COVID-19 – Protection - Field Hospitals

6th April 2021 – Issue 7

Advice and guidance to Fire and Rescue Services to support the implementation of 'Field Hospitals'

1. General

1.1. This advice note[1] is to provide consistency for Fire and Rescue Services (FRSs), when communicating with temporary field hospitals regulated under the Regulatory Reform (Fire Safety) Order 2005 (RR(FS)O 2005) during the COVID-19 pandemic. As such, this guidance is only valid for the duration of any restrictions introduced to manage the spread of COVID-19 after which it should be disregarded. It contains specific messages and areas for consideration that can be used to augment the work being carried out across the UK FRS

1.2. A new set of national lockdown measures were brought into force on 05/01/21. The recent increase in hospitalisations has meant several Nightingale hospitals are being brought back into operation after being dormant while others have been permanently removed from use. This variable picture across the UK is likely to remain for some time so this guidance remains in circulation so that, should field hospitals be required in the future, it can be referenced. Please ensure that you have the most up to date version, all NFCC C-19 guidance can be found here. These types of premises are also known as 'Nightingale Hospitals' and the terms 'Nightingale' and 'Field' hospital are used interchangeably in this guidance.

1.3. NFCC would like to thank the FRSs and NHS partners who have assisted with the development of this guidance.

1.4. The purpose of temporary field hospitals is to accommodate the potential large numbers of patients that may require hospital treatment due to the COVID-19 outbreak. It is important all stakeholders involved understand their responsibilities under the RR(FS)O 2005 which still applies. Information on the application of Building Regulations can be found here.

1.5. Due to the immediate and critical need for such facilities, and the nature of the premises that will be used, FRSs should understand that no existing guidance or regulation fully supports these kinds of improvised facility. For example, compliance with Approved Document B or the suite of Health Technical Memoranda should not

[1] *The purpose of this non-statutory guidance is to provide fire and rescue services with general advice to assist with a consistent, standardised approach across all services. The guidance does not constitute legal advice. Fire and rescue services' legal duties will remain those specified by law, in particular article 26 of the Regulatory Reform (Fire Safety) Order 2005, during the COVID-19 pandemic, but if any fire and rescue services consider that difficulties arise in relation to compliance with those duties, they should take legal advice.*

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be expected, and a pragmatic, proportionate and common-sense approach should be taken to support the national COVID-19 effort. However, there is still a need to ensure that relevant persons are protected from death or serious injury from fire.

1.6. **It is for FRSs to make their own decisions about the suitability of the fire protection measures.**

1.7. The Project Director for the field hospital should employ a competent fire safety professional who will be expected to utilise their knowledge and experience to implement mitigating measures to manage fire related risk. It is for the responsible person to produce the fire strategy. It is essential FRSs are part of the planning, feasibility, and implementation phases of these facilities and at the earliest possible opportunity with all stakeholders, this is key to reaching agreement on the fire safety issues. It is recommended FRS representation has experience of operational response and Protection where possible and at an appropriate level where key decisions can be made.

1.8. As each field hospital is likely to be unique, standardised guidance applicable to different sites cannot be provided and fire safety measures should be tailored to each individual project with specific regard given to the clinical needs of the patients.

1.9. FRSs are recommended to keep a record of communication with all stakeholders by way of a decision and activity log. This will assist in referencing conversations and decisions agreed with supporting rationale and will support the ongoing stakeholder engagement and briefing of internal/external staff and organizations. Existing premises information management systems should be used to record premises specific information.

2. Areas of consideration

2.1. The following learning points and areas of consideration are offered based upon previous experience of the Nightingale Hospitals around the UK.

2.2. Premises and site considerations

- The project should engage competent fire engineer/professional(s) to ensure mitigation measures are implemented due to potential lack of passive/active measures and the ability for a normal evacuation strategy to be applied.
- The existing compartmentation should be reviewed and consideration given to what can realistically be implemented and any additional mitigating measures.
- Breaches of compartmentation to supply oxygen or other services should be minimised and appropriate fire stopping should be in place.
- Consider the provision of the fire detection and warning and how it can be enhanced; early warning is key in mitigating the effects of fire. Consider the fixed installations already in place e.g. suppression systems. How can such systems reduce the risk from fire but also consider if they could lead to an additional hazard e.g. infection control (see next point below)?
- Ventilation may be used to clear smoke and assist the emergency response but consider if a COVID contamination hazard could exist in the air due to airflow being drawn from the main care area.

- Means of escape – 2-way travel should be maintained, and single direction of travel avoided wherever possible, the provision of additional means of escape and the widening of existing escape routes should be considered.
- Fire Prevention is fundamental, and a review of ignition sources and fuel management is essential. Position combustibles/storage/refuse in areas with fixed installations and/or consider the use of car parks and remote areas for storage.
- Where temporary structures are employed, their material and nature of construction needs to be considered e.g. fire resistance and flammability.
- Existing on-site security and management teams need be retained where possible as they should have a good understanding of layouts and the premises/site. Where this is not possible, their experience and knowledge should be recorded and drawn upon by the new security and management teams where possible.
- Existing signage should be assessed and adjusted where required and new signage applied e.g. oxygen pipework, additional escape routes, hazards identified.

2.3. Site management

- The importance of site management cannot be underestimated, with the number of stakeholders it will be complex and a mapping exercise regarding roles and responsibilities is vital.
- Review the on-site staffing response as it may form part of the mitigation for the lack of passive and active measures.
- Recommend an on-site incident response/investigation team with an on-arrival information pack for the responding FRS, early intervention is key in mitigating the effects of fire and securing the facility.
- There should be an on-site management plan formulated by the Responsible Person, to consider the response to a range of foreseeable events e.g. from an automatic fire alarm up to a large or major incident involving a full/systematic evacuation, with specific roles as applicable for on-site staff.
- Hydrants must not be obstructed and should be tested and clearly marked. Also consider any on-site alternate bulk firefighting water provision or options.
- Phased Horizontal Evacuation may not be viable due to the lack of compartmentation; however, it should be considered wherever the building design allows.
- Plans with clear fire access routes should be available at the entry point and other agreed locations.
- FRS access should be reviewed to prevent any conflict with other site users e.g., ambulance, military or goods vehicle movements.
- All staff e.g., NHS, military, volunteers, should be provided with suitable updated awareness/familiarity training on basic actions in case of fire.
- Consider additional fire extinguishers or other small extinguishing media being provided and positioned appropriately e.g. at nursing stations.
- Area shut off valves for oxygen should be clearly marked and easily identified /accessed. The final terminal unit connections are in plastic pipe and will quickly degrade in a fire situation, this may lead to rapid fire growth.
- Oxygen enrichment should be considered along with personal measures by staff operating in this environment e.g. emollient creams and alcohol hand rub are a heightened risk. The source of ignition from static will also need consideration as will oxygen monitoring.

- The use of personal worn oxygen concentration monitoring devices by specific staff may need to be considered.
- Site security and measures to reduce the possibility of arson must be considered.
- The provision of temporary mortuary facilities and their location should be considered to ensure the fire safety measures for those working in and around those areas are suitable and sufficient.
- The location and construction of any temporary mortuary facility and the impact this may have on the main hospital facility in event of fire need to be considered.

2.4. Operational response generic considerations

- Consider an appropriate pre-determined attendance (PDA) considering the occupancy and site and increased risk through oxygen and other hazards.
- Consider adding a Hazardous Materials (HAZMAT) Officer if available to the PDA due to clinical hazards and waste, water runoff, and decontamination for committed firefighting crews etc. This should also consider decontamination arrangements with other services.
- Consider adding a Protection Officer, if available, to the PDA to support the incident commander (IC) and to liaise with Fire Control.
- Consider adding a national inter-agency liaison officer (NILO) if available to the PDA to support the IC with inter-agency liaison.
- Consider adding any other specialist officers or resources to the PDA to support the IC.
- Local fire stations and officers should familiarise themselves with the site prior to the facilities going live at the earliest possible opportunity (the FRS will be familiar with the venue, but the field hospital presents different hazards). This may provide additional perspectives and observations that will inform the overall engagement and measures implemented.
- A tactical plan for the field hospital should be established by local crews e.g. for crews to enter via the 'dirty' side of the building so 'clean' areas are not compromised (which leads to decontamination considerations).
- Prepare a tri-service plan/major incident procedure/JESIP.
- Consider 'social distancing' protocols (where practical) for responders at a larger incident.
- Liaise with police and security due to the potential for the site to be a target e.g. large occupancy, high media interest, oxygen in high quantities and multi-agency staff on site. If defensive measures such as hostile vehicle mitigation barriers are in place/to be installed, consider the impact on attending emergency response.
- Consider decontamination sector/procedures if crews are committed to patient area/the 'dirty' side of the incident.
- Consider the effects of water run-off (environmental and HAZMAT).
- Ensure water supplies, access to hydrants and fixed installations are operational and provide the expected functionality.
- Consider a dedicated RVP for FRS – on-site escort to meet and greet from RVP and direct to incident.
- Consider the use of a drone to obtain an overall picture of the premises and associated premises/plant.
- The site will attract a large staffing requirement so be aware of any added risk this might represent; London have taken all the local hotels to accommodate the design/construction/security teams and the NHS staff requirement to facilitate 24/7 care.

- Consider preparing a revised and updated Site-Specific Risk Information (SSRI) record to inform all operational crews.

3. Premises continuity and post incident considerations

3.1. Consideration needs to be given to business continuity and post incident protocols e.g. the FRS have extinguished the fire, what effect has this had and how will it be remedied?

4. Premises 'mothballing' and periods of non-use

4.1. Many field hospitals and supporting infrastructure have been or continue to be 'mothballed'. Where this is the case considerations should include:

- The potential for the fire safety measures to be enhanced given the additional time.
- The suggested use of the premises – the fire safety measures and strategies agreed will have been balanced against the national requirement to cope with the COVID emergency. Deviations from the initial intended use should, therefore, be measured against the requirements of the new use and without any relaxations, interim or special measures that had been used for COVID.
- A 'start up time' established from notification of intention to use to ensure the premises facilities and fire safety measures can be checked prior to use.
- Security and on-site fire intervention measures will need to be maintained; this may take the form of a waking watch depending on the size of the premises and measures to raise the alarm in event of fire.
- Communication with all stakeholders to be maintained to ensure all are aware of the status of the premises.

5. Issuing of legal notices

5.1. Some FRSs have considered the issuing of a legal notice under the RR(FS)O 2005, primarily an Article 29 Alterations notice. This is to ensure the responsible person is aware of the unique nature and use of the premises and the associated fire safety measures, where a change may result in an increased risk to relevant persons. This also facilitates a greater degree of control over the premises and ensures the FRS are consulted where it is the intention to reopen or modify a hospital use for something other than its original, COVID-19, purpose.

5.2. The following points should be considered in the issuing of legal notices, they do not constitute legal advice and each FRS should seek their own legal advice prior to the issuing of any legal notice under the RR(FS)O 2005 on these facilities:

- Written communication with the responsible person that does not constitute a legal notice under the RR(FS)O 2005 may achieve the desired outcome and should always be considered.
- If a legal notice is considered appropriate, every effort should be made to communicate to the responsible person the purpose and intent of the notice. Stakeholder engagement and communication is key in establishing and maintaining these facilities.

6. Further information and Peer Review

6.1. The NFCC Protection Policy and Reform Unit want to hear from any services who are involved in these projects to share information and further inform best practice.

6.2. If you would like further information about these projects, if you have any queries regarding premises converting to temporary wards or are experiencing issues in contacting those responsible for these facilities, then please contact the team at the address below.

6.3. To support FRS in their approach to these facilities, the NFCC Protection Policy and Reform Unit are also offering a Peer Review process.

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