



Capital Development Guideline — Series 7

Fire Risk Management Policy and Procedures

Hospitals

Fire Risk Management — 2013

7.6



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Hospitals

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Authorised and published by the DHS – Fire Risk Management Unit, Property & Asset Services, Corporate Services Branch, Department of Human Services, Victorian Government.

Design and production by DHS – Fire Risk Management Unit.

ISBN: 978-0-7311-6604-6 (print)

ISBN: 978-0-7311-6604-6 (online)

July 2013 (1501112)

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Commencement

These Guidelines come into operation on 14 August 2013.

First Edition – August 2013.

Printed by Printbound, Oakleigh

May 2014

[1501112]

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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

This document provides guidance for fire risk management of *hospitals* owned, operated or funded by the Department of Health or Department of Human Services (*Department*) or an *agency* subject to a service agreement with the Department.

Refer to the Department of Health's Fire Safety Management Guideline for departmentally funded Health Services, in particular the scope of the DH Fire Risk Management Policy.

A modern *hospital* is a complex facility which is made up of a number of functional areas.

While a large proportion of areas are dedicated to patient care and treatment, a large range of ancillary services need to be housed. There is also a trend towards the provision of additional functions, such as retail outlets, in major *hospitals*.

The *client* and staff characteristics can also vary considerably. For example, a *hospital* may include a psychiatric ward or psycho-geriatric ward, acute care, and casualty. All of these have different *client* characteristics and patient-to-staff ratios. These differing characteristics yield potentially different evacuation capabilities, in addition to special needs –such as security– which can affect fire safety.

Ancillary areas can present significantly different fire hazards and vary widely in importance to the ongoing operation of a facility.

Typical functional areas that demonstrate this diversity include:

- acute care wards
- cardiac units
- central sterile services units
- day procedures units
- exit paths and corridors
- intensive care units
- laundries
- medical gas storage
- medical records
- operating theatres
- pathology
- physiotherapy department
- psychiatric wards
- renal units
- retail outlets
- waste storage
- atria
- casualty
- changing rooms
- electrical generators
- flammable liquid stores
- kitchens
- LPG storage
- medical imaging
- obstetrics
- paediatric wards
- pharmacy
- plant rooms
- psycho-geriatric wards
- resident doctor, nurse and visitor accommodation
- stores
- workshops

Each functional area must be considered individually, with respect to the objectives of the Department's Guidelines.

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*, *Building Inspectors* and *Auditors*, to audit, assess and recommend steps to minimise fire risk, and to assess and report on acceptable standards of fire safety, in specific settings.

The use of this Guideline is subject to the following:

- (a) The Guideline does not constitute all of the possible fire safety matters that could apply to a specific situation, but is provided for assistance in determining appropriate fire safety measures. It is up to individuals acting with appropriate professional advice to determine its application to particular situations.
- (b) This guideline must only be used for purposes within the range set out in the 'General' section at the start of this document.
- (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 public *hospitals* or private *hospitals* as defined in the Health Services Act.

Hospital sites may contain a range of buildings that have different uses, patient and *staff profiles* and BCA classifications. Refer to CDG 7.1 to identify the appropriate guideline for each building on the site.

This Guideline applies only to the buildings that provide accommodation to patients. Where buildings contain a combination of bed-based areas and other services, this Guideline specifically applies to the fire / smoke compartments containing the bed-based areas and egress routes from the same (including other fire sources that may impact on these patient areas).

1.6.1 BCA Classification

A *hospital* is a BCA Class 9a (health care building) as described and defined in the BCA.

1.6.2 Sole Occupancy Unit

The SOU will be each client bedroom, ward, treatment area etc. For the purposes of this guideline the definition and application of a SOU should be applied as described in the BCA.

1.7 Determining compliance with this Guideline

Health facilities typically incorporate a range of complex buildings, with varying uses that are covered by both the DtS and performance based (alternative solution) provisions under the BCA.

If the building complies with the BCA DtS provisions, performance-based (alternative solution) 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 is 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. Undertake a *fire risk assessment* where the building does not comply and/or cannot be modified to comply with the BCA or Guidelines. 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 CDG 7.2.
- (d) 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.

- (e) Prepare a Fire Safety Audit Report documenting the *fire safety audit*, the *fire safety compliance check* and the *fire risk assessment* (if undertaken).
- (f) 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 CDG 7.2.
- (g) Repeat the process using the *fire safety handbook* as the audit criteria, at least once every 5 years, or, as directed by the Department.

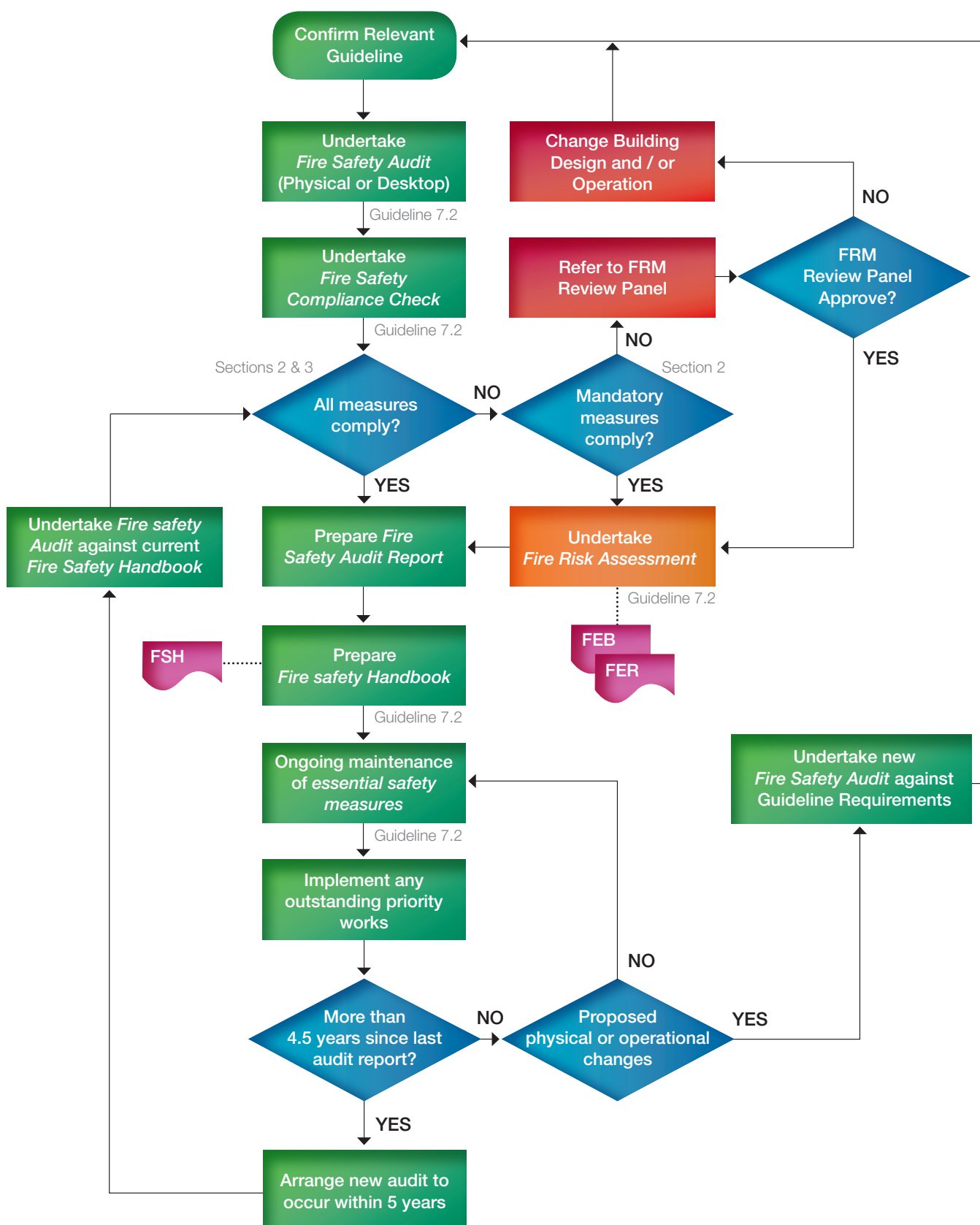
The process is simplified in the following flowchart figure 1.1.

1.8 Client and Staff Profiles

Client profile and *staff profile* are defined in the CDG 7.2.

The typical range of *client profiles* expected in a building covered by this Guideline is Type 1 to Type 6. The *staff profile* must not be less than Type 4.

Figure 1.1: Simplified Compliance Process



2. Mandatory Measures

2.1 Introduction

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

Should a project design team or facility management feel that a *mandatory measure* is 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*

An automatic fire sprinkler system complying with AS2118.1 and AS2118.4 or as a combined sprinkler and hydrant system in accordance with AS2118.6 as applicable and must be provided in all buildings (or parts of buildings) containing bed-based care/accommodation. Where non-bed based parts of a *hospital* that are not sprinkler protected, the sprinklered and non-sprinklered parts of the buildings must be separated in accordance with Clause 3 of Specification E1.5 of Volume 1 of the BCA.

Sprinklers may only be omitted from enclosures provided that the room is fire separated from the remainder of the building in accordance with Clause 3 of Specification E1.5 of Volume 1 of the BCA, or the requirements of AS2118.1 or AS2118.4 (as applicable). Where sprinklers are to be omitted and construction in accordance with the BCA cannot be achieved, (ie operating theatres) approval from the Department will be required, however justification is still required by a *fire risk assessment*. Smoke detection must be provided within the non-protected rooms.

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 complying with AS1670.1 must be installed throughout the building.

Within operating theatres that are not provided with sprinkler protection, a manual call point must be provided within each theatre adjacent to the *primary exit* point. The manual call point may include a plastic cover to permit cleaning and infection control. The plastic cover must be operable without the use of a key or other device.

For buildings with more than 20 patients, an addressable smoke detection system must be used. In such facilities, annunciation of a fire alarm must be provided at staff bases in ward areas that identifies the room of alarm activation.

2.2.3 Emergency Warning and Intercommunication*

In ward areas which have 24 hour staffing, warning speakers may be omitted from patient rooms and the sound pressure levels need not be measured within the room.

Provision must be made for public announcement and two-way communication between staff in facilities housing more than 30 patients.

2.2.4 Smoke and Fire compartments

Smoke and Fire compartments must not be increased by more than 25% above the BCA DtS requirements and comply with the following:

- (a) Fire walls shall extend to the underside of the slab above.
- (b) The smoke walls are to comply with the BCA DtS provisions of the BCA.
- (c) all glazed areas that are incorporated in smoke walls must be of safety glass as defined in AS1288 and any doorways are to be fitted with smoke doors complying with BCA Specification C3.4.
- (d) all openings around penetrations and the junctions of the smoke-proof wall and the remainder of the building are to be stopped with non-combustible material to prevent the free passage of smoke and incorporate smoke dampers where air-handling ducts penetrate the wall unless the duct forms part of a smoke hazard management system required to continue air movement through the duct during a fire.

A *fire risk assessment* must be undertaken where the smoke and/or fire compartment exceeds the area as defined in the BCA and must address the relevant performance requirements of the BCA.

2.3 Management in Use Fire Safety Measures

Management in use measures are operational systems, procedures and policies and the like 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 of appropriate actions to take in the event of a fire.

2.3.1 Fire Safety Handbook

A *fire safety handbook* must exist for each building in the facility and must be in accordance with section 5.4 of CDG 7.2.

The *fire safety handbook* must be prepared using the template published by the FRMU.

2.3.2 Fire Prevention and Fire Safety Management

2.3.2.1 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. However, this is not an audit requirement determining non-compliance.

2.3.2.2 Designating external client smoking areas

There should be at least one designated external smoking area nominated on the site. This is a management issue and not to be taken as a failure of the audit.

2.3.2.3 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.

2.3.2.4 Roof spaces and underfloor areas

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

2.3.2.5 Individual and portable heaters

Portable heating appliances **must not** be used or stored in *hospitals*, 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.

2.3.3 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 in accordance with the Department of Health's Fire Safety Management Guideline.

2.3.4 Fire Emergency Procedures Training

All staff in *hospitals* must receive training in fire prevention, *fire risk management* and emergency procedures in accordance with the Department of Human Services FERPTF document or the Department of Health's Fire Safety Management Guideline.

2.3.5 Record Keeping and Documentation

In addition to information kept in the Fire and Emergency Response Procedures Manual, records must be kept in accordance with the Department of Health's Fire Safety Management Guideline.

2.3.6 Maintenance

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

Appliances (including ducted heating/cooling appliances) must be regularly serviced, cleaned and maintained in accordance with manufacturer's specifications.

Equipment that is inoperable appears faulty or is otherwise not performing as designed and 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.

Staff must undertake regular inspections of exit paths and exit doors between scheduled maintenance visits and report any defects in any essential safety measure to the maintenance contractor.

3. Other 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 *hospitals*.

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 3.4 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

Nil.

3.4 Measures which are additional to the BCA DtS Provisions

3.4.1 Door Hardware

If patient room 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 (within the area) 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 patient room 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 provided with a stovetop.

A powder type portable extinguisher complying with AS 1841.5, of at least 2.1 kg or 20B(E) or equivalent, should be provided in each kitchen area which do not contain Class F fire risks involving cooking oils and fats. Portable extinguishers need not be provided in tea making facilities containing only boiling water units, microwave ovens and toasting appliances.

3.4.3 Emergency lighting

Emergency lighting must be provided in the following additional locations:

- to a fire control area and/or staff area from which public address announcements are made, patient lists are maintained and the position of the fire can be identified (for example, at a mimic panel)
- where manual call points doors are provided.

3.4.4 Protection against external environmental hazards

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 for the requirements for bushfire risk they are determined by Ministerial Direction No. 3: Bushfire provisions for buildings of a public nature, refer to www.dtf.vic.gov.au.

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.

3.4.5 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.

4. Reporting

4.1 General

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

4.2 Fire Engineering Brief and Fire Engineering Report

The FEB and FER must be prepared in accordance with the IFEG utilising templates published by the FRMU, and in accordance with section 5.2 of CDG 7.2.

4.3 Fire Safety Audit Report

A *fire safety audit* report must be 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* must be prepared using the template 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, audits and changes undertaken to the building over time in compliance with section 5.4 of CDG 7.2.

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 DHS in relation to application or interpretation of the Guidelines. Advisory notes are not mandatory but must be taken into account in any assessment process.

Agency

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

Auditor

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

Building Act

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

Building Code of Australia (BCA)

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

Building Inspector

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

Building Legibility

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

Building Regulations

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

Building Surveyor

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

Client 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.

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*.

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.

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.

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.

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.

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.

Hospital

A building, or part thereof, used on a 24-hour basis for medical, obstetrical or surgical care of four or more inpatients and 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.

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

Clause 2.2.1

Alternatively for critical infrastructure areas that are unsuitable for sprinklers, VESDA detection, mist based sprinklers, or gas based suppression systems may be considered for business continuity purposes in larger health facilities.

Clause 2.2.3

The BCA DtS provisions allow the volume of warning in patient rooms to be adjusted in volume and content to minimise trauma consistent with the type and condition of patients. However no guidance is given as to what extent the volume may be reduced. In ward areas that have 24 hour staffing, patients will generally have limited or no mobility without assistance and thus will rely on staff for evacuation.

Accordingly, speakers are not required within patient rooms and the sound levels need not be measured within the room which provides a consistent, readily verifiable benchmark for determining compliance.

Clause 3.4.2

The BCA DtS provisions specify portable fire extinguishers to cover Class F fire risks involving cooking oils and fats in kitchens, thus this clause also requires extinguishers to be provided in kitchens that do not have Class F fire risks. This could be a kiosk or re-heat kitchen that does not include oil frying facilities.

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