



Capital Development Guideline — Series 7

Fire Risk Management Policy and Procedures

Engineering Guidelines

Fire Risk Management — 2013

7.2



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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 The purpose of the Guidelines

As part of its service provision mandate, the Department of Human Services and Department of Health (*Department*) is committed to providing safe and secure buildings for its staff and customer/*clients*. A critical part of this commitment is the development of a Fire Risk Management Strategy (FRMS).

Guidelines have been developed to aid compliance with the obligations of the Department and the Director of Housing for fire risk management (FRM) in buildings that are owned operated or funded by the Department including for the accommodation of people under statutory supervision of the Secretary of the Department of Human Services, Secretary of the Department of Health or Director of Housing or an Agency (defined as *clients*).

The suite of Guidelines provide the Department policy, procedures and processes to manage the risks to life due to fire in certain types of buildings which are owned, operated or funded by the Department.

The purpose of these Guidelines 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 the Guidelines 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) Guidelines CDG 7.3 to CDG 7.12 must only be used for purposes within the range set out in the 'Introduction' section at the start of each document.
- (c) 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.

1.2 Purpose of this document

Guideline 7.2 – Engineering *Guidelines* describes the *fire risk management process* for the Department, Victoria (the Department) in order to identify an appropriate *fire safety strategy* for a building. The process includes undertaking *fire safety audits*, *fire safety compliance checks* and *fire risk assessments*.

For buildings where a *fire safety audit* and *fire safety compliance check* has been previously undertaken and a *fire safety strategy* developed and documented in a *fire safety handbook*, an audit and compliance check against the requirements documented in the handbook is appropriate. The overall *fire safety audit process* is described in this Guideline.

This Guideline should be used in conjunction with the following:

- (a) *The Building Regulations*
- (b) *The Building Act*
- (c) *National Construction Code Series – Building Code of Australia* (BCA)
- (d) Relevant Ministerial Guidelines
- (e) *Practice notes and advisory notes* as published by the Department
- (f) Practice Notes issued by the Victorian Building Authority or its successor
- (g) Any other relevant legislation and regulations or documents as deemed applicable by the Department.

This Guideline is one of a series of documents (refer to Figure 1) which outline the Department's FRM strategy. Specific Guidelines have been developed for specific occupancy types.

The *fire safety engineer* must, as a minimum, follow Guideline 7.2 in implementing and reporting on *fire risk assessments*.

1.3 Overview

The Department recognises its responsibility to provide a fire safe environment in buildings subject to these Guidelines.

The BCA is a performance based document which allows the application of fire safety engineering principles to ascertain compliance with the performance requirements specified to meet the requirements of the current *Building Regulations*. This enables a flexible approach to be applied to develop a building solution to achieve a satisfactory level of fire safety.

Whilst the BCA generally only applies to new buildings or where substantial alterations or a change of use of an *existing building* occurs, the Department has set a policy goal of complying, where practical, with the performance requirements of the BCA and any supplementary objectives determined in the relevant Guidelines (see also sections 1 and 2 of Guideline 7.1).

The particular requirements for fire safety will depend on the circumstances, including the various matters identified and considered in the Guidelines (e.g. building use, client characteristics). The BCA DtS provisions are general in their nature and do not take into account the specific circumstances. Compliance only with the BCA DtS may not be sufficient to provide compliance with the health and safety duties of the Department. The Guidelines, *mandatory measures* and 'Other Department Specific Measures' take into account the specific nature and use of the buildings by the Department. Consideration should be given at all times to whether additional measures need to be taken for fire safety in the particular circumstances.

If one or more relevant fire safety performance requirements of the BCA cannot be satisfied, and there are sound justifications that such requirements do not need to be satisfied, it will be necessary to obtain a modification to the *Building Regulations* from the Victorian BAB or subsequent body. Applications for modifications, dispensations or alternative solutions must only be made with the permission of the FRMU, Department of Health (DH) and the Chief Executive Officer of the building (if it is not government owned), or their authorised delegate. In any case, approval must be in writing from the FRMU of the Department for any application or as otherwise stipulated by the relevant Secretary of the Department.

A typical flow chart for the *fire risk management process* is shown in Figure 2.1 and Figure 2.2 (refer to Section 2.0).

In order to undertake a *fire risk assessment*, it is necessary to characterise the building by means of a *fire safety audit*, as described in this document.

A conceptual fire strategy for a particular building will be based on the following:

- the outcomes of a *fire safety audit*, *fire safety compliance check* and/or *fire risk assessment*; and
- an upgraded plan, cost estimates and approval by the *building surveyor* that the strategy complies with the BCA and the *Building Regulations* as well as the *Guidelines*.

The adopted conceptual *fire safety strategy* must be documented in the form of a *fire safety handbook*.

The *fire safety engineer* or relevant *building surveyor* should subsequently review the design documentation for the fire safety upgrade works or new works to ensure that the conceptual design has been accurately translated into the design documentation. The document review should include identifying consistency or differences between the design documentation and 'as built', to ensure that the *fire risk assessment* is, and remains, valid. The review should take into account any modifications or additions, whether permanent or temporary, to determine any requirements or changes flowing from the modifications or additions.

Where a *fire risk assessment* is to be undertaken, minimum levels of quantitative analysis have been nominated for *client* sleeping areas. This reflects the Department's view that these are high risk areas which must be specifically addressed in detail by *fire safety engineers*. It should not be construed as restricting the application of quantitative techniques to bed based areas only, or limiting the depth of analysis.

These Guidelines do not prescribe the use of Multi-attribute Evaluation Methods, commonly referred to as points schemes such as, NFPA 101A. Such methods may be used to supplement the qualitative *fire risk assessment* and quantitative analysis required by these Guidelines, but they do not replace them.

Expert judgement must not be used when there is a recognised calculation methodology available.

1.4 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.

1.5 Definitions

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

Appendix 3 of this document includes definitions used in this document and throughout the complete CDG Series 7 Guidelines.

Note: The definition of a *client* is a key to the application of the Guidelines and should be noted wherever that term is used in the Guidelines.

1.6 Commentary

Commentary is provided in Appendix 4 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 asterisk (*) in the clause heading.

2. The Fire Risk Management Process

2.1 Process Outline

The *fire risk management process* comprises the following key components:

- (a) An audit against the requirements of the relevant Guidelines or existing *Fire Safety Handbook* (FSH) by an *accredited* practitioner.
- (b) Referral to the *FRM Review Panel* of any matters relating to:
 - i. mandatory Guideline requirements which are not proposed to be complied with
 - ii. alternative solutions of a complex nature
 - iii. variation to the BCA DtS requirements
 - iv. variation to the BCA Performance Requirements
 - v. other Department Specific Measures which are not proposed to comply.
- (c) Identification of any special fire risks.
- (d) Preparation of an Audit Report confirming outcomes of the audit and the *fire risk assessment*, if undertaken.
- (e) Documentation of facility specific *fire safety strategy* in a *fire safety handbook*.
- (f) Implementation of works in priority sequence as necessary to achieve the *fire safety strategy*.
- (g) Ongoing maintenance of essential safety measures.
- (h) Regular *fire safety audits* to monitor ongoing compliance
 - i. at least once every 5 years
 - ii. as required by the FRM Review Panel
 - iii. whenever a modification or addition is proposed to be made, or within one month of an unplanned modification or addition being made, to the structure of the building.

The *fire safety handbook* and the Audit Report are key documents that form evidence of compliance that the *fire risk management process* has been followed.

For buildings/facilities which do not have an existing *fire safety strategy* (such as a proposed facility, or one that has recently been acquired) the fire risk audit process will develop the strategy which must be undertaken prior to the occupation of the building.

For buildings/facilities which have a *fire safety strategy* defined and documented in a *fire safety handbook*, an audit is to be undertaken at least every 5 years to confirm that compliance with the strategy has been implemented.

Flowcharts showing the process for new audits and re-audits are shown below in Figure 2.1 & Figure 2.2 respectively. Further detail regarding *fire safety audits* is provided in Section 3.

2.2 Desktop Audit

For proposed buildings/facilities which have not yet been completed, a *desktop audit* of the relevant documentation such as architectural, services documents including fire services, specifications, must be undertaken if possible prior to the building permit being issued. Otherwise, it must be undertaken prior to an occupancy permit being issued.

2.3 Site Inspection

Where the building/facility is existing, the audit must include a physical site inspection by an *accredited auditor* or by a competent person. A *competent person* is a building practitioner in the category of *fire safety engineer*, *building surveyor* or *building inspector* unlimited pursuant to Part 11 of the *Building Act 1993* who is not *accredited*, but is under the direct supervision and control of an *accredited auditor*.

2.4 The Compliance Check

2.4.1 General

The first stage in the *fire risk management process* is to undertake a compliance check of the building/facility against the requirements of the relevant FRM and FSH.

2.4.2 Advisory Notes

The compliance check should confirm if any current FRM *advisory notes* (as published by the Department) apply and if so, if they identify any issues or specify additional items to be checked.

Advisory notes as published by the Department must be taken into consideration in any assessment criteria relevant to the building being considered, including any alternative solution being proposed.

Where an applicable *advisory note* is not complied with, an explanation in writing outlining the reasons for the non-compliance must be provided to the Department for its consideration. If the Department does not approve the justification, compliance with the *advisory note* is required.

2.4.3 Practice Notes

The compliance check should confirm if any current FRM *practice notes* apply and if they address any identified non-compliance or confirm additional items to be checked, including any proposed alternative solution.

The requirements of the FRM *practice notes* as published by the Department have the same status as the requirements of the Guidelines.

Practice notes as published by the Department must be taken into account in any relevant assessment criteria to the building being considered, including any proposed alternative solution.

Where an applicable *practice note* is not complied with, an explanation in writing outlining the reasons for the non-compliance must be provided to the Department for its consideration. If the Department does not approve the justification, compliance with the *practice note* is required.

2.4.4 Mandatory Measures

Where the facility management and the *auditor* are of the opinion that implementation of a *mandatory measure* is not suitable or practicable, an application (with supporting evidence) seeking an exemption from the relevant *mandatory measure* must be made to the *FRM Review Panel* for its consideration. All *mandatory measures* in the relevant Guideline must be complied with unless otherwise approved by the *FRM Review Panel* in writing.

2.4.5 Identification of variations from the BCA Deemed to Satisfy (DtS)

The compliance check should identify any variations from the DtS provisions of the BCA at the time of conducting the audit, along with the relevant performance requirements.

2.4.6 Other Department Specific Measures

The compliance check should identify any of the non-mandatory extra measures (beyond DtS provisions of the BCA and that required by the *Department*) documented in the relevant Guideline which have not been complied with.

2.4.7 Fire Safety Handbook

The compliance check should confirm compliance with the strategy documented in the *fire safety handbook*, in particular any additional measures that are required. The *fire safety handbook* should also confirm any approved variations to the mandatory and non-mandatory requirements of the relevant Guideline and BCA DtS and Performance requirements. Where a *fire safety handbook* does not exist for the building then it must be developed as a key outcome of the audit process.

The preparation and documentation of the *fire safety handbook* must only be undertaken by a person who is *accredited* by the Department.

The *fire safety handbook* must be in accordance with the template as published by the Department's FRMU, refer to website www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/fire-risk-management.

2.4.8 Previous Audit report

The compliance check must confirm the implementation status of all recommendations detailed in the last audit report for the building.

2.5 Dispensations/Modifications/Alternative Solutions

The request for dispensation / modification or use of alternative solutions to the Performance Requirements of the BCA or Guidelines, must be made to the *Department* and written approval obtained, before a formal application can be made to the BAB, relevant *building surveyor* or any other Authority having jurisdiction to modify any requirement in the BCA.

A request for approval must take the form of an application and address the following criteria:

- (a) area of non-compliance, with specific reference to the appropriate section of the BCA, the applicable Guideline and location being nominated on the architectural drawings
- (b) reasons for non-compliance
- (c) reasons that alternative solutions are proposed
- (d) any compensating factors
- (e) all cost implications, where relevant, by comparison of the initial and through life cycle costs of the DtS of the BCA provisions with those of the alternative design solutions.

2.6 Referral to the FRM Review Panel

Where implementation or compliance with the mandatory requirements of the relevant Guidelines is not proposed for any reason it must be referred to the *FRM Review Panel* for approval prior to undertaking a *fire risk assessment* to assess the non-compliance.

A formal application must be lodged with the *FRM Review Panel* along with all relevant supporting documentation justifying the reasons why compliance is not proposed.

The *FRM Review Panel* will make one of three determinations:

- (a) Not Approved;
- (b) Approved; or,
- (c) Approved with conditions.

The *FRM Review Panel* may request additional information before making a determination.

Refer to Guideline 7.1 for detailed information regarding the *FRM Review Panel*.

Figure 2.1: Overall audit process for buildings without an existing fire safety handbook

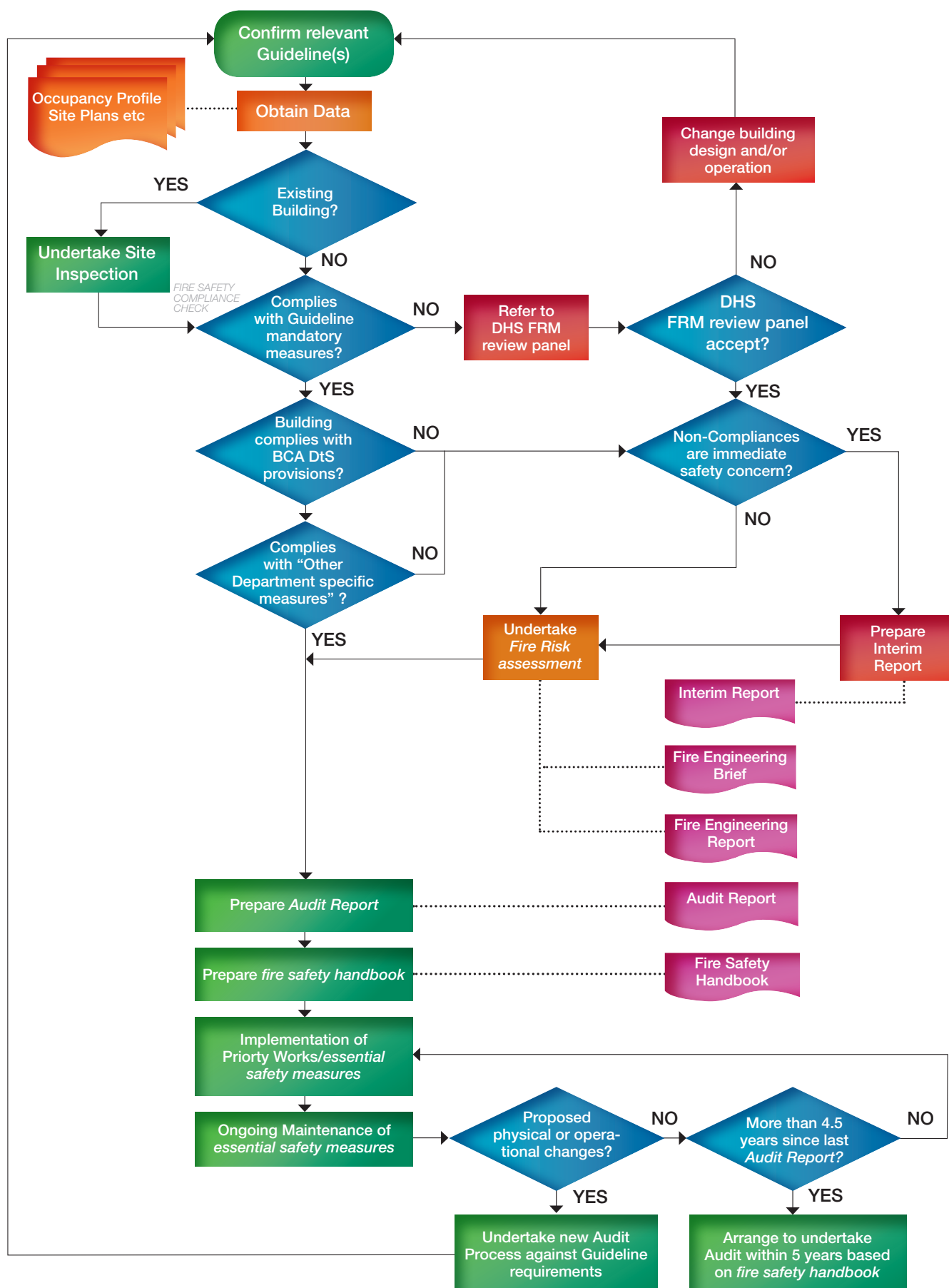
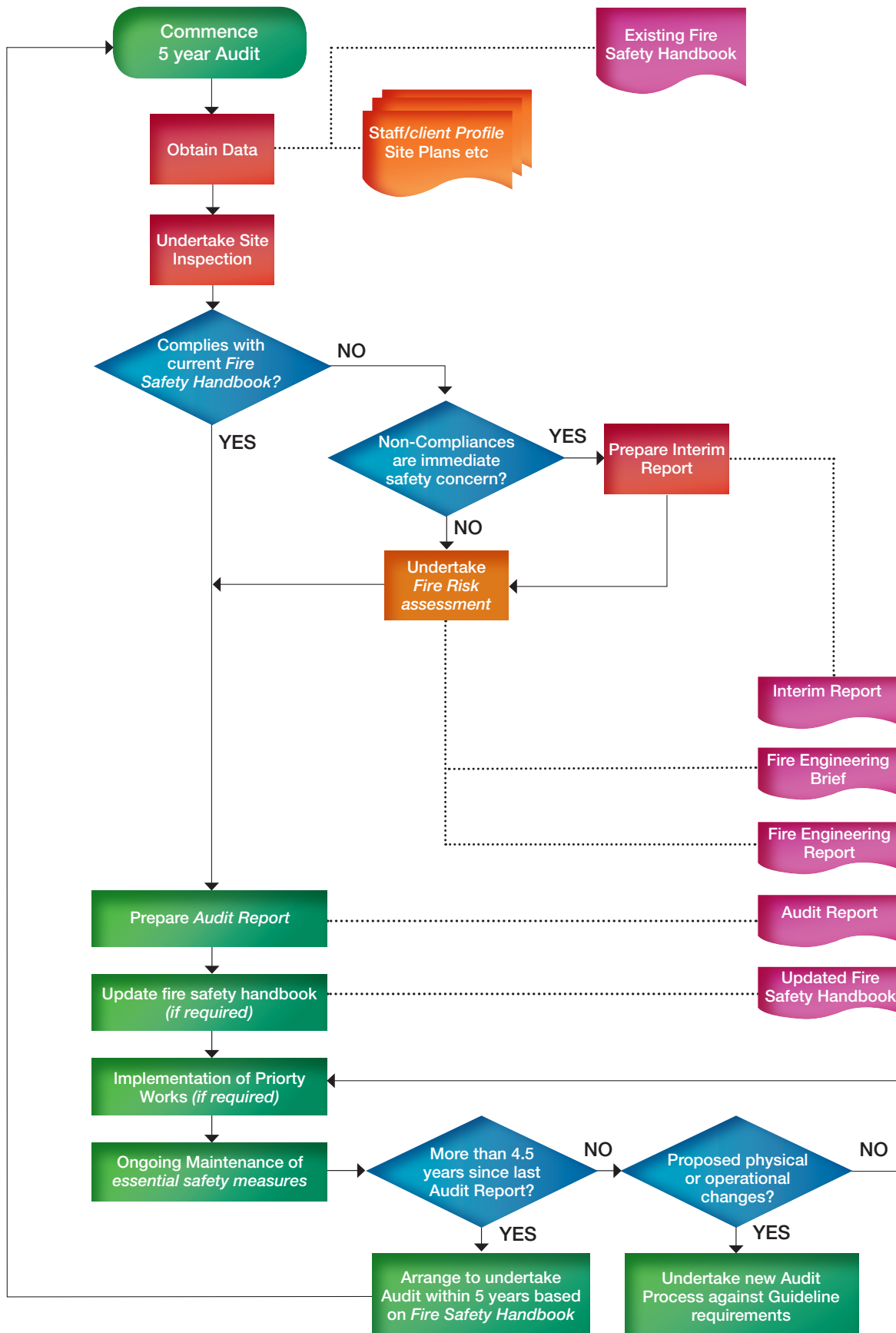


Figure 2.2: Audit Process for existing buildings with an existing fire safety handbook



Refer Figure 2.1

3. Fire Safety Audits

3.1 General

Fire safety audits are undertaken for three purposes:

- (a) A compliance management activity in operational buildings/facilities which have had a *fire risk assessment* undertaken, to confirm that:
 - i. the outcomes from the *fire risk assessment* have been implemented
 - ii. the *fire risk assessment* is still applicable – i.e. the physical and operational characteristics of the building/facility are consistent with the *fire risk assessment*
 - iii. there are no new fire safety hazards.
- (b) A compliance management activity in operational buildings/facilities which have not had a *fire risk assessment* undertaken to confirm compliance with the Guidelines and BCA.
- (c) To establish a basis for undertaking a quantitative *fire risk assessment* where an existing *fire risk assessment* has not been undertaken or a new fire risk assessment is required due to physical or operational changes to the building/facility.

Audits to establish the basis for a *fire risk assessment* will typically be undertaken as a two stage audit process as follows:

Stage 1: Compliance check to assess compliance with the relevant Guidelines and BCA applicable to the building / facility.

Stage 2: To assess the physical and operational factors relating to fire safety where there is non-compliance with:

- i. DtS requirements in the BCA where a *fire risk assessment* is required
- ii. the Guidelines
- iii. *fire safety handbook* where a *fire risk assessment* is required
- iv. a change in the structure, use or area of the building
- v. a change in the occupant characteristics profile from that in the previously approved *fire risk assessment* and/or *fire safety handbook* for input into the new *fire risk assessment*.

If there are no changes to the building, then a Stage 2 Audit may not be required.

The Stage 1 and Stage 2 audits can be undertaken concurrently. The Stage 1 audit would typically be undertaken by a *fire safety engineer*, *building surveyor* or *building inspector* unlimited. A Stage 2 audit must be undertaken and/or signed off by an *accredited fire safety engineer* who is responsible for the *fire risk assessment* if a *fire risk assessment* is required.

Audits must be undertaken either by *auditors*, who are *accredited* by the Department, or by a *competent person*, who is under the direct supervision of an *accredited auditor*. An *accredited auditor* takes responsibility and full liability for work undertaken by the *competent person*. It should be noted that accreditation of an *auditor* may restrict the type of audit and/or types of buildings or facilities that the *auditor* may audit.

3.2 Occupancy Characteristics

The *fire safety audit* must include a review of the occupancy characteristics for each functional area of the building. Smaller buildings such as *community-based houses* will comprise of only a single functional use. However, larger facilities (such as a *hospital* or *secure facility*) will comprise of many functional uses.

An occupancy characteristics profile identifying characteristics of *clients*, staff and visitors should be completed by facility management and submitted to the *auditor* prior to undertaking the physical inspection. If this profile is not completed prior to the audit, the *auditor* must complete the occupancy characteristics profile in conjunction with facility management during the audit.

3.3 Regulatory Review

The *fire safety audit* must include a regulatory review and compliance assessment against the Building Act and Regulations, including the BCA, with respect to fire safety issues. The regulatory review must consider the version of the BCA current at the time the audit is undertaken or that which is nominated in the *fire safety handbook* relating to the property being audited.

The purpose of the regulatory review is to:

- (a) confirm compliance with any retrospective regulatory requirements
- (b) assess compliance with the performance requirements of the current edition of the BCA.

To assess compliance with the BCA performance requirements, the review must use the current DtS requirements as the basis for the review or that nominated in the *fire safety handbook*. The review should identify any aspects of the building/facility which do not meet the current BCA DtS requirements and then assess whether the performance requirements are still met. The regulatory review should also cross check against any previously approved alternative solutions or dispensations, BAB determinations or Building Referees Boards determination (under previous Acts & Regulations) for the building as documented in the *fire safety handbook* for the building, where it exists.

A change in the DtS requirements, including updates to referenced standards, does not infer that the performance requirements are not met. For example, a building that has alphabetic exit signs installed in accordance with the 1998 edition of AS2293.1 should not always require upgrading to pictograph style exit signs.

The regulatory review must consider such *practice notes* and *advisory notes* issued from time to time by the Department.

3.4 Extent of Audit

3.4.1 General

When undertaking Stage 1 or 2 auditing activities the extent of audit is to be limited to the following activities:

- (a) walk through inspection of all internal and external accessible parts of the building
- (b) walk through inspection of ceiling spaces and plant rooms that are provided with permanent access or walkways
- (c) interviews with relevant staff members
- (d) review of occupancy characteristics
- (e) review of relevant documentation, manuals and *fire safety handbook* (if applicable);
- (f) visual inspection of fire protection equipment
- (g) visual inspection of maintenance records
- (h) visual inspection of evacuation exercise records
- (i) any other items as directed by the Department.

Liaison with building/facility management should occur prior to undertaking an audit to ensure that access is provided to as much of the facility of possible. It may be necessary to obtain special permission or to request the issuing of permits prior to gaining access.

The *auditor* should note any areas in which access was not able to be obtained and any reason why access was not available.

3.4.2 Concealed Spaces

Auditors are not expected to inspect all parts of concealed spaces such as the sub-floor or roof spaces. However, it is expected that an inspection of such areas be undertaken where possible.

Areas such as roof spaces and below floor spaces are to be inspected when readily accessible otherwise, photographs should be taken of the roof space or floor space through the manhole. To confirm the conditions in such a space, *auditors* should review recent and historical records of previous inspections of such spaces. Where such records do not exist, a recommendation to undertake specific inspection must be made.

Should an *auditor* consider it necessary to physically inspect such a space, they should prepare a safe work method statement (SWMS), as required in the Occupational Health and Safety Act and Regulations (OHS) and submit it to the facility with an application to access the spaces.

3.4.3 Fire Protection System Compliance

It is not intended that the *fire safety audits* be a detailed compliance check of fire protection systems for compliance with relevant design and installation standards. If a specific detailed system compliance issue, which does not have an immediate impact on fire safety, is identified during the course of the audit, it should be noted separately (in appendices) for follow-up during routine programmed maintenance.

Examples of such compliance issues may include:

- (a) fire detection system external strobe light / bell broken or missing
- (b) potential obstruction of sprinkler head due to curtain rail or other obstruction
- (c) sprinkler heads too close to one another
- (d) cleaning equipment stored in fire hose reel cupboards
- (e) extinguisher/hydrant/hose reel maintenance tag out of date by 6 months or less
- (f) portable extinguisher mounting height not correct
- (g) labelling on fire/smoke/exit doors.

Although such items should not be detailed directly in the *fire safety audit* report as upgrade works, they may form the basis of other fire safety recommendations, such as improved maintenance or housekeeping practices.

If any compliance issues are identified which have an immediate impact on fire safety, they must be documented in the interim report and referred directly to facility management as soon as possible and before leaving the site. Such issues could include:

- (a) no water pressure shown at sprinkler control system
- (b) lack of sprinkler or detector coverage to a critical area
- (c) emergency warning system disabled
- (d) lack of evidence of maintenance.

3.5 Trigger for Fire Risk Assessment where a FSH exists

Upon completion of an audit of a facility with an existing *fire safety handbook*, the *auditor* must decide whether a *fire risk assessment* is required to re-evaluate the existing *fire safety strategy*.

A *fire risk assessment* must be undertaken if any of the following items conflict with the requirements of the *fire safety handbook* being audited against and are identified during the audit:

- (a) change of use of the building (or part thereof) without a risk assessment
- (b) change in *staff profile* (such as staff / patient ratios, staff type)
- (c) change in patient characteristics (such as low to high care)
- (d) a new fire hazard not previously identified
- (e) fire safety measures not compatible with current operational requirements
- (f) new or modified BCA performance requirements that impact on *fire safety strategy*
- (g) new or modified requirements notified by the FRMU or the FRM Review Panel that are applicable to the building/facility; or
- (h) any proposed or actual modification of or addition to the building/facility structure whether of a permanent or temporary nature that will have an effect on the *fire safety strategy*.

Where none of the above conditions apply, the *auditor* may still recommend a *fire risk assessment* be undertaken. However, they should provide clear justification to the FRMU on the basis upon which the *fire risk assessment* is to be undertaken and identify any specific areas that need to be addressed by a *fire risk assessment*.

4. Fire Risk Assessment

4.1 General

A *fire risk assessment* is required to be undertaken to assess:

- (a) variations to *mandatory measures* (after approval by the *FRM Review Panel*)
- (b) variations to performance requirements of the BCA (after approval by the *FRM Review Panel*)
- (c) variations to non-mandatory measures
- (d) variations to BCA DtS provisions (i.e. BCA alternative solutions that are only related to a fire safety system)
- (e) any significant fire risks identified.

An *accredited fire safety engineer* is responsible for the *fire risk assessment* and must complete the compliance statement prior to submission to the relevant *building surveyor* for review and approval.

A BCA alternative solution is a building solution that demonstrates compliance with the relevant performance requirements other than by using the DtS provisions of the BCA. The documentation for the proposed alternative solutions must contain sufficient evidence to demonstrate that the identified performance criteria of all relevant clauses of the BCA will be met.

The *International Fire Engineering Guidelines 2005* (IFEG) and CFA/MFB Guideline No. 33 must be followed. Details of the alternative solution process under the BCA and IFEGs is shown in Figure 4.3 below.

It is acceptable to use building practitioners who are not accredited *Fire Safety Engineers*. However, an accredited and registered *Fire Safety Engineer* must review and take complete responsibility for the *fire risk assessment* by signing the compliance statement (Form A1.2, Appendix 1), prior to submission to the relevant *building surveyor* for review and approval by means of a statement of compliance (Form A1.1 appendix 1).

All persons involved in undertaking the *fire risk assessment* are to be identified in the *fire risk assessment* report regardless of their *accreditation* or registration status.

4.2 Fire Risk Assessment Process

The *fire risk assessment* must be undertaken in accordance with the IFEG. Prior to undertaking the *fire risk assessment*, a fire engineering brief (FEB) must be completed and addressed to the following stakeholders:

- (a) building owner
- (b) FRMU
- (c) relevant fire service (e.g. MFB or CFA)
- (d) *fire safety engineer*
- (e) relevant *building surveyor*
- (f) architect or draftsperson (as applicable).

4.3 Fire Brigade Review

All *fire risk assessment* reports must be submitted to the relevant fire services (CFA or MFB) for review and comment, regardless of whether any *Building Regulation* or *Regulation 309* matters are included, in accordance with CFA/MFB Guideline No. 33. Any recommendations made by the relevant fire service must be adopted, unless written approval is obtained from the FRMU requesting otherwise.

4.4 Bushfire Risk Assessment

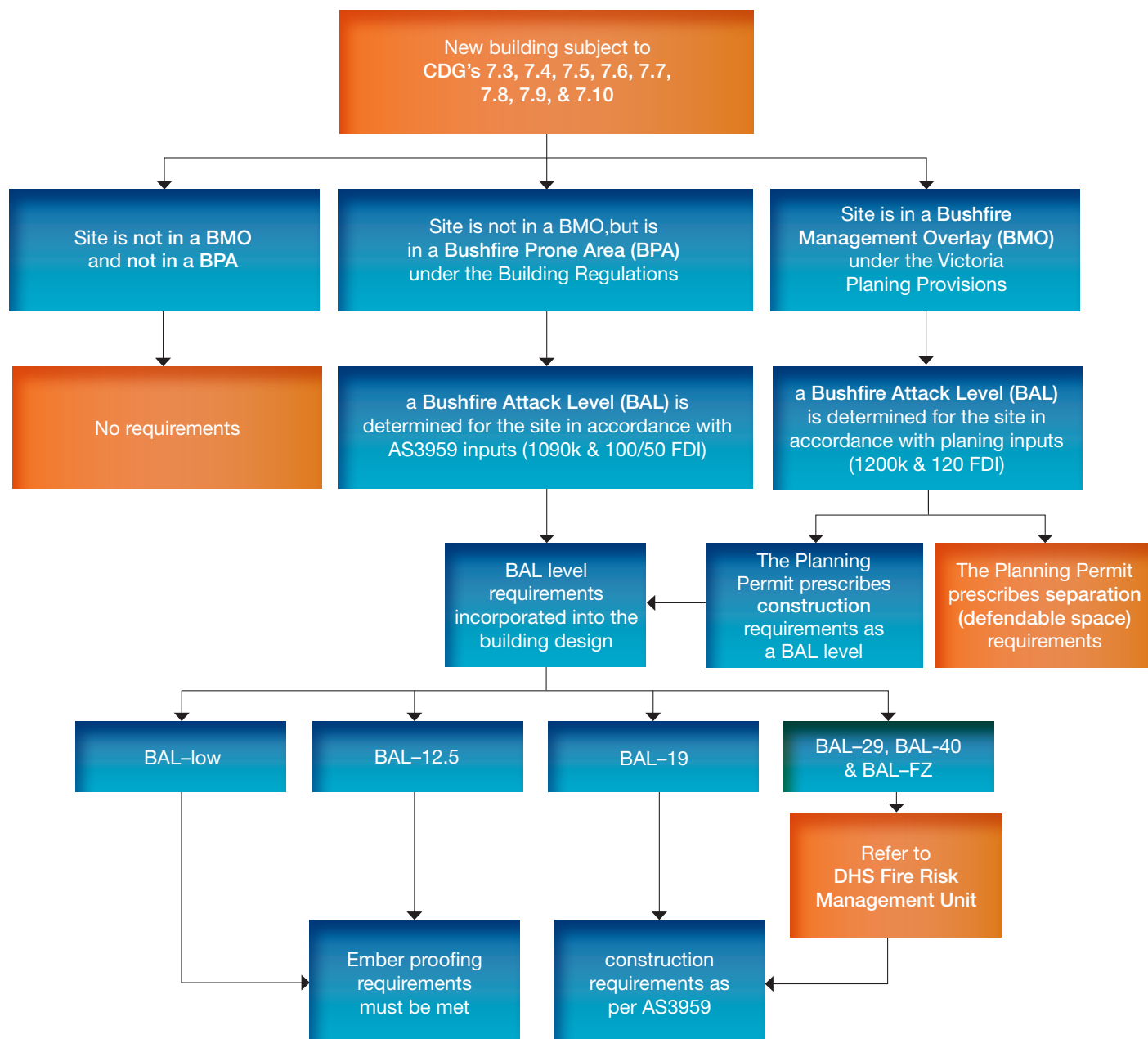
If a building is located in a designated bushfire prone area (as defined in the *Building Regulations*), or in a wildfire or bushfire management overlay in any planning scheme, the DtS provisions of the BCA for bushfire (including AS 3959-2009) must be complied with and a referral to the FRMU for any additional requirements.

Any proposed alternative solutions in relation to bushfire mitigation provisions must be referred to the FRMU for approval prior to undertaking any assessment together with Fire authority liaison (CFA or MFB).

Buildings subject to a bushfire attack level of BAL-29 or greater must be referred to the FRMU for its review and consent prior to any design work and/or construction proceeding. Details of the process for new and existing buildings are shown in the figure 4.1 or 4.2 below.

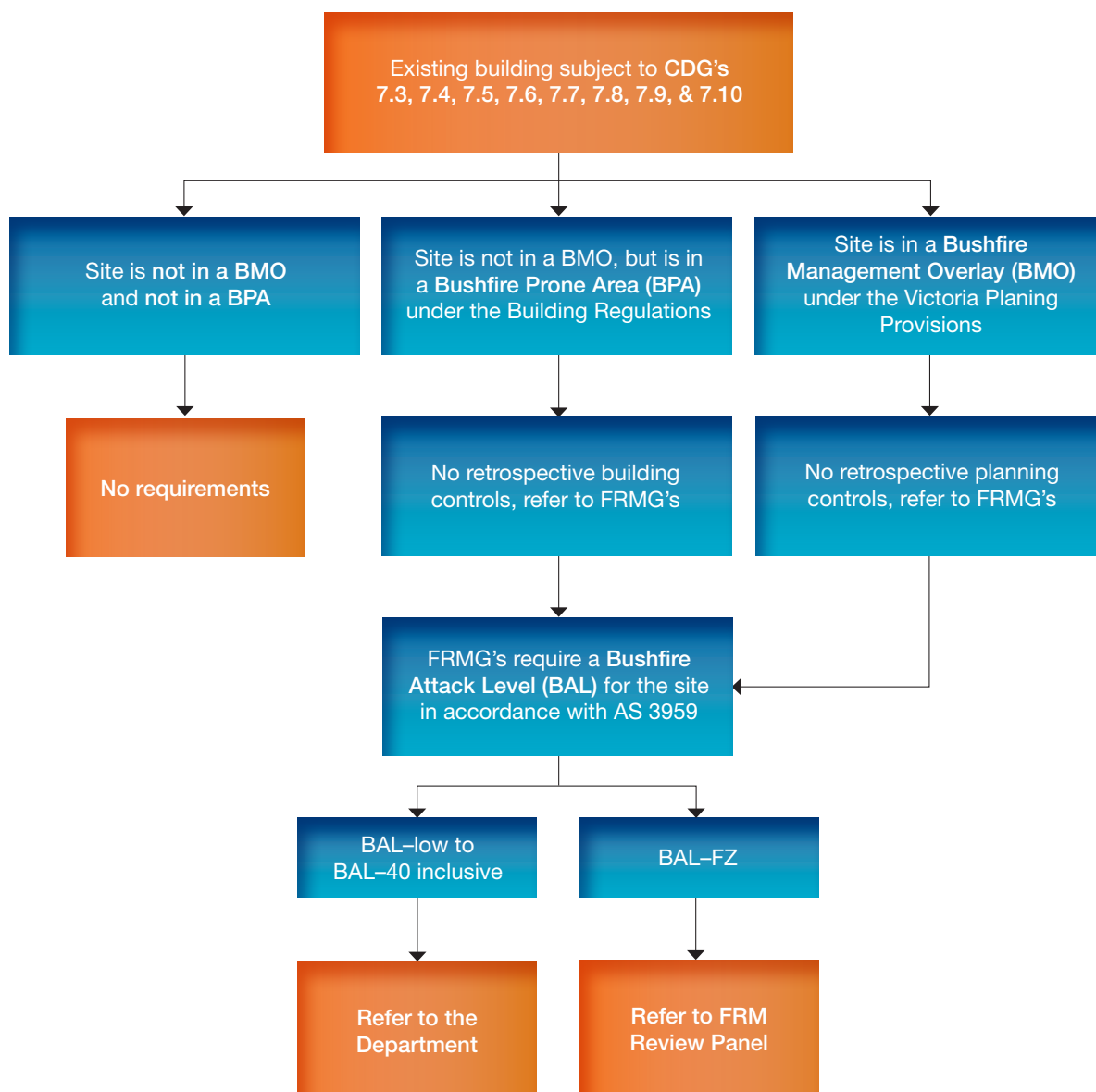
Any existing building (including alterations or additions) located in a designated bushfire prone area or wildfire or bushfire management overlay in any planning scheme, must be referred to the FRMU for any compliance requirements. Any buildings located in Bal F2 must be referred to the FRM review panel.

Figure 4.1: DHS CDG Bushfire compliance Process (new buildings)



Alternatives to strict AS3959 compliance may be sought subject to agreement of the DHS FRM Unit and the CFA.

Figure 4.2: CDG Bushfire compliance process (existing buildings)



4.5 Sprinkler Design

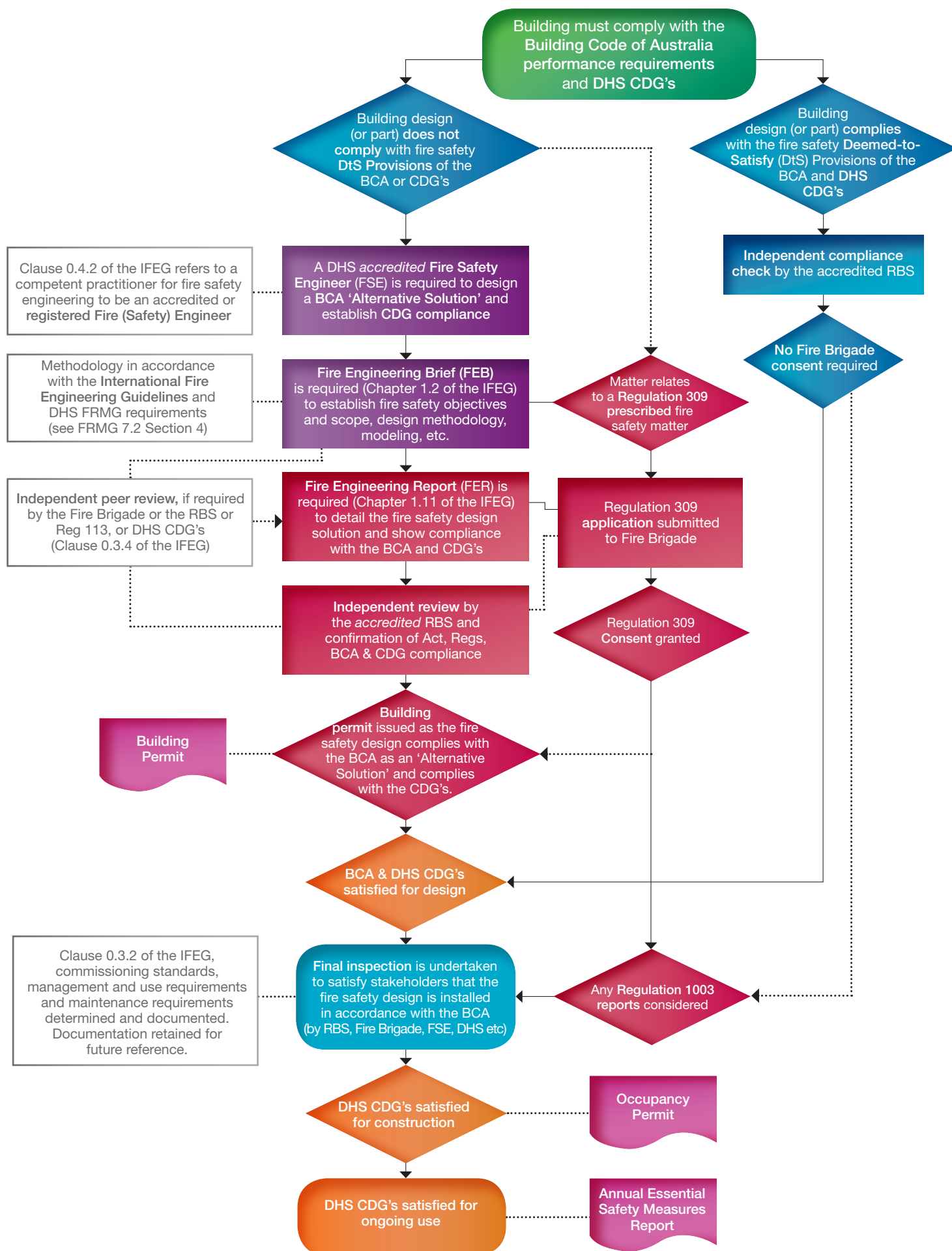
Before it is specified and/or installed, the use of metal or CPVC or other similar product used for a sprinkler system will require an assessment to be undertaken by an *accredited fire safety engineer* or fire protection engineer or other person accredited to undertake such works that are approved by the Department to evaluate and determine the following:

- (a) its suitability with the environment
- (b) building type
- (c) future extension of the system
- (d) decommissioning times when alteration or repair works are to be undertaken
- (e) any other applicable *human factors* due to the potential risk of damage either by the *clients*, staff, maintenance contractors and/or persons undertaking inspections of the building.

The *assessment* must take into account the risk or potential risk to any *client*, staff or persons visiting or occupying the building.

Any new installation or alteration to the sprinkler system in a building must be inspected and certified as complying with AS2118.4 and/or AS2118.1 as applicable including the approved design specifications (refer to (a) to (e) above) by an *accredited fire safety engineer*, engineer involved in the fire protection industry or approved certifier who is not related or appointed by the contractor installing the system, i.e. an independent third party.

Figure 4.3: Alternative Solution Compliance Process



5. Reporting

5.1 General

All reporting should utilise the nominated templates published by the FRMU from time to time. Refer to website:

www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/fire-risk-management

5.2 Fire Engineering Brief and Fire Engineering Report

The documentation of the *fire risk assessment* will be in the form of a FEB and Fire Engineering Report (FER).

The FEB and FER must be prepared in accordance with the IFEG and utilise templates published by the FRMU.

Any FEB and FER prepared must be authorised by the Department and must include input from representatives of the FRMU and other persons, approved by the Department, with appropriate qualifications and experience in fire safety.

The FEB will outline the fire safety issues to be assessed, the methodology for assessment and the parameters which will be used to undertake the assessment. All stakeholders including the FRMU must approve the FEB prior to undertaking the *fire risk assessment* and preparing the FER.

The FER provides the detail of the assessment (including all calculations, engineering judgement and other justification) and identifies the outcomes in terms of required fire safety measures and strategy to achieve the required fire safety objectives of the Guidelines and performance requirements of the BCA.

The use of expert judgement must be fully justified and substantiated with appropriate evidence and documentation to support the authors claim in the field of that particular subject matter. Expert judgement must not be used when there is a recognised calculation methodology available.

5.3 Fire Safety Audit Report

The *fire safety audit* report is prepared to provide documentary evidence of completion of the *fire risk management process*. The *fire safety audit* report must document the following:

- (a) the compliance check of *mandatory measures*
- (b) the compliance check on non-mandatory measures
- (c) compliance check of BCA performance requirements
- (d) identification of all relevant *DHS practice notes* and *advisory notes*
- (e) identification of specific *fire risk assessment* outcomes
- (f) confirmation of status of implementation of measures (for existing buildings).

5.4 Fire Safety Handbook

The *fire safety handbook* is a key document primarily aimed at end users. The fire safety handbook can only be prepared by an *accredited Fire Safety Engineer or accredited building surveyor* in the category of unlimited as defined in Part 11 of the *Building Act* who has appropriate experience in fire safety, must be registered by the Building Practitioners Board of Victoria or other appropriate Statutory Body for registering practitioners in the State of Victoria.

The *fire safety handbook* must be prepared using the template published by the FRMU (refer to the website) and includes the following information:

- (a) Reference to the most recent audit report.
- (b) Copy of the Occupancy Permit and/or Certificate of Final Inspection if applicable.
- (c) *Maintenance Determination* made by the relevant building surveyor under Regulation 1204 of the *Building Regulations* or maintenance schedule in relation to the building prepared by a municipal *building surveyor* or private *building surveyor* under regulation 1206 of the *Building Regulations*.
- (d) Determinations that relate to the building that have been issued by the Building Appeals Board or any other applicable Board or Tribunal having authority to make determination to the *building regulations* and BCA.
- (e) *Fire risk assessment* reports that relate to the building.
- (f) Alternative solutions that have been used to determine compliance with the performance requirements of the BCA related to the building and *Guidelines*.
- (g) Consents made by a Reporting Authority pursuant to the *Building Regulations* or issued under previous Regulations, for example, *Building Interim Regulations 2005* or *Building Regulations 1994* or *Building Control Act 1981* etc. that are still applicable to the building.
- (h) Determinations issued by the *FRM Review Panel*.
- (i) Floor plan of all the buildings (*does not have to be to scale, but must be legible e.g. evacuation plans*).

The *fire safety handbook* must be a continually updated document which consolidates the requirements from all *fire risk assessments*, permits, approvals, FRM Review Panel determinations, modifications ESM determinations and audits or any other changes undertaken on the facility over time.

Appendix 1: Compliance Statements

A1.1 Building Surveyor Statement of compliance

Refer to current templates published by the FRMU from time to time.

Note: The most current template published must be used.

www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/fire-risk-management

A1.2 Fire Safety Engineer Statement of compliance

Refer to current templates published by the FRMU from time to time.

Note: The most current template published must be used.

www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/fire-risk-management

Appendix 2: The Client Risk Matrix

A2.1 Introduction

The following approach allows a structured assessment of fire safety based on *client* and *staff profile* and will be of assistance in determining Guideline applicability and appropriate levels of fire safety in any building containing sleeping accommodation.

A2.2 Determining client profile

Client profiles are defined in the Guidelines. From these definitions, the specific *client profiles* can be determined based on information or advice from the building owner or operator or other persons with knowledge of the *clients* and final use of the building.

To determine *client profile*, one or more of the following needs to be established.

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.

Non-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, 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.

Non-ambulant (Type 6)

A *client* who cannot be evacuated (i.e. on life support or similar).

A2.3 Varying client profiles

If the building has a number of varying *client profiles*, the most onerous profile type must be applied for the purposes of these tables except where a building has all *client profile* Types 1 to 3 and only one client is a Profile Type 4 or 5¹. This is because the physically assisted evacuation of one person can be undertaken in conjunction with the non-physically assisted evacuation of others as a single evacuation.

A2.4 Determining staff profile

To determine *staff profile*, refer to matrix under *staff profile*.

A2.5 Client Risk Matrix (CRM)

		Client profile					
		Ambulant (Type 1)	Ambulant (Type 2)	Ambulant (Type 3)	Non-ambulant (Type 4)	Non-ambulant (Type 5)	Non-ambulant (Type 6)
Staff profile	Staff Profile Type 1 No staff present.	Risk Type A	Risk Type B (requires fire risk assessment)	Risk Type B (requires fire risk assessment)	Risk Type B (requires fire risk assessment)	Risk Type C (Staff or client profile must be changed)	Risk Type C (Staff or client profile must be changed)
	Staff Profile Type 2 Staff present only as required.	Risk Type A	Risk Type B (requires fire risk assessment)	Risk Type B (requires fire risk assessment)	Risk Type B (requires fire risk assessment)	Risk Type C (Staff or client profile must be changed)	Risk Type C (Staff or client profile must be changed)
	Staff Profile Type 3 24 hr staffing - Sleepover staff.	Risk Type A	Risk Type A	Risk Type A	Risk Type A	Risk Type A	Risk Type B (requires fire risk assessment)
	Staff Profile Type 4 24 hr. staffing awake at all times.	Risk Type A	Risk Type A	Risk Type A	Risk Type A	Risk Type A	Risk Type B (requires fire risk assessment)

¹ For example, this is consistent with Guideline 7.7, Community-based Houses which are defined as a 'House of a typical domestic type construction and layout with 24-hour staff, accommodating no more than 8 persons of which not more than one requires assistance to evacuate the building during an emergency.

A2.6 Assessing the results of the client risk matrix

Once the *client profiles* and *staff profiles* are confirmed, the CRM in A2.5 must be used to reference which Guideline will be applicable, which project specific *fire risk assessment* is required, or whether the *staff* or *client profiles* need to be reviewed.

A '*Risk Type A*' outcome indicates that a specific Guideline may be applicable or, if not, the requirements of that Guideline may form the basis for the initial trial *fire safety strategy* for that building, which may be verified by a *fire risk assessment*.

A '*Risk Type B*' outcome indicates that the *client/staff profiles* require further analysis by undertaking a *fire risk assessment*. The *fire risk assessment* may require changes to *client/staff profiles* or installation of significant fire safety systems.

A '*Risk Type C*' outcome indicates that the *client/staff profiles* are an unacceptable risk and must be changed. Additional fire safety systems or a *fire risk assessment* cannot be used to change the outcome.

Appendix 3: Definitions

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

Bed-based care, support or supervision

Where overnight accommodation is provided for *clients* in buildings that are *owned operated or funded* by the Department and the provision of special or personal care is provided as follows:

- (a) assistance with one or more of the following:
 - (i) bathing, showering or personal hygiene
 - (ii) toileting
 - (iii) dressing or undressing
 - (iv) eating meals; or
- (b) physical assistance for persons with mobility problems; or
- (c) assistance for persons who are mobile but require some form of supervision or assistance; or
- (d) assistance or supervision in administering medicine; or
- (e) the provision of substantial emotional support.

Bed-based Service

A service contracted to provide overnight accommodation for *clients*.

Boarding House

A boarding house, guest house, hostel or the like in which more than 6 unrelated persons would ordinarily reside, but full time staff are not provided.

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

House of a typical domestic type construction and layout with 24 hour staff accommodating no more than eight (8) *clients*, of which not more than one client 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.

Congregate Care Building

A 'single residential care building' as defined in the *BCA (Appendix Victoria)* with 24-hour on-site support or care staff accommodating more than eight (8) *clients* where 10% or more of residents require significant (or physical) assistance to evacuate the building during an emergency; or a building where more than eight (8) *clients* reside, and where at least one requires physical assistance with daily activities and/or to evacuate the building during an emergency and where staff who provide care, support or supervision, are present at all times that *clients* are present. If a hospital or major part of a hospital is predominantly used for the 24-hour accommodation of the aged or those with mental illness or intellectual disabilities the parts providing these services may be treated as *congregate care facilities*. The models of care and support include:

- accommodation for the aged
- nursing homes
- geriatric facilities
- accommodation for people with disabilities
- accommodation for children and youth
- training centres providing 24-hour care

- nursing homes
- large shared supported accommodation
- community residential units
- mental health facilities
- community care units
- secure extended care units
- psychiatric units.

Day Centres

A building or part of a building that is used for educational, training, rehabilitation and similar functions, but is not used for residential purposes. Such facilities include kindergartens, clubs, halls, occupational therapy centres, clinics/day programs, Adult Training Support Services.

Day Hospital

A building, or part thereof, used to provide same day services or treatment to four or more patients at the same time. This includes facilities that provide, on an in-patient basis, treatment for patients that would render them incapable of taking action for self-preservation under emergency conditions without assistance from others, or facilities that provide, on an in-patient basis, surgical treatment requiring general anaesthesia.

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.

Essential Safety Measures

Means same as definition in the Building Regulations.

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 *clients* to assist each other during the evacuation.

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 *clients* 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.

False alarm

Activation of an alarm system in a building that does not result from the effects of fire. For the purposes of this definition, a false alarm is alarm activation by water vapour (i.e. steam), animal hair, lint, faulty installation, wiring, corrosion or lack of maintenance. Alarm activation resulting from burnt toast, cooking appliances or heating appliances is not a false alarm for the purposes of this definition.

Fire Brigade Intervention

Means all fire agency activities from the time of notification up until fire extinguishment and overhaul and includes fire brigade operations.

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 Department 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.

High Rise Building

A building which has an effective height, as defined in the Building Code of Australia, of more than 25m.

Hospital

A building, or part thereof, used on a 24-hour basis for medical, obstetrical or surgical care of four or more in-patients, including acute hospitals.

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.

Lead Tenant

A service which provides semi-independent accommodation in a household for people who are in transition to independent living using a live-in volunteer to facilitate a supportive environment.

Low Rise Building

A building which has a rise in storeys of 3 or less, as defined in the Building Code of Australia.

Mandatory Measures

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

Medium Rise Building

A building which has a rise in storeys of 4 or more, but has an effective height of less than 25m, as defined in the Building Code of Australia.

Nominated Fire Risk Management Officer

A senior manager normally reporting directly to a CEO who has overall responsibility for fire risk management. The nominated fire risk management officer may have responsibility for more than one building or facility and may carry out other duties in addition to those required of the nominated fire risk management officer.

Owned, operated or funded

In relation to **owned**, means buildings or facilities that are owned by the Department of Human Services, 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, 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.

Private Home

A home owned by the occupant or a home formally or informally leased by the occupant.

RBS

Means the relevant *building surveyor*, which has the same meaning as Section 3 of the *Building Act 1993*.

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.

Secure Facility

A building or group of buildings within the confines of a complex for which egress to a street is required through a secure control centre or any other building that has a functional relationship to it. This includes a building or part of a building that provides sleeping facilities and is occupied by persons who are generally prevented from taking self-preservation action, due to security measures not under their control. A secure facility includes an educational/training building, recreational building, work shed or office within the secure perimeter of the facility. Examples include correctional institutions, detention centres, secure welfare facilities, prisons, community residential centres, training centres and substance abuse centres.

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.

Supported 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* and where more than one of the residents within that building requires significant (or physical) assistance to evacuate the building during an emergency.

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 4: 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 4.1

All practitioners involved in the preparation of the *fire risk assessment* must be identified to provide evidence of experience. Should those practitioners seek *accreditation*, they will have demonstrated experience undertaking *fire risk assessments* in accordance with the Guidelines, in conjunction with their qualifications and registration to facilitate the *accreditation*.

Notes

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