

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

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<b>KEY TERMS</b>	Annual Fire Safety Statement, external fire safety review, evacuation training, fire safety training.
<b>SUMMARY</b>	This procedure outlines how <a href="#">Fire Safety in Health Care Facilities PD2010_024</a> will be implemented across SESLHD facilities.  This includes outlining the roles, responsibilities and actions to be taken to ensure we meet our legal obligations for managing fire related risks within our facilities.

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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### 1. POLICY STATEMENT

By following the steps and processes in this procedure, managers and workers can be reasonable assured that they are complying with the requirements of [Fire Safety in Health Care Facilities PD2010\\_024](#) and [National Safety and Quality Health Service Standards](#).

### 2. BACKGROUND

Fire safety is one aspect of the overarching risk management process within SELSHD. This procedure outlining the roles, responsibilities and actions to be taken to ensure the organisation meets the legal obligations for managing fire related risks within the facilities with the focus on protecting people and assets.

#### 2.1 Definitions

**Annual Fire Safety Statement:** a statement issued by the owner of a building or agent, which is written confirmation that fire safety measures installed in the building have been inspected by a properly qualified person and found to be capable of performing to the standard relevant to the installation.

**Building Codes of Australia (BCA):** uniform set of technical provisions for the design and construction of buildings and other structures throughout Australia.

**Building Classifications:** relevant to Health Care as outlined in BCA.

Building Class	Description
9A	Healthcare Buildings
1B, 2, 3.4 and 9C	Non-Healthcare Buildings where occupants sleep
5	Administration Buildings
8	Laboratories
7a	Car Parks

**Compliance Certification:** Final certification must be received prior to occupancy of any new buildings.

**Health Care Facilities:** includes premises that are leased or made available to external parties as a place of work.

**Healthcare Buildings (as outlined in the BCA):**

- public or private hospital
- nursing home or similar facility for sick or disabled persons needing full-time care clinic
- day surgery or procedure unit where patients that are non-ambulatory and/or requiring supervised medical care on the premises for some time after the treatment.

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**Impairment of fire systems:** occurs when a fire protection or detection system, fire alarm system or other system designed to maintain the fire resistance of the building element or structure is taken out of service, either wholly or in part, planned or unplanned.

Fire protection or detection equipment subject to impairment management includes: automatic sprinkler systems, fire protection water supplies, fire pumps, fire mains, gas extinguishing systems, foam systems, fire detection systems, water mist systems, powder systems, explosion suppression systems and fire doors.

**Fire Safety Schedule:** a document prepared against the BCA that outlining the minimum fire safety requirements for a building. This is a requirement to have these displayed in a prominent location within the facility.

### 3. RESPONSIBILITIES

#### 3.1 Workers and Medical staff will:

- ensure they complete mandatory training for fire safety as outlined in Section 4.7
- report any fire safety issues to the department/service manager or relevant senior manager
- follow the direction of the manager, Fire Safety Officer (FSO), Fire Safety Manager (FSM), fire warden or other senior managers in relation to fire safety management and evacuation procedures.

#### 3.2 Line Managers will:

- ensure the workers have completed mandatory training for fire safety
- report any fire related incidents in IIMS
- report any identified fire safety risks to the senior manager and FSO or FSM
- ensure local evacuation procedures are in place for the department as a minimum - [F321 - Local Evacuation Procedure Form](#)
- ensure contractors working in the area have required work permits.

#### 3.3 District / Service Managers will:

- oversee that the workers have completed complete mandatory training for fire safety as outlined in Section 4.7.

#### 3.4 Fire Safety Officer (FSO) and Fire Safety Manager (FSM) will:

- assist facility manager in preparing the annual fire safety statement on behalf of facility
- ensure the facility has a documented process for the isolation of fire safety systems
- conduct risk assessment on isolations of fire safety systems and report to Treasury managed Funds regarding isolation longer than 12 hours or overnight
- report deficiencies in fire systems and processes, along with proposed actions to the facility manager
- monitor and review the implementation of Fire Safety Action Plans
- ensure training in fire safety and evacuation is made available and delivered to workers

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- maintain current accreditation and training as outlined in (sections 7 and 8 of PD2010\_024) to perform the role as FSO or FSM.

### 3.5 Health Facility Managers will ensure that:

- The facility has :
  - routine maintenance, repair and testing of all fire safety measures installed in the buildings as outlined in BCA
  - ensure all buildings where people sleep are fitted with working smoke detectors, as outlined in Environmental Planning and Assessment Amendment (Smoke Alarm) Regulation 2006 (EP&A Act)
  - annual Fire Safety Statements completed within the required timeframe
  - Fire Safety Schedules are in place for all buildings
  - provided copies of annual Fire Safety Statements to the local council
  - fire safety action plan in place that is being monitored and reviewed at least annually
  - Local review and communication process for the fire incidents reports
- annual Fire Safety Education is provided for all workers as outlined in Section 4.7.

## 4. PROCEDURE

The procedure has been broken down into key areas covering -

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### 4.1 Building Works

All building works that are undertaken on SELSHD building must be done to be deemed compliant with the fire safety requirements outlined in the BCA and any special conditions outlined in local council development consent.

This is a requirement that any rebuilding on an existing location will need to meet with the current building codes prior to being occupied and compliance certification is received.

Depending on a number of factors: alterations, enlargement or extension of an existing building, may result in the new areas requirement to be certified and compliant with the current building codes prior to the building being occupied.

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The company overseeing the construction or renovation works will be required to provide compliance certification and copy of the Fire Safety Schedule for all the overseen works. This requirement should be included in any contract arrangements.

A number of fire safety requirements are outlined in the [Pre-Occupancy Checklist](#) and engineering services must be consulted for all pre-occupancy inspections which can include FSO's and FSM's.

### 4.2 Procedures for Seeking Dispensation

Where a facility would like to apply for dispensation from meeting the recommendations relating to compliance with the current edition of the BCA the Health Facility Manager will authorise and approve contact be made with the local council and NSW Fire and Rescue for authorisation.

### 4.3 Annual Fire Safety Statements

All SESLHD buildings are to have an annual Fire Safety Statement that has been prepared against the buildings Fire Safety Schedule and displayed in prominent locations (often near entries to buildings or Fire Indicator Panels).

The annual Fire Safety Statements are to be submitted to local Councils and NSW Fire and Rescue. Local Councils will be able to provide further advice on the scheduled timeframes and the process for receiving or reviewing the documents.

For further information refer to Section 6 - [Fire Safety in Health Care Facilities PD2010\\_024](#)

### 4.4 Review of Building Fire Safety

As outlined in the BCA and a number of Australian Standards, SESLHD buildings and leased properties are required to have an external review of building fire safety requirements referred to as External BCA Fire Audit Report no less than every 4 years.

The review is to be conducted against the building fire safety requirements and is to take into consideration any subsequent renovations, additions or upgrading works.

A report will be provided to the Facility Manager by the external service provider and this will outline any recommendations for improvement or identified deficiencies, along with reference to the relevant legislation.

The report will be used to create a local action plan which must include:

- each item or deficiency
- cost estimates including proposed funding source
- timeframes
- priorities based on the organisation's risk rating process.

The facility can apply for dispensation against recommendations if supportive documentation can be provided. The local Action Plan is to be monitored and updated at least annually and can include other fire safety actions and recommendations.

For further advice regarding the external review of building fire safety the following may be assistance:

- NSW Fire and rescue - Structural Safety Unit Phone: (02) 97427400
- the Building Department of Local Council
- private building consultants that are Accredited Certifiers with the Building Professionals Board.

#### **4.5 Emergency Response Procedures**

As outlined in [SESLHDPD/265 Emergency Management Policy](#) facilities are to have detailed emergency management plans for overall management fire incident and evacuations. Each department is required to have a local evacuation procedure which outlines in detail the process used internally for managing fire and evacuation incidents. [F321 - Local Evacuation Procedure Form](#) is designed as a template that outlines these minimum requirements. All workers will need to be familiar with the procedure content, including orientation of new workers to the workplace. Where required specific local content can be added such as location of shut off switches to medical gases or medical gas storage. The local procedures should be reviewed at least annually or after an incident or evacuation. Updates to local activities, installed systems, emergency response protocols or regulatory change will also mean a need for a review of local evacuation procedures.

#### **4.6 Fire Safety Prevention**

Each facility is to adopt strategies to reduce fire safety risks, which include but not limited to good housekeeping practices, regular workplace inspections, reduction of combustible products and use of appropriate heating.

##### **4.6.1 Good housekeeping practices** (also see [Work Health Safety – Regular and Pre-Occupancy Workplace Inspections](#))

- reducing electrical hazards and inspecting power cords and appliances before use
- removing faulty cords and equipment along with placing “danger tag” signs
- removal of any double adaptors and replacing with power boards which have overload switches
- not piggybacking of power boards into each other
- keep water away from electrical equipment, eg tea/coffee away from computers and keyboards
- authorised electrical equipment in the workplace has been test and tagged
- replacing toasters with sandwich presses/makers that automatically cuts off power supply in case of overheating of appliance
- preventing staff re-entering the workplace until problems has been rectified
- ensuring the accumulation of papers, magazines, rags, excessive furnishings and other combustible items does not occur
- egress corridor, fire stairs and egress paths are kept clear of obstructions at ALL times
- any items of highly combustible nature for example; dry combustible ground matter, garden litter and dry matter is kept away from external walls



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#### 4.6.2 Heaters

Portable heaters other than those listed below shall not be used in any SESLHD facility. No naked flame or naked flame heaters shall be used in any SESLHD building.

Heaters permitted:

- Still coil oil heaters
- Heaters with tilt switches
- Strip and bar heaters may be used provided they are mounted 2130 mm from the floor

Placement of heaters in the workplace is also a potential risk, therefore good ventilation and clearance from combustible materials is required.

#### 4.6.3 Combustible products

Quantities of hazardous chemicals should be kept to a minimum and storage conditions stipulated in the Safety Data Sheet must be followed to ensure stability. Medical gases and LPG cylinders must be stored in a locked storage cage with appropriate signage. For further details on placarding or manifest quantities refer to [Hazardous chemical](#)

#### 4.6.4 Use of barbeques

Barbeques can only be used on SESLHD grounds where the activity has been assessed and approved by the FSO or FSM. The FSO or FSM will outline any safety requirements such as having additional portable fire extinguishers within 10 metres of the area.

#### 4.6.5 Designated Smoking Areas

All designated smoking areas shall be registered and approved by Facility Manager and must be located away from any doors/windows of any buildings and provide disposal bins especially designed for cigarettes. Risk assessments for these must include consideration of having water based first attack fire equipment available in the immediate area.

#### 4.6.6 Hot and dust emitting work permits and processes

Each facility is to have an approval process in place that outlines how and when “hot and dust emitting work” is conducted outside the confines of a dedicated workshop, for example: welding, oxyacetylene cutting, concrete cutting, paint stripping and vinyl laying.

The approval process is to be managed by a suitably qualified person such as a FSO or FSM. A duplicate Hot or Dust Work Permit such as FM Global F2630 or an equivalent is to be issued and a register maintained.

Note – hot or dust emitting works may require isolations to some fire protection systems

#### 4.6.7 Fire protection isolation (impairment) processes

All facilities with installed fire protection systems are to have local processes that outline how impairments to these fire protection systems will be managed.

As a minimum they are to include:

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- who has the authority to isolate/de-isolate fire detectors or sections of the fire protection systems
- procedures for workers to follow when fire protection systems or sections of fire alarm systems are isolated
- the training that is to be provided to the authorised persons in the isolate/de-isolate of fire protection systems
- the logbook system in place for recording all fire panel isolations, [F148 - Fire Panel Isolation Record Form](#) is provided as a sample document
- checking of the isolated area prior to reactivation of fire protection systems
- the requirements for FSO, FSM's or health facility managers to notify Treasury Managed Funds (TMF) of impairments to fire protection systems exceeding 12 hours (or overnight). [Fire Protection Impairment notification](#)

### 4.6.8 Automatic fire alarm (AFA) activations

Where Fire & Rescue NSW attends the automatic fire alarm activation and this is deemed to be a false alarm, the facility is charged a false alarm fee. This is set out in the NSW Fire Brigade Regulation and is currently \$1450 as at October 2014.

Under [specific circumstances](#) we can apply to have the charge waived. The Facility Manager is responsible for overseeing the payment of false alarm charges resulting from the AFA's.

At the discretion of the Facility Manager the costs can be forward to a third party if the outcome of an investigations finds, for example; a contractor is in breach of this fire safety procedure or safety instructions provided to them by the organisation.

### 4.6.9 Servicing of Fire Systems

All facilities are to have contracts in place for the ongoing servicing of fire systems, currently this is outlined through the fire service schedule and maintenance standards overseen by the FSO's or FSM's on behalf of the facility manager.

## 4.7 Annual Fire Safety Education

Each facility is to have a program in place to ensure workers are training annually in:

Course Type	Course Name (HETI)
Theoretical Fire Safety	Fire Safety & Evacuation Theory (online)
Practical use of portable fire-fighting equipment	Fire Safety & Evacuation –Practical
Practical Evacuation Exercise	Fire Safety & Evacuation –Local Evacuation Exercise

Course content for these modules is outlined in Ministry of Health Fire Safety in Health Care Facilities PD2010\_024 and particular reference to Appendix 2.



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### 4.7.1 Theoretical Fire Safety

The course content is outlined by the Ministry of Health and is available to workers via HETI online. Where a facility determines to deliver the module face to face for specific workgroups such as workers with English language difficulties, this training must meet the learning outcomes specified in PD2010\_024.

### 4.7.2 Practical use of portable fire-fighting equipment

A practical demonstration in the operation of the portable fire-fighting equipment must be provided to all workers. Workers where they feel safe to participate should be assessed and demonstrate the use of portable fire-fighting equipment such as fire extinguishers, fire blankets, and other equipment if specified.

### 4.7.3 Evacuation exercises or drills

The level of evacuation exercises or drills that each department must undertake will be determined by the FSO or FSM in consultation with the department and facility manager based on operational risks.

Consideration to substitute workers in the roles of patients in evacuation drills may be desirable where workers need to practice partial or complete evacuations.

Evacuation exercise types	Level of participation
Table Top	Theoretical run through of evacuation incident.
Walk through	Visual explanation of action workers would take in an evacuation situation.
Partial evacuation	Equivalent to stage 2 of the building evacuation.
Complete evacuation	Equivalent to stage 3 of the building evacuation.

Workers will be assessed against evacuation drill checklists [F026 - Evacuation drill checklist Form](#) and a report outlining actions for improvements will be provided by the FSO or FSM to the department manager. Where deficiencies are identified in the fire safety systems, these are to be reported to the facility manager and may be added to the fire safety action plan as required.

## 4.8 Fire Safety Incidents

In the event that there is a report of the smell or notification of a fire or activation of smoke and/or fire alarm the NSW fire and rescue must be notified immediately. Records of all fire incidents are to be maintained by the Facility FSO or FSM and recorded using the Fire Incident Report Form F147 or an equivalent document.

The Health Facility Manager in consultation with the FSO or FSM will determine the local review process for the fire incidents and the process for communication back to relevant managers.

In accordance with [NSW Health Incident Management Policy PD2014\\_004](#) the organisations Incident Information Management System is also to be used to record the events of the incident.

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### 5. DOCUMENTATION

[Form Local Evacuation Procedure](#)

[Evacuation Drill checklist](#)

[Fire Incident Report](#)

[Fire Panel Isolation Record](#)

[Pre-Occupancy Checklist](#)

### 6. AUDIT

WHS Audit Tool

National Standards

### 7. REFERENCES

#### Internal

[SESLHDPD/265 Emergency Management Policy](#)

#### External

[Work Health and Safety Act 2011](#)

[Work Health and Safety Regulation 2017](#)

[Fire Safety in Health Care Facilities PD2010\\_024](#)

[Workplace Health and Safety: Policy and Better Practice Guide PD2013\\_050](#)

[Protecting People/Property: NSW Health Policy/Guidelines for Security Risk Management in Health Facilities, Ch 24 Fire Security](#)

[NSW Health Incident Management Policy PD2014\\_004](#)

Australian Standard AS/NZS ISO 31000:2009 Risk management - Principles and guidelines

Australian Standard AS4083 Planning for Emergencies - Health Care Facilities

Australian Standard AS3745 Emergency control organisation and procedures for buildings, structures and workplaces

Australian Standard AS 2444-2001 Portable fire extinguishers and fire blankets - Selection and location

AS 1670.4-2004 Fire detection, warning, control and intercom systems - System design, installation and commissioning - Sound systems and intercom systems for emergency purposes

AS1851 – 2005 Maintenance of fire protection systems and equipment

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### 8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
July 2016	1	Peter Kuszelyk A/Manager Health Safety and Wellbeing
September 2016	1	SESLHD District Executive
September 2017	2	Desktop Revision and Links Update - John Parkinson, WHS Consultant
October 2017	2	Updated endorsed by Executive Sponsor