

Reference Number: UHB 572 Version Number: 1	Date of Next Review: 01.06.2025 Previous Trust/LHB Reference Number:
Fire Safety Procedure – University Hospital Llandough	
<p>Introduction This procedure outlines the formal arrangements for fire safety at University Hospital Llandough</p> <p>Aim</p> <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>	
<p>Objectives</p> <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 	
<p>Scope</p> <p>This procedure applies to all staff contractors and visitors within the premises.</p>	
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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Disclaimer
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 – UNIVERSITY HOSPITAL LLANDOUGH

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LLANDOUGH HOSPITAL FIRE SAFETY PROCEDURE

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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 University Hospital Llandough (UHL) 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, to minimise loss of life and damage to property when a fire occurs.

2. FIRE ALARM SYSTEM.

The fire alarm system consists of sounders in all buildings and departments with the exception of high dependency areas such as theatres, ITU, etc. where there is a flashing light system.

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, and type of device activated and are, therefore, very useful for

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determining the location of the incident.

The fire alarm system will be tested weekly on every Monday between 0830 and 1130.

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 operator if it is known in advance when a fire zone is to be isolated. The switchboard operator will inform the management in the sections of the 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 within their own area.

4. PROCEDURE ON DISCOVERING A FIRE.

The presence of fire may be indicated by smells of burning, crackling and

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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:

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

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, KITCHEN, LABORATORIES ETC):

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1. Continuous (evacuate) 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.
- 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 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.

2. Intermittent (alert) alarm.

- a. Close all windows and doors and await instructions.

b. IN PATIENT AREAS – WARDS, THEATRES, 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. Prepare patients for evacuation but await instructions of senior person in charge or Fire Service Officer.
- d. Do not evacuate on an alarm only. Always check.
- e. In the main theatre area, all staff not engaged within operating rooms or firefighting will report to the assembly point.
- f. If evacuation is necessary, follow the procedures in sections 19/20 of this document.

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 or Fire Service Officer.
- d. Be prepared to receive patients from adjacent areas.

c. OUTPATIENT AREAS – DAY HOSPITAL, ETC.

1. Continuous (evacuate) alarm.

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- 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 Advisor/Site 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.

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 or Fire Service Officer.
- d. Be prepared to receive patients from adjacent areas.

6. RESPONSE TO A FIRE EMERGENCY

In coordinating 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 1 - to deal with a fire contained within a single compartment that is beyond the capabilities of the Fire Response Team,

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

7. FIRE RESPONSE TEAM

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A Fire Response Team has been established to respond and investigate the initial fire alert in accordance with **Appendix B**. Team members are:

During Office Hours:

- Fire Safety Adviser
- Estates Officer
- Electricians Security Officer
- Site Manager (Beep Holder)

Outside Office Hours:

- Electrician on call
- Security Officer
- Porter on-duty
- Site Manager (Beep 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 operator is to be advised to initiate Stage I or Stage II (Fire Emergency) of this Procedure and inform the Fire Co-ordinating Team. If it is an obvious false alarm the electrician has the authority to silence the alarms. Following an investigation and identification of the device actuating, if no signs of fire/smoke are presented the alarm can be reset. SWFRS will no longer attend site to an Automatic Fire Alarm until a fire is confirmed by onsite personnel. Fire response teams are to adhere to the UHB training provided.

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: -

- Fire Response Team
- Assistant Head of Fire Safety
- Fire Safety Advisor
- Maintenance Manager
- Site Manager (Beep Holder)
- Estates Officer

Outside office hours the incident will be handled by the Fire Response Team initially until the switchboard operator contacts the following key staff who will respond if available and report to the Control Centre:

- Fire Response Team
- Fire Safety Manager
- Assistant Head of Fire Safety Maintenance Manager

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Estates Officer on-call
SMOC/Site Manager

9. ACTION BY SWITCHBOARD OPERATOR.

Notification of a fire emergency will come either by way of the automatic fire alarm system the internal telephone system or by report to the reception desk. 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.
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. If Stage I or Stage II is initiated arrange for handheld radios to be collected from Security for use by the Site Manager (Beep Holder)/Estates and Senior Fire Safety Adviser as appropriate.
5. Keep the Fire Co-ordinating Team aware of any new information.
6. Inform senior management and UHB 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 Llandough 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

1. 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 will assume this responsibility.
2. If the incident is minor in nature or a false alarm, they will deal with the situation helped by other members of the Fire Response Team. If there is a fire beyond the capabilities of the Fire Response Team, they will initiate Stage I or II as necessary.
3. The Fire Response Team members have the authority to silence the alarm if it is confirmed to be a false alarm in accordance with Appendix B. Following an investigation and identification of the device actuating, if no signs of fire/smoke are presented the alarm can be reset. SWFRS will no longer attend site to an Automatic Fire Alarm until a fire is confirmed by onsite personnel. Fire response teams are to adhere to the UHB training provided.

11. ACTION BY ELECTRICIAN

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1. Duty Electrician will attend scene of fire.
2. Give all assistance necessary, particularly advising on dangers associated with electrical installations.
3. Consider the need to turn off power supplies, after consultation with the Maintenance Manager at the Control Centre (via telephone or radio), or with the Officer in Charge of the Fire Service.
4. Consider the need to turn off medical and other gas sources after consultation with the senior medical person in the ward.
5. The electrician has the authority to silence the fire alarm if it is confirmed to be a false alarm. Following an investigation and identification of the device actuating, if no signs of fire/smoke are presented the alarm can be reset. SWFRS will no longer attend site to an Automatic Fire Alarm until a fire is confirmed by onsite personnel. Fire response teams are to adhere to the UHB training provided.

12. ACTION BY SECURITY OFFICER

1. The Security Officer will proceed to the Fire Indicator Board at the reception desk, Main entrance to locate the site of the fire and attend immediately with hand radio, appropriate keys and assist at the site of the fire.
2. Instruct Porter/security to proceed to meet the fire service at the rendezvous point, which is outside reception, and direct fire service to site of fire.
3. At the scene, the Security Officer(s) will control access to the area until confirmed that it is safe to allow personnel to re-enter the area.
4. If the incident is in a peripheral building, a Security Officer 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 Security Officer has authority to silence the alarm only, on call electrician will reset system.
6. See **Appendix D** for incidents involving the Llandough Teddy Bear Nursery

13. ACTION BY PORTERING STAFF

1. If the incident is in the main hospital block and security staff are not available to respond, the Senior porter will be informed and the porter carrying the bleep will be instructed to proceed to the rendezvous point 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 the First Floor Seminar Room is open, and telephone installed in readiness for use by fire Co-ordinating team as an Incident

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Control Centre, or if this room is affected by fire, the EPRR or Managing Directors office will be unlocked.

14. ACTION BY ALL STAFF

1. All staff must read and understand the fire action notices.
2. As the switchboard operator will be busy with fire communications personnel are not to ring the switchboard operator for information.
3. 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.
4. The precise circumstances of a fire incident may cause slight deviations from the above procedure. Should this be the case, The Senior manager must convey clear and precise instructions to the staff involved.

15. ACTION BY NURSING STAFF IN CLINICAL AREAS.

1. On discovering a fire, sound the fire alarm and inform switchboard operator of the location by dialling 3333.
2. If assistance is required make the request immediately, clearly and concisely.
3. 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 which are activated by the operation of the fire alarm system in the effected or adjacent ward.
4. 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 received.
5. 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. FIRE WARDENS

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1. Fire Wardens will be appointed, by agreement, in all Wards and Departments.
2. In ward areas a named Ward Fire Warden 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.
3. 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.
4. 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.
5. In the absence of a Fire Warden, this role falls to the most senior manager for the area.

1. General duties:

- 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 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.

2. In the event of fire:

- a. To ensure that any necessary evacuation is carried out in accordance with the planned procedure e.g. arrange to inform switch board on 3333:
- b. Ensure as far as is reasonably possible, that the ward/department is clear of patients, staff and visitors and all persons are accounted for
- c. If appropriate ensure that roll call of patients, staff and visitors is taken at the assembly point as accurately as possible:
- d. 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

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a. 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:
 - 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 manager responsible and engineering 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 secure the area and prevent personnel returning.

(ii) Area where evacuees have assembled.

The Clinical Site Manager (Beep Holder) will attend the area where the evacuees from the site of the fire have assembled. At the assembly point they 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 the attendance of the anesthetist and medical registrar of the CPR Team to assess the medical condition and treatment of patients evacuated if necessary, if unavailable the Medical Co-ordinator is to be contacted;

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- e. Request assistance from the control centre if necessary;
- f. Organise relocation of patients, ensuring that essential details concerning the patient accompany them;
- g. Request control centre for assistance with relocation if necessary;
- h. Account for all people involved; and
- i. Inform control centre of equipment, drugs or medical assistance required.

(iii) Control Centre

The Senior Manager, Maintenance Manager and Operational Services Manager will report to the Control Centre located in the First Floor Seminar room (unless the area is affected by the fire then the EPRR or Managing Directors office will be used) where they will be responsible for the following functions: -

- a. Liaise with the Fire Safety Adviser/Estates Officer at the site of the fire 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 may only be turned off on the authority of the Designated Medical or Nursing Officer in charge of the patients.
- 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 member of the nursing staff 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 that the emergency is over.

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b. 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 operator will contact key staff as previously mentioned.

Whilst awaiting the arrival on site of key personnel the Clinical Site Manager (Beep Holder) and the Security Officer will go to the scene of the fire to assist with firefighting 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 Clinical Site Manager (Beep Holder) will collect a radio handset from the switchboard and proceed to the scene of the fire and relay the following information to the switchboard operator: -

- 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 Hospital Senior Manager or Officer-in-Charge of the Fire Service. The Control Centre and the switchboard operator 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 operator 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: -

Site Manager

Head of EPRR/Deputy

Medical Co-ordinator - on-call General Physician

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

Safety Manager*

Assistant Head of Fire Safety*

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Security Manager*

Communications Manager*

Public Relations Officer*

* These personnel will need to be called out outside normal office hours

b. MAJOR FIRE EMERGENCY CENTRE

The Fire Co-ordinating Team will establish the Major Fire Emergency Centre in the First Floor Seminar Room, which will also be the main communication link for all participating services. If the original location is compromised by the incident. The Centre will be based in the Facilities Offices in the Management Block.

Personnel manning the Centre will be: -

Site Manager

Head of EPRR/Deputy

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, Welsh 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

Fire Safety Adviser

Estates Officer

Security Officer

Electrician.

Members of this control will keep in constant communication with the "Incident Control Centre" by telephone or radio providing regular situation reports and channeling 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.

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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 Hospital 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:
 1. Initial distance - to an adjoining separate compartment protected by fire doors and construction.
 2. 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.
- (f) **Specialist Units:** Theatres (General) & ICU

Immediate evacuation of these areas may not be possible because of technical or medical circumstances. In these areas those patients that can be moved (if necessary) would be transferred to their designated assembly point.

All appropriate fire doors should be closed to 'seal' the area and staff should await further instructions from the Fire Service Officer. During this period any remaining patients should be prepared for evacuation under the direction of senior medical staff.

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

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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 Site Manager, or the officer in charge of the emergency services in attendance. The decision is determined by the following factors: -

1. The initial estimate of casualties or patient movement suggests that the normal resources are likely to be inadequate.
2. The fire or the products of the fire are likely to spread beyond the original compartment.
3. 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 operator will contact the anaesthetist and on-call General Physician who will assess the medical condition and treatment of those patients who have been evacuated to the assembly point(s).

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

21. HELPERS IN A FIRE EMERGENCY EVACUATION

When the decision to evacuate a ward has been taken switchboard operator is to be informed via 3333 and, the switchboard operator will inform the remainder of the wards where arrangements will be made to direct all available nursing staff to the effected 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.

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If more than one ward needs to be evacuated, or the person in charge of the incident so decides, the switchboard operator is to be requested to arrange for further assistance. The residences are then to be alerted and personnel responding, along with any other members of staff volunteering their help, will muster in the reception area unless informed otherwise, where they will liaise with a member of the Fire Co-ordinating Team.

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.

22. MEDICAL ASSISTANCE AT ASSEMBLY POINTS

Medical assistance at assembly points will be provided by the Anaesthetist/Registrar of the CPR team, requests for further assistance are to be directed to the Control Centre.

23. TRANSPORTATION

If there is a need to transfer patients from this site, the Ambulance Service will make the necessary arrangements for transport.

24. SECONDARY COMMUNICATIONS

Drop back extensions are provided at strategic locations throughout the site. A list of the extension numbers is maintained at Switchboard.

25. ENQUIRIES FROM OUTSIDE AGENCIES

a. RELATIVES

Incoming calls to the switchboard operator from anxious relatives should be directed to the Operational Services Manager in the Control Centre. In a Major Fire Incident, the Police will establish a Casualty Information Centre, informing the general public, by way of the media, of the contact telephone numbers, the Public Relations Officer will also assist.

b. MEDIA

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

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26. SECURITY

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

27. 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 Incident Senior Manager.

28. REINSTATEMENT

The Operational Services Manager 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.

In the event of additional supplies being required the Procurements Department is to be contacted.

29. DEBRIEFING

Whether after an exercise or actual major fire incident, or when necessary, a debriefing session will be organised by the Nominated Incident/exercise Senior 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.

30. REVIEW OF PROCEDURES

One method of reviewing the Fire Safety Procedure has been outlined in paragraph 29 above. The procedure will also be routinely reviewed at yearly intervals by the Site Fire Procedure Group. 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.

31. COUNSELLING

It is understandable that, after any major incident occurring, 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 by Occupational Health for a team of councilors to be available to meet with and facilitate discussions with those seeking help and advice.

Appendix A

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UHL - 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.

Appendix B

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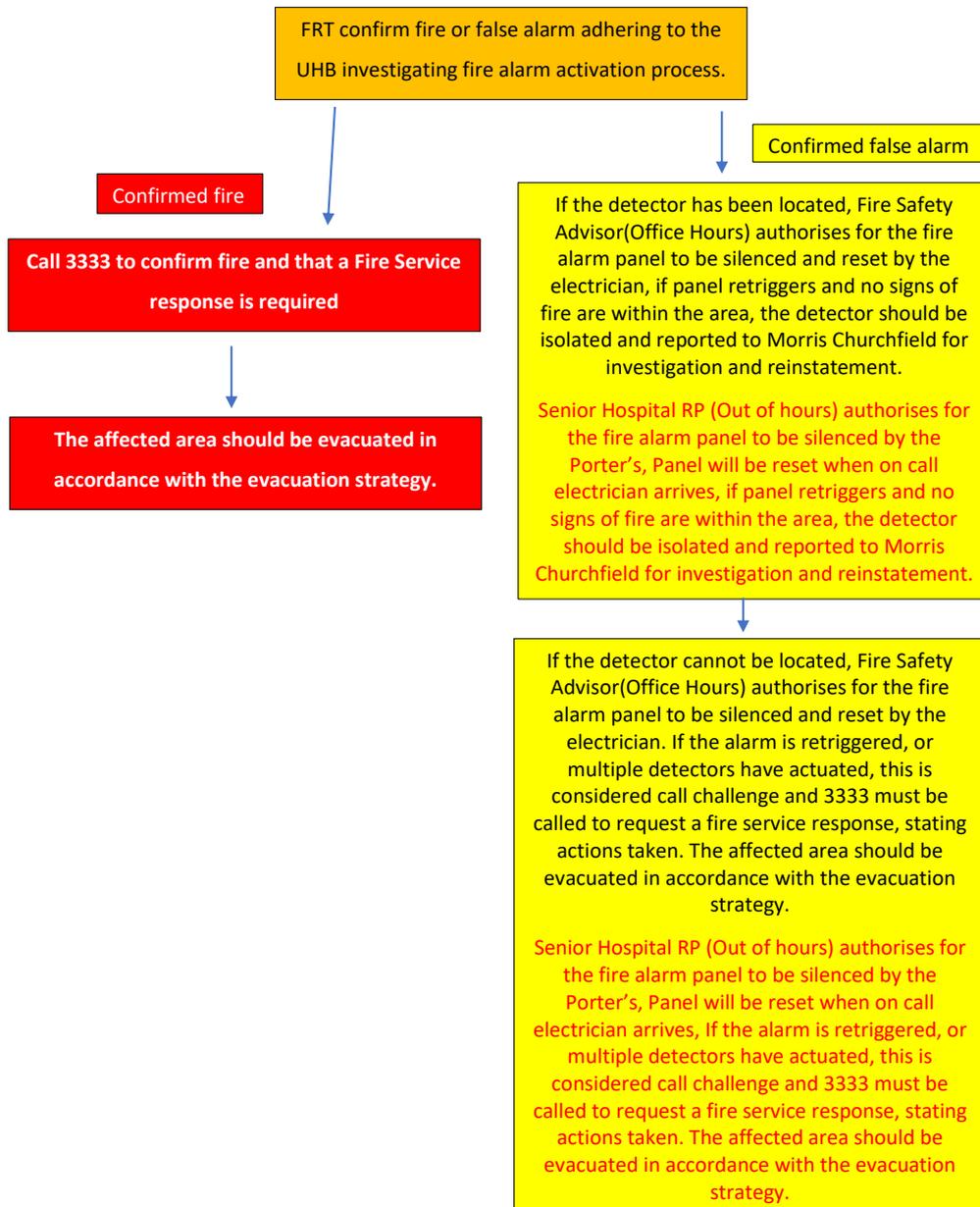
AFA/Fire Procedure UHL/HYC

FIRE RESPONSE TEAM(FRT) INFORMED OF AFA

***OFFICE HOURS** – Estates Electrician, Security Officers and Fire Safety Advisor

OUT OF OFFICE HOURS – Estates Electrician, Security Officers and Senior Hospital RP

*Office Hours 0800-1600 Mon - Fri. (excluding weekends and Bank Holidays)



Appendix C

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1. TEDDY BEAR NURSERY

- a. At night the premises are unoccupied, and the alarm is not linked to any automatic call-out facilities, therefore it will need to rely on someone hearing the alarm and either phoning UHW switchboard or dialling 999.
- b. The system may be silenced by a member of security staff but only be re-set on the authority of the fire service/alarm engineer.

TEDDY BEAR TRUST NURSERY, LLANDOUGH HOSPITAL SITE
FIRE SAFETY PROCEDURE
ACTION CARD NO. 1
ACTION BY SWITCHBOARD

Notification of a fire alarm will come either by way of the internal telephone system or by report to the reception desk. Upon receipt of notification:

- a. **Telephone the Fire Service via 999** giving them the exact known location of the incident or person making the alarm.
- b. In the event of a confirmed fire during office hours between 0900 and 1700, inform the building's owner on 01443 443744 or 01633 233871. If a confirmed fire at night, inform the building's owner on the out of hours number 01633 381111.
- c. Inform Security/Porters
- c. Inform the UHB Fire Safety Adviser during office hours of all confirmed fires even if extinguished.
- d. If a confirmed fire the following additional person is to be informed: **Matt Temby – Managing Director Llandough Hospital.**
- e. Inform senior management and UHB Board members in the event of a serious fire involving property or life.
- g. In the event of a fault to the fire alarm system call the out of hours number 01633 381111.

TEDDY BEAR TRUST NURSERY, LLANDOUGH HOSPITAL SITE

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**FIRE SAFETY PROCEDURE
ACTION CARD NO. 2
SECURITY**

- a. When informed of a fire incident a Security Officer will report to the scene and give assistance and advice as necessary.
- b. Ensure that all people are out of the affected area in line with the evacuation policy.
- c. Secure the area and prevent personnel returning until advised by the Fire Service/Site Manager/Fire Safety Advisor that it is safe to do so.
- d. If available second Security Officer will proceed to meet the fire service at the main entrance and lead them to the incident.
- d. In the event of hearing the alarm at night, inform switchboard to dial 999
- e. During night-time and outside office hours, the Security Officer may silence the alarm however, the system must only be re-set on the authority of the fire service/alarm engineer.