



Capital Development Guideline — Series 7

Fire Risk Management Policy and Procedures

Congregate Care Buildings

Fire Risk Management — 2013

7.5



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Congregate Care Buildings

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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 7.5 – Congregate Care Buildings provides guidance for fire risk management of congregate care buildings owned, operated or funded by the *Department* or an *agency* that has a service agreement with the *Department*.

For the purposes of this Guideline, a congregate care building has been defined as a building, or part thereof, that does not form part of a hospital (subject to note 1 below), and normally accommodates more than eight (8) *clients*, who require 24-hour care.

Note 1: 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 of the hospital providing these services must be treated as congregate care buildings.

The models of care and support covered by this Guideline include:

- (a) Accommodation for the aged:
 - i. nursing homes
 - ii. geriatric facilities
 - iii. community bed-based rehabilitation centres
 - iv. palliative care units.
- (b) Accommodation for people with disabilities:
 - i. training centres providing 24-hour care
 - ii. nursing homes
 - iii. large shared supported accommodation
 - iv. community residential units
 - v. residential accommodation having more than eight (8) *clients*.
- (c) Mental health facilities:
 - i. acute in-patient units — child and adolescent, adult and aged persons
 - ii. secure extended care units (SECU) – adult
 - iii. prevention and recovery care (PARC) services
 - iv. community care units (CCU) – adult
 - v. aged persons mental health residential services
 - vi. residential rehabilitation – youth and adult
 - vii. forensic services
 - viii. residential accommodation having more than eight (8) *clients*
- (d) Residential accommodation (more than eight (8) *clients*) funded for children, youth, and family under the *Children, Youth and Families Act 2005*.
- (e) Youth refuges (more than eight (8) *clients*) funded under the National Affordable Housing Agreement (NAHA) or other agreement.

1.2 The purpose of this Guideline

The purpose of this Guideline is to provide appropriate levels of fire safety for staff, *clients* (as defined) 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* and *Building Inspectors*, 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.
- (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.

1.3 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 asterisk (*) in the clause heading.

1.6 Field of Application

The fire safety measures described in this Guideline apply to *congregate care buildings* where:

- (a) more than eight (8) *clients* reside, and where at least 10% of *clients* require significant or physical assistance with daily activities and to evacuate the building in an emergency that are disabled

- (b) more than eight (8) *clients* reside who are not disabled, but require support
- (c) staff who provide care, support or supervision are present at all times that *clients* are present.

Note: Staff members are not considered as *clients*.

1.6.1 BCA Classification*

A congregate care building is either a BCA:

- (a) Class 3 building (accommodation for the aged, children or people with disabilities)
- (b) Class 9a (health care building operating as a high-care nursing home)
- (c) Class 9c (residential aged care building).

It must be determined by the accredited *building surveyor* from the specific use of each building whether it is Class 3, 9a or 9c.

1.6.2 Sole Occupancy Unit

The sole-occupancy unit (SOU) will be each *client* bedroom, except in class 3 buildings where the SOU can be taken to be the entire building.

1.7 Determining compliance with this Guideline

If the building complies with the BCA DtS provisions, and the matters in section 2 and 3 of the Guideline, then compliance with the Guideline is achieved.

The process for determining compliance is detailed in CDG 7.1 and CDG 7.2 and summarised in the process below.

- (a) Confirm the applicable Guideline to the building being considered.
- (b) Undertake a fire safety audit of the building or a *desktop audit* of relevant design documentation for buildings not yet constructed.
- (c) Undertake a *fire safety compliance check* of the building against the relevant BCA DtS provisions and the matters in section 2 and 3 of this Guideline from the information obtained during the audit.
- (d) Undertake a *fire risk assessment* where the building does not comply and/or cannot be modified to comply. The *fire risk assessment* must be signed off by an *accredited fire safety engineer* who is responsible for the *fire risk assessment* in accordance with Guideline 7.2.
- (e) Refer any *mandatory measures* (section 2 of the Guideline) which are not proposed to be complied with to the *FRM Review Panel* for a determination.
- (f) Prepare a *fire safety audit* report documenting the *fire safety compliance check* at least once every 5 years in accordance with Guideline 7.2.
- (g) Prepare a *fire safety handbook* for the building documenting the *fire safety strategy*, including any alternative solutions produced by the *accredited fire safety engineer* and approved by the *accredited building surveyor* in accordance with Guideline 7.2.

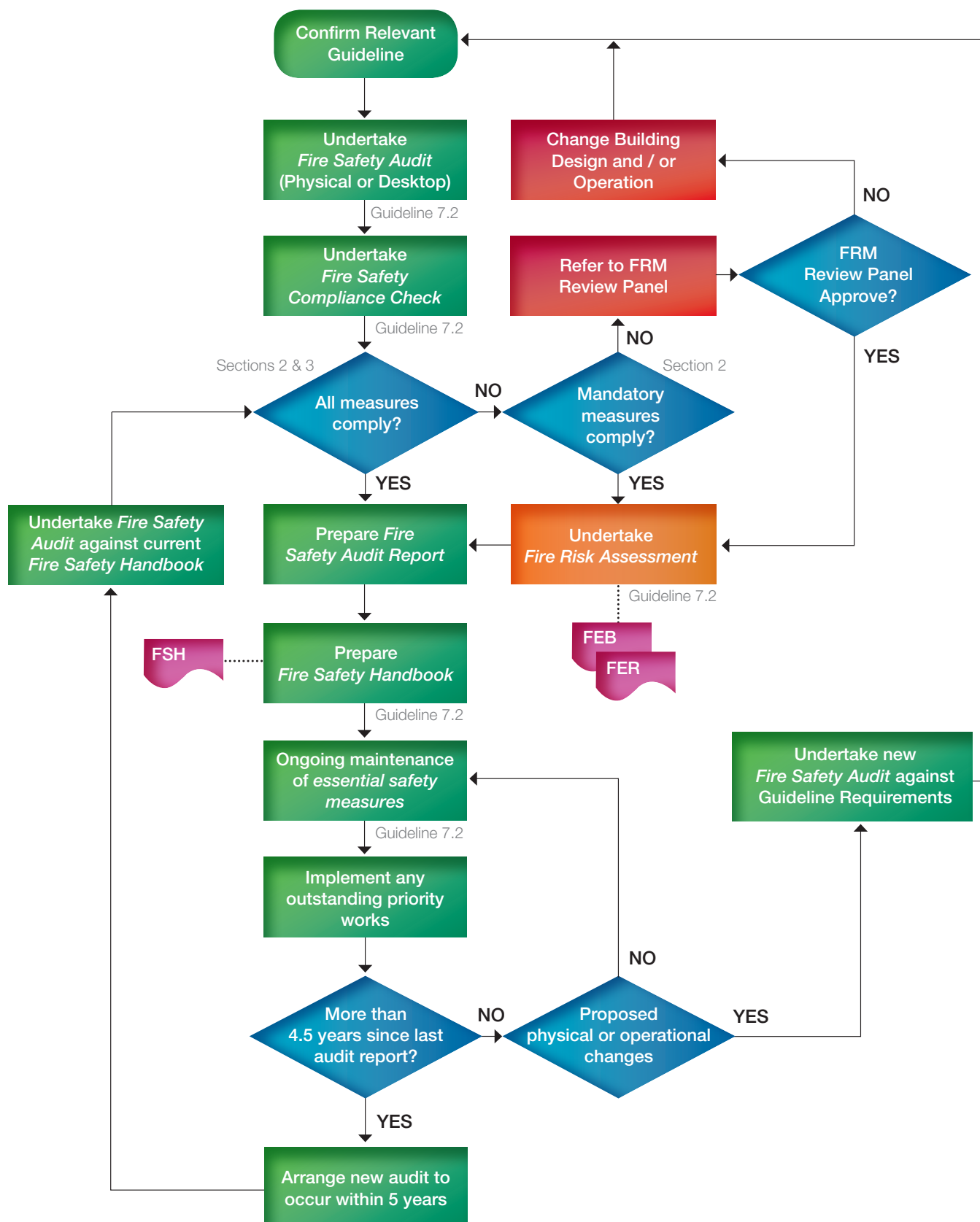
The process is simplified in the following flowchart in Figure 1.1 below.

1.8 Client and Staff Profiles

A guide to determining *client profile* and *staff profile* is set out in CDG 7.2.

The typical range of *client profiles* expected in a building covered by this Guideline is Type 2 to Type 6. The *staff profile* must not be less than Type 3.

Figure 1.1: Simplified Compliance Process



2. Mandatory Measures

2.1 Introduction

Mandatory measures must comply with the nominated design codes and standards, in addition to any requirements of the BCA DtS provisions or any alternative solutions.

Should a *mandatory measure* be considered inapplicable or inappropriate to adopt in full, then a written application outlining the reasons and including supporting justification must be made to the *FRM Review Panel*, for its consideration. Unless there are exceptional or very specific circumstances, the *FRM Review Panel* is unlikely to approve a variation to any of the *mandatory measures*.

2.2 Physical Fire Safety Measures

2.2.1 Automatic Fire Sprinklers*

In all buildings providing sleeping accommodation for *clients*, including carports and garages attached or within 900mm, an automatic fire sprinkler system must be installed to comply with either AS2118.4 or AS2118.1 as set out below.

- (a) Where a system is already installed and complies with either AS2118.1 or AS2118.4, it must include:
 - i. residential heads in the residential parts of the building; and/or
 - ii. fast response heads in all other areas.
- (b) Where a system is to be installed, it must comply with either AS2118.1 or AS2118.4 as applicable and must include:
 - i. concealed residential heads in the residential parts of the building; and/or
 - ii. concealed fast response heads in all other areas.

The smoke detection and/or alarm system must be activated upon operation of a sprinkler head.

Note: Refer to the requirements of clause 4.5 of CDG 7.2 for installation and design of sprinkler systems.

2.2.2 Smoke Detection and Alarm*

A smoke detection system (including occupant warning) complying with AS1670.1 must be installed throughout the building. Due to the environment or activities undertaken in some rooms, they are likely to be subject to spurious alarms. Alternative detectors may be utilised in these circumstances. For example, heat detectors.

For buildings with more than 20 *clients*, an addressable smoke detection system must be used.

2.2.3 Door Hardware*

The primary and secondary exit doors must be readily opened without a key from the side that faces a person seeking egress, by a single hand downward action which must be located between 900mm and 1.1m from the floor or pushing or pulling action on a single device which is to be located between 900mm and 1.2m from the floor. Alternatively, a door strike can be fitted.

Note: Where a door strike is to be used, a single hand downward action on a single device located between 900mm and 1.1m from the floor is still required.

Doors located along the path of travel to those exit doors (primary and secondary), must be readily opened without a key from the side that faces the person seeking egress by a single handed downward action on a single device located between 900mm and 1.1m from the floor.

Where door strikes are to be used, they are required to automatically unlock upon activation of either:

- (a) the smoke alarm/detection system; or
- (b) the sprinkler system.

Note: The automatic unlock function must operate upon activation of either system independently. For example operation of the smoke detection/alarms and/or the sprinkler system will unlock the doors.

Power to automatic door locks (including door strikes) may be battery backed up to maintain security in the event of power failure. However, the locks shall be configured 'failsafe' such that, in the event of loss of power to the lock itself, the lock will revert to the unlocked state.

2.3 Location of responding staff*

If the responding staff member is located in a different building on the same site, the distance from the staff base to a unit must not exceed 125m. The smoke detection and/or alarm facilities must alert the staff when activated and identify, as a minimum, the building in which the detector was activated.

The distance between buildings must be measured using the designated pathways between buildings.

2.4 Management in Use Fire Safety Measures

Management in use measures are operational systems, procedures and policies which:

- (a) minimise the potential for fire ignition
- (b) minimise the potential fire growth and fire severity
- (c) maintain the reliability of physical fire safety measures so they are likely to operate in the event of fire
- (d) provide ongoing fire safety awareness to staff and *clients* of appropriate actions to take in the event of a fire.

2.4.1 Fire Safety Handbook

The *fire safety handbook* shall be a continually updated document as required which consolidates the requirements from all *fire risk assessments*, audits and changes undertaken on the building over time in compliance with section 5.4 of CDG 7.2.

2.4.2 Fire Prevention and Fire Safety Management

2.4.2.1 Smoke free policy

The Department has a policy of smoke-free work places. The policy describes the phases for implementing the policy to prohibit smoking as far as is practicable, in all non-residential workplaces and restrict smoking in any residential Departmental workplace to designated external smoking areas only. This is a policy issue and does not form part of the Guideline requirements in relation to compliance.

2.4.2.2 Designating external client smoking areas

Where *client* smoking areas are required, management should designate at least one external smoking area per building, however this is not to be taken as a failure of the audit.

2.4.2.3 Exit paths

All exit paths must be kept free of any obstruction and not used for storage purposes. These must be checked weekly by staff, with management systems in place to ensure immediate corrective action is taken.

2.4.2.4 Roof spaces and under floor areas

Roof spaces and under floor areas which are not sprinkler protected must not be used for storage.

2.4.2.5 Individual and portable heaters*

Portable heating appliances **must not** be used or stored in congregate care buildings, 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.

Individual portable heating appliances that have been approved for installation by the *Department*, must be permanently fixed in position, and installed in accordance with the manufacturer's specifications and if applicable the relevant Australian Standards. Staff members must check all approved individual heating appliances weekly for compliance as part of their record keeping. All approved heating appliances must be inspected and tested in accordance with the AS/NZS3760.

Electric blankets must not be used or stored in buildings subject to these Guidelines.

Solid fuel burning appliances and open fireplaces must not be used in buildings subject to these Guidelines.

2.4.3 Fire and Emergency Evacuation Plans and Emergency Response Procedures

An emergency plan, including emergency response procedures, fire orders and evacuation diagrams must be developed, prominently displayed and maintained.

2.4.4 Fire Emergency Procedures Training

All staff in congregate care buildings must receive training in fire prevention, fire risk management and emergency procedures and the training must be repeated at regular intervals in accordance with the Department's FERPTF.

Records of training must be documented in a Fire and Emergency Response Procedures Manual. The Department's FERPTF provides further details.

Staff must provide training/induction information to all *clients* so that they are familiar with the fire safety and evacuation strategy and to enable them to act in accordance with the emergency response procedures.

2.4.5 Evacuation Exercises

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 per year. *Clients*, where practicable, should be encouraged to participate in the *evacuation exercises*.

Records must be made, submitted to management and retained. Records must include:

- (a) the facility name
- (b) the aim and objectives of the *evacuation exercise*
- (c) staff participating in the *evacuation exercises*
- (d) date and time of the *evacuation exercises*
- (e) fire scenario simulated and anticipated results
- (f) names of *clients* who participated
- (g) observers
- (h) comments
- (i) follow-up actions including notification to managers of any issues arising.

2.4.6 Client Capability and Case Management

Documented *client* management plans must be in place to provide appropriate assessment and selection of *clients*.

2.4.7 Record Keeping and Documentation

In addition to information kept in the Fire and Emergency Response Procedures Manual, records must be kept of:

- (a) all fire safety installations, including (where available) schematics of fire protection systems
- (b) fire training and exercises
- (c) Fire Damage to Asset forms
- (d) any maintenance and testing undertaken
- (e) inspection and checks carried out by staff (fire safety weekly checklist)
- (f) details of fire safety issues reported (for example, blocked exits or faulty fire protection equipment), action required and evidence that actions have been completed satisfactorily
- (g) essential safety measures records/reports
- (h) other information required by CDG 7.1, CDG 7.2 or resulting from the *fire risk assessment*.

2.4.8 Maintenance

All essential safety measures must be regularly checked and maintained in accordance with the *fire safety handbook*.

Appliances (including ducted heating appliances) must be regularly serviced, cleaned and maintained in accordance with manufacturer's specifications. However this is not a compliance issue, but rather, a maintenance issue.

Equipment that is inoperable appears faulty or is otherwise not performing as designed that is subsequently installed, may present a risk of ignition or fire hazard. It must be withdrawn from service until checked and/or repaired by an appropriately qualified person, or it must be replaced.

Maintenance contracts must be in place for all essential safety measures identified in the *Fire safety handbook*, including mandatory fire safety measures, BCA DtS measures, measures arising from any BCA alternative solutions and other Department specific measures or any other requirement of the *Department*.

In between scheduled maintenance visits by maintenance providers' staff must conduct weekly checks of systems and equipment in accordance with the Department's fire safety weekly checklist. Such checks include:

- (a) visual inspection of key equipment for presence and damage or obstruction (for example, smoke alarms/detectors, sprinkler heads, fire extinguishers, fire blankets, evacuation packs)
- (b) check of sprinkler system pressure gauge (indicating water pressure available)
- (c) basic operation of smoke alarm system
- (d) confirmation that exit paths are clear and exit doors are easily opened
- (e) housekeeping to minimise accumulation of unnecessary combustibles.

Refer to the FRMU for the current checklist of activities to be undertaken.

3. Other Department specific measures

3.1 Introduction

In addition to the *mandatory measures*, there are a range of other fire safety measures that must be provided within the building to satisfy Department prescriptive requirements for *congregate care buildings*.

Although adoption of these measures (including BCA DtS provisions) is not mandatory, a *fire risk assessment* must be undertaken which addresses the measures which are not proposed to be implemented in full or in part. The *fire risk assessment* must be submitted to the FRMU for approval prior to implementation of the final design solution.

3.2 BCA Deemed-to-Satisfy Provisions

The BCA DtS provisions must be complied with, unless as varied in section 3.3 below or as varied by a *fire risk assessment* in accordance with CDG 7.2. The following sub-sections identify physical measures which vary from, or are in addition to, the relevant DtS provisions.

3.3 Measures which vary from the BCA DtS Provisions

3.3.1 Fire Hose Reels (Class 9a buildings)*

Fire Hose Reels are not required to be provided in Class 9a *Congregate Care Buildings* subject to Fire Brigade consent.

Approval from the relevant Fire Brigade in accordance with Regulation 309 and 1003 of the *Building Regulations* is required.

Note: The DtS provisions require additional portable fire extinguishers where fire hose reels are not provided.

3.4 Measures in addition to the BCA DtS requirements (All Classes)

3.4.1 Door Hardware – bedroom doors

If bedroom doors are capable of being locked by a *client* (for example, to secure their belongings and/or provide privacy from other *clients*), a master key capable (or access card) of opening all doors must be provided to each staff member or be kept at a known secure location, readily accessible by staff in an emergency. Alternatively, a door strike can be fitted that will release the door lock on the activation of either the smoke alarm/detector and/or sprinkler system.

Note: The automatic unlock function must operate upon activation of either system independently. For example operation of the smoke alarm/detectors and/or the sprinkler system will unlock the doors.

All bedroom doors, however, must be readily opened without a key from the side that faces a person seeking egress, by a single hand downward action which must be located between 900mm and 1.1m from the floor or pushing or pulling action on a single device from inside the bedroom, which must be located between 900mm and 1.2m from the floor.

3.4.2 Portable Fire extinguishing equipment*

A fire blanket complying with AS 3504 must be provided in each kitchen area.

A dry chemical powder type portable fire extinguisher complying with AS 1841.5 must be provided in each kitchen area. The fire extinguisher must meet the following criteria:

- (a) Minimum Rating: 2A:20B (E)
- (b) Minimum Agent Quantity: 2.1kg
- (c) Maximum Gross Weight: 4.5kg

The extinguisher must be installed so that the base of the extinguisher is not less than 100mm from the finished floor level and the handle is located not more than 1200mm from the finished floor level.

If the *client* characteristics are such that misuse of portable extinguishers or fire blankets is likely, then they may be secured, or stored in secure locations. However, they must remain readily available to staff in a fire emergency. The mounting heights referred to above must still be complied with when locating the extinguisher within a secure location.

Fire Blankets and fire extinguishers must be located at least 1m away from stoves, cook tops or other similar appliances. Where there is only a single exit path from the kitchen, they must be located so that they are accessible from the exit point without passing the cooking appliances.

3.4.3 Siting of telephones

A fixed telephone (including a 'cordless' type) must be installed in one of the following locations:

- (a) staff area/room
- (b) as near as possible to the primary exit
- (c) in the possession of a staff member whilst the building is being occupied.

A mobile phone can be used instead of a fixed telephone if it remains in the possession of a staff member whilst the building is being occupied.

3.4.4 Special Provisions

Appropriate measures should be taken to minimise the risk to *clients* associated with adopting the nominated fire safety measures. For example, if *clients* are prone to inflicting self-harm, care should be taken in the selection and installation of fire protection equipment to reduce hazards and minimise harm to *clients* during evacuation.

3.4.5 Protection against external environmental hazards*

If a new 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) must be complied with.

For existing buildings if the site has been classified as a BAL of Low or higher in designated bushfire prone area (as defined in the *Building Regulations*), or in a wildfire or bushfire management overlay in any planning scheme, then it must be referred to the Department for any additional requirements.

If a building is located (where works are being proposed) in an alpine area (as defined in the *building regulations* and the BCA), the requirements of BCA Volume 2 for alpine areas must be complied with, if required by the Regulations or the BCA.

3.4.6 Electrical and Gas Safety

Whilst not forming part of these Guidelines, the following matters are assumed to be installed or included, as they form part of other legislation. However, they must still be checked by an appropriate qualified person at least once every 5 years.

Electrical protection

Earth leakage protection and Residual Current Device (RCD) must be installed to electrical switchboards and all electrical services in accordance with AS/NZS3000.

Gas Appliance Safety

Gas appliances where a sprinkler system has been installed or to be installed must include a flame-guard system so that extinguishment of the flame will stop the flow of gas. Alternatively, where appropriate appliances are not available with flame guard devices fitted, a gas safety shut-off system must be provided in accordance with Energy Safe Victoria Gas Information Sheet No. 16.

Meter Location

Gas and electric meters should be externally mounted.

3.5 Measures which are additional to the BCA DtS Provisions (Class 3)

3.5.1 Manual Call Points*

Manual Call Points (MCPs) must be provided so that no point is more than 30 metres from a call point, unless the client characteristics are such that deliberate false alarms could be raised. In such cases, the MCPs should be positioned in each staff area. For example, at a staff work station.

Activation of an MCP must operate the building occupant warning system and, where appropriate, alert the fire brigade.

For buildings with more than 20 *clients*, the detection and alarm system must provide a means for readily identifying the position of the activated fire detection devices and must be compatible with the mode of operation of the building and its emergency procedures to enable staff to respond in a timely manner.

3.6 Measures which are additional to BCA DtS Provisions (Class 9a)

Nil.

3.7 Measures which are additional to BCA DtS Provisions (Class 9c)

3.7.1 Manual Call Points*

MCPs must be provided so that no point is more than 30 metres from a call point, unless the *client* characteristics are such that deliberate false alarms could be raised. In such cases, the MCPs should be positioned in each staff area. For example, at a staff work station.

Activation of an MCP must operate the building occupant warning system and, where appropriate, alert the fire brigade.

For buildings with more than 20 *clients*, the detection and alarm system must provide a means for readily identifying the position of the activated fire detection devices and must be compatible with the mode of operation of the building and its emergency procedures to enable staff to respond in a timely manner.

4. Reporting

4.1 General

All reporting must utilise nominated templates published by the FRMU using *accredited* practitioners available from the FRMU. Refer to website:

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

4.2 Fire Engineering Brief and Fire Engineering Report

The FEB and FER must be prepared in accordance with the *International Fire Engineering Guidelines 2005*, utilising templates published by the FRMU and in accordance with section 5.2 of CDG 7.2.

4.3 Fire Safety Audit Report

The *fire safety audit* report is prepared to provide documentary evidence of completion of the *fire risk management process* utilising templates published by the FRMU, and in accordance with section 5.3 of CDG 7.2.

4.4 Fire Safety Handbook

The *fire safety handbook* is prepared to provide documentary evidence of completion of the *fire risk management process* utilising templates published by the FRMU, and in accordance with section 5.4 of CDG 7.2.

The *fire safety handbook* shall be a continually updated document as required which consolidates the requirements from all *fire risk assessments* and audits undertaken on the facility over time.

The *fire safety handbook* must be kept at the Divisional office responsible for the building or on a central database. A copy may be kept on site, but it is not necessary.

Appendix 1: Definitions

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

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.

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.

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.

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 residents 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 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.

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 (ie. 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 BCA, of more than 25m.

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*.

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 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.

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.

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. However, the commentary must not be read to modify or change any of the requirements stipulated in the body of the originating text.

Clause 1.6.1

A *congregate care building* can be a residential care building as defined in the Victorian Appendix to Volume One of the BCA and can be a BCA Class 3 building or a Class 9a building (usually a residential care building for *clients* with intellectual or physical disability, or both), or a Class 9c residential aged care building.

Typically Class 3 buildings are 'low-care' and Class 9a are 'high-care'. Although the primary reason for care will not usually be ageing (it will be disability), all residents are 'ageing in place'.

The *accredited building surveyor* should consider the long-term implications or limitations of a Class 3 or Class 9a classification for a new building and consult the *Department* to see if a Class 9c classification would be preferred and can be agreed. This is because where the potential exists for *clients* of varying care needs to be accommodated, consideration of the Class 9c provisions may be more appropriate, as it allows for any mix of low and high care *clients* and is intended to allow the mix to change, as the *clients* care needs change over time, without the need to obtain any further consent or approval from the appropriate authority.

Although a Class 9c classification is defined as a building where *clients* require care due to their incapacity associated with the ageing process, the doubt between Class 3, Class 9a or Class 9c for *congregate care buildings* triggers application of Regulation 112(2) of the *Building Regulations* and allows the *accredited building surveyor* to classify the building as belonging to the class it most closely resembles.

Clause 2.2.1

Residential sprinkler heads are specified where an AS2118.1 system is utilised as AS2118.1 does not require the use of such sprinkler heads.

Clause 2.2.2

Heat detectors are still required to be installed where sprinklers are installed to provide redundancy and identification of fire origin in larger buildings, where addressable systems are used.

Clause 2.2.3

This provision is inserted as BCA Clause D2.21 and exempts doors within a SOU in a Class 3 building, and the whole building is classified as a single SOU (refer to clause 1.6.2).

The requirement for locked doors to automatically unlock must occur when either the smoke alarm/detection systems or sprinkler systems operate independently of each other. This is so that activation of either system will initiate unlocking of the doors.

Clause 2.3

The 125m is to be measured from the door of the building in which the staff base is located, to the door of the building along designated access pathways between the buildings.

Clause 2.4.2.5

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.

Clause 3.3.1

Omission of hose reels from congregate care buildings is consistent with the BCA requirements for Class 9c buildings, and Class 3 sprinklered buildings under BCA Vic H103. If the building is Class 9a an alternative solution and consent from the chief fire officer will be required for regulatory approval.

Clause 3.4.2

Portable fire extinguishers and fire blankets are not required by BCA DtS provisions within SOU. However, this Guideline requires the provision of basic first aid fire fighting facilities to trained staff. A maximum gross weight is specified (in addition to minimum rating and agent weight) to ensure that the extinguishers can be readily handled.

Clause 3.4.5

For new Class 3 buildings this is not an additional requirement as the BCA DtS provisions already require assessment against AS3959 and the *Building Regulations* require a minimum Bushfire Attack Level of BAL-12.5.

For Class 9a and 9c buildings the requirements are derived from Ministerial Direction No. 3: Bushfire provisions for buildings of a public nature. Refer to the Department of Treasury and Finance's website.

Clause 3.5.1 and Clause 3.7.1

The Department expects some levels of redundancy within the total fire safety system. For example, in a building protected by automatic sprinklers, the consequences of fires that are too small to activate a sprinkler head or are shielded from the water discharge need consideration. Total failure of the sprinkler system also requires consideration. Accordingly, some degree of smoke and fire compartmentation must be retained, even if a sprinkler system is provided.

Appendix 3: Client Capabilities

A.1.1 Introduction

The following is a summary of typical *client* capabilities for some of the broad care type categories contained within the classification of congregate care, related to fire safety. However, the capabilities of *clients* vary considerably and a site-specific assessment must be made in each case.

The summary is based on information provided by the Department's program personnel at an information seminar and a statistical and literature review of fire incidents in Australia and the United States of America.

A1.2 General

Broad findings related to client capabilities and behavior from the statistical and literature review indicated the following:

- (a) many fires started in *client* sleeping areas and day/lounge areas and resulted in injuries or fatalities
- (b) many fires started from the misuse of smoking materials
- (c) *clients* could become confused in the case of a fire and make poor decisions about taking the most appropriate action in order to evacuate
- (d) *clients* having evacuated have attempted to re-enter the building.

A1.3 Psycho-geriatric care facilities

Clients in psycho-geriatric care facilities can be described as potentially having the following attributes:

- (a) elderly (aged 65 and over)
- (b) many are suffering from varying degrees of dementia; however, some suffering from:
 - i. forms of mental illnesses
 - ii. behavioural disturbances
 - iii. reduced sensory capability.
- (c) some not ambulant
- (d) some frail or with limited mobility
- (e) some may be on prescribed medications which could affect their response to an alarm and the ability to evacuate
- (f) have heightened states of confusion at night
- (g) some might require intensive assistance of staff in order to evacuate
- (h) some might be resistive or violent in the case of an evacuation
- (i) some might have fire lighting tendencies
- (j) some might have suicidal tendencies
- (k) some might have a tendency to abscond.

A1.4 Mental health facilities

Clients can be categorised as potentially having the following attributes:

- (a) in an acute stage of mental illness
- (b) age 16 to 64
- (c) predominantly ambulant
- (d) some might be on medications that could affect their response to an alarm and the ability to evacuate
- (e) some might be resistive or violent in the case of an evacuation
- (f) some might have fire lighting tendencies
- (g) some might have suicidal tendencies
- (h) some might have a tendency to abscond.

A1.5 Disability support services

There is a broad range of disabilities covered within this category, including *clients* with an intellectual disability, physical disability, visual or hearing impairment, both mental and psychiatric disabilities, or a combination of several of these.

The capabilities of *clients* can be very broad, depending on the particular disability and the degree of impairment. It is considered that staff assistance will be required to evacuate the *clients* in the case of an emergency.

Clients considered to have severe and/or multiple disabilities can be categorised as potentially having some of the following attributes:

- (a) might have limited mobility and might require wheelchairs for movement
- (b) might be taking medications which could affect their response to an alarm and the ability to evacuate
- (c) might have difficulty comprehending an alarm
- (d) might not respond to an alarm
- (e) might not be able to take instructions in an emergency
- (f) are likely to need assistance of staff to evacuate
- (g) some might be resistive or violent in the case of an evacuation, and might have to be enticed to evacuate
- (h) *clients* might re-enter the building after being evacuated
- (i) some might have fire lighting tendencies
- (j) some might not perceive risks associated with fire.

A1.6 Nursing homes

Clients in nursing homes are typically frail, aged people who cannot live independently and can be categorised as potentially having some of the following attributes:

- (a) elderly (age 65 and over)
- (b) many suffering from varying degrees of dementia
- (c) having behavioural disturbances
- (d) having reduced sensory capability
- (e) many non-ambulant
- (f) are frail or have limited mobility
- (g) might be taking prescribed medications that could affect their response to an alarm and the ability to evacuate
- (h) might have heightened states of confusion at night
- (i) many might require the intensive assistance of staff in order to evacuate
- (j) some might be resistive or violent in the case of an evacuation
- (k) some might have fire lighting tendencies
- (l) some might have suicidal tendencies
- (m) some might have a tendency to abscond.

Notes

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