

SESLHD PROCEDURE COVER SHEET



NAME OF DOCUMENT	Fire Safety Risk Management
TYPE OF DOCUMENT	Procedure
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LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards: Standard 1 - Clinical Governance NSW Health Better Practice Procedures – Emergency planning and response ISO 45001:2018 – 8.2 Emergency preparedness and response Annual Fire Safety Statements, External four yearly fire Safety Reviews, Hot Work permits, Evacuation Drill checklist, Fire Incident Report, Fire Panel Isolation Record
REVIEW DATE	November 2026
FORMER REFERENCE(S)	Fire Safety – Security PD 081 SESLHD/431
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director, People and Culture
AUTHOR	Ian Beard Senior Health and Safety Partner
POSITION RESPONSIBLE FOR THE DOCUMENT	Rosanna Martinelli Head of Health Safety & Wellbeing Rosanna.Martinelli@health.nsw.gov.au
FUNCTIONAL GROUP(S)	Workplace Health and Safety
KEY TERMS	Fire safety management; fire safety; emergency response; Annual Fire Safety Statement, external fire safety review, evacuation training, fire safety training.
SUMMARY	To inform managers and workers on the requirements to identify and manage fire safety related risk.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

This procedure provides information that is in line with the requirements of [NSW Ministry of Health Policy Directive PD2010_024 - Fire Safety in Health Care Facilities, Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies](#) (Chapter 24 - Fire, Evacuation and other Emergencies) and National Safety and Quality Health Service (NSQHS) Standards.

2. BACKGROUND AND PURPOSE

This procedure details the roles, responsibilities and actions for the organisation to meet the requirements for managing fire related risks within the facilities with the focus on protecting people and assets.

3. DEFINITIONS

Refer to Appendix 1 - Definitions

4. RESPONSIBILITIES**4.1. Workers and Medical staff will:**

- complete mandatory training for fire safety as specified in Section 5.13 of this procedure
- report any fire safety hazards, issues or incidents to the department/service manager, relevant senior manager
- record the hazard, issue or incident in IMS+ reporting system
- 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.

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.

4.2. Line Managers will:

- ensure the workers have completed mandatory training for fire safety
- report any fire related incidents, hazards or issues in IMS+ reporting system
- report any identified fire safety risks to the Facility General Manager / Manager and FSO or FSM
- ensure local evacuation procedures are established and implemented
- ensure contractors working in the area have required work permits.

4.3. Fire Safety Officer (FSO) and Fire Safety Manager (FSM) are responsible for:

- assisting facility managers in preparing the annual fire safety statement on behalf of facility
- ensuring the facility has a documented process for the isolation of fire safety systems
- conducting risk assessment on isolations of fire safety systems and report to Treasury managed Funds regarding isolation longer than 12 hours or overnight
- reporting deficiencies, hazards or incidents in fire systems and processes, along with proposed actions to the facility manager and in the IMS+ system

- monitoring and review of the implementation of Fire Safety Action Plans
- ensuring training in fire safety and evacuation is available and delivered to workers
- maintaining current accreditation and training as outlined in (sections 7 and 8 of [NSW Ministry of Health Policy Directive PD2010_024 - Fire Safety in Health Care Facilities](#)) to perform the role as FSO or FSM.

4.4. Health Facility General Managers and Managers are responsible for:

- ensuring the routine maintenance, repair and testing of all fire safety measures installed in their buildings
- ensure all buildings where people sleep are fitted with working smoke detectors, as outlined in Environmental Planning and Assessment Amendment (Smoke Alarm) Regulation 2006 (EPA Act)
- Annual Fire Safety Statements are completed
- Copies of annual Fire Safety Statements are provided to the local council
- Annual Fire Safety Education is provided for all employees (section 7 and 8 of [NSW Ministry of Health Policy Directive PD2010_024 - Fire Safety in Health Care Facilities](#)) this includes evacuation exercises and use of fire-fighting equipment
- fire safety action plan in place that is monitored and reviewed at least annually
- local review and communication process for the fire incidents reports.

5. PROCEDURE

The procedure has been separated into key areas covering:

- 5.1 Building Works
- 5.2 Process for Seeking Dispensation
- 5.3 Annual Fire Safety Statements
- 5.4 Review of Building Fire safety
- 5.5 Emergency Response Procedures
- 5.6 Fire Safety Prevention
- 5.7 Use of barbeques
- 5.8 Designated Smoking Areas
- 5.9 Hot and dust emitting work permits and processes
- 5.10 Fire protection isolation (impairment) processes
- 5.11 Automatic fire alarm (AFA) activations
- 5.12 Servicing of Fire Systems
- 5.13 Annual Fire Safety Education
- 5.14 Theoretical Fire Safety
- 5.15 Practical use of portable fire-fighting equipment
- 5.16 Evacuation exercises or drills
- 5.17 Fire Safety Incidents

5.1. Building Works

All building works undertaken on SESLHD facilities must be deemed compliant with the fire safety requirements outlined in the BCA and any special conditions in the local council development consent.

It is a requirement that any rebuilding on an existing location meets 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 a requirement for the new areas to be certified and compliant with the current building codes prior to the building being occupied.

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

A number of fire safety requirements are outlined in the SESLHD District Form F129 Pre-Occupancy Checklist and Engineering / Maintenance Services. Corporate and Legal Services must be consulted for all pre-occupancy inspections.

5.2. Process 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 NCC, the Head of Engineering / Maintenance Services will authorise and approve contact with the local council and NSW Fire and Rescue for authorisation.

5.3. Annual Fire Safety Statements

All SESLHD buildings have an annual Fire Safety Statement prepared against the buildings' Fire Safety Schedule, and displayed in prominent locations (usually near entries to buildings or Fire Indicator Panels).

The annual Fire Safety Statements are submitted to local councils and NSW Fire and Rescue. Local councils are 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 – [NSW Ministry of Health Policy Directive PD2010_024 - Fire Safety in Health Care Facilities](#).

5.4. Review of Building Fire Safety

As outlined in the BCA and 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 four years.

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

A report is provided to the Facility General Manager / Manager by the external service provider and outlines any recommendations for improvement or identified deficiencies, along with reference to the relevant legislation.

The report is used to create a local action plan which includes:

- each item or deficiency

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

The facility may apply for dispensation against recommendations if justification and supporting documentation can be provided. The local Action Plan is 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 contact:

- NSW Fire and Rescue - Structural Safety Unit
- the Building Department of Local Council
- private building consultants that are Accredited Certifiers with the Building Professionals Board.

5.5. Emergency Response Procedures

As outlined in [SESLHDPD/265 - Emergency Management Policy](#) facilities require detailed emergency management plans for overall management of fire incidents and evacuations.

Each facility is required to have a local evacuation procedure which details the internal process for managing fire and evacuation incidents. All workers need to be familiar with the content of this procedure, including at 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 shall be reviewed at least annually, after periodical testing or after an incident or evacuation. Updates to local activities, installed systems, emergency response protocols or regulatory change will also result in review of local evacuation procedures.

5.6. Fire Safety Prevention

Each facility shall adopt strategies to reduce fire safety risks, the use of SESLHD District Form F321 - Local Evacuation Procedure should be used to assist with coordinating evacuation incidents and delegation of tasks. Other strategies to be considered include, but are not limited to:

- good housekeeping practices,
- regular workplace inspections,
- reduction of combustible products, and
- use of appropriate heating.

5.6.1. Good housekeeping practices

- reduce electrical hazards and inspecting power cords and appliances before use
- remove faulty cords and equipment along with placing "danger tag" signs
- remove any double adaptors and replace with power boards which have overload switches
- no piggybacking of power boards into each other
- keep water away from electrical equipment, e.g. tea/coffee away from computers and keyboards

- test and tag authorised electrical equipment in the workplace
- replace toasters with sandwich presses/makers that automatically cut off power supply in case of overheating of appliances
- prevent staff re-entering the workplace until problems has been rectified
- ensure the accumulation of papers, magazines, rags, excessive furnishings and other combustible items does not occur
- keep egress corridor, fire stairs and egress paths clear of obstructions at ALL times
- keep any items of highly combustible nature for example; dry combustible ground matter, garden litter and dry matter away from external walls.

5.6.2. 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.

5.6.3. 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 [SESLHDPR/208 - Hazardous Chemical Risk Management Procedure](#).

5.7. 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 specify any safety requirements such as having additional portable fire extinguishers within 10 metres of the area.

5.8. Designated Smoking Areas

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

5.9. Hot and dust emitting work permits and processes

Each facility shall 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 shall 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 shall be issued and a register maintained.

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

5.10. Fire protection isolation (impairment) processes

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

SESLHD District Form F148 - Fire Panel Isolation Record must be completed each time the fire panel is isolated. This form is to be located at the Fire Panel at all times.

As a minimum they shall include:

- 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 provided to the authorised persons in the isolate/de-isolate of fire protection systems
- the log book system in place for recording all fire panel isolations
- 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).

5.11. Automatic fire alarm (AFA) activations

Where Fire and 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 approximately \$1,600.

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 forwarded 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.

For all CODE RED activations SESLHD District Form F147 - Fire Incident Report must be completed and sent to the Facility Manager and relevant FSO or FSM for notification and filing.

5.12. Servicing of Fire Systems

All facilities shall have contracts in place for the ongoing servicing of fire systems. This is included in the fire service schedule and maintenance standards overseen by the FSO's or FSM's on behalf of the Facility General Manager / Manager.

SESLHD District Form F148 - Fire Panel Isolation Record must be completed each time the fire panel is isolated. This form is to be located at the Fire Panel at all times.

5.13. Annual Fire Safety Education

Each facility shall have a program in place to ensure workers are trained annually in:

Course Type	Course Name (My Health Learning)
Theoretical Fire Safety	Fire Safety & Evacuation – Theory Course code 47902034
Practical use of portable fire-fighting equipment	Fire Safety & Evacuation – Practical Course code 45729511
Practical Evacuation Exercise	Fire Safety & Evacuation –Local Evacuation Exercise

Course content for these modules are detailed in My Health Learning.

5.14. Theoretical Fire Safety

The course content is outlined by the Ministry of Health and is available to workers, online via My Health Learning. Where a facility delivers the module as face to face training for specific workgroups such as workers with English language difficulties, this training must meet the learning outcomes specified in [NSW Ministry of Health Policy Directive PD2010_024 - Fire Safety in Health Care Facilities.](#)

5.15. 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.

5.16. 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, facility manager and risk assessment process based on operational risks.

The table below outlines the types of drills the facility can run from the evacuation drill.

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.

SESLHD District Form F026 Evacuation Drill Checklist must be completed when conducting evacuation training.

Consideration to substitute workers in the roles of patients in evacuation drills is recommended where workers need to practice partial or complete evacuations.

When planning to conduct an evacuation exercise or drill, prior notification is required to the building occupants and key stakeholders to enable appropriate preparation and to identify, mitigate and/or manage any related risk. The occupants can be informed of the intent to conduct an evacuation drill up to one week prior to the evacuation exercise or drill.

Workers are assessed against SESLHD District Form F026 - Evacuation Drill Checklist and a report including actions for improvements is provided by the FSO or FSM to the department manager. Where deficiencies are identified in the fire safety systems, these are reported to the facility manager and are added to the fire safety action plan as required.

5.17. 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, 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 SESLHD District Form Fire Incident Report Form 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 Ministry of Health Policy Directive PD2020_047 - Incident Management Policy the organisation's Incident Information Management System (IMS+) is must be used to record the incident.

6. AUDIT

This procedure is audited through the NSW Health WHS Audit Program.

7. REFERENCES

Internal

[Appendix 1 - Definitions](#)

[SESLHD District Form F026 - Evacuation Drill Checklist](#)

[SESLHD District Form F147 - Fire Incident Report](#)

[SESLHD District Form F148 - Fire Panel Isolation Record](#)

[SESLHD District Form F219 - Pre-Occupancy Checklist](#)

[SESLHD District Form F321 - Local Evacuation Procedure Form](#)

[SESLHDPR/208 - Hazardous Chemical Risk Management Procedure](#)

[SESLHDPD/265 - Emergency Management Policy](#)

NSW Ministry of Health

[NSW Ministry of Health Policy Directive PD2018_013 - Work Health and Safety: Better Practice Procedures](#)

[NSW Ministry of Health Policy Directive PD2010_024 - Fire Safety in Health Care Facilities](#)

[NSW Ministry of Health Policy Directive PD2020_047 - Incident Management](#)

[Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies \(Chapter 24 - Fire, Evacuation and other Emergencies\)](#)

External

AS 1670.4 Fire detection, warning, control and intercom systems - System design, installation and commissioning (Part 4: Emergency warning and intercom systems)

AS1851 Routine service of fire protection systems and equipment

AS 2444 Portable fire extinguishers and fire blankets - Selection and location

AS 3745 Emergency control organisation and procedures for buildings, structures and workplaces

AS 4083 Planning for Emergencies - Health Care Facilities

[Charges for False Alarms](#)

[National Safety and Quality Health Service Standards](#)

[Work Health and Safety Act 2011](#)

[Work Health and Safety Regulation 2017](#)

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	Updates endorsed by Executive Sponsor
August 2018	3	Document title changed and links update – Catherine Johnson, WHS Consultant
September 2020	4	Minor updates to links and course names – Peter Kuszelyk WHS Consultant
August 2021	5	Update links and titles, references – Rosanna Martinelli Head of Health Safety and Wellbeing
October 2021	6	Minor review. Update Building Code of Australia (BCA) to the National Construction Code (NCC)
November 2021	6	Approved by Executive Sponsor.

APPENDIX 1 - DEFINITIONS

Key Term	Definition														
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.														
National Construction Code Series (NCC):	Formerly known as the Building Codes of Australia (BCA), uniform set of technical provisions for the design and construction of buildings and other structures throughout Australia.														
Building Classifications:	<p>Relevant to Health Care as outlined in NCC.</p> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th style="background-color: #0070C0; color: white;">Building Class</th> <th style="background-color: #0070C0; color: white;">Description</th> </tr> </thead> <tbody> <tr> <td>9A</td> <td>Healthcare Buildings</td> </tr> <tr> <td>1B, 2, 3.4 and 9C</td> <td>Non-Healthcare Buildings where occupants sleep</td> </tr> <tr> <td>5</td> <td>Administration Buildings</td> </tr> <tr> <td>8</td> <td>Laboratories</td> </tr> <tr> <td>7a</td> <td>Car Parks</td> </tr> <tr> <td>10</td> <td>Non-Habitable Building or Structure</td> </tr> </tbody> </table>	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	10	Non-Habitable Building or Structure
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5	Administration Buildings														
8	Laboratories														
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10	Non-Habitable Building or Structure														
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 National Construction Code (NCC):	<ul style="list-style-type: none"> • public or private hospital • nursing home or similar facility for sick or disabled persons needing full-time care • day surgery or procedure unit where patients are non-ambulatory and/or require supervised medical care on the premises for some time after the treatment. 														
Impairment of fire systems:	<p>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.</p> <p>Fire protection or detection equipment subject to impairment management includes:</p> <ul style="list-style-type: none"> • automatic sprinkler systems, • fire protection water supplies, • fire pumps, • fire mains, • gas extinguishing systems, 														

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	<ul style="list-style-type: none"> • foam systems, • fire detection systems, • water mist systems, • powder systems, • explosion suppression systems, and fire doors.
<p>Fire Safety System:</p>	<p>a system that incorporates one or any of the methods used in a building to:</p> <ul style="list-style-type: none"> • Warn people of an emergency; or • Provide for safe evacuation; or • Restrict the spread of fire; or • Extinguish a fire • This system should outline the minimum fire safety requirements for that building. It is a requirement to have these systems displayed in prominent locations within the facility.