

Fire Safety in Health Care Facilities

Summary This policy statement and the attached guide outlines the legal requirements to be met by public health facilities in relation to fire safety in hospitals and other related care facilities to ensure compliance with State fire safety requirements.

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Distributed to Public Health System, NSW Ambulance Service, Ministry of Health, Private Hospitals and Day Procedure Centres

Audience Administration;Chief Executives;Directors;Boards

Secretary, NSW Health

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.

FIRE SAFETY IN HEALTH CARE FACILITIES

PURPOSE

This policy statement and the attached guide outlines the legal requirements to be met by public health facilities in relation to fire safety in hospitals and other related health care facilities to ensure compliance with state fire safety requirements. The attached guide reflects new models of fire safety management and clarifies ongoing roles and responsibilities for health facility management.

MANDATORY REQUIREMENTS

Chief Executives, owners, operators and/or boards of private and public health care organisations are personally accountable and have a duty of care for maintaining a safe environment for employees, patients and members of the public in their health facilities under legislation as detailed in section 3 of the attached guide.

It is imperative that **chief executives**, owners, operators and/or boards have effective monitoring systems to ensure their legislative obligations as set out in this policy are implemented and maintained in every facility under their control.

IMPLEMENTATION

This Policy Directive must be implemented in all NSW public health facilities. NSW private hospitals and day procedures centres and other health and aged care organisations may choose to use the attached guide as their industry standard where no other industry specific policies apply.

Roles and Responsibilities

Health Facility managers are responsible for:

- Ensuring the routine maintenance, repair and testing of all fire safety measures installed in their buildings (section 3.3.4)
- Annual Fire Safety Statements are completed (section 3.3.4)
- Fire Safety education requirements for Fire Safety Officers and Fire Safety Managers are met (sections 7 and 8)
- Annual Fire Safety Education is provided for all employees (section 8) this includes evacuation exercises; use of fire fighting equipment; maintaining a safe working environment.

All **employees** have an obligation to familiarise themselves with all fire emergency equipment and facilities with their workplace and participate in the annual fire safety education program.

REVISION HISTORY

Version	Approved by	Amendment notes
April 2010 (PD2010_024)	Deputy Director-General Health System Support	Rescinds PD2009_062 The revised policy Guide provides greater clarity in the operational management process of Fire Safety in Health Care Facilities with amendments to sections 3.3.4; 4.1.2; 7.5 & 13.1
September 2009 (PD2009_062)	Deputy Director-General Health System Support	Rescinds PD2005_336, GL2005_047, IB2005_015 and Fire Evaluation Reporting System (FERS). Updates and clarifies the minimum requirements of Fire Safety in health facilities
December 2003 (PD2005_336)	Director-General	Guidelines for healthcare personnel in relation to fire safety in health care facilities

ATTACHMENT

1. Fire Safety in Health Care Facilities Guide

Fire Safety in Health Care Facilities

NSW HEALTH
GUIDE

Issue date: April 2010

PD2010_024

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1 INTRODUCTION

Chief executives, owners, operators and/or boards of private and public health care organisations are personally accountable and have a duty of care for maintaining a safe environment for employees, patients and members of the public in their health facilities. The requirements specified in this document provide information for organisations to assist them to meet their obligations. It is therefore imperative that chief executives, owners, operators and/or boards have effective monitoring systems to ensure the requirements set out in this Policy Directive are implemented and maintained in every facility under their control.

The purpose of this document is to outline minimum requirements pertaining to fire safety in hospitals and other related health care facilities, ensure compliance with state fire safety requirements, reflect new models of fire safety management and clarify ongoing roles and responsibilities.

This Policy Directive applies to:

- All NSW government public health and associated organisations.
- All NSW private hospitals and day procedures centres.
- Other health and aged care organisations may use this document as their industry standard where no other industry specific policies apply.

2 DEFINITIONS

2.1 FSO

A Health Care Fire Safety Officer as specified in Sections 5 & 6 of this document. Previously called a Fire Safety Officer Level 1.

2.2 FSM

A Health Care Fire Safety Manager as specified in Sections 5 & 6 of this document. Previously called a Fire Safety Officer Level 2.

2.3 Shall

Indicates a mandatory action required that must be complied with consistent NSW Health policy, law or industrial instrument.

2.4 Should

Indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.

3 LEGISLATIVE OBLIGATIONS

3.1 PRIVATE HOSPITALS AND DAY PROCEDURE CENTRES ACT 1988

Fire Safety in Private Hospitals and licensed Day Procedure Centres is the responsibility of the licensee. The Department has the responsibility for monitoring and ensuring compliance with licensing standards as set out in the Private Hospitals and Day Procedure Centres Act 1988 and Private Hospitals Regulation 1996 and Day Procedure Centres Regulation 1996. All these provisions will in time be replaced by the Private Health Facilities Act and regulations under that Act.

3.2 OCCUPATIONAL HEALTH AND SAFETY (OHS) ACT 2000 AND REGULATION 2001, as amended

Fire safety is a part of an OHS management system. Induction and ongoing training of employees is a requirement of the OHS Regulation. The OHS Act and Regulation refers to controllers of premises obligations to ensure that their premises are safe. Refer to the Workplace Health and Safety: Policy and Better Practice Guide – NSW Health, PD2005_409.

3.3 ENVIRONMENTAL PLANNING AND ASSESSMENT ACT 1979 (EP&A Act)

3.3.1 Fire Safety Orders

The EP&A Act permits Councils and the NSW Fire Brigades to issue a range of orders in respect of fire safety issues, including orders to cease activities at premises.

3.3.2 Smoke Alarms

The Environmental Planning and Assessment Amendment (Smoke Alarm) Regulation 2006 makes it compulsory for smoke alarms to be fitted in all new and existing homes and other buildings where people sleep. These include private and public hospitals, nursing homes, hostels etc.

Further information on the requirements for smoke alarms is available from the Department of Planning at <http://www.planning.nsw.gov.au/>. For enquiries phone the Smoke Alarm Helpline on 1300858812 or email smoke.alarm@planning.nsw.gov.au.

3.3.3 Compliance Certification

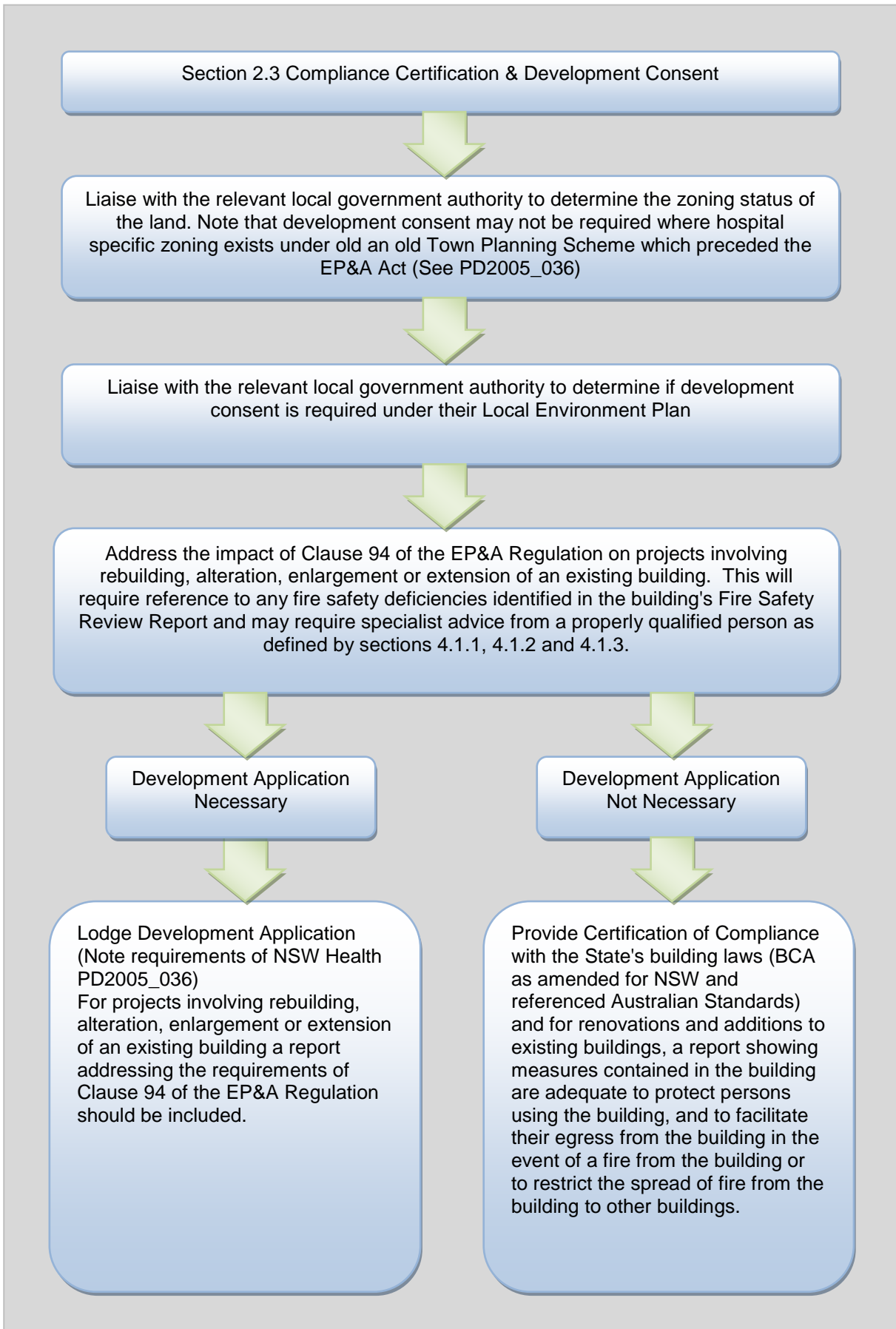
- (1) Development consent is to be obtained from local Council for the erection of buildings. Issues relating to fire safety are usually included in consent conditions and a record of the conditions shall be retained on file for reference. Note that for Crown development conditions cannot be imposed without the written approval of the Minister or the applicant (replaced 2008 Act no. 36). Section 89 of EP&A Act.
- (2) For other than crown development, construction certificates are to be obtained from the Project Manager and held on file at the relevant facility.
- (3) For Crown development, in accordance with section 109 R, of the EP&A Act, prior to commencement building work shall be certified to comply with the technical provisions of the NSW building laws (Building Code of Australia (BCA) as amended for NSW and referenced Australian Standards). Note certification shall include referenced plans, schedules and other design documents. The certification needs to apply to the final construction drawings noting that design documentation may be a staged process for capital development.
- (4) When a development application is lodged for rebuilding, alteration, enlargement or extension of an existing building the consent authority may impose requirements for the building to be upgraded if:
 - a) The proposed building work, together with any other building work completed or authorised within the previous 3 years, represents more than

- half the total volume of the building, as it was before any such work was commenced, measured over its roof and external walls, or
- b) The measures contained in the building are inadequate:
 - i) To protect persons using the building, and to facilitate their egress from the building, in the event of fire, or
 - ii) To restrict the spread of fire from the building to other buildings nearby.
 - (5) In determining a development application to which this clause applies, a consent authority is to take into consideration whether it would be appropriate to require the existing building to be brought into total or partial conformity with the BCA. (See clause 94(2) of the Environmental Planning and Assessment Regulation 2000 (EP&A Reg 2000) and note that for Crown development conditions cannot be imposed without the written approval of the Minister or the applicant (section 89 of the EP&A Act).
 - (6) The requirement and method for a development application to be submitted will need to be checked with the local council.
 - (7) Prior to the occupation of new or refurbished facilities, an occupancy certificate or, in the case of Crown development, certification of the completed building's compliance with the NSW building laws (BCA as amended for NSW and referenced Australian Standards) shall be obtained from the Project Manager and held on file at the relevant facility. Note certification will be more than a single statement and shall include plans, schedules and manuals of individual certification documents.
 - (8) Included with the above documents there shall be a list of requirements for maintaining fire safety at the facility (a Fire Safety Schedule under clause 168 and a Fire Link Conversion Schedule under clause 168A(4) of the EP&A Reg 2000); a Final Fire Safety Certificate; and documentation on any performance based solutions utilized in the development.
 - (9) A copy of the Fire Safety Schedule shall be displayed in a prominent location within the facility.
 - (10) A copy of the Fire Safety Schedule shall be forwarded to the NSW Fire Commissioner and the local Council.

3.3.4 Procedures for Seeking Dispensation

In circumstances where organisations wish to seek dispensation from meeting recommendations relating to compliance with the current edition of the BCA they should, in the first instance, contact the local Council. Rights of appeal are available through the Land and Environment Court.

BUILDING FIRE SAFETY COMPLIANCE CERTIFICATION



3.3.5 Annual Fire Safety Statements

- (1) An Annual Fire Safety Statement is a statement issued by the owner of a building or his agent. The statement 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 to which they were installed. Fire safety measures are incorporated into the building to safeguard the building and its occupants in the event of a fire.
- (2) Fire safety measures are those measures included on a Fire Safety Schedule (issued under clause 168 of the EP&A Reg 2000). Where no Fire Safety Schedule exists for the building a schedule is to be obtained from local Council or an Accredited Certifier with the Building Professionals Board with the appropriate level of accreditation for the class of building and performance requirements included with the building or Accredited Building Surveyors with the Australian Institute of Building Surveyors.
- (3) Facility Managers are responsible for ensuring that the Legislative routine maintenance, repair and testing of all fire safety measures installed in their building(s) has been carried out and documented by competent persons to ensure it is capable of performing to a standard no less than that specified in any applicable fire safety schedule or to a standard no less than that to which the measure was originally designed and implemented.
- (4) In accordance with Part 9, Clause 175 of the EP&A Reg 2000, an Annual Fire Safety Statement is to be issued by or on behalf of the owner or agent of a building.
- (5) The essential fire safety measures are measures incorporated into the design of the building that assist to safeguard the building and its occupants in the event of a fire. The combination of essential fire safety measures and the annual fire safety statement are designed to ensure that the measures perform to their operational/installation standard (Clause 182 of EP&A Regulation – Requires Maintenance).
- (6) Part 9, Clause 177, of the EP&A Regulation 2000, requires a copy of the Annual Fire Safety Statement to be displayed in a prominent location within the facility and a copy to be submitted to the Local Council and the Commissioner of the New South Wales Fire Brigade. Local Council has the power under the EP&A Act to require full compliance with this requirement. This power extends to all existing buildings, not necessarily undergoing refurbishment.
- (7) Health-care organisations shall ensure Annual Fire Safety Statements are issued, displayed and forwarded as above for each building they own. They should also obtain a copy of the Annual Fire Safety Statement for any building that they operate services from, or locate staff or clients at, that they do not own.
- (8) Refer to Appendix 6, Procedural Guidelines for the preparation of Annual Fire Safety Statements, for further assistance.

4 BUILDING FIRE SAFETY - REVIEW PROCESS

4.1 PUBLIC AND PRIVATE HEALTH CARE FACILITIES

4.1.1 Healthcare Buildings (as defined by the BCA)

A regular review of building fire safety requirements in accordance with the technical provisions of the NSW building laws shall be conducted for each health-care building. The review shall also include building fire safety requirements in accordance with the legislation applicable at the time of construction or any of any subsequent renovations, additions or upgrading works. The report shall include recommendations for improvement clearly identifying those required for compliance with the relevant legislation. The frequency of the review may be determined by an accreditation or licensing body but shall not be less than four years.

4.1.2 Non-Healthcare Buildings where occupants sleep, including Class 1b, 2, 3, 4 and 9c.

A regular review of building fire safety requirements in accordance with the technical provisions of the NSW building laws should be conducted for each building in which people sleep. The review should include building fire safety requirements in accordance with the legislation applicable at the time of construction or any of any subsequent renovations, additions or upgrading. The report should include recommendations for improvement clearly identifying those required for compliance with the relevant legislation. The frequency of the review may be determined by an accreditation or licensing body but should not be less than four years.

4.1.3 Leased Premises, Public/Private Partnerships

It is the responsibility of the health care organisation occupying a building, to ensure that the regular review of building fire safety requirements is undertaken in line with this section. This clause does not exempt building owners from their responsibility under NSW law in relation to fire safety in their building. Occupiers and owners must ensure that there is clear delineation of responsibility relating to this matter in leases, contracts, agreements, etc.

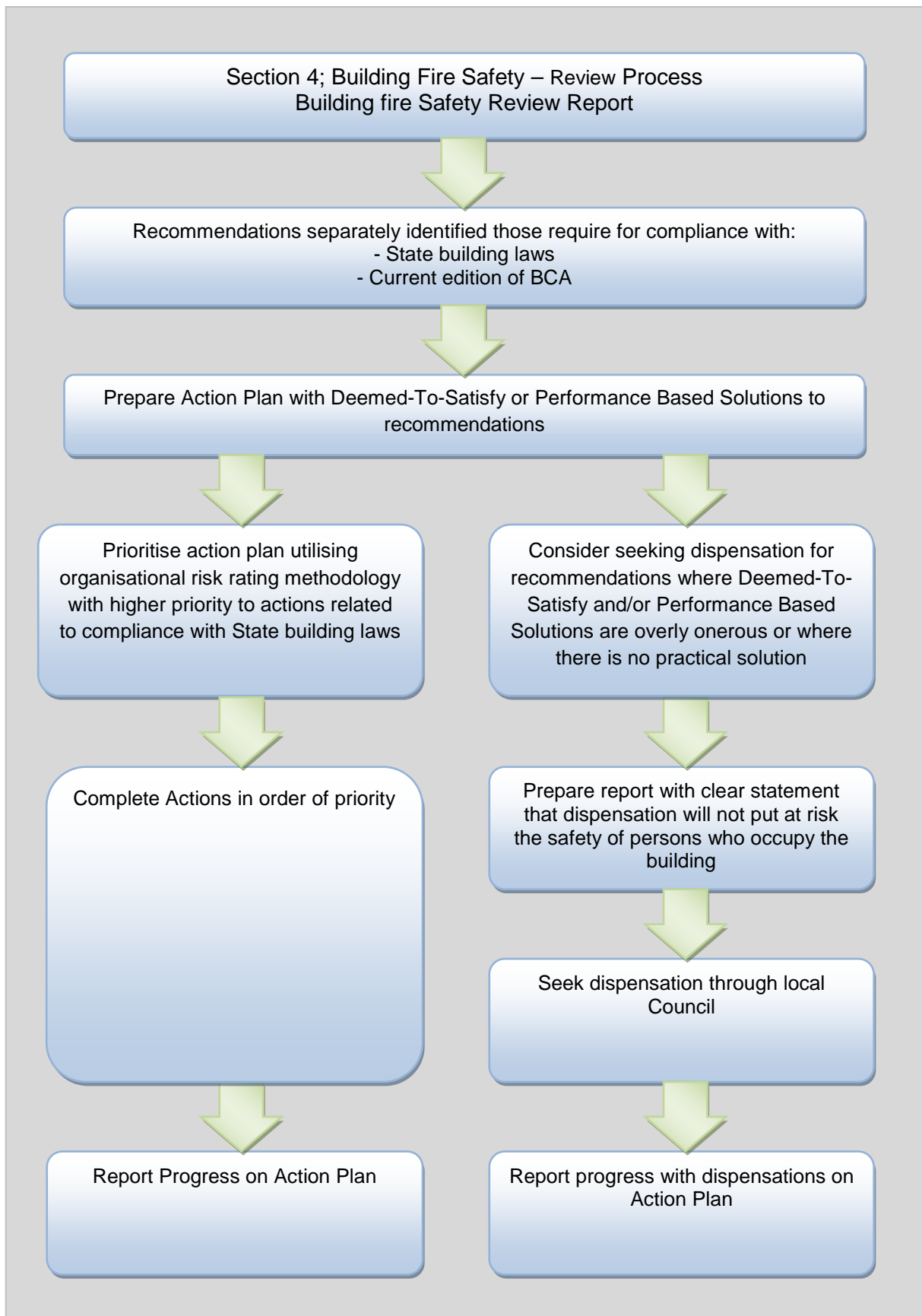
4.1.4 Review Resources

- a) One of the following resources shall be utilised:
 - i) NSW Fire Brigades - Structural Safety Unit Phone: (02) 97427400.
 - ii) The Building Department of Local Council.
 - iii) Private Building Consultants that are Accredited Certifiers with the Building Professionals Board with the appropriate level of accreditation for the class of building and performance requirements included with the building or Accredited Building Surveyors with the Australian Institute of Building Surveyors.
- b) EP&A Act, BCA and referenced Australian Standards identify minimum standards of fire safety and are subject to regular review and change. Issues of non-compliance that have been identified may be brought to notice either:
 - i) Through an involuntary process which may involve local council or the NSW Fire Brigades Structural Safety Unit issuing Fire Safety Orders, or

- ii) A proactive approach whereby management initiates a review process.
- c) Identified deficiencies should, where possible, be acted upon immediately. However, immediate action to rectify deficiencies may not be possible. If necessary, required works will need to be prioritised to reflect two primary factors:
 - i) Nature and use of the building including circumstances of the occupants.
 - ii) Nature of the works to be undertaken.
- d) Matters which provide higher life safety to occupants should have a higher priority than matters related to property protection.
- e) A regular review of building fire safety requirements in accordance with relevant legislation should be conducted at all health and associated facilities covered by section 4.1.1 & 4.1.2. The frequency of the review would normally be determined by an accreditation or licensing body. In all other cases, 4 years would be considered a reasonable frequency. The following resources may be used:
 - i) NSW Fire Brigades - Structural Safety Unit Phone: (02) 97427400.
 - ii) The Building Department of Local Council.
 - iii) Private Building Consultants that are Accredited Certifiers with the Building Professionals Board with the appropriate level of accreditation for the class of building and performance requirements included with the building or Accredited Building Surveyors with the Australian Institute of Building Surveyors.
- f) The approach taken in reviewing a facility may vary but will generally follow one or a combination of the following:
 - i) A prescriptive approach that directly compares building circumstance against requirements deemed to satisfy provisions of the Codes, Regulations and Australian Standards with the resultant recommendations reflecting those provisions.
 - ii) A performance based assessment of building circumstances against the intent and objectives of the BCA. In this case the recommendation will reflect the specific need and function of the facility. Performance assessments shall only be undertaken by building consultants that are accredited, with the Building Professionals Board or with the Australian Institute of Building Surveyors, to undertake performance assessments for the particular class of building. Any modifications to a building which has performance-based solutions shall undergo a full reassessment to ensure the performance standards of the original design are not compromised.
- g) Organisations shall develop action plans for each facility utilising suitably qualified fire safety/engineering personnel and where necessary private building consultants. Action plans need to show each item identified deficient in the survey, its priority, cost estimates, time frames, proposed funding source and the person responsible for the rectification. Priorities and time frames should be justified with supportive documentation utilising the organisation's risk rating methodology.

Action plans need to clearly identify whether each item is required for compliance with the technical provisions of the NSW building laws or is a recommendation for compliance with the current edition of the BCA. The later items are to be a lower priority as per Australian Standard AS/NZS 4360 Risk Management.

BUILDING FIRE SAFETY – REVIEW PROCESS FLOW CHART



5 FIRE SAFETY AND EMERGENCY RESPONSE PROCEDURES

5.1 Emergency Response Procedures Standards

All buildings shall have formalised fire safety and emergency response procedures. These procedures shall be designed around the special needs of the facility concerned. The procedures should be reviewed at least annually and as required and where necessary updated to reflect any changes to installed systems, emergency response protocols or regulatory change. Procedures shall comply with:

- i) Australian Standard (AS4083) - "Planning for Emergencies - Health Care Facilities" for Classes 9a, 9c and 3 used as aged care and/or
- ii) Australian Standard (AS3745) "Emergency control organisation and procedures for buildings, structures and workplaces" for all other facilities.

5.2 Emergency Response Procedures Format

Procedures will generally take two forms:

- i) A detailed document containing aims, objectives, building systems/information, roles and responsibilities, evacuation procedures and so on applying to both fire and other internal emergencies as identified in the Australian Standards. Suitable numbers of the document should be provided so that all employees have ready access to the information.
- ii) A summary flip chart or poster providing brief detail on fire emergency responses as well as other internal emergencies and which is colour coded to accord with the requirements outlined in the Australian Standard AS 4083 "Planning for Emergencies - Health Care Facilities"

Fire/Smoke	Red
Medical Emergency	Blue
Bomb Threat	Purple
Internal Emergency	Yellow
Personal Threat	Black
External Emergency	Brown
Evacuation	Orange

Copies of the flip chart should be displayed at each staff station and throughout the facility for easy access by employees.

5.3 Emergency Response Assessment

- (1) In New South Wales the acronym RACE is a generally accepted term for assessing the initial fire emergency response:

Remove (persons in immediate danger if safe to do so)

Alert (Inform occupants and facilities emergency number)

Confine (the fire and smoke by closing all doors if safe to do so on exit)

Extinguish (the fire if safe to do so)

The above actions should, depending on the availability of employees, be undertaken simultaneously or in an order that provides for the highest level of life safety.

- (2) Attached at Appendix 5 is a minimum model that may be used as a guide when developing localised emergency response procedures in Health Care Facilities.
- (3) For assistance in developing Emergency Response Procedures, advice should be sought from the following sources:
 - i) Persons currently qualified as a Fire Safety Manager; and
 - ii) The New South Wales Fire Brigades ComSafe Training Services.
- (4) In addition to written procedures, all facilities shall have wall mounted localised evacuation diagrams giving a graphical representation of a floor or area of a facility, shall be legible and in produced in colour.
- (5) The diagram shall be at least A4 (210 x 297 mm) in size. If any additional information is included, then the minimum size of the whole sign shall be A3 (297 x 42 mm) in size.

Evacuation diagrams shall display the following minimum elements:

- Titled 'Evacuation Diagram'
- Exit routes and exit points
- Fire and smoke doors
- Manual and emergency call points
- Firefighting equipment (Incl type)
- Fire alarm indicator and mimic panels
- EWIS panel and WIP phones
- Assembly areas
- You are here reference point
- A legend

Optional elements:

- Site plan
 - First aid stations/kit
 - Hazardous chemical/flammable liquid store
 - Spill response kits
 - Isolation valves
 - Hydrant systems
- (6) Evacuation diagrams are to be properly orientated to avoid any confusion in interpreting displayed information. Evacuation diagrams are to be located at each nurse's station, reception area and in highly visible locations throughout facilities.
 - (7) In the event of a fire or emergency occurring, CE/Facility Managers are reminded of their obligation under NSW Health Policy Directive PD2007_061, Incident Management Policy that under Section 7, Reportable Incident Briefs (RIB) Fire is listed in 7.1.2 Corporate and a RIB is required for a fire incident.
 - (8) Licensees of private health facilities are reminded of their obligations under the relevant licensing legislation

6 FIRE SAFETY ROLES

The management of fire safety at Area Health Service level is typically a function of Asset management/Facility management and or Risk management business areas. Further information with respect to specific roles and responsibilities are outlined below.

6.1 EMPLOYEES

Employees have an obligation under the Occupational Health & Safety Act to familiarise themselves with all fire emergency equipment and facilities within their workplace and participate in the annual fire safety education program.

6.2 EMERGENCY COORDINATORS

Emergency coordinators are those employees that as a part of their normal duties attend and take the lead role at fire and other emergencies at their place of work in line with AS 3745 and AS4083. These standards give different titles to those in charge during an emergency. The roles are essentially the same for Chief Wardens AS3745 and Emergency Coordinators AS4083.

These personnel are to undergo additional education from an appropriately qualified person as outlined in Appendix 2.

A Fire Safety Officer/Manager if on site at the time of a fire or other emergency would assist by providing information and advice to the Emergency Coordinator. However, the Emergency Coordinator is the person with overall control of the facilities' emergency management organisation. The above does not preclude the Fire Safety Officer/Manager from acting in the role of Emergency Coordinator when they are on site and officially appointed by the facilities management to perform this role.

6.3 FIRE SAFETY PERSONNEL

6.3.1 Facility Classifications

Facilities, incorporating Patient/Resident Care (Class 9a, Class 9c or Class 3 used for aged care occupancies as defined by the BCA) shall appoint a member of their permanent employees to act as the site's Fire Safety Officer/Manager. Generally, the number of employees that the Fire Safety Officer/Manager is required to train annually, the size and nature of facilities and their occupancy (ie Nursing Home, Major Hospital, Day Stay Unit) will determine the level of fire safety related experience required, the number of and whether the role/s should be full time or as part of other duties of a permanent employee.

6.3.2 Personnel Thresholds

The thresholds at which the level and time commitment of fire safety personnel in each facility needs to be identified. The following indicates the methodology an organisation could use to determine the level of expertise their facilities may require:

- < 1,000 Employees - Part Time FSO,
- > 1,000 Employees - Part Time FSM,

- > X,XXX Employees - Full Time FSM and X FSO's
- > XX,XXX Employees - X Full Time FSM's and X FSO's

6.3.3 Position Requirements and Risk Assessment

FSO/M position requirements are determined through a risk assessment process which as a minimum takes into consideration the following:

- o Number of employees
- o Educational expectations
- o Number of facilities
- o Physical size and complexity of buildings
- o Geographic location of employees and facilities etc.

The appointed Fire Safety Officer/Manager will perform the duties as outlined in Appendices 3 and 4. These duties should be included in the employee's Job Description/Statement of Duties. Salary levels for Fire Safety Officers/Managers are determined in the Health Employees (State) Award.

6.3.4 Exempt Facilities

Facilities where there is no provision of Patient/Resident Care are not required to appoint a site Fire Safety Officer/Manager. Examples of these are: Community Health Centres, Administrative Offices, Warehouses, Linen Services and the like. A person from these facilities shall be appointed to oversee in the event of an evacuation and be appropriately trained. (OHS Regulations 2001 Chapter 2 Section 17). Annual fire safety training in line with this Policy Directive is required to be conducted for all employees. Components related to patient/resident care areas may be omitted.

The above does not remove the requirement for an Emergency Control Organisation in line with AS 3745 in all facilities and services.

6.4 NATIONALLY RECOGNISED TRAINING STANDARDS

- (1) This document specifies that the fire safety education training should be aligned with the nationally recognised training standards. The intention of including these standards is to provide a framework to guide educators. Compliance with meeting the competencies or time frames is not required.
- (2) In relation to general employee education, the standards specified in Appendix 2 do not increase the content requirement of existing health care fire safety education. It is an alignment of the current content with the relevant Public Safety Training standards.
- (3) The new role of emergency coordinator equates to the position of Chief Warden specified in Australian Standard AS3745. The additional level of education specified for this role meets that standard.
- (4) Persons who are currently appointed/employed, as Health Care Fire Safety Officers/Managers do not have to upgrade their current training qualifications. Any adjustments to Fire Safety Officers/Managers levels of competence with the standards will be addressed at their 3 yearly re-certification.

7 FIRE SAFETY EDUCATION REQUIREMENTS

To ensure an informed and standard approach to fire safety advice and training in NSW health care facilities, appointed Fire Safety Officers are to attend either a Fire Safety Officer (FSO) or Fire Safety Manager (FSM) training program provided by:

- **Suitably qualified Fire Safety Manager (See Appendix 2)**
- **NSW Fire Brigades' ComSafe Training Services.**
- **A private provider as outlined in Sect 7.5**

Sample Duties Statements are included at Appendix 3.

7.1 FIRE SAFETY OFFICERS (Previously FSO1)

- (1) FSO training is attended by employees with limited or no fire safety experience and who are fulfilling a secondary appointment role. Appropriate for smaller facilities or at a department level in a large facility. The smaller facility may rely on specialist advice and support through their Area Health Service's or organisation's Fire Safety Manager. In the absence of these, NSW Fire Brigades' ComSafe Training Services or a commercial fire safety consultants should conduct the training (refer to sect 7.5).
- (2) A FSO training program should be aligned with the nationally recognised Standards as outlined in Appendix 2.

7.2 FIRE SAFETY MANAGERS (Previously FSO2)

FSM shall meet the National Competency Standards as outlined in Appendix 2.

- (1) Fire Safety Manager training is attended by an employee or private provider who has had considerable fire safety management experience and/or qualifications. See Appendix 2. This training program is designed for employees, working in health care facilities, who have a full time or part time fire safety management role or is a private provider. Participants would be expected to be able to demonstrate previous experience in a professional fire safety management role (Fire Brigade, Fire Safety Consultant) or have completed FSO fire safety training and had at least one year's practical experience in the FSO role. This qualification is appropriate for larger facilities, major hospitals and health service organisations, which require ongoing specialist fire safety management skills.
- (2) Providers of FSM training shall meet the National Competency Standards as outlined in Appendix 2. If using outside providers they shall meet the requirements of Sect 7.5

7.3 FIRE SAFETY OFFICERS/MANAGERS (EDUCATOR)

- (1) Prior to performing face-to-face education, the educational requirements of FSO and FSM should be aligned to those outlined in Appendix 2.
- (2) Fire Safety Officers (Educator) are permitted to deliver fire safety training to employees and emergency coordination personnel within their own single facility regardless of size. Where FSOs are employed within a group of similar

small facilities, having a total of less than 1,000 employees, they are permitted to deliver fire safety training across those facilities.

- (3) Fire Safety Managers (Educator) can deliver training to all employees within the health care/aged care system throughout NSW.

7.4 RECERTIFICATION

Every Health Service Fire Safety Officer/Manager shall undertake “recertification” at intervals of not greater than 3 years to maintain their qualifications.

- (1) FSO - Full day session comprising:

Assessment of current competencies in line with Appendix 2 Updating on:-

- Fire Detection Systems
- Latest/legislation/guideline requirements
- Emergency Warning Communication System (EWIS)
- First Attack Fire Fighting Equipment (Fire extinguishers, hose reels and fire blankets)
- Workshop issues relating to position

- (2) FSM - Full day session comprising:

Assessment of current competencies in line with Appendix 2 Updating on:

- Level 1 items above
- Protection Systems
- Risk Assessments
- Emergency Response
- Building Code of Australia
- Review of Fire Safety Training
- Workshop issues relating to position

7.5 UTILISATION OF PRIVATE TRAINING PROVIDERS

Prior to entering into any agreements with private providers the manager responsible shall sight evidence, which demonstrates their suitability in conducting training of employees and Emergency Controllers. As a minimum, providers should supply the following:

- i) Evidence of being certified/recertified as a Fire Safety Manager as per the competencies outlined in Appendix 2 within the last 3 years.
- ii) Records of attendance at Health Care Fire Safety seminars, conferences or special interest groups
- iii) Certificate IV in TAA or equivalent.
- iv) References from health care organisations where they have conducted training programs
- v) Where private providers conduct courses for FSO/FSM's they shall also provide evidence of certification as a Registered Training Organisation.

8 ANNUAL FIRE SAFETY EDUCATION

Healthcare organisations management are responsible for the provision of a suitably qualified person to conduct fire safety education to all employees in line with the relevant components of the competencies as outlined in Section 7.5 and Appendix 2. This education falls into 3 general components: Theoretical, practical use of fire-fighting equipment and evacuation exercises. All new employees upon commencement and all employees, at least annually, shall participate in the theoretical and practical components. An evacuation exercise/drill shall be carried out in all departments of health care facilities annually.

Where it is not possible for 100% of staff to attend training, a healthcare organisation needs to demonstrate that reasonable efforts have been made to ensure that all staff receive training. There should be a policy for managing chronic non-participants in training and drills, with evidence of actions to follow-up.

Healthcare facilities and/or buildings where this will apply shall be consistent with the BCA definition below.

From the BCA

Health-care building means a building whose occupants or patients undergoing medical treatment generally need physical assistance to evacuate the building during an emergency and includes:

- (a) a public or private hospital; or
- (b) a nursing home or similar facility for sick or disabled persons needing full-time care; or
- (c) a clinic, day surgery or procedure unit where the effects of the predominant treatment administered involves patients becoming non-ambulatory and requiring supervised medical care on the premises for some time after the treatment.

8.1 THEORETICAL

Fire and emergency prevention (maintaining a safe working environment), evacuation theory and installed sound systems for emergency purposes. Theoretical components of the education may be delivered in a number of ways, e.g. E-learning, self directed learning packages, face to face lectures, etc. Emphasis shall be on outcomes of knowledge assessments

8.2 PRACTICAL USE OF FIRE FIGHTING EQUIPMENT

A practical demonstration in the operation of the portable fire-fighting equipment. Hands on use should be encouraged where and when practical to do so. Practical instruction should include all equipment located within the employees' area of work. Including fire extinguishers, fire blankets, fire hose reels, etc.

8.3 EVACUATION EXERCISES

Evacuation exercises/drills shall, as a minimum, involve employees working through a stage 2 evacuation for patient/resident care area employees and full stage 3 evacuation for all other employees. The exercise/drill need not necessarily be on a large scale, although in larger establishments this is desirable. Irrespective of the size

of the exercise/drill it should simulate a fire or other emergency situations in order to test the following:

- o Action taken by employees
 - o Communication
 - o Existing emergency response procedures
 - o Installed fire protection systems
- (1) Exercises/drills in patient care areas need only include primary elements (workshop/walkthrough exercise). Actual patient transfer and building evacuation are not required. However, the utilisation of employees to act patient/residents for the practice of removal techniques is encouraged, subject to risk assessments and supervision by the site Fire Safety Officer/Manager. The Fire Officer/Manager shall provide instruction and guidance to assist the department/unit to carry out exercises/drills. This training may provide other unique fire safety information relevant to the unit or department receiving the training.
 - (2) The Private Hospitals Regulation 1996 and Day Procedure Centres Regulation 1996 currently require organisations covered under these regulations to have all employees undergo evacuation exercises once every 6 months. All other health care organisations should have all employees undergo an evacuation exercise at least annually.
 - (3) Managers shall ensure that new employees receive a departmental orientation specific to their workplace immediately on commencement of duty. Generic fire safety education provided by an FSO/FSM should be given to new employees as an integral part of their organisations orientation at the earliest possible opportunity. In small organisations these 2 components may be combined.
 - (4) All employees who may act in the role of Emergency Coordinator shall complete all components of fire safety education referred to in this section. In addition they shall undergo the additional Emergency Controller components specified in Appendix 2, annually.

9 HOT WORK PERMITS

9.1 CLASSIFICATION

All “Hot Work” such as welding, oxyacetylene cutting, paint stripping, vinyl laying etc. that is conducted outside the confines of a dedicated workshop should be the subject of an approval process managed by a suitably qualified person. Permit detail should include the following as a minimum:

- (a) Date and time operation commenced and expected duration.
- (b) Name of contractor/employee.
- (c) Nature of work and location:

(i) Fire alarm system isolated - employees in area notified	Yes	No
(ii) Fire fighting equipment available	Yes	No
(iii) Operator knows how to use equip.	Yes	No
(iv) Operator knows how to raise alarm	Yes	No

(v) All combustible material removed/made safe	Yes	No
(d) Approval signature block	Yes	No
(e) Completion check detail. Time work completed		
(i) Area checked	Yes	No
(ii) Fire alarm reset	Yes	No
(f) Completion signature block	Yes	No
(g) Ventilation adequate	Yes	No
(h) Sparks and flash screen in place	Yes	No
(i) If required, has a fire watch been organised	Yes	No
(j) Has site been isolated or roped off to all unauthorised persons	Yes	No
(k) All gas in the area has been turned off or isolated	Yes	No

9.2 DURATION

Hot Work permits are to be retained at the site for the duration of the approved activity. A register of all Hot Work permits should be retained for a minimum of 12 months.

9.3 APPLICABLE STANDARDS

Australian Standard AS1674.1 – 1997 “Safety in Welding and Allied Processes” provides additional detail in relation to this matter and should be used as a reference point where necessary.

10 FIRE EXTINGUISHERS

This section supersedes NSW Health Guideline: GL2005_047 “Fire Extinguishers to be used in Health Care Facilities”.

The following fire extinguishers shall be the only types located in patient/resident care areas. These are:

- **Carbon Dioxide**
- **Stored water (Where fire hose reels are not installed)**
- **3M NOVEC 1230 FIRE PROTECTION FLUID (MRI Units Only)**

The definition of patient care areas includes portions of a building used for the treatment, care, accommodation, recreation, dining and transit of patients (Building Code of Australia).

Other types of fire extinguishers may be considered for areas other than patient/resident care areas after a risk assessment has been conducted. For the installation of Fire Extinguishers refer to Australian Standards AS2444 as amended, Portable Fire Extinguishers and Fire Blankets – Selection and location.

11 FIRE SAFETY ADVISORY SERVICES

11.1 FIRE SAFETY EDUCATION

The primary source for advice on standards of fire safety education is the New South Wales Fire Brigade. Contact detail is as follows:

NSW Fire Brigades, ComSafe Training Services

Amarina Avenue
Greenacre NSW 2190
Phone: 1800787848

11.2 BUILDING REGULATIONS

Enquiries regarding building regulations should be directed to:

- Local Council
- NSW Fire Brigades, Structural Fire Safety Unit
Armarina Avenue,
GREENACRE NSW 2190
Phone 97427400
- Private Building Consultants as outlined in Section 3.1.3

12 APPENDIX 1

12.1 REFERENCES

- Environmental Planning and Assessment Act 1979
- Environmental Planning and Assessment Regulation 2000
- The Building Code of Australia
- Occupational Health and Safety Act 2000
- Occupational Health and Safety Regulation 2001
- Private Hospital Regulations 1996
- Day Procedure Centres Regulation 1996
- Private Hospitals and Day Procedure Centres Act 1988
- Australian Standard AS/NZS 4360 Risk Management
- Australian Standard AS4083 Planning for Emergencies - Health Care Facilities
- Australian Standard AS3745 Emergency control organisation and procedures for buildings, structures and workplaces
- Australian Standard AS1674.1 1997 Safety in Welding and Allied Processes
- Australian Standard [AS 2444-2001 Portable fire extinguishers and fire blankets - Selection and location](#)

12.2 NSW HEALTH POLICIES INCLUDING BCA/FIRE RELATED (CIRCULARS) POLICY DIRECTIVES, INFORMATION BULLETINS AND GUIDELINES

IB2005_024	Building Code of Australia and its application to Public and Private Health Care Facilities
PD2005_080	Use of Nylon Carpet in Health Care Buildings
IB2006_016	Environmental Planning and Assessment (Smoke Alarms) Regulation 2006
PD2007_061	NSW Health Policy Directive PD2007_061, Incident Management Policy
PD2005_409	Workplace Health and Safety: Policy and Better Practice Guide
PD2007_030	NSW Health, Occupational Health Safety & Injury Management Profile, Sections 2.4 Emergency Response and Management & 3.7 Fire safety and Evacuation
PD2005_339	Protecting People/Property: NSW Health Policy/Guidelines for Security Risk Management in Health Facilities, Ch 24 Fire Security
PD2005_592	Fire Safety Officers

13 APPENDIX 2

13.1 ALIGNMENT OF HEALTH CARE FIRE SAFETY COMPETENCIES

Except where otherwise stated, the competencies referred to are from the Public Safety Training Package. Further information can be obtained from:

NSW Public Sector Industry Training Advisory Body (PSITAB)

PO Box 107. Gordon NSW 2072

Phone: 02 9499 3168 Web site: <http://www.psitab.com.au>

ROLE PERFORMED	COMPONENTS OF TRAINING PACKAGES TO MEET ROLE REQUIREMENTS	UNIT CODE OF TRAINING PACKAGE
All Employees	Identify, prevent and report potential workplace emergency situations Respond to workplace emergencies Confine small workplace emergencies	PUAWER001A PUAWER004A PUAWER008A
Emergency Coordinators	As above plus: Lead an emergency control organisation	PUAWER006
FSO (excluding education)	As above plus: Ensure workplace emergency prevention procedures, systems & processes are implemented. Operate as part of an emergency control organisation	PUAWER002 PUAWER005
FSM (excluding education)	As above plus: Manage & monitor workplace emergencies, procedures, equipment and other resources. Manage an emergency control organisation. Manage workplace emergency response teams	PUAWER003 PUAWER007 PUAWER0011
FSO/M (Educator)	As above for FSO or FSM plus:	

Providers of education to employees and emergency coordinators	The Module of Certificate IV in Workplace Assessment and Training(TAA); Provide training through instruction and demonstration of work skills National Training Information Service Web site provides a list of all Registered Training Organisations, which could provide this module. http://www.ntis.gov.au/Default.aspx or, An equivalent basic educational technique qualification.	TAADEL301A
Providers of education to FSO's and FSM's	As above for FSM plus: Certificate IV TAA or equivalent.	All modules

14 APPENDIX 3

14.1 SAMPLE FIRE SAFETY OFFICER POSITION DESCRIPTION

A person who meets the Fire Safety Officer competencies and has been appointed as the Fire Safety Officer of a site would undertake the following duties:

- Ensure that appropriate written fire safety and fire emergency response procedures are available.
- Provide advice and assistance to management to ensure that all employees participate in fire safety education and that records of education are maintained
- Liaise with maintenance and service personnel and/or contractors to ensure all fire safety equipment and fire protection systems are tested and maintained in accordance with relevant standards and regulations. Ensure related records are maintained.
- Monitor day-to-day fire prevention, protection and fire safety functions within the facility. (Regular utilization of the Workplace Fire Safety Inspection, Appendix 7, or similar should be used.)
- Develop a working relationship with the local Fire Brigade and related emergency services.
- Conduct practical evacuation exercises/drills.

Fire Safety Officer (EDUCATOR) who has attended FSO training would also:

- Conduct mandatory annual and orientation fire safety training of employees, in line with Section 6.3.2, where they meet the competencies outlined in Appendix 2.

15 APPENDIX 4

15.1 SAMPLE FIRE SAFETY MANAGERS POSITION DESCRIPTION

A person who meets the Fire Safety Manager competencies and has been appointed as the Fire Safety Manager would undertake the following duties:

- Perform and/or oversee the duties performed by Fire Safety Officers.
- In conjunction with other stakeholders, review and update, as required, procedures and manuals for fire safety and emergency situations with others.
- Develop and implement regular Fire Safety, First Attack Fire Fighting and Evacuation training programs, to all employees.
- Highlight and initiate corrective action to correct unsafe or potentially dangerous fire risk situations.
- Oversee fire prevention, protection and fire safety functions.
- Conduct regular fire safety reviews, participate in fire risk management activities and provide fire safety advice as required.
- Provide guidance to facility Disaster Planning Committee/s and Emergency Control Organisation/s on fire safety matters (where formed).
- Provide guidance to OHS committee/s on fire safety matters (where formed).
- Monitor the production of Annual Fire Safety Statements and their submission to local council and NSW Fire Brigade.
- Guide and assist Fire Safety Officers within the organisation.

Fire Safety Manager (EDUCATOR) who has attended FSM training would also:

- Conduct mandatory annual fire safety training of employees, in line with Section 6.3.3, where they meet the competencies outlined in Appendix 2.

16 APPENDIX 5

16.1 WHAT TO DO IN THE EVENT OF A FIRE

Health and aged care facilities and their associated services are required to develop as part of their Emergency Management Policy a local Emergency Response Procedure. This is a minimum guide for staff in the actions they are required to follow when responding to fires and other emergencies that may occur in the facility.

Reference to Australian Standards AS 4083 Planning for emergencies – Health care facilities when developing emergency response procedures in patient/resident care areas and AS 3745 Emergency control organisation and procedures for buildings, structures and workplaces in creating emergency response procedures for all other associated areas.

The following is the minimum framework from which facilities and services should develop their site-specific procedures:

- **Evacuation:**

In the event of a fire employees should remember the acronym R.A.C.E

- **Remove** people from immediate danger (if safe to do so)
- **Alert** anyone close to the fire and alert the switchboard operator, who will contact the Fire Brigade, or dial 000 and ask for the Fire Brigade. Tell them:
 - The facility name, address and the caller's telephone extension number

- The exact location of the fire or smoke, nearest cross street and entry point
- **Confine** the fire and smoke by closing all doors and windows (on exit).
- **Extinguish** the fire if safe to do so.

The above actions should, depending on the availability of employees, be undertaken simultaneously or in an order that provides for the highest level of life safety.

The authority to order the evacuation of an area or building is generally vested with Supervisors and Managers. However, any employees discovering an incident necessitating the immediate evacuation of an area, should ensure life and safety is not compromised by seeking the authority to evacuate.

“IF IN DOUBT – EVACUATE”

Evacuation of an entire facility would be decided in consultation with the senior emergency service personnel on site and the most senior facility manager available (or their delegate). This would then be communicated via the predetermined emergency management system.

- **Evacuation Guidelines:**

Patients will be prioritised, transferred and assembled under the direction of clinical employees. The situation should be assessed before the decision to evacuate is made. Consideration should be given to:

- Location of the fire/incident, seriousness and extent of the incident
- Proximity to flammable/hazardous materials and
- Nature and type of patient in the area.
- Layout of the facility

Note:

1. If there is any doubt, evacuation procedures should commence.
2. Where patients are mentioned this will also refer to residents.

- **Stages in Evacuation in patient care areas:**

Evacuation of patients, employees and others should be conducted in three stages according to the severity of the emergency. These are:

- **STAGE 1:** Removal of people from the immediate danger area Patients, employees and others in the immediate fire/incident area need to be assembled at a safe distance from the fire and smoke. Once the area has been evacuated, doors should be closed, not locked, to localise the fire and smoke /incident.
- **STAGE 2:** Removal of persons to a safe area

Should the severity of the fire and smoke/incident warrant further evacuation patients, employees and others should be moved through the fire doors or

smoke doors to safe areas. This may be to an adjoining compartment protected by fire or smoke doors on the same level or to another level.

Note: When evacuating a complete floor, patients should be generally moved to a floor on a lower level.

➤ **STAGE 3:** Complete evacuation of the building

Should the emergency necessitate evacuation of the entire building, the resources of all available employees are required to assist in the movement of patients, employees and others to a place of safety.

- **Prioritisation of patients to be evacuated:**

Clinical employees are responsible for prioritising the order in which patients are evacuated from wards. Generally the following priorities apply:

1. Ambulatory patients, requiring a employees to guide or direct them to a place of safety
2. Semi-ambulant patients, requiring some physical assistance
3. Non-ambulant patients who need to be physically moved or carried
4. Aggressive, violent or resistive persons

Clinical employees shall predetermine the most suitable method of evacuating each type of patient/resident depending on their conditions and the severity of the situation and type of emergency, with due consideration given to their ongoing medical needs, particularly priority high care patients/residents. Where, following the incident, the unit/facility remains unsafe to be re-entered, relevant local contingency plans need to be activated to ensure ongoing care of patients/residents, and restoration of services and security of the affected premises.

Strategies should be in place to handle aggressive, violent or resistive persons during evacuation.

- **Assembly areas:**

Patients, employees and others should be assembled in predetermined locations that do not impinge on emergency service access or operations. Flying debris from the affecting building also needs to be considered when determining locations. Assembly Areas can be located inside buildings separated from those affected by the incident to provide shelter to evacuees.

- **Lifts:**

A lift should not be used during a fire emergency unless it is a designated and signposted fire isolated lift constructed for evacuation purposes or the Fire Brigade personnel on site have authorised its use. Fire isolated stairs and escapes should be used.

Lifts may be appropriate for use in other types of emergencies.

17 APPENDIX 6

17.1 PROCEDURAL GUIDELINES FOR THE PREPARATION OF ANNUAL FIRE SAFETY STATEMENTS

17.1.1 Background Requirements

An Annual Fire Safety Statement is a statement issued by the owner of a building or his agent. The statement 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 standard. Fire safety measures are incorporated into the building to safeguard the building and its occupants in the event of a fire.

17.1.2 Procedures:

1. The Facility Manager is to refer to the Fire Safety Schedule for the building/s on their site/s. Refer to section 3.3.3 COMPLIANCE CERTIFICATION of this Policy Directive.
2. The Facility Manager, in consultation with the facility Fire Safety Officer/Manager and responsible Assets/Maintenance staff, is to collate evidence of inspection / assessments for each Fire Safety Measure listed in the Fire Safety Schedule.
Appendix 6.2
 - 2.1 For contracted services this should be an Attachment Certificate provided by the contractor within the previous three months and detailed service reports and/or log books.
 - 2.2 For services carried out by in-house staff this should be an Attachment Certificate and detailed service records and/or log books.
3. The facility's Fire Safety Officer/Manager or other suitably qualified person is to carry out an inspection of the facility to determine if the condition of the building discloses any grounds for prosecution under Division 7 of Part 9 of the Environmental Planning and Assessment Regulation 2000. Completion of Appendix 7 not only meets the above requirements but addresses various other issues of fire safety. It is recommended that this form is completed at regular intervals, not just for the Annual Fire Safety Statement (AFSS).
4. Once the information and certification above is available, the AFSS pro-forma at Appendix 6.1 is to be completed and forwarded to the building owner or their representative (Area Chief Executives in Public Health Services) for signing.
5. Once signed, copies of the Annual Fire Safety Statement will be forwarded to the Commissioner of New South Wales Fire Brigades and the local Council.
6. The Facility Manager is to arrange for a copy of the Annual Fire Safety Statement and the Fire Safety Schedule to be displayed in a prominent location at the facility.

17.2 ANNUAL FIRE SAFETY STATEMENT (AFSS)

APPENDIX 6.1

Organisation Logo

ANNUAL FIRE SAFETY STATEMENT	
Name owner/agent	
I	<input style="width: 100%;" type="text"/>
Address	
Of	<input style="width: 100%;" type="text"/>
Telephone	<input style="width: 100%;" type="text"/>
Certify:	
<p>(a) that each essential fire safety measures specified in this statement have been assessed by a property qualified person and was found, when it was assessed, to be capable of performing:</p> <p style="margin-left: 20px;">(i) in the case of an essential fire safety measure applicable by virtue of a fires safety schedule, to a standard no less than that specified in the schedule, or</p> <p style="margin-left: 20px;">(ii) in the case of an essential fire safety measure applicable otherwise than by virtue of a fire safety schedule, to a standard no less than that to which the measure was originally designed and implemented, and</p> <p>(b) that a properly qualified person (whether the person referred to in a paragraph (a) or another person) has inspected the building and has certified that, as at the date of the inspection, the condition of the building did not disclose any grounds for a prosecution under Division 7 of Part 9 of the Environmental Planning and Assessment Regulation 2000, and</p> <p>(c) the information contained in this certificate is, to the best of my knowledge and belief, true and accurate.</p>	
Identification of building	
Location	
Street	<input style="width: 100%;" type="text"/>
Suburb	<input style="width: 100%;" type="text"/>
Nearest cross street	<input style="width: 100%;" type="text"/>
House/unit no. or name	<input style="width: 100%;" type="text"/>

17.3 ATTACHMENT TO AFSS – FIRE SAFETY MEASURES APPENDIX 6.2

ATTACHMENT TO ANNUAL FIRE SAFETY STATEMENT

I

Name of Assessor

Of

Address

Telephone

Certify:

That each of the Fire Safety Measures listed below have been assessed by me, a properly qualified person, and was found, when it was assessed, to be capable of performing to a standard no less than that specified in the schedule below. I also certify that the information contained in this attachment is, to the best of my knowledge and belief, true and accurate.

Fire Safety Measures

Fire Safety Measure	Minimum Standard of Performance

Signature of Assessor

Signature

Identification of building

House/unit no. or name

Street

Suburb

Nearest cross street

Date of assessment

Date

17.4 ATTACHMENT TO AFSS – BUILDING CERTIFICATION APPENDIX 6.3

ATTACHMENT TO ANNUAL FIRE SAFETY STATEMENT

Name of Officer

I

Address

of

Qualification

Telephone

Certify:

That I have inspected the building below and certify that, as at the date of the inspection, the condition of the building did not disclose any grounds for a prosecution under Division 7 of Part 9 of the Environmental Planning and Assessment Regulation 2000. I also certify that the information contained in this attachment is, to the best of my knowledge and belief, true and accurate.

Signature of Officer (qualified person)

Signature

Identification of building

Location

Street

Suburb

Nearest cross street

House/unit no. or
name

Date of inspection

Date

18 APPENDIX 7

18.1 EXTRACT FROM ENVIRONMENTAL PLANNING AND ASSESSMENT REGULATION 2000

Division 7 Miscellaneous fire safety offences

183 Fire safety notices (cf clause 80GG of EP&A Regulation 1994)

- (1) If:
 - (a) a building's fire exit includes any fire isolated stairway, passageway or ramp, and
 - (b) a notice in the form at the end of this clause is not at all times displayed in a conspicuous position adjacent to a doorway providing access to, but not within, that stairway, passageway or ramp, the occupier of the part of the premises adjacent to the stairway, passageway or ramp is guilty of an offence.
Maximum penalty: 100 penalty units.
- (2) The words "OFFENCE RELATING TO FIRE EXITS" in the notice referred to in subclause (1) (b) shall be in letters at least 8 millimetres high, and the remaining words shall be in letters at least 2.5 millimetres high.
- (3) A notice in the form prescribed under the *Local Government Act 1919* or the *Local Government Act 1993* for the purposes of a provision corresponding to this clause is taken to comply with the requirements of this clause.

OFFENCE RELATING TO FIRE EXITS

It is an offence under the *Environmental Planning and Assessment Act 1979*:

- (a) to place anything in or near this fire exit that may obstruct persons moving to and from the exit, or
- (b) to interfere with or obstruct the operation of any fire doors, or
- (c) to remove, damage or otherwise interfere with this notice.

184 Fire exits (cf clause 80GH of EP&A Regulation 1994)

A person shall not:

- (a) place anything that may impede the free passage of persons:
 - (i) in a stairway, passageway or ramp serving as or forming part of a building's fire exit, or
 - (ii) in a path of travel leading to a building's fire exit, or

- (b) interfere with, or cause obstruction or impediment to, the operation of any fire doors providing access to a stairway, passageway or ramp serving as or forming part of a building's fire exit, or
- (c) remove, damage or otherwise interfere with a notice referred to in clause 183.

Maximum penalty: 100 penalty units.

185 Doors relating to fire exits (cf clause 80GI of EP&A Regulation 1994)

A person shall not:

- (a) without lawful excuse, interfere with, or cause obstruction or impediment to, the operation of any door that:
 - (i) serves as or forms part of a building's fire exit, or
 - (ii) is situated in a path of travel leading to a building's fire exit, or
- (b) without lawful excuse, obstruct any doorway that:
 - (i) serves as or forms part of a building's fire exit, or
 - (ii) is situated in a path of travel leading to a building's fire exit.

Maximum penalty: 100 penalty units.

186 Paths of travel to fire exits (cf clause 80GJ of EP&A Regulation 1994)

The owner of a building:

- (a) shall ensure that:
 - (i) any stairway, passageway or ramp serving as or forming part of a building's fire exit, and
 - (ii) any path of travel leading to a building's fire exit, is kept clear of anything that may impede the free passage of persons, and
- (b) shall ensure that the operation of any door that:
 - (i) serves as or forms part of a building's fire exit, or
 - (ii) is situated in a path of travel leading to a building's fire exit, is not interfered with, or otherwise obstructed or impeded, except with lawful excuse, and shall ensure that any notice required by clause 183 to be displayed is so displayed.

Maximum penalty: 100 penalty units.

19 APPENDIX 8

19.1 WORKPLACE FIRE SAFETY INSPECTION

DEPARTMENT/FACILITY..... DATE..... (Print Name).....

No:	ITEM DESCRIPTION	Yes	No	N/A	ISSUE IDENTIFIED
1	Is all Corrective/Preventative Action from last month's inspection complete?				
2	Are staff aware of and do they have access to <i>relevant</i> policies and procedures?				
3	Is the following documentation in locations accessible to all staff? Emergency Telephone Numbers, Emergency Procedures, Wall Mounted Evacuation Plans,				
4	Emergency vehicle access clear and unimpeded				
5	Is "Housekeeping" to acceptable standards (internal & external)?				
6	Are floors/corridors in a satisfactory state and free of obstacles?				
7	Is there unobstructed vision at corridor intersections?				
8	Does all electrical supply equipment (outlets & switches) appear to be in good condition?				
9	Does all electrically powered equipment & cords appear to be in a safe condition? Including torches?				
10	Are all fire exits, passageways, smoke/fire doors and fire-fighting equipment clearly marked and free from obstructions?				
11	Is fire equipment clearly marked and in good condition? Have inspection tags been stamped in last 6 months?				
12	Do departmental records show that all staff has attended mandatory training within the required timeframes?				
13	Exit Latches maintained in accordance with original installation?				
14	Other issues:				

ACTION PLAN

Issues identified	Action Required	Person Responsible	Completion Date

SIGNATURE.....