



Fire Safety in Residential Care Facilities

A Guide for Fire Inspection Personnel



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Introduction

Through the 1970's and 80's, "home accommodation" became increasingly popular in North America as an alternative to institutional facilities for the care of the elderly, individuals with cognitively and/or physical disabilities and for persons with special care needs. As more and more persons moved into these facilities, it became obvious that while the "at home" setting was popular and beneficial, it also presented an increased level of risk to the occupants in a fire situation.

Over a ten-year period, fires in home based care facilities took a toll in lives and property that greatly exceeded average losses in other residential properties. Studies revealed that even in facilities that met minimum fire safety requirements for residential buildings, loss of life and property was unacceptably high. In almost every fire there was a loss of life and in many fires, multiple loss of life.

The fire problem for these facilities is compounded by the abilities and capabilities of the occupants. In a fire situation, the occupants may have difficulty escaping because they may not react or react slower, may not be as mobile, may become easily confused, and may not be able to withstand even minor trauma from a fire (smoke and heat) without being overcome.

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.

This document addresses fire prevention for a number of residential facilities, such as;

- approved homes (*The Mental Health Services Act*),
- children's custodial homes (*The Child and Family Services Act*),
- custodial homes (*The Young Offenders Act*),
- convalescent homes (*The Personal Care Homes Act*),
- foster homes (*The Child and Family Services Act*),
- group homes (*The Residential Services Act* or *The Housing and Special-care Homes Act*),
- maternity homes (*The Residential Services Act*),
- nursing homes (*The Housing and Special-care Homes Act*),
- personal care homes (*The Personal Care Homes Act*),
- private service homes (*The Residential Services Act*),
- residential service facility (*The Residential Services Act*),
- special-care homes (*The Housing and Special-care Homes Act*),
- transition homes (*The Residential Services Act*),
- treatment centres (*The Residential Services Act* or *The Housing and Special-care Homes Act*), and
- young offenders' homes (*The Young Offenders Act*).

In most of the above regulations, the owner/operator is required to have a fire inspection conducted as a condition for a license or permission to operate as a care facility. Even where an inspection requirement is not held within a regulation, these facilities can present significant fire safety challenges to the fire department and should be inspected and pre-fire planned.

The regulatory system for these facilities appears to be complex and in some cases more than one regulation may be applicable depending on the facility's use. The local assistant or fire inspector conducting life and fire safety inspections of these facilities **need not** concern themselves with the various other acts and regulations that govern these facilities. The facilities should be inspected following provincial fire safety regulations to ensure that an acceptable level of life and fire safety exists in the facility.

The local fire safety authority conducting inspections usually does not have enforcement powers or authority under the other acts and regulations that govern these facilities. Thus, these various regulations are not enforceable by the local fire safety authority. Simply, the powers, authority and responsibility for fire inspection come from *The Fire Prevention Act, 1992*. A local fire safety authority need only be concerned with the legislation they are authorized to enforce.

A care facility licensing agency may establish more restrictive requirements than provincial fire safety regulations, but cannot permit a lesser or unacceptable standard to replace provincial fire safety regulations. For example, Personal Care Homes regulations have additional exiting requirements that are not generally required by building or fire codes.

Section 9 of the Fire Prevention Act states:

General powers of fire inspector

9 *A fire inspector may aid in the enforcement of any Act, regulation and municipal bylaw relating to fire safety and fire prevention.*

Where a fire safety requirement of a licensing agency is different than required by provincial fire safety regulations, the decision of acceptance or application is the local fire safety authority's. Section 9 of the Fire Prevention Act states "may", not "shall", identifying the enforcement of other safety legislation as a discretionary power that the fire safety authority may choose to exercise if the need arises.

Inspection personnel should carefully assess application of regulations or policy from a licensing agency. For example, some care facility licensing regulations require two means of egress from each floor level. However, the regulations do not describe the standard or criteria for the exits. Further confusing the issue is that the licensing agency may establish policy on application of their regulation that is not acceptable under life and fire safety regulations (ie: the second means of egress may be a window). Where an inspection authority does apply a regulation established by a licensing agency, it should be applied as required by building or fire codes. The local fire safety authority should also assess features required by other regulation to ensure they will operate as designed or intended and to ensure the application does not create a life or fire safety hazard.

The other acts and regulations do not compel the local fire safety authority to conduct inspections. The local fire safety authority is strongly encouraged to conduct inspections and pre-fire planning of the various care facilities within their jurisdiction, but none of the legislation "requires" the local authority to conduct an inspection.

Where owners/operators of care facilities are required to have an inspection on a specific schedule (ie: once a year, once every three years), they may be able to have the inspection conducted by the local fire safety authority or where this service is not provided, may need to engage an inspection service that is acceptable to the licensing or regulating government agency.

The purpose of this document is to address the "home" based care facility where care of individuals in a typical residential dwelling is provided, and to address provincial fire safety requirements.

Pre and Post Inspection

The inspection of any building, but particularly a care facility, should be viewed as an educational opportunity and a cooperative effort between inspector and owner/operator to achieve life and fire safety. It is also an opportunity to pre-fire plan as care facilities can present problems in a fire situation.

In conducting an inspection, it is important to understand the authority provided to conduct an inspection. From the *Fire Prevention Act, 1992*;

18(1) *For the purposes of ensuring compliance with this Act the regulations or any order made pursuant to this Act, any fire inspector may, at any reasonable time, enter and inspect any building, structure or premises.*

(2) *A fire inspector making an inspection pursuant to subsection (1) may:*

- (a) collect data or samples*
- (b) make any inspection or study*
- (c) conduct any test;*
- (d) examine books, records and documents;*
- (e) require the production of documents and property for the purposes of examination or making copies.*

(5) *Before entering on any land or into any building, structure or premises, the fire inspector shall notify the owner or occupant, if the owner or occupant is present at the time of the entry, of the purpose of the entry.*

(6) *A fire inspector shall not enter a private dwelling without a warrant issued pursuant to this section unless the owner or occupant consents.*

A residential care facility is usually a private dwelling. Entry may be made following section 18(5) and (6).

Section 18(2)(d) should be noted by inspection personnel. The owner/operator is responsible to ensure that the facility is maintained. Records should be examined, and may be reproduced for record keeping by the inspection authority. It should be remembered the owner/operator will have to provide the same records to a variety of agencies (licensing, insurance, governing boards, etc.). The original records must be left with the owner/operator or if taken for reproduction, returned in a timely manner.

The inspection of a facility may be made in response to a request or it may be a part of the regular inspection routine of the fire inspection authority. In either case, on completion of an inspection, at minimum, a report should be provided to the owner/operator for their records. Inspection authorities may be approached by other agencies for reports and it is recommended that reports not be released without the knowledge or permission of the owner/operator.

The purpose of an inspection includes building a level of trust and cooperation between owner/operator and the fire authority. The untimely release of a report could have unexpected results for both owner/operator and the inspection authority and will certainly impact on the trust and cooperation between inspection authority and property owner.

The inspection report is a part of the documentation the owner/operator must present to the licensing agency to gain (or retain) their license. An owner/operator, receiving a report with deficiencies noted may choose to correct the deficiencies, may have already completed

necessary corrections and may even be looking at requesting another inspection in order to gain a “clean” report to provide to the licensing agency. The release of a report by the inspection authority without communicating with the owner/operator can create problems. It is strongly recommended that inspection reports be provided to the owner/operator and not released to other agencies without discussing the release with the owner/operator of the care facility.

Issuing Orders

The question of issuing orders is a frequent question from fire inspection personnel. This can be problematic. On inspecting the home as a care facility and deficiencies are noted, a license may or may not be issued. If a license isn’t issued, then the facility is not a care facility and noted deficiencies may no longer be applicable. Issuing orders in this circumstance is likely not necessary. However, noted deficiencies should be reviewed if a license isn’t issued as some may be applicable to a “house” as much as they are to a care facility.

In some instances deficiencies may be noted but the licensing agency issues a “conditional” license. The conditions are usually that deficiencies are corrected within a certain time. In this instance, orders could be issued, and if they are issued, it is recommended the orders be coordinated with the licensing agency. This coordination is to ensure that different periods or conditions for deficiency correction are not set for the owner/operator for compliance. Orders and the conditional license should not conflict on required corrections or set different expiry dates for compliance.

While issuing orders is not specifically necessary, follow-up by the fire inspector is. While the licensing agency issues a conditional license that assures compliance, the fire department will be the agency responding to an emergency at the facility. Inspection is to ensure safety, not just for the occupants but to ensure responding fire fighters are not surprised by some unexpected deficiency or hazard. It is strongly recommended that follow-up inspections be conducted to determine that deficiencies are corrected and so pre-fire plans can be adjusted accordingly.

Inspection Types

When a fire safety authority conducts an inspection of a care facility, the first determination to make is if the facility is “existing” or is it a “new” facility.

An **existing** facility is one that has been operating for a time, usually under license or permission of the government agency responsible for regulation of the facility. It will have received at least one other fire inspection previously.

A **new** facility is one that is currently seeking a license or permission to operate as a 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 care facility.

An existing building undergoing renovation should also be treated as a “new” facility, especially where the renovations have affected life and fire safety features.

Fire authorities are cautioned that “new” facilities are also regulated under the Uniform Building and Accessibility Standards Act and may require permits, plans submission and inspection by a building official. When a “new” facility is identified, the fire official must communicate with the building official to ensure all regulations for life and fire safety are met.

The local fire safety authority must inspect a “new” facility to ensure **complete** compliance with current regulations. It is not normally acceptable to have a “new” facility that is not in compliance with both building and fire codes.

An “existing” facility is inspected to ensure an acceptable level of life and fire safety exists. This may result in the facility having different means of compliance with regulations (ie: battery operated smoke alarms rather than hardwired interconnected smoke alarms) based upon previous regulations or acceptance by the local fire safety authority. However, upgrading of existing facilities is also at the discretion of the local fire safety authority whose responsibility is to ensure facilities provide an acceptable level of life and fire safety.

Determining Residential Care

Care facilities are permitted to be classified as “residential occupancies” under building regulations provided that certain criteria exist within the occupancy.

A care facility is permitted to be classified as a *residential occupancy* if;

- 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*.
- see section on sprinkler systems in this Guide

The definition above has three elements that define *residential care* occupancy.

1. Occupants live as a single housekeeping unit.

A single housekeeping unit identifies that all occupants share facilities and that bedrooms are not self-contained suites with individual cooking facilities.

2. 10 or less occupants have sleeping accommodations.

Occupants identify all persons provided sleeping accommodation, including the individual(s) receiving care, the care giver(s) and any family member(s) or person(s) who is provided sleeping accommodation in the facility.

3. Occupants are ambulatory or the building is sprinklered.

Ambulatory can be and has been defined in a number of ways, by a variety of agencies and individuals. Definitions take various forms such as the *ability to walk without assistance*, but from a fire safety aspect, the consideration of ambulatory must be based upon the risk associated to an individual within the care facility. For example, is the individual(s) able to recognize that a fire exists and then act in an appropriate and timely manner in response to the danger to escape and survive? Alternatively, is there assurance that an individual, who may not be able to recognize a fire situation or who may not be able to react or act and escape, can be rapidly evacuated from the building by persons entrusted with the care of the individual? The determination of risk to individuals within a care facility must be carefully considered before a determination is made on “ambulatory”.

Care is another term that has been defined by many agencies. Whether the care receiver is receiving medication and other medical care or is simply under care, such as a child in a day care center, is not specifically a fire safety issue, but must be considered. From a fire safety

aspect, the type and depth of care is a concern only in the sense of how much reliability the individual receiving care places upon the care giver for safety and survival in a fire situation. Care should not be confused with ambulatory, but has the same impact. The amount of reliance the care receiver has upon the care giver to be safe from fire and to survive a fire, should one occur, is the primary consideration for fire safety in relation to the words *Ambulatory* and *Care*.

A facility meeting these three criteria may be classed as a *Residential Occupancy*. If any of the identified conditions above are not met, then the facility must either have appropriate life and fire safety measures put into place or be classed as an *Institutional Occupancy* and a different set of regulations applied.

It should be noted that care facilities exist that are not licensed by a government agency. The licensing of a facility by a government agency clearly identifies a building as a “care” facility and defines the life and fire safety regulations that are applicable to the facility. Legislation typically defines a “care” facility as a place where persons receive care (either medical care or personal care to provide living assistance or both) from a person who is not their relative. However, it is possible for a care facility to exist that is not licensed. Fire chiefs will want to be aware of these facilities as they may create specialized problems in the event of a fire. It should be clearly understood that licensing is not the only criteria that identifies a care facility as a care facility, nor is it the only criteria that establishes the life and fire safety regulations that should be applied to a building. Fire chiefs and local inspection personnel should apply regulations as the regulations are applicable and not rely upon licensing or other legislation to identify these facilities.

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 provincial fire safety regulations (the National Fire Code of Canada/NFC) under the *Fire Prevention Act, 1992*.

Emergency Planning

(section 2.8 NFC)

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

* *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:

- 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.

* *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.

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.*

The priority in a care facility is safety of the occupants. In a fire, priority should be relocation/evacuation of the residents to a location that assures their safety and does not expose them to other risks (ie: outside cold) before fighting a fire with fire extinguishers is considered. If fire fighting is considered in the plan, staff assigned to fire fighting must have training in the use of the fire fighting equipment, at least once per year.

Fire fighting should be considered only if:

- ◆ All occupants are 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 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.

The emergency plan should 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.*

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.

* 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

(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.

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* 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 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).

If any 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 testing every 12 years.

Smoke Alarms

(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. 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.

* existing facilities may be permitted to have individual, battery operated smoke alarms at the discretion of the local fire safety authority.

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.

It should be noted that hardwired smoke alarms must be connected to an electrical circuit that, should the electrical circuit breaker or over current device be shut off or “trip”, the loss of power effects another electrical device in a manner that is sufficiently noticeable or annoying to cause the occupants to return power to the circuit as soon as possible. For example, the smoke alarm circuit should be on a bathroom or hallway light fixture so that if turned “off” or “tripped” the bathroom or hallway light does not operate either.

Emergency Lighting

(section 6.7 NFC)

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

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 unit controlling electrical circuit breaker and the unit should illuminate).

b) every 12 months to ensure;

- they operate for the duration* required (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).

* Lights must last at least 30 minutes for facilities with 10 or less occupants.

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 manufacturer's 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, sprinklers may be required for other reasons and may be installed in the facility. Where a sprinkler system is installed, it must be inspected as if it were required by provincial fire safety regulations.

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**.

* Occupants are defined as any person who sleeps in the home and includes the owner, the owner's family, persons under care and any other person who is provided sleeping accommodation in the home.

* Residents are persons under care in the home.

Where more than 10 **occupants** are accommodated in a facility, the facility must be classed as a B2 *Institutional Occupancy* under provincial building 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 achieve life and fire safety.

Sprinkler systems require inspection, testing and maintenance in frequencies from daily to annual. 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 a company recommended by the installer. Owner/operators should contact the 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).

Fire safety authorities conducting an inspection should insist upon seeing the last inspection report provided by the company that conducted the inspection, test and maintenance of the sprinkler system to ensure the system passed and has no deficiencies.

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

Exits and Egress

(section 2.7 NFC)

Means of Egress

Egress is the path of travel within the dwelling that leads from an area inside to the exterior of the building and consists of hallways (corridors), stairs, paths of travel through rooms within the facility and the exit door(s) to the exterior. Typical 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 assisting another to walk. Furniture placement may also create obstacles to egress.

In reviewing exiting and means of egress, consideration must be made to conditions, both those of the building and the occupants that may affect the ability of the occupants to escape from a fire.

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

- a) Directly to the exterior (or a protected egress system 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.

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 the bedroom is not served by an exit directly to the exterior of the building from the bedroom or 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 $.35\text{m}^2$ (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.

Caution: Windows are not “exits” and should never be considered an acceptable means of exiting a building in a fire situation. Windows are escape and rescue points that are available should the egress and exit system be compromised in a fire situation. In other words, they are a last hope in a worst case situation, not an acceptable level of life and fire safety. 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. **DO NOT RELY** on windows as exits.

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 regulations.

Fire separations become a requirement in care facilities where more than 8 residents are provided accommodation. In this case, resident 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

Provincial regulations do not require a kitchen hood and duct exhaust system or automatic fire suppression equipment for 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 smoke 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 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. Improper use or careless use is another fire cause. Portable heaters placed too close to combustibles is a common hazard in personal care homes.

If you have questions or concerns regarding fire safety in residential care facilities, contact the Office of the Fire Commissioner at 787-3774.

Residential Care Facility Inspection

Name of Facility (as applicable) _____

Owner/Operator Name: _____

Address: _____ Postal Code: _____

Phone #: _____ FAX: _____ Cell: _____

Licensed as/under: _____

approved homes (*The Mental Health Services Act*), children's custodial homes (*The Child and Family Services Act*), custodial homes (*The Young Offenders Act*), convalescent homes (*The Personal Care Homes Act*), foster homes (*The Child and Family Services Act*), group homes (*The Residential Services Act* or *The Housing and Special-care Homes Act*), maternity homes (*The Residential Services Act*), nursing homes (*The Housing and Special-care Homes Act*), personal care homes (*The Personal Care Homes Act*), private service homes (*The Residential Services Act*), residential service facility (*The Residential Services Act*), special-care homes (*The Housing and Special-care Homes Act*), transition homes (*The Residential Services Act*), treatment centres (*The Alcohol and Drug Abuse Commission Act*), and young offenders' homes (*The Young Offenders Act*).

- WARNING -

This checklist must be used in conjunction with the explanatory document "Residential Care Facilities Inspection". **The inspection of a residential care facility must consider all possible and potential hazards to the occupants and residents receiving care.** Effort has been made to identify the general considerations for life and fire safety in residential care facilities within this document. However, facilities may contain hazards or deficiencies that will need to be addressed that are not identified in this document. Where concerns or questions are raised during an inspection, contact the Office of the Fire Commissioner at 787-3774 for assistance.

Emergency Planning (section 2.8 NFC)

- Plan prepared in cooperation with the fire department and addresses
- sounding the fire alarm (internally) and notifying the fire department
- evacuating occupants, including special provisions for persons requiring assistance
- the training of staff and occupants in plan (when/how often)
- documents, including diagrams, showing the type, location and operation of the building fire emergency systems
- fire drills (schedule, last held) _____
- emergency plan posted in a prominent location
- confining, controlling and extinguishing a fire (if in the plan, dates training held) _____

Fire Extinguishers (section 6.2 NFC)

- 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 (sections 2.1 and 6.3 NFC)

- 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 (section 6.7 NFC)

- 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) _____

Sprinkler Systems

Number of Occupants provided sleeping accommodation _____

Number of Persons (Residents) provided care _____

Are all Occupants classed as AMBULATORY? YES NO

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

Fire Separations

- More than 8 residents
- Bedrooms have adequate separation
- Bedroom doors self closing and at minimum a single point latch device.

COMMENTS/REMARKS

Date of Inspection

Inspector Name (Print and signature)

Address: _____

Phone #: _____