# CODE RED / FIRE PLAN

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**Indicates # of copies of information for Command Centre Bag Code Red folder.*

**Code Red ~ PART A**

**Fire Plan Introduction**

The *Ontario Fire Code*, Section 2.8 requires the implementation of a FIRE SAFETY PLAN for this building/occupancy.

The Fire Plan is located in the Emergency Manual, located in the front lobby of the Home *(immediately to the right after coming into the front entrance),* and located on the wall in the Care Centre's (CCs), i.e. CC1 and CC2 with emergency vests and flashlights.

The implementation of the BRHD Fire Safety Plan helps to ensure effective utilization of life safety features to protect people from fire. This building has additional special features to alert residents who are deaf, to a fire, i.e. strobe lights. Safety of all persons, in particular the residents and staff, is vitally important to the BRHD. The building's fire alarm system was uniquely designed with their need in mind. The Fire Safety Plan incorporates a 2-stage fire alarm system for its care and treatment occupancy. All alarms operate on both strobe (visual) and horn (audible) alerts. The fire alarm system is directly connected to the local fire department through a monitoring system by GIT.

The owner of BRHD is the Ontario Mission of the Deaf and its representative is Christine Ware, Administrator.

The *Fire Protection and Prevention Act* Part VII, (https://www.ontario.ca/laws/statute/97f04#BK36) outlines the offences and penalties.

**Offences s.28(1) Every person is guilty of an offence if he or she,**

(a) hinders, obstructs or interferes with the Fire Marshal, an assistant to the Fire Marshal or a fire chief in the exercise of his or her powers and duties;

(b) prevents an inspector from entering land or premises under section 19 or 20, refuses to answer questions on matters relevant to the inspection or provides the inspector with information, on matters relevant to the inspection, that the person knows, or ought reasonably to know, to be false or misleading;

(c) subject to subsection (2) contravenes any provisions of this Act or the regulations; or

(d) refuses or neglects to obey or carry out the directives of the Fire Marshal, an assistant to the Fire Marshal or a fire chief given under the authority of this Act. 1997, c. 4, s. 28 (1); 2002, c. 18, Sched. N, s. 6.

**Penalties** can be served on individuals, a corporation and a director or officer of a corporation. Penalties on a corporation: A corporation convicted of an offence under ss. 28(1) is liable to a fine of not more than $500,000 for a first offence and not more than $1,500,000 for a subsequent offence. *[FPPA s.28(4)]*

It is understood that this manual must be updated should the current responsible individuals listed in the manual change or if the building or occupancy is modified and/or the building itself undergoes renovation.

## Definitions

| | |
|---|---|
| **2-stage Fire Alarm System** | Bob Rumball Home for the Deaf (BRHD) has a **2-stage Fire alarm system.** All alarms operate on both strobe (visual) and horn (audible) alerts.<br><br>***STAGE ONE FIRE ALARM*** is notification of a fire in a single (one) fire zone area, i.e. the fire in the single fire-zone area is contained between fire doors/walls. When the stage-one fire alarm is activated, all residents from that fire zone must be immediately evacuated beyond the fire walls. The audible alert beeps **20** times per minute & the strobe lights flash.<br>***Note:*** *All the "D" units (D1, D2, D3, D4) have two fire zone areas. Once the room of fire origin door is closed, staff may pass the area (if deemed safe) to evacuate the entire hall. If it is not deemed safe to pass the room of origin a second exit is available at the end of the short hall. This will exit into one of the courtyards.*<br><br>***STAGE TWO FIRE ALARM*** is notification that two (2) or more fire zone areas are affected and the residents from the one side of the building need to be evacuated beyond the "cinder block" wall to the other side of the building; i.e. a horizontal evacuation. During the 2nd stage fire alarm, the audible alert will sound at **60** beeps per minute. The flashing strobe lights will continue to flash at the same rate.<br>***Notes:***<br>• *It is important to inform staff who are deaf when the 2nd stage fire alarm has commenced, since the frequency of the flash does not change.*<br>• *The second stage can only be triggered by a key directly inserted into a pull station and turned. (Registered nursing staff have key.)*<br><br>*The "**Cinder Block**" wall is the wall that divides the building in half. It is the wall west of the Snoozelon room and the Kitchen.* |
| **Fire/ Incident Warden** | The Fire/Incident Warden is the Registered Nursing staff person on the affected Care Centre in the event of a fire/fire alarm or emergency disaster. If the emergency is in any other location of the building, the most senior registered nursing staff member will be the Fire/Incident Warden.<br><br>The Fire/Incident Warden is the first person to respond and take charge in the event of a fire or emergency disaster. The Fire/Incident Warden is the person in authority until such time as the Fire Department arrives on site and takes over as the person in authority.<br>***Note:*** *The Administrator /designate, if in the building, may provide advice to the Fire/Incident Warden but will not take over from the Fire/Incident Warden as the person in authority unless the Fire/Incident Warden is unable to perform his/her responsibilities or an external evacuation command needs to be given prior to the Fire Department arriving.* |

| | |
|---|---|
| **Order of Evacuation** | *The '**Order of Evacuation**' remains the same whether evacuating residents from a fire zone area, or from the entire building. When removing the person, this includes bringing them to a safe area away from danger, e.g., beyond fire doors/walls, or outside as applicable.*<br>***Evacuate:***<br>*1) All persons in **immediate danger** closest to the fire*<br>*2) Ambulatory residents and residents requiring the assistance of not more than one person*<br>*3) Non-ambulatory residents requiring special assistance not in immediate danger, e.g. a two-person assist to lift, on a life-support system, etc., because of the time and resources necessary to move them.*<br>***Notes:***<br>○ ***To inform deaf-blind residents of the need for evacuation, draw an 'X' on their back, which is the universal sign for 'fire'.***<br>○ *Every resident requiring assistance with transferring will have a transfer logo posted in the room. If the resident is in his/her room and not known to the person conducting the evacuation, the transfer logo is a quick reference regarding the basic assistance the resident requires.*<br>○ *If resident is not in immediate danger but requires evacuation assistance, resident may be left until help is obtained after reassuring resident that s/he will be evacuated as soon as possible, and to remain in his/her room with the door closed until help arrives.* |
| **Evacuation** | Removing person(s) from, or leaving, a dangerous place.[i] |
| | ***Horizonal Evacuation*** ~ means the sideways movement of residents and other occupants from the dangerous/affected area, including from both sides of the hall, away from the identified dangerous zone area to a safe area beyond the fire walls.<br><br>***This Code Red / Fire Plan includes horizontal evacuation procedures***<br>Stage two fire alarm is notification that a horizontal evacuation needs to be conducted. The Fire Incident/Warden or emergency personnel may also direct staff verbally to conduct a horizontal evacuation. |
| | ***External Evacuation*** ~ means that all persons must leave the BRHD building and wait in a safe area outside the building.<br><br>***For external evacuation procedures refer to the 'Code Green / External Evacuation' tab in the Emergency Manual.***<br><br>***Refer to the Emergency Manual for emergency contact numbers and the Fan out list*** |

## BUILDING DESCRIPTION and RESOURCES

### Occupancy Type
Long-term care home (LTCH) residents with complex care and treatment needs, including many residents who are deaf, deaf-blind and hearing impaired.

### Occupancy Load
This building is staffed 24 hours per day, seven days per week. There are 64 Residents and approximately 90 Staff. Depending on the time of day, there may be students, volunteers and/or visitors also.

### Lockbox
This building is occupied and staffed 24 hours a day, seven days a week. Therefore, there is a lockbox located in front vestibule.

### Building
- This building is ONE STOREY constructed of combustible and non-combustible materials. There are no elevators, no basement and no upper or lower levels used by staff or residents.
- Schematic drawings of the building showing the type and location of exits etc. are available at the front of the Emergency Manual.
- Exit signs are located at each exit and hallways leading to exits.
- There are 4 resident wings that extend northwards from the front/south side of the building. Administration is the west end of the front of the building. Support services, dietary, laundry, the electrical, generator and mechanical rooms are to the eastside of the building. Gas shut off is located on the outside of the west facing wall.
- There are fully wired and integrated call indicator lights (with four coloured lights in a clear plastic box) on the wall near the ceiling outside all resident accessible rooms, e.g., bedrooms, washrooms, etc. If a smoke alarm or sprinkler was triggered in that exact location/room the ‘red’ indicator will light up.

### Building Fire Compartments
The building is subdivided into fire compartments that are designed to be used for horizontal evacuation in an emergency.
- Each resident area has 3 areas of refuge.
- Administration wing is a fire zone,
- The chapel is a fire zone
- The central part of the building is a fire zone.
- Food service is separated into a fire zone.
- The west end of the building is a separate fire zone.
- The mechanical room is separated from the electrical and generator rooms by fire barriers.

**Access**
This building is accessed via Royal Parkside Drive. The main entrance of the building faces Big Bay Point Road. The Siamese connection is located just east of the main entrance.

**Designated Fire Routes**
First driveway on the east side of Royal Parkside Drive and then runs parallel to Big Bay Point Road with a turnaround at the front / middle of the building.

**Nearest Municipal Hydrant Location**
There are two hydrants located along the west side of Royal Parkside Drive which is the west side of the building.

**Private Hydrants**
There is one private red fire hydrant located on the east side of the fire route in front of the building.

**Main Gas Shut-Off Location**
The main gas shut off is on the outside of the west side of the building which faces Royal Parkside Drive, outside of the exit doors from the administration/office wing (Block A).

**Main Electrical Shut-Off Location**
Mechanical Room/Electrical Room east of the main entrance.

**Emergency Power**
Emergency power is provided by a **diesel generator** located in a separate generator room at the back of the mechanical room. The generator can be accessed from the inside, near the front of the building, on the east side.
Emergency Power is supplied to the fire alarm system, emergency lighting, exit signs, heating system and critical equipment needed for residents. There are red faced outlets throughout the building that provide emergency power, in a power outage situation, when the generator is operating.

**Generator** – Sufficient available diesel fuel on-site to run the generator for approximately 3-4 days. BRHD stores a minimum of 910 Litres of diesel fuel on-site at for emergencies.
**Fuel Supply Location** – In the Generator Room
**Diesel** – Storage of diesel is kept in a double walled tank
**Transfer Switch Location** – In the Generator Room
**Equipment Powered by Generator** – Fire panel, emergency lights, indoor heat, power outlets in each resident's room and throughout the building which are identified with red electrical receptacles.

***Note:*** *In the event of a power outage there is a 3 second delay in switching over to the generator power.*

**Emergency Lighting**
There is a generator back up system that will provide emergency lighting throughout all floor areas. Should a power failure to the entire building occur, the emergency lights provide sufficient light for as

long as the generator is operating. There are also battery powered emergency lights located in the electrical and generator rooms.

**Heating**
This building is heated with radiant floor heating with some areas heated with forced air, all from a natural gas source. There are five electric fireplaces. The emergency generator WILL power and feed the regular heating system.

**Fire Alarm System Description**
The fire alarm system is a two-stage system with horn, and strobe combination

- The first stage horn sounds an alert signal at ***20 beeps/minute,*** *i.e. once every* ***3*** *seconds.* Strobe lights also flash.
    - A nurse call system is also tied to the fire alarm and signal lights above each resident wing room. The red signal light *(triggered by smoke or fire)* indicates the exact location of the fire.
- The second stage horn sounds an alert signal at ***60 beeps/minute***. Strobe lights also flash but the strobe speed does NOT vary from first to second stage. The second stage sounds a horizontal evacuation alarm – for the evacuation of residents from the fire zone area. The second stage can only be triggered by a key directly inserted into a pull station and turned. *(Environmental Coordinator and Registered nursing staff have the key.)*
- There are centrally located fire annunciator panels, pull stations and smoke detectors.

  **Two Stage Fire Alarm System**
  **Make**: Simplex
  **Model**: 4100U
  **Main Panel Location**: Mechanical Room west of main entrance
  **Annunciator Panel Locations**: Immediately inside the main entrance and one at each Care Centre.
- The fire alarm and sprinkler system are monitored through a direct connection to GIT a monitoring company.

**Sprinkler System**
The building is equipped with automatic sprinkler protection throughout the building, including in the bulkheads. A dry sprinkler system protects the un-insulated areas above the bulk heads.
This building is FULLY SPRINKLERED. Wet systems protect the main floor areas with concealed pendant sprinkler heads that are set to trigger at 155 degrees Fahrenheit; 447 heads minimally one in each room. Bronze pendant sprinklers located in the bulk heads are set to trigger at 200 degrees Fahrenheit; 284 heads. Dry concealed pendants are located above the insulation levels between the top of the bulk heads and the roof, set to trigger at 155 degrees Fahrenheit; 37 heads. The sprinkler system is connected to the fire alarm system, both of which are connected to the back-up generator.

**Location of Sprinkler Room/Shut-Off Valves**
The MAIN shut-off is in the Mechanical Room (Rm 1049). Each Resident wing has a shut-off valve for wet *(water already there)* and dry *(no water at that time in the system, i.e. it takes a few seconds for water to arrive once triggered)* systems at the south end of the wing in the appropriately marked rooms either east or west of the entrance to a Resident wing. The roof is a dry sprinklered system and the shut-off valves for the Chapel roof are located in the north end of the chapel closet.

**Sprinkler Monitoring Company**
The fire alarm and sprinkler system are monitored through a direct connection to GIT, a monitoring company. GIT Security Monitoring (Sprinkler Monitoring Co.), located at 109 Bradford St. in Barrie. Ph: (705) 726-1222.

**Standpipe System**
There is NO standpipe system in the building.

**Fire Department Connection**
There is a Siamese connection located immediately east of the main entrance.

**Fire Pump**
There is NO fire pump in the building; in fact, there is a reducer valve from the city water supply.
**Portable Fire Extinguishers**
All portable extinguishers are type ABC, except for the one K-type extinguisher in the kitchen.
Class A: Burning paper, wood, clothing, etc.
Class B: Flammable liquids - oil, gasoline, cleaning solvents, etc.
Class C: Electrical

**Fixed Extinguishing System for Commercial Cooking Equipment**
The kitchen hood is equipped with a **Pyrene Fire Suppression System** *(dry powder chemical extinguishing system).* It is set to go off automatically and can be triggered manually. This system is connected to the fire alarm system. If triggered, gas supply to the kitchen equipment is automatically shut off. There is a manual shut-off for the gas supply to the kitchen also just left of the ventilation hood, beside the window. Location of kitchen gas shut off and manual kitchen pull station for the Fire Suppression system is identified in the kitchen.

In the kitchen, a 'K-type extinguisher' is also available for use, which is a pressurized water wet chemical extinguisher. This would be used in the event the Fire Suppression system (i.e. dry chemical) fails, or if the fire occurs in a kitchen location other than that protected by the Fire Suppression system.

***Note:***
- ***Staff must turn off the two main electrical shut offs in the mop closet in the kitchen prior to using the K-type extinguisher to avoid electrocution.***

- *If extinguisher needs to be used due to the Fire Suppression malfunctioning, ensure maintenance staff are notified.*

**Building Security**

There are monitors in the reception area during off hours. The building is locked, at all times, except Monday to Friday between 8-4 p.m. To enter the building without a security pass, one must stand in front of the video camera at the front entrance push the button to ask for entrance to the building. A nurse will respond from the Care Center and decide whether or not admission will be given. If yes, the nurse pushes the release button allowing the person to enter the building.

**Electromagnetic Devices**

***Electromagnetic Fire/Smoke Door Holders***

All doors separating fire zones are electromagnetically held in the open position. These doors will be released and closed when the fire alarm is activated, i.e. in the first stage fire alarm.

***Electromagnetic Door Locks***

All exit doors and the entrance to the staff area are electromagnetically locked when closed. When the **second stage** fire alarm is activated, all electromagnetic locked doors are ***unlocked.***

After the fire alarm/drill, the Fire Department will inform the Fire/Incident Warden when it is 'All Clear'. The Fire/Incident Warden will need to manually reset the electromagnetic doors. This will cause the exit and staff entrance doors to relock, and the fire/smoke doors between fire zones to hold the doors in the open position after pushed open and connected to the electromagnetic holder.

**Location of Manual Switch to Release the Electromagnetic Devices**

There is a manual switch to release the electromagnetic devices (doors), which is located to the right of the main fire control panel in the mechanical room.

During a fire alarm, the Fire/Incident Warden will manually reset the Fire annunciator panels after receiving direction from the Fire Department, which will relock/reactivate the magnetic doors. Refer to the directions on the fire panel in the Mechanical/Electrical and Generator room.

**Voice Communication System**

A voice communication system is available through the speaker phone system. This system allows the Fire/Incident Warden, building management or fire department personnel to broadcast important information or special instructions in the event of an emergency.

**Fire Indicator Light**

- If a smoke alarm or sprinkler was activated in that exact location / room, the 'red' indicator will light up.

**Call Bell System *(Communication Response System)***

- The Home has a wireless call bell / 'badge' system (Versus), which uses radio frequencies throughout the building to identify the exact location of the resident/staff/equipment with a badge on. The Versus system is operated through in-house computers.
- All registered nursing staff have cell phones. All registered nursing staff and personal support workers (PSWs) wear a call 'badge' and carry a mobile phone. When residents or staff press the badge, a message is sent to the BRHD Cell Phones, which vibrate and display a message. The staff must physically go to the location where the call originated to answer the call badge directly, and if pushed by a resident, respond to that resident.
  ***Note:*** *All staff BRHD Cell Phones are on vibrate to facilitate communication with hearing and deaf staff.*
- For communication purposes many of the staff are able to communicate in American Sign Language (ASL) with staff and residents who are deaf, including hand over hand ASL for residents who are deaf-blind.
  ***Notes:***
  - *The flashing strobe lights notify both staff and residents who are deaf of the fire alarm.*
  - *All staff are able to read the location on the fire area/room on the annunciator panel.*

**Extra Hazardous Area**

***Diesel Fuel:*** The diesel tank in the generator room is suspended and double walled.

***Oxygen Use:***

- **Small pressurized oxygen tanks may be used by residents in need**, when they travel outside of their room, e.g. during mealtimes. These small, pressurized oxygen tanks are refilled from large oxygen tanks. Large oxygen tank(s) are located in CC1 - D2, room 1237; and/or CC2 - D3, room #1337. **Oxygen concentrators** may be used by residents in their room. The oxygen concentrators do **NOT** store oxygen. When operating, they simply concentrate the O2 in the room air by filtering out the other elements in the atmospheric air.

**Staffing Levels:** Approximate time to evacuate any resident wing is 10 minutes

**Days:**

- **PSW's 8, Registered Nurses (RN, RPN) 2, Enhanced Nurse 1, Housekeeping 2, Laundry 1, Maintenance 2, Dietary 2-4, Cook 2, Administration 2, Management 5, Programs 2-3. Resident Care Supervisor 1 and PSW Supervisor 1, both workdays and evening shifts depending on scheduled shifts. Enhanced PSW 1-2. Approximate # of staff in building during the day is 34 - 36 people. (Currently 1-1 for a resident on D3)**

**Evenings:**

- **PSW's 8, Registered Nurses (RN, RPN) 2, Dietary 2 are in building until 7pm, Cook 1 is in building until 6pm, Programs occasionally 1. Enhanced PSW 1. Approximate # of staff in building during the evening is 14 - 16 people. (Currently 1-1 for a resident on D3)**

**Nights:**

- **PSW's 4, Registered Nurses (RN, RPN) 2. Enhanced PSW 1. Approximate # of staff in building during the night is 7 - 8 people. (Currently 1-1 for a resident on D3)**

**Code Red ~ PART C**

**DISCOVERING A FIRE; HEARING / SEEING THE FIRE ALARM**

**ALL STAFF ~ Upon 'DISCOVERING' a Fire**

Upon the discovery of a fire emergency, staff are reminded of using the acronym 'REACT' to assist in following the correct emergency procedures.
The sequence of steps in the acronym will vary depending upon the circumstances of the fire and the abilities of the responding individuals. For example, activation of the fire alarm could be the initial step upon discovery of smoke or fire, to alert other staff of the danger.

**R**emove persons in immediate danger to a safe area beyond the fire doors, if possible.
**E**nsure the door(s) is/are closed to confine the fire and smoke.
**A**ctivate the fire alarm system using the nearest pull station. The Fire/Incident Warden will use the telephone paging system and announce the Code Red. "**Code Red (and the location).**" Make the announcement three times.
**C**all the Fire Department and provide information as requested including location of fire. *(The* Fire/Incident Warden *is the registered nursing staff member on the applicable Care Centre)*
**T**ry to extinguish the fire if trained and able to do so. ***Note:*** *Do NOT attempt to put out any fire (e.g. large fire) that will put yourself in danger.*

**UPON HEARING *(audible horns)* / SEEING *(strobe lights)* the FIRE ALARM** *(General Instructions):*

*If you are in a Care Centre:* Report to the Registered Nursing Staff in that Care Centre during the day/evening. Night staff will check annunciator panel and go to location of fire area.

*If you are NOT in a Care Centre:* Check the nearest annunciator panel to determine location of fire area and report to the Fire/Incident Warden of the applicable Care Centre.

If fire is in your area, or you have reported to a Care Centre where the fire area is located, follow the directions of the Fire/Incident Warden:

- to determine the exact location of the fire;
- meet and direct the Fire Department and provide them with necessary information (e.g. exact location of fire, residents needing assistance to relocate etc.)
- assist anyone in the immediate fire zone area out of the fire zone and beyond the fire doors to a safe area.

**Order of evacuation from fire zone area**:

- All persons in immediate danger closest to the fire;
- Ambulatory residents and persons requiring the assistance of no more than one person

- Non-ambulatory residents requiring special assistance, not in immediate danger, e.g. lifting, on life support system, etc.

***Notes:*** *To inform deaf-blind residents of the need for evacuation, draw an 'X' on their back, which is the universal sign for 'fire'. If resident not in immediate danger is left until assistance is obtained, reassure resident that they will be evacuated as soon as possible, and instruct resident to remain in room with the door closed until help arrives.*

If you have reported to a Care Centre where the fire area is not located, follow the directions of the registered nursing staff in charge of the area. You may be assigned:

- to provide help to the Fire/Incident Warden on the opposite Care Centre, as directed
- to stay with the residents in the non-fire zone area to reassure and ensure their safety.

**UPON HEARING the 'SECOND STAGE' FIRE ALARM**

If you hear a second stage alarm or evacuation signal (60 beats per minute, vs. 20 beats per minute): This means that all residents in the Fire Zone area must be immediately evacuated to a safe area beyond the fire walls. This may mean that to get out of the fire zone area, the person must go outside, around the building to a safe area inside the building on the far side of the building, away from the fire zone area.

- Communicate the second stage fire alarm to staff who are deaf.
- Prepare all residents in the non-fire zone area to evacuate as necessary.
- Await further instructions if residents need to fully evacuate the entire building.

**Code Red ~ PART D**

## DEPARTMENT SPECIFIC EMERGENCY PROCEDURES FOR RESPONDING TO A FIRE ALARM

### 1. MANAGERS / SUPERVISORS PROCEDURES FOR RESPONDING TO A FIRE ALARM

- If the fire is in your area '**REACT**'.
- **If the fire is not in your area:**
  - Check the front annunciator panel to determine location of fire area and report to the Fire/Incident Warden of the fire-zone Care Centre.
  - Take directions from the Fire/Incident Warden. Provide advice to the Fire/Incident Warden as needed. Be visible to workers.
  - Act as the ASL communicator.
  - Be prepared to evacuate further, if required.
  - If an 'external evacuation' *(evacuation of everyone from the building)* is required refer to Code Green / External Evacuation.
    ***Note:*** *The Administrator/ designate if in the building will take over from the Fire/Incident Warden as the person in authority if an external evacuation command needs to be given and the Fire Department have not arrived and taken over.*
- ***If not otherwise directed by the Fire/Incident Warden:***
  - Observe your staff to ensure correct procedures are followed. Note any occurrences that should be addressed with staff.
  - The Manager of Nutrition and Environmental Services (MNES) will ensure the Fire/Incident Warden:
    - Provides directions to remove persons in immediate danger to a safe area beyond the fire doors.
    - Notifies the Fire Department
    - Directs staff to close resident bedroom doors to confine the fire and smoke from entering.
    - Accounts for all evacuated residents prior to the Fire Department giving the 'All Clear'.
    - Announces the **'All Clear'** over the telephone paging system – a total of **three times**, upon direction from the Fire Department.
- Participate in the post incident huddle after the fire event.
  - Ensure the Fire Alarm Report is completed by the Fire/Incident Warden and submitted to the MNES
  - Ensure all staff attendance is recorded.
  -

## 2. NURSING STAFF PROCEDURES FOR RESPONDING TO A FIRE ALARM

### 2.a. Nursing Staff Procedures for Responding to a Fire Alarm ~ *DAY & EVENING SHIFT*

***Registered Nursing Staff:***

- Upon hearing/seeing the fire alarm the registered nursing staff on Care Centre 1 ***and*** 2 shall check the annunciator panel at the Care Centre to determine the general area/location of the fire alarm and be prepared to take the appropriate action and direct their assigned nursing staff accordingly.
  ***Notes:*** *Annunciator panels are located at each Care Centre (CC) and in the front lobby.*
  - *If a pull station was activated, the annunciator panel will identify the fire zone block only. The Fire Zones map is located above each fire annunciator panel.*
  - *If the smoke/sprinkler was triggered in a resident room, the annunciator will identify the exact resident room number.*
  - *The fire zone doors will automatically release and close in the first-stage fire alarm.*

**RN/RPN assigned as Fire/Incident Warden**

- If the fire zone area is on CC 2 or outside CC 1 and 2, the registered nursing staff member (RN or RPN as applicable) on duty at **Care Centre 2** is the Fire/Incident Warden.
- If the fire zone area is on CC 1, the registered nursing staff member on duty on Care Centre 1 is the Fire/Incident Warden.
- The most senior registered nursing staff member will be the Fire/Incident Warden.
- The Fire/Incident Warden on the fire zone CC will call '911' and state address and location of fire ~ '***The Fire Alarm is sounding at 1 Royal Parkside Drive, Barrie. The location of the fire is*** ____xx___'
- Go to the emergency cupboard under the counter at the CC. *(One emergency cupboard is on each CC.)*
  Remove the two emergency vests, flashlight, and the Emergency Manual.
  - **Put on one emergency vest** *(RN/RPN on each Care Centre.)*
  - **Assign one staff member** as the **Runner**, e.g. PSW **to wear the other emergency vest**. *(Each CC must assign a runner and give him/her the other emergency vest.)*

  ***Notes:***
  - The registered nursing staff on the **non-fire zone CC** directs one emergency runner (with vest) from that side to **report to the Fire/Incident Warden on the 'fire' zone side**.
  - *All other nursing staff on '**non'-fire zone CC** will remain on that CC.*
  - *If the* Fire/Incident Warden *requires additional staff to assist, the* Fire/Incident Warden *will phone the registered nursing staff member on the non-fire zone CC and request assistance.*

  ***Runners***
  - The Fire/Incident Warden will choose two runners, who may be any staff member. One runner from the fire zone area and one runner from the non-fire-zone area.

- The one runner (e.g. from the fire-zone area) is tasked with:
  - ***Picking up a fire extinguisher and going to the fire-zone area***
  - ***Removing any person in immediate danger from the fire-zone area to a safe area beyond the fire doors.***
    ***Notes:***
    - *If the fire is in a resident room, the red indicator light outside of room will light up.*
    - *If the fire is anticipated to be behind a closed door, proceed with caution. Feel the temperature of the door handle before grasping it and entering.*
    - *Retreat if too much smoke and fire.*
- *Try to extinguish the fire, using an ABC fire extinguisher, if trained and able to do so.*
- The other runner (e.g. from the non-fire-zone area) will be directed to ***find the exact location of the fire and immediately report the location and status of the fire back to the Fire/Incident Warden***

***Meet and Direct the Fire Department ~ Emergency and Yellow Binders***

The Fire/Incident Warden assigns a runner to meet and direct the Fire Department. That runner will:

- Obtain the **yellow binder** of resident information from the reception area on the way to the Front Lobby
- Obtain the **schematic drawings** from the Emergency Manual located in the Front Lobby.
- Meet the Fire Department in the Front Lobby, give them the schematic drawings from the Emergency Manual; and direct them to the exact fire location.
  ***Note:*** *If the staff person has arrived prior to the Fire Department, while waiting, ensure that no persons enter the building and that the fire route is clear and unobstructed.*
- After directing the Fire Department to the exact location, bring the yellow binder to the Fire/Incident Warden.

- <u>If the fire is at or near the Front Lobby:</u>
  - The Fire/Incident Warden will provide the staff person assigned to meet and direct the Fire Department with the **schematic drawings** from the Emergency Manual prior to leaving to meet the Fire Department.
  - The staff person will exit the building using the staff exit (NOT the Front Lobby) and meet the Fire Department outside near the staff entrance.
  - The staff person will give the Fire Department the schematic drawings and direct the Fire Department to the exact fire location.

  ***Note:*** *The Fire/Incident Warden will need to <u>assign another person to retrieve the Yellow Binder</u> from the front reception area, if possible.*

***Personal Support Workers (PSWs)***

- Upon hearing/seeing the fire alarm all PSWs **will immediately** report to the nearest Care Centre for instructions from the registered nursing staff.
  ***Note:*** *Quickly ensure the safety of any resident on a lift or in the tub etc. prior to reporting to the CC.*
- Follow the directions of the registered nursing staff person on that CC, who depending on the location of the fire, may be the Fire/Incident Warden.
  ***Notes:*** *Annunciator panels are located at each Care Centre (CC) and in the front lobby.*
  - *If a <u>pull station</u> was activated, the annunciator panel will identify the <u>fire zone block</u> only. The Fire Zones map is located above each fire annunciator panel.*
  - *If the <u>smoke/sprinkler</u> was activated in a resident room, the annunciator will identify the <u>exact resident room number</u>.*
- Staff as directed by the Fire/Incident Warden will go to the fire zone area and remove residents in immediate danger to a safe area beyond the fire doors and close doors in the fire zone area to prevent the spread of smoke and fire.
  ***Note: If a resident in the fire zone area is using an oxygen concentrator:***
  - ***Ensure the resident is transferred to his/her wheelchair where the small pressurized oxygen cannister should be attached. Turn on the oxygen to the correct level and***

***after removing the resident's nasal cannula attached to the oxygen concentrator, place the nasal cannula that is attached to the pressurized oxygen cannister on the resident.***

- ***Turn OFF the oxygen concentrator prior to removing the resident from the bedroom and the fire zone area.***

- Direct all students and volunteers to the Front Lobby area or the staff exit area if the fire zone area is at or near the Front Lobby.

***Second-Stage Fire Alarm / Horizontal Evacuation***

- If the fire affects two (2) or more fire zone areas the residents from the one side of the building need to be evacuated beyond the "cinder block" wall to the other side of the building; i.e. a horizontal evacuation. During the second-stage fire alarm, the audible alert will sound at **60** beeps per minute. The flashing strobe lights will continue to flash at the same rate.
  ***Notes:***
  - *It is important to inform staff who are deaf when the 2nd stage fire alarm has commenced, since the frequency of the flash does not change.*
  - *The second stage can only be triggered by a key directly inserted into a pull station and turned. (Registered nursing staff have key.)*
  - *The "**Cinder Block**" wall is the wall that divides the building in half. It is the wall west of the Snoozelon room and the Kitchen.*
- The Fire/Incident Warden activates the **second-stage fire alarm** to horizontally evacuate persons from the fire zone.
- After triggering the second-stage fire alarm, the mag locks on all exit doors and staff entrance area will automatically release and unlock.
  - The **Fire/Incident Warden will direct staff to monitor exit doors** to avoid residents from inappropriately exiting the building.
  - The registered nursing staff on the non-fire zone Care Center will direct staff in that area to monitor the doors upon hearing the second stage fire alarm.
- **The Fire/Incident Warden will go to the fire zone location and provide direction as appropriate.**
  - Determine whether additional staff are required to horizontally evacuate the residents in immediate danger.
  - The Fire/Incident Warden will phone and request additional staff from the RN/RPN on the non-fire zone as needed.

**Arrival of Fire Department**

- When the Fire Department arrives the Fire/Incident Warden provides the Fire Department with an update of the fire status and any pertinent information.
- All staff take direction from the Fire Department once they arrive. The Fire Department will be looking after the building. The Fire/Incident Warden is still responsible for residents unless there is a rescue situation.

**Horizontal Evacuation**

- Staff in the fire zone area will continue to **evacuate residents who are <u>closest to the fire area first</u>**, i.e. remove residents from both sides of the hall who are closest to the fire; and bring the evacuated residents **to a safe area** located beyond the nearest fire doors.

  ***Order of evacuation from fire zone area**:*
  - *All persons in immediate danger closest to the fire;*
  - *Ambulatory residents and residents requiring the assistance of no more than one person*
  - *Non-ambulatory residents requiring special assistance, not in immediate danger.*

  ***Note: To inform <u>deaf-blind</u> residents of the need for evacuation, draw an 'X' on their back, which is the universal sign for 'fire'.***
- Staff in all areas will close doors (e.g. resident bedroom doors) to prevent the spread of any smoke or fire, and place the magnetic vacant sign, located on the outside bottom of the door frame, of rooms <u>that have been checked and are vacant</u>. ***Do not place the magnet on the door frame if the room is occupied***.
- Staff will assist resident(s) with available noise cancelling headphones, where the resident has been assessed as requiring them. The headphones are located in the appropriate CC's emergency cupboard.
- If the medication cart is located in the fire zone area, the registered nursing staff member should lock and remove the medication cart from the medication room and relocate it to a safe area beyond the fire walls.
- The Fire/Incident Warden will ensure **<u>all</u>** residents and persons from the fire zone area are evacuated to a safe area.
  - Direct all students and volunteers to the Front Lobby area or the staff exit area if the fire zone area is at or near the Front Lobby.
  - Allow the resident's family member to remain with the resident, if that is the wish of the family member.
- Direct staff to conduct one last check and ensure that all rooms are vacant (show the vacant sign on the magnetic strip at the bottom of the door. Pay particular attention to any door that does not have a magnetic strip across the door frame.
- Count evacuated residents from the fire zone area to ensure they are all accounted for.
- After all residents are evacuated from the fire zone have been accounted for, notify the Fire Department.
- Be prepared to evacuate further, if required.
  - If an 'external evacuation' *(evacuation of everyone from the building)* is required refer to Code Green / External Evacuation Plan in the Emergency Manual.
  - The Fire/Incident Warden should prepare to initiate the Fan-Out Procedure as necessary.
  - Ensure the medication cart from the non-fire zone area is locked and placed outside the medication room, in the event an external evacuation is required.

***Post Fire Alarm Incident:***

- Once the fire Department deems that the building is safe, the **Fire Department** will instruct the Fire/Incident Warden to:

  - Reset the pull station
  - Reset the Fire Panel located in the Mechanical Room on the east side of the building. *(Instructions are located on the Fire Panel.)*
  - Reset the electromagnetic devices system after the Fire Panel had been reset.
  - Announce the 'All Clear',
- The Fire/Incident Warden will then **page the 'All Clear'** over the phones, i.e. **'The Fire alarm is now 'All Clear'**. *Repeat 3 times.*
- The Fire/Incident Warden / designate must account for all residents in the building, ensuring that no resident inappropriately exited when the exit door magnetic locks were released and unlocked.
- Direct staff to open the fire doors and return the residents to a suitable location.
- Check on all residents (rounds) in that area to ensure there are no immediate concerns.
- All staff, including managers/supervisors must sign the Attendance Record.
- The Fire/Incident Warden and all managers / supervisors participate in post fire incident event.
- The Fire/Incident Warden completes the Fire Alarm Report and submits it along with the staff attendance record(s) to the MNES.
- The MNES will provide the Administrator with a copy of the documents and maintain a copy of them for the required period of time.

**Registered Nursing Staff in the Non-Fire Zone Area**

The registered nursing staff in the non-fire zone area will obtain the emergency supplies as identified above; wear the emergency vest and assign a Runner to wear the other vest and report to the Fire/Incident Warden on the opposite Care Centre.

- Instruct the remaining nursing staff to check on residents in their rooms, reassure them and close all resident doors to prevent the spread of any smoke or fire, and place the magnetic vacant sign, located on the outside bottom of the door frame, of rooms that have been checked and are vacant. ***Do not place the magnet on the door frame if the room is occupied***.
- Direct all students and volunteers to the Front Lobby area or the staff exit area if the fire zone area is at or near the Front Lobby.
  ***Note:*** *Allow the resident's family member to remain with the resident, if that is the wish of the family member.*
- Follow the Direction of the Fire/Incident Warden, which may include providing additional staff to the fire zone CC if requested.
- In the event the fire alarm goes to the second-stage, direct staff to monitor exit doors in the non-fire zone CC to avoid residents from inappropriately exiting the building without direction.
- Residents and other persons in the non-fire zone areas should prepare for an external evacuation, in the event one is required.
- Direct all students and volunteers to the Front Lobby area or the staff exit area if the fire zone area is at or near the Front Lobby.
- Residents in their bedroom can remain in their room with the door closed.

- Residents located in common areas and who are not at risk of danger, shall be instructed to remain where they are. A staff member if available should remain in the area with the residents to ensure their safety.
- All other mobile persons and residents in wheelchairs should be directed toward the common area or an exit furthest from the fire zone area, whichever is closer and awaits further direction prior to exiting the building.
- Once the Fire Department arrives they will assume charge of the building and all emergency procedures. Staff must take direction from the Fire Department.

***Note:*** *If an 'external evacuation' (evacuation of everyone from the building) is required refer to Code Green / External Evacuation Plan in the Fire Manual.*

***Post Fire Alarm Incident:***

After the 'All Clear' is announced:

- If the second-stage fire alarm was activated, account for all residents in the non-fire zones Care Centre and report to the Fire/Incident Warden.
- Direct staff to open doors and assist as necessary the return of any residents who were moved during the fire alarm to their desired location.
- Check on all residents (rounds) to ensure there are no immediate concerns, including ensuring that life-saving equipment is functioning as ordered, e.g. (correct oxygen flow).
- Ensure all staff from that CC area who participated in the fire alarm, sign the Attendance Record.
- Direct any concerns about the fire incident to the Fire/Incident Warden.

## 2.b NURSING STAFF PROCEDURES FOR RESPONDING TO A FIRE ALARM ~ ***NIGHT SHIFT***

**Fire/Incident Warden on Night Shift**

- The RN on nights is the Fire/Incident Warden.
- Upon hearing/seeing the fire alarm the Fire/Incident Warden will proceed to the closest Care Centre (CC) and check the annunciator panel to determine the general area/location of the fire alarm.
  ***Notes:*** *Annunciator panels are located at each CC and in the front lobby.*
  - *If a pull station was activated, the annunciator panel will identify the fire zone block only. The Fire Zones map is located above each fire annunciator panel.*
  - *If the smoke/sprinkler was triggered in a resident room, the annunciator will identify the exact resident room number.*
- Call the Fire Department using '911' and state address and location of fire ~ 'The Fire Alarm is sounding at 1 Royal Parkside Drive, Barrie. The location of the fire is xxx'.
  - *This may be done from their cell phone.*
- Remove the emergency supplies, i.e. emergency vests, flashlight, and the Emergency Manual, from the emergency cupboard under the counter at the Care Centre. *(There is one emergency cupboard on each CC.)*
  - **Put on the emergency vest.** *The extra emergency vest is not required on the night shift.*
- Proceed to the Fire Zone area with the emergency manual.
  - Direct staff to begin a evacuating residents from the fire-zone area to an area beyond the firewalls.
    - *Staff will evacuate residents who are **closest to the fire area first**, and bring them to a safe area beyond the fire doors.*
    - *After removing the resident, staff will check the room to ensure there are no other occupants, then close the door to prevent the spread of any smoke or fire after. Staff will place the magnetic vacant sign, located on the outside bottom of the door frame, of rooms that have been checked and are vacant. **Do not place the magnet on the door frame if the room is occupied.***
- **If the residents who are outside the fire-zone area (i.e. beyond fire walls) need to be evacuated also, the Fire Incident Warden will trigger the second-stage fire alarm**.
  This will alert the Fire Department, any staff that are not yet at the fire zone area, and all residents. *(Maintaining the same process on nights that is used on the other 2 shifts will provide consistency in the process for registered nursing staff working different shifts.)*
  *Triggering the second-stage fire alarm can be done from any pull station using the key on the RN key ring. Monitor the doors in the non-fire zone area by one staff, if able.*
  - Initiate the Fan-Out Procedure as soon as possible.
- Assist with the evacuation of any residents from the fire location.
  - If there are no residents in the exact fire zone area direct one staff member to meet and direct the Fire Department.
- Once the Fire Department arrive, provide an update of the fire status and take direction regarding the safety of the building from the Fire Department. The Fire/ Incident Warden is still responsible for the residents unless there is a rescue situation.

- After all residents are thought to be evacuated from the fire zone area, have staff check all rooms in the fire zone area to ensure that there are no occupants remaining.
- Account for all residents from **the fire zone area** once the fire zone area is evacuated.
- After all residents are evacuated from the fire zone have been accounted for, notify the Fire Department.
- Be prepared to evacuate further, if required.
  - Retrieve yellow binder from Front Lobby
  - If an 'external evacuation' *(evacuation of everyone from the building)* is required, refer to Code Green / External Evacuation Plan in the Emergency Manual.

***Post Fire Alarm Incident:***

- Once the Fire Department deems that the building is safe, the **Fire Department** will instruct the Fire/Incident Warden to:
  - Reset the pull station
  - Reset the Fire Panel located in the Mechanical Room on the east side of the building. *(Instructions are located on the Fire Panel.)*
  - Reset the electromagnetic devices system after the Fire Panel had been reset.
  - Inform the staff of the 'All Clear'
- Account for all residents in the building, ensuring that no resident inappropriately exited, particularly from the non-fire zone areas, when the maglocks were released.
- Direct staff to open the fire doors and return the residents to a suitable location.
- Check on all residents (rounds) to ensure there are no immediate concerns, including ensuring that life-saving equipment is functioning as ordered, e.g. (correct oxygen flow).
- Ensure all staff sign the Attendance Record.
- Conduct a post fire incident huddle with staff
- Complete the Fire Alarm Report and submit it along with the staff attendance record(s) to the Manager of Nutrition and Environmental Services.

**Personal Support Workers on Night Shift**

All Personal Support Workers (PSWs) upon hearing/seeing the fire alarm will:

- **Immediately** check the annunciator panel to determine the general area/location of the fire alarm

  ***Notes:*** *Annunciator panels are located at each Care Centre (CC) and in the front lobby.*
  - *If a pull station was activated, the annunciator panel will identify the fire zone block only. The Fire Zones map is located above each fire annunciator panel.*
  - *If the smoke/sprinkler was triggered in a resident room, the annunciator will identify the exact resident room number.*
  - *If the PSW is with a resident,* ***quickly*** *ensure the safety of that resident e.g. on a lift or in the tub etc. prior to checking the annunciator panel.*
- Report to the exact room, or fire zone area and find the exact fire location.
  - If the exact fire location ***is occupied*** with residents, staff must begin parallel evacuation of residents who are **closest to the fire area first**, i.e. remove residents from both

sides of the hall who are closest to the fire and locate the evacuated residents to a safe area located **beyond** the nearest fire doors.
  - Ensure the Fire/Incident Warden is aware of the exact fire location.
  - Close all resident doors to prevent the spread of any smoke or fire, and place the magnetic vacant sign, located on the outside bottom of the door frame, of rooms that have been checked and are vacant. ***Do not place the magnet on the door frame if the room is occupied***.
- Once the Fire Department arrives they will assume charge of the building and all emergency procedures. Staff must take direction from the Fire Department.
- After all residents are evacuated from the fire zone area, check all rooms in the fire zone area to ensure that there are no occupants remaining.
- Account for all residents from **the fire zone area** once the fire zone area is evacuated.
- Be prepared to evacuate further, if required.
- Await the 'All Clear' notification.

***Post Fire Alarm Incident***

At the conclusion of the emergency:
  - Account for all residents in the building
  - Check on all residents (rounds) to ensure there are no immediate concerns.
  - Meet with the night RN to debrief about the fire alarm incident
  - Sign the Attendance Record.

## 3. NUTRITIONAL SERVICES / DIETARY STAFF PROCEDURES FOR RESPONDING TO A FIRE ALARM

***If the Fire IS in the Kitchen***

- Upon hearing/seeing the fire alarm, the Cook, or in the absence of the cook one dietary staff member who is in the kitchen will turn off all gas and any electric cooking equipment that is in operation.
  - There is a manual shut-off for the gas supply to the kitchen also just left of the ventilation hood, beside the window.
  - ***Leave the kitchen hood Fire Suppression system ON.***
- Close all doors and windows.
- If the fire is under the kitchen hood, the **Pyrene Fire Suppression System** (dry powder chemical extinguishing system) should automatically go off, but it can be triggered manually if necessary.
  ***Note:*** *If the Fire suppression system is triggered the gas supply to the kitchen equipment is automatically shut off.*

  If the fire suppression system does not work, or if the fire is not under the hood, staff:
  - Should close the doors and report to the nearest Care Centre and inform the Fire/Incident Warden of the fire.

Alternatively, if the fire is manageable and staff are trained and able to do so, the staff may try to extinguish the fire using the 'K-type extinguisher' *(a pressurized water wet chemical extinguisher).* ***Staff must turn off the two main electrical shut offs in the mop closet in the kitchen prior to using the K-type extinguisher to avoid electrocution.***

***If the Fire is NOT in the Kitchen***
***Turn off the gas and any equipment in operation.***

- Upon hearing/seeing the fire alarm, the Cook, or in the absence of the cook one dietary staff member who is in the kitchen, will turn off all gas and any electric cooking equipment that is in operation.
  - There is a manual shut-off for the gas supply to the kitchen also just left of the ventilation hood, beside the window.
  - ***Leave the kitchen hood Fire Suppression system ON.***
- The Cook and all dietary staff in the kitchen should proceed to Care Centre (CC) 2, which has the closest annunciator panel.
- Check the annunciator panel at CC 2 to determine location of fire area.
- Report to and take directions from the Fire/Incident Warden of the applicable CC.
  ***Note:*** *If the fire location is on CC 1 the dietary staff should proceed to CC1 where the Fire/Incident Warden will be located.*

***Serveries***

- Upon hearing/seeing the fire alarm **dietary staff working in the satellite 'serveries'** must turn off all equipment and proceed to the nearest CC for further instructions from the Fire/Incident Warden. Be available to assist, if required.
  ***Note:*** *If fire is in your servery area, remove residents from immediate danger.*

***Kitchen is closed***

- When the kitchen is closed, all equipment is off and all doors and windows are closed.
  ***Notes:***
  - *The gas and power will remain ON.*
  - *Location of kitchen gas shut off and manual kitchen pull station for extinguishing system is on schematic diagrams, located at the front of this Emergency Manual.*
    - *There is a manual shut-off for the gas supply to the kitchen just left of the ventilation hood.*
    - *There are two main electrical shut offs in the mop closet in the kitchen.*
- Assist where necessary as directed by the Fire/Incident Warden / Fire Department once they arrive, including removing any residents from immediate danger.
- Be prepared to evacuate further, if required.

**4. ENVIRONMENTAL SERVICES STAFF *(Maintenance, Laundry and Housekeeping)* PROCEDURES FOR RESPONDING TO A FIRE ALARM**

- 'REACT' if the fire is in your area.
- Upon hearing/seeing the fire alarm and fire is not in your area, environmental staff must shut off any equipment in operation and close all doors in the area.
- Proceed to the nearest fire annunciator panel to determine the fire zone area / room number.
- Report to and take direction from the Fire/Incident Warden at the appropriate Care Centre *(The default is CC 2 unless the fire zone area is located in CC 1.)*
- Assist where necessary as directed by the Fire/Incident Warden / Fire Department once they arrive, including removing any residents from immediate danger.
- Be prepared to use the appropriate fire extinguisher to extinguish the fire, if trained and able to do so.
- Be prepared to evacuate further, if required.

**5. SOCIAL SERVICE / PROGRAM STAFF PROCEDURES FOR RESPONDING TO A FIRE ALARM**

- 'REACT' if the fire is in your area.
- Upon hearing/seeing the fire alarm and fire is ***not*** in your area, close all doors in the area.
  - If staff are with residents reassure the residents, be prepared to evacuate if necessary.
  - Proceed to the nearest fire annunciator panel to determine the fire zone area / room number.
  - Report to and take direction from the Fire/Incident Warden at the appropriate Care Centre.
- Assist where necessary as directed by the Fire/Incident Warden / Fire Department once they arrive, including removing any residents from immediate danger.
- Be prepared to evacuate further, if required.

***Note:*** *The land line phones (external calls) are not answered during the event of a fire alarm.*

**6. RECEPTION PROCEDURES / COORDINATOR PROCEDURES FOR RESPONDING TO A FIRE ALARM**

- 'REACT' if the fire is in your area.
- Upon hearing/seeing the fire alarm and fire is ***not*** in your area, close all doors in the area.
  - If staff are with residents reassure the residents.
  - Proceed to the nearest fire annunciator panel to determine the fire zone area / room number.
- Ensure evacuation of the manager hall, all doors are closed and tags up.
- Ensure evacuation of the Chalet.
- Secure the front entrance while overseeing students, volunteers and family members.
- Assist where necessary as directed by the Fire/Incident Warden / Fire Department once they arrive, including removing any residents from immediate danger.
- Be prepared to evacuate further, if required.

## 7. STUDENTS, VOLUNTEERS & VISITORS ~ PROCEDURES FOR RESPONDING TO A FIRE ALARM

***Note:*** *For purposes of this plan, instructors, consultants and any other visiting professional staff will be deemed 'visitors'.*

- Upon hearing/seeing the fire alarm, all students, volunteers and visitors will proceed to the Front Lobby area. Check the annunciator panel.
  - If the fire zone area ***is NOT*** in the Front Lobby or Chapel area, await in the Lobby for further instructions.
  - If the fire zone area **is in the Front Lobby or Chapel area**, move away from the fire zone area to a safe exit area beyond the fire doors.
- Await further instructions from the Fire/Incident Warden, or Fire Department once they arrive.

## 8. FAMILY MEMBERS ~ PROCEDURES FOR RESPONDING TO A FIRE ALARM

- Upon hearing/seeing the fire alarm, family members if visiting a resident:
  - Should take direction from staff re Order of Evacuation.
  - May stay with their loved one to assist with reassuring the resident and with possible evacuation of the resident, if able and desired.
  - Alternatively, the family member may choose to respond as if they were a visitor.

**Code Red ~ PART D.1**

**ALL STAFF ~ Important Information**

**To ensure rapid response and resident safety, ALL staff in the building MUST respond to all fire alarms immediately even if on break or waiting to start or end a shift. Once the fire alarm has sounded, all staff in the building must not leave until the 'All Clear' notice is given.**

- **When the second-stage fire alarm is activated the electromagnetic locking devices are released, i.e. all exit doors and interior mag locked doors to non-resident areas become unlocked. Staff may be directed to monitor all exits to ensure that residents do not inappropriately exit the building.**
- **Follow the directions of the Fire/Incident Warden until the Fire Department arrives. Then follow the directions of the Fire Department.**
- **After staff are notified of the 'All Clear', ensure that all residents in the building are accounted for.**

**At no time must the Fire Panel be silenced or reset without the approval from the Fire Department.**

**Horizontal Evacuation for Non-Fire Related Emergencies**

Depending on the circumstances, a horizontal evacuation may be required in an emergency involving a dangerous or hazardous situation that is not a fire. If activating the fire alarm is not appropriate in that circumstance, e.g. in the case of a violent resident (Code White), but it is important to remove all the residents from the immediate area, a command for a horizontal evacuation may be given verbally from a person in authority, e.g. from the registered nursing staff member, Fire/Incident Warden, Administrator, or the appropriate Emergency Personnel Lead.

The Fire/Incident Warden is in charge of the emergency until the appropriate management or emergency personnel arrive and take control of the incident.
The horizontal evacuation procedures as outlined in Code Red would be the same.

**Code Red ~ PART E**

## RESPONSIBILITIES

### RESPONSIBILITIES OF THE OPERATOR, ADMINISTRATOR, MANAGERS, STAFF

The building Operator, Administrator and Managers have numerous responsibilities related to fire safety and must ensure that the following measures are enacted:

- Establishment of emergency procedures to be followed at the time of an emergency.
- Ensure Residents are regularly assessed to determine the level of assistance they will require during an emergency.
  ***Note:*** *Residents have a 'transfer logo' above their bed identifying any required transfer assistance.*
- Appointment and organization of designated Managers and registered nursing staff / potential Fire/Incident Wardens, to carry out safety duties.
- Instruction of managers and staff and other occupants so that they are aware of their responsibilities for fire safety and understand how to respond in the event of a fire / fire drill.
- Ensuring that fire drills are conducted in accordance with the Fire Code, incorporating Emergency Procedure appropriate to the building.
- Ensure control of the fire hazards in the building.
- Ensure building facilities provided for the safety of the occupants are maintained.
- Provide alternate measures for safety of occupants during shutdown of fire protection equipment.
- Ensure that checks, tests and inspections, as required by the Ontario Fire Code, are completed on schedule and that records are retained for a minimum period of two (2) years.
- Post and maintain a copy of the fire and emergency procedures at each Care Centre and in the Front Lobby.
- Notification of the Chief Fire Official regarding changes in the Fire Safety Plan.
- Ensure that the information in the Fire Safety Plan is current.
- Designate and train sufficient alternatives to replace key management staff during any absence.

### RESPONSIBILITIES OF MANAGERS, COORDINATORS

**At All Times the *Manager of Nutrition & Environmental Services/designate* will ensure:**

- The Barrie Fire and Emergency Services are notified <u>in the event of any shutdown of fire and life safety systems</u>; and that emergency measures are initiated.
- The building fire and life safety systems are in operating condition.
- A good working knowledge of the building fire and life safety systems and fire zones.
- The fire protection equipment is maintained in good operating condition.
- That all access roadways, fire routes and fire department connections are clear and accessible for Fire Department use.
- All combustible waste is promptly removed from areas where waste is placed for disposal.

**At All Times All Managers / Coordinators will ensure:**

- Staff and occupants' participation in fire drills.
- Equipment does not block access to fire extinguishers.
- Access to exits inside and outside are clear of any obstructions, snow, ice and debris.
- Combustible materials are NOT accumulated in quantities or locations that would constitute a fire hazard. NO material should be stored less than 18" from the ceiling.
- Compliance with the Ontario Fire Code.
- Arrangements are made for a trained substitute in your absence.

**At All Times All Staff Will:**

- Ensure the exits, area in front of the fire extinguishers and all corridors are not blocked
- Know where the exit, fire walls and extinguishers are located.
- Report any fire hazards immediately
- Ensure you understand what you should do in the event you discover a fire, and what to do during a fire alarm.
- When on the site of the home, participate in all fire drills and any emergency fire incident.

**RESPONSIBILITIES OF RESIDENTS**

**To Avoid Fire Hazards in the Building <u>Residents</u> must:**

- **Not smoke in the Home**.
- Never put burning materials such as cigarettes and ashes into the garbage.
- Not accumulate large amounts of paper or cardboard or other combustible material.
- Never leave anything that may burn or cause a trip hazard in the halls, corridors and/or stairways.
- Not use unsafe electrical appliances, frayed extension cords, over-loaded outlets or lamp wire for permanent wiring. All electrical appliances must be CSA approved. If bringing into the home personal electrical appliances/cords etc., the items must be safety checked by maintenance prior to use.
- Not use extension cords as **permanent** fixtures.
- Not block or wedge open any Fire Safety Door.
- Not leave lint in the residents' dryer located on Care Centre 1. If using the residents' dryer, always clean out clothes dryer lint collector <u>before</u> and <u>after</u> use.

**In General, <u>Residents</u> Should:**

- Report any fire hazard to staff, either in person or by using your badge / communication response system.
- Know where exits and safe areas are located, if you need to be evacuated from your immediate area.
- Know the fire alarm signals and the procedures established to implement safe evacuation.
- Use the nurse call system whenever assistance is needed.
- Cooperate with staff in all emergencies.

**Code Red ~ PART F**

## FIRE EXTINGUISHMENT, CONTROL AND CONFINEMENT

In the event a small fire cannot be extinguished with the use of a portable fire extinguisher or the smoke presents a hazard for the operator, the door to the area must be closed to confine and contain the fire.

> ***Note:*** *The K-type fire extinguisher is located in the kitchen only and contains a mixture of dry and wet chemicals. Some of these chemicals are electrical conductors, therefore, the* ***K-type extinguisher*** *should be* ***used only after the electrical power to the cooking appliance has been shut OFF*** ***to avoid electrocution.***

Assist residents in the affected area into a safe area, beyond fire doors away from the fire.

Ensure that the Fire Alarm System has been activated (alarm pulled) and that Barrie Fire and Emergency Service has been notified prior to an attempt to extinguish the fire.

***Only those persons who are trained and familiar with extinguisher operation may attempt to fight the fire.***

- Do not attempt a fire that is too large.
- Confine the fire area and leave the firefighting to the Fire Department.
- The building is fully sprinklered. In most cases, after triggering the alarm and removing residents from immediate danger, it is safer to close the doors to the affected area rather than try and fight the fire.

**Suggested Operation of Portable Fire Extinguishers**

Remember **PASS**

**P**ull the safety pin
**A**im the nozzle
**S**queeze the trigger handle
**S**weep from side to side (watch for fire restarting)

**There are two main electrical shut offs in the mop closet in the kitchen.**

- The K-type extinguisher may be used:
  - for a kitchen hood fire if the automatic Fire Suppression System fails and
  - For a fire in the kitchen that is not under the hood
- If the K-type extinguisher is used when for a fire under the kitchen hood because the fire suppression system failed, notify building maintenance immediately so that repairs can be done on the malfunctioning automatic dry chemical system.

**Never re-hang extinguishers after use.** Ensure they are properly recharged by a person that is qualified to service portable fire extinguishers and that a replacement extinguisher is provided.

- Keep extinguishers in a visible area without obstructions around them.
- Do not store carts or other equipment in front of the fire extinguishers.

**Code Red ~ PART G**

## OCCUPANT FIRE SAFETY
## Fire System Shut Down in Whole or Part

In the event of any **planned** shut-down of fire protection equipment systems or part thereof, in excess of **6 hours**, the Manager of Nutrition and Environmental Services will notify the Barrie Fire and Emergency Service in writing. Staff will be notified and instructions will be posted as to alternate provisions or actions to be taken in case of emergency. These provisions and actions must be acceptable to the Chief Fire Official.

> ***Note:*** *All repairs and maintenance of commercial cooking fixed extinguishing system will be completed when the kitchen is not in operation.*

Any **unplanned** shut-down or malfunctioning of fire protection equipment system or part thereof should be immediately reported to the Fire Department.

In the event of **any shut-down of fire protection equipment systems or part thereof**, **in excess of six (6) hours**, the MOHLTC must be notified no later than one business day after the occurrence of the incident, followed by the required Critical Incident System (CIS) report.

- *This would be identified as an environmental hazard that affects the provision of safety of one or more residents (LTCHA O. Reg. 79/10 s.107(3)).*
- *If the shut-down in excess of 6 hours was 'planned', identify the measures taken prior to and during the planned shut-down to ensure the residents' safety during the planned shutdown in the CIS Report.*
- *If the shut-down in excess of 6 hours was 'unplanned', identify the immediate measures taken to ensure the residents' safety.*

**NOTE:** All shutdowns will be confined to as limited an area and duration as possible.

- All attempts to **minimize the impact of malfunctioning equipment must be initiated as soon as possible**. Where portions of a sprinkler or fire alarm system are placed out of service, service to remaining portions must be maintained and where necessary, the use of watchmen, bullhorns, walkie talkies, etc. will be employed to notify concerned parties of emergencies.

***In the event an 'External Evacuation' is required, refer to the Code Green / External Evacuation Plan in the Emergency Manual.***

**Procedures to be followed in the event of any shut-down of any part of a fire system** are as follows:

- The Manager of Nutrition and Environmental Services (MNES)/designate will notify the Barrie Fire and Emergency Service Headquarters/ Barrie Fire Department (dial 705-728-3199 **DO**

**NOT USE** '911'). Provide FD with your name and BRHD address and a description of the problem and when you expect it to be corrected.

- Notify GIT Monitoring Company (705-726-1222)
- Print the "*Direction for Fire Watch -~ System Shut Down in Whole or Part*" *(PART G.1a)* template, and "Fire Watch Form" (*(PART G.1b)* below and document action taken as required.
- Gather equipment for Fire Watch, including: flashlight, mobile phone, vest and bull horn to notify concerned parties of emergencies.
- Notify staff of the fire-system problem and when you expect it to be corrected
- Post notices in the affected area and in the lobby entrance, stating the problem and when it is expected to be corrected.
- Designate a staff member to patrol the affected area(s) at least once every hour, and document checks in the – "Fire Watch Form"– PART G.1b.
- If areas affected can be isolated, only that area needs to be patrolled.
- If only portions of a fire alarm system have been affected, ensure all other areas are maintained.
- If fire watch is in excess of "6 hours" notify the Barrie Fire and Emergency Service **in writing**. (Notify staff of any additional instructions to be taken)
- If fire watch is in excess of "6 hours" notify the Ministry LTC, no later than one business day through a CIS Report.
- Notify the **Barrie Fire Department** and **staff** when repairs have been completed and the system is operational.
- Remove all notices in the affected area and in lobby entrance, after repairs have been completed.
- Forward completed forms to MNES or designate. MNES to maintain records.

**Code Red ~ PART G.1a**

**Direction for Fire Watch ~ System Shut Down in Whole or Part** *(template)*

***Date: _____***
***Identify the whole or part of the Fire System that was shut down: _____***
***_____***

***In the event of any unplanned shut-down of any part of a fire system, follow the "Fire Watch" procedures below. Check off each procedure as completed.***

- *Notify the Barrie Fire and Emergency Service Headquarters (dial 705-728-3199* ***DO NOT USE*** *'911') of the shutdown. Provide FD with your name and BRHD address and a description of the problem and when you expect it to be corrected.*
- *Gather equipment for Fire Watch, including: flashlight, mobile phone, vest and bull horn to notify concerned parties of emergencies.*
- *Notify staff of the fire-system problem and when you expect it to be corrected*
- *Post notices in the affected area and in the lobby entrance, stating the problem and when it is expected to be corrected.*
- *Designate a staff member to patrol the affected area(s) at least once every hour, and*
- *document checks in the – "Fire Watch Form"– PART G.1b.*
- *If areas affected can be isolated, only that area needs to be patrolled.*
- *If only portions of a fire alarm system have been affected, all other areas are maintained.*
- *If fire watch is in excess of "6 hours" notify the Barrie Fire and Emergency Service* ***in writing****. (Notify staff of any additional instructions to be taken)*
- *If fire watch is in excess of "6 hours" notify the Ministry LTC, no later than one business day through a CIS Report.*
- *Notify the Barrie Fire Department and the staff of the Home when repairs have been completed and the system is operational.*
- *Remove all notices in the affected area and in lobby entrance, after repairs have been completed.*

***Fire Watch Form (Below)*** *https://www.london.ca/residents/Fire-Department/business-resources/Pages/Forms.aspx*

Forward completed forms to MNES or designate. MNES to maintain records.

**Fire Watch Form ~ PART G.1b**

**Fire Watch Form**

Bldg. Name _____ Date: _____

| Time | Check Bldg | Initials | Time | Check Bldg | Initials | Time | Check Bldg | Initials | Time | Check Bldg | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

**Code Red ~ PART H**

## FIRE DRILLS

The Manager of Nutrition and Environmental Services in cooperation with the Administrator will plan, execute and maintain records of regular fire drills.

It is imperative that the alarm monitoring company must be called to let them know when any drills will be conducted. Otherwise, a silent drill procedure, either Tabletop or Silent process will be used.

Fire drills will be held three times a month, once a month on the day shift, evening shift and night shift, to ensure efficient execution of fire procedures.

The area of the drills will be randomly selected by some objective method.

Staff will be trained and selected as observers during drills to record relevant information and suggestions for improvement.

Fire drill records, including follow-up measures for improvement, are to be retained for a period of one year. This information will be shared with the Joint Health and Safety Committee.

## Code Red / Fire Emergency Test Report *(template)*

***Note:*** *Start to complete as soon as possible after the emergency is declared over.*

**DATE Code Red initiated**: _____ (**MMM)** _____ (**DD)** _____ (**YYYY**); Time: _____ AM/PM
***Note****: Code Red must be tested at minimum once on each shift per month and once annually with Barrie Fire Department.*[ii]

**Actual Emergency (Y/N) _____;**

**Mock Emergency (Y/N) ____ with alarm (Y/N) ____; if yes, was "Second Stage Alarm Activated (Y/N) ____ Table Top (Y/N) _____**

**<u>Mock</u> – Call before and after**

**Fire department 705-728-3199 communications, informed of facility and period of time planned for testing** (Y, N, N/A) ____

**GIT Monitoring Company 705-726-1222, informed of facility and period of time planned for testing**
(Y, N, N/A) ____

**Instructions:**

- The evaluation/test report is available for completion electronically and should be completed to the extent possible, by the onsite FIW/Administrator/designate who responded to the fire emergency**, <u>as soon as possible after the incident is no longer an emergency</u>**. The following additional persons ***if involved*** in the emergency, are encouraged to participate and provide feedback: Managers, external entities,[iii] and representatives from involved staff, resident, and family, as appropriate.

**Attendees of Post Emergency Meeting:**

| NAME | Position | | NAME | Position |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*List **external entities** who were involved in the emergency, but unable to participate in debrief meeting, so they can be given the opportunity for feedback:*

_____

_____

**Brief summary of the Code Red emergency events:** *action taken, by who, when, observations and comments for improvement*.
**Location of Fire/Incident:** _____

- **FIW Name:** _____ **Was 911 Called (Y / N)** _____;
- **If yes, Name of Contact:** _____
- **Was Code Red and location announced three times over the PA system?** (Y, N, N/A) ____

**Description of incident and actions taken:**

_____

_____

_____

_____

_____

- Were people in **Immediate Danger** evacuated to a safe area? (Y, N, N/A) ____
- Was the fire alarm activated manually? (Y, N, N/A) ____
  If yes, location of pull station _____
- Did sufficient staff respond to evacuate residents to a safe area? (Y, N, N/A) ____
- Did staff work safe/ organized/ in a timely manner? (Y, N, N/A) ____
- Did the FIW notify 911 and provide the correct information? (Y, N, N/A) ____
- Did staff communicate with one another "fire incident area" and not to re-enter the room? (Y, N, N/A) ____
- Were all doors closed, latched and tag place on frame? (Y, N, N/A) ____Did the designated runner meet and direct the fire department (during days & evenings)? (Y, N, N/A) ____
- Were all residents and staff from affected area accounted for? (Y, N, N/A) ____
- Were the Fire Alarm ancillary devices reset (fire pull station, electromagnetic devices)? (Y, N, N/A) ____, was this completed with the fire department? (Y, N, N/A) ____
- If Second Stage alarm was activated, were all residents accounted for? (Y, N, N/A) ____
- Once safe to do so was "ALL CLEAR" announced over the PA system three times? (Y, N, N/A) ____

**Follow through action taken if concerns above were identified:**

_____

_____

_____

_____

_____

| **What caused the activation of the fire alarm?** |
|---|
| **What went well?** |
| |
| |
| |

| What didn't go well? | Recommendation for improvement? |
|---|---|
| | |
| | |
| | |
| | |
| | |

- Were the fire alarm audible and visual (strobe light) features working? (Y, N, N/A) ____
- If activated in a resident's room, did the resident's indicator light illuminate, if applicable? (Y, N, N/A) ____
- Did the annunciator panel identify the correct area? (Y, N, N/A) ____
- Did the fire alarm panel indicate "trouble signal"? (Y, N, N/A) ____
- Was the fire panel reset to show "ALL CLEAR"? (Y, N, N/A) ____
- In second stage, did the electromagnetic exit doors release? (Y, N, N/A) ____
- If activated, did the fire extinguisher and/or sprinklers function as appropriately? (Y, N, N/A) ____
- Was hazardous equipment safely shut down (e.g. oxygen, dryer, kitchen gas)? (Y, N, N/A) ____
- Where corridors and exits clear and unobstructed? (Y, N, N/A) ____

In the chart below, list the equipment and supplies that were used during the emergency and need to be replaced/disinfected and returned. Identify who will complete that task.

| Supplies/Equipment Used | Replace or Disinfect & Return | Assigned to: |
|---|---|---|
| Triage and Command Centre Bags items used: | | |
| | | |
| | | |
| | | |
| | | |

Did any person(s) experienced distress as a result of the emergency? Y/N ___
If yes, list names of person(s) who experience distress, and indicate whether emotional support was provided.

| Person's name who experienced distress | Emotional Support Provided | Follow-through required |
|---|---|---|
| | | |
| | | |
| | | |

- Was **MLTC** notified (if actual emergency) about the emergency either verbally (after hours), or by a CIS report? Y / N ____
- If a CIS Report was not submitted, who is assigned to immediately notify MLTC, and submit the CIS report? _____

**Time incident declared over** _____ AM / PM

Signature of FIW who was responsible during the fire emergency: _____

Signature of the Administrator/designate completing the report: _____

**DATE**: _____ (**MMM**) _____ (**DD**) _____ (**YYYY**)

**Ensure this report and supporting documentation are forwarded to the Administrator.**

***Note**: The remainder of the evaluation is to be completed by the Administrator/designate.*

***This portion of the evaluation to be completed by Administrator/designate.***

- A CIS report related to the emergency, was submitted to the MLTC. Y / N _____
- Does WSIB, MLITSD, or any other government body or entity need to be notified? Y / N ____.
  If yes, who will notify them?
  _____
- Were the entities *(fire department, ambulance & or Royal Victoria Hospital)* involved in emergency response provided an opportunity to offer feedback.[iv] Y / N ____.
  If no, who will contact them and inquire if they have any feedback?
  _____

The **Administrator** will discuss the recommendations for improvement **with the Management Team**. *(Refer to recommendations as listed above, and any additional recommendations that were received.)*

**The following are the Authorized Recommendations for Change**

| # | Authorized Recommendations for Change, including any changes to Code Red Plan, if any: | Assigned to | Date of Implementation |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

***Note:** Authorized changes for improvement are to be promptly implemented and documented.*

**The following are the Rejected Recommendations**

| # | Rejected Recommendations, if any: | Reason for Rejecting the Recommendation for Change |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |

**Code Red Plan (EMERG–I–01)**

**Within 30 days** after the test is declared over, the emergency plan must be **reviewed and <u>updated</u>,** if necessary, based on the authorized recommendations.[v]

**If the Code Red Plan (EMERG–I–01) requires <u>updating</u>**, this will be done by: _____**, MNES**

**If changes were made to the Code Red Plan indicate how staff, volunteers, students, RC, FC if any, and external entities were involved / informed of changes, and any training/retraining**, as required.
Retain all supporting documentation, e.g., completed templates, changes made to the Plan, training records, etc.

- _____ New staff / volunteers & students will review updated Code Red as part of their **orientation**
- _____ Existing staff **Surge Learning updated, or retraining** by alternate method e.g., memo _____
- _____ Volunteers, Students, RC, FC if any, and relevant external entities given an opportunity for feedback and **advised of changes to the emergency plan**, available on website, & internally in Emergency Manual, as appropriate.
- _____ If changes were made to Code Red Plan, the revised Plan was sent to Fred /IT Specialist, for posting on the BRHD website and the former version of the Plan removed.

- After a review of this form, is there any additional follow-through required? Y/N___
  If yes, identify what other tasks need to be completed, and the assigned person to complete the task.

| Tasks Need to be Completed: | Assigned to: |
|---|---|
| | |
| | |

*Retain this record as part of the Home's quality management activities.*

**Name of person(s) completing report:**

**Administrator / designate:** _____*(Print);* _____ *(Signature)*
*Ensure the Administrator and the MNES has a copy of the completed evaluation.*

**Date of completion:** _____ *(within 30 days after the emergency was initiated).*

**Endnotes**

## Code Red ~ PART I

### THE ONTARIO FIRE CODE ~ CHECK, TEST AND INSPECTION REQUIREMENTS

**Introduction**
The FSS *(Fire Safety Solutions)* is under contract to check, test and inspect:

- the fire suppression systems; and
- the fire alarm system.

to ensure they meet the requirements of the Ontario Fire Code

**Definitions for Key Words are as Follows:**

| | |
|---|---|
| **Check:** | means visual observation to ensure the device or system is in place and is not obviously damaged or obstructed |
| **Test** | means the operation of a device or system to ensure that it will perform in accordance with its intended operation or function. |
| **Inspect** | means physical examination to determine that the device of system will apparently perform in accordance with its intended function. |

The Manager of Nutrition and Environmental Services will ensure that these records are provided by the contractors and retained for a period of two years after they are made.

**Code Red ~ PART J**

## GENERAL FIRE PROTECTION ~ SYSTEMS / EQUIPMENT

| | |
|---|---|
| **General**<br>Magnetic door holders shall be **checked** as frequently as necessary to ensure that they close during a fire alarm and can be opened to remove people into areas of refuge.<br><br>Exit signs shall be clearly visible and maintained in a clean and legible condition.<br><br>Internally illuminated exit signs shall be kept clearly illuminated at all times, when the building is occupied. | **Responsibility**<br>Manager of Nutrition and Environmental Services / designate |
| **Weekly**<br>When subject to accumulation of combustible deposits, hoods and filters shall be **checked** weekly and be **cleaned** when such deposits create a potential fire hazard. | Manager of Nutrition and Environmental Services /designate |
| **Monthly**<br>Doors in fire separation shall be **inspected** monthly for proper operation.<br><br>Vacuum back of dryers<br><br>Communication system shall be **monitored** for correct operation during fire drills (e.g. registered nursing staff mobile phones, land line (paging), nurse request for assistance through Versus badge.) | Manager of Nutrition and Environmental Services / designate.<br><br>Environmental Services Coordinator / designate<br><br>Fire/Incident Warden during monthly fire drills. |
| **Semi Annually**<br>Disconnect switches for mechanical air conditioning and ventilating systems to be **inspected** and **cleaned**[vi] semi-annually to establish that the system can be shut down. | RHA |
| **Yearly**<br>Fire dampers and fire-stop flaps shall be **inspected annually** or based on a schedule via contractor acceptable to the Chief Fire Official.<br><br>Dryer ducts shall be inspected and cleaned annually via contractor based on an established schedule. | Troy Life & Fire Security LTD<br><br>Ontario Duct Cleaning |

**Code Red ~ PART J.1**

## PORTABLE FIRE EXTINGUISHERS

| | |
|---|---|
| **General**<br>Each portable extinguisher shall have a tag securely attached to it showing the maintenance or recharge date, the servicing agency and the signature of the person who performed the service.<br><br>A permanent record containing the maintenance date. The examiner's name and description of any work or hydrostatic **testing** carried out shall be prepared and maintained for each portable extinguisher.<br><br>All extinguishers shall be recharged after use or as indicated by an inspection, or when performing maintenance. When recharging is performed, the recommendations of the Manufacturer shall be followed. | **Responsibility**<br>Troy Life & Fire Security LTD<br><br>Environmental Services Coordinator / designate<br><br>Troy Life & Fire Security LTD |
| **Monthly**<br>Fire extinguishers shall be **checked** to ensure they are in place, not blocked by equipment or debris; and visually **checked** for correct pressures. | Environmental Services Coordinator / designate |
| **Yearly**<br>Extinguishers shall be subject to maintenance not more than one year apart or when specifically indicated by an inspection.<br><br>Maintenance procedures shall include a thorough **examination** of the three basic elements of an extinguisher:<br>• Mechanical Parts<br>• Extinguishing Agent<br>• Expelling Means | Troy Life & Fire Security LTD |

**Code Red ~ PART J.2**

## FIRE ALARM AND VOICE COMMUNICATION SYSTEM

| | |
|---|---|
| **General**<br>Fire alarm system components shall be kept unobstructed. Fire alarm system power supply disconnect switches shall be located in an approved manner. | **Responsibility**<br>Environmental Services Coordinated / designate |
| **Business Days**<br>The following daily checks shall be conducted of the main fire panel and if a fault is established appropriate corrective action shall be taken:<br>• **Check** the principle and remote trouble lights for trouble indication<br>• **Inspection** of the AC power on light shall be done to ensure its normal operation | Environmental Services Coordinated / designate |
| **Monthly**<br>Every month the following **tests** shall be conducted, if fault is established, appropriate action shall be taken:<br>• One manual fire alarm initiating device shall be operated on a rotating basis and shall initiate an alarm condition. The annunciator panel *(Each Care Centre and the Front Vestibule area)* shall be checked to ensure correct annunciation, operation, monitoring and reporting. | Environmental Services Coordinated / designate during monthly fire drills. |
| **Yearly**<br>Yearly **tests** conducted by a certified alarm contractor as required by the Ontario Fire Code, Section 1.1.5.3. **tests** shall conform with CA/ULC S536, 'Inspection and Testing of Fire Alarms Systems'.<br><br>Operation of all signal devices and all audible and visual trouble signals shall be checked to ensure proper functioning.<br><br>Where applicable Fire alarm batteries shall be checked to ensure that terminals are clean and lubricated as necessary; terminal clamps are clean and tight and electrolyte level and specific gravity meet manufacturer's specifications. | Troy Life & Fire Security LTD |

**Code Red ~ PART J.3**

## SMOKE ALARMS

| **General** | **Responsibility** |
|---|---|
| Ensure dwelling unit smoke alarms are maintained in operating condition.<br><br>Ensure a copy of the smoke alarm manufacturer's maintenance instructions or approved alternative has been provided. | Troy Life & Fire Security LTD<br><br>Manager of Nutrition and Environmental Services / designate. |

**Code Red ~ PART J.4**

## SPRINKLER SYSTEMS (WET / DRY)

| **General** | **Responsibility** |
|---|---|
| Auxiliary drains shall be **inspected** as required to prevent freezing.<br><br>An alarm **test** will be conducted on all sprinkler systems using the alarm test connection located at the sprinkler valve.<br><br>All transmitters and water flow devices shall be **tested.** Gate-valve supervisory switches and other sprinkler system supervisory devices shall be tested. | Troy Life & Fire Security LTD |
| **Weekly**<br>Except for electricity supervised valves, all valves controlling water supplies to sprinklers and alarm connections shall be **checked** weekly to ensure that the system is locked in the open position.<br><br>Water supply pressure and system air or water pressure shall be **checked** weekly by using gauges to ensure that the system is maintained at the required operating pressure. | Environmental Services Coordinator |
| **Yearly**<br>Exposed sprinkler piping hangers shall be checked yearly to ensure that they are kept in good repair.<br><br>Sprinkler heads shall be **checked** at least once per year to ensure that they are kept in good repair. | **Responsibility**<br>Troy Life & Fire Security LTD |

| | |
|---|---|
| Sprinkler heads shall be **checked** at least once per year to ensure that they are free from damage, corrosion, grease, dust, paint or whitewash. They shall be replaced where necessary as a result of such conditions.<br><br>On wet sprinkler systems, water flow alarm test using the most hydraulically remote test connection, shall be performed annually.<br><br>Sprinkler system water pressure shall be **tested** annually or after any sprinkler system control valve has been operated, with the main drain valve fully open, to ensure that there are no obstructions or deterioration of the main water supply.<br><br>Plugs or caps on Fire Department connections shall be removed annually and the threads inspected of wear, rust or obstruction. Re-secure plugs or caps, wrench tight. If plugs or caps are missing, examine the Fire Department connection for obstructions, back flush if necessary and replace plugs or caps. | |

**Code Red ~ PART J.5**

**WATER SUPPLIES FOR FIRE FIGHTING**

| | |
|---|---|
| **Daily**<br>The temperature of the mechanical room shall be **checked** daily during freezing weather. | **Responsibility**<br>Environmental Services Coordinator / designate |
| **Weekly**<br>Valves controlling water supplies exclusively for fire protection systems shall be inspected weekly to ensure that they are fully open and sealed or locked in that position. | Environmental Services Coordinator / designate |

**Code Red ~ PART J.6**

## WATER SUPPLIES FOR FIRE FIGHTING (PRIVATE HYDRANTS)

| | |
|---|---|
| **General**<br>Hydrants shall be readily available and unobstructed for use at all times. | **Responsibility**<br>Environmental Services Coordinator / designate |
| **Yearly**<br>Hydrants shall be **inspected** annually after each use.<br><br>Ensure hydrants are equipped with port caps secured wrench tight. The port caps shall be removed annually and **inspected** for wear, rust, or obstructions.<br><br>The hydrant barrel shall be **inspected** annually to ensure that no water has accumulated.<br><br>The drain valve shall be **inspected** for operation if water is found in the hydrant barrel when the main valve is closed.<br><br>Hydrant water flow shall be **inspected** annually and a record shall be kept. | Troy Life & Fire Security LTD |

**Code Red ~ PART J.7**

## COMMERCIAL COOKING EQUIPMENT

| | |
|---|---|
| **General**<br>Commercial cooking equipment exhausts and fire protection systems shall be installed and maintained in conformance with NFPA 96, 'Ventilation Control and Fire Protection of Commercial Cooking Operations'.<br><br>Ensure wet chemical or alkali based dry chemical portable fire extinguishers are provided to protect commercial cooking equipment and are readily available for use in an emergency. | **Responsibility**<br>Troy Life & Fire Security LTD<br><br>Environmental Services Coordinator / designate |
| **Weekly**<br>Hoods, grease removal devices, fans and other equipment shall be **checked** weekly and cleaned at frequent intervals, prior to surfaces becoming heavily contaminated with grease or oily sludge. | Manager of Nutrition and Environmental Services / designate |
| **Six Months**<br>Inspection and servicing of the fire extinguishing system shall be made at least every six months by properly trained qualified persons in conformance with Ontario Fire Code, Section 6.8.1.1. | Troy Life & Fire Security LTD |

**Code Red ~ PART J.8**

## EMERGENCY LIGHTING SYSTEM

Battery operated emergency lighting is located in the electrical and generator rooms only. All other emergency lighting is powered by the emergency generator.

| | |
|---|---|
| **Monthly**<br>Batteries shall be inspected monthly and maintained as per manufacturer's specifications. *e.g. in the generator and electrical room.*<br><br>Ensure that battery surface is clean and dry.<br><br>Ensure that the terminal connections are clean, free of corrosion and lubricated.<br><br>Emergency lighting equipment shall be tested monthly to ensure that the emergency lighting will function upon failure of the primary power supply. | Manager of Nutrition and Environmental Services /designate |
| **Yearly**<br>Emergency lighting equipment shall be tested annually to ensure the units will provide emergency lighting for duration equal to the design criteria under simulated power failure conditions.<br><br>After completion, the charging conditions for voltage and current and the recovery period will be tested annually to ensure that the charging system is in accordance with the manufacturer's specifications. | Manager of Nutrition and Environmental Services /designate |

**Code Red ~ PART J.9**

## EMERGENCY POWER SYSTEM

| | |
|---|---|
| **General**<br>Emergency power systems (generator) shall be inspected, tested and maintained in conformance with CSA C282, 'Emergency Electrical Power Supply for Buildings'. To ensure continued reliable operation, the emergency power supply equipment shall be operated and maintained in accordance with the manufacturer's instructions. At least two maintained copies of the instruction manual shall be maintained. | **Responsibility**<br>Environmental Services Co-ordinator / designate |
| **Weekly**<br>The emergency electrical power shall be completely tested monthly as follows:<br>• Simulate a failure of the normal power supply.<br>• Arrange so that an engine generator operates under at least 30% of the rated load for **15** minutes and all automatic transfer switches are operated under load.<br>• Including inspection for correct function of all auxiliary equipment such as radiator shutter control, coolant pumps, fuel transfer pumps, oil coolers and engine room ventilation controls.<br>• Record all instrument readings verify that they are normal.<br>• Log and report as prescribed in the manual of instruction for operation and maintenance.<br>• Check fuel supply for sufficient quantity. | Environmental Services Co-ordinator / designate |
| **Monthly**<br>The emergency electrical power shall be completely tested monthly as follows:<br>• Simulate a failure of the normal power supply.<br>• Arrange so that an engine generator operates under at least 30% of the rated load for **60** minutes and all automatic transfer switches are operated under load.<br>• Include inspection for correct function of all auxiliary equipment such as radiator shutter control, coolant pumps, fuel transfer pumps, oil coolers and engine room ventilation controls.<br>• Record all instrument readings verify that they are normal.<br>• Log and report as prescribed in the manual of instruction for operation and maintenance. | Environmental Services Co-ordinator / designate |

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| • Check fuel supply for sufficient quantity. | |
| **Annually**<br>Test the generator, control panel and transfer switch in conformance with CSA C282, 'Emergency Electrical Power Supply for Buildings'. | A1 Generators |

[i] https://www.merriam-webster.com/dictionary/evacuate
[ii] O. Reg.246/22. s.268.(10)(a).
[iii] O. Reg. 246/22 s.268(9).
[iv] O. Reg.246/22. s.268.(9).
[v] O. Reg.246/22. s.268.(8).
[vi] FLTCA, 2021, O. Reg. 246/22 s.96(2)(c).