

# Fire Safety Policy

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<b>Name of document</b>	Fire Safety Policy		
<b>Document reference number</b>	CEOPL006	<b>New or Review?</b>	Review
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<b>Review date</b>	19/11/28		
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<b>Proposed groups to present document to:</b>		
Health, Safety and Wellbeing Committee	Area Partnership Forum	Staff Governance Committee

Date	Version	Group	Reason	Outcome
06/11/25	6.4	Health, Safety and Wellbeing Committee	C/S	Approved
06/11/25	6.4	Area Partnership Forum	C/S	Approved
20/11/25	6.4	Staff Governance Committee	C/S, FA	Final Approval

<b>Examples of reasons for presenting to the group</b>	<b>Examples of outcomes following meeting</b>
<ul style="list-style-type: none"> <li>Professional input required re: content (PI)</li> </ul>	<ul style="list-style-type: none"> <li>Significant changes to content required – refer to Executive Lead for guidance (SC)</li> </ul>
<ul style="list-style-type: none"> <li>Professional opinion on content (PO)</li> </ul>	<ul style="list-style-type: none"> <li>To amend content &amp; re-submit to group (AC&amp;R)</li> </ul>
<ul style="list-style-type: none"> <li>General comments/suggestions (C/S)</li> </ul>	<ul style="list-style-type: none"> <li>For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)</li> </ul>
<ul style="list-style-type: none"> <li>For information only (FIO)</li> </ul>	<ul style="list-style-type: none"> <li>Recommend proceeding to next stage (PRO)</li> </ul>
<ul style="list-style-type: none"> <li>For proofing/formatting (PF)</li> </ul>	<ul style="list-style-type: none"> <li>For upload to Intranet (INT)</li> </ul>
<ul style="list-style-type: none"> <li>Final Approval (FA)</li> </ul>	<ul style="list-style-type: none"> <li>Approved (A) or Not Approved, revisions required (NARR)</li> </ul>

**Please record details of any changes made to the document in the table below**

Date	Record of changes made to document
25 Oct 12	Format standardised to NHS Shetland template
25 Oct 12	Changes made to match Oct 12 management structure
25 Oct 12	Term 'Fire Marshal' changed to 'Fire Warden'
25 Oct 12	Training requirements changed to make annual fire lecture attendance compulsory and on line training optional
25 Oct 12	Contents page edited
25 Oct 12	Silencing alarms section changed – duty officer will <u>not</u> have the authority to silence alarms
25 Oct 12	JMCM title changed to Chief Nurse Acute and Specialist Services
29 Oct 12	Nursing Officer changed to Senior Nurse
29 Oct 12	GP independent contractors and practice manager responsibilities added
16 Oct 13	Various amendments
3 March 15	Various amendments
17 Feb 25	Latest NHS Shetland Policy template adopted, with content significantly revised.
25 April 25	Responsibilities revised
28 Nov 25	v6.4 final approval and version raised to v6.5 for issue

## Contents

1. Purpose.....	5
2. Policy Statement .....	5
3. Introduction .....	5
4. Roles and Responsibilities .....	6
4.1 Fire Safety Management Structure .....	6
4.2 All Staff and Contractors .....	9
5. Specific Arrangements .....	9
6. Governance.....	9
7. Review Arrangements .....	10
Appendix A- Organisational Structure for Fire Safety Management .....	11
Appendix B- Rapid Impact Checklist .....	12

## 1. Purpose

This policy sets out the arrangements necessary to prevent harm from fire and smoke to employees, patients, visitors, the public and contractors working within, or accessing, premises owned, occupied or managed by NHS Shetland.

This Policy applies to all NHS Shetland employees, students, volunteers and contractors.

## 2. Policy Statement

NHS Shetland will identify risks from fire and smoke in places of work and accommodation, and put in place suitable and sufficient control measures to eliminate or reduce those risks.

NHS Shetland will ensure that appropriate fire safety strategies are in place, together with appropriate emergency evacuation arrangements, which comply with relevant regulations, guidance and technical memorandums.

## 3. Introduction

The Fire (Scotland) Act 2005 and the Fire Safety (Scotland) Regulations 2006 impose duties on employers to comply with these insofar as they relate to matters that are within their control. These duties are in addition to those imposed by the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.

In addition to the above, other (non-exhaustive) sources of regulatory, technical and guidance documentation include:

- SHTM 80 Fire Safety- Model Management Structure
- SHTM 81 Part 1 - Fire Safety in Design
- SHTM 81 Part 2 - Fire Engineering
- SHTM 82 Fire Alarm and Detection Systems
- SHTM 83 Fire Safety in Healthcare Premises - General Fire Precautions
- SHTM 83 Fire Safety in Healthcare Premises Part 2 - Fire Safety Training
- SHTM 85 Fire Precautions in Existing Healthcare Premises
- SHTM 86 Fire Risk Assessment
- SHTM 87 Textiles and Furniture
- SFPN 3 Escape Bed Lifts
- SFPN 4 Hospital Kitchens
- SFPN 6 Arson Prevention and Control
- SFPN 10 Laboratories on Hospital Premises
- SFPN 11 Reducing Unwanted Fire Signals in Healthcare Premises
- SHTM 06-01 Part A Design Considerations- Electrical services supply and distribution
- Dangerous Substances and Explosive Atmospheres Regulations (DESAR) ACOP L138
- Building Standards Technical Handbook- Non-domestic
- NHS Shetland Health and Safety Policy HRPOL038

NHS Shetland is committed to complying with the above requirements to ensure it fulfils its legal, legislative and moral duties.

#### 4. Roles and Responsibilities

Ultimate accountability for this policy lies with the Chief Executive, with specific responsibility for policy implementation delegated to the Head of Estates, Facilities & Medical Physics.

##### 4.1 Fire Safety Management Structure

To provide clarity and ensure appropriate resources are in place to meet fire safety objectives and functional requirements, a defined fire safety management structure has been adopted (in line with SHTM 80), with appointments in writing covering the following positions:

<p><b>Duty Holder</b></p>	<p><b>Chief Executive</b> On behalf of the Board has overall responsibility for ensuring compliance with the statutory duties detailed in the Fire (Scotland) Act 2005.</p>
<p><b>Fire Safety Group</b></p>	<p><b>See Appendix A for Fire Safety Group Membership</b> Responsible for overseeing legislative and mandatory fire safety compliance, to include:</p> <ul style="list-style-type: none"> <li>• Ensuring that fire risk assessments and appropriate control measures and action plans are in place.</li> <li>• Ensuring that fire drills and practical evacuation exercises are undertaken by staff</li> <li>• Maintaining contact with Scottish Fire and Rescue Service enforcement staff.</li> <li>• Ensuring that fire incidents and unwanted fire alarm signals are investigated, and that measures to prevent recurrence are implemented in conjunction with a 'named person' who is responsible for the completion of the task.</li> <li>• Check the effectiveness of fire safety training.</li> </ul>
<p><b>Nominated Officer-Fire (NoF)</b></p>	<p><b>Head of Estates, Facilities &amp; Medical Physics.</b></p> <ul style="list-style-type: none"> <li>• Appointed by the Duty Holder, with appropriate authority</li> <li>• A competent person with working knowledge of Fire Safety matters.</li> <li>• Responsible for ensuring the Board has suitable arrangements in place that comply with relevant legislation and guidance, including SHTM 80 Fire Safety Model Management.</li> </ul>
<p><b>Fire Safety Advisor (FSA)</b></p>	<p><b>Independent Fire Safety Professional</b> Appointed by the NoF. Acts as an independent professional adviser to the organisation and carries out the following duties:</p> <ul style="list-style-type: none"> <li>• Advise on the application and compliance with fire safety legislation, SHTM Firecode, and other applicable guidance.</li> </ul>

	<ul style="list-style-type: none"> <li>• Develop Health Board fire strategies, fire engineering solutions and fire safety procedures in conjunction with the NoF/Deputy NoF.</li> <li>• Advise on technical fire safety standards during the design, construction, and commissioning of healthcare projects and the refurbishment of existing facilities.</li> <li>• Prepare and deliver fire safety training to Heads of Department/Ward Managers/Senior Managers for onward cascading to their staff (including Designated Persons and Fire Wardens), that adheres to SHTM 83 Part 2: General Fire Precautions- Fire Safety Training. Such training to include targeted evacuation management training where necessary.</li> <li>• Escalate high fire safety risks to the NoF/Designated Person/Heads of Service for the relevant healthcare premises.</li> </ul>
<p><b>Deputy Nominated Officer- Fire</b></p>	<p><b>Estates Maintenance Manager</b></p> <ul style="list-style-type: none"> <li>• Responsible for supporting the NoF.</li> <li>• Complete and record fire risk assessments and ensure appropriate control measures and action plans are in place.</li> <li>• Investigate incidents and un-wanted fire alarms and recommend measures to prevent recurrence.</li> <li>• Liaise with the FSA/Ward/Senior managers in the development and implementation of emergency fire action plans.</li> <li>• Conduct regular inspections of healthcare premises and update fire risk assessments as required.</li> <li>• Responsible for the installation and maintenance of fire control measures across the Estate.</li> <li>• Ensure there is a process for silencing and resetting the fire alarm, where: <ol style="list-style-type: none"> <li>1. a fire incident has been dealt with by the fire and rescue service or,</li> <li>2. it is established it was an unwanted fire alarm signal</li> </ol> </li> </ul>
<p><b>Heads of Service / Ward Managers / Senior Managers</b></p>	<p><b>Heads of Service/Ward Managers/Senior Managers</b></p> <ul style="list-style-type: none"> <li>• In conjunction with the Deputy NoF, develop and implement an emergency fire action plan.</li> <li>• Have responsibility for ensuring fire safety standards are maintained in their workplace area, eg.ensuring escape routes and other areas are free from obstructions and combustible materials. They should ensure that fire safety defects are reported to the Estates team promptly.</li> <li>• Receive fire safety/evacuation management training that is specific to their area/workplace and cascade that training to their staff where necessary.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure their staff participate in regular ward / area evacuation exercises.</li> <li>• Ensure staff are informed of any findings from the fire risk assessment that impact their workplace area or activities.</li> <li>• Record the names and instances when staff receive training/instruction or participate in fire drills/evacuation for assurance purposes.</li> <li>• Report any fire incident (false or otherwise) to the Health &amp; Safety Lead and Deputy NoF.</li> </ul>
<p><b>Designated Person (for each group of healthcare premises)</b></p>	<p><b>Designated Person</b></p> <ul style="list-style-type: none"> <li>• Work with the Deputy NoF to ensure fire safety standards are maintained in their premises.</li> <li>• In conjunction with the Deputy NoF, develop and implement emergency fire action plans for each premises under their control.</li> <li>• Ensure staff are informed of any findings from the fire risk assessment that impact their workplace area or activities.</li> <li>• Record the names and instances when staff receive training/instruction or participate in fire drills/evacuation for assurance purposes.</li> <li>• Ensure sufficient fire wardens are available so that emergency and evacuation procedures are carried out in the event of a fire.</li> <li>• Ensure there is a process for silencing and resetting the fire alarm, where: <ol style="list-style-type: none"> <li>1. a fire incident has been dealt with by the fire and rescue service or,</li> <li>2. it is established it was an unwanted fire alarm signal</li> </ol> </li> </ul>
<p><b>Fire Warden</b></p>	<p><b>Fire Warden (appropriate and suitable member of staff).</b></p> <p>In response to a fire incident:</p> <ul style="list-style-type: none"> <li>• Ensure that a 999 call is made to the fire service</li> <li>• Assist in the evacuation of the premises in the event of a fire</li> <li>• Conduct a sweep of their designated area to ensure all occupants have responded to the fire alarm</li> <li>• Tackle the fire if safe to do so</li> <li>• Take a roll call at the designated assembly point</li> <li>• Liaise with the fire service</li> <li>• Report any fire incident (false or otherwise) to their line manager.</li> </ul>

The above positions will be formally appointed with the (non-exhaustive) responsibilities stated above.

## 4.2 All Staff and Contractors

Whilst the Chief Executive and Head of Estates, Facilities & Medical Physics accept responsibility for implementing this policy, under the Health and Safety at Work Act 1974, all staff and contractors have a duty to take care of their own health and safety, as well as that of others who may be affected by their acts or omissions at work.

All staff and contractors have a duty to co-operate and meet their health & safety responsibilities by complying with the Board's fire safety policy and procedures.

If staff or contractors have any safety concerns, or come across what they believe is a dangerous situation or incident, it should be reported through normal line management structures, the relevant project manager, and if necessary, the Estates Department, without delay.

No member of staff or contracting organisation shall interfere with the installation of, or attempt to repair, any plant and equipment unless they are authorised to do so.

## 5. Specific Arrangements

NHS Shetland shall ensure that:

- risk assessments are carried out to determine the fire safety of all relevant premises and work activities and a descending hierarchy of control measures applied that are suitable and sufficient to reduce the risk of harm that arises from the outcome of these assessments.
- all necessary persons shall be suitably informed, instructed and trained to a standard that ensures their individual duties are understood and able to be discharged in accordance with relevant legislation and guidance. Records of all such training activities to be held in a suitable secure location and made available for audit and inspection as necessary.
- an audit and inspection plan is in place that covers all premises that fall within the scope of this Policy, and that comprehensive and accurate records are maintained and kept securely for a minimum of 5 years as evidence of statutory and regulatory compliance.
- a permit to work system is used where necessary to ensure that safe methods of working are pre-notified and agreed, prior to undertaking work that could affect existing fire risk control measures, or increase the risk of fire.
- contractors are made aware of the requirements of this policy as part of the Board's Management of Contractors Procedure, and agree to make their own arrangements to comply- such arrangements to be agreed at the beginning of single large new projects, or periodically as required by legislation & guidance.

## 6. Governance

This revised policy has been created by the Compliance Officer- Estates, who is accountable to the Head of Estates, Facilities & Medical Physics.

It shall be reviewed and approved by the Fire Safety Group (FSG)

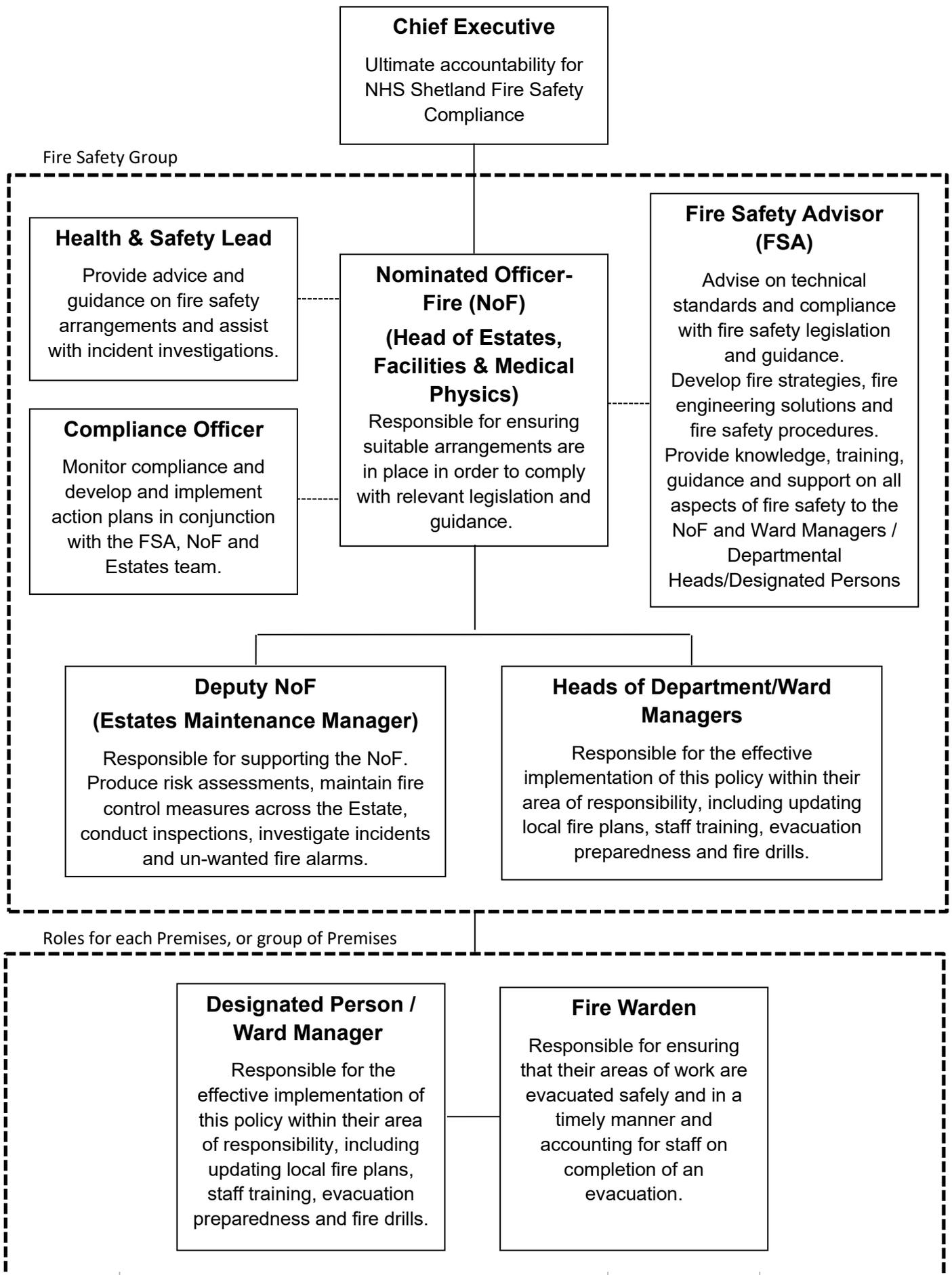
Following approval by the FSG this policy shall be submitted to the 3 groups below:

<b>Health, Safety and Wellbeing Committee</b>	For comments and suggestions
<b>Area Partnership Forum</b>	For comments and suggestions
<b>Staff Governance Committee</b>	For comments and suggestions, and final sign off prior to adoption and publication

## **7. Review Arrangements**

Periodic reviews of this policy, together with related systems and procedures shall be carried out as necessary by the FSG to ensure NHS Shetland complies with any relevant changes in legislation, guidance, personnel, sites, responsibilities or protocols. As a minimum, this policy shall be reviewed every three years.

## Appendix A- Organisational Structure for Fire Safety Management



## Appendix B- Rapid Impact Checklist

An equality and diversity impact assessment tool:

### Which groups of the population do you think will be affected by this proposal?\*

#### Other groups:

- Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers)
- Women and men
- People with mental health problems
- People in religious/faith groups
- Older people, children and young people
- People of low income
- Homeless people
- Disabled people
- People involved in criminal justice system
- Staff
- Lesbian, gay, bisexual and transgender

No specific groups of the population will be affected by this Policy- it sets out organisational arrangements that applies to all groups of the population.

(\* the word proposal is used as shorthand for the policy, procedure, strategy or proposal that is being assessed)

### In the following sections, please consider what positive and negative impacts you think there may be and which specific groups will be affected by these impacts?

#### What impact will the proposal have on lifestyles?

For example, will the changes affect:

- Diet and nutrition
- Exercise and physical activity
- Substance use: tobacco, alcohol and drugs
- Risk taking behaviour
- Education and learning or skills

None

<p><b>Will the proposal have any impact on the social environment?</b></p> <p>Things that might be affected include:</p> <ul style="list-style-type: none"> <li>• Social status</li> <li>• Employment (paid or unpaid)</li> <li>• Social/Family support</li> <li>• Stress</li> <li>• Income</li> </ul>	No
<p><b>Will the proposal have any impact on the following?</b></p> <ul style="list-style-type: none"> <li>• Discrimination?</li> <li>• Equality of opportunity?</li> <li>• Relations between groups?</li> <li>• Fairer Scotland Duty</li> </ul>	No
<p><b>Will the proposal have an impact on the physical environment?</b></p> <p>For example, will there be impacts on:</p> <ul style="list-style-type: none"> <li>• Living conditions?</li> <li>• Working conditions?</li> <li>• Pollution or climate change?</li> <li>• Accidental injuries or public safety?</li> <li>• Transmission of infectious disease?</li> </ul>	No
<p><b>Will the proposal affect access to and experience of services?</b></p> <p>For example:</p> <ul style="list-style-type: none"> <li>• Health care</li> <li>• Transport</li> <li>• Social services</li> <li>• Housing services</li> <li>• Education</li> </ul>	No

## Summary sheet

<b>Positive Impacts (note the groups affected)</b>  N/A	<b>Negative Impacts (Note the groups affected)</b>  N/A
<b>Additional Information and Evidence Required</b>  N/A	
<b>Recommendations</b>  None	
<b>From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?</b>  No negative impacts identified from the RIC. A full EQIA has not been recommended due to the lack of impacts on any particular groups of the population.	

Signature(s) of Level One Impact Assessor(s):

Date:

Signature(s) of Level Two Impact Assessor(s):

Date: