient working order and in good repair.
- Article 18.** Persons must be appointed to assist with fire precaution measures.
- Article 19.** All employees must be provided with information on the risks, fire safety measures and precautions.
- Article 20.** Employees from outside organisations must also be given information on risks, fire safety measures and precautions.
- Article 21.** Adequate fire training must be given to employees including part time and temporary staff, and young persons.
- Article 22.** Where two or more Responsible Persons share, an area or premises, each person must co-operate and co-ordinate with regards to fire safety arrangements.

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Article 23. Every employee must take reasonable care for the safety of themselves and other persons.

Other mandatory/statutory obligations may be imposed on the Health Board by the following:

- Firecode Suite of Documents;
- Building Act 1984;
- Building Regulations 2000;
- Health and Safety at Work etc. Act 1974;
- The National Health Service & Community Care Act 1990;
- The Management of House in Multiple Occupation (Wales) Regulations 2006;
- Furniture and Furnishings Fire Safety Regulations 1988;
- The Health & Safety (Safety Signs and Signals) Regulations 1996;
- The Disability Discrimination Act (2005);
- The Construction (Design and Management) Regulations 2007;
- The Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR);
- The Management of Health and Safety at Work Regulation 1999.

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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board



Appendix II

ELECTRICIAN FIRE CALL REPORT FORM UHW

The following Switchboard Fire Call Reporting Form is required to be completed after every Fire Alarm activation

The alarm is to be recorded according to type i.e.

Part 1 - to be completed every time

Part 2 - False Alarm

Part 3 - Actual Fire

Part 1

Date: Day: Time:

(Please tick relevant box)

UHW		CRI		Rookwood		UHL		HYC - UHL	
Lansdowne		Iorwerth Jones		Barry		St Davids		Whitchurch	
Other (please specify)									

Fire Alarm address:- **Node/ Panel:** **Loop:** **Add:** **Zone:** **RV Point:**

Building / Department / Ward Description:

Room N^o/Name:

The fire alarm was raised by: Detector: MCP/BGU: Telephone: 3333 Other method:

Full notification Procedure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Time initiated	Did Fire Service Attend	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire Adviser Informed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Time Informed	Fire Alarm System reset	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Switchboard notified by 3333	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Time Informed	Informed by Whom	Ext.	

Part 2

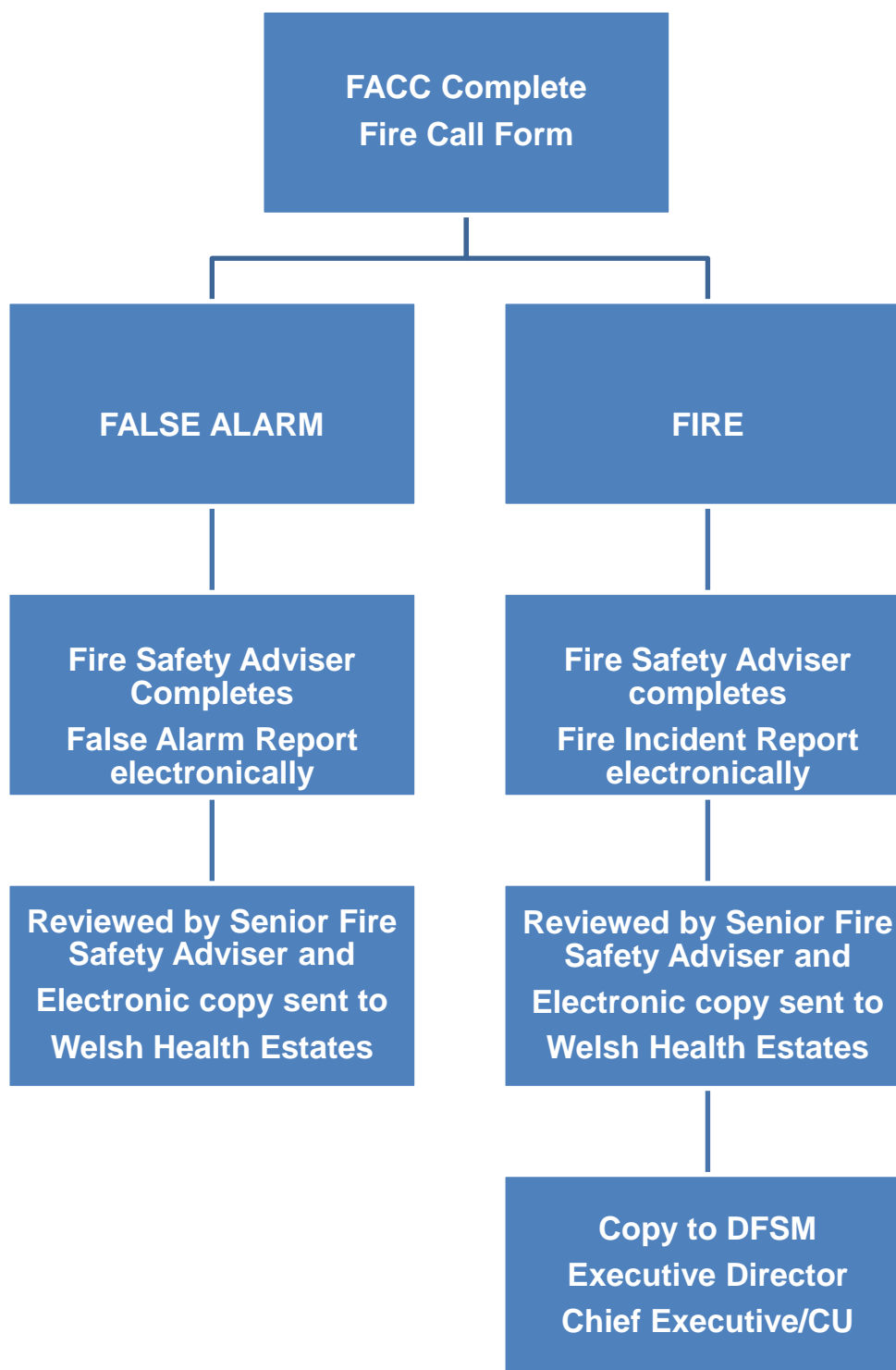
False alarm caused by: (please tick relevant box as identified by the Fire Service)

Deliberate		Good intent		Accidental		Patient or Public		Unknown	
Contractors		Alarm/System Fault		Insects		Fumes from cooking / toaster etc		Aerosol Sprays	
Smoking		Flood / Water leak / Steam		Other (please specify)					

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Appendix III

FIRE REPORTING PROCEDURE



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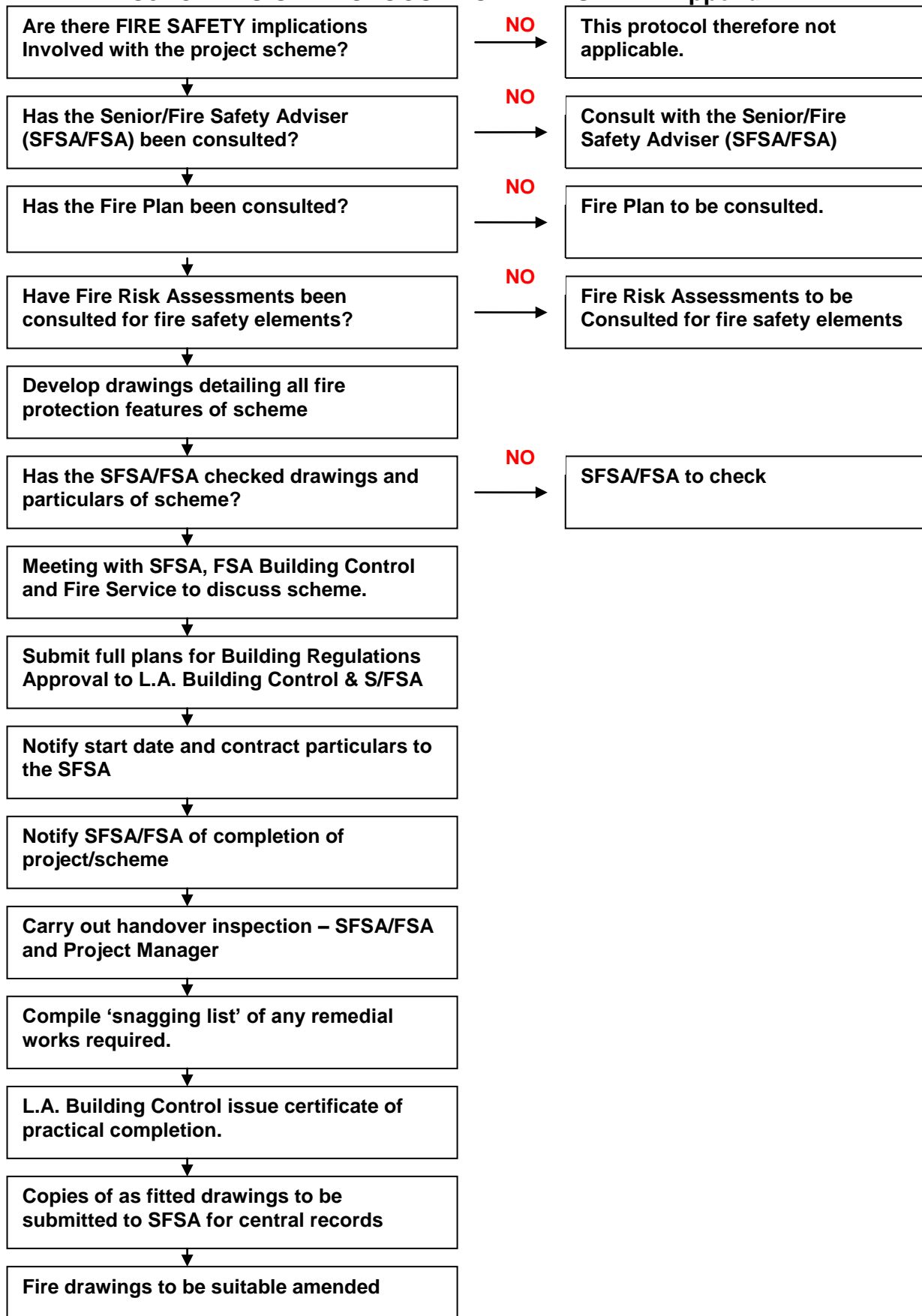
Appendix IV

FIRE SAFETY ORGANISATION



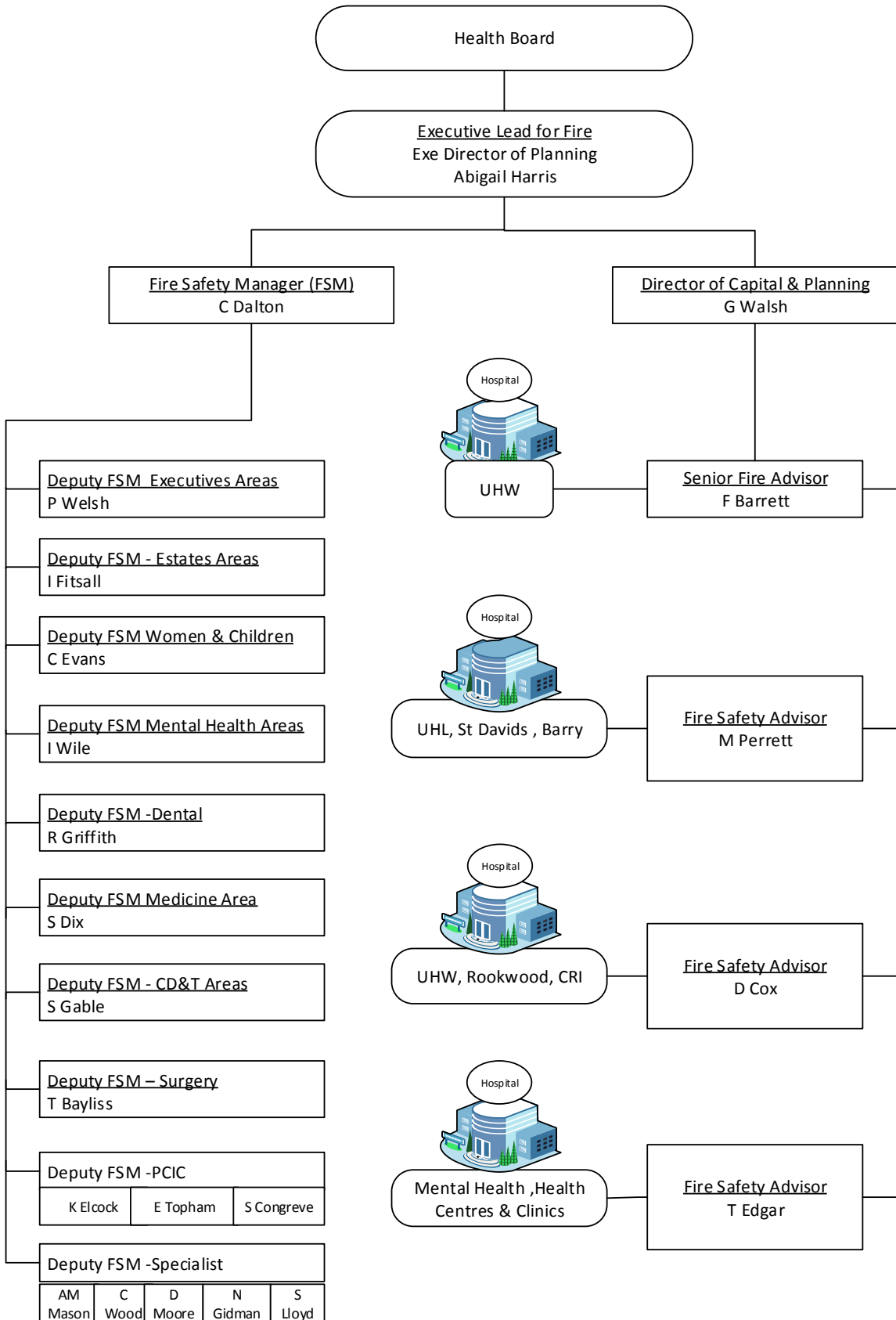
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PROJECT DESIGN PROTOCOL FOR FIRE SAFETY Appendix V



Fire Safety Management Structure

Appendix VI



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APPENDIX Vii LOCATION	FIRE ALARM TEST	REDCARE	STAND ALONE	Day Tested	ESTATES STAFF FROM	FIRE ADVISER
UHW	WKLY	YES		TUESDAY AM	CONTRACTOR	David Cox
LLANDOUGH HOSPITAL	WKLY	YES		MONDAY AM	LLANDOUGH	Mal Perrett
BARRY HOSPITAL	WKLY	YES		FRIDAY AM	LLANDOUGH	Mal Perrett
AMY EVANS	WKLY	YES		WEDNESDAY AM	LLANDOUGH	Trevor Edger
BROAD ST	WKLY		YES	WEDNESDAY AM	LLANDOUGH	Trevor Edger
COLCOT	WKLY		YES	WEDNESDAY AM	LLANDOUGH	Trevor Edger
DINAS POWYS	WKLY		YES	WEDNESDAY AM	LLANDOUGH	Trevor Edger
PEN YR YNYS	WKLY		YES	WEDNESDAY AM	LLANDOUGH	Trevor Edger
BUTETOWN	WKLY		YES	WEDNESDAY AM	LLANDOUGH	Trevor Edger
GRANGETOWN	WKLY		YES	WEDNESDAY AM	LLANDOUGH	Trevor Edger
ROYAL HAMADRYAD	WKLY		YES	WEDNESDAY AM	LLANDOUGH	Trevor Edger
STANWELL ROAD	WKLY		YES	WEDNESDAY AM	LLANDOUGH	Trevor Edger
GABALFA	WKLY		YES	WEDNESDAY AM	LLANDOUGH	Trevor Edger
CARDIFF ROYAL INFIRMARY	WKLY	YES		THURSDAY AM	C.R.I	David Cox
CRI House 54/56 & LINKS bdg	WKLY	YES		THURSDAY AM	C.R.I	David Cox
ROOKWOOD	WKLY	YES		FRIDAY AM	ROOKWOOD	David Cox
TRENEWYDD	WKLY	YES		FRIDAY AM	ROOKWOOD	Trevor Edger
PENDINE	WKLY		YES	TUESDAY AM	WHITCHURCH	Trevor Edger
LANSDOWNE	WKLY		YES	TUESDAY AM	WHITCHURCH	Trevor Edger
RIVERSIDE	WKLY		YES	TUESDAY AM	WHITCHURCH	Trevor Edger
ROATH	WKLY		YES	TUESDAY AM	WHITCHURCH	Trevor Edger
LLANEDERYN	WKLY		YES	TUESDAY AM	WHITCHURCH	Trevor Edger
PENTWYN	WKLY		YES	TUESDAY AM	WHITCHURCH	Trevor Edger
LLANRHUMNEY	WKLY		YES	TUESDAY AM	WHITCHURCH	Trevor Edger
LLANISHEN	WKLY		YES	WEDNESDAY AM	WHITCHURCH	Trevor Edger
TREFOREST	WKLY		YES	WEDNESDAY AM	WHITCHURCH	Trevor Edger
RHIWBINA	WKLY		YES	WEDNESDAY AM	WHITCHURCH	Trevor Edger
IORWERTH JONES	WKLY	YES		WEDNESDAY AM	WHITCHURCH	Trevor Edger
RADYR	WKLY		YES	WEDNESDAY AM	WHITCHURCH	Trevor Edger
WEQAS	WKLY		YES	WEDNESDAY AM	WHITCHURCH	Trevor Edger
ST DAVIDS	WKLY	YES		TUESDAY AM	CONTRACTOR	Mal Perrerr

Appendix VIII

Protocol for the Management of Smoking
In the Adult In-Patient setting

Introduction

The incidence of smoking amongst service users in Mental Health is very high. However Mental Health Services has moved to be as smoke free and safe as possible for both service users and staff.

The risks associated with smoking also relate to the availability of ignition sources. This is controlled in some clinical areas but the majority of service users are allowed to leave the ward / site as part of their recovery and are free to purchase tobacco, lighters etc. This can have a significant impact upon the safety of service users, staff and the public, and there have been numerous incidents of fire on the in-patient unit.

Aims

- To reduce the incidence of fire and smoking related incidents by restricting access to ignition sources.
- To reduce the impact of secondary smoking for service users and staff.

Procedure

1. All service users will be asked to hand in their lighters / matches etc. upon admission. These items will be stored securely in the ward office and returned when the service user has leave / is discharged from the ward or, where service user has carers / relatives visiting, they will be asked to take the items away.
2. A poster will be displayed advising both service users and visitors that lighters / matches etc. are not permitted on the ward to maintain the safety and security of those on the ward. .
3. Service users will be asked upon return to the ward to hand in any ignition sources.
4. Service users found smoking in any area other than a designated smoking area, may be liable to prosecution.
5. Service users who are known to smoke, but who decline to hand in an ignition source may be searched as per the Search of Patient – Persons and Belongings Policy and Procedure. (Procedural Guidance attached as Appendix 1).
6. Information leaflets for service users will be provided regarding smoking cessation.
7. An information sheet for Nicotine Replacement Therapy options is provided by the UHB Smoking cessation service.

Procedural guidance for:

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Search of Patient – Person and belongings

Search Procedures

Alternative Interventions

- Alternative approaches must be used to give the patient the opportunity to hand over any items of concern. This is due to the serious nature of undertaking a search and the potential harm to the therapeutic relationship.
- Alternative approaches include:
 - Negotiation
 - Nursing separately
 - Accompanied by staff allowing time for individual to hand over the item
 - Giving time for the individual to express their concern
 - Contacting police – would be essential if there were any potential risk to the safety of staff or others.

Principles of Undertaking a Search

The search procedure, which by its very nature is highly intrusive of a person's privacy and dignity, should not be exercised merely on a 'hunch' (Gunn 1992). The rights of the patient must be adhered to at all times. The member of staff must have reasonable grounds for suspecting that a patient is in possession of an article, such as a weapon or illicit drugs, which could be used to cause serious harm to self or others.

If staff suspect an informal patient of possession of a harmful object the individual may be asked whether this is the case, and if they confirm this they can be asked to hand it over for safe keeping. The legal justification for such an action is to prevent a breach of the peace. Consideration should be given to involving the Police if the patient refuses to hand over the object. If a client is being assessed under Section 136 of the Mental Health act the police have powers to search a patient if they are suspected of possession of a harmful object.

Routine and random searching without cause of detained patients may take place only in exceptional circumstances. (Code of Practice Para: 16.12. page 135) e.g. where the dangerous or violent criminal propensities of patient's create a self-evident and pressing need for additional security.

13.1 Searching Patients without consent

Consideration should always be given to The Mental capacity Act 2005 when assessing a patient's capacity to consent to a search (see section 6).

If a patient does not consent to a search, the most senior staff member on duty must make one of the following decisions (based on the principle of necessity

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{Gunn 1992}): -

- a) To search the patient against their will on the grounds that there was immediate risk of serious harm to self or others that necessitated immediate action. Necessity does not limit the action of search to emergency situations only, but extends to action taken in order to prevent serious harm to self or others. An example of this would in removing an article such as a knife from a patient's pocket or illicit drugs / alcohol
- b) To delay the search and seek advice of the patient's consultant and / or the clinical manager or deputy
- c) To involve the police

A situation may arise where a patient undergoing a search procedure withdraws their consent the member of staff in charge of the procedure must then decide how to proceed, using the criteria in section 13.1

Any search carried out against the patient's will or without the patient's consent must be carried out with the minimum force necessary. The Code of Practice 2008 identifies the basic principles for the use of restraint (Chapter 15.)

If a patient physically resists a search of either his / her person or property, a multidisciplinary decision by those present should be made as to the need to carry out a search using physical interventions. If the decision is not to proceed, then the following options should be discussed.

- Postpone the search, if safe to do so – no immediate threat to the patient or others and discuss the issue with his / her care team at the first opportunity to decide on further action.
- If the incident is of an important nature and if there is the possibility of someone becoming injured (including the patient), the police should be notified and asked to provide assistance.

. Communication

- A person being searched or whose possessions are the subject of a search should be kept informed of what is happening and why. If they do not understand or are not fluent in English, the services of an interpreter should be sought unless their risk of harm to the individual or others. The specific needs of people e.g. sensory impairment, learning disability. The nature of the search should be explained fully and how it will proceed
- If the person refuses to agree to such a search being carried out, the nurse in charge, Consultant, Deputy or senior clinical nurse, should consult to decide whether or not a search should be enforced

If a search of a patient or their belongings is to be carried out, the following issues must be prioritised.

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- Staff should have due regard for the dignity of the person concerned and the need to carry out the search in such a way as to ensure the maximum privacy and minimum invasiveness. A minimum of two people shall be present on any occasion where a search is undertaken and at least one should be of the same sex, this should be discussed with the individual concerned.
- That the reasons for the search are clearly explained
- That a safe environment is maintained

13.2 Any search of a personal nature must be undertaken by persons of the same gender as the patient, wherever possible, unless necessity dictates otherwise.

13.3 The patient must not be unaccompanied at any stage of the search procedure.

13.4 Staff should be aware of the potential implications and outcomes of a search and should use clinical judgement in deciding immediate future management following a search.

13.5 Unless there are exceptional circumstances (i.e. patient unwell, demonstrating aggressive behaviour or would present a risk to the staff searching), patients must be asked if they wish to be in attendance when a search of their belongings is undertaken.

13.6 The search must be the minimum required to achieve the objective and may start or stop at any of the authorised stages.

13.7 For each of the following types of search, consent and/or authorisation must be obtained, unless otherwise stated.

13.8 Cultural and religious issues must be identified when considering and undertaking a search. If staff are unsure what these issues could be they must take advice from senior staff.

13.9 Types of Search

a) Search of Ward/Department/Surrounding area - Not including patient's belongings or personal space. A patient's consent is not required for this search, but where appropriate it is good practice to inform patients that a search is about to take place.

b) Search of patient's property and personal space - which includes: bedroom furniture, cases, bags, and bed space area.

- The patient will be fully informed of any decision to undertake a search of his/her room and property. Members of staff will always seek to secure the patient's consent and invite the patient to be present. These

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matters will be recorded in the nursing and medical records by the respective members of staff.

- Two staff should be involved in the search and should be of the same sex as the patient wherever possible. One nurse must be a first level RMN.
- When searching belongings, the patient must always be allowed to witness this. They should always be offered the opportunity to have an independent person present, a friend or family member not acting in a legal capacity.
- The search should be carried out, taking extreme care not to damage and be respectful of all of the patient's belongings. Any damage should be fully documented and the patient advised and assisted in claiming for the loss or damage to any property.
- If belongings are removed, the patient must always be informed of where they will be kept. Any items or substances removed should be fully documented and the patient informed. The patient will be given a receipt for all items/substances that are removed.
- If illicit drugs or substances are suspected the use of sniffer dogs should be considered in conjunction with Appendix 2 of The management of patients/visitors in possession of alcohol or illegal drugs policy.
- Illicit drugs should be disposed of in accordance with The management of patients/visitors in possession of alcohol or illegal drugs policy.
- A comprehensive account of the incident must be recorded in PARIS notes and incident form completed

c) Search of patient's clothing -

- i) The patient may be requested to turn out their pockets.
- ii) The patient may be asked to remove clothes worn close to the body, (e.g. shirts, blouses, and trousers, underwear). In these circumstances the patient would be provided with a dressing gown to wear whilst his/her clothing was searched.

d) Personal Search: -

- In some circumstances the risks to the patient or others are considered so serious that it would be appropriate to seek assistance from the Police. This is likely to be when a patient is thought to be in possession of an offensive weapon or dangerous substances. Any such request for assistance from the Police should be identified, if possible, at the initial agreement to search stage. All the above issues should be fully documented in the patient's records as well as the nurse in charge completing the clinical incident report forms.
- Any items removed from the patient must be documented in the property book. For disposal of illicit substances please refer to the management of patients/visitors in possession of alcohol or illegal drugs policy.

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Within the context of personal search, the following stages may be identified.

- i) Looking for objects attached to skin, or concealed in the mouth or ears
- ii) The patient may be asked to remove superficial clothing that can be removed without impacting on their dignity, (e.g. coat, jacket, shoes)
- iii) Touching the patient to look for objects. Wherever possible the patient should assist staff, thus reducing the need to touch the patient. An example of this is by asking the patient to run their fingers through their hair or to lift folds of skin
- iv) Intimate search - including body orifices (excluding mouth or ears). More intimate searches are deemed to be beyond the capabilities of the mental health team and liaison with other agencies / parts of the organisation may be necessary.

13.10 Record Keeping

Details of all searches are to be recorded in the patients clinical notes and incident form completed. This should include:

- a) The reasons of risk which informed the decision to ask for permission to search.
- b) Reasons why any decisions to enforce a search are made.
- c) The outcome of the search, including items\substances removed and their disposal. Also any damage caused to patient's belongings during the process of search.
- d) Physical and psychological effects which are observed in relation to the patient and the care of that person managed accordingly (incident forms should be completed as necessary).
- e) The incident should be reviewed by all concerned including the patient involved. This will ensure that effective evaluation and best practice is promoted.
- f) Identifying times of searches, staff involved names of Police Officers attending.

There should be support for patients and staff who are affected by the process of searching involving physical intervention.