Dear Colleague

superseded by CEL 11 (2011)

FIRE SAFETY POLICY FOR NHSSCOTLAND 2008

Summary

1. This letter provides colleagues with a revised statement of the Scottish Government Health Directorates Fire Safety Policy for NHSScotland (Annexe A) in respect of property occupied by NHSScotland and provides additional information on related matters.

Action


Background

3. This policy update arises from a change in Scottish fire safety legislation. It replaces the previous version issued under cover of NHS HDL(2005)53.

4. The attached policy statement continues to provide a concise definition of policy and associated mandatory requirements. It continues to recognise that fire safety is not necessarily a stand-alone issue but one to be dealt with alongside others in the overall risk management of health and safety matters. NHS MEL(1997)80 “Health and Safety Issues in NHSScotland” directs that all NHS employers should give a high priority at board level to ensuring the safety of staff, patients and visitors and to meeting their statutory health and safety obligations.

Further information

New Fire Safety Legislation for Scotland

5. Part 3 of the Fire (Scotland) Act 2005 as amended and the supporting Fire Safety (Scotland) Regulations 2006 which came into force on 1st October 2006, now form the primary fire safety legislation for Scotland. As a result of this legislative change, fire certificates which were previously issued under the Fire Precautions Act 1971 as amended, which covered certain healthcare premises or parts thereof, ceased to have any statutory effect as of 1st October 2006.
6. However, where a Prohibition Notice has previously been issued under Section 10 of the Fire Precautions Act 1971 as amended, it shall continue to have effect as if it was issued under section 63(4) of the Fire (Scotland) Act 2005 as amended.

7. Previously certified fire safety standards neither confer nor imply compliance with the new fire safety legislation but may contribute significantly towards compliance. It is likely that fire safety standards achieved in those NHSScotland premises or parts thereof which resulted in the issue of a fire certificate, will require to be maintained.

8. NHS MEL(1997)79 notified colleagues of the requirements of the Fire Precautions (Workplace) Regulations 1997 which came into force on 1st December 1997. These Regulations ceased to have statutory effect as of 1st October 2006. As a result, any fire safety risk assessments carried out in pursuit of compliance with these regulations will require to be reviewed under the terms of the new fire safety legislation but it should be noted that existing assessments neither confer nor imply compliance with the new fire safety legislation but may contribute significantly towards compliance.

9. Patient access areas within NHSScotland healthcare premises were not designated under the Fire Precautions Act 1971 but were subject to the additional requirements set out in NHSScotland Fire Safety Management guidance incorporating NHSScotland Firecode under the mandatory requirements of the previous Scottish Government Health Directorate’s Fire Safety Policy for NHSScotland [NHS HDL(2005)53].

10. However, under the new legislative framework, the Fire (Scotland) Act 2005 as amended and the Fire Safety (Scotland) Regulations 2006 are applicable to all NHSScotland healthcare premises, including care homes and houses in multiple occupation which require a licence. The enforcing authority is the Fire and Rescue Authority in whose area the premises are situated and compliance with the Act and Regulations is based on a fire safety risk assessment regime.

11. The various statutory instruments under the new fire safety regime for Scotland together with supporting guidance for those affected by the legislation are available online at: [http://www.infoscotland.com/firelaw/](http://www.infoscotland.com/firelaw/). Available supporting guidance includes the Scottish Government ‘Practical Fire Safety Guide for Healthcare Premises’ which provides recommendations regarding the fire safety risk assessment process, the reduction of risk and guidance on fire safety measures that can be implemented to mitigate risk. The Guide references NHSScotland Firecode and is intended to be read in conjunction with the appropriate NHSScotland Firecode documents which provide the technical benchmarks, aligned with Scottish Building Standards, for the Healthcare Premises Guide.

Related matters

Fire Incident Reporting

12. NHS HDL(2005)53 notified colleagues of the publication of Scottish Fire Practice Note 11: “Reducing unwanted fire signals in healthcare premises” (July 2006) by Health Facilities Scotland. This document contains a national fire/unwanted fire signal incident reporting form which must continue to be used for the reporting of fire/unwanted fire signal incidents within NHSScotland premises in order to ensure a consistency in reporting throughout the Service.
Fire suppression systems in healthcare premises

13. In response to recent media reports it is felt necessary to clarify the current position in regard to the provision of fire suppression systems in healthcare premises, Annexe C contains a position paper on the provision of fire suppression systems for healthcare premises. This paper sets out clearly the position of the Fire Safety Advisory Group of Health Facilities Scotland in regard to the SHTM 82 Supplement A guidance in the context of the recent media coverage. The Scottish Government Health Directorates Property and Capital Planning Division fully supports the position put forward in this paper.

14. Project Teams and others engaged in the design of major works are reminded of the need to undertake detailed risk assessments of proposed designs on an individual project basis to determine the need for fitting of fire suppression systems in high-risk areas, in accordance with the guidance contained within Section 2B of the Non-domestic Technical Handbook to the Building (Scotland) Regulations 2004 and Scottish Health Technical Memorandum 82: Supplement A - ‘Automatic Fire Control Systems and Alarm Systems. It is advisable that the process of doing so is properly recorded.

Yours sincerely

[Signature]

David Hastie
Deputy Director, Property and Capital Planning
FIRE SAFETY POLICY for NHSScotland

Health Finance Directorate
Property and Capital Planning (HD) Division
2008
Purpose

- The purpose of this document is to provide all NHSScotland Bodies with an unambiguous statement of fire safety policy.

Aim

- The Scottish Government Health Directorate’s (SGHD) Fire Safety Policy for NHSScotland aims to minimise the incidence of fire from within those premises from which NHS services are delivered in Scotland.

Scope

The Scottish Government Health Directorate’s Fire Safety Policy for NHSScotland will be implemented throughout healthcare premises owned, occupied or managed by NHSScotland Bodies and throughout premises which are utilised for the treatment and care of NHS patients in Scotland. However, the Mandatory Requirements of this policy (Annexe B) and its supporting guidance in the form of NHSScotland Fire Safety Management, specifically apply to those premises from where healthcare is provided and within which the treatment of persons suffering from an illness or mental or physical disability is carried out and who may therefore be dependent. Fire safety is especially important in those premises which provide sleeping accommodation, such as hospital wards.

The model of healthcare provision in Scotland is undergoing change. Increasingly, we will see the implementation of strategies which will result in multi-functional premises within a community setting, housing staff from NHSScotland, Local Authorities and others such as Independent Contractors. NHS Board and Operating Division fire safety strategies and policies must recognise that in such environments it would be unrealistic to expect fire safety management to differ for each of the staff groups occupying the facility. Therefore such strategies and policies must be formulated in liaison with the service providers sharing the facility and take cognisance of this Policy whilst considering their own statutory obligations. If appropriate to the type of care provision, the Mandatory Requirements at Annexe B and supporting operational guidance should also be considered. All policies and strategies should be administered and imposed by those with responsibility for management of the building. Cooperation between persons with fire safety responsibilities in the above context is a fundamental requirement of the Fire Safety (Scotland) Regulations 2006.

Policy

**Statement 1** All NHSScotland Bodies must comply with all statutes bearing upon the fire safety of staff, patients and visitors and the buildings or parts thereof which they occupy from which healthcare is provided.

**Statement 2** All NHSScotland Bodies commissioning new or existing healthcare premises for owner occupation, leasing buildings from another party or occupying buildings provided under a Public / Private Partnership or third party contract must ensure that there is close collaboration between all those who have an interest in the fire safety provisions of
the proposed premises at the earliest stage in the design and, be satisfied that all such premises comply with all statutes bearing upon fire safety.

**Statement 3** All NHSScotland Bodies commissioning new healthcare buildings for owner occupation, leasing newly constructed buildings from another party or occupying buildings provided under a Public/Private Partnership contract must be satisfied that all design and construction works of such buildings comply with all statutes bearing upon the fire safety of newly constructed buildings.

**Statement 4** The SGHD must identify all mandatory requirements necessary to underpin statutory obligations having regard for the particular nature of premises from which healthcare is provided and used for the treatment of persons suffering from an illness or mental or physical disability.

**Statement 5** All NHS premises new or existing, owned, occupied or managed by NHSScotland Bodies must be managed in accordance with the mandatory requirements set out hereafter at [Annexe B](#).

**Statement 6** The Scottish Government has provided guidance on compliance with those aspects of statutory and mandatory requirements which are particular to those premises from which healthcare is provided and used for the treatment of persons suffering from an illness or mental or physical disability; the ‘Practical Fire Safety Guide for Healthcare Premises’ and NHSScotland Fire Safety Management guidance incorporating NHSScotland Firecode as issued by Health Facilities Scotland. Parts of NHSScotland premises may be put to a functional use other than the treatment of persons suffering from an illness or mental or physical disability in which case an alternative sector-specific Practical Fire Safety Guide may be more appropriate.

**Statement 7** Scottish Fire and Rescue Authorities are required by virtue of the Fire (Scotland) Act 2005: Part 3: S61(2) – ‘Enforcing Authorities’ to have regard to the content of the Scottish Government’s Practical Fire Safety Guides in their enforcement duty. They should also have an awareness and take into account, the Fire Safety Policy for NHSScotland when dealing with healthcare buildings owned, occupied or managed by NHSScotland.

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1 NHSScotland Bodies in the context of this document means all Health Boards, Special Health Boards and the Common Services Agency performing functions on behalf of Scottish Ministers
MANDATORY REQUIREMENTS (Policy Statement 4)

Introduction

1. Fire safety is not necessarily a stand-alone issue but one to be dealt with equally alongside others in the overall risk management of health and safety matters. However, fire in a hospital or in other healthcare buildings can be especially serious because of the difficulties and dangers associated with the emergency evacuation of patients, many of whom will be highly dependent. For this reason the mandatory requirements set out hereafter must be complied with. They apply to all Chief Executives with operational responsibility for the delivery of healthcare, who also have a responsibility to ensure patients can be transferred to a place of safety without external intervention.

Requirements

2. NHSScotland Bodies must have a clearly defined fire safety operational policy covering all buildings which they own, occupy or manage, including community workplace activities.

3. NHSScotland Bodies must have an effective fire safety management system which provides for:

   - the preparation and upkeep of fire safety operational policies and the coordination of fire safety management throughout all NHS parts of those premises owned, occupied or managed by NHSScotland;

   - the development of fire safety strategies which take account of the requirements of the Disability Discrimination Act;

   - means of ensuring emergency evacuation procedures for all NHS parts of those premises owned, occupied or managed by NHS Scotland;

   - means of ensuring that appropriate emergency response teams are established and that sufficient staff are available at all times to provide assistance with evacuation in a fire emergency from those NHS parts of premises owned, occupied or managed by NHS Scotland;

   NB: In small premises a fire response team may not be necessary e.g. community premises, healthcentres etc. However, arrangements must be made to ensure alarms of fire are appropriately responded to and supervised, including arrangements for evacuation, liaising with the Fire and Rescue Service and, re-setting alarms etc.

   - means of ensuring that procedures are in place to undertake fire safety risk assessments and record outcomes in accordance with the Fire (Scotland) Act 2005 and related subordinate legislation within NHS parts of all premises owned, occupied or managed by NHS Scotland;
Annexe B

4. NHSScotland Bodies must appoint a suitably qualified Nominated Officer (Fire) to be responsible for all fire safety matters at a strategic level.

5. NHSScotland Bodies must ensure that the appointed Nominated Officer (Fire) shall:

- receive sufficient training to enable them to undertake their fire safety duties and fully understand the extent of their responsibilities;
- ensure that suitable and efficient fire safety risk assessments are undertaken in relation to the estate for which they have responsibility;
- ensure the findings of fire safety risk assessments are appropriately acted upon and followed;
- ensure fire safety risk assessments are regularly reviewed;
monitor all fire safety provisions including the provision and review of local fire evacuation plans, staff training at all levels, the keeping of records in relation to the testing and maintenance of systems and staff training and fire drills;

ensure that regular reports of the fire safety performance of the organisation are provided to the Executive Director with fire safety responsibility;

receive reports of fire and unwanted fire signals and shall instigate and monitor actions to mitigate the potential for their recurrence;

liaise with the fire safety adviser in regard to these and any other relevant fire safety matters.

6. NHSScotland Bodies must appoint a specialist Fire Safety Adviser to provide specialist technical support, including:

advising on the application of the provisions of legislation, NHSScotland Fire Safety Management, NHSScotland Firecode and other appropriate guidance in respect of fire safety in premises owned, occupied or managed by the NHSScotland Body;

involvement with appropriate staff in fire safety audits and fire safety risk assessments and recording and, assisting with reports to management;

preparing training programmes, organising regular fire drills and staff training, witnessing the effectiveness or otherwise of fire drills;

recommending remedial action when necessary and arranging for accurate records of staff training and fire drills to be kept centrally;

managing and supervising the provision, siting and maintenance of all fire fighting equipment, fire safety signs and notices;

keeping records of all fire incidents and ensuring that fire reports are prepared and reported as necessary;

managing the work of assistant fire advisers and other fire safety staff, where necessary;

where applicable, advising on the specific and more onerous requirements of patients who are detained, for their own safety and/or the safety of others, in a secure environment.
7. NHSScotland Bodies must report fires involving death or serious injury to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. **In addition, all fires involving death, injury, or damage which results in significant disruption to patient services must be notified immediately by telephone, fax or email to:**

Mr Ian Grieve  
Scottish Government Health Directorates  
Health Finance Directorate | Property Branch  
St Andrew’s House  
Regent Road  
Edinburgh  
EH1 3DG  
Email: ian.grieve@scotland.gsi.gov.uk  
(Tel: 0131 244 2777)  
(Fax: 0131 244 2323)

8. Scottish Fire Practice Note 11: ‘Reducing Unwanted Fire Signals in Healthcare Premises’ contains a National Fire/Unwanted Fire Signal Incident Reporting Pro-forma which must be used to ensure consistency in the general reporting of Fire/UwFS incidents.

9. **This must be followed up by a detailed report of the fire to SGHD as soon as is reasonably practicable. If further information is likely to emerge from ongoing enquiries, this should be indicated and the material forwarded to SGHD as soon as possible.**

10. All outbreaks of fire must also be reported internally and actions identified to ensure that all possible lessons are learned in order to mitigate the risk of reoccurrence.
REFERENCES

Firelaw website (including sector-specific Fire Safety Guides)
http://www.infoscotland.com/firelaw/

Scottish Building Standards Technical Handbook for Non-Domestic Buildings

NHSScotland Fire Safety Management including NHSS Firecode
http://www.hfs.scot.nhs.uk/

Scottish Government Health Directorates Property and Capital Planning
http://www.pcpd.scot.nhs.uk/
Fire suppression systems in NHSScotland

NSS: Health Facilities Scotland

Gordon Allen
National Fire Safety Advisor

ABSTRACT

A position paper examining current guidance in regard to the provision of fire suppression systems in NHS healthcare premises in Scotland, setting out the agreed view of the HFS Fire Safety Advisory Group.
Fire suppression systems in healthcare premises

1. Introduction and scope

This paper sets out the current position and views of the Fire Safety Advisory Group (FSAG) in regard to the generic adoption or otherwise of fire suppression systems as a component of the fire strategy recommended for adoption throughout hospitals and other healthcare premises in NHSScotland. It follows discussion within the FSAG on the relevant issues, current standards and the guidance provided in Firecode: SHTM 82; Supplement A, but discusses exclusively the strategic principle of incorporating a wider recommendation to adopt fire suppression systems. It does not examine the technical or detailed content of the guidance.

1.1 This review of the current guidance, Firecode: SHTM 82; Supplement A, is consistent with the remit and terms of reference of the Fire Safety Advisory Group (FSAG).

1.2 This paper represents the agreed outcome of the Fire Safety Advisory Group in regard to their position at this time.
In doing so it is recognised that future developments and research in areas such as building design, materials technology, management and fire safety strategies, legislation including building standards, fire policy, fire suppression and other systems technology, may in the future impact on the content of this document and the position of the group as expressed in this paper.

2. Current adoption of fire suppression systems

2.1 At this time some 18 healthcare premises in Scotland are known to have fire suppression sprinkler systems installed, with a further 7 projects in which systems have been agreed or are under active consideration as part of the fire safety strategy. 19 of these systems are installed, or will be, in hospitals, 2 are in community healthcare resource centres and a further 4 are installed to protect strategic asset facilities. 14 of the systems provide partial protection of high-risk areas and 11 cover, or will cover, the whole premises. 2 further systems have yet to be agreed and signed off, and are not counted in these figures. The total number of systems installed or approved for installation is 25. See Appendix 1.

At this time data from 6 of the 14 Health Boards in Scotland has not been received, but anecdotally and on the basis of collective local knowledge, it is not expected that these figures will change significantly when data collection is complete, and consequently they are accepted as a fair reflection of the current position.

2.2 Hospitals commonly adopt fire safety engineering solutions in order to permit design flexibility. In such cases prescribed regulatory building standards with respect to fire safety commonly cannot be met and the resulting engineered fire safety solution will invariably, but not always, require the installation of a fire suppression system, most often a water sprinkler system. There is no professional debate about this and it is an internationally recognised and adopted design methodology fully consistent with regulatory requirements and subject to established procedural and compliance arrangements.

2.3 Fire safety principles cannot be distilled simply to the provision of fire suppression systems on the assumption that they alone will provide a universal fire safety solution for all hospitals and healthcare premises. Fire safety is achieved by a comprehensive system of measures, both physical and management, that collectively interact to provide a comprehensive system of fire safety, taking account of the building design, human behaviour in fire conditions and escape arrangements, management arrangements such as staffing levels, training and fire response, the abilities and disabilities of patients, the fire performance of the materials the building itself is made of, the fire load within the building, the potential ignition sources it contains as well as the measures we provide to detect and contain fire when it occurs.

2.4 Fire suppression systems, including sprinklers are one component of this mix of measures, and current guidance suggests that design teams should consider the installation of fire
suppression: (Firecode SHTM 82, Supplement A). NHS Scotland Firecode is a mandatory standard that Chief Executives are explicitly required to comply with (NHS HDL (2005) 53: Fire safety policy for NHSScotland, (currently being revised to reflect the new regulatory regime). Compliance is not optional, and all Boards have in place systems, both resource and management, to ensure this responsibility is met. The FSAG is confident that fire suppression systems are routinely considered in major projects and installed where identified as essential. Evidence to this effect may be identified in Appendix 1 and it is noted in particular that the fire sprinkler and other suppression systems listed in the appendix are almost exclusively of recent design and that the adoption rate for sprinklers and other fire suppression systems is increasing significantly as the table indicates.

2.5 Whether or not sprinklers are appropriate is currently a matter for relevant architectural and design team professionals who should identify their design considerations and conclusions in a fire strategy for the project in question. Clearly, the provision of fire sprinklers, as part of a fire safety strategy, is project specific on a case-by-case basis, and should be considered alongside the need to comply with statutory standards and the complexity of structural, environmental and management issues. Existing evidence would appear to suggest that fire suppression systems are routinely considered as a component of the design fire strategy in relevant projects. However, it should be recognised that it is unlikely that in smaller premises a life safety or economic asset protection case in favour of fire suppression could be justified.

3. Traditional healthcare fire safety strategy

3.1 There is no empirical evidence to suggest that the traditional fire safety strategy, embedded at the heart of Firecode and in the regulatory building control system, is not effective. Life loss and significant fire injuries are difficult to identify, beyond those unfortunate cases where patients smoke against all advice to the contrary whilst receiving oxygen therapy; or cause self-harming fires in the mental health sector. These situations are very difficult and distressing for staff to supervise and control as patients predisposed to smoke will invariably find a way of doing so. The point of this is that, fire sprinklers are unlikely to have a significant impact on the outcome for those unfortunate persons affected by this type of fire. The ‘passive’ nature of fire suppression in the ready state would certainly not reduce the number or frequency of events in these circumstances, and would only become active in response to a significant flaming source already causing life-threatening harm to the individual concerned.

3.2 No sprinkler system is designed to protect an individual directly involved at the source of a fire, especially when the fire is significantly oxygen enhanced; but can be helpful in protecting those immediately adjacent by providing additional time for staff to facilitate their escape. As the majority of fatalities and persons harmed directly by fire in NHS premises fall into the category described, it can only be concluded that the wider installation of fire suppression systems would have little impact on those incidents where harm or fatality occurs.
3.3 Current strategies have evolved, based on strong evidence to suggest that they facilitate early and effective evacuation. In particular, the principle of progressive horizontal evacuation is a core component of the fire strategy adopted in hospitals throughout the United Kingdom. This is highly dependent on sufficient structural fire compartments being available to accommodate patients evacuated from an adjacent compartment and to provide alternative escape options. All the evidence regarding hospital fires indicates the effectiveness of this strategy and may be identified in a number of incidents including Warrington General Hospital, 2002 and more recently at the Royal Marsden in London where in each case evacuation was clearly successful. Clearly it would be disingenuous to suggest that an effective suppression system would not have been beneficial in both these cases, a fact that may be exercised in regard to almost any significant fire. Nevertheless, it is equally valid to identify that whilst these fires were clearly ‘near miss’ events, the traditional design for escape was effective in very trying circumstances. The absence of a fire suppression system did not affect the life safety outcome in either of these events; but would have had an impact on the extent of asset damage and the ease of fire control intervention by the Fire and Rescue Service.

3.4 Minor Injury due to smoke inhalation will commonly be incurred whether or not sprinklers are installed as staff will, by the nature of their duty and the task they are confronted with, have to assist the evacuation of patients and will routinely re-enter the premises repeatedly to do so. Sprinkler systems will not change that, as it is inherent in the nature of fire and the evacuation needs of patients, that staff will be exposed to a greater or lesser degree to the products of fire i.e. smoke.

3.5 The design trade off common in other occupancy groups, in regard to compartment numbers and their size, is not viable to the same extent in healthcare premises containing in-patients as the provision of a specified number of compartments and their size is a fundamental component of the escape strategy, in addition to their core purpose of containing fire and restricting the potential for fire spread. This additional purpose is crucially important for refuge as a component of horizontal escape in hospitals but not normally in other occupancy groups to anything like the same extent. Therefore the compartment design components are still required, whether or not fire a fire suppression system is installed. It must also be noted that sprinkler systems will contain and control fire very effectively, but will not prevent the passage of smoke and other products, although their volumes and toxicity will be reduced to some extent.

3.6 The FSAG strongly supports the existing escape strategy of progressive horizontal escape as it has evolved and been thoroughly embedded in design guidance and the building regulatory system for in-patient healthcare buildings. At this time, the provision of fire suppression systems should be identified as a separate issue, and should not be used as a compensating measure to question the viability of the existing horizontal compartment based escape
provisions. In any case, any deviation from the traditional escape model should only be considered on an evidential basis following thorough research, scrutiny and evaluation.

4. Health Facilities Scotland

4.1 Health Facilities Scotland is absolutely committed to ensuring that the guidance they provide for NHSScotland is adequate for the appropriate control and reduction of the fire risk found in NHS facilities.

4.2 The update of NHSScotland Firecode, the comprehensive suite of 14 fire safety benchmark guidance documents, is a core responsibility of NSS, Health Facilities Scotland. The documents are continuously and routinely updated and developed in the light of technological, research, managerial and operational developments by the National Fire Safety Advisor directly employed by NSS, Health Facilities Scotland who works closely with stakeholders as a member of the HFS Fire Safety Advisory Group. Membership of this group is drawn not only from the NHS but includes other relevant professionals from the SBSA, the Dept of Health, Scottish Government Health Directorate and elsewhere as necessary on an ad hoc basis. Appendix 2.

4.3 The fire suppression guidance document; Firecode SHTM 82, supplement A, was commissioned by HFS based on guidance from the Fire Safety Advisory Group who identified that there was a need for fire suppression guidance in the Firecode suite. It was subsequently developed in collaboration with the Fire Engineering Dept of Caledonian University. A draft document underwent a wide consultation process prior to final publication. It therefore has a sound and highly respected fire engineering pedigree, having been developed by fire engineers of high national and international standing. This guidance document was, at the time of publication, unique to Scotland and similar guidance had not been adopted elsewhere in the United Kingdom. The FSAG therefore identifies this as evidence that standards in NHS Scotland in this regard are progressive and have promoted the adoption of fire suppression systems and engaged designers by requiring them to consider their inclusion as a component of the fire strategy in healthcare design schemes; see Appendix 1.

It stops short of explicitly requiring their inclusion because it is widely recognised that for some premises a fire suppression system would contribute little to the overall reduction of life risk; such circumstances may include:

- Where a conventional strategy provides adequate and appropriate escape arrangements, the ‘time to escape’ is viable, and the premises comply in full with all building regulatory standards, in addition to other NHSScotland Firecode standards.
- There are no high hazard adjacencies i.e. no departments or areas containing a high fire risk immediately adjacent, vertically or horizontally, to the patient care areas being considered.
• A potential for significant delayed evacuation is not identified i.e. there are very limited numbers of ‘very high’ and ‘high’ risk patients, and the majority of the persons likely to be present are ‘acceptable’ risk as defined in SHTM 86: Part 2: Fire Risk Assessment in Healthcare Premises.

• The premises are small, ground floor only, a fire engineered fire safety strategy has not been used, all other fire safety provisions are to a high standard, and staffing levels are adequate at all times.

NB: This list is indicative only and is not provided in the guidance. These, or relevant other issues may be applicable to any specific case and will be taken into account by those involved in developing the fire strategy for the particular project in question. The development of the fire strategy will be undertaken by a properly qualified fire engineer who is competent to understand all the relevant circumstances essential to determine whether or not a fire suppression system is necessary.

The variety, range, types of premises, their uses and occupancy profiles within the wider NHSScotland estate indicates that a general guidance benchmark imposing the generic adoption of fire suppression systems in healthcare premises would be inappropriate.

4.4 An examination of national fire data identifies the low number of significant fires in relation to the size of the NHS estate, and the statistical data stands in favourable comparison with any occupancy sector.

In 2005, of 65 fatalities from fire nationally, 58 occurred in dwellings and 6 in outdoor locations. Only 1 fatality occurred in premises other than a dwelling. Presumably, the ‘other’ range of premises included healthcare premises.

The level of fatalities and injuries from fire in healthcare premises is extremely low by any measure, and this must be recognised when assessing fire safety performance outcomes. Proposals in regard to the need and provision of fire suppression systems in healthcare buildings must be considered in that context. Indeed, it is likely that any improvements of fire safety performance in these key areas will be very difficult to achieve and measure, irrespective of the measures put in place.

http://www.scotland.gov.uk/publications/2007/03/22111518

See also extract of figures in Appendix 3.

Note: The value of fire suppression in relation to the protection of strategic assets and for the control or extinguishing or fire whether or not life safety is the predominant issue, is acknowledged.

5. The statutory position

5.1 A statutory obligation exists under the terms of the Fire (Scotland) Act 2005 and supporting regulations to meet an acceptable standard of fire safety in all NHS premises, an obligation
that is enforced and audited by the Fire and Rescue authorities. In that context, Fire and Rescue authorities may question the existing traditional fire safety strategy model adopted throughout the NHSScotland estate, by means of their audit compliance inspections, and examination of fire risk assessments. The HFS Fire Safety Advisory Group is of the opinion that such action would not be sustainable in view of the available evidence as to the efficacy of existing best practice and the fact that the provision of fire suppression systems are not a recommendation of the Scottish Government compliance guide.

5.2 Fire & Rescue authorities largely speak with one voice in expressing support for the adoption of fire suppression systems whenever the opportunity arises; and are on the public record as having done so in regard to the healthcare sector. Whilst this is their publicly expressed view, it is not consistent with the published Scottish Government, Practical Fire Safety Guidance for Healthcare Premises to support statutory compliance in healthcare premises. Responses to the consultation on the published guidance from every Fire and Rescue service in Scotland and CFOA to both the Scottish Government, Practical Fire Safety Guidance for Healthcare Premises and NHSScotland Firecode SHTM 85, did not include any significant reference to this matter and provided no indication that they were minded to recommend the generic inclusion of fire suppression systems in hospital premises. (See also Note; para 6.2)

5.4 In regard to Building Standards, the non-domestic Technical Handbook (annex 2.B) details the fire hazard departments, areas and rooms where an automatic fire suppression system is required. Specified departments and rooms include those that are directly below or directly adjoin, operating theatres, intensive therapy units, or special care baby units.

All projects will in any case be subject to this standard and must, as a matter of statutory compliance, conform to this standard in so far as they apply to any specific project. In these cases compliance is not optional or negotiable.

6. Conclusion

6.1 The adoption or otherwise of fire suppression for life safety and/or strategic asset protection is clearly a significant issue, and developments in this particular field are not only being closely monitored and considered in a professional and rational way by the HFS Fire Safety Advisory Group in the interests of NHSScotland, but are actively being adopted where necessary in some projects. Fire suppression systems have a part to play in the lexicon of measures we use to make NHS healthcare buildings safe from fire and will continue to do so in response to the needs of the service and especially the imperative to ensure the safety from fire of patients, staff and others.

6.2 The available evidence indicates quite clearly that existing strategies contained in Firecode and the building standards are effective and appropriate in fire safety performance terms whether or not fire suppressions is added to the mix of mandatory fire safety measures.
6.3 It is particularly notable that when presented with an opportunity to contribute to the development of both the statutory compliance and SHTM 85 guidance during the consultation period neither the CFOA nor Fire and Rescue authorities made significant representations to support the inclusion of fire suppression systems in hospitals.

**Note:** It is acknowledged that Strathclyde F&RS did comment to the effect that ‘more emphasis’ should be placed on fire suppression systems. However, this short comment, amounting to less than two lines, was not supported by evidence, recommendations, qualifiers or any indication that the proposed guidance was significantly deficient.

6.4 The Practical Fire Safety Guidance for Healthcare Premises is clear that its contents are not prescriptive and that equivalent standards may be adopted. The Firecode guidance contained in SHTM 82 Supplement A in regard to the consideration of fire suppression systems is consistent with those non-prescriptive principles. A prescriptive recommendation in the guidance to include fire suppression systems in all hospital or healthcare buildings would be inconsistent with the principle that fire safety measures should be ‘risk appropriate’, based a comprehensive assessment of the risk in each individual case.

6.5 There are clearly many benefits in fire safety terms for adopting fire suppression systems, just as it is equally and technically clear that not all premises would significantly benefit from such installations. An analysis of fatality and harm data clearly indicates that the current NHSScotland fire safety performance standard is high. However, it is recognised that there are specific hazards related to the therapeutic use of oxygen and additionally in the mental health sector from individual harm as a result of smoking related fires, and fire safety practitioners are certainly not complacent in this regard. The generic provision of fire suppression systems throughout hospitals is unlikely to resolve these particular problems, and perhaps more importantly is unlikely to lead to any significant improvement in fatality and harm incidents generally in hospitals, simply because the pre-existing fire safety performance level in this regard is already high, and the actual number of such incidents is very low.

6.6 Comparison should not be made with the care home sector as the staffing levels, environmental care conditions and the type and size of premises is not comparable. Care homes typically attempt to replicate as far as possible a homely domestic environment to promote a feeling of well-being and comfort for residents. A significant problem in regard to the fire safety performance of care homes is statistically identifiable, a fact that cannot be similarly identified in regard to hospitals.

6.7 The protection of vulnerable people in public facilities is a very emotive issue and some consideration as to the moral and duty of care value of installing sprinklers should be considered.

Gordon Allen
Health facilities Scotland
22 April 2008
Fire and Rescue services are traditionally and understandably predisposed to promote and support the case for installing fire suppression systems and will always advocate sprinklers simply because they are in the business of protecting the lives of people, without qualification. This is not a luxury available to design teams and building professionals. They are equally concerned with the protection of those who use healthcare premises and are professionally aware of their accountability if they fail to do so adequately. Nevertheless, in making a determination on such issues they must take into account a range of competing needs, including the need to be convinced on a statutory, fire engineering or other evidence based safety case when a fire suppression system is proposed. This is not an unreasonable position to take and is no different to their position in regard to consideration of any other safety related proposal.

6.8 It is concluded that there is not a clear case for the generic requirement to install fire suppression systems in hospitals and other healthcare premises, other than in those cases where they are installed as a component of a verified fire engineering strategy or to protect specific high risk facilities, to enhance available evacuation time or to protect strategically important facilities.

6.9 It is likely that the increasing uptake and installation rate in regard to fire suppression systems in new projects will continue to increase as fire engineering proposals become more commonly adopted in larger projects.

6.10 The HFS Fire Safety Advisory Group believes that the current guidance contained in SHTM 82: supplement A is risk appropriate, sufficient and adequate. No grounds are identified at this time that indicates a need to modify the core content of the guidance. The HFS Fire Safety Advisory Group also recognises that future legal, technological or other fire safety developments may have a significant impact on the findings of this review and consequently asserts that the matter will be revisited regularly and whenever necessary. It is also concluded that further research in regard to the provision of fire suppression systems, especially for life safety in healthcare premises, would be welcomed to inform future reviews and guidance development.

End.

Attachments.

Appendix 1. Fire suppression systems in NHS Scotland premises : January 2008
Appendix 2. HFS fire safety advisory group - membership
Appendix 3. Fires in NHS Scotland premises.

## Appendix 1. Fire suppression systems in NHS Scotland premises: Jan. 2008

<table>
<thead>
<tr>
<th>FACILITY</th>
<th>BOARD</th>
<th>COVERAGE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Wishaw Gen</td>
<td></td>
<td></td>
<td>atria / high risk / kitchens (Ansul systems)</td>
</tr>
<tr>
<td>02 Hairmyres Hosp</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03 Coathill Hosp</td>
<td>Lanarkshire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04 Caird Ho. Dev.</td>
<td></td>
<td></td>
<td>mental health ; planned / agreed proposals.</td>
</tr>
<tr>
<td>05 Kirklands Hosp</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06 Canderside National Distribution Centre</td>
<td>NSS</td>
<td></td>
<td>strategic asset protection.</td>
</tr>
<tr>
<td>07 Whitehills Community Hosp</td>
<td>Tayside</td>
<td></td>
<td>water mist</td>
</tr>
<tr>
<td>08 Ninewells Hosp</td>
<td></td>
<td></td>
<td>covers large mall and engineering / laundry block.</td>
</tr>
<tr>
<td>09 Royal Inf. Ed. Little France</td>
<td></td>
<td></td>
<td>gr floor mall area x 9 retail units.</td>
</tr>
<tr>
<td>10 Midlothian Community Hosp.</td>
<td>Lothian</td>
<td></td>
<td>planned / agreed proposals</td>
</tr>
<tr>
<td>11 Western General Hosp.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Glasgow Royal Inf.</td>
<td>GG&amp;C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Central Decontamination Unit</td>
<td></td>
<td></td>
<td>strategic asset protection.</td>
</tr>
<tr>
<td>14 Main Laundry, Hillington</td>
<td></td>
<td></td>
<td>strategic asset protection.</td>
</tr>
<tr>
<td>15 RHSC Yorkhill</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Golden Jubilee</td>
<td>National Waiting Time Centre Board</td>
<td></td>
<td>Specific high risk area</td>
</tr>
<tr>
<td>17 North West Area Centre ; Kilmarnock</td>
<td>Ayrshire &amp; Arran</td>
<td></td>
<td>Joint venture with East Ayrshire Council. Multiple healthcare / council facilities.</td>
</tr>
<tr>
<td>18 Crosshouse Resource Centre</td>
<td></td>
<td></td>
<td>Joint venture with East Ayrshire Council. Multiple healthcare / council facilities. Currently being planned.</td>
</tr>
<tr>
<td>19 Crosshouse maternity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 New G Irvine Hosp.</td>
<td></td>
<td></td>
<td>Provisional under discussion. Specific hazard area only, pharmacy in foyer.</td>
</tr>
<tr>
<td>21 W. Lothian</td>
<td></td>
<td></td>
<td>data to follow</td>
</tr>
<tr>
<td>22 Borders</td>
<td></td>
<td></td>
<td>data to follow</td>
</tr>
<tr>
<td>23 Gampian</td>
<td></td>
<td></td>
<td>One possible re future proposal.</td>
</tr>
<tr>
<td>24 Clackmannan new hosp.</td>
<td>Forth Valley</td>
<td></td>
<td>planned / agreed.</td>
</tr>
<tr>
<td>25 Larbert new hosp.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Falkirk</td>
<td></td>
<td></td>
<td>specific high risk areas.</td>
</tr>
<tr>
<td>27 Stirling Royal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Raigmore Hospital</td>
<td>Highland</td>
<td></td>
<td>Specific risk area; IT server room.</td>
</tr>
<tr>
<td>29 Western Isles</td>
<td></td>
<td></td>
<td>data to follow</td>
</tr>
<tr>
<td>30 Orkney</td>
<td></td>
<td></td>
<td>data to follow</td>
</tr>
<tr>
<td>31 Shetland</td>
<td></td>
<td></td>
<td>data to follow</td>
</tr>
</tbody>
</table>
## Appendix 2. HFS fire safety sub group - membership.

<table>
<thead>
<tr>
<th>Name</th>
<th>Health Board / Agency</th>
<th>Locations</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob McBlain (Chair)</td>
<td>NHS Greater Glasgow and Clyde – Primary Care Division</td>
<td>Gartnavel Royal Hospital Glasgow</td>
<td>Senior Risk Advisor – Fire Safety.</td>
</tr>
<tr>
<td>Hugh Adie (Co-opted Member)</td>
<td>Scottish Building Standards</td>
<td>Denholm House Almondvale Business Park Livingston EH54 6GA</td>
<td></td>
</tr>
<tr>
<td>Gordon Allen</td>
<td>Health Facilities Scotland</td>
<td>4th Floor, Empire House 131 West Nile Street Glasgow G1 2RX</td>
<td>National Fire Safety Advisor</td>
</tr>
<tr>
<td>Gillian Cumming</td>
<td>NHS Ayrshire and Arran</td>
<td>Ailsa Hospital Dalmellington Road</td>
<td>Fire Safety advisor</td>
</tr>
<tr>
<td>Daniel Doherty</td>
<td>NHS Forth Valley</td>
<td>Falkirk and District Royal Hospital Falkirk FK1 5QE</td>
<td>Estates Manager</td>
</tr>
<tr>
<td>Dominic Cafolla</td>
<td>Northern Ireland Estates Agency</td>
<td>Stoney Road Dundonald Belfast BT16 1US</td>
<td>National Fire Safety Advisor</td>
</tr>
<tr>
<td>Ian Grieve</td>
<td>Scottish Government Health Directorates</td>
<td>St Andrews House Edinburgh EH1 3DG</td>
<td>Architectural Assistant</td>
</tr>
<tr>
<td>Peter Haggarty</td>
<td>Health Facilities Scotland</td>
<td>4th Floor, Empire House 131 West Nile Street Glasgow G1 2RX</td>
<td>Assistant Director</td>
</tr>
<tr>
<td>Colin Hird</td>
<td>Scottish Building Standards</td>
<td>Denholm House Almondvale Business Park Livingston EH54 6GA</td>
<td></td>
</tr>
<tr>
<td>Barry Liston</td>
<td>NHS National Services Scotland</td>
<td>1 South Gyle Crescent Edinburgh EH12 9EB</td>
<td>National Fire Officer</td>
</tr>
<tr>
<td>Susan Lowrie</td>
<td>NHS Grampian</td>
<td></td>
<td>Fire Safety Co-ordinator</td>
</tr>
<tr>
<td>Jim McGonigal</td>
<td>Scottish Building Standards</td>
<td>Denholm House Almondvale Business Park Livingston EH54 6GA</td>
<td></td>
</tr>
<tr>
<td>Paul Roberts</td>
<td>Department of Health</td>
<td>DoH : Quarry Ho.: Leeds</td>
<td>National Fire Safety Manager</td>
</tr>
<tr>
<td>Tom Steele</td>
<td>NHS Ayrshire and Arran</td>
<td>Ailsa Hospital Dalmellington Road Ayr KA6 6AB</td>
<td>Assistant Director of Facilities</td>
</tr>
</tbody>
</table>
APPENDIX 3. Scottish Government; fire data. 2005

Casualties from fires by location group, Scotland, 1996-2005

<table>
<thead>
<tr>
<th>Year</th>
<th>Fatal Location Group</th>
<th>Non-Fatal Location Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dwellings</td>
<td>Other buildings</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td>Year</td>
<td>Dwellings</td>
<td>Other buildings</td>
</tr>
<tr>
<td>Year</td>
<td>Dwellings</td>
<td>Other buildings</td>
</tr>
<tr>
<td>1996</td>
<td>110</td>
<td>96</td>
</tr>
<tr>
<td>1997</td>
<td>88</td>
<td>74</td>
</tr>
<tr>
<td>1998</td>
<td>96</td>
<td>76</td>
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<td>1999</td>
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<td>75</td>
<td>67</td>
</tr>
<tr>
<td>2001</td>
<td>96</td>
<td>86</td>
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<tr>
<td>2002</td>
<td>77</td>
<td>63</td>
</tr>
<tr>
<td>2003</td>
<td>80</td>
<td>61</td>
</tr>
<tr>
<td>2004</td>
<td>99</td>
<td>76</td>
</tr>
<tr>
<td>2005</td>
<td>65</td>
<td>58</td>
</tr>
</tbody>
</table>

1 Includes casualties for late call, heat and smoke damage only incidents.
2 Includes an estimated 65 non-fatal casualties for incidents occurring during ten days of national industrial action in November 2002.
3 Includes estimates for incidents not recorded during national industrial action in January and February 2003.

Gordon Allen
Health facilities Scotland
22 April 2008
## Fires

<table>
<thead>
<tr>
<th>Year</th>
<th>Total buildings</th>
<th>Dwellings</th>
<th>Private garages, sheds etc.</th>
<th>Agricultural Premises</th>
<th>Construction industry premises</th>
<th>Other industrial premises</th>
<th>Retail Distribution</th>
<th>Hotels, boarding houses, hostels etc.</th>
<th>Restaurants, cafes, public houses etc.</th>
<th>Education</th>
<th>Hospitals</th>
<th>Recreational and other cultural services</th>
<th>Other</th>
<th>Unspecified</th>
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</thead>
<tbody>
<tr>
<td>1996</td>
<td>13,775</td>
<td>9,516</td>
<td>767</td>
<td>194</td>
<td>78</td>
<td>477</td>
<td>524</td>
<td>283</td>
<td>302</td>
<td>201</td>
<td>48</td>
<td>210</td>
<td>250</td>
<td>917</td>
</tr>
<tr>
<td>1997</td>
<td>13,288</td>
<td>9,325</td>
<td>677</td>
<td>156</td>
<td>74</td>
<td>430</td>
<td>473</td>
<td>204</td>
<td>285</td>
<td>175</td>
<td>36</td>
<td>239</td>
<td>256</td>
<td>941</td>
</tr>
<tr>
<td>1998</td>
<td>12,954</td>
<td>9,154</td>
<td>666</td>
<td>144</td>
<td>40</td>
<td>391</td>
<td>619</td>
<td>235</td>
<td>242</td>
<td>132</td>
<td>86</td>
<td>215</td>
<td>203</td>
<td>817</td>
</tr>
<tr>
<td>1999</td>
<td>13,478</td>
<td>9,415</td>
<td>615</td>
<td>142</td>
<td>79</td>
<td>420</td>
<td>569</td>
<td>267</td>
<td>289</td>
<td>174</td>
<td>43</td>
<td>220</td>
<td>238</td>
<td>906</td>
</tr>
<tr>
<td>2000</td>
<td>13,250</td>
<td>9,303</td>
<td>650</td>
<td>162</td>
<td>132</td>
<td>322</td>
<td>548</td>
<td>323</td>
<td>252</td>
<td>119</td>
<td>76</td>
<td>241</td>
<td>223</td>
<td>900</td>
</tr>
<tr>
<td>2001</td>
<td>12,812</td>
<td>8,836</td>
<td>779</td>
<td>124</td>
<td>60</td>
<td>387</td>
<td>518</td>
<td>272</td>
<td>307</td>
<td>149</td>
<td>50</td>
<td>278</td>
<td>293</td>
<td>736</td>
</tr>
<tr>
<td>2002</td>
<td>12,185</td>
<td>8,504</td>
<td>626</td>
<td>189</td>
<td>38</td>
<td>314</td>
<td>485</td>
<td>308</td>
<td>257</td>
<td>136</td>
<td>27</td>
<td>253</td>
<td>302</td>
<td>717</td>
</tr>
<tr>
<td>2003</td>
<td>11,702</td>
<td>8,043</td>
<td>671</td>
<td>136</td>
<td>50</td>
<td>308</td>
<td>567</td>
<td>223</td>
<td>313</td>
<td>159</td>
<td>59</td>
<td>181</td>
<td>301</td>
<td>646</td>
</tr>
<tr>
<td>2004</td>
<td>10,656</td>
<td>7,420</td>
<td>523</td>
<td>106</td>
<td>35</td>
<td>228</td>
<td>452</td>
<td>208</td>
<td>265</td>
<td>196</td>
<td>57</td>
<td>166</td>
<td>256</td>
<td>700</td>
</tr>
<tr>
<td>2005</td>
<td>10,244</td>
<td>7,054</td>
<td>590</td>
<td>108</td>
<td>34</td>
<td>229</td>
<td>435</td>
<td>253</td>
<td>268</td>
<td>165</td>
<td>62</td>
<td>172</td>
<td>229</td>
<td>604</td>
</tr>
</tbody>
</table>

1 Including late call, heat and smoke damage only incidents.
2 Prior to 2005 figures are based on sample data weighted to individual FRS totals.
3 Includes caravans, houseboats and other non-building structures used solely as a permanent dwelling.
4 Includes estimates for incidents occurring during ten days of national industrial action in November 2002.
5 Includes estimates for incidents not recorded during national industrial action in January and February 2003.