

# FIRE SAFETY POLICY

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## Target Audience:

<b>People who need to know about this document in detail</b>	Board Level Director for Fire Fire Safety Manager Health, Safety & Fire Teams Capital and Estates Teams Authorised Fire Engineer
<b>People who need to have a broad understanding of this document</b>	Board Members, Management Board, Senior Leaders, Quality and Safety Committee, Health, Safety and Fire Sub Committee
<b>People who need to know that this document exists</b>	All employees within the UHB, both in CTMUHB & non CTMUHB properties and any organisation working within CTMUHB boundaries.

## Appendix A -

### Integrated Impact Assessment:

<b>Equality Impact Assessment Date &amp; Outcome</b>	<b>Date:</b>
<b>Welsh Language Standard</b>	<b>Outcome:</b>
	No
<b>Date of approval by Equality Team:</b>	(00/00/0000)
<b>Aligns to the following Wellbeing of Future Generation Act Objective</b>	Co-create with staff and partners a learning and growing culture

## Appendix B -



**Disclaimer:**

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or [CTM\\_Corporate\\_Governance@wales.nhs.uk](mailto:CTM_Corporate_Governance@wales.nhs.uk)

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## 1. Purpose

This Policy has been produced by Cwm Taf Morgannwg University Health Board (CTMUHB) to meet the requirements of current fire legislation - Regulatory Reform Fire Safety Order RR(FS)O 2005, NHS Firecode – Welsh Healthcare Technical Memorandum 05 series (WHTM) and codes of practice. It applies to all premises used by CTMUHB and where CTMUHB patients receive treatment.

The aim of CTMUHB is that of the Welsh Government, to minimise the:

- incidence of fire and unwanted fire signals;
- impact of fire on life safety, delivery of service, the environment and property.

CTMUHB has noted the contents of the Welsh Government fire policy issued under cover of WHC [2006] 74.

## 2. Policy Statement

CTMUHB, as with all NHS organisations in Wales, must comply with legislation relating to fire safety and the Welsh Government policy.

CTMUHB is committed to comply with all the statutory requirements of fire safety legislation, operationally and for existing and new builds. CTMUHB must be satisfied that all buildings within its control meet current legislation, for the protection of the relevant person(s).

Where occupation of other buildings by CTMUHB staff is known the 'responsible persons' for these buildings are made aware of their responsibilities towards fire safety legislation and the safety of the CTMUHB staff and users.

All contracts for health services placed by commissioners must contain clauses to ensure the premises comply with, and will continue to comply with, all statutory fire safety legislation, CTMUHB Fire Policy and associated Fire policy documentation, and provisions relevant to the building and service provided.

When commissioning new buildings, leasing new buildings, or occupying buildings under PPP/PPI contract, the HB must be satisfied that such buildings comply with the legislation relating to fire safety.

### **Definitions** (as defined in the RR(FS)O)

Relevant person: Any person (including the responsible person) who is or may be lawfully on the premises and any person in the immediate vicinity of the premises who is at risk from a fire on the premises.

Responsible person:

(a) in relation to a workplace, the employer, if the workplace is to any extent under his control;

(b) in relation to any premises not falling within paragraph (a)—

(i) the person who has control of the premises (as occupier or otherwise) in connection with the carrying on by him of a trade, business or other undertaking (for profit or not); or

(ii) the owner, where the person in control of the premises does not have control in connection with the carrying on by that person of a trade, business or other undertaking.

### **3. Principles**

This Policy forms part of the CTMUHB health and safety regime and is augmented by other fire safety related documentation and procedures (available electronically via the Fire webpage of the intranet).

The organisation through the Chief Executive will ensure:

- that it creates a safe work environment by undertaking the required risk assessments of the significant findings involved in the work activities of the organisation, implementing the identified control measures and providing relevant fire safety training for all its employees / volunteers based on safe working practices, current legislation and training needs analysis;
- the Board supports the development of appropriate organisational structures and a culture, which encourages risk control and secures the full participation of everyone, in a manner that is consistent with the Regulatory Reform Fire Safety Order 2005 RR(FS)O;
- the commitment of senior managers to workplace fire safety is maintained, ensuring the management of workplace fire safety is given at least equal importance as all other management functions;
- it maintains, improves, monitors and reviews the effectiveness of this Fire Policy, its organisation and arrangements annually;
- the appointment of a Board Level Director (BLD) to champion Fire Safety; (*Director of People*);

- the appointment of a Fire Safety Manager (FSM) (*Head of Health, Safety and Fire*) and the provision of a suitably resourced fire safety function. To meet the requirements of current legislation, and given the authority required to act as the “competent person(s)”, Fire Safety Officers (FSO), providing the assistance the organisation requires to comply with current fire safety legislation / WHTM. All employees specifically appointed to assist in the provision of fire safety advice or support will be provided with the necessary fire safety training / qualifications or special expertise and continual professional development to ensure they can carry out their duties, where this can not be provided internally external advice will be outsourced;
- it will establish and maintain effective fire safety group(s) and structure, which meets the requirements of current legislation / WHTM guidance, and the needs of the organisation and its employees;
- it will promote effective cooperation and communication between management, staff and external agencies relative to fire;
- it will provide the facilities, resources and time to enable managers and safety representatives to carry out their tasks and duties;
- the formal delegation of fire safety duties and responsibilities to ILG, Service Group and Departmental Management Teams, via this policy and the issuing of Fire Risk Assessments (FRA);
- the effective control of contractors who may come onto organisation premises, ensuring such contractors are competent;
- this Policy is brought to the attention of all employees.

#### **4. Scope**

This Policy is aimed at those who may use CTMUHB premises, especially those who may be classed as the responsible person(s), relevant persons (as defined in the RRF SO 2005) managers, staff, volunteers, and other agencies working, or undertaking duties within CTMUHB.

Independent contractor services are responsible for identifying and managing their own risks, due to the CTMUHB's contractual relationship with them. In order to achieve that, CTMUHB has robust processes in place to identify areas of high risk and address concerns, and are committed to supporting the independent contractor services with risk management.

## 5. Legislative and NHS Requirements

Fire safety legislation is regulated by the Regulatory Reform Fire Safety Order 2005 RR(FS)O and the associated guidance documents. The NHS has supplementary documents to the Regulatory Reform Fire Safety Order to assist in fire safety within Healthcare, Health Technical Memorandum 05 series - Firecode (within CTMUHB the welsh editions WHTM shall be applied). Reference may be made to other statutory, legislated and guidance documents where necessary.

All NHS organisations in Wales must comply with legislation relating to fire safety and the Welsh Government policy. All NHS organisations in Wales who commission and or lease buildings or occupy buildings under a PPP/PFI contract must be satisfied that they comply with legislation relating to fire safety. Any Service Group undertaking such a commission or lease etc should inform the fire safety manager in writing providing full details of the arrangements prior to completing.

The Department for Health and Social Services will ensure that appropriate advice and guidance on all matters related to fire safety will be available to NHS organisations in Wales through the Firecode suite of documents.

The Government expects that all contracts for health services placed by commissioners will contain clauses to ensure that premises comply with, and will continue to comply with, all statutory fire safety provisions and, where appropriate, Firecode.

Fire safety is a responsibility for all employees, and a duty for all managers to maintain a high standard of fire safety.

CTMUHB is compelled to ensuring the safety of its users (relevant persons) by complying with the statutory fire safety legislation, relevant EU/British standards, WHTM guidance notes and codes of practice.

## 6. Procedure

The organisation is required to communicate its commitment to fire safety, provide documented evidence to the inspecting authority in relation to its fire safety management and procedures. This will include:

- a current Fire Policy;
- the undertaking, recording and dissemination of fire risks
- a means of accessing fire related information relating to its premises, systems, service or risks; (*CTMUHB intranet – Fire web page*);
- site specific fire relative information - (*located on sites within fire documentation cabinets, and within the CTMUHB intranet fire safety site*);

- the reporting and investigation of fire / false alarm incident / unwanted fire signals (*CTMUHB intranet Fire / False Alarm / Near miss incident reporting form*);
- demonstrating and evidencing of local management of general fire safety provisions, (*Ward / Departmental Fire Safety Management folders*), to include within:
  - copies of Fire Risk Assessments and actions taken;
  - copy of the local Fire Orientation plan (where applicable);
  - local departmental fire procedures for dealing with a fire emergency;
  - records of training;
  - Ward / Department Checklist;
  - Reference to the location of Planned Emergency Evacuation Procedures (PEEPs) for disabled staff or staff requiring assistance in an evacuation;
  - copies of any correspondence (INO/ENO etc) from the Fire Authority;
  - record of any actions taken to address Fire Safety issues, significant findings from the FRA / ward / departmental checks etc;
- information availability of fire safety provisions and procedures for maintaining fire safety provisions – (*Planned Preventative Measures (PPM) information provided by Estates*);
- procedures for addressing any Fire Authority notices served on the UHB (*Fire Risk Assessment (FRA) – Notice of deficiency (INO) / Enforcement notice procedure (ENO)*);
- procedures for addressing building alterations, changes of use, new builds etc (*Fire Build forms*);
- evidence of management / wards / departments and acting upon significant findings from FRAs, INO and ENO notices.

This list is not exhaustive and documentation / procedures will be developed to assist in addressing any issues as they arise.

## 6.1 Reporting of Fires and/or False Alarms

The Fire Service recommends they are to be called to **all** fires.

**All** fire related incidents including false alarms **must** be reported to the CTMUHB Fire Safety team within **24** hrs. This must be done via Fire incident reporting system on the Fire Website. This will allow the HB Fire Officers to investigate at the earliest opportunity.

For inpatient sites this must be completed by the Fire Incident Coordinator (Senior / Acting-up Nurse for the site / Site Manager / Hospital at night coordinator / Bed Manager) at the time of the incident.

For all other sites the Fire Incident form must be completed by the senior person present from the department **where** the incident occurred.

E.g. multi use building incident happens within department B the senior person from department B must complete the form, unless the building is served by a reception then the receptionist is to complete the form (if manned at the time of the incident) refer to the site specific documents.

Where the incident occurs outside of normal working hours and HB staff respond to it (e.g. Estates on call, Facilities) these should complete the fire incident form providing as much information as possible.

A copy or notification of the incident should be made known to the Line / Ward / Department / Accommodation Manager for where the incident occurred (if they are not present at the time of the incident).

For an actual fire the area / item must be cordoned off / isolated to allow CTMUHB Fire Officers to investigate and confirm cause etc.

Where the fire area involved is required for urgent operational reasons then only then should photographs be taken to provide the investigating officer with the necessary photographic evidence. Any item involved in a fire should not be reused until CTMUHB Fire Officers have carried out their investigation.

All fires must also be reported to Estates where damage to equipment or fabrication of the building occurs, if the item is clinical then clinical Engineering must also be informed.

**Any** activation of the fire alarm will require the system to be reset and the cause established. The FIC/NIC, HB Fire Officer, Fire Service may determine the cause and authorise the silencing and reset of the system. The silence of the system must only be undertaken by someone trained in silencing for that particular site / system and resetting **must only** be done by a competent person from either Estates or the alarm maintenance contractor.

**All** fires / fire alarm activations must be reported to Estates via the Estates helpdesk during normal working hours, or for out of hours to the "Estates Officer on call" via the RGH / PCH /POW switchboard.

Where asbestos is known to exist any in-depth investigation requiring the removal of walls, floors, ceiling panels or tiles is required to ascertain the cause of the activation, then Estates must be informed via the Estates helpdesk during normal working hours, or for out of hours to the "Estates Officer on call" via RGH / PCH /POW switchboards.

Arson: Hospitals and clinics are vulnerable to arson attacks from both intruders, patients or visitors. Within inpatient areas a high level of control of ignition sources should be employed. This is to protect all other occupants from a fire being started deliberately, and minimise the disruption to inpatient facilities. Even a small fire in a ward area has massive implications to inpatient services.

Also there are areas within our sites such as drug or equipment storage which appeal to the opportunist. These areas should have higher levels of control and management and ensure these areas are locked as an arsonist may set a fire to conceal the theft of goods.

Where arson is suspected this must be made known to the senior management for the area at the time of the incident and cascaded up to senior management, Fire Safety Manager. Arson can be suspected if:

- more than one fire occurs at the same time or reasonably close to each other;
- the fire occurs in a low risk area or improbable location;
- items that would not normally be located where the fire occurs are present (bedding, rags, rubbish);
- there are unusual smells not normally associated with the area the incident occurred (petrol, thinners);
- the same person appears at more than one fire, or is the same person raising the alarm on different occasions;
- the fire as a whole would not have started on its own;
- anything else unusual about the area, the fire growth gives you reason to suspect arson.

Note if it is known that an arsonist is being treated within our property this must be made known to the managers of the area and additional vigilance employed whilst the patient is within our property.

If arson is suspected the Fire Safety Manager or Fire Officers (during normal working hours), on Call Director (outside of normal working hours) must be informed immediately and the area cordoned off for investigation.

FIRES INVOLVING DEATHS, INJURIES, DAMAGE OR ARE OF SPECIAL INTEREST E.G. ARSON MUST BE PASSED IMMEDIATELY TO THE FIRE SAFETY MANAGER during normal working hours and out of normal working hours the 'ON CALL DIRECTOR' must be informed via the switchboard. Out of hours: this information must then be passed onto the Board Level Director responsible for Fire (BLD for Fire) and the Fire Safety Manager (FSM) who will ensure this information is passed onto the Chief Executive and the persons named in Appendix A. Additionally the BLD for Fire and/or FSM is responsible for ensuring the nearest Health and Safety Executive regional office is informed.

## 7. Training Implications

Fire Safety training is a STATUTORY requirement under the:

- Regulatory Reform Fire Safety Order 2005;
- Health and Safety at Work etc Act 1974;
- Management of Health and Safety at Work Regulations 1999.

It is mandated under WHTM 05-01 Firecode management of Fire Safety and the organisations Knowledge Skills and Framework.

CTMUHB fire training needs analysis highlights all staff need to have an understanding of fire risks, fire prevention, and fire/evacuation procedures, for within their areas of employment and that no person should exceed a two year period between face to face training by a HB Fire Officer. It is the responsibility of those identified as having responsibility for managing staff under them to ensure their staff / volunteers attend and undertake the relevant training.

### 7.1 Induction

All staff / volunteers should receive fire induction training on or before their first day of employment or as close to their start date as possible, (not to exceed 1 month from their start date).

CTMUHB fire induction is in two parts 'corporate' and 'local' (ward / departmental). Corporate training is carried out as face to face by a CTMUHB- Fire Officer on the corporate induction program.

Corporate induction must be supplemented by ward or departmental fire / evacuation procedures on commencement of employment in the workplace, by the 'responsible person' for that ward, department or role. This includes CTMUHB staff working in non CTMUHB properties; the CTMUHB manager for the staff working in non CTMUHB property is responsible for ensuring their staff receive local induction. The Ward / Department manager must maintain records of local inductions and update the ESR records.

Non CTMUHB departments, staff or volunteers working in CTMUHB properties must also comply with CTMUHB's protocols of local induction training relative to the department and site. Where staff are employed that cannot immediately on starting attend the corporate induction, local induction relating to fire and evacuation procedures must be carried out and recorded and ESR updated by the Line / Ward manager on the first day of commencing work.

Staff that are employed where there are specific risks, hazards or specialist equipment (i.e. DSEAR, evacuation lifts, evacuation aids etc) or they have a specific role in a fire incident the corporate induction must be supplemented with

specific Ward, Department, equipment and role training. It is the responsibility of the Line / Ward Manager to ensure this is carried out, and recorded. It is the Line / Ward Managers responsibility to ensure that staff are familiar with their roles and responsibilities in relation to fire safety within their workplace environment.

## **7.2 Update / Refresher Fire Training**

All staff, volunteers and frequent users of the organisations premises must attend update / refresher fire training. This is a statutory requirement under the Regulatory Reform Fire Safety Order and WHTM 05-01. This must be undertaken periodically ensuring no staff member exceeds a TWO year period without formal face to face fire training from a CTMUHB Fire Officer.

Additionally where there are specific fire risks, evacuation equipment is provided, or staff have a specific fire role, training is to be undertaken periodically in line with manufacturer's instructions. Where no defined time scales exist from the manufacturer it is recommended the training frequency follows the CTMUHB fire training timescales of not exceeding a TWO year period without this specialist training being undertaken, this training should form part of the local ward / department refresher training.

Local departmental training should be carried out in between the face to face by a CTMUHB Fire Officer. The Ward / Line Manager is responsible for ensuring this training is carried out, and recorded both within the fire file and on ESR. Departmental Fire Procedures and information should be reviewed and updated by managers of wards and departments annually or when a change occurs or a change is made to the physical structure of the area, changes to the operational running of the area or process, or an incident highlights deficiencies or issues. The Manager must consult with the site relative Fire Officer when reviewing the procedure, where changes to the existing procedure are to be made.

The review requirements should be recorded, and any changes should be made known to staff.

## **7.3 Responsible Person / Manager / Senior Person Fire Training**

Any person who has management responsibility for staff or areas must undertake this training. It is designed to meet the requirements of management responsibilities for fire within their workplace. This is a statutory requirement under the Regulatory Reform Fire Safety Order and WHTM 05-01. This must be undertaken periodically ensuring no manager exceeds a TWO year period without this fire training. Note: The Responsible Person, Manager, Senior Person training is provided instead of the update / refresher training and is not additional but counts as attending refresher / update and awards that competency.

**Note:** Where evacuation equipment is provided for the evacuation of patients, the ward/dept managers must undertake the training in addition to the managers course in order to understand the requirements and process.

**Note:** Video and computer based fire training should not be used in isolation or as a sole means of induction, but can be used to enhance other forms of fire training (*RRFSO/WHTM 05*). Where the organisations staff are employed in other NHS / private facilities they must adhere to the host organisations policy in relation to training. Any records of training undertaken at these locations must be forwarded to the employing organisations training database holder. Where the host organisations standard or frequency of training is to a lower standard or a frequency exceeding two yearly (i.e. e-learning only as a means of training) then face to face training with a CTMUHB Fire Officer must be undertaken not exceeding two years, and departmental training undertaken in between.

#### **7.4 Records of Fire Training**

Irrespective of how training records are maintained (locally or centrally) Managers must have access to, or keep training records of all their staff (and any volunteers that work within their areas) that they are responsible for as having attended fire training, including specialist site or local ward or departmental training and specialist equipment for fire purposes i.e. evacuation lifts, evacuation aids. These records must be readily available for inspection when requested by the CTMUHB Fire Officer when undertaking Fire Risk Assessments (FRA) or any inspecting authorities (e.g. Fire Service audit). It is therefore recommended these staff attendance records are kept within the fire file for the area.

Failure to provide information at the time of a Fire Service formal audit could result in enforcement action being imposed on the ward or department for failing to provide the required information.

### **8. Review, Monitoring and Audit Arrangements**

The FSM will ensure that the Policy and Procedures are reviewed in accordance with the timescale specified at the time of approval. Staff who become aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local / national directives that affect, or could potentially affect, the organisations policies and procedures should advise the Fire Safety Manager as soon as possible who will then consider the need to review the Policy or procedure outside of the agreed timescale for revision.

#### **8.1 Monitoring of Fire Safety Compliance**

The organisations fire safety compliance is monitored internally by:

- the FSM via the CTMUHB Fire Officers, fire risk assessments and Fire Safety Group meetings;

- ward and departmental checklists, departmental fire procedures, fire incident reports, and training records.

## 8.2 Auditing of CTMUHB Fire Safety by External Agencies

The organisations fire safety compliance is monitored externally by:

- National Health Wales Shared Services Partnership (NWSSP) - Facilities Services on behalf of the Welsh Government (WG), by means of the annual NWSSP on-line Fire Audit;
- South Wales Fire and Rescue Service 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 the powers to inspect at ANY time. Formal audits are arranged giving the HB formal notification of where they wish to audit. Informal audits will be on a **NO formal notice** approach and will normally be out of normal working hours.

## 8.3 Department / Building / Site Compliance

Each Site / Department Manager is responsible for maintaining workplace fire safety requirements. This can be achieved by utilising a management checklist for fire safety; reporting and chasing up of any defects that compromises the safety from fire of the users and cooperating with other departments where shared or common areas exist.

**No new build or alteration** to any part of a CTMUHB owned or head leased / managed building should be undertaken without prior consultation with the Fire Safety Manager and/or the Senior Fire Officer / Fire Officers, where requested a Fire Build Form MUST be completed and sent to the relevant fire officer.

When any changes are planned either through capital, virement or any other means the Fire Build Form (available via Fire web page) MUST be completed by the Manager requesting the change or alteration etc and forwarded to the site relevant Fire Officer for comments / advise / information on fire requirements that must be met. This Fire Build Form should then accompany the SON, virement or other request. This will allow the CTMUHB Fire Officers to provide the necessary fire relative information for the build or alteration to those involved.

All building provisions such as fixed electrical, lightning protection, fire hydrants, compartmentation, fire safety provisions, should be maintained and checked in accordance with relevant standards and manufacturers recommendations (this list is not exhaustive). Responsibility for this lies with the Head of Estates for CTMUHB owned properties and Primary Care lead for head leased buildings.

Should the CTMUHB enter into any contract for managing a building e.g. Primary care, the Fire Safety Manager should be consulted prior to undertaking any fire

responsibilities for the building. Copies of the agreement detailing all the fire safety provisions and arrangements for testing and maintaining must be provided prior to becoming the lead / head lease.

#### **8.4 Guidance for Compliance**

Housekeeping: It is essential that all areas are kept free from clutter which will reduce the risk of an incident or could affect or impede a fire evacuation such as slips, trips and falls. This can be avoided by regular and frequent workplace inspections by the relevant Manager and ensure issues such as waste collection, cable management, storage etc are addressed. Responsibility for this lies with those responsible persons who have control over the ward, area and/or department, this includes common or shared accommodation such as corridors directly adjacent to their ward or department.

Means of Escape: It is essential that all escape routes are maintained 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 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 or seen where visual indicators are provided. This responsibility lies with the 'responsible persons' for the ward, area and/or department.

Whilst the Head of 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 the testing and maintaining the system(s) for each site they are responsible for in order to meet the British Standards 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 Head of 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 standards requirements).*

Fire Fighting Equipment: First aid fire fighting equipment provided in the form of hand held fire extinguishers suitable for the risks. The type will be in accordance with the relevant British/EU Standards. All extinguishers display operating

instructions and application. Suitable suppression systems will be provided where a hazard exists or fire risk assessment identifies the need. All staff must familiarise themselves with the location, operation and application of all. It is essential that these are maintained, clear of obstruction and available for use at all times. Responsibility for this lies with the 'responsible person' for the area having control of the ward, area, department and/or process. Responsibility for the provision and maintenance of fire fighting equipment lies with the Fire Safety Manager and Head of Estates respectfully. *(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 standards requirements).*

Fire Action Notices / Signs: Fire action notices should be displayed as near as practically possible to each break glass call point, and where necessary additional areas of high population. These will inform all patients, visitors and staff of the correct action to take on discovering or suspecting a fire, and what action should be undertaken. Directional and exit signage shall be displayed accordingly. These should be visible at all times and not obscured. Fire related notices and signs must conform to WHM and European standards. Provision of Fire Action notices lies with the Head of 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 standards requirements).*

Ensuring they are in position and contain the relevant information it is the responsibility of the 'responsible person' having control of the ward, area, department and/or process that they are located in.

Flammable Substances / Compressed Gasses: All flammable substances / compressed gasses shall be stored and used in accordance with the relevant substance storage and use instructions, and disposed of in the correct manner. Only minimal quantities should be kept within the working 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 disposal 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 gases 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 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 Head of Health, Safety and Fire.

Medical Gases: All medical gases should be stored and used in accordance with the relevant British Standard / WHM 02. Medical gas cylinders within buildings should be stored in fire rated rooms with adequate ventilation direct to outside of the building (*to prevent the build up of gases and explosive atmosphere*). Responsibility for ensuring medical gases are used and stored correctly lies with the ‘responsible person’ having control of the ward, area, department and/or process.

Electrical Equipment: All electrical equipment must be tested by the Estates Department before use. No extension leads should be used without the Estates Department inspecting the area and determining the reason for use. Departments should attempt to minimise the amount of leads in use where possible. During the festive season all festive lighting and electrical equipment must be of low voltage type and tested prior to use, and display the PAT certificate. The use of cuboids multi plug adaptors is forbidden, these create strain on the plug sockets leading to damage and possible shorting. Responsibility for ensuring electrical items are checked lies with the ‘responsible person’ having control of the ward, area, department and/or process. Responsibility for the PAT testing of the items lies with the Head of Estates and the Department Managers.

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 of fire resistant material and comply with the current relevant WHM/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 the current WHM for furniture and fittings and should be purchased through the CTMUEB procurement process. Responsibility for ensuring donated or purchased equipment and furnishings 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.

Patients Sleepwear: Patients being admitted should be advised to bring flame retardant nightwear and dressing gowns. Visitors should be 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 CTMUHB sites should be maintained clear of vehicles or items that would impede emergency vehicle access. Staff should observe the no parking areas 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.

Lightning Protection: Lightning protection shall be installed and maintained as recommended by the relevant British Standard/WHTM. Responsibility for ensuring lightning protection is provided and maintained lies with the Head of Estates.

Maintenance and Testing: All maintenance and testing of fire related equipment must be undertaken by a competent person. This will either be through direct labour (Estates Department employee) or an authorised supplier or engineer for the product. Responsibility for ensuring fire related equipment is maintained lies with the Head of Estates.

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

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 combustibles 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 metres** of any building or overhang to prevent arsonists utilising the CTMUHB waste as fuel. Responsibility for ensuring wards, areas and departments reduce the possibility of arson lies with the 'responsible person' having control of the ward, area, department, process and/or site.

Shared or Common Areas: Where areas are shared or there are common areas all must cooperate to achieve a fire safe environment.

Shared accommodation is areas used by a number of departments or staff within an area such as a corridor between two departments or a number of departments. This can extend into a common area where rooms used by departments or staff are utilised e.g. disposal hold or rooms in the main hospital street or corridor. Responsibility for this would lie with the users and the Service Group responsible for emptying).

A common area would be somewhere like a main 'hospital corridor or street', or a shared area when primarily used by staff such as in a small building e.g. 'department link corridor'.

Cooking; any form 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 (refer to fire site specific documents for accepted areas 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.

Personal Emergency Evacuation Plans Personal Emergency Evacuation Plans (PEEPS) are required to be in place for any staff who are disabled, mobility impaired or have special needs, such as pregnant, hearing, sight, mobility restricted or impaired that may require assistance in leaving the building in an emergency situation. They are to be compiled in conjunction with the individual concerned and based on the knowledge of the building and location of the workplace location within the building. They must explain what methods, routes of escape and assistance is to be in place. Once completed they must be kept in the staff member's or department's confidential file. Where the use of a buddy system is highlighted or the individual is not allowed to work alone or any other issue highlighted requires assistance or the person to carry out a specific role then other members of staff must be made aware of their roles and responsibilities as well as the needs of the individual. Responsibility for ensuring PEEPS are in place lies with the 'responsible person' having control of the ward, area, department, process and/or site.

Note: The PEEP procedure can be utilised for patients in our care or have regular treatment whose condition requires additional non-standard equipment or planning. e.g. bariatric.

## **8.5 Contractors, Non Organisation Employees, Voluntary Agencies and Any Other Users of Organisations Premises**

Any person using CTMUHB property must comply with the organisations Fire Policy and be familiar with protocols and procedures the organisation employs. This includes the requirement to attend specific fire training or briefings on fire safety relevant to the site or department. The organising department is responsible for ensuring the contractor is briefed in fire safety matters appertaining to the area

prior to commencement of work in their area (where the area is still operationally occupied by CTMUHB). Where the area is handed over to the contractor as a whole it is the project leads responsibility to ensure fire information has been given to the contractor.

Under RR(FS)O article 5(3) & (4) the contractor is then 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 and the 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 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 organisations Control of Operational Estates Maintenance Contractors Procedure).

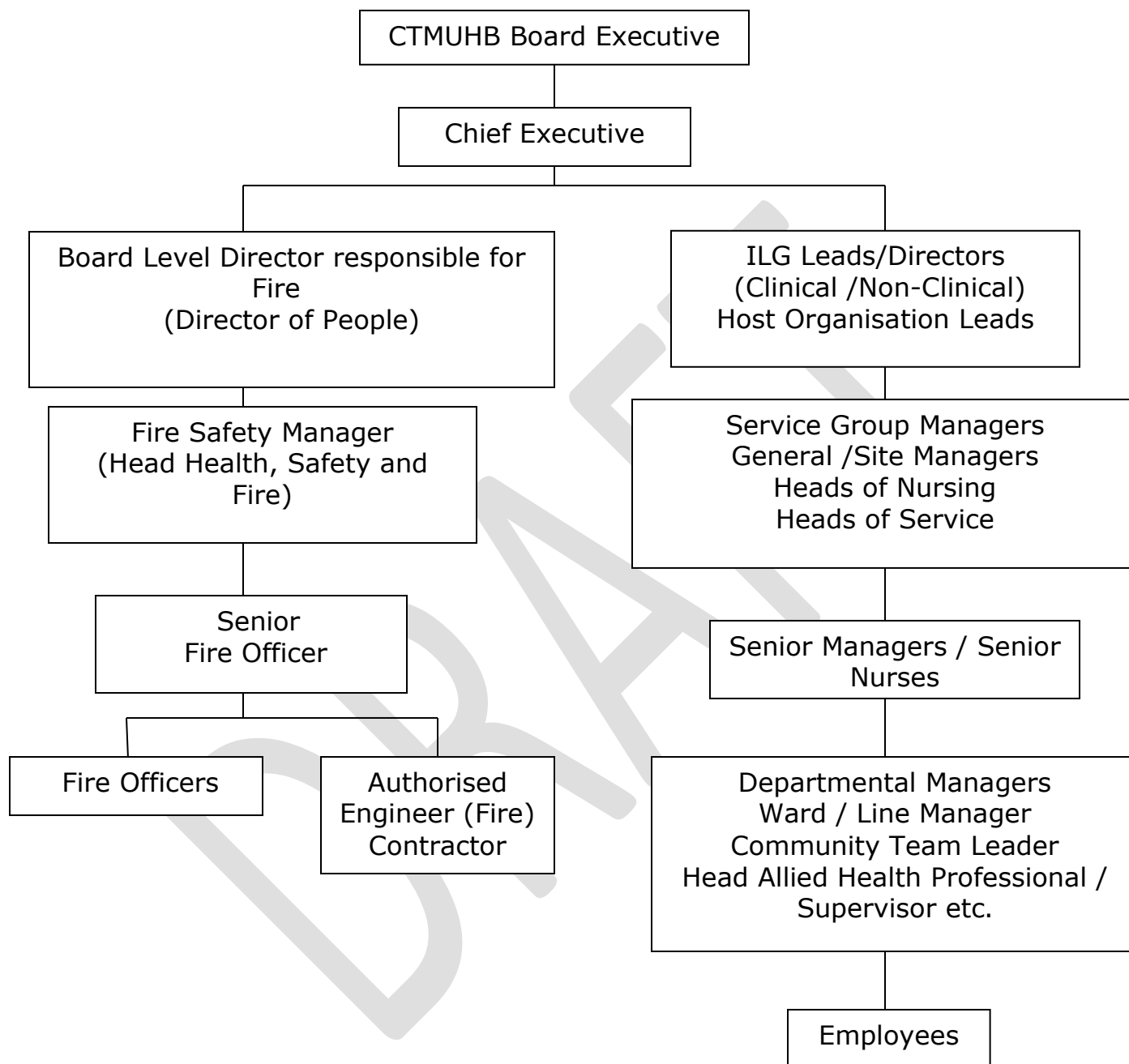
## **8.6 New Builds and Alterations**

Where new builds or alterations are to be made to existing sites or departments the WHTM 05 Firecode documents provides advice on achieving compliance and must be used for inpatient properties and other relevant guidance as appropriate for non 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 the CTMUHB Fire Officers must be consulted from conception to completion including sign off. The HB utilises a Fire Build form, this must be completed and forwarded to the site relevant Fire Officer prior to any commencement of design or building works. This allows the required fire information to be provided to the user/designer/project lead.

Form available via the Fire website on the HB intranet.

Life safety sprinklers in buildings offer a number of trade-offs and structural relaxations and should be considered and decisions recorded at the outset of design. Close liaison between the Fire Safety Team, Estates (especially where alarm and detection will be affected) from conception through to completion must be maintained and the development formally discussed and recorded to ensure fire safety is not compromised. Responsibility for this lies with the Director of Finance and the delegated project leads.

## 9. Managerial Responsibilities



### 9.1 CTMUHB Board

It is the responsibility of the Board to ensure that the organisation meets its legal obligations under the current fire legislation.

The Board must ensure adequate funds and resources are available to meet the organisations fire safety requirements and periodically review the effectiveness of

the Policy and personnel under their control to whom fire safety responsibilities have been assigned.

## **9.2 Chief Executive**

The Chief Executive shall have overall responsibility for the Policy and fire safety within all CTMUHB owned / head leased premises, and for staff occupying other buildings for CTMUHB business purposes. The Chief Executive shall ensure:

- all statutory requirements are observed and implemented;
- the implementation of Firecode or any fire safety legislation applicable to organisations premises;
- the provision of appropriate fire safety policies and programmes of work for maintaining and improving precautions at all the organisations premises;
- that an Executive Director shall be appointed with nominated responsibility for fire safety matters;
- the appointment of a Fire Safety Manager for the organisation.

## **9.3 Director with Nominated Responsibility for Fire (BLD for Fire): Director of People**

The Director of People is responsible for leading fire safety issues and will assist the Chief Executive and Board in their responsibilities for fire safety. They will ensure that fire safety issues are brought to the attention of the Board and the Chief Executive. The Director of People in conjunction with the Fire Safety Manager will be responsible for the upkeep of the Fire Policy, the coordination of fire safety management and be the point of contact for any fire safety issues for the organisation. As nominated Director they will ensure:

- a Fire Safety Manager is appointed;
- the relevant authorities are informed (see Appendix A) for serious or untoward fire related incidents;
- the organisation obtains suitable and sufficient competent advice regarding fire safety from either within or external sources where appropriate;
- the organisation obtains competent advice regarding Dangerous Substances Explosive Atmosphere Regulations;
- the development and implementation of the Fire Policy in line with the organisations Risk Management Strategy;
- a procedure is in place for the supervision of contractors carrying out work in the organisations premises.

## **9.4 Fire Safety Manager (Head of Health, Safety and Fire)**

It is not possible or desirable to fully define the roles and responsibilities of the Fire Safety Manager. However, they should be responsible for the following:

- an awareness of all fire safety features and their purpose;
- sufficient and suitable resources to address fire safety compliance are available;
- fire safety risks particular to the organisation;

- requirements for disabled staff and patients (relating to fire procedures);
- ensuring appropriate levels of management are always available to ensure decisions can be made regardless of the time of day;
- compliance with legislation;
- development of the organisation's fire safety documentation;
- development of an effective training programme;
- cooperation between other employers where two or more share the premises;
- the reporting of fire incidents in accordance with current practice;
- monitoring and mitigation of unwanted fire incidents;
- liaison with enforcing authorities;
- liaison with other managers;
- monitoring of inspection and maintenance of fire safety systems.

Whilst these roles have been noted these roles may be encompassed in other Service Group responsibilities such as maintaining fire safety provisions, such as extinguishers, alarms, compartmentation, fire safety manuals. The upkeep of records relating to these provisions lies with the Director of Finance

Compliance with Fire Risk Assessments and findings lies with the persons identified in the Fire Risk assessment significant findings action plan.

### **9.5 Senior Fire Officer / Fire Officers**

It is not possible or desirable to fully define the roles and responsibilities of the Fire Safety Officers. However, they will have responsibility for assisting the Fire Safety Manager in the following:

- providing professional and technical advice to the Fire Safety Manager and Board Level Director responsible for fire (Director of People) and to all levels of the organisation;
- providing guidance and direction to all levels of the organisation in relation to fire safety;
- devising, developing, managing and delivering fire safety training to all staff within the organisation;
- development of strategies, policies, protocols and procedures to ensure fire safety;
- undertaking and compiling Fire Risk Assessments (FRA) for all departments and organisations premises in conjunction with the appropriate departmental or premises responsible person(s);
- undertaking and compiling Fire Risk Assessments or providing guidance to hosts of CTMUHB staff in relation to workplace fire safety for premises outside the organisation where organisation staff are employed in conjunction with the appropriate organisational or premises responsible person;

- undertaking and monitor by means of audit, Fire Risk Assessments, and the organisations performance against legislative guidance;
- liaison with various external authorities and agencies where fire safety issues may be involved;
- monitoring compliance with general fire safety duties outlined in relevant fire legislative or guidance documents and the organisations fire policy;
- organising and supervision of CTMUHB evacuation exercises;
- monitoring all fire safety systems provided to ensure compliance to statutory and mandatory legislation;
- analysing building development plans and alterations for the organisation to ensure compliance to various statutory requirements;
- investigation of all fires and false alarms, and ensure the organisation meets statutory requirements to reduce unwanted fire signals (false alarms);
- researching products that will be of benefit to the organisation or improve fire safety within the organisation.

Whilst this list is not exhaustive other areas of expertise and knowledge in associated fire relative subject matter may be required. Where the expertise and knowledge is beyond the Health Boards Fire Safety Officers remit external specialist advice will be outsourced, such as fire engineering, smoke control / fire suppression system expertise, Dangerous Substances Explosive Atmosphere Regulations specialists.

## **9.6 Authorised Fire Engineer**

CTMUHB does not employ a full time Fire Engineer but utilises the organisations Fire Officers, Estates Officer's and NWSSP – Facilities Services experience and knowledge for operational areas. If other specialist advice is required this will be outsourced.

## **9.7 Fire Involvement with Groups / Departments / ILG/ Site Fire Safety Groups**

Fire Safety management does not exist in isolation, many decisions are made at all levels without the thought of what implications they would have on fire safety, the management of fire safety, or the threat of fire to life or property. Any groups or departments making decisions on structural, staffing or operational issues must consider fire implications. Therefore the fire safety management processes must involve either the Fire Safety Manager, the Senior Fire Officer, or the site relative Fire Officer.

Combined involvement internally and externally with authorities and services such as Local Authorities, Fire, Police, Community Partnerships, Local and Government Services, will ensure that fire safety for the patients, visitors, staff and anyone who uses the organisations property is maintained to a high standard.

A Strategic Health, Safety and Fire Safety Committee will review and address the operational and organisations provisions, alterations, provisions and fire safety issues. This group is a sub group of the Quality and Safety Committee. Each ILG has its own Health Safety and Fire Group which reports to the Health, Safety and Fire Committee.

A Building Development Fire Safety Group will review and address the CTMUHBs Estate structural provisions, alterations, provisions fire safety issues. This group will feed into the CTMUHB Strategic Health, Safety and Fire Committee.

Fire safety will be a standing agenda item at the Health and Safety Coordinating Group meetings to ensure any issues can be addressed and discussed at Service Group, Management, staff level, groups or committees. This list is not exhaustive and fire safety can be involved in other group meetings.

### **9.8 ILG leads/ Clinical / Non-Clinical Directors (Responsible Persons)**

Within their sphere of responsibilities, under the RR(FS)O article 5(3) ILG Leads and Service Group Managers are responsible for:

- staff and departments within their remit and maintaining the required level of compliance of fire safety;
- acting upon Fire Risk Assessments (FRA) issued on their areas of responsibility, and report upwards onto the Service Group risk register;
- act upon Fire Service notification (INO/ENO) issued on their areas of responsibility and report on the corporate risk register;
- acting upon any departmental fire issues raised;
- cooperating with others where areas of responsibility are shared, ensuring levels of compliance are maintained;
- the safety of patients under their control and ensuring that there is a system or local procedure in place to ensure the safe evacuation of all users of their areas of responsibility, a means of identifying persons missing, and where applicable these systems or procedures take into account highly infectious, contagious disease or bariatric requirements;
- attending fire training specific to their role and level of responsibility, and ensuring all staff under them attend fire training specific to their role and responsibility;
- the supervision of contractors employed through their Service Group carrying out work in organisations premises;
- staff under their control have the required fire training and have access to up to date training records for audit purposes.

### **9.9 Service Group Managers / Host Organisation Leads (Responsible Persons)**

Within their sphere of responsibilities, under the RR(FS)O article 5(3) Service Group Managers / Host Organisation Leads are responsible for:

- acting upon Fire Risk Assessments (FRA) issued on their areas of responsibility, and report upwards onto the Service Group / organisational risk register;
- act upon Fire Service notification (INO/ENO) issued on their areas of responsibility and report on the Service Group / organisational risk register;
- ensuring compliance with general fire safety duties outlined in relevant fire legislative / guidance documents and the CTMUHB Fire Policy;
- attending fire training specific to their role and level of responsibility, and ensuring all staff under them attend fire training specific to their role and responsibility;
- the supervision of contractors employed by their Service Group carrying out work in organisation premises;
- staff under their control have the required fire training and have access to up to date training records for audit purposes;
- ensuring that satisfactory written arrangements (local ward / dept fire procedures) are in place for the safe evacuation of all staff, patients and visitors including, if appropriate, the safe evacuation and housing of the disabled, highly infectious / contagious disease or bariatric patients;
- ensuring any building leased or utilised for the Service Groups use must have clear documented definitive fire responsibilities. To include the named responsible person for the building, a FRA, fire plan, and information on maintaining and testing of the structural fire systems and fire provisions, prior to occupation. If already occupied this information must be obtained and available for inspecting authorities.

#### **9.10 Department, Line, Ward, Residential, Bank, Agency, Volunteer Managers (Responsible Persons)**

Within their sphere of responsibilities under the RR(FS)O article 5(3) Department, Line, Ward Managers are responsible for:

- ensuring that satisfactory written arrangements (local ward / dept fire procedures) are in place for the safe evacuation of all staff, patients and visitors including, if appropriate, the safe evacuation and housing of the disabled, highly infectious / contagious disease or bariatric patients;
- ensuring that their workplace area is checked, inspected and maintained to ensure a fire safe environment is maintained. However the role and tasks of the Department or Line Manager in relation to fire can be, if required, delegated to another staff member. Whilst the role can be delegated, the Department or Line Manager is still responsible for the fire safety issues within their remit;
- ensuring they are aware of all electrical equipment that is to be used in their sphere of responsibility and that it is tested by Estates or Clinical Engineering dependant on equipment classification prior to its use;

- ensuring that where any cooking takes place, e.g. toasters, microwaves, is in a recognised and dedicated room for cooking and a safe system of work is in place to mitigate the chances of unwanted fire signals (false alarms);
- acting upon Fire Risk Assessments (FRA) issued on their areas of responsibility, and report on the department risk register;
- acting upon Fire Service notification (INO/ENO) issued on their areas of responsibility and reporting deficiencies upwards to senior management and ensuring the department risk register is up to date;
- reporting any fire related issues to their Service Group Manager;
- staff under their control have the required fire training and have access to up to date training records for audit purposes;
- ensuring they are familiar with fire procedures for their area and the site;
- ensuring that staff are appropriately trained in the use and location of specialist equipment such as evacuation aids and
- ensuring that staff are appropriately trained in the use and location where there are specific risks such as oxygen and/or medical gases;
- cooperating with others where areas of responsibility overlap;
- the safety of patients under their control and ensuring that a system or local procedure is in place and up to date to ensure the safe evacuation of all users of their areas of responsibility, a means of identifying persons missing, and where applicable these systems and procedures take into account highly infectious or contagious diseases and bariatric requirements;
- the supervision of the evacuated ward or department and account for staff, patients and visitors at the assembly point in a fire emergency situation;
- disseminating local ward and department procedures to all staff on a regular basis including new starters or bank staff, and this training is recorded and available;
- attending fire training specific to their role and level of responsibility, and ensuring all staff under them attend fire training specific to their role and responsibility;
- the supervision of contractors employed by their department carrying out work in organisation premises.

Should the Ward or Department Manager wish to pass these responsibilities onto a member of staff to act on their behalf (fire warden/marshal role) the manager must be fully aware of their roles and requirements of that role still lies with them as the manager and the responsibility lies with that relevant manager to ensure there is no conflict in the managing fire safety. The Ward or Department Manager is still the responsible person as defined under the RRFSo and is accountable at all times. They will be responsible for ensuring there is clear written guidance for the role of the 'Fire warden/member of staff' looking after duties for fire. They will also be responsible for training them in their roles and duties they require them to undertake, as the role of fire warden/marshal is not a recognised role within this organisation).

### **9.11 Employees, Volunteers, Bank or Agency Staff**

All employees have a personal responsibility and a statutory duty of care in respect of fire safety, must maintain high standards and vigilance at all times in order to reduce the risk of fire. All employees must:

- read and sign to state they have read and understood their ward / dept local procedures for where they are employed;
- raise specific fire hazards and or fire safety issues directly with their Line Manager or via their staff side H&S rep before escalating to the HB Fire Officers;
- strictly adhere to risk assessments and safe systems of work;
- respond to incidents as appropriate;
- attend fire training specific to their role and level of responsibility;
- cooperate with management on Fire Risk Assessments issued on their areas;
- cooperate with management on Fire Service notification (INO/ENO) issued on their areas;
- cooperate with all other employers and employees in relation to fire safety matters;
- report to Line Manager any fire safety concerns or issues;
- not interfere with provisions provided for fire safety.

Specifically in relation to this Policy, Safety Representatives are entitled to:

- make representation to Managers on general matters affecting the health, safety or welfare at work of any employee;
- represent employees in consultations at the workplace with inspectors of the Health and Safety Executive, or with any other enforcing authority, in relation to health and safety matters affecting any employee;
- undertake training and receive accreditation from the organisation;
- investigate potential hazards, dangerous occurrences, causes of incidents and complaints by employees, at the workplace;
- carry out inspections of the workplace in accordance with Regulations 5, 6 and 7 of the Safety Representative and Safety Committee Regulations 1977;
- be represented at, or attend, meetings of the Quality and Safety Committee and Service Group Safety Groups.

Specifically in relation to this Policy, Safety Representatives are entitled to:

- make representation to Managers on general matters affecting the health, safety or welfare at work of any employee;
- represent employees in consultations at the workplace with inspectors of the Health and Safety Executive, or with any other enforcing authority, in relation to health and safety matters affecting any employee;
- undertake training and receive accreditation from the organisation;
- investigate potential hazards, dangerous occurrences, causes of incidents and complaints by employees, at the workplace;

## **10. Retention or Archiving**

In cases of complaints and/or claims and other legal processes it is often necessary to demonstrate the policy in place at the time of the investigation or incident. The Board Level Director for fire must therefore ensure that copies of policies and procedures are archived and stored in line with the organisations Records Management Strategy and are made available for reference purposes should the situation arise.

## **11. Non Conformance**

There is a requirement of all staff to comply with the provisions of this Policy and, where requested, to demonstrate such compliance. Failure to comply will be dealt with in accordance with the appropriate organisations Human Resources policy.

## **12. Equality Impact Assessment Statement**

This Policy has been subject to a full equality assessment and no impact has been identified.

## **13. References**

### Statutory Documents

Regulatory Reform (Fire Safety) Order 2005;  
Building Regulations;  
The National Health Service and Community Care Act (current edition);  
Health and Safety at Work etc Act (current edition);  
Management of Health and Safety at Work Regulations 1999 (current edition);  
Registered Homes Act (current edition);  
The Housing Act (current edition);  
Furniture and Furnishings Fire Safety Regulations (current edition).

### Mandatory Documents

Welsh Health Technical Memorandum (WHTM) 05 – suite of documents – Firecode.

### Legislative Documents

There are a number of other WHTMs that have fire implications that relate to fire contained within them. Care should be taken ensure that the fire safety is not compromised by other WHTM guidance's.

### Internal Health Board Fire Documents

Fire False Alarm incident reporting form;  
Site Specific operational documents;  
FRA/INO/ENO Procedure;  
Building Alteration / Development Procedure.

This list is not exhaustive and other legislation may apply in varying circumstances. Internal documentation will be developed as and when identified as being required.

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## **Appendix C - Major Emergencies**

For any fire related major emergency the Senior CTMUHB manager in charge should follow the major incident procedure and contact those listed on the major incident action card.

Also the **nearest Health and Safety Executive office:**

Health and Safety Executive  
Government Buildings  
Ty Glas  
Llanishen  
Cardiff  
CF14 5SH  
Tel: 02920 263028

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