

National Association of Healthcare Fire Officers

AUTUMN/WINTER 2010



Call Filtering

all the detection and call points in the ward/department. The Fire Warden requests the device address from the fire alarm panel, and by cross referencing with the log book they can determine which detector is active and where the detector is located, this confirms a false alarm situation.

This article gives a very basic overview of the Call Filtering procedure we use at Airedale Hospital, through this procedure we have managed to drastically cut our UwFS and reduce the costs to the F&RS in the process.

In the period January 11th 2009 to September 30th 2009 Airedale Hospital recorded 28 false alarms. All 28 alarms were converted to Unwanted Fire Signals (UwFS).

In the period January 11th 2010 (when we introduced the new call filtering procedure) to September 30th 2010 Airedale Hospital recorded 36 False alarms, only 2 of these were UwFS, one of which was purposely 'staged' to test our procedure.

The decision to Call Filter on site was not taken lightly. Preparation began in May 2009, some time after CFOA announced they had written a new procedure aimed at reducing UwFS. We introduced the new procedure after a 3 month advertising, training, and awareness programme.

There were more than a few things to consider, the first important thing was to have in place a dedicated fire number, something that the trust didn't have at the time. We needed to change the role of the Fire Warden and give them specific training in order for them to be able to take control of a fire related incident.

We needed a system which could work 24/7 as more than half of the Hospital closes down after 5 pm obviously leaving a lot less personnel on site. We have mental health facilities on site who operate delayed evacuation strategies, so it was important that the plan was workable but more than that, flexible. The brief outline of the plan is that the Switchboard still receives the fire alarm but instead of calling 999 they wait 6 minutes. If they have not heard from the ward/department within that time, they call 999 and get the F&RS to site.

The procedure across the site now calls for wards/department personnel to search their areas for signs of a fire, and to report their findings to their fire warden who will instigate the second phase of the procedure. If a fire is found, a call is sent to Switchboard confirming a fire. Switchboard then call 999 and confirm a fire thus ensuring the correct attendance by the F&RS. All Fire Wardens are issued with a fire safety log book containing ward/department plans and a schematic of

If you require any further details please contact Mel Jackson, Fire Safety Advisor, Airedale NHS Foundation Trust (01535 294808) who will be willing to share this information with relevant interested parties.

Raising the standards of fire safety in the NHS on a grand scale

This is a suggestion by a member to generate discussion, please feed back any comments to the General Secretary -

It is stressed, that the meaning of "Fire Exercise" pertains to any type of fire drill from a full scale exercise to small localised events. These can be carried out in Hospital departments, Health/Medical centres, Clinics or Trust HQ buildings.

The basic idea is that as many NHS organisations as possible, throughout the UK, simultaneously carry out some form of Fire Exercise on the same day, and that the NAHFO NEC issues a national press release to all of the media organisations. It would be optional if each participating organisations issued a local statement to this effect.

Each participating organisation, would preferably send in a copy of the exercise plan to the NEC, not for scrutiny, but to have a record of the lessons learned good and bad, and- to assist in producing a list of key learning points.



NAHFO NATIONAL NHS FIRE EXERCISE DAY

"CONTEMPORANEOUS" Date to be decided after discussion amongst NAHFO
A NATIONAL FIRE SAFETY TRAINING DAY FOR THE NHS



“Is Fire Safety Working in the NHS?”

Following on from a previous questionnaire sent out by Peter Aldridge and a subsequent talk given on behalf of NAHFO in the North West, Peter is particularly interested in this matter. The questionnaires started to highlight trends of where concerns were in healthcare premises, such as:

- Lack of relevance to fire safety in G.P.'s surgeries
- Lack of involvement in schemes at design stage
- Lack of understanding and involvement from Senior Managers in “championing” fire safety

These were the top 3 issues highlighted and I would like to continue with the work started in the area to build a credible discussion at a national level to further highlight deficiencies to fire safety in healthcare premises.



“Introduction of Paypal to make paying subscriptions easier”

As part of the renewing of the Web Site and the on going efforts to make the membership payments easier for members, the new Web Site will include a Paypal facility. Whilst this will cost approximately 1.8% of each transaction, it is expected it could actually increase the number of people who pay, as it is much easier. Also with the demise of cheques and the possible introduction of charges for cheque use as they become phased out by some banks, introduction of Paypal is likely to be inevitable.

NAHFO refreshes its web site.

NAHFO continues with the up date and re structure of its web site. This work has started and progress is continuing. It is hoped the “new look” web site will be available from December 2010. Members will be kept informed of progress on this. Benefits of the look web site will include:

- Private members area
- Knowledge library, built up and contributed to by members
- Photo gallery
- Blog area
- NEC up dates
- Regional and membership information
- Paypal area for subs payment
- Email facility for the Secretary to email all members items of interest as a group to keep as many members as possible up to date on current issues



Any thoughts or comments for item/subjects to be included on the Web Site would be gratefully received.

About PAS 2015

Resilience in NHS Organizations/Funded Care This Publicly Available Specification (PAS) recommends techniques for improving and maintaining resilience for NHS-funded organizations that build on the activities that are already in progress in the organization. In particular, it:

- Provides a generic framework for a resilience programme, incorporating the principles of Integrated Emergency Management (IEM)
- Promotes a consistent approach to, and understanding of, resilience
- Defines and demonstrates the importance of resilience in the context of health
- Provides tangible and practical methods for applying resilience principles to all NHS-funded organizations

- Identifies the Business Continuity Management processes and the statutory and policy framework that enable health economies to respond to, and recover from, disruptions
- Highlights the relationship between the commissioning and the provision of healthcare services in the context of resilience
- Provides guidance for the implementation of resilience

This PAS was launched on 20th October 2010 in London.



NEW TRAINING COURSE HAILED A GREAT SUCCESS

In September 2010, the Fire Protection Association ran the first of its 'Fire Risk Assessment for Healthcare Professionals' training courses. With delegates coming from Trusts and healthcare providers/ services across the UK, the course was considered to be a great success.

The three-day course took place in Newcastle with Gateshead Health NHS Foundation Trust kindly providing access to the premises at Dunstan Hospital for the practical elements of the training.

The course content was designed in discussion with NAHFO members to reflect the role and challenges of fire safety management in a healthcare environment. The course trainer Tony Smith remarked that the course was not just about learning, but also reinforcing knowledge of technical aspects of fire safety. 'Whilst many of the delegates on the course had a role as a 'fire safety advisor' their job was actually far more about fire safety management and the delegates valued the fact that this was recognised in the course programme. The course also offered a forum for discussing and debating issues which were encountered in delegates' day to day role and many common themes emerged during the three days which reflected the challenges of fire safety management in the health service.'



Further courses are planned by the FPA for 2011. For more information contact training@thefpa.co.uk

'A real eye opener – thoroughly enjoyed it' – Carol Heaton, Bradford District Care Trust

'Great to have an instructor displaying a passion as well as depth of knowledge of the subject'
Paul Donkin, NHS North of Tyne



Passive Fire Protection: Planning, Prevention and Maintenance

risk is something that has always been taken seriously within hospitals, as has the installation of equipment to help mitigate the effect of fire and to aid the process of evacuation. Virtually all healthcare premises, therefore, have good strategies in place for fire risk management.

Understandably one of the biggest problems in a hospital is the maintenance of fire safety equipment, especially those assets that are prone to a high level of abuse and wear and tear, for example fire doors. A large number of estates departments within health care organisations use Planned Preventative Maintenance (PPM) as the best approach for providing an efficient maintenance service by regular inspections of the equipment dictated by relevant risk assessment, professional judgment and local circumstances. Fire doors therefore feature heavily in the PPM process.

Chiltern International Fire has published a free Technical Information Sheet TI-1014 Fire doors for the health sector, to assist manufacturers, facilities managers and specifiers to understand the fire safety challenges of the health sector. Also, with sister company BM TRADA Certification, it has developed Fire Doors for the Health Sector Explained, a seminar for the workplace, to present an overview of fire door design, manufacture, testing, installation and certification, including a site tour, unique to this course.

Tel: 01494 569800
Email: cif@chilternfire.co.uk or visit www.chilternfire.co.uk



National Association of Healthcare Fire Officers and Loughborough University

Fire Safety Management in Healthcare Premises 4 Day Course Monday 13th December - Thursday 16th December 2010 Venue Loughborough University

The course is designed to provide information/instruction on issues pertinent to Fire Safety in Healthcare Premises, content includes

- Fire safety issues from an employers and an enforcers point of view
- Operational issues during fire incidents within Healthcare premises and how Healthcare premises can prepare for this
- Issues related to Fire Service Audits, preparing "Agreed Action Plans"
- An overview of how delivering Healthcare and the application of Fire Safety within Healthcare inter relate
- Fire Risk Assessment
- Fire training

The course will include presentations, group discussion and practical exercises.

Speakers will include - NAHFO Fire Officers, Loughborough University Staff, invited external speakers

Who should attend? – Fire Officers/Advisors to the NHS, Fire and Rescue Service Fire Inspectors, Fire Safety Managers, Health and Social Care Sector, NHS Directors, anyone involved in Healthcare Fire Safety NHS or Private Sector Providers, PFI Providers

For further details contact: Peter Aldridge - Tel: 0113 2064693 Fax: 0113 2065044 Email: peter.aldridge@leedsth.nhs.uk

COST NAHFO MEMBERS £1200
FULLY RESIDENTIAL - NON MEMBERS £1300

Health sector buildings have particular fire safety challenges, predominately in safeguarding patients with a wide range of dependencies in the event of fire. In addition, the size and complexity of a modern day hospital or care centre will often mean that complete evacuation of the building is neither practical nor appropriate.

It is for this reason that the most common approach adopted in health care buildings is progressive horizontal evacuation, moving occupants from the fire-affected area, through a fire resisting barrier to an adjoining area, which is designed to protect the occupants from the immediate danger of fire and smoke. Obviously key to this strategy, in conjunction with other fire safety measures, is the use of fire resistance compartment lines to form the barrier between the fire and the refuge points, and fire doors to allow the passage of persons and objects through them. If the fire resistant compartment lines cannot be relied on, the evacuation strategy for the hospital will be severely compromised and the lives of patients, staff and visitors will be placed in jeopardy. Fire

Peter Barker, Senior Consultant at Chiltern International Fire Ltd, discusses the importance of training and competence with a focus on estates departments within the healthcare sector.

