



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

November 20, 2001

ADMINISTRATIVE ORDER

No. 61 s. 2001

SUBJECT: Fire Safety in DOH Buildings, Structures and Facilities with special emphasis on hospitals and other health facilities

I. Rationale:

The built environment in hospitals and other health facilities is becoming more complex as these institutions plan and design their buildings and structures to respond to the demands of their growing bed capacity and service capability and advanced technology and spatial complement for quality health care service delivery.

However with the continuing physical development in hospitals and other health facilities, comes the corresponding responsibility of keeping the buildings and structures properly maintained and safe especially against man-made disasters.

Fire, which can be the most devastating but preventable man-made disaster to happen to hospitals and other health facilities, may result in loss of lives. It can suspend infrastructure projects, waste hard-fought resources, and then make our citizens suffer unnecessarily through the long rehabilitation or reconstruction period.

II. Objectives:

It is necessary that all hospitals and other health facilities should recognize and accept that fire safety is a first and foremost consideration and that a functioning fire safety system in buildings and structures should be ensured at all times.

III. Legal Framework:

A. The design, construction and maintenance of DOH buildings, structures and facilities shall adhere to all applicable provisions of the Fire Code of the Philippines (Rule 1, Rule 2 and Rule 3, Divisions 1 to 12) hereinafter referred to as the Fire Code. (This document is available in bookstores and technical libraries).

B. Electrical systems, equipment and installation mentioned in the Fire Code shall conform to the

provisions of the Philippine Electrical Code.

C. Likewise, mechanical systems, equipment and installation mentioned in Fire Code shall conform to the provisions of the Philippine Mechanical Engineering Code.

D. As per the Fire Code, DOH buildings, structures and facilities will mainly fall under Occupancy Classification of Institutional (e.g. hospitals). However because of the multi faceted activities involved in health care, DOH buildings, structures and facilities can also fall under Occupancy Classification of Assembly (e.g. conference rooms), Educational (e.g. training centers) Mercantile (e.g. pharmacy), Business (e.g. offices), Storage (e.g. warehouses, supply rooms) Residential (e.g. dormitories, staff housing) and Mixed Occupancy.

IV. General Guidelines and Procedures

In accordance with the Fire Code of the Philippines, general guidelines for fire safety system in DOH buildings, structures and facilities, shall include, but will not be limited, to the following:

A. Minimum Construction Standards and Design of Exits

1. Any building, structure and facility two (2) stories or more shall be made of at least fire resistive and non-combustible construction.
2. The design, including travel distance to exits, details, construction and maintenance of fire exit ways should conform with the provisions of the Fire Code.
3. For hospitals (Rule 3, Div. 9 Sec. 3.902 B, 3b) b-1 Travel distance between any room door intended as exit access and an exit shall not exceed thirty (30.0) meters; b-2 - between any point in a room and an exit shall not exceed forty six (46.0) meters; b—3 — between any point in a ward and an exit access door of that ward shall not exceed fifteen (15.0) meters. The travel distances in b-1 and b-2 may be increased by fifteen (15.0) meters in buildings completely equipped with automatic fire sprinkler system.
4. From any or all parts of the building, structure and facility, there should, at 'all times, be unobstructed and reliably-illuminated corridors and the like which lead to readily accessible, conspicuously marked and fire resistant exits, exit stairs and the like. Adequate number of automatic AC/ DC battery operated emergency lights shall be installed along these means of exit.
5. All exits should terminate directly at public ways or at exit discharges such as yards, courts, and open spaces, which provide safe travel paths to a public way.
6. For hospitals, fire exits shall be restricted to permissible types such as doors leading directly outside the building interior stairs and smoke proof enclosures, ramps, horizontal exits, outside stairs and exit passage ways. All of their building features and components including floors, walls, ceilings, appurtenances shall be made of fire resistive materials.

7. For hospitals, the clear width of an exit aisle and corridor shall be at least 2.44 meters.
8. For hospitals, the maximum length of a dead end exit aisle or corridor shall be 9.0 meters.
10. Fire exit doors shall have a minimum width of 1.120 meters, be made of fire-resistive materials, self closing, and equipped with panic hardware.

B. Alarm and Detection

1. Every building, structure or facility shall have an electrically supervised automatic fire alarm system capable of being manually operated in accordance with the provisions of the Fire Code (Rule 3, Division 5, Sec. 3.503) and should be installed with provisions for future connection to the nearest fire service station in the locality.
2. Likewise, every building, structure or facility shall have an automatic heat and / or smoke detection system which shall be electrically inter-connected to the fire alarm system.

C. Fire Suppression and Extinguishment

1. Every hospital building shall have an automatic fire suppression system except for one-story protected, non—combustible construction in accordance with the Fire Code (Rule 3, Division 5, Sec. 3.504).
2. An automatic fire suppression system includes a sprinkler system which is connected directly to a separate water supply system, a wet standpipe system which is directly connected to the domestic water supply, and a dry stand pipe system for use of firemen during emergency.
3. Portable fire extinguishers or first aid fire equipment shall be regularly maintained and installed in all work and service areas.
4. If the extinguishment or control of fire will be more effectively accomplished by a type of automatic extinguishing system other than automatic Sprinkler, such as for x-ray and diagnostic areas, an alternative extinguishing system may be installed in lieu of automatic sprinkler subject to the approval of the Bureau of Fire Protection.

D. Maintenance and Operating Procedures

1. The electrical and mechanical system of DOH buildings, structures and facilities should be checked monthly by their respective maintenance engineers
2. Any addition to the electrical load of a building, structure or facility, like additional equipment and appliance load, shall be cleared by a duly licensed professional electrical engineer.

3. Detailed plans and drawings for improvement of electrical systems should be prepared by a duly-licensed professional electrical engineer. Any or all electrical works installation shall be supervised by a duly licensed electrical engineer.

4. The maintenance and housekeeping schedule or program of the building, structure or facility should be strictly followed in accordance with DOI—I Schedule of Physical Plant Maintenance Manual. (This document is readily available in the National Center for Health Facility Development).

5. For hospitals, there should be quarterly fire exit drills conducted for each shift, hence twelve (12) fire exit drills per year, upon the supervision of the Bureau of Fire Protection, in accordance with the provisions of the Fire Code (Rule3, Division 16, Sec. 3.1601 — 1608).

6. For offices, there shall be semi-annual fire exit drills conducted, in accordance with the provisions of the Fire Code (Rule 3, Division 16, Sec. 3.1601 - 1608).

7. There should be regular training of personnel with regards to preparedness and response plan and evacuation plan and their detailed duties under such plans.

8. For hospitals, there shall be constant and vigilant patient/watcher/visitor/end—user education and information on fire safety rules and regulations and procedures during an emergency.

V. Implementing Mechanism:

A. The implementation of Fire Safety System in DOH Hospitals and Office buildings, structures and facilities must be owned as a collective responsibility of heads of units and their staff alike.

B. The National Center for Health Facility Development (NCHFD) shall provide technical assistance to all DOI-I units with regards to their compliance to the Fire Code including, but not limited to:

1. Review and evaluation of building plans, estimates and technical specifications.
2. Review and evaluation of electrical and mechanical systems design, estimates and technical specifications
3. Refresher Course Training of maintenance engineers for fire protection system design and maintenance

C. Likewise, the Health Emergency Management Staff (HEMS) shall provide technical assistance to all DOI-I units with regards to the Preparation of a Fire Safety Program Plan including preparedness and response plan and evacuation plan.

D. Funds for the provision and maintenance of fire safety construction, alarm and detection system, automatic suppression and extinguishment system and fire safety programs and measures shall be sourced from Maintenance and Other Operating Expenses (MOOE) or from Capital Outlay of every

DOH unit.

E. The Department of Interior and Local Government (DILG) Bureau of Fire Protection is responsible for the enforcement of the Fire Code, as well as pertinent provisions of other laws pertaining to fire protection and safety.

F. No DOH buildings, structures and facilities or any part thereof, whether newly constructed or repaired/ renovated, shall be allowed to be occupied in whole or in part until they have complied with the requirements of the Fire Code and/ or have been cleared by the Bureau of Fire Protection.

G. The Secretary of Health, under this same order, authorizes all DOH units (Central Offices, Centers for Health Development and Hospitals) to form their Fire Safety Committees which will have the following responsibilities:

1. Overseeing and directing the Fire Safety Program of the unit/ office/ hospital.
2. Analysis of safety information prior to dissemination.
3. Review and evaluation of regular reports relating to safety (life, equipment, utility).
4. Identification of problems and recommend safety corrective measures.
5. Assessment of effectiveness of corrective measures taken.
6. Creation of sub—committees to handle specific concerns.

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