



# Fire Safety in Residential Care Facilities

## A Guide for Owner/Operators



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## Introduction

The “at home” setting that makes residential care popular and beneficial can still offer acceptable levels of life and fire safety. One of the easiest and least expensive means to achieving fire safety is through the practice of “fire prevention”. By recognizing hazards and correcting them, practicing fire-safe habits and through planning for the event of a fire, operators will limit the possibility of a fire occurring in the facility and greatly reduce losses should a fire occur.

The regulatory system for residential care facilities can be complex and owner/operators of residential care facilities may find a number of provincial regulations applicable to their facility, as well as local municipal bylaws. The purpose of this document is to address safety within the “home” based care facility where care of individuals in a residential setting is provided, and to address safety requirements under the Uniform Building and Accessibility Standards Act (UBASA) and The Fire Prevention Act, 1992 (FPA).

This document addresses life and fire safety for a number of residential care facilities, including;

- Foster Homes regulated under  
***The Child and Family Services Act***  
***The Child and Family Services Regulations***
  
- Special-Care Homes (Residential)
- Approved Homes
- Boarding Homes
- Day Care Centres, and
- Group Homes regulated under  
***The Housing and Special-care Homes Act***  
***Adult and Youth Group Homes Regulations***
  
- Approved Homes regulated under  
***The Mental Health Services Act***  
***The Mental Health Services Regulations***
  
- Personal Care Homes regulated under  
***The Personal Care Homes Act***  
***Personal Care Homes Regulations, 1996***
  
- Private-Service Homes
- Residential-Service Facility
- Group Homes
- Maternity Homes
- Transition Houses
- Custodial Residences and
- Private-Service Homes regulated under  
***The Residential Services Act***  
***Residential-service Facilities Regulations***  
***Private-service Homes Regulations***

- Custody Facility regulated under ***Youth Justice Administration Act***

It should also be noted that a Day Care that offers sleeping accommodations with 24 hour/day or over-night care may also fall under the regulations for a residential care facility.

- Family Child Care Homes
- Group Family Child Care Homes and
- Child Care Centers regulated under ***The Child Care Act***  
***The Child Care Regulations 2001***

### **Definitions**

**UBASA:** The Uniform Building and Accessibility Standards Act. This Act adopts the National Building Code of Canada as regulations governing the design, construction, erection, placement, alteration, repair, renovation, demolition, relocation, removal, use and occupancy of buildings.

**NBC:** National Building Code of Canada.

**FPA:** The Fire Prevention Act, 1992. This Act adopts the National Fire Code of Canada as regulations governing life and fire safety in buildings and facilities.

**NFC:** National Fire Code of Canada.

**New Facility:** A *new* facility is one that is currently seeking a license or permission to operate as a residential care facility. The building may be newly constructed or may have existed for some time, but is “new” by the fact that it is now seeking license or permission to operate as a residential care facility. While an existing residential dwelling offers an acceptable level of safety as a single family dwelling, once it is changed into a residential care facility, additional safety requirements must be applied to the building. A residential dwelling changing into a residential care facility may require existing safety features to be upgraded and additional safety features to be installed. An existing residential care facility undergoing renovation is also treated as a “new” facility, especially where the renovations have affected safety features.

**Existing Facility:** An *existing* facility is one that has been operating for a time, usually under license or permission of the government agency responsible for regulating the facility. The facility will have been inspected by a building official to determine if it complies with the UBASA and the NBC and has met minimum requirements to be classed as a residential care facility.

**Major Occupancy:** Buildings are classed by use and associated hazard under both building and fire safety regulations. The major occupancy designation used by the regulations identifies the principle use or “occupancy” of the building. Major Occupancies for Residential Care Facilities are *Group C Residential Occupancy*.

**Licensing Agency:** The government agency that regulates the care facility by granting permission or a license to the owner to operate.

**Municipal Authority:** The individual appointed or employed by the municipality to enforce municipal regulations and bylaws. In most municipalities, contact the municipal administrator or

municipal office to determine what municipal bylaws apply and to determine other individual(s) to contact.

Building Official: The individual appointed or employed by the municipality to enforce the UBASA and NBC. Where this service is not provided by the municipality, the owner may be required to engage the services of an independent licensed building inspector.

Fire Official: The individual appointed or employed by the municipality to enforce the FPA and NFC. This is usually the municipal fire chief, but may be a municipal bylaw enforcement officer or other individual appointed/employed by the municipality.

Residential Care Facility: Care facilities are permitted to be classified as a *Residential Occupancy* under the UBASA and the FPA, provided that;

- the occupants live in a dwelling unit used as a single housekeeping unit with sleeping accommodation for not more than 10 persons,
- interconnected smoke alarms are installed in each sleeping room in addition to smoke alarms on each level,
- emergency lighting for egress and exits is provided, and
- either:
  - ◆ the occupants are ambulatory, or
  - ◆ the building is sprinklered throughout.

### **Becoming a Residential Care Facility**

<b>CAUTION</b>
Owner/operators must keep in mind that a number of agencies not directly involved in governing the operation of residential care facilities may also have regulatory interests. This is particularly true during construction or renovation of a care facility. Along with applicable province regulations owner/operators will also have to comply with local building permit requirements as well as other measures enforced by municipal bylaws. This document offers specific information about building and fire safety - but only general information on other regulations, bylaws, and legislation. Owners are responsible for ensuring their residential care facilities will meet all the regulations that may apply.

Generally, an individual seeking to operate a residential care facility will need to contact the Municipal Authority and, if the facility requires a license to operate, the provincial government licensing agency.

The municipality may have a number of regulations and/or bylaws that it will apply to a residential care facility. Municipalities may require the property owner to obtain a building permit and/or meet other requirements under regulations or bylaws for zoning, planning or business licensing before a residential care facility may be operated. Owners/operators should contact the Municipal Authority to determine what requirements apply to their facility from the municipality.

Some provincial government licensing agencies have established requirements under their regulations or by policy governing the design, construction and life and fire safety within a residential care facility they license. For example, Personal Care Homes regulations have

sprinkler system and additional exiting requirements that are not generally required by building or fire codes.

It should be noted that building and fire officials are not authorized to enforce the requirements established under legislation other than the UBASA, FPA and local bylaws and may not identify requirements under other legislation during their inspection. Owner/operators are advised they must communicate with the licensing agency to ensure they comply with all regulations applicable to their facility.

### **Responsibility for Safety and Compliance**

The UBASA and FPA identify who is responsible for safety and compliance.

The Uniform Building and Accessibility Standards Act:

*7(1) Subject to subsections (2) and (3), the owner of each building in Saskatchewan shall ensure that the building is designed, constructed, erected, placed, altered, repaired, renovated, demolished, relocated, removed, used or occupied in accordance with the building standards.*

The Fire Prevention Act, 1992:

*28 Every owner of a building structure or premises shall ensure that the building, structure or premises is designed, constructed, erected, placed, altered, repaired, renovated, demolished, relocated, removed, used or occupied in accordance with this Act and the regulations.*

The municipality has the authority to enforce regulations, but responsibility for compliance with the regulations is held by the property owner. A municipality that does not provide a regulatory or enforcement service does not relieve the property owner from their responsibility to comply with safety regulations.

To ensure they are in compliance, property owners should;

1. Speak with the Municipal Authority. They will identify the requirements for “new” facilities including zoning, planning, business licensing, building inspection, fire inspection requirements, etc. They may also be able to assist the owner identify other requirements that must be followed such as, permits from the local health agencies for plumbing and other provincial regulations such as gas permits, electrical permits, etc.
2. Speak with the Licensing Agency to determine any requirements they may have for a facility they license.
3. Engage the services of a professional architect or engineer - or at the very least a competent designer familiar with residential care facilities - to design the facility or review the existing building to determine necessary changes to comply with building and fire safety regulations.
4. Ensure a licensed building official is involved when a facility is being newly constructed or requires renovations to comply with building/fire regulations or licensing provisions. The building official should be involved from the beginning of the project, reviewing the plans drawn up by a design professional and conducting



inspections during the construction/renovation to ensure the approved design is being properly followed. If the municipality does not provide building official services, the owner should engage the services of an independent licensed building inspector to ensure the building meets requirements.

5. Contact the local Fire Official, specifically the fire department that will be responding to any fire that may occur at the facility. Establish an emergency plan with the fire department.

### **Inspection for Licensing Purposes**

A number of provincial government agencies that regulate residential care facilities have inspection requirements that must be met in order for the residential care facility owner/operator to gain a license or permission to operate. Typically, the licensing regulations require an inspection by the local fire authority and may require subsequent inspections from time to time in order to maintain a license.

Owner/operators may need to arrange inspections by several different authorities to gain or maintain a license or operating permit. Fire safety inspections are among the most common requirements for licensing. The successful completion of a fire safety inspection does not relieve the owner from ensuring any additional inspection, bylaw or health requirements are also met..

As has been explained, residential care facilities are subject to a number of regulations and local bylaws. New and existing residential care facilities are subject to different inspection requirements under the UBASA and FPA, local bylaws and other legislation. This may require the owner/operator to meet other requirements before operating a residential care facility (ie: zoning or planning bylaw, business licensing, gas/electrical permits, etc.). It is the owner's responsibility to ensure they have met all regulations governing their facility.

The inspection process under both the UBASA and FPA is necessary for new facilities as, together, the two Acts cover every aspect of building, fire and life safety. For existing facilities, inspection under the FPA is adequate to ensure acceptable levels of safety in the facility.

In some municipalities, inspection services may not be available. Where an inspection is required, but the service is not available from the municipal authority, the owner/operator should contact the Licensing Agency to determine an acceptable alternative to the inspection requirement.

The following sections detail information regarding the fire safety features that must be present in a residential care facility. Each section is referenced to the appropriate section of the regulations under the UBASA (the National Building Code of Canada/NBC) and fire safety regulations under the FPA (the National Fire Code of Canada/NFC).

### **Emergency Planning**

(section 2.8 NFC)

Every residential care facility must have a written fire emergency plan acceptable to the *authority having jurisdiction*<sup>1</sup> detailing procedures in fire prevention and emergencies.

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<sup>1</sup> *Authority having jurisdiction* means the municipal authority responsible for enforcement of fire safety regulations and/or fire suppression response.

The fire emergency plan must include <sup>2</sup>:

- i) a description of all procedures to be followed by staff in the event of fire,
- ii) procedures for relocation of all occupants, and/or
- iii) procedures for evacuation of occupants.

### **Excerpt from Provincial Regulations**

*A fire safety plan shall be prepared **in cooperation with the fire department** and other applicable regulatory authorities and shall include;*

- (a) *the emergency procedures to be used in case of fire, including*
  - i) *sounding the fire alarm,*
  - ii) *notifying the fire department*
  - iii) *instructing occupants on procedures to be followed when the fire alarm sounds,*
  - iv) *evacuating occupants, including special provisions for persons requiring assistance,*
  - v) *confining, controlling and extinguishing the fire,*
- (b) *the appointment and organization of designated supervisory staff to carry out fire safety duties,*
- (c) *the training of supervisory staff and other occupants in their responsibilities for fire safety,*
- (d) *documents, including diagrams, showing the type, location and operation of the building fire emergency systems,*
- (e) *the holding of fire drills,*
- (f) *the control of fire hazards in the building, and*
- (g) *the inspection and maintenance of building facilities provided for the safety of occupants.*

Residential care facilities require pre-fire planning with the fire department. This is a critical part of the fire safety plan. The fire safety plan must be prepared in cooperation with the fire department so that the owner/operator and fire department clearly know what the other will be expecting and/or doing in a fire emergency to allow the fire safety plan to work.

Other agencies may be required to be involved (ie: local emergency measures organization) as other emergencies may occur that effect a residential care facility. For example, what procedures will be in place if a resident wanders away? What measures will be put into place in the event of severe weather? What happens if the power goes out?

Depending on circumstances, particularly the abilities or disabilities of the residents, planning for a number of emergency situations besides a fire is recommended.

A Fire Safety Plan must include certain elements, as outlined in regulations, to be effective. In making up a fire safety plan, the following identify considerations that could be made.

#### 1. Sounding the fire alarm

If a fire is discovered, how does the person discovering the fire notify everyone in the facility a fire has occurred so appropriate action may be initiated? If a smoke alarm sounds, what

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<sup>2</sup> *relocation* means "from the fire area" or "to a safe location" and may not necessarily be to the exterior of the building in facilities with built-in protection features.

*evacuation* means "out of the building" and must include provision of safe, alternative accommodation for the occupants.

procedure is to be followed? How the alarm is raised must be determined for situations where the fire is discovered by an individual and when discovered by a device.

## 2. Notifying the fire department

Saskatchewan is served by a 9-1-1 system. In the majority of the province dialing 9-1-1 will put the caller into contact with fire, police and ambulance services. The question that planning asks is “who is responsible to notify the fire department and how?” An individual must be assigned to this task, either specifically (ie: by name) or by position (ie: the shift supervisor) and options they may follow (ie: “use the telephone in the kitchen, if it cannot be reached use the next door neighbour’s telephone” or “use the cell phone”).

## 3. Instructing occupants on procedures to be followed when the fire alarm sounds.

## 4. Evacuating occupants, including special provisions for persons requiring assistance.

Owner/operators will be familiar with the abilities of their residents and this will generally indicate not only the instructions that must be given, but how instructions must be given to have occupants evacuate should a fire occur. Instruction to occupants may be accomplished in many ways, but must be appropriate to the abilities and capabilities of the occupants and includes;

- Instructing occupants in the plan,
- Requiring staff to provide direction to occupants (ie: “go out the front door) or
- May require more detailed instructions including assigning specific staff to provide assistance to specific residents to evacuate them.

The procedures must work at various times of the day and year. The procedures for 2pm may be entirely different than those necessary at 2am. The plan may also require additional planning and procedures for a fire occurring in January than for one that occurs in July.

## 5. Confining, controlling and extinguishing the fire,

The priority in a residential care facility is the safety of the occupants. In a fire, priority should be given to relocation/evacuation to a location that assures the safety of the occupants and does not expose occupants to other risks (ie: outside cold). This may necessitate identifying another building to move residents to and even arranging transportation to move occupants to a safe location. Confining and controlling a fire can be accomplished by requiring staff (or occupants) to close the door to the room where the fire is occurring (if this is possible).

If extinguishing a fire is considered in the plan, staff assigned to fire fighting must have training, at least once per year, in the use of fire fighting equipment. Fire fighting should be considered only if:

- All occupants have been evacuated/located in a safe location.
- The fire department has been called and is responding.
- The person has been trained in the use of the equipment.
- The fire is small, confined and not growing rapidly.
- The correct fire extinguisher or fire fighting equipment is readily available.
- The person is not exposed to heat, flame, smoke or toxic gases from the fire.
- The fire can be fought so the person has a clear exit/escape route that cannot be blocked by heat, flame or smoke.
- The person is confident in using the equipment and in putting out the fire.

Fighting a fire must be carefully considered before including it within a fire safety plan.

6. The appointment and organization of designated supervisory staff to carry out fire safety duties.
7. The training of supervisory staff and other occupants in their responsibilities for fire safety. Generally, the duties assigned to supervisory staff will normally be those requirements in the first part of the plan.
  - Sounding the fire alarm.
  - Notifying the fire department.
  - Instructing occupants on procedures to be followed when the fire alarm sounds.
  - Evacuating occupants, including special provisions for persons requiring assistance.
  - Confining, controlling and extinguishing the fire.

However, additional duties must also be assigned under the plan, such as;

8. The control of fire hazards in the building.
9. The inspection and maintenance of building facilities provided for the safety of occupants. Staff may be assigned to ensure fire protection, detection and suppression equipment is inspected and maintained as required. Staff may be assigned to specific duties for fire hazard control, such as ensuring cooking equipment is maintained or conducting an inspection of the facility after occupants are in bed. A critical area that must be inspected is a designated smoking room. If such a room exists in the facility, it must be inspected and this duty assigned.

Where staff members are assigned to a duty, they must be provided training and information to ensure they can perform assigned duties properly.

10. Documents, including diagrams, showing the type, location and operation of the building fire emergency systems,
11. The holding of fire drills,
12. The emergency plan must be posted in a prominent location in the residential care facility. It should also be explained to, and a drill conducted for:
  - i) new staff on initial employment in the home,
  - ii) all staff every three months.<sup>3</sup>

Where practical, residents should be included in emergency plan familiarization and drills:

- i) on entering the home as a resident, and
- ii) with staff members.

### **Fire Extinguishers**

(section 6.2 NFC)

Every residential care facility must be equipped with fire extinguisher(s) acceptable to the *authority having jurisdiction* with a minimum of one (1) fire extinguisher with a 2A:10 BC rating. Fire extinguishers must have a minimum rating, as indicated on the fire extinguisher's listing/certification label, of 2A, for A Class fire hazards, and 10BC rating, for B and C Class fire hazards. A 1A:5BC rated fire extinguisher is not an acceptable size and multiple 1A:5BC rated fire extinguishers do not satisfy the 2A:10BC rating requirement.

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<sup>3</sup> \* Provincial regulations require monthly fire drills in care facilities which have accommodation for more than 10 occupants. It is recommended that quarterly fire drills be held for care facilities with 10 or less occupants.

Fire extinguishers should be:

- mounted in conspicuous and accessible location(s) in the home,
- inspected monthly as required by regulations and the manufacturers instructions, and
- maintained and serviced according to the manufacturer's instructions or as required by the authority having jurisdiction.

Inspection of fire extinguishers may be conducted by the owner/operator on a monthly basis and consists of:

- a) ensuring the extinguisher is mounted in its correct location, and it is visible and accessible,
- b) ensuring the name plate and operating instructions are in place and legible,
- c) checking that the "tamper" seal is in place (holding the pin or discharge lever in place),
- d) having reasonable assurance the extinguisher has extinguishing agent inside (may be determined by weighing – refer to the manufacturers instructions on the extinguisher for the required weight),
- e) checking that there are no signs of obvious damage to the extinguisher (rust, dents, broken/missing parts, clogged nozzle, gauge), and
- f) that the pressure gauge reading is in the correct location within permitted limits (usually marked on the gauge in green).

If inspection of a fire extinguisher reveals any problem(s) or condition(s) that must be corrected, the fire extinguisher must be serviced by a qualified service agency.

Annually, fire extinguishers must be serviced by qualified personnel. The exception to this requirement is for stored pressure dry chemical fire extinguishers. The owner/operator may conduct the annual inspection by performing the monthly inspection and weighing the extinguisher. If the extinguisher is within its required weight (as shown on the label), the only other maintenance required is every 6 years when an internal inspection is necessary. Date of manufacture is marked on the extinguisher and an internal inspection by a qualified person is required every 6 years with hydrostatic pressure testing every 12 years.

### **Smoke Alarms**

(sections 3.2.4.21 NBC)

(sections 2.1 and 6.3 NFC)

Residential care facilities with 10 or less occupants require minimum protection consisting of hardwired, interconnected smoke alarms, with at least one smoke alarm on each level of the facility and one in each bedroom. Existing facilities may be permitted by the local fire safety authority to have individual, battery operated smoke alarms.

On each level where sleeping rooms are located, smoke alarms must be located between sleeping areas and the remainder of the home. Smoke alarms must be mounted on the ceiling (preferably) or as close to the ceiling as permitted by the manufacturer (if wall mounted). Smoke alarms must be located as per the manufacturer's instructions to avoid "dead air" spaces, ventilation or air handling systems, ceiling fans and other obstructions that may prevent the smoke alarm from operating as intended.

Hardwired, interconnected smoke alarms must be connected to an electrical circuit that will not likely be overloaded, with no shut-off except an over current device and should the over current device trip or be shut off, it must be readily noticeable or result in inconvenience to the

occupants. The recommended circuit is one controlling a necessary light fixture (bathroom, hallway or room light).

#### Testing and Inspection of Smoke Alarms

- ◆ Smoke alarms must be tested monthly by pressing the “alarm test” button on the smoke alarm. Alternatively, testing may be conducted with canned “smoke” (do not use real smoke). Check with the manufacturer of the smoke alarm before using canned “smoke” as it may damage some alarm sensors.
- ◆ Annually, the smoke alarm must be dusted (gently vacuum the outer case and internal sensor) and, if battery operated, the battery replaced.
- ◆ Smoke alarms must be replaced at 10 years of age. Date of manufacture is usually marked on the sensor.

#### **Emergency Lighting**

(section 9.9.11 NBC)

(section 6.7 NFC)

All residential homes must be equipped with acceptable emergency lighting as required by the authority having jurisdiction. Emergency lighting must be installed to automatically illuminate exits and means of egress within the care facility to adequate levels and must be tested and maintained according to the manufacturer's instructions or as required by the authority having jurisdiction.

Emergency lighting must last at least 30 minutes for facilities with 10 or fewer occupants.

Emergency lighting units must be inspected;

a) monthly to ensure;

- indicating lights (reflecting battery condition) are on (or off) as required,
- the emergency lights operate as required (press “test” button, unplug unit or turn off electrical circuit breaker controlling the unit and the unit should illuminate).

b) every 12 months to ensure;

- the lights operate for the duration required <sup>4</sup>(unplug the unit or turn off the breaker and allow the lights to operate until the battery is drained. Ensure the unit is energized to allow recharging of the battery after the annual test).

If the lighting unit does not have a “sealed” battery unit (ie: it has a lead-acid type battery), the light unit must be maintained according to the manufacturers instructions for both monthly and annual inspection and testing so the battery is serviced properly. Persons should exercise extreme caution in inspecting or servicing lead-acid batteries due to the potential danger of electrical shock and acid burns.

#### **Sprinkler Systems**

Care facilities must be sprinklered when:

- There are more than 10 occupants provided sleeping accommodation.
- Any person(s) in the facility is classed as non-ambulatory.
- The installation of a sprinkler system is necessary to establish an acceptable level of life and fire safety.

Under other regulations (ie: from the Licensing Agency), sprinklers may be required for other reasons or under other conditions and may be installed in the facility. Where a sprinkler system is installed, it must be inspected as if it were required by UBASA and/or FPA regulations.

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<sup>4</sup> Emergency lighting must last for at least 30 minutes.

Generally, in facilities where there are 10 or less occupants, and a sprinkler system is required, it shall meet the appropriate National Fire Protection Association (NFPA) standard for design and installation:

- a) NFPA13D, where there are 3 or less residents,
- b) NFPA13R, where there are more than 3 residents, but 10 or less occupants.

Where more than 10 occupants are accommodated in a facility, the facility must be classed as an Institutional Occupancy under UBASA regulations and a sprinkler system meeting NFPA Standard 13 is required. It should also be noted that with more than 10 occupants the facility cannot be classed as a residential care facility and other regulations apply to the facility that are not covered within this document.

Sprinkler systems require inspection, testing and maintenance in frequencies from daily to annually. Each system type (13D, 13R and 13) have specific requirements for inspection and testing that should be done by the company that installed the system or an inspection, testing and maintenance company recommended by the installer. Owner/operators should contact the installing company and arrange for training so they may conduct basic inspections of the system (usually ensuring valves are in the correct position and gauges are in correct operating range).

### **Records**

(section 1.1.5. NFC)

The owner/operator is required to maintain records on inspection, testing and maintenance of fire protection, detection and suppression systems. The following records should be retained for at least a 2 year period or as determined by the authority having jurisdiction, and be available for inspection.

- fire drills and staff training
- smoke alarm(s)
- emergency lighting
- fire extinguisher(s)
- sprinkler system (if installed)

### **Exits and Egress**

(section 9.9.8 – 9.9.9 NBC)

(section 2.7 NFC)

### **Means of Egress**

Egress is the path of travel within the facility that leads from any area inside to the exterior of the building and consists of hallways (corridors), stairs, paths of travel through rooms within the facility and includes the exit door(s) to the exterior from the facility.

A residential occupancy normally requires a single exit to the exterior. The exit must be;

- a) Directly to the exterior (or a protected egress passageway to the exterior)
- b) Not more than 1.5 meters above grade and
- c) Must be reached without requiring travel up or down more than one storey to reach the storey where the exit is located.

Travel to the storey where the exit is located may exceed the one storey travel limitation of c) above if the level exceeding the travel distance if;

- a) The level has an openable window of at least 1m in height and .55 m in width,

- b) The window sill is not more than 1m above the floor and
- c) The window sill is not more than 7 m above grade or
- d) There is direct access to a balcony from the level.

The exit must open onto a landing at least as wide and long as the width of the stairs. Stairs to grade from the landing must be at least 900 mm wide with a rise of 125-200 mm and a tread of 210-355 mm. Exit doors must swing open on a vertical axis, but do not need open in the direction of exit travel.

Typical configurations and dimensions for doors, corridors, etc. in residential dwellings do not take into account that occupants may be in a wheel chair, using a walker or even that one person may be required to assist another to escape in a fire situation. Furniture placement may also create obstacles to egress. In reviewing exiting and means of egress, both building and fire official will consider these conditions that may limit the ability of the occupants to escape from a fire and determine egress and exiting needs for the facility to achieve an acceptable level of life and fire safety.

**Exit door Hardware**

Door hardware for the exit must be such that no keys, device(s) or knowledge is necessary to open the door from the inside.

**Windows**

Each bedroom in a residential care facility is required to have a window if;

- 1) the bedroom is not served by an exit door directly to the exterior of the building from the bedroom or
- 2) if the facility is not sprinklered.

The window is required to fully open from the inside without the need for special keys, devices or knowledge of the window opening mechanism.

The window must offer a clear opening of .35m<sup>2</sup> (when open) with no dimension (height or width) less than 380 mm.

If the window opens into a window well, there must be a clear space of at least 550 mm in front of the window to allow a person to escape.

<p><b>Caution:</b></p> <p>Windows are not “exits” and are never considered an acceptable means of exit. Windows are escape and rescue points that are available should the egress and exit system in the facility be compromised in a fire situation. In other words, the bedroom window is a last hope in a worst case situation.</p> <p>If the exit and egress configuration in a building is unacceptable from a fire safety aspect, then additional exits and egress routes must be established.</p> <p style="text-align: center;">Remember - Windows are not exits.</p>
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**Fire Separations**

A residential care facility generally has no specific requirements for fire separations. Furnace rooms, service spaces and other areas need not be separated by a fire separation having a fire resistance rating. These rooms or spaces may be separated by partitions or walls for convenience or the protection of the occupants, and such assemblies do create good barriers to the spread of smoke, heat and fire, but they are not required by UBASA or FPA regulations.



Fire separations become a requirement in facilities where more than 8 occupants are provided sleeping accommodation. In this case, bedrooms must be separated from each other and the corridor providing egress by walls having a fire resistance rating of at least 45 minutes. Doors to the bedrooms must be labeled 20 minute doors and frames with rated hardware, self closing devices and at least a single point latch. An alternative to the labeled door and frame is a solid core door meeting CAN4-S104 Wood Core Doors meeting the Performance Required by CAN4-S104 for 20 Minute Fire-Rated Closure Assemblies.

In residential care facilities that are sprinklered, fire separation requirements are normally relaxed and bedroom doors and door frames are not required to have a specific fire resistance rating and self closing devices are not required.

### **Kitchen Exhaust and Fire Suppression Systems**

UBASA and FPA regulations do not require a kitchen hood and duct exhaust system or automatic fire suppression equipment for cooking equipment in facilities classed as residential care facilities.

### **Hazard Awareness**

#### **1. Smoking.**

Smoking materials, either the misuse or careless use/disposal of, is one of the main causes of fires in Saskatchewan. Smoking restrictions are not necessarily a “safe” means of controlling this hazard. Simply restricting smoking has resulted in a number of fires in care facilities. People either ignored the restriction and hid their smoking (resulting in improper (and hurried) disposal if someone came around) or smoked outside and disposed of smoking materials inappropriately (again resulting in a fire). If smoking restrictions are imposed, a suitable smoking area should be provided with proper ashtrays or disposal container(s) for smoking materials, even if the designated smoking area is outdoors. A procedure for checking the smoking area and safe disposal of cigarette ashes/butts before everyone retires for the night must be included in the fire safety plan.

#### **2. Cooking.**

The second leading cause of fires in residential occupancies involves cooking. Fires involving cooking appliances can occur very rapidly and spread very quickly. All cooking appliances are designed to generate heat, and if left unattended or used improperly they are a potential ignition source. If the appliance is not in good working order, then it is a hazard and should be repaired or replaced. All cooking should be conducted in one designated area and all appliances checked for correct working condition frequently. An appliance that is not working properly is telling the user that they are in danger of a fire and to cease using the appliance.

#### **3. Appliances, General**

The average home is filled with appliances, either heat producing (ie: a heating pad, a hair dryer, clothes dryer, dishwasher) or non-heat producing (ie: electric razor, can opener, radio, T.V.). These appliances operate on a variety of “fuels”, but by far the most common energy source is electricity. Electricity does not cause fires all by itself, except in very rare and extreme situations. The abuse and misuse of appliances is typically found to be the cause of a fire when appliances are involved. Appliances typically give ample warning when they are in need of repair or are a hazard. Dimming lights, unusual, slow or fast operation, sporadic operation, etc.... resulting from or during electrical appliance use is a sign there is something wrong with

the appliance and it must be repaired or replaced. Improper use or careless use is another fire cause. Portable heaters placed too close to combustibles is a common hazard in care facilities.

**Sample Inspection Checklist**

Name of Facility (as applicable) \_\_\_\_\_

Owner/Operator Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX: \_\_\_\_\_ Cell: \_\_\_\_\_

Licensed as/under: \_\_\_\_\_

Licensing Agency Contact: (name) \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX: \_\_\_\_\_ Cell: \_\_\_\_\_

Contacted Municipal Authority: \_\_\_\_\_  
Who - Date

Requirements:

- Business license
- Building Permit
- Other: (gas, electrical, plumbing, etc.)

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Contact government licensing agency  
Requirements:

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- Engage design professional (architect/engineer) to design the facility or review the existing building to determine necessary changes to comply with building and life and fire safety fire regulations.
- Engage licensed building inspector (if service not provided by municipality).
- Contact the local fire authority. Establish emergency plan.

**Emergency Plan**

- Plan prepared in cooperation with the fire department and addresses the following;
- Sounding the fire alarm (internally) and notifying the fire department
- Evacuating occupants, including special provisions for persons requiring assistance
- Staff training (what/when/how often)

- Documents, including diagrams, showing the type, location and operation of the building fire emergency systems
- Emergency plan posted in a prominent location
- Fire Extinguisher Training (Staff) (if in the plan, dates training held) \_\_\_\_\_
- Fire drills (schedule, last held) \_\_\_\_\_

**Fire Extinguishers**

- Minimum 2A:10BC rating – (at least one fire extinguisher)
- Mounted in a conspicuous, visible, accessible location(s) in the home
- Inspected monthly (records available)
- Maintained and serviced according to instructions (records available)

**Smoke Alarms**

- Smoke alarms hardwired, interconnected  
or
- Smoke alarms battery operated (date last change of battery) \_\_\_\_\_
- Age of smoke alarms (not more than 10 years)
- Smoke alarm on each level located between sleeping areas and the remainder of the home
- Smoke alarm in each bedroom
- Smoke alarms properly located and positioned on ceiling/walls
- Records of tests (monthly and annual) available

**Emergency Lighting**

- Emergency lights operate as required (press “test” button-unit illuminates)
- Inspected monthly to ensure indicating lights are on (or off) (records available)
- Maintained every 12 months (last maintenance date) \_\_\_\_\_ Duration: \_\_\_\_\_

**Sprinkler Systems**

- Sprinklered (if YES, identify type of system 13, 13R, 13D) \_\_\_\_\_
- Maintenance Performed (Last inspection/test/maintenance) \_\_\_\_\_

**Exit and Egress**

- Exit(s) adequate (width, height, number)
- No special keys, device(s) or knowledge is necessary to open the door from the inside
- Bedrooms have windows of adequate size and windows open
- Exit maintenance (ie: snow shoveled)

**Fire Separations**

- More than 8 residents? (if YES, then the next two requirements are applicable)
- Bedrooms have adequate separation
- Bedroom doors self closing and at minimum a single point latch device