Fire Safety Policy

Document Author: Assistant Director of Health & Safety

Approved by: Health & Safety Committee

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Document No: HB115

This policy has been updated to reflect changes in <mark>the executive team responsibilities</mark> management structures in the Health Board and WHTM 05-01 (Firecode – Managing healthcare fire safety)

CONTENTS

1.   Purpose

This policy has been produced to meet the requirements of current fire legislation (Regulatory Reform (fire safety) Order 2005; NHS firecode; Welsh Healthcare Technical Memorandum (WHTM) 05 series and codes of practice; Fire Safety Policy for the NHS Estate in Wales (issued under cover of WHC) (2006) 74.

2.   Policy Statement

Swansea Bay University Health Board considers fire safety to be of great importance and is committed to complying with all relevant legislation and the requirements of Welsh Government policy.

SBUHB recognises the need to take precautions to maintain the safety of all patients, staff, contractors and other visitors to its premises against the threat of fire or other emergencies.

The commissioning of new builds and new leased or other contractual arrangements, SBUHB must be assured that buildings within its control meet current legislation to fire safety, for the protection of the relevant persons(s).

3.   Scope of Policy

This Fire Safety Policy applies to all premises owned or leased (*where the HB has designated responsibility*) by Swansea Bay University Health Board, all employees and 'others' working within Swansea Bay University Health Board premises including temporary and agency staff, contractors, volunteers, students and those on work experience.

Where premises are the responsibility of another organisation but are used by the Health Board for its activities, effective cooperation and coordination will be put in place between the Health Board and the Responsible Person controlling the premises necessary to control fire risk.
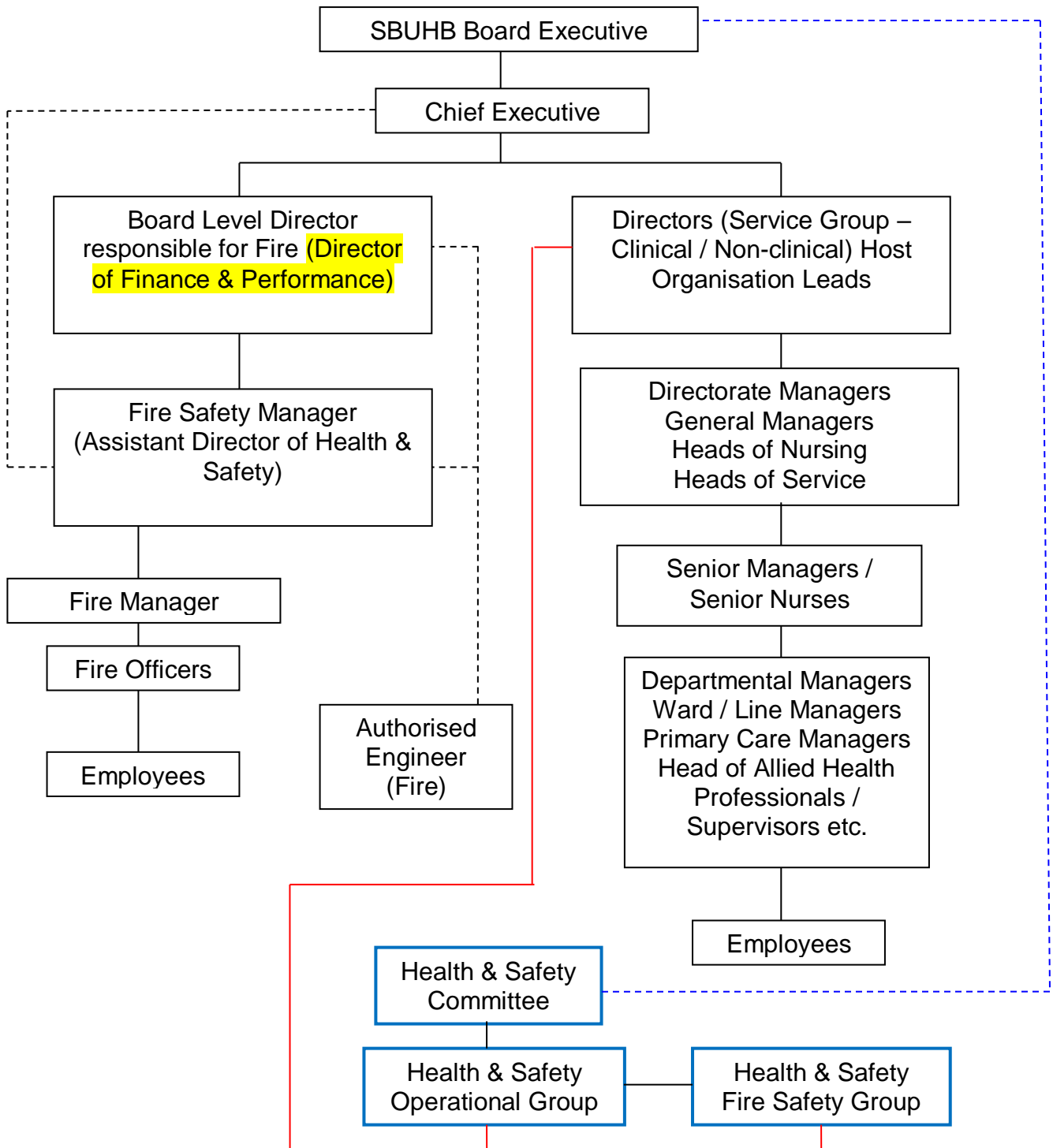
4.   Aims and Objectives

The aim of this policy is to:
- Minimise the incidence of fire throughout all activities/services provided by or on behalf of SBUHB for the safety of staff, patients, visitors and others.
- Develop affective arrangements to manage a fire safety emergency including evacuation, firefighting and coordination with Fire & Rescue and other Services.

- Where fire occurs, this policy aims to minimise the impact of such occurrence on life safety, the delivery of patient care, the environment and property.
- Clearly set out its instructions and expectations for its management team to fulfil its responsibilities to effectively manage fire safety for the organisation.

5. FIRE SAFETY MANAGEMENT HIERACHY STRUCTURE

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   │ Board Level      │     │ Directors (Service Group  │       │
   │ Director         │     │ – Clinical / Non-clinical)│       │
   │ responsible for  │     │ Host Organisation Leads   │       │
   │ Fire (Director   │     └──────────────────────────┘       │
   │ of Finance &     │                  │                      │
   │ Performance)     │     ┌──────────────────────────┐       │
   └──────────────────┘     │ Directorate Managers      │       │
              │             │ General Managers          │       │
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   │ Fire Safety      │     │ Heads of Service          │       │
   │ Manager          │     └──────────────────────────┘       │
   │ (Assistant       │                  │                      │
   │ Director of      │     ┌──────────────────────────┐       │
   │ Health & Safety) │     │ Senior Managers /         │       │
   └──────────────────┘     │ Senior Nurses             │       │
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   │ Fire Manager     │     ┌──────────────────────────┐       │
   └──────────────────┘     │ Departmental Managers     │       │
              │             │ Ward / Line Managers      │       │
   ┌──────────────────┐     │ Primary Care Managers     │       │
   │ Fire Officers    │     │ Head of Allied Health     │       │
   └──────────────────┘     │ Professionals /           │       │
              │             │ Supervisors etc.          │       │
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   │ Employees        │                  │                      │
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        │ Authorised   │                                        │
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   │ Health & Safety  │───────│ Health & Safety  │
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   │ Group            │       │ Group            │
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6.   ROLES AND RESPONSIBILITIES

6.1   The Board (SBUHB)

The Board has overall accountability for the activities of the SBUHB, which includes fire. The Board, should ensure it has appropriate assurances that the requirements of current fire legislation are complied with and that the objectives of Firecode are met.

6.2   The Chief Executive Officer (CEO)

The overall responsibility for the organisation for all aspects of Health and Safety and Fire Safety as required by the FSO. The Chief Executive is responsible for ensuring that current fire legislation is met and that there are arrangements in place to maintain and where required, improve fire precautions within the Health Board. This responsibility is discharged through the management structure of the Health Board as described in this document.

Responsible for ensuring adequate resources are in place to meet SBUHB Fire Safety statutory requirements and delegate responsibility and nominated a Designated Persons (Executive Director) within SBUHB to lead on all aspects of Fire Safety.

6.3   The Board Level Director (Director of <mark>Finance & Performance</mark>)

The Director of <mark>Finance and Performance</mark> is the Designated Persons for fire nominated by the CEO for Fire Safety Management and is responsible for championing all fire safety issues at Board level.

This includes:
- development of proposals to improve fire safety as part of the annual and longer term business plans;
- management of fire safety related components of capital funding;
- assisting the CEO with fire safety matters;
- ensuring that the organisation has in place a clearly defined fire safety policy and relevant supporting protocols and procedures;
- ensuring that all work that has implications on fire precautions in new and existing buildings is carried out to a satisfactory technical standard and conforms to all prevailing statutory and mandatory fire safety requirements (including Firecode);

- ensuring through senior management and line management structures that full staff participation in fire training and fire evacuation drills is maintained;
- ensuring that agreed programmes of investment in fire precautions are properly accounted for in the organisation's annual business plan;
- ensuring that an annual audit of fire safety and fire safety management is undertaken and submitted utilising the Fire Audit Information System, and outcomes communicated to the Organisation's Board;
- fully support the Health and Safety and Fire Safety function;
- in line with delegated authority, the Director of Nursing and Patient Experience devolves day-to-day fire safety duties to the Fire Safety Manger (Assistant Director of Health & Safety).
- The Director of Nursing & Patient Experience is responsible for ensuring that there are adequate resources and expertise available in order to meet the Health Boards legal responsibilities for all fire related issues.
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6.4 **Fire Safety Manager (The Assistant Director of Health and Safety)**

The Assistant Director of Health and Safety is the accountable officer responsible within the Health and Safety Department for ensuring the Executive Director is aware of resources and expertise requirements to formulate a fire management structure, in order to meet its legal responsibilities for all fire related issues.

Obtain expert advice on fire legislation and technical advice on the application and interpretation of fire safety guidance, including Firecode.

The Fire Safety Manager (FSM) is responsible for co-ordinating the day to day activities of the Fire Safety Team (FST) to ensure that collectively the team supports the SBUHB to meet its statutory obligations for Fire Safety Management.

The FSM is responsible for developing, implementing and monitoring Fire Training Plans for all staff within the SBUHB. Furthermore, will implement appropriate management systems to ensure compliance with a range of requirements including those defined within Firecode.

The FSM is responsible for overseeing the co-ordination of fire safety management which includes:
- have a detailed level of awareness of all fire safety features and their purpose;

- reporting of non-compliance with legislation, policies and procedures to the Board Level Director;
- provide the link to the relevant organisation's committees;
- develop regular compliance status reports for respective line managers;
- fully recognise the fire safety risks particular to SBUHB;
- accurately record non-compliance aspects of fire safety on the appropriate level of risk register;
- review the effectiveness of the fire safety team and its subsequent workload, make necessary adjustments to work plan to accommodate certain activities;
- ensure that fire risk assessments are completed and that risk mitigation measures are implemented
- liaise with other key stakeholder departments and managers
- liaise with operational maintenance management to ensure that appropriate monitoring, inspection and maintenance of fire safety systems is in place;
- ensuring that risks identified in the fire risk assessment are included in the organisation's risk register as appropriate;
- liaison with external enforcing authorities;
- liaison with the Authorised Engineer (Fire) – NHS Welsh Shared Service Partnership / Specialist Estates Service.

6.5   The Assistant Director of Operations (Estates)

The Assistant Director of Operations (Estates) is responsible within the Estates Department for ensuring that the Chief Operating Officer is informed of the appropriate resources and expertise required to facilitate works identified through fire risk assessments and or work plans in order to meet its legal responsibilities for all fire related issues.

Inform the Fire Safety Manager of any works that impact on the ward, area, department that have a bearing on the fire risk assessment.

6.6   The Assistant Director of Strategy and Capital

The Assistant Director of Strategy and Capital and supporting departments are responsible for:
- ensuring that fire precaution matters relating to construction are taken into account at design and management stage
- providing information on fire matters contained in the fire safety manual to the Assistant Director of Operations (Estates) and relevant managers.
- Inform the Fire Safety Manager of any works that impact on the ward, area, department that have a bearing on the fire risk assessment.

6.7 **Fire Safety Advisor**

The Fire Safety Advisor's role is to provide technical expertise and support the Fire Safety Manager to enable them to fulfil their duties effectively:

- undertaking, recording and reporting fire risk assessments;
- provide expert advice of fire legislation;
- provide expert technical advice on the application and interpretation of fire safety guidance, including firecode;
- assisting with the review of content of the organisation's fire safety policy;
- assisting with the development and delivery of a suitable and sufficient training programme for staff;
- the investigation of all fire-related incidents and fire alarm actuations;
- liaise with the enforcing authorities on technical issues;
- liaison with managers and staff on fire safety issues;
- liaison with the Authorised Engineer (Fire) - NHS Welsh Shared Service Partnership / Specialist Estates Service;
- liaison with project staff and management planning teams, local building control and Fire Authorities on technical issues
- undertake fire audits;
- completion of annual fire safety audit.

6.8 **SENIOR MANAGEMENT – DEPARTMENT - SERVICE - WARD MANAGERS**

Service Directors, Heads of Service and department, Service & Ward managers have a responsibility for:

- monitoring fire safety within their respective areas of responsibility and ensuring that contraventions of fire safety precautions do not take place;
- operational management and communication of fire safety risks identified by the risk assessment;
- ensure local fire risk assessments are undertaken and maintained and up to date;
- notifying the Fire Safety Manager or Fire Safety Advisor of any proposals for "change of use", including temporary works that may impact on the risk assessment, within their area;
- reporting any defects in the fire precautions and equipment in their area and ensuring that appropriate remedial action is taken;
- ensuring that local fire emergency action plans are developed, brought to the attention of staff and adequately rehearsed to ensure sufficient emergency preparedness;
- ensuring that local fire emergency action plan is revised in response to changes, including temporary works, which may affect response procedures;

- ensuring the availability of a sufficient number of appropriately trained staff at all times to implement the local fire emergency action plan;
- ensure that the duties outlined in this document and relevant fire safety instructions are brought to the attention of staff through local induction and ongoing staff briefings;
- ensure that every member of staff is provided with fire safety training as set out in the organisation's fire safety training matrix;
- ensuring that all new staff, on their first day in the ward/department, are given basic familiarisation training within their workplace, to include:
  - local fire procedures and evacuation plan
  - means of escape
  - location of fire alarm manual call points
  - firefighting equipment
  - any fire risks identified
- ensuring records are retained and staff understand the need to report all fire alarm actuations and fire incidents
- where appropriate, ensuring that sufficient Fire Wardens are identified and appointed for their specific areas of responsibility.

6.9 Fire Wardens

Fire Wardens should:
- act as the focal point on fire safety issues for the local staff;
- organise and assist in the fire safety regime within local areas;
- raise issues regarding local fire safety within their line management;
- support line mangers in their fire safety issues

6.10 All staff, contract staff and volunteers

All staff, contractors and volunteers should:
- comply with the organisation's fire safety protocols and fire procedures;
- participate if fire safety training and fire evacuation drills in accordance with the organisations training needs analysis;
- report deficiencies in the fire precautions to line managers and Fire Wardens;
- report fire incidents and false alarm signals in accordance with organisation's protocols and procedures;
- ensure the promotion of fire safety at all times to help reduce the occurrence of fire and unwanted fire alarm signals;

6.11 SBUHB Health, Safety, Fire Safety Group (HSFSG)

The HSFSG will oversee the management of fire prevention within the Health Board ensuring the Board meets its statutory obligations with regard to fire safety within its premises:

- support policies and procedures for properties within the Health Board;
- monitor the development of the Health Board's Fire risk assessments;
- provide an annual assurance report to the Health & Safety Operational Group and the Health and Safety Committee on the management of fire prevention within Health Board;
- provide a forum to discuss fire prevention and fire safety issues.
- monitor progress in addressing audit action plan in relation to fire management;
- ensure the effective testing and monitoring of fire prevention measures;
- oversee the Health Board's response to any enforcement notifications received in pursuant of the Regulatory Reform (Fire Safety) Order 2005 within its premises;
- monitor progress against the actions identified in the fire risk assessments and provide assurance that actions have been completed within agreed timeframes.

6.12 SBUHB Health and Safety Operational Group (HSOG)

The HSOG will consider fire safety matters it will:

- review and update as necessary the SBUHB Fire Safety Policy and SBUHB wide procedures;
- maintain and review the SBUHB Fire Safety Risk profile;
- maintain and review the SBUHB Fire Safety Capital programme;
- review estates matters relating to the findings of the fire risk assessments including performance of repairs etc. identified
- report key matters of fire safety to the SBUHB Health and Safety Committee

6.13 SBUHB Health and Safety Committee

The Health and Safety Committee will consider fire safety matters as it affects the Health Board. In particular it will:

- review and approve the SBUHB Fire Safety Policy;
- review and receive assurance on key performance indicators relating to fire safety;
- review arrangements for fire safety training and arrangements to maintain staff competencies and receive assurance for training compliance

7. ARRANGEMENTS

This section records key actions necessary to achieve the policy statement:

7.1 Risk Assessment

7.2 **General** – all premises used by the Health Board will be assessed to determine the fire safety risk and any remedial action necessary. Risk assessments will be subject to regular review at a frequency determined by the risk assessment.

A copy of the risk assessment will be kept in the ward or department and will be made available on request to the Fire and Rescue Service.

7.3 Management of risk assessment

Key findings of the fire risk assessment will be available to the ward or department manager. They will be required to take action on those risks that fall under their control. Where the risk assessment scores 16 or above the Health and Safety Department will advise the Service Group or Directorate to place on their risk register and to monitor that action has been taken to control the risk. Risk scoring less than 16 will be reviewed at the next risk assessment review.

Estates will receive a copy of the risk assessment and will identify actions that fall under their control. Repairs will be uploaded on estates database and will be readily identified as matters relating to fire safety. Performance in respect of repairs will be reviewed regularly by the Fire Safety Group.

Some areas of estates management will require capital investment. The Fire Safety Group will maintain the risk register of these issues, prioritise action and advise the Health Board of necessary actions.

7.4 Review of Risk Assessments

Risk assessments will be reviewed if changes such as the design of the building, patient types, incident etc., make existing risk assessment and control measures no longer valid.

7.5 Fire Safety Risk Profile

The Fire Safety group will maintain and monitor a Fire Safety Risk Profile that will be used to determine the level of fire risk in the Health Board and necessary actions and priorities. This profile will be reviewed by the Health and Safety Committee twice a year.

Service Groups and Directorates are required to manage fire safety risks under their control in accordance with the SBUHB Risk Management Strategy.

7.6 Multi-Use-Premises

Where a premise is owned or managed by SBUHB and there are a number of users of the premises (e.g. Service Groups – Management Units etc.) the primary SBUHB user of the site will perform the role of Site Manager.

Premises where SBUHB is not the main user and is not managed by SBUHB (e.g. GP premises) the owner will perform the role of a manager (as per section 5.9). SBUHB will undertake risk assessments for areas that its staff my use and cooperate with the general operational fire safety plan.

7.7 Fire Safety Training and Information

The competencies of staff for fire safety will be identified from the risk assessment and recorded in the Fire Training Plan. This analysis will consider risk factors such as:
- responsibilities for the management of fire safety including during a fire incident;
- basic fire safety and good housekeeping;
- actions to take hearing the fire alarm
- actions to take on discovering a fire
- procedures for evacuation for staff, patients and others including consideration of the dependency of patients and others;
- other specific arrangements (e.g. working in areas fitted with automatic fire suppression systems)

7.8 New Staff

On commencing employment staff will receive Health Board generic fire safety induction. On their first day of employment (or as soon as practicable) ward or department fire safety induction will be provided by their line manager, to inform them of local fire safety arrangements and risk related to their work

Staff with specific fire safety responsibilities (e.g. Fire Response Teams, Fire Wardens) will receive appropriate information and training.

Part-time staff, agency staff, students, volunteers and ancillary workers will be given appropriate training and information.

7.9 Provision of Refresher Training

The requirements to maintain the competencies of staff will be assessed and informed by the risk assessment. Appropriate, flexible measures will be implemented including:

- checking the competencies of individual staff
- ward or departmental update sessions
- general training sessions
- e-learning

7.10 Fire Evacuation Plans

For all sites controlled by the Health Board a site fire emergency plan will be developed. This plan may be supplemented where identified by risk assessment by ward or departmental emergency fire plan.

7.11 Site Emergency Fire Pan

For all sites controlled by the Health Board the site manager must develop and implement a site emergency fire plan. This plan will identify the arrangements to be taken by members of staff (and others if appropriate) in the event of an:

- alarm being raised and/or
- actual fire emergency

The plan must ensure, so far as is practicable, that persons in immediate danger from fire can be safely evacuated to place of safety. The plan must take into consideration factors such as the speed of response of the fire and rescue emergency services and if necessary obtaining additional staff to assist in evacuation etc. Evacuation plans should not place reliance on any external emergency services.

7.12 Fire Evacuation Plans – Ward and Departments

Ward and department managers will implement the general site plan. Where the level of risk is justified (particularly by patient dependencies) the site fire evacuation plan will be supplemented by local (ward/departmental) plans; these will be consistent with the overall site-wide plan but detail specific local actions needed to manage a fire emergency. In respect of dangerous substances information will be made available to the emergency services.

Fire Action Notices detailing the action to be taken on discovering a fire and or hearing the fire alarm are to be displayed throughout all sites, positioned adjacent to each manual fire alarm call point.

7.13 Evacuation Strategies

Hospitals are designed on the concept of staff assessing patients and others to move horizontally and or vertically in the building to a place of safety and occupants to move away from a fire within a reasonable period of time to a place of safety on the same level protected by fire safety construction.

Other non-hospital healthcare buildings will generally operate on the principle of full evacuation to the designated fire assembly point that is indicated on the Fire Action Notice.

7.14 Fire Drills

Fire drills will be held annually on all major hospital sites. The purpose of the drill is to confirm the effectiveness of the Site Emergency Fire Plan.

7.15 Resilience Plans

Fire Evacuation Plans will manage the evacuation of persons at risk to a place of safety. Where significant service disruption is caused by a fire emergency the appropriate general service continuity plan will be implemented.

7.16 Use of Personal Emergency Evacuations Plans (PEEPS)

Personal Emergency Evacuation Plans (PEEP's) are required for disabled staff needing assistance to leave the building. PEEP's are to be developed by line managers in conjunction with the individuals concerned and detail the method of escape to be used.

7.17 Fire Safety Signs

These will be displayed to include locations of fire exits, fire alarm and firefighting equipment etc. where considered necessary.

7.18 Information for Fire and Rescue Service

Where identified by risk assessment information regarding risks associated with SBUHB building, services and materials will be provided to Fire and Rescue Services. This may take the form of documentation sent to them for their database or information held readily accessible to them in relevant departments.

7.19 **Fire Fighting Equipment**

Fire extinguishers, fire blankets are provided in SBUHB premises. They are designed to fight small fires and prevent them growing into a larger fire. Competent staff must only use them and as a general principle the evacuation of persons at risk will take priority over fighting fire.

7.20 **Guidance for compliance**

Good housekeeping must be maintained in all areas and kept free from clutter which will reduce the risk of an incident or could impede a fire evacuation (slips, trips and falls). This can be avoided by regular and frequent workplace inspections by the relevant manager and ensure issues such as waste and laundry collection, general storage etc. are addressed. The person responsible for their areas/wards or departments, this includes common or shared areas such as corridors directly adjacent to the ward or department.

Means of Escape: It is essential that all escape routes are clear of obstructions and available for use at all times. All staff must familiarise themselves with the location and operation of fire exits, and ensure routes to these exits are maintained clear for use. Responsibility for this lies with those 'responsible persons' having control of the ward, area, department and/or process, consideration to where the escape route leads must be taken into account.

Fire Safety Systems (Fire Alarms): It is essential the organisation has an adequate means of raising the alarm suitable for the building and the risks. All staff should be aware of the location of the fire safety systems within their working environment. It is essential that these are maintained, clear of obstruction, and available for use at all times, also that they can be heard where sounder alerts are provided. This responsibility lies with the 'responsible person' for the ward, area and/or department.

Whilst the Assistant Director of Operations (Estates) is responsible for the maintenance of the fire alarm system(s) this may be delegated to a delegated person within Estates who will have responsibility for testing and maintaining the system(s) for each site they are responsible for in order to meet British Standard requirements.

Emergency Lighting: Provision of emergency or escape lighting provided and maintained to the relevant BS/WHTM and as required or identified by the Fire Risk Assessment (FRA). Provision and testing of emergency lighting lies with the Assistant Director of Operations (Estates). (This may be delegated to a delegated person within Estates who will have responsibility for the testing and

maintaining the system(s) for each site they are responsible for in order to meet the British Standard requirements).

Flammable Substances / Compressed Gasses: All flammable substances / compressed gasses shall be stored and used in accordance with relevant storage and use instructions, and disposed of in the correct manner. Only minimal quantities should be kept within the work area such as required on a day to day basis, relevant signage to indicate flammable substances / compressed gas should be displayed. Under no circumstances should flammable substances or pressurised containers be disposed of through the general waste system. Responsibility for ensuring there is a risk assessment, safe system of work or protocol, and relevant hazard signage is in place and the substances and gasses are stored and used correctly and safely lies with the 'responsible person' having control of the ward, area, department and/or process.

Dangerous Substances Explosive Atmosphere Regulations (DSEAR): Managers are responsible to ensure all areas within their responsibility that contain or carry out a process which use dangerous substances, or create an explosive atmosphere, a DSEAR risk assessment is in place, and that they have undertaken or have in place the recommendations from the risk assessment.
Responsibility for ensuring there is a DSEAR risk assessment is in place lies with the 'responsible person' having control of the ward, area, department and/or process. Responsibility for ensuring the DSEAR assessment is undertaken lies with the Assistant director of Health and Safety.

Donated and/or Purchased Equipment: donated or purchased equipment for use within the organisation should be certified as safe before use i.e. electrical equipment should be tested by estates before any use. Any furnishings must be fire resistant material and comply with the current relevant WHTM/BS, and display the furnishings fire safety label indicating its standard of fire resistance, have no signs of damage or internal fillings being open to view or open to ignition sources thus reducing the fire rating. Any items showing inner foam should be repaired or removed from the workplace. All items of furniture and fittings must comply with current WHTM for furniture and fittings and should be purchased through SBUHB procurement process. Responsibility for ensuring donated or purchased equipment and furnishing lies with the 'responsible person' having control of the ward, area, department and/or process. Responsibility for the procurement of suitable items lies with the Lead for Procurement.

Patient Sleepwear: Patients being admitted should be advised to bring flame retardant nightwear and dressing gowns. Visitors should

also be advised where replacement sleepwear is brought in to ensure they are flame resistant wherever possible.

Access Routes for Emergency Vehicles: All access routes within SBUHB sites should be maintained clear of vehicles or items that would impede emergency vehicle access. Staff should observe the no parking area and abide by the site restrictions. These will either be marked with double yellow lines, hatched area or be a recognised no parking area. Responsibility for ensuring access routes are clear lies with the 'responsible person' having control of the parking area or site.

Smoking: The organisation is bound to current legislation regarding smoking and full guidance is contained within the Smoke Free Policy. Responsibility for ensuring the Smoke Free Policy is adhered to lies with the 'responsible person' having control of the ward, area, department and/or site.

Arson reduction: all staff in all areas must be aware of the potential for arson and take steps to prevent the occurrence. Such as minimising or controlling the availability of combustible and flammables or items that would assist a fire etc., ensuring store rooms are locked, combustible and flammable materials are controlled etc. External skips should not be sited within 6 meters of any building or overhang to prevent arsonists utilising SBUHB waste as fuel. Responsibility of arson lies with the 'responsible person' having control of the ward, area, department, process and/or site.

Cooking: any forms of cooking whether microwave, toaster, gas or electric cooker must be in the recognised purpose built (fire rated) room or designated cooking areas only. Under no circumstances should cooking be undertaken in any room other than the approved designated rooms for cooking. Where cooking is undertaken the process should not be left unattended not even for short periods. Safe systems of work / use should be displayed close to the cooking equipment. Any alarm activation caused by cooking left unattended or the fire door being wedged open could result in the cooking facility being removed. Responsibility for ensuring areas and departments maintain a safe and controlled cooking environment lies with the 'responsible person' having control of the ward, area, department, process and/or site.

Lightening Protection: Lightening protection shall be installed and maintained as recommended by the relevant British Standard/WHTM. Responsibility for ensuring lightening protection is provided and maintained lies with the Assistant Director of Operations (Estates).

Unwanted Fire Signals: Unwanted fire signals can make staff complacent to a real fire emergency situation and requires the Fire and Rescue Service to send out their resources inappropriately. The

Health Board will monitor the number of fire alarm signals and implement arrangements to take reasonable, practicable steps to reduce the number of unwanted signals.

Managing Contractors: Under Regulatory Reform (Fire Safety) Order article 5(3) & (4) the contractor is responsible for ensuring that the work they undertake relating to fire safety matters within their control are carried out in good order. Therefore any contractor undertaking work must be aware of the working environment and the requirement to maintain the fire safety provisions by liaising with the Estates Department Manager where the work is to be undertaken. To ensure they are aware of any restrictions, measures required before being granted a permit to work (especially where hot work is due to be undertaken, or there is to be any interruption or work on the fire alarm system. Emphasis must be made to the need to prevent unwanted fire signals – false alarms. (Refer to the Management of Contractors Policy).

New Builds and Alterations: Where new builds or alterations are to be made to existing sites or departments the WHTM 05 firecode documents provide advice on achieving compliance and must be used for inpatient properties. Whilst there may be alternative ways of achieving compliance or the same objectives, where an alternative approach is to be taken the designers must demonstrate that the approach taken does not result in a lower standard of fire safety than if Firecode had been applied. In all cases SBUHB Fire Officers must be consulted from conception to completion including sign off.

Fire Incident Reporting: All fire safety incidents (including false alarms) will be reported in accordance with the Health Board incident reporting procedure.

7.21 **Audits**

The organisations fire safety compliance is monitored externally by:
- National Health Wales Shared Services Partnership (NWSSP) – Specialist Estates Service on behalf of Welsh Government (WG), by means of the annual NWSSP on-line Fire Audit;
- Mid and West Wales / South Wales Fire and Rescue Services by means of audit and inspection visits to sites and departments, inspecting the physical condition of the property or area, records of maintenance, tests, training and questioning staff. The Fire Authority have powers to inspect at any time. Formal audits are arranged giving the HB formal notification of where they wish to audit. Informal will be no notice and normally out of normal working hours.

8. REFERENCES

- The Regulatory Reform (Fire Safety) Order 2005

- WHTM 05 suite of documents

- The Management of Health and Safety at Work Regulation 1999

- The Construction (Design and Management) Regulations 2015

- The Disability Discrimination Act (2005)

- Health and Safety at Work etc. Act 1974

- Building Act 1984

- Building Regulations 2010

- The National Health Service & Community Care Act 1990

- The Management of House in Multiple Occupation (Wales) Regulations 2006

- Furniture and Furnishings Fire Safety Regulations 1988

- The Health & Safety (Safety Signs and Signals) Regulations 1996

- The Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR).