
Guidelines on Fire Safety for Private Healthcare Facilities



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- Licensing Section, Buildings Department
- Licensing and Certification Command Policy Division, Fire Services Department
- Independent Checking Unit, Office of the Permanent Secretary for Transport and Housing (Housing)

Application of the Guidelines

The Guidelines (the Guidelines) herein are intended for encouraging the incorporation of appropriate fire safety considerations in setting up private healthcare facilities in non-purpose built premises, with particular emphasis on Day Procedure Centres dealing with unconscious patients (i.e. assistance to evacuate in case of fire is required).

The Guidelines may also be used as reference when designing and operating private healthcare facilities. It also gives general guidance on fire precautions to be taken to reduce the fire risk and to ensure every staff member employed there knows what appropriate action to take in the event of fire.

For the purpose of the Guidelines, meanings of “Private Healthcare Facility” and “Day Procedure Centre” shall refer to the Section 3 and Section 5 of the Private Healthcare Facilities Ordinance (Cap. 633) respective whereas the meanings of “Premises” and “Operator” shall refer to the Section 2 of the Ordinance.

How to use this Guidelines

The Guidelines are divided into four parts :

Part I explains the background, purpose of the Guidelines and the scope of application.

Part II elaborates the guidance on fire safety for the premises used for the purpose of Private Healthcare Facilities.

Part III provides recommended practices for fire safety management in healthcare premises, viz, assessment, management, staff training, contingency plan, etc.

Part IV provides information on resources – appropriate/relevant professionals and licensed/registered personnel for consultancy or design and construction works; registers/lists/professional bodies/licensing authorities.

The Annex provides relevant published reference materials used in the Guidelines; list of relevant legislation/Codes of Practice to facilitate the users of this Guidelines to prepare their own fire safety documents.

The Guidelines can be downloaded from the website of the Department of Health. It may be freely reproduced except for advertising, endorsement or commercial purposes. Please acknowledge the source as “Guidelines on Fire Safety for Private Healthcare Facilities, Department of Health”.

Remarks :

The Guidelines is not a legal document. All information contained in the Guidelines is for reference only but which you may find helpful in considering what you need to do.

All matters arising from an application for the licence or exemption for the Private Healthcare Facility are dealt with in the manner prescribed under the Private Healthcare Facilities Ordinance and the Code of Practice as well as Compliance Guidelines issued by the Department of Health (DH).

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Abbreviation

BD	-	Buildings Department
BO	-	Buildings Ordinance, Chapter 123, Law of Hong Kong
CoP	-	Code of Practice
DH	-	Department of Health
DPC	-	Day Procedure Centre
FSD	-	Fire Services Department
FS(B)O	-	Fire Safety (Buildings) Ordinance, Chapter 572, Law of Hong Kong
FS(CP)O	-	Fire Safety (Commercial Premises) Ordinance, Chapter 502, Law of Hong Kong
ICU	-	Independent Checking Unit of Transport and Housing Bureau
LD	-	Labour Department
PHF	-	Private Healthcare Facility
PHFO	-	Private Healthcare Facilities Ordinance, Chapter 633, Law of Hong Kong

Part I General

1.1 Preface

The fire safety requirements for various types of buildings in Hong Kong have been based on prescriptive codes which have been classified in terms of generic purpose, such as ‘Residential’, ‘Institutional’, ‘Commercial’, ‘Industrial’, etc.

Aside from the premises of purpose-built private hospitals and clinics which are classified as institutional buildings, there are various types of non-purpose built private healthcare facilities (PHFs) serving the general public and majority of them are locating in commercial premises, including those located in privately owned office buildings, shopping centres as well as commercial facilities managing by the Hong Kong Housing Authority and divested through The Link Real Estate Investment Trust (The Link).

Having regard to specific nature and operation mode of private healthcare facilities and their contents along with the vulnerability of patients may combine to pose a serious risk, this Guidelines is promulgated to assist operators, including prospective operators, managers and staff members to comprehend the good practices in respect of fire safe for their non-purpose built premises using as private healthcare facilities.

1.2 Scope

Day procedure centre (DPC) as one type of PHFs providing ambulatory care services normally serves patients with various degrees of mobility and consciousness without inpatient accommodation. The application of the Guidelines is targeted towards the premises used or intended to be used for non-purpose built DPCs with clinical procedures involving treatment of deep sedation or general anesthetic to patients. However, the operators of other categories of PHFs are strongly recommended to draw attention and observe the provisions of the Guidelines for the sake of fire safety. The operators of PHFs should also ensure their DPC/Clinic managers and supervisors are acquainted with this Guidelines.

The Guidelines provide practical information for use when assessing the fire safety in premises serving or to be served as private ambulatory day procedure centre with clinical procedure handling patients who will be in a stage of unconscious (i.e. clinical treatment with deep sedation or general anesthetic). The Guidelines also provides general reference for the fire safety management of other non-purpose built premises using as private healthcare facilities.

Apart from the reference documents listed in the Appendices, the Guidelines should also be read in conjunction with other publications issued by the DH applicable to the “Day Procedure Centres” and “Medical Clinics” defined in the Private Healthcare Facilities Ordinance (PHFO) (*Chapter 633, Law of Hong Kong*).

Fire safety is only one of many safety issues with which management of private healthcare facilities must concern themselves to minimise the risk of injury or death to staff, patients or visitors. Unlike most of the other safety concerns, fire has the potential to incur fatal casualty and serious property loss very quickly. The Guidelines are concerned only with fire safety but some of the measures discussed here will impact upon other safety issues. It is recognized that these differing safety demands can sometimes affect one another and management should consult other interested agencies such as Buildings Department (BD) and Fire Services Department (FSD), where necessary, to confirm that they are not contravening other legislation/guidance.

Part II Fire Safety Considerations for the Premises using as Private Healthcare Facilities

2.1 Location of Premises

2.1.1 Unless prior permission, approval and wavier, whichever is/are applicable have been obtained under the provisions of Town Planning Ordinance (Cap. 131), Buildings Ordinance (Cap. 123) and the relevant land lease document, the premises of PHF shall not be situated in/at:

- i. an industrial building, industrial portion of any building or a warehouse;
- ii. a building designed for residential use or domestic part of a composite building.

2.1.2 The premises of PHF should also not be situated in/at:

- i. a Specified Commercial Building which fire safety measures directed by BD/FSD under Fire Safety (Commercial Premises) Ordinance (Cap. 502) have not yet complied with;
- ii. a composite building which fire safety measures directed by BD/FSD under Fire Safety (Buildings) Ordinance (Cap. 572) have not yet complied with;
- iii. part of a building with Unauthorised Building Works¹ (UBWs) by cross reference to the building/minor works records in the BD and the Independent Checking Unit (ICU);
- iv. areas designated for emergency use, such as buffer or refuge floor; and
- v. any part of a building without adequate loading capacity.

2.1.3 Following site considerations for DPCs with clinical procedures involving treatment of deep sedation or general anesthetic to patients should further be taken:

- i. The premises should not be located at any floors at a height of more than 24m above ground level;
- ii. The premises should not be located at upper floors (i.e. all floors above the ground floor) of a single staircase building;
- iii. Separate exit route should be provided if the premises will be situated in the same building with a permanent Place of Public Entertainment as defined under the Places of Public Entertainment Ordinance (Cap. 172); and
- iv. Elevator should be directly accessible at same level of the premises.

¹ Further information on UBWs : https://www.bd.gov.hk/english/services/index_ubw.html

- 2.1.4 The fire safety requirements for the premises of DPCs with clinical procedures involving treatment of deep sedation or general anesthetic to patients should refer to those applicable for the premises being classified as Use Classification 3a – Institutional Premises : Health Facilities stipulated in BD’s Code of Practice for Fire Safety in Buildings 2011 (or the latest amendment).

2.2 Renovation or Fitting-out Works

2.2.1 Consultation with Building Professionals and Appointment of Contractors

- i. Owners/operators of PHFs are suggested to seek advice from relevant building professionals such as an Authorized Person (AP) on the suitability, design and construction aspects of the premises to be used for setting up a PHF, particular for building works involving alteration of structure, building compartment and means of escape. A Registered Structural Engineer (RSE) should be consulted for advice on substantial structural works and loading requirement for heavy medical equipment;
- ii. Depending on the nature of renovation/fitting-out work, a General Building Contractor or a Minor Works Contractor registered on the respective list maintaining by BD should be appointed for carrying out the building works;
- iii. An appropriate class of Fire Service Installation (FSI) Contractor should be appointed to install, alter, maintain, repair and inspect any fire service installation or equipment;
- iv. Records on building works including building plans, design calculations, approval documents from BD/FSD/ICU (if applicable), certificates and forms in relation to fire safety issued by the appointed contractors (such as Fire Service Installation Form FS 251, invoice and testing certificate for fire rated doors and Polyurethane (PU) foam filled mattress/furniture, etc) should be documented and in proper custody;

2.2.2 Compliance with Prevailing Statutory Requirements

It should observe all relevant prevailing statutory requirements for carrying out the building works for setting up/renovating a premises of PHF including but not limited to the following listed:

- i. Buildings Ordinance (Cap. 123) and subsidiary regulations
- ii. Dangerous Goods Ordinance (Cap. 295) and subsidiary regulations
- iii. Electricity Ordinance (Cap. 406) and subsidiary regulations
- iv. Fire Safety (Commercial Premises) Ordinance (Cap. 502)
- v. Fire Safety (Buildings) Ordinance (Cap. 572)
- vi. Fire Services Ordinance (Cap. 95) and subsidiary regulations
- vii. Gas Safety Ordinance (Cap. 51) and subsidiary regulations

2.2.3 General Design Considerations on Fire Safety

- i. The design and construction/furnishing materials of the premises to be used as PHFs shall be in compliance with the prevailing Buildings Ordinance and its subsidiary regulations as well as the “*Code of Practice for Fire Safety in Building 2011*” issued by the Buildings Department;
- ii. All requirements on fire service installations and equipment for the premises shall be in compliance with the prevailing Fire Services Ordinance (Cap. 95) and its subsidiary regulations as well as the “*Code of Practice for Minimum Fire Service Installations and Equipment*”, and “*Code of Practice for Inspection, Testing and Maintenance of Installation and Equipment*” issued by the Fire Services Department;
- iii. The premises shall be separated from any adjoining occupancy by walls and floors with a Fire Resisting Period (FRP) of not less than that required for the elements of construction of the building compartment;
- iv. The premises shall be provided with adequate fire exits in terms of number and width with proper signage and emergency lighting system in compliance with BD’s and FSD’s requirements;
- v. Fire exits and all doors and corridors in the premises accessible by patients should be adequate in width for the access of wheelchair and ambulance stretcher;
- vi. All combustible materials used as false ceilings, partitions or wall furnishings and linings for acoustic, thermal insulation or decorative purposes in ducting and concealed locations should be treated with fire retardant paint/solution acceptable to the Director of Fire Services on all exposed parts and certified (FS251) by a Class II FSI Contractor;
- vii. All draperies and curtains should be:
 - (a) treated with flame retardant solutions acceptable to the Director of Fire Services and certified (FS251) by a Class II FSI Contractor; or

- (b) made of fire resistant materials and acceptable to the Director of Fire Services;

- viii. If polyurethane (PU) foam filled mattresses and upholstered furniture are used in the PHF premises, they should meet the flammability standards as specified in British Standard BS 7177:1996 and BS 7176:1995 (or their latest editions) for use in medium hazard premises/building or standards acceptable to the Director of Fire Services.

2.3 Fire Safety Precautions in Day-to-day Operations

2.3.1 Fire Service Installations and Equipment

All fire service installations and equipment provided in the premises of PHFs shall be :

- i. kept clear from any obstruction;
- ii. clearly indicated as regard to their locations (such as break-glass fire alarm switches, portable fire extinguishers and fire blankets, etc) and methods of operation;
- iii. clearly shown on an updated layout plan of the premises which should be briefed to all staff members during induction training and fire safety training sessions;
- iv. maintained in efficient working order at all times; and
- v. regularly inspected and certified by a Registered FSI Contractor pursuant to the Fire Service (Installations and Equipment) Regulations (Cap. 95B).

2.3.2 Means of Escape

- i. Adequate and appropriate directional and exit signs shall be provided in the premises following the requirements stipulated in the Code of Practice for Fire Safety in Buildings 2011 and the Code of Practice for Minimum Fire Service Installations and Equipment respectively;
- ii. All exits of the exit routes within the premises and all staircases connected to the premises shall be safely reached without obstruction at all times when persons are present in the premises;
- iii. All exits/doors shall be kept openable from the inside without the use of a key and all metal gates and shutters, where installed, shall be kept in the open position at all times when members of the public are present in the premises;
- iv. All smoke stop doors provided in the premises shall be kept in closed position at all times

- v. Accurate floor plans at appropriate size (preferably not less than A3 size) showing the floor layout of the premises and fire escape routing with proper and legible annotation in English and Chinese should be displayed at conspicuous places of the premises;

Note: Failure to observe the safety measures specified in the subparagraphs ii and iii above may contravene the Sections 14 and 15 of the Fire Services (Fire Hazard Abatement) Regulation (Cap. 95F)

2.3.3 Handling of Dangerous Goods

- i. Manager or designated personnel of PHF should keep updated record of all dangerous goods as defined in the Dangerous Goods (General) Regulations (Cap. 295B) being used and stored in the premises in respect of categories, quantities and locations;
- ii. The exempted quantities for dangerous goods stipulated under the Dangerous Goods (General) Regulations (Cap. 295B) shall not be exceeded if there is NO licensed Dangerous Goods store available for storage;
- iii. All dangerous goods should be kept out of the reach of unauthorized person;

Part III Fire Safety Management System

It is a good practice for the management of PHF to set up a clear and practical fire safety management system which is specific to the nature and mode of operation of the PHF in the premises. Such system should be put in details via a Fire Safety Management Plan elaborating the arrangements to assess, implement, control, monitor and review fire safety strategy and to ensure the strategy are properly maintained. To make the Plan successfully implemented, structurally developed fire safety training programme/drills for staff members and fire safety audit/inspection should also be set out as part of the fire safety management system. The management/operator of PHF may take reference of *Health Technical Memorandum 05-01: Managing healthcare fire safety* promulgated by the Department of Health and Social Care, UK developing an appropriate fire safety management system for healthcare premises.

3.1 Fire Safety Management Plan

The Fire Safety Management Plan (the Plan) describes the arrangements for effectively managing fire safety so as to prevent fire occurring and, in the event of fire, to protect people and property. As an effective Plan, it should at least cover the following major aspects (non-exhaustive) and the Plan should be clearly communicated throughout the organisation:

3.1.1 Objectives

The Plan should clearly set out the objectives on fire safety and define the PHF specified approach for protecting patients, visitors, and staff from the hazards of fire, smoke and other products of combustion.

3.1.2 Structure

The Plan should set out a suitable fire safety management structure is developed along with clearly defined roles and responsibilities.

3.1.3 Fire Risk Assessment

It should develop a system of fire risk assessment and action plan.

3.1.4 Fire Safety Emergency Protocol

It should develop a premises specific fire safety emergency protocol or response plan with sufficient and clear instructions to all staff members on fire safety matters.

3.1.5 Revision of the Plan

- (i) The Plan should be reviewed and evaluated whenever there is a change of service or physical setting.
- (ii) The obsolete/outdated Plan(s) should be promptly superseded by an updated version and all staff members should be informed of the changes.

3.2 Fire Risk Assessment

3.2.1 What

At the most basic level, fire risk assessment is an organised review taken of the workplace inside a building or a premises to assess it for fire risk in terms of likelihood and severity, and to provide recommendations to make it safer if need be.

3.2.2 Why

Despite that a fire risk assessment is not a mandatory requirement for fire safety in local context, it is designed to minimise the probability, i.e. likelihood and the severity of the event of a fire by identifying the potential hazards and fire risks within the workplace or premises.

3.2.3 How

The risk assessment process consists of five steps:

Step 1 Identify the fire hazards within your premises

Step 2 Identify the people at risk

Step 3 Evaluate, remove, reduce and protect from risk

Evaluate the risk of a fire occurring

Evaluate the risk to people from fire

Remove or reduce fire hazards

Remove or reduce the risks to people

Step 4 Record the findings, produce an emergency plan, instruct, inform and train

Step 5 Arrange to regularly review the assessment

The risk assessment shall be re-conducted whenever there is a change of service or physical setting.

It could further make reference to the *Guidance on Fire safety risk assessment: healthcare premises* promulgated by the Ministry of Housing, Communities & Local Government, UK and *Health Technical Memorandum 05-03: Operational provisions Part K – Guidance on fire risk assessments in complex healthcare premises* for conducting fire safety risk assessment with step-by-step approach.

3.3 Fire Safety Emergency Protocol

The purpose of a fire safety emergency protocol is to ensure that, where practicable, all the staff members in the premises of the DPC know what to do in case of a fire and that the premises can be safely evacuated. The preparation of emergency protocol should be based on the outcome of the fire risk assessment and be available for the employees, patients and those who accompany patients in visits to the DPC (if they request it).

It could further make reference to the *Health Technical Memorandum 05-03: Operational provisions Part A: General fire safety* as a framework for developing a site specific fire safety emergency protocol.

3.4 Fire Safety Self-Inspection

3.4.1 Purpose

The main objective of regular fire safety self-inspections is to ensure that housekeeping and fire safety disciplines are properly maintained and fire protection measures and procedures are fully functional. They are important for minimising fire risk in all kind of premises and it is essential for the safe operation of PHFs, particularly for DPCs with clinical procedures involving treatment of deep sedation or general anesthetic to patients. Such kind of inspection can be conducted by layman following preset guidelines. The findings of inspection can also be served to validate the Fire Risk Assessment and the Fire Safety Emergency Protocol.

3.4.2 How

- ✧ The self-inspection process should be designed and managed to identify adverse fire safety conditions and ensure corrective action is taken.

- ✧ Inspections should be tailored to the specific needs of the premises, processes and activities that are conducted in terms of depth and frequency. All areas of the premises should be embraced.
- ✧ An appropriate frequency of inspections should be determined to suit the circumstances.
- ✧ Inspections should be carried out by responsible person with the full support of management, preferable who has conducted fire safety risk assessment for the premises and may have control of fire safety.
- ✧ Inspections together with follow-up actions (corrective and preventive) should be fully documented and any remedial measures taken without delay.
- ✧ Inspection reports should be retained on file and analysed for shortfalls in fire safety discipline.

Part IV Resources and Further Information

4.1 Resources of Professional/Technical Support

BD - Lists of Registered Professional and Contractors:

- Authorized Persons
- General Building Contractors
- Minor Works Contractors

<https://www.bd.gov.hk/en/resources/online-tools/registers-search/registrationsearch.html>

FSD - Lists of Registered Fire Service Installation Contractors with responsibilities for carrying out relevant fire service installation or equipment works:

https://www.hkfsd.gov.hk/eng/source/FSIC_list_eng.pdf

The Hong Kong Institute of Surveyors - Lists of Building Surveying Companies:

https://www.hkis.org.hk/en/company_list.html?division=BSD&keyword=

The Hong Kong Institutes of Architects - List of Architectural Practices

http://www2.hkia.net/corporate_member/contact.php

4.2 Enquires

Office for Regulation of Private Healthcare Facilities – Department of Health

Address: Office for Regulation of Private Healthcare Facilities
Department of Health
Room 402, 4/F,
14 Taikoo Wan Road,
Quarry Bay, Hong Kong

Phone: (852) 3107 8451

Fax: (852) 2126 7515

E-mail Address: orphf@dh.gov.hk

Buildings Department (for building plans, unauthorized building works, and lists of authorized building professionals and registered contractors)

Address: Buildings Department Headquarters, North Tower,
West Kowloon Government Offices,
11 Hoi Ting Road, Yau Ma Tei, Kowloon
Phone: 2626 1616
Fax: 2537 4992

Fire Services Department (for registered fire service installations contractors, registered suppliers of fire equipment, and enquiries about the ventilation system)

Address: Licensing & Certification Command
5th floor, South Wing,
Fire Services Headquarters Building,
1 Hong Chong Road, Tsim Sha Tsui East, Kowloon
Phone: 2733 7619
Fax: 2367 3631

Independent Checking Unit, Office of the Permanent Secretary for Transport and Housing (Housing) (for building plans and unauthorized building works in respect of premises managed by the Hong Kong Housing Authority and divested through The Link Real Estate Investment Trust (The Link)).

Address: Independent Checking Unit
8/F, Lung Cheung Office Block
138 Lung Cheung Road
Wong Tai Sin, Kowloon
Phone: 3162 0597
Fax: 3162 0069

Annex I Reference Information

Code of Practice for Fire Safety in Buildings – BD

Codes of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment – FSD

Pamphlet - An Introduction to the Fire Safety (Buildings) Ordinance Cap. 572 jointly issued by BD and FSD

Pamphlet - An Introduction to the Fire Safety (Commercial Premises) Ordinance Cap. 502 jointly issued by BD and FSD

Pamphlet - Fire Safety in Commercial Premises published by FSD

Pamphlet - What are Unauthorised Building Works issued by BD

Pamphlet - Safety Hints for Demolition of Unauthorized Building Works issued by LD

Fire Safety Assessment – Healthcare Premises published by Ministry of Housing, Communities & Local Government, UK

Health Technical Memorandum 05-01: Managing healthcare fire safety published by Department of Health and Social Care, UK

Health Technical Memorandum 05-03: Operational provisions Part A - General fire safety published by Department of Health and Social Care, UK

Health Technical Memorandum 05-03: Operational provisions Part K - Guidance on fire risk assessments in complex healthcare premises published by Department of Health and Social Care, UK