

To: TBRHSC Directors, Managers and Coordinators

From: Ryan Sears, Director, Capital and Facility Services

Date: December 4, 2023

RE: Fire Safety Reminder – General Hospital Operations & Fire Inspection

In light of the holiday 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 and fire safety requirements are expected to be followed at all times. Thunder Bay Fire Rescue 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 & Corridors:

- 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;
- Stairwells are unobstructed and not used for storage;
- 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");
- Broken equipment is sent to Maintenance for repair or disposal. Garbage or recycling is removed by Housekeeping and other items for disposal are arranged for through Material Distribution.

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Electrical Safety:

- Items are not being stored within one (1) meter of an electrical panel;
- Items are not stored in electrical rooms;
- 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 as per PP-100 Requirements for Certification of Medical Devices and Equipment Policy;
- Appliances have been properly procured, inspected, and are only located and used in designated kitchenettes as per CPO-01 Workspace Policy.

Chemicals & Compressed Gases:

- Chemicals are properly identified and stored;
- In departments requiring spill kits, procedures are available as well as records of trained staff;
- All compressed gas cylinders are properly secured and stored appropriately;
- Staff are aware of the hazards within their department and have reviewed the MSDS for WHMIS controlled products.

Knowledge:

- Staff review the Hospital Emergency Codes as part of their annual mandatory learning courses. If your departmental sub plans have changed due to space changes, please ensure reviews with staff 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.

The revised EMER-130 Code Red Policy is posted on the iNtranet. Please ensure that you are aware of any changes and that a physical copy of the policy is printed and available in your departmental Emergency Code binder, along with your department's associated Code Red sub-plan.

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

Thank you.

cc: Senior Leadership