

<b>Reference Number:</b> UHB 569 <b>Version Number:</b> 1	<b>Date of Next Review:</b> 01.06.2025 <b>Previous Trust/LHB Reference Number:</b>
<b>IMS-06-02-BCH: Fire Safety Procedure – Barry Hospital</b>	
<p><b>Introduction</b> This procedure outlines the formal arrangements for fire safety at Barry Community Hospital</p> <p><b>Aim</b></p> <ul style="list-style-type: none"> <li>• Protect life and ensure safety of patients, staff, visitors, and contractors during any fire-related emergency.</li> <li>• Minimize risk and harm by providing clear, actionable procedures for fire detection, response, and evacuation.</li> <li>• Ensure legal and regulatory compliance with fire safety legislation and healthcare standards.</li> <li>• Promote preparedness and coordination among hospital teams and emergency responders.</li> <li>• Safeguard hospital infrastructure and continuity of care by limiting fire damage and disruption.</li> </ul> <p>This document supports IMS-06-01-CAV: Fire Safety Policy IMS-06-01-CAV: Fire Safety Management Arrangements</p>	
<p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>• Protect life and ensure safety during fire emergencies.</li> <li>• Define clear roles and actions for all staff groups.</li> <li>• Outline procedures for fire detection, response, and evacuation.</li> <li>• Ensure effective communication and coordination across teams.</li> <li>• Support compliance with fire safety regulations and standards.</li> <li>• Promote preparedness</li> </ul>	
<p><b>Scope</b></p> <p>This procedure applies to all staff contractors and visitors within the premises.</p>	
<b>Equality and Health Impact Assessment</b>	An Equality and Health Impact Assessment (EHIA) has been completed for the Fire Safety Policy and confirmed there is no adverse impact.
<b>Documents to read alongside this Procedure</b>	<i>IMS-06-01-CAV: Fire Safety Policy</i> <i>IMS-06-02-CAV: Fire Safety Management Arrangements</i>
<b>Approved by</b>	Fire Safety Group
<b>Accountable Executive or Clinical Board Director</b>	<i>Executive Director - People and Culture</i>

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	2 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
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**If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).**

<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date of Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	June 2025	28.11.2025	Replace Previous Procedure

**FIRE SAFETY PROCEDURE – BARRY HOSPITAL**

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	3 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

## CONTENTS

SECTION	SUBJECT	PAGE
1.	INTRODUCTION	5
2.	FIRE ALARM SYSTEM	5
3.	FIRE ACTION NOTICES	6
4.	PROCEDURE ON DISCOVERING A FIRE	7
5.	PROCEDURE ON HEARING THE FIRE ALARM	8
6.	RESPONSE TO A FIRE EMERGENCY	10
7.	FIRE RESPONSE TEAM	10
8.	FIRE CO-ORDINATING TEAM	11
9.	ACTION BY SWITCHBOARD AT UHW	12
10.	ACTION BY FIRE SAFETY ADVISOR/SITE MANAGER	12
11.	ACTION BY ELECTRICIAN/MAINTENANCE ASSISTANT	13
12.	ACTION BY SECURITY OFFICER	13
13.	ACTION BY PORTERING STAFF	13
14.	ACTION BY ALL STAFF	14
15.	ACTION BY NURSING STAFF IN CLINICAL AREAS	14
16.	ACTIONS BY FIRE WARDENS	15
17.	STAGE I FIRE EMERGENCY	16
18.	STAGE II FIRE EMERGENCY	19
19.	EVACUATION	21
20.	PHASES OF EVACUATION	22
21.	HELPERS IN A FIRE EMERGENCY EVACUATION	23

## APPENDICES

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	4 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

<b>A</b>	<b>ASSEMBLY POINTS</b>	<b>24</b>
<b>B</b>	<b>Fire Alarm Zones</b>	<b>25</b>
<b>C</b>	<b>Process for Investigating</b>	<b>28</b>

## BARRY HOSPITAL FIRE SAFETY PROCEDURES

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	5 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

These procedures consider the requirements of HTM/WHTM 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, the Health and Safety at Work Act 1974, and Firecode places a responsibility not only on management, but on 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 Barry Community Hospital 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. FIRE ALARM SYSTEM.

The fire alarm system consists of sirens in all areas.

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

- a. Manual - by operation of a break glass call point
- b. Automatic - by activation of
  1. A smoke detector
  2. A heat detector

The system gives **continuous** (evacuation) and **intermittent** (alert) alarms.

A continuous sounding of the alarm indicates the incident is in your area and you are required to take action. An intermittent sounding of the alarm indicates the incident is in an adjacent area to the side, above or below - take no action except to close all doors and windows and await instructions. In areas where visual notification is provided the flashing **red light** indicates a **continuous alarm**.

Fire alarm indicating panels are strategically located throughout the hospital. These panels provide information on the affected area such as location, room number, specific hazard, and type of device activated and are, therefore, very useful for determining the location of the incident.

The fire alarm system will be tested weekly on every Friday between 1000 and 1030.

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	6 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

During periods when the fire alarm system is out of commission through mechanical 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.

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

The Estates Department will inform the switchboard if it is known in advance when a fire zone is to be isolated. The Switchboard will inform the management of the section of hospital affected.

### **3. FIRE ACTION NOTICES**

Fire Action Notices detailing the action to be taken on discovering a fire and on hearing the fire alarm are 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 in the Fire Notices in their particular area.

### **4. PROCEDURE ON DISCOVERING A FIRE.**

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	7 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

The presence of fire may be indicated by smells of burning, crackling and related fire noises, and smoke spread 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:

RAISE THE ALARM	By breaking glass on nearest fire alarm call point.
GIVE WARNINGS	To as many persons as possible in the immediate area.
INFORM SWITCH ROOM DIAL <b>3333</b>	Give location of fire and request assistance if required.
TRY AND CONTROL FIRE	By closing doors and windows and using fire extinguishers, <b>BUT ONLY IF SAFE TO DO SO.</b>
EVACUATE	Quickly and calmly using

**Follow the procedures that are indicated on the fire action notices in your area.**

## **5. PROCEDURE ON HEARING THE FIRE ALARM.**

### **a. GENERAL AREAS (OFFICES, KITCHENS, etc):**

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	8 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

## 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 notice.
- c. Staff should assist any patients or members of the public who are in the area to evacuate the area.
- 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 and await instructions.

### b. IN-PATIENT AREAS (WARDS, etc.):

#### 1. Continuous (evacuate) alarm.

- a. Check fire alarm panel to locate area of fire.
- b. Close all windows and doors (if they have not been closed automatically) if safe to do so.
- c. Prepare patients for evacuation but await instructions of senior person in charge of Ward at that time, or Fire Service Officer.
- d. If evacuation of a patient area is necessary, follow the procedures in sections 19/20 of this document.

#### 2. Intermittent (alert) alarm.

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

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	9 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

## c. OUTPATIENT AREAS – DAY HOSPITAL, ETC.

### 1. Continuous (evacuate) alarm.

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

**NOTE: Patients undergoing invasive treatment, or who are sedated, may remain in the area provided there is no danger from fire or smoke. A member of staff should remain with the patient and the fire service/fire response team should be informed by the department fire warden/Senior Manager.**

### 2. Intermittent (alert) alarm.

- a. Check fire alarm panel to locate area of fire.
- b. Close all windows and doors.
- c. Prepare patients for evacuation but await instructions from senior person in charge for the area at that time, or Fire Service Officer.
- d. Be prepared to receive patients from adjacent areas.

## 6. 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:

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	10 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

Stage 1 - to deal with a fire contained within a single compartment.

Stage 2 - when the fire spreads beyond the one compartment hence demanding greater resources to deal with the situation.

## 7. FIRE RESPONSE TEAM

A Fire Response Team has been established to investigate the initial fire alert. Team members are:

### During Office Hours:

Maintenance Assistant

Porter

Clinical Bleep Holder

### Outside Office Hours:

Electrician on call

Porter on-duty

Clinical Bleep Holder

If the alert is to a minor incident or a false alarm the Fire Response Team will deal with the situation otherwise the Switchboard at UHW is to be advised to initiate Stage I or Stage II (Fire Emergency) of this Procedure and inform the Fire Coordinating Team. If it is an obvious false alarm the Maintenance Assistant/Electrician/Porter has the authority to silence the alarms, however, the alarms must only be reset on the authority of the Fire Service once the device that activated has been identified.

## 8. FIRE CO-ORDINATING TEAM.

A Fire Co-ordinating Team should be established to direct and control activities in a Stage 1 and Stage 2 fire emergency. The composition of the team during office hours will be:-

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	11 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

Site Manager

Maintenance Manager

Estates Officer

Fire Response Team

Fire Safety Adviser

Outside office hours the incident will be handled by the Fire Response Team initially until the Switchboard at UHW contact the following key staff who will respond if available and report to the Control Centre:

Fire Safety Manager

Assistant Head of Fire Safety

Maintenance Manager

Estates Officer on-call

SMOC/OPAT

## 9. ACTION BY SWITCHBOARD AT UHW

Notification of a fire emergency will come either by way of the automatic fire alarm system, the internal telephone system or by report from Barry Hospital Reception Desk, or Automatic Monitoring. Upon receipt of notification:

1. Telephone the Fire Service via 999 giving them the exact known location of the incident as indicated by the fire alarm panel or person making the alarm.

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	12 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

2. Inform the members of the Fire Response Team.
3. If Stage I or Stage II is initiated, inform members of the Fire Co-ordination Team.
4. Arrange for handheld radios and paging units to be collected by Security for use by the Clinical Site Manager/Estates Officer and Fire Safety Adviser as appropriate.
5. Keep the Fire Co-ordinating Team aware of any new information.
6. Inform senior management and Trust Board members in the event of a serious fire involving property or life.
7. If a fire evacuation is necessary in a ward, phone other wards at Barry to arrange nursing staff to assist with the evacuation of patients. Contact all available porters to assist with the fire evacuation.

## **10. ACTION BY FIRE SAFETY ADVISER/SITE MANAGER**

If available, the Fire Safety Adviser will proceed to the site of the incident and take control of the incident until the arrival of the fire service. If the Fire Safety Adviser is not available, the Site Manager/Deputy will assume this responsibility.

1. If the incident is minor in nature or a false alarm, he will deal with the situation helped by other members of the Fire Response Team. If there is a fire, he will initiate Stage I or II as necessary.
2. The Fire Response Team members have the authority to silence the alarm if it is confirmed to be a false alarm, but the system must only be reset on the authority of the fire service.
3. The Fire Safety Adviser/Site Manager will keep the Switchboard at UHW informed of the situation.

## **11. ACTION BY ELECTRICIAN/MAINTENANCE ASSISTANT**

1. Duty Electrician/ Maintenance Assistant will attend scene of fire.
2. Give all assistance necessary, particularly advising on dangers associated with electrical installations, medical and industrial gases and engineering services.

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	13 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

3. Consider the need to turn off power supplies, medical and other gas sources after consultation with the Maintenance Manager or Deputy Nominated Officer (Fire) and Senior clinician present, at the Control Centre (via telephone or radio), or with the Officer in Charge of the Fire Service.
  
4. The electrician/Maintenance Assistant /porter has the authority to silence the fire if it is confirmed to be a false alarm, but the system must only be reset on the authority of the fire service once the device that activated has been identified.

## 12. ACTION BY SECURITY OFFICER

1. A Security Officer from will proceed to site of the fire and attend immediately with sufficient hand radios, appropriate keys and assist at the site of the fire. Issue the radio handsets to the Fire Co-ordinating Team.
  
2. At the scene, the Security Officer(s) will control access to the area until informed by the fire service/Fire Safety Adviser that it is safe to allow personnel to re-enter the area.

## 13. ACTION BY PORTERING STAFF

1. The porter carrying the bleep will proceed to meet the fire service.
  
2. If it is necessary to evacuate patients all available porters will be instructed to report to the scene to assist.
  
3. Ensure that staff / visitors are not trapped in lifts.
  
4. If the incident is in the peripheral building, a Porter will meet the fire service at the access point to the building to allow the fire service to gain access to the building.
  
5. Out of Office hours the Porter has authority to silence the alarm but not to reset the alarm system.

## 14. ACTION BY ALL STAFF

- a. All staff must read and understand the fire action notices.
  
- b. As the Switchboard at UHW will be busy with fire communications personnel are not to ring the Switchboard for information.

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	14 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

- c. If evacuation is necessary, the guidelines detailed in sections 19/20 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.
- d. 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/Senior 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 at UHW of the location by dialling 3333.
- b. If assistance is required make the request immediately, clearly and concisely.
- c. It must be remembered that the 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 that are activated by the operation of the fire alarm system in the effected or adjacent ward.
- d. If the fire is too big to be effectively fought with available resources - having removed, where possible, persons in danger - close the door and let those equipped and trained, tackle the fire. If, however, it is considered safe to do so, tackle the fire using the appropriate firefighting equipment in accordance with training previously given.
- e. 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. ACTIONS BY FIRE WARDENS

- a. Fire Wardens will be appointed, by agreement, in all Wards and Departments.
- b. In ward areas a named Ward Fire Warden should be appointed to carry out the general duties. In the event of fire, the senior nurse on duty will assume fire warden status in order to co-ordinate actions.

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	15 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

- c. In non-ward areas the Fire Wardens will be named individuals who will be appointed by, and be responsible to, the Head of the Department.
- d. 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.
- e. Deputy Fire Wardens will also be appointed to undertake these responsibilities in the absence of the Fire Warden.

### 1. General duties:

The role of the Fire Warden in relation to the maintenance of fire precautions will be:

- a. to liaise with the Fire Safety Adviser regarding fire hazards or apparent deficiencies in the firefighting equipment;
- b. 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;
- c. to check that all corridors, exits and escape routes are kept available and free from rubbish and obstructions;
- d. to check fire notices, fire alarms, and firefighting equipment are unobstructed;
- e. 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.
- f. when the fire alarm is activated to ensure that all fire doors are closed and/or automatic doors are free to close.

### 2. In the event of fire:

- a. to wear the Fire Warden arm band:
- b. to ensure that any necessary evacuation is carried out in accordance with the planned procedure e.g. arrange to inform switch room on 3333:

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	16 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

- c. ensure as far as is reasonably possible that the ward/department is clear of patients, staff, and visitors and all persons are accounted for:
- d. if appropriate ensure that roll call of patients, staff, and visitors is taken at the assembly point as accurately as possible:
- e. report to the Fire Co-ordinating Team or Fire Service Officer, and if persons are thought to be missing or trapped, give last known location and any other helpful information

## 17. STAGE I FIRE EMERGENCY

### ACTIONS DURING OFFICE HOURS.

During office hours the Fire Co-ordinating Team will direct and co-ordinate activities in three areas: -

- (i) At the site of the fire;
- (ii) At the area where the evacuees have assembled;
- (iii) At the control centre.

#### (i) Site of Fire

The Fire Response Team will remain at the site of the fire under the direction of the Fire Safety Adviser/Estates Officer who will act as coordinator responsible for the following functions: -

- a. make an assessment of the situation and give the following information to the control centre:

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	17 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

- (i) location and spread of fire
  - (ii) severity of conditions
  - (iii) which escape routes are in use
  - (iv) whether assistance is required
- b. maintain close liaison with the Ward/Dept manager responsible and Estates staff
  - c. maintain communication with control centre and relay information;
  - d. liaise with Fire Service on arrival and brief them of the situation;
  - e. ensure that all people are out of the affected area in line with the evacuation policy; and
  - f. secure the area and prevent personnel returning.

(ii) **Area where evacuees have assembled.**

The Clinical Site Manager will attend the area where the evacuees from the site of the fire have assembled. At the assembly point he/she will be responsible for the following functions: -

- a. take control of the evacuees;
- b. inform the control centre of the evacuation point giving the telephone number;
- c. decide whether further evacuation is necessary and inform the control centre of your decision;
- d. request assistance from the control centre if necessary;
- e. organise relocation of patients, ensuring that essential details concerning the patient accompany them;
- f. request control centre for assistance with relocation if necessary;
- g. account for all people involved; and
- h. inform control centre of equipment, drugs or medical assistance required.

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	18 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

### (iii) Control Centre

The Site Manager, Maintenance Manager and Operational Services Manager will report to the Control Centre which is managed with the standard UHB C3 structure: -

- a. liaise with the Fire Safety Adviser/Estates Officer at the site and request the following information: -
  - (i) location and spread of fire
  - (ii) severity of conditions
  - (iii) which escape routes are in use
  - (iv) whether assistance is required
- b. consider the need to turn off power supplies, medical and other gas sources. Medical gas only to be turned off on the authority of the Senior Clinician present
- c. consider turning on emergency power supplies;
- d. decide on assistance required according to information received from the site of the fire
- e. communicate with sources of help and direct as required;
- f. send medical help to where evacuees have assembled
- g. restrict access to visitors to the hospital;
- h. decide on relocation of patients in conjunction with a senior clinical person present and arrange transport if necessary;
- i. organise staff who will clean up and following consultation with the Fire Service and Police, direct them to carry out their task;
- j. give information as appropriate to the Chief Executive, Press etc.; and
- k. inform appropriate persons and organisations when the emergency is over.

#### **ACTIONS OUTSIDE OFFICE HOURS.**

It is not envisaged that the "out of hours" team will carry out all the duties of the full Fire Co-ordinating Team. The Switchboard at UHW will contact key staff as previously mentioned.

Whilst awaiting the arrival on site of key personnel the person in charge of the Ward/Dept, and the Porter will go to the scene of the fire to assist with firefighting

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	19 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

operations or evacuation as necessary. The Fire Service will be met by a Porter and directed to the incident where they will take charge.

The Security Officer will take a radio handset for issuing to the Fire Co-ordinating Team. The Security Officer will then proceed to the scene of the fire and relay the following information to the Switchboard at UHW.

- (a) description of conditions, location and spread of fire/smoke.
- (b) the situation regarding evacuation of patients or personnel.

As on call staff report to the Control Centre a full Fire Co-ordinating Team will be set up to assist with the activities as detailed for fires during normal office hours.

## **18. STAGE II - MAJOR FIRE EMERGENCY PROCEDURE**

The Major Fire Emergency Procedure will be activated when a fire is not contained within one fire compartment or ward or on the decision of the SMOC/Site Manager or Officer-in-Charge of the Fire Service. The Control Centre and Switchboard at UHW are to be advised of the decision immediately with the words "Activate the Major Fire Emergency Procedure". It will be the responsibility of the Switchboard at UHW to contact key personnel and alert them by using the phrase "Major Fire Emergency declared - Activate Procedure". Whenever possible provide information about the incident. Having been alerted key personnel will be asked to repeat the message.

### **a. FIRE CO-ORDINATING TEAM**

If the full Fire Co-ordinating Team detailed in Stage I are not in attendance the absentees or deputies are to be informed of the development.

The team is to be enhanced by the following personnel: -

Medical Co-ordinator - on-call General Physician

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	20 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

Medical Co-ordinator – on-call Medical Director or Associate Medical Director

Security Manager

Communications Manager

Public Relations Officer

Senior Fire Safety Advisor/Fire Safety Advisor

## **b. MAJOR FIRE INCIDENT CONTROL CENTRE**

The Fire Co-ordinating Team will establish the Major Fire Incident Control Centre, which will also be the main communication link for all participating services. The Centre will be based at UHL, personnel staffing the Centre will be: -

Site Manager

Fire Safety Manager

Assistant Head of Fire Safety

Medical Co-ordinator – Medical Director or Associate Medical Director

Operational Services Manager

Maintenance Manager

Public Relations Officer

Representatives from the Fire Service, Ambulance Service and Police

## **c. FORWARD CONTROL POINT**

A Forward Control Point will be established in a safe and convenient area close to the location of the fire and will be manned by the following personnel: -

Medical Co-ordinator - General Physician

Senior Fire Safety Advisor/Fire Safety Advisor

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	21 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

Security Officer

Electrician

Members of this control will keep in constant communication with the "Major Fire Emergency Centre" by telephone or radio providing regular situation reports and channelling requests for assistance or equipment through to the Centre. They will also give advice and assistance to the firefighting team and personnel involved in evacuation as necessary.

#### d. 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 Senior Manager and Medical Co-ordinator for action that will need to be taken.

## 19. EVACUATION

The following factors need to be considered before commencing evacuation. The degree of evacuation would be determined by assessing either individual, or a combination of these factors. In non-patient areas evacuation is immediate irrespective of the situation. In patient areas i.e. wards, theatres, etc., evacuation is **not** required unless there is a confirmed fire that will directly or indirectly effect that area.

Factors governing evacuation: -

- a. **Severity of the fire:** can it be extinguished immediately and safely without further assistance and using the equipment provided?
- b. **Smoke travel within the building:** the department may be affected by smoke from an incident in another area.
- c. **Construction of the building:** on this site this mainly applies to fire protective measures, i.e. doors and exit routes, being correctly maintained.
- d. **Distance to be travelled:** this is divided into two distinctive sectors:
  - a. Initial distance - to an adjoining separate compartment protected by fire doors and construction.

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	22 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

- b. Ultimate distance - to a separate building or external to the building involved.
- e. **Type of patient involved:** the degree of mobility of the patients in any given area will determine the initial evacuation coupled with the necessary assistance immediately available.

## 20. PHASES OF EVACUATION

For non-patient areas there is only one phase of evacuation - TOTAL - direct to the designated assembly point. This should be achieved by leaving the zone or area involved 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).

For patient areas there are two phases of evacuation.

### (i) Phase 1.

Evacuation in Phase 1 is achieved by the principle of Progressive Horizontal Evacuation (PHE), i.e. by moving patients horizontally into separated fire compartments.

### (ii) Phase 2.

Phase 2 will be implemented when it is deemed necessary to move patients beyond Phase 1 - a decision that will normally be made by the Fire Service Officer in charge, it is at this point that the emergency **may** be classed as major. this decision can only be made by the nominated officer (fire), or the officer in charge of the emergency services in attendance. The decision is determined by the following factors: -

- a. The initial estimate of casualties or patient movement suggests that the normal resources are likely to be inadequate.
- b. The fire or the products of the fire are likely to spread beyond the original compartment.
- c. The risk to life is considered too great to rely on normal protective measures.

The Senior Fire Service Officer will decide whether it is safe to use any lifts for the evacuation of bed-bound patients, if not the staircases will have to be used, staff using one of the recognised safe methods of moving non-ambulant patients. The Switchboard will contact the on-call General Physician who will assess the medical condition and treatment of those patients who have been evacuated to the assembly point(s).

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	23 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

During this phase additional senior management would assemble at the incident centre to co-ordinate activities.

## 21. HELPERS IN A FIRE EMERGENCY EVACUATION

When the decision to evacuate a ward has been taken the Switchboard at UHW is to be informed via 3333 and, the Switchboard Operator will inform the remainder of the wards at Barry Hospital to direct all available nursing staff to the affected ward. An assessment of the priority care needs of the patients on the unaffected wards should be made before releasing nurses to help with evacuation. In any event at least one member of the nursing staff for each half ward must remain.

If more than one ward needs to be evacuated, or the person in charge of the incident so decides, the Switchboard operator at UHW is to be requested to arrange for further assistance. The wards and porters at UHL are then to be alerted and personnel responding, along with any other members of staff volunteering their help, will muster in the Llandough Reception area, where transport will be arranged by the switchboard operator calling the UHB Transport Manager. They will then proceed to Barry Hospital and liaise with a member of the Fire Co-ordinating Team at the incident

The Fire Response Team would initially attend the site of the fire, however the ward sister or person in charge of the ward would initially arrange the evacuation of the ward until the arrival of the Fire Safety Adviser/Estates Officer. The Senior Fire Service Officer would take command on his attendance.

## APPENDIX A

### FIRE ASSEMBLY POINTS WARD EVACUATION

Ward Sisters, Charge Nurses or deputies are initially responsible for the safety of their patients and must take the decision to evacuate if the fire is imminent. This procedure should be carried out with the assistance of the nominated fire wardens where available.

- a. Horizontal Evacuation within The Hospital

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	24 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

- Progressively by passing through room and corridor doors within the ward access away from the scene of the fire ensuring that the doors and windows are closed behind you.
- Progressively between adjacent and adjoining wards:

## **FIRE EVACUATION ASSEMBLY POINTS**

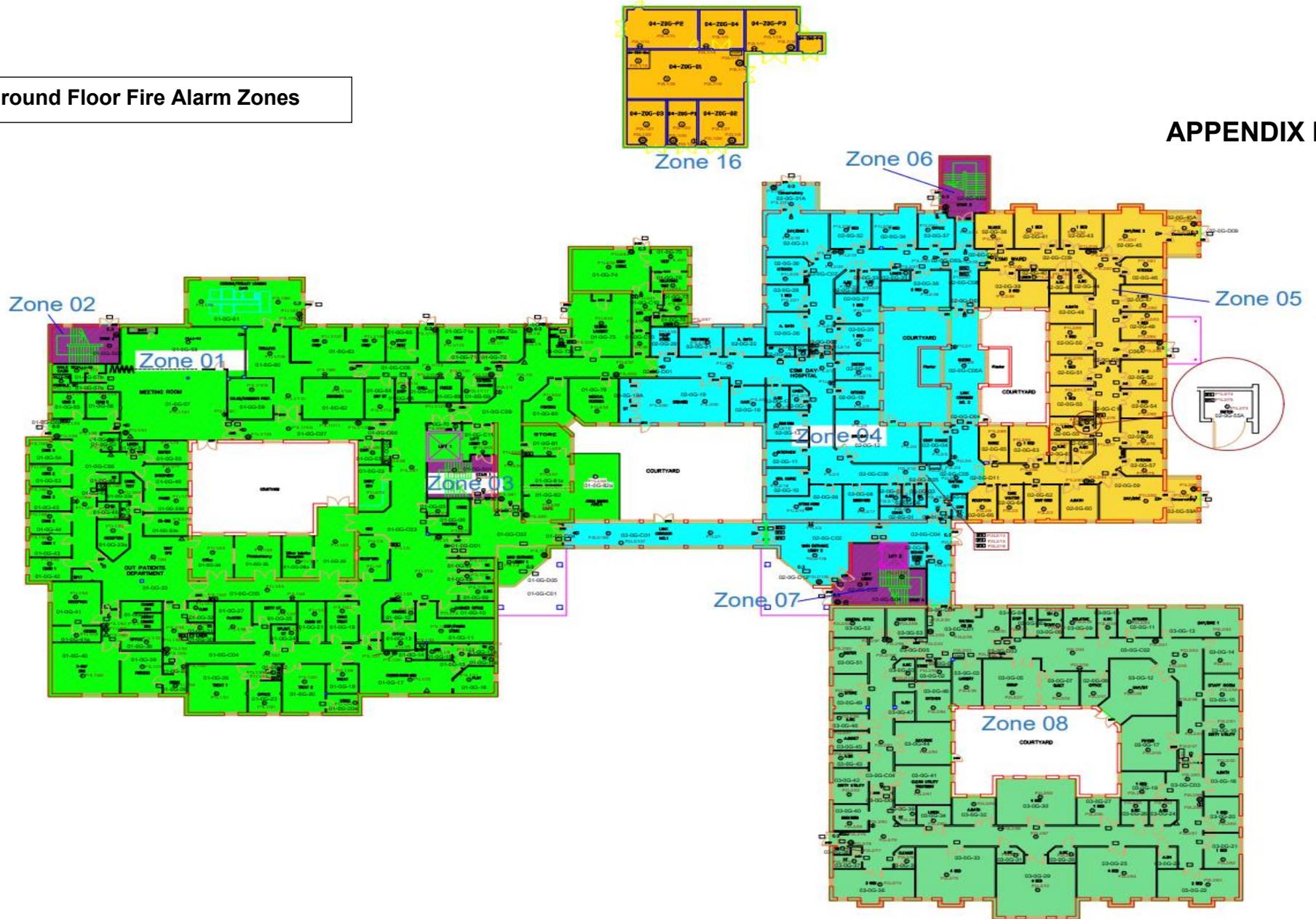
Assembly points in the event of evacuation will be indicated on the Fire Routine Notices displayed within their departments and will be by way of the appropriate means of escape route to the front or rear of the building and be off the roadway.

Minor Injuries	Fire Assembly Point 1 – Front Car Park
Radiology Department	Fire Assembly Point 1 – Front Car Park
Kitchens	Fire Assembly Point 2 – Rear Car Park
Sam Davies Ward	To Morgannwg Ward (Primary)
Morgannwg Ward	To Sam Davies Ward (Primary)
St. Barruc Ward – East	To St. Barruc West (Primary)
St. Barruc Ward– West	To St. Barruc East or Cariad Unit. Depending on location of fire.
Cariad Unit	To St. Barruc Unit.
Therapies, Dental Units	Fire Assembly Point 2 – Rear Car Park.
Vale Locality Mental Health Services Outpatients	Fire Assembly Point 1 – Front Car Park.
Mortuary, Stores, Admin	Fire Assembly Point 2 – Rear Car Park.

Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	25 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

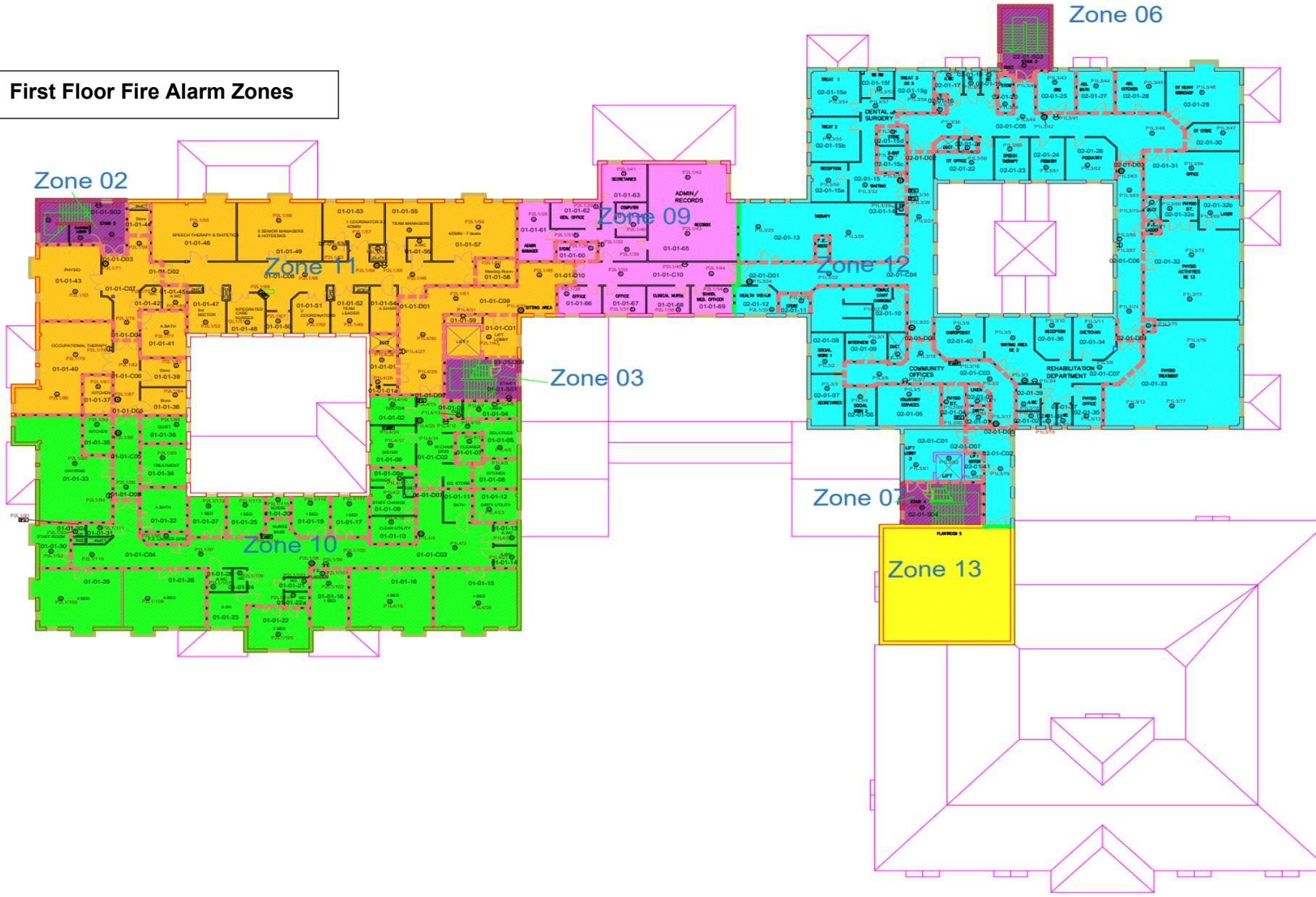
**Ground Floor Fire Alarm Zones**

**APPENDIX B**



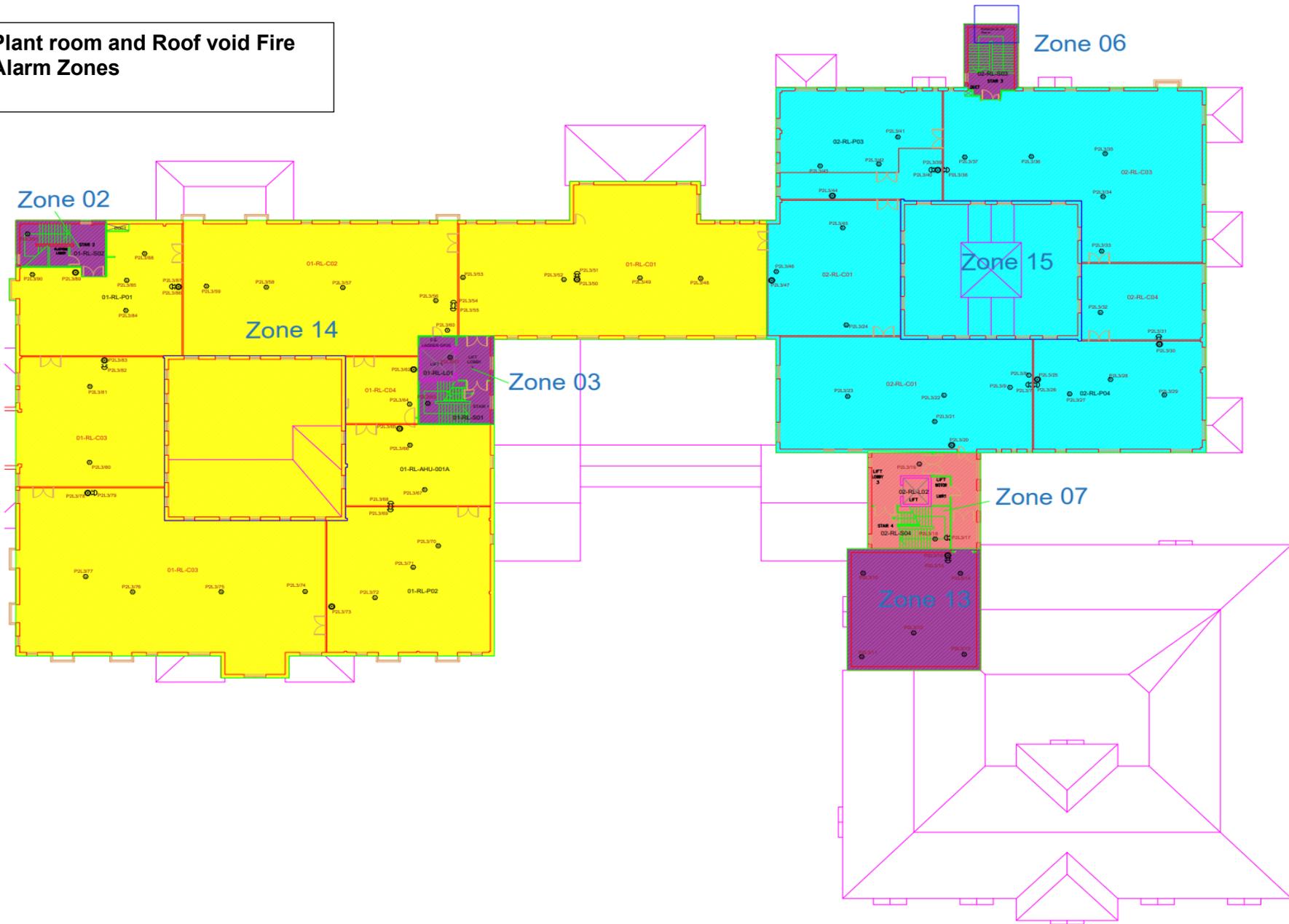
Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	26 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

**First Floor Fire Alarm Zones**



Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	27 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

**Plant room and Roof void Fire Alarm Zones**



Document Title: <i>Fire Safety Procedure – Barry Hospital</i>	28 of 28	Approval Date: JUN 2025
Reference Number: <i>IMS-06-02-BCH</i>		Next Review Date: JUN 2028
Version Number: <i>1</i>		Date of Publication: 28.11.2025
Approved By: <i>Fire Safety Group</i>		

## APPENDIX C

### How to Investigate Fire Alarm Activations Investigating Fire Alarm Activations

Ensure your building is being evacuated in accordance with your alarm procedure, before doing anything else.

When you investigate, use your senses and if at any time you detect signs of a fire, retreat from the area and make sure Switchboard/Fire Service is alerted on **3333/999**.

#### How to Investigate

- Investigate in pairs, where possible
- Have another member of staff at the alarm panel and remain in contact (mobile phone or short range radio) or direct verbal communication if possible.
- Gather any information from staff, or the alarm panel, to indicate where your search should be
- When investigating look for smoke, listen for unusual crackling noises, is it unusually hot
- **Before opening any doors**, feel the door with the back of your hand as high up the door as you can reach to check for signs of heat.
- Remember you are looking for signs of a fire, not a fire itself
- At any time, you suspect or find a fire, **get out and inform Switchboard/Fire Service on 3333/999 confirming a fire.**

#### If No Fire Found (False Alarm)

- Do not reset the alarm as this will be done by the estates engineer who will attend.
- Confirm with switchboard that this was a false alarm, and you are waiting for the engineer to reset alarm.
- Allow people back into their work area.

**Remember your safety is the most important thing that matters, and you are only checking fire alarms to see if the alarm that has activated, is caused by a real fire so that you can inform switchboard, to confirm an attendance is required.**

**The key to reducing false alarms is prevention.  
Everyone should be fire safety trained and working to safe practices.**

**If you need further training or guidance, then please contact the UHB Fire Safety Team.**