



Fire Safety Procedure – Cardiff Royal Infirmary

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Documents to read alongside this Procedure	IMS-06-01-CAV: <i>Fire Safety Policy</i> IMS-06-02-CAV: <i>Fire Safety Management Arrangements</i>
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Version Number	Date of Review Approved	Date Published	Summary of Amendments
1			Replace Previous Procedure

CARDIFF ROYAL INFIRMARY

FIRE SAFETY PROCEDURE

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CARDIFF ROYAL INFIRMARY

FIRE SAFETY PROCEDURE

These procedures consider the requirements of HTM FIRECODE, the University Health Board Fire Safety Policy, the Regulatory Reform (Fire Safety) Order 2005 and other relevant policies.

1. INTRODUCTION

Whatever your job, medical, nursing, technical, administrative, ancillary, you must understand the part you have to play in the fire-prevention and fire-fighting arrangements. The Regulatory Reform (Fire Safety) Order 2005, Health and Safety at Work Act 1974, and Fire code places a responsibility on management, and all staff to take care to avoid injury to themselves and others. You therefore have a legal as well as a moral responsibility to ensure that you are aware of the Cardiff Royal Infirmary Hospital (CRI) Fire Safety Procedures. You should initially read and understand all sections of the procedures, and thereafter regularly refresh your memory on steps you must take in an emergency in order to minimise loss of life and damage to property when a fire occurs.

2. APPLICABILITY.

The CRI site is currently undergoing a major upgrade and refurbishment and will provide Outpatient care and Clinics. The occupancy of the site at present is limited to:

- a. The main building:
 1. Block 1
 2. Block 2
 3. Block 2
 4. Block 2
 5. Block 3
 6. Block 4

7. Block 5
8. Block 6
9. Block 6A
10. Block 7
11. Block 8
12. Block 9
13. Block 10
14. Block 10A
15. Block 10B
16. Block 11
17. Block 12
18. Block 13
19. Block 14 (2nd & 3rd occupied by RISE Cardiff Council)
20. The upper floors 2nd, 3rd & 4th will remain empty until such time as decisions as to their usage are determined and funding becomes available.

b. Peripheral Buildings

1. House 54 & 56
2. Block 17 – Dispensing and Treatment Team (DATT)

3. FIRE ALARM SYSTEM.

A Gents L1 analogue addressable fire alarm system has been installed at CRI.

The fire alarm can be activated by one of the following methods:

- a. Manual - by operation of a Manual Call Point
- b. Automatic - by activation of
 1. A smoke detector
 2. A heat detector

In the Main Building the system will give a **continuous** (evacuation) and **intermittent** (alert) alarms. In the peripheral buildings, only a continuous alarm is provided.

All floors 2nd, 3rd & 4th will sound a continuous alarm throughout if any alarms are activated within these floor areas regardless of area that the alarm has been activated in.

There is a new fire alarm system covering Houses 54 and 56. Fire alarm panels are provided on the ground floor of each building. The fire alarm system is arranged to sound a continuous alarm throughout the premises irrespective of where the alarm has been activated. However, the fire alarm will only register on the fire alarm panel in the affected area. For example, alarm activation anywhere in House 54 will sound an alarm throughout House 54 and House 56, but will only register on the House 54 panel. There will be no indication on the House 56 panel.

A continuous sounding of the alarm indicates the incident is in your area and you are required to act. An intermittent sounding of the alarm indicates the incident is in an adjacent area - take no action except to close all doors and windows and await instructions.

The fire alarm system will be tested weekly on a Thursday commencing at 1030.

During periods when the fire alarm system is out of commission through mechanical / Electrical defect or for maintenance purposes, extra vigilance will be required from members of staff with regards to all aspects of fire safety including strict supervision in patient care areas. Estates, Fire Safety Advisor and UHW Switchboard are to be informed

Should a fire occur in an area where the fire alarm has been isolated, every effort must be made to contact the UHW switchboard by internal telephone using the emergency number 3333.

If it is known in advance when a building block or fire zone is to be isolated. The Maintenance & Estates Department will inform the areas of the hospital affected and warning notices advising of actions to be taken will be displayed

4. FIRE ACTION NOTICES

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

- a. Raising the alarm.
- b. Informing the switch board by emergency number
- c. Controlling the fire.
- d. Evacuation procedure - assembly point.

It is the duty of all personnel to make themselves aware of the fire instructions that are contained on the Fire Action Notices in their particular area.

5. EMERGENCY TELEPHONE NUMBER.

The emergency telephone number on site is **3333**. However, when this number is dialled the caller will be connected to the switchboard operator at the University Hospital of Wales. Give the operator full details of the location and type of incident, UHW will then contact South Wales Fire & Rescue Service (follow up actions in section 11)

6. PROCEDURE ON DISCOVERING A FIRE.

The presence of fire may be indicated by smells of burning, crackling and related fire noises, and smoke seepage etc. Therefore, any smell of burning etc. must be immediately investigated. The longer a fire remains undetected the greater the probability that it will become a major life-threatening event, causing severe damage and disruption to services.

Basic instructions are:

<p>RAISE THE ALARM</p>	<p>By breaking the glass on nearest fire alarm Manual Call Point. (MCP)</p>
<p>GIVE WARNINGS</p>	<p>To persons in the immediate area.</p>
<p>INFORM UHW SWITCH BOARD DIAL 3333</p>	<p>Give location of fire and relevant information concerning the incident i.e.</p> <ul style="list-style-type: none"> • Location of fire, • Block Number, • floor level • room number
<p>TRY AND CONTROL FIRE</p>	<p>By closing doors and windows and using fire extinguishers provided. BUT ONLY IF YOU HAVE BEEN TRAINED AND IT IS SAFE TO DO SO</p>
<p>EVACUATE BUILDING / AREA</p>	<p>Quickly and calmly using safest nearest exit.</p> <p>Do not use lifts</p> <p>Go to designated assembly point.</p>

7. PROCEDURE ON HEARING THE FIRE ALARM.

a. MAIN BUILDING:

1. Continuous (evacuate) alarm.

- a. Close all doors & windows if safe to do so.
- b. Evacuate area at once and report to the assembly point shown on the fire action notice.
- c. Staff should assist any patients or members of the public who are in the area to evacuate.
- d. Do not stop to collect personal belongings.
- e. Do not re-enter the area until told to do so by the Fire Officer.

2. Intermittent (alert) alarm.

- a. Close all windows and doors.
- b. Prepare patients for evacuation but await instructions from senior person in charge or Fire Service Officer.
- c. Be prepared to receive patients from adjacent areas.

b. PERIPHERAL BUILDINGS:

1. Continuous (evacuate) alarm.

- a. Close all windows and doors if safe to do so.
- b. Evacuate area at once and report to the assembly point shown on the fire action notice.
- c. Staff should assist any patients or members of the public who are in the area to evacuate.
- d. Do not stop to collect personal belongings.
- e. Do not re-enter the area until told to do so by the Fire Officer.

There are no intermittent sounding alarm signals in peripheral buildings

8. RESPONSE TO A FIRE EMERGENCY

In co-ordinating a fire emergency various tasks need to be carried out to minimise the risks and disruption, and to respond effectively to a fire. Some aspects of the response can be arranged in advance others can only be dealt with at the time and will depend on the prevailing circumstances. There is a need to plan for two stages in a fire emergency:

Stage I - To deal with a fire contained within a single compartment,

Stage II – When fire spreads beyond a single compartment will demand greater resources to deal with the situation.

9. FIRE RESPONSE TEAM

If the alert is to a minor incident or a false alarm the Security Officers will assist the fire service to deal with the situation otherwise Stage I or Stage II (Major Fire Emergency) of this Procedure is to be initiated.

In the absence of the duty electrician, if it is a confirmed false alarm the Duty Reception Porter / Security Officers have on the instructions of the Senior Fire Officer in charge, South Wales Fire & Rescue Service (SWFRS) present to silence the fire alarm provided they have been trained to do so.

However, the system must only be reset by the duty electrician on the instructions of South Wales Fire Service or Fire Safety Advisor

10. FIRE CO-ORDINATING TEAM.

In a Stage 1 or Stage II emergency greater resources are required to deal with the situation. A Fire Co-ordinating Team has been established to direct and control activities in a Stage 1 and Stage 2 fire emergency. The composition of the team will be:

Security Officer
Deputy Fire Safety Manager
Maintenance Manager/Estate Officer
Senior Fire Safety Adviser
Public Relations Officer (if a major fire)

11. ACTION BY UHW SWITCHBOARD OPERATOR.

Notification of a fire alarm at CRI will come by way the Monitoring Station or the internal emergency telephone 3333 system, the UHW switchboard operator will:

If notification is by member of staff using the emergency number 3333:

- a. Check with caller if fire alarm has been activated, IF NOT
 - b. Inform caller: fire alarm must be activated
- Telephone the Fire Service via 999 system giving them the information as passed on by 3333 callers i.e.
 - Location of fire,
 - Block Number,
 - floor level
 - room number.
 - Inform CRI Security / Porter by either dedicated fire line and / or pager
 - Inform the onsite or on call electrician.
 - Inform Fire Safety Adviser of all confirmed fires (even if extinguished).

12. ACTION BY CRI SECURITY / PORTER.

Notification of fire alarm by Fire alarm panel:

- a. Check the fire alarm panel to determine location of incident if not already known.
- b. Telephone the Fire Service via 999 system giving them the information as displayed on the fire alarm panel i.e.
 - Block Number,
 - floor level
 - room number
- c. Meet the fire service at the appropriate entrance and lead them to the location
- d. Carryout actions as detailed below c - h

Notification of fire alarm by UHW Switchboard

The CRI Security / Porter will be on site equipped with a pager and will be informed of the alarm by the UHW switchboard operator. On receipt

of the fire signal the Porter will check the nearest fire alarm control panel to verify the location of the incident. Their duties will include:

- a. To receive a pager call from UHW switchboard informing them of Incident
- b. Check the fire alarm panel to determine location of incident if not already known.
- c. Meet the fire service at the appropriate entrance and lead them to the location
- d. If Stage 1 or Stage 2 is initiated contact UHW switchboard and ask them to inform members of the Fire Co-ordinating Team
- e. Keep the Fire Co-ordinating Team aware of any new information
- f. If it is a confirmed false alarm they have on the authority of the Senior Fire Officer South Wales Fire Service present to silence the fire alarm in the absence of the duty or onsite electrician provided they have been trained to do so.

However, the system must only be reset on the instructions of the South Wales Fire Service and only by the duty electrician

- g. Keep UHW switchboard operator updated with any new information via the emergency number 3333
- h. If available, any additional Security / Porters should proceed to the incident and assist where necessary prior to the arrival of the Fire Service or Fire Safety Adviser, co-ordinate the activities at the incident. In particular assess the situation, determining:
 1. Location and spread of fire
 2. Severity of conditions
 3. Whether assistance is required
 4. Ensure all people are out of the affected area in line with the evacuation policy.
 5. Liaise with the Fire Service on arrival and brief them of the situation.

6. Secure the area and prevent personnel returning until advised it is safe to do so
7. Pass information on the incident to the switchboard operator

It must be stressed that if the incident is in an unoccupied area of the main building or an unoccupied peripheral building this action should not be taken by a security officer / Porter acting alone. Any OOH activations, Security to accompany a Fire Officer from SWFRS to investigate.

13. ACTION BY DUTY ELECTRICIAN

The on-call electrician will be informed of the incident via an emergency bleep from the UHW switchboard operator. The electrician will report to the site and:

- a. Attend the scene of fire
- b. Give all assistance necessary, particularly advising on danger associated with electrical installations, medical and industrial gases and engineering services
- c. Consider the need to turn off power supplies, medical and other gas sources after consultation with the Estates Officer, Deputy Fire Safety manager, or with the Officer in charge of the Fire Service
- d. Co-ordinate contact / communications
- e. If it is a confirmed false alarm the duty electrician has on the authority of the Senior Fire Officer South Wales Fire Service present to silence & reset the fire alarm system

The fire alarm panel must only be reset on the instructions of a South Wales Fire Service Officer

14. ACTION BY ALL STAFF

- a. All staff must read and understand the fire action notices. As the telephone operator will be busy with fire communications, personnel are not to ring the switchboard for information.
- b. If evacuation is necessary the guidelines detailed in section 19 of these procedures are to be followed. Following evacuation all personnel are to assemble at the designated evacuation / assembly points and report to the Fire Warden who will take a roll call, if practicable, to ensure that all persons

are accounted for. No one is to leave the evacuation area until authorised to do so by the Fire Service Officer, Deputy Fire Safety Manager

c. The precise circumstances of a fire incident may cause slight deviations from the above procedure. Should this be the case, the Deputy Fire Safety Manager / Site Manager must convey clear and precise instructions to the staff involved.

15. ACTION BY NURSING STAFF IN CLINICAL AREAS

- a. On discovering a fire, sound the fire alarm and inform the switchboard of the location by dialling 3333. If assistance is required make the request immediately, clearly and concisely,
- b. It must be remembered that fire resisting doors, when kept closed, provide protection to allow patients to be moved to a place of safety and contain the fire in the place of origin. Therefore, all fire doors must be kept closed, including those on magnetic stops, which are activated by the operation of the fire alarm system in the effected or adjacent clinic.
- c. If the fire is too big to be effectively fought with available resources - having removed, where possible, persons in danger - close the door. If, however, it is considered safe to do so, and you have been trained tackle the fire using the appropriate fire fighting equipment provided.
- d. When evacuation is necessary the guidelines detailed in section 19 of these procedures are to be followed. If the fire is not in your area stand by to evacuate or receive patients from other areas. Do not leave your patients unless instructed to do so by those in charge of the incident.

16. ACTION BY FIRE WARDENS

- a. Fire Wardens and deputies will be appointed in all departments. The wardens and deputies will be named individuals who will be appointed by, and be responsible to the Head of Department.
- b. Fire Wardens will be made aware of the precise area that they will be expected to cover and of the extent of their responsibilities within their area.
- c. Deputy Fire Wardens will also be appointed to undertake these responsibilities in the absence of the Fire Warden.

The responsibilities of the fire wardens in relation to the maintenance of fire precautions will be: -

a. General duties:

1. To liaise with the Fire Safety Adviser regarding fire hazards or apparent deficiencies in the fire fighting equipment;
2. To act as a point of contact in the ward/department on matters relating to fire precautions and to report apparent problems to the Fire Safety Adviser and Head of Department;
3. To check that all corridors, exits and escape routes are kept available and free from rubbish and obstructions;
4. To check fire notices, fire alarms, and fire fighting equipment are unobstructed;
5. To ensure that all users are aware of the need for all non-essential power supplies to be unplugged when vacating a room, and that doors and windows are shut and locked where appropriate.
6. When the fire alarm is activated to ensure that all fire doors are closed and/or automatic doors are free to close.

b. In the event of fire:

1. To wear Fire Warden identification;
2. To ensure that any necessary evacuation is carried out in accordance with the planned procedure e.g. arrange to inform switch board on 3333;
3. Ensure as far as is reasonably possible that the department is clear of patients, staff, and visitors and all persons are accounted for;
4. If appropriate ensure that a roll call of patients, staff, and visitors is taken at the assembly point as accurately as possible;

Report to the Fire Service Officer and, if persons are thought to be missing or trapped, give last known location and any other helpful information

17. STAGE 1 and STAGE 2 FIRE EMERGENCY – MAIN BUILDING

A Stage 1 fire emergency is a fire, which is contained within a single compartment such as Block 10B GF, Block 10 GF, Block 08 etc.

A Stage II fire emergency is a major fire, which spreads beyond the one compartment. Both will require greater resources to deal with the situation, i.e. the attendance of the Fire Co-ordinating team.

The life risk within the main building has greatly reduced with the removal of inpatient care. With the daytime occupancy evacuation of patients and staff should be relatively straightforward. If there are no complications with the evacuation then the involvement of the Fire Co-ordinating Team in the fire situation should be one of providing advice and assistance to the fire service in building layout, structural and engineering issues.

Members of the Fire Co-ordinating team will, if available, report to the site and assist the fire service and, if necessary:

- a. Co-ordinate activities at the area where the evacuees have assembled:
- b. Give information as appropriate to the Chief Executive;
- c. Inform appropriate persons and organisations when the emergency is over

18. CONTROL OF INCIDENT

The Senior Officer of the Fire Service in attendance will assume and retain responsibility for the overall control of the incident but will be advised by the Deputy Fire Safety Manager and Medical Representative for action that will need to be taken.

19. EVACUATION

- a. **PERIPHERAL BUILDINGS.** The evacuation strategy for the peripheral buildings is immediate evacuation of the whole building on alarm activation. This should be achieved by leaving the building by the nearest safe exit route and proceeding to the assembly point where a roll call or accountability appraisal will be taken by the Fire Warden(s).
- b. **MAIN HOSPITAL BUILDING.** In the main hospital building, which has a two-stage fire alarm system, evacuation will be governed by type of alarm.
 1. A continuous alarm indicates the incident is in that area and patients, visitors and staff should evacuate the area. Evacuation of patients and visitors should be under staff control. Where patients cannot be moved for extreme clinical

reasons they may stay in situ under staff supervision provided they are not in danger and the Fire Service is informed.

2. An intermittent alarm indicates the incident is in an adjacent area. There is no immediate need to evacuate unless instructed to do so by the fire service or senior person present. However, patients, visitors & staff should be prepared for evacuation.

WHEN A STAGE 1 OR 2 FIRE IS CONFIRMED ANYWHERE WITHIN A SPECIFIED BLOCK TOTAL EVACUATION OF THAT BLOCK SHOULD BE CARRIED OUT AS PHASED EVACUATION, AND AWAIT FURTHER INSTRUCTIONS FROM SWFRS SENIOR OFFICER IN CHARGE.

20. ENQUIRIES FROM OUTSIDE AGENCIES

a. RELATIVES

Incoming calls to the switchboard from anxious relatives should be directed to the Public Relations Officer.

b. MEDIA

Communications with the media (press/TV/radio) will be dealt with by the Public Relations Officer. The Public Relations Officer will arrange Press Conferences and contacts between Trust personnel, patients and journalists. UHB personnel will, therefore, not disclose any information direct to the media.

21. SECURITY

All matters relating to security will be dealt with by the Deputy Fire Safety Manager who will liaise with the Police as appropriate and if necessary cordon off key areas.

22. STAND DOWN

Whether in a real alert situation or an exercise there will always be an official "Stand Down" which will be declared by the Deputy Fire Safety Manager

23. REINSTATEMENT

The Operational Services Managers is to be contacted with regard to cleaning an area following a fire; other matters will be dealt with by the relevant department, e.g. Estates, Portering etc.

24. DEBRIEFING

Whether after an exercise or actual major fire incident, or when necessary, a debriefing session will be organised by the Deputy Fire Safety Manager to allow personnel to comment on the event. The debriefing comments will be used to review and if appropriate revise the Fire Safety Procedure.

25. REVIEW OF PROCEDURES

One method of reviewing the Fire Safety Procedure has been outlined in the above section. The CRI User Group will also routinely review the procedure at yearly intervals in conjunction with the Fire Safety Advisor. The responsibilities of the group will also include ensuring that the procedure is revised, reprinted and circulated throughout the site as often as is felt necessary.

26. COUNSELLING

It is understandable that, after any major incident, personnel will feel the effects of stress. The quickest way to reduce the effects of stress is to talk about their experiences amongst friends and colleagues. Arrangements will be made for a team of clinical Psychologists to be available to meet with and facilitate discussions with those seeking help and advice.

APPENDIX 'A'

CARDIFF ROYAL INFIRMARY

FIRE ASSEMBLY POINTS

MAIN BUILDING.

BLOCK 01	FRONT CAR PARK
BLOCK 02 GF	FRONT CAR PARK
BLOCK 02 1F	FRONT CAR PARK
BLOCK 03	SIDE CAR PARK
BLOCK 04	SIDE CAR PARK
BLOCK 05	SIDE CAR PARK
BLOCK 06	SIDE CAR PARK
BLOCK 6a	SIDE CAR PARK
BLOCK 07	REAR CAR PARK
BLOCK 08	REAR CAR PARK
BLOCK 09	REAR CAR PARK
BLOCK 10	REAR CAR PARK
BLOCK 10a	REAR CAR PARK
BLOCK 10b	REAR CAR PARK
BLOCK 11	REAR CAR PARK
BLOCK 12	REAR CAR PARK
BLOCK 13	REAR CAR PARK
BLOCK 14	REAR CAR PARK

PERIPHERAL BUILDINGS

HOUSE 54 / 56	REAR CAR PARK
Block 17 - Dispensing and Treatment Team (DATT)	REAR CAR PARK

APPENDIX 'B'

