Northamptonshire Healthcare
NHS Foundation Trust

Berrywood Hospital Fire Alarm Procedure

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1. Fire alarm

1.1 Upon activation of a call point or smoke detector within a non-ward area **no alarm** will be heard for an initial period of 3 minutes. Fire alerts are sent to the pagers and ward based fire panels

1.2 After 3 minutes a continuous alarm will be heard in the zone or ward where a call point has been activated. For the purposes of this procedure the ward or zone where a fire call point has been activated will be known as the affected area. **When the continuous alarm is audible all external doors in the affected area will unlock**

1.3 After 3 minutes those wards and/or zones adjacent to the affected area will hear an intermittent alarm. Upon hearing an intermittent alarm, staff should be aware that there is an incident within the hospital, however at this point they should remain where they are and await further instructions. An evacuation is not required

1.4 In order to sound the continuous evacuation alarm should a fire be discovered before the alarm is audible then a second call point should be activated.

Note: Due to the patient base and local environment manual break glass call points are not sited in obvious locations and it is essential all staff familiarise themselves with their nearest, to ensure the alarm can be activated as quickly as possible

1.5 Upon hearing a continuous alarm within a non-ward based area, staff should immediately evacuate via their nearest available exit and proceed directly to the fire assembly point - (Grassed Area Along Fence line by Car Park Entrance)

1.6 The fire alarm location is identified using both pagers that are carried by ward based staff (see section 6) and the fire panels that are located within each ward office. The messages displayed by the fire panels will identify both the room number and the zone in which the room is in. See appendix 4 for the full list of zones within the hospital

Note: Zones that relate to plant rooms and the roof space cannot be accessed by responders or the nominated CTL. Where an alarm indicates that an alarm has been activated in a plant room and / or roof space, Kiers should be called immediately.

2. Fire Marshals

2.1 All teams and ward areas must have an identified fire marshal during hours of operation. For ward areas this role is automatically undertaken by the nurse in charge

of the ward. For non-ward areas, the fire marshal will be determined locally by the team themselves. The following non wards areas each require a fire marshal.

First Floor – Administration Area
First Floor - Exec Corridor
First Floor - Library
Ground Floor - Treatment Centre
Ground Floor - Watermill Resource Centre
Ground Floor – Pharmacy
Ground Floor – Research and Development
Ground Floor – PMVA
Ground Floor – Occupational Therapy Department

The responsibilities of a Fire Marshal are as follows

- To ensure they have good knowledge of fire safety matters pertaining to the building
- To ensure that fire related equipment is available for use and that fire precautions are maintained in the work place
- To assist in the evacuation of the building for their area, and to report all occurrences whilst carrying out their duties
- To give special consideration to the disabled or temporarily disabled working in their area for evacuation methods
- To assist with the training of new staff working in their area

3. Non Ward based Teams Fire Marshals Alarm Response

3.1 All staff within the hospital must be aware that non ward based areas do not have office based fire panels or pagers. It is likely therefore that people in these areas will be unaware that a fire call point has been activated until either the response team arrive or they hear an audible alarm as described in sections 1.2 and 1.3 above

3.2 On hearing the intermittent alarm

3.2.1 Upon hearing the intermittent alarm all Fire Marshals within the area should don their high visibility jackets and prepare to evacuate.

3.2.2 Account for all patients and staff within the area

3.2.3 Wait for the hospital response team. The CTL and response team will investigate the alarm and then advise after investigation whether evacuation is required

3.3 On hearing the continuous alarm:

3.3.1 On activation of the continuous fire alarm, Fire Marshals should make themselves recognisable by wearing the high visibility reflective jacket. This is the form of identification provided by the Trust for fire

3.3.2 Search the area to determine the source of the alarm. The fire marshal must establish as quickly as possible utilising staff available whether the incident is genuine or not. The response team and nominated CTL will assist with this if they have arrived.

3.3.3 Once the source of the alarm has been identified, if it is a false alarm, the hospital reception staff must be informed using the number 5555 from an internal phone. This will be completed by either the Fire Marshall or the nominated CTL and will be determined by whoever establishes the source of the alarm. The purpose of this call is to advise if there is a fire and advise reception that the alarm can be silenced by reception staff.

3.3.4 If the fire marshall makes the 5555 and it a false alarm. A further call must be made to reception by the nominated CTL who will issue an instruction to "Reset" the fire panel.

3.3.5 Reception staff must only Reset the fire panel upon an instruction from the nominated CTL.

3.3.6 If the source of the alarm is because there is a fire, the nominated CTL and / or the fire marshal must contact reception using the number 5555 and advise reception staff of the exact location of the fire. They will instruct reception staff to call the fire service.

3.3.7 The nominated CTL will then attend the reception area to meet the fire service and provide support to reception staff. At this point the fire marshal will assume control of the evacuation from the area

3.3.8 They should then instruct all staff and any visitors to evacuate via their nearest available fire exit. The response team will assist with this.

Patients if appropriate should be assisted with their evacuation, all staff should be involved in this process

Staff, public or patients refusing to leave for whatever reason should be informed of the situation and if they continue to refuse, they should be left.(Staff should not put themselves at risk) On leaving it is imperative that the Fire Marshal makes a note of the individual, their location and the time they were left.

3.3.9 Evacuation from a non ward area should initially be to the hospital restaurant. From there if further evacuation is required upon instruction from the nominated CTL staff should proceed directly to the fire assembly point - (Grassed Area Along Fence line by Car Park Entrance)

3.3.10 Staff or visitors with impaired mobility must be moved to a safe area, where they should remain until all other occupants have evacuated, they should then be evacuated with assistance following the plan defined within their P.E.E.P (Personal Emergency Evacuation Plan)

3.3.11 The searching of all toilets is essential and should be conducted in the following manner:

On entering the toilets irrespective of gender, occupants should be advised to evacuate, if there is no response from locked cubicles, the doors should be firmly knocked and information given. If there is still no response the Fire Marshal must vacate having made a note of the location and time.

3.3.9 The main objective of the Fire Marshal is to provide effective accurate information to the Nominated CTL as quickly possible regarding the status of their area.

The Fire Marshal will either report that the area is clear or that there is an area that is still occupied.

3.3.10 The duties of the Fire Marshal do not cease until the incident is closed, therefore they should ensure they are available for further instruction from the CTL even though they have passed on their information.

3.3.11 Fire Marshals having vacated the building via their nearest available fire exit must then proceed to the Incident Control Point –main reception, and pass on all relevant information to the CTL, who in-turn will liaise with the fire service if required.

4. Fire alarm – Ward Areas

4.1 Upon activation of a call point or smoke detector within a ward area, the only alarm heard will be the local alarm on the panel located within each ward office. (In instances where multiple detectors are activated the fire alarm will go straight into evacuation mode and the fire service will attend)

Note: if no staff are present within the office at the time, it is possible the alarm will not be heard

4.2 In addition to the local alarm in each ward office sounding, the pagers will operate indicating “Fire”

4.3 If the pager indicates fire, responding staff within their own area must make sure all ward staff are alerted.

4.4 After 3 minutes a full continuous alarm will be heard and all doors will unlock in the affected area

4.5 After 3 minutes, all neighbouring areas throughout the site will hear an intermittent alarm

5. Ward Fire Marshals Alarm Response

5.1 As stated in section 2.1 the role of the fire marshal on all wards is automatically undertaken by the nurse in charge of the ward. For the purposes of this procedure the fire marshal will be referred to as the nurse in charge.

5.2 Upon receiving a fire alert through the pager or the ward fire panel, the nurse in charge will immediately don their high visibility jackets. This is to make them immediately visible to others who will require information or further instruction

5.3 The nurse in charge must check the fire panel in the ward office to determine the location of alarm sensor that has been activated. They will then establish as quickly as possible utilising staff available whether the incident is genuine or not. The response team will be on their way led by the nominated CTL.

5.4 In the event of a false alarm, the nurse in charge will contact reception as soon as possible using 5555. They will advise reception that it is a false alarm and that the alarm can be silenced.

5.5 If the nominated CTL is present when a false alarm is established is present the call to reception can also be made them.

5.6 If the fire marshall makes the 5555 and it a false alarm. A further call must be made to reception by the nominated CTL who will issue an instruction to “Reset” the fire panel.

5.7 Reception staff must only “Reset” the fire panel upon an instruction from the nominated CTL.

5.8 If the source of the alarm is because there is a fire, the nominated CTL and / or the nurse in charge must contact reception using the number 5555 and advise reception staff of the exact location of the fire. They will instruct reception staff to call the fire service.

5.9 The nominated CTL will then attend the reception area to meet the fire service and provide support to reception staff. At this point the fire marshal will assume control of the area.

5.10 In the event of a fire, the nurse in charge of the ward will need to decide if the fire could be extinguished using equipment available in the area.

5.11 In the event of a fire, if the fire cannot be extinguished, all patients and staff should be initially evacuated horizontally away from the fire using the help of the response team and the ward fire escape plan. Doors must be closed after the affected area has been cleared.

5.12 Staff, public or patients refusing to leave for whatever reason should be informed of the situation and if they continue to refuse, they should be left (Staff should not put themselves at risk). It is imperative that the nurse in charge makes a note of the individual, their location and the time they were left.

5.13 Once everyone is accounted for and they have evacuated horizontally to an area away from the fire the nurse in charge will instruct a member of the response team to attend reception and appraise the nominated CTL of the current situation and the location of where everyone has evacuated to.

6 Response Team

6.1 All wards on site will ensure that 1 person is identified each shift to carry the response pager. These responders will respond to the affected area. The response team will be led and co-ordinated by the nominated CTL. Upon receipt of a pager message indicating fire, the response nurse should check their own ward office Fire Alarm panel where fitted, to confirm address of incident then respond directly to the scene to support the area affected.

6.2 When responding to a populated area of the hospital such as an inpatient ward, the response team co-ordinated by the CTL will assist the nurse in charge in managing the area.

6.3 When responding to a non-populated area of the hospital such as Watermill or The Treatment Centre out of office hours, the response team will work together with the nominated CTL to determine if there is a real fire using a co-ordinated approach and also try and identify if there are other people present that may require evacuation.

6.4 The source of the alarm must be identified. If there are no obvious signs such as flames or smoke in a room, the response team, led by the CTL must identify the alarm sensor that has been activated. The activated alarm sensor is identified by a solid red light on the alarm head itself.

6.5 If it is a false alarm the nominated CTL will advise reception to reset the fire alarm using the 5555 number. They will advise reception to reset the fire alarm.

6.6 If there is a fire in a non-populated area, once the source of the alarm has been established the nominated CTL will advise reception using the number 5555. They and the response team will evacuate the area using the nearest exit

making sure to close all doors as they escape and will go immediately to reception

6.7 Following attending any false alarm the response team will attend Reception before returning to the own work area to ensure the Fire Response Register can be updated by Reception

7. Responsibilities of the nominated Clinical Team Leader

7.1 The nominated Clinical Team Leader as identified by the CTL Rota will immediately check the fire panel in their own ward upon hearing the fire alarm to determine where the alarm has been activated.

7.2 They will lead the response team in identifying the source of the alarm.

7.3 Once the source of the alarm has been identified the nominated CTL will contact the hospital reception using the number 5555 and advise reception whether it is a real fire or not. If it is a real fire they will instruct Berrywood Reception staff to contact the fire service. If it is a false alarm they will instruct Berrywood Reception staff to reset the fire alarm.

7.4 They will ensure that they identify the room number of the activated fire alarm so that this can be recorded on the fire response register.

7.5 After notifying reception as per 7.3 they will attend the Hospital reception to either meet the fire service when they arrive and ensure prompt access to the area affected or notify others and sign the fire response register to confirm it was a false alarm.

7.6 The nominated CTL will ensure that the fire alarm will only be silenced or reset in the event of false alarms.

7.7 In the event of a fire, the fire alarm must only silenced or reset by reception staff or the nominated CTL upon being advised to do so by the fire service.

7.8 They will liaise with Fire Marshals from non-ward areas who will report the status of their location confirming whether or not it has been cleared

8. Responsibilities of Berrywood Hospital Reception

8.1 Berrywood Hospital Reception will maintain a Fire Response Register (Appendix 3) each day of who across the site are the designated responders from each area of the hospital.

8.2 Berrywood Reception will contact each ward area after the commencement of each shift (approximately 0800hrs, 1430hrs and 2100hrs) to determine the name of the person who is the Response Nurse.

8.3 In the event of a fire alarm, reception will take the call from the fire marshal / and or nominated CTL within affected area confirming whether there is a fire or not.

8.4 Berrywood Reception will act upon the instruction given by the fire marshal regarding next steps. The fire marshal will give the instruction to call the fire service if there is a fire. If it is a false alarm they will give the instruction to silence the fire alarm.

8.5 They will act upon the instruction given by the nominated CTL regarding next steps. The nominated CTL will give the instruction to call the fire service if there is a fire. If it is a false alarm they will give the instruction to reset the fire alarm. This instruction may come after the request from the fire marshal to silence the panel.

8.6 Reception staff must ensure that the fire alarm is only reset upon instruction from the nominated CTL, no one else

8.7 In the event of a false alarm, reception staff will indicate on the Fire Response Register who responded to the Fire Alarm.

REMEMBER FIRE IS UNPREDICTABLE & JUDGEMENTS WILL NEED TO BE MADE BY SENIOR STAFF ON THE PREVAILING SITUATION THEREFORE ASSEMBLY POINTS & SAFE AREAS ARE SUBJECT TO THESE,

Note: It is essential all staff discuss the operation of this procedure, look at the best and most practical options for evacuation if required, which is pertinent to their own environment and patient base.

Important:

Familiarise yourself with location of Fire Alarm call points – Ward areas (Office only)

Fire Panels – (Ward Office) and Fire-fighting equipment (Ward Office)

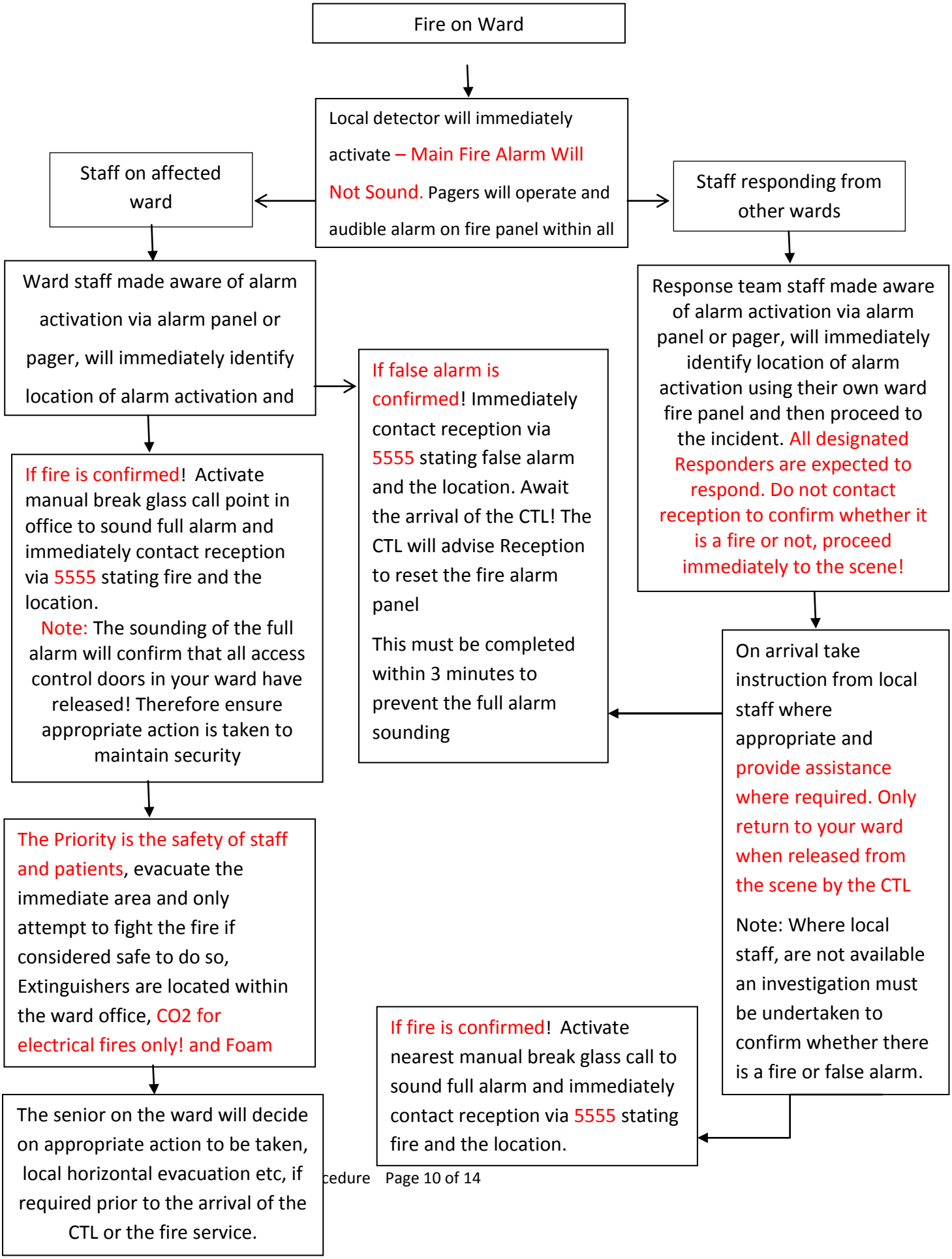
Personnel issued with Pagers, ensure you fully understand the operating instructions and always ensure they are carried at all times and indicate full battery at the change of each shift.

If you are within another area, for example the canteen, follow the response for non-ward based staff

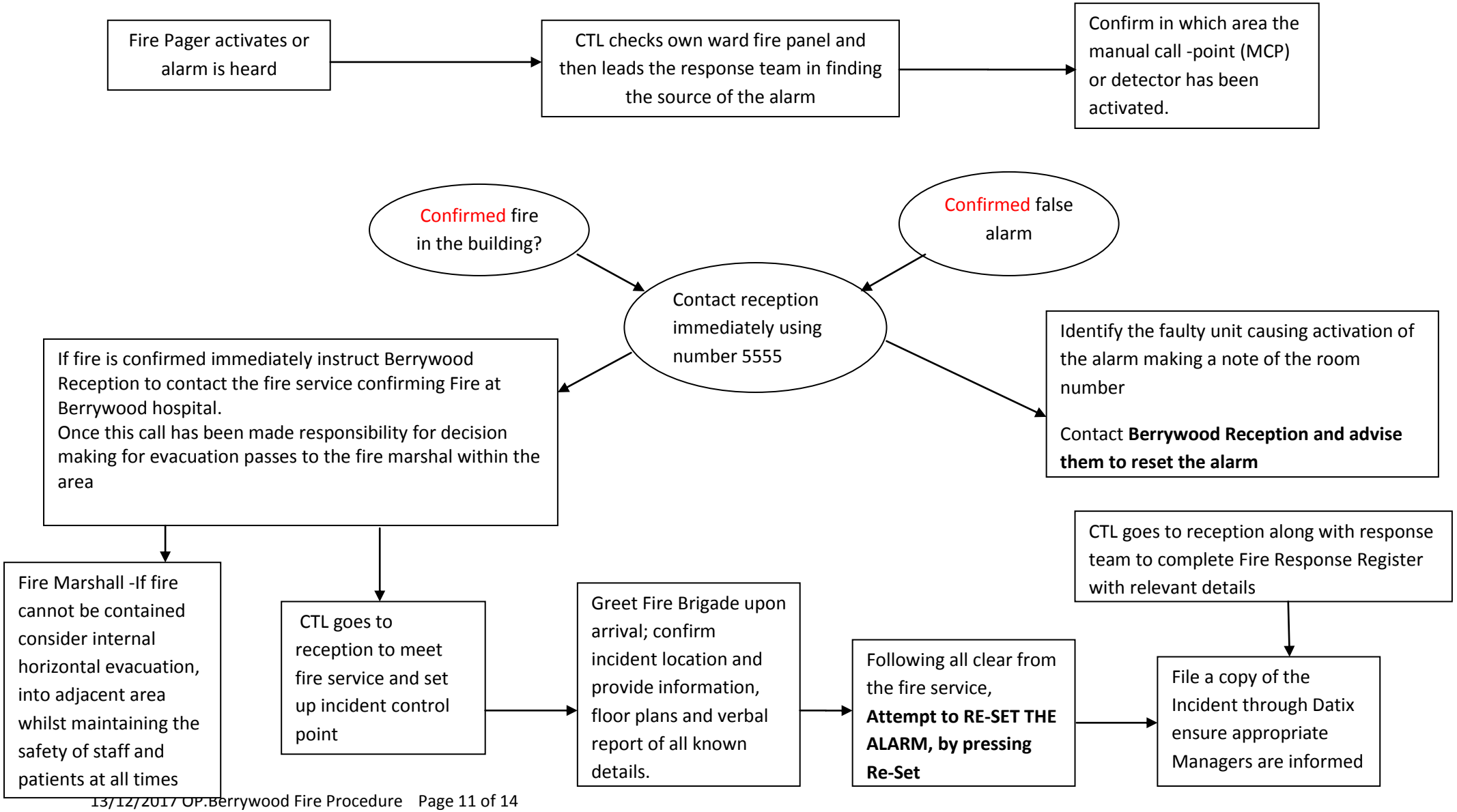
Continuous Alarm – evacuate via your nearest available exit to your designated assembly point (Grassed Area Along Fence line by Car Park Entrance)

Intermittent Alarm – Prepare to evacuate**,** remain where you are aware and await further instructions.

Appendix 1 – ***Flow chart for Fire Response to a Ward Area***



Appendix 2 - Flowchart for Nominated Clinical Team Leader Response



Appendix 3 – Fire Response Register

Date:

	Name of Responder		Name of Responder		Name of Responder		
AREA	**EARLY**	**ATTEND Y/N**	**LATE**	**ATTEND Y/N**	**NIGHT**	**ATTEND Y/N**	**Contact**
Harbour							5433
Marina							5445
Cove							5493
Bay							5519
Riverside							5539
Brookview							5554
Wheatfield							5461
Meadowbank							5474
The Burrows							5575

	EARLY	**Can they fulfil role? Y/N**	**LATE**	**Can they fulfil role? Y/N**	**NIGHT**	**Can they fulfil role? Y/N**
CTL						
Ward						

9-5 Areas	**STAFF**	**ATTEND Y/N**
Watermill		
Treatment		
PMVA		
R&D		
OT Adult		

To be completed by CTL

Details of Fire Alarms during 24 hour period			
Time of alarm	**FALSE / ACTUAL FIRE**	**Room number**	**INITIALS OF CTL**

Appendix 4 – Berrywood Hospital Fire Zones

Use the table below to check where to respond to. Plant Rooms cannot be accessed by responders and therefore Kiers need to be called

References to “left” and “right” relate to when looking from the main ward entrance into the ward

Zone 2	Bay Ward entrance corridor including area outside main office
Zone 3	Bay Ward left hand bedroom corridor
Zone 4	Bay Ward central bedroom corridor
Zone 5	Shared OT corridor (Library and Multi gym), HR offce and Advocacy
Zone 6	Bay / Cove bedroom corridor including seclusion / de-escalation
Zone 7	Cove Ward entrance corridor including area outside main office
Zone 8	Cove Ward central bedroom corridor
Zone 9	Cove Ward right hand bedroom corridor
Zone 10	Harbour male bedroom corridor
Zone 11	Harbour entrance corridor including area outside main office
Zone 12	Harbour female bedroom corridor
Zone 13	Kiers Workshop
Zone 14	Marina PICU entrance corridor and central bedroom corridor
Zone 15	Marina left hand bedroom corridor
Zone 16	Exit to hospital grounds and stairwell adjacent to Bay entrance
Zone 17 - Plant Room	Above Research and Development
Zone 18 - Plant Room	Above OT corridor
Zone 19 - Plant Room	Above Bay Ward
Zone 20 - Plant Room	Above Cove Ward
Zone 21 - Plant Room	Above Harbour Ward
Zone 22 - Plant Room	Above Marina PICU
Zone 23	SDU Bedroom corridors
Zone 24	Brookview bedroom corridor including 4 beds from Riverside
Zone 25	Brookview and SDU day areas
Zone 26 - Plant Room	Above SDU bedroom corridors
Zone 27 - Plant Room	Above main entrance and day areas of both Brookview and Riverside
Zone 28 - Plant Room	Above Brookview bedroom corridor
Zone 29	Riverside first 4 beds on right hand corridor
Zone 30	Riverside central and left hand bedroom corridors
Zone 31	Riverside and Quayside day areas
Zone 32	Quayside day area and bedroom corridors
Zone 33 - Plant Room	Above Riverside bedrooms
Zone 34 - Plant Room	Above Riverside day areas

Zone 35 - Plant Room	Above Quayside bedroom corridors
Zone 36	Burrows Central bedroom corridor
Zone 37	Burrows entrance, day area and left hand bedroom corridor
Zone 38 - Plant Room	Above Burrows
Zone 39	Older Adult corridor including reception area
Zone 40	Faith Room corridor and Older Adult Gym / Research corridor
Zone 41 - Plant Room	Above Older Adult corridor including reception area
Zone 42 - Plant Room	Above Research and Development corridor
Zone 43	Watermill and Treatment Centre
Zone 44	Stairwell to Exec corridor from Treatment Centre / Watermill
Zone 45	Reception corridor and Café including first floor bridge and pharmacy
Zone 46	PMVA Department including Cedar Room
Zone 47	Main Kitchen / Laundry and Sewing room
Zone 48	End 4 offices of Exec Corridor (1st Floor)
Zone 49	Exec Corridor (1st Floor)
Zone 50	First floor meeting rooms and library
Zone 51	Stairs to first floor from Reception
Zone 52	Stairs to first floor from car park
Zone 53	First floor offices including MHA Dept, Medics and Facilities
Zone 54	Wheatfield reception area including meeting rooms
Zone 55	Wheatfield Unit
Zone 56 -Plant Room	Above Wheatfield Reception
Zone 57- Plant Room	Above Central Wheatfield entrance corridor and central bedroom corridor
Zone 58- Plant Room	Above Wheatfield left bedroom corridor to Marina
Zone 59 - Plant Room	Above Wheatfield right bedroom corridor to Meadowbank
Zone 60	Meadowbank Unit
Zone 61 - Plant Room	Above Meadowbank entrance, day areas, right and central bed corridors
Zone 62 - Plant Room	Above Meadowbank left bedroom corridor
Zone 63 - Plant Room	Roof space above first floor offices