



Capital Development Guideline — Series 7

Fire Risk Management Policy and Procedures

Short Term Emergency (Contingency) Accommodation

Fire Risk Management — 2013

7.11



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Abbreviated Terms

The following abbreviated terms are used in this document.

ABCB	Australian Building Codes Board
AFAC	Australasian Fire Authorities Council
AS	Australian Standard
BAB	Building Appeals Board
BCA	National Construction Series – Building Code of Australia
CDG	Capital Development Guideline(s)
CFA	Country Fire Authority Victoria
CSO	Community Service Organisations
DH	Department of Health Victoria
DtS	Deemed-to-Satisfy
FBIM	Fire Brigade Intervention Model
FEB	Fire Engineering Brief
FER	Fire Engineering Report
FERPTF	Fire and Emergency Response Procedures and Training Framework
FIP	Fire Indicator Panel
FRM	Fire Risk Management
FRMU	Fire Risk Management Unit of the Department of Human Services
FSE	Fire Safety Engineer
IFEG	International Fire Engineering Guidelines 2005
MFB	Metropolitan Fire and Emergency Services Board
NGO	Non-Government organisation
RBS	Relevant Building Surveyor
SOU	Sole Occupancy Unit
SWMS	Safe Work Method Statement

1. Introduction

1.1 General

Guideline 7.11 – Short Term Emergency (Contingency) Accommodation specifies the minimum fire risk management requirements for emergency short term (contingency) accommodation buildings that are owned, operated or funded by the Department of Human Services (DHS) or an *agency* that has a service agreement with the Department.

The nature of the short term emergency (contingency) accommodation is that the need to provide accommodation to children and persons with a disability can arise at very short notice, for example as a result of a court order or any other order.

The purpose of this policy is to outline the requirements and processes for Divisional Areas to manage fire risk in temporary 24-hour staffed residential type care buildings/facilities provided for children and young people in out-of-home care or persons with a disability assigned to the Department. Occupation of these buildings under these circumstances is limited to a maximum of 6 months.

The model of care is for emergency short term accommodation on an 'as required basis' at appropriate locations throughout the state. These properties may not be a permanent building/facility owned or operated by the Department and may come from general rental stock, or the private rental market for the duration required.

The *fire safety strategy* needs to take into consideration that minimal capital works will be feasible without compromising life and fire safety.

If the building is used beyond the 6 month period by a *client*, the building must comply with either CDG 7.4 – Fire Risk Management in Supported *Community-based Houses* or CDG 7.7 – Fire Risk Management in *Community-based Houses*.

The buildings are proposed to be used as emergency short term accommodation for children assigned to the care of the Department by a Custody to Secretary Order, Guardianship to Secretary Order or other Court Order. A fire safety review, including a qualitative *fire risk assessment* (where required), should be used to determine a *fire safety strategy* with appropriate fire safety measures.

The *accredited fire safety engineer* and *building surveyor* must be appointed, managed and overseen by the FRMU or other body appointed by the Secretary of the Department.

1.2 The purpose of this Guideline

The purpose of this Guideline is to provide appropriate levels of fire safety for staff, *clients* and other occupants of a building subject to the Guidelines, in part, by providing for appropriately qualified professionals such as *Fire Safety Engineers*, *Building Surveyors*, *Building Inspectors* and *Auditors*, to audit, assess and recommend steps to minimise fire risk, and to assess and report on acceptable standards of fire safety, in specific settings.

The use of this Guideline is subject to the following:

- (a) The Guideline does not constitute all of the possible fire safety matters that could apply to a specific situation, but is provided for assistance in determining appropriate fire safety measures. It is up to individuals acting with appropriate professional advice to determine its application to particular situations.

- (b) This Guideline must only be used for purposes within the range set out in the 'General' section at the start of this document and section 1.5.
- (c) If the building is used for more than 6 months by a *client*, the building must comply with CDG 7.4 – Fire Risk Management in Supported *Community-based Houses* or CDG 7.7 – Fire Risk Management in *Community-based Houses*.
- (d) A *client* cannot be housed for more than 6 months in any one single period or combined periods exceeding in aggregate 6 months.
- (e) If the *client* has changed in a building then a new *fire risk assessment* of the property must be undertaken which takes into consideration the location, building type and *client profile* to determine that the building is suitable for occupation in accordance with the CDG 7.2 by a registered *fire safety engineer accredited* by the Department and appointed by the FRMU.
- (f) In addition to the fire safety requirements and standards in the Guideline, owners, occupiers and operators of facilities and buildings may be subject to various other statutory, common law and contractual obligations. They should seek advice, including legal advice, on the existence and scope of these obligations.

1.3 Interpretations

In this Guideline, unless the contrary appears:

- headings are for convenience only and do not affect interpretation
- a reference to a statute or other law includes regulations and other instruments under it and consolidations, amendments, re-enactments or replacements of any of them
- words in the singular include the plural and vice versa
- where a word or phrase is defined, its other grammatical forms have a corresponding meaning
- mentioning anything after include, includes or including does not limit what else might be included.

1.4 Definitions

Words and expressions used in this document and throughout the associated Guidelines that are shown in *italics* are defined terms.

Appendix 1 of this document includes definitions used in this document.

1.5 Commentary

Commentary is provided in Appendix 2 for some clauses of this Guideline, to provide explanatory or background information in relation to the clause. Clauses that have commentary are identified with an asterix (*) in the clause heading.

1.6 Field of Application

The buildings are proposed to be used as Short Term Emergency (Contingency) accommodation for children or other persons assigned to the care of the Department by Custody to Secretary Order, Guardian to Secretary Order or other Court Order or agreement or persons with a disability under the care of the Department.

1.7 Limitations on Use

Buildings classified under this Guideline are only to be used for a period of up to 6 months by a *client*. Where the period of use exceeds 6 months by a *client*, compliance with Guideline CDG7.4 or CDG7.7 is required (prior to, or upon reaching, the 6 month anniversary of occupation).

A *client* cannot be housed for more than 6 months in any one single period or combined periods exceeding in aggregate 6 months.

If the *client* has or is proposed to be changed in a building then a new *fire risk assessment* of the property must be undertaken taking into consideration the location, building type and *client profile* to determine if the building is suitable for occupation in accordance with the CDG 7.2 by a registered *fire safety engineer accredited* by the Department and appointed by the FRMU.

1.8 BCA Classification*

A Short Term Emergency (Contingency) accommodation building is described in the BCA, generally classified as a class 3.

1.9 Sole Occupancy Unit

The sole-occupancy unit (SOU) must be taken to be the entire building, which is a single dwelling.

1.10 Documentation Requirements

Documentation confirming compliance with these Guidelines is primarily achieved by completing specified forms. The forms are set up as templates for each of the relevant roles, from Agency to Department, and outline the responsibilities for each.

These forms:

- (a) identify the fire safety requirements and considerations, assessments and subsequent actions or works to be undertaken.
- (b) provide space to record details of assessments, actions and works to be fully documented.
- (c) require management sign-off that all identified plans and actions have been completed to allow a temporary 24-hour staffed short term (contingency) accommodation building to commence.

1.11 Forms to be completed

To ensure the actions identified are undertaken, the forms and responsibilities for different purposes are outlined below. Refer to the FRMU for relevant forms.

Form	Responsibility	Purpose
7.11.1	Community Service Organisation Divisional Area Child Protection Director Director Corporate Services of the relevant Divisional area Area Director within the Divisional Areas	<p>Details of Proposed Building:</p> <ul style="list-style-type: none"> i. Documents basic details about the house in relation to the location, number of bedrooms and rental cost. ii. Ensures that the suitability of the property for <i>client</i> use is assessed. For example, a Divisional Area should not enter into a lease arrangement for a property situated in a high bushfire risk area to accommodate a <i>client</i> who has a history of fire lighting behaviours. A building assessment should be completed prior to the occupation of the building. iii. Ensures that the building or buildings are not used for more than 6 months in any one single period or combined periods exceeding in aggregate 6 months by a <i>client</i>. iv. Keeps records of all buildings used for short term emergency (contingency) accommodation within its Division and Area. <p>Staff Training and Operational Tasks:</p> <ul style="list-style-type: none"> i. Documents staff training requirements and operational readiness tasks to be undertaken to ensure fire safety compliance for temporary 24-hour staffed residential care facilities.
7.11.2	Divisional Area Child Protection Director	<p>Client Assessment:</p> <ul style="list-style-type: none"> i. Documents, for each <i>client</i>, characteristics and/or behaviours that could pose a potential fire risk and/or impact on their capacity to evacuate and understanding of personal safety. Risk management plans may be required to be developed for these <i>clients</i>.
7.11.3	Fire Risk Management Unit	<p>Fire Risk Assessment</p> <ul style="list-style-type: none"> i. Documents the fire risk safety inspection and report of the building and property. This may include, any fire safety equipment and procedures required to be installed to ensure fire safety compliance for temporary 24-hour staffed residential care facilities for a particular phase. Refer to section 2.0 below. ii. The <i>fire risk assessment</i> must be undertaken and signed by an <i>accredited fire safety engineer</i> in conjunction with an <i>accredited building surveyor</i>.
7.11.4	Fire Risk Management Unit	<p>Fire Safety Works</p> <ul style="list-style-type: none"> i. Manages the works that are required to be undertaken as defined in the Guidelines and fire risk assessment. ii. Documents the fire safety works that have been undertaken to the property as required by the Fire Engineering Report. <p>Compliance Certificate</p> <ul style="list-style-type: none"> i. Documents the compliance with the findings and works detailed in the Fire Risk Safety report.

1.12 Divisional recording and reporting requirements

In addition to these assessments, Divisions must keep up-to-date records on the use of all temporary 24-hour staffed short term emergency (contingency) accommodation buildings within their area.

A building must not be used for short term emergency (contingency) accommodation for more than six (6) months by any *client* without approval in writing from the Executive Director of the relevant Divisional area and the *FRM Review Panel*. The Divisional Director of Corporate Services and the Fire Risk Management Coordinator must be notified within 7 days of a determination being made, that a building will be required to operate for more than six (6) months by a *client*.

1.13 Client and Staff Profiles

The building will comprise of staff and children assigned to the care of the Department by Custody to Secretary Order, Guardian to Secretary Order, or other Court Order or agreement, or persons with a disability assigned under the care of the Department.

There must be at least one staff member on site at all times whilst the building is being occupied, as the building is to provide full time care to children. Provisions of a staff bedroom and/or office must also be provided for staff members.

Clients in the building will generally be children under the age of 18 years (a *client* over 18 years of age could potentially stay in the building with their younger siblings). Their age, and hence ability, can vary considerably. They will generally be ambulant, although some could suffer from injuries which may temporarily impair their mobility. However, the building is not intended for children with permanent disabilities who require staff assistance for their day to day activities.

Children admitted to the building may present a higher fire risk due to their personal circumstances and experiences.

An assessment of all children or persons with a disability must be undertaken by or on behalf of the Department prior to their admission. Children or persons with a disability who exhibit fire lighting behaviour must not be placed in this type of building, unless the building is sprinkler protected and/ or provided with 24-hour stand-up staff to mitigate this risk.

Based on the above, the *client profile* for the children can be considered to range primarily from Ambulant Type 1 to Ambulant Type 3 as set out in CDG 7.1.

1.14 Determining compliance with this Guideline

The process for determining compliance is described in the Forms detailed in Section 1.11 of this document.

2. Mandatory Measures and phasing of implementation

2.1 General

The nature of the short term emergency (contingency) accommodation is that the need to provide accommodation to children or persons with a disability can arise at very short notice, for example as a result of a court order or persons with a disability under the care of the Department. This Guideline therefore describes three distinct phases of implementation. These are:

- (a) **Phase 1** Interim measures (prior to occupation or within 48 hours of occupation)
- (b) **Phase 2** To enable compliance with this Guideline (beyond the interim period of 48 hours, to a maximum of 6 months)
- (c) **Phase 3** Occupation beyond 6 months.

2.2 Minimum mandatory measures in all phases

2.2.1 Fire Risk Assessment

A *fire risk assessment* of the property should be undertaken which takes into consideration the location, building type and *client profile* to determine that the building is suitable for occupation in accordance with the CDG 7.2 by a registered *fire safety engineer accredited* by the Department and appointed by the FRMU.

The *fire risk assessment* must include all the mandatory requirements as outlined in the Section 2.4. Written approval must be sought from the *FRM Review Panel* in the event that any *mandatory measure* is not able to be implemented.

Buildings should be reassessed each time there is a change in the *client profile* (but not necessarily a change in the actual *client*). If the needs of the new *client* are different to the existing *client*, and/or there is a change of *client*, then a different fire safety response may be required. In this case, a reassessment of the building must be undertaken.

Note: The building cannot be used for more than six (6) months from the original occupation date and the re-assessment process of the same building cannot be used to extend the occupation of the building beyond the original six (6) month period for a client already housed in a building subject to these guidelines. A *client* cannot be housed for more than 6 months in any one single period or combined periods exceeding in aggregate 6 months.

2.2.2 Rise in Storeys

All buildings must be of single storey construction.

2.2.3 Appliance Safety*

The following appliances are not permitted: solid fuel burning appliances - such as wood heaters and open fireplaces; or bar radiators.

Portable heating appliances **must not** be used or stored in *Short Term Emergency (Contingency) Accommodation*, except where alternatives are not practicable. In these situations, oil filled column heaters or electric panel heaters, that have an over heat cut out device fitted **must** be used, provided that the *Department* has consented in writing to the installation. All approved heating appliances must be inspected and tested in accordance with the AS/NZS3760.

Existing wood heating appliances or similar open flame devices must be secured so that they are unable to be used. Appropriate alternative forms of heating, such as column oil heaters, should be used.

2.2.4 Fire emergency procedures and training

Emergency instructions for the building must be developed. The instructions should include closing the door to the room of fire origin following the evacuation of any occupants.

An evacuation plan must be provided in the building and must also contain a summary of the evacuation instructions.

Staff must be provided with appropriate training including: use of the evacuation plan and the emergency instructions; smoke alarm operation; use of portable fire extinguishers and fire blanket; and first-aid fire fighting when it is safe to do so.

2.2.5 Fire separation of buildings*

Unless deemed by a *fire risk assessment* as complying with the performance requirements of the BCA, the external walls of the dwelling must be located not less than 900mm from the allotment boundary, or 1800mm from other buildings on the same allotment (excluding attached garages and carports).

2.3 Phase 1 – Interim Measures

The following interim measures must be implemented when immediate use of a property is necessary, and the minimum requirements detailed in Section 2.4 are unable to be met:

- (a) Provision of at least one 24-hour stand-up staff member until such time that the Phase 2 measures identified in section 2.4 are fully implemented, regardless of *client* assessment.

Note: Additional staff required may ‘sleep-over’ provided that at least 1 staff member is awake at all times.

- (b) Notification by the next business day to the FRMU, Director Corporate Services of the relevant Divisional area, and Area Director within the Divisional areas following implementation of the *fire safety audit* and *fire risk assessment process*.
- (c) Completion of a *client* assessment for every client placed in the building to confirm whether the client exhibits fire lighting, or other behavioural characteristics, which may place other *clients* at excessive life safety risk in an emergency.

Note: A child, who exhibits fire lighting or other fire risk behaviour, must not be placed in the building until a *fire risk assessment* of the property that takes into account the child’s risk profile, has been completed.

- (d) Installation of smoke alarms on the ceiling in every bedroom, in exit routes, hallways, living areas, staff offices/areas. Smoke alarms within bedrooms must be located so that they are within 3m from the bed head / pillow position and may be powered by a non-removable battery with a minimum expected lifespan of 10 years.
- (e) Removal of, or disabling, of all deadlocks, door chains and snibs to all external and internal doors, including security screen doors.
- (f) Identification of all emergency exit doors and paths of travel. These should be explained and shown to all *clients*.

- (g) Implementation of the Phase 2 *fire safety strategy* requirements which will be managed by the FRMU, with assistance from the Area Director and Director of Corporate Services in the relevant Division. These must be implemented on the next business day or no later than 48 hours.

2.4 Phase 2 – Minimum Measures*

The following minimum requirements are to be implemented and the *fire safety strategy* for the building must comprise of the following measures:

- (a) Review of the *client* assessment must be completed in Phase 1. Alternatively, a *client* assessment must be completed for every child who identifies characteristics or behaviours that may affect their, or another person's, ability to evacuate to safety.
- (b) Undertake specific *client* risk assessments for all *clients* that are to be accommodated. The results of the specific *client* risk assessment must be provided to the *building surveyor* and *fire safety engineer* for consideration in the *fire safety audit* and *fire risk assessment*. Unless special provisions are implemented through the *fire risk assessment* process, children who exhibit fire lighting behaviour must not be placed in a building.
- (c) Implementation of a strategy to manage and mitigate against the risk of fire for buildings housing children with fire risk behaviour. The strategy must include the installation of sprinkler protection. Alternatively, if sprinkler protection cannot be installed, 24-hour stand-up staff must be provided.
- (d) At least 1 staff member must be present when a building is occupied. The staff member may sleepover at night. However, where a *client* has been assessed as exhibiting fire lighting behaviour, then (c) above applies.
- (e) The building may have a maximum number of 4 unrelated children or *clients* from different families. The occupancy can be increased to 6 children to accommodate siblings from one family. The total number permitted must include any adult siblings accommodated.
- (f) Smoke alarms must be installed as set out below.
 - i. In accordance with CDG 7.7.
 - ii. Smoke alarms must be installed on the ceiling in every bedroom, in exit routes, hallways, living areas, staff offices/areas. Smoke alarms within bedrooms must be located so that they are within 3m from the bed head / pillow position.
 - iii. The smoke alarms must be either powered directly from the 240V main power supply with battery backup, or powered by a non-removable battery with a minimum expected lifespan of 10 years. All smoke alarms must be interconnected so that activation of a single smoke alarm will cause all smoke alarms in the building to sound. An alarm locate facility must be provided within the staff bedroom to enable the initiating smoke alarm to be readily identified.

- iv. The battery backup must be a type that is non-removable, with a minimum expected lifespan of 6 months without primary (mains) power supply.
 - v. The interconnection between smoke alarms may be either via hardwire interconnection or permanent radio-link.
 - vi. Smoke detection systems (including occupant warning) that comply with AS1670.1 are also acceptable. Where a smoke detection system is provided, the FIP or a mimic panel must be located in the staff bedroom and have the capability to identify alarms in individual bedrooms.
 - vii. Smoke alarms or smoke detectors must be of the photo-electric type.
- (g) The electrical wiring and switch board in the building must be checked and certified safe by a Registered Electrical Contractor. A residual current device (RCD) must also be installed.
 - (h) The *primary exit* door and doors located along the path of travel to that door must be readily opened without a key, from the side that faces a person seeking egress, by a single hand downward action or pushing action on a single device which is located between 900 mm and 1.1 m from the floor.
 - (i) Staff bedroom doors may be lockable but they must be able to be opened from the inside with a single-handed lever downward action without the use of a key. Other doors must not be able to be locked and must have lever type handles. All locks must be on a master key system which is to be kept by a staff member at all times.
 - (j) An extinguisher (minimum 2A:40BE) must be positioned in the kitchen on the egress side of the stove. If necessary for safety/security reasons, the extinguisher can be locked in a dedicated master key door hardware cupboard within the kitchen area, provided that it is clearly marked.
 - (k) A fire blanket complying with AS3504 must be installed on the egress side of the stove or cooktop, and it must be clearly visible and marked.
 - (l) Individual heaters, where provided, must be permanently fixed in position in accordance with the manufacturer's specifications.
 - (m) Emergency lighting must be provided and located as follows:
 - i. in the main living area
 - ii. not more than 3m from the *primary exit*
 - iii. in every passageway, corridor, hallway or the like that is part of the path of travel to the primary exit, with a maximum spacing between fittings of 10.5m (5.25m from corridor ends)
 - iv. fittings must comply with AS 2293.3, and have a minimum luminaire photometric classification of D10 in both transverse (C₀) and longitudinal (C₉₀) planes.

Note: Provision of exit signs is not required.

- (n) Fire emergency documents and staff training must be implemented as follows:
- i. All staff must receive adequate training in fire prevention, fire risk management and emergency procedures. The training must be repeated at regular intervals. This must be documented in a Fire and Emergency Response Procedures Manual. Reference must be made to the Department's FERPTF for further details.
 - ii. Staff must provide training/induction to all *clients* so that they are familiar with the fire safety and evacuation strategy.
 - iii. *Evacuation exercises* must be performed for each shift during the day, and at night, so that every staff member participates in at least one *exercise* every 6 months. Where practicable, *Clients* must be encouraged to participate in the *evacuation exercises*.
 - iv. Records must be made, submitted to management and retained. They must include:
 - the building address
 - staff participating in the *evacuation exercises*
 - date and time of the *evacuation exercises*
 - fire scenario simulated and anticipated results
 - names of *clients* who participated
 - names of observers present
 - any comments
 - follow-up actions including notification to managers of any issues arising.
- (o) The building must be added to the Department's monthly fire maintenance schedule, managed by the FRMU.
- (p) Regular maintenance of any installed ducted ventilation systems must be undertaken. This must include a full service within 4 weeks of occupation of the building.
- (q) Staff must have easy access to a telephone with emergency numbers entered into the telephone memory. The following minimum requirements apply:
- i. all staff on duty must carry a mobile phone; or
 - ii. the staff office/sleep-over bedroom must be located near a primary exit point with easy access to a telephone with a dedicated land line for emergency.
 - iii. The emergency numbers must be entered into the telephone memory.

2.5 Phase 3 – Occupation beyond Six (6) Months

If the building is used, or proposed to be used, for more than six (6) months, then the building must be compliant with either *CDG 7.4 – Fire Risk Management in Supported Community-based Houses* or *CDG 7.7 – Fire Risk Management in Community-based Houses* prior to the occupation of the building exceeding the six (6) month period.

A *client* cannot be housed or accommodated in the building subject to these guidelines for more than 6 months in any one single period or combined periods exceeding in aggregate 6 months.

Appendix 1: Definitions

The following definitions apply (either in lower or upper case) where used in these Guidelines.

Accredited

Means a person accredited by the Department of Human Services in the appropriate category to undertake a specific task.

Advisory Note

Means formal advice issued by the Department of Human Services in relation to application or interpretation of the Guidelines. Advisory notes are not mandatory but must be taken into account in any assessment process.

Agency

A third party organisation provided with funding or support by the Department to provide care for *clients*. Often also referred to as a Community Service Organisation (CSO) or Non-Government Organisation (NGO).

Auditor

Means a practitioner who is *accredited* to undertake *fire safety audits*. Accreditation may be limited to specific building or buildings and/or occupancy types.

Building Act

Means the *Victorian Building Act 1993* or as amended.

Building Code of Australia (BCA)

The National Construction Code Series - Building Code of Australia, as published from time to time by the Australian Building Codes Board.

Building Inspector

A person, who is registered in the category of building inspector (unlimited) by the Building Practitioners Board of Victoria or other appropriate Statutory Body for registering practitioners in the state of Victoria and has the appropriate experience in fire safety to apply and interpret these Guidelines and has been *accredited*.

Building Legibility

Relates to the complexity of the building layout which has an impact on the ease of way finding by the occupants or rescue personnel.

Building Regulations

Means the *Victorian Building Regulations 2006* or as amended.

Building Surveyor

A person who is registered under the category of *building surveyor* (unlimited) or *building surveyor* (limited) and be registered or eligible to be registered in the category of building inspector (unlimited) by the Building Practitioners Board of Victoria or other appropriate Statutory Body for registering practitioners in the state of Victoria and has appropriate experience in fire safety to apply and interpret these Guidelines and has been *accredited*.

Client

Is a natural person who is:

- (a) provided with accommodation, supervision and/or care or a young person on statutory supervision in the criminal justice system or any other person on statutory supervision in the care of the Secretary of the Department of Human Services or Secretary of Department of Health; or
- (b) provided with support for accommodation, supervision or care from another Authority, organisation or agency that has a service agreement with the Department of Human Services or Department of Health; or
- (c) a tenant or resident who is housed in rental accommodation provided by the Director of Housing or Department of Human Services.

Staff members, visitors or the public are not considered *clients*.

Client Profile

Means one or more of the following:

- Ambulant (Type 1) – A *client* who is able to understand and respond to an alarm and able to independently evacuate without staff present in the building.
- Ambulant (Type 2) – A *client*, who is able to understand and respond to an alarm, can evacuate with staff intervention or can evacuate independently with a delay. For example, staff implement the evacuation plan including providing verbal instructions, coordination, supervision and limited physical assistance, such as hand or arm holding.
- Ambulant (Type 3) – A *client* who is not able to understand and respond to an alarm but, can evacuate with staff intervention. For example, staff implement the evacuation plan including providing verbal instructions, coordination, supervision and limited physical assistance, such as hand or arm holding.
- Ambulant (Type 4) – A *client* who is able to understand and respond to an alarm but, may not be able to evacuate independently or, will take extra time to evacuate independently. They will require verbal instructions and substantial physical assistance from staff to evacuate. For example, removal from bed and placement in a wheelchair or stretcher.
- Non-ambulant (Type 5) – A *client* who is not able to understand or respond to an alarm and not able to evacuate without physical assistance. The *client* will require verbal instructions and substantial physical assistance from staff to evacuate. For example, removal from bed and placement in a wheelchair or stretcher.

Community – Based Houses

Houses of a typical domestic type construction and layout, which may be on separate sites or grouped together on one site; have 24-hour on-site support or care staff; where each house does not accommodate more than eight (8) *clients*, of which not more than one requires assistance to evacuate the building during an emergency.

Competent person

Is a natural person who holds required academic qualifications relevant to the activities they are undertaking under these Guidelines and is either:

- (a) not registered as a building practitioner in Victoria; or
- (b) is registered as a building practitioner in Victoria in the relevant category but either does not have the appropriate experience, or has not yet been assessed, for *accreditation* under these Guidelines.

A *competent person* is permitted to undertake work in relation to these Guidelines under the direct supervision of an *accredited* person who takes full responsibility and liability for the assessment, report and work.

Department

Is either the Department of Human Services (DHS) or Department of Health (DH) as appropriate that has authority to make decisions or has control, management or supervision of the subject matter or provides funding.

Desktop (audit)

Used in reference to either a *fire safety audit* or a *fire safety compliance check*. This type of audit does not involve a physical site inspection and is therefore reliant on a careful examination of relevant documentation.

Evacuation Capability

The ability of the occupants (including *clients*, residents, visitors and staff), to evacuate a building. The evacuation capability takes account of the ability of staff and residents to assist each other during the evacuation.

Essential Safety Measures

Means same as definition in the Building Regulations.

Evacuation exercises

Real-time, full scale practice evacuations done to test and record actual evacuation capability and time.

Exercises

Training programs that are given to staff and/or residents to explain, promote and understand the emergency evacuation system. Examples could be walking residents through the egress system, explaining waiting areas, listening to alert and evacuation tones and practising door closing. Usually exercises are not done in real time as a 'test' evacuation, but are a training process. For example, additional exercises might be done to assist improving the drill time for a building.

Existing Building

A building that existed prior to the adoption of these Guidelines, whether or not that building was used for the purpose being considered under these Guidelines.

Fire Risk Assessment

An assessment of the potential for the realisation of an unwanted fire event, which is a function of the hazard, its probability and consequences. A Fire Risk Assessment is one or more, but normally a combination, of:

- a qualitative analysis;
- a quantitative analysis; and
- a regulatory assessment;

Depending upon the particular application, fire risk assessments can be undertaken by *accredited fire safety engineers* for specific buildings, or may form part of the specific technical outcomes of a Guideline.

Fire Risk Management (process)

The process of determining, by *fire safety audit* and *fire risk assessments*, whether an appropriate level of fire safety is achieved in a facility or building. As a minimum, an appropriate level of fire safety means the minimum statutory requirements applicable to that building or facility and implementation of the outcomes of a *fire risk assessment* based on use, building type, *client profile*, occupant profile, *staff profile* (if any), fire prevention training and ongoing maintenance.

Fire Safety Audit

The structured auditing of fire safety measures in a facility or building against nominated audit criteria, including those relating to life safety as described in AS 4655. Definitions in AS 4655 have the same meaning when used in these Guidelines, unless otherwise noted. For a new building, change of use of a building, or where major renovation work is proposed the *fire safety audit* can consist of a *desktop fire safety audit*.

Fire Safety Compliance Check

A check performed by an accredited *Building Surveyor*, *Building Inspector* or *Fire Safety Engineer* in lieu of a *fire safety audit* and *fire risk assessment* on buildings that comply, or are to be brought into compliance, with the relevant Guidelines.

Fire Safety Engineer

A person, who is registered in the category or engineer of class of *fire safety engineer*, by the Building Practitioners Board Victoria or other appropriate statutory body for registering practitioners in the state of Victoria, has appropriate experience in conducting *fire safety audits* and *fire risk assessments* and has been *accredited*.

Fire Safety Handbook

A document that defines the fire safety strategy for a facility in terms of the essential safety measures and management in use requirements, levels of performance, design parameters and maintenance requirements for each physical or human measure/factor.

Fire Safety Strategy

A combination of physical essential safety measures and human measures/factors including maintenance and management in use systems which have been specified to achieve the nominated *fire risk management* objectives.

FRM Review Panel

The Board established in accordance the Capital Development Guidelines -Series 7, Fire Risk Management (FRM) to hear and make determinations in relation to any matter contained in the Guidelines and into the performance of any *accredited* practitioner pursuant to the Guidelines.

Human Factors (Measures or Precautions)

Occupant characteristics, management practices, emergency control organisation, training and the like that may impact on fire safety. Human measures or precautions typically relate to facilities/building management issues.

International Fire Engineering Guidelines

The provisions of the *International Fire Engineering Guidelines 2005* published by the Australian Building Codes Board that apply to Australia. Definitions in the *International Fire Engineering Guidelines 2005* have the same meaning when used in these Guidelines unless otherwise noted in the Guidelines.

Interim Fire Safety Precautions

Temporary or permanent fire safety measures to address severe and urgent fire hazards prior to the implementation of full fire safety upgrade works. Interim measures do not, as a matter of course, ensure facilities are compliant but are required to address immediate significant risks.

Mandatory Measures

Provisions in the Guidelines that cannot be varied by a *fire risk assessment*, unless approved in writing by the *FRM Review Panel*.

Owned, operated or funded

In relation to **owned**, means buildings or facilities that are owned by the Department of Human Services Victoria, Department of Health or Director of Housing or the Crown in the right of the State of Victoria and are under the control or management of the Department, or Director of Housing.

In relation to **operated**, means buildings or facilities that are operated, managed or controlled by the Department of Human Services Victoria, Department of Health, Director of Housing whether or not the building is owned by the Department or the Crown in right of the State of Victoria.

In relation to **funded**, means building or facilities that are directly or indirectly funded by the Department and for which the Department of Human Services, Department of Health or Director of Housing has a non-delegable duty of care to ensure adequate fire safety is provided.

Practice Note

Means a *practice note* issued by the Department of Human Services in relation to an application or interpretation of the Guidelines. Compliance with *practice notes* is mandatory and may modify or enhance existing requirements of the Guidelines.

Primary Exit

A continuous and unobstructed way of getting from any point in the building to a road or open space leading to a street which would be likely to be the first choice for an occupant in a fire emergency.

Secondary Exit

An alternative means of escape, which can be used if the primary means of escape is not available. Windows that can open and the like may be used as a secondary means of escape but not as a primary means of escape.

Staff Profile

Means one or more of the following:

- Staff Profile 1 no Staff present.
- Staff Profile 2 at least one staff member present during part of any 24 hour period.
- Staff Profile 3 at least one staff member present during all of each 24 hour period, but staff may be asleep at night (also referred to as 'sleepover' staff).
- Staff Profile 4 at least one staff member present during all of each 24 hour period, staff awake during all shifts (also referred to as 'stand up' staffing).

Statutory client

Persons for whom the Department of Human Services, Department of Health or any other Department have custody, or guardianship, or protection order of, and persons having any other order pursuant to either the *Children Youth and Families Act 2005* and/or *Disability Act 2006* and/or *Mental Health Act 1986* or a person on an order of the Courts.

24 Hour Support or Supervision

Staff support or supervision is provided whenever *clients* are in residence and includes active night rosters, sleepover rosters and the 24 hour worker model.

Appendix 2: Commentary

The commentary below is provided for specific clauses in the body of this Guideline. The commentary is informative to provide explanation of specific requirements but the commentary must not be read to modify or change any of the requirements stipulated in the body of the originating text.

Clause 1.8

As the building will provide short term accommodation for children, they must be a BCA Class 3 building (that is, not Class 1a or 1b) per item (d) of the description of Class 3 buildings in section A3.2 of the BCA, that is, accommodation for the aged, children or a person with disabilities.

Clause 2.2.3

Solid fuel burning appliances and fire places may be installed within existing buildings, but they must not be used. The Department or Agency is not precluded from purchasing an existing building that has such an appliance or fire place installed. However the appliance must be disabled, or otherwise, prohibited from use (signage, removal of fuel)

Clause 2.2.5

Existing dwellings/houses will usually be at least 900 mm from the allotment boundary. This clause is included to identify and restrict use of very old buildings, usually located in inner city area, where setbacks might be less than 900 mm. In this case a *fire risk assessment* is necessary.

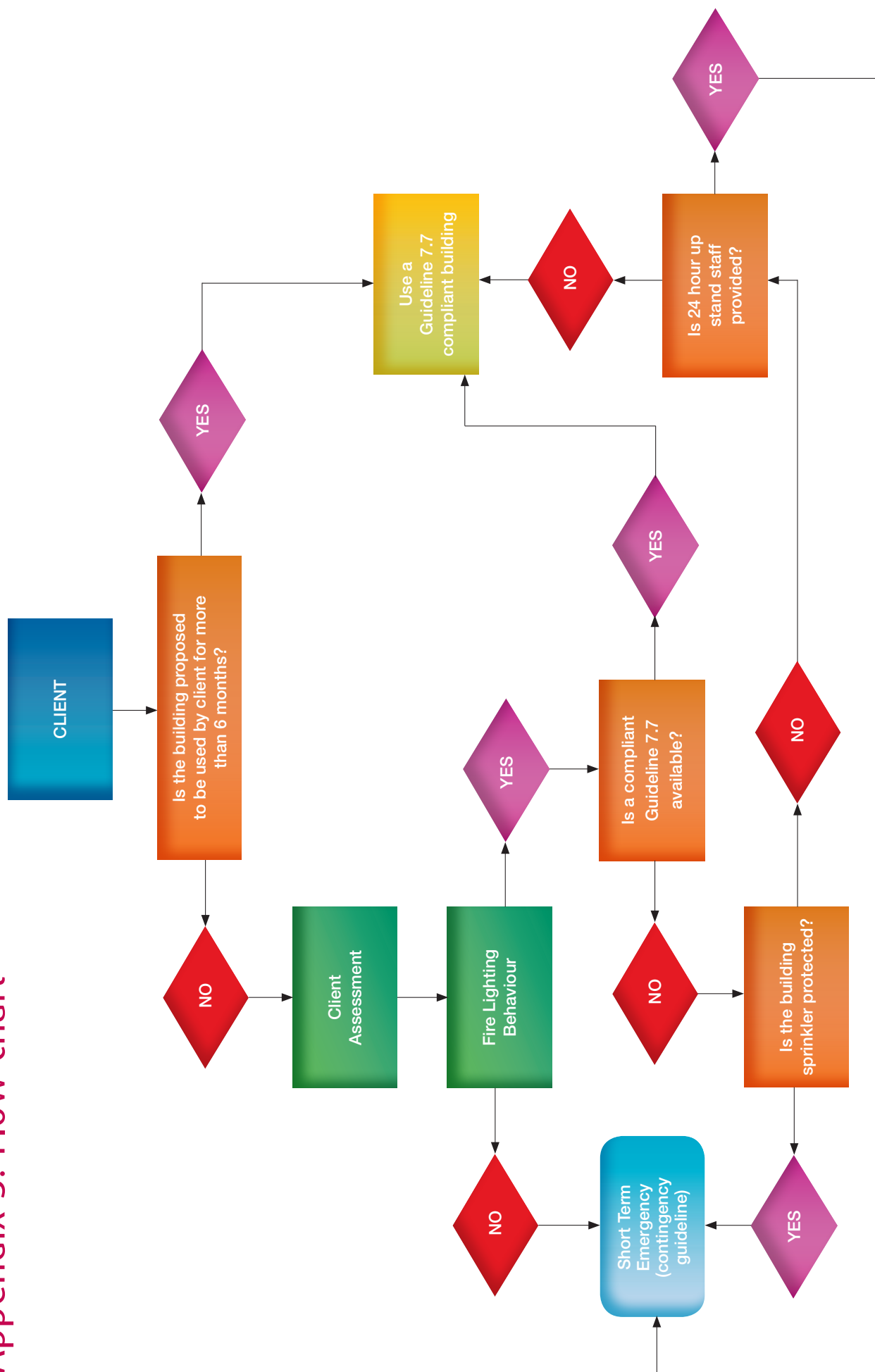
Clause 2.4

The BCA DtS requirements do not require emergency lighting in a single SOU. However, each house should be provided with at least 1 emergency light in the main living area closest to the primary entry/exit point. This provides functionality in the event of a normal power outage, not just in a fire emergency.

Although exit signs are not required (to satisfy BCA DtS provisions) a statement is made confirming exit signs are not required to be provided so that it is clear given that emergency lights are to be provided. This is to maintain the domestic residential aesthetic of the building.

This early warning is particularly important as the alarm system sounds throughout the building but does not readily identify the fire location, hence the provision of an alarm locate button for staff investigation. Children may also require staff assistance to evacuate and the early warning afforded by the interconnected smoke alarm system will assist in providing additional time for egress.

Appendix 3: Flow chart



[illegible]

[illegible]

