

FIRE EMERGENCY PLAN

Address of premises: Salisbury District Hospital

Medical notes for inpatients

Staff should ensure that medical notes are evacuated with patients to their new location to reduce risks to continuity of care.

Assembly points.

The team will consist of:

08.00 – 16.00 (Monday – Friday)

Hospital Fire Advisor.
ETS electrician
ETS manager
Porters
Site security
Duty manager (fire control officer)

16.00 – 08.00 (Monday – Friday) 24-hour cover at weekends and bank holidays

Security
Porters
Duty manager (fire control officer)
The fire control officer will take over the evacuation and control until the arrival of the Fire Service.

2.2 Action by staff not in the fire area – (intermittent alarm)

This indicates that you are not in the fire area but are receiving a pre-warning of the need to start evacuation or other actions should the need arise. An intermittent alarm occurs in the adjacent compartments or zone to the fire.

The actions required are:

Stay in your department/ward.

Be prepared to evacuate if the alarm changed to a continuous tone.

Do not telephone switchboard to ask where the incident is, telephone traffic to switch should be reduced during fire alarm operations.

2.3 Assembly points

Progressive Horizontal evacuation.

The hospital evacuation plan involves Progressive Horizontal evacuation in patient areas via a compartment barrier into a separate fire compartment on the same level. Movement will be horizontally via 2 sets of fire doors where possible. Vertical evacuation would only be a last resort.

Total evacuation

In the unlikely event of a total evacuation of the hospital, assembly points that are considered safe are those outside the hospital buildings in car parks and road ways. Guidance should be sought from the senior Fire officer in attendance.

2.4 Action in unoccupied areas

The fire service on its arrival will deal with any report of fire from an area, which is not occupied.

Staff should not enter the area under any circumstances. To gain entry into secure areas the senior person present will arrange for the entry keys from the nominated key holder or Portering and security officer.

2.5 Action by specified staff

You will be in the area of a continuous alarm: this indicates you have to react in accordance with the stated fire procedure. The senior person on duty will take charge and be responsible until relieved by the Fire Control Officer (duty manager)

If the fire is not clearly visible or cannot be seen an investigation must take place.

If no fire call 2222 and inform switch, if fire confirmed call 2222 and confirm fire situation and location with switch.

No new procedures should be commenced.

Escort guests and visitors to safe place.

Tackle the fire if it safe to do so.

Ensure the alarm has been sounded.

Ensure your exits are clear and available at all times.

Never open a door to investigate fire.

Close all doors and windows if safe to do so.

A fire alarm response team will arrive and report to the senior person present.

The team will consist of:

08.00 16.00 (Monday Friday)

Hospital Fire Advisor.

ETS electrician

ETS manager

Porters

Site security

Report to the Fire controller.

Isolate any services as required e.g. Electricity, water gas and medical gases.

Reset the fire alarm panel.

Senior person at incident initially.

Determine location and extent of fire.

Take charge of the incident until arrival of Fire Service.

Implement the Fire Procedure and evacuation as required.

Ensure reassurance is given to patients.

Organise the firefighting attempt, but only if it is safe to do so.

Hand over to Fire Control Officer (duty manager) and give further assistance where required.