



Fire Safety Management Protocol

Fire Strategy Concepts



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Date written/revised:	14 June 2023
Approved by:	Trust Fire Safety Committee and Trust Health and Safety Committee
Date of approval:	7 September 2023
Date issued:	December 2023
Next review date:	June 2026
Target audience:	Trust-wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 1	December 2023	<ul style="list-style-type: none">This is a new procedural document, please read in full	Howard Timms

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1 INTRODUCTION

This protocol contributes to the fulfilment of developing fire safety protocols as stated in Health Technical Memorandum 05-01: Managing healthcare fire safety (second edition). This protocol addresses 'Fire Strategy Concepts'.

2 PURPOSE

This protocol will be implemented throughout all new premises, existing premises, or parts of premises, being developed on behalf of the Trust, that the Trust owns, is responsible for maintaining the building fabric and/or services or owes a duty of care to the building occupants.

The safety of patients, visitors, staff, and other building users from fire relies upon the fire precautions present within the building. Key to ensuring that a building and its occupants are sufficiently protected from the damaging effects of fire is ensuring that suitable and sufficient fire precautions are designed to the building. Such fire precautions are represented by the physical structure which includes the building supporting elements, floors, and the internal walls and partitions, active measures such as fire detection and alarm systems, and automatic fire suppression systems, and the appropriate management and use of the building. These elements are required to combine effectively so as to support the day-to-day building activity whilst providing sufficient protection to facilitate the safety of building occupants should a fire occur, and the necessary conditions to allow building occupants to be safely evacuated away from the ensuing danger.

In determining the appropriate fire precautions to the intended building use and occupancy it is necessary to develop a detailed fire strategy for the premises that clearly describes the preventative and protective measures to be incorporated into the premises.

3 DUTIES AND RESPONSIBILITIES

The Trust as an employer and as represented by the Trust Board, see article 5(3) FSO, has overall responsibility.

Whilst it is incumbent upon all staff involved in the design or construction and/or refurbishment projects to ensure that appropriate fire safety measures are incorporated into the building, key personnel have particular responsibilities as follows:

3.1 Supervising Officer

- Ensure that a detailed project brief is prepared and issued to the Fire Safety Designer.
- Ensure that the project process and stages of fire safety input are adhered to.
- Ensure that copies of the fire strategy report and fire strategy drawings issued by the Fire Safety Designer are passed to the Fire Safety Manager.
- Ensure that Fire Safety Manager has the opportunity to provide post project feedback and that such feedback is incorporated into considerations of future projects as appropriate.

3.2 Fire Safety Designer

- Provide timely technical input and advice to ensure that project works conform to all relevant legislation and, wherever practicable, Firecode and other relevant codes of practice and guidance.
- Compile a detailed Fire Strategy Report for the project works where appropriate and assist in the production of Fire Strategy Drawings.
- Compile a comprehensive cause and effect matrix for the fire detection and alarm system, and where applicable other fire safety systems, for the project works and associated areas.
- Under the direction of the **Error! Reference source not found.**, liaise with regulatory bodies where appropriate.
- Where appropriate, assist in the production of project specifications.
- Provide timely input to assist the Trust in formulating fire emergency action plans for the areas related to the project works, and those area that may be affected by the project works.
- Participate in post-project evaluation and provide constructive feedback as appropriate.

3.3 Fire Safety Manager

- Act as an informed client on behalf of **Error! Reference source not found.**, assessing the fire safety design for compliance with legislative requirements, Firecode and other relevant codes of practice and guidance.
- Provide timely comments and recommendations in relation to project submissions.
- Provide timely fire safety approval at key project milestones.
- Assist the Fire Safety Designer to develop a comprehensive cause and effect matrix for the fire detection and alarm system, and where applicable other fire safety systems, for the project works and associated areas.
- As necessary, and particularly when considering proposed fire engineered solutions, seek the advice of the Trust's Authorising Engineer (Fire).
- Assess the potential fire safety implications of the project works on the existing buildings and infrastructure.
- Assist in the development of fire emergency action plans for the project works, where appropriate.
- Participate in post-project evaluation and provide constructive feedback as appropriate.

3.4 Authorising Engineer (Fire)

- Where requested, assist the Fire Safety Manager in assessing the fire safety design for compliance with legislative requirements, Firecode and other relevant codes of practice and guidance.
- Where requested, provide timely comments and recommendations in relation to project submissions.
- Where requested, undertake appropriate fire engineering study to verify project submissions and test their validity.

4 COMPETENCIES

The preparation of a robust fire strategy is challenging and complex and those undertaking such a task are required to demonstrate the necessary levels of competence. The level of competency required to develop the fire strategy for a healthcare building will be considerable and the person, or team involved should exhibit the following credentials:

- An in depth understanding of fire hazards and fire safety issues relating to healthcare premises and their function.
- Detailed knowledge of fire legislation, building legislation, healthcare legislation and the requirements of the various enforcing bodies.
- Appropriate qualifications, training and / or experience specific to fire safety and fire protection issues in healthcare.
- Detailed knowledge of Firecode guidance documents and experience of their application.

5 APPROACH

5.1 Project brief

The appropriate approach to developing a valid fire strategy for any building/area requires the designer to fully understand the details of the building/area use. In the case of a new build, or significant refurbishment project, the designer should be provided with a detailed project brief which includes information regarding the following:

- An overview of the development/refurbishment.
- The proposed use of the completed building/area.
- The anticipated hours of occupancy.
- The anticipated number of occupants.
- The anticipated number and dependency of patients together with the anticipated number of staff where the development includes patient access areas.
- Details of fire service access and fire hydrant provisions where the development is to be undertaken on an existing site,
- Details of existing building fire strategies including means of escape, measures to limit internal and external fire spread and fire service access points where the development it to be attached or connected to an existing building.

The designer should satisfy themselves that sufficient information has been presented to facilitate the development of a detailed fire strategy for the development.

5.2 Appropriate guidance

The designer should fully consider the details of the project brief, and in particular the proposed use and anticipated occupancy profile to ensure that appropriate guidance is used as the basis for determining the fire precautionary measures to be included in the project design. The following guidance is generally considered to be appropriate in the circumstances detailed below:

	Project scope	Suggested guidance
1.	Separate new building with no patient access	Approved Document B or BS 9999
2.	New building attached with no patient access to existing building	Approved Document B or BS 9999*
3.	Refurbishment of an existing building with no patient access	Approved Document B or BS 9999*
4.	Any project involving patient access areas	Firecode series guidance (HTM 05-02)

* Where developments involving an interface with, or the refurbishment of, existing building(s) the fire strategy for the existing building(s) must be examined to ensure that the development will not compromise existing means of escape provisions, particularly those from existing patient access areas, which may require escape provisions into the new development to be designed to HTM 05-02 recommendations.

The use of alternative guidance and approaches is not precluded; however, the designer must provide a detailed description of the decision process sufficient to fully justify the choice of guidance and the design approach taken.

5.3 Fire Engineering

The use of fire engineering techniques is an established method to determine appropriate fire precautionary measures and can be beneficial when correctly applied to healthcare premises. The principals included in BS 7974 and supporting published documents should be followed when a fire engineered solution is to be used. However, it should be noted that much of the data used in fire engineering calculations has limited applicability to patient access and care areas, and for example many of the information sources for the determination of heat release rates do not necessarily consider the presence and potential involvement of medical gas systems. Similarly, the majority of data sources relating to occupant evacuation do not consider the process of progressive horizontal evacuation or circumstances where the majority of occupants may require assistance to evacuate.

Where a fire engineering solution is proposed, a detailed analysis of the scheme and design criteria must be presented along with the evaluation and agreement of the assessment criteria.

The presentation of a fire engineered solution must include:

- The solution's objectives.
- The assumptions forming the basis of the fire engineering solution.
- The outcome of the Qualitative Design Review and quantified analysis.
- A detailed comparison with acceptance criteria together with a robust sensitivity analysis.
- A detailed description of the solution in the context of the overall fire safety strategy.
- Any implications on management processes and specific requirements for on-going management and/or maintenance arrangements; and
- Fully detailed references.

A fire engineered solution must be agreed with the Fire Safety Manager and, where considered necessary, the Trust's Authorising Engineer (Fire) should validate the engineering calculations.

5.4 Sprinklers

Generally automatic sprinkler systems are not provided in healthcare premises less than 30m in height unless specific fire safety hazards have been identified. However, in accordance with HTM 05-02, the potential benefits derived from their use should be considered as part of any fire safety strategy, and these benefits should be weighed against the cost of provision.

The design team should also consider the use of alternative forms of automatic suppression such as water mist, dry powder aerosol or inert gas systems which may prove more cost effective or provide risk mitigation for specific hazards or may compensate for reduced provision of other fire precautionary measures.

Where automatic sprinklers or alternative means of fire suppression are proposed, the appropriate standards, hazard class and extent of the provision must be agreed with the Fire Safety Manager.

5.5 Automatic Fire Detection and Alarm System

The circumstances of any building used for the provision of healthcare will necessitate the installation of a comprehensive fire detection and alarm system. Reference should be made to CORP HSFS 14 v.1-Protocol 5-False Alarms & Unwanted Fire Signals for further guidance on the applicable standards, design approach and equipment to be used in Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust premises.

6 FIRE EVACUATION STRATEGY

The appropriate fire evacuation strategy for the building will depend upon the building use and occupancy. The fire evacuation strategy should be developed in conjunction with the building users to ensure that the intended occupancy, levels of staffing and other factors are conducive to the approach taken.

6.1 Single Stage Evacuation

In buildings that are not accessed by patients, or that provide minor outpatient clinic facilities a single stage evacuation process may be appropriate. In such circumstances the approach taken should be an immediate and complete evacuation of all building occupants to a place of safety outside the building upon activation of a single fire alarm.

Typically, such buildings would be identified as one of the following:

- Use Class B2 [General Industrial] (Purpose Group 6);
- Use Class B8 [Storage & Distribution] (Purpose Group 7a);
- Use Class E, Commercial, Business and Service (Purpose Group 3 / 4)
- Use Class F1 Learning & non-residential institutions (Purpose Group 5)
- Use Class F2 Local community (Purpose Group 5)

The design of the fire alarm system should meet the requirements of BS5839 Part 1 with appropriate alarm provision to ensure that occupants receive sufficient warning to commence their escape. The means of escape provisions must be sufficiently sized to allow for the simultaneous evacuation of all building occupants when the largest exit has been discounted.

6.2 Phased Evacuation

In larger buildings that are not accessed by patients, or that provide minor outpatient clinic facilities a phased evacuation process may be appropriate. In such circumstances the approach taken should be that of an immediate and complete evacuation of only the occupants of the building floor or area to a place of safety outside the building upon activation of a single fire alarm. Occupants of other floors or areas remain in place for a pre-determined time designed to allow those initially evacuated to sufficiently clear the escape routes, prior to the occupants of floors or areas adjacent to the area affected by fire being evacuated as the second phase. Subsequent phases of evacuation continue at pre-determined time intervals until the entire building occupancy has been evacuated to a place of safety outside the building.

In order to support phased evacuation, the fire detection and alarm system should meet the requirements of BS5839 Part 1 and must be capable of providing sufficient flexibility and control of alarm signals in order to both warn of the presence of fire and to initiate the evacuation of building occupants at the appropriate time. Additionally, the building must be provided with sufficient fire resisting compartmentation between building floors and/or areas, and to fire escape routes, to protect building occupants that remain in the building after the initial evacuation phase, and to facilitate their escape.

Whilst the potential benefit of a phased evacuation design is a reduction in the number and/or size of escape route and exits, such an approach should only be considered for buildings that are not accessed by patients or that provide minor outpatient clinic facilities only (as in section 8.1).

In buildings accessed by patients, other than those that provide minor outpatient clinic facilities, or in any building where the immediate and total evacuation of the building cannot realistically be achieved, the evacuation strategy should be based upon the process of Progressive Horizontal Evacuation (PHE).

PHE is defined in HTM 05-02 as the:

“Evacuation of patients away from a fire into a fire-free compartment or sub-compartment on the same level.”

To support such an evacuation strategy, the building must be separated into a sufficient number of appropriately sized, fire-resistant compartments. Each compartment must be provided with sufficient alternative exits, and all areas of the building must be provided with a comprehensive and sufficiently flexible fire detection and alarm system meeting the requirements of BS5839 Part 1 (L1) and complying with the recommendations of HTM 05-03 Part B. Any derogation from the above standard must be risk assessed and agreed together with the fire safety manager and design stage.

In addition to the physical fire precautions described in HTM 05-02 and the supporting guidance contained in the relevant parts of HTM 05-03, an evacuation strategy based upon PHE places a heavy reliance upon the building management and staffing arrangements. All design teams seeking to provide a building arrangement based upon a PHE strategy must ensure that such an evacuation can be realistically achieved with due cognisance of:

- The anticipated number and dependency of patients.
- The anticipated number of staff available to undertake the evacuation process.
- The distance to an adjoining place of relative safety where patient care can be continued.
- The nature and complexity of the escape routes.

- The number of available horizontal evacuation stages.
- The need for vertical evacuation.

6.3 Vertical Evacuation

In all buildings greater than a single storey the means of vertical evacuation must be considered.

In buildings that are not accessed by patients, or that provide minor outpatient clinic facilities and where the majority of occupants are free from mobility impairment, vertical evacuation can be achieved by means of protected stairs and refuges. Those occupants of such buildings that exhibit some degree of mobility impairment can usually be safely evacuated initially to a suitable refuge within the protected stair, and subsequently down the stairs to a building exit by means of an appropriate evacuation device such as an evacuation chair.

In buildings other than those described in the paragraph above, suitable means must be provided for the evacuation of all building occupants that are anticipated not to be able to make use of the protected stairs unaided. Given the potential extent of patient dependency, the number of patients requiring assistance to evacuate vertically, and the potential future needs to accommodate bariatric and more acutely dependent patients the vertical evacuation strategy for any new such building should consider the provision of escape lifts.

6.3.1 Escape Lifts

The provision of escape lifts may deliver significant benefit both in enhancing the ability of staff to evacuate dependent patients and in providing a significant degree of flexibility over the future use of the building. In many cases escape lifts may provide the only feasible means of evacuating patients vertically through the building. This is particularly likely in circumstances requiring the vertical evacuation of bariatric or very high dependency patients.

All evacuation strategies based upon the use of escape lifts must follow the guidance provided in HTM 05-03 Part E. Location – A description of the location of the identified risk.

6.3.2 Ski Sheets

The Trust currently utilises Ski Sheets as evacuation aids to assist the vertical evacuation of dependent patients. Where the vertical evacuation of dependent patients is not based upon the use of escape lifts, or where the use of escape lifts may need to be supplemented by escape via stairs, evacuation aids must be provided shall be either Ski Sheets or similar equipment as agreed by the Trust's Fire Safety Manager.

6.4 Future Proofing

When devising appropriate fire evacuation strategy all designers must take due cognisance of the potential future use of the buildings or areas they are designing. Such consideration should include:

- Likely changes to the number of buildings, or building area, occupants.
- Likely changes to the number and dependency of patients accommodated.
- Likely changes to the use of adjacent areas or departments and their potential impact upon the evacuation strategy.
- Likely changes to the availability of staff to assist in the evacuation process.

7 DOCUMENTATION

During the design process of any capital building or significant refurbishment project, the designer must develop detailed fire strategy proposals and submit them at key project stages to the Trust's Fire Safety Manager for approval. All such submissions should be made in accordance with the project programme schedule. Each submission must include the latest revision of the Fire Strategy Report, and copies of the associated Fire Strategy Drawings. The fire strategy report and associated fire strategy drawings will form the basis of information provided to the Trust as required under Regulation 38 of the Building Regulations.

7.1 Fire Strategy Report

A detailed fire strategy report must be produced which fully describes the means by which the designer has sought to satisfy the requirements of the Building Regulations having due cognisance of the anticipated building use together with the number and nature of building occupants.

The exact contents of the fire strategy report will be largely dictated by the nature of the building, its occupants and specific fire safety features. However, the following items should be included:

- Description of the Building/area
- Description of the intended use
- Assumptions
- Standards/guidance forming the basis of the fire strategy
- Separation of Hazards and Life Risk
- Means of Providing Warning of Fire
- Means of Escape
- Limiting Fire Spread
 - Linings
 - Compartmentation
 - External
- Provisions for Firefighting
 - First Aid Firefighting
 - Automatic Suppression Systems (where applicable)
 - Fire Service Access
 - Site Access
 - Building Access
 - Firefighting Shafts
 - Firefighting Lifts
 - Fire Mains Provision
 - Internal Dry/Wet Risers (where applicable)
 - Fire Hydrants
- Other Fire Safety Provisions
 - Smoke control (where applicable)
 - Pressurisation Systems
 - Smoke Extract
 - Smoke Clearance
 - Fire Engineering Studies

7.2 Fire Strategy Drawings

Detailed fire strategy drawings must be produced which provide information regarding the location and arrangement of all fire safety measures forming part of the fire strategy.

Fire strategy drawings must be submitted in electronic format as both AutoCAD [.dwg] files and .pdf files, and in hard copy. All CAD files should follow the Trust's format utilising separate layers for each fire strategy element and should follow the Trust's convention of layer and file naming. Separate drawing layers should be used for each of the following:

- Fire compartmentation.
- Fire sub-compartmentation.
- Fire hazard rooms.
- Escape route protection.
- Ceiling and void cavity barriers.
- Fire doors.
- Fire escape routes.
- Disabled refuges.
- Evacuation equipment.
- Disable refuge intercom systems.
- Fire detection and alarm system components.
- Fire detection and alarm system wiring.
- Emergency light system components.
- Emergency light system wiring.
- Fire hazard, equipment, action notice, escape route and exit signage.
- Fire extinguishers.
- Automatic Suppression Systems.
- Smoke control systems.
- Fire service access routes.
- Fire service information points.
- Firefighting shafts & lifts.
- Internal fire mains.
- Fire hydrants.

8 DESIGNING FOR FUTURE DEVELOPMENTS

The design of any new building or extension to an existing building must fully consider any likely future developments that may be impacted by the features of the building or extension being designed. The fire strategy of any new building or extension to an existing building must not unduly constrain any reasonable future development without the express agreement of the Trust. In particular consideration to future developments should be included in the design parameters applicable to the limitation of external fire spread, firefighting access provisions and the capacity of fire safety related systems.

8.1 Limitation of External Fire Spread

When establishing measures to limit external fire spread due consideration should be given to the potential for future developments and the limitations that will be imposed on the unprotected façade area of such future developments as a result of the façade design of the building currently being designed and the resultant minimum distance to the notional boundary that would exist between the two buildings.

8.2 Firefighting Access and Firefighting Provisions

The design of fire service access and firefighting provisions should consider the potential needs of likely future developments and ensure that arrangements made for the building currently being designed will not impose undue constraints upon the firefighting access and other firefighting provisions of future developments.

8.3 Systems Capacity

The design of fire protection systems such as the fire detection and alarm system, automatic sprinkler system etc. should ensure that an appropriate level of spare capacity remains in each system at the point of building handover to allow for likely future system expansion. The level of spare capacity for each system is to be agreed by the Trust, and this should be confirmed and documented within the fire strategy report and the detailed design submissions for each fire protection system.

9 MONITORING COMPLIANCE WITH THE DOCUMENT

The ongoing performance of fire strategy provisions will be monitored and reported via the fire safety management system through project submissions, routine project reporting and post project evaluation reports.

10 DEFINITIONS

Escape Lift

A passenger lift protected in accordance with Health Technical Memorandum (HTM) 05-03 Part E to enable it to be used to safely transport occupants to the designated storey in the event of fire.

Fire Engineering

The application of scientific and engineering principles based on an understanding of the phenomena and effects of fire and of the behaviour of people to fire, to protect people, property and the environment from the destructive effects of fire.

Fire Safety Designer

The person appointed to provide competent fire safety advice to support the project design team, develop the Fire Strategy, and ensure compliance with legislation and appropriate guidance.

Fire Safety Manager

The person within the Trust tasked with coordinating fire safety issues throughout the organisation's activities.

Fire Strategy

A set of fire safety objectives and the measures to be taken to meet those objectives.

Fire Strategy Drawings

A set of detailed, scale drawings indicating the fire safety facilities associated with the project.

Fire Strategy Report

A comprehensive report unambiguously detailing the fire safety design associated with the project.

Phased Evacuation

A system of evacuation in which different parts of the premises are evacuated in a controlled sequence of phases, those parts of the premises expected to be at greatest risk being evacuated first.

Progressive Horizontal Evacuation (PHE)

A system of evacuation in which involves the evacuation of patients away from a fire into a fire-free compartment or sub-compartment on the same level from which further escape is possible leading ultimately to a place of safety outside the building.

Single Stage Evacuation

A system of evacuation in which all parts of the premises are evacuated simultaneously to a place of ultimate safety outside the building.

Ski Sheet

A specific type of evacuation aid designed to secure a patient to the bed mattress so as to provide protection to the patient and a means of grasping the mattress to facilitate patient evacuation, particularly when evacuating downstairs.

Supervising Officer

The person representing **Error! Reference source not found.** and in control of the project and responsible for its completion.

Trust's Authorising Engineer (Fire)

The Trust's appointed fire engineer with extensive experience in healthcare fire safety.

11 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population, and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation, or religious belief. No detriment was identified. ([See Appendix 1](#))

12 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Fire Safety Policy – CORP/HSFS 14
CORP HSFS 14 v.1-Protocol 5-False Alarms Unwanted Fire Signals

13 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under ‘Current data protection legislation’ as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

14 REFERENCES

Legislation

The Building Regulations 2010.

Town and Country Planning (Use Classes) (Amended) (England) Regulations 2020.

Guidance

Building Regulations 2010: Approved Document B: Fire Safety – Volume 2: Buildings other than dwellings. HM Government, 2019 edition incorporating the 2020 amendments.

Health Technical Memorandum 05-02: Guidance in support of functional provisions (Fire safety in the design of healthcare premises). Department of Health, September 2015.

Health Technical Memorandum 05-03: Part A. General fire safety. Department of Health, 2013.

Health Technical Memorandum 05-03: Part B. Fire detection and alarm systems. The Stationery Office, 2006.

Health Technical Memorandum 05-03: Part D. Commercial enterprises on healthcare premises. Second edition. Department of Health, 2013.

Health Technical Memorandum 05-03: Part E. Escape bed lifts. The Stationery Office, 2006.

Health Technical Memorandum 05-03: Part F. The prevention and control of arson in NHS healthcare premises. Department of Health, 2013.

Health Technical Memorandum 05-03: Part G. Laboratories on healthcare premises. The Stationery Office, 2006.

Health Technical Memorandum 05-03: Part H. Reducing false alarms in healthcare premises. Department of Health, 2013.

Health Technical Memorandum 05-03: Part J. Guidance on fire engineering of healthcare premises. The Stationery Office. 2008.

Health Technical Memorandum 05-03: Part K. Guidance on fire risk assessments in complex healthcare premises. Department of Health, 2013.

Health Technical Memorandum 05-03: Part M. Guidance on the fire safety of atria in healthcare buildings. Department of Health, 2013.

BS 5839-1:2017. Fire detection and fire alarm systems for buildings. Code of practice for design, installation, commissioning, and maintenance of systems in non-domestic premises. British Standards Institution, 2017.

BS 7974:2019. Application of fire engineering principles to the design of buildings - Code of practice. British Standards Institution, 2019.

BS 9999:2017. Fire safety in the design, management, and use of buildings. Code of practice. British Standards Institution, 2017.

APPENDIX 1 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Fire Safety Management Protocol 6 Fire Strategy Concepts	Estates and Facilities	Howard Timms	New	14 June 2023
1) Who is responsible for this policy? - Name of Care Group/Directorate: Estates and Facilities				
2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? - All Trust Staff. This protocol contributes to the fulfilment of developing fire safety protocols as stated in Health Technical Memorandum 05-01: Managing healthcare fire safety (second edition). This protocol addresses ‘Fire Strategy Concepts’.				
3) Are there any associated objectives? Legislation, targets national expectation, standards. - Regulatory Reform (Fire Safety) Order 2005 and the DOH Firecode HTM 05 Series				
4) What factors contribute or detract from achieving intended outcomes? Trust staff awareness				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? - No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g., Monitoring, consultation] - N/A 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] - N/A				
7) Are any of the following groups adversely affected by the policy? - No				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
Date for next review: June 2026				
Checked by: Sean Tyler - Head of Compliance/Neil Colton - Fire Safety Advisor				Date: 14 June 2023