Public Services Delivery
Scotland

NHS SCOTLAND

NHS Scotland Firecode - Escape Lifts

Scottish Fire Practice Note

SFPN 3
Draft 3.02 - September 2026

NHS Scotland Assure

Contents

Preface

This Scottish Fire Practice Note 3 (SFPN 3) Version 4, updates and replaces the guidance that was previously issued in NHS Scotland Firecode as SFPN 3, Version 3, October 2010. All previous guidance is superseded.

Version 4 has been retitled ‘Escape lifts’ to clarify that the guidance applies to all escape lifts provided as part of a building’s fire evacuation strategy, including those designed to accommodate beds.

SFPN 3 sits within the wider NHS Scotland Firecode suite and should not be used in isolation. It should be read in conjunction with the relevant Scottish Health Technical Memorandums (SHTMs), the Non-Domestic Technical Handbook, and applicable British and European Standards. It is a mandatory requirement that all NHS boards adopt and follow this guidance when designing, installing, managing or maintaining escape lifts in healthcare premises. Compliance with NHS Scotland Firecode guidance, including this SFPN, is mandated by the Scottish Government's Fire Safety Policy for NHS Scotland (Director Letter (DL) 2024-28).

This SFPN provides general technical guidance for the design and use of escape lifts in healthcare buildings. For the purposes of this guidance, an ‘escape lift’ means a lift complying with British Standard (BS) European Norm (EN) 81-76 and provided to facilitate occupant evacuation during a fire emergency.

It also provides guidance on the management and organisational arrangements that need to be considered to ensure that escape lifts are used safely and effectively in case of fire.

This guidance is supplemental to SHTM 08-02: Specialist services Lifts and applies on the basis that lifts, including lift cars, have been designed, installed, tested and commissioned in accordance with the relevant BS EN 81 series standards. It does not replace or reduce the need for demonstrated compliance with those standards.

It assumes that the structural fire protection and means of escape from the hospital are in accordance with NHS Scotland Firecode guidance, the Non-Domestic Technical Handbook for compliance with The Building (Scotland) Regulations 2004, and relevant British or European Standards.

Throughout this guidance, reference is made to healthcare premises owned or occupied by NHS Scotland; however, the standards are equally applicable to healthcare premises owned or managed by another provider.

This document does not include publication dates of British and other technical standards; the latest edition should be used.

Meaning of Mandatory, Recommended and Permissive Requirements

In NHS Scotland technical Guidance, verbs such as ‘must’, ‘should’ and ‘may’ are used as defined terms to convey obligation, recommendation or permission. The choice of modal verb will reflect the level of obligation needed to be compliant. The following describes the implications and use of these modal verbs (readers should note that these meanings may differ from those of industry standards and legal documents), as follows:

- ‘must’ is compulsory and is used when indicating compliance with a legal requirement
- ‘should’ indicates a benchmark standard that should normally be adhered to. An alternative method may be acceptable provided it can be evidenced that it meets or exceeds the benchmark standard
- ‘may’ indicates a permissible course of action

Use by a competent person

The guidance in this document has been prepared on the understanding that it can be interpreted and utilised by ‘competent persons’, who are appropriately qualified with sufficient technical knowledge relevant to the healthcare environment.

1. Introduction

1.1. Escape lifts form part of the building's fire evacuation strategy and are a staff-controlled life safety measure. Their primary purpose is to facilitate the safe evacuation of occupants who cannot use stairs independently. Escape lifts are provided as an enhancement to the means of escape strategy and are additional to the provisions set out in Scottish Health Technical Memorandum (SHTM) 81 Part 1: Fire safety in the design of healthcare premises and the Non-Domestic Technical Handbook; they do not replace or reduce the requirement for compliant escape stair provision.

1.2. The provision of escape lifts should be fully considered for all new healthcare premises, extensions, or structural refurbishments to existing facilities as part of the building's fire evacuation strategy

1.3. The decision on whether escape lifts are necessary should be informed through a multi-disciplinary assessment involving relevant stakeholders, including fire safety advisers, design teams, estates and facilities representatives, operational managers, and clinical teams, to ensure that the evacuation needs of patients, staff, and visitors are adequately addressed. The rationale for their inclusion or omission should be clearly established and fully documented within the fire strategy proposal

1.4. Key considerations are:

- escape lifts provide an enhanced life safety measure for patients, staff and visitors, particularly those who are bed-bound, mobility-impaired, require bariatric support or otherwise would have difficulty evacuating via stairs
- occupants who rely on lifts for normal access between floors and who would therefore benefit from a lift to evacuate during a fire emergency
- support for safe, timely and dignified evacuation aligned with the dependency and clinical needs of patients
- support of effective evacuation strategies, including progressive horizontal and vertical evacuation, and reduction in reliance on manual handling
- the scale, height, layout and operational complexity of the building and the impact these factors have on evacuation duration and staff resources
- minimising disruption to clinical services by enabling more controlled and efficient evacuation during fire incidents

1.5. The carrying capacity and operational performance of escape lifts should be demonstrated, through calculation or modelling where appropriate, to support the buildings fire evacuation strategy.

2. Requirements

2.1. Escape lifts should be designed, installed, commissioned and maintained in accordance with British Standard (BS) European Norm (EN) 81-76 and Scottish Health Technical Memorandum (SHTM) 08.02: Specialist services Lifts.

2.2. This should include provision for the lift to:

- remain operational during a fire alarm activation
- incorporate a dedicated evacuation operating mode for use during fire alarm conditions
- be provided with a secondary power supply in the event of loss of the normal electrical supply
- achieve automatic changeover from the normal to the secondary power supply without unsafe interruption to lift operation
- incorporate fire-resistant or fire-protected components, including essential wiring, circuitry and control systems to maintain evacuation functionality
- be provided with a reliable two-way communication system on the evacuation floor, within each escape-lift lobby and in the lift car, to enable effective communication between staff and lift wardens during evacuation, and designed to remain operational for the full duration of the evacuation
- exhibit predictable and safe behaviour in the event of a fault occurring during evacuation operation
- be provided with a clear visual indication when the evacuation function is unavailable
- interface correctly with the fire detection and alarm system so that evacuation operation is not compromised

2.3. Additionally, escape lifts should be:

- housed within a lift shaft of fire-resisting construction, providing not less than the fire resistance period required by the Non-Domestic Technical Handbook and the building fire strategy
- accessed from each served level via a protected lobby
- served by lift machine rooms, machinery spaces and control panels protected by fire-resisting construction, consistent with the lift shaft and evacuation duration

2.4. Measures should be provided to:

- minimise smoke ingress into the lift shaft, lift car and associated lobbies for the duration of evacuation
- ensure lift landing doors serving escape lifts provide appropriate fire resistance and smoke control, consistent with the shaft and lobby fire-protection strategy

- maintain lift car ventilation and environmental conditions suitable for assisted evacuation for the duration of evacuation
- protect critical lift equipment and controls required for evacuation against water ingress arising from sprinkler activation and firefighting activities
- maintain lift car lighting, indicators and instructions during evacuation, including operation on secondary power
- ensure the evacuation operation provides controlled travel from the floor of origin to the designated evacuation floor, from which occupants can exit the building and proceed to a place of safety
- ensure that, following fire alarm activation, the lift can be placed into evacuation mode by designated lift wardens, preventing uncontrolled use during evacuation

Provision and design

2.5. The number, location, configuration and design of escape lifts should support the building's evacuation strategy and ensure:

- a sufficient number of escape lifts, appropriately located to maintain the resilience of the evacuation strategy in the event of fire. The number, location and capacity of escape lifts should be determined through the fire strategy for the building, taking account of the anticipated number, dependency and evacuation characteristics of evacuees, including bed patients, wheelchair users and others requiring assistance
- door opening times appropriate to the evacuation method and suitable for the movement of assisted evacuees
- lift car dimensions, door clearances and load capacity that are suitable for their intended use and, where beds are to be accommodated, compliant with the relevant requirements of SHTM 08-02 section 3
- an evacuation strategy that is coordinated with Fire and Rescue Service access and operational requirements to ensure that evacuation and firefighting activities do not conflict
- designated evacuation discharge floors of sufficient capacity to safely accommodate evacuees and support onward movement to a final exit or a place of relative safety, as defined by the fire strategy
- appropriate management arrangements, staffing levels and operational procedures to support the safe and effective use of escape lifts during evacuation
- clearly defining which escape lift or lifts within a bank or group are designated for evacuation use

Lift lobbies

2.6. Protected lobbies should be sized and configured to support the evacuation strategy, taking account of the need to safely accommodate and manoeuvre wheelchairs, beds, trolleys and other mobility aids during evacuation.

Fire alarm sound pressure levels

2.7. In view of the staff-controlled nature of evacuation and the need to maintain effective verbal communication, sound pressure levels within escape-lift lobbies may be reduced to between 45 A-weighted decibels (dB(A)) and 55 dB(A), or 5 dB(A) above the ambient noise level, whichever is greater, provided that the overall fire alarm strategy remains effective and alternative warning arrangements are incorporated where necessary.

3. Escape lift procedures and management

Purpose and Principle

3.1. Escape lifts will form part of the agreed fire strategy and are a staff-controlled life-safety measure. Their primary purpose is to facilitate the safe evacuation of occupants who are unable to use stairs independently.

3.2. Escape lifts should only be used where conditions are safe to do so and should not be relied upon as the sole means of evacuation.

3.3. No member of staff should be expected to place themselves at unreasonable risk to continue lift evacuation operations.

Evacuation Priorities

3.4. Occupants who are unable to descend stairs independently should be given priority for evacuation using the escape lift. Priority should be determined not only by mobility but also by clinical dependency and care needs, including, but not limited to:

- dependent/ highly dependent patients
- patients requiring continuous clinical support or monitoring
- bariatric, or cognitively impaired patients
- Members of staff and others who have a Personal Emergency Evacuation Plan (PEEP) that identifies an escape lift as the preferred means of evacuation
- other occupants who would require assistance to evacuate via stairways

> Note 1: Occupants who can use stairs may only use the escape lift where there is confirmed spare capacity and where this does not delay or disadvantage higher-priority occupants.

Progressive Horizontal Evacuation

3.5. Where progressive horizontal evacuation is adopted, occupants should be moved away from the fire in accordance with the local progressive horizontal evacuation strategy and transferred into the escape-lift lobby when they have reached the compartment adjacent to the lobby.

3.6. Staff should manage occupant numbers within the lift lobby to prevent congestion or unsafe queuing.

Command, Control, and Coordination

3.7. A designated person should be appointed to manage escape lift operations from an evacuation control point located at the designated evacuation floor. Hereinafter, this role shall be referred to as the **Lift Warden (Control)**.

3.8. The Lift Warden (Control) should have overall authority to commence, regulate, pause or discontinue the use of escape lifts in response to prevailing conditions and operational requirements.

3.9. A designated person should be appointed to manage operations within the lift car and maintain effective communication with the evacuation control point. Hereinafter, this role shall be referred to as the **Lift Warden (Car)**.

3.10. Upon actuation of the fire alarm system, the nominated Lift Warden (Control) and Lift Warden (Car) should immediately proceed to the main lift control panel at the designated evacuation floor and assume control of the escape lift(s).

3.11. Lift wardens should maintain clear and ongoing communication regarding the status and location of the fire, and any developing conditions that may affect the continued safe use of escape lifts.

3.12. Evacuation using escape lifts should be undertaken as a controlled and monitored process comprising loading, travel, unloading and return.

3.13. An Escape-Lift Emergency Fire Action Plan should be in place and maintained by the NHS board's Fire Safety Advisor. The plan should support the above arrangements and ensure the safe and effective use of escape lifts as part of the building's evacuation strategy, recognising the need for active management, clear decision-making and coordination with Fire and Rescue Service operations.

3.14. The Escape-Lift Emergency Fire Action Plan should include the following:

- clearly defined roles and responsibilities for all personnel involved in the operation and supervision of escape lift evacuation
- command and control arrangements, including how lift wardens and fire response personnel are alerted of a fire event
- procedures for initiating and managing evacuation, including prioritisation of occupants and control of lift cycles
- Up-to-date list with contact details of lift wardens and fire incident responders

- arrangements for the movement of occupants requiring assistance, including the use of protected lobbies as holding areas
- measures to ensure effective coordination with Fire and Rescue Service operations, including arrangements for transfer or relinquishment of lift control where required
- communication systems and protocols, including two-way communication between lift cars, lobbies and the control point, and the provision of information to occupants and staff
- contingency procedures, including arrangements in the event of lift failure, loss of power, deterioration of conditions within lift lobbies, or during periods of lift maintenance
- training and competency requirements for all staff involved in evacuation using escape lifts
- arrangements for testing, exercising and reviewing the plan to ensure its continued effectiveness and integration with the building's fire strategy and fire emergency procedures.

Lift Evacuation Procedure

3.15. Patients and other occupants should be staff-led to the escape-lift lobby.

3.16. A member of staff should summon the lift and use the communication system to liaise with the Lift Warden (Control), confirming:

- the floor location
- the number of occupants awaiting evacuation
- any specific care or handling needs
- the status of the fire incident

3.17. Where evacuation is required from more than one floor, the order of priority should normally be:

- occupants requiring evacuation from the floor containing the fire
- occupants requiring evacuation from the floor immediately above the fire
- occupants requiring evacuation from the floor immediately below the fire

Discontinuation and Contingency Arrangements

3.18. The Lift Warden (Control) has the authority to withdraw the lift from service without delay if operation becomes unsafe.

3.19. Circumstances requiring withdrawal of the escape lift from service may include:

- loss of power

- loss of communications
- smoke ingress
- water ingress
- lift fault
- instruction from the fire service incident commander

3.20. If the escape lift is unavailable, withdrawn from service, or cannot be used safely, the Ward Manager/ Senior Manager in charge of the fire incident should be notified immediately and evacuation should continue using evacuation aids via stairways, in accordance with the local emergency fire action plan.

Staffing

3.21. The NHS board should ensure that sufficient numbers of suitably trained staff are always available to implement the evacuation strategy involving escape lifts. This should include personnel designated to undertake the roles of Lift Warden (Control) and Lift Warden (Car), together with staff responsible for assisting patients and other occupants to, and into, escape lifts during evacuation.

Training, Competency, and Exercises

3.22. All staff with roles in escape lift evacuation, including lift wardens and supporting staff, should receive appropriate training, role-specific instruction, and refresher training at 12-monthly intervals.

3.23. Escape lift evacuation procedures should be practised through regular fire drills and exercises to ensure staff are familiar with their roles and responsibilities, communication protocols, decision-making under dynamic conditions, and all procedures set out within the escape-lift emergency fire action plan, including evacuation prioritisation, operation of escape lifts, assistance to patients and other occupants, contingency arrangements and liaison with attending Fire and Rescue Service personnel.

3.24. Evacuation procedures should be reviewed following building alterations, changes in occupancy, lift modifications, or significant fire incidents.

Day-to-day operational use

3.25. Escape lifts may be used during normal operation for the movement of goods necessary for the day-to-day operation of the healthcare premises, provided such use does not adversely affect the implementation of the fire safety strategy or evacuation procedures. Any goods

conveyed within the lift should be accompanied by a member of staff who can clear the lift car without delay, ensuring the lift is immediately available for evacuation use.

4. Maintenance

4.1. Escape lifts should be tested and maintained in accordance with Scottish Health Technical Memorandum (SHTM) 08-02: Specialist services Lifts section 9, the manufacturer's instructions and British Standard (BS) European Norm (EN) 13015.

4.2. Maintenance, inspection and testing records should be retained and made available for audit. Any defect that may affect evacuation capability should result in an immediate assessment of the evacuation strategy and the implementation of appropriate contingency measures until the defect is rectified.

References

1. **Scottish Health Technical Memorandum (SHTM) 08-02**: Specialist services Lifts
2. **Non-Domestic Technical Handbook**
3. **BS EN 81-76:** Safety rules for the construction and installation of lifts. Particular applications for passenger and goods passenger lifts - Evacuation of persons with disabilities using lifts.

Abbreviations

BS:	British Standard
BS EN:	British Standard European Norm
dB(A):	A-weighted decibels
DL:	Director Letter
PEEP:	Personal Emergency Evacuation Plan
PHE:	Progressive Horizontal Evacuation
SFPN:	Scottish Fire Practice Note
SHTM:	Scottish Health Technical Memorandum