DEEP RIVER AND DISTRICT HEALTH

Policy: Code Red – Fire Safety Plan	
Original Date: 2016-06-27	**Policy Manual:** Emergency Preparedness
Approved by: ☐ Board of Directors ☒ Chief Executive Officer ☐ Chief Financial Officer ☐ Chief Nursing Executive ☐ Chief Human Resources Officer	

Preamble

This Code Red – Fire and Fire Safety Plan (FSP) has been prepared for the occupants of Deep River & District Health, which includes the Deep River and District Hospital (DRDH), the Four Seasons Lodge (FSL), the North Renfrew Family Health Team (NRFHT), as well as Tenants located at

117 Banting Drive
Deep River, Ont.
K0J 1P0

This FSP is based on requirements of Section 2.8, 2.8.1.1 Emergency Planning of the 2007 Ontario Fire Code (OFC) (Ontario Regulation 213/07: Fire Code) and includes information on the organizations emergency systems, procedures and provisions that will assist the staff with managing patient/resident care and essential services in a fire emergency situation.

The Ontario Fire Code requires the owner to be responsible for carrying out the provisions for fire safety, in that the Fire Safety Plan (FSP) shall be prepared by DRDH and implemented at Deep River and District Health. The Chief Fire Official or designate approves the plan, which shall be submitted for re-approval with any material changes to the response plan, any changes in building occupancy, use or other characteristics of the building or premise.

Through the Emergency Preparedness Committee, the Fire Safety Plan will be reviewed at least on an annual basis. In the event the organization experiences a Code Red, the Fire Safety Plan will be reviewed within 30 days of the Code Red event by the Committee, as per the Fixing Long-Term Care Act, 2021. The FSP shall be revised as necessary so that it takes into account changes in the use or other characteristics of the building or premises.

An updated Code Red- Fire Safety Plan will be provided to the Chief Fire Official at the Town of Deep River at least every three years for review, and upon request.

An electronic copy of the FSP will be submitted to the Deep River Fire Department (DRFD) for approval when required. The signed, and approved copy will be returned to the organization electronically, and an electronic final approved copy, signed by the DRDH CEO, will be provided to the DRFD.

The purpose of the FSP is to provide staff with guidelines on how to respond in a Code Red situation.

Copies of the Code Red FSP are housed in the following locations:

- The FSP box located at the ambulance entrance to the organization. This ambulance entrance is most often used by EMS and the DRFD. Both the fire and police departments also have

access cards for the staff entrance.
- Policy Medical: Polices and Forms → Emergency Preparedness
- Within the Emergency Operations Centre (EOC) Mobile Command Carts, located within the Primary Care Building and outside of the Classroom.

Policy

A Code Red is a planned response to a fire on the organizations premise and will ensure immediate actions are taken to minimize risk of injury. The first priority of the Code Red and FSP is to maximize the protection of patients, residents, visitors and staff from injury. The second priority is to protect property and equipment from damage.

Procedure

Fire Response

Fire - Upon Discovery of a Fire or if the fire is in your area

The order in which the responses occur may change depending on nature, severity and location of fire.

R E A C T

R - Remove persons in immediate danger if possible.
- If you discover a fire or are suspicious of a condition that may indicate the existence of a fire, immediately remove all persons in the room. Place patients/residents in another fire zone and evacuate room(s) immediately beside the fire to another fire zone ensuring appropriate door flags are applied to indicate the room is all clear. Referencing **Appendix I:** Door Flagging Procedure.

When evacuating, always evacuate the easiest people first:
1. Ambulatory
2. Wheelchair or Walker
3. Non Ambulatory
4. Resistive

E - Ensure the door(s) is closed to contain the fire and smoke.
- Once fire system is activated fire doors will close. All other doors will need to be closed manually.

A - Activate the fire alarm system using the nearest pull station.
- Pull the handle down. Depending on the severity/progress of the fire, the fire alarm system may already have been activated by the smoke, heat detector or sprinkler.

C - Call Code Red – Main Building.
- Call Code Red by pressing 7999, waiting 2 seconds then pressing 2 and saying “Code Red, location” x 3
- If the fire alarm has activated on its own and the Code Red not has been announced, the In-Charge Nurse will read the annunciator panel and page Code Red and location.

T - Try to extinguish the fire or concentrate on further evacuation.
- Try to extinguish the fire – only if it safe to do so and you have had training on the use of a fire extinguisher

Upon hearing an alarm, staff will complete any specific departmental duties as outlined in this fire safety plan. Following the completion of any departmental responsibilities outlined, staff will wait for the identification of the fire location and then proceed with evacuation or response, if it is safe to do so. All staff must respond accordingly upon hearing the Fire Alarm**.** All staff must stop what they are doing (if it does not involve life-saving activities) and follow the departmental checklist.

Team Member Responsibilities

Fire Response Team:

- The Fire Response Team are the staff that are responsible to respond to the scene of the fire with fire suppression equipment. They are responsible to carry out fire suppression, fire containment and fire area evacuation activities. First Response Team members will coordinate these activities with departmental staff in the area of the fire.
- Members of First Response Team for the primary care building are:
    - Administrator-on-Call (Incident Commander)
    - Manager of Clinical Services – Primary and Ambulatory Care
    - Registered Practice Nurse – one member
    - Registration – one member
    - Maintenance – all personnel
- Members of First Response Team for the main hospital and long-term care building are:
    - Administrator-on-Call (Incident Commander)
    - In-Charge RN
    - Maintenance – all personnel
    - Housekeeping – all personnel
    - Laboratory – one member
- After Administrator-on-call, Housekeeping and Laboratory leave the facility (i.e. after their regular hours), members of the first response team are:
    - In-Charge RN (Incident Commander until Administrator-On-Call arrives)
    - Medical Floor RPN
        - *Response is limited to ensuring anyone in danger is safe, fire containment and calling Code Red*

1. Immediately report to scene of fire with a fire extinguisher. If the alarm goes off without an overhead announcement describing fire location you must go to the nearest annunciator panel to confirm location of fire.
2. Get any information about fire from staff in that area, if door is closed check to see if door is hot before you open. If door is hot do not open and proceed with “do not fight fire” procedures below.
3. If there is a lot of smoke in the area do not attempt to fight the fire and proceed with “do not fight fire” procedures below.

The Incident Commander will designate a DRDH Team Member as the Accountability Officer. The designated DRDH Accountability Officer will identify and maintain a record of all individuals (patients, residents, staff or visitors) that are inside the building during the code response. The Accountability Officer remain at the main entrance, to liaison with the DRPD upon arrival.

FIGHT FIRE	DO NOT FIGHT FIRE
Only if you feel that you can do so safely	Assist departmental staff in evacuating anyone in immediate area of the fire
Approach fire cautiously, always maintain an escape route	Attempt to contain fire by closing windows and doors
Remember P.A.S.S (use of fire extinguisher)	Ensure that all lights are left on in the area to assist firefighting crews
	When above duties are completed, report to Incident Commander for further direction

Incident Commander (or delegate) assumes control of the firefighting procedures until the arrival of the DRFD.

Upon being relieved of firefighting duties, Maintenance staff will stand by to shut down supply systems as required, complete required checks or to reset the alarm. “All clear” is determined by Incident Commander (during drill) or the fire department (for unscheduled/actual fire). During a drill, the Incident Commander will inform Maintenance staff when “all clear” and the alarm system may be reset. During an unscheduled/actual fire the DRFD will inform the Incident Commander when “all clear”, who will then inform Maintenance staff to reset alarm.

Maintenance staff shall not reset alarm until given the “all clear” by the Incident Commander.

Only the Incident Commander, in consultation with the DRFD Incident Commander may order the silence ofthe alarms (once all systems have been checked). No other staff member may “order” the silencing of the alarms.

The Incident Commander will direct Maintenance staff to assist with aspects of the Code Red response.

<u>In-Charge Nurse:</u>
During times when the Administrator-on-Call is not on site, the In-Charge Nurse will assume Incident Commander role until the Administrator-on-Call arrives on site.

- If the fire alarm is triggered on its own, check annunciator panel and page fire location
- Put on Orange Vest to identify yourself as In-Charge Nurse
- Notify Maintenance-On-Call, if required when Registration is not on site.
    - This task may be delegated.
- Ensure Deep River Fire Department aware of alarm by calling 9-1-1.
    - This task may be delegated

See document management system or In-Charge Nurse folder on the Medical Floor for Code Red In-Charge Nurse Checklist

<u>Nursing Team:</u>

- Nursing staff in the Emergency Department, Medical Floor, Four Seasons Lodge and FamilyHealth Team will monitor patients/residents and await further instruction.

<u>Reception:</u>

- Assist in directing staff, patients, residents and visitors to appropriate meeting area
- Keep telephone lines clear
- Remain at Reception until the “All Clear” has been sounded or fire circumstances necessitate evacuation from the area
- If main building reception area must be evacuated switch phones to night setting

Diagnostic Imaging

- One staff member to monitor and restrict access to building through Emergency Entrance Door and the North Renfrew Family Services Entrance

Finance:

- One staff member to monitor and restrict access to building through Main Entrance Door

Food Services:

- One staff member to monitor and restrict access to building through Staff Entrance Door

Management Team Members:

- Departmental Managers will report to emergency, medical or long-term care nursing stations, to provide assistance and readiness for evacuation if required

All Other Staff:

- Staff who identify themselves with a special need and are permanently staffed within a department will develop with their departmental manager and Occupational Health an individualized emergency response plan as outlined within the Accessibility Policy.
- All staff have the responsibility to familiarize themselves with the locations of pull stations, fire extinguishers and emergency exits located within their departments.
- All staff arriving for a shift during a Code Red scenario are not permitted to enter the building unless direction has been provided by the Incident Commander and/or DRDF.

Staff, patients/residents, visitor or volunteers who under departmental direction, or who have been evacuated outside from a fire zone, will report to one of the following meeting areas. Staff, patients/residents, volunteer or others are required to remain in the meeting areas until an “All Clear” is announced.

Primary Meeting Area	**Secondary Meeting Area**
Front Parking Lot – at Helipad walkway	Parking spaces beside loading dock (East side of building)
Await further direction and be prepared to assist with evacuation	

Once evacuated from the building, no employees, visitors, patients/residents or outpatients will be permitted to enter the building until “All Clear.”

Any responders to the incident (i.e. Administration-on-Call, Maintenance-on-Call or Leadership) are required during a fire incident to enter the building from the Main Entrance, clearing through the designated staff member monitoring the doorway. Responders will only be permitted to enter if they are part of the fire response team or are assuming command. All those entering must sign in with the DRDH Accountability Officer before entering the building.

If the fire is not in your department, follow the departmental checklist.

Volunteers, Visitors and Outpatients

- Visitors are asked to remain with the patient they are visiting.
- Volunteers are asked to report to the designated meeting area.
- Outpatients in the process of having a procedure or test will remain with staff in the department in which they are situated.

- All other outpatients and visitors must be directed to the meeting area and must not leave the building until the “All Clear” has been called.

Evacuation

The Incident Commander, in consultation with a Deep River Fire Department (DRFD) representative, is responsible for making the decision to evacuate. However, it is accepted that a Code Green Horizontal Evacuation or Code Green Stat Evacuation will take place first because time may not permit awaiting an order from the Incident Commander or Fire Department.

See *Code Green - Evacuation* for further instruction

Fire Drills

Fire Drill Requirements

Fire Drills shall be completed at least monthly and provide staff and volunteers the opportunity to participate in their assigned roles during a mock Code Red. Staff will treat a Code Red Drill as a real experience and follow the actions outlined above.

Fire drills shall be conducted in compliance with section 2.8 of the Ontario Fire Code and consider the following:

- The building occupancy and its fire hazards.
- The safety features provided in the building.
- The degree of participation of occupants other than supervisory staff.
- The number and degree of experience of participating supervisory staff.
- The testing and operation of the emergency systems within the building.
- To provide continuing evaluation of the fire safety procedures.
- To ensure fire safety equipment is in good operation.
- Fire drills are rotated to ensure all areas and shifts participate in drills.

1. A fire drill and scenario for supervisory staff representing the lowest staffing level complement shall:
    - Be approved by the Chief Fire Official.
    - Be carried out at least once during a 12-month period.
    - Confirm sufficient supervisory staff are available to carry out the duties required in the fire safety plan.
2. A record shall be prepared for every fire drill. The record shall be kept for two years and made available to the Chief Fire Official upon request.
3. An electronic copy of fire drill report will be posted on the organizations document management systems for all staff to review.
4. See
    a. **Appendix A:** Departmental Checklist
    b. **Appendix B:** Fire Drill - Departmental Observation Checklist and Sign In
    c. **Appendix C:** Fire Drill – Fire Site Observation Checklist

Leadership Role During Drills

Members of the Leadership Team will be assigned to zones/areas of the organization during planned fire drills to assess the staff’s compliance with the policy, identify gaps and education needs.

Leadership responsibilities include:

- Completing a “Post Fire Drill Review” with department staff following the fire drill.
- Completing the Fire Drill Observation Checklist and submit a fire drill report to the Manager of IT and Building Services.
- Ensuring staff sign the fire drill rosters to document participation in the drill.

All staff and volunteers shall:

- Participate in fire drills.
- Participate in fire safety planning and training.
- Sign the fire drill roster.

Emergency Preparedness committee shall:

- Review the Fire Drill Observation checklist and fire drill reports submitted by managers.
- Develop, implement and communicate to staff corrective actions for any deficiencies or areas for improvement identified following the fire drill.
- File fire drill observation records and fire drill reports.
- Identify areas of focus for monthly fire drill scenarios.
- Develop an annual fire drill scenario representing the lowest staffing compliment and submit to the Chief Fire Official for approval.

The Manager of IT and Building Services is responsible for:

- Coordinating fire drills.
- Selecting the location for the drill.
- Distributing Fire Drill Observation Check Lists to supervisors or designates prior to the drill date and time.
- Activating the fire alarm system using a manual pull station or test button located on the annunciator panel.
- Observing and evaluating the first responder team adherence to fire safety procedures.

The Maintenance staff are responsible for:

- Assisting in facilitating monthly fire drills
- Assisting in the on-going review of fire safety activities
- Monitoring the operation of the fire panel, strobes and chimes to ensure all are operational throughout the building.
- Notifying the fire alarm monitoring company **(The Security Company)**, prior to and upon completion of the drill.
- Completing all required checks and notifying Incident Commander. The fire alarm will not be turned off prior to receiving direction from the Incident Commander or DRFD.
- Coordinating the maintenance and operation of all firefighting equipment and systems.

Materials and Supplies

- **Appendix A:** Departmental Checklists
- **Appendix B:** Fire Drill - Departmental Observation Checklist and Sign In
- **Appendix C:** Fire Drill – Fire Site Observation Checklist
- **Appendix D:** Fire Safety Systems
- **Appendix E:** Fire Extinguishers
- **Appendix F:** Facility Description
- **Appendix G:** Alternative Measures
- **Appendix H:** Fire Zones

- **Appendix I:** Door Flagging Procedure
- Fire Watch Policy
- Code Red In-Charge Nurse Checklist

Quality Assurance

- Monthly Fire Drills will be conducted under the direction of the Manager of IT and Building Services and reported on the Corporate Scorecard.
    - Documentation of attendance and participation in drills will be housed on the document management system
    - Drills may be conducted as mock or table top exercises
- All staff will be provided education on Code Red upon hire and at least annually.
- Supervisory staff, including the Administrator-on-call group and In-Charge Nurses, shall betrained on their responsibilities for fire safety.
    - Documentation of education will be housed on the document management system
- A scenario representing the lowest staffing level compliment will be conducted annually with the approval of DRFD.
- Review of Fire Drill Observation Checklist by Emergency Preparedness Committee who ensure recommendations are incorporated and implemented into policy and process
- Administrator-on-call, Maintenance staff and In-Charge Nurses shall receive a hands on reviewof operation of the fire panel, and Code Red procedures and their responsibilities as Administrator-on-Call and Incident Commander. A log is kept to record the names and dates when training was completed.

Reference Documents	• Alexandra Marine and General Hospital Fire Safety Plan – Feb. 2015 • Milton District Hospital Code Red – Fire Safety Plan – Apr. 2015
Acknowledgements	• Fire Protection and Prevention Act, 1997 S.O. 1997, c.4 • Fixing Long-Term Care Act, 2021.
Review Process	• Emergency Preparedness Committee – 2025-05-07 • Executive Leadership Team – 2025-05-20 • Deep River Fire Chief – 2025-07-08
Revision Approval Date	•

Version approved for printing by Chief Executive Officer.

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Signature

_____

Date of printed approval

Version approved by Deep River Fire Department Fire Chief.

_____

Signature

_____

Date of printed approval

Code Red Drill Record

To be completed by a staff member in the department

Staff Name			
Date		Location of Fire	
Time started		Time “all clear”	

If the fire is in your department, follow REACT

	Yes	No	N/A
Lights left on in rooms			
Doors and windows closed, ensure correct door flagging			
Excess items removed from hallway			
Oxygen value turned off (if applicable)			
Patients transferred to portable oxygen (if applicable)			
Ranges, exhaust fans, gas values, washing machines, dryers are shut down (if applicable)			
Reassure patients, residents and visitors			
Comments/observations/recommendations:			

Census

Number of staff on unit	
Number of patients/residents on unit	
Number of visitors on unit	

Appendix B
Fire Drill - Departmental Observation Checklist and Sign In

Code Red Drill Record and Evaluation

Observers Name:	Department:
Fire Location:	Date:
Time “Code Red” called:	Time “All Clear” called:

Did the following features operate properly?	**Yes**	**No**	**N/A**
Was the fire alarm activated?			
Fire alarm audible devices and strobes working			
Was Code Red paged properly, clearly and concisely?			
Were all fire doors released?			
Was Emergency Lighting activated?			
Comments/observations/recommendations:			

Action	**Yes**	**No**	**N/A**
If fire in the area was **R E A C T** followed?			
If fire is not in the area: Staff verified occupancy of rooms, left lights on, closed doors and windows and ensured correct door flagging			
Staff reassured patients, residents and visitors			
Census of patients, residents and visitors completed			
Staff member shut off oxygen valve?			
Did staff participate?			
Were staff wearing ID badges?			
Comments/observations/recommendations:			

Those in attendance to sign in on back of form.

Print Name	Signature

Appendix C
Fire Drill – Fire Site Observation Checklist

Fire Site Checklist

Time Alarm activated	
Time Fire Response Team arrived	
Time “all clear”	

	Yes	No
Alarm Monitoring Company notified before fire alarm test? Name of person contacted:		
Fire alarm system activated correctly?		
Second stage alarm signal activated correctly? (if applicable)		
Annunciator indicated the correct fire alarm zone of alarm origin?		
Fire Alarm system reset?		
Fire alarm ancillary devices reset and checked • Electro-magnetic locking devices • HVAC • Hold-open features on fire doors		
Fire alarm system clear of any “trouble”?		
Confirmed fire alarm monitoring company received alarm signal?		

Unscheduled Fire Alarm signal activation	Yes	No
Cause of alarm determined to be:		
Fire Department Arrival Time:		
Fire alarm control panel reset after emergency over?		
“All clear” announced and staff instructed to sign fire drill attendance record?		
Fire alarm ancillary devices reset and checked • Electro-magnetic locking devices • HVAC • Hold-open features on fire doors		

Name:_____ Signature: _____

Adapted from the Office of the Fire Marshal of Ontario Fire Drill Check List.

Fire Detection and Alarm System

An early warning fire alarm system has been installed throughout the organization. The fire alarm system is equipped with both heat and smoke detectors. The locations and indication whether heat/smoke/both detectors are indicated on the floor plans. The system will provide the following functions:

- Produce an audible alarm and communicate location of fire via the annunciator panel
- Shut down the ventilation systems that would otherwise encourage the spread of fire
- Release the magnetic locks/door openers throughout the organization
- Communicate alarm to a contracted alarm company called The Security Company, office located in Pembroke, ON

Sprinkler Systems

The FSL, Laboratory, Emergency and Main Entrance and Lobby are protected with a wet sprinkler system. The system is controlled with an alarm check valve, flow switches and a supervisory valve. This system will activate the specific sprinkler when the detector at the fire triggers the alarm. The system is tested and inspected yearly by an external contractor.

The primary care building does not have a sprinkler system in place.

Annunciator Panels

The Annunciator Panel displays the location of the fire within the organization as well as allows Administrator-on-call, In-Charge Nurse and Maintenance staff to activate Code Green alarms. The First Responders will go to the nearest annunciator panel to identify the location of the fire.

The Fire Alarm Panels and Annunciator panels are found at the following locations:

- Boiler Room (Main FACP#1)
- FHT Clinic Building – Electrical Room (Main FACP#2)
- Emergency Department – Nursing Station (Annunciator)
- Medical Floor – Nursing Station (Annunciator)
- FSL – Nursing Station (Annunciator)
- Administration – Front Entrance (Annunciator)
- Emergency Entrance (Annunciator)

Image of Annunciator Panel (System Normal)

Image of Annunciator Panel (Alarming)

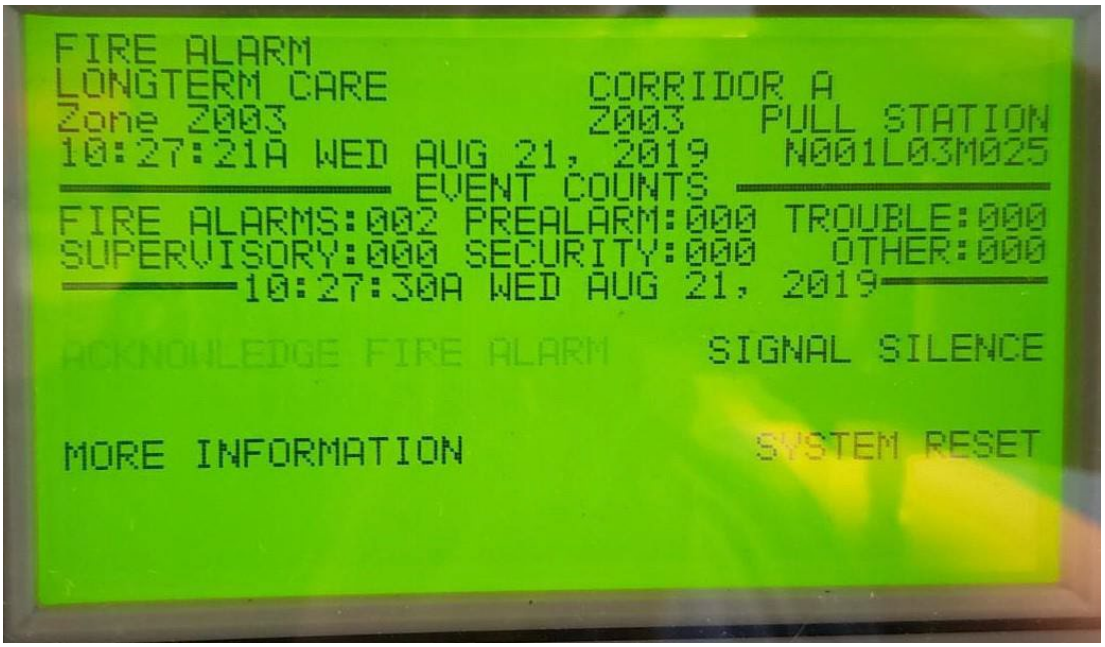


Image of Fire Alarm Control Panel (System Normal)

A separate annunciator panel is located in the primary care building, which reports on alerts located within that building only. This annunciator panel is located at the front entrance of the primary care clinic building.

<u>Alarm</u>
Has two distinct rings

- Stage 1: Horns sound at 20 beats per minute and strobes flash to signal a fire
- Stage 2: Horns sound at solid/steady for evacuation and strobes flash to signal Code Green Stat **(Please Note: There is need to use alarm key found in key box to escalate to Stage 2)**

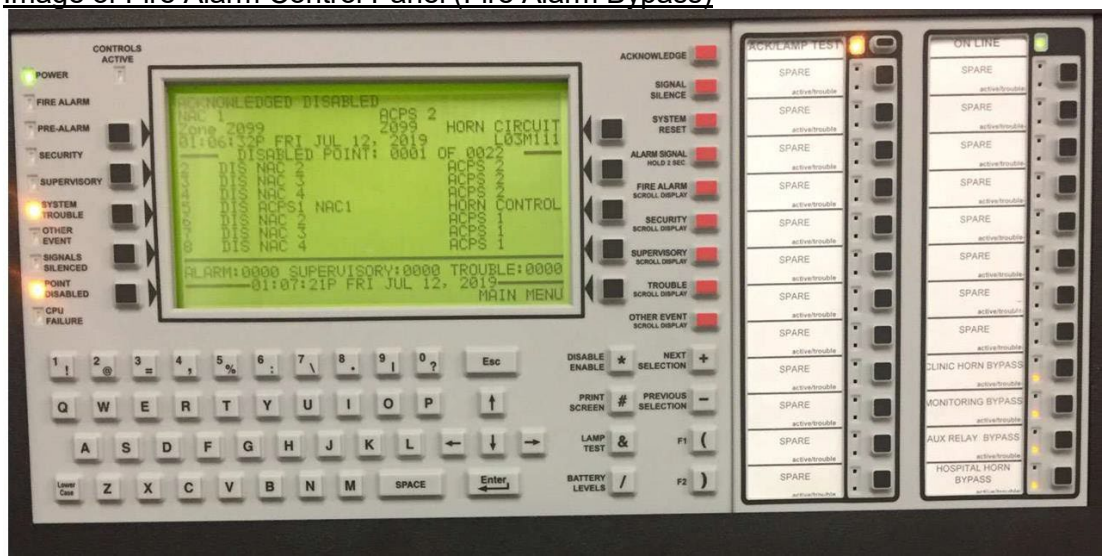
Note: Do not silence audible alarm until the DRFD has investigated and given permission

<u>Fire Alarm Reset Procedure</u>

STEP 1: “Acknowledge”- Local annunciator will silence.
STEP 2: “Signal Silence” - Signal Silence building "horns".

STEP 3: “Reset”- Note: Smoke, Heat or Flow must clear and/or pull-station is set to normal so that the system can reset back to normal.

Image of Fire Alarm Control Panel (Fire Alarm Bypass)



- Fire Alarm Bypass at FACP#1 (Electrical Penthouse) only to be used by maintenance staff

Appendix E
Fire Extinguishers

Fire Extinguishers

Fire extinguishers are located throughout the organization. Staff should know the locations of fire extinguishers within their department. Fire extinguishers are inspected monthly by Maintenance staff and yearly by an external contractor as arranged by Maintenance.

There are 4 types of Fire Extinguishers located within the organization

- ABC – most common and can be used for all fires
- K – used in the kitchen for grease fires
- CO2 – only in mechanical rooms to be used for electrical or mechanical fires
- H2O – only present in patient and resident areas and are the preferred choice if attempting to extinguish a person

Fire Extinguishment and Control

Confining a fire in an enclosed space will keep the fire, smoke and fumes from entering into a means of egress. To help contain the fire/smoke staff shall close the doors and windows when leaving the fire area.

Unless delegated, only after the fire alarm has been activated and the DRFD notified, should an attempt be made to extinguish the fire by staff trained in the use of a fire extinguisher. If the fire cannot be extinguished by the use of a portable fire extinguisher, or the smoke presents a hazard to the operator, the area should be evacuated (See *Code Green – Evacuation)* and confined by closing all the doors and windows.

Attempting to extinguish a fire is a voluntary act. Only extinguish a fire if training in the use of a portable fire extinguisher has been completed, you feel confident with the use of a fire extinguisher and staff is not placing themselves in harm's way. Improper use of a fire extinguisher may lead to serious injury or death.

Always maintain an area of 3 feet clearance around all fire protection equipment. Always keep an exit at your back, do not get trapped.

Use of Fire Extinguisher

Remember the word **P.A.S.S.**

P – Pull the pin, twist the pin to break the seal then remove

A – Aim at the base of the flame, point the extinguisher nozzle at the base of the flame

S – Squeeze the handle, activating the extinguisher

S – Sweep the fire. Sweep slowly, side to side, front to back, blanketing the fire with the extinguishing agent, ensuring you discharge the entire extinguisher

Once a fire extinguisher has been discharged, maintenance is to have the extinguisher re-charged by theservice company.

Facility Description

The main building of the organization was originally constructed in 1974 with two additions to the facility in 2002. The building is a one-story structure, 35,000 ft² in size. The building encompasses a 16 bed Acute Care wing, a 12 bed Long Term Care wing, a Medical Imaging Department, a Laboratory, an Emergency Department and office and clinic space.

The main building is a single level building with a rooftop penthouse and a partial basement that houses the FoodBank and provides storage for the organization. There is a shed located on the property that houses maintenance equipment and provides additional storage for maintenance.

The main building includes maintenance, storage, chiller and boiler rooms and emergency generator that serves portions of the building and the FHT Clinic. Situated atop the roof of DRDH are iSolara Solar Panels thatprovide electricity to the power grid. The panels do not provide a source of electricity to the organization.

The primary care building was constructed in 2025, consisting of 11,000 ft² of clinic space in a mix of treatment spaces, waiting and meeting rooms and administration offices. The primary care building is a single-story building, with internal and external mechanical equipment. The building consists of one fire zone with emergency exits on all sides of the building.

Construction

The building envelope for both the main building and the primary care building is interior concrete block and exterior brick veneer with vinyl panels. The entire facility is fitted with double pane glass windows. The main building roof was replaced/modernized in 2024.

Outside exposure

South East exposure on Banting Drive, and is bound by public roads.

Building Systems and Equipment

The HVAC system in the main building consists of:

- Air Handling Unit
    - The HVAC system has one McQuay Vision air handling unit (AHU), situated in the penthouse which handles the heating, cooling and ventilation requirements for most of the facility while Rooftop Units (RTUs) handle the HVAC requirements for the lab and FHT.
- Boilers and Space Heating
    - The central heating plant has two boilers that supply the majority of heating requirements while the RTUs serve the specific sections of the facility (lab, FHT, emergency entrance, stores). A small home furnace located in the food bank basement provides heating to the classroom, and IT/HR offices.
- Space Cooling
    - The Chiller cools the main DRDH building and FSL and is a closed looped glycol system. FHT, lab, emergency entrance, the IT room use RTUs for cooling. Stores and the classroom/IT/HR offices use external (ground-based) units for cooling

The Building Automation System and Controls (BAS)

- Most equipment in the organization is controlled through a Building Automation System (BAS). This includes the AHU, the boilers, the chiller, some split A/C units and various pumps. The unit heaters and some of the split A/Cs are on independently operating thermostats.

Domestic Hot Water (DHW)

- Two Viessmann Vitodens 200 Boilers, both condensing boilers, supply domestic hot water to the organization with the aid of two hot water storage tanks and two circulating pumps. The FHT clinic hot

water supply is provided by a 3kW electric Moffat DHW alongside a circulating pump.

Water supply

The main water supply comes into the building from Balmer's Bay Road to the boiler room. A 4" water line enters the building at Diagnostic Imaging. The Sprinkler System and Fire Hoses are tied into the water line. The building has 4" sanitary drain that leaves the building on the east side of the connecting walkway and drains southbound into the organization's sanitary drainage system.

Hydrants

There are two fire hydrants located on the property.

- Banting Drive
- Staff Parking lot

Occupancy

The organization employs approximately 180 staff. During regular daytime hours (Monday to Friday, 0800 to 1600) there is the potential to have approximately 60 staff on duty. There is a potential of 30 inpatients, including FSL residents and up to 80 outpatients accessing various services within the hospital and ambulatory care.

During evenings, (Monday to Friday 1600 to 2300) there are approximately 12 staff on duty and a potential of 30 inpatients including FSL residents as well as emergency patients. During nights (Monday to Friday 2330 to 0730) there are 5 staff on duty and a potential of 30 inpatients including FSL residents and any emergency patients.

There are approximately 13 staff on weekends and holidays from 0700 to 2330. This reduces to 5 staff members from 2330 to 0730. There is potential for 30 inpatients, including FSL residents and emergency patients.

Special Hazards

There are a number of special hazards located in and around the organization. These include medical gas and natural gas. Medical gas lines run throughout the main hospital building and emergency oxygen shut off valves can be foundin the following locations:

- Hallway outside Medical Imaging – one staff from Medical Imaging to turn off
- Medical Floor across from nursing station – In-Charge Nurse to turn off
- Emergency Department behind nursing station and outside Procedure Room –Emergency Nurse to turn off

Main oxygen storage is located onsite in the secondary loading dock landing, adjacent to the main employee entrance. This is a secured area, and may at any given time contain between 24 to 60 large oxygen cylinders. An additional 12 full large oxygen cylinders are located in the Maintenance Workshop, as well as a number of portable oxygen tanks (up to 12). Doors to this storage area are kept closed, and have automatic closures installed.

Portable oxygen storage devices are located in the long-term care unit, in the spa area as well as in resident rooms on an 'as needed' basis. An additional large oxygen tank as well as portable oxygen storage tanks are located on the medical inpatient unit in the clean utility room. Clinical care staff are responsible for transport of portable oxygen cylinders with residents or patients during evacuation or fire incident response.

Natural gas shut off valves are located in the Boiler Room in Fire Zone E.

Bio Hazardous waste is stored in the shed located in the parking area closest to Banting Drive.

Areas such as Laboratory, Pharmacy, Housekeeping closets and Maintenance may have a variety of chemicals stored.

Control of Fire Hazards

A high standard of housekeeping and building maintenance is the single most important factor for the prevention of fire.

The following information on control of fire hazards may ensure the building continually meets the requirements of the Fire Code.

- Combustible materials in buildings will not be permitted to accumulate in quantities or location, which constitutes a fire hazard
- Combustible materials will not be used to absorb flammable or combustible liquid spills within the organization
- Greasy or oily rags or materials subject to spontaneous heating will be deposited in a proper safety container
- Flammable liquids will not be used for cleaning purposes
- Combustible materials will not be stored on a roof or adjacent to any building so as to create a fire hazard to the building or its occupants
- All flammable liquids will be dispensed and stored in approved containers and/or cabinets

Maintenance of Building Facilities

The Ontario Fire Code lists certain items that require checks, inspections and or tests to ensure safety to life and freedom from fire hazards in buildings.

The owner is responsible for carrying out the provisions of this Fire Safety Plan. A written record (made available to the DRFD on request) must be kept of all tests and corrective measures for a period of two years after they are made. These records can be found on the document management system.

The Ontario Fire Code also requires, that the owner maintain the premises free from life safety hazards and fire hazards including, but not limited to:

- Unobstructed exit passageways and doorways
- Exit doors readily opened from inside without the use of keys (panic type hardware where required).
- No chains or similar types of locks on exit doors.
- Don’t wedge or block open any fire doors
- Doors in fire separations are closed
- Maintenance of fire protection equipment such as fire extinguishers, hose cabinets, etc.
- Maintenance of life safety systems such as fire alarms, emergency lighting, annunciator panels, etc.

Maintenance Schedule for Fire Protection Equipment

Definitions

Check: Visual observation to ensure the device or system is in place and there is no obvious damage or obstruction.
Inspect: Physical examination to determine that the device or system perform in accordance to the intended function
Test: Operation of device or system to ensure that it will perform in accordance to the intended function

Periodic Testing of Fire Alarms

The fire alarm system is subject to the requirements of CAN/ULC Inspection and Testing of Fire Alarm System.

Daily and Monthly tests shall be conducted by the Maintenance Department to ensure the fire alarm system functions properly. Yearly tests are conducted by an external contractor who has the authority and or jurisdiction for servicing fire alarm systems. Any person who performs the yearly work on a fire alarm system will have successfully completed a program or course that is deemed acceptable to the Fire Marshal and

satisfies the requirements of the Ontario Fire Code.

Daily checks include:

- Ensuring the AC power light is illuminated
- Check panel for illuminated “trouble indication lights”

Monthly checks include:

- One manual alarm initiating device will be operated on a rotation basis and will initiate an alarm condition
- Ensure intended function al all alarm signal appliances
- The Annunciator and Fire Alarm Control Panels will be checked ensuring the tested devices annunciate correctly
- Ensure intended function of the audible and visual trouble signals
- Fire alarm batteries are inspected to ensure terminals are clean and lubricated where necessary and terminal clamps are clean and tight where necessary

Yearly checks include

- Fire alarm system shall be operated under general alarm conditions
- Minimum of six manual alarm initiating devices farthest from standby power supply will be activated individually with main power supply disconnected.
- Each alarm pull station in every department will be activated on main power supply
- All audible and visual signal appliances throughout the organization are observed for functionality
- Each alarm signaling and alarm initiating circuits and annunciator will be checked for electric supervision and trouble indication.
- Correct annunciation for each initiating device is tested
- Fire alarm system control unit is visually checked ensuring the control unit has not been altered

Yearly tests are completed and if a fault is established, appropriate corrective action is established.

Maintenance staff will ensure a permanent record of inspections and maintenance of Fire Alarms is kept and will be stored for two years in document management system

<u>Portable Fire Extinguishers Maintenance</u>

Fire Extinguishers within each department, should be readily accessible in case of fire and must have an inspection tag attached indicating maintenance or recharge date, the servicing agency and signature of person inspecting the extinguisher.

All portable fire extinguishers are subjected to hydrostatic testing. A label must be fixed to the extinguisher indicating month and year of hydrostatic test as well includes test pressure and signature of the person or agency performing the test.

Extinguisher shells, cartridges or cylinders that rupture or show leakage or permanent distortion in excess of specified limits are to be removed from service. Defective portable fire extinguishers are repaired, replaced or recharged as necessary.

Portable fire extinguishers are maintained in accordance to the manufacturer’s recommendations and are inspected annually by a qualified fire extinguisher service company.

After use, portable fire extinguishers are replaced and recharged according to the instructions on the extinguishers nameplate.

Monthly checks include:

- Check nozzle and handle for obvious damage and obstructions, no apparent physical or mechanical damage
- Seal or Tamper indicators in place

- Pressure gauge reading satisfactory
- Instructions for use on nameplate legible and facing outwards

A permanent record of the inspection and maintenance report of all portable fire extinguishers must be stored for two years in document management system.

Standpipe and Hose Systems

Monthly inspections are completed by Maintenance Department and annual inspections are completed by a qualified service contractor.

Every five years standpipe piping must be hydrostatically tested and standpipe systems that have been modified, extended or are being restored to use after a period of disuse exceeding one year also must be hydrostatically tested.

Monthly checks include:

- Inspect all hose cabinets to ensure equipment is in place and valves are operable

Annual Inspection includes:

- Inspect hose valves to ensure tightness and water leaks into the hose
- Inspect hose for wear, removed from cabinet and re-racked, and replace worn gaskets
- Plugs or caps on fire department connections are removed and inspected for wear, rust and obstructions

A permanent record of the inspection and maintenance report of all Standpipe and Hose Systems must be stored for two years in document management system.

Automatic Sprinkler Systems

The Sprinkler System is inspected bi-monthly and bi-annually by the Maintenance Department. Annual inspections and tests are conducted by a qualified service contractor. The Security Company must be notified prior to conducting tests.

Any repair and replacement alterations of the sprinkler system components will be in accordance with NFPA 25 – Standard for Inspection, Testing and Maintenance of Water Based Fire Protection Systems.

Bi-monthly testing and inspections includes:

- Test all transmitter and water flow activated devices on all sprinkler systems
- Ensure all sprinkler heads are clear of obstruction and sprinkler pipes are not used to support anything

Bi-annual testing includes:

- Test gate valve supervisory switches
- Test other sprinkler system supervisory devices

Annual Inspection includes:

- Check all sprinkler heads for damage, corrosion, grease, dust and paint. Replace sprinkler heads as necessary
- Ensure exposed sprinkler hangers are in good condition
- Plugs and caps on fire department connections are removed, threads inspected, plugs or caps are secured tightly
- Fire Department connections are properly marked and kept unobstructed
- Test “wet” sprinkler systems using “Inspectors Test,” most hydraulically remote connection
- Test sprinkler water pressure by opening main drain valve.

A permanent record of the inspection and maintenance report of all Automatic Sprinkler System must be stored

for two years in document management system.

Kitchen Hood Suppression System

Inspection, testing and maintenance are to be completed by a qualified service contractor. The service contractor shall follow recommendations for testing and inspection from NFPA 96 – Standard for Ventilation Control and Fire Protection of Cooking Operations

General

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”. 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.

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.

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.

Emergency Lighting Units

The building is wired with a diesel fueled generator in the event of a power outage. Power is switched over to the backup generator within 5 seconds of a power outage. The building has emergency lighting installed throughout the building. Emergency lighting has been placed in rooms without windows, the waiting room and both exits to the building.

Monthly testing is completed by Maintenance Department and annual inspections are completed by a qualified service contractor.

Monthly checks include:

- Testing to ensure emergency lights will function when primary power is lost
- Ensure unit is secure in its location and aimed properly
- Ensure battery surface is clean and dry
- Ensure terminal connections are clean, free from corrosion and terminal clamps are tight

Annual Testing includes:

- Testing emergency lighting unit equipment will provide emergency lighting for 30 minutes under simulated power failure.
- Testing recovery period for charging conditions for voltage and current to ensure the charging system is in accordance with the manufacturers specifications

Fire Separations

Inspections are conducted by Maintenance Department, however all staff have a responsibility to report any safety issues to Maintenance Department. Doors are inspected in fire separations to ensure they are operable at all times and make necessary adjustments or repairs to ensure proper closing and latching.

Daily checks include:

- Doors are not blocked or wedged open
- Entrances are kept free from obstruction or free from objects that would interfere with the operation of the door

A permanent record of the inspection and maintenance report of the Emergency Lighting Units must be stored for two years in the document management system.

Keys

Pharmacy access is limited to the In-Charge Nurse, clinical Administrator-on-call and Pharmacy staff. All otherareas of the facility are accessible by the In-Charge Nurse and Maintenance staff.

Keys for the Annunciator panels and Master Keys are located in the key box by the Annunciator panel on the Medical Unit, as well as in the EOC Mobile Command Carts.

Posted Signage
Signs are posted throughout the organization which include emergency instructions for staff, visitors and volunteers.

Responsibilities of the organization

The Ontario Fire Code requires owners to be responsible for carrying out the provisions of the Fire Safety Plan.

The organization is responsible to ensure the fire safety of the occupants at all times. The Emergency Preparedness Committee is required to have a current Fire Safety Plan and must ensure that the building and fire facilities comply with the provisions of the Fire Code.

Control of Fire Hazards in the organization
In order to avoid fire hazards in the organization, occupants are advised to:

- Keep hallway and exits clear of obstructions at all times
- Do not permit combustibles to accumulate
- No smoking on the organization's property
- Avoid careless storage practices – minimum of 18 inches from ceiling and sprinkler heads
- Ensure articles such as boxes and storage racks do not obstruct doorways and fire safety equipment
- Extension cords shall not be used a permanent source of power
- Broken or frayed cords must not be used

Records

A permanent record of the inspection and maintenance report of the Emergency Lighting Units must be stored for two years in the document management system.

1. Fire alarm system
2. Portable fire extinguishers
3. Battery powered emergency lighting
4. Kitchen suppression systems
5. Heating, ventilation and air conditioning
6. Emergency Generators
7. Fire separations (fire doors, hold open devices, self-closing devices, walls, etc)
8. Means of egress (exit doors, panic hardware)
9. Automatic Sprinkler System
10. Standpipe and hose cabinet
11. Fire Drills

Appendix G

Alternative Measures

Fire Watch – Alternative Measures for Safety of Occupants
See Fire Watch Policy on document management system

Alternative Measures for Portable Fire Extinguishers

- Replace the fire extinguisher with a spare of the same class.

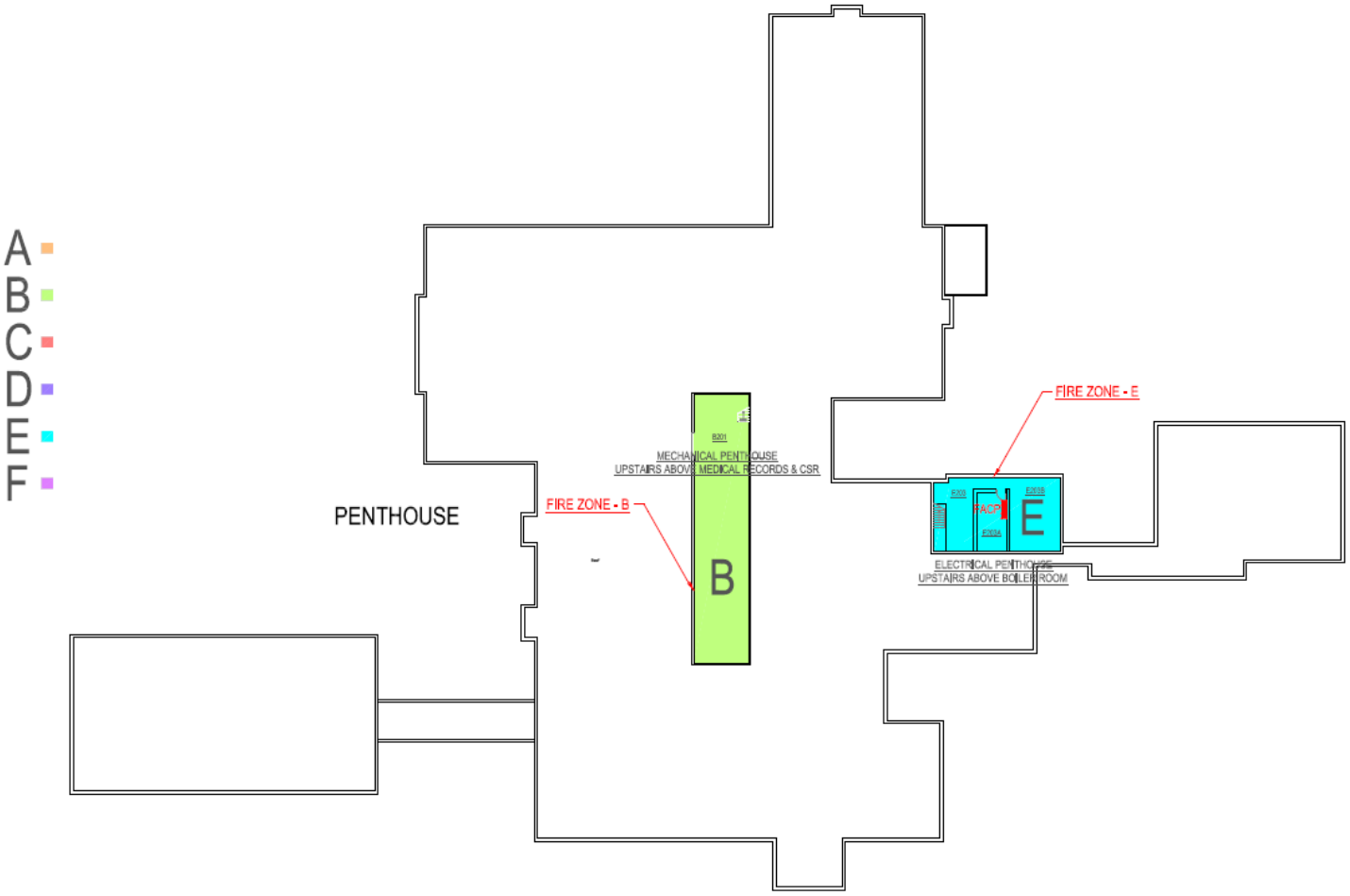
Alternative Measures for the Sprinkler System

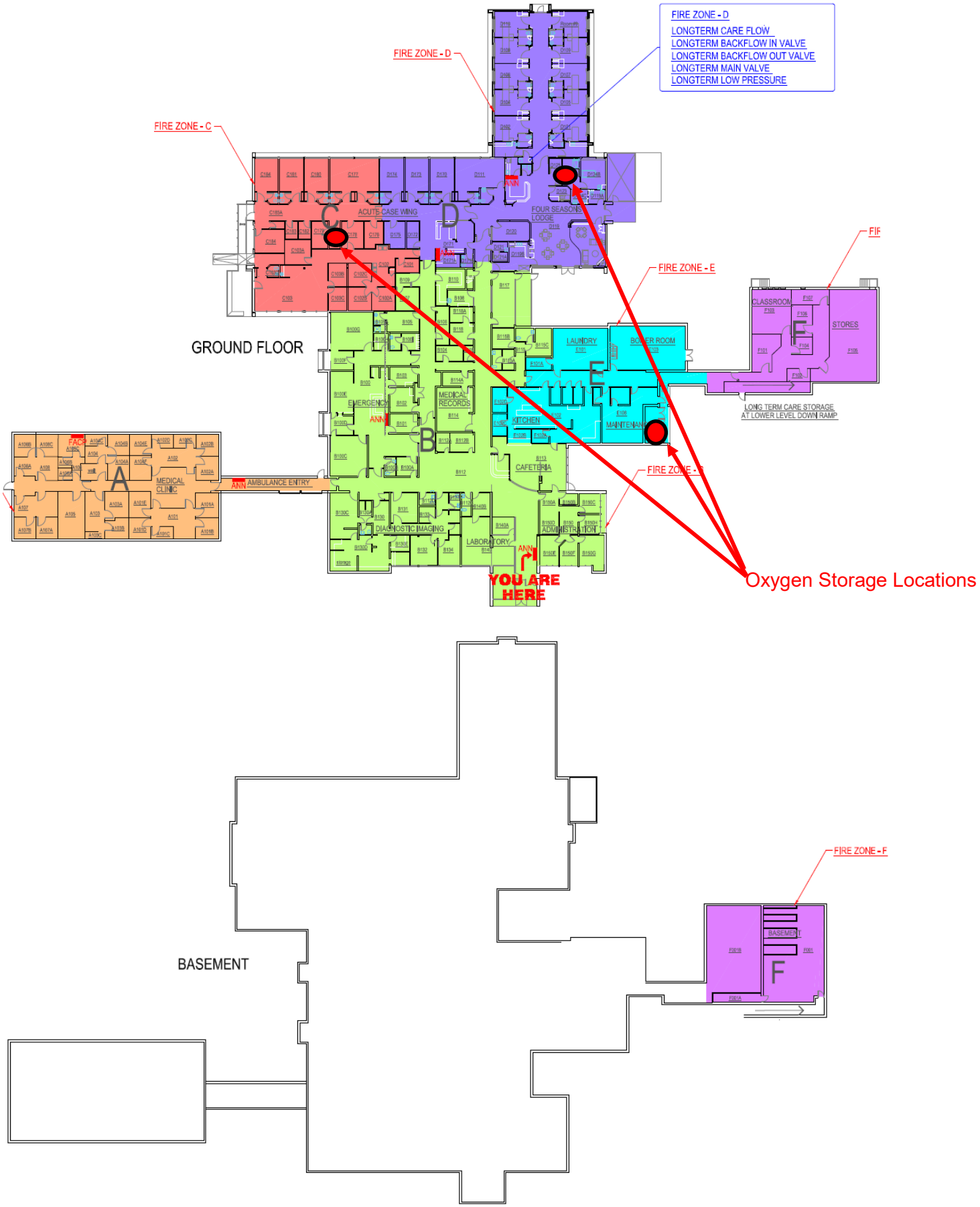
- Call the service company for immediate repairs
- Advise the staff by sending an all staff email and post notices in the main entrance, in the lab and in the FSL.
- Notify the DRFD and confirm in writing if the system will be inoperative for more than 24 hours
- Establish a fire watch by patrolling the organization inside and out hourly. In the event of a fire emergency, sound the alarm by activating the nearest safe pull station.
- Notify the DRFD when repairs have been completed and the system is operational. Send an all staff email indicating the system is operational and remove notices.

Appendix H
Fire Zones

Fire Zones – Main Building

The organization is divided into six “Fire Zones.” There is a physical barrier made up of 5/8” fire rated double drywall that extends from floor to roof of the building between all fire zones that will substantially limit the spread of fire and smoke from one zone to the next. In the hallways this barrier is achieved by using a fire door which will automatically close when the fire alarm goes off. Doors are labelled with the zone upon entrance and fire doors are labelled with red fire door signs.




FIRE ZONE - D
LONGTERM CARE FLOW
LONGTERM BACKFLOW IN VALVE
LONGTERM BACKFLOW OUT VALVE
LONGTERM MAIN VALVE
LONGTERM LOW PRESSURE
FIRE ZONE - D
FIRE ZONE - C
FIRE ZONE - E
FIRE ZONE - F
GROUND FLOOR
ACUTE CASE WING
FOUR SEASONS LODGE
MEDICAL CLINIC
EMERGENCY
MEDICAL RECORDS
KITCHEN
LAUNDRY
BOILER ROOM
CAFETERIA
DIAGNOSTIC IMAGING
LABORATORY
ADMINISTRATION
CLASSROOM
STORES
LONG TERM CARE STORAGE AT LOWER LEVEL DOWN RAMP
AMBULANCE ENTRY
YOU ARE HERE
Oxygen Storage Locations
BASEMENT

Fire Zones: Primary Care Building

FIRE EVACUATION PLAN

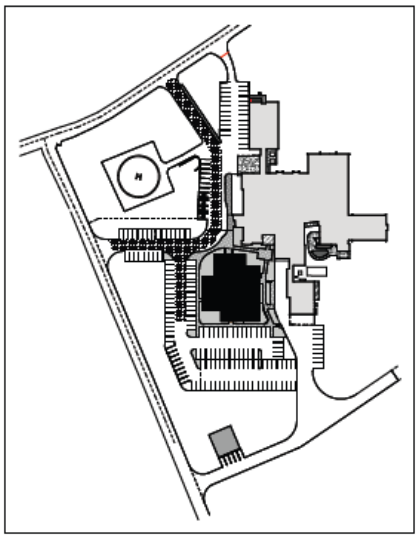
GROUND FLOOR

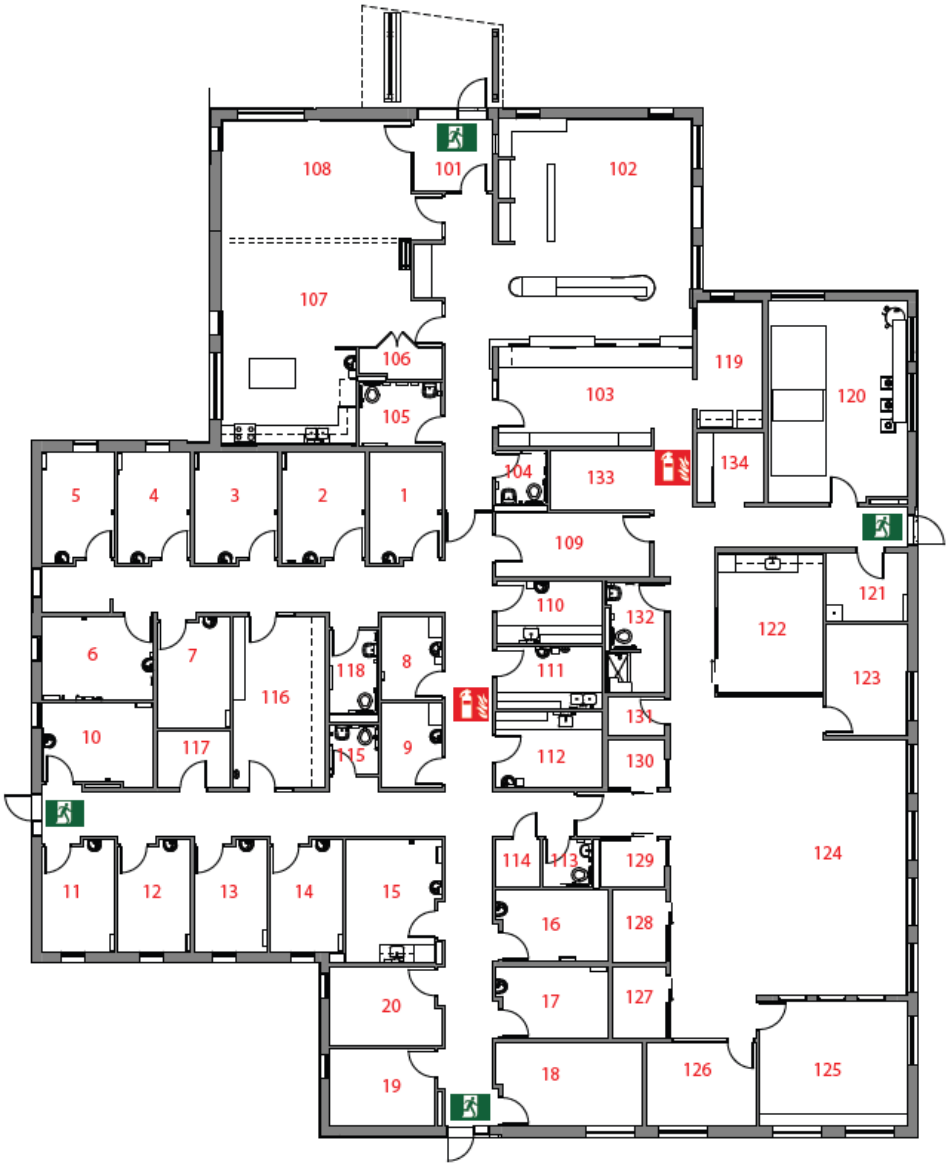
LEGEND

EMERGENCY EXIT

FIRE EXTINGUISHER

LOCATION PLAN





Appendix I

Door Flag Procedure

There are two types of door flags used at DRDH, one for doors that open in and one for doors that open out. Both are Remar Door Markers and they function the same way and look the same. They are on every internal door in the building.

As a room is cleared, turn the white plate counter-clockwise to cover the red plate, until the white edge rests on the doorframe for the inward opening doors, or rests on the support edge for outward opening doors. **When only the white plate is visible, the room has been evacuated.**

If the door is opened after the door flag is set, the white flag will fall back to the original position, showing the two colours. **If two colours are displayed, the room needs to be evacuated again**.

Door flag showing two colours shows that the room needs to be evacuated.

Door flag displaying only white shows that the room has been evacuated and has not been re-entered.