2003 REPORT OF THE ADMINISTRATOR

FIRE PROTECTION & SAFETY
LEGISLATIVE COMPLIANCE REPORT
LTC FACILITY PROGRAM

LOCATION: MAPLE HEALTH CENTRE

STATUS REPORT RATING SCALE:
1 = Full Compliance
2 = Partial Compliance
3 = Non-Compliance
4 = Not Applicable

STANDARDS REGULATION 17(1)	COMPLIANCE STATUS	COMMENTS, ACTION TAKEN AND/OR FOLLOW-UP ACTIVITIES PLANNED
A) All fire hazards in the facility are eliminated, the centre is inspected at least once a year by an officer authorized to inspect buildings under the Fire Marshals Act and the recommendations of the officer are carried out.	1	November 6, 2003. No violations noted.
B) There is adequate protection from radiators or other heating equipment.	1	Full Compliance.
C) The water supplies are adequate for all normal needs, including those of fire protection.	1	Full Compliance.
D) The fire protection equipment, including the sprinkler system, fire extinguishers, hose and stand pipe equipment are visually inspected at least once a month and serviced at least once a year.	1	Fire Protection Equipment inspected monthly by facility engineer. Annual Inspection and testing of fire equipment completed June 24, 2003. Hydrants inspected June 24, 2003 and October 22, 2003. Inspections: Jan 7, Feb 4, March 5, April 8, May 5, June 5, July 3, Aug 1, Sep 3, Oct 6, Nov 3, Dec 1
E) The fire detection and alarm system is inspected at least once a year by qualified fire alarm maintenance personnel, and tested at least every month.	1	Fire Detection and Alarm Equipment inspected June 24, 2003. Testing held in 2003: Jan 28, Feb 19, Mar 29, Apr 29, May 29, Jun 27, July 31, Aug 28, Sep 25, Oct 23, Nov 13, Dec 10 and 31.
F) At least once a year the heating equipment is serviced by qualified personnel and the chimneys are inspected and cleaned if necessary.	1	Boiler inspections completed semi-annually. March 25 & September 24, 2003.
G) A written record is kept of each inspection and test of fire equipment, fire drill, the fire detection and alarm system, the heating system, chimneys and smoke detectors, and each record shall be retained for at least two years from the date of the inspection test.	1	Records kept on file in for the period prescribed by the regulations.
H) The staff and residents are instructed in the method of sounding the fire detection and alarm system.	1	Staff orientation and fire awareness program provided by the Programs & Services Coordinator throughout the year via demo, display, quiz, and inservices. Vaughan Fire Department also provided inservices on fire safety for staff, volunteers, residents and visitors during OH&S week May 2003. Inservices: February 27, March 25, April 24, May 24, June 26, August 12, August 26, September 19, October 23, November 13, November 20
I) The staff are trained in the proper use of the fire extinguishing equipment.	1	Inservice provided by Fire Department May 7, 2003.
J) A directive setting out the procedures that must be followed and the steps that must be taken by the staff and residents when a fire alarm is given is drawn up and posted in conspicuous places in the centre.	1	Full Compliance. Fire alarm procedures were developed in consultation with and approved by Fire Department. Fire alarm procedures are reviewed annually by the Fire Marshall and are posted throughout the Centre.

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K) The staff and residents are instructed in the procedures set out in the directive referred to in clause (j) and the procedures are practiced by staff and residents at least once a month using the fire alarm to initiate the drill.	1	Fire Drills held in 2003: Jan 28, Feb 19, Mar 29, Apr 29, May 29, Jun 27, July 31, Aug 28, Sep 25, Oct 23, Nov 13, Dec 10 and 31. New staff instructed during monthly staff orientation. Residents/Visitors – January 2003
L) Where matches are used, only safety matches are issued to the staff and residents.	1	Full Compliance.
M) An inspection of the building, including the equipment in the kitchen and laundry, is made each night to ensure that there is no danger of fire and that all doors to stairwells, all fire doors and all smoke barrier doors are kept closed.	1	Maintenance Engineer completes daily inspections to ensure exits are kept clear.
N) Adequate supervision is provided at all times for the security of the residents and the Centre.	1	Staffing levels meet or exceed MOHLTC guidelines.
O) Oxygen is not used or stored in the centre in a pressure vessel.	1	Oxygen is used in Maintenance for welding. All equipment and welding is used by by qualified staff and is stored and maintained in accordance with applicable guidelines.
P) Combustible rubbish is kept to a minimum. Inspection by qualified personnel and the chimneys inspected and cleaned if necessary.	1	Combustible rubbish is collected and removed on a regular basis.
Q) All exits are clear and unobstructed at all times.	1	Checked Daily by maintenance and housekeeping staff.
R) Combustible draperies, mattresses, carpeting, curtains, decorations and similar materials are suitably treated to render them resistant to the spread of flame and are retreated when necessary.	1	Purchasing specifications for all combustible furnishings require that materials be retardant in accordance with the Ontario Fire Marshalls regulations governing same. Materials are retreated as necessary.
S) Receptacles into which electric irons or other small appliances are plugged are equipped with pilot lights which glow when the appliance is plugged in.	1	All small appliances are equipped with an automatic shut-off or are equipped with appliance specific pilot lights.
T) Lint traps in the laundry are cleaned out after each use of the equipment.	1	Laundry completed off-site, small domestic dryers on resident units are checked regularly and cleaned as required.
U) Flammable liquid and paint supplies are stored in suitable containers in non-combustible cabinets.	1	Full compliance.
V) Suitable non-combustible ashtrays are provided where smoking is permitted.	1	Full Compliance.

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W) No portable electric heaters are issued in the centre that are not in accordance with standards of approval set down by the Canadian Standards Association.	1	LTCF purchasing policies require that all electrical equipment purchased and used in the facility must meet/exceed applicable C.S.A. standards.
X) No vaporizing liquid fire extinguishers are kept or used in centre.	1	Full Compliance.
Y) No sprinkler heads, fire or smoke detector heads are painted or otherwise covered with any material or substance that is likely to prevent them from functioning normally.	1	Full Compliance.