



THE STATE HOSPITALS BOARD FOR SCOTLAND

FIRE SAFETY POLICY AND PROCEDURES

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The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet:

<http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

CONTENTS	PAGE
1. THE POLICY STATEMENT	3
2. POLICY OBJECTIVES	4
3. FIRE SAFETY ARRANGEMENTS	5
4. POLICY REVIEW	8
5. FORMAT	8
APPENDIX 1: FIRE PROCEDURES FOR PERSONS WITH A DISABILITY	10
APPENDIX 2: FIRE PROCEDURES	11
APPENDIX 3: SUMMARY OF EVACUATION PROCEDURES	12
APPENDIX 3b: EVACUATION PROCEDURE FOR THE SKYE CENTRE	16
APPENDIX 4: GUIDANCE ON TACKLING A SMALL FIRE	19

1. THE POLICY STATEMENT

The State Hospital is committed to establishing a fire safety culture in the workplace and places the safety from fire of all its employees, and other persons who may be affected by what it does, at the heart of the organisation. It shall make fire safety matters an integral part of any decision concerning the workplace environment, the equipment used in the workplace, the systems of work adopted by staff and the management arrangements of the organisation.

They shall do this by ensuring that staff and volunteers are appropriately trained on fire safety matters and are aware of the corporate fire safety objectives and the arrangements for managing fire safety. Adequate resources shall be provided so that the objectives contained in this policy can be met. They will maintain this fire policy and the associated fire procedures, and shall from time to time review them to ensure they remain appropriate to all the circumstances of the organisation.

In any case, the standard of fire safety in The State Hospital premises shall not in any case be less than that contained in the applicable fire safety legislation, associated compliance guidance standards and associated NHS Scotland Firecode guidance, but where a higher standard is justified as a consequence of risk assessment or other evaluation, then that standard shall be adopted.

In particular, The State Hospital will ensure that the requirements of the following are, subject to risk assessment findings, complied with.

- The Fire (Scotland) Act 2005 as amended and the Fire Safety (Scotland) Regulations 2006;
- The Fire Safety Policy for NHS Scotland; CEL 11 (2011);
- The 'Practical Fire Safety Guidance for Healthcare Premises' (Scottish Government: Safer Scotland) ;
- NHS in Scotland Firecode –with some agreed exemptions
- The requirement to carry out, record and implement the findings of a fire risk assessment in the workplace;

The State Hospital recognises the need to routinely test and maintain fire safety installations in the workplace and shall do so in accordance with the relevant best practice guidance including manufacturer's maintenance and test instructions and/or schedules of test and maintenance specified in codes of practice. These arrangements shall include the testing and maintenance of fire alarms, fire extinguishers and emergency lighting systems and any other items that may impact on the provision of a safe working environment.

Gary Jenkins
Chief Executive
The State Hospital

2. POLICY OBJECTIVES

The fire safety objectives of The State Hospital are as follows;

- To ensure that a fire safety policy and procedures for what to do in the event of fire are established, endorsed by the Chief Executive, who has overall responsibility, implemented and thereafter reviewed periodically.
- To ensure that all staff are appropriately trained in what to do in the event of fire and are aware of the contents of the fire safety policy, these objectives and the procedure to adopt in the event of fire.
- To ensure that management arrangements are established so that fire safety matters are appropriately addressed, consistent with a 'fire strategy' and that a 'fire plan' detailing escape routes and fire safety equipment and installations, is displayed.
- To ensure that appropriate emergency response teams or arrangements are in place in order that sufficient staff are available at all times to provide assistance with evacuation in a fire emergency from all parts of premises on the site
- To ensure that adequate means of escape in case of fire are provided, including arrangements to ensure that any person with a disability (Appendix 1) including mental health, physical and/or sensory impairment, language barriers including those for whom English is not their first language is properly considered through the provision of a 'personal evacuation plan', and receives support and assistance consistent with their needs so that they can escape safely in the event of fire. These arrangements and strategies will take into account the recommendations of the Equality Act 2010.
- To ensure that sources of ignition are identified and eliminated if possible, or controlled so that the potential for fire, and harm resulting from it, is reduced to the lowest possible level. In particular that the risk in regard to dangerous substances as detailed in Fire Safety (Scotland) Regulations 2006; Part 2;(6), are assessed and measures put in place to mitigate such risks.
- To ensure that work equipment is procured, tested and maintained in accordance with The State Hospital Maintenance policies so that it presents the lowest possible potential for causing fire.
- To ensure that the premises are provided with suitable and appropriate means for giving warning in case of fire; and for automatically detecting fire where this is identified as appropriate in relation to the risk from fire.
- To ensure that the premises are provided with appropriate means for dealing with an outbreak of fire and is provided with signs indicating exit routes, and notices informing occupants of the action they should take in the event of fire.
- To ensure that Emergency Evacuation procedures are in place for all buildings, premises or parts of premises on the hospital site. (Appendices 2 and 3a & 3b)
- That a system of fire risk assessment is adopted so that all fire and related hazards are identified, recorded and appropriate measures put in place to mitigate their effects or address any fire safety failures identified in the assessment. The significant findings of any Fire Risk assessment report can be made available to all interested parties.

- The State Hospital shall put in place means of ensuring reports of all fire incidents from the Hospital's Nominated Officer (Fire) or Deputy, informing the Executive Director or Chief Executive as appropriate.
- The State Hospital will adopt the 3i Studio Manager module of the NHS Scotland Asset Management system as the primary means of meeting the aims of this policy in the context of strategic and operational management of fire safety matters and the statutory requirement to conduct fire risk assessments.
- The 3i Studio "Fire Manager" module must also be used to record data on actual fire safety performance outcomes such as alarm incidents, unwanted fire signals, primary and secondary fire incidents. This will ensure consistency in the general reporting of fire –related incidents throughout NHS Scotland. Incidents should also be recorded on Datix in line with hospital policy.
- All outbreaks of fire will be recorded internally and actions identified to ensure that all possible lessons are learned in order to mitigate the risk of reoccurrence.

The State Hospital recognises that 'Fire Safety Duties' are set out within The Fire (Scotland) Act 2005 – Part 3, Chapter 1 and The Fire (Scotland) Regulations 2006 – Part 3 Par 22 – "Duties of Employees"

3. FIRE SAFETY ARRANGEMENTS

The arrangements for ensuring that fire safety is properly managed shall be as follows:

Chief Executive

- Shall have ultimate responsibility for fire safety and shall ensure that fire safety is properly represented at Board level.
- Shall ensure that appropriate financial resources are provided to address any fire safety failures and that appropriate steps are taken to do so, on the basis of any failures identified during fire risk assessments.
- Shall receive an annual report of fire safety performance from the General Manager with responsibility for fire safety (or the Nominated Officer (Fire)).
- Shall appoint an appropriate Deputy, in line with the Hospital's Scheme of Delegation

Security Director

- Shall liaise with the Nominated Officer (Fire); receive periodic reports of fire safety performance and activities, progress of fire safety works and improvements done to address fire risk assessment action plans etc.
- Shall keep the Chief Executive informed as to significant fire safety issues and reports of fire.
- Shall ensure the fire safety interests of patients, staff and other visitors to The State Hospital premises are properly represented at Board level.
- Shall ensure that all Departmental Managers under their control effectively manage fire safety matters in their respective departments or areas of control and that the fire safety arrangements are consistent with the regulatory requirements of the Fire (Scotland) Act 2005 as amended and the Fire Safety (Scotland) regulations 2006, and shall as necessary liaise with the Nominated Officer (Fire).

To this end they shall ensure that:

1. Fire risk assessment/s have been carried out in the area/departments in their control and that they are properly recorded, action plans provided and action taken where necessary, and reviews carried out regularly.

2. Staff are appropriately trained on fire safety matters relevant to their place of work.
3. The fire safety measures in place are sufficient to ensure a safe place of work and treatment for patients.
4. Maintenance and routine testing is conducted on fire safety equipment and installations.
5. Records are kept of all routine tests and maintenance.
6. They report significant fire safety issues to the Director with responsibility for fire safety.

Nominated Officer (Fire)

Within the State Hospital, the Nominated Officer (Fire) will take on the role of Fire Safety Advisor seeking advice from contracted fire safety advisory service or National Fire Safety Advisor, HFS, or the local Fire & Rescue Service.

- Advising on the application of the provisions of legislation, NHS Scotland Fire Safety Management, NHS (Scotland) Firecode and other appropriate guidance in respect of fire safety in premises owned or occupied by the State Hospital
- Shall be responsible for the day-to-day supervision and management of fire safety
- Shall receive sufficient training to enable them to undertake their fire safety duties and fully understand the extent of their responsibilities
- Shall ensure that suitable and sufficient fire risk assessments are undertaken in relation to the estate for which they have responsibility;
- Ensure that the findings of fire risk assessments are appropriately acted upon and followed;
- Ensure fire risk assessments are regularly reviewed
- Monitor all fire safety provisions including the provision and review of local fire evacuation plans
- Shall ensure that appropriate arrangements are in place to provide fire safety training for all staff
- Shall ensure that appropriate arrangements are in place to test and record workplace fire safety equipment from time to time - e.g. PAT testing, routine fire alarm testing and portable fire fighting equipment.
- Ensure that arrangements are made for the maintenance of such equipment
- Shall ensure that regular reports of fire safety performance of the organisation are provide to the Executive Director with fire safety responsibility
- Shall receive reports of fire and unwanted fire alarm signals and instigate and monitor actions to mitigate the potential for their occurrence
- A high level of housekeeping standards should be maintained to ensure that accumulations of combustible waste material are controlled and that exit routes are not obstructed
- Shall receive fire safety complaints from staff and volunteers and shall instigate action to remedy fire safety failures whether as a result of a fire risk assessment or otherwise.
- Shall ensure that the Chief Executive is informed of any significant fire safety failures that require immediate attention because they incur a significant potential for harm to persons, or harm to the healthcare activities of The State Hospital.
- Safety Action Notices – (Fire) In order to meet its governance responsibilities, The State Hospital must ensure that appropriate action is taken (if deemed necessary), as specified in accordance with these Notices and Alerts in relation to fire.
- This reflects the responsibilities set out in the Risk Management Strategy and the State Hospital's Health and Safety Policy and is a mandatory requirement to meet our duty of care to staff, patients and visitors to our organisation.
- Shall assume and undertake the general duties of Nominated Officer (Fire)/Fire Safety Advisor as specified in the Fire Safety Policy for NHS Scotland; CEL 11 (2011)

- Shall provide, in conjunction with the Learning & Development Department, appropriate sufficient fire safety training for staff, organise fire evacuation drills and witness the effectiveness or otherwise of fire drills
- The State Hospital must report fires involving death or serious injury to the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

In addition, all fires involving death, injury, or damage which results in significant disruption to patient services must be notified immediately by telephone. Email or fax to:

**Head of Asset Management,
Capital and Facilities
Directorate for Health Finance and Information
Scottish Government
St. Andrews House
Regent Road
Edinburgh
EH1 3DG
Email: gillianmccallum@scotland.gsi.gov.uk
Copy to: ian.grieve@scotland.gsi.gov.uk
(Tel: 0131 244 2383)
(Fax: 0131 244 2371)**

Note: Minor fire incidents and alarm incidents are not required to be reported to SGHD

This must be followed up by a detailed report of the Fire to SGHD Capital and Facilities Division as soon as is reasonably practicable. If further information is likely to emerge from ongoing enquiries, this should be indicated and the material forwarded to SGHD as soon as possible

The foregoing arrangements for fire safety will be supplemented by other delegated and supporting arrangements as follows;

Deputy Nominated Officer (Fire)

- Shall assist the Nominated Officer (Fire) and the Security Director in the implementation of the Fire Safety Policy for The State Hospital
- They shall monitor the relevant reviews including the fire safety policy, local fire safety procedures, the conduct and progress of fire risk assessments and the fire safety training performance of the organisation
- They may also advise, in consultation with the contracted fire safety advisory service on the delegation of fire safety responsibilities and other organisational fire safety functions
- Inclusion of annual fire safety information within the Risk Management Annual Report.

Health, Safety and Welfare Committee

- The committee shall adopt a positive supporting role in the promotion and pursuit of fire safety objectives. In particular the Health, Safety and Welfare Committee shall represent the interests of employees and provide a forum through which they may report any significant issues they feel should be addressed in regard to fire safety in the workplace

Lead Nurse/Senior Charge Nurses and Departmental Managers

- Shall ensure the effective day-to-day management of fire safety within their respective departments, wards or area of responsibility and to that end;

- Shall ensure that nominated control book holders undertake their allocated duties in relation to fire safety. This includes ensuring that deficiencies, faults or failures relating to fire safety are properly reported for repair promptly, and a record kept of the action carried out within the **eControl Book**.
- Shall be responsible for monitoring the fire safety training requirements of the staff/volunteers under their control and shall make a request for training to the Learning & Development Dept.
- Shall ensure that new staff, including agency, temporary or part time staff and volunteers are included in the general training arrangements and that they receive a local department, ward or area walk round induction at the commencement of their employment so that they are aware of the exit routes, door fastenings and other fire safety provisions relevant to their place of work.
- Shall ensure that all staff and volunteers in their control are aware of the fire safety procedures for their place of work and know what to do in the event of fire.
- Shall ensure that all staff at the commencement of employment are enrolled on a corporate induction session with the appropriate provider.
- Shall ensure a visual check is undertaken regularly and a formal documented inspection (Fire Safety Checklist) at least quarterly – this should be recorded within the eControl Book. Any results should be recorded and action taken to remedy any deficiencies the inspection has identified.
- Shall ensure exit routes and doors from them are unobstructed and available for use at all times and that the general storage arrangements are consistent with good fire safety practices e.g. combustible materials are not allowed to accumulate and are stored neatly and properly in allocated storage spaces; that waste materials are not allowed to accumulate unreasonably in the workplace and is dealt with regularly in accordance with the corporate waste management policy.

All Staff

The corporate fire safety objectives are common to all staff. All staff therefore have a responsibility to ensure that fire safety measures are maintained appropriately i.e.

- Exit routes and doors are not obstructed.
- Flammable waste is not permitted to accumulate and is dealt with in accordance with the waste policy of The State Hospital.
- Shall co-operate with the reasonable instructions of their employer in regard to fire safety in the workplace e.g. shall attend fire safety training when required to do so.
- Shall familiarise themselves with the fire safety procedures of their workplace.
- Shall assist their employer by taking a constructive attitude to fire safety matters to promote and sustain a positive fire safety culture.

Shall co-operate with managers in maintaining appropriate fire safety measures and shall report any fire safety failures they identify.

4. POLICY REVIEW

This policy will be reviewed in 3 years.

5. FORMAT

The State Hospitals Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information / documents in alternative formats and are happy to discuss with you the most practical and cost effective format suitable for your

needs. Some of the services we are able to access include interpretation, translation, large print, Braille, tape recorded material, sign language, use of plain English / images.

If you require information in another format, please contact the Person Centred Improvement Lead on 01555 842072.

Key Stakeholders	Consulted (Y/N)
Patients	N/A
Staff	N/A
TSH Board	N/A
Carers	N/A
Volunteers	N/A

FIRE PROCEDURES FOR PERSONS WITH A DISABILITY

Disabled persons must not in any circumstances be placed in greater danger from fire simply by virtue of their disability, in any premises controlled by The State Hospital.

Disability in this context means:

- Any person who has any degree of mobility impairment e.g. they can walk only with assistance, they have to use a walking aid, they are slow and unsteady on their feet due to age or infirmity, they use a wheelchair.
- Any person whose ability to hear, interpret and respond to a fire alarm signal however provided, is limited due to sight, hearing, mental or any other impairment.

The procedure for evacuation for disabled persons shall in any case be based on the following principles. Not all of these principles may be applicable in every case and the procedure should be specific and appropriate for the individual persons concerned.

- The evacuation of disabled persons from The State Hospital shall be based on the principles and guidance contained in the guidance titled '*Practical fire safety guidance – the evacuation of disabled persons from buildings*' that may be accessed at <http://www.infoscotland.com/firelaw>

IMPORTANT NOTE:

This guidance is not directly intended to apply to healthcare premises as stated in the introduction to it. However it does state that much of the content may be of interest to those who manage such premises. The guidance should be used in that context, on the understanding that not all of it may be applicable and that some judgement may need to be exercised when interpreting the guidance it provides. Nevertheless, much of the guidance is relevant and will provide a good basis for ensuring the standards adopted are suitable and appropriate for general use in healthcare premises.

- All disabled persons, other than patients for whom other arrangements may apply and those for whom such a plan is clearly not necessary, whether patients, visitors, volunteers, employees or contractors employees, shall be provided with a 'Personal Emergency Evacuation Plan', commonly referred to as a 'PEEP'.
- A model PEEP template is provided in the guidance.
- PEEP's for individual disabled persons should be provided and should only be developed in consultation with the person for whom it is prepared.
- Whenever possible, a PEEP should be prepared in advance of the person's arrival at the premises, as this will allow any assistance arrangements to be made in advance of their visit. However, this may not always be possible, and in this case the arrangements should be made immediately on their arrival before conducting other business.
- The evacuation of disabled persons, including visitors and volunteers, from in-patient ward areas in hospitals may be based on the same principle as that applicable to in-patients i.e. progressive horizontal evacuation to an adjacent compartment which is at least temporarily safe from the effects of fire, and from which further escape is possible.
- From other building types and non in-patient facilities conventional procedures as referred to in the guidance e.g. the use of temporary waiting spaces within fire protected stairway enclosures, should be adopted as appropriate.
- It should be noted that the responsibility for evacuation of premises, and accounting for persons during an emergency evacuation lies with The State Hospital. Strathclyde Fire & Rescue Service will, where necessary, evacuate persons from buildings in an emergency but are not responsible for safe evacuation.

FIRE PROCEDURES

The fire safety procedures for all The State Hospital premises, including the means for evacuating the premises, raising an alarm of fire and requesting assistance from the Fire and Rescue service shall in any case be based on the following principles. These principles are an integral part of the fire safety policy.

A copy of the fire safety procedures for each building, managed unit, department or specific workplace should reflect the particular circumstances of the place it is intended to cover and a copy of it may be appended to this policy or otherwise kept within the H&S control Book for the premises.

The principles of the fire procedure should be drawn from the following. Not all the principles may be applicable to all workplaces e.g. progressive horizontal evacuation applies only to those areas where patient care is provided and structural fire precautions allow.

The method for raising the Fire Alarm is by:

- Automatically via the provision of smoke or heat detectors throughout the premises.
- Manually by operating a fire alarm call point.
- The locations of manual call points within The State Hospital buildings will be determined by the access which patients have to a particular area. Manual call points will, therefore, be restricted to areas under staff control. There are, however, Manual call points provided in some patient care areas within Hub and Cluster buildings which are key operable by staff only.

The Fire and Rescue service will be alerted by the Control Room Operator.

The action to be taken by persons present, on discovering a fire shall be;

- Activation of the nearest manual call point, if available.
- Dialling 2222 as per Fire Action Notice or actuation of Personal Attack Alarm/Personal Radio.
- Alert all persons in the vicinity.
- Remove any persons in danger to place of safety.
- If practical and it is safe to do so then tackle the fire with the appropriate portable fire appliance (refer to guidance in Appendix 4).
- The means for evacuating ambulant and non-ambulant patients.
- The means and procedure for providing assistance to disabled persons.
- Any shut down procedure for machinery, plant or equipment.
- The means for supervising and assisting the evacuation of members of the public and other visitors.
- The arrangements for taking a roll call and/or ensuring everyone has left the premises.

The procedure for dealing with an outbreak of fire should detail; (see also Appendix 4)

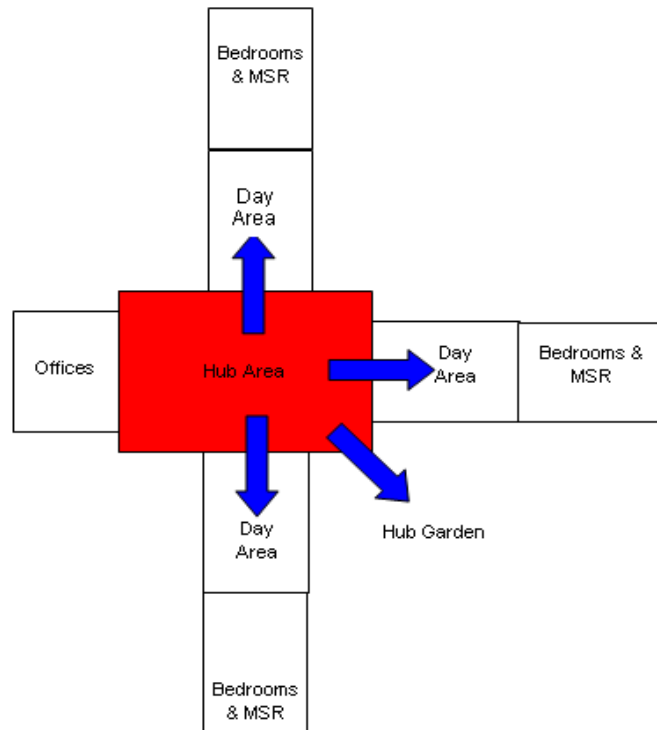
- When a fire extinguisher may be used.
- When a fire extinguisher may not be used.
- The operational advantages and limitations of the equipment.
- The precautions for personal safety that must be taken when using a fire extinguisher.

SUMMARY OF EVACUATION PROCEDURES

These instructions summarise the full fire evacuation procedures, which are available on the hospital's intranet. Staff have a responsibility to ensure they fully understand their roles and responsibilities in the event of a fire. The diagrams below summarise the areas which should be evacuated to in the event of a fire. Evacuation should be via the nearest and safest route, and alternative routes may need to be utilised in some cases. Fire exits are not shown in the diagrams below.

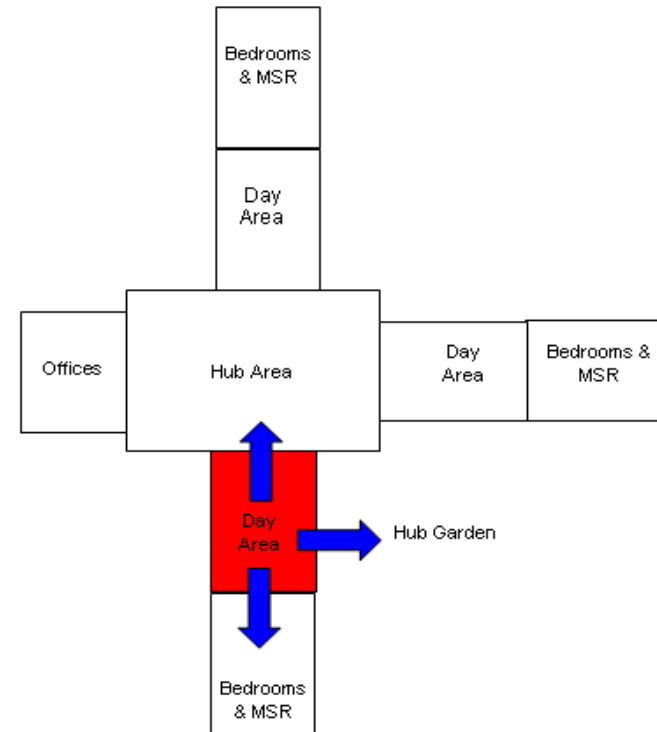
FIRE IN HUB AREA

If the fire alarm sounds continuously, evacuation is required immediately. Evacuation can proceed to any of the ward day areas, or to the external evacuation point.



FIRE IN WARD DAY AREA

If the fire alarm sounds continuously, evacuation is required immediately. Evacuation can proceed to the hub area or the bedroom area. Alternatively, evacuation can be to the external evacuation point.

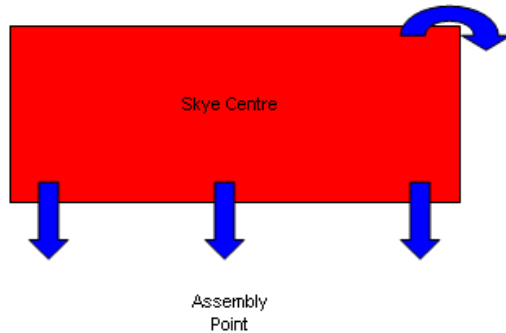


The Nurse in Charge should ensure that a separate personal evacuation plan (PEEP) is in place and communicated to staff, for evacuation of patients located within the MSR.

Hub receptionist will endeavour to delay the return of patients to a Hub in the event of evacuation.

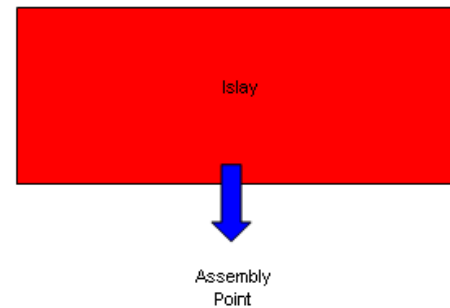
FIRE IN SKYE CENTRE

If the fire alarm sounds continuously, evacuation is required immediately. Evacuation can proceed to the external evacuation point at the front of the building.



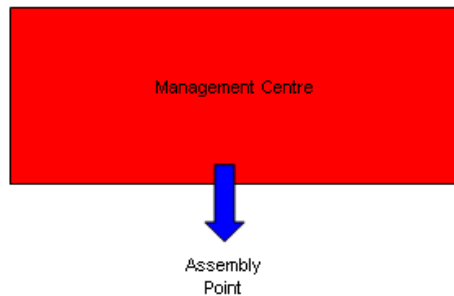
FIRE IN ISLAY TRAINING CENTRE

If the fire alarm sounds continuously, evacuation is required immediately. Evacuation can proceed to the external evacuation point at the front of the building.



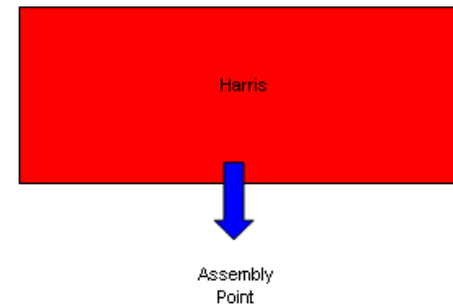
FIRE IN MANAGEMENT CENTRE

If the fire alarm sounds continuously, evacuation is required immediately. Evacuation can proceed to the external evacuation point at the front of the building.



FIRE IN HARRIS

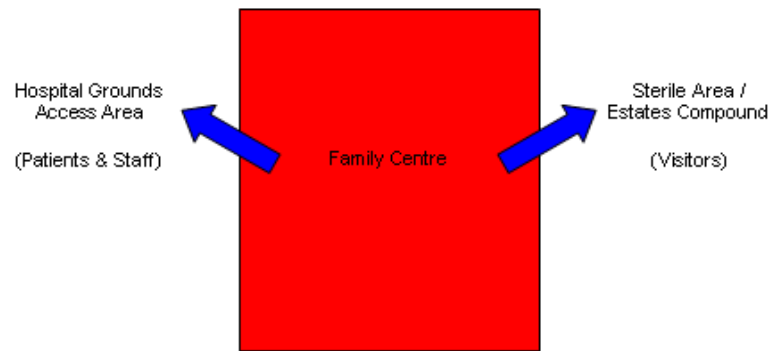
When the fire alarm sounds continuously, evacuation is required immediately. Evacuation can proceed to the Fire Evacuation Point at the front of the building.



Note: Patients from the Tribunal Wing will be evacuated back to their respective ward. All others involved in Tribunal will evacuate to the Fire Evacuation Point at the front of the building.

FIRE IN FAMILY CENTRE

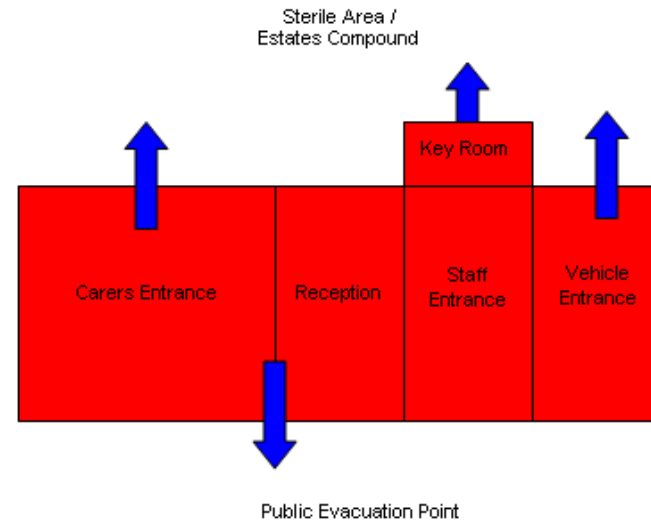
When the fire alarm sounds continuously, evacuation is required immediately. For staff and patients, evacuation can proceed to the external evacuation point within the hospital grounds. For visitors, evacuation can proceed to the external evacuation point in the sterile area.



HB In exceptional circumstances staff and patients may be required to evacuate to the sterile area.

FIRE IN RECEPTION BUILDING

When the fire alarm sounds continuously, evacuation is required immediately. For staff and visitors, evacuation can proceed to the external evacuation points.



HB Accommodation on the first floor of the Reception building is a separate fire compartment. An intermittent fire alarm indicated that evacuation is not required in the first instance. When the fire alarm sounds continuously, evacuation is required immediately from the 1st Floor to the Staff Evacuation Point Sterile Area (rear of building).

FIRE IN ESTATES COMPOUND

Block “A” Boiler house When the fire alarm sounds continuously, evacuation is required immediately. Evacuation can proceed to the external evacuation point in the sterile area outside essential services gates.

Block “B” Stores, Kitchen & Dining room When the fire alarm sounds continuously, evacuation is required immediately. Evacuation can proceed to the external evacuation point in the sterile area outside essential services gates.

Block “C” Facilities Offices, Laundrette, Garages & Workshop When the fire alarm sounds continuously, evacuation is required immediately. Evacuation can proceed to the external evacuation point in the sterile area outside essential services gates.

Fire alarm sounds intermittently when fire in one of the other buildings, e.g. fire in block “B” alarm sounds intermittently in block “A” & “C”

EVACUATION PROCEDURE FOR THE SKYE CENTRE

Tag-Evac System

In the Skye Centre there is no progressive evacuation. If the fire alarm is activated all staff and patients must evacuate the building.

In order to meet the legislative requirements set out above, the Skye Centre has adopted the Tag-Evac system to ensure that in the event of a fire evacuation staff and patients can be accounted for as far as possible. This system is only operational Monday – Friday 9am – 5pm

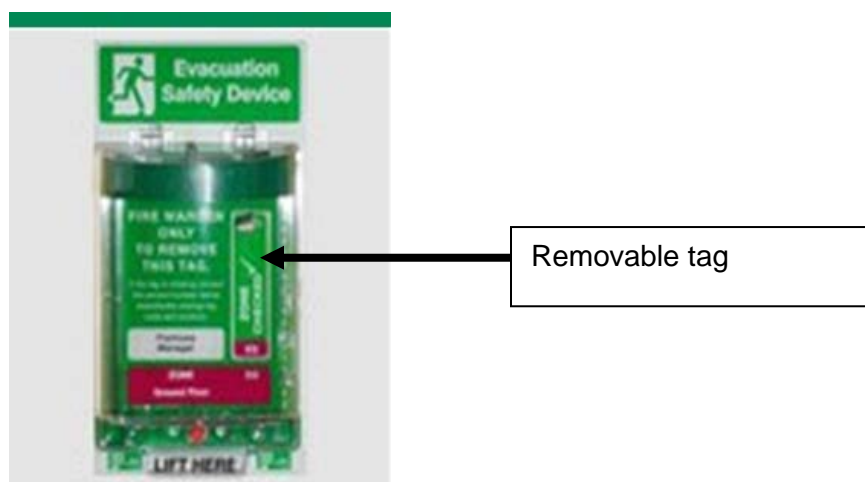
The ‘Tag-Evac’ system is relatively simple and should allow for the person in charge of the building to be satisfied that all areas of the building have been ‘swept’ and are clear of Staff and or others. This is achieved by the collection of tags from the various stations within the building and passing them to the person in control of the roll board (Incident Controller) so that he/she can insert the tags in their appropriate space on the board. When all spaces are full, the building will have been swept and shall be clear.

Tag-Evac stations have been installed in a number of locations throughout the Skye Centre:

Table 1

Tagevac Zone	Fire Zone	Alarm	Departments	Responsible Person (s)
Zone 1	Zone 1		Atrium, PLC, PAC	Nominated by Senior Staff Nurse on a daily basis
Zone 2	Zone 2		Sports	Nominated by Senior Staff Nurse on a daily basis
Zone 4	Zone 3(stair), 4, 5 (stair) & 6 (lift)		Ground Floor Offices, PTS Therapy Rooms, Health Centre & Advocacy, Multi Faith Centre	Social Work Administrator Nominated by Senior Staff Nurse on a daily basis
Zone 7	Zone 3 (stair), 5 (stair) 6 & 7.		1 st . Floor Offices	Skye Centre Secretary
Zone 8	Zone 8		Plantroom	Estates
Zone 9	Zone 9		Vocational & Gardens & Botanics	Nominated by Senior Staff Nurse on a daily basis

A Tag-Evac station is shown in the picture below:



Procedures to follow in the Event of a Fire

Ensuring each zone has been evacuated

When the fire alarm is activated, and it is safe and practical to do so, staff should check that areas within their zone have been completely evacuated. A responsible person (and deputy) is nominated for each zone, shown in table 1. It is their responsibility to make sure a 'sweep' of their designated area is completed.

When it has been confirmed that the area is clear, the tag should be removed from its station and taken to the incident controller at the external assembly point, outside the Islay training centre.

This process is similar to the area checks undertaken when the PAA system is activated.

Outdoor activities

No person should be required to re-enter the building on the event of a Fire Alarm actuation. Consequently, depending on the patient activities that are being undertaken (e.g. Gardens, sports) it may not be possible for the tag to be collected from those areas.

Non-occupied areas

Some areas of the building may not be in use at the time of an evacuation (e.g. PTS rooms, closed activity centres or office areas). In such cases the tag from those areas may not be collected, depending on the location of staff at the time of the fire alarm actuation.

Plant Room

The plant room has its own tag. As the plant room is entered infrequently the tag for this area shall normally remain within the board at the Skye reception desk. If staff have reason to enter the plant room they will collect the tag and place it in the station adjacent to the plant room door, before commencing work in that area. On leaving they will replace the tag within the board at reception.

Security Measures in the Event of a Fire

Tool Checks

Whilst the priority in the event of a fire alarm activation is to evacuate the building, this must be balanced with the risks posed by patients who are working with tools at the time.

The person in charge of workshop areas must give clear and explicit instruction to patients that they must **not evacuate the building with** tools.

The person in charge of patients working in external and garden areas must give clear and explicit instruction to patients that to leave all equipment and tools and evacuate the area

The building and external areas should therefore be evacuated immediately then, when staff, patients and volunteers are clear of the building and at a safe distance, a rub-down search should be undertaken. The most suitable area for this to be undertaken for patients exiting the vocational corridor is to the side of the greenhouses and for those patients exiting the Health Centre the grass area next to the assembly point. Staff should ensure a rub down search is completed before the patients are escorted to the main external assembly point. Contact should be made with the control room, via radio to confirm that staff and patients are clear of the building and searching is being undertaken in a safe place.

Once the building and external areas are deemed safe to return, normal checks should be undertaken, in line with the Tools, Equipment and Materials Control Policy, prior to sessions restarting.

Keeping Patients at the Assembly Point

The Fire Assembly point is located at the front of the Skye Centre. The Incident Controller will communicate whether patients should remain at the assembly point or be returned to their wards. Information should be sought from the Fire Service regarding whether re-entry to the building in a reasonable time frame is likely.

If patients are to be relocated to the wards the incident Controller will liaise with the attending Security Manager to decide how that is best achieved.

Fire Doors

Fire exit doors should be locked behind staff as they leave the building. After it has been deemed safe to return to the building fire doors should be checked to ensure they have been appropriately secured.

Additional Checks and Balances: Atrium Reception Staff

As a back-up to the Tag-Evac system, and for cases where it is not possible to collect the tags, for example working outside or unoccupied areas, the incident controller should have access to:

- A list of patient in the areas within the Skye Centre provided by a member of staff from each respective area at the time of the fire alarm activation
- Staffing and Skye Centre activity reports from Nursing Team leaders/Senior Charge Nurse to identify activities/areas in use at the time of the fire alarm activation

Incident Controller

The incident controller will normally be the available Team Leader based in the Skye Centre. In their absence the Skye Centre Manager will undertake this role, or appoint an appropriate alternative person.

The incident controller will be responsible for:

- Receiving all tags from the premises and inserting them, in the appropriate position, within the Tag-Evac Board.
- Ensure that staff do not enter the building until it has been confirmed that it is safe to do so by the lead fire officer.

The incident controller will wear a 'hi-vis' jacket to make them easily identifiable.

Security Manager

The duty security manager will attend any fire alarm activation. Their role will be to support the incident controller, and provide a communication link to the control room. The Skye Centre Security Manager may also assist in this if in attendance.

GUIDANCE ON TACKLING A SMALL FIRE

The primary concern of The State Hospital is the safety from fire of all those who use their premises. Fire extinguishers are provided throughout all the premises occupied and managed by The State Hospital and these are intended for use on small fires that may be controlled using a fire extinguisher.

However there are hazards associated in doing so and this guidance is provided to ensure staff have sufficient information to help them decide when an extinguisher should or should not be used.

Tackling fire is optional.

- The State Hospital assigns the highest priority to the safety of staff and volunteers and does not expect staff or volunteers to expose themselves to danger or the potential for harm.

Tackling fire is not an alternative to raising the alarm, evacuating the premises or calling the Fire & Rescue Service.

- You must not in any circumstances delay calling the Fire & Rescue Service or delay raising the alarm in the expectation that you will be able to control the fire.

No member of staff is required or expected to tackle fire if they have no wish to do so.

- Fire extinguishers are provided so that staff can exercise a personal option as to whether or not they tackle a small fire in the earliest stage of its development.

The following guidance will help to inform your decision as to whether or not it is safe to tackle a fire.

- Tackling fire is inherently hazardous and this fact must always inform your decision. You probably have no previous experience of fire fighting, you will have no specialist protective clothing or equipment, you have no communications equipment, your extinguishing equipment is limited, and the training you have received is limited to what is termed 'first aid' fire fighting.
- Your personal safety is of paramount importance and you must not tackle a fire if there is any doubt whatever as to your personal safety.
- Fire extinguishers **shall not be used** when;
 - You have not been trained how to use extinguishers safely.
 - You have not received training on the dangers of fire and the hazards associated with it.
 - You are alone.
 - The fire is clearly seen to be spreading.
 - The fire is above head height.
 - The fire is on a vertical surface.
 - The fire is in an enclosed space that you might have to enter.
 - The smoke layer is below head height.
 - You cannot see your exit route and the exit door clearly.

This list is indicative only, and does not cover every hazardous situation that may occur as a result of fire e.g. fire may develop unseen in void spaces to which access is difficult or you may extinguish a small fire, but be unaware that it has spread unseen within equipment or within a cavity wall.

- You may tackle a small fire only when;

- The alarm has been raised and the Fire & Rescue Service called.
- You have been trained to do so.
- You can see the fire clearly and know what is burning.
- You have the appropriate type of fire extinguisher.
- You have someone with you to assist and support you.
- Others know you are about to do so and where you are in the building.
- The fire is not spreading quickly.
- You have clear line of sight to your exit.
- Your exit is behind you and the fire is in front of you (never permit fire to come between you and your exit).
- There are no other hazards that would indicate it may be unsafe to proceed e.g.
 - The fire is in a confined space.
 - There may be a danger of things falling on top of you.
 - The route to your exit is long or complicated.
 - The electricity has failed and light is very limited.
 - There are others nearby who require assistance to evacuate (their safety must be the first priority).

GENERAL INFORMATION

- Tackling a small fire may be a viable option for some. However for others, it will never be a viable option. Those with a disability or infirmity, those who are asthmatic and for whom exposure to smoke may be extremely hazardous, those who are pregnant, elderly persons, children etc.
- You must assess the risk to determine whether or not it is safe to tackle the fire. The assessment should consider all the factors outlined in this and the previous sections.

CONSIDER;

- Yourself - Are you fit and healthy or is there any reason why you should not do so?
- Procedure - Has the alarm been raised and the Fire & Rescue Service been called?
- Assistance - Is there someone who can assist you?
- Equipment - Do you have the appropriate equipment available?
- The environment- Do you have a safe, visible exit route? Are the smoke conditions tolerable? Is the fire contained and not spreading rapidly?
- Support - Do others outside know where you are and what you are doing?

POINTS TO REMEMBER;

- A fire extinguisher will discharge typically for no more than 90 seconds, and often less.
- A fire may develop very rapidly depending on the fuel and oxygen supply. A small room may be fully enveloped by fire in a matter of three or four minutes depending on all the circumstances.
- Visibility may deteriorate very quickly. Be alive to the possibility and retire immediately there is any sign of it doing so.
- The products of fire are toxic and very irritant. Do not remain in a fire environment longer than is necessary.
- Do not open a door to an enclosed space containing a fire. It is dangerous to do so as a latent fire may erupt explosively (this is termed 'flashover'). This has a great potential for significant harm.