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Fire Safety Procedure – University Hospital of Wales	
Introduction This procedure outlines the formal arrangements for fire safety at University Hospital of Wales Aim • 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. This document supports IMS-06-01-CAV: Fire Safety Policy IMS-06-01-CAV: Fire Safety Management Arrangements	
Objectives • 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>
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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 <u>Governance Directorate</u>.	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	Aug 2026	18/09/2026	New Document

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FIRE SAFETY PROCEDURE – UNIVERSITY HOSPITAL OF WALES

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UNIVERSITY HOSPITAL WALES

FIRE SAFETY PROCEDURE

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

1. INTRODUCTION

Whatever your job, medical, nursing, technical, administrative, ancillary, you must understand the part you have to play in the fire-prevention and fire-fighting arrangements. The Regulatory Reform (Fire Safety) Order 2005, Health and Safety at Work Act 1974, and Fire code places a responsibility on management, and all staff to take care to avoid injury to themselves and others. You therefore have a legal as well as a moral responsibility to ensure that you are aware of the University Hospital of Wales (UHW) 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 detection
 2. A heat detection

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**.

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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 determining the location of the incident.

The fire alarm system will be tested weekly on a Tuesday.

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 switchboard 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.

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4. PROCEDURE ON DISCOVERING A FIRE.

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

Basic instructions are:

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. • 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.

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THESE PROCEDURES MUST BE SUPPLEMENTED BY LOCAL AREA SPECIFIC FIRE EVACUATION PLANS, WHICH CAN BE OBTAINED AND COMPLETED IN CONJUNCTION WITH A UHB FIRE ADVISOR.

5. PROCEDURE ON HEARING THE FIRE ALARM.

GENERAL AREAS (OFFICES, KITCHEN, LABORATORIES ETC):

1. Continuous (evacuate) alarm.

- a. Initially Fire Wardens/Senior managers are to follow the procedure for investigating fire alarm activations (Appendix B) 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.

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 and confirm.
- 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.

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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.

OUTPATIENT AREAS.

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 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.

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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

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

Team Leader:

Site Manager (Beep Holder)

Team Members:

Estates Electrician

Security Officer

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.

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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
Fire Safety Advisor
Maintenance Manager
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
Maintenance Team Leader
Estates Officer
SMOC

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.

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7. If a fire evacuation is necessary in a ward, phone other wards at UHW 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. A Fire Safety Adviser or Site Manager will attend the incident scene and assume control until the fire service arrives. If a Fire Safety Adviser is unavailable, the Site Manager will take on 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

1. Duty Electrician will attend scene of fire.
2. Give all the necessary assistance, particularly advising on the 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 Incident location with appropriate keys and assist at the site of the fire.
2. An additional Security Officer will meet the Site Manager at the bunker at the UHW Heliport prior to attending the incident site.

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3. On a confirmed fire response, a Security Officer will proceed to meet the fire service at the designated rendezvous point and direct the fire service to site of fire.
4. 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.
5. If the incident occurs in a peripheral building, a Security Officer will meet the Fire and Rescue Service at the building access point and provide access to the premises.
- 6.

13. ACTION BY PORTERING STAFF

1. If a confirmed fire incident occurs within the Main Hospital Block and Security staff are unavailable to respond, a member of the Portering or Security Senior Management Team will attend the designated rendezvous point during normal working hours to meet and liaise with the Fire and Rescue Service. Outside of normal working hours, Portering Services will ensure that a suitably designated member of the portering team attends. Incident information and updates will be communicated via radio, mobile telephone, or any other Cardiff and Vale UHB-approved communication method as determined by Security and Portering Management.
2. Where patient evacuation is required, all available portering staff will be directed to attend and provide assistance.

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 must not contact 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**.

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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 large to control with the resources available, and once anyone in immediate danger has been safely removed, close the door and allow trained and properly equipped personnel to handle the situation. However, if it is judged safe to proceed, use the appropriate firefighting equipment in line with the training you have received to tackle the fire.
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

1. Fire Wardens will be appointed, by agreement, in all Wards and Departments.
2. 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.
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;

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- 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 switchboard 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:
- 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

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/Site Manager 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

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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 anaesthetist and medical registrar of the Medical Team to assess the medical condition and treatment of patients evacuated if necessary, if unavailable the Medical Co-ordinator is to be contacted;
- 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 Incident Control Centre located at Lakeside (unless the area is affected by the fire then the Old HQ building will be used) where they will be responsible for the following functions: -

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- a. liaise with the Fire Safety Adviser/Site Manager 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.

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 Security Officer 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;

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- 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 within section 8 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: -

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*

Security Manager*

Communications Manager*

Public Relations Officer*

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

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b. MAJOR FIRE EMERGENCY CENTRE

The Fire Co-ordinating Team will establish the Incident Control Centre in Lakeside, 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 Old HQ Building on the UHW site

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
- Senior manager
- Fire Safety Adviser
- Estates Officer
- Security Officer

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Electrician.

Members of this control will keep in constant communication with the "Incident Control 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 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 affect 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.

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- (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 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.

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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.

If more than one ward needs to be evacuated, or the person in charge of the incident 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 Response Team. The Senior Fire Service Officer would take command on their attendance.

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Appendix A

UHW - How to Investigate 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 is alerted on **3333**.

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. confirming a fire.**

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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 Fire Service 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

AFA/Fire Procedure UHW

FIRE RESPONSE TEAM(FRT) INFORMED OF AFA

Site Manager/SMOC, Estates Electrician and Security Officers

FRT confirm fire or false alarm adhering to the UHB investigating fire alarm activation

Confirmed fire

Call 3333 to confirm fire and that a Fire Service response is required

The affected area should be evacuated in accordance with the evacuation strategy.

Confirmed false alarm

If the detector has been located, Site Manager/SMOC authorises for the fire alarm panel to be silenced and reset by the electrician, if panel retriggers and no signs of fire are within the area, the detector should be isolated and reported to Protec for investigation and reinstatement.

If the detector cannot be located, Site Manager/SMOC authorises for the fire alarm