

FIRE SAFETY PLAN

2026

WESTGATE LODGE LONG-TERM CARE

HOME

37 WILKIE STREET

BELLEVILLE, ON K8P 4E4

SUBMITTED: MARCH 25, 2026

Fire Safety Plan Approved Location: Main Entrance, CACF Room

Person Responsible for the Fire Safety Plan: Shelly Hills, Administrator

Signature: Shelly Hills

Date: March 25, 2026


Owner's Authorizing Signature

APPROVED
Belleville Fire & Emergency Services
Chief Fire Official

Fire Prevention Officer


NOTE: This Fire Safety Plan must be reviewed, and necessary changes made within every 12 month period. The Belleville Fire Department must be advised of all changes as soon as possible after they are made.

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SECTION 1

Introduction

Belleville Fire Department

There is an Ontario Fire Code requirement, that a Fire Safety Plan (FSP) is prepared, "approved" and implemented in buildings regulated by Article 2.8.1.1. of the Ontario Fire Code (see submission procedures below).

Section 2.8 of the Ontario Fire Code, requires the implementation of a FIRE SAFETY PLAN for this building/occupancy. The FSP is required to be kept in the building in an approved location. Care and treatment occupancies (long-term care and treatment homes) are specifically noted in this requirement.

The implementation of the Fire Safety Plan helps to ensure effective utilization of life safety features in a building to protect people from fire. The required Fire Safety Plan must be designed to suit the resources of each individual building or complex of buildings.

It is the responsibility of the owner to ensure that the information contained within the Fire Safety Plan is accurate and complete. As required by the Fire Code, the Fire Safety Plan must be reviewed as often as necessary, but at intervals not greater than 12 months to ensure that it takes account of changes in the use and other characteristics of the building (*Ontario Fire Code 2.8.2.1.(4) of Division B*).

As defined in the Ontario Fire Code, "Owner" means any person, firm or corporation having control over any portion of the building or property under consideration and includes the persons in the building or property.

The Fire Protection and Prevention Act, 1997, Part VII, Section 28, states that in the case of an offence for contravention of the fire code, a corporation convicted of an offence under subsection (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, a director or officer of a corporation who knows that the corporation is violating or has violated a provision of the fire code is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for a first offence and not more than \$100,000 for a subsequent offence or to imprisonment for a term of not more than one year, or to both, an individual convicted of an offence under subsection (1) is liable to a fine of not more than \$50,000 for a first offence and not more than \$100,000 for a subsequent offence, or to imprisonment for a term of not more than one year, or to both.

This official document is to be kept readily available at all times for use by staff and fire officials in the event of an emergency.

The Fire safety Plan is also used to provide training to the building's "**Supervisory Staff**" who must have received instructions in the fire safety procedures as described in the plan before they are given any responsibility for fire safety. Supervisory staff must be available on notification of a fire emergency to fulfil their obligation as described in the fire safety plan, although it is not necessary that supervisory staff be in the building on a continual basis. Common language will often refer to Supervisory Staff as Fire Wardens or something similar.

SECTION 2.0 Distribution

DISTRIBUTION PROCEDURES

At least two (2) copies of the Fire Safety Plan must be submitted (electronic copy) to the Chief Fire Official of the Belleville Fire Department. Upon approval, the person submitting the plan will receive a stamped approval or a letter of approval if submitted electronically. One copy will be retained by the Fire Department.

A copy of the approved plan will be placed in the CACF Room located at the front entrance of Westgate Lodge.

The firefighter's ABLOY key box is located at the main entrance of the building.

A copy of the Fire Plan will be posted in all Care Centres, Dietary, Laundry, Housekeeping, Maintenance and Life Enrichment departments.

All departments will have posted instructions for staff responsibilities in fire prevention and in the event of a fire emergency.

A digital copy will be available to all staff in the home in the Fire and Emergency Preparedness Manual accessible from all care centre computers.

Note: Whenever you see the word “*approved*”, it means “*Approved by the Chief Fire Official*” in most cases, by the Fire Department official who approved and signed this plan.

The Chief Fire Official is to be notified regarding any subsequent changes in the approved Fire Safety Plan.

Distribution	Required Review
CEO	Pages 3-76
COO	Pages 3-76
FOO	Pages 3-76
Administrator	Pages 3-76
DON/ADON/MGR Staff	Page 16-18,20,22,23,32-38, 51-60
Chief Fire Warden	Page 16-18,20,23,32-38, 51-60
RN/RPN Staff	Page 16-18,20,22,23,31-37, 50-59
PSW Staff	Page 16-18,24,31-37, 50-59
Dietary Staff	Page 16-18,25,31-37, 50-59
Housekeeping Staff	Page 16-18,26,31-37, 50-59
Laundry Staff	Page 16-18,27,31-37, 50-59
Life Enrichment Staff	Page 16-18,28,31-37, 50-59
Maintenance Staff	Page 5-6,7-15,16-18,29,31-76
Volunteers	Page 16-18,31,31-37, 57-59

SECTION 3

Audit of Human Resources

Business/Building Name: Westgate Lodge Long-Term Care Home

Municipal Address: 37 Wilkie St. Belleville On K8P 4E4

Business Phone Number: 613-966-1323

Business Fax Number: 613-966-5126

Building Owner: Crown Ridge Health Care Services Inc.
Greg Freeman, Owner/CEO

Email: gfreeman@crowridgehealth.ca

Mailing Address: 106 Crown Street, Trenton On. K8V 6R3

Phone Number(s): **Cell:** 613-661-2330 **Office:** 613-392-1289 ext 121

After Hour Emergency Contacts (24-hour telephone numbers)

Owner/CEO/alt. Chief Fire Warden

Greg Freeman

Cell #: 613-661-2330

Address: 177 Pinecrest RD. Newburgh, On.

Corporate Operations Officer/alt. Chief Fire Warden

Leslie Morrow, RN

Address: 398 Shermans Point Rd. Napanee

Cell #: 613-661-2332

Facilities Operations Officer/alt. Chief Fire Warden

Gerry Acton

Address: 1917 Stockdale Rd. Frankford. On.

Cell #: 613-743-5350

Position: Administrator/alt. Chief Fire Warden

Shelly Hills

Cell #: 613-391-4805

Address: 44 Gavin Cres. Trenton

The Chief Fire Warden will be the Registered Staff Member on the Level the Fire is located.

Individuals above will be trained to assume the Chief Fire Warden role in the event they are present during the emergency and are asked to assume the role by the RN/RPN Chief Fire Warden.

Other Key Contacts

Fire Alarm Monitoring Company:	TAS	Phone: 613-968-5233
Fire Alarm Company:	Drapeau Automatic Sprinkler	Phone: 613-634-7552
Sprinkler Company:	Mitchell Fire Protection	Phone: 613-475-0008
Fire Extinguisher Company:	Mitchell Fire Protection	Phone: 613-475-0008
Electrical Contractor:	Diamond Electric	Phone: 613-392-8401
Plumbing Contractor:	Specialized Plumbing	Phone: 613-813-3494

NOTE: Staff include Administrator, DON, ADON, Managers, RNs, RPNs, PSWs, Maintenance, Housekeeping, Laundry, Dietary and Life Enrichment Aides)

SECTION 4

AUDIT OF BUILDING RESOURCES

DESCRIPTION OF BUILDING

Occupancy Classification	B2 Care and Treatment <u>Long Term Care</u>
Processes	The building is located on the corner of Dundas and Wilkie Street. The Fire Department access is at the main entrance to the building off Wilkie Street. Sq. footage -115,000 (See attached site Plan Schematic)
Location of Main Panel	The main electrical panel is located in: Stairwell # A, Basement Electrical Room. (See attached Floor Plan Schematic)
Location of CACF Room	The CACF room is located between doors at the main entrance (See attached Floor Plan Schematic)
Hazards	No hazardous material is stored on site Flammable/Combustible Liquid stored on site – up to 12,000 litres of diesel fuel located under the generator outside the east end of the building. Heating System: Natural gas and Electric Main Gas Shut Off: Located at Wilkie Street west end of building Main Electrical Shut Off: Located in main electrical room in basement Main Domestic Water Shut off: Located in Sprinkler room located in the basement. (See attached Floor Plan Schematic)
Exits	At the end of corridors (See Site plan schematics)
Fire Route	There is a designated fire route (See attached Site Plan Schematic)
Hydrant Location	There are 2 hydrants located on Dundas St and 1 hydrant located on Wilkie Street (See Site Plan schematics)
Construction Year	2025
Multi-storey building	4 Storey above grade, 1 storey below grade
Use of Space	The home will be used to provide care and services for long-term care home residents.
Occupant Load	260 (160 residents, 100 staff)
Storage	2200 sq ft in south basement – nursing equipment, seasonal, extra beds. 200 sq ft - Storage rooms on each level for linens, medical supplies.
Construction Type	Non-combustible

SECTION 4

AUDIT OF BUILDING RESOURCES

LIFE SAFETY SYSTEMS

Fire Alarm System	Type 2 Addressable Name/Make: Notifier by Honeywell Model: NFS2-3030
Alarm System Monitoring	Remote Monitoring Station TAS
Fire Alarm Description	It is a Zoned, 2-stage system. The alarm rings throughout the whole building at both Stage 1 and Stage 2. 1st stage is denoted by the alarm bells ringing at a regular interval of approximately 4 seconds. If the alarm is not acknowledged within 10 minutes, it will automatically go into 2nd stage which is denoted by ringing approximately 2 seconds apart. Nursing or Fire Department personnel can move the alarm into second stage at any pull station by turning key switch inside.
Main Fire Panel Location	Main Electrical Room in basement (See floor plan schematic)
Annunciator Panel Location	At Care Centers all floors and in CACF room at main entrance. (See Floor Plan Schematics)
Emergency Power Supply for Fire Alarm System	Batteries are in the same case as the panel. The panel is also fed by the generator. The batteries are sealed lead acid. Charging is automatic. The batteries are checked by contractor. NOTE: The duration of supervisory power for the fire alarm is a minimum of 24 hours followed by a full alarm operation for 60 minutes

SECTION 4

AUDIT OF BUILDING RESOURCES

LIFE SAFETY SYSTEMS -Fire Alarm System

<p>Devices and Locations</p>	<p>Manual Pull Stations: At exits and by all Magnetic locked doors. (See attached Floor Plan Schematic)</p> <p>Smoke Detectors: in all resident rooms, corridors and stairways.</p> <p>Heat Detectors: Electrical Room</p> <p>Duct-type Smoke Detectors: HRV units and ducts. (See attached Floor Plan Schematic)</p> <p>Carbon Monoxide Detectors: Penthouse mechanical room. (See attached Floor Plan Schematic)</p> <p>Ancillary Systems: kitchen extinguishing system</p> <p>Sounding Devices: Bells/Horns throughout building & in each resident room.</p> <p>Visual Signal Devices: Strobes are located in public areas. (See Floor Plan Schematics)</p> <p>Emergency Telephones for Fire Dept Use Only located on each floor by stairwells entrance and CACF room. (see Floor Plan schematics)</p> <p>Sprinkler Flow and Valve Supervisory Switches: In basement mechanical rooms where sprinkler risers are located in Stairwell A Basement. (See Floor Plan Schematics)</p> <p>Alarm Activation: Activates by pull station, smoke detector or sprinkler discharge.</p> <p>Acknowledging Trouble Alarm: There is an acknowledge button on the main and enunciator panels.</p> <p>Acknowledging Alarm Signal: There is an acknowledge button on the main and enunciator panels.</p> <p>Alarm Silencing: There is a silence button on the main and enunciator panels.</p> <p>Alarm Re-setting: Cause of alarm must be fixed, then the reset button on the main or annunciator panels is pushed which will then reset the alarm.</p> <p>NOTE: Fire alarm system shall not be silenced or reset until permission is given by on-scene fire department personnel following an emergency response.</p>
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SECTION 4

AUDIT OF BUILDING RESOURCES

LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM

<p>Ancillary functions</p>	<p>Sprinkler flow switch Air supply fan shutdown Magnetic doors - hold open devise. Hold open releases upon activation of fire alarm or power disruption. Mag-locks – release with activation of adjacent pull station with 1st stage activation. All mag locks in building with 2nd stage activation. (See schematics for location) Manual release switch for Mag-locks Located in CACF room at main entrance. Pull stations located adjacent to mag locked doors will release the door when pulled and with second stage activation. (See Floor Plan Schematic) Smoke control Measures - Smoke dampers are provided to maintain the fire separation in public corridors and service rooms on each fire compartment. The main fire alarm system monitors smoke dampers and shuts down the selected rooftop units as required by code to prevent smoke circulation between fire compartment zones.</p>
<p>Voice Communications</p>	<p>Facility paging system -all phones in building have built in paging system. All staff receive training on Emergency paging and use of Fire Phones in orientation Fire Phones located throughout the building. Emergency Telephones for Fire Dept use only located on each floor by stairwells entrance and CACF room. (See floor plan schematics)</p>

SECTION 4

AUDIT OF BUILDING RESOURCES

LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM

<p>Sprinkler System</p>	<p>Coverage Area home is equipped with a sprinkler system throughout the complete building.</p> <p>Sprinkler flow switch – shut off valve is located on the basement level of Stairwell A in the Sprinkler Room (See Floor plan schematics)</p> <p>Fire Pumps - No</p> <p>Fire Department Connections – located at the Dundas Street entrance (See Site Plan schematics)</p> <p>Monitoring - The sprinkler system is connected to the Fire Alarm System.</p> <p>NOTE: (i) The Chief Fire Official shall be notified when any alterations, additions or repairs are to be made involving the interruption to a sprinkler system.</p> <p>(ii) Sprinkler control valves and sprinkler water supplies shall not be shut down, disconnected or otherwise impaired for more than 24 hours without notifying the Chief Fire Official</p>
<p>Stand Pipe System/Hose Cabinets</p>	<p>Location of Shutoff/Isolation Valves: In the standpipe cabinets.</p> <p>NOTE: (i) Each Hose Connection in a standpipe system shall have a legible sign reading; “FIRE HOSE FOR USE BY TRAINED PERSONS ONLY”</p> <p>(ii) Standpipe Hose Stations shall be conspicuously identified and unobstructed and shall be used for fire protection only.</p> <p>Fire Department Connection: Yes Location(s): (see site plan schematics)</p>

SECTION 4

AUDIT OF BUILDING RESOURCES

LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM

Fire Access Route	Yes – See site plan schematics
Emergency Lighting	<p>Location(s): Main electrical room basement. (see site plan schematics)</p> <p>Upon failure of regular power source Emergency Lighting for this building is required to have an alternative power supply that provides lighting for 30 minutes.</p>
Emergency Power	<p>Pad Mounted Diesel Generator located outside. (See site plan schematics)</p> <p>Generator: Fuel Type: Diesel Fuel Supply Location: Beneath generator in cabinet Manufacturer: Toromont Cat Model: C18 PGAM SER# T3402227</p> <p>Transfer Switch Location: Stairwell A Basement electrical room. (See Floor Plan Schematics)</p> <p>Equipment Powered by Generator: Full Building power - Yes Fire Alarm System - Yes Emergency voice communications - Yes Emergency Lighting - Yes Exit Lights - Yes Elevators – Yes – recall to ground floor one at a time Smoke control - Yes</p>

SECTION 4

AUDIT OF BUILDING RESOURCES

LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM

<p>Smoke Alarms</p>	<p>Located in all resident rooms, corridors and stairways Duct-type Smoke Detectors: HRV units and ducts. (See attached Floor Plan Schematic) Sounding Devices: Bells/Horns throughout building & in each dwelling unit Visual Signal Devices: Strobes are located in public areas. (See Floor Plan Schematics)</p> <p>Heat Detectors: Electrical Room</p>
<p>Carbon Monoxide Alarms</p>	<p>Penthouse mechanical room. (See attached Floor Plan Schematic)</p>
<p>Elevator</p>	<p>Automatic Recall by Fire Alarm: Yes Manual Recall: Yes Manual Recall Switch(es): Yes Location: First Floor</p> <p>Homing Floor(s) for FF Elevator Recall: Ground Floor unless detector activation will go to alternate.</p> <p>Total Number of Elevators in building: 2 Total Number of FF Elevators: 2</p> <p>FF Elevator Location: Main entrance straight down hall to the right. (See Floor Plan Schematics)</p> <p>Floors Served by FF Elevator: All</p> <p>Location of recall/operating keys: Positioned on wall between the elevators on the ground level.</p> <p>Operating Instructions: Open panel inside elevator using key found on key ring from ABLOY box.</p>

Electromagnetic Locking Devices	Magnetic doors - hold open device. Hold open releases upon activation of fire alarm or power disruption.
Shut Off Valves	<p>Water - Sprinkler room located in the basement (see floor plan schematic)</p> <p>Hydro - Main Electrical room in basement (see floor plan schematic)</p> <p>Gas - Location(s): Wilkie St west end of building (see site plan schematic)</p>
Lock Boxes	ABLOY box at front entrance outside CACF room
Location of Fire Safety Plans	CACF Room and on each level Care Centre

SECTION 5.0

EMERGENCY PROCEDURES FOR RESIDENTS

STAGE 1 **CODE RED - FIRE**

IF YOU DISCOVER FIRE OR SMOKE - ALARM NOT RINGING:

- Leave the room at once.
- Close the door to confine the fire.
- Pull the fire alarm pull station
- Tell the staff of the problem.

IF THE FIRE ALARM SOUNDS: FIRST STAGE

- Stay Calm
- Remain in your room and wait for a staff member to assist you.
- Close your windows and door.
- Get a blanket ready in case you must go outside.
- Ask visitors to remain with you
- Keep your door closed - ***it will protect you.***
- If out of your room, follow instructions from staff to the nearest safe zone.

STAGE 2 **CODE GREEN - EVACUATION**

- Remain calm do not rush or panic
- Remain in your room
- Get a blanket or coat ready
- Ask any visitors to remain with you.
- Follow instructions of staff to go to the nearest appropriate exit.

Crown Ridge Health Care locations are Non-Smoking Homes

SECTION 6.0

FIRE PREVENTION

It is our duty to protect lives of Resident's and fellow staff members as well as the properties from loss of fire.

The Administrator must rely upon constant co-operation and vigilance of all staff in the detection of conditions which may lead to fire.

The Emergency & Fire Safety Plan contains instructions and information regarding the correct action to take if you discover smoke or fire, action on being advised of fire in the building and fire prevention.

The staff must assume responsibility to maintain awareness of the current procedure to follow.

In-services are held, so that staff will have opportunity to practice the established procedures as well as monthly fire drills.

IT IS THE RESPONSIBILITY OF ALL STAFF TO ABIDE BY THE FOLLOWING:

1. Know the physical layout of the building and the designated fire zones in the building.
2. To be familiar with the Fire Safety Plan and their roles and duties in the event of a fire.
3. Review the Fire Safety Plan annually.
4. Participate in a fire drill at least annually.
5. Know the location of all alarms and how to operate alarms and extinguishers.
6. Report to Registered Staff or Supervisor any unsafe or hazardous conditions about the building or equipment (this includes electrical cords, plugs, bare wires) immediately.
7. Keep all halls, entrances and exits free of all obstructions, including carts, wheelchairs and tables.
8. Make sure flammable liquids or other combustible materials are kept in metal containers and stored in a cool place. Keep lids on when not in use.
9. Do not store greasy or oily waste or rags. If some are required for short period, be sure they are in metal containers with tight fitting lids.

SECTION 6.1

RESPONSIBILITIES OF OWNER/COO/FOO
RELATED TO FIRE SAFETY

The building Owner/Corp. Operations Officer and Facilities Operations Officer have numerous responsibilities related to fire safety. They may be required to assume the role of Chief Fire Warden if a Fire Emergency occurs while they are in the building.

They will ensure that the following measures are enacted:

- Establishment of emergency procedures to be followed at the time of an emergency.
- Appointment and organization of designated supervisory staff to carry out safety duties.
- Instruction of supervisory staff and other occupants so that they are aware of their responsibilities for fire safety.
- Ensure they or a member of the supervisory staff, are available upon notification of a fire emergency to fulfil their obligation as described in the Fire Safety Plan.
- Ensure fire drills are held at least 3 times monthly to ensure that all staff have an opportunity to train in the evacuation procedures and to discuss them, incorporating Emergency Procedures appropriate to the building. Owner/COO/FOO/Administrator and all Managers will attend at least one fire drill annually.
- Ensure compliance with the Office of the Ontario Fire Marshal's directive for an annual witnessed fire drill in compliance with Section 2.8.3 (6) – Division B, which is provided in this document
- Control of fire hazards in the building.
- Maintenance of building facilities provided for safety of the occupants.
- Provisions of alternate measures for safety of occupants during shut down of fire protection equipment.
- Ensure that checks, tests and inspections as required by the Ontario Fire Code are completed on schedule, and that the original or a copy of these records are retained at the building premises for examination by the Fire Chief for a minimum period of two (2) years.
- Ensure the continuation of the monitoring of the fire alarm system when building required to transmit a signal to the fire department and that the central station operator is Fire Code compliant.
- Ensure the initial verification of test reports for fire protection systems installed after November 21, 2007, are retained throughout the life of the systems.
- Post and maintain at least one (1) copy of the fire emergency procedures and fire plan per floor.
- Keep a copy of the approved Fire Safety Plan on the premises in an approved location.
- Notification of the Chief Fire Official regarding changes in the Fire Safety Plan.
- Review the Fire Safety Plan as often as necessary, but at intervals not greater than 12 months to ensure that it takes account of changes in the use and other characteristics of the building. The fire safety plan must be updated with the relevant changes and those changes must be submitted to the Fire Department. Any changes added to on site fire plan at CACF room.
- Designate and train sufficient alternates to replace supervisory staff during any absence.

In general, Management/Staff should:

- Know how to alarm occupants of building, know where exits are located.
- Call 9-1-1 immediately whenever you need assistance.
- Know the correct address of the building (37 Wilkie St.)
- Know the fire alarm signals and the procedures established to implement safe evacuation.
- Report any fire hazard to Facility Managers immediately
- Know all exits and evacuation paths
- Know the location of all extinguishers and fire hose cabinets

SECTION 6.2 EMERGENCY PROCEDURE

DUTIES OF PERSON DISCOVERING FIRE – STAFF

NOTE: Staff include Administrator, DON, ADON, Managers, RNs, RPNs, PSWs, Maintenance, Housekeeping, Laundry, Dietary and Life Enrichment Aides)

IF YOU DISCOVER FIRE OR SMOKE – ALARM NOT RINGING:

Announce aloud that you have discovered fire or smoke- This will assist with summoning help as quickly as possible.

Remove residents in the immediate area of the fire (resident room, or common area) if safe to do so.

Close the doors to the room.

Use the indicator on the door to indicate room is checked and clear

Sound the fire alarm to get help.

Assist in the location of the fire to remove residents in immediate danger. (Adjacent rooms and across corridor) until the arrival of the Chief Fire Warden.

Follow the directions of the Chief Fire Warden upon his/her arrival at the scene to clear residents from the fire area.

SECTION 6.3 EMERGENCY PROCEDURES

DUTIES OF ADMINISTRATOR

IF YOU DISCOVER FIRE OR SMOKE – ALARM NOT RINGING:

Announce aloud that you have discovered fire or smoke- This will assist with summoning help as quickly as possible.

Remove residents from the room where the fire is located (resident room, common area) if safe to do so.

Close the room door and indicate room has been evacuated by moving indicator on door to the “checked” position. This will delay the spread of the fire and toxic gases.

Sound the fire alarm, if not already ringing.

Return to the area of the fire and begin removing residents in adjoining rooms and across corridor.

Follow the directions of the “Chief Fire Warden” upon their arrival at the scene.

Attempt to extinguish only after all evacuation of residents at the scene is complete.

WHEN THE FIRE ALARM SOUNDS:

Close windows and door to office.

Report to the location of the fire.

Follow the directions of the “Chief Fire Warden.” The Administrator will assume the role of the Chief Fire Warden only if requested.

If assisting with evacuation of residents:

- a) work in pairs
- b) nursing staff should be paired with non-nursing staff

Assist with clearing of hallways as directed.

Close windows and doors as rooms are evacuated.

When a room has been checked and all persons removed, close the door and move the evacuation marker to indicate “room checked” for resident rooms or place an orange marker on the door of any other room that has been checked and cleared.

If a resident refuses or is uncooperative with evacuating after several attempts – close the door to the room and **DO NOT MOVE THE DOOR MARKER TO CHECKED OR PLACE AN ORANGE MARKER ON THE DOOR**. Upon the arrival of the fire department, the room will be evacuated.

Following the fire, the Administrator is responsible for informing the Ministry of Health and Long Term Care of the fire and completion of the Critical Incident Report if there has been a fire.

Respond to the Media as necessary.

IF IN THE STAFF ROOM OR ON BREAK INSIDE OR OUTSIDE THE HOME & ALARM SOUNDS:

Proceed to fire location via stairs.

SECTION 6.4 EMERGENCY PROCEDURES

DUTIES OF DON/ADON/MANAGERS (Owner/COO/FOO if present during Fire Emergency)

IF YOU DISCOVER FIRE OR SMOKE – ALARM NOT RINGING:

Announce aloud that you have discovered fire or smoke- This will assist with summoning help as quickly as possible.

Remove residents from the room where the fire is located (resident room, common area) if safe to do so.

Close the room door and indicate room has been evacuated by moving indicator on door to the “checked” position. This will delay the spread of the fire and toxic gases.

Sound the fire alarm, if not already ringing.

Return to the area of the fire and begin removing residents in adjoining rooms and across corridor.

Follow the directions of the “Chief Fire Warden” upon their arrival at the scene.

Attempt to extinguish only after all evacuation of residents at the scene is complete.

WHEN THE FIRE ALARM SOUNDS:

Close windows and door to office.

Report to the location of the fire.

Follow the directions of the “Chief Fire Warden.” The DON/ADON/MGR will assume the role of the Chief Fire Warden only if requested.

If assisting with evacuation of residents:

c) work in pairs

d) nursing staff should be paired with non-nursing staff

Assist with clearing of hallways as directed.

Close windows and doors as rooms are evacuated.

When a room has been checked and all persons removed, close the door and move the evacuation marker to indicate “room checked” for resident rooms or place an orange marker on the door of any other room that has been checked and cleared.

If a resident refuses or is uncooperative with evacuating after several attempts – close the door to the room and **DO NOT MOVE THE DOOR MARKER TO CHECKED OR PLACE AN ORANGE MARKER ON THE DOOR**. Upon the arrival of the fire department, the room will be evacuated.

IF IN THE STAFF ROOM OR ON BREAK INSIDE OR OUTSIDE THE HOME & ALARM SOUNDS:

Return to your home area immediately via stairs.

SECTION 6.5 EMERGENCY PROCEDURES

DUTIES OF CHIEF FIRE WARDEN (RN/RPN)

The **RN or RPN** of the **RESIDENT HOME AREA** will assume the **Chief Fire Warden** role for the home. All RNs and RPNs will receive training during orientation and annually on the Duties of the Chief Fire Warden.

If the fire is in the laundry area, kitchen or front entrance and offices, the Level One Charge Nurse will assume the role of Chief Fire Warden.

All RHA RNs or RPNs will upon hearing the fire alarm, secure medication/treatment cart or work area and proceed to the nearest fire panel.

The Home Area RN/RPN on the floor indicating a fire/smoke detection will assume the Chief Fire Warden role and will:

Assign (1) staff member to announce “**Code Red and the location of the fire**” three (3) times, call 911 and to man the phones for further announcements.

- Assign a staff member to report to the front entrance to meet the Fire Department and escort to the fire area.
- Put on the orange vest to identify themselves as the Chief Fire Warden and pick up the Resident Census clipboard.
- Report to the scene of the fire.
- Assign a staff member to complete the Resident census sheet for the home area of the fire in the event the residents are evacuated to a safe zone. The Chief Fire Warden should also maintain a resident census at the scene of the fire.

NOTE: Staff in each non-effected home area may be asked to record Resident Census and then provide to Chief Fire Warden in the event that a full building evacuation is required. A Home area census is available in the emergency tote in each home area Care Centre.

- Coordinate the removal of residents from the fire area and assign staff duties as they report to the fire area.
- Ensure that 2 staff enter a room and that non-nursing staff are paired with nursing staff when entering a room.
- Ensure hallways are cleared in the fire area.
- Provide the Fire Department, on arrival, with an update on the fire and evacuation of residents. A member of the Fire Department may assume the role of Chief Fire Warden upon arrival at the home.
- The Fire Department will access a full set of master keys from the ABLOY box located outside the CACF room at the front entrance.
- Follow directions of the Fire Department.
- In the event that an evacuation of part or all of the home is required, the alarm will be moved into the second stage by the “Chief Fire Warden”. The second stage will automatically activate after 10 minutes.

Assign a member of the staff to secure the Medication and Treatment Carts to ensure they are transferred with the evacuated Residents from the fire area.

SECTION 6.6 EMERGENCY PROCEDURES

DUTIES - REGISTERED STAFF

IF YOU DISCOVER FIRE OR SMOKE – ALARM NOT RINGING:

Announce aloud that you have discovered fire or smoke- This will assist with summoning help as quickly as possible.

Remove residents from the room where the fire is located (resident room, common area) if safe to do so.

Close the room door and indicate room has been evacuated by moving indicator on door to the “checked” position. This will delay the spread of the fire and toxic gases.

Sound the fire alarm, if not already ringing.

Return to the area of the fire and begin removing residents in adjoining rooms and across corridor.

Follow the directions of the “Chief Fire Warden” upon their arrival at the scene.

Attempt to extinguish only after all evacuation of residents at the scene is complete.

WHEN THE FIRE ALARM SOUNDS:

- Secure medication/treatment cart/medication room.
- Return to the Care Centre on home area level.
- Review the annunciator panel to determine the location of the alarm.
- Assign two (2) staff to report to the area of the fire to assist.
- Provide instruction to remaining staff to ensure resident safety and provide reassurance.
- Assist as needed - You may be directed to man another wing or assist in the fire area.

IN THE EVENT AN EVACUATION IS INDICATED BY 2ND STAGE ALARM

- All mag lock doors will release at stairwells.
- Staff must be assigned at all stairwells to coordinate evacuation if needed and prevent injury to residents who can now exit stairwell doors.
- Reg staff must secure the medication carts, and remove them from the building if able.

TO MANUALLY RELEASE MAG LOCK DOORS

Direct staff to pull the pull station located beside the stairwell.

IF YOU ARE IN THE STAFF ROOM OR ON BREAK INSIDE OR OUTSIDE THE HOME & ALARM SOUNDS:

Return to your home area immediately via stairs.

SECTION 6.7 EMERGENCY PROCEDURES

DUTIES - PSW STAFF

IF YOU DISCOVER FIRE OR SMOKE – ALARM NOT RINGING:

Announce aloud that you have discovered fire or smoke- This will assist with summoning help as quickly as possible.

Remove residents from the room where the fire is located (resident room, common area) if safe to do so.

Close the room door and indicate room has been evacuated by moving indicator on door to the “checked” position. This will delay the spread of the fire and toxic gases.

Sound the fire alarm, if not already ringing.

Return to the area of the fire and begin removing residents in adjoining rooms and across corridor.

Follow the directions of the “Chief Fire Warden” upon their arrival at the scene.

Attempt to extinguish only after all evacuation of residents at the scene is complete.

WHEN THE FIRE ALARM SOUNDS - If alarm is on your home area:

Listen for the page indicating “Code Red and the location of the fire”

Report to the location of the fire

If attending to a resident at the time the alarm sounds, ensure the resident is safe prior to reporting to the location of the fire. If in the tub/shower room ring call bell- begin assisting Resident from tub and with dressing. Assistance will arrive.

Staff reporting to the location of the fire will follow the instructions of the Fire Warden. All staff will assist in evacuating residents in the immediate fire area.

If assisting with evacuation of residents:

- work in pairs
- nursing staff should be paired with non-nursing staff

Assist with clearing of hallways as directed.

Close windows and doors as rooms are evacuated.

Attempt to extinguish only after all evacuation of residents at the scene is complete.

When a room has been checked and all persons removed, close the door and move the evacuation marker to indicate “room checked” for resident rooms or place an orange marker on the door of any other room that has been checked and cleared.

If a resident refuses or is uncooperative with evacuating after several attempts – close the door to the room and **DO NOT MOVE THE DOOR MARKER TO CHECKED OR PLACE AN ORANGE MARKER ON THE DOOR**. Upon the arrival of the fire department, the room will be evacuated.

WHEN THE FIRE ALARM SOUNDS - If alarm is NOT on your home area:

Listen for the page indicating “Code Red and the location of the fire”

Ensure all residents in your care are safe, then report to the Care Centre for directions

Two (2) staff will be assigned to report to the area of the fire.

All other staff will remain on their home area and await instructions.

Residents outside of the home area where the alarm is sounding will be checked on for safety and staff will provide reassurance and support

In the event that the evacuation alarm is activated, staff will be assigned to emergency exit stairwells which will automatically open.

Staff will await direction of the Fire Warden and/or Fire Chief on when to commence their home area evacuation

IF IN THE STAFF ROOM OR ON BREAK INSIDE OR OUTSIDE THE HOME & ALARM SOUNDS

Return to your Home Area immediately via stairs.

SECTION 6.8 EMERGENCY PROCEDURES

DUTIES – DIETARY STAFF

IF YOU DISCOVER FIRE OR SMOKE IN THE KITCHEN– ALARM NOT RINGING:

Remove any Residents from danger if safe to do so.

Activate pull station.

Activate Range Hood Wet Chemical Extinguishing System if not activated automatically. Shut off gas valve if safe to do so.

A small hand held fire extinguisher is located in the kitchen beside the stove. Attempts to extinguish any fire should only be made after the area has been made safe and upon the direction of the Fire Warden

Leave area closing doors, fans and windows

Follow the instructions of the Chief Fire Warden

WHEN THE FIRE ALARM SOUNDS:

Shut off all gas fired equipment, electrical motors and fans, if not already automatically activated.

Close all doors and windows, checking each area in the department at the same time.

Report to the nearest Care Centre.

Follow the directions of the Home Area Charge Nurse or Chief Fire Warden.

If assisting with evacuation of residents:

e) work in pairs

f) nursing staff should be paired with non-nursing staff

Assist with clearing of hallways as directed.

Close windows and doors as rooms are evacuated.

When a room has been checked and all persons removed, close the door and move the evacuation marker to indicate “room checked” for resident rooms or place an orange marker on the door of any other room that has been checked and cleared.

If a resident refuses or is uncooperative with evacuating after several attempts – close the door to the room and **DO NOT MOVE THE DOOR MARKER TO CHECKED OR PLACE AN ORANGE MARKER ON THE DOOR**. Upon the arrival of the fire department, the room will be evacuated.

IF IN THE STAFF ROOM OR ON BREAK INSIDE OR OUTSIDE THE HOME & ALARM SOUNDS:

Return to your home area immediately via stairs.

SECTION 6.9 EMERGENCY PROCEDURES

DUTIES - HOUSEKEEPING STAFF

IF YOU DISCOVER FIRE OR SMOKE – ALARM NOT RINGING:

Announce aloud that you have discovered fire or smoke- This will assist with summoning help as quickly as possible.

Remove residents from the room where the fire is located (resident room, common area) if safe to do so.

Close the room door and indicate room has been evacuated by moving indicator on door to the “checked” position. This will delay the spread of the fire and toxic gases.

Sound the fire alarm, if not already ringing.

Return to the area of the fire and begin removing residents in adjoining rooms and across corridor.

Follow the directions of the “Chief Fire Warden” upon their arrival at the scene.

Attempt to extinguish only after all evacuation of residents at the scene is complete.

WHEN THE FIRE ALARM SOUNDS :

Secure the housekeeping cart and place behind a closed door.

Report to the Care Centre on the level you are on.

Follow the directions of the Home Area Charge Nurse or “Chief Fire Warden.”

If assisting with evacuation of residents:

- i. work in pairs
- ii. nursing staff should be paired with non-nursing staff

Assist with clearing of hallways as directed.

Close windows and doors as rooms are evacuated.

When a room has been checked and all persons removed, close the door and move the evacuation marker to indicate “room checked” for resident rooms or place an orange marker on the door of any other room that has been checked and cleared.

If a resident refuses or is uncooperative with evacuating after several attempts – close the door to the room and **DO NOT MOVE THE DOOR MARKER TO CHECKED OR PLACE AN ORANGE MARKER ON THE DOOR**. Upon the arrival of the fire department, the room will be evacuated.

IF IN THE STAFF ROOM OR ON BREAK INSIDE OR OUTSIDE THE HOME & ALARM SOUNDS:

Return to your home area immediately via stairs.

SECTION 6.10 EMERGENCY PROCEDURES DUTIES - LAUNDRY STAFF

IF YOU DISCOVER FIRE OR SMOKE IN THE LAUNDRY ROOM – ALARM NOT RINGING:

Activate nearest Pull Station
Shut off equipment if safe to do so.
Shut off gas if safe to do so. (Located between dryers 2 and 3).
Attempt to extinguish small fire only if the area has been made safe.

IF YOU DISCOVER FIRE OR SMOKE IN THE HOME - ALARM NOT RINGING:

Announce aloud that you have discovered fire or smoke- This will assist with summoning help as quickly as possible.
Remove residents from the room where the fire is located (resident room, common area) if safe to do so.
Close the room door and indicate room has been evacuated by moving indicator on door to the “checked” position. This will delay the spread of the fire and toxic gases.
Sound the fire alarm, if not already ringing.
Return to the area of the fire and begin removing residents in adjoining rooms and across corridor.
Follow the directions of the “Chief Fire Warden” upon their arrival at the scene.
Attempt to extinguish only after all evacuation of residents at the scene is complete.

IF WORKING IN THE LAUNDRY ROOM AND THE FIRE ALARM SOUNDS:

Shut off washers and dryers, close windows and doors.
Report to the closest home area care centre and follow the directions of the Charge Nurse.
If directed to go to the location of the fire, follow the directions of the “Chief Fire Warden.”
If assisting with evacuation of residents:
 g) work in pairs
 h) nursing staff should be paired with non-nursing staff
Assist with clearing of hallways as directed.
Close windows and doors as rooms are evacuated.

IF IN THE STAFF ROOM OR ON BREAK INSIDE OR OUTSIDE THE HOME & ALARM SOUNDS:

Return to your home area immediately via stairs.

SECTION 6.11 EMERGENCY PROCEDURES

DUTIES - LIFE ENRICHMENT STAFF

IF YOU DISCOVER FIRE OR SMOKE – ALARM NOT RINGING:

Announce aloud that you have discovered fire or smoke- This will assist with summoning help as quickly as possible.

Remove residents from the room where the fire is located (resident room, common area) if safe to do so.

Close the room door and indicate room has been evacuated by moving indicator on door to the “checked” position. This will delay the spread of the fire and toxic gases.

Sound the fire alarm, if not already ringing.

Return to the area of the fire and begin removing residents in adjoining rooms and across corridor.

Follow the directions of the “Chief Fire Warden” upon their arrival at the scene.

Attempt to extinguish only after all evacuation of residents at the scene is complete.

WHEN THE FIRE ALARM SOUNDS:

Report to the Care Centre on the level you are on.

If you are attending to residents or conducting a program – Remain with the residents.

Close all fire doors in your area.

Check for signs of fire in your area.

Provide reassurance and support to residents in your attendance. Be prepared to provide a count and/or names of all residents in attendance at your program in the event that evacuation of the building is necessary.

If evacuation of your area is required, staff will arrive to assist with the evacuation. Do not leave a group of residents unattended.

Follow the directions of the “Chief Fire Warden.”

If assisting with evacuation of residents:

- i) work in pairs
- j) nursing staff should be paired with non-nursing staff

Assist with clearing of hallways as directed.

Close windows and doors as rooms are evacuated.

When a room has been checked and all persons removed, close the door and move the evacuation marker to indicate “room checked” for resident rooms or place an orange marker on the door of any other room that has been checked and cleared.

If a resident refuses or is uncooperative with evacuating after several attempts – close the door to the room and **DO NOT MOVE THE DOOR MARKER TO CHECKED OR PLACE AN ORANGE MARKER ON THE DOOR**. Upon the arrival of the fire department, the room will be evacuated.

IF IN THE STAFF ROOM OR ON BREAK INSIDE OR OUTSIDE THE HOME & ALARM SOUNDS:

Return to your home area immediately via stairs.

SECTION 6.12 EMERGENCY PROCEDURES

DUTIES - MAINTENANCE STAFF

IF YOU DISCOVER FIRE OR SMOKE – ALARM NOT RINGING:

Announce aloud that you have discovered fire or smoke- This will assist with summoning help as quickly as possible.

Remove residents from the room where the fire is located (resident room, common area) if safe to do so.

Close the room door and indicate room has been evacuated by moving indicator on door to the “checked” position. This will delay the spread of the fire and toxic gases.

Sound the fire alarm, if not already ringing.

Return to the area of the fire and begin removing residents in adjoining rooms and across corridor.

Follow the directions of the “Chief Fire Warden” upon their arrival at the scene.

Attempt to extinguish only after all evacuation of residents at the scene is complete.

WHEN THE FIRE ALARM SOUNDS:

Report to the Care Centre on the level you are on.

Notify Charge Nurse you are leaving to attend the area of the fire.

Follow the directions of the Chief Fire Warden.

Close all fire doors

Assist with the clearing of rooms as directed.

If evacuation of your area is required, staff will arrive to assist with the evacuation. Do not leave a group of residents unattended.

Follow the directions of the “Chief Fire Warden.”

If assisting with evacuation of residents:

- a) work in pairs
- b) nursing staff should be paired with non-nursing staff

Assist with clearing of hallways as directed.

Close windows and doors as rooms are evacuated.

When a room has been checked and all persons removed, close the door and move the evacuation marker to indicate “room checked” for resident rooms or place an orange marker on the door of any other room that has been checked and cleared.

If a resident refuses or is uncooperative with evacuating after several attempts – close the door to the room and **DO NOT MOVE THE DOOR MARKER TO CHECKED OR PLACE AN ORANGE MARKER ON THE DOOR**. Upon the arrival of the fire department, the room will be evacuated.

IF IN THE STAFF ROOM OR ON BREAK INSIDE OR OUTSIDE THE HOME & ALARM SOUNDS:

Return to your home area immediately via stairs.

SECTION 7.0 EMERGENCY PROCEDURES DUTIES – VOLUNTEERS

All volunteers receive training during orientation on the Fire Safety Plan as per the FLTCHA, 2021.

IF YOU DISCOVER FIRE OR SMOKE – ALARM NOT RINGING:

Announce aloud that you have discovered fire or smoke- This will assist with summoning help as quickly as possible.

Assist any ambulatory residents in fire area to safety until assistance arrives.

Sound the fire alarm, if not already ringing.

Follow the directions of the “Chief Fire Warden” upon their arrival at the scene.

WHEN THE FIRE ALARM SOUNDS:

Report to the Care Centre on the level you are on.

If you are – Remain with the resident.

Provide reassurance and support to residents in your attendance. Be prepared to provide a count and/or names of all residents in attendance with you in the event that evacuation of the building is necessary.

If evacuation of your area is required, staff will arrive to assist with the evacuation. Do not leave a resident or group of residents unattended.

Follow the directions of the “Chief Fire Warden.”

If assisting with evacuation of residents:

- a) work in pairs
- b) nursing staff should be paired with non-nursing staff

If assisting with evacuation of resident, when a room has been checked and all persons removed, close the door and move the evacuation marker to indicate “room checked” for resident rooms or place an orange marker on the door of any other room that has been checked and cleared.

If a resident refuses or is uncooperative with evacuating after several attempts – close the door to the room and **DO NOT MOVE THE DOOR MARKER TO CHECKED OR PLACE AN ORANGE MARKER ON THE DOOR**. Upon the arrival of the fire department, the room will be evacuated.

SECTION 8.0 EMERGENCY PROCEDURES

EMERGENCY CALL BACK

An Emergency Call Back system exists that would allow fast and efficient communication with all staff of the home in the event of an emergency.

All Managers and Designated Staff have been given a copy of their contacts for the Emergency Phone Fan Out in the event of an emergency. Updated lists will be provided quarterly.

In the event of an emergency at the home that requires the partial or full evacuation of residents, the Chief Fire Warden will delegate a member of the staff to initiate the Emergency Phone Fan Out.

The Chief Fire Warden or delegate will obtain the Emergency Phone Fan Out List from the Emergency/Evacuation Tote located in each Care Centre and will begin at the top of the Phone List, attempting to contact a manager.

Once the first manager has been contacted, that manager will continue with the phone fan out, contacting other managers and ensuring that contact will be made with all staff.

The Chief Fire Warden and staff on duty will follow the Emergency Procedures as outlined in the Fire and Emergency Manual. (Fire or Evacuation)

When contacting off duty staff, managers will indicate the type of emergency at the home and request staff report to assist.

All off duty staff should report to a holding area or to a designated contact. If they are to report to a location other than to the nursing home, it will be communicated with them at the time of the call. The Emergency Phone Fan Out list will be updated quarterly and distributed to applicable management staff.

A test of the Emergency Phone Fan Out will occur at least once every three years.

SECTION 9.0 EVACUATION OF RESIDENTS

To remove residents from the Nursing Home and transport them to a shelter of safety.

The following four phases must be followed to maintain order and safe evacuation:

- Phase I- Notification
- Phase II- Preparation
- Phase III- Mobilization
- Phase IV- Evacuation

Phase I- Notification - *Decision Making Process*

Key Personnel:

Chief Fire Warden
Administrator
Director of Nursing
Facilities Operations Officer
Corporate Operations Officer
All Staff (ADON, Managers, RN, RPN, PSW, Maintenance, Housekeeping, Laundry, Dietary and Life Enrichment Aides)

The Chief Fire Warden or a person designated by the Chief Fire Warden, will call Code Green

ie. - Code Green Horizontal Evacuation of Main Floor or Individual Units

or

ie. - Code Green Total Evacuation

Repeat Code 3 times. Speak slowly and clearly. Repeat Code Green in 30 seconds.

The Chief Fire Warden or a person designated by the Chief Fire Warden, will initiate the Emergency Phone Fan Out Procedure by contacting one of the identified key personnel and requesting the Fan Out Procedure be initiated.

Administrator or Director of Nursing or designate will notify hospital and emergency shelters of pending arrivals.

Door markers will be moved to "Room Checked" status on the Residents room, indicating the room has been searched and evacuated. Orange tags will be placed on all other doors indicated checked and evacuated. Orange tags for each floor are located at the fire exits in each home area.

Staff will assist residents to exit the building and assemble at the designated Evacuation Area identified as "Evacuation Meeting Area".

In the event the evacuation is due to a Fire - the use of the Elevators is prohibited unless directed by the Fire Department.

WESTGATE LODGE

FIRE SAFETY PLAN 2026

SECTION 9.0 EVACUATION OF RESIDENTS

Phase II- Preparation:

The Director of Nursing or Registered Staff would begin to prepare the Residents for evacuation according to their categorized colour code.

Resident Categorization by Flasher Colour Tag:

- **RED-** Stretcher patients
- **YELLOW-** Ambulatory with assistance and wheelchairs.
- **GREEN-** Ambulatory Residents

Colour tag flashers are designated on:

- Individual Name Tags
- Master List in Evacuation Box

Phase III- Mobilization out of Home

When decision to evacuate is given, all staff with assigned evacuation duties would begin mobilization of Residents to the pre-designated areas of EXIT. It should be remembered that speed and efficiency are of prime concern and an ambulatory Resident may be well under his/her own steam but could be moving at such a slow pace that he/she would clog the corridors and may require assistance.

Staff will assist residents down the stairwells according to their tag status.

Green tag residents – assisted to ambulate downstairs or use “chair” evacuation lift located in stairwell

Yellow tag residents - use “chair” evacuation lift located in stairwell

Red tag residents – use “chair” lift or “toboggan” lift located in stairwell.

Immediately after the evacuation procedures are in effect, the appointed Evacuation Coordinator should take their places at the pre-designated Exits to begin the assimilation of Residents and their documentation.

An accurate record and count of Residents will be maintained and will ensure colour code tags are attached to each resident leaving the premises.

SECTION 9.1

LIFT/TRANSFER TECHNIQUES IN THE EVENT OF EMERGENCY EVACUATION

ALL STAFF (ADON, Managers, RN, RPN, PSW, Maintenance, Housekeeping, Laundry, Dietary and Life Enrichment Aides) AND VOLUNTEERS ARE TRAINED IN THESE TECHNIQUES DURING ORIENTATION AND ANNUAL REVIEW OF THE FIRE SAFETY PLAN.

In an emergency, many residents may require assistance. The following lifting and transfer techniques may be used to transfer residents from bed to chair or to remove from room if necessary.

Two Man Swing Carry

- 1 Person lifts Resident to assume sitting position.
- Other person takes Resident knees.
- Pivot Resident to sitting position.
- Place Resident arms over your farthest shoulder.
- Clasp each other's upper arm behind Residents Upper back.
- You're other arms clasp, at forearm under Resident's knees.
- Bend your knees.
- Straighten knees, lifting Resident.
- Keep your bodies close to Resident to prevent "bottom sagging".
- Carry to safety.
- Use a wall as support for Resident's back.
- Bend your knees and lower Resident to floor.
- Lie Resident on floor next to wall.

Two Man Lift

- Raise bed to highest comfortable level.
- 1 Person supports the Resident's hips and legs.
- Second Person to support trunk, shoulders, neck and head.
- On the count of "3", move Resident to edge of bed.
- Roll Resident towards you.
- On the count of "3" lift Resident together.
- Carry to safety and/or lower onto blanket on the floor.
- 1 Person blanket drag to safety.

Three Man Lift

- Raise bed to highest comfortable level.
- 1st person supports the Resident's hips.
- 2nd person supports the Resident's neck, shoulders and upper trunk.
- 3rd person supports thighs & legs. Bend knees.
- On the count of "3" move Resident to the edge of the bed.
- Roll Resident towards you.
- On the count of "3" lift Resident together.

- Carry to safety and/or lower Resident onto blanket on the floor.
- Drag Resident on blanket to safety

WESTGATE LODGE

FIRE SAFETY PLAN 2026

SECTION 9.2

EMERGENCY RESPONSE PLAN

An Emergency Response Plan for the Home has been developed.

In consultation with community agencies, partner facilities, resource agencies and the homes Residents Council and Family Council, if any, the Home will develop and update written Emergency Response Plan which includes planning for the following emergency situations:

- Fires – monthly testing
- Evacuation- tested every 3 years

The Plans will ensure that hazards and risk that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community

The Home will also conduct annual tests of the emergency plan related to:

- Fire with a Fire Department Observed “Fire Drill Scenario”

A written record of each test will be completed and any recommendations or changes to improve the plan will be documented and implemented following the test.

An evacuation plan for the home will be created and include a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuated staff and others in case of an emergency, an identification of a safe evacuation location for which the home has obtained agreement in advance that residents staff, students, volunteers and other can be evacuated to, a transportation plan to move residents, staff, students, volunteers and others to the evacuation location and a plan to transport critical medications, supplies and equipment during an evacuation to the evacuation location to ensure resident safety.

Each emergency plan will identify resources, supplies and personal protective equipment and equipment necessary for the emergency response and will ensure that supplies are readily available and have not expired.

All plans will identify specific staff roles and responsibilities, contact information for each entity who may be involved in the response, identify lines of authority including who or which entity declares there is an emergency and who or which entity declares that the emergency is over at the time agreed to by the entities the home consulted with, ensure a communication plan, identify plan activation, a plan for food and fluid provision in an emergency and a plan to ensure that in an emergency all residents have timely access to all drugs that have been prescribed to them.

The Emergency Response plans will include a communication plan that outlines the process for the home to ensure frequent and ongoing communication to residents, substitute decision makers if any, staff, volunteers, students, caregivers, the Residents Council and Family Council if any on the emergency in the home including at the beginning of the emergency, when there is a significant status change throughout the course of the emergency and the emergency is over.

The emergency plans will address recovery from an emergency, including requiring that residents, their substitute decision makers, if any, staff, volunteers and students be debriefed after the emergency, establishing how to resume normal operations in the home and establishing how to support those in the home who experience distress during the emergency.

SECTION 10.0

DAILY FIRE SAFETY DUTIES ALL STAFF

- Keep the doors in fire separations closed at all times, **Except** for the fire doors at each corridor which will close when the fire alarm is activated.
- Keep EXITS and access to exits, inside and outside, clear of any obstructions at all times.
- Maintain sufficient lighting in exits and corridors.
- Do not permit combustible materials to accumulate in quantities or locations that would constitute a fire hazard.
- Keep stairways free of combustible storage and obstructions.
- Outdoor storage receptacles used for storage of lawn mowers and other maintenance equipment and combustible materials must be located so that they do not create a fire hazard to buildings.
- Promptly remove all combustible waste from areas where waste is placed for disposal, if applicable.
- Keep access roadways, fire routes and fire department connections clear and accessible for fire department use.
- Participate in fire drills.
- Have an understanding of the building fire and life safety systems.
- Ensure the building fire and life safety systems are in operating condition.
- Be available upon notification of a fire emergency to fulfil your obligation as described in this plan.
- In the event of any shutdown of fire and life safety systems, notify the Fire Department and initiate approved alternative measures.

Monitor for Fire Hazards

High standards of housekeeping and building maintenance are one of the most important single factors in the prevention of fire.

The following conditions listed below are some specific hazards.

- Combustible material stored in non-approved areas.
- Fire and smoke barrier door not operating properly or wedged open.
- Improper storage of flammable liquids and gases.
- Defective electrical wiring and appliances, over-fusing, and the use of extension cords as permanent wiring.
- Clothes dryer lint collector full or improperly vented.
- Kitchen hoods and filters not cleaned properly/grease laden.
- Improper disposal of oily rags.

Fire Annunciator Panels

Panels should be checked frequently by staff to monitor for any signs of trouble

Respond promptly to any audible signals from the panel and contact a Supervisor immediately.

SECTION 10.0**FIRE SAFETY DUTIES****Requirements of the Ontario Fire Code****Check/Test/Inspect requirements of the Ontario Fire Code:**

To assist you in fulfilling your obligations, included is a list of the portions of the Fire Code that requires checks, inspections and/or tests to be conducted of the facilities. It is suggested that you read over this list and perform or have performed the necessary checks, inspections and/or tests for the items which may apply to your property.

This list has been prepared as per the Ontario Fire Code. Where specific references to checking, inspection and testing of fire safety devices are not made in this Code, such devices shall be maintained to ensure they operate as per their design requirements.

Where a building or its contents must be tested for compliance with this Code, the tests shall be carried out by the owner or the owner's agent within such reasonable time as the Chief Fire Official may determine.

Any appliance, device or component of a device that does not operate or appear to operate as intended when checked, inspected or tested as required by this Code shall be repaired or replaced if the failure or malfunctioning of the appliance, device or component would adversely affect fire or life safety.

Fire Prevention Officers may check to ensure that the necessary checks, inspections and/or tests are being done, when conducting their inspections, and asked to see the required written records.

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 or system will apparently perform in accordance with its intended function

It is stated in the Fire Code that written records of all tests and corrective measures are required to be retained for a period of two years after they are made, and shall be available upon request to the Chief Fire Official. Records shall be made and the original or a copy shall be retained at the building premises for examination by the Chief Fire Official. Records of tests and corrective measures or operational procedures shall be retained so that at least the current and the immediately preceding reports are available, however; records shall be retained for a period of at least two years after being prepared. NOTE: The initial verification or test reports for fire protection systems installed after November 21, 2007 shall be retained on the premises throughout the life of the systems. This requirement applies to systems installed in accordance with this Code or the Building Code.

SECTION 11.0**TESTS, INSPECTIONS AND CHECKLISTS****General Fire Protection Systems/Equipment****General****Responsibility**

Doors in fire separations shall be checked as frequently as necessary to ensure that they remain closed.	Maintenance
Exit signs shall be clearly visible and maintained in a clean and legible condition.	Maintenance
Internally illuminated exit signs shall be kept clearly illuminated at all times, when the building is occupied.	Maintenance

Weekly

When subject to accumulation of combustible deposits, hoods, filters and ducts shall be checked weekly and be cleaned when such deposits create an undue fire hazard.	Maintenance
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Monthly

Doors in fire separations shall be inspected monthly for proper operation.	Maintenance
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Yearly

Fire dampers and fire-stop flaps shall be inspected annually or based on a schedule via contractor acceptable to the Chief Fire Official.	Contractor
Every chimney, flue and flue pipe shall be inspected annually and cleaned as often as necessary to keep them free from accumulations of combustible deposits.	Contractor
Disconnect switches for mechanical air-conditioning and ventilating systems shall be inspected annually to establish that the system can be shut down.	Contractor

Portable Fire ExtinguishersGeneralResponsibility

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.	Maintenance
A permanent record containing the maintenance date, the examiner's name and a description of any work or hydrostatic testing carried out shall be prepared and maintained for each portable extinguisher.	Contractor
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.	Contractor

MonthlyResponsibility

Portable extinguishers shall be inspected monthly.	Maintenance
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Yearly

Extinguishers shall be subject to maintenance not more than one year apart or when specifically indicated by an inspection.	Contractor
Maintenance procedures shall include a thorough examination of the three basic elements of an extinguisher: a) mechanical parts b) extinguishing agent c) expelling means	Contractor

5 Years

Every five years, pressurized water and carbon dioxide fire extinguishers shall be hydrostatically tested .	Contractor
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6 Years

Every six years, stored pressure extinguishers that require a 12-year hydrostatic test shall be emptied and subjected to the applicable maintenance procedures.	Contractor
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Fire Alarm System

General

Responsibility

Fire alarm and voice communication system components shall be kept unobstructed.	Nursing
Fire alarm shall be kept unobstructed.	Nursing
Fire alarm system power supply disconnect switches shall be locked on in an approved manner.	Maintenance

Daily

<p>The following daily checks shall be conducted if a fault is established, appropriate corrective action shall be taken.</p> <p>a) Check the principle and remote trouble lights for trouble indication.</p> <p>b) Inspection of the AC power-on light shall be done to ensure its normal operation.</p>	Nursing
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Monthly

<p>Every month the following tests shall be conducted and if a fault is established, appropriate corrective action shall be taken:</p> <p>a) one manual fire alarm initiating device shall be operated, on a rotating basis, and shall initiate an alarm condition</p> <p>b) function of all signal devices shall be ensured</p> <p>c) the annunciator panel shall be checked to ensure correct annunciation</p> <p>d) intended function of the audible and visual trouble signals shall be ensured</p> <p>e) fire alarm batteries shall be checked to ensure that:</p> <p style="padding-left: 20px;">i) terminals are clean and lubricated where necessary;</p> <p style="padding-left: 20px;">ii) terminal clamps are clean and tight;</p> <p style="padding-left: 20px;">iii) electrolyte level and specific gravity, where applicable, meet manufacturer’s specifications</p>	<p>Nursing</p> <p>Nursing / Maintenance</p> <p>Nursing / Maintenance</p> <p>Nursing / Maintenance</p> <p>Contractor</p>
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Fire Alarm System

Monthly

Responsibility

Voice paging capability to one zone shall be tested monthly on a rotational basis.	Nursing
Loudspeakers shall be tested monthly as an all-call signal to ensure they function as intended.	Nursing

Yearly

Yearly tests conducted by a certified alarm contractor as required by The Ontario Fire Code, Section 1.1.5.3. Tests shall be in conformance with CAN/ULC S536, “Inspection and Testing of Fire Alarm Systems”.	Contractor
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Smoke Alarms

General

Responsibility

Ensure dwelling unit smoke alarms are maintained in operating condition.	Maintenance
Ensure a copy of the smoke alarm manufacturer’s Maintenance instructions or approved alternative has been provided.	Maintenance

Carbon Monoxide Alarms

General

Responsibility

Ensure dwelling unit carbon monoxide alarms are maintained in operating condition.	Maintenance
Ensure a copy of the carbon monoxide alarm manufacturer’s Maintenance instructions or approved alternative has been provided.	Maintenance

Standpipe Systems

Monthly

Responsibility

Hose cabinets shall be inspected monthly to ensure that the hose and equipment are in the proper position and appear to be operable.	Maintenance
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Yearly

Plugs or caps on Fire Department connections shall be removed annually and the threads inspected for wear, rust or obstruction. Re-secure plugs or caps, wrench tight.	Contractor
If plugs or caps are missing, examine the Fire Department connections for obstructions, back flush if necessary, and replace plugs or caps.	Contractor
Hose valves shall be inspected annually to ensure that they are tight and that there is no water leakage into the hose.	Contractor
Standpipe hose shall be removed and re-racked annually and after use. Any worn gaskets in the couplings, at the hose valve and at the nozzle shall be replaced.	Contractor

Sprinkler Systems (Wet)

General

Responsibility

Auxiliary drains shall be inspected as required to prevent freezing.	Contractor
Fire Dept. connections shall be equipped with plugs or caps that are secured wrench-tight	Contractor

Weekly

Except for electrically supervised valves, all valves controlling water supplies to sprinklers and alarm connections shall be checked weekly to ensure that they are sealed or locked in the open position.	N/A (All valves supervised)
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.	Maintenance

Monthly

On all sprinkler systems, an alarm test , using the alarm test connection located at the sprinkler valve, shall be performed monthly.	Contractor
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Two Months

All transmitters and water flow devices shall be tested at two month intervals.	Contractor
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Six Months

Gate-valve supervisory switches and other sprinkler system supervisory devices shall be tested at six month intervals.	Contractor
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Yearly

Exposed sprinkler piping hangers shall be checked yearly to ensure that they are kept in good repair.	Contractor
Sprinkler heads shall be checked at least once per year to ensure that they are kept in good repair.	Contractor
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.	Contractor
On wet sprinkler systems, water-flow alarm test using the most hydraulically remote test connection, shall be performed annually.	Contractor
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.	Contractor
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.	Contractor

Sprinkler Systems (Dry)

<u>General</u>	<u>Responsibility</u>
Auxiliary drains shall be inspected as required to prevent freezing.	N/A
Dry-pipe valve rooms or enclosures in unheated buildings shall be checked as often as necessary when the outside temperature falls below 0° Celsius to ensure that the system does not freeze.	N/A
<u>Weekly</u>	<u>Responsibility</u>
Except for electrically supervised valves, all valves controlling water supplies to sprinklers and alarm connections shall be checked weekly to ensure that they are sealed or locked in the open position.	N/A
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.	N/A
System pressure gauges shall be checked weekly. The system shall be maintained at the required operating pressure.	N/A
<u>Monthly</u>	<u>Responsibility</u>
On all sprinkler systems, an alarm test , using the alarm test connection located at the sprinkler valve, shall be performed monthly.	N/A
<u>2 Months</u>	
All transmitters and water flow devices shall be tested at two month intervals.	N/A
<u>3 Months</u>	
The priming water supply for dry pipe systems shall be inspected every three months to ensure that the proper level above the dry pipe valve is maintained.	N/A
<u>6 Months</u>	
Gate-valve supervisory switches and other sprinkler system supervisory devices shall be tested at six month intervals.	N/A

Yearly

Responsibility

<p>Exposed sprinkler piping hangers shall be checked yearly to ensure that they are kept in good repair.</p>	<p>N/A</p>
<p>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.</p>	<p>N/A</p>
<p>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.</p>	<p>N/A</p>
<p>Plugs or caps on Fire Department connections shall be removed annually and the threads inspected for 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.</p>	<p>N/A</p>
<p>Dry pipe valves shall be tripped annually by means of the system test pipe, to ensure that they operate satisfactorily and that the sprinkler alarms are in operating condition. A full flow trip test, with the control valve fully open, shall be conducted at least every three years.</p>	<p>Contractor</p>

15 Years

Responsibility

<p>Every fifteen years, dry pipe systems shall be inspected for obstructions in the sprinkler piping and if necessary, the entire system shall be flushed of foreign material.</p>	<p>N/A</p>
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Private Fire Hydrants

General

Responsibility

Hydrants shall be readily available and unobstructed for use at all times.	N/A
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Yearly

Hydrants shall be inspected annually after each use.	N/A
Ensure hydrants are equipped with port caps secured wrench tight. The port caps shall be removed annually and inspected for wear, rust or obstructions.	N/A
The hydrant barrel shall be inspected annually to ensure that no water has accumulated.	N/A
The drain valve shall be inspected for operation if water is found in the hydrant barrel when main valve is closed.	N/A
Hydrant waterflow shall be inspected annually and a record shall be kept.	N/A

Smoke Shafts and Venting Equipment

General

Responsibility

Access to windows and panels required for venting floor areas and vents to vestibules permitted to be manually openable shall be kept free of obstructions, openable without keys and operable at times.	Maintenance
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6 Months

All elevators in an elevator shaft, that is intended for use as a smoke shaft, be inspected semi-annually to ensure that on activation of the fire alarm system, the elevators will return to the street floor and remain inoperative.	N/A
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Yearly

<p>A closure in an opening to the outdoors at the top of a smoke shaft, shall be inspected annually to ensure that it will open:</p> <ul style="list-style-type: none"> a) manually, outside from the building b) on a signal from the smoke/heat actuated device in the smoke shaft, and; c) when a closure in an opening between a floor area and the smoke shaft opens 	N/A
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Controls for air-handling systems for venting in the event of a fire, shall be inspected annually to ensure that air is exhausted from each floor area to the outdoors.	Contractor
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5 Years

Closures in vent openings into smoke shafts from each floor shall be inspected sequentially over a period not to exceed 5 years.	N/A
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Commercial Cooking Equipment

General

Responsibility

Commercial cooking equipment exhaust and fire protection systems shall be installed and maintained in conformance with NFPA 96, “Ventilation Control and Fire Protection of Commercial Cooking Operations”.	Contractor
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.	Maintenance

Daily

Responsibility

Check pilot lights for indication of proper operation.	Dietary
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Weekly

Hoods, grease removal devices, fans, ducts, and other equipment shall be checked weekly and cleaned at frequent intervals, prior to surfaces becoming heavily contaminated with grease or oily sludge.	Dietary
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6 Months

Inspection and servicing of the fire extinguishing system shall be made at least every six months by properly trained and qualified persons in conformance with Ontario Fire Code, Section 6.8.1.1.	Contractor
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Emergency Lighting System

Monthly

Batteries shall be inspected monthly and maintained as per manufacturer’s specifications.	Maintenance
Ensure that battery surface is clean and dry.	Maintenance
Ensure that terminal connections are clean, free of corrosion and lubricated.	Maintenance

Ensure that the terminal clamps are clean and tight as per manufacturer's specifications.	Maintenance
Emergency lighting equipment shall be tested monthly to ensure that the emergency lighting will function upon failure of the primary power supply.	Maintenance

Yearly

Emergency lighting equipment shall be tested annually to ensure that the units will provide emergency lighting for a duration equal to the design criteria under simulated power failure conditions.	Contractor
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.	Contractor

Elevators (High Buildings)

General

Responsibility

Ensure keys required to recall elevators and to permit independent operations are in their approved location.	Nursing
Maintain correct signage for firefighters' elevator.	Maintenance

3 Months

Every three months the elevator door opening devices operated by means of photo-electric cells shall be tested to ensure that the devices become inoperative after the door has been held open for more than 20 seconds with the photo-electric cell covered.	Maintenance
The key operated switch located outside an elevator shaft shall be tested to ensure that the actuation of the switch will render the emergency stop button in each car inoperative and bring all cars to the street floor or transfer lobby by cancelling all other calls after the car has stopped at the next floor at which it can make a normal stop.	Maintenance
Key operated switches in each elevator car shall be tested to ensure that the actuation of the switch will: a) enable the elevators to be operable independently of other elevators b) allow operation of the elevator without interference from floor call buttons c) render door re-opening devices inoperative d) control the opening of power operated doors only by the continuous pressure on the "door open" button to ensure that if the button is released while the door is opening, the doors will automatically close	Contractor

Emergency Power Systems

<p>General Emergency power systems shall be inspected, tested and maintained in conformance with CSA C282, “Emergency Electrical Power Supply for Buildings”.</p>	<p>Contractor / Maintenance</p>
<p>To ensure continued reliable operation, the emergency power supply equipment shall be operated and maintained in accordance with manufacturer’s instructions.</p>	<p>Contractor / Maintenance</p>
<p>At least two copies of the instruction manual shall be maintained.</p>	<p>Maintenance</p>
<p>Monthly</p>	<p>Responsibility</p>
<p>The emergency electrical power shall be completely tested weekly as follows:</p> <ul style="list-style-type: none"> a) Simulate a failure of the normal power supply. b) Arrange so that: <ul style="list-style-type: none"> i) an engine generator set operates under at least 30% of the rated load for 60 minutes and; ii) all automatic transfer switches are operated under load. c) Include an 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. d) Record all instrument readings associated with the prime mover and generator and a verification that they are normal. e) Log and report as further prescribed in the manual of instruction for operation and maintenance. <p>Check fuel supply for sufficient quantity.</p>	<p>Maintenance Maintenance Maintenance Maintenance Maintenance Maintenance</p>
<p>Annually Test the generator, control panel, and transfer switch in conformance with CSA C282, “Emergency Electrical Power Supply for Buildings”.</p>	<p>Contractor</p>

SECTION 12.0**CONTROL OF FIRE HAZARDS****Fire Extinguishment, Control or Confinement****FIRE EXTINGUISHERS:**

The facility is equipped with hand extinguishers suitable for use on all classes of fire, this classification becomes important only when using the fire hoses.

You will find fire extinguishers located throughout the building. (See Floor Plan Schematics)

All Registered Staff (RN/RPN) will complete fire extinguisher training during their orientation period and annually which will be conducted by a certified instructor.

TYPES OF FIRES

Class of Fire	Description
Class A Fires	Fires in ordinary combustible materials, such as wood, cloth, paper, rubber, and many plastics.
Class B Fires	Fires in flammable liquids, combustible liquids, petroleum greases, tars, oils, oil-based paints, solvents, lacquers, alcohols, and flammable gases.
Class C Fires	Fires that involve energized electrical equipment.
Class D Fires	Fires in combustible metals, such as magnesium, titanium, zirconium, sodium, lithium, and potassium.
Class K Fires	Fires in cooking appliances that involve combustible cooking media (vegetable or animal oils and fats).

NOTE: *A fire extinguisher is provided for use by a person or persons to safely exit a building. The decision to use a fire extinguisher is one that is made by the individual, after considering the existing fire conditions, and their confidence in their ability to use a fire extinguisher for a small controllable fire*

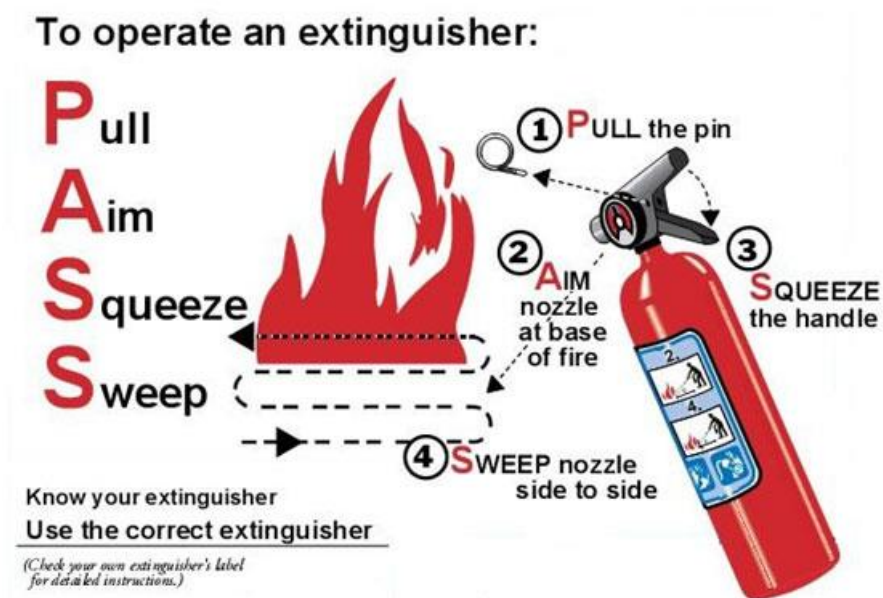
SECTION 12.0**CONTROL OF FIRE HAZARDS****Fire Extinguishment, Control or Confinement****Factors to Consider Before Using and Extinguisher:**

- Type of fire (Class A, B, C, D or K)
- Type of fire extinguisher available for the fire
- Size and intensity of fire
- Size and capacity of the fire extinguisher
- Exit location and clear route away from fire

When not to fight a fire...

- If the fire could block your only exit
- If the fire is spreading quickly
- If the type or size of the extinguisher is wrong
- If the fire is too large
- If you don't know how to use the fire extinguisher

Extinguishment must not be attempted unless it is safe to do so and you have been trained, and Residents' safety is not in jeopardy.

An extinguisher may utilized using the following operation sequence.

SECTION 12.0

CONTROL OF FIRE HAZARDS

Fire Extinguishment, Control or Confinement

FIXED EXTINGUISHING SYSTEM - KITCHEN

This automatic system is installed over the cooking appliances. If a fire is noticed by a staff member the pull pin located on the wall by the Food Production Supervisor's desk should be pulled to activate the system. When the system activates it will fire extinguishing agent will be discharged onto the cooking surface, the fire alarm will be triggered, gas and electricity will be cut off to the unit and make up air will be shut down. If required, the K class handheld fire extinguisher should only be used after the fixed extinguishing system has been discharged and the electricity has been cut off. The K class extinguisher is water based and if applied before power is cut-off could cause electrocution. All staff working in the kitchen should be fully aware of how this system works.

SPRINKLER SYSTEM:

This system will operate automatically under fire conditions, once the temperature rises to a predetermined point. The sprinklers are designed to control a fire. The fire alarm will activate automatically when the water in the sprinkler system starts to flow. The area around these sprinklers must be kept clear at all times to allow the water to be dispersed properly should a fire occur. No storage to be closer than 19" below sprinklers.

FIRE HOSES:

Fire Hoses are located throughout the facility, in various strategic locations. In the majority of cases, the hose would be used by Fire Department personnel. However, staff should be familiar in operation of this equipment.

DOORS:

This is one of the most important fire safety features in the facility. It is important that each staff member understand the special construction and fire resistance rating of these doors which are 1 ¾ solid core. Keep in mind that each time a door is closed; it restricts the spread of not only the fire, but also the spread of smoke and toxic gases. The length of fire resistance time is located on the tag on the edge of the door.

EMERGENCY LIGHTING:

The facility is provided with a second source of lighting which will activate automatically when the regular source of power fails.

SECTION 12.0

CONTROL OF FIRE HAZARDS

Fire Extinguishment, Control or Confinement

FIRE ALARM PROTECTIVE COVER

A protective cover has been installed over all pull stations which will emit an alarm if lifted. This protective cover has been installed to alert staff that access to a pull station and allow time for the staff to intervene prior to the pull station being activated if it is being activated by a resident in error.

The protective cover will lift at any time and does not require any type of power.

FIRE DEPARTMENT RESPONSE

Upon arrival the fire department will enter the facility via the Main Entrance.

The Chief Fire Warden will designate a staff member to meet the fire department at the Main Entrance and direct them to the fire area.

The Fire Department's Fire Captain is identified by his/her red helmet.

LOCATION OF EMERGENCY & FIRE PROCEDURE MANUAL FOR EMERGENCY PERSONNEL ACCESS

A copy of the facility's Emergency & Fire Safety Plan is available to all staff in electronic form on the Approved drive folder on all computers.

A copy of the Fire Safety Plan and all documents required in the event of a fire in the home, are located in the Emergency Totes on all home areas.

SECTION 13.0

ALTERNATIVE MEASURES

In the event of any shut-down of fire protection equipment systems or part thereof:

1. The fire department and the central monitoring services must be notified immediately
Give the operator the nature of the shutdown and the anticipated period of time that the system or part of the system will be out of service.
2. The Administrator, the Environmental Services Manager and Drapeau Automatic Sprinkler Corp. must be notified
3. Staff must be made aware of the shutdown and instructions must be provided as to alternative provisions or actions to be taken in case of emergency.
4. All attempts to minimize the impact of malfunctioning or servicing of fire protection equipment must be initiated. Where portions of a sprinkler or fire alarm system are placed out of service the use of a “Fire Watch” must be initiated to monitor the areas in question.

In the event of a shut down	Measures to be taken
Fire Alarm System	Notify the Fire Department Notify the Central Monitoring System Notify the Administrator, FOO and COO Notify Drapeau Sprinkler Company Notify all staff and provide instructions on actions to be taken during the shut down and action to be taken in the event of an emergency. Initiate Fire Watch Protocol
Sprinkler System	Notify the Fire Department Notify the Central Monitoring System Notify the Administrator, FOO and COO Notify Drapeau Sprinkler Company Notify all staff and provide instructions on actions to be taken during the shut down and action to be taken in the event of an emergency. Initiate Fire Watch Protocol
Phone System	Notify the Administrator, FOO and COO Notify all staff and provide instructions on actions to be taken during the shut down and action to be taken in the event of an emergency

Magnetic Door Holders	Notify the Administrator, FOO and COO Notify all staff and provide instructions on actions to be taken during the shut down and action to be taken in the event of an emergency
Mag locks	Notify the Administrator, FOO and COO Notify all staff and provide instructions on actions to be taken during the shut down and action to be taken in the event of an emergency

FIRE SYSTEM OUT OF SERVICE NOTIFICATION

System out of service: Notification to central monitoring station	Date: _____ —	Time: _____
System Out of Service-Notification to Fire Department	Date: _____ —	Time: _____

System Back in Service	Date: _____ _____	Time: _____
System Back in Service-Notification to Fire Department	Date: _____ _____	Time: _____

Procedures to be followed in the event of shutdown of any part of a fire protection system are as follows:

1. Notify the fire department and the central monitoring service as stated above. Give your name, address and a description of the problem and when you expect it to be corrected.
2. Post notices at all exits and the main entrance, stating the problem and when it is expected to be corrected.
3. Have staff of other reliable person(s) patrol ("Fire Watch") the affected area(s) at least once every hour.

If fire or smoke conditions are discovered, alert all building occupants and begin emergency

SECTION 14.0**FIRE WATCH DUTIES**

NOTE: All Staff are to be notified that the fire protection system, or the specific part of the systems, in the building are not currently functional and that a Fire Watch has been instituted until repairs have been made. Management/Staff should take immediate actions to notify other Managers/Staff and evacuate the building when notified of a fire emergency. Notices should be placed at the Main entrance to notify visitors.

A Fire Watch by a designated, qualified person with the objective of detecting a fire in its early stages and of sounding the alert shall be appointed to conduct an hourly tour of the affected areas.

Individuals assigned to Fire Watch must be familiar with fire safety practices, know how to use a portable fire extinguisher, know the emergency procedures for the building and how to contact the fire department.

Persons conducting the fire watch must record their hourly patrols in a Fire Watch Logbook and be provided some means of communication (a cellular phone or two-way radio) to notify the fire department in the event of a fire.

In the event of fire, efforts must be taken to notify persons in the building that a fire emergency exists using a whistle or sounding device.

A person performing Fire Watch must be ON SITE 100% of the duration of the impairment.

A trained substitute must relieve the person performing Fire Watch duties.

Person(s) assigned for Fire Watch duties must have NO OTHER responsibilities assigned to them.

The Fire Watch Logbook must be filled out hourly detailing the reason for the Fire Watch, name of the persons conducting the Fire Watch, date, time, areas patrolled, status, etc.

Special vigilance is required when there is an interruption of any fire detection, suppression or alarm system component. The Administrator is to be advised immediately upon notice of a shut-down of any portion of the fire alarm or suppression system.

1. During a "Fire Watch" all Staff should be aware of the situation and to be especially vigilant while the system, or part of the system, is out of service and how to alert everyone if a fire type of condition is observed.
2. During a "Fire Watch" all Staff should be reminded of the locations of exits and fire extinguishers.
3. If fire or smoke conditions are discovered, alert all building occupants and begin emergency procedures
4. "Hot Works" such as welding or cutting must be prohibited in the area where the sprinkler protection is impaired or be limited to areas where approved precautions have been put into place.

SECTION 14.1**FIRE DRILLS****ANNUAL FIRE DEPARTMENT OBSERVED FIRE DRILL**

The purpose of this “Fire Drill” is to assist the Chief Fire Officials and owners/operators of buildings that contain care occupancies, care and treatment occupancies and retirement homes address the provisions of Sentence 2.8.3.2.(6) of Division B of the Fire Code.

Background: Sentence 2.8.3.2.(6) of Division B of the Fire Code requires that once every 12 months, a fire drill in care occupancies, care and treatment occupancies and retirement homes be carried out using a scenario representing the lowest staffing levels that might be encountered in the facility. This scenario must be approved by the Chief Fire Official in advance of the fire drill.

The purpose of the drill is to confirm compliance with Sentence 2.8.2.2.(1) which requires that there be sufficient supervisory staff to carry out the duties in the fire safety plan.

The annual fire drill required by Sentence 2.8.3.2.(6) should be based on a probable fire scenario that would provide the greatest evacuation challenge for staff. Ontario fire loss statistics reveal that fires starting in resident/patient rooms tend to be the most serious in that they account for the largest number of fire deaths in vulnerable occupancies. Typically, night time hours represent the time during which staffing levels are at the lowest levels. As a result, a scenario based on a fire originating in a patient/resident room during night time hours would constitute an effective annual fire drill exercise.

It should be noted that the fire drill is a simulation of a fire occurrence and although the number of staff and their location in the facility should replicate lowest staffing complement conditions, the drill itself can be undertaken on any day, at any time. Furthermore, owner/operators may consider the use of proxies in lieu of actual residents/patients for Participation in the drill.

In keeping with the objective of developing a probable fire scenario that poses evacuation challenges, the zone or floor area chosen to demonstrate the fire drill should be one that includes either the largest number of residents/patients or a large number of residents/patients that require the greatest assistance with evacuation. In facilities with a variety of sleeping arrangements, the sleeping room chosen to be the room of fire origin within the selected zone or floor area should be *one occupied by non-ambulatory resident(s)/patient(s) with more than one occupant, where applicable*.

Sentence 2.8.3.2.(6) of Division “B” of the Fire Code. This directive provides direction to Assistants to the Fire Marshal on Fire Drill Scenario approvals, fire drill observations, and fire safety inspections required by the regulation

ANNUAL FIRE DEPARTMENT OBSERVED FIRE DRILL (CONTINUED)

Background: Ontario Regulation 364/13 requires that fire drills be observed and fire safety inspections be undertaken, as directed by the Fire Marshal, for every care occupancy, care and treatment occupancy, and retirement home for which an annual fire drill is required by Sentence 2.8.3.2.(6) of Division “B” of the Fire Code. This directive provides direction to Assistants to the Fire Marshal on Fire Drill Scenario approvals, fire drill observations, and fire safety inspections required by the regulation

Directive:

1. When contacted by the owner of a care occupancy, care and treatment occupancy, or retirement home for approval of a fire drill scenario required by Sentence 2.8.3.2.(6) of Division “B” of the Fire Code, the Chief Fire Official must engage with the owner to agree on and approve in writing:

A scenario representing the lowest staffing level complement that determines:

- i. The time available for staff to respond to the room of origin, remove the occupant(s) from the room, and close the door to the room
- ii. The time available, after closing the room door, for staff to evacuate residents/patients from the zone or floor area containing the room of fire origin to the next point of safety.

using the form in Annex A ‘Fire Drill Scenario’ (follows in this document). A different form may be used provided that it collects all of the information required by the form in Annex A

- b) A notification time period for the fire drill as required by Article 2.8.3.3. of Division B of the Fire Code, including a minimum notice period should the need arise to reschedule the fire drill.
- a) To respond to the room of fire origin, remove occupant(s) from the room and close the room door within the time approved in item 1(a)(i),
- b) To evacuate residents/patients from the zone or floor area containing the room of fire origin to the next point of safety, within the time approved in item 1(a)(ii), and
- c) To carry out other duties in the approved fire safety plan that may be necessary within the context of the fire drill.

2. The fire drill observation required by Ontario Regulation 364/13 for every care occupancy, care and treatment occupancy and retirement home, shall be carried out to determine if there is sufficient supervisory staff.

NOTE: The Fire Drill and the Fire Inspection referenced in the regulation are not required to be undertaken on the same day.

SECTION 14.1

FIRE DRILLS

FIRE DRILL POLICY

Monthly (at least once per shift):

1. Contact Fire Department at 613-962-2010 and notify them that you are conducting a drill and that no response to the alarm is necessary.
2. Choose a location to simulate the drill.
3. Upon activation of the fire alarm, proceed with duties as indicated in procedure as if the drill is an “actual fire emergency”.
4. Following the drill, a full de-brief of staff is to occur, allowing opportunity for questions and education.
5. Reset alarms and magnetic doors.
6. Complete Fire Drill Evaluation Form and record staff attendance.
7. After the drill is complete – contact the Fire Department at 613-962-2010 and verify alarm transmitted to the station. Notify Fire Department that drill is complete and system is now active again.

ATTENDANCE AT FIRE DRILLS AND EDUCATION SESSIONS

1. A record of staff attendance will be completed following each drill and recorded to demonstrate compliance with Fire and Emergency Preparedness training and education and the Ontario Fire Code.
2. All staff must participate in a fire drill at least annually.
3. The Education Coordinator will monitor annual attendance to ensure compliance.

Release of Magnetic Door Locks

Magnetic Locks will release when the system enters Stage 2 or may be released by activating the Pull Station adjacent to the door.

Magnetic Locks will be fully functional when a power failure occurs and the generator is initiated in the home. The RN/RPN Fire Warden must re-set the magnetic locks after the Fire Alarm Drill or Fire Alarm Activation

The re-set box is located:

In the CACF Central Alarm and Control Facilities (CACF) Room located between the two front doors at the Main Entrance.

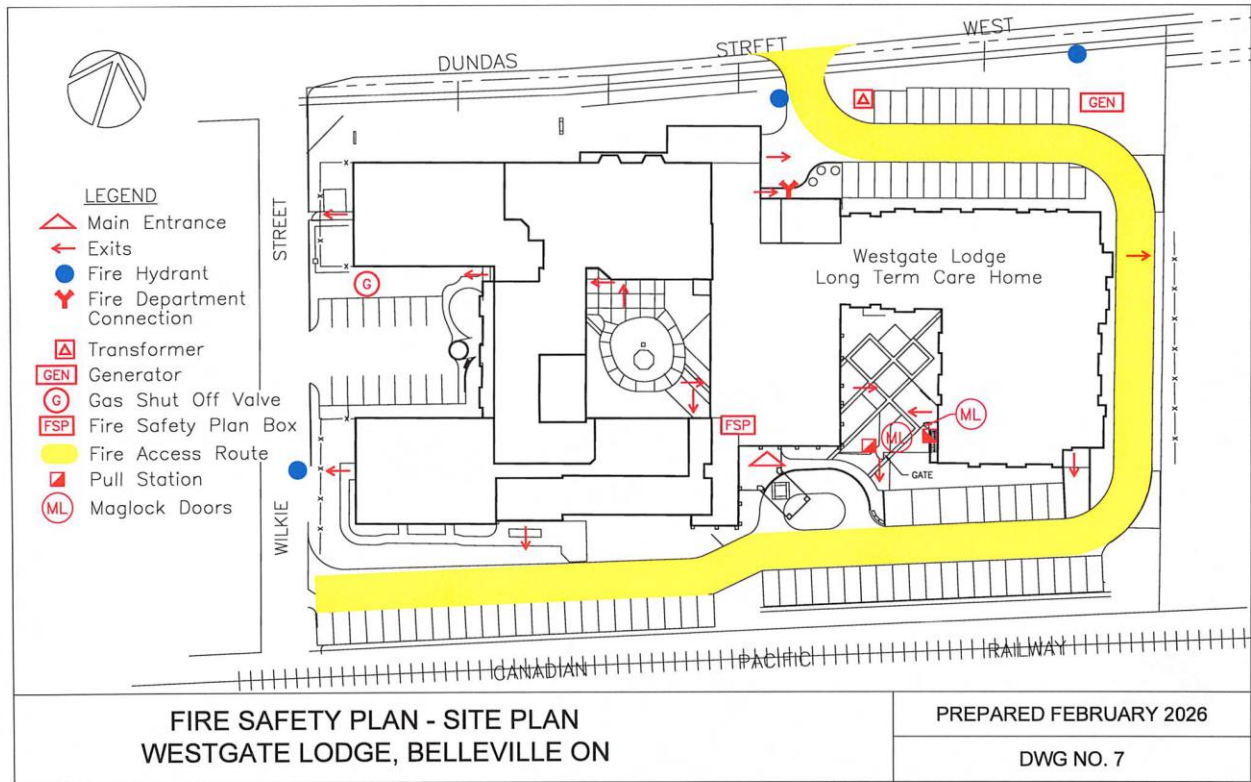
TO RESET MAGNETIC LOCKS

The key to the reset the locks is in the Reset box. A spare key is located on the Level 1 Charge Nurse Key Ring. Turn key to the LEFT to the reset position until you feel the “click”
Return the key to the 12:00 position and remove.

The green light should illuminate to signal that locks are functioning.

DO NOT TURN KEY TO TEST - this is for use by the Alarm Test Company only

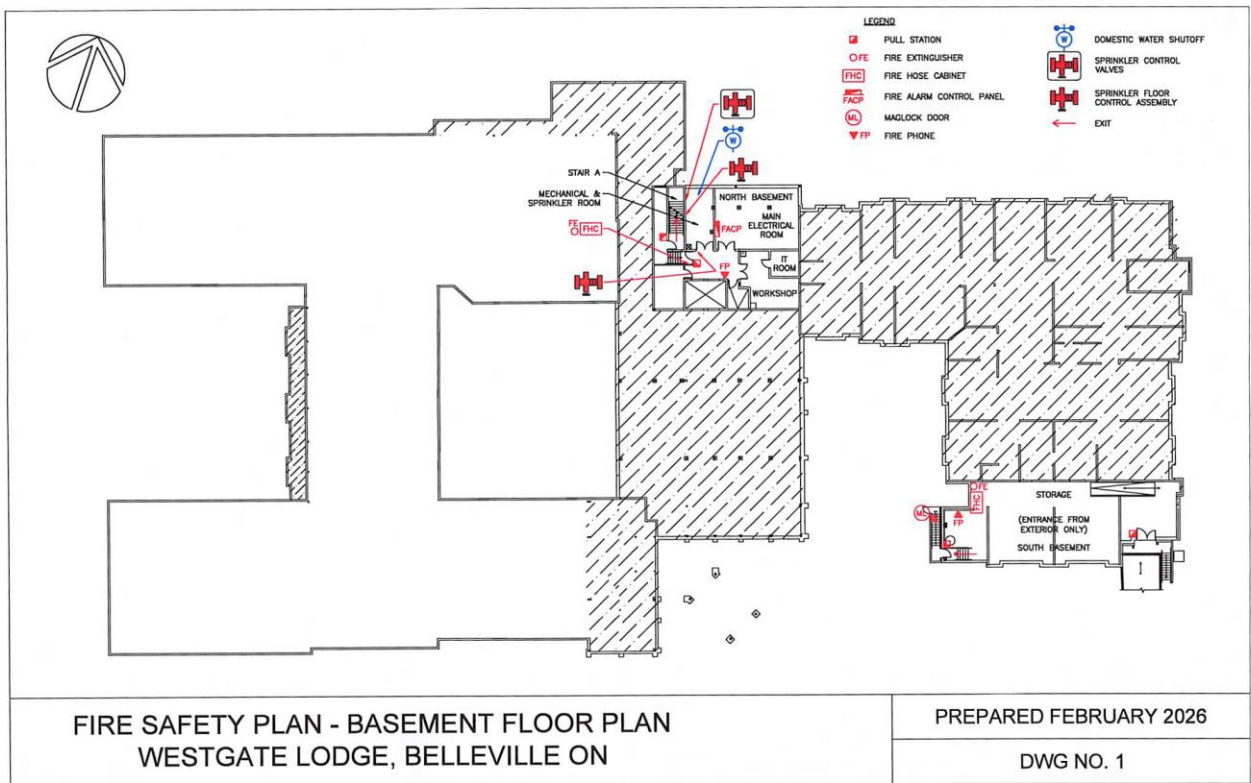
Printed Floor Plan in Fire Manual are 11x17



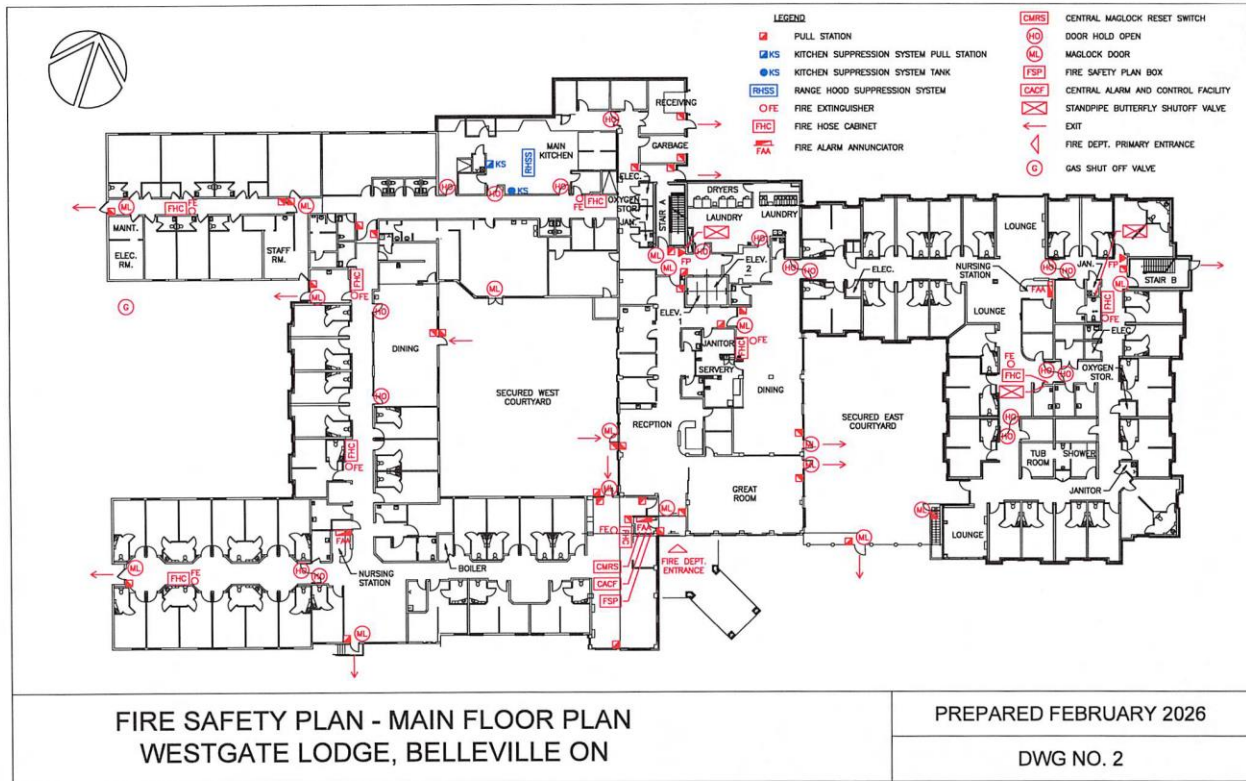
Printed Floor Plan in Fire Manual are 11x17



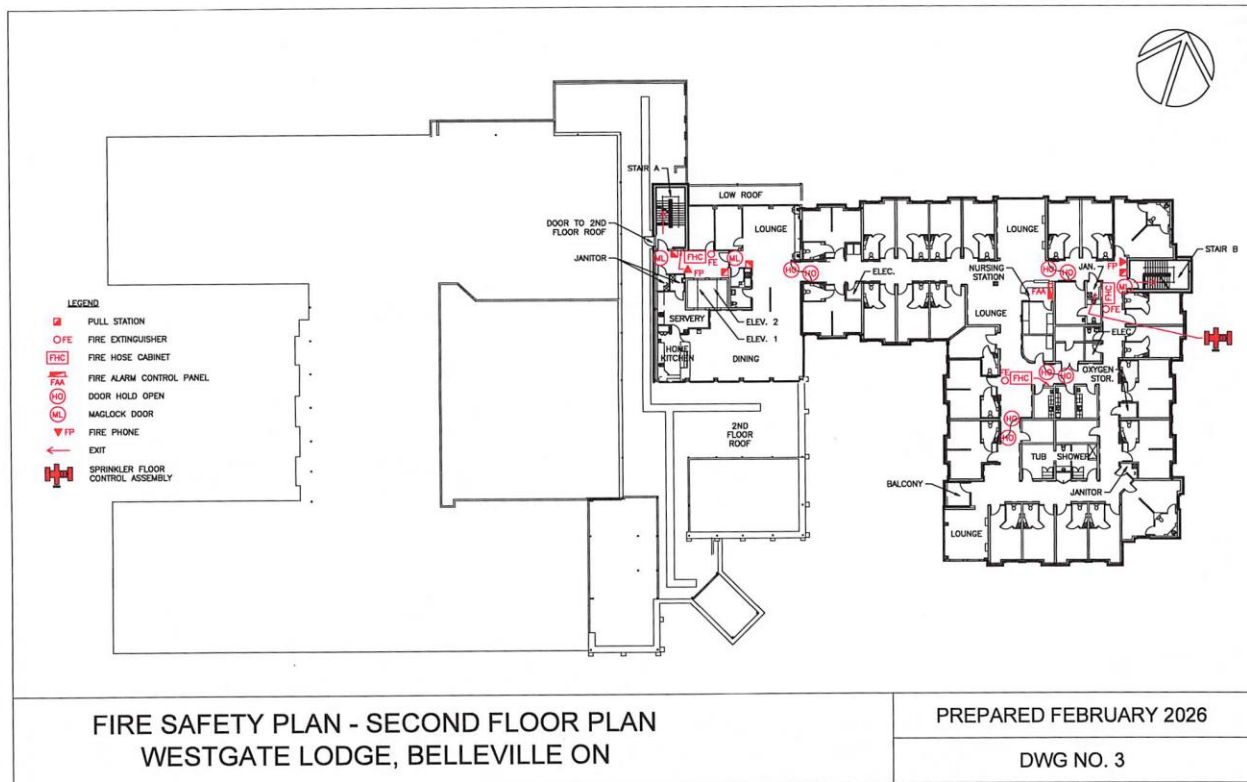
Main electrical shut off - Located main electrical room adjacent to Fire Panel
Will resend updated 11x17 drawings.



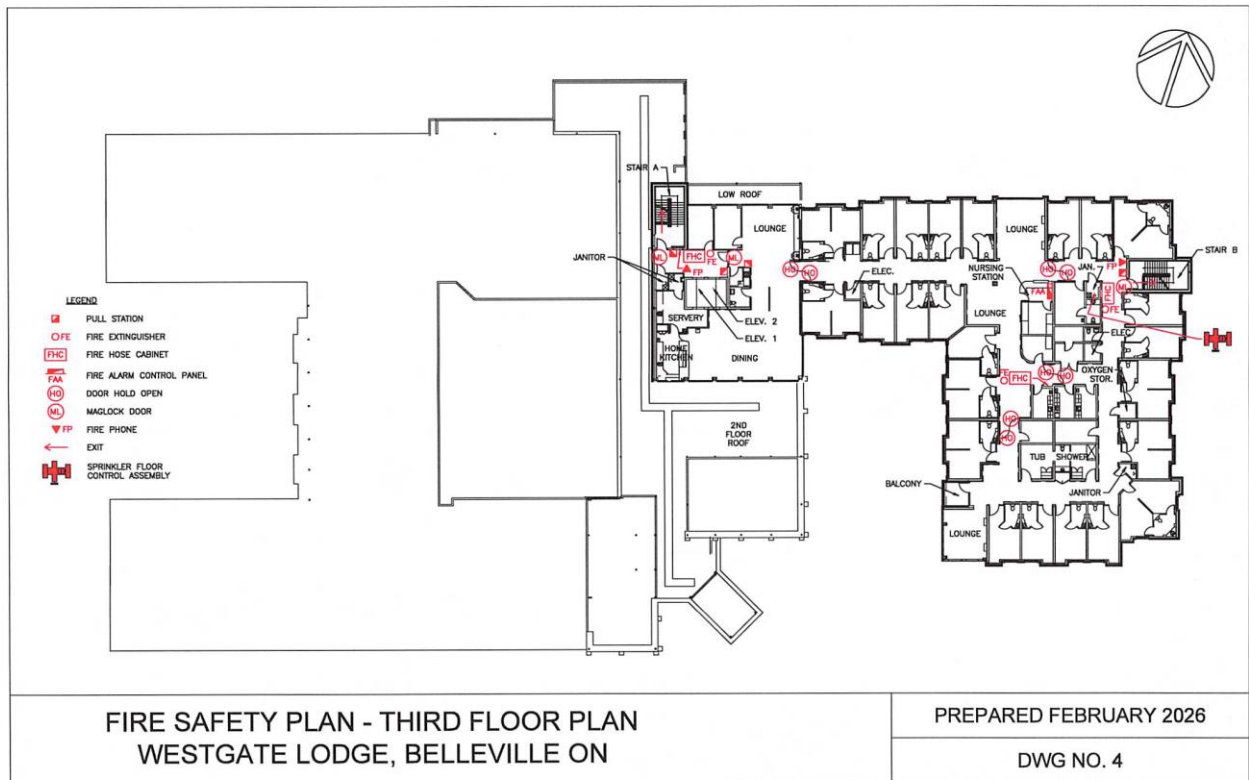
Printed Floor Plan in Fire Manual are 11x17



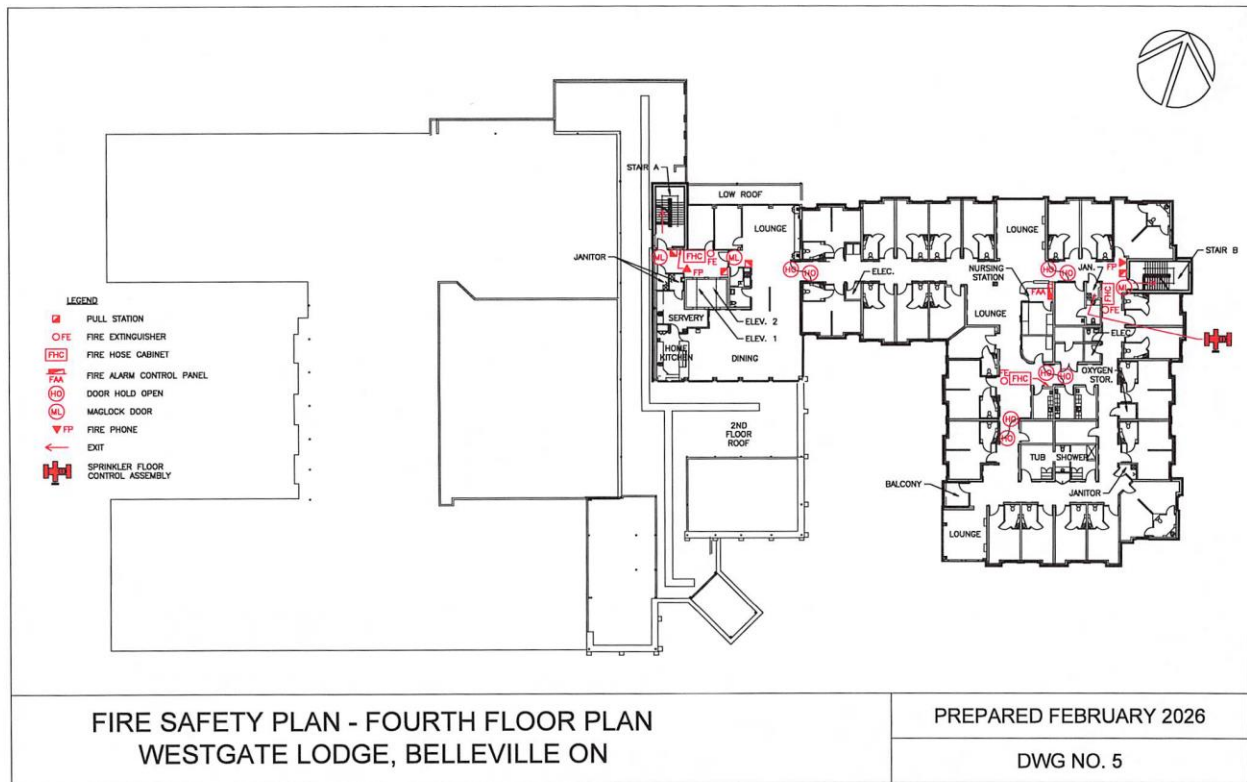
Printed Floor Plan in Fire Manual are 11x17



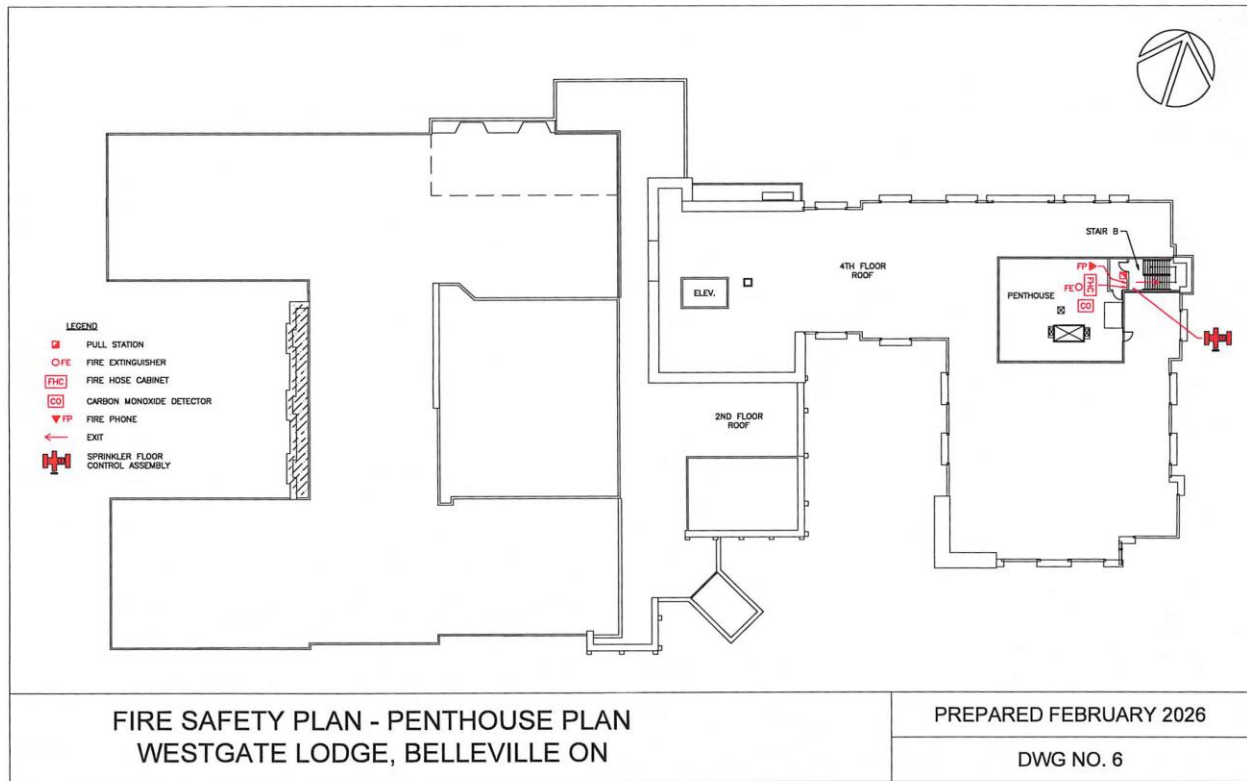
Printed Floor Plan in Fire Manual are 11x17



Printed Floor Plan in Fire Manual are 11x17



Printed Floor Plan in Fire Manual are 11x17



APPENDIX A**TRANSITIONAL PLAN FOR FIRE ALARM MONITORING**

The following plan will be in place between Westgate Lodge building A (first entrance off Wilkie Street) and the new Long Term Care Home, building B (second entrance off of Wilkie Street), located at 37 Wilkie Street during the transitional period of approved building occupancy and resident occupancy of the New Long Term Care Home prior to starting any renovations / construction of Building A.

The Transitional Plan will be effective from the period of time occupancy is granted by the city of Belleville building department for Building B and continue until all residents and have been moved from Building A to Building B at which time the fire alarm panel in building A will be decommissioned and construction commences. It is anticipated that all residents will be moved into Building B by April 22, 2026.

It is expected that this transitional plan will be in place for a 6 week period.

During the transition period Build A and B will be monitored by two separate fire alarm panels.

To meet the requirements of the building department for occupancy of building B, the entire complex must have a plan in place to operate as a unified building in the event an alarm is initiated in either Building A or B.

Both building fire alarms must be activated if either buildings alarm is initiated, so that the entire complex is in alarm.

During the transition period, a manual procedure to activate the building where the alarm did not originate will be in place during the transitional period.

Staff have been instructed that in the event of an alarm at either building a designated staff member will be instructed to attend the adjacent building and activate a fire alarm pull station.

During this time both buildings will continue to be under a Fire Alarm Monitoring System which is monitored 24/7 by Alarm Systems. Alarm systems will identify the origin of the alarm as either 37 Wikle St Building A or 37 Wilkie St Building B. Staff will also contact 911 as part of their regular duties.

Staff contacting 911 have been instructed to identify the location of the fire as Building A (old building) or Building B (new building). A staff member will meet the fire department at the designated entrance.

The procedure to manually activate an alarm in the building where the automatic alarm did not originate will be maintained during the transitional period and reviewed with staff at the change of each shift. Upon an Alarm the Chief Fire Warden will designate a staff member to immediately pull the closest pull station in the building not in alarm.

This system will be tested on each shift to ensure functioning properly.

During the transitional period but prior to occupancy of building B, the kitchen will remain monitored with Building A's fire Alarm system (panel). On the day after residents are moved to Building B, the kitchen will be converted to be monitored by Building B fire panel. The kitchen fire sprinkler system will be maintained.

It is anticipated this date will be April 22, 2026.

APPENDIX B FIRE SAFETY PLAN REVIEW RECORD

The Fire Safety Plan must be reviewed as often as necessary, but at intervals not greater than 12 months to ensure that it takes account of changes in the use and other characteristics of the building. It is the responsibility of the owner to ensure that the information contained within the Fire Safety Plan is accurate and complete. (*Ontario Fire Code 2.8.2.1.(4) of Division B*).

Date of Review: _____ Reviewed By: _____

Position: _____ Signature: _____

Date of Review: _____ Reviewed By: _____

Position: _____ Signature: _____

Date of Review: _____ Reviewed By: _____

Position: _____ Signature: _____

Date of Review: _____ Reviewed By: _____

Position: _____ Signature: _____

Date of Review: _____ Reviewed By: _____

Position: _____ Signature: _____

Date of Review: _____ Reviewed By: _____

Position: _____ Signature: _____

Date of Review: _____ Reviewed By: _____

Position: _____ Signature: _____

APPENDIX C

FIRE DRILL EVALUATION FORM

DATE OF FIRE DRILL: _____ TIME: _____ LOCATION: _____

SOURCE OF ACTIVATION: Pull Station Fire Alarm: Resident Room Common Area

WAS "CODE RED" ANNOUNCED WITH LOCATION x 3? Yes No

STAFF MEMBER ASSIGNED TO CALL 911? Yes No

WAS A STAFF MEMBER ASSIGNED TO THE FRONT DOOR Yes No

NAME OF CHIEF FIRE WARDEN: _____ ARRIVAL TIME: _____

WAS STAFF RESPONSE ON RHA APPROPRIATE? Yes No

DID ALARM SYSTEM MOVE TO EVACUATION STAGE? Yes No

WERE CHECKED ROOM DOORS PROPERLY MARKED? Yes No

DID AUTOMATIC FIRE SEPARATION DOORS CLOSE PROPERLY? Yes No

DID ALL DESIGNATED STAFF ATTEND THE FIRE SCENE? Yes No

DID ALL EQUIPMENT/SYSTEM RESET PROPERLY AFTER THE DRILL? Yes No

WAS "ALL CLEAR" ANNOUNCED x3 Yes No

NAME OF PERSON COMPLETING DEBRIEF: _____

RECOMMENDATIONS/NOTES FROM THE DEBRIEFING:

**APPENDIX D
FIRE EXTINGUISHER TRAINING LOG**

STAFF IN ATTENDANCE

<u>NAME</u>	<u>DATE</u>	<u>INSTRUCTOR</u>

APPENDIX E

VULNERABLE OCCUPANCY – FIRE DRILL SCENARIO FORM

Vulnerable Occupancy – Fire Drill Scenario Form

This Section Completed by Owner / Operator

This guideline is intended to assist facility administrators and Chief Fire Officials with the development and validation of the annual fire drill scenario requirement in care occupancies, care and treatment occupancies and retirement homes. Complete the 4 steps below when seeking a fire service approval of the fire drill scenario.

PART (1) PROPERTY INFORMATION

Property Operating Name: Westgate Lodge		Contact number:
Contact Name: Shelly Hills		Occupancy Classification: CHECK Below
Occupancy Address: 37 Wilkie		<input checked="" type="checkbox"/> Care Occupancy
City/Town: Belleville	Postal Code: K8P 4E4	<input type="checkbox"/> Care and Treatment Occupancy
Licensing Agency: Ministry of Health	Licensing Number: 2623-L01	<input type="checkbox"/> Retirement Home

PART (2) CONTACT INFORMATION

Owner Name: Greg Freeman	
Owner Address: 106 Crown St	
City/Town: Trenton	Postal Code: K8V6R3
Contact Number: 613-661-2330	Email address: gfreeman@crowridgehealth.ca

PART (3) APPROVED FIRE DRILL SCENARIO

TIP:	<ul style="list-style-type: none"> The Ontario Fire Code requires monthly fire drills to be performed in care occupancies, and care and treatment occupancies. The local fire service observes an annual fire drill to determine sufficient supervisory staff is available to perform fire safety duties described in the Fire Safety Plan. Every person required to implement a fire safety plan must have completed an acceptable training program/course by January 1, 2017. Additional requirements and Compliance dates can be found in the Compliance Schedule. Check all Fire Code applications here
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Step 1 - Develop a Scenario Representing Lowest Staffing Level Complement

A	Select a zone/floor area of fire origin involving residents/patients in resident/patient rooms that poses the greatest evacuation challenge for staff.	Floor # : _____ Zone: _____ Number of residents/patients in the fire compartment that will require evacuation to a point of safety: _____
B	Identify the point of safety to which residents/patients in the zone/floor area of fire origin will be evacuated.	<input type="checkbox"/> Outside Building <input type="checkbox"/> Exit stairwell (min. 30 minutes fire resistance rating) <input checked="" type="checkbox"/> Adjacent Zone (min. 30 minutes fire resistance rating)

C	Select a resident/patient room within this zone/floor area that would represent the room of fire origin.	Room #: _____ Total residents/patients in the room: _____
D	Simulate the time of day representing the lowest staffing level complement available to respond to the room of fire origin.	Time of day: _____ Number of staff available to respond: _____

TIP:

- Submit drawings to the fire service that show the building features and the proposed area affected by the fire drill. Include the proposals listed above on the drawing so that the scenario can be reviewed and approved.
- Evacuations in stairwells with non- ambulatory residents may be labour intensive. Proxies should be considered when scenarios are developed to ensure the safety of all residents / patients within the facility. Refer to OFMEM TG-01-2013 and TG-01-2004 for details.

Step 2 - Determine Time Available for Closing the Door to the Room of Fire Origin

A	Estimate the time required for detecting a fire in the room of fire origin based on the device in the room of fire origin. Use the time shown from Table C.1 below unless otherwise documented.	Fire Detection Time <u>0.75</u> (minutes)(A)
B	Estimate the time period during which the suite or room of fire origin is safe to enter. Choose 2.5 minutes for an unsprinklered room or 5 minutes for a sprinklered room.	Time room is safe to enter <u>5</u> (minutes)(B)
C	Calculate the time available for staff to : <ul style="list-style-type: none"> • respond to the room of fire origin • remove/assist occupants from the room, and • close the room of fire origin door. 	(B) - (A) = (C) Time Available Time available : <u>4.25</u> (minutes) (C)

Table C.1 Detection Method**Maximum Detection Time	Time to Detect (min)
smoke alarm/detector in small bedroom (12 x12 ft) of fire origin	.5
smoke alarm/detector in medium to large room (15 x 20 to 25 x 25 ft) of fire origin	.75
smoke detector in corridor, with fire initiating in adjacent bedroom with open door	1.5
smoke detector in corridor, with fire initiating in adjacent small bedroom with closed solid-core wood door	5
135°F heat detector in small bedroom (12 x12 ft) of fire origin	1.5
135°F heat detector in medium to large room (15 x 20 to 25 x 25 ft) of fire origin	2.5
135°F heat detector in corridor outside adjacent small bedroom of fire origin with open door	3.3
135°F heat detector in corridor outside adjacent small bedroom of fire origin with closed solid-core wood door	18
135°-165°F residential type sprinkler system in a bedroom of fire origin	2.5
supervisory staff at work station smelling smoke from fire in room with door open to corridor	6
supervisory staff at work station smelling smoke from fire in room with solid-core wood door closed to corridor	8.3

** For the purposes of this document only the maximum time to detect is shown. Refer to OFM TG-01-2013 Table C.1 for additional information.

TIP:

- **NEVER re-open the door to the room of fire origin after evacuating the room.** Smoke and fire may compromise the hallway and reduce the time available to evacuate residents to the next point of safety. Fire Safety Plan instructions should ensure doors remain closed.
- Smoke alarms are now mandatory in each suite, or sleeping room not within a suite, that is not equipped with a smoke detector. Information can be found in the Fire Alarm Test Report to determine the type of detector in each suite and sleeping room.
- Self-closing devices may be required on doors to suites and sleeping rooms on January 1, 2017. [Check all Fire Code applications here.](#)

Step 3 - Determine Time Available to Evacuate Occupants in the Zone/Floor Area of Fire Origin to a Point of Safety AND Closing the Door to the Room of Fire Origin

<p>A</p>	<p>Identify the type of door to the room of fire origin.</p> <p>*Door rating information may be found on suite door frame and on door near hinges.</p>	<p>Check applicable door type / rating;</p> <p><input type="checkbox"/> Wood panel or Hollow-core wood = 5 min</p> <p><input type="checkbox"/> 45 mm solid-core wood = 15 min</p> <p><input checked="" type="checkbox"/> 20-min. rated door in 20 min labelled frame = 20 min</p> <p><input type="checkbox"/> Hollow metal / steel door = 30 min</p> <p><input type="checkbox"/> 45 min labelled door in 45 min labelled frame = 45 min</p> <p>Door rating - <u>20</u> (min.) (A)</p>
<p>B</p>	<p>Determine the minimum water supply duration for automatic sprinklers from the following information:</p> <p>No sprinklers = 0 minutes</p> <p>Sprinklers designed to NFPA 13D = 20 minutes</p> <p>Sprinklers designed to NFPA 13R = 30 minutes</p> <p>Sprinklers designed to NFPA 13 = 30 minutes</p> <p>Municipal water supply to sprinklers = 60 minutes</p> <p>*Sprinkler design information may be found in Sprinkler System Test Reports or other documentation.</p>	<p>Sprinkler system water supply duration (minutes)</p> <p><u>60</u> (min.) (B)</p>
<p>C</p>	<p>Calculate the <u>time available</u> to evacuate residents to the point of safety.</p> <p><u>Time available</u> is denoted as (C).</p> <p>(This is time available after the door to the room of fire origin is closed.)</p>	<p>(A) + (B) = (C) Time available</p> <p>Time available to evacuate residents to point of safety.</p> <p><u>80</u> (min.) (C)</p>

List Supervisory Staff duties to be carried out as noted in the Approved Fire Safety Plan

May include calling 911, pulling fire alarm or other duty to ensure resident safety:

Method of Alarm Activation for Fire Drill Scenario

May be direct fire alarm activation, silent alarm, verbal notification:

Activation of smoke detector in room of fire location.

- TIP:**
- PRACTICE the fire drill scenario and supervisory duties prior to fire service observations to ensure time requirements are obtained with minimum staffing levels. Ensure the Fire Department has the most current Fire Safety Plan.
 - Options to improve evacuation times can be found on page 15 of the OFMEM Guideline TG-01-2013.
 - Submit the plan to the Chief Fire Official for approval of the Fire Drill Scenario.

PART (4) APPROVED FIRE DRILL SCENARIO INFORMATION

Document Prepared by:	Date Prepared by:
Proposed Date for Fire Drill Observation:	Alternative Date:
Date Submitted to Chief Fire Official for APPROVAL:	

Chief Fire Official Approval of Fire Drill Scenario

Print Name	Signature	Date

This Section Completed by the Fire Service

Verification of Fire Drill Scenario Variables

Verify the following prior to running the actual fire drill. Adjust scenario times as required if discrepancies identified.	Confirmed - Y or N
Does the Fire Drill Scenario represent the lowest staffing level as identified in the Fire Safety Plan?	
Is the detection method provided in Step 2 A (table C.1) properly identified and used in calculation?	
Will the identified point of safety accommodate everyone from the evacuated zone?	
Is the door rating provided in Step 3 A properly identified and used in calculation?	

Time Verification by the Fire Service

Actions from Directive 2014-02	Time Calculated By Owner	A	
The actual time to respond to the room of fire origin, remove occupant(s) from the room, and close the door to the room.	Show time from Step 2 C – Available Time _____	Record actual time to complete task _____	Acceptable <input type="checkbox"/> Y or N <input type="checkbox"/>
The actual time to evacuate residents/patients from the zone or floor area containing the room of fire origin to the next point of safety	Show time from Step 3 C – Available Time _____	Record actual time to complete task _____	Acceptable <input type="checkbox"/> Y or N <input type="checkbox"/>
		Pass	Fail
Was the actual time to respond to the room of fire origin, remove occupant(s) from the room, and close the door to the room within the time permitted?		<input type="checkbox"/>	<input type="checkbox"/>
Was the actual time to evacuate residents/patients from the zone or floor area containing the room of fire origin to the next point of safety within the time permitted?		<input type="checkbox"/>	<input type="checkbox"/>
Were all identified Supervisory Staff duties from Fire Safety Plan completed as shown above?		<input type="checkbox"/>	<input type="checkbox"/>
Did the fire drill observation identify any <i>Supervisory Staff</i> duties performed that were not shown in the Fire Safety Plan?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

- TIP**
- If the fire drill observations determine that *insufficient* supervisory staff is available to perform the fire safety duties as described in the Fire Safety Plan, appropriate enforcement options provided in OFMEM TG-01-2012 – Fire Safety Inspections and Enforcement should be utilized to ensure the safety of the occupants.
- Complete the "Registry of Vulnerable Occupancies" as required in Directive 2014-001 and detailed in Communiqué 2014-09
 - Directive 2014-002 requires a Fire Safety Inspection to be completed. The inspection may be done on a different date than the Fire Drill.
- **Ensure the Fire Safety Inspection Checklist is completed and retained in the fire department file.