



**FIRE SAFETY
GUIDANCE**

MDH has been planned and built with high Fire Safety Standards including the provision of time rated “refuge” compartments in all hospital sectors, multiple fire escape routes, a sophisticated Fire detection system, fire-fighting and smoke extract systems together with emergency fire safety equipment.

To complement this, MDH has, on a 24 x 7 basis, a fully trained Emergency Response Team and a CPD trained Fire Team, who triggers immediate response and support in the event of a Fire Incident being either detected by the automated systems, or otherwise directly reported by staff (Tel 2222 or 25452222)

Fire Procedures for Section Senior Person in Charge

Fire Emergency Response is defined by the acronym: **R.A.C.E.**

IF YOU DISCOVER A FIRE, SEE FLAME OR SMOKE, follow the RACE procedures:

R = Remove all persons in **immediate** danger to safety.

A = Activate immediately the nearest FIRE ALARM manual call point AND call or have someone call **2222** or **25452222**

C = Close doors and windows to prevent the spread of smoke and fire

E = Extinguish the fire, if you are conversant, confident, and safe to do so

Responsibility for Senior Person in Charge of the Area

The Senior Person in charge is responsible for the general Fire Safety of his/her area. S/he shall conduct familiarisation tours around the area for new recruits, keeping corridor-exits clear of obstruction, knows and understands Fire Warning System and Procedures for Raising FIRE ALARMS (first sound the Alarm, then call Emergency Response Team on Tel 2222 or 25452222), Means of Escape, location of manual Fire Alarm Points, location of Fire Fighting Equipment and actions to be taken on the discovery of a Fire, Evacuation Procedures, Further Emergency Fire Safety.

Although basic information sessions on the above were provided earlier, MDH Fire Team will provide further training on the above to the Senior Person in Charge and other staff.

Managing a Fire Incident

Immediately on the discovery of Fire/smoke in the area, or the Automatic Alarm Sounders give a “continuous” ALARM tone, the Section Senior Person in charge is duty bound to immediately take all the necessary measures to “Manage” the incident, with ALL available resources, in order to safeguard life and limb (Patients, Staff and Visitors) and Property, at least until the necessary support (Emergency Response Team and/or Fire Team) arrive.

Procedures for Section Senior Person In-Charge at the time of Discovery of a Fire.

S/he shall immediately:

1. **Raise the alarm** by breaking the nearby Fire Emergency 'Break Glass' (RED)
2. **Call 2222 or 25452222** report that there is fire and give details (your name, location of Fire)
3. Stop All internal phone calls (except emergency calls)
4. **Alert staff** and direct to give immediate support
5. Where there is no personal risk, the fire appears easily extinguishable, staff feel able to fight the fire and the appropriate fire fighting equipment is at hand, an attack on the fire can be made
6. If, for any reason the Fire is not extinguishable, ascertain that there is no one inside, and close the door behind you
7. If fire cannot be safely controlled, start the horizontal
8. evacuation of all patients, visitors and staff in **immediate danger** to a place of safety
9. If necessary, patients and staff are evacuated horizontally to adjoining safe compartments, corridors or wards. It is not always necessary to leave the building. **DO NOT USE LIFTS DURING A FIRE INCIDENT**
10. Keep the room doors, fire doors and windows closed, throughout the emergency
11. All patients and staff in that area are accounted for by checking all rooms (including toilets and bathrooms) to ensure no one is trapped inside
12. On arrival of the Fire Team, inform them about:
 - a) The exact location of the fire
 - b) Any rooms that could not be checked because of the nearby fire hazard
13. Continue with the evacuation process
14. Do not enter an area where the Fire alarm is sounding continuously while leaving the area on a designated escape route
15. Once evacuation has been completed, a second roll is carried out
16. When area is declared safe to enter, organise the re-entry of patients and staff

Procedures for Section Senior Person In-Charge at the time of the Fire Alarm sounding continuously *(A fire has been sensed, discovered or suspected within the immediate fire zone).*

S/he shall immediately:

1. Direct staff to investigate the cause of the alarm, **but without taking any personal risks.**
2. Once fire is identified, **call 2222 or 2545 2222** and report that there is fire and give details (your name and location of fire)
3. Stop ALL internal phone calls (except emergency calls)
4. Where there is no personal risk, the fire appears easily extinguishable, staff feel able to fight the fire and the appropriate fire fighting equipment is at hand, an attack on the fire can be made
5. If, for any reason, the fire is not extinguishable, ascertain that there is no one inside, and close the door behind you
6. If fire cannot be safely controlled, start the horizontal **evacuation of all patients, visitors and staff in immediate danger to a place of safety**
7. If necessary, **patients and staff are evacuated horizontally to adjoining safe compartments**, corridors and wards. It is not always necessary to leave the building.
8. **DO NOT USE LIFTS DURING A FIRE INCIDENT**
9. Keep the room doors, fire doors and windows closed, throughout the emergency
10. All patients and staff in that area are accounted for by checking all rooms (including toilets and bathrooms) to ensure no one is trapped inside
11. On arrival of the Fire Team, inform them about:
 - a) The exact location of the fire
 - b) Any rooms that could not be checked because of the nearby fire hazard
12. Continue with the evacuation process
13. Do not enter an area where the Fire alarm is sounding continuously while leaving the area on a designated escape route
14. Once evacuation has been completed, a second roll is carried out
15. When area is declared safe to enter, organise the re-entry of patients and staff.

Fire Evacuation Strategy

The basic strategy for fire evacuation of non-ambulant patients is to **move them horizontally** from the area where the fire originated, to safer parts of the complex, i.e. adjoining fire sub-compartments or compartments on the same floor.

The fire escape strategy is based upon staff-assisted evacuation. The extent and nature of the help required by the various categories of patients to enable them to reach safe areas in an emergency will differ according to their dependency.

- a. Ambulant patients should be given directions and where necessary possibly an escort**
- b. Patients in wheelchairs may require assistance by other patients or members of staff**
- c. Bedfast patients will need to be moved on their beds.**

However, if evacuation needs to be swift, patients who are not already in a wheelchair should be evacuated on a bed. More than one patient can be moved on a bed, e.g. a slow ambulant patient should be moved more swiftly and would be less likely to cause an obstruction if he/she sat on a bed being evacuated. His or her legs and/or arms must be on the bed and not over the side.

DO NOT USE LIFTS DURING A FIRE INCIDENT

Fire Drills

In order to familiarise staff with the Fire Alarm system and evacuation procedures, in case of fire in their area, Fire Drills will be carried out annually in each ward/department.

- a) The Hospital will do its utmost to coordinate and plan Fire Drills in order to:
 - Be Staff-friendly, as much as humanly possible;
 - Provide a Fire Simulation, in order to furnish the necessary experience in case of a real-life Fire Incident.
- b) The Senior Person in charge and staff are expected to actively participate to get more familiar of what to do in case of a real-life Fire Incident for the benefit of themselves and the patients.

Who should Participate (Fire Drill Evacuation Strategy)

- Consider the feasibility of FIRE DRILLS also involving non-ambulant, or semi-ambulant patients. Where SAFE TO DO SO, Fire Drills may include patients, or a significant number of patients
- Involve ALL staff, directly or indirectly. Keep in mind essential staff requirements to cater for the continuous needs of particular patients

The Senior Person in charge and staff shall keep in mind that a fire drill is a simulation of real life fire incident and the better you are prepared, the better are the chances for you and your patients to survive in a real fire incident. *Hence, where SAFE TO DO SO, the participation of patients is encouraged, so that the Fire Drill will be effective as much as possible.*

On hearing the Fire Alarm sounding INTERMITTENTLY

Procedures for Section Senior Person in Charge

1. A fire has been discovered or suspected within **another, possibly adjacent, fire zone.**
2. Check the nearest Fire Repeater Display Panel for the name of area under “Fire Alarm Conditions”
3. Immediately close all doors
4. **Details any available support staff to assist as may be required. The MDH Horizontal Evacuation Procedure also entails that Patients, Staff and Visitors, may be evacuated additionally to adjacent Wards, Corridors and other safe Refuge Areas (viz. Ward Entrance Foyers)**
5. Remain on duty at your post and await instructions

Fire Fighting - Staff should remember:

- **PROMPT ACTION** can prevent a small fire from becoming a large one. Ensure that you know how to operate the fire extinguishers, know what type of fire they can be used on, and know where they are in your locality
- You **must** know where the nearest Fire Emergency ‘Break Glass’ (RED) manual call points are
- Always **sound the alarm** before doing *anything* else. **Call, or have someone call 2222 or 2545 2222**
- If in doubt about fighting the fire, **don’t** fight it. Close Doors and Windows and evacuate as directed.

