

To: Directors, Managers, and Coordinators

From: Ryan Sears, Director, Capital and Facilities Services

Date: April 16, 2024

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

As a general reminder, please continue 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 Stores.

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 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.

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 trained and aware of the hazards within their department and have reviewed the Safety Data Sheets (SDSs) for WHMIS controlled products.

Knowledge:

- Staff review annually the Hospital emergency codes and sign off on the review as per SE-01 Mandatory Educational Records; If your sub-plans have changed due to space changes, please ensure the updates 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 EMER-130 Code Red policy is posted on the intranet. Please ensure that you are aware with the 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.

c: Senior Leadership