

Reference Number: UHB 570 Version Number: 1	Date of Next Review: 01.06.2025 Previous Trust/LHB Reference Number:
Fire Safety Procedure – GP Surgeries, Clinics, Health Centres And Community Buildings	
Introduction This procedure outlines the formal arrangements for fire safety at GP Surgeries, Clinics, Health Centres and Community Buildings	
Aim <ul style="list-style-type: none"> • Protect life and ensure safety of patients, staff, visitors, and contractors during any fire-related emergency. • Minimize risk and harm by providing clear, actionable procedures for fire detection, response, and evacuation. • Ensure legal and regulatory compliance with fire safety legislation and healthcare standards. • Promote preparedness and coordination among hospital teams and emergency responders. • Safeguard hospital infrastructure and continuity of care by limiting fire damage and disruption. <p>This document supports IMS-06-01-CAV: Fire Safety Policy IMS-06-01-CAV: Fire Safety Management Arrangements</p>	
Objectives <ul style="list-style-type: none"> • Protect life and ensure safety during fire emergencies. • Define clear roles and actions for all staff groups. • Outline procedures for fire detection, response, and evacuation. • Ensure effective communication and coordination across teams. • Support compliance with fire safety regulations and standards. • Promote preparedness 	
Scope This procedure applies to all staff contractors and visitors within the premises.	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed for the Fire Safety Policy and confirmed there is no adverse impact.
Documents to read alongside this Procedure	<i>IMS-06-01-CAV: Fire Safety Policy</i> <i>IMS-06-02-CAV: Fire Safety Management Arrangements</i>
Approved by	Fire Safety Group
Accountable Executive or Clinical Board Director	<i>Executive Director - People and Culture</i>

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<u>Disclaimer</u> 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 .	

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

FIRE SAFETY PROCEDURE – GP SURGERIES, CLINICS, HEALTH CENTRES AND COMMUNITY BUILDINGS

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FIRE SAFETY PROCEDURE

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These procedures supplement the Cardiff and Vale University Health Board (CAVUHB) Fire Policy and should be read in conjunction with that document.

1. APPLICABILITY.

The Responsible Person for the Practice/Clinic or Health Centre is responsible for ensuring the health, safety and welfare of its employees, patients and others on its premises as far as the arrangements for fire safety are concerned. This commitment is demonstrated through continuing compliance with all statutory requirements and relevant codes of practice in all premises for which it is responsible.

The principal statutory requirements relating specifically to fire safety is the Regulatory Reform (Fire Safety) Order 2005 (RRO). The NHS have specific requirements for healthcare and patient areas which are contained within the Firecode Health Technical Memorandum and whilst practices and alike do not fall within the scope of much of the guidance contained within these codes of practice, their principles have been incorporated within this procedure.

Fire is a potential hazard to everyone, because of the danger there is a need for all staff without exception to understand what is required of them and to co-operate fully in order to ensure the safety of patients and other staff in the event of fire. An involvement in fire safety must, therefore, be regarded as a basic duty by all staff and is an essential obligation for all staff with management responsibility.

All staff with line management responsibility must ensure that fire safety instructions are brought to the attention of and observed by their own staff and that every member of their staff participate in the fire safety training.

2. RESPONSIBILITIES

2.1 Partners

The Partners are responsible for ensuring the organisation of fire safety in accordance with this procedure and the Practice Manager is responsible for maintaining the organisational arrangements which will ensure compliance with the relevant standards.

2.2 Responsible Person (Fire)

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The Practice/Clinic/Health Centre Manager is identified as the Responsible Person (RP) for fire and in consultation with the Fire Safety Adviser will ensure that adequate arrangements are in place to maintain the standards for fire safety as provided below:

- a) To ensure that any changes that may cause the fire risk assessment to become invalid are brought to the attention of the CAVUHB Senior Fire Safety Adviser with a view to reviewing the risk assessment.
- b) To maintain records of maintenance and testing of fire alarm and emergency lighting systems and firefighting equipment.
- c) Fire safety - to ensure through consultation with the appointed Fire Warden/s that fire exits are kept clear, that apparent defects in doors, windows, fire appliances etc are reported to the appropriate person (Partner) and good housekeeping is maintained.
- d) To maintain the procedures for raising the alarm, firefighting and evacuation and appropriate maintenance of systems involved.
- e) The provision of adequate staff training including annual fire lectures and fire drills which should be held at least once annually.
- f) Staff training covering fire alarm systems, means of escape, evacuation techniques and use of correct fire appliances.
- g) In cases where there are multi-occupants of the premises, cooperation, coordination and an agreement with other occupiers must be reached to ensure acceptable standards for fire safety of the premises.
- h) The implementation of these procedures will only remain effective with adequate evaluation and monitoring; therefore, the RP (Fire) will be responsible for ensuring that the procedures and their implications are routinely assessed.

2.3 Employees

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It is the responsibility of each employee to ensure their own safety and that of others in their care. To facilitate this, specific staff groups must attend a face-to-face fire lecture at the following intervals;

- **Clinical staff** must attend face-to-face fire safety training annually.
- **Patient facing non-clinical staff** must attend face-to-face fire safety training every two years, and complete online e-learning in the alternate years.
- **Non patient facing, non-clinical staff** must attend face-to-face fire safety training every third year, and complete online e-learning in the alternate years.

2.4 Fire Safety Adviser

The specialist fire safety adviser will carry out and produce a suitable and sufficient fire risk assessment for the premises. In addition, technical advice on fire is available from the specialist fire advisers.

3. STAFF TRAINING

All personnel including doctors, nurses, medical and health care professionals, administration, domestic and students, working within the premises should have a thorough knowledge of the following:

Action to be taken on discovering a fire.
Action to be taken on hearing an alarm of fire.
Locations and uses of firefighting equipment.
The layout of emergency fire escape routes.
Methods of evacuation and equipment needed.

All staff must participate in at least one fire evacuation drill per year. They should have an orientation session when they first start work and should also attend at least one face to face fire training session every two years and complete the online fire e-learning programme once annually.

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4. FIRE SAFETY

The likelihood of fires starting can be reduced significantly by suitable preventive measures. Good practice in fire safety is largely a matter of awareness of the ways in which fires can start and of orderliness and tidiness in the day-to-day activities.

Attention to the fire hazards of smoking, the possibility of deliberate fire raising and the need for “good housekeeping” proper maintenance, use and servicing of electrical equipment are amongst the most important aspects of fire prevention in buildings.

5. FIRE ALARM

The standards for fire safety provisions and in particular the fire alarm and detection systems as laid down in the various legislation and codes of practice may differ from building to building depending upon its design, complexity, size/number of floors, it's means of escape and occupancy. However, the minimum standard likely to be found in GP surgeries and like premises is a manual break glass fire alarm call system installed to BS 5839-1. More sophisticated systems may have been provided with automatic smoke/heat detectors.

On activation of a manual break glass call point or automatic smoke/heat detector:

- a) The fire alarm will sound a continuous alarm throughout the whole of the building and will sound like a bell or pulsating siren. In areas where visual fire alarm indicators have been provided for those with a hearing impairment red flashing lights will continue to flash to indicate a continuous fire alarm.
- b) All fire doors throughout the building that are held open on magnetic hold open devices (where fitted) will release and close automatically.
- c) During the normal working day any auto entry device/s on the main entrance door/s will release, and the doors will park in the fully open position. Outside normal working hours when the doors are locked there will be suitable fastening provided to enable doors to be opened without the use of a key, card or code.
- d) Where electronic security systems have been installed to doors on escape routes, the systems are connected to the fire alarm system and designed to release when the fire alarm is activated. Manual releases are also provided on the exiting side of the doors.

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6. 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 premises and can be found adjacent to manual fire alarm call points and staff noticed boards. The information contained in the notices identify the methods of:

- a) Raising the alarm.
- b) Calling switchboard or the emergency services (Fire Service)
- 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.

7. PROCEDURES 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.

- a) RAISE THE ALARM by breaking the glass on nearest fire alarm call point.
- b) CALL THE FIRE SERVICE by dialling **999** and SWITCHBOARD on 02921 84**3333** (This task may be delegated to the receptionist /administrative clerk)
- c) TRY AND CONTROL THE FIRE By closing doors and windows without putting yourself at risk or by using fire extinguishers if you have received the necessary training in the use of extinguishers if it is safe to do so without putting yourself or others at risk.
- d) EVACUATE BUILDING quickly and calmly using safest nearest exit and go to assembly point.

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

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8. PROCEDURES ON HEARING THE FIRE ALARM.

- a) Initially Fire Wardens/Senior managers are to follow the procedure for investigating fire alarm activations (Appendix A) to determine if a fire service response is required. If a fire is discovered during the investigating period, follow section 7. **Procedures on discovering a 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 procedure 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.

9. FIRE WARDENS

- a) Fire Wardens will be appointed by agreement and will normally be found from permanent members of staff who will be responsible to the Responsible Person (Fire).
- 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) Where staffing levels permit, Deputy Fire Warden/s will also be appointed to undertake these responsibilities in the absence of the Fire Warden.
- d) Where no Fire Wardens are appointed, this role will be conducted by the most senior manager for each department.

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

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9.1 General duties:

- a) To liaise with the Responsible Person and where necessary the Fire Safety Adviser regarding fire hazards and/or deficiencies.
- b) To act as a point of contact in matters relating to fire safety and to report apparent problems to the Deputy Fire Safety Manager (DFSM) and where necessary the UHB Fire Safety Adviser.

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- 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 alarm 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.

9.2 In the event of fire:

- a) To wear Fire Warden identification so that they can be readily identified.
- b) To ensure that any necessary evacuation is carried out in accordance with the planned procedure e.g. the fire service is called and the (CAVUHB) emergency switch room is informed.
- c) Ensure as far as is reasonably possible, that then premises is clear of patients, staff and visitors and all persons are accounted for.
- d) If appropriate ensure that a roll call of patients, staff and visitors is taken at the assembly point as accurately as possible.
- e) Report to the Officer-in-charge of the fire service and if persons are thought to be missing or trapped, pass on the last known location and any other helpful information.

10. DISABLED PERSONS.

For the purpose of this procedure disabled people include people with a physical, hearing or sight impairment, which affects their mobility or use of buildings. In a fire some disabled people may need assistance to reach a final exit. On hearing the alarm, disabled people requiring assistance should move, or be directed to the nearest exit.

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11. FIRE FIGHTING AND EQUIPMENT

One of the most effective ways of tackling a fire in its early stages is the use an appropriate portable first aid firefighting extinguisher to control or extinguish the fire.

HOWEVER, AN ATTEMPT TO EXTINGUISH A FIRE SHOULD ONLY BE CARRIED OUT IF YOU HAVE RECEIVED THE NECESSARY TRAINING AND IT IS RELATIVELY SAFE TO DO SO WITHOUT ENDAGERING YOURSELF OR OTHERS. DO NOT PUT YOURSELF OR PATIENTS AT RISK. IF IN DOUBT CLOSE THE DOOR TO THE AREA AND EVACUATE

Extinguishers meet current BS EN3 standards, which require the body of the extinguisher to be coloured red; however, the type of media is identified by specific colour banding occupying 5% of the extinguisher body which will identify the contents of the cylinder. For example, a red cylinder with a black banding indicates a carbon dioxide extinguisher.

The colour bandings are used for ease of identification and are indicated below:

- Red – water type
- Cream – Foam type
- Black – Carbon dioxide
- Blue – Powder

The following firefighting equipment is available in the building:

a) WATER FIRE EXTINGUISHERS

Suitable for use on fires involving wood, paper, textiles and other similar flammable solids.

b) FOAM FIRE EXTINGUISHERS

Suitable for use on fires involving wood, paper, textiles and other similar materials, and fires involving flammable liquids.

THEY SHOULD NOT BE USED ON FIRES INVOLVING ELECTRICITY.

When used on wood, paper or textiles the jet should be directed at the base of the flames and kept moving across the area of the fire.

When used on burning liquid fires the jet should not be aimed directly into the liquid. The foam should be allowed to build up so that it flows across the liquid.

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- c) CARBON DIOXIDE EXTINGUISHERS. Suitable for use on fires involving electrical equipment and flammable liquids.

The discharge horn should be directed at the base of the flames and the jet kept moving across the area of the fire.

- d) FIRE BLANKETS. Suitable for burning clothing and small fires involving fats oils and burning liquids.

The blankets should be placed carefully over the fire and the hands shielded from the fire.

12. INCIDENT AND POST INCIDENT REPORTING

- a) In the event of an actual fire the Senior Manager or Deputy shall at the earliest opportunity inform the (CAVUHB) switchboard to report that there is a fire, telephone extension number 029 2184**3333**. As much information as possible should be passed to the control room e.g.

- The address of the Fire
- Whether all persons are accounted for or is anyone missing
- Have there been any injuries to persons
- What is on fire and an indication of the size of the fire e.g. whether it is contained within a room or has spread beyond the room of origin?

- b) In the event of a false alarm the Responsible Person (Fire) shall complete a FIRE REPORT CALL FORM as soon as possible following the incident to include as much information as possible about the incident and in particular the cause as identified (Appendix B)

The form should be forwarded without delay to Fire Safety Team on fire.helpdesk.cav@wales.nhs.uk

13. DUTIES OF THE EMERGENCY CONTROL ROOM

At present not all GP surgeries, clinics and health centres are linked to an automatic fire alarm receiving centre which monitors fire alarm systems.

Consequently, the emergency control room switchboard should be informed of a fire by the most senior manager on site or the Police/Fire and Rescue Service.

Between the hours of 0800 – 1600 Monday – Friday the switchboard will contact the maintenance supervisor and request the attendance of an electrician.

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At all other times the switchboard will contact the “On Call Maintenance Supervisor”.

Where there is a report of a confirmed fire the switchboard will contact the following personnel.

DFSM	Via Senior Fire Advisor
Senior Manager PCIC/Mental Health	
Senior Fire Safety Advisor	
Maintenance Supervisor	
Health and Safety Advisor	

14. DEALING WITH THE MEDIA

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

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Appendix A

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 to us 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.

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Appendix B

Required Information:	Example of information required:	To be completed after alarm activation:
Date	20/06/2025	
Time	19:43	
Location	Community Premises?	
Site	Maelfa/Broad Street etc	
Fire service attend?	Yes/No	
Raised by:	MCP/BGU/Detector 3333 999	
Cause of Alarm:	Burnt Toast/ equipment failure/ smoking	
Reason	Left unattended/ faulty equipment	
Zone:	e.g. Node 1/ Loop 3/ Address 45 / Zone 45(Taken from Fire Alarm panel where available).	