

Fire Safety Policy

**Policy for Fire Precaution, Fire Risk Management
and Fire Safety Awareness Training**

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Author:	Senior Fire Safety Advisor
Responsible Lead Executive Director:	Director of Planning, Property and Performance
Development & Approval Group or Team	NHS Lanarkshire Fire Safety Group
Endorsing Body:	Corporate Management Team
Governance or Assurance Committee	NHS Lanarkshire Fire Safety Group
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CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author/Authors	<ul style="list-style-type: none"> • Senior Fire Safety Advisor
Consultation Process/Stakeholders:	<ul style="list-style-type: none"> • Director of Planning, Property & Performance • General Manager PSSD • Deputy Director of PSSD, Support Services • Deputy Director of PSSD, Projects and Assurance • Senior Fire Safety Advisor • Scottish Fire and Rescue • NHSL Fire Safety Team • Head of Health & Safety (Salus Occupational Health, Safety & Return to Work Services) • Director of Hospital Services University Hospital Monklands • Director of Hospital Services University Hospital Hairmyres • Director of Hospital Services University Hospital Wishaw • Head of South Health & Social Care Partnership – (HCSP) • Head of North Health & Social Care Partnership – (HCSP) • Health & Social Care Manager Coatbridge • Health & Social Care Manager North • Health & Social Care Manager Bellshill • Health & Social Care Manager Airdrie • Health & Social Care Manager Motherwell • Health & Social Care Manager Wishaw • Health & Social Care Manager E Kilbride/Rutherglen/Cambuslang • Health & Social Care Manager Bellshill/Motherwell • Health & Social Care Manager Hamilton/Clydesdale
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CHANGE RECORD			
Date	Author	Change	Version No.
Sep 2006	NOF/Fire Safety Advisor	New Policy & Procedures Document Issued.	
Sep 2007	NOF/Fire Safety Advisor	Policy Updated to Take Account of New Fire Safety Legislation Fire Scotland Act and Fire Safety (Scotland) Regulations.	
Sep 2008	Fire/Fire Safety Advisor	Nominated Policy amended to take account of updated Fire Code 2 Officer Health Technical Memorandums SHTM 81, SHGTM 85, SHTM 86 and new Scottish Government Fire Policy CEL 25 (2008).	
Mar 2010	NOF	Policy amended and updated to take account of Fire responsibilities being transferred Fire/Fire Safety from Director of HR to Director of Strategic Implementation performance and planning and transfer of Fire Safety from Salus to PSSD.	
May 2010	NOF/Fire Safety Advisor	Introduction amended to take account of PFI/PPP and other partnership conditions Strathclyde Fire & Rescue Enforcement under Fire Scotland Act 2005.	
May 2010	NOF/Fire Safety Advisor	Appendix 8, 9, 10 and 11 added.	
June 2010	NOF	Amendments to Section 3 & 7 and additional guidance added to Appendix 11 to further clarify Fire/ Fire Safety responsibilities imposed following instruction of the Advisor role of "site responsible person".	
June 2011	NOF/Fire Safety Advisor	No updates required.	
June 2012	Senior Fire Safety	No updates. Government Fire Policy Document CEL (25) 2008 remains the referred SG Policy as clarification on contracted beds is required from SG. Noted temporary change to Director holding specific responsibility for Fire Safety Provision (No amendment to policy at present).	
June 2015	NOF/Senior Fire Safety Advisor	Change in name from NHSL Fire Safety Policy and Procedures to NHSL Fire Safety Policy. 1 year to 3 year review period. Inclusion Terms of Reference and Statement of Assurance. Update on Stakeholder names. Removal of all items which are considered to be procedural based.	8
January 2016	Senior Fire Safety Advisor /Head of Technical Services	Minor Technical and Editorial amendments made to Policy Document. Updated Roles and Responsibilities. Removed Terms of Reference and Statement of Assurance. Insertion of 4.5.5 & 4.7.2. Total Site Emergency Evacuation for Inpatient Healthcare Facility.	9
June 2018	Senior Fire Safety Advisor	Update Job Titles. Removed bullet point Report on fire safety Head of and risk..... Sec 5.16 Fire Safety Management Structure & Governance Para 2 removed "Six Monthly" inserted "Annual".	10
April 2022	NOF/Senior Fire Safety Advisor	Technical and Editorial amendments made to Policy Document Updated 4.5 Fire Safety Group Governance and Management Structure Removal of items considered not legally accurate Inclusion 4.23 Use of Portable Heating Appliances	11
December 2022	NOF	Section 4.13 (Escape Bed Lifts) removed. Escape Bed Lifts are only installed at UHM and their use will, therefore, be underpinned by a bespoke Standard Operating Procedure. Additional comment on Escape Bed Lifts added to Section 4.6 (Emergency Fire Evacuation).	12

1. Introduction

NHS Lanarkshire (NHSL) Board (Board) recognises that fire is one of the most significant risks that faces any organisation; it can result in significant loss of life, damage to major assets and severe disruption to business continuity.

This Fire Safety Policy document sets out the Boards intent not only to comply with their legal obligations, but to clearly set out the roles, responsibilities and management arrangements to ensure minimum impact of fire on life, the delivery of service, and property.

NHSL Fire Safety Policy details the objectives in relation to fire of the Board and the arrangements it has put in place to achieve them, in accordance with the Fire (Scotland) Act 2005 and The Fire Safety (Scotland) Regulations 2006 and with the mandatory requirements of the CEL11 (2011) Fire Safety Policy for NHS Scotland 2011.

2. Aims, Purpose and Outcomes

The Policy of the Board aims to prevent the occurrence of fire in all premises managed or occupied by the Board and to minimise the impact of fire, should it occur, on life safety, service delivery and property.

The purpose of the Policy is to provide a fire risk management structure which will be implemented to protect lives, assets and maintain service provision.

The Board will actively seek to create and maintain a working environment safe from the risks of fire. Through this policy the Board accepts its duties under the Fire (Scotland) Act 2005 and The Fire Safety (Scotland) Regulations 2006 and will ensure, so far as is reasonably practicable, a safe environment with regard to fire for all its staff, patients and visitors. The Board will fulfil its duties imposed by the above fire safety legislation and will use NHS Scotland Scottish Health Technical Memorandum (Firecode) suite of documents and other relevant guidance to benchmark implemented fire risk management controls/procedures to ensure the safety of all persons in the event of fire.

The Board commits to providing the following relevant to fire safety;

- To clarify roles and responsibilities of site-based managers and staff; and maintain fire risk assessments for all premises and specific activities within premises managed or occupied by the Board. It should be noted that Directors, Senior Managers and Managers may be classed as 'Duty Holders' under current fire safety legislation as a duty holder is categorised as the employer or any other person who has control to any extent over any part of the premises.
- identify and implement reasonably practicable control measures to control and manage risks from fire;
- provide suitable information, instruction and training in fire safety to all members of staff and other persons where appropriate;
- develop, document, display and implement adequate Emergency Fire Evacuation Procedures for all buildings/areas occupied by NHSL staff;
- conduct on a regular and routine basis Emergency Fire Evacuation Drills to test Emergency Fire Evacuation Procedures and other Fire Emergency Response Procedures to ensure they remain fit for purpose;

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- ensure the maintenance of all emergency and precautionary fire related equipment and installations in accordance with manufacturers recommendations or other appropriated guidance or standard;
- conduct regular fire safety inspections and audits;
- ensure effective liaison and partnership working with the local Fire Enforcing Authority; and
- have suitable arrangements to allow staff to raise issues of concern related to fire safety.

The Chief Executive is responsible for ensuring that the Policy and any associated fire safety management procedures are implemented and that all fire safety related responsibilities are assigned, accepted and fulfilled at all levels.

NHSL Fire Safety Group (NHSLFSG), Local Fire Safety Groups and managers will support the implementation of the Policy and associated fire safety procedures.

The Policy commits all staff to take reasonable steps relative to their role to ensure that they do not place themselves or others at risk from fire. Additionally, they have responsibility for ensuring that they are familiar with and understand the content of the Policy and associated fire safety procedures.

Good relationships and effective communication will be maintained with all staff to ensure that concerns relating to fire safety can be raised and resolved.

3. Scope

The Policy applies to all relevant premises as defined in the Fire (Scotland) Act 2005 where it has been identified that there is a statutory duty in relation to fire imposed on the Board and to all NHSL staff or visitors who may legally resort to said premises.

The Policy will be implemented throughout all premises occupied or managed by the Board. It shall also apply to the activities of PFI service providers, other employers, contractors, volunteers and traders etc., sharing or working on premises managed or occupied by the Board and will include their employees, contractors, volunteers, traders etc.

3.1 Who is the Policy intended to Benefit or Affect

This policy covers all premises occupied or managed by the Board.

All grades and disciplines of staff, whether directly employed or working on a contract or locum basis are required to comply with this policy.

3.2 Who are the Stakeholders?

NHSL managers, staff, patients, service users, carers, relatives, visitors, contractors and partner agencies.

4. Principal Content

4.1 Fire Risk Assessments

The Fire (Scotland) Act 2005 and Fire Safety (Scotland) Regulations 2006 requires that all premises occupied or managed by the Board, are required to have a Fire Risk Assessment

(FRA) in place. The FRA must be reviewed regularly and kept up to date to ensure that all significant fire risks have been assessed in relation to the applicable regulatory benchmark standards. The FRA will identify factors that may contribute to the growth or spread of a fire, potential ignition sources, and the adequacy of the means of escape provision, and attributing each factor to whom would be at risk.

The outcome of each FRA may be different and there will be a variety of equally compliant controls depending on individual premises and circumstances. It is important to remember that the FRA is a process aimed at ensuring persons are safe from fire

FRA significant findings will require to be recorded, including fire safety measures that have been, or will be, taken to ensure the safety of persons from fire, and any person(s) identified as being especially at risk from fire on the premises.

Completed FRAs will be recorded in NHS Scotland Estates Asset Management System (EAMS) database.

Building occupants must be provided on request with all relevant information relating to the FRA significant findings and the measures taken to mitigate any fire risks.

FRAs must only be undertaken by a suitably qualified and trained Fire Risk Assessor.

4.2 Fire Risk Assessment Reviews

In accordance with Section 3 (Duty to Review) of the The Fire Safety (Scotland) Regulations 2006, all completed FRAs will be subject to review on a regular basis.

The General Manager of PSSD in their capacity as Nominated Officer Fire (NOF) will commission annually a programme of FRA Reviews. The programme will include, so far as is reasonably practicable, a cross section of all types of premises occupied or managed by the Board. The Senior Fire Safety Advisor will manage the programme of FRA reviews. In addition to the annual programme of FRA reviews a FRA review will also be conducted in a premises/area if there is reason to suspect that the current FRA is;

- No longer valid; or
- If there has been a significant change in the matters to which it relates.

The outcomes of all FRA Reviews will be recorded in NHS Scotland EAMS database.

4.3 Fire Risk Assessment Review Corrective Action Plans

NHSL Fire Safety Team, following an Initial FRA, FRA Review or Enforcing Authority Fire Safety Audit, will produce a Corrective Action Plan (CAP) for all deficiencies identified and recorded as part of the audit/review.

NHSL Fire Safety Team, on behalf of the General Manager PSSD in their capacity as NOF, will issue the CAP to the Senior Site Responsible Manger Fire Safety (SSRM) for the premises to which the CAP applies.

The SSRM for the premises to which the CAP applies will have overall responsibility for the management and monitoring of the CAP to ensure all actions detailed within the CAP are completed, within the specified time scales.

SSRM will ensure all information relevant to a CAP including detailed deficiencies, corrective actions and progress towards completion are reported to the Local Fire Safety Group and NHSLFSG. on a quarterly basis.

Where it is expected that the time for completion of a CAP cannot be met, the SSRM must make a formal application to the NOF to request an extension to the time for completion.

The NOF will only grant permission to have the time for completion extended if it is considered that the reasons for not meeting the original time for completion are justified.

The NOF will escalate to CMT, via SBAR, details of CAPs outstanding beyond a completion date or beyond a granted extension to time for completion.

4.4 Fire Safety Control Book

The Fire Safety Control Book (FSCB) is aimed at assisting Senior and Ward/Department Managers to control and manage fire risk in areas/buildings where they have fire safety responsibility. The FSCB is a comprehensive guide and record log which covers all the requirements for demonstrating compliance with current fire safety legislation.

It is essential that fire risk is managed effectively. The FSCB details specific management roles and responsibilities for all managers designated with fire safety responsibilities by virtue of the Policy.

SSRM will ensure that a suitable number of FSCB holders are in place to adequately control and manage fire safety.

All FSCB's will be subjected to audit on a regular basis. The General Manager of PSSD, in their capacity as NOF will commission annually a programme of FSCB sample audits. The programme of sample audits will include, so far as is reasonably practicable, a cross section of all types of premises occupied or managed by the Board.

NHSL Fire Safety Team, following a FSCB Audit, will produce a CAP for all deficiencies identified and recorded as part of the audit.

As above NHSL Fire Safety Team on behalf of the General Manager PSSD in their capacity as NOF will issue the CAP to the SSRM for the premises to which the CAP applies.

The SSRM for the premises to which the CAP applies will have overall responsibility for ensuring all actions detailed within the CAP are completed within specified time scales for completion.

The SSRM will monitor the progress of a CAP to ensure all actions detailed within the CAP are completed within required timescales.

SSRM will ensure all information relevant to a CAP including detailed deficiencies, corrective actions and progress towards completion are reported to the Local Fire Safety Group, and NHSLFSG on a quarterly basis.

Where it is expected that the time for completion of a CAP cannot be met SSRM must make a formal application to the NOF to request an extension to the time for completion.

The NOF will only grant permission to have the time for completion extended if it is considered that the reasons for not meeting the original time for completion are justified.

The NOF will escalate to CMT, via SBAR, details of CAPs outstanding beyond a completion date or beyond a granted extension to time for completion.

4.5 Fire Safety Group Governance and Management Structure

The governance and management reporting structure detailed in the flowcharts in the appendices to this policy will be adopted for ensuring that all fire risk management issues are dealt with adequately and appropriately throughout the Board Area.

Fire Safety will be managed through Fire Safety Management Structure as detailed in Appendix 1 and will be monitored through the Governance Structure as detailed in Appendix 2.

4.5.1 Local Fire Safety Groups

The SSRM will form a LFSG(s) which will be responsible for monitoring fire safety performance within site(s) under the control of SSRM.

The SSRM or suitable nominated deputy will chair the LFSG.

The LFSG will meet quarterly to review all fire safety matters and performance relative to the site(s) under the control of the SSRM. The chair will provide a quarterly fire safety performance report to NHSLFSG.

The SSRM will convene extra ordinary meetings as required.

Where a deputy is nominated to chair a LFSG the SSRM will retain overall responsibility for Fire Safety for site(s) under their control.

The LFSG will operate to an agreed Terms of Reference which will detail the group's responsibilities and membership.

The SSRM will, via an SBAR, inform the Chair of NHSLFSG of any specific and significant fire safety emerging issues from LFSG considered to be beyond the scope of the LFSG.

4.5.2 NHSLFSG

The NOF will form an NHSLFSG which will be responsible for monitoring fire safety performance across the Board area.

The NOF or suitable nominated deputy will chair the NHSLFSG.

The NHSLFSG will meet quarterly to review all fire safety matters and performance across the Board area. The chair will provide a quarterly fire safety performance report to CMT.

The NOF will convene extra ordinary meetings as required.

The NHSLFSG will operate to an agreed Terms of Reference which will detail the group's responsibilities and membership.

The NOF will, via an SBAR, inform the Executive Lead for Fire Safety of any specific and significant fire safety emerging issues from NHSLFSG considered to be of organisational importance.

4.5.3 CMT Fire Safety Performance Report

CMT will monitor fire safety performance by receiving a quarterly report from the Executive Lead for Fire Safety. The NOF will make available to the Executive Lead for Fire Safety, the Fire Safety Performance Report no later than 30 days following the last day of the quarter being reported on

The Executive Lead for Fire Safety will, via an SBAR, inform CMT of any specific and significant fire safety issues considered to be of organisational importance.

CMT will escalate to Board level, specific and significant fire safety issues considered to be of organisational importance as they consider necessary.

CMT will provide advice and support to SSRMs as considered necessary to ensure:

- CAPs arising from Fire Safety Enforcement Audits, FRA Reviews and FSCB Audits are completed within specified timescales
- all statutory fire safety duties and other mandatory requirements of current Scottish Government Fire Safety Policy are being complied with.

4.5.4 Board Annual Fire Safety Report

The Board will monitor fire safety performance by receiving an Annual Fire Safety Report from the Executive Lead for Fire Safety.

The Executive Lead for Fire Safety may, via an SBAR, inform the Board of any specific and significant fire safety issues considered to be of organisational importance.

4.6 Emergency Fire Evacuation Procedures

Current fire safety legislation places the responsibility on duty holders (SSRMs) to ensure that suitable evacuation procedures are in place to ensure the safe evacuation of **all** persons in the event of fire. **This responsibility cannot be delegated to the Fire and Rescue Service.**

It should be noted that allowing persons to resort to a building where no suitable Emergency Fire Evacuation Procedures have been implemented will be considered a serious breach of fire safety legislation.

Ward/Department or Building Managers will ensure that an Emergency Fire Evacuation Procedure (EFEP) has been developed to ensure the safe evacuation of all occupants from a building/area when a fire emergency occurs. The EFEP should be prepared to meet the circumstances of individual buildings, ward or department area. Where Escape Bed Lifts are provided, their use and prioritisation should be incorporated into Evacuation Procedures.

The style of EFEP will be dependent upon the use of building and the building occupancy profile (including staff levels).

It will be the responsibility of the SSRM to ensure that EFEP for the building /areas adequately reflects the individual needs of both the building and its occupants.

The provision of access for persons into a building requires to be matched with suitable arrangements to allow their safe evacuation in the event of fire. The evacuation of disabled persons or patients with specific needs in the event of fire and where mobility is impaired requires preplanning and consideration.

4.6.1 Progressive Horizontal Evacuation

The principle of Progressive Horizontal Evacuation (PHE) is that, in the event of fire, occupants are moved from the fire compartment where a fire has occurred into an adjoining fire compartment to protect them from the immediate dangers of fire and smoke. Occupants will then only move beyond the adjoining compartment if determined necessary in the interests of safety.

Subject to satisfactory standards of structural fire containment, inpatient care areas can adopt a procedure of PHE, which enables occupants to move away from a fire to a place of relative safety whilst remaining inside the building. Occupants can remain here until the fire has been extinguished and the area determined safe or moved further to another similar area or vertically down the building should the fire develop. Escape to a place of safety if required should be facilitated as part of PHE procedures.

4.6.2 Defend in Place

Special evacuation procedures will be necessary in parts of hospitals to provide additional protection to patients where escape is likely to be significantly delayed due to their clinical condition. In these circumstances additional procedures shall be applied to delay the requirement to immediately commence with evacuation. The application of this procedure will require additional structural fire precautions and managerial controls. The standard required will be determined in each individual case by a specific FRA conducted by NHSL Fire Safety Advisors.

Defend in Place Procedure will only be implemented in areas where it is considered necessary to provide additional time to allow staff to prepare patients in order to reduce risks associated with their movement. Defend in Place procedures do not allow persons to remain in the compartment on fire indefinitely and requires persons to be evacuated in the first instance to a place of relative safety in line with PHE. Defend in Place procedures should not be confused with a "Stay Put Procedure" sometimes adopted within multi storey buildings.

4.6.3 Immediate Evacuation

Traditionally, immediate evacuation is adopted in the majority of buildings. This requires occupants making their own way to a place of safety outside the building immediately upon activation of the fire alarm.

Non inpatient care buildings will operate an immediate evacuation based on this principle i.e. an immediate and full evacuation of the building.

4.6.4 Personal Emergency Evacuation Plan

A Personal Emergency Evacuation Plan (PEEP) is to provide staff who are unable to evacuate from a building/area unaided with the necessary assistance in the event of fire.

The requirement for a PEEP will include, for example, staff with mobility issues associated with physical disability, pregnancy, wheelchair users, staff with visual impairment, dexterity problems, asthma or other breathing issues, hearing impairment, orientation disorders, learning difficulties or autism and mental health problems. The extent of assistance required will vary per individual.

The local manager shall develop a PEEP for a member of staff or regular visitors to the building/area who will require additional assistance to safely evacuate the building/area in the event of fire. The PEEP should be bespoke to the individual's needs and developed in conjunction with the EFEP for the building.

SSRM must ensure that all persons requiring additional assistance during an emergency fire evacuation are considered when the EFEP for the building is developed.

The evacuation of persons requiring additional assistance must not rely upon the intervention of the Fire and Rescue Service.

4.6.5 Emergency Fire Evacuation Plan for Patients with Specific Needs

SSRM must consider the specific needs of individual patients and how these may impact on staff's ability to safely evacuate them in the event of fire. The ward manager, with the support of NHSL Fire Safety Team, will conduct an assessment of additional risks associated with a patient's specific needs and shall develop if required a Specific Emergency Fire Evacuation Plan for the patient.

The assessment of additional risks associated with a patient's specific needs should consider additional assistance required to affect a safe evacuation and the suitability of the location where the patient is accommodated relative to fire. The Specific Emergency Fire Evacuation Plan should be developed in conjunction with the EFEP for the ward.

The evacuation of patients with specific needs must not rely upon the intervention of the Fire and Rescue Service.

4.6.6 Total Site Emergency Evacuation(Fire) for Inpatient Care Sites

SSRM with responsibility for inpatient care sites shall develop a Total Site Emergency Evacuation Management Plan (TSEEMP) for fire. The TSEEMP will be in addition to the PHE procedures.

The TSEEMP (Fire) should be developed as part of Response, Resilience and Preparedness Emergency Evacuation Plan and in conjunction with TSEEMP for other circumstances.

The TSEEMP (Fire) will require to operate along with the site Major Incident Plan.

The TSEEMP (Fire) must be approved by Senior Fire Safety Advisor and NHSL Head of Response, Resilience and Preparedness.

The SSRM will ensure the TSEEMP (Fire) is communicated to all staff.

TSEEMP(Fire) will be subject to a programme of periodic review in accordance with the Response, Resilience and Preparedness Emergency Evacuation Plan.

4.7 Fire Safety Training & Emergency Fire Evacuation Drills (Drills)

A programme of Fire Safety Training & Drills will be provided to meet the training needs of all staff and satisfy the requirements of current fire safety legislation, Regulation and SHTM Guidance.

4.7.1 General Fire Safety Awareness Training

All staff must complete General Fire Safety Awareness Training on induction and annually thereafter.

A programme of General Fire Safety Awareness Training will be provided through the online LearnPro platform managed by NHSL Organisational Development Department.

The names and other relevant details of members of staff participating in General Fire Safety Awareness Training will be recorded on the Central Training Database.

4.7.2 Induction Training (Fire Safety)

General Fire Safety Awareness Training will initially be provided for staff at commencement of employment as part of the Corporate Induction Programme.

In addition to the initial General Fire Safety Awareness Training provided through the Corporate Induction Programme, the Ward/Departmental Manager will be required to provide staff under their charge with a Local Fire Safety Induction to cover local fire safety arrangements and site specific fire evacuation procedures on their first day in the work place at the commencement of shift.

The Local Fire Safety Induction will also be required for bank, agency and other temporary staff at the commencement of first shift.

Where a member of staff returns to work following a period of absence of more than 6 months, they will require to undertake a Local Fire Safety Induction.

A record of Local Fire Safety Induction Training will be recorded and held in the staff members Personal Record File.

The names and other relevant details of members of staff participating in the Corporate Induction Programme will be recorded on the Central Training Database.

4.7.3 Specific Fire Safety Training

Managers and other members of staff with additional specific duties relative to fire will require to undertake Specific Fire Safety Training relative to their additional specific duties.

Specific Fire Safety Training will be provided by NHSL Fire Safety Team.

Staff with specific duties must complete Specific Fire Safety Training at frequencies specified.

The names and other relevant details of members of staff participating in Specific Fire Safety Training will be recorded on the Central Training Database.

4.7.4 Drills

All members of staff must participate in at least one Drill annually to ensure they fully understand the procedures to adopt in the event of fire.

The Ward/Departmental Manager should maintain an up-to-date record of all staff under their charge participating in Drills in the FSCB.

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In non-clinical areas the Drill will involve a full evacuation of the building with the fire alarm being sounded without notice.

In clinical areas one of the formats detailed within section 10 of the FSCB should be used to test Emergency Fire Evacuation Procedures which will not involve the evacuation of patients.

Drills should be debriefed and all participants informed of any deficiencies in required standards and the record of debrief kept within FSCB.

NHSL Fire Safety Team will assist SSRM to conduct additional drills as considered necessary for staff involved with the safe evacuation in the event of fire for patients with specific needs.

4.7.5 Total Site Emergency Evacuation for Inpatient Care Sites Training and Exercises

SSRM with responsibility for inpatient care sites shall ensure a programme of training and exercises is undertaken in accordance with the Response, Resilience and Preparedness Emergency Evacuation Plan.

The training and exercises should cover a variety of scenarios to test the suitability and adequacy of TSEEMP (Fire) and ensure staff are trained in relation to their expected role during a TSEE.

4.7.6 SSRM Responsibilities (Fire Safety Training)

The SSRM will have overall responsibility for ensuring suitable arrangements are in place in sites under their control to ensure staff located on the site undertake required fire safety training drills and exercises in accordance with this policy and all such training is recorded and reported.

4.7.7 Staff Responsibilities (Fire Safety Training)

Individual members of staff will be personally responsible for ensuring that all fire safety training they are required to undertake in accordance with this policy is current and up-to date.

Individual members of staff will be personally responsible for ensuring they participate in a minimum of one drill annually.

4.7.8 Managers Responsibilities (Fire Safety Training).

The Ward/Departmental Manager must ensure that all members of staff under their charge undertake Fire Safety Training General and Specific in accordance with this policy, the training is kept current and up to date.

The Ward/Departmental Manager must plan and programme all General and Specific Fire Safety Training to ensure it is completed within required frequencies.

The Ward/Departmental Manager will facilitate sufficient number of Drills to ensure all staff under their charge participate in at least one drill annually.

The Ward/Departmental Manager must ensure that when a member of staff under their charge completes Fire Safety Training General and Specific the detail of the training is recorded and reported as required.

4.8 Routine Inspection and Maintenance of Fire Safety Installations

It is essential as part of the fire risk management process that fire safety equipment (including passive fire protection provision) is inspected and tested on a regular basis. Although a routine of informal inspections is conducted by nominated personnel, in accordance with the requirements of the FSCB, formal testing and maintenance by suitably qualified persons requires to be conducted to a standard and frequency as determined by the relevant standard or manufacturers recommendations.

The Head of Maintenance and PFI counterparts will be responsible for coordinating a programme of regular testing and maintenance of all fire safety equipment to ensure all fire safety equipment remains fully operational and fit for purpose and compliant with relevant standards.

4.9 Unwanted Fire Alarm Signals

The Board recognises the disruption caused to patients, staff, operational efficiency, Fire and Rescue Service and the wider community by Unwanted Fire Alarm Signals (UFAS) and is committed to minimise such activations so far as is reasonably practicable. It also recognises that the large and complex fire alarm and detection systems which protect NHSL buildings will on occasions develop faults that may cause UFAS.

In order to reduce the number of UFAS experienced by NHSL, the Board will maintain a “zero tolerance” approach to UFAS, where staff activity has caused or contributed to an activation of the fire alarm and detection system.

The senior staff member in charge at the time of activation must carry out an investigation to establish the cause of the fire alarm activation and implement suitable corrective action to avoid a reoccurrence.

The staff member in charge at the time of fire alarm activation must record the cause and other relevant circumstances of the activation on the Datix Data System.

4.10 Fire Incidents

All fire incidents and injuries caused by fires which occur in all premises managed or occupied by the Board must be reported using the Datix Data System as soon as practicable after the incident has occurred.

In the event of an actual fire, the Senior Fire Advisor must be notified as soon as possible.

Should a fire incident involve fatalities, serious injury, closure and or significant damage to any NHSL facilities, the NOF, SSRM and the Senior Fire Safety Advisor must be notified as soon as possible.

Should the circumstances of any fire incident impact on normal service provision, the SSRM will decide if it is necessary to implement the Major Incident Plan.

The Senior Fire Safety Advisor will determine if an actual fire should be recorded as a fire of significant interest and arrange for any necessary subsequent investigation.

The NOF will determine if any fire incident meets the criterion which requires it to be reported to Scottish Government.

4.11 Fire Response Team

SSRM will develop and implement suitable Fire Response Procedures (FRP) for all sites under their control and ensure that a Fire Response Team is continually available to ensure there is an adequate and immediate response by key identified personnel to a fire incident on all occasions.

The Fire Response Team must be adequately and suitably resourced in order to provide effective management and coordination of a fire incident and to provide assistance and support to staff and fire service.

In the event of a fire incident, key staff will undertake designated duties in accordance with the FRP adopted for the particular building.

Included as part of the FRP, key identified personnel will have responsibility to investigate and determine the cause of a Fire Alarm Activation, communicate relevant information to the Fire and Rescue Service using the 999 system and in the event of an actual fire request an immediate and full Fire and Rescue Service operational response.

Suitable arrangements must be in place that allows the Fire Response Team to be alerted to respond immediately on the activation of the fire alarm system.

4.12 TSEE Response Team

SSRMs with responsibility for inpatient care sites will make additional arrangements, as required, in accordance with Response, Resilience and Preparedness Emergency Evacuation Plan, to ensure suitable staff resources are continually available to provide an immediate response in the event of any fire incident which will, or is anticipated to, require TSEEMP (Fire) to be implemented in full, or in part. This response will be over and above the Fire Response Team.

4.13 Shared Premises

Where NHSL share premises with another occupier, each occupier will be responsible for managing fire safety within the area(s) they occupy. NHSL will make formal arrangements to agree individual organisational responsibilities, share appropriate information relating to fire risks, emergency fire evacuation procedures, staff fire safety training etc.

Responsibilities for fire risk management in common areas will be agreed as part of the formal arrangements. NHSL will discharge their responsibilities in multi occupied premises through the terms of lease for the premises. Each occupier is required by statute to cooperate fully with the other to ensure that fire safety measures are not compromised.

The NOF by prior agreement may make suitable arrangements for NHSL Fire Safety Advisors to conduct and review FRAs for areas occupied by another occupier.

4.14 Leased/Rented Premises

Before buildings (or any part thereof) are leased or rented; appropriate checks must be made by the Board that appropriate systems for fire are in place and maintained and meet current standards:

- Fire alarm system;
- emergency lighting;

Fire Safety Policy

- firefighting equipment;
- fire doors; and
- fire compartmentation/separation where applicable.

Although a FRA cannot be completed before occupation of a premises a fire safety advisor must conduct an inspection of any premises prior to a lease being formalised and agreed. FRA must be completed immediately after occupation.

4.15 Franchise Operations

Particular areas of NHSL premises are designated for commercial use and are leased and occupied by a third party for this purpose.

These areas will be subjected to the same level of Fire Risk Management applied to the building in which they are located. The organisation occupying these must ensure that;

- All staff working in the areas participate in NHSL General Fire Safety Training or suitable alternative at frequencies mandated by the Policy;
- all staff working in the areas participate in a Drill at frequencies mandated by the Policy;
- they carry out a FRA for the area occupied and produce an action plan for the FRA findings; and
- they provide a copy of FRA, findings and action plan to NHSL Senior Fire Safety Advisor.

The above conditions should be made applicable through the terms of lease.

4.16 Liaison with the Fire & Rescue Service

The NOF and the Senior Fire Safety Advisor on behalf of the Board will act as the primary liaison and contact with Scottish Fire & Rescue Service (SFRS).

Review meetings will be convened with SFRS on a regular basis to review progress relating to fire risk management and fire safety compliance by NHSL.

Fire Safety Audits and other visits conducted by SFRS will be facilitated and coordinated by a member of the NHSL Fire Safety Team.

4.17 Smoking

Smoking is considered to present a significant fire risk. It is controlled by no smoking legislation, which prohibits smoking inside any public building, and NHSL Smoking Policy which prohibits people from smoking anywhere inside NHSL premises or within the grounds – including areas around hospital and health centre entrances and car parks.

SSRM must robustly apply the Smoking Policy.

4.18 Means for Fighting Fire

In accordance with current fire safety legislation, adequate provision and distribution of fire extinguishers is provided in all NHSL premises. Despite this provision, all members of staff are encouraged in the event of fire to concentrate on the safe evacuation of themselves and the evacuation of persons under their control.

The use of fire extinguishers generally will be covered by fire safety awareness training. All members of staff also will be responsible for familiarising themselves with the position and operation of fire extinguishers located within their area of work.

The NOF and the Senior Fire Safety Advisor will consider training on the use of Fire Extinguishers for targeted groups of staff where it is identified that it will be beneficial to controlling fire risk.

4.19 Fire Compartmentation

Where it will be necessary to breach a fire compartmentation barrier during any building works a permit to work must be requested from Maintenance Services. Formal confirmation should be provided to Maintenance Services on completion of works that fire compartmentation has been reinstated to the required standard.

The Head of Maintenance Services and PFI Counterparts will require to have suitable arrangements in place to provide adequate supervision over any works that requires breaches to be made in any fire compartment/separating wall or floor.

4.20 Cooking

Cooking is considered to present a significant fire risk. Burnt Food also accounts for a large percentage of the UFAS experienced by NHSL. In recognition of this fire risk, cooking will be restricted to designated main kitchens only.

Designated pantries, to allow staff to safely store and reheat prepared food and to make hot drinks, will be provided with suitable equipment as detailed;

- 1 fridge;
- 1 microwave;
- 1 kettle.

The number of items of equipment detailed as permitted in pantries should not be exceeded. Cookers, toasters or other heat producing appliances will not be permitted.

In exceptional specific circumstances the SSRM may waive this requirement, provided the activity/area is the subject of a specific FRA carried out by NHSL Fire Safety Advisors which will detail additional structural fire precautions and additional specific fire safety managerial controls required to allow the waiver. The specific managerial controls must be strictly applied by local management.

Should areas subject to a waiver be seen to be increasing the level of fire risk or presenting a nuisance due to increased UFAS the waiver will be removed.

The introduction of a waiver will be subject to approval by the NOF.

4.21 Safe Use of Oxygen

SSRM for any site has fire safety responsibility for and will provide assurance that there is suitable evaluation of fire risk associated with the use of oxygen and suitable verification that safe oxygen levels below 23% are being maintained in all rooms where oxygen is being administered.

The Head of Maintenance Services and PFI Counterparts will conduct a system of atmospheric monitoring within rooms where oxygen is being administered in accordance with Standard Operating Procedure Safe Use of Oxygen – Oxygen Monitoring and implement precautionary controls as considered necessary where oxygen levels in excess of 22% are detected.

4.22 Use of Portable Heating Appliances

The use of portable heating appliances will only be permitted when the main heating system is defective, inadequate to maintain the minimum required room conditions as detailed within The Workplace (Health, Safety and Welfare) Regulations 1992, or when a fixed heating system is considered too costly or impractical to install or operate.

When a requirement for portable heating appliances is identified PSSD Maintenance Team or PFI counterparts will supply and install the minimum number of appliances appropriate to maintain the minimum required room conditions.

The installation and use of portable heating appliances will be subject to a specific fire risk assessment carried out by NHSL Fire Safety Team.

Portable heating appliances must be regularly inspected and tested by a competent person to ensure that they can continue to be used safely. The planned inspection and testing will include: visual inspection for signs of damage or deterioration; and appropriate electrical tests.

Under no circumstances will staff be permitted to use portable heating appliances not supplied by PSSD Maintenance Team.

5. Roles and Responsibilities

5.1 NHSL Staff

All staff, including staff from partner organisations have a duty to co-operate with NHSL management to ensure the workplace is safe from fire. They must take reasonable care for the safety of others in respect of harm caused by fire to enable NHSL Board to comply with their duties under current fire safety legislation.

They must not do anything which may place themselves or others at risk. Every employee has an individual responsibility to comply with all fire risk management procedures to mitigate the risk from fire. In particular, they must;

- Familiarise themselves with the Policy and any associated fire risk management procedures;
- undertake General Fire Safety Awareness Training at least once annually;
- participate in Emergency Fire Evacuation Drills at least once annually, know the correct action to take in the event of fire; and
- report deficiencies in fire safety to their Line Managers.

5.2 NHSL Board

The Board will promote and maintain a comprehensive management structure for fire risk management, as detailed within the Scottish Government current fire safety policy.

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The Board has overall accountability for all the activities of NHSL, which includes fire safety. The Board will ensure assurance that all statutory fire safety duties and other mandatory requirements of current Scottish Government Fire Safety Policy are being complied with.

The Board will also ensure that sufficient resources are provided to ensure compliance with the aforementioned statutory and mandatory requirements.

The Board will discharge all its statutory fire safety duties through NHSL Chief Executive.

5.3 Chief Executive

The Chief Executive will, on behalf of the Board, have overall responsibility for ensuring that all statutory fire safety duties and mandatory requirements are achieved in all premises managed or occupied by the Board.

The Chief Executive shall delegate the day-to-day operational responsibility for fire safety through SSRM, Site Senior Management Teams and Ward/Department Managers.

The Chief Executive shall appoint an Executive Director who will assume the executive lead for fire safety.

5.4 Corporate Management Team

CMT on behalf of the Board will monitor fire safety performance, promote and ensure effective fire risk management is maintained in all premises managed or occupied by the Board.

5.5 Executive Lead for Fire Safety

The Director of Planning, Property and Performance is appointed by the Chief Executive, as the Executive Lead for Fire Safety who will be responsible for the overall strategic management of fire risk and for championing fire safety at Board and CMT level and shall ensure;

- The Board and CMT are kept informed of all matters relating to Fire Safety;
- a clearly defined Fire Safety Policy and Risk Management procedures are in place;
- the appointment of a NOF;
- all necessary support to the NOF is given;
- the appropriate training has been undertaken to allow the fulfilment of the role; and
- report as necessary to the Board and CMT on all matters relating to Fire Safety, Fire Risk Management Performance and strategic fire safety issues.

5.6 Nominated Officer Fire

In accordance with National Fire Safety Policy and guidance the Chief Executive will appoint a NOF. The person appointed as NOF must be of suitable management seniority.

The NOF will maintain a strategic overview of fire risk management planning and development. In particular, the NOF will;

- Monitor the development of fire safety policy and procedures;
- monitor the provision of fire safety equipment;
- consider issues which may affect fire safety compliance;
- liaise with the Senior Fire Safety Advisor on all aspects relating to fire risk management;

- receive reports on fire incidents, spikes in UFAS, fire management performance and implement action plans as considered appropriate;
- keep the Executive Lead for Fire Safety informed regarding fire risk management as considered appropriate; and
- produce a Quarterly CMT Fire Safety Report on behalf of the Executive Lead for Fire Safety; and
- produce a Board Annual Fire Safety Report on behalf of the Executive Lead for Fire Safety.

The NOF shall liaise with the Senior Fire Safety Advisor to ensure all persons who have responsibilities regarding fire safety arrangements, cooperate with relevant internal and external partners to ensure activities are coordinated to enable compliance with the requirements of fire safety legislation and regulations. Liaison should focus on clear lines of responsibility regarding fire risk management, the sharing of relevant information, maintenance and testing of equipment, maintenance and testing of fire safety measures and procedures, fire safety training, evacuation drills and record keeping.

The NOF shall not be responsible for the local site management of fire safety and associated staff management. This will be the responsibility of the SSRM

5.7 NHSL Senior Management

All NHSL senior management will ensure that all staff under their control are aware of the requirements of this policy and ensure that they participate in General Fire Safety Awareness Training, Emergency Fire Evacuation Drills annually (at least once a year) and identify specialised fire safety training relative to the role.

Senior Site Managers with fire safety responsibility must ensure disabled persons and patients with specific needs are considered when Emergency Fire Evacuation Procedures (EFEP) are developed.

5.8 Senior Site Responsible Manager for Fire Safety

The main responsibility of the SSRM is to ensure that suitable fire risk management measures have been implemented and that all staff are made fully aware of them, including carrying out adequate drills, training and reporting these through the NHSL central data base.

The SSRM may designate other members of staff under their control to assist carrying out their responsibilities.

The SSRM must ensure that an adequate number of FSCB holders have been appointed and arrangements are in place to ensure the requirements of the FSCB are being carried out including:

- Daily visual checks;
- monthly comprehensive checks;
- emergency fire evacuation drills; and
- general fire safety awareness training.

The SSRM will monitor the above requirements by receiving a quarterly report from FSCB Holders to ensure requirements are being complied with by all staff under their control relative to fire safety. SSRM will produce an Action Plan for all identified deficiencies.

5.9 Ward / Department/Building Managers

Ward / department/ premises Managers are responsible for the overall management of fire risks within premises/ areas which they are responsible for and must ensure that the Policy and associated fire risk management procedures are at all times;

- Brought to the attention of staff under their control and
- fully implemented locally;
- all staff under their control undertake fire safety training as required;
- participates in at least one Drill annually; and
- the requirements of the FSCB are complied with.

5.10 Senior Fire Safety Advisor

The Senior Fire Safety Advisor provides technical knowledge training, guidance and advice relating to all aspects of Fire Safety. The Senior Fire Safety Advisor is responsible for;

- Liaising with, and supporting, the NOF providing technical support in the interpretation of the statutory and mandatory requirements for NHSL and ensuring that the NOF is informed of all fire related issues relating to the Board;
- ensuring all areas have a current FRA and that this is reviewed on a regular basis, after a fire incident or significant change;
- providing guidance, including recommending priorities for improvements identified as a result of findings from any FRA;
- liaising and co-operate with external agencies including planning and design teams, Local Authority Building Control Departments and the Fire Authority;
- Supporting the development of the fire strategy in relevant premises including providing adhoc input to the design and development of new premises (where required) or refurbishment or redesign;
- providing advice on the appropriate fire safety measures for premises during the design, adaptations or renovations;
- investigating all fire incidents and ensuring that all serious fire incidents are reported promptly to the NOF and NHS Scotland Health Department as defined within the Fire Safety Policy for NHS Scotland; and
- co-operating with Police, Fire or Health and Safety Executive authorities as appropriate.

5.11 Fire Safety Advisors

The Fire Safety Advisors provide technical knowledge, training, guidance and advice relating to all aspects of Fire Safety. They are responsible for;

- Providing training advice and preparing and presenting training programmes as per the training matrix;
- monitoring and evaluating training, fire drills, and exercises;

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- liaising and co-operate with external agencies including planning and design teams, Local Authority Building Control Departments and the Fire Authorities, and represent the interests of NHSL on the fire safety aspects of design;
- supporting the development of the fire strategy in relevant premises including providing ad hoc input to the design and development of new premises (where required) or refurbishment or redesign;
- investigating all fire alarm activations to discover the cause;
- Conducting FRAs and FRA Reviews as required; and
- liaising with contractors on site via the Property, Capital, Maintenance Departments and Heads of Service that all work carried out on site has the appropriate FRA to prevent unnecessary risks and to ensure contractors comply with the statutory and mandatory obligations.

5.12 General Manager of Property Support Services Division (PSSD)

The General Manager PSSD, must ensure:

- that all strategic fire safety issues are brought to the attention of the CMT and the Board by keeping the Executive Lead for Fire Safety fully informed
- that a programme of work is developed relating to fire risk management for consideration as part of the annual planning process; and
- that agreed programmes of investment for the improvement of structural fire precautions are properly scoped in the Annual Capital Programme.

5.13 Deputy Director of PSSD (Projects & Assurance)

The Deputy Director of PSSD (Projects & Assurance) will have direct senior management responsibilities for NHSL Fire Safety Team.

5.14 Deputy Directors (PSSD)

The Deputy Directors PSSD will assist the General Manager PSSD in the delivery of;

- programmes of work relating to fire risk management for consideration as part of the annual planning process and
- programmes of investment for the improvement of structural fire precautions.

Also liaising with, and supporting, the NOF, providing technical support in the interpretation of the statutory and mandatory requirements for NHSL and ensuring that the NOF is informed of all fire related activities within the Board;

The Deputy Directors PSSD will assist SSRM and deputise for the General Manager in chairing NHSL Fire Safety Sub-Group as required.

5.15 Head of Maintenance Services and PFI Counterparts

The Head of Maintenance Services and PFI counterparts must ensure that there is a robust programme for the testing and maintenance of:

- Fire warning and detection systems;
- firefighting equipment;
- emergency and escape lighting;

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- electrical equipment and periodic testing of fixed installation;
- fire doors; and
- the management of any sub contractors in relation to compliance with this policy

The Head of Maintenance Services and PFI counterparts will be directly responsible for monitoring oxygen levels in rooms where oxygen is being delivered above levels agreed by NHSLFSG as detailed within the Standard Operating Procedure Safe Use of Oxygen – Oxygen Monitoring IMS342.

The Head of Maintenance Services will also provide support to the NOF by providing technical advice in the interpretation of the statutory and mandatory requirements for NHSL and ensuring that the NOF is informed of all fire related issues within the Board.

5.16 Contractors

Contractors appointed to undertake work in NHSL buildings are required to comply with the requirements of the Policy and any relevant associated procedures. NHSL have a duty to afford contractors the same level of protection from fire as any other visitor or member of staff.

Also, contractors have the same duty under current fire safety legislation as NHSL staff not to create any risk from fire.

The manager and department responsible for arranging any contract work must ensure that the contractor is advised of this policy and relevant associated procedures and the requirement to comply with them. There must also be adequate supervision of contract work to ensure compliance as far as is reasonably practical. As constant supervision will not be possible, local managers should be vigilant of contractor's activity when this takes place in an area under their responsibility and report any matters of concern to the PSSD Responsible Manager.

When contractors are working within an NHSL premise, it will be the responsibility of the PSSD Manager with the overall responsibility for the works undertaken by them to ensure the appropriate level of fire risk management control is incorporated within any work schedule, contract agreement or risk assessment and where such works are likely to impact on the existing fire safety provision the NHSL Senior Fire Safety Advisor must be consulted.

Contractors must be briefed of the Emergency Fire Evacuation Procedure applicable to the area where work is being conducted. Should work involve the application of a naked flame or other heat source that presents a risk from fire a "Hot Work Permit" will require to be issued.

6. Resource Implications

There are no significant resource implications associated with the policy

7. Communication Plan

This Policy will be launched using the weekly staff briefing and will be a standing agenda item at all Fire Safety Group meetings.

8. Quality Improvement – Monitoring and Review

This policy will be reviewed as required by Lanarkshire Fire Safety Group in order that changes to legislation, national policy or other guidance NHSL management structure,

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healthcare provision, procedures or any other matters that impact on fire risk management can be taken into account. Regardless the policy will be reviewed every 3 years.

9. Equality and Diversity Impact Assessment

This policy meets NHS Lanarkshire's EQIA



(tick box)

10. Archival of Documents

When a corporate policy is created by NHS Lanarkshire it becomes an official document and policies must be controlled within the principles for archiving, retention and destruction contained in Scottish Government circular

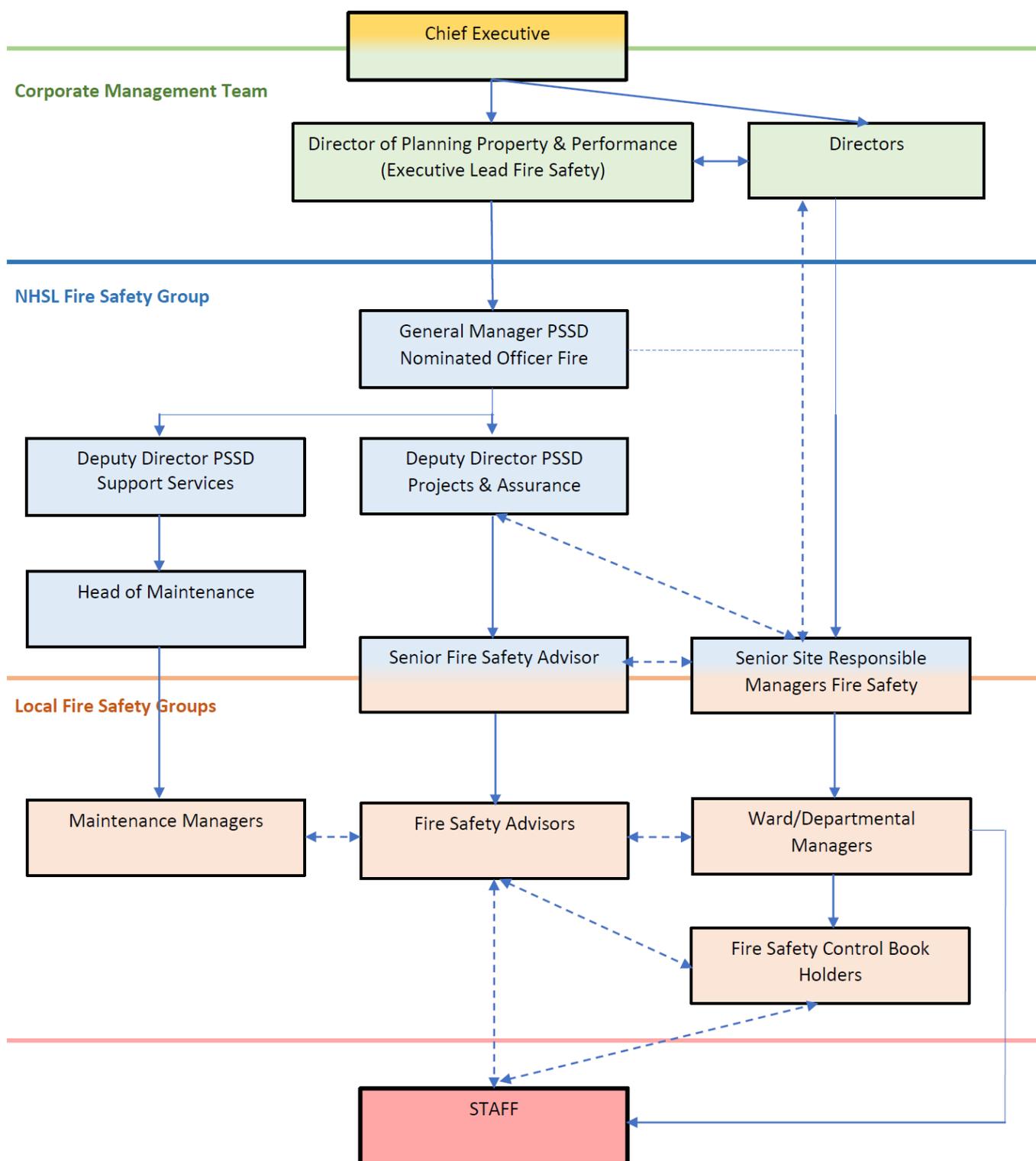
As an NHS Lanarkshire Board record, corporate policies must be retained permanently and will be managed through the Knowledge Services. The archive is kept within Firstport. Please email corporatepolicies@lanarkshire.scot.nhs.uk if you need access to any of the archived documents

11. References

- a) The Fire (Scotland) Act 2005
- b) Fire Safety (Scotland) Regulations 2006
- c) The Building (Scotland) Regulations 2004
- d) The Building (Scotland) Act 2003
- e) NHS Scotland Fire Safety Policy CEL11 (2011)

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APPENDIX 1
Fire Safety Management Structure



APPENDIX 2
NHSL Fire Safety Group Governance

