

FIRE INCIDENT REPORTING

1. SUMMARY OF MAJOR CHANGES: Major changes include:

a. Adds responsibilities for the Assistant Under Secretary for Health for Support and Executive Director, Veterans Health Administration (VHA) Healthcare Environment and Facilities Program in paragraph 2.

b. Updates the website for reporting fire incidents in paragraph 3.

2. RELATED ISSUES: VHA Directive 7701, Comprehensive Occupational Safety and Health Program, dated December 12, 2022.

3. POLICY OWNER: The Assistant Under Secretary for Health for Support (19) is responsible for the content of this directive. Questions may be addressed to the Director, Occupational Safety and Health, Office of Healthcare Environment and Facilities Programs (19HEF) at VHAOccSafetyandHealthAction@va.gov.

4. RESCISSION: VHA Directive 7711, Fire Incident Reporting, dated August 17, 2017, is rescinded.

5. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of March 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Alfred A. Montoya Jr., MHA, FACHE
Acting Assistant Under Secretary for Health
for Support

NOTE: All references herein to Department of Veterans Affairs (VA) and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

DISTRIBUTION: Emailed to the VHA Publications Distribution List on March 24, 2023.

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FIRE INCIDENT REPORTING

1. POLICY

It is Veterans Health Administration (VHA) policy that all reportable fire incidents, as defined in this directive, must be reported through the VHA Fire Incident Reporting system. This policy applies to all reportable fire incidents occurring in Department of Veterans Affairs (VA) medical facilities, whether the space is owned, operated or leased, and to known reportable fire incidents occurring in covered non-VA facilities.

AUTHORITY: 38 U.S.C § 7301(b).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Support.** The Assistant Under Secretary for Health for Support is responsible for establishing policy and providing guidance and oversight as necessary to ensure the timely and successful implementation of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, VHA Healthcare Environment and Facilities Program.** The Executive Director, VHA Healthcare Environment and Facilities Program (HEFP) is responsible for:

(1) Overseeing the VHA Occupational Safety and Health (OSH) program.

(2) Overseeing and assessing the VHA Fire Incident Reporting system for continued need, currency and effectiveness. See paragraph 3 for further details on how the system is used.

(3) Coordinating with the Assistant Under Secretary for Health for Operations, VISN Directors and VA medical facility Directors to ensure all necessary action is taken and funding is obtained to address fire incident reporting in a manner that meets the requirements of Federal, State and local statutes and regulations; applicable Executive Orders; and VA and VHA directives.

e. **Director, Office of Occupational Safety and Health.** The Director, Office of OSH is responsible for maintaining the VHA Fire Incident Reporting system (see paragraph 3), analyzing reported fire incident data and developing necessary fire prevention activities.

f. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Ensuring that implementation of the procedures specified in paragraph 3 is verified during the Annual Workplace Evaluation (AWE), an OSH compliance inspection for assigned VA medical facilities. **NOTE:** *AWEs are required by VHA Directive 7701, Comprehensive Occupational Safety and Health Program, dated December 12, 2022.*

(3) Receiving fire incident notifications and initiating a Board of Inquiry to investigate fires resulting in serious injury, death or damages exceeding \$10,000 in accordance with VHA Directive 7701, upon notification from the VA medical facility Director.

g. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Reporting, or designating VA medical facility staff to report, each reportable fire incident at the VA medical facility, as well as each reportable fire incident at a covered non-VA facility of which the VA medical facility Director or VA medical facility employees become aware (see paragraph 6.b.), through the VHA Fire Incident Reporting system as described in paragraph 3.

(3) Notifying the VISN Director of any fires resulting in serious injury, death, damages exceeding \$10,000 or media coverage in accordance with paragraph 3.b.

(4) Notifying the Assistant Under Secretary for Health for Operations of any fires resulting in serious injury, death, or damages exceeding \$10,000 in accordance with VHA Directive 7701.

3. PROCEDURES

a. **Online Reporting of All Reportable Incidents.** An online fire incident report must be completed by the VA medical facility Director or designated VA medical facility staff within 30 days of the incident for any reportable fire incident. The fire incident report forms for the VHA Fire Incident Reporting system are located on the Fire Incident Reporting page of the HEFP website at <http://vaww.hefp.va.gov/occupational-safety-health-gems/fire-incident-reporting>. **NOTE:** *This is an internal VA website that is not available to the public.* Information captured on the form includes:

(1) **Casualties.** Reporting of casualties (injuries and fatalities) is required for all reportable fire incidents. Employee casualties are required to be reported in accordance with Federal and VA OSH reporting requirements. **NOTE:** See 29 C.F.R. Part 1960 subpart I, 29 C.F.R. Part 1904, and VHA Directive 7701.

(2) **Damage.** For all VA-owned and VA-leased medical facilities, the damage estimate must include real property damage to any VA-owned structure, building equipment and building systems, as well as property damage to VA-owned building contents. Damage to non-VA-owned real property (e.g., damage to the lessor's structure, building equipment and building systems) cannot be included in any damage estimates. In addition, damage to patient, employee or contractor-owned personal property cannot be included in any damage totals reported. In determining the estimated reportable 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) Additional information (e.g., occupancy type, fire protection system operation, ignition source) must also be reported.

b. **Veterans Integrated Service Network Notification.** The VA medical facility Director must notify the VISN Director by email as soon as possible, but no later than 24 hours after the reportable fire incident, when any of the following occur:

(1) The incident results in any casualties to patients, employees or other individuals on site.

(2) Property damage is expected to exceed \$10,000 in value.

(3) The incident generates media coverage.

c. **Patient Involvement.** Fire incidents involving patients must be handled in accordance with VA patient safety requirements. **NOTE:** Contact the VA medical facility or VISN Patient Safety Representative for the current patient safety requirements.

d. **Fires Reported by Issue Brief.** All reportable fire incidents reported through an Issue Brief must also be reported online in accordance with paragraph 3.a.

4. TRAINING

There are no formal training requirements associated with this directive.

5. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

6. BACKGROUND

a. Fire safety for patients, staff and visitors is a major priority at all VA medical facilities. This includes covered non-VA facilities in which services are provided to Veterans under a VA program. Reporting fire incidents raises the level of transparency in the organization and promotes a culture of safety. Recording and tracking fire incidents are important to understanding the magnitude of the fire problem in any organization. Trends can be identified that may not be evident at VA medical facilities and the documentation and analysis of incidents can provide rationale for implementing prevention activities. In addition, VA periodically reports its fire incident experiences to external organizations on an as-needed basis.

b. This directive requires reporting of all reportable fire incidents (defined in paragraph 7.c.) at VA-owned medical facilities and VA-leased medical facilities that are operated by VHA and does not require reporting of non-reportable incidents (see paragraph 7.b.). In addition, VA staff (e.g., program staff, safety staff) report incidents in covered non-VA facilities of which the staff becomes aware (e.g., by a media event, communication between a coordinator of a program and routine inspections of program facilities). When VA staff are made aware of a fire at a non-VA medical facility, the information known about the incident is to be reported in the same manner as a fire at a VA-owned or VA-leased medical facility. **NOTE:** *It is understood that for a fire at a non-VA facility, VA staff might not have all of the information required to fully complete the fire incident reporting form.*

7. DEFINITIONS

a. **Covered Non-VA Facility.** A covered non-VA facility is a facility which is not VA-owned or leased that provides services to Veterans under a VA program. Covered non-VA facilities include but are not limited to:

(1) Non-VA facilities that provide overnight sleeping accommodations for Veterans through a VA program, including but not limited to facilities falling under the Community Nursing Home Program, Community Residential Care Program (including Medical Foster Homes), Domiciliaries, Homeless Grant and Per Diem Facilities and one- and two-family dwellings where home health care is provided to Veterans.

(2) Non-VA clinics and physician offices that are contracted by VA to provide medical treatment for Veterans.

b. **Non-Reportable Incident.** A non-reportable incident is an incident that does not meet the definition of a reportable fire incident. In the absence of a reportable fire incident, non-reportable incidents include, but are not limited to:

(1) Activation of a fire alarm or detection system.

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

(3) A response by a fire department (including in-house VA fire departments) to a

suspected fire incident, rescue or hazardous condition.

- (4) An electrical short that generates smoke or odor.
- (5) Equipment overheating that generates smoke or odor.

c. **Reportable Fire Incident.** A reportable fire incident is an ignition resulting in an uncontrolled flame of any size or an explosion, in which the flame or explosion results in either of the following:

(1) Any casualty, whether an injury or fatality, to any patient, employee, visitor or contractor; or

(2) Any damage to real or personal property (for example, a small trash can fire or an ignition of patient bed linen or clothing).

8. REFERENCES

a. 38 U.S.C § 7301(b).

b. 29 C.F.R. Part 1904; Part 1960, Subpart I.

c. VHA Directive 7701, Comprehensive Occupational Safety and Health Program, dated December 12, 2022.

d. VHA Fire Incident Reporting System:

<http://vaww.hefp.va.gov/occupational-safety-health-gems/fire-incident-reporting>. **NOTE:**
This is an internal VA website that is not available to the public.