Fire safety management manual
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1 Overview

1.1 Objective
This document will assist health services to manage fire safety in public healthcare facilities in Victoria. The aim is to safeguard the occupants of facilities providing services funded by the Department of Health, particularly patients most at risk from the effects of fire. It focuses on the department’s fire risk management (FRM) policy requirements for bed-based services and outlines other related fire safety management requirements.

The guideline also identifies other fire safety issues (outside the scope of the FRM policy), including regulatory requirements and bushfire risks, that facility managers need to be aware of to minimise fire-related risks for other patients/visitors and to ensure a safe workplace for staff.

Facility managers and designers should also refer to Capital development guidelines (CDG) Series 7 for the fire safety systems requirements, FRM audit and design processes. These are available at: www.dhs.vic.gov.au/about-the-department/our-organisation/organisational-structure/our-groups/fire-risk-management

1.2 Who should read this guideline?
This guideline is for managers of department-funded healthcare facilities. This includes:
- chief executive officers (CEOs)
- facility managers
- other staff responsible for contributing to the fire safety management of the facility.

1.3 Department of Health FRM policy
FRM policy aims to safeguard the patients most at risk1 of the effects of fire. It is targeted at internal fires due to the potential life safety implications of indoor fires. The policy does not cover other objectives, such as ensuring service continuity during an emergency or asset protection. Guidance is provided in section 4, however, for facilities located in bushfire-prone areas.

FRM policy applies to all facilities that provide overnight or same-day accommodation where the patients may be unaware, impaired, incapacitated or immobilised due to a medical condition or the treatment they receive and may require assistance to evacuate during fire emergencies.

These include:
- hospitals
- residential facilities for aged, mental health, alcohol and drug patients
- day procedure and therapy centres that provide same-day accommodation (for example, dialysis or oncology treatment centres) where patients cannot be readily moved because of their medical treatment.

FRM policy does not apply to:
- buildings that are only used by staff such as
  - office or administrative buildings
  - residential buildings for staff use only
  - maintenance workshops
  - storage buildings
- other healthcare buildings that do not provide overnight or same-day accommodation such as
  - consultation suites
  - dental clinics or the like
- residential buildings (such as independent living accommodation) where staff members are not present 24/7 or provide on-call care from nearby sites.

The FRM Guidelines do not apply to bed based services operated by a funded organisation in non-government owned premise, but NOT intended to house statutory clients. (For Funded Organisations, refer to the “Fire Risk Management Requirements outlined in the Service Agreement Information Kit for Funded

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1 Patients most at risk are those who are asleep, need assistance to evacuate or cannot be readily moved in the event of fire due to physical or mental impairments, or due to the medical treatment they receive.
The purpose of the fire safety inspections, reviews and audits is to ensure that the facility:

1.9 following an adverse event.

inspections by regulatory authorities, activities carried out as required and documented

1.8 changes to the building since the last full audit, maintenance records that must

fire safety strategy

The

1.7 preparedness and compliance.

Effective fire safety management activities must be carried out regularly to ensure the regulatory, 

1.6 services provided, characteristics of the patients and staffing levels,

A fire safety strategy is developed for each facility

Fire safety management includes ensuring all fire-related activities are well defined, understood and monitored, with responsibilities clearly allocated and regular reporting to the CEO/board on fire safety preparedness and compliance.

1.7 Fire safety handbook

The organisation’s fire safety handbook should contain all the key current information related to the facility’s fire safety strategy and compliance. It references all other relevant fire-related information for the facility that must be retained and easily accessible on site, including the fire audit reports, design documents, changes to the building since the last full audit, maintenance records and ESM.

1.8 Fire safety documentation

Good record keeping is critical to ensuring the facility has been kept in a fire-safe condition, with all activities carried out as required and documented. It provides a documentation trail for fire re-audits, for inspection by regulatory authorities, for external accreditation agency auditors and to provide evidence following an adverse event.

1.9 Fire safety audits and compliance reporting

The purpose of the fire safety inspections, reviews and audits is to ensure that the facility:

remains fire-safe for patients and other occupants

complies with statutory and departmental fire safety requirements.
The Department of Health Fire Safety Certificate must be prepared, signed by the CEO and issued annually to the department to certify that the facility has taken all reasonable steps to manage fire safety.


Department of Health certificates do not replace the need for regular internal reporting to the health service’s executive/board on fire safety compliance and preparedness. Fire safety compliance/preparedness should be included at least quarterly in each health service’s executive/board reporting.

The Building Regulations also require that an annual ESM certificate be issued for all buildings (other than Class 1a houses/outbuildings). Health services might also need to complete other fire-related certificates/declarations such as a Fire Safety Declaration issued to the federal Department of Health and Ageing.

For properties owned by the Department of Health, signed copies of the Essential Safety measures Report(s) must also be attached to the Fire Safety Certificate.

### 1.10 Reporting fire incidents

Records of fire incidents can yield vital information for a facility on the cause of fires, potential issues and appropriate measures for minimising the recurrence of incidents. Fire incident reports should be reviewed at least annually (or after significant events) to identify any trends so that appropriate measures may be taken to prevent the recurrence of similar incidents. The agency must also submit incident reports to the department for any significant fires.
2 Fire safety management

2.1 Accountabilities
CEOs and managers of health services are responsible for ensuring all appropriate fire safety management measures are implemented in accordance with statutory and Department of Health requirements.

Clear accountabilities are required to ensure that an adequate level of fire safety is maintained at all times. The CEO must allocate overall fire safety management responsibility to the facility manager (or equivalent person, based on the size / nature of the facility and Health Services governance framework) and ensure the person reports to the CEO and board of management on fire safety preparedness at least quarterly.

Fire safety management includes a large number of tasks undertaken by various parties to minimise the risks of fire to the occupants of the facility. These include facility management/engineering staff, the Emergency Planning Committee (EPC) and Emergency Control Organisation (ECO) for the facility, clinical/operational staff and senior management.

Fire safety management is an ongoing responsibility that must be continually developed, implemented, communicated, monitored and reviewed/tested to improve its effectiveness.

2.2 Fire safety strategy
The strategic approach to ensuring occupant safety from fire is based on the following principles, listed in order of priority and effectiveness:

Prevent fire – to minimise fire starts
- Implement fire-prevention measures.
- Educate staff and contractors to avoid fires.
- Organise inspections to minimise fire risks.

Manage fire – to detect, extinguish or contain the fire before it becomes a threat
- Implement emergency-response procedures.
- Maintain fire safety (detection and protection) systems and information.
- Train staff to extinguish/contain fires.
- Review fire incidents.

Manage occupants – to enable the occupants to escape the effects of the fire
- Implement emergency-response and evacuation procedures.
- Train staff in evacuation and review performance.

A new facility’s fire safety strategy is developed during the design stage, taking into account the patient profile, staff ratios and building characteristics. If a fire safety strategy does not exist for an existing facility, then this should be developed during the initial fire safety audit and reviewed as part of each re-audit.

Again, the strategy adopted will depend on the type of health services provided, characteristics of the patients and staffing levels, together with the design of the facility (in particular ease of egress, fire detection, passive and active fire suppression and smoke spread systems). For small buildings comprising a single fire compartment, the strategy may simply be to move patients out of the building to assembly areas in the event of a fire in the building.

The fire safety strategy should be updated to reflect any significant changes to usage/occupant profile, building works, or relevant building regulations.

2.3 Fire safety management tasks
Fire safety management requires a range of regular tasks to ensure the regulatory, departmental, external accreditation and insurance requirements are met, together with the duty of care obligations to staff, patients and visitors. It is critical that both the actual outcomes and the performance of the processes are regularly monitored.

Fire safety responsibilities include to:
- ensure all tasks are well defined and understood, with responsibilities clearly allocated
- monitor that all tasks are being performed at the required date/frequency
- monitor the standard of performance of the tasks and initiate improvement strategies as required
- review and update the schedule annually to reflect any changes in the facility/building or services delivered
- keep an up-to-date fire safety handbook for each facility (which may comprise a number of buildings on a site)
report regularly to the CEO/board on fire safety preparedness and compliance, together with an action plan to address outstanding issues.

The following table shows the fire safety management tasks required to ensure the safety of a typical facility. Depending on the nature of the facility and the patient/client group, some of these activities may need to be carried out more frequently to minimise potential fire risks.

<table>
<thead>
<tr>
<th>Fire safety management tasks</th>
<th>Minimum frequency/timing</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Induct new staff and contractors</td>
<td>Before they commence work</td>
<td>Section 3.3</td>
</tr>
<tr>
<td>Essential safety measures inspection and testing (fire safety systems and equipment)</td>
<td>As stated in the occupancy permit, certificate of final inspection or maintenance determination</td>
<td>Section 7.9</td>
</tr>
<tr>
<td>Housekeeping inspection</td>
<td>At least quarterly</td>
<td>Section 8.3</td>
</tr>
<tr>
<td>Reporting to the CEO/board on fire safety compliance and preparedness</td>
<td>Quarterly</td>
<td>Section 1.9 and 7.10</td>
</tr>
<tr>
<td>Training for Emergency Planning Committee and Emergency Control Organisation</td>
<td>Half-yearly</td>
<td>Section 5</td>
</tr>
<tr>
<td>Emergency response and evacuation exercises</td>
<td>Half-yearly</td>
<td>Section 5 and 6</td>
</tr>
<tr>
<td>Review fire incident reports to identify any trends and implement appropriate measures to prevent recurrence of similar incidents</td>
<td>Yearly</td>
<td>Section 3.6</td>
</tr>
<tr>
<td>Refresher induction courses for contractors</td>
<td>Yearly</td>
<td>Section 3.3</td>
</tr>
<tr>
<td>Review of emergency response plan and procedures</td>
<td>Yearly</td>
<td>Section 5</td>
</tr>
<tr>
<td>Review and update of this schedule</td>
<td>Yearly</td>
<td>Section 2.3</td>
</tr>
<tr>
<td>Essential safety measures report (see also essential safety measures inspections and testing)</td>
<td>Yearly</td>
<td>Section 7.9</td>
</tr>
<tr>
<td>Internal fire safety reviews</td>
<td>Yearly</td>
<td>Section 8.4</td>
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<tr>
<td>Department of Health fire safety certificate</td>
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<tr>
<td>Inspection, testing and tagging of electrical equipment</td>
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<td>Section 3.4</td>
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<td>Fire risk management audits</td>
<td>Five-yearly</td>
<td>Section 8</td>
</tr>
<tr>
<td>Implement audit recommendations</td>
<td>As recommended in audit report</td>
<td>Section 8</td>
</tr>
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</table>

2.4 Fire safety handbook

The fire safety handbook contains the key information required for ready reference and to manage fire safety and demonstrate fire safety compliance, including:

- emergency information
  - emergency contacts including ECO
  - emergency evacuation plan
  - bushfire evacuation plan (if applicable)
- compliance information
  - ESM maintenance determination/maintenance schedule
  - a current copy of the annual ESM certificate
  - current copies of the department and any other fire compliance certificates
  - the location of all ESM logbooks/evidentiary documentation (in addition to that contained in the fire safety handbook)
  - the most recent FRM audit report.

The handbook also contains:

- the fire safety strategy for the facility
- key fire safety management information on which the strategy is based (fire risk assessment, alternative solutions under the Building Code of Australia (BCA), including associated consents and determinations, dangerous goods assessment reports)
- the location of the previous FRM audit reports, and outstanding works arising from these reports, together with documentation and completion certification for completed works.
Where a fire safety handbook does not exist, the facility should engage a fire safety engineer or appropriately qualified building surveyor to develop a handbook for the facility. This may be done in conjunction with the external audit of the facility. During a fire safety audit of the facility or building (see section 8), the building surveyor will check the handbook to ensure that the management procedures are in line with the fire safety strategy for the facility or building.

The handbook is a living document that should be regularly reviewed and updated to reflect any changes that affect the fire safety management of the facility or building. It must be kept within the facility throughout its life. The information may be updated by the facility manager, as long as this does not alter the facility’s fire safety strategy.

For a facility that contains multiple buildings, a single handbook may be prepared, if the buildings are managed as one entity and the same strategy applies to all buildings. Otherwise, separate handbooks may be warranted for the individual buildings or groups of buildings.

The fire safety handbook should reference the location of all the facility’s other relevant fire-related information that must be retained and easily accessible on site, including the fire audit reports, design documents, changes to the building since the last full audit and maintenance records ESM. These documents detail the active and passive fire detection and suppression systems on which the building was certified, together with the operational fire safety management records. They form the basis for carrying out fire audits, reviewing the effectiveness of fire safety management on the site (including both internal and external quality assurance reviews/audits) and may be referred to fire authorities, accreditation groups and building surveyors.

2.5 Record keeping

Good record keeping is critical for verifying that all fire safety management activities are complete and to provide a documented trail for fire re-audits, inspection by regulatory authorities, external accreditation agencies and auditors, and to provide evidence following an adverse event.

Key fire safety documents are to be kept centrally in the facility for ready retrieval, with the location clearly identified in the fire safety handbook. The supporting fire safety documents may be kept as hard copies or in electronic format. The documents should be kept electronically where possible to facilitate easy access. They should also be backed up off site.

The following documents should be kept for the life of the building:

- occupancy permit or certificate of final inspection
- relevant building approval documentation, including details of any building code dispensations and performance assessment variations
- FRM audit and risk assessment reports
- as-built drawings of fire safety systems
- relevant architectural drawings.

Fire protection system maintenance records and electrical inspection reports should be retained for 10 years, while other fire safety management records should be retained five years.
3 Fire prevention

3.1 Accountability
CEOs and managers of health services have overall accountability for fire safety management, with the facility manager generally responsible for ensuring that all fire prevention tasks are being routinely and effectively carried out by all relevant parties, with the overall process overseen by the EPC.

The fire prevention tasks will generally be carried out by facility management staff and also ward/departmental managers within the organisation. Staff/contractor induction activities will be carried out by either the manager involved or by the relevant occupational health and safety officer.

3.2 Overview
Prevention is the best form of defence against fire and includes:

- preventing fire starts due to occupant activities
- minimising ignition sources
- minimising the potential fire load
- preventing recurrence of fire incidents.

Fire prevention must be treated as a constant improvement activity by all concerned.

3.3 Staff and contractor induction
Staff and contractor induction/training are key fire prevention / risk minimisation measures.

3.3.1 Informing all staff members
Staff members play an important role in maintaining the fire safety of the facility. Their understanding of the fire risks is crucial for their own safety and for them to assist in managing fire safety risks created by their own activities. It is also crucial for staff or contractors they supervise and potential patient fire lighting risks. Key tasks to provide this understanding include the following.

- Provide fire safety information to all staff members covering
  - emergency response procedures for the facility (including security arrangements in section 4.1)
  - fire safety processes/prevention measures for the facility
  - any specific fire risks associated with working in the facility, including precautions required when working within or in the vicinity of areas with high fire hazards
  - procedures for reporting fire incidents (see section 1.10)
  - an overview of this guideline.

- Provide each staff member with an induction that covers the fire safety information in the first dot point above prior to commencing work in the facility.

- Provide refresher courses to all staff to reinforce their understanding of the fire safety measures at intervals of not more than three years (or following significant changes to the fire safety information).

- Keep records of inductions and refresher courses including participant details.

3.3.2 Informing all contractors
Contractors working in the facility also play an important role in maintaining fire safety. Contractors may unintentionally introduce fire hazards into the facility due to their lack of awareness of the fire risks associated with the facility. Their understanding of the fire risks is crucial for both their own safety and to assist in managing fire safety risks.

Key tasks to mitigate these risks include:

- incorporating fire safety requirements in contractual agreements including procedures for:
  - signing in and out of the facility
  - obtaining building permits
  - conducting hot work in the facility (see Appendix 2)
  - isolating any fire safety system (see Appendix 3)
  - sealing penetrations of fire or smoke walls
  - reporting fire incidents (see Appendix 1)

- conducting induction sessions for all contractor personnel prior to them commencing work in the facility, ensuring they understand:
- the above requirements
- any other specific fire risks associated with working in the facility
- precautions required when working within or in the vicinity of areas with high fire hazards or where the patients may exhibit aggressive behaviour or do not understand instructions

- ensuring they understand emergency procedures for the facility, including any security arrangements
- knowing the locations of exits, assembly areas and locations of fire fighting equipment
- providing other information relevant to fire safety management for the facility
- providing refresher courses, at least annually, to reinforce their awareness of the fire risks associated with the facility
- keeping records of inductions and refresher courses, including the relevant dates and names of the participants.

### 3.4 Minimising ignition sources

#### 3.4.1 Inspection and testing of electrical installation

Electrical installations are to be inspected and tested (in accordance with AS/NZS 3019) at intervals of not more than four years. Thermo-graphic surveys should be conducted annually to detect the potential risk of fires being caused by unusual heating in switchboards. They must be carried out by a suitably qualified person such as an electrical inspector or electrician licensed with Energy Safe Victoria.

A copy of the inspection/testing report (AS/NZS 3019 Forms 1 and 2) is to be placed in or near the main switchboard for the information of anyone inspecting or undertaking work on the electrical installation in the future and also in the fire safety handbook.

#### 3.4.2 Inspection and testing of electrical equipment

Electrical equipment must be inspected and tested in accordance with AS/NZS 3760 at intervals of not more than two years. They must be carried out by a suitably qualified person such as an electrician licensed with Energy Safe Victoria.

Following testing, compliant equipment is to be fitted with a durable tag indicating the test or inspection date, a retest date and a reference to AS/NZS 3760. Noncompliant equipment is to be withdrawn from service and labelled to indicate that it requires remedial action and to warn against further use. Test dates must be recorded in the fire safety handbook.

#### 3.4.3 Prevent equipment starting fires

Misuse or faults in electrical equipment are a common cause of fire starts:

- Avoid the use of portable heaters (except oil-filled column heaters), portable air-conditioners and electric blankets, unless specifically approved by the facility manager.
- Use all equipment strictly in accordance with the manufacturer's requirements or recommendations.
- Do not use damaged or doubtful electrical appliances.
- Avoid using 'power boards', which can overload circuits.
- Use only tested and tagged equipment.

### 3.5 Minimise the potential fire load

#### 3.5.1 Managing internal fire load

The fire load in a building includes combustible furnishings, equipment and other materials. A high fire load may increase the risk of a significant fire; high smoke production rates from some materials can also increase the risks from a fire. To mitigate these risks:

- Remove all unnecessary equipment, furnishings and waste materials from the building.
- Ensure that paper-based records are appropriately stored and do not present a potential fire hazard.
- Give preference to purchasing mattresses, curtains and equipment that have low fire-hazard properties.
- Keep records of the fire hazard properties of mattresses, curtains and equipment in the facility.

#### 3.5.2 Storage of gaseous and liquid fuels

Gaseous and liquid fuels present a significant fire risk due to their ease of ignition. To mitigate the risk:
• Avoid storage of gaseous and liquid fuels in the building.
• Where unavoidable, store minor quantities of gaseous or liquid fuels required for the operations of the facility away from ignition sources or sources of heat.
• Where large quantities of gases or liquids fuels are required to be stored in the facility
  o conduct a dangerous goods assessment, taking into account the risks to the accommodation areas and evacuation routes of the facility
  o incorporate the requirements or recommendations of the assessment in the fire safety handbook
  o keep the dangerous goods assessment report on hand.

AS 1940 provides requirements and recommendations for the protection of storage of flammable and combustible liquids. Guidance on the storage and handling of LP Gas can be found in AS/NZS 1596.

3.5.3 Managing external fire load
High fire loads outside the building, from vegetation, furnishings or stored materials, can significantly increase the risk of external fire affecting the building. To mitigate the risk:
• Manage vegetation close to the facility.
• Keep combustible materials away from the building, particularly near windows, doorways and exits.
• If the facility is located in areas subject to bushfire risk (see section 4) appoint an experienced bushfire consultant to assess the risks, prepare a bushfire management plan and manage the external fire load accordingly.
• Review the bushfire management plan and any periodic inspection requirements annually and keep a copy in the facility.

3.6 Report and evaluate fire incidents
Records of fire incidents can yield vital information for a facility on the cause of fires, potential issues and appropriate measures for minimising the recurrence of incidents.

The facility manager and the facility’s Emergency Planning Committee should annually review the fire incident reports (or immediately after significant events) to identify any trends and potential preventative measures.

Incident reports for any significant fires, including the corresponding reports issued by the fire brigade, must also be sent to the Department of Health within 24 hours of the event.
4 Bushfire management

4.1 Accountability
CEOs and managers of health services have overall accountability for fire safety management, with the facility manager generally responsible for ensuring all bushfire fire management tasks are adequately carried out.

Bushfire preparedness and evacuation activities will be managed by the Emergency Planning Committee and Emergency Control Organisation; however, due to the nature of the threat, the response activities will vary significantly from internal fires or other emergencies. In most instances the related prevention measures will be carried out by the engineering department and grounds staff.

4.1.1 General
Facilities located in or near bush and/or grassland areas may be subjected to a significant fire risk during bushfire season. Areas of high fire risk are covered by a Bushfire Map Overlay (BMO), which can be obtained from:

- the Department of Planning and Community Development website – see the online maps for designated bushfire-prone areas section at <www.dpcd.vic.gov.au/planning/plansandpolicies/bushfire-planning-and-building-resource/myproperty>
- the ‘planning property report’ from Victoria Government Land Services
- shire/council websites.

All facilities located in a bushfire-prone area must:

- have a bushfire assessment report prepared
- have a current bushfire management plan, to address exposure to bushfire
- take into account the Department of Health’s Bushfire response: clients and services policy
- be appropriately designed for the appropriate Bushfire Attack Level (if a new facility).

4.1.2 Bushfire management plan
A bushfire management plan outlines the actions required to manage bushfires risks.

The main objectives of the plan are to:

- prevent or moderate fire before it reaches the facility
- prevent fire spreading into the buildings
- extinguish any fires that start in the facility
- protect and support the building occupants (including emergency evacuation)
- maintain the effectiveness of the facility to assist in the post-bushfire impact phase.

The bushfire management plan must be developed by an experienced bushfire consultant, taking the facility’s specific characteristics into account. It must be developed in consultation with:

- the facility manager
- local Country Fire Authority (CFA)
- regional CFA, if required
- State Emergency Services.

The bushfire management plan must be reviewed at intervals of not more than two years and incorporated into the facility’s fire safety handbook.

4.2 Bushfire preparation
A major bushfire can be unpredictable in both rate and direction of flame and smoke spread, with spot fires frequently many kilometres in advance of the fire front. It is critical that preparations be carried out well in advance for potential evacuation on Code Red days, or if significant fires occur in the area.

Prevention is the best form of defence against fire, so it is critical that fire prevention is treated as a constant improvement activity by all concerned. General preparation of the facility may include:

- vegetation control around the facility
- testing fire-suppression equipment and water storages
measures to minimise smoke ingress into the buildings
assessing the construction of the buildings in accordance with AS 3959 (see C4.4)
assessing provisions for brigade fire fighting in conjunction with the local fire brigade (see C4.3).

Specific preparation prior to and during the fire danger period may include:

- inspecting gutters and spouts and removal of leaves and other debris
- inspecting landscaping around the facility
- reviewing the adequacy and integrity of protection against ember attack
- reviewing the adequacy of fire breaks or any other bushfire mitigation measures
- reviewing access to underfloor and roof spaces
- controlling activities undertaken (refer to the CFA website for further details).


4.3 Fire-danger periods

A fire-danger period is generally declared by the CFA for individual municipalities. It is usually during the summer period between November and the end of April.

Total fire bans are declared by the CFA on days when fires are likely to spread rapidly and be difficult to control. Actions to be taken may include:

- controlling activities undertaken
- not lighting fires in the open air, including hot work and the like (refer to the CFA website for further details).

Code Red days present the worst conditions for bushfire. An earliest warning notification will be issued on the possibility of a Code Red day by the Health and Human Services Director of Emergency Management via the State Emergency Management Centre. The Department of Health’s Bushfire response: clients and services policy will be activated on the declaration of a Code Red day.

Preparation for Code Red days may include reviewing:

- staffing levels and arranging for volunteer wardens to assist, if required
- communication and fire-watch capability, including providing CFA pagers and satellite phones or satellite internet to remote locations that depend upon microwave links or small rural telephone exchanges
- domiciliary services and potentially evacuating home patients to the facility.

4.4 Brigade fire fighting

During a major bushfire, brigade fire fighting resources are likely to be overwhelmed and facilities cannot expect brigade assistance to defend or evacuate the facility. Nevertheless brigade fire fighting options should be assessed in conjunction with the local fire brigade, with reference to the CFA’s, Building in a wildfire management overlay: applicant’s workbook. The assessment should include a review of:

- water supply provisions for fire fighting
- access provisions for emergency vehicles
- facility fire-control capabilities
- egress routes from the facility.

4.5 Bushfire construction

The ability of the buildings to withstand bushfire attack must be assessed in accordance with AS 3959. This involves the determination of the bushfire attack level (BAL), which comprises six categories.

<table>
<thead>
<tr>
<th>Bushfire Attack Level</th>
<th>Predicted bushfire attack and level of exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAL–LOW</td>
<td>There is insufficient risk to warrant specific construction requirements</td>
</tr>
<tr>
<td>BAL–12.5</td>
<td>Ember attack and exposure to radiant heat up to 12.5 kW/m²</td>
</tr>
<tr>
<td>BAL–19</td>
<td>Increasing level of ember attack and radiant heat between 12.5 and 19 kW/m²</td>
</tr>
<tr>
<td>BAL–29</td>
<td>Increasing level of ember attack and radiant heat between 19 and 29 kW/m²</td>
</tr>
<tr>
<td>BAL–40</td>
<td>Increasing level of ember attack, together with increasing likelihood of exposure to flames and radiant heat between 29 and 40 kW/m²</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>BAL–FZ</td>
<td>Direct exposure to flames from the fire front in addition to radiant heat and ember attack</td>
</tr>
</tbody>
</table>

The department requires a BAL assessment to be carried out for all facilities in designated bushfire-prone areas. If the BAL is assessed as BAL–LOW, a minimum construction standard of BAL–12.5 must be incorporated for ember protection of any new buildings. The assessment and any recommendations must be documented in a bushfire assessment report.
5 Emergency planning/training

5.1 Accountabilities
CEOs and managers of health services have overall accountability for fire safety management. Emergency planning for fires is one of a range of potential emergency events managed by the Emergency Planning Committee (EPC). The Emergency Control Organisation (ECO) is established by the EPC to direct and control the implementation of the emergency plan.

The CEO must:
- appoint appropriate personnel to an EPC to develop and maintain an emergency plan for the facility (or group of facilities)
- nominate appropriate personnel as members of a ECO including an emergency coordinator/emergency officer (depending on the size/nature of the facility) to direct and control the implementation of the emergency plan.

5.2 Other fire emergency responsibilities
An EPC may be formed either for an individual facility, or group of facilities in accordance with AS 3745. It is responsible for developing, implementing and maintaining plans, procedures and training with respect to various emergencies in the facility.

The facility manager must keep on hand an up-to-date register of the members and contact details of the ECO, emergency coordinator or emergency officer, as part of the fire safety handbook.

<table>
<thead>
<tr>
<th>Emergency Planning Committee (EPC) and Emergency Control Organisation (ECO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The EPC nominates appropriate facility personnel as members of an ECO to direct and control the implementation of the emergency plan. The ECO shall consist of a chief warden or equivalent as a minimum.</td>
</tr>
<tr>
<td>The following positions may be included if they are deemed necessary by the EPC for the nature of the facility.</td>
</tr>
<tr>
<td>During emergencies, instructions given by the ECO personnel takes precedence over the normal management structure.</td>
</tr>
</tbody>
</table>

The facility may adopt AS 4083 and designate an emergency coordinator responsible for overall emergency management, including planning and operations. Where appropriate, the facility may also have emergency officers to ensure that, at all times, there is a person nominated to fulfil the duties and responsibilities of the emergency coordinator.

5.3 Develop detailed responses
Each facility is unique and requires specific procedures that can be immediately implemented when fire emergencies arise. Key tasks carried out by the EPC include:
- develop specific emergency plans and response procedures, taking into account
  - patient evacuation (see section 6)
  - evacuation of other occupants, including visitors
  - fire brigade intervention
  - internal and external fires/bushfires
  - time of evacuation (day or night time)
  - staffing available
- display evacuation diagrams in prominent locations
- annually train for and review the emergency plan and emergency response procedures and update where appropriate
- keep the up-to-date emergency plan, emergency response and evacuation procedures and all contact details as part of the fire safety handbook.
Emergency response and evacuation

The emergency response procedures should include steps to ensure assistance is given to any occupant in direct danger and instructions to close off doors to enclose a fire, preventing fire and smoke from spreading to other parts of the facility. An alarm is to be raised to warn others. The building should be evacuated if necessary. Staff should only fight the fire if it is small enough to be easily contained with a fire blanket or extinguisher and safe to do so.

Simple procedures comprising Fire Orders or the like may be used for small buildings that comprise a single compartment. Larger facilities will have fire evacuation diagrams and emergency procedures placed at appropriate locations around the facility.

<table>
<thead>
<tr>
<th>Emergency colour code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>Fire</td>
</tr>
<tr>
<td>Blue</td>
<td>Medical emergency</td>
</tr>
<tr>
<td>Purple</td>
<td>Bomb threat</td>
</tr>
<tr>
<td>Yellow</td>
<td>Internal emergency</td>
</tr>
<tr>
<td>Black</td>
<td>Personal threat</td>
</tr>
<tr>
<td>Brown</td>
<td>External emergency</td>
</tr>
<tr>
<td>Orange</td>
<td>Evacuation</td>
</tr>
</tbody>
</table>

In facilities where announcing emergencies may create anxiety and panic among the patients and visitors, standardised emergency colour codes in accordance with AS 4083 may be used to communicate discreetly. A Code Red announcement may be used to call for staff assistance in responding to fire emergencies.

5.4 Training for fire emergencies

5.4.1 Training the Emergency Planning Committee and Emergency Control Organisation

The effectiveness of the emergency plan and emergency control depends on the competency of the EPC and ECO. Key tasks to enable them to competently execute their roles include:

- provide regular training for members of the EPC and emergency control organisation
- carry out periodic reviews of emergency planning/evacuation arrangements, preferably involving peer health service input or specialist advisors
- train in departmental/statewide emergency planning arrangements
- keep records of the training sessions and attendees.

5.4.2 Staff training

Staff members in the facility, particularly those with assigned emergency management responsibilities, must be able to provide assistance to evacuate patients and themselves to a place of safety. Key tasks to ensure this include:

- incorporating on-the-job training for staff in methods and procedures to prepare, assist or move occupants to a place of safety during fire emergencies
- training relevant staff members to use of the facility’s intercommunication equipment
- informing staff of the coordination required to move occupants, or to stay with occupants in a protected area if they cannot be moved (see section 6).

5.4.3 Conducting emergency exercises

The emergency response and evacuation procedures must be tested through regular exercises to ensure their effectiveness. Key tasks to achieve this include:

- scheduling and carrying out emergency response and evacuation exercises at half-yearly intervals – if the facility has day and night shifts, conducting the emergency response and evacuation exercises for each shift
- encouraging all occupants to participate in the emergency response exercises, where practical
- provide feedback of any deficiencies encountered or suggestions for improvement to the EPC so that the emergency plan and response procedures can be amended accordingly
- keeping records of the emergency response exercises on hand in the facility.
6 Patient evacuation

6.1 Accountability
CEOs and managers of health services have overall accountability for fire safety management, with the Emergency Control Organisation generally responsible for the emergency management and patient evacuation process, as detailed in Section 5.1.

6.2 General
Evacuation plans and procedures are generally developed by the EPC in accordance with AS 3745 and AS 4083 for fire and other emergencies. The occupant group at the highest fire risk are the patients who may be unable to move freely or to be moved to a place of safety due to their medical, physical or mental conditions.

During fire emergencies, there may be a relatively short time for the patients to move or be moved to a place of safety before the occupied area is affected by fire. Hence in planning or reviewing patient evacuation procedures, the following factors must be taken into account:

- the evacuation strategy of the facility
- the level of assistance needed by the patients and their ability to be safely evacuated
- the number of staff available to assist the patients (day and night times)
- security arrangements for the patients.

Evacuation procedures must be tested regularly through evacuation exercises, and reviewed and modified accordingly to overcome any shortcomings.

6.3 Evacuation strategy
The evacuation strategy during a building fire is generally developed as part of the fire safety strategy for the building, taking into account the building and occupant characteristics. The evacuation strategy for an internal fire may be quite different from other emergency situations. A copy must be included in the facility’s fire safety handbook and regularly reviewed (see section 2.4).

For hospitals and other large facilities, the patient-care areas are generally divided into separate fire and smoke compartments. These compartments are designed to prevent the spread of fire and smoke. Hence, the fire evacuation strategy is generally to move occupants from the compartment of fire origin to adjacent compartments. If the adjacent compartments are affected by the fire, the occupants are progressively moved to other compartments or out of the building. Usually, a total evacuation of the entire building will start at the same time.

Generally, for small buildings comprising a single fire compartment, the strategy is simply to move the patients out of the building to assembly areas in the event of a fire in the building.

6.4 Assistance required by the patients
Depending on their medical condition, level of mobility and cognitive impairment, patients may need various levels of assistance to evacuate. The patient characteristics will vary from facility to facility, from one area to another in a facility, and may also vary with time. Hence, the patient characteristics will need to be regularly reviewed for evacuation plans for each area concerned. Larger hospitals may contain patients with a wide range of evacuation capabilities, with some patients unable to be safely moved without significant risk to their underlying medical condition.

Staff members who will help patients evacuate the building or compartment may be located within the same building or in neighbouring buildings at the time of the fire emergency. Refer to CDG Series 7.1 for details.

6.4.1 Security arrangements
The security manager for the facility should be a key member of the EPC and ECO to ensure that security issues are adequately addressed. In most facilities security responsibilities will focus on preventing theft and other security risks during fire emergencies.

For facilities where free movement of patients is restricted for security reasons, evacuation procedures must be commensurate with security arrangements and levels of egress freedom for the patients. In these facilities security management is critical, as patients are not free to evacuate for harm prevention reasons (or may only be able to egress to controlled spaces). Security accountability for these units may reside with unit managers in liaison with the site security manager.
7 Fire safety systems

7.1 Accountability
CEOs and managers of health services have overall accountability for fire safety management, with the facility manager generally responsible for ensuring that all fire safety systems are in place, well maintained, fully operational and with all required compliance documentation in place.

7.2 General
Each facility or building is to be equipped with fire safety systems that are:

- required by the relevant Victorian legislation
- prescribed in this guideline and CDG Series 7
- recommended as part of site-specific audits or assessment.

7.3 Regulatory requirements

7.3.1 Required level of protection
The level of fire protection required by building regulations generally depends on the classification of the building and on the level of assistance needed by the occupants to evacuate. For example, the Building Code of Australia requires low-rise residential buildings to be protected by a smoke alarm or detection system.

For residential aged care buildings, where a higher level of assistance is needed by the occupants to evacuate, an automatic sprinkler system is also required. All residential care buildings in Victoria are also required by Building Regulations and the BCA (Victoria Appendix) to have an automatic sprinkler system.

7.3.2 Changes in requirements
The Building Act and Building Regulations are updated on an as-needs basis and the BCA is amended each year. Generally, each building needs to comply only with the regulations in force at the time of construction, and is not required to be upgraded from year to year. The building regulations, however, may be amended to include retrospective requirements for installation of fire safety systems in existing buildings. Any publicised changes to the Act or Regulations should be reviewed to determine whether they introduce any ‘duty of care’ item that should be addressed.

7.3.3 Other regulations and guidelines
Facilities must also comply with all relevant Acts and Regulations with respect to fire safety requirements and the Department of Treasury and Finance guideline Building Act 1993: standards for publicly owned buildings.

7.4 Additional departmental fire safety requirements
In addition to the minimum regulatory requirements and depending upon the type of facility and installed services, the department also prescribes specific requirements for fire protection in its healthcare facilities. These are detailed in the relevant CDG Series 7 for the type of facility and include specific requirements for:

- smoke detection or alarm systems
- fire sprinkler systems, which must not be omitted as part of an alternative solution
- portable fire extinguisher and fire blanket if the kitchen has a cooking hot plate
- gas cooking appliances (flame-guard system or automatic gas shut off system)
- emergency lighting systems
- areas where plant items require isolation, such as electrical switchboards and gas valves.

7.4.1 Site-specific requirements
The facility may be further protected with systems that arise from:

- fire safety audits (see section 8)
- dangerous-goods assessments (see section 3.5)
- bushfire assessments (see section 4).
All additional fire safety systems required for the facility are to be documented in the fire safety handbook (see section 2.4) and assessed in FRM audits.

7.5 Understanding fire safety systems
The facility manager must understand the fire safety systems utilised in the facility in order to effectively manage them. The fire safety systems are described in the fire safety handbook and can comprise a wide range of active and passive fire detection, prevention/management and egress systems that on large sites may have been upgraded or modified at various times.

These fire safety systems and their maintenance requirements are now listed in the essential safety measures (ESM) schedule (see section 7.9). Any additional departmental items for protecting the facility (under the CDG Series 7 guidelines) should be appended to the schedule to ensure all items are appropriately maintained. Similarly the ESM schedule must be updated following any building works that impact on or add to the ESM.

If an essential safety measures schedule is not available for older facilities, it is strongly recommended that one be created. This can be carried out by engaging a suitably experienced building surveyor to prepare the schedule as a “maintenance determination for the building” under the BCA. The building surveyor will need to refer to the relevant documents to confirm the required fire safety systems including the occupancy permit or certificate(s) of final inspection, fire engineering report(s), the most recent FRM audit report and the fire safety handbook.

7.6 Keeping information on the fire safety systems
Record keeping about the fire safety systems is crucial for effectively managing the systems. Buildings are often altered during their lifetime and it is critical that as-built documentation is retained to record these changes, ensuring the integrity of the fire safety systems are maintained.

Facility management tasks to capture the relevant details include:

- keeping in the facility’s relevant documentation of the fire safety systems for ready reference, which may comprise
  - architectural drawings showing locations of the systems, for example, locations of fire walls and smoke walls
  - as-built drawings of the systems, for example, detection, warning, sprinkler and hydrant systems
  - other relevant details
- keeping simple plans showing building layout, zoning of fire protection systems and fire and smoke compartments or the like as part of the fire safety handbook.

7.7 Building changes
Most proposed building changes will be able to be assessed by a relevant building surveyor, who should be an accredited FRM practitioner, and will be able to advise if additional fire engineering advice is required. Appendix 6 outlines the approval process for any building modifications impacting on the fire safety measures. This should also be applied where there is any significant change to the usage, staffing or patient profile. Refer to CDG Series 7 for details.

Any changes to the facility may affect the fire safety strategy for the facility and may require:

- engaging an accredited FRM practitioner or fire safety engineer to
  - review the affect and address any adverse fire safety impacts on the facility
  - document the review in a fire engineering report
  - update the fire safety handbook to reflect the change and any modification to the fire safety strategy
- informing the EPC of any changes to the fire safety strategy and emergency procedures
- keeping the fire engineering report on hand.

A significant change to the facility will require an assessment by an approved fire safety engineer to ensure that the fire safety strategy is still valid. The change may be due to:

- change in usage
- alteration of the building layout due to refurbishment or extension
- a significant increase in occupancy numbers or change in the level of assistance required by the patients to evacuate.

2 The relevant building surveyor approving the design is appointed by the owner or their agent but cannot prepare the design or any BCA modifications on which they must make a determination under the Building Act/Regulations.
7.8 Managing system isolation

Fire safety systems must remain in operation at all times, except in unavoidable situations where they may be shut down or isolated for conducting maintenance or building works. Key tasks to manage system isolation include (see Appendix 3):

- the contractor concerned submitting a system isolation notice for approval by the facility manager
- assessing the risks associated with the isolation and taking precautions to mitigate the risks
- notifying the relevant parties of the isolation
- the contractor reinstating the system at the completion of work and verifying the reinstatement
- informing the relevant parties of the reinstatement
- keeping records of the system isolation and reinstatement.

Where the system isolation affects area(s) providing sleeping accommodation, a fire watch of the area(s) should be considered if the isolation occurs over an extended period of time. This may involve assigning a person or persons to the area(s) for the express purpose of preventing a fire from occurring, extinguishing small fires, warning the occupants and notifying the fire brigade of a fire emergency if necessary.

7.9 Maintaining fire safety systems / essential safety measures

The fire safety systems must be regularly maintained, inspected and tested to ensure they continue to operate as intended in their original design. Inspections must also include any fire safety systems resulting from additional departmental requirements. Maintenance requirements are specified in the essential safety measures determination for the building.

Key tasks to maintain the systems include:

- engaging competent maintenance contractors to inspect and test all the fire protection systems and equipment at the scheduled intervals
- obtaining an annual maintenance certificate from the relevant maintenance contractor for each system
- rectifying identified defects in a timely manner
- the facility manager completing and signing the annual essential safety measures report by the facility manager (see Appendix 4)
  - keeping maintenance records, annual maintenance certificates and a copy of the annual essential safety measures report.

7.9.1 General

Essential safety measures (ESM) refers to the fire, life-safety and health items installed or constructed in a building to ensure adequate levels of fire safety and protection over the life of the building. They include all active fire safety systems such as detection, the alarm system, ventilation controls, sprinklers and passive fire safety systems such as fire walls, exit signage and paths of travel to exits.

The Building Regulations require that all essential safety measures be maintained and an annual ESM certificate issued for all buildings (other than Class 1a houses or outbuildings). If the building was built or altered since 1 July 1994, the Regulations also require that a current copy of the building’s occupancy permit be kept with an annual essential safety measures report in the building. The essential safety measures requirements for a building may be listed in the occupancy permit, certificate of final inspection and/or the maintenance determination for the building and specify the maintenance frequency and relevant standards.

All essential safety measures reports, records of maintenance checks, services and repair work to the building must be kept on the premises so it is easily accessible for a municipal building surveyor or chief officer of the relevant fire brigade to randomly check for compliance.

7.9.2 Maintenance of essential safety measures

Maintaining essential safety measures is critical to ensuring they continue to operate as intended. It involves:

- ensuring the essential safety measures are maintained at a level of performance specified by the relevant building surveyor (usually to the BCA or an Australian Standard)
- carrying out periodical tests, inspections and checks in accordance with the relevant Australian Standards or other specified methods
- recording maintenance inspections and checks

Fire safety systems may sometimes need to be isolated temporarily due to building works in the facility. Where possible, the systems should not be left isolated overnight. Where the building work takes longer than a day, the systems should be reinstated at the end of each day or additional monitoring precautions established.
certifying compliance in an annual essential safety measures report (see Appendix 4).

Regular essential safety measures inspections and maintenance is essential for:
- identifying and addressing general wear and tear, for example, electro-magnetic hold-open devices on fire doors, automatic shut down of air-handling systems and emergency lighting batteries and lamps
- ensuring reliability of a system operating, for example, the occupant warning and intercommunication system, sprinkler system and smoke exhaust/management system
- detecting faults after commissioning of a system, for example, the emergency power supply
- ensuring satisfactory housekeeping is in place, for example, ensuring paths of travel to exits are not obstructed, fire-protective coverings are maintained and portable fire extinguishers remain in place.

Generally, maintenance of fire protection systems is carried out in accordance with AS 1851.

7.9.3 Maintenance and inspection records

Essential safety measures inspections and tests involve a number of parties, and information needs to be consolidated in a maintenance record system to ensure all items are adequately addressed and enable completion of the annual ESM report. The maintenance records are to be kept onsite and must be available at all times. They may be kept electronically as long as they can be made available on site upon request.

Maintenance records should be completed and provided to the building owner or agent at the time of conducting the system and equipment maintenance. Records should contain the following information:
- record reference
- name and name of building or site
- date of maintenance or inspection
- system or equipment identification and location
- frequency of maintenance activity undertaken
- defects identified and recommended repairs
- name and signature of the service person
- date the record is completed.

Detailed maintenance recording may be in the form of maintenance record tags (for example, hydrants, hose reels, portable fire extinguishers and fire blankets), or logbooks (for example, sprinkler, smoke detection and alarm, smoke hazard management systems); however, the use of maintenance record tags or labels does not preclude the need for a separate maintenance record system.

7.9.4 Annual essential safety measure report

The annual essential safety measure report must be prepared before each anniversary of the date of occupancy permit or maintenance determination (see Appendix 4). It must be certified by the owner or an agent of the owner (for a healthcare facility, this is typically the CEO or an authorised representative).

Further information on essential safety measures can also be found on the Victorian Building Authority website: http://www.vba.vic.gov.au/

7.10 Fire safety compliance reporting

The Department of Health fire safety certificate must be prepared annually, signed by the CEO and issued to the department to certify that the facility has taken all reasonable steps to manage fire safety.

The department uses the annual fire safety certificates to verify that adequate fire safety measures are in place across all funded services and that regulatory requirements have also been met for department-owned sites.

The certificates do not replace the need for regular internal reporting to the health service’s executive/board on fire safety compliance and preparedness as part of the health service’s risk management procedures. The health service may need to complete other annual fire-related reports/declarations such as a Fire Safety Declaration issued to the federal Department of Health and Ageing.

Fire safety compliance/preparedness should be included in the health service’s executive/board reporting at least quarterly.

See section 8.2 regarding internal fire safety review processes that are required prior to issuing the certificate.

The Building Regulations also require that the essential safety measures be maintained and an annual ESM certificate issued for all buildings (other than Class 1a houses or outbuildings).
8 Fire safety inspections/reviews/audits

8.1 Accountability
CEOs and managers of health services have overall accountability for fire safety management, with the facility manager generally responsible for ensuring the fire safety inspections, reviews and audits are carried out in accordance with this guideline to ensure the fire safety of the occupants and facility, and must sign the annual fire safety declaration submitted to the department. Ensuring fire safety is an ongoing responsibility for staff, management, contractors and patients, and is a duty of care obligation under the Occupational Health & Safety Act.

8.2 General
The purpose of the fire safety inspections, reviews and audits is to ensure the facility:

- remains fire safe for patients and other occupants
- complies with statutory and departmental fire safety requirements.

To assist in managing these responsibilities, a range of maintenance inspection, internal review and FRM audit processes are established (the latter applying only to department-funded, bed-based services).

Each facility must implement an inspection, review and audit program as summarised in the table below.

<table>
<thead>
<tr>
<th>Audit</th>
<th>Conducted by</th>
<th>Goal</th>
<th>Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housekeeping inspections*</td>
<td>Facility manager</td>
<td>To ensure that its housekeeping is adequate such that the conditions of the facility do not increase the fire hazard or compromise the facility’s fire safety systems.</td>
<td>Quarterly or less†</td>
</tr>
<tr>
<td>Internal review</td>
<td>Facility manager</td>
<td>To ensure the facility manager has put in place an adequate fire safety management process and that regulatory requirements including essential safety measures are satisfied. Provide an annual declaration to the department, signed by the CEO, that it has taken all reasonable steps to manage the fire safety of the facility.</td>
<td>One year or less</td>
</tr>
<tr>
<td>FRM audit</td>
<td>Building surveyor and Fire safety engineer</td>
<td>To ensure that:</td>
<td>Five years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- the facility fully complies with the regulatory and FRM guideline requirements for fire safety</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- fire safety management and systems are commensurate with the fire risk of the facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- incremental changes over time do not adversely affect the fire safety of the facility</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
* These may include more frequent items/tests as required by the ESM determination (for example, Emergency Warning and Intercommunication System (EWIS) tests).
† The fire safety inspections, reviews and audits must be carried out according to the principles in AS 4655.

During the FRM audits of the facility, the building surveyor will review the facility against the fire safety handbook. If this does not exist, it will be reviewed against the current BCA requirements for fire safety.

The building surveyor will identify any issues and if necessary a fire safety engineer will review their impact on the fire safety of the facility, taking these and other aspects of the facility into account. The review and any recommended actions will be documented in the audit report.

8.3 Housekeeping inspections
The facility is to be inspected at least quarterly by the facility manager, or more frequently as specified by the essential safety measures determination, to ensure conditions do not increase the fire hazard or compromise the facility’s fire safety systems. Key tasks to conduct these inspections include to:

- conduct regular housekeeping inspections to check that
  - ignition sources and fire load in the facility are properly managed
8.5.1 Occupancy characteristics review

Any building works or significant changes to the building usage, patient profile or staff levels may impact on the fire safety of the building (and may also trigger the need for a fire safety review by a fire engineer).
The fire safety audit must include an initial review of the occupancy characteristics of each functional area of the building and associated staffing profiles, as these impact on the ability and time required to safely evacuate patients.

8.5.2 Regulatory/compliance review
The initial stage of a fire safety audit comprises a regulatory review by a building surveyor (who must be an accredited FRM practitioner) against the fire safety requirements for the BCA version nominated in the fire safety handbook. Refer to CDG Series 7.2 for details.

The building surveyor will need to reference the key compliance information in the fire safety handbook, the previous FRM audit report and other key fire safety documentation to assess the compliance of the building with the performance-based fire safety requirements of the building regulations.

Where a fire safety handbook does not exist, the building surveyor should also be engaged to develop the handbook for the facility as the first stage of the FRM audit of the facility.

During the fire safety audit the building surveyor will check that management procedures are in line with the fire safety strategy for the facility or building. Any non-conformances identified will need to be reviewed with the agency and either clarified by providing additional documentation, or rectified by the agency if minor in nature.

The building surveyor will determine if a fire risk assessment is required to re-evaluate the fire safety strategy for the facility due to significant compliance issues or changes since the fire safety strategy was developed. Refer to CDG Series 7.2 for details of the trigger conditions for a review.

The fire safety handbook will be updated by the building surveyor to reflect the outcomes of the FRM audit.

8.5.3 Fire risk assessment
If a fire risk assessment is required, the fire safety engineer will review the fire safety strategy, management and systems to ensure they are adequate to mitigate the fire risks to the occupants in the facility. More specifically, the fire safety engineer will review:

- variations to mandatory measures
- variations to BCA performance requirements
- variations to non-mandatory measures
- BCA alternative solutions
- any significant fire risks identified.

In order to conduct this review, the fire safety engineer must gain a full understanding of the facility through the audit. This encompasses all aspects of the facility that may affect the fire safety of the occupants.

Where the fire safety management and systems are considered inadequate, the fire safety engineer will recommend actions to mitigate fire risks. The fire safety engineer may update the fire safety strategy in the fire safety handbook, if required.

8.5.4 Prioritising audit recommendations
Audit recommendations may be related to physical systems or non-physical systems such as operational requirements or further assessments. The auditor will prioritise the recommendations based on both the level of risk and ease of implementation (refer to CDG Series 7.2 for details).

When immediate or major fire risks are identified, the auditor is to discuss the issue immediately with the facility manager so that immediate action can be taken to address the risks. The action may be in the form of a temporary or interim fire safety measure until a permanent measure is implemented. Recommendations that can be easily implemented will be given a higher priority.

The auditor is also to provide an estimated cost for each of the recommendations, where possible. This is to assist the facility manager in planning the implementation. However, cost should not be a factor in prioritising the recommendations.

Implementing audit recommendations
The recommendations are to be implemented in a timely manner. Key tasks include to:

- schedule and implement the audit recommendations within the appropriate time frame
- keep evidence of the implementation of audit recommendations, including sign off by the relevant building surveyor.

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4 If the fire safety handbook and other relevant FRM documentation/information are not available, then the audit process may be considerably more costly and the audit report may generate a number of inappropriate compliance items.
### Terms and definitions

<table>
<thead>
<tr>
<th>Term and definition</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative solution</td>
<td>means a building solution that complies with performance requirements, other than by reason of satisfying the deemed-to-satisfy provisions.</td>
</tr>
<tr>
<td>Assembly area</td>
<td>means the designated place or places where people assemble during the course of an evacuation.</td>
</tr>
<tr>
<td>Audit</td>
<td>means a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled.</td>
</tr>
<tr>
<td>Building Code of Australia (BCA) comprises:</td>
<td>Building Act</td>
</tr>
<tr>
<td>(a) volume one of the National Construction Code Series including any variations or additions in the Appendix Victoria set out in the Appendices to that volume; and (b) volume two of the National Construction Code Series including any Victoria additions set out in Appendix A of that volume.</td>
<td>———</td>
</tr>
<tr>
<td>Building surveyor</td>
<td>means a building practitioner registered with the Victoria Building Practitioner Board in the category of building surveyor. The building surveyor must be an accredited FRM practitioner to carry out FRM audit activities and sign off associated works.</td>
</tr>
<tr>
<td>Bushfire</td>
<td>means an unplanned fire burning in vegetation; also referred to as wildfire.</td>
</tr>
<tr>
<td>Bushfire Attack Level (BAL)</td>
<td>means a measure of the severity of a building’s potential exposure to ember attack, radiant heat and direct flame contact, using increments of radiant heat expressed in kilowatts per metre squared, and the basis for establishing the requirements for construction to improve protection of building elements from attack by bushfire.</td>
</tr>
<tr>
<td>Combustible liquid</td>
<td>is any liquid, other than a flammable liquid, that has a flash point, and has a fire point that is less than its boiling point.</td>
</tr>
<tr>
<td>Dangerous goods</td>
<td>are substances that pose a risk to people, property or the environment, due to their chemical or physical properties.</td>
</tr>
<tr>
<td>Designated bushfire-prone area</td>
<td>means land that has been designated under a power of legislation as being subject, or likely to be subject, to bushfires.</td>
</tr>
<tr>
<td>Ember attack</td>
<td>means an attack by smouldering or flaming windborne debris that is capable of entering or accumulating around a building, and that may ignite the building or other combustible materials and debris.</td>
</tr>
<tr>
<td>Emergency Control Organisation (ECO)</td>
<td>means a person or persons appointed by the Emergency Planning Committee to direct and control the implementation of the facility’s emergency response procedures.</td>
</tr>
<tr>
<td>Emergency coordinator</td>
<td>means the person who is in charge of emergency management, planning and operations. This may or may not be the person in charge of the healthcare facility, depending upon local circumstances and timing.</td>
</tr>
<tr>
<td>Emergency officer</td>
<td>means a person available onsite, with clearly defined responsibilities and appropriate authority in relation to the facility’s emergency plans.</td>
</tr>
<tr>
<td>Emergency plan</td>
<td>means the written documentation of the emergency arrangements for a facility, generally made during the planning process. It consists of the preparedness, prevention and response activities and includes the agreed emergency roles, responsibilities, strategies, systems and arrangements.</td>
</tr>
<tr>
<td>Emergency Planning Committee (EPC)</td>
<td>means persons responsible for the documentation and maintenance of an emergency plan.</td>
</tr>
<tr>
<td>Term and definition</td>
<td>Source</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>Emergency response exercise</strong> means a site-specific exercise implemented to determine the effectiveness of the emergency response procedures.</td>
<td>AS 3745</td>
</tr>
<tr>
<td><strong>Emergency response procedures</strong> are documented in a scheme of assigned responsibilities, actions and procedures within a designated section of the emergency plan, to respond to and manage emergencies.</td>
<td>AS 3745</td>
</tr>
<tr>
<td><strong>Essential safety measures</strong> (ESM) are the fire, life safety and health items installed or constructed in a building to ensure adequate levels of fire safety and protection over the life of the building (for a full definition see Building Regulations 2006).</td>
<td>ESM maintenance manual</td>
</tr>
<tr>
<td><strong>Evacuation</strong> means the orderly movement of people from a place of danger.</td>
<td>AS 3745</td>
</tr>
<tr>
<td><strong>Evacuation diagram</strong> means emergency and evacuation information about the facility, comprising a pictorial representation of a floor or area and other relevant emergency response information.</td>
<td>AS 3745</td>
</tr>
<tr>
<td><strong>Evacuation exercise</strong> means an emergency response exercise in which the exercise simulates an emergency that requires an evacuation.</td>
<td>AS 3745</td>
</tr>
<tr>
<td><strong>Facility</strong> (see healthcare facility).</td>
<td>——</td>
</tr>
<tr>
<td><strong>False alarm</strong> means a warning of fire, originated by a person or by a fire alarm system in a non-fire situation.</td>
<td>AS 2484.2</td>
</tr>
<tr>
<td><strong>Fire alarm</strong> means a warning of fire, originated by a person or by a fire alarm system.</td>
<td>AS 2484.2</td>
</tr>
<tr>
<td><strong>Fire break</strong> means a defined strip or an area from which combustible materials have been removed to separate a structure, facility or other property from an adjacent fire hazard.</td>
<td>AS 2484.2</td>
</tr>
<tr>
<td><strong>Fire danger period</strong> applies to country areas of Victoria and is declared pursuant to the Country Fire Authority Act.</td>
<td>Country Fire Authority Act</td>
</tr>
<tr>
<td><strong>Fire hazard</strong> means the danger in terms of potential harm and degree of exposure arising from the start and spread of fire and the smoke and gases that are thereby generated.</td>
<td>BCA</td>
</tr>
<tr>
<td><strong>Fire safety</strong> means safety against a fire, including fire protection, fire prevention and firefighting.</td>
<td>AS 2484.2</td>
</tr>
<tr>
<td><strong>Fire safety engineer</strong> means a registered building practitioner in the category of ‘engineer – class of fire safety engineer’. The fire safety engineer must be an accredited FRM practitioner to carry out FRM audit activities and sign off associated works.</td>
<td>Building Regulations</td>
</tr>
<tr>
<td><strong>Fire safety handbook</strong> means a document that is prepared for the facility/building that outlines how a facility/building is to be managed for fire safety.</td>
<td>——</td>
</tr>
<tr>
<td><strong>Fire safety measures</strong> refers to the combination of physical features and all other relevant fire safety actions, features, provisions and procedures that define a level of safety to protect life, assets and the environment in the event of fire.</td>
<td>AS 4655</td>
</tr>
<tr>
<td><strong>Fire safety system</strong> means one or any combination of the methods used in a building to: a) warn people of an emergency b) provide for safe evacuation c) restrict the spread of fire, or d) extinguish a fire, and e) includes both active and passive systems.</td>
<td>BCA</td>
</tr>
<tr>
<td><strong>Fire wall</strong> means a wall with an appropriate resistance to the spread of fire that divides a storey or building into fire compartments.</td>
<td>BCA</td>
</tr>
</tbody>
</table>
### Term and definition

<table>
<thead>
<tr>
<th>Term and definition</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Flammable liquids</strong> means liquids, or mixtures of liquids, or liquids containing</td>
<td>AS 1940.1</td>
</tr>
<tr>
<td>solids in solution or suspension (for example, paints, varnishes, lacquers, but</td>
<td></td>
</tr>
<tr>
<td>not including substances otherwise classified on account of their dangerous</td>
<td></td>
</tr>
<tr>
<td>characteristics) which give off a flammable vapour at temperatures of not more</td>
<td></td>
</tr>
<tr>
<td>than 60.5°C, closed cup test, or not more than 65.6°C, open cup test, normally</td>
<td></td>
</tr>
<tr>
<td>referred to as the flash point.</td>
<td></td>
</tr>
<tr>
<td><strong>Healthcare facility</strong> means a hospital, nursing home, residential care or other</td>
<td>AS 4083</td>
</tr>
<tr>
<td>facility that provides healthcare services.</td>
<td></td>
</tr>
<tr>
<td><strong>Hot work</strong> means grinding, welding, thermal or oxygen cutting or heating, and</td>
<td>AS 1674.1</td>
</tr>
<tr>
<td>other related heat-producing or spark-producing operations.</td>
<td></td>
</tr>
<tr>
<td><strong>Maintenance</strong> means inspection, test, preventive maintenance and rectification</td>
<td>AS 1851</td>
</tr>
<tr>
<td>of defects to ensure the continuing reliability of fire protection systems and</td>
<td></td>
</tr>
<tr>
<td>equipment.</td>
<td></td>
</tr>
<tr>
<td><strong>Patient</strong> includes terms such as, but not limited to, patient, inpatient,</td>
<td>AS 4083</td>
</tr>
<tr>
<td>outpatient, resident of the facility and client.</td>
<td></td>
</tr>
<tr>
<td><strong>Patient care area</strong> means a part of a healthcare building normally used for the</td>
<td>BCA</td>
</tr>
<tr>
<td>treatment, care, accommodation, recreation, dining and holding of patients</td>
<td></td>
</tr>
<tr>
<td>including a ward area and treatment area.</td>
<td></td>
</tr>
<tr>
<td><strong>Residential aged care building</strong> means a building whose residents, due to their</td>
<td>BCA</td>
</tr>
<tr>
<td>incapacity associated with the ageing process, are provided with physical</td>
<td></td>
</tr>
<tr>
<td>assistance in conducting their daily activities and to evacuate the building</td>
<td></td>
</tr>
<tr>
<td>during an emergency.</td>
<td></td>
</tr>
<tr>
<td><strong>Residential care building</strong> means a building which is a place of residence</td>
<td>BCA Vic Appendix</td>
</tr>
<tr>
<td>where 10 per cent or more of persons who reside there need physical assistance</td>
<td></td>
</tr>
<tr>
<td>in conducting their daily activities and to evacuate the building during an</td>
<td></td>
</tr>
<tr>
<td>emergency (including any residential care service, state-funded residential care</td>
<td></td>
</tr>
<tr>
<td>service or supported residential service as defined in the Health Services Act 1988</td>
<td></td>
</tr>
<tr>
<td>and an aged care building) but does not include—</td>
<td></td>
</tr>
<tr>
<td>a) a hospital</td>
<td></td>
</tr>
<tr>
<td>b) a dwelling in which 2 or more members of the same family and not more than 2</td>
<td></td>
</tr>
<tr>
<td>other persons would ordinarily be resident, or</td>
<td></td>
</tr>
<tr>
<td>c) a place of residence where only one resident needs physical assistance in</td>
<td></td>
</tr>
<tr>
<td>conducting their daily activities and to evacuate the building during an</td>
<td></td>
</tr>
<tr>
<td>emergency.</td>
<td></td>
</tr>
<tr>
<td><strong>Risk</strong> means the effect of uncertainty on objectives.</td>
<td>AS/NZS ISO 31000</td>
</tr>
<tr>
<td><strong>Site</strong> means the part of the allotment of land on which a building stands or is</td>
<td>BCA</td>
</tr>
<tr>
<td>to be erected.</td>
<td></td>
</tr>
</tbody>
</table>
Appendices

Appendix 1: Reporting fire incidents

<table>
<thead>
<tr>
<th>Facility name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

- □ Fire  □ Non-fire (*false alarm*)
- Date ………/……/……
- Time …… : ……am/pm

*False alarm* means a warning of fire, originated by a person or by a fire alarm system in a non-fire situation. This includes activation of smoke detectors due to dust or a fault in the system, or activation of sprinklers due to mechanical damage or vandalism. Activation of smoke detectors due to burnt toast, smoking or the like is not considered a false alarm. In this instance, the smoke detector detects products of a fire due to activities of the occupants. It should be reported as a fire incident, even though it is a minor one.

<table>
<thead>
<tr>
<th>Alarm</th>
<th>Method</th>
<th>Location</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Smoke detector</td>
<td>.........................</td>
<td>…… : ……am/pm</td>
<td></td>
</tr>
<tr>
<td>□ Heat detector</td>
<td>.........................</td>
<td>…… : …… am/pm</td>
<td></td>
</tr>
<tr>
<td>□ Sprinkler</td>
<td>.........................</td>
<td>…… : …… am/pm</td>
<td></td>
</tr>
<tr>
<td>□ Manual call point</td>
<td>.........................</td>
<td>…… : …… am/pm</td>
<td></td>
</tr>
<tr>
<td>□ Occupant (staff/patient)</td>
<td>.........................</td>
<td>…… : …… am/pm</td>
<td></td>
</tr>
<tr>
<td>□ Telephone call</td>
<td>.........................</td>
<td>…… : …… am/pm</td>
<td></td>
</tr>
<tr>
<td>□ Visitor/passer by</td>
<td>.........................</td>
<td>…… : …… am/pm</td>
<td></td>
</tr>
<tr>
<td>□ Other</td>
<td>.........................</td>
<td>…… : …… am/pm</td>
<td></td>
</tr>
<tr>
<td>☐ (please specify)</td>
<td>.........................</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

(If known, for example, deliberate, hot work, equipment fault, external fire)

If false alarm, go to ‘Fire brigade response’.

<table>
<thead>
<tr>
<th>Fire start location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

- Position (for example, Room 5, East Wing Level 2)

<table>
<thead>
<tr>
<th>Flame spread</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

- □ confined to object of fire origin  □ confined to room of fire origin
- □ confined to floor of fire origin   □ confined to building of fire origin
- □ spread beyond building of fire origin
<table>
<thead>
<tr>
<th><strong>Fire extinguishment</strong></th>
<th>□ Self-extinguished □ Portable fire extinguisher □ Fire blanket □ Hose reel □ Fire hydrant □ Fire sprinkler □ Fire brigade □ Other …………………. ……… : …….. am/pm (please specify) Time fire extinguished</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fire brigade response</strong></td>
<td>Time of call (if known)…… : …….. am/pm Arrival time ……… : …….. am/pm Estimated call out charges $……………………………………. Copy of fire brigade report obtained □ Yes* □ No *please attach fire brigade report</td>
</tr>
<tr>
<td><strong>Evacuation</strong></td>
<td>Areas of building evacuated …………………………………………………………………………………. Number of people evacuated ……………………………. Estimated evacuation time (minutes) …………………..</td>
</tr>
<tr>
<td><strong>Injury</strong></td>
<td>Details of any injuries ………………………………………………………………………………………………….</td>
</tr>
<tr>
<td><strong>Damage</strong></td>
<td>Extent of physical damage …………………………………………………………………………………………………. Extent of disruption to services ………………………………………………………………………………………………….</td>
</tr>
<tr>
<td><strong>Comments</strong></td>
<td>…………………………………………………………………………………………………………………………………………</td>
</tr>
</tbody>
</table>

Report completed by:

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Position</th>
<th>Date</th>
</tr>
</thead>
</table>
Appendix 2: Hot work permits

Hot work permits must be submitted by the relevant contractor and approved by the facility manager (or authorised representative) prior to commencing any hot work. They are valid for one job only.

A copy of the permit should be retained by the person authorised to perform the hot work and be prominently displayed on the worksite with a file copy retained in the facility management records system. On completion, the person conducting the hot work must verify and sign the permit before returning it to the facility manager.

<table>
<thead>
<tr>
<th>Facility name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hot work</th>
<th>Description of work:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hot work</th>
<th>Type of equipment to be used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hot work</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hot work</th>
<th>From: (date) (time)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hot work</th>
<th>To: (date)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Checklist</th>
<th>Items</th>
<th>Yes</th>
<th>No</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Has combustible material been removed from the work area or made safe?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Is the area well ventilated?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Are spark and flash screens in place?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Is the fire-fighting equipment checked and ready for use?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Is a fire watch required?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>If required, has a fire watch been organised?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Is the weather safe for hot work to be carried out?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Has the site been isolated and roped off?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Has the hot-work equipment been tested?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

32
Person conducting the hot work

Name (print) .................................................. Signature ..................................................

Company name .................................................. Date ..................................................

Authorisation by facility management

Name (print) .................................................. Signature ..................................................

Position title .................................................. date ..................................................

Completion

I verify that the hot work has been completed in accordance with the authorised conditions outlined in this permit.

Name (print) .................................................. Signature ..................................................

Date ..................................................

Company name ..................................................
Appendix 3: Fire safety system isolation permit

A fire system isolation permit must be submitted by the relevant contractor and approved by the facility manager (or authorised representative) prior isolating any fire safety system. It is valid for one job only. A copy of the permit should be retained by the person authorised to perform the hot work and prominently displayed on the isolated equipment, with a copy retained by the facility manager.

On completion of the work, the contractor must reactivate the system concerned, verify its correct operation, inform the relevant parties and submit the completed form.

<table>
<thead>
<tr>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>……………………………………………………………………………………………………………………………</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Areas and services to be isolated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for isolation (details of work being performed)</td>
</tr>
<tr>
<td>……………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>Areas affected by the isolation</td>
</tr>
<tr>
<td>……………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>From (date) (time)</td>
</tr>
<tr>
<td>To (date) (time)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have the following parties been notified?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Staff members in charge of the areas affected by the isolation</td>
</tr>
<tr>
<td>□</td>
</tr>
<tr>
<td>Fire brigade</td>
</tr>
<tr>
<td>□</td>
</tr>
<tr>
<td>Security monitoring agency</td>
</tr>
<tr>
<td>□</td>
</tr>
<tr>
<td>Insurer</td>
</tr>
<tr>
<td>□</td>
</tr>
<tr>
<td>Other relevant party (specify):</td>
</tr>
<tr>
<td>……………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>……………………………………………………………………………………………………………………………</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hazards and precautions to be addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Items</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Is a fire watch required?</td>
</tr>
<tr>
<td>□</td>
</tr>
<tr>
<td>If required, has a fire watch been organised?</td>
</tr>
<tr>
<td>□</td>
</tr>
</tbody>
</table>
Fire hazards and precautions that must be addressed:

<table>
<thead>
<tr>
<th>Contractor (applicant)</th>
<th>Authorisation by facility management</th>
<th>Reinstatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (print):</td>
<td>Name (print):</td>
<td>Name (print):</td>
</tr>
<tr>
<td>Signature</td>
<td>Signature</td>
<td>Signature</td>
</tr>
<tr>
<td>Company name</td>
<td>Company name</td>
<td>Company name</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

I confirm that the systems have been reactivated and the relevant parties informed of the reinstatement.

| Name (print):          | Signature |
| Date                   | Date      |

Company name
Appendix 4: Annual essential safety measures report

The essential safety measures report must be prepared annually in accordance with the Victorian Building Regulation requirements.

Building Act 1993
Building Regulations 2006
Regulation 1209 and 1215

Property address: 

Buildings or part of building: 

Classification of buildings or part of building: 

Part A: Post-July 1994 buildings

This part of report is in relation to occupancy permit no: (insert no) 

issued: (insert date) 
or maintenance determination dated: (insert date) 

and should be prepared before each anniversary of the date of that occupancy permit or maintenance determination.

Maintenance personnel details

The following personnel carried out maintenance on the essential safety measures in this building during the preceding 12 months.

<table>
<thead>
<tr>
<th>Essential safety measure</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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Part B: All buildings (pre- and post-July 1994 buildings)

1) Details of any inspection report provided under s. 227E of the Building Act 1993

2) Compliance

I hereby state that I have* the owner has* taken all reasonable steps to ensure that:

* Delete as applicable

- each essential safety measure is operating at the required level of performance or to fulfil its purpose
- where applicable each essential safety measure has been maintained in accordance with the occupancy permit or maintenance determination and will fulfil its purpose
- since the last annual essential safety measures report there have been no penetrations to required fire-resisting construction, smoke curtains and the like in the building, other than those for which a building permit has been issued
- since the last annual essential safety measures report there have been no changes to materials or assemblies that must comply with particular fire hazard properties, other than those for which a building permit has been issued
- the information contained in this report is correct.

Signature

Owner/agent of owner*3

* Delete if inapplicable

Signature: ___________________________ Date: ___________________________

Name: ___________________________ Position title: ___________________________

Notes

1. The owner must ensure that this annual essential safety measures report and records of maintenance checks, service and repair work are available on the premises for inspection by the municipal building surveyor or chief officer after 24 hours’ notice. The penalty for noncompliance is a maximum of 10 penalty units.

2. Section 227E of the Building Act 1993 provides the power for the chief officer and municipal building surveyor to inspect essential safety measures.

2. Under ss. 240 and 248(1) of the Building Act an agent of the owner must have written authority from the owner to act as their agent. Also note the general rules of ‘agency’ also apply.
Appendix 5: Annual departmental fire safety certificate
Fire Safety Certificate No. 6 for a Health Service
(For Health Services funded by the Department of Health)

Reporting Period July 20.... - June 20....

The Certificate is to be signed annually by 30 September by the CEO (or equivalent) acting for and on behalf of the Health Service to confirm that premises coming within the Health Service’s control comply with the Department of Human Services Capital Development Guidelines - Fire Risk Management (FRM).

Completed certificates are a requirement of the Victorian health policy and funding guidelines, and are to be submitted to: firecertificates@health.vic.gov.au, or directly through their regional fire risk management coordinator.

Refer overleaf for instructions on completion of this certificate.

Property Address: ______________________________________________
(provide a schedule for multiple sites/buildings)

I certify that from the information obtained and to the best of my knowledge that the property listed above or on the attached list has been assessed in terms of the current statutory and departmental fire safety requirements as follows:

<table>
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<tr>
<th>The DHS Capital Development Guidelines Series 7: Fire Risk Management, specifically Guideline 7.1 &amp; Guideline 7.6 ….(include any other relevant guideline numbers, as applicable)</th>
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<tr>
<td>The Date of the last fire safety audit/risk assessment report is …………………………….. or as indicated in the attached schedule of properties</td>
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<td>Outstanding works from last audit(s) are in the attached schedule with details of Immediate and Priority works and the Action Plan to address these items over the next 12 months</td>
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<tr>
<td>The Emergency Response Policy and procedures required by the DHS Guideline: Fire &amp; Emergency Response Procedures and Training Framework (FERPTF) are being met.</td>
<td>Yes/No OR Yes/No</td>
</tr>
<tr>
<td>OR FERPTF does not apply, and the requirements to the level specified in the Australian Standards (ie. AS4083 &amp; AS3745 as amended) are being met</td>
<td></td>
</tr>
<tr>
<td>The relevant provisions of the Building Act and building regulations are being met including the annual essential safety measures report.</td>
<td>Yes/No</td>
</tr>
<tr>
<td>A signed copy of the essential safety measures report must also be submitted for any Department of Health owned properties.</td>
<td></td>
</tr>
</tbody>
</table>

2. I certify that any identified fire related issues have been discussed with the regional Program & Service Advisor (PASA) or the Metro Health & Aged Care Services Representative who has a record of the requirements of the outstanding item(s) and has reviewed the progress and program for completing the fire safety work.

3. I certify that all reasonable steps have been taken for the preceding twelve-month reporting period to ensure that the fire safety measures fulfil their required purpose and that procedures are in place for this to continue for the next twelve months.

Signed for and on behalf of the Health Service

Signature: __________________________ Date: __________________
Name: __________________________ Title: __________________________

CEO or equivalent
EXPLANATORY NOTE FOR SIGNATORIES

This certificate is to be used for all Health Services delivering DH funded services, where it has been determined that the DHS Capital Development Guideline Series 7 apply.

Certification is retrospective for the preceding twelve-month financial period. Certificates fall due after 1 July each year and for Departmental reporting purposes must be completed and submitted before 30 September in the same year.

Service Agreement: The Certificate 6 is the means for CEOs to certify on behalf of the Health Service that the facility has been maintained and will continue to be maintained for the next twelve months and that any outstanding fire safety items that do not satisfy the Capital Development Guidelines Series 7 – Fire Risk Management, have been reported, reviewed and scheduled for action by a determined date. It also certifies that emergency management and evacuation procedures are in place and exercised to meet Australian Standards AS 4083 or AS 3745.

Capital Development Guidelines Series 7 - Fire Risk Management (FRM Guidelines) assist in determining the appropriate level of fire safety to be afforded to clients accommodated at the facility and takes into account the requirements of relevant acts, regulations and the Building Code of Australia (BCA).

Audits: To satisfy these requirements the FRM Guidelines require audits of the fire safety features and in some instances fire risk assessments to be undertaken. An audit process is programmed on a 5 yearly rolling basis. New works undergo a desk-top assessment that includes certification. If a facility has not had an audit or re-audit conducted within the past 5 years or if an audit has been conducted and interim, urgent or priority recommendations are outstanding, further investigation should be undertaken before completing the fire safety certificate.

Annual Essential Safety Measures Report (ESM Report): Consistent with the Building Regulations requirements for maintenance of buildings, the Guidelines also require essential safety measures maintenance and testing of facilities. An annual essential safety measures report for each facility must be completed (applies to properties in use for a period of twelve months), as evidence of the maintenance required and undertaken.

In completing this certificate it is important to confirm that the report has been completed. Where a maintenance service is contracted, annual fire safety maintenance declarations should be available as provided by the contracted fire services manager, together with other records that assist in providing evidence of the maintenance undertaken in the previous twelve months and to be used to complete the annual ESM Report.

The (DHS) Fire & Emergency Response, Procedures Training Framework (FERPTF) document focuses on policies and procedures for fire & emergency response procedures and training. Under FERPTF, facility management is required to ensure that staff are trained, drills are conducted and that documented emergency procedures are in place. A fundamental requirement in managing this and other FERPTF requirements is the establishment of Emergency Planning Committees (EPC).

For facilities managed by a Health Service where FERPTF has not been mandated, a formalised process is required to ensure the requirements of AS 4083 or AS3745 are being met.

Schedule of Fire Safety Works: In most instances, a facility is likely to have some outstanding fire safety work whether it is a drill not being conducted, an audit recommendation outstanding or a fire extinguisher with an overdue service. Whilst technically this may be viewed as a non-compliance of the property, it should not prevent the fire safety certificate from being completed with an attached schedule of fire safety works, see below. Outstanding fire safety related issues of a severe nature, eg. sprinklers not installed, should be discussed with your regional Program & Service Advisor (PASA) or the Metro Health & Aged Care Services Representative to determine what action is required and the detail that is to be included when the facility is being reported.
Fire Safety Certificate No. 6 for a Health Service

Reporting Period  July 20… -  June 20….

SCHEDULE OF FIRE SAFETY WORKS

DHS Health Service Name  ………………………………

Property Details  …………………………………………

Street Address/Postcode:………………………………………………...

| Outstanding fire safety work from the last fire safety audit report and the current annual Essential Safety Measures report | Status |
| --- | --- | --- | --- | --- | --- |
| Description of item to action | Priority Urgent, P1, P2/P3 | Order of Cost Estimate | Actions | Implementation timing | Comments Issues / Impacts |
Appendix 6: Approval processes – projects

The following flow chart shows the process for considering and approving fire-related issues arising during the design of a project.

Note: The FRMU can also provide consent to minor non conformance which do not justify the preparation of a Fire Engineering Brief / Fire Risk Assessment.