

To: Hospital Senior Leadership, Directors, Managers, Coordinators

From: Anne-Marie Heron, Executive Director - Capital Planning & Operations

Date: November 17, 2021

RE: Fire Safety Reminder – for Celebration & Winter Operations

As we move into the winter celebration season, we remind you to ensure that your work area and department(s) are compliant with the Ontario Fire Code. Compliance is everyone's responsibility. The Office of the Fire Marshall has not waived any fire safety requirements during the pandemic; therefore, full compliance continues to be the expectation. TBFR is empowered to review our operations at any time.

Some examples of Fire Code compliance include:

Work Place:

- The work place is maintained in a tidy and professional manner. See CPO-01 Workspace Policy for a general overview of expectations;
- All signage conforms to ADMIN-25 Signage Policy;
- Flammable substances in the work place (i.e. paper, decorations, etc.) are in limited quantity as per CPO-01 Workspace Policy;
- All ceiling tiles are in place to maintain the fire rating of the room.

Fire Safety Devices:

- Items do not block access to or use of the fire hose cabinet or fire extinguisher;
- Items on shelves are not within eighteen (18) inches of a sprinkler head.

Doors & Egress:

- Door handles and door closures are working properly. If not, please submit a work request to Maintenance;
- Fire separation doors are not obstructed, blocked, wedged open, or altered in any way to prevent the intended function of the door;
- Medical equipment, stretchers, carts, etc. are not stored near fire exits, hampering egress;
- Corridors are not obstructed and a width of at least 1650mm (65") is maintained in corridors serving patients, and for all other corridors, 1100mm (43").

Electrical Safety:

- Extension cords are not being used as permanent wiring (note: power bars that are approved by Maintenance can be used);
- Plugged in electrical equipment or devices have been properly procured and inspected per policy PP-100 Requirements for Certification of Medical Devices and Equipment;

- Appliances have been properly procured, inspected, and are only located and used in designated kitchenettes as per CPO-01 Workspace Policy;
- Items are not being stored within one (1) metre of an electrical panel;
- Items are not stored in electrical rooms.

Chemicals:

- Chemicals are properly identified and stored;
- In departments requiring spill kits, procedures are available as well as records of trained staff.

Knowledge:

- Staff review annually the Hospital emergency codes and sign off on the review as per SE-01 Mandatory Educational Records; [NB – and if your subplans have changed due to space changes, please ensure the reviews are completed];
- Staff know where to find the Code Red policy and their department sub plan;
- Staff know where their closest pull stations are located;
- Staff are familiar with the R.E.A.C.T. acronym as it relates to fire response.

If you have any immediate fire safety concerns, please contact Nicole Moffett, Manager - Emergency Preparedness & Security. For Maintenance or equipment concerns, please contact Allan Korol, Manager - Facilities & Biomedical Services. For general questions, please contact me.

Thank you.