Dear Colleague

FIRE SAFETY POLICY FOR NHSSCOTLAND

Summary

1. This letter provides colleagues with a new statement of the Scottish Executive Health Department’s Fire Safety Policy in respect of property occupied by NHSScotland and provides guidance on a number of related matters.

Background

2. This updated policy arises from a change in Scottish building standards legislation and after consultation with colleagues in NHSScotland regarding deliverability. It replaces the previous version issued under cover of NHS HDL(2001)20.

3. The attached policy statement continues to provide a concise definition of policy and associated mandatory requirements. It recognises that fire safety is not a stand-alone issue but one to be dealt with alongside others in the overall risk management of health and safety matters. In this regard attention is drawn to NHS MEL(1997)80 “Health and Safety Issues in the NHS in Scotland” which states 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.
Related Matters

Design and construction works sign-off

4. Comments were received during consultation with NHSScotland colleagues that there is a need to ensure that on completion of a building project, all works carried out during the construction process are fully compliant with all statutes bearing upon the fire safety of newly constructed buildings and that those works have been undertaken to the full specification and quality necessary to ensure compliance prior to the building being occupied and fire risk assessments carried out. The new policy statement now includes a requirement that NHSScotland Bodies must consider the appointment of an Approved Certifier of design and construction, in accordance with the optional provisions under the Building (Procedure) (Scotland) Act 2004, as a means of achieving verification that all completed works comply. The appointment of Approved Certifiers is an optional procedure under the Act and while SEHD cannot impose a requirement to do so the appointment of an Approved Certifier is strongly recommended. Whilst SEHD recognises that these new optional procedures have not yet been fully implemented by the Scottish Building Standards Agency (at the moment the verification infrastructure is limited to structural and electrical elements), SEHD considers that once this optional procedure is fully implemented, the adoption of the procedure by NHSScotland Bodies will ensure that all design and construction works will be fully compliant with all statutes bearing upon the fire safety of newly constructed healthcare buildings and provide verification that all works fully meet the intended specification. Fire safety in healthcare premises where patients may be dependent due to their illness and/or treatment also depends upon the way a building is furnished, staffed and managed. Designers and Verifiers of such buildings may need to make reference to the relevant documents which comprise NHSScotland Firecode, which is cited from within Annex 2.B of the Scottish Building Standards: Technical Handbook: Non-domestic.

Fire Safety Training

5. Comments were received that the mandatory requirement for periodic training exercises for fire response teams and those staff members involved in evacuation procedures may have a financial impact. NHSScotland Bodies are reminded of their statutory obligations to carry out such exercises on a regular basis, that staff will require to be appropriately trained to do so and that training may be necessary on an ongoing basis in the context of staff movement and transfers. In joint occupancy environments, other service providers have the same statutory obligations. NHSScotland Bodies must ensure that they comply with their statutory obligations in this regard.

Fire Incident Reporting

6. Fire incident reporting within NHSScotland has not been as well co-ordinated or as consistent in its approach as it could be. This has been addressed by the NHSScotland Property and Environment Forum Fire Group through the revision of Scottish Fire Practice Note 11: “Reducing unwanted Fire Signals in Healthcare Premises”. SFPN 11 now contains a national fire/unwanted fire signal incident reporting Pro-forma which
must be used for the reporting of fire/unwanted fire signal incidents to ensure consistency in reporting. A version of this pro-forma for use in reporting major fire incidents to SEHD is attached for convenience at Annex B. NHSScotland Bodies are reminded of their statutory duty to report all fire incidents involving death or serious injury to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985 and to report immediately to SEHD all fires involving death, serious injury or damage which results in a significant disruption to patient services.

Fire Safety and the Disability Discrimination Act

7. Comments were received during consultation that there may be conflict between the requirements of fire safety management procedures and guidance for NHSScotland premises and the requirements of the Disability Discrimination Act (the DDA). The DDA requires the adjustment of policies, practices and procedures and where necessary, the building fabric, so as not to discriminate against disabled people. Measures taken to safeguard persons from the risk of fire may impact on the ability of disabled persons to move freely around the building and on their ability to escape in the event of a fire. The updated policy document contains information which attempts to address such issues at Annex C. NHSScotland Bodies are reminded that the development of fire strategies and operational policies must take account of the requirements of the Disability Discrimination Act.

Action

8. The new Fire Safety Policy and associated Mandatory Requirements take immediate effect.

Yours sincerely

P. S. Collings

DR PETER S COLLINGS
Director of Performance Management and Finance
Note: Erratum

This document was subject to wide and comprehensive consultation prior to publication in order to ensure its applicability and deliverability. However, the Scottish Building Standards Agency (SBSA) has advised that Policy Statements 3 and 4 of the originally distributed document contain requirements which are erroneous.

As a result, these Policy Statements have been revised with Statement 3 being re-written and the original Statement 4 being deleted in order to properly align with SBSA policy.

An Erratum has been sent to all recipients of hard copy versions of this document in order to address this issue. The electronic copy now takes precedence over any previously released version and can be found at the following link:  http://www.show.scot.nhs.uk/sehd/mels/HDL2005_53.pdf
Purpose

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

Aim

- The Scottish Executive Health Department’s 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 Executive Health Department’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 (Annex A) 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. This is especially pertinent to those premises which provide sleeping accommodation, such as hospital wards, to which the specific guidance contained in NHSScotland Firecode Scottish Health Technical Memoranda would apply, in addition to the requirements of the Scottish Building Standards.

- The model of healthcare provision in Scotland is undergoing change. Increasingly, we will see the implementation of the Joint Ventures strategy 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 and that 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 and, if appropriate to the type of care provision, the Mandatory Requirements at Annex A and supporting operational guidance and be administered and imposed by those with responsibility for management of the building.

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 PPP/PFI or third party contract
must be satisfied that all such buildings 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 PPP/PFI contract, third party contract or Joint Ventures procurement model 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. NHSScotland Bodies must consider the appointment of an Approved Certifier of design and construction, in accordance with the optional provisions under the Building (Procedure) (Scotland) Act 2004, as a means of achieving compliance verification.

**Statement 4** The SEHD 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 Annex A.

**Statement 6** The SEHD must provide 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. This will be effected through the publication of NHSScotland Fire Safety Management guidance incorporating NHSScotland Firecode as issued by the NHSScotland Property and Environment Forum.

**Statement 7** The Scottish Executive Justice Department, in liaison with SEHD, recommend that all Scottish fire authorities have regard for the mandatory requirements set out hereafter at Annex A and for the guidance referred to at Statement 7 when dealing with healthcare buildings owned, occupied or managed by NHSScotland and used for the treatment of persons suffering from an illness or mental or physical disability and who will therefore be dependent.

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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
Introduction

1. Fire safety is not 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 and because patient care areas are not designated under the Fire Precautions Act 1971 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.

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 (further guidance and information at Annex C);

- 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;

- means of ensuring that procedures are in place to undertake fire risk assessments within NHS parts of all premises owned, occupied or managed by NHS Scotland and to monitor these on a regular basis to ensure that they remain relevant. There should be a re-assessment of fire risk whenever a building has been subject to alteration, change of use and/or change of personnel;
• means of ensuring that procedures are in place within premises to provide regular fire safety training for all staff, appropriate to the duties of the staff and their place of work;

• means of ensuring that adequate training exercises are undertaken, at a frequency appropriate to the identified risk, for the fire response teams and other staff who are involved in patient evacuation;

• means of ensuring that whenever buildings or parts thereof occupied by a NHSScotland Body are in use, the senior members of staff present, or duty officers, have an appointed responsibility for fire safety and that they are provided with appropriate training to enable them to undertake their duties effectively. In joint occupancy environments, other stakeholders have the same statutory obligations;

• means of receiving reports of all fire incidents from the NHSScotland Body’s Fire Safety Adviser, informing the Executive Director or Chief Executive as appropriate of their contents, arranging for them to be acted upon and, in the case of serious incidents reported to relevant authorities as specified in Para 6 of these mandatory requirements.

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 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 audit and fire risk assessments 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 prevention 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.

6. 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  
Property Branch  
Directorate of Performance Management and Finance  
Scottish Executive Health Department  
St Andrew’s House  
Regent Road  
Edinburgh  
EH1 3DG  
Email: ian.grieve@scotland.gsi.gov.uk  
(Tel: 0131 244 2777)  
(Fax: 0131 244 2323)

This must be followed up by a detailed report of the fire as soon as is reasonably practicable. 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. A version of this Pro-forma for the purposes of major incident reporting, as per Para 6, is attached at Annex B.

If further information is likely to emerge from ongoing enquiries, this should be indicated and the material made available as soon as possible.

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.
# Annex B

## Fire Incident Reporting

### Fire/UuFS Incident Report

<table>
<thead>
<tr>
<th>Tick appropriate box</th>
<th>□ Fire</th>
<th>□ Unwanted Fire Signal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hospital / Site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Trust / Organisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Age of building</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Date of incident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Time of incident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Time of call to Fire Service:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Time Fire Service arrived:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Duration of incident:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Estimated cost of damage/disruption:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 10. Location Details:

<table>
<thead>
<tr>
<th>Location of alarm signal (Select codes from Appendix C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1 List 1</td>
</tr>
</tbody>
</table>

### 11. Unwanted fire signal incident details

<table>
<thead>
<tr>
<th>Cause of alarm signal (Select code from Appendix A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fire Service attendance</th>
<th>□ YES</th>
<th>□ NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire response team attendance</td>
<td>□ YES</td>
<td>□ NO</td>
</tr>
<tr>
<td>Fire service classification (If different from above)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Fire Incident Details

Answer questions 12 to 19 by 'ticking' one or more of the options provided.

### 12. Fire discovered by: (to be completed for fire incident)

<table>
<thead>
<tr>
<th>□ Employee</th>
<th>□ Visitor/passenger-by</th>
<th>□ Smoke Detector</th>
<th>□ Other (please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Patient</td>
<td>□ Sprinkler</td>
<td>□ Heat Detector</td>
<td></td>
</tr>
</tbody>
</table>

### 13. Method of extinguishment: (to be completed for fire incident)

<table>
<thead>
<tr>
<th>□ None</th>
<th>□ Fire hose</th>
<th>□ Smothering</th>
<th>□ CO₂, Inert gas etc</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Self extinguished</td>
<td>□ Dousing with water</td>
<td>□ Removal</td>
<td>Fire Service</td>
</tr>
<tr>
<td>□ Portable extinguisher</td>
<td>□ Equipment isolated</td>
<td>□ Sprinkler</td>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

### 14. Material first ignited: (to be completed for fire incident)

<table>
<thead>
<tr>
<th>□ Raw materials</th>
<th>□ Bedding, mattress</th>
<th>□ Fittings</th>
<th>□ Decoration, soft toys</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Vegetation</td>
<td>□ Upholstery</td>
<td>□ Food</td>
<td></td>
</tr>
<tr>
<td>□ Clothing on person</td>
<td>□ Other furnishings</td>
<td>□ Electrical insulation</td>
<td>Cleaning materials</td>
</tr>
<tr>
<td>□ Other textiles</td>
<td>□ Structure</td>
<td>□ Lagging</td>
<td>Waste</td>
</tr>
</tbody>
</table>

### 15. Spread of fire within room of origin: (to be completed for fire incident)

<table>
<thead>
<tr>
<th>□ Not applicable</th>
<th>□ Stored material</th>
<th>□ Furnishings - linings</th>
<th>□ Other (please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Confined to item</td>
<td>□ Furnishings - fittings</td>
<td>□ Equipment</td>
<td></td>
</tr>
</tbody>
</table>

### 16. Cause of fire: (to be completed for fire incident)

<table>
<thead>
<tr>
<th>□ Deliberate</th>
<th>□ Water heating</th>
<th>□ Equipment failure (elec)</th>
<th>□ Smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Cooking appliances</td>
<td>□ Hot work</td>
<td>□ Equipment failure (mech)</td>
<td>□ Unknown</td>
</tr>
<tr>
<td>□ Space heating</td>
<td>□ Lighting</td>
<td>□ Wire &amp; cable (fixed)</td>
<td>Other (please specify)</td>
</tr>
<tr>
<td>□ Central heating</td>
<td>□ Naked lights</td>
<td>□ Wire &amp; cable (leads)</td>
<td></td>
</tr>
</tbody>
</table>

### 17. Spread of smoke beyond room of origin: (to be completed for fire incident)

<table>
<thead>
<tr>
<th>□ Not applicable</th>
<th>□ Adjacent room(s)</th>
<th>□ Stairway(s)</th>
<th>□ Adjacent building(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Confined to item</td>
<td>□ Street/main corridor</td>
<td>□ Other floor(s)</td>
<td>Other (please specify)</td>
</tr>
<tr>
<td>□ Corridor(s)</td>
<td>□ Adjacent department(s)</td>
<td>□ Roof void(s)</td>
<td></td>
</tr>
</tbody>
</table>

### 18. Spread of burning beyond room of origin: (to be completed for fire incident)

<table>
<thead>
<tr>
<th>□ Not applicable</th>
<th>□ Adjacent room(s)</th>
<th>□ Stairway(s)</th>
<th>□ Adjacent building(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Confined to room</td>
<td>□ Street/main corridor</td>
<td>□ Other floor(s)</td>
<td>Other (please specify)</td>
</tr>
<tr>
<td>□ Corridor(s)</td>
<td>□ Adjacent department(s)</td>
<td>□ Roof void(s)</td>
<td></td>
</tr>
</tbody>
</table>

### 19. Route of fire spread: (to be completed for fire incident)

<table>
<thead>
<tr>
<th>□ Not applicable</th>
<th>□ Spaces/voids</th>
<th>□ Open fire doors</th>
<th>□ External</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Ducts</td>
<td>□ Defective fire stopping</td>
<td>□ Stairways/lifts</td>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>
Effects on persons involved

20. Extent of evacuation:
   - Unnecessary
   - Room only
   - Adjacent room(s)
   - Department
   - Street/main corridor
   - Adjacent department(s)
   - Floor
   - Other floor(s)
   - Whole building
   - Adjacent building(s)
   - Other (please specify)

21. Fire Response team
   - Response team involvement: YES
   - Number in team:
   - Duration of involvement:

   Answer the following by indicating numbers of persons involved; boxes should be left blank if the answer is 'none'.

   22. Number of people in room of origin:
       - Patients
       - Staff
       - Visitors

   23. Number of people evacuated from room:
       - Patients
       - Staff
       - Visitors

   24. Number of people evacuated from department:
       - Patients
       - Staff
       - Visitors

   25. Number of people evacuated from floor/building:
       - Patients
       - Staff
       - Visitors

26. Injuries to persons
   - Patients
     - Killed
     - Injured
     - Condition aggravated
     - Staff
     - Killed
     - Injured
     - Visitors
     - Killed
     - Injured

   Burns
   Smoke inhalation
   Evacuation

‘Near miss’ information
The following set of information considers the possible implications had the fire spread further. Answer the following by ticking one or more of the options provided.

27. Area to be next affected: (to be completed for fire incident)
   - Not applicable
   - Mental health ward
   - Elderly ward
   - ITU/SCBU
   - Other ward
   - Operating department
   - Out-patients
   - A & E
   - X-ray
   - Main kitchen
   - Main plantroom
   - Medical records
   - Boiler house
   - Street/main corridor
   - Lab/pharmacy
   - Admin/offices
   - Main stores
   - Education
   - Laundry
   - Estates department
   - Adjacent building
   - Other (please specify)

28. Estimate of time that would elapse before the next area was evacuated:

29. Estimate of time evacuation of the next area would take:

30. Additional comments: include sequence of events and a brief description of the building construction (where relevant). Provide sketches if necessary and use additional sheets if required.

Return to:
Scottish Executive
Health Department
Property Branch
Basement Rear
St Andrews House
Regent Road
Edinburgh EH1 3DG
Fax: 0131 244 2323

Completed by:
Name:
Signature

Position:
Date:

All incidents involving death, injury, or damage which results in significant disruption to patient services must be recorded on this form and forwarded immediately to SEHD Property Branch.
FIRE SAFETY and the DDA

Background

The Disability Discrimination Act (DDA) places a duty on building managers/service providers to ensure access to services for all.

From October 1999, service providers were required to make reasonable adjustments for disabled people. This could involve providing extra help or changing the way the service is provided.

From 1st October 2004, reasonable adjustments should have been made to the physical features of premises to facilitate access and egress for disabled people. It is not possible to be precise in such guidance to define who is regarded as disabled, however, the DDA sets out the circumstances in which a person is "disabled". It says you are disabled if you have:

- a mental or physical impairment
- this has an adverse effect on your ability to carry out normal day-to-day activities
- the adverse effect is substantial -the adverse effect is long-term (meaning it has lasted for 12 months, or is likely to last for more than 12 months or for the rest of your life).

A person suffering from a broken leg or sports injury (as examples) would not be regarded as disabled under the Act.

Section 19 of the Disability Discrimination Act (DDA) indicates that the Act applies to: “access to and use of any place which members of the public are permitted to enter”. This clause means that the Act applies to NHS premises or parts thereof where members of the public are admitted or where disabled people are employed. British Standard 8300:2001 – Design of buildings and their approaches to meet the needs of disabled people – A code of practice, states, “Health and welfare buildings should be fully accessible to disabled people”. Section 13.4 states that such buildings include hospitals, health centres, doctors and dentists surgeries, opticians and older persons day centres.

Within the scope of British Standard 5588:Part 8 – Code of practice for means of escape for disabled people, is a statement to the effect that the British Standard is not applicable to buildings purpose built for disabled people, including healthcare premises which are covered by specific guidance documents. This statement covers guidance issued by Government Departments and the NHSS Property and Environment Forum. It is therefore important to provide a unified approach to developing appropriate strategies (i.e. fire and DDA strategies). In order to achieve this unified approach, reference should be made to the Health Building Note/Scottish Hospital Planning (HBN/SHPN) Note 40: Common Activity Spaces series of documents in addition to the operational guidance contained in NHSScotland Fire
**Safety Management** including *NHSScotland Firecode*. **British Standard 5588:Part 8 will apply to the non-patient parts of the healthcare estate.**

The DDA is a social document against discrimination, which is intended to be evolutionary. Compliance with the Building (Scotland) Regulations 2004, BS 5588: Part 8 and BS 8300:2001 does not constitute compliance with the DDA. However, they will be seen as going a long way towards achieving compliance.

Current fire safety legislation and standards state that all people should be evacuated from a building in the event of fire. In terms of healthcare premises, this may not necessarily be the case for all situations. In hospitals, the concept of progressive horizontal evacuation is the norm and is cited as so within the technical handbooks to the Building (Scotland) Regulations 2004, which contains guidance on new buildings and material alteration to existing buildings.

Both the Fire Precautions Act 1971 and the Fire Precautions (Workplace) Regulations 1997 (as amended) require suitable evacuation procedures to be in place for all people using the building. A competent person must adequately train any staff required to assist with the evacuation.

The DDA requires the adjustment of policies, practices and procedures and, where necessary, the building fabric, so as not to discriminate against disabled people.

Measures taken to safeguard persons from the risk of fire may impact on the ability of disabled persons to move freely around the building, and on their ability to escape in the event of a fire.

**Implications**

NHSScotland organisations undertake fire safety risk assessments in accordance with either *Scottish Health Technical Memorandum 86 – Fire risk assessment in existing hospitals*, or under the Fire Precautions (Workplace) Regulations 1997 (as amended). From the findings of these risk assessments, action plans should be developed to either eliminate or mitigate risk.

Often the measures required to eliminate or mitigate the risk are prescriptive, generally following the guidance contained in *Scottish Health Technical Memorandum 81 – Fire precautions in new hospitals* or *Scottish Health Technical Memorandum 85 – Fire precautions in existing hospitals*. These measures will often take account of the mobility of the patient, who is reliant upon the assistance of staff to evacuate in the event of a fire.

Long-term fire strategies are developed to address the backlog of fire precautions. These strategies may not take account of the requirements of the DDA. Using NHSScotland Firecode as the prescriptive design guidance, refuge areas are created by the provision of fire compartments and sub-compartments for the purposes of progressive horizontal evacuation. These should be considered in respect of egress under DDA.

Many fire doors are fitted with self-closing devices. These may impair the movement of the disabled person around the building. British Standard 8300:2001 relates to the
design of new buildings and recommends that the closing force applied to the leading edge of double swing doors on circulation routes should not exceed 30N (Newton). If this closing force is applied to existing buildings, it may impact on fire door test certificates and current fire risk assessments.

Knowledge of the disability of the patient will be known, as, most likely, so would the disability of any staff. There would be no prior knowledge of any visitors or other persons likely to be on the premises.

**Recommendations**

- The development of fire strategies must take account of the requirements of the DDA and vice versa.

- Upgrading of fire precautions must consider the likely disabilities of people using the premises. Whilst, in most cases, there will be staff present, this should not be relied upon. Consideration should be given to the provision of voice fire alarms, visual fire alarms, low level signs etc. Pictorial Fire Evacuation Signage, which is a legal requirement, will assist those clients who have visual impairments and those who have difficulty or are unable to read English.

- Obviously people who are profoundly deaf will not hear a fire alarm. Audible signals should be accompanied by awareness raising methods. This is especially important in areas where people may be unaccompanied (such as toilets or bathrooms) and where they would otherwise be unaware of any emergency.

- The use of escape bed lifts may need to be given a higher priority to ensure people who are only able to access the premises via a lift can also evacuate in the same manner. Specialist evacuation aids may need to be provided and staff should be trained in their use.

- Fire exits should have level or ramped thresholds.

- Emergency procedures in the event of a fire alarm should be clearly communicated, understood and well rehearsed by staff.

- Staff with disabilities should have their own Fire Evacuation Plan; this should be reviewed on a regular basis as agreed by their managers.

- Fire policies should be reviewed to ensure the DDA has been considered and integrated into the fire strategy. Reference should be made to NHSScotland Firecode and the HBN/SHPN 40 series of documents.

This information notice is not intended to give precise guidance on integrating fire safety and the DDA, but to draw attention to the potential for conflict. NHSScotland Bodies should ensure that when considering fire safety, the impact of the DDA is also considered.
Further advice can be obtained from the following sources:

<table>
<thead>
<tr>
<th>Disability Rights Commission</th>
<th>JMU Access Partnership</th>
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<tbody>
<tr>
<td>Freepost</td>
<td>105 Judd Street</td>
</tr>
<tr>
<td>MID 02164</td>
<td>London</td>
</tr>
<tr>
<td>Stratford upon Avon</td>
<td>WC1H 9NE</td>
</tr>
<tr>
<td>CV37 9BR</td>
<td><a href="http://www.jmuaccess.org.uk">www.jmuaccess.org.uk</a></td>
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<tr>
<td><a href="http://www.drc-gb.org">www.drc-gb.org</a></td>
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<tr>
<th>Mobility and Inclusion Unit</th>
<th>Centre for Accessible Environments</th>
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<tbody>
<tr>
<td>Dept of Transport</td>
<td>Nutmeg House</td>
</tr>
<tr>
<td>PO Box 236</td>
<td>60 Gainsford Street</td>
</tr>
<tr>
<td>Wetherby</td>
<td>London</td>
</tr>
<tr>
<td>LS23 7NB</td>
<td>SE1 2NY</td>
</tr>
<tr>
<td><a href="http://www.mobility-unit.dft.gov.uk">www.mobility-unit.dft.gov.uk</a></td>
<td><a href="http://www.cae.org.uk">www.cae.org.uk</a></td>
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<tr>
<th>RNIB Scotland</th>
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<tbody>
<tr>
<td>Dunedin House</td>
<td>Floor 3</td>
</tr>
<tr>
<td>25 Ravelston Terrace</td>
<td>Crowngate Business Centre</td>
</tr>
<tr>
<td>Edinburgh</td>
<td>Brook Street</td>
</tr>
<tr>
<td>EH4 3TP</td>
<td>Glasgow</td>
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<tr>
<td><a href="http://www.rnib.org.uk">www.rnib.org.uk</a></td>
<td>G40 3AP</td>
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<tr>
<th>NHSS Property &amp; Environment Forum</th>
<th>Disability Access and Egress</th>
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<tr>
<td>4th Floor, Empire House</td>
<td>Arup Fire</td>
</tr>
<tr>
<td>131 West Nile Street</td>
<td>13 Fitzroy Street</td>
</tr>
<tr>
<td>Glasgow</td>
<td>London</td>
</tr>
<tr>
<td>G1 2RX</td>
<td>W1T 4BQ</td>
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<tr>
<td><a href="http://www.show.scot.nhs.uk/pef">www.show.scot.nhs.uk/pef</a></td>
<td><a href="http://www.arup.com">www.arup.com</a></td>
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