



DESCRIPTION OF BUILDING/ACCESS

NAME:

Stirling Manor Nursing Home

ADDRESS:

218 Edward Street
P.O. Box 220
Stirling, Ontario
K0K 3E0

TYPE OF FACILITY:

Nursing Home

NUMBER OF FLOORS AND COLOUR CODES:

Floor One Stairwell door is Navy and identified with the number 1
Floor Two Stairwell door is burgundy and is identified with the number 2
Floor Three Stairwell door is dark green and is identified with the number 3
Floor Four refers to unused storage area (only accessible to staff).

NUMBER OF BEDROOMS:

Thirty (30). (Plus service rooms and offices).

FIRE DEPARTMENT ACCESS:

- Building face accessible from parking lot and driveways along the complete east and north sides and one-half (1/2) of the west side. The balance of the west side and the complete south side is accessible from a landscaped area near the building.
- The building is staffed twenty-four (24) hours per day, seven (7) days per week and upper floors can be accessed by elevators or stairwells.



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FIRE ALARM/FIRE CONTROL EQUIPMENT

FIRE ALARM SYSTEM:

Two (2) stage system.

PANEL:

System is a Mircom FX 200312XTDS, installed January 2014. The main panel is located on the wall opposite to the garbage room on Floor One, with a satellite panel located in the main lobby.

STANDBY POWER:

2 x 12V gel cells, internal.

ACTIVATING DEVICES:

Smoke detectors are located in all rooms, lounges, corridors and Nursing Stations.

Pull Stations located on each side of the Fire Separation Doors on all three floors and at all exit doors. Note: A pull station is located on the 4th floor (apartment).

The entire Nursing Home is sprinklered. The sprinkler gauges and shut-off valve is located to the left of the commercial gas dryer in the laundry department.

The gas stove in the dietary department is covered by a Range Guard System.

Sounding Devices - Horns:

These horns are installed so that the alarm can be heard in all areas of the facility.

Annunciator Panel:

The annunciator panel is located on the wall next to the reception window.

Stage 1: Pull Boxes (stations) sounds at sixty (60) beeps/minute.

Stage 2: Key activated - sounds at one hundred and twenty (120) beeps/minutes.

The Fire Alarm System has a direct connection to TAS Monitoring (in Belleville 613-962-2591).



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OPERATION:

COMMUNICATION SYSTEM:

Stirling Manor's telephone system incorporates an intercom and paging system. The telephone, intercom and paging system can be accessed from handsets located at the Front Office, the three (3) Nursing stations, the Dietary department, the Life Enrichment department, the Director of Nursing Office, the Maintenance office, the Administrator's office, floor 2 Medication room and the staff room.

Speakers are located throughout the facility so that paging announcements can be heard in all areas.

EXITS:

Enclosed non-pressurized stairwells are located in the west zone, with access from floors 1, 2 and 3; and in the east zone with access from floors 2 and 3. The east floor 2 exit has a ramp to the outside of the building down to the street.

Outside exits are located at the main entrance, receiving area, floor 2 east (ramp), west wing (new entrance) and west stairwell on floor one.

ELEVATORS:

One elevator is located in the centre core of the Manor providing access to floors 1, 2 and 3.

The elevator is maintained monthly by Thyssen Elevators (613-969-7977).

EXTINGUISHERS:

LOCATION	EXTINGUISHER TYPE
4th Floor (Apartment)	1.27 kg R.D.C.
Ladies Staff Bathroom	5 lb CO ² Carbon Dioxide
Garbage Room Wall	5 lb ABC Dry Chemical
Maintenance Shop	1 - 5 lb Dry Chemical & 1 2.75 lb Dry Chemical
Laundry Room	5 lb Dry Chemical



Kitchen	2 - 5 lb Dry Chemical and 1 Wet Automatic System Hood
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LOCATION	EXTINGUISHER TYPE
Outside Staff Room	5 lb Dry Chemical
Outside Front Office	Fire Cabinet-1 pressurized water and hose, 1-5 lb Dry Chemical
Floor 1, North West	Fire Cabinet - 1 pressurized water hose
Floor 1, New wing	Fire Cabinet - 1 pressurized water hose and 7 lb Dry Chemical
Floor 2, outside dining room	5 lb Dry Chemical
Floor 2	Fire Cabinet - 1 pressurized water hose and 1 5lb Dry Chemical
Floor 2 East by window	1 7lb Dry Chemical
Floor 2 East outer landing	1 pressurized water hose
Floor 2, at nursing station	7 lb Dry Chemical
Floor 2, North West corner	1 pressurized water and hose
Floor 3, hallway	5 lb Dry Chemical
Floor 3	Fire Cabinet -1 pressurized water hose and 1 5lb Dry Chemical
Floor 3, nursing station	5 lb Dry Chemical
Floor 3, smoke room	2 lb Dry Chemical
Floor 3, North West end of hall	Fire Cabinet - 1 pressurized water and hose
Floor 3 East	1 5lb Dry Chemical



Floor 3 East outer landing	1 7lb Dry Chemical
Elevator Room	5 lb Dry Chemical

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Fire Dampers:

All vertical ducts passing through floors and all ducts passing through a fire separation are provided with U.L. labelled fire dampers.

All fire dampers are connected to the fire alarm system.

FIRE SEPARATORS:

Fire separation doors are located in the following locations:

- Floor 1
 - between staff room and front office
 - between room #102 and room #103
 - at the commencement of the new addition
- Floor 2
 - between rooms # 212/213 and rooms #210/211
- Floor 3
 - between rooms #324/325 and rooms #322/323



POLICY # FS A-15

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SUPERVISORY STAFF ON CALL

PURPOSE

To ensure that supervisory staff are available in the event of an emergency.

POLICY

The Administrator, Director of Nursing, Office Manager, and Life Enrichment Supervisor shall always be on call for emergencies.

PROCEDURE

1. The on call personnel shall be on call in the event of an emergency.
2. In the event that the specified individuals in 1. will not be available for emergencies, they shall appoint a delegate and this shall be communicated to the Nurse In-Charge on duty.
3. On call personnel are responsible for communicating on call information to the Charge Nurses on duty weeknights, weekends and statutory holidays.
4. Environmental Supervisor shall be on call in the event of an emergency.



POLICY # FS B-5

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R. E. A. C. T.

PURPOSE

To provide staff with readily accessible and condensed guide for initial procedures to perform in the event of a fire emergency.

POLICY

1. The acronym R.E.A.C.T. will be used to guide fire & emergency procedures.
2. A R.E.A.C.T. card shall be located at each fire alarm pull station.
3. The R.E.A.C.T. fire emergency protocol shall reflect the proper emergency steps to be taken in the event of a fire emergency.

**REACT
UPON DISCOVERY OF
FIRE OR SMOKE**

Remove persons in immediate danger if possible

Ensure the door(s) is closed to confine the fire and smoke

Activate the fire alarm system using the nearest pull station

Call 911 fire

Try to extinguish the fire or concentrate on further evacuation



CODE- RED

R.E.A.C.T. UPON DISCOVERY OF FIRE OR SMOKE

IF YOU DISCOVER SMOKE OR FIRE IN A ROOM / AREA:

R. E. A. C. T.

1. Remove residents in immediate danger, if possible.
2. Ensure the door(s) is closed to confine the fire and smoke.
3. Activate the fire alarm system using the nearest pull station (if not already activated).

Floor 1 PSW will check annunciator panel then,

SLOWLY AND CLEARLY USING THE TELEPHONE PAGING SYSTEM ANNOUNCE

"Code red, location three (3) times.

Repeat 30 seconds later to ensure all staff have been alerted.

Proceed to Floor 1 phone and simulate actions of calling 911 -but do not actually call the number.

4. Try to extinguish the fire or concentrate on further evacuation
 - a) If evacuation is necessary, the Fire Control/Officer (Nurse in Charge will activate second (2nd) stage alarm by inserting second (2nd) stage alarm key into cylinder on pull station and turning clockwise.
 - b) Initiate horizontal evacuation away from the fire to another fire separation zone.
NOTE: In all cases of evacuation (horizontal, vertical or total) in order to clearly identify that resident rooms have been thoroughly searched and evacuated, the staff person removing the last resident from the room, will place an orange evacuation tag on the room's door knob (orange evacuation tags will be kept at each Nursing station on each floor in a clearly marked location. Rooms with shared bathrooms need to be considered as one room and require evacuation after the room across the hall.
 - c) Fight fire only if the fire is small and after residents are removed from the fire zone.



POLICY # FS B-10

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- d) If there is smoke from under a room door, do not open door and place wet towel/sheet along bottom edge of door.

The sequence of these steps will vary depends upon the circumstances of the fire and by the responding persons' abilities.



UPON HEARING THE FIRE ALARM SOUND:

1. Carry out responsibilities as per position see (FS C-5 to C-50)
2. Nursing Staff who are not on their assigned floors must return to their assigned floors. All other nursing personnel must go to the fire location to assist with fire/emergency procedures, after the location is announced. **DO NOT USE ELEVATOR. DO NOT ENTER FIRE ZONE DIRECTLY FROM STAIRWELL.**
3. Laundry and Dietary staff who are not in their department should return to their department to turn off equipment before proceeding to fire location.
4. **Other staff who are not in their work area** shall proceed to the fire location.
5. Clear corridors.
6. Direct residents in halls into rooms in the same fire separation zone. Residents in all areas shall be supervised and reassured.
7. Close windows; turn on lights, close doors.
8. Turn off electrical equipment in the area (fans, cooking equipment, TV's, heaters, oxygen equipment).
9. If the fire is on the stove, activate the hood extinguishing system by pulling the pin on the box located to the left of the toaster.
10. **Instructions to residents:**
Remain where you are until directed by staff. **Do not block corridor areas.**
11. **Instructions to visitors:**
Remain where you are until directed by staff. **Do not block corridor area.**
12. Prepare to assist with horizontal evacuation if so directed.



IMPORTANT NOTES

1. **The role of the FIRE CONTROL OFFICER is assumed by the Nurse in Charge (Fire Chief takes charge on his arrival).**
2. **DO NOT USE ELEVATOR DURING A FIRE EMERGENCY. USE STAIRS ONLY.** When approaching the Floor on which the fire is located, do so from the opposite stairwell. Do not enter the fire zone directly from the stairwell.

Note: In the event that the fire is in the West Zone on floor 2 or floor 3, the Fire Control Officer must direct a staff person on floor 2 to proceed immediately to the floor 2 East emergency door to open it (ramp door).

3. **If you must enter the room in which the fire is, do so only FOR THE PURPOSE OF RESCUE OR FOR THE PURPOSE OF FIGHTING THE FIRE (only if it is a small fire and residents are out of the fire separation zone).**

You must follow these safety instructions before entering a room which contains the fire:

Feel the door to see if it is hot to the touch. **If it is hot, DO NOT OPEN DOOR** and place wet towel/sheet along bottom edge of door.

If it is not hot, open door **SLOWLY**, crouching low and using the door as your shield.

If possible, have someone with you when you enter.

If room is filled with smoke, advise someone that you are entering room, cover mouth and nose with wet towel, stay low to the floor where the smoke is less dense, rescue resident(s) if possible.

Get out quickly and close door.

Note: Rooms with shared bathrooms need to be considered as one room and require evacuation after the room across the hall.

4. Do not allow residents or visitors to move from one fire separation zone to another.
5. All staff must familiarize themselves with the locations of alarm pull stations, fire extinguishers, hose cabinets and fire exits.
6. Unless officially told otherwise, **upon the sounding of the fire alarm, assume that a real emergency exists** and immediately initiate the prescribed emergency procedure.



POST FIRE ADMINISTRATION RESPONSIBILITIES

NURSE IN CHARGE:

1. Residents exposed to large amounts of smoke or who show signs of smoke inhalation must be examined by a Physician.

ADMINISTRATOR/DON

1. Staff who discovered the fire or who were in the area before or during the fire make written independent statements on what they observed and did.
2. Contact Ministry of Health and complete Ministry of Health Critical Incident System.
3. Have used fire equipment serviced and replaced in its proper location.



FLOOR 1 PSW SPECIFIC RESPONSIBILITIES

The PSW working on floor one has specific responsibilities when the fire alarm sounds. They are:

1. Immediately call 911.
2. Check annunciator panel for location of activated fire pull station.
3. Slowly and clearly announce Code Red and location three times.
4. Bring elevator to floor one and place on "hold".
5. Repeat Code Red and location 30 seconds after initial announcement.

Perform duties as outlined in FSB-10 and B-15 - If you Discover Fire or Smoke, Upon Hearing the Fire Alarm Sound.

6. Man telephone lines if Office Manager is not present.
7. Direct Firefighters to fire area.



NURSE IN CHARGE (FIRE CONTROL OFFICER)

IF YOU DISCOVER SMOKE OR FIRE:

FOLLOW GENERAL FIRE EMERGENCY PROCEDURES (FS-B10)

UPON HEARING THE FIRE ALARM SOUND:

1. Obtain red fire vest from closest linen closet.
2. Respond immediately to the fire area to assess fire. Take charge of the procedure and carry out duties of the Fire Control Officer until you are relieved by the Fire Chief or Designate.
3. Ensure the safety of the residents by deciding whether immediate area, horizontal and/or vertical evacuation is required.

Ensure all residents have been removed from immediate danger and are accounted for.

Ensure that the Resident's Charts, MAR books have been safely removed from the fire area if possible.

Instruct staff to evacuate any residents in possible danger.

4. On the day & evening shifts, the Nurse in Charge will delegate staff from the staff pool to go to floor two (2) and staff to go to floor three (3) to render assistance with closing doors, windows, turning on lights, turning off electrical equipment (fans, TV's, etc.) and reassuring residents. This will permit two PSW's to remove a resident from the tub room, if applicable.

Instruct staff to supervise residents in other areas outside of the immediate fire zone to ensure adequate supervision and panic control.

5. Get as many staff as possible from other areas to assist in evacuation, if necessary.
6. The Nurse In Charge or designate shall initiate call-in of additional staff by following the "Communication Fan-out System", if required.
7. Notify on call personnel, Administrator, Director of Nursing and Environmental Supervisor.
8. Any communication with the media will be conducted by the Administrator or his/her delegate.

NOTE: Nurse in Charge is responsible to ensure all make-up air units are turned back to "on" after the "All Clear" has been given. (The air make-up units on Floor 1 and Floor 3 depends on the season!)



POLICY # FS C-15

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RPN'S AND PSW'S

WHEN A FIRE OCCURS IN YOUR AREA:

FOLLOW GENERAL FIRE EMERGENCY PROCEDURES (FS B-10).

WHEN A FIRE OCCURS IN ANOTHER AREA:

FOLLOW GENERAL FIRE EMERGENCY PROCEDURES (FS B-15).



STAFF "ON DUTY" BOARD

PURPOSE:

To have a system in place that allows for identification of Nursing staff on duty for each shift.

POLICY:

A white board will be placed in the main lobby and will identify the nursing staff working on each shift.

PROCEDURE:

1. The Floor One Personal Support Worker on each shift will write on the white board the names of all Nursing Staff working according to department.
2. The names of the staff working on each shift will be obtained from the department schedules.

Note: During an evacuation, the person responsible for tagging all residents and completing resident checklist will include staff names from duty board on the checklist checking off that all staff members are accounted for when evacuation is complete.



DIETARY

IF YOU DISCOVER SMOKE OR FIRE:

FOLLOW GENERAL FIRE EMERGENCY PROCEDURES (FS-B10).

IF FIRE IS ON THE STOVE, ACTIVATE THE HOOD EXTINGUISHING SYSTEM BY PULLING THE PIN ON THE BOX LOCATED TO THE LEFT OF THE TOASTER.

UPON HEARING THE FIRE ALARM SOUND:

FOLLOW GENERAL FIRE EMERGENCY PROCEDURES (FS-B15).



POLICY # FS C-25

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LIFE ENRICHMENT

WHEN A FIRE OCCURS IN YOUR AREA:

FOLLOW GENERAL FIRE EMERGENCY PROCEDURES (FS-B10).

WHEN A FIRE OCCURS IN ANOTHER AREA:

FOLLOW GENERAL FIRE EMERGENCY PROCEDURES (FS-B15).



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OFFICE ADMINISTRATION

IF YOU DISCOVER SMOKE OR FIRE:

FOLLOW GENERAL FIRE EMERGENCY PROCEDURES (FS-B10).

UPON HEARING THE FIRE ALARM SOUND:

FOLLOW GENERAL FIRE EMERGENCY PROCEDURES (FS-B15).



POLICY # FS C-35

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LAUNDRY / HOUSEKEEPING

WHEN A FIRE OCCURS IN YOUR AREA:

FOLLOW GENERAL FIRE EMERGENCY PROCEDURES (FS-B10).

WHEN A FIRE OCCURS IN ANOTHER AREA:

FOLLOW GENERAL FIRE EMERGENCY PROCEDURES (FS-B15).



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ENVIRONMENTAL

WHEN A FIRE OCCURS IN YOUR AREA:

FOLLOW GENERAL FIRE EMERGENCY PROCEDURES (FS-B10).

WHEN A FIRE OCCURS IN ANOTHER AREA:

FOLLOW GENERAL FIRE EMERGENCY PROCEDURES (FS-B15).



RESIDENTS

PURPOSE:

To ensure all residents are aware of Fire Policy and Procedures pertinent to them.

POLICY:

All residents will be instructed on admission and yearly (via the Resident's/Family Council Meeting) their role and responsibilities during a fire drill and Home's smoking policy.

PROCEDURE:

1. On admission all residents will be instructed by the admitting Nurse in Charge of their role and responsibilities during a fire drill.
2. The Nurse in Charge will check off the admitting checklist that fire drills were explained.
3. Yearly re-instruction will occur at the Resident's/Family Council Meeting in April.



**VOLUNTEER ORIENTATION AND ANNUAL REVIEW OF
FIRE POLICIES/PROCEDURES**

PURPOSE:

To ensure all volunteers are aware of Fire Policy and Procedures pertinent to them.

POLICY:

All volunteers will be instructed during their orientation and annually about their role and responsibilities when the fire alarm sounds.

PROCEDURE:

1. As part of each volunteer's orientation he/she will be instructed, by the Life Enrichment Supervisor, about his/her roles and responsibilities when the fire alarm sounds.
2. All volunteers will be orientated annually about fire policies/procedures in April at the Volunteer meeting, by the Life Enrichment Supervisor.



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STAFFING LEVEL FIRE DRILL SCENARIO VERTICAL EVACUATION

PURPOSE:

This fire drill will be monitored and timed by the Fire Chief to ensure this facility has sufficient staff available to evacuate residents to the nearest "point of safety" in a worst case scenario.

This fire drill will demonstrate the staff responding to the room of the fire origin, the removal of the resident(s) from the room and the closing of the door to the room. As well, this fire drill will demonstrate the staff removing the residents in adjacent rooms in the ZONE to the nearest point of safety. The times required to carry out these duties have been determined using the tables provided by the Ontario Fire Marshall and approved by the local Fire Chief.

PURPOSE PLAN:

For the purpose of this scenario:

- Room 323 was selected as the origin of the fire.
- the minimal staff level is one (1) PSW on Floor 3 plus two (2) Float PSW's
- the time of day is set at 10:00 pm
- the PSW and Float PSW's will perform the procedure below.
- Verbal fire alarm signal will be used.

PROCEDURE:

1. Upon detection of fire location PSW will verbally signal the fire alarm and call Code Red three (3) times.
2. All PSW's will follow Policy FS D-10 to relocate residents to designated "Point of Safety".



STAFFING LEVEL FIRE DRILL SCENARIO VERTICAL EVACUATION

PURPOSE:

This fire drill will be monitored and timed by the Fire Chief to ensure this facility has sufficient staff available to evacuate residents to the nearest "point of safety" in a worst case scenario.

This fire drill will demonstrate the staff responding to the room of the fire origin, the removal of the resident(s) from the room and the closing of the door to the room. As well, this fire drill will demonstrate the staff removing the residents in adjacent rooms in the ZONE to the nearest point of safety. The times required to carry out these duties have been determined using the tables provided by the Ontario Fire Marshall and approved by the local Fire Chief.

PURPOSE PLAN:

For the purpose of this scenario:

- Room 207 was selected as the origin of the fire.
- the minimal staff level is one (1) PSW on Floor 3 plus two (2) Float PSW's
- the time of day is set at 10:00 pm
- the PSW and Float PSW's will perform the procedure below.
- Verbal fire alarm signal will be used.

PROCEDURE:

1. Upon detection of fire location PSW will verbally signal the fire alarm and call Code Red three (3) times.
2. All PSW's will follow Policy FS D-10 to relocate residents to designated "Point of Safety".



**EMERGENCY CODE GREEN
FACILITY EVACUATION**

PURPOSE:

To provide a means of communicating the need for evacuation during a disaster or potential disaster situation.

POLICY:

The Nurse in Charge will initiate the Code Green when type and extent of evacuation required is determined.

PROCEDURE:

1. During a disaster or potential disaster situation, the Nurse in Charge will collaborate with the Administrator, Director of Nursing, other applicable department supervisors, professional services personnel ie\Fire Chief, Police Chief etc. to determine if evacuation is required and type and extent required. In some situations the Nurse in Charge will be responsible to initiate evacuation immediately without collaboration ie.\immediate or horizontal evacuation, situation circumstances.
2. The Nurse in Charge will call Code Green or designate a staff member to call Code Green using designated manner:

i.e. \ Code Green Horizontal Evacuation of Floors 2 and 3.
Or
i.e. \ Code Green Total Facility Evacuation.
Repeat Code 3 times. Speak slowly and clearly.
Repeat Code Green in 30 seconds.
3. Orange Evacuation tags will be placed on the door knob of resident rooms indicating the room has been searched and evacuated. Orange tags for each floor are kept at the nursing station on each floor.



STAFFING LEVEL FIRE DRILL SCENARIO

PURPOSE:

This fire drill will be monitored and timed by the Fire Chief to ensure this facility has sufficient staff available to evacuate residents to the nearest “point of safety” in a worst case scenario.

This fire drill will demonstrate the staff responding to the room of the fire origin, the removal of the resident(s) from the room and the closing of the door to the room. As well, this fire drill will demonstrate the staff removing the residents in adjacent rooms in the ZONE to the nearest point of safety. The times required to carry out these duties have been determined using the tables provided by the Ontario Fire Marshall and approved by the local Fire Chief.

POLICY:

For the purpose of this scenario, a room / area is selected as the origin of the fire.
For the purpose of this scenario, the minimal staff level is two (2) PSW plus one (1) Float PSW.
For the purpose of the scenario, the time of day is during the night.
For the purpose of this scenario, the PSWs will perform the procedure below.

PROCEDURE:

1. Upon detection of fire location PSW will pull fire alarm and call Code Red three (3) times.
2. The three (3) PSWs will follow Policy FS D-10 to relocate residents to designated “Point of Safety”.



SEQUENCE OF EVACUATION

PURPOSE:

To ensure an efficient and effective plan for evacuation of residents is in place.

POLICY:

In an evacuation situation, residents will be evacuated by moving the easiest residents first and most difficult last.

PROCEDURE:

- 1) Evacuate the room of fire origin first, if possible.
- 2) Evacuate other rooms on either side of the room of fire origin and the room directly across the hall.
- 3) Evacuate ambulatory residents next.
- 4) Persons in wheelchairs should be moved next.
- 5) Other non-ambulatory residents should then be evacuated because of the time and resources necessary to move them.
- 6) Finally, evacuate resistant residents. If they are not in immediate danger, they should be left in their room with the door closed. The fire department must be informed of their location.
- 7) Upon leaving/evacuating each room, the PSW will close the door and place an Orange Evacuation tag on the door knob to indicate the room has been searched and evacuated. Orange tags are kept at the nursing stations on each floor.



POLICY # FS-F-8

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**RESPONSIBILITIES OF DIRECTOR OF NURSING
AND NURSE IN CHARGE**

CONTROL OF FIRE HAZARDS:

Ensure all chemicals are properly stored and used so as to eliminate any fire hazard.

Ensure all residents comply with Smoking Policy.

Residents requiring smoking apron are provided with same.

Ensure Nursing Units are free from accumulation of litter and/or debris (including Med Rooms, linen closets).

Tops of incremental heating/cooling units are clear of obstructions.

ALTERNATIVE MEASURES FOR RESIDENT SAFETY:

Set up and monitor fire safety patrols when required by the Administrator or designate.

Supervise and lend assistance to the Nursing Staff during any partial or total evacuation.

INSTRUCTING STAFF AND RESIDENTS:

Maintain a regular In-service Program for staff and ensure appropriate emphasis is placed on fire safety, fire safety procedures and control of fire hazards. Fire Safety test to be given to all staff annually.

FIRE SAFETY PLAN:

Assist the Administrator in establishing, implementing and maintaining the approved Fire Safety Plan as it applies to the Nursing Department and the residents.



RESPONSIBILITIES OF NUTRITION MANAGER

CONTROL OF FIRE HAZARDS:

Ensure that cleaning procedures are maintained so as to eliminate the build-up of grease and dirt in the Kitchen and on the equipment.

Ensure all chemicals are properly stored and used so as to eliminate any fire hazard.

Ensure all garbage and refuse is removed from the Kitchen on a regular daily basis.

Ensure all equipment including stoves, ovens, grills, etc. is in a proper state of repair at all times.

ALTERNATIVE MEASURES FOR RESIDENT SAFETY:

Set up and monitor fire safety patrols when required by the Administrator or designate.

Supervise and lend assistance to the Dietary Staff during any partial or total evacuation.

INSTRUCTING STAFF AND RESIDENTS:

Fire Safety test to be given to all staff annually.

Ensure regular attendance of Dietary Staff at Fire Safety Inservices.

FIRE SAFETY PLAN:

Assist the Administrator in establishing, implementing and maintaining the approved Fire Safety Plans as it applies to the Dietary Staff.



RESPONSIBILITIES OF LIFE ENRICHMENT SUPERVISOR

CONTROL OF FIRE HAZARDS:

Ensure all garbage and refuse in Life Enrichment Department is removed on a regular basis.

Ensure all flammables are properly and neatly stored.

Ensure area is free from accumulation of flammable items.

Ensure all decorations comply with fire safety regulations.

Remove volatile, flammable chemicals, paints, finishes from Recreation area and store in ULC appropriate metal container.

ALTERNATIVE MEASURES FOR RESIDENT SAFETY:

Set up and monitor fire safety patrols as directed by Administrator or delegate.

Supervise and lend assistance to Life Enrichment Department during any partial or total evacuation.

INSTRUCTING STAFF AND RESIDENTS:

Ensure regular attendance of Life Enrichment Staff at Fire Safety Inservices.

Fire Safety test to be given to all staff annually.

Annual in-service with Residents' Council, volunteers and Pastors regarding fire safety, fire and Emergency Procedures and Smoking Policy.

FIRE SAFETY PLAN:

Assist Administrator in establishing, implementing and maintaining the approved Fire Safety Plan as it applies to Life Enrichment Staff.



RESPONSIBILITIES OF OFFICE MANAGER

ALTERNATIVE MEASURES FOR RESIDENT SAFETY:

Set up and monitor fire safety patrols as directed by Administrator or delegate.

INSTRUCTING STAFF:

Fire Safety tests to be given to all staff annually.

FIRE SAFETY PLAN:

Assist Administrator in establishing, implementing and maintaining the approved Fire Safety Plan as it applies to Office Staff.



RESPONSIBILITIES OF ENVIRONMENTAL SUPERVISOR

FIRE SAFETY FEATURES:

Be aware of all the fire safety features in the Home.

Ensure that all required inspections, tests and maintenance functions for all fire safety equipment are carried out and reported as stipulated in the Maintenance Services Manual.

Ensure that any required repairs on equipment and building are carried out promptly.

CONTROL OF FIRE HAZARDS:

Ensure that cleaning procedures are maintained throughout the Home so as to eliminate any fire or safety hazards.

Ensure the proper storage and use of any combustible or dangerous chemicals or materials.

Ensure the prompt removal of all garbage and refuse to the garbage container.

Ensure that all equipment, especially electrical equipment, is in a proper state of repair and does not constitute a fire or safety hazard.

ALTERNATIVE MEASURES FOR RESIDENT SAFETY:

Set up and monitor fire safety patrols as directed by Administrator or delegate.

Supervise and lend assistance to staff during any partial or total evacuation.

INSTRUCTING STAFF:

The Environmental Supervisor is to provide Fire Safety information to staff as required.

FIRE SAFETY PLAN:

Assist Administrator in establishing, implementing and maintaining the approved Fire Safety Plan as it applies to the Environmental Supervisor.



GENERAL POLICY

PURPOSE:

1. To instruct staff and residents in proper fire safety and evacuation procedures.
2. To comply with legislative requirements.

POLICY:

1. All staff shall receive fire safety training upon employment with Stirling Manor and on a regular basis thereafter. Their knowledge of fire safety practices shall be tested on an annual basis.
2. Staff shall participate in monthly Fire Drills.

PROCEDURE:

1. All staff shall receive fire safety training as part of their orientation and annually.
2. Staff shall participate in monthly Fire Drills.
3. Staff shall receive annual training and complete fire safety test each year. The department supervisor is responsible for ensuring this process is completed each year. The Fire Safety Prevention Month is June each year. All fire safety tests become part of each employee personnel file.



STAFF RESPONSIBILITIES

PURPOSE:

To ensure staff are aware of their general responsibilities related to prevention of fire and fire control.

PROCEDURE:

All staff are responsible for:

1. Reading and understanding the Fire Manual and doing a written Fire Safety Test annually.
2. Attending fire drills.
3. Fire safety features to be maintained in accordance with Ontario Regulations.
4. Keeping fire exits free and clear of obstructions.
5. Following and enforcing smoking regulations.
6. Knowing the location, and proper procedures for the use of, fire equipment.
7. Knowing the location of the fire exits.
8. Attending "Fire Safety" in-service sessions.
9. Reporting fire or safety hazards to the Joint Occupational Health and Safety Committee.
10. Storage of flammable chemicals (properly labelled) in a safe manner.
11. Checking residents clothes to prevent flammables (lighters, paper products, etc.) from going into Laundry.
12. Providing a fire safe environment.
13. **Keeping all heating and air conditioning units clear of any obstruction/materials.**
14. Never dispose of flammable liquids or aerosol cans in garbage.
15. Avoid unsafe cooking practices such as deep fat frying and/or unattended stoves. Exercise caution around the cooking appliance when using tea towels or pot holders. Be aware of loosely fitting clothing such as bulky sweaters.
16. All appliances used by residents must be closely monitored and meet C.S.A. Standards.
17. Do not wedge open any fire doors or disengage the self-closing device installed on the door.



MAGNETIC DOOR CONTROL SYSTEM PROCEDURES

PURPOSE:

To ensure the safety of all residents & staff.

POLICY:

All exit doors shall be alarmed with magnetic locks.

PROCEDURE:

Normal operation procedures

- all magnetic locked doors from the inside require a 4 digit user code #2 from your programming codes to be entered on the keypad to exit
- all magnetic locked doors entering require a push button or keypad to be activated to enter

Key pad failure procedures

- notify Nurse in Charge
- enter user code #3 in your programming codes
- if this fails, bypass magnetic lock using key switch located on side of keypad box
- then enter master code from your programming codes, this will silence your nurse call signal but your door will not be secure
- call for service

Emergency procedures

- door fails to open trying all codes
- bypass magnetic locks using key switch on the side of keypad box
- if door is still locked, bypass main magnetic lock system at fire alarm panel
- main bypass is located below the main fire alarm panel on the side of a white magnetic lock power supply box
- insert key and turn to the left to the bypass position
- this will release power to all magnetic locked doors
- in an emergency, the pull station located near the keypad will release to door magnetic locks and sound the fire alarm
- call for service



Daily test procedure

- each door should be tested and checked for security and nurse call annunciation on each shift change
- insert key in magnetic lock switch and turn left to test position, red LED will go off indicating that the doors are unlocked
- to reset, turn key to the left test position then to the right reset position, red LED will be lit indicating the doors are magnetically locked

Reset procedure after a power failure or fire alarm activation

- after a fire alarm has been reset or power restored, check all magnetic door locations for fire or hazard condition before resetting the magnetic lock system
- insert key in magnetic lock switch located on side of power supply below fire alarm panel
- key in possession of head nurse
- turn key right to reset position then back to normal position, red LED will be lit indicating that doors are locked
- notify staff and door status condition and check each door location for correct operation

See FS-H10 for Safety Checks.



DOOR ALARM / CALL BELL / NIGHTLY SAFETY INSPECTIONS

PURPOSE:

To ensure all exit doors are secure and alarmed.

To ensure call bells are properly functioning, lighting and alarming.

A nightly check of the Home is made to ensure that there is no danger of fire, that the building is secure, that there are no unauthorized persons in the building, that the Kitchen is secure and that there are no other visible safety hazards.

POLICY:

1. All door alarms and call bells will be checked on day, evening and night shifts to ensure they are properly functioning.
2. On days and evenings, the mag lock panel will be checked by housekeeping.
3. An inspection of all areas of the Home will be made nightly by the Nurse in Charge.

PROCEDURES:

1. The designated housekeeping staff member on days and evening shift will check the mag lock panel. The nurse in charge on the night shift will check each exit door to ensure that it is secure and alarmed. The nurse in charge will open the door and ensure that the door alarms and that the alarm can be properly reactivated.
2. The above noted staff members will also randomly pull three (3) call bells on each floor and ensure that the call bell lights up, rings and can be shut off.
3. Complete door alarm/call bell check sheet after each check.
4. If a door alarm, mag lock panel or call bell is not properly functioning, the Environmental Supervisor, Director of Nursing or Nurse in Charge must be notified. Refer to Emergency Service and Repair contact list for telephone numbers. Immediate action must be taken. If a door alarm, mag lock panel or call bell is not functioning, documented 15 minute checks must be done of the door, area or room.

Also, institute other safety precautions such as:

- a) If call bell is malfunctioning, provide all residents with a manual call bell and instruct resident how to use.



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- b) If door alarm is malfunctioning, block access to door if able however, ensure quick removal in the event of evacuation/emergency.
- c) Provide reassurance to residents.

Night Shift

1. The nurse in charge will tour each floor of the building noting and correcting:
 - a) Receiving door locked and alarm on;
 - b) Kitchen appliances etc. off and/or unplugged and door is locked;
 - c) Laundry machines are off and laundry door is locked;
 - d) Maintenance-power equipment is off and door is locked;
 - e) All exit doors secure and alarmed. In inclement weather, check to see that exit doors open freely and walkways are ploughed;
 - f) Photocopier turned off.
2. Any unauthorized person(s) found to be in the building shall be asked to leave. If the person(s) does not comply, initiate Code White or Violent/Threatening Intruder Policy.

The following forms to be used:

Door Alarm Check Sheet

Record of Actions(s) Taken in Event of Malfunctioning Door Alarm/Call Bell/Mag Locks

Malfunctioning Call Bell/Door Alarm System Safety Checks Record



SMOKING POLICY

PURPOSE:

To ensure the safety of all persons in Stirling Manor through effective monitoring and adherence to smoking policy and regulations.

POLICY:

All residents, visitors, staff, volunteers, and students will follow and comply with the Smoking Regulations of the Home.

REGULATIONS:

1. a) On admission, quarterly and with significant health condition change or medication change which alters alertness, all residents who smoke will be assessed using the Smoking Assessment Tool to determine their ability to smoke safely, responsibly and without supervision.
- b) Resident smoking is only permitted in the Controlled Smoking Area (CSA) adjacent to the Floor 3 Dining Room and outside in the designated resident smoking area located on the north side of the building.
2. A fire blanket & a 2A Fire Extinguisher will be located in two areas of the Home.
 - a) Floor 1 in the New wing, west zone across the hall from the emergency exit door.
 - b) Floor 3 outside the Controlled Smoking Area.
3. All other persons must smoke outdoors and be at least nine (9) metres from any entrance/exit of the building - this is the legislated requirement under the Tobacco Act.
4. ALL RESIDENTS deemed safe to smoke will have cigarettes, lighters and matches under lock and key located at the floor one nursing station and will be controlled by the nursing staff.
5. The Smoke Room door must be always closed. Smoking schedule is posted on the Controlled Smoking Area door.
6. Employees of Stirling Manor are not required to enter or provide supervision to any residents while they are in the smoke room.



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7. Residents are not permitted to carry lighters or matches on them or store them in their room.
9. Floor safety ashtrays are provided in both designated smoking areas. Ashtrays are not to be used for discarding refuse. Ashes and/or smoking materials must be discarded into metal refuse containers for this purpose only and not into general waste baskets or plastic garbage bags.
10. New legislation states the room must be smoke free for 2 (two) hours prior to cleaning. The Controlled Smoking Area will not be used between the hours of 10:00 P.M. and 9:30 A.M. Housekeeping staff will clean the CSA daily at 7:30 A.M.
12. Smoking by staff, visitors, volunteers, and students is NOT permitted inside Stirling Manor. Smoking by these persons is ONLY permitted 9 (nine) metres away from the building as legislated under the Tobacco Act. Staff who smoke must secure their cigarettes, lighters/matches and only smoke on their designated breaks/lunch/supper times. There should be no smoking outside of these times.
13. Staff who fail to comply with the above regulations will be disciplined as per homes policy.
14. All families and friends are expected to cooperate with Stirling Manor's Smoking policy for fire safety reasons.



FIRE DOORS SAFETY POLICY

PURPOSE:

To ensure that passive fire safety devices in the building are able to function as designed for the protection and safety of staff, residents and visitors to the Home.

POLICY:

1. No door shall be held open with a wedge, items of furniture or any other item which renders the door's inherent fire protection qualities ineffective.
2. All doors leading to storage rooms, Janitor closets, stairwells or the exterior shall remain closed at all times except when any such door is in immediate use.
3. A fire-rated door shall never be propped open and left unattended for any length of time.
4. Any defect in a fire door (loose hardware, improper closing, etc.) shall be reported to Maintenance immediately.

NOTE: A fire-rated door is identified by a metal label affixed to the inside edge of the door facing the door jamb. Such doors are found opening into resident rooms, storage rooms, shower rooms, linen closets, Janitor closets, stairwells, laundry area, service rooms, chute areas, and as fire zone separation doors.



ALTERNATIVE SAFETY MEASURES/FIRE PATROLS

PURPOSE:

1. In the event that the fire alarm system is not operating due to repairs being carried out or because of malfunction or in the event of a power failure, it will be necessary for a fire patrol to monitor all areas of the Nursing Home in order to ensure optimum fire safety.
2. If a fire patrol is required, the order will come from the Administrator or delegate. The Fire Department (613-962-2010) and TAS (613-968-5233) will be notified.

PROCEDURE:

1. One (1) Nursing staff member on each floor will be assigned to check every resident's room and washroom, shower rooms, laundry and garbage chutes, linen rooms and staff rooms on the floor every fifteen (15) minutes until the fire alarm system is operational.
2. Registered staff will check their Med Rooms every fifteen (15) minutes.
3. One (1) staff member in the Dietary Department will be assigned to check the kitchen area including all storage rooms, coolers, fridges and dining rooms every fifteen (15) minutes until the fire alarm system is operational.

NOTE: If no Dietary staff on duty, this responsibility will be assigned to any available staff in the building.

4. **In the event that either the fire alarm system or the sprinkler system is not operational, the Housekeeping staff will be assigned to check the following areas every fifteen (15) minutes until the fire alarm system is operational:**

All rooms, including service and storage areas on the ground floor.

Receiving areas.

All Janitor closets.

Linen and Garbage chutes.

NOTE: If no Laundry/Housekeeping staff on duty, this responsibility will be assigned to any available staff in the building.



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5. The Ministry of Health and Long-Term Care will be notified by the Administrator or his/her delegate. Complete a Critical Incident System as per Long-Term Care Act 2007.
6. If any member of the fire patrol discovers smoke or a fire, follow established procedures.



**FIRE EQUIPMENT CHECKS BY MAINTENANCE
FIRE ALARM PANEL SYSTEMS**

The Fire Alarm System shall be inspected monthly. **In particular, check for the following conditions:**

1. **Annunciator:**

Alarm indication.
Trouble indication.
Supervisory indication.
Any unusual condition.

2. **Control Panel:**

Alarm indication.
Trouble indication.
Supervisory indication.
Any unusual condition.

3. Any remote trouble lights for trouble indication.

All of the above conditions shall be recorded and verified as "Satisfactory" in the appropriate permanent Log Book.

Any condition found to be "**Unsatisfactory**" shall be rectified as quickly as possible. The details of any repairs or replacements together with the date the work was completed satisfactorily and by whom shall also be recorded and verified as "**Satisfactory**" in the permanent Log Book.



**FIRE EQUIPMENT CHECKS BY MAINTENANCE
FIRE EXTINGUISHERS AND HOSE CABINETS**

Fire Hose Cabinets shall be inspected once every month. **In particular check for the following conditions:**

1. Is the fire extinguisher in place?
2. Is it fully charged and in good condition?
3. Is it properly tagged showing the last recharge date?
4. Are the hoses in place and properly racked?
5. Is there any evidence of leakage such as damp or mildewed hose?
6. Are there any broken or missing valve caps, valve wheels or nozzles?
7. Do the cabinet doors close and latch properly?
8. Is there any broken or missing glass in the cabinet doors?
9. Check and record pressure at top of standpipe?
10. Any other condition that is not normal or satisfactory?

NOTE: Fire extinguishers other than those in fire hose cabinets shall also be inspected at the same time.

All these conditions shall be recorded and verified as "**Satisfactory**" in the appropriate permanent Log Book.

Any condition found to be "**Unsatisfactory**" shall be rectified as quickly as possible. The details of any repairs or replacements together with the date the work was completed satisfactorily and by whom shall also be recorded and verified as "**Satisfactory**" in the permanent Log Book.



**FIRE EQUIPMENT CHECKS BY MAINTENANCE
SPRINKLER SYSTEM**

1. Sprinkler pressures shall be recorded monthly.
2. Test sprinkler system alarm yearly by Alarm Systems.

All of the above conditions shall be recorded and verified as "**Satisfactory**" in the appropriate permanent Log Book.

Any condition found to be "**Unsatisfactory**" shall be rectified as quickly as possible. The details of any repairs or replacements together with the date the work was completed satisfactorily and by whom shall also be recorded and verified as "**Satisfactory**" in the permanent Log Book.



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**FIRE EQUIPMENT CHECKS BY MAINTENANCE
FIRE FIGHTERS' ELEVATOR**

During Fire Drills:

Check that elevator returns to main floor.

Check that elevator does not leave main floor (to be put on hold by PSW) Floor One.

Note: If a concern arises with the elevator during a fire drill, the Environmental Supervisor is to be notified immediately.



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**FIRE EQUIPMENT CHECKS BY MAINTENANCE
EXHAUST HOOD (RANGE GUARD SYSTEM)**

The Exhaust Hood shall be checked monthly and recorded and verified as "**Satisfactory**" in the appropriate permanent Log Book.

Any condition found to be "**Unsatisfactory**" shall be rectified as quickly as possible. The details of any repairs or replacements together with the date the work was completed satisfactorily and by whom shall also be recorded and verified as "**Satisfactory**" in the permanent Log Book



FIRE EQUIPMENT CHECKS BY MAINTENANCE

PURPOSE:

To ensure fire equipment checks are completed.

POLICY:

Fire equipment checks are to be completed on a regular basis.

PROCEDURE:

1. Review Monthly Fire System Log (Red Binder).
2. Contact service representatives for inspection and for any required maintenance issues.
3. Ensure inspection is completed in its entirety.
4. Forward Inspection Certificate to Administrator and maintain copy in Fire Log Book. A copy of the annual inspection certificate is to be placed on the Fire Panel door.



**FIRE EQUIPMENT CHECKS BY MAINTENANCE
EMERGENCY LIGHTING - BATTERIES AND EXIT LIGHTS**

1. Check and clean of residue the one wet cell battery (in a sealed unit) twice a year.
2. Clean battery cases and check voltage twice a year.
3. Check all exit lights monthly.
4. Check all emergency lights monthly.



FIRE RECORDS

PURPOSE:

To ensure all fire records (fire drill reports, fire drill critiques and all fire maintenance records) are maintained according to Ministry legislation.

POLICY:

Fire safety records will be kept for a period of five years and will be available for inspection by any Ministry inspector.

PROCEDURE:

1. Records relating to fire drill reports, fire drill critiques and all fire maintenance records will be forwarded to the Administrator for filing.
2. The Administrator will keep records for a period of five years.