NHSScotland 'Firecode'
Scottish Health Technical Memorandum
SHTM 83: Part 2

General fire precautions
Fire safety training

Health Facilities Scotland
Property and Capital Planning

Contents

1. About this publication

Scottish Health Technical Memorandum (SHTM) 83: Part 2: Version 1.0; Fire safety training supplements the general fire safety guidance SHTM 83: Part 1: Version 4. The suggested timescales for staff training within this document replace those in SHTM 83: Part 1.

Executive Summary

This NHSScotland Firecode document:

- recognises the significant importance of training to ensure the safety of staff, patients, members of public and all others who work in or visit NHSScotland healthcare premises. It supports statutory compliance.

- takes account of the varying nature of healthcare provision including community care and the use of shared premises. Many staff routinely work in non-NHSScotland premises and domestic environments in addition to healthcare facilities. It must be ensured that fire safety training takes account of the full range of workplace activities.

- is appropriate for the delivery of fire safety training for all staff employed in premises from which NHSScotland services are provided. It recognises the need to provide a systematic, structured approach to delivery and ensure its effectiveness, is properly assessed, recorded and repeated at a frequency consistent with the degree of risk to persons.

- covers fire safety and procedural information delivered on an instructor led basis, as well as the provision of e-learning and participation exercises. It will ensure staff understand core fire safety principles regarding preventative measures and methods for the evacuation of staff, patients, disabled persons, and others. It emphasises the need for staff to be aware of the possible difficulties, hazards and management considerations before and during a fire evacuation.

- supports the compliance requirements of the Fire (Scotland) Act 2005 and the Fire Safety (Scotland) Regulations 2006.

Provision for the appropriate and sufficient training of staff in fire safety is specified in both the fire safety legislation and the Fire Safety Policy for NHSScotland.

2.   Introduction and scope

General application

2.1   This guidance is applicable to all staff working in NHSScotland premises, those employed by NHSScotland who work in other premises and non-NHS staff who work in NHSScotland premises.

Information and guidance is also provided for staff who are community based such as those providing domiciliary care.

It comprises a series of training notes (TN), including objectives for each staff group to assist trainers in producing role based training packages.

It should be noted that some NHSScotland Boards provide fire safety training which is open to all staff and it may not always be practical to provide role specific information at these sessions. The specific training for these staff can be provided separately by a fire advisor/trainer. It may also be delivered by a line manager provided the content is agreed with the fire advisor/trainer and a process is in place to measure its effectiveness. (reference paragraph 2.7)

The Fire (Scotland) Act and Regulations

2.2   The Fire (Scotland) Act 2005, Part 3, and the Fire Safety (Scotland) Regulations 2006, came into force on the 1st October 2006 and these enactments, including subsequent revisions and amendments, comprise the fire safety legislation in Scotland.

2.3   The Act and supporting regulations are applicable to NHSScotland healthcare and other premises. Compliance is based on a fire risk assessment regime with enforcement audits conducted by the Scottish Fire and Rescue Service (SFRS) who are the relevant authority. Statutory audits determine the adequacy of the fire safety arrangements.

2.4   Amongst the duties that must be complied with, is a requirement to ensure that adequate fire safety training is provided for all staff. Failure to meet obligations may result in the issue of enforcement or other notice requiring specified steps to be taken to put right the failure.

2.5   The requirement for fire safety training and drills is detailed in the Fire (Scotland) Act 2005 and Fire Safety (Scotland) Regulations 2006, in the following extracts;

- The Act, Part 3; Chapter 1, 55(3)(h) duty to give '*...appropriate instructions to employees*';

- The Regulations; Part III; 12 (3)(b); *'...and ensure the number of such persons, their training and the equipment available to them are adequate';*

- The Regulations; Part III; 14 (1)(a); *'...establish and, where necessary, give effect to appropriate procedures, including fire safety drills.*';

- The Regulations; Part III; 14 (1)(c); '...unless the person has received adequate safety instruction';

- The Regulations; Part III; 20; 'An employer with duties under section 53 must ensure that his or her employees are provided with adequate fire safety training.

2.6   The Scottish Government has issued a series of sector specific guides providing practical fire safety guidance for those with responsibilities under Part 3 of the Fire (Scotland) Act 2005 and the Fire Safety (Scotland) Regulations 2006. It is available online, free of charge, at:

www.gov.scot/Topics/Justice/policies/police-fire-rescue/fire/FireLaw

or in print from the public library network.

This document is consistent with the guidance referred to above.

Fire safety trainers

2.7   Staff employed as, or undertaking the role of 'fire safety trainers', should have sufficient knowledge and experience to fully understand the hazards and risks of fire and evacuation procedures in NHSScotland.

Elements of fire safety training may be provided by managers to their staff on a cascade basis. Where this is considered appropriate, the training content should be agreed by the fire safety advisor/trainer and the manager and must include a process to ensure its effectiveness. Examples are:

1. ward manager relaying patient evacuation procedures to members of staff;

2. ward manager including fire safety information in briefing sessions;

3. line manager providing basic fire safety information and facilitating familiarisation of fire escape routes in a low risk non - patient care premises.

Practical fire safety training and drills

2.8   NHSScotland accepts the obligation and need to ensure that staff receive adequate practical training and that fire drills are undertaken.

2.9   Conventional fire drills should be conducted where appropriate; however, where the balance of risk is such that the potential for harm is likely to outweigh the value of a drill then training which incorporates the drill procedures should be carried out.

2.10   In certain parts of hospitals, including wards, operating theatres and recovery areas, intensive care units, high dependency units, some out-patient facilities, clinics, accidents & emergency departments and medical imaging departments, it is not reasonable or operationally practicable to carry out conventional fire drills involving the evacuation of patients, for the following reasons;

- significant disruption to patient treatment and consequential harm;

- potential for manual handling injuries to staff and patients;

- in mental health facilities, the possibility of aggravating the condition of patients causing disruptive and possibly harmful behaviour;

- the potential for harm in certain patient groups; i.e. the elderly, infirm or confused, those whose mobility is significantly impaired, children and young persons;

- the disruptive impact of conducting fire drills in or near operating departments and other facilities containing patient who may be anaesthetised, in post operative recovery, receiving invasive procedures or other immobilising treatment.

2.11   Guidance on practical training is contained within TN9 and Appendix 2.

Training resources

2.12   Sufficient resources and facilities should be provided to support the practical and administrative responsibilities of those who provide fire safety training.

Resources may include; training area, lecture room, information technology, demonstration equipment and administrative support.

Fire safety training for non NHSScotland staff

2.13   In shared premises it may be advantageous and appropriate to share the training provision. Joint occupiers may include other NHSScotland bodies, local authority, charitable or commercial organisations.

2.14   A formal agreement with terms of reference should be established and include the content of the training, cost allocation, responsibility for maintaining records and the frequency of provision.

- training is a statutory requirement and employers retain legal responsibility for the instruction of their own staff as detailed in the Fire (Scotland) Act 2005 and supporting regulations.

3. Training content

3.1 Comprehensive training is essential to ensure staff are fully aware of the inherent danger of fire and are able respond effectively to an emergency in a disciplined manner, to a pre-existing plan.

3.2 The obligation to undertake fire safety instruction and training applies to all staff at every level of an organisation. It must reflect the widely differing duties and responsibilities in the workplace together with individual responsibilities in a fire emergency.

3.3 The imperative for fire safety training is underpinned by the statutory obligation to ensure the safety of all persons present when fire occurs, in particular, the care of vulnerable patients who are unable to escape without assistance and guidance

3.4 It is a legal and mandatory duty for managers, including chief executives, directors and all supervisory staff to ensure that staff for whom they have responsibility, receive instruction and training in fire safety, appropriate to their role.

3.5 Employees have a legal obligation to co-operate with their employer; therefore they must attend a training session if instructed, Fire (Scotland) Act 2005, Part 3, Chapter 1, 56(b).

3.6 Managers should promote and support the development of a fire safety culture and encourage the principle of shared ownership and responsibility.

Training needs analysis

3.7 Fire safety training must be conducted at a frequency, and with content, that is risk appropriate. It must relate directly to the responsibilities, duties, activities and risk profile of those in a particular workplace, taking into account the physical environment, materials, substances and activities carried out.

3.8 Continuation training should be based on a training needs analysis (TNA) to identify the frequency and content of the training necessary for different staff groups.

3.9 This guidance document is based on TNA principles and will satisfy most of the fire safety training requirements necessary for NHSScotland staff. It recognises a broad range of staff groups and workplaces, and includes timescales according to fire and life safety risks.

See Appendix 1, Tables 1 and 2.

Frequency

3.10   All staff should receive fire safety training in accordance with the timescales set out in Appendix 1, Table 1.

3.11   The timescales will be appropriate in most circumstances, however, additional training may be necessary according to local circumstances such as changes to the physical environment, nature of work carried out or a change to patient profile.

Computer based instruction: e-learning

3.12   Computer based instruction: e-learning is an effective training tool as it provides targeted material and attains high levels of staff coverage to suit workplace activity.

3.13   It can contribute significantly to the fire safety training reach of the organisation and has a significant role in ensuring the delivery of emergency action information.

3.14   It may be the principal method of training delivery for staff employed in a building or fire compartment which does not contain patients who will require assistance to evacuate in the event of fire.

3.15   e-learning should be based on the following principles;

- it should be comprehensive, covering a range of fire safety subject matter including fire awareness, evacuation principles, fire safety management, housekeeping, policy and procedural arrangements, the use of fire extinguishers, fire hazards and risk assessment;

- it should provide contact information so that further advice or information may be obtained from a trainer or advisor;

- the package should be reviewed and developed, as necessary, to prevent it becoming repetitive and disengaging, and should reflect changes in the structure, fire safety arrangements, workplace practices, materials or equipment;

- if a system comprises of a number of modules, each new session should commence with a brief review of the previous module;

- modules should be completed within a defined timescale;

- each module should be successfully completed before progression to the next; therefore it should include a formal test;

- test results should be recorded and only accessible to authorised persons.

Recording training input

3.16   Those with responsibility for complying with the Fire (Scotland) Act 2005 are defined as Duty Holders and amongst their responsibilities is ensuring staff receive adequate fire safety training.

3.17   The Duty Holder should take steps to ensure that appropriate training is arranged with the training provider in order to meet their compliance obligation. They also have responsibility to ensure training records are maintained and are readily available for fire service auditors.

3.18   Training records should include:

- a record of all staff to enable identification of those who require training;

- name of the trainer;

- date of the instruction, training, fire drill or other practical exercise;

- duration of the event;

- nature and content provided.

4. Training Notes

Introduction to Training Notes

4.1   Training Notes (TN) provide guidance for trainers relevant to specific staff groups to assist in meeting operational and legislative requirements. They provide a framework for consistency throughout NHSScotland.

4.2   Fire safety training should be workplace and role specific. It must take account of the building layout, nature of work, materials and substances used and the duties and tasks undertaken by staff to ensure, as far as reasonably practicable, the care and safety of patients, visitors and others when fire occurs.

4.3   The adoption of clear training objectives will assist NHSScotland Boards to meet their compliance obligation and ensure that all staff receive sufficient fire safety training relevant to their particular workplace.

4.4   Trainers should use this guidance flexibly, adapting it to meet local circumstances whilst ensuring that the core principles, objectives and content are provided.

TN1. Induction training

General

Induction training is required for;

- all new employees including part-time and agency staff;

- existing employees who have changed their workplace;

- employees who have resumed employment after a break of more than one year;

- those for whom NHSScotland premises is their temporary or permanent place of employment e.g. contractors, charity employees or other volunteer support providers;

- bank and agency staff (those elements relevant to each new place of employment).

Objectives

To ensure that, from the commencement of their employment, employees, and others for whom this training is necessary;

- have sufficient knowledge and training to enable them to raise and respond to an alarm of fire;

- can safely assist and participate in the evacuation of their workplace and provide assistance to others in accordance with a set procedure;

- understand the nature of workplace hazards and the measures for their prevention;

- have an awareness of the legislative and mandatory obligations relating to fire safety.

Workplace induction

This module may be delivered by an operational line manager, fire safety advisor or trainer in the relevant department or workplace.

Frequency – on appointment

See Appendix 1: Table 1

Content

- **familiarisation**: An accompanied walk round of the workplace to familiarise employees with the layout, highlighting exit routes, stairways and assembly areas;

- **fire safety procedures**: The fire safety procedure, including the means for raising an alarm of fire and how the fire service is summoned;

- **portable firefighting equipment**: Location of extinguishers and procedure regarding their use;

- **fire alarm**: Location of call points and method of operation: Response to fire alarm and the purpose of intermittent and continuous alarm signals;

- **the effect of unwanted fire alarm signals**;

- **other installations**: Other fire safety installations or equipment e.g. patient evacuation equipment, exit signage, emergency lighting, etc.;

- **evacuation lifts**: The procedure regarding the use of lifts for evacuation.

- **fire doors**: The importance and function of fire doors, especially those protecting stairways and fire compartments;

- **fire protection of stairways**: The principles, reasons and importance for the fire protection of stairways.

Induction role specific

This module contains additional training material for patient care and support staff whose role is mainly ward-based.

This module should be delivered by a fire safety advisor or trainer.

Frequency – within six months of appointment

See Appendix 1: Table 1

Content

- **Fire awareness:** understanding fire development; impact and importance of time in relation to evacuation; effect of toxins; spatial disorientation in smoke; effect of heat; the reliance of patients on staff assistance; familiarity

with the layout of the workplace and exit routes; receiving areas for evacuation;

- **Containment:** Importance of containment and how the dangers of fire can be mitigated; structural protection – compartmentation and stairway protection; importance of fire doors for the protection of stairways and escape routes; portable firefighting equipment;

- **Prevention:** Principles and practice of fire prevention in a patient care environment i.e. segregation of ignition sources from fuel; good housekeeping; hazards associated with the use of electrical devices; handling and storage of flammable materials;

- **Security:** Risk assessed security arrangements in mental health, care of the elderly and similar facilities.

Response to alarm of fire

- **indicators of fire**: visible smoke, smell of smoke, heat, fire;

- **alarm signals**: Response to continuous and intermittent alarm signals;

- **alarm panel**: Description and importance of information available from fire alarm panels;

- **how to raise an alarm of fire**;

- **progressive horizontal evacuation (PHE)**: The principles of PHE explained;

- **the role of incident response team**;

- **evacuation equipment**: How to use evacuation equipment safely and the importance of teamwork in their use e.g. mattress belts, ski-pads, wheelchairs, etc;

- **vertical evacuation**: Issues and methods related to vertical evacuation;

- **unwanted fire alarm signals**: Understanding the importance of reducing and limiting unwanted fire alarm signals; their impact on service provision and their impact on other services;

- **role of senior staff member** as incident controller until arrival of emergency services.

    - **information**: Information gathering to inform decision whether to evacuate such as, location of fire; whether fire service are in attendance; whether fire is above, below or adjacent to ward; whether fire is under control; whether there is an identifiable threat to the safety of patients, staff and others;

    - **implementing an evacuation**: identify, inform and liaise with the receiving area; delegate teams for patient evacuation, prioritise evacuation sequence i.e. those in immediate danger, those in imminent danger, those whose evacuation time will be extended due to their medical condition;

–   **communication**: contact arrangements for further staff assistance; role of switchboard staff i.e. maintaining communication with staff regarding incident development; liaising with emergency and supporting services including the fire and rescue service, police, ambulance, fire response teams, nominated officer (fire).

Corporate induction

Corporate induction should provide an overview of both the strategic and operational issues related to fire safety.

Frequency – within six months of appointment

See [Appendix 1](): Table 1

Content

- **fire policy**: A summary and explanation of the fire policy of the organisation, and how to access it;

- **safe workplace**: Understanding the statutory obligation to ensure the workplace is safe from fire, and the measures put in place by the organisation to ensure the obligation is met;

- **procedures for responding to fire**: Employees' role in implementing the procedure in response to an alarm or discovery of fire;

- **raising an alarm of fire**: How to raise an alarm of fire and how the fire and rescue service is summoned;

- **fire alarm**: Response to fire alarm and the purpose of intermittent and continuous alarm signals;

- **importance and function of fire doors**;

- **stairways**: The principles, reasons and importance for the fire protection of stairways;

- **fire safety housekeeping**: the importance of good housekeeping relating to storage and waste accumulation, keeping escape routes clear, limitation of fuel and ignition sources, electrical safety, safe use of equipment, and storage of hazardous materials;

- **unwanted fire alarm signals (UFAS)**: the negative impacts of unwanted fire alarm signals, the disruption to patient care, impact on clinic and other waiting times, the possible movement of patients, impact on the fire and rescue service;

- **workplace inspections**: the purpose, frequency and importance of workplace fire safety inspections, how they are recorded, reporting procedures for deficiencies and faults;

- **incident response team**: an understanding of the role of the incident response team.

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TN2. Patient Care Staff

General

This training note is appropriate for staff with patient care responsibility including nursing staff, doctors, nursing assistants, etc; whose role is mainly ward-based or whose role requires them to spend substantial periods of time in wards.

The fire procedure for treatment areas not containing in-patients e.g. clinics, imaging, and other departments will generally be based on conventional evacuation to a designated assembly area in the open air, however, nursing staff not employed in a ward may work in a ward situation at some stage of their employment. Their department may be receiving area for evacuated patients or they may be required to assist ward staff during an evacuation. It is therefore essential that they understand the principles and procedures contained within this training note.

Elements of this module will be appropriate for staff in health centres where minor surgery or the use of anaesthetic takes place and there is a requirement to take account of this in the evacuation procedure. OtherwiseTN6 should be used for this staff group.

Training should primarily be based on the fire safety procedures for the place of work. It may be used to support the development of a programme comprising one or more sessions. Where training comprises of more than one session, it should commence with a review of previous input.

Objectives

- to review, refresh and progressively develop on previous fire safety training;

- provide an understanding and awareness of fire, its effect and consequences;

- provide an understanding of fire prevention principles and mitigate the potential for fire;

- establish, support and maintain effective arrangements for the evacuation of patients and others in the event of fire.

Frequency – 12 monthly

See Appendix 1: Table 1

Content

1. Being prepared for fire

- **fire awareness**: case histories; understanding fire development; impact and importance of time in relation to evacuation; effect of toxins; spatial disorientation in smoke; effects of heat; the reliance of patients on staff assistance; familiarity with the layout of the workplace and exit routes; receiving areas for evacuation;

- **staff role**: understanding and implementing the fire safety procedure; importance of training and drills; adopting good working practices to limit both fuel and ignition sources i.e. correct storage and waste disposal; fault reporting relating to fire equipment, installations and other defects.

2. Mitigation

- **Ward Management**: Policy and procedures; monitoring performance and activities; fire safety training; workplace fire safety inspections; care and maintenance; testing regimes for equipment and systems; promoting ownership of fire safety culture;

- **structure**: Purpose and use of a fire compartment; stairway protection; purpose and importance of fire doors;

- **fire prevention**: fire risk assessment; ignition sources and fire hazards; use and storage of oxygen; electrical equipment safety; good housekeeping; the hierarchy of hazard control;

- **risk tolerance**: importance of procedures and having a proactive approach to fire safety.

3. Procedure for dealing with fire

- **procedural objectives**: ensuring the safety of patients and others if fire occurs using a consistent and structured system; prioritising essential actions;

- **systematic evacuation**: action on discovery of fire; raising the alarm alerting the fire service; summoning staff assistance utilising switchboard personnel for communications; principles of progressive horizontal evacuation and the importance of fire compartments; importance of early intervention and immediate action; continuous monitoring and re-evaluating; prioritisation of patient evacuation. i.e. those in immediate danger, in imminent danger, ambulant patients who may be led as a supervised group, wheelchair users, those requiring physical assistance by more than one member of staff, bed evacuation, dependence on life support and those who require dedicated staff resources and extended preparation (pre-movement) time; refuge areas; role of the fire response team; correct use of portable firefighting equipment;

- **recognising indicators of fire**: identifying source of heat and smoke; significance of hot doors and handles; method of entering rooms where fire is suspected;

- **fire alarm**: how the alarm is activated; response procedure; understanding alarm panel information to identify location of incident; responding to continuous and intermittent alarm;

- **using evacuation equipment**: how to safely undertake a mattress transfer

  - use of mattress belts and ski pads.

Trainers should liaise with Manual Handling trainers where it is proposed to demonstrate the use of evacuation equipment in a simulated evacuation. Where such instruction is provided it may be recorded as practical training where staff actively use the equipment.

4. Managing a fire incident

It is essential that ward staff fully understand their own role and responsibilities as well as the roles of others such as the fire service, switchboard staff, incident response team and staff in receiving areas.

Roles:

- **Incident controller i.e. Ward manager, department manager or relevant senior member of staff**: Decision to evacuate; delegation of tasks; monitoring and assessing the situation; prioritisation of patient evacuation; maintaining control by resisting task engagement other than to prevent harm;

- **Ward staff**: Duties directed by the incident controller; team working; familiarisation with location of receiving area; use of evacuation equipment;

- **Fire response team**: Responding to and investigating the cause of a fire alarm actuation; providing information to the fire service regarding site services such as power supplies, water, drainage, gas valves, access points, voids, etc; assisting in patient evacuation; first aid fire fighting; assisting ward staff as necessary; external traffic management; external management of members of the public; controlling emergency vehicle access points; salvage assistance under direction of fire service;

- **Senior Management**: ensuring a fire safety strategy; policy and local procedure; ensuring arrangements for evacuation are appropriate, sufficient and viable; ensuring statutory and NHSScotland mandatory obligations are met; ensuring post evacuation contingency arrangements; managing an emergency contingency plan if implemented; directing and managing the continuity of patient services; ensuring sufficient staff are available to facilitate an evacuation; co-ordination of recovery services;

- **Fire and Rescue Service**: Overall command of fire incident; tackle and extinguish a fire; rescue of persons in danger from fire.

TN3. Staff - Shared facilities & Domestic premises

General

The types of premises which NHS community staff work or are based may include schools, health centres, community centres, local council facilities, etc. They may be exclusively occupied by NHSScotland staff, or shared with other occupiers.

It is therefore important that NHSScotland staff understand the fire safety procedures and protocols and recognise issues affecting all occupiers of the building in which they are based.

Joint occupiers share a legal obligation to liaise with each other to ensure and maintain an appropriate standard of fire safety throughout the building. Protocols should be established prior to, or immediately on occupation.

Objectives

- to review, refresh and progressively develop on previous fire safety training;

- provide an understanding of fire, its effect and consequences in buildings, including domestic premises where appropriate;

- provide an understanding of fire prevention principles and mitigate the potential for fire;

- ensure all staff understand the need to liaise and co-operate with other occupiers, thus ensuring and maintaining fire safety in the building;

- establish, support and maintain effective arrangements for evacuation in the event of fire.

Frequency – 24 monthly

See Appendix 1: Table 1

Content

1. Hazard awareness

- **fire awareness**: Case histories related to the environment in which staff are based; understanding fire development; impact of time in relation to evacuation; effect of toxins; spatial disorientation in smoke; effects of heat; familiarity with the layout of the workplace and exit routes;

- **statutory role of Duty Holders**: requirement for fire risk assessment; importance and duty to liaise with other occupiers regarding common areas such as escape routes and stairways. Ensuring life safety systems such as fire alarm and escape lighting, are properly maintained and tested; ensuring training and drills ; joint staff training arrangements;

- **staff role** : understanding of the fire safety procedure and its application to common areas; importance of training and fire drills ; working practices regarding limitation of fuel and ignition sources; correct storage and waste disposal practices; fault reporting relating to fire equipment, installations and other fire safety defects;

- **evacuation of disabled persons**: Understanding the application and contents of a personal emergency evacuation plan (PEEP).

2. Mitigation;

- **structure:** Purpose and use of a fire compartment; stairway protection; purpose and importance of fire doors;

- **management**: Policy and procedures; monitoring performance and activities; fire safety training; workplace fire safety inspections; care and maintenance; testing regimes for equipment and systems; promoting ownership of fire safety culture;

- **fire prevention**: fire risk assessment; ignition sources and fire hazards; use and storage of oxygen in premises and vehicles; electrical equipment safety; good housekeeping; the hierarchy of hazard control;

- **risk tolerance**: importance of procedures and having a proactive approach to fire safety.

3. Procedure for dealing with fire:

- **procedural objectives**: consistent and structured system, prioritising essential actions including evacuation;

- **systematic evacuation** : procedures and liaison with other occupiers ; action on discovery of fire ; alerting the fire service; managing and giving direction to members of the public ; correct use of portable firefighting equipment; role of fire wardens;

- **recognising indicators of fire**: identifying source of smoke; significance of hot doors or handles; method of entering rooms where fire is suspected;

- **fire alarm**: How the alarm is activated; response procedure; understanding alarm panel information to identify location of incident; responding to continuous and intermittent alarm.

4. Domestic premises

Hazard recognition e.g. overloaded plug sockets; open fires and portable heaters; gas safety; carbon monoxide detectors; smoke detectors; patient bed location; occupier fire plan; kitchen hazards; advice for carers; reporting mechanisms; extinguisher and fire blanket provision; oxygen storage and use; paraffin-based emollients; consumable materials for patient care such as paper based products, swabs, dressings, etc; liaising with fire service to ensure home fire safety visits where appropriate.

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TN4. Nominated Officer (fire) – NOF, Deputy Nominated Officer (fire) – (DNOF), Senior Managers

General

NHSScotland bodies are required to appoint a Nominated Officer (fire), and provide training appropriate to the role. The appointment and supporting duties are set out in the fire safety policy for NHSScotland, CEL 11 (2011).

This module is appropriate for NOF, DNOF and other senior managers, outlining their mandatory and statutory responsibilities thus assisting them to undertake their fire safety duties, supported by the advice and technical knowledge of appointed fire safety advisors. It is additional to role specific training in other training notes.

It is not recommended that the entire module is presented in e-learning format. The required level of awareness and understanding will be achieved through direct interaction and discussion with an experienced fire safety advisor or trainer.

Objectives

- ensure the mandatory provisions of the Fire Safety policy for NHSScotland, are achieved;

- ensure the provisions of Fire (Scotland) Act 2005 in particular S 53, 54, 55 duties are met by informing those having 'Duty Holder' responsibilities, of their legislative responsibilities;

- ensure that Nominated Officers and senior managers are appropriately and sufficiently informed of the requirements and obligations of their role;

- understanding the principles of fire safety, the importance of policy and procedures, fire risk assessments and the role of fire safety advisors.

Frequency – 36 monthly

See Appendix 1: Table 1

Content

- **The statutory framework:** the Fire (Scotland) Act 2005; the Fire Safety (Scotland) Regulations 2006; statutory responsibility and role of Duty Holders; requirement to undertake fire risk assessments and act on the findings; statutory audits;

- **Role of the Nominated Officer Fire (NOF):** statutory and mandatory obligations; strategic and operational management of fire safety; forward planning; annual reporting and measuring performance; managing unwanted fire alarm signals, role of fire safety advisors and trainers;

- **Fire safety policy for NHSScotland CEL11 (2011):** appointments; responsibilities and duties of appointees; statutory Duty Holder and NOF role;

- **Statutory audit and enforcement:** mandatory standards, enforcement audit process;

- **NHSScotland Firecode;** introduction and overview: compliance requirement; status of NHS Firecode documents covering England, Wales and Northern Ireland; relationship between NHSScotland Firecode and non-domestic technical handbook for compliance with building regulations.

- **Fire awareness and understanding fire risk:** risk matrix; impact of fires on healthcare premises; case histories; fire risk assessment; 3i fire manager system and assessment template; action plans; determining priorities.

- **Fire prevention and safety:** compliance objectives; fire safety principles; fire hazards; preventing fire; the impact of unwanted fire alarm signals; importance of good housekeeping; testing and maintenance regimes; record keeping and using data to inform performance measurement; structural fire protection; fire safety installations; setting standards and developing a fire safety culture; negative impact of risk tolerance.

TN5. Fire incident responders

General

A fire incident responder is a trained member of staff who responds to an alarm of fire, attending the location of an incident when alerted, assisting in an evacuation, directing staff and members of the public, assisting in investigating the source of a fire alarm, providing information and assistance to the fire service and undertaking other duties as appropriate;

Fire incident responders may be part of fire team or a single nominated person in small premises;

It is recommended that employers implement appropriate measures to ensure the health, safety and welfare of incident responders consistent with the requirements of the Health and Safety at Work Act and supporting regulations, based on an assessment of the risk;

This guidance assumes that such an assessment has been conducted, and any measures considered necessary for the safety responders has been taken;

Fire wardens in non patient care areas have additional responsibilities during a fire evacuation and appropriate elements of this module should be used to formulate their training programme.

Objectives

- adherence to the mandatory provisions of the Fire Safety policy for NHSScotland; CEL 11 (2011);

- ensuring that incident responders have sufficient knowledge, understanding and awareness of fire risk to enable them to undertake their duties safely;

- those with responsibility for the management of fire response team members are aware of their obligations for their safety.

Frequency – on appointment & 12-monthly

See Appendix 1: Table 1

Content

- **fire awareness**: case histories; understanding fire development; impact and importance of time in relation to evacuation; effect of toxins; spatial disorientation in smoke; effects of heat; the reliance of patients on staff assistance; familiarity with the layout of the workplace and exit routes receiving areas for evacuation;

- **fire hazards**: causes of fire; fuels sources; ignition sources;

- **the Building**: Purpose and use of fire compartments; stairway protection; purpose and importance of fire doors;

- **principles of progressive horizontal evacuation for in-patient care areas**: evacuation procedures in other areas; response to fire alarm and the purpose of intermittent and continuous alarm signals; standard operating procedures;

- **personal safety**: importance of personal protective equipment; safety whilst attending an incident e.g. vehicular traffic; slips, trips and falls; entering against the flow of those evacuating; hazard identification;

- **actions**: reporting to the incident controller and acting on their instruction or that of another authorised person e.g. police or fire officer; acting on own authority to prevent harm or those who require immediate assistance;

- **activities**: assisting fire service by providing information regarding the layout of the premises, the location of fire hydrants or other water supplies, the location of riser inlets, access and egress points from buildings and the location of hazardous materials. Assisting and directing persons during evacuation; directing or preventing non-essential traffic from entering the operational fire zone; directing persons to assembly areas; providing keys and access to locked areas; undertaking salvage and protecting equipment in areas deemed safe; isolating building services e.g. electricity, water, gas; if competent to do so and under the instruction of an authorised person;

- **hazard identification**: suspected fire in void or enclosed space; developing fire; recognising potentially untenable conditions; danger of collapse in racked storage; areas containing flammable materials; knowledge of hazard signage;

- **portable firefighting equipment**: reinforcement of fire extinguisher training;

- **personal responsibility**: undertaking continuation training and participating in evacuation and other practical exercise as directed; reporting fire safety issues to relevant person in the course of their normal duties e.g. obstructed exit routes; damaged doors or self-closers.

- **Communication: role of switchboard staff**: protocol for emergency shut down; switchboard staff evacuation procedure; acting on requests for assistance; communicating with and providing incident information to the fire service: understanding of the role of alarm receiving centre (ARC); The importance of recording incident timelines.

TN6. Business support staff

General

This module is applicable for staff employed in a building or fire compartment which does not contain patients who will require assistance to evacuate in the event of fire.

If their workplace is adjacent to a patient area which undertakes progressive horizontal evacuation, they should be given an overview of its principles.

Objectives

- to ensure the mandatory provisions of the Fire Safety policy for NHSScotland, CEL11 (2011), are met;

- to ensure the provisions of the Fire (Scotland)Act 2005 as amended and the Fire Safety (Scotland) Regulations 2006 are met;

- to ensure that business support staff receive sufficient instruction and training thus enabling them to respond to an alarm of fire and evacuate safely from the premises in which they are employed.

Frequency – 36 monthly

See Appendix 1: Table 1

Content

- **fire awareness**: case histories; understanding fire development; impact and importance of time in relation to evacuation; effect of toxins; spatial disorientation in smoke; effects of heat; familiarity with the layout of the workplace and exit routes;

- **prevention**: fire risk assessment; ignition sources and fire hazards; use and storage of oxygen; electrical equipment safety; good housekeeping; the hierarchy of hazard control;

- **the building**: purpose and use of a fire compartments; stairway protection; purpose and importance of fire doors;

- **fire alarm**: responding to fire alarm and the purpose of intermittent and continuous alarm signals;

- **evacuation of disabled persons**: understanding the application and contents of a personal emergency evacuation plan (PEEP);

- **fire warden**: the role of fire wardens;

- **alerting the fire and rescue service** directly; automatic link to alarm receiving company (ARC);

- **portable firefighting equipment**: the safe use of fire extinguishers.

TN7. Facilities staff

General

This module is appropriate for staff whose work activity takes place throughout a hospital and may include:

- estates maintenance tradesmen and technicians;

- estates officers and supervisory staff;

- porter and general service staff;

- some business support staff e.g. mail and medical record staff.

Hospitals may comprise of a number of different departments and it would not be practicable for facilities staff to have in depth knowledge of the individual fire procedures, however, it is important that they have sufficient information to enable them to respond safely and efficiently whatever their location.

Objectives

- to ensure the provisions of the Fire (Scotland) Act 2005 and the Fire Safety (Scotland) Regulations 2006 are met;

- have sufficient knowledge and training to enable them to raise and respond to an alarm of fire;

- to ensure that staff whose workplace is transient, and subject to constant change, are aware of their responsibility to assist and direct members of the public to evacuate from circulation spaces through which they may be passing when an alarm of fire occurs.

Frequency – 24 monthly

See Appendix 1: Table 1

Content

General

- **fire awareness**: case histories; understanding fire development; impact and importance of time in relation to evacuation; effect of toxins; spatial disorientation in smoke; effect of heat; familiarity with the layout of the workplace and exit routes;

- **prevention**: fire risk assessment; ignition sources and fire hazards; use and storage of oxygen; electrical equipment safety; good housekeeping; the hierarchy of hazard control;

- **the building**: purpose and use of fire compartments; stairway protection; purpose and importance of fire doors;

- **evacuation of disabled persons**: Understanding the application and contents of a personal emergency evacuation plan (PEEP);

- **alerting the fire and rescue service**: automatic link to alarm receiving company (ARC); the role of switchboard staff; providing relevant incident information to switchboard staff;

- **portable firefighting equipment**: the safe use of portable firefighting equipment;

- **impact** of fire and unwanted fire alarm signals on service provision;

- **personal responsibility**: undertaking continuation training; participating in evacuation and other practical exercises as directed; reporting fire safety issues to relevant person in the course of their normal duties e.g. obstructed exit routes; damaged doors or self closers.

Role specific

- **evacuation procedures – patient care areas**: assisting ward staff if trained; personal evacuation procedure;

- **evacuation procedures – non-patient care areas**: response to fire alarm and the purpose of intermittent and continuous alarm; knowledge of designated assembly point; assisting members of the public; procedure to be adopted if transporting patient or delivering goods;

- **awareness** of progressive horizontal evacuation. Understanding of the issues and complexities concerning the evacuation of patients.

TN8. Laboratory staff

Objectives

* ensure the provisions of the Fire (Scotland) Act 2005 and the Fire safety (Scotland) Regulations 2006 are met.

* have sufficient knowledge and training to enable them to raise and respond to an alarm of fire.

* awareness of the impact of unwanted fire alarm signals on NHSScotland and other service providers.

Frequency – 12 monthly

See [Appendix 1](): Table 1

Content

General

* **fire awareness**: Case histories; understanding fire development; impact and importance of time in relation to evacuation; effect of toxins; spatial disorientation in smoke; effects of heat; familiarity with the layout of the workplace and exit routes;

* **prevention**: fire risk assessment; ignition sources and fire hazards; use and storage of oxygen; electrical equipment safety; good housekeeping; the hierarchy of hazard control;

* **the building**: purpose and use of a fire compartment; stairway protection; purpose and importance of fire doors;

* **fire alarm**: response to fire alarm and the purpose of intermittent and continuous alarm signals;

* **evacuation of disabled persons**: understanding the application and contents of a personal emergency evacuation plan (PEEP);

* **alerting the fire and rescue service**: automatic link to alarm receiving company (ARC); the role of switchboard staff; providing relevant incident information to switchboard staff;

* **portable firefighting equipment**: the safe use of fire extinguishers;

* **personal responsibility**: undertaking continuation training; participation in evacuation and other practical exercises as directed; reporting fire safety issues to relevant person in the course of their normal duties e.g. obstructed exit routes, damaged doors or self closers.

Content

Role specific

Control of hazards

- **storage of highly flammable liquids** and other flammable substances or materials in accordance with regulatory controls and supporting guidance;

- **ensuring that appropriate procedures and workplace protocols are in place**: correct use of safety equipment to minimise fire risk e.g. spillage trays, gas extraction cabinets and ventilation systems;

- **importance of statutory risk assessments** including fire; information regarding specific hazardous substances and mitigation of their effects; safe handling of dangerous substances; appropriate personal protective equipment; importance of safe storage and transport arrangements;

- **understanding how structural protection** facilitates a limited delay when responding to an alarm of fire where it is necessary to switch off equipment and safely store hazardous materials;

- **procedure for utilising fire evacuation** procedures for non-fire incident such as a significant spillage of a highly flammable or toxic liquid.

TN9. Practical training and fire drills

General

Fire drills or practical exercises are required to ensure staff will act confidently and efficiently in an emergency situation, procedural or practical weaknesses can be identified and action taken to rectify them.

Conventional fire evacuation drills are not considered appropriate in many areas within hospitals as they present an unacceptable risk to the care, treatment, safety and wellbeing of patients. In these circumstances drills should be substituted by an alternative method of practical training such as 'walk and talk' or 'table top' exercises conducted in real time, simulating a sequence of events likely to be encountered in a workplace fire.

It is recommended that the fire service is periodically invited to take part in exercises which will be of operational value to all participants.

Examples of practical exercises are provided in Appendix 2.

Frequency – 12 monthly – either premises drill or practical training for patient care staff

See Appendix 1: Table 1

Objectives

- to ensure the mandatory provisions of the Fire Safety policy for NHSScotland; CEL 11 (2011), are met;

- to ensure the provisions of the Fire (Scotland) Act 2005 and the Fire Safety (Scotland) Regulations 2006 are met;

- to ensure that staff receive practical instruction on the actions to be taken if fire occurs.

Fire Drill

- **date, time and location should be agreed** with the relevant building or department manager, and a plan put in place to ensure account is taken of local circumstances;

- **the plan** should set out the key objectives and expected outcomes. It should specify all measures necessary for the safe conduct of the drill and instructions for observers;

- **observers should be appointed and be clearly identifiable**. They should not intervene in the drill other than to prevent injury or harm;

- **drills should be commenced by activating the fire alarm system** to simulate the discovery of a fire.

If an alarm of fire would be potentially harmful to patients in an adjacent area e.g. mental health, elderly or very young patients; it may be necessary to use an alternative pre-arranged signal to commence the drill.

Practical training exercise

- **date, time, place and duration should be agreed** with the relevant department or ward manager to maximise the availability of relevant staff and ensure disruption is minimised in the operational management of patient care;

- **exercises should be based on a plan** and commence with a brief which sets out a clear scenario, key learning objectives and expected outcomes. It should identify any equipment or arrangements necessary for the safe conduct of the exercise;

- **exercises should be based** on the evolution of an incident in 'real time'. Participation must be active, responding to scenario inputs;

- **class based exercises should comprise small teams of around five persons**. Teams should not interact with other groups;

- **walk and talk exercises** should be limited to a number of participants which will allow effective engagement (approximately 10 persons);

- **exercises should reflect realistic scenarios based on the workplace of those participating;**

- **exercise observers** should fully understand the principles of operational fire control system and the evolution of a fire;

- **the exercise should conclude with a comprehensive debrief** involving all those who participated. It should cover the successes, failures and the decision making as it affected the incident. It must also identify the principle learning outcomes and may include a question and answer element.

Appendix 1: Training timescale

TN No.	Staff group	workplace induction	within 6 months	12 monthly	24 monthly	36 monthly
TN1	Induction	x				
TN1	Induction- role specific		x			
TN1	Corporate Induction		x			
TN2	Nursing staff			x		
TN2	Nursing staff - ward manager and other supervisory			x		
TN2	Other ward staff			x		
TN3	Community based staff				x	
TN4	NOF / DNOF	*				x
TN4	Senior Managers					x
TN5	Incident responders; fire team / Management responders	*		x		
TN6	Business support staff				x	
TN6	Business support staff -ward based			x		
TN7	Facilities staff				x	
TN7	Contractors	x				
TN8	Laboratory staff			x		
TN9	Practical training			x		
*	On appointment – training specific to role					

Table 1

Staff Group	Refer to Training Note No.(Note 1.)	Training Content (Summary only - detailed guidance is contained in the relevant Training Notes.)
Induction	TN1	Workplace procedures and familiarity with the layout of premises.
Induction – role specific	TN1	Ward procedures for evacuation and dealing with fire.
Induction - Corporate	TN1	Corporate policy, procedures and standards including fire prevention, inspections, maintenance & testing, fault, reporting.
Nursing staff - ward	TN2	Ward specific procedures for evacuation and dealing with fire.
Nursing staff - ward manager and other supervisory	TN2 TN5	Ward procedures for evacuation; dealing with fire; evacuation management, organisation and control. Fire safety management & organisational protocols e.g. fire risk assessment, inspections, recording.
Other ward staff	TN6 TN2	General fire precautions. Understanding ward procedures regarding fire evacuation.
OPD / clinic & similar staff	TN2	General fire precautions. Fire procedure and evacuation, patient assistance, understanding PHE principles.
Shared facilities/domestic premises	TN3	Patient and personal safety in domestic settings. Recognising potential hazards . Working in multi occupied premises.
NOF / DNOF	TN4 TN2 TN5	Corporate FS Policy; Fire awareness - understanding the impact of fire ; The legal framework and compliance responsibilities; Operational protocols - maintenance, testing, reporting lines and structures; fire response in a management context; Leading by example and the dangers of 'risk tolerance'.
Senior Managers	TN4	The legal framework; A strategic framework for the corporate management of fire safety; The roles and responsibilities of NoF/DNoF and the corporate Board; Understanding the operational roles of other Duty Holders.
Communication / switchboard staff	TN5	General fire safety; switchboard protocol for emergency shut down; Evacuation procedure; Acting on requests for assistance; Communicating with the FRS directly or via an ARC (alarm receiving centre); The importance of recording incident timelines.

Table 2

Staff Group	Refer to Training Note No.(Note 1.)	Training Content (Summary only - detailed guidance is contained in the staff relevant Training Note/s.)
Incident responders; fire team / Management responders	TN5 TN2	Fire safety procedures - general and patient PHE; Site specific fire response protocols; Personal H&S; Command and control – reporting procedures. Fire awareness.
Business support staff (in a fire compartment having no in-patient care)	TN6	General fire safety. Fire evacuation procedures
Business support staff (in a fire compartment containing in-patient care)	TN6	General fire safety; Fire evacuation procedures; Understanding PHE principles.
Business support staff (ward based)	TN6 TN2	Understanding PHE principles; General fire safety;
Facility staff generally including general services staff. Estates maintenance staff. Kitchen staff. Others undefined.	TN7	Understanding PHE principles and General evacuation procedures; recognising and reducing hazards; fire awareness. Premises specific hazards e.g. kitchen close down protocols; dangers of deep fat fryers.
Facilities - contractors	TN7	Impact on hospital continuity; Controlling site fire hazards; Raising an alarm of fire; Evacuation procedures; hot work protocols, supervision; liaising with estates staff.
Laboratory staff	TN8	General fire safety & evacuation procedures; specific fire hazards; safe storage; other guidance

Table 2 continued

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Appendix 2: Practical exercises

This section provides two examples of practical exercises that may be used as a model to develop bespoke exercises to meet local needs.

They are written informally and illustrate the sequential development of an incident and contain a series of instructor led questions.

'Walk and talk' exercise

Exercises should include scenarios whereby participants are challenged to make decisions when confronted by a choice of actions. The consequences should be explored during the course of the exercise and at the debrief which will add value to the learning outcomes.

The instructor should be supported by an observer who will take notes throughout the exercise to inform debrief discussions.

Example 1.

Objectives:

- to test the appropriateness of existing fire evacuation procedures;

- identify any modifications that may be necessary to the procedure;

- test the procedural knowledge of participants and their practical ability to safely implement a ward evacuation;

- identify training requirements.

Scenario

There is a visible fire in a side room of the ward. What are your immediate considerations?

Walk to the fire site with the team and indicate the location, nature and severity of the fire. Begin timing:

- what action would you take from the following list
    - **raise the alarm?** Or;
    - **warn others in the vicinity verbally?** Or;
    - **find the ward manager and inform them of the fire?** Or;
    - **ask for assistance from a colleague to tackle the fire?** Or;
    - **get a fire extinguisher and immediately tackle the fire?** Or;
    - **start moving patients away from the area?**

Walk to a call point with the team and discuss:

- the purpose and contents of a fire routine notice;

- circumstances when a call point should be activated and the method of operation;

- the fire alarm system and the purpose of intermittent and continuous alarm signals;

- description of unwanted fire alarm signals and their negative effect on NHSScotland and other services;

- who will take charge of an incident?

- how visitors within the ward are controlled when the alarm sounds; discuss the implications and problems relating to parents wishing to remain with their child during a fire evacuation;

- effective management of patients and visitors to prevent them from taking unilateral action e.g. evacuating the patient they are visiting?

Walk to the alarm panel and discuss:

- the information available from the fire alarm panel;

- how to identify the location of an incident if you are not the person who discovered the fire;

- what are the considerations for an immediate evacuation;

- gathering all relevant information to make informed decisions;

- if decision is made to evacuate, identify the next actions.

It is now three minutes into a fire event, the alarm is sounding, you know where the fire is and can see it developing, switchboard has been called and given details, assistance is being summoned including the fire service.

Walk to the nursing station and discuss the evacuation process:

- what tasks require to be undertaken and the delegation of tasks;

- the prioritisation of evacuation i.e.

   1. those in immediate danger;

   2. the fully ambulant led by a member of staff?

   3. those who cannot walk without assistance;

   4. those who are dependent on staff;

   5. those who are highly dependent i.e. on life support equipment.

Discuss the evacuation process:

- check knowledge of receiving areas, which should be pre-arranged and listed in the local procedure;

- the utilisation of adjacent fire compartment or sub compartment on the

same level;

- progressive horizontal evacuation; the purpose of structural protection; the need to communicate with the receiving area to enable them to prepare for incoming patients;

- the use of beds, mattress belts and ski pads available (demonstrate and involve participants in using the equipment);

- the importance of time;

- the issues associated with using stairs during an evacuation;

- considerations for next actions.

Walk through a doorway into corridor and discuss:

- the width of doorways; the action of self closers causing the door to close against bed whilst passing through it; anticipate and protect the patient;

- tight turns in a corridor; a change of level; passing a stairwell, the importance of stairway protection and fire doors, the danger of smoke logged stairways; congestion in a corridor that members of the public are using to evacuate; ensuring patients and others remain calm, using more than one receiving area; accounting for patients who have been moved; failure of lighting.

Discuss staff duties and other considerations:

- delegating tasks, controlling members of the public, monitoring situation;

- revising and changing the plan as the situation evolves and progresses;

- isolating oxygen and the implications of this action (demonstrate and discuss a valve group);

- continuous monitoring of staff and patient safety; the importance of team working for mutual support, safety and efficiency;

- liaising with the fire service when they arrive;

- considerations for next actions.

Exercise complete: Discuss informally and identify lessons learned

Example 2.

Framework for table top exercise

The table top exercise will be a simulated fire, conducted in real time to apply pressures on participants similar to those experienced in an actual event.

It is recommended that maximum use is made of presentation software, utilising workplace and realistic incident photographs to illustrate each evolution of an exercise scenario e.g. a series of photographs showing the progressive smoke logging of a corridor at timed intervals will inform decision making as to whether it could be used for evacuation.

The imaginative use of visual and audible enhancements will add significantly to the time pressures already placed on participants, adding to the realism of the incident e.g. dimmed red or blue lighting; and sound effects such as a soft background alarm sounder at the commencement of the exercise and background sound of two tone horns announcing the arrival of the fire service.

The quality of the outcome is dependent on comprehensive preparation to ensure all possible outcomes to a scenario are anticipated and lead to a successful evacuation of patients, staff and others from the ward.

A well planned exercise that fully engages with participants provides a significant learning opportunity with a lasting impact.

- a fire incident scenario should be presented to the participating teams;

- it should be presented as a series of sequential events reflecting the real time development of an incident which could be experienced in the workplace of those taking part;

- each evolution should be accompanied by the introduction of additional problems or issues for which a decision must be made. Supporting information should be provided;

- the information should be presented in a strictly timed sequence, so that the incident develops in severity and complexity similar to a real event.

- the instructor should manage the evolution of the scenario and enforce the timings (any additional time allowed at evolution may diminish the realism of the incident and the impact of the exercise as a whole.)

- it is useful to introduce unexpected events during the course of the exercise to illustrate the need for continuous monitoring and decision making e.g. informing teams that a disposed aerosol canister has exploded in a waste bin;

- the instructor and observers should provide information relating to the incident but should not assist or influence decision making;

- teams should be provided with a written brief at the commencement of each evolution of the scenario with details of the event and supporting information together with the time allowed to take action. Participants should record their actions;

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- the exercise should include some scenarios which offer more than one course of action to inform participants of the benefit or negative impact based on their choice e.g. should a self closing door be wedged open to make it easier to pass through whilst assisting patients to evacuate; or should the door remain closed. Explain that the consequence of leaving it open will be potential loss of the escape route due to smoke spread.

The exercise should be concluded with a comprehensive debrief which identifies lessons learned.

References

Legislation

Fire (Scotland) Act 2005

Fire Safety (Scotland) Regulations 2006

NHSScotland Firecode publications

SHTM 83 NHSScotland Firecode 'Fire safety in healthcare premises;
General fire precautions' NSS Health Facilities Scotland (2004)

SHTM 85 NHSScotland Firecode 'Fire precautions in existing hospitals'
NSS Health Facilities Scotland (2007)

Other publications

Fire safety policy for NHSScotland **CEL 11 (2011)**. Scottish Government

Glossary of terms

A & E	Accident and Emergency
ARC	Alarm receiving company
DNOF	Deputy Nominated Officer (fire).
FRS	Fire and Rescue Service
MCP	Manually operated fire alarm break glass call point.
NOF	Nominated Officer (fire)
OPD	Out Patents Department
PEEP	Personal emergency evacuation plan
PHE	Progressive horizontal evacuation
PPE	Personal protective equipment
SFRS	Scottish Fire and Rescue Service
SOP	Standard operating procedure
TN	Training Note
TNA	Training needs analysis
UFAS	Unwanted fire alarm signal