

Fire Safety in Health Care Facilities - Guidelines

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Summary Provides guidance to healthcare personnel in relation to fire safety in health care facilities.

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This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

CIRCULAR

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Guidelines for Fire Safety in Health Care Facilities

This Circular supersedes Department Circular No 2003/46.

The purpose of this circular is to provide guidance to healthcare personnel in relation to fire safety in health care facilities.

Changes that are of particular note include:

- the deletion of indicators within the training modules to delineate between training levels. It is considered that the content of the training module will require adjustment to meet individual Area Health Service requirement;
- the inclusion of Appendix 4 on the Evacuation procedures (transferred from the former Safety and Security Manual); and
- the roles of the fire safety training requirements for Health Care Fire Safety officers has been further clarified.

Robyn Kruk
Director

General

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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

NSW HEALTH

GUIDELINES FOR FIRE SAFETY

IN

HEALTH CARE FACILITIES

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NSW HEALTH

GUIDELINES FOR FIRE SAFETY IN HEALTH CARE FACILITIES

1. INTRODUCTION

- 1.1 The Department, Health Service Chief Executive Officers, Board Members and Facility Managers are responsible for maintaining a safe environment for staff, patients and members of the public in health facilities. This responsibility centres on compliance with requirements under Occupational Health and Safety legislation, facility accreditation and meeting the changing requirements of the Building Code of Australia (BCA). An integral part of that responsibility is the management of fire safety.
- 1.2 Fire safety in Private Hospitals, Day Procedure Centres and Nursing Homes is the responsibility of the licensee. The Department has the responsibility for monitoring and ensuring compliance with licensing standards as set out in the Private Hospitals and Day Procedure Centres Act 1988 and Nursing Homes Act 1988, Nursing Homes Regulation 1996, (Revised 2000).
- 1.3 This guideline has been prepared to assist with the implementation of effective fire safety management in health care facilities, both public and private. Additional reference sources include:
- 1.3.1 Relevant Acts and other relevant Regulations
 - 1.3.2 Building Code Of Australia (BCA)
 - 1.3.3 Related Australian Standards
 - 1.3.4 NSW Health - Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities
 - 1.3.5 NSW Health - Occupational Health Safety and Rehabilitation Guide (Grey Guide)
 - 1.3.6 NSW Health Circulars – see Appendix 1
 - 1.3.7 Australian Council On Health Care Standards – The EQUiP Guide 3rd Edition (or as amended)

2. OBLIGATIONS

2.1 Obligations - Legal

- 2.1.1 The objective of the Occupational Health & Safety (OH&S) Act 2000 (or as amended) is to protect the health and safety of people in the workplace. Fire safety is one of many issues that need to be considered when thinking about work health and safety. In respect of health facilities, responsibility for ensuring adherence to the requirements of the Act in the first instance rests with Health Service Boards and this responsibility may extend to individual Board Members under Section 26 of the OH&S Act.
- 2.1.2 The OH&S Act 2000 places the duties upon employers to ensure the health, safety and welfare of all its employees: section 8(1). There is also a duty upon employers to ensure that persons other than employees are not exposed to risks to their health or safety arising from the conduct of its undertaking while they are at its place of work: section 8(2).
- 2.1.3 The OH&S Act also places a duty on a person who has control of premises used by people as

a place of work to ensure that the premises are safe and without risks to health: section 10. Where a health service or other public health organisation leases or otherwise makes available premises to be used as a place of work to external parties, then the public health organisation has a duty to ensure that those premises are safe and without risks to health to the external parties. Where public health organisation has only limited control over the premises, it will only be responsible to the extent of its control. For example, the public health organisation may have control over the building and the fire safety devices available in the building but not over the way an external party carries out any work it is doing.

2.1.4 Liability under the Act has been described as absolute, with the courts having made it clear that the term “ensure” involves “guaranteeing, securing or making certain”. Fire safety is important in ensuring the health, safety and welfare of employees, patients and visitors of health care facilities. Health Service Boards should take these guidelines into account when considering their obligations under the OH&S Act. Breaches of the Act can result in substantial fines.

2.1.5 In addition, Health Services, as the occupiers of health care facilities, owe a duty of care to anyone who enters a health care facility, to ensure that the facility is safe to be in. This duty of care includes a duty to ensure that the facility is safe from fire related risks. If a breach of the duty leads to personal injury or damage to property, then the person affected can sue the Health Service for compensation.

2.1.6 Furthermore, the Environmental Planning and Assessment Act 1979 permits Councils to issue a range of orders in respect of fire safety issues which may extend to include ceasing activities at a premises.

2.1.7 Where Health Services take delivery of new or refurbished facilities, prior to occupation the Health Service executive should obtain from the Project Manager a list of requirements for maintaining fire safety at the facility (a Fire Safety Schedule under clause 168 of the Environmental Planning and Assessment Regulation 2000), that will form the basis for future Annual Fire Safety Statements.

2.1.8 Pursuant to clause 177 of the Environmental Planning and Assessment Regulation 2000, the Department requires Health Services to submit an Annual Fire Safety Statement in respect of each health care facility operated by them to the relevant Local Council and the Commissioner of the New South Wales Fire Brigade.

2.2 **Obligation - Facilities**

2.2.1 In the implementation of these policies “Health Services” (refers to the Department of Health, public health organisations as defined under Section 7 of the Health Services Act 1997 including Area Health Services, Corrections Health Service, The Children’s Hospital Westmead and the NSW Ambulance Service) are responsible for the prioritisation of necessary works and management of programs to facilitate remedial works that may be beyond the capacity or financial authorisation limit of the Facility Manager. The Department of Health responsibility is to oversight the performance of the Health Services in meeting their obligations and provides policy advice and assistance as required on planning, capital, operational and regulatory matters.

3. **FIRE SAFETY MANAGEMENT**

3.1 The effective management of fire safety in health care facilities can be achieved by:

3.1.1 Instituting a program to implement fire safety requirements in all buildings with emphasis placed on critical deficiencies.

- 3.1.2 Providing fire protection equipment and systems installed to the minimum standard required by the Building Code of Australia and Australian Standards.
- 3.1.3 Providing suitable emergency evacuation plans and procedures.
- 3.1.4 Ensuring that all staff are trained in fire prevention, the use of fire equipment and fire system awareness and fire emergency response procedures.

4.1 APPOINTMENT OF A FIRE SAFETY OFFICER

- 4.1.1 All health care facilities shall appoint a member of their permanent staff to act as the facilities Fire Safety Officer. The selected member of staff may undertake Fire Safety Officer duties as part of other duties as a permanent staff member, or be employed full time as a Fire Safety Officer.
- 4.1.2 The size and nature of occupancy (ie Nursing Home, Major Hospital, Day Stay Unit) will determine the level of fire safety related experience required and whether the role should be full time or as part of other duties as a permanent staff member.
- 4.1.3 Salary levels for Fire Safety Officers are determined in the Health Employees (State) Award.

4.2 FIRE SAFETY TRAINING REQUIREMENTS FOR HEALTH CARE FIRE SAFETY OFFICERS

- 4.2.1 The requirement for Fire Officer training is based on role and experience. The two categories are:
 - 4.2.1.1 Level one (L1) fire safety awareness training is attended by an employee with limited or no fire safety experience and who is fulfilling a secondary appointment role. Appropriate for smaller facilities or at a localised level in a major hospital or Health Service. The smaller facility may rely on specialist advice and support through the NSW Fire Brigade or a Fire Safety Consultant.
 - 4.2.1.2 Level two (L2) fire safety management training is attended by an employee who has had considerable fire safety management experience (and a minimum of 12 months experience after attending L1 fire safety training) and who is employed full time or less than full time hours as the facilities Fire Safety Officer. Appropriate for larger facilities, major hospitals and Health Services, which require ongoing specialist fire safety management skills.
- 4.2.2 To ensure an informed and standard approach to fire safety advice and training in NSW health care facilities, appointed Fire Safety Officers are to attend either a level one (L1) or level two (L2) training program. Sample Duties Statements are included at Appendix three. Where possible, attendance at the appropriate level of training shall be within three months of appointment.
- 4.2.3 For salary purposes the levels of training outlined above (ie level 1 and level 2) are not to be taken into account in the determination of salary levels for Fire Safety Officers as contained within the Health Employees (State) Award.
- 4.2.4 Staff fire safety training shall only be conducted by holders of a Training Small Groups Certificate or equivalent for Fire Safety Officers who have attended the L1 fire safety training and Certificate IV Workplace assessment and training for Fire Safety Officers who have attended the L2 fire safety training.

4.3 L1 “Fire Safety Awareness Training.”

- 4.3.1 This training program is designed for employees working in health care

facilities that have been given a responsibility for fire safety but have limited or no previous fire safety experience. This might involve staff who have a secondary fire safety role, either in a small health care facility, or at a localized level in a larger hospital. A L1 training program shall include the following:

- chemistry of fire
- identification & operation of fire fighting equipment
- fire protection systems
- fire emergency response (including Fire Brigade expectations)
- fire prevention and basic fire safety inspection
- fire safety training
- evacuation

4.3.2 Providers of L1 training may be:

4.3.2.1 A Fire Safety Officer who has completed the L2 fire safety training (with Certificate IV in Workplace assessment and training)

4.3.2.2 NSW Fire Brigades Comsafe Training Services. Contact phone no.:(02) 93184824

4.3.2.3 Agents with a demonstrated fire safety management and training record of at least 3 years in health care facilities and who hold a Certificate IV in Workplace training or equivalent.

4.4 L2 “Fire Safety Management Training.”

4.4.1 This training program is designed for employees working in health care facilities who have a full time or part time fire safety management role. Participants would be expected to be able to demonstrate previous experience in a professional fire safety management role (Fire Brigade, Fire Safety Consultant, Fire Safety Officer) or have completed L1 fire safety training and had at least one year experience in the Fire Safety Officer role and hold a certificate 4 in Workplace

Training and Assessment or equivalent. A L2 training program shall reflect the expected experience of participants and be designed to include:

- maintenance/servicing/testing of fire fighting equipment
- maintenance/servicing/testing of fire protection equipment
- fire safety surveys
- Fire Brigade operations
- fire emergency response policy & procedures
- risk assessment strategies and pre-planning
- fire safety training including program development
- evacuation

4.4.2 Providers of L2 training may be:

4.4.2.1 NSW Fire Brigades ComSafe Training Services (Ph 02 93184824)

4.4.2.2 Agents with a demonstrated fire safety management and training record of at least 3 years in health care facilities and who hold a Certificate IV in Workplace training and assessment or equivalent.

4.4.3 Appendix 2 is a listing of training modules including sub-topics. Training programs for L1 and L2 should be formulated around these modules. Further information, to assist with the development of training programs, may be obtained by contacting the Australian Fire Authorities Council Phone: (03) 94192388 or by utilizing the new Public Safety Training Packages.

- 4.4.4 Informed fire safety training is considered an essential risk management strategy designed to maximise staff response to a fire emergency during periods before and after the arrival of the Fire Brigade. Health Service executives and facility controllers are reminded of their obligations in relation to fire safety training and suitable training programs.

4.5 Recertification

- 4.5.1 Every Health Service Fire Safety Officer should undertake “recertification” at intervals of not greater than 3 years to maintain their qualifications. Suggested course duration is:

- 4.5.2 Level 1 Full day course comprising:

4.5.2.1 Assessment of current competencies

Updating on:-

Fire Detection Systems

Latest /legislation/guideline requirements

Emergency Warning Communication System (EWIS)

First Attack Fire Fighting Equipment (Fire extinguishers, hose reels and fire blankets)

Workshop issues relating to position

- 4.5.3 Level 2 Full day course comprising:

4.5.3.1 Assessment of current competencies

Updating on:-

Protection Systems

Risk Assessments

Emergency Response

Building Code of Australia

Review of Fire Safety Training

Workshop issues relating to position

5. STRUCTURAL PROVISIONS - GENERAL

- 5.1 Structural provisions for Health Services are identified in the Building Code Of Australia and referenced Australian Standards. Where premises are licensed by the Health Department under the Private Hospitals and Day Procedures Centres Act and Nursing Homes Act, the special provisions of those Acts and associated Regulations will also apply.
- 5.2 BCA and Regulations identify minimum standards of fire safety and are subject to regular review and change. These changes may occur without the knowledge of persons responsible for the management of facilities and render a building to possess a standard less than the current minimum. Where this occurs, issues of non-compliance may be brought to notice either:
- 5.2.1 through an involuntary process which may involve local Council or the NSW Fire Brigades Fire Safety Division issuing Notices, or
- 5.2.2 a proactive approach whereby management initiates a review process.
- 5.3 Identified deficiencies should, where possible, be acted upon immediately but dependent on requirement this may not be possible. If necessary, required works will need to be prioritised to reflect two primary factors:
- 5.3.1 Nature and use of the building including circumstances of the occupants.

5.3.2 Nature of the works to be undertaken.

- 5.4 Matters which are conducive to occupant safety (emergency lights, exit signs, fire and smoke detection systems) should have a higher priority than matters related to property protection.
- 5.5 The implementation of a program to rectify identified deficiencies needs to be an automatic extension of any formal notification or review process. Failure to do so may render those responsible negligent.

6. **STRUCTURAL PROVISIONS - REVIEW PROCESS**

- 6.1 A regular review, but not less than once every four years, of structural requirements in terms of existing BCA and Regulations should be conducted for all health care facilities. The following resources may be used:

- 6.1.1 NSW Fire Brigades - Risk Management Division Phone: (02) 97427400.

- 6.1.2 The Building Department of Local Council.

- 6.1.3 Private Building Consultants specialising in Building Regulations and their application. Where CEO/facility managers seek to procure services of consultants specialising in Building regulations they should, prior to engagement, satisfy themselves that the consultant has appropriate credentials including a minimum of 3 years experience in the field of fire safety in addition to formal building qualifications.

- 6.2 The approach taken in reviewing a facility may vary but will generally follow one of two methods:

- 6.2.1 A prescriptive approach which directly compares building circumstance against literal requirements of the Codes and Regulations with the resultant recommendations reflecting those provisions.

- 6.2.2 A performance based assessment of building circumstances against the intent and objective of the Code and Regulations. In this case the recommendation will reflect the specific need and function of the facility.

- 6.3 Generally the Fire Brigade and Local Councils will elect to adopt the first approach and consultants will take the second. Managers may decide in the first instance to invite the Fire Brigade or Council to assess the facility and then to have the resultant report considered and prioritised by a consultant. This may be particularly relevant for existing buildings that are unable, or would find it extremely difficult, to meet the prescriptive requirements of the Building Code, but may be able to demonstrate a performance based package of fire safety measures that will satisfy the Codes intent and objectives.

- 6.4 The Department encourages those responsible to adopt a proactive approach in meeting necessary safety requirements including ongoing changes to Standards which may from time to time be introduced.

7.1 **STRUCTURAL PROVISIONS - PROCEDURES FOR SEEKING DISPENSATION – PUBLIC FACILITIES**

- 7.1.1 In those cases in which an organisation wishes to appeal against a determination on structural provisions a letter giving full details, supported by the appropriate drawings (plans and elevations and where necessary site plans showing proximity to other buildings either on the site or adjoining), should be forwarded to the Chief Executive Officer of the Health Service for consideration. Photographs or other supporting documentation may also be supplied to support the recommended position.

- 7.1.2 If endorsed by the Chief Executive Officer, the request for dispensation should then be submitted to the Director, Asset Management Implementation Branch, NSW Health for consideration. In order to consider such applications, NSW Health will require a statement in writing that the dispensation if approved will not put at risk the safety of persons who occupy the facility (staff, patients or members of the public).
- 7.1.3 Authority to approve dispensation rests with the Director, Asset Management Implementation Branch, Department of Health under delegation from the Minister.

7.2 STRUCTURAL PROVISIONS - PROCEDURES FOR SEEKING DISPENSATION – PRIVATE FACILITIES

- 7.2.1 In circumstances where private organisations wish to seek dispensation from meeting particular building code requirements they should, in the first instance, contact the local Council. Rights of appeal are available through the Land and Environment Court.

8. FIRE PROTECTION

- 8.1 Fire protection and the means of detecting and extinguishing fire should be installed only in accordance with the requirements of the Building Code and associated Australian Standards, or as a part of a deemed to satisfy performance based package approved by the local Council.
- 8.2 A record of all tests and maintenance in accordance with the Environmental Planning and Assessment Act 1979 is to be kept by the person responsible – generally the appointed Fire Safety Officer. Test and maintenance requirements for fire protection equipment are identified in the Building Code and relevant Australian Standards.
- 8.3 Deficiencies found with fire protection systems or equipment during inspection and testing should be remedied as a priority. If necessary suitable contingencies will need to be put in place to counter the impact of unserviceable equipment or systems while under repair or waiting replacement.

9. FIRE SAFETY AND EMERGENCY RESPONSE PROCEDURES

- 9.1 All health care facilities must have formalised fire safety and emergency response procedures. These procedures must be designed around the special needs of the facility concerned. The procedures should be reviewed at least annually and as required and where necessary updated to reflect any changes to installed systems, emergency response protocols or regulatory change.
- 9.2 Emergency response procedures should form part of the facilities overall Internal Emergency Response Procedures as identified in Australian Standards (AS4083-1997) - “Planning for Emergencies - Health Care Facilities” and (AS3745-2002) Emergency control organisation and procedures for buildings, structures and workplaces or as amended. Procedures will generally take two forms:
- 9.2.1 A detailed document containing aims, objectives, building systems\ information, roles and responsibilities, evacuation procedures and so on applying to both fire and other internal emergencies as identified in the Australian Standard. Suitable numbers of the document should be provided so that all staff have ready access to the information.
- 9.2.2 A summary flip chart providing brief detail on fire emergency responses as well as other internal emergencies and which is colour coded to accord with the requirements outlined in the Australian Standard 4083 - 1997 “Planning for Emergencies - Health Care Facilities”

Fire/Smoke	Red
Medical Emergency	Blue
Bomb Threat	Purple
Internal Emergency	Yellow
Personal Threat	Black
External Emergency	Brown
Evacuation	Orange

9.2.3 Copies of the flip chart should be displayed throughout the facility for easy access by staff.

9.3 In New South Wales the acronym RACE is a generally accepted term for identifying fire emergency response procedures:

Remove (persons in immediate danger if safe to do so)

Alert (raise the alarm)

Confine (the fire and smoke by closing all doors and windows if safe to do so on exit)

Extinguish (the fire if safe to do so)

9.4 Attached at Appendix four are model procedures that Health Care Facilities may consider incorporating when developing local procedures.

9.5 For assistance in developing Emergency Response Procedures, advice should be sought from any of the following sources:

9.5.1 The New South Wales Fire Brigades Comsafe Training Services

9.5.2 Fire Safety Officers who have attended L2 fire safety training

9.5.3 Private consultants specialising in Health Care Fire Safety

9.6 In addition to written procedures, all health care facilities should have wall mounted localised floor plans displayed showing:

- Exit routes and exit points
- Fire and smoke doors
- Manual alarm points
- Fire fighting equipment
- Fire alarm indicator / mimic panels
- Assembly areas
- "You Are Here" reference point

9.7 Note: Floor plans are to be properly orientated to avoid any confusion in interpreting displayed information.

Location: At each nurses station, reception station and in strategic locations throughout the/other facilities.

9.8 In the event of a fire or emergency occurring, CEO/facility managers are reminded of their obligation under DoH Circular No 97/98 "Incidents Reportable to the Department" currently under review.

9.9 Licensees of private health facilities are reminded of their obligations under the relevant licensing legislation.

10. FIRE SAFETY TRAINING AND EVACUATION EXERCISES

10.1 All staff should be instructed in fire safety and fire emergency response. Such training should include practical use of fire fighting equipment and practice evacuation exercises. Training

should be given to new staff as an integral part of the orientation program and on a continuing basis thereafter. Fire safety training and evacuation exercises should be carried out as frequently as required to ensure that all staff understands the function of fire protection systems, the safe operation of fire fighting equipment, and their roles and responsibilities during a fire alarm/emergency.

10.2 Notwithstanding the difficulty experienced in staff attending training lectures and exercises the following minimum requirements should be met. Fire safety training is to be carried out at sufficient intervals so that each member of staff attends a course of lectures at least once a year. Contents of the lectures to include:

10.2.1 Fire prevention.

10.2.2 Fire emergency response procedures.

10.2.3 Installed fire safety systems - purpose and operation.

10.2.4 Practical work on use of fire extinguishers, fire blanket and hose reels.

10.2.5 Practical work on other installed specialist fire emergency equipment.

10.3 Executives of Health Services and facility owners/controllers are required to retain details which record the content of training programs and personnel trained.

10.4 A fire drill and/or evacuation exercise should be carried out at least once a year in all health care facilities. The drill need not necessarily be on a large scale, although in larger establishments this is desirable. Irrespective of the scope of the drill/exercise it should simulate a fire emergency situation in order to test the following:

- Action taken by staff
- Communication
- Existing fire and evacuation procedures
- Installed fire protection systems

10.5 Note: Rehearsal of emergencies for patient care areas need only include primary elements (workshop exercise). Actual patient transfer and building evacuation are not required.

11. **APPROVED FIRE SAFETY TRAINING**

11.1 The standard of fire safety training given to staff should be of a high level so only approved resources may be used for this purpose. Fire emergency response training should only be planned and carried out under the direction of a suitably qualified healthcare Fire Safety Officer, Private Consultant (with a demonstrated fire safety management and training record of at least 3 years in health care facilities and who hold a Certificate IV in Workplace training and assessment or equivalent) or by the New South Wales Fire Brigades Comsafe Training Services.

12. **HOT WORK PERMITS**

12.1 All "Hot Work" such as welding, oxyacetylene cutting, paint stripping, vinyl laying etc and being conducted outside the confines of a dedicated workshop should be the subject of an approval process managed by the nominated Fire Safety Officer. Permit detail should include the following as a minimum:

12.1.1 Date and time operation commenced and expected duration.

12.1.2 Name of contractor/staff member.

12.1.3 Nature of work and location.

- | | | | | |
|---|---|-----|-----|----|
| - | Fire alarm system isolated - staff in area notified | Yes | No | |
| - | Fire fighting equipment available | | Yes | No |
| - | Operator knows how to use equip. | | Yes | No |
| - | Operator knows how to raise alarm | | Yes | No |
| - | All combustible material removed/made safe | | Yes | No |

12.1.4 Approval signature block

12.1.5 Completion check detail. Time work completed

- | | | | |
|------------------|-----|-----|----|
| Area checked | Yes | No | |
| Fire alarm reset | | Yes | No |

12.1.6 Completion signature block

12.2 Hot work permits are to be retained at the site for the duration of the approved activity. A register of all Hot Work permits should be retained for a minimum of 12 months.

12.3 Australian Standard AS1674.1 – 1997 “Safety in Welding and Allied Processes“ provides additional detail in relation to this matter and should be used as a reference point where necessary.

13. FIRE SAFETY ADVISORY SERVICES

13.1 The primary source for advice on general fire safety matters is the New South Wales Fire Brigade. Contact detail is as follows:

13.1.1 Fire Safety Training

NSW Fire Brigades ComSafe Training Services 189 Wyndham Street Alexandria NSW 2015	Phone: (02) 93184824
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13.2 Advice specific to healthcare facilities including formulating Fire Safety Officer Duty Statements and participation on Fire Safety Officer employment selection panels may be sought from representatives of the Institute of Healthcare Fire Safety as follows:

Mr Colin Anlezark
Wentworth Area Health Service
Phone (02) 47343175

Mr Wayne Johnson
Illawarra Area Health Service
Phone: (02) 42225259
Mobile 0411402491

13.3 Inquiries regarding building regulations should be directed either to the Local Council or the NSW Health Department. Contact detail as follows:

13.3.1 **NSW Health**
Director
Asset Management Implementation Unit
Locked Mail Bag 961

13.3.2 **Local Council as applicable**

13.3.3 **Fire Authorities Council**

Tel: (03) 9419 2388

13.4 Specialist fire safety advice and provision of fire safety training may also be sought from suitably qualified hospital Fire Safety Officers and private consultants.

**NSW Health Policies including
BCA/Fire Related Circulars**

- 93/82 Building Code of Australia and its application
- 97/28 Purchasing under State Government Contract - Carpet Floor Coverings
- 97/78 NAF P-111 Vaporising Liquid Fire extinguishers
- 97/84 Enhancement to 97/78

HEALTH CARE FIRE SAFETY MANAGEMENT TRAINING MODULES

Module	Module Name
1	<i>Basic Chemistry of Fire</i>
2	Fire Fighting Equipment
3	Fire Protection Systems
4	Fire Brigade Operations
5	Fire Prevention
6	Fire Emergency Response
7	Fire Evacuation
8	Fire Emergency Procedures
9	Fire Safety Surveys
10	Fire Safety Training Course Content

MODULE 1

BASIC CHEMISTRY OF FIRE

- Characteristics of fire
- Combustion triangle
- Heat transfer
- Flash point
- Density
- Smoke behaviour

MODULE 2

FIRE FIGHTING EQUIPMENT

- Identification of fire extinguishers
- Operation of fire extinguishers
- Installation of fire extinguishers
- Service and maintenance of fire extinguishers
- Operation of fire hose reel
- Service and maintenance of fire hose reel
- Equipment location signposting
- Fire blanket – removal and safe use
- Fire blanket – location and servicing

MODULE 3

FIRE PROTECTION SYSTEMS

- Identification & operation of smoke & fire doors
- Emergency & exit lighting
- Manual call points
- Hydrant & brigade booster systems
- Smoke exhaust systems
- Identification & operation of heat & smoke detection
- Operation of fire alarm panels
- Identification & operation of sprinkler systems
- Specialist fire detection, eg VESDA
- Service & maintenance of fire protection systems

MODULE 4

FIRE BRIGADE OPERATIONS

- Organisational structure
- Rank structure
- Operational role
- Support services
- Fire brigade expectations
- On-site operations
- Fire investigation

MODULE 5

FIRE PREVENTION

- Housekeeping
- Electrical safety
- Hazardous substances
- Dangerous goods
- Smoking policies
- Risk assessment strategies
- Storage and handling of gas cylinders
- High risk areas

MODULE 6

FIRE EMERGENCY RESPONSE

- Fire Brigade response
- Other Emergency Services
- Response priorities
- Management actions (internal)
- Hospital Fire Officer actions
- Communication
- Post incident briefing

MODULE 7

FIRE EVACUATION

- Stages of evacuation – patient care
- Stages of evacuation – non patient care
- Location of assembly areas
- Emergency Warning Intercommunication Systems
- Patient triage
- Patient removal techniques
- Human behaviour

MODULE 8

FIRE EMERGENCY PROCEDURES

- Procedure formatting
- Procedure content
- Summary Flip Charts
- Wall mounted evacuation plans
- Australian Standard 4083
(Planning for emergencies – health care facilities)
- NSW Healthplan
- Department of Health policies
- Procedure testing (practice exercises)

MODULE 9

FIRE SAFETY SURVEYS

- Building Code of Australia
- Australian Standards
- Principles of building fire safety design
- Fire safety checklists

- New Building Works
- Australian Council on Healthcare Standards requirements
- Health facility site visit

MODULE 10

FIRE SAFETY TRAINING

- Fire prevention
- Fire Emergency response procedures
- Installed fire safety systems – purpose and operation
- Practical work on use of fire extinguishers, fire blanket and hose reels
- Practical work on other installed specialist fire emergency equipment
- Training requirements
- Training program content
- Training records

SAMPLE FIRE SAFETY OFFICER DUTIES

Fire Safety Officers who have undertaken Level 1 (Fire Safety Awareness) would undertake the following duties:

- Ensure that appropriate written fire safety and fire emergency response procedures are available.
- Ensure that all staff participate in fire emergency response training. Such training is to include practical evacuation exercises. Maintain related records.
- Ensure all fire safety equipment and fire protection systems are tested and maintained in accordance with relevant standards and regulations. Maintain related records.
- Supervise day to day fire prevention, protection and fire safety functions within the facility.
- Develop a working relationship with the local Fire Brigade and related emergency services.

Conduct practical evacuation drills/exercises and provide orientation for new staff

Fire Safety Officers who have attended Level 1 training would also:

- Conduct staff training within their facility where they hold "Training Small Groups" certificate.

SAMPLE FIRE SAFETY OFFICER DUTIES

Fire Safety Officers who have attended Level 2 fire safety management training would undertake the following duties:

- Review and update, as required, procedures and manuals for fire safety and emergency situations.
- Program regular maintenance of fire detection, fire suppression and fire fighting equipment.
- Develop and implement regular Fire Safety, First Attack Fire Fighting and Evacuation training programs, (contents as stipulated in these guidelines) to all staff.
- Highlight and initiate maintenance work to correct unsafe or potentially dangerous fire risk situations.
- Oversee day to day fire prevention, protection and fire safety functions.
- Conduct regular fire safety reviews, participate in fire risk management activities and provide fire safety advice as required.
- Develop a working relationship with the local Fire Brigade and related emergency services.
- Participate in the facilities Disaster Planning Committee meetings
- When on site, respond to all fire alarms, and assist during other emergencies as required.
- Be a member of the OH&S committee (where formed)
- Co-ordinate the Annual Fire Safety Statements to local Council and NSW Fire Brigade.

Conduct Level 1 Fire Safety training where they hold a certificate IV in Workplace Training and Assessment.

APPENDIX 4

WHAT TO DO IN THE EVENT OF A FIRE

Health Care Facilities are required to develop local procedures that outline what should be done in the event of a fire. Local procedures may include the following information:

- In the event of a fire staff should remember the acronym R.A.C.E
 - **R**emove people from immediate danger (if safe to do so)
 - **A**lert anyone close to the fire and alert the switchboard operator, who will contact the Fire Brigade, or dial 000 and ask for the Fire Brigade. Tell them:
 - The facility name, address and the caller's telephone extension number
 - The exact location of the fire or smoke, nearest cross street and entry point
 - **C**onfine the fire and smoke by closing all doors and windows (on exit)
 - **E**xtinguish the fire if safe to do so.

The above actions should, depending on the availability of staff, be undertaken simultaneously.

Evacuation:

The authority to order the evacuation of an area or building is generally vested with Supervisors and Managers. However, any staff member discovering an incident necessitating the immediate evacuation of an area, should ensure life and safety is not compromised by seeking the authority to evacuate.

IF IN DOUBT – EVACUATE

Evacuation of an entire facility would be decided in consultation with the senior emergency service personnel on site and the most senior facility manager available (or their delegate). This would then be communicated via the predetermined emergency management system.

- **Evacuation Procedure Guidelines:**

Patients will be prioritised, transferred and assembled under the direction of clinical staff. The situation should be assessed before the decision to evacuate is made. Consideration should be given to:

- Location of the fire, seriousness and extent of the fire
- Proximity to flammable materials and
- Nature and type of patient in the area.

If there is any doubt evacuation procedures should commence.

- **Stages in Evacuation:**

Evacuation of patients, staff and others should be conducted in three stages according to the severity of the emergency. These are:

- **STAGE 1:** Removal of people from the immediate danger area

Patients, staff and others in the immediate fire area need to be assembled at a safe distance from the fire and smoke. Once the area has been evacuated, doors should be closed to localise the fire and smoke.

- **STAGE 2:** Removal of persons to a safe area

Should the severity of the fire and smoke warrant further evacuation patients, staff and others should be moved through the fire doors or smoke doors to safe areas. This may be to an adjoining compartment protected by fire and smoke doors on the same level or to another level.

Note: When evacuating a complete floor, patients should be generally moved to a floor on a lower level.

- **STAGE 3:** Complete evacuation of the building

Should the emergency necessitate evacuation of the entire building, the resources of all available staff are required to assist in the movement of patients, staff and others to a place of safety.

- **Prioritisation of patients to be evacuated:**

Clinical staff are responsible for prioritising the order in which patients are evacuated from wards. Generally the following priorities apply:

1. Ambulatory patients, requiring a member of staff to guide or direct them to a place of safety
2. Semi-ambulant patients, requiring some physical assistance
3. Non-ambulant patients who need to be physically moved or carried

Clinical staff must predetermine the most suitable method of evacuating each type of patient depending on their conditions and the severity of the fire situation, with due consideration given to their ongoing medical needs, particularly priority 3 patients. Where, following the incident, the unit/facility remains unsafe to be re-entered, relevant local contingency plans need to be activated to ensure ongoing care of patients/residents, and restoration of services and security of the affected premises.

- **Assembly areas:**

Patients, staff and others should be assembled in predetermined locations that do not impinge on emergency service access or operations. Flying debris from the affecting building also needs to be considered when determining locations.

Note: For further information on evacuation from bomb threats, refer to the NSW Health Security Manual.

- **Lifts:**

Lifts should not be used in a fire emergency unless authorised by Fire Brigade personnel. Fire isolated stairs and escapes should be used.

- **STAGE 4:** Aggressive, violent or resistive persons

Strategies should be in place to handle aggressive, violent or resistive persons during evacuation.