

September 16, 2003

FIRE INCIDENT REPORTING

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides revised policy and procedures on the reporting of fire incidents in and on all VHA-owned or leased facilities.

2. BACKGROUND

a. Recording and tracking of fire incidents is important to understand the magnitude of the fire problem in any organization. Trends can be identified that may not be evident at local facilities, and the documentation and analysis of incidents can provide the rationale for implementing prevention activities. In addition, the Department of Veterans Affairs (VA) periodically reports its fire incident experience to outside interests on an as-needed basis.

b. In the past, VHA has experienced an average of 750 reportable fire incidents per year with total property (personal and real) damage exceeding \$650,000 per year. Casualties have been few in number and usually minor, but patient fatalities have occurred and employees do occasionally suffer minor burns and smoke inhalation. In addition, serious fire incidents at our facilities can generate significant media interest, and knowledge of such incidents is necessary at all levels of VHA.

c. A reportable fire incident is defined as an ignition resulting in an uncontrolled flame of any size, or an explosion, in which the flame or explosion results in:

(1) Any damage to VA-owned property (whether real or personal property) or any damage to patient, employee or contractor-owned personal property (for example, a small trash can fire or a small cigarette burn of a patient bed linen must be reported).

(2) Any casualty, whether an injury or fatality, to any patient, employee, visitor, or contractor, regardless of whether any property damage occurred.

d. In the absence of a reportable fire, the following are not intended to be reported via these procedures:

(1) Activation of a fire alarm and/or detection system;

(2) Discharge of a portable or fixed fire extinguishing device or system; or

(3) A response by a fire department (including in-house VA fire departments) to a suspected fire incident, rescue, or hazardous condition.

e. All property damage must be included in any estimated damage total, including real property damage to any structure, building equipment, or building systems, as well as any

THIS VHA DIRECTIVE EXPIRES SEPTEMBER 30, 2008

VHA DIRECTIVE 2003-051

September 16, 2003

personal property damage to building contents, including VA property. Fire incidents in leased spaces occupied by VHA employees are included in this policy, even though real property damage (i.e., damage to the lessor's structure, equipment, or systems) cannot be included in any property damage totals. In addition, for fires on VA property as well as leased spaces, damage to patient, employee, or contractor-owned personal property cannot be included in any damage totals reported. In determining the estimated property damage costs, replacement costs of the property using like kind and quality are to be included, plus any cost associated with clean up and repair.

3. POLICY: It is VHA policy that all fire incidents occurring in VHA-owned, VHA-leased, or VHA-occupied property must be reported as required in subparagraph 4a.

4. ACTION

a. **Facility Director.** The facility Director is responsible for ensuring that each reportable fire incident is addressed in accordance with the following procedures:

(1) The VISN office must be notified by email within 24 hours of the incident if property damage is expected to exceed \$10,000 in value or the incident results in any casualties to patients, employees, or other individuals. Facilities need to use the "blast up" mail group entitled "VHA Under Secretary" as described in the January 9, 2003, Under Secretary for Health memorandum to report these types of incidents.

(2) when a fire incident generates significant media coverage, the VISN office must be notified within 24 hours.

(3) Any employee casualties must be reported in accordance with Federal and VA occupational safety and health requirements.

(4) Fire incidents involving patients must be handled in accordance with VA patient safety requirements.

(5) Local authorities (i.e., local fire department) responding to the incident, must be requested to report the incident in accordance with local protocol via the National Fire Incident Reporting System (NFIRS), if they participate in this national reporting system.

(6) An on-line fire incident report form (located at the following VA Intranet address – vaww.ceosh.med.va.gov) for any reportable fire incident must be completed within 30 days of the incident. **NOTE:** *VA Form 2162, Report of Accident, cannot be used to report fire incidents.*

(7) A log and all documentation must be maintained at each facility of each fire incident with a specific identifier using sequential calendar and number format (i.e., 2003-001).

(8) Each fire incident involving patients must be evaluated as a potential Sentinel Event in accordance with VHA and JCAHO protocol.

(9) A Root Cause Analysis is to be performed, if needed, in accordance with patient safety requirements.

b. **VISN Director.** The VISN Director is responsible for ensuring that:

(1) Each fire incident is reported and addressed according to the procedures in subparagraph 4a.

(2) Implementation of the procedures specified in subparagraph 4a are verified at each VISN facility during the Annual Workplace Evaluation (AWE).

c. **Director of the Center for Engineering and Occupational Safety and Health (CEOSH) (10NB).** The CEOSH is responsible for developing and maintaining an on-line fire incident reporting form and database.

5. REFERENCES: January 9, 2003 Memo, from the Under Secretary for Health (10) to Network Directors and Medical Center Directors, entitled "Communication of Urgent Field Issues to VHA Leadership."

6. FOLLOW-UP RESPONSIBILITIES: The Director, Safety and Technical Services (10NB) is responsible for the contents of this Directive. Questions can be referred to 202-273-5869.

7. RESCISSIONS: This VHA Directive expires September 30, 2008.

S/ Nevin M. Weaver for
Robert H. Roswell, M.D.
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 9/17/03
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 9/17/03