

Fire Safety and Evacuation

Standard operating procedure (SOP) | EMG-SOP-001

Document type	Standard operating procedure (SOP)
Title	Fire Safety and Evacuation
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	Replaces the earlier short form
Standards and criteria supported	Standard 1, criterion 1.6 (non-negotiable)
Evidence basis	E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Keep all exits, corridors and stairs clear. Never store items in escape routes.
2. If you find a fire: raise the alarm, call the fire number, protect people nearby, and only fight the fire if it is small and you can do it safely.
3. If the alarm sounds: follow the evacuation plan. Help people who need help. Do not use lifts.
4. Gather at the assembly point and report to the fire officer.
5. Record every test and drill on EMG-FRM-001 and EMG-FRM-002.

Stop and get help straight away if: smoke or fire you cannot control, or any alarm sounding without a known cause. Evacuate at once.

1. Purpose

To prevent fire, keep people safe if one starts, and make sure every patient, visitor and member of staff can leave the building quickly and safely [EC].

2. Scope

Applies to	All staff, students, contractors, patients and visitors at {{facility.legal_name}}
Locations	All buildings, wards, theatres, laboratories, stores, car parks and outdoor areas
When	Always. Specific duties apply on alarm, during drills, and during daily checks
Does not apply to	Chemical or radiation emergencies, which have their own plans

3. Definitions and abbreviations

Term	Meaning in this SOP
Fire officer	The member of staff named in the fire plan who controls the response (fire safety officer)

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Assembly point	The fixed, safe place outside the building where people gather after evacuation
Escape route	The route from a room to an exit, kept clear at all times
Fire door	A door that closes to slow the spread of fire and smoke; must never be wedged open
Horizontal evacuation	Moving a patient on a bed or sheet along the floor, used when stairs cannot be used (EC)

4. Background and rationale

Fire in a hospital threatens patients who cannot move themselves and whose evacuation takes longer. Prevention, detection, a clear response and practised evacuation are what keep people safe.

This SOP is the method for criterion 1.6: working fire equipment, clear exits, and recorded drills. The fire equipment test log and drill record are the audit evidence.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Fire safety officer	Owns the fire plan; arranges equipment testing and drills; records findings	Fire safety training and recognised qualification (EC)
Ward or department head	Keeps exits clear; carries out daily checks; leads evacuation in their area; records drills	Trained in fire response and evacuation
All staff	Know the exits and the assembly point; keep exits clear; respond to alarms	Induction and annual training
Security lead	Controls access, keeps the fire control room informed, and supports evacuation	Security training

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Fire alarm system	Tested as set by the fire safety officer and the manufacturer (EC)	Working; panel shows no faults
Fire extinguishers	Correct type for the area; in date; in place; inspected as set (EC)	Seal intact; pressure in range; not blocked
Emergency lighting	Tested monthly with a duration test each year (EC)	Lights on test; signs visible
Evacuation plan and floor plans	Displayed at each exit and in each ward	Current; matches the building

7. Safety and infection prevention

- Do not use lifts during a fire unless the fire officer says so and the lift is designed for it.
- Do not re-enter the building until the fire officer says it is safe.
- Never fight a fire that is spreading or that you do not understand. Your safety comes first.

8. Before you start

- Each ward carries out a daily check: exits clear, fire doors close fully, no obstruction in corridors, extinguishers in place.
- Know the two nearest exits from your area and where the assembly point is.
- Know where the patient list or roll call is kept.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Prevent fire.	• Keep corridors, stairs and exits clear at all times. Remove any items placed in escape routes. • Do not wedge fire doors open. Report any door that does not close fully. • Do not store flammable materials near electrical equipment or in the escape route. • Report damaged electrical cords and overloaded sockets the same shift.	Most hospital fires start with electrical equipment or waste. Prevention is the cheapest defence.
2	Respond if you discover a fire.	• Raise the alarm at the nearest call point at once. • Call the fire number and the fire officer, giving the exact location. • Protect people nearby: close doors, move those in immediate danger away from the fire. • Only use an extinguisher if the fire is small, you have been trained, you have a clear escape route, and the alarm has been raised.	Raising the alarm first is the most important action. Do not spend time looking for the cause.
3	Respond when the alarm sounds.	• Stop your activity. Close the door of the room behind you without locking it. • Follow the evacuation route for your area to the nearest safe exit. • Help patients who cannot move themselves. Take the patient list or roll call if the plan requires it. • Do not use the lifts. Use the stairs unless the fire officer directs otherwise.	Calm, quick and orderly. Do not return to collect belongings.
4	Evacuate patients who cannot walk.	• Move the patient to the nearest fire-protected area first, if this is the safe option. • Use the evacuation sheet or blanket as set by the hospital, and move the patient along the floor if the stairs cannot be used (EC). • Use at least two trained staff for each patient on a bed, where possible (EC).	Patients who cannot move themselves are at the highest risk. Rehearse this in drills.
5	Gather at the assembly point.	• Go to the assembly point for your area, away from the building and clear of emergency vehicle access. • The ward or department head takes a roll call of patients and staff against the list. • Report any missing person to the fire officer at once.	Nobody is safe until they are counted. A missing person is a priority for the fire officer.
6	Wait for instructions.	• Do not return to the building until the fire officer says it is safe. • Keep patients and visitors together and calm. Inform family as the plan allows.	The building may still be dangerous after the alarm is silenced.
7	Record and review.	• Record every alarm, fire and drill on EMG-FRM-002, with the time taken and any problems. • Create an incident report (INC-POL-001) for any real fire, any injury, and any evacuation problem. • Actions from a drill or incident are completed within 14 days and recorded (EC).	The drill record shows the plan works, and the findings show what to change.

Decision points

- If the fire is small and you are trained, and there is a clear exit behind you, use the extinguisher. Otherwise, leave and close the door.
- If there is smoke in the escape route, use the alternative route and tell the fire officer at once.

10. Special situations

Situation	What to do
Patients in intensive care or theatre	Follow the area-specific evacuation plan, which includes safe shutdown of life support where the team can do it safely (EC).
Children and babies	Use the paediatric evacuation plan with additional staff and cot evacuation equipment (EC).
Visitors and contractors	Guide them to the assembly point. Contractors must sign in and out so the roll

Situation	What to do
	call is complete.
Night and weekend	The on-duty security lead or senior nurse acts as fire officer until the fire service arrives.

11. Problems and escalation

- Report any fire, any alarm with an unknown cause, and any blocked exit to the fire safety officer at once.
- A missing fire door, a failed alarm or a missing extinguisher is reported the same shift and fixed or covered within the timeframe set by the fire officer (EC).

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Daily ward checks completed and signed	100%	Daily	Ward or department head	Immediate correction; reported to fire safety officer
Equipment tests completed on schedule (EMG-FRM-001)	100%	As scheduled	Fire safety officer	Escalated to facilities manager; re-test within 7 days (EC)
Drills completed at least twice a year in each area (EMG-FRM-002)	100% of areas	Twice yearly	Fire safety officer	Drill repeated within 30 days (EC)
Actions from drills completed within 14 days	100%	Monthly	Fire safety officer	Escalated to clinical director

13. Records

Record	Where it is kept	Kept for
EMG-FRM-001 Fire Equipment Test Log	Facilities office	12 months minimum, or as the national fire rules require (EC)
EMG-FRM-002 Fire Drill Record	Facilities office and quality file	{{facility.records_retention_years}} years
Incident report (INC-POL-001)	Incident log	{{facility.records_retention_years}} years

14. Training and competence

- All staff receive fire safety training at induction, including use of call points, extinguisher use (where trained), and the evacuation route for their area (EC).
- Annual refresher for all staff; additional training for ward leads and fire wardens (EC).
- Drills are used as training. Patients and visitors receive briefing where the hospital plan requires it.

15. Related documents

ID	Title	Relationship
EMG-FRM-001	Fire Equipment Test Log	Used in step 1
EMG-FRM-002	Fire Drill Record	Used in step 7
INC-POL-001	Incident Reporting and Management	Used for real fires and injuries
Hospital disaster plan (generic)	Emergency Preparedness and Response Plan	Used for large-scale evacuation

16. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus. Equipment test intervals, drill frequency and horizontal evacuation method must be confirmed against the national fire rules before approval.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	Full procedure written; added prevention, response, patient evacuation, assembly, recording	Approved by the ASF Expert Committee