

**Ministry of Community Safety
and Correctional Services**

Office of the Fire Marshal



REPORT

ON

**IMPROVING FIRE SAFETY FOR
VULNERABLE ONTARIANS**

**TECHNICAL ADVISORY COMMITTEE
VULNERABLE OCCUPANCIES**

JANUARY 2013



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ACKNOWLEDGEMENT

On behalf of the Fire Marshal, I would like to thank the committee members who generously volunteered their valuable time and knowledge towards the development of these recommendations. The committee's thoughtful and multi-pronged recommendations are expected to significantly enhance fire safety in facilities housing vulnerable Ontarians. Pending government approval, the recommendations will be implemented and/or proceed to public consultation as proposed changes to the Fire Code, where appropriate.

A special note of thanks to OFM staff who provided technical support to the work of the committee and to staff personnel who provided administrative support for this project.



Bernie Silvestri
Deputy Fire Marshal/A

MEMBERS LIST

CHAIR

Bernie Silvestri.
Deputy Fire Marshal/A

MEMBERS (Alternates/Sub-committee Participants)

Graham Webb (Judith Wahl)
Advocacy Centre for the Elderly (ACE)

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Ontario Agencies Supporting Individuals with Special Needs (OASIS)

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Community Living Ontario (CLO)

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Tom Clancey [Minutes Only]
Ontario Hospital Association (OHA)

Daniel Woods (Brian Pollard)
Ontario Long Term Care Association (OLTCA)

Kevin McCann
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Millie Christie (John Scotland)
Ontario Retirement Community Association (ORCA)

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Association of Municipalities Ontario (AMO)

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Fire Fighters Association of Ontario (FFAO)

Jim Jessop (Frank Lamie)
Ontario Association of Fire Chiefs (O AFC)

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Ontario Building Officials Association (OBOA)

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Ontario Municipal Fire Prevention Officers Association (OMFPOA)

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TERMS OF REFERENCE

OBJECTIVE:

To identify fire safety improvements in residences for seniors, people with disabilities and other vulnerable Ontarians. Residences housing vulnerable Ontarians include retirement homes, long-term care homes, hospitals and group homes.

TASKS:

1. To confirm the scope of the review;
2. To review existing provisions for inspections and training and recommend enhancements, as necessary;
3. To review existing fire safety provisions and recommend enhancements, as necessary, including the installation of automatic sprinklers and additional fire safety retrofits;
4. To review and recommend options for timing and implementation of the recommended inspection, training and fire safety enhancements in consideration of cost and other impacts.

PROCESS:

The Technical Advisory Committee will be chaired by the Deputy Fire Marshal (Acting).

The recommendations of the Technical Advisory Committee will be developed through a consensus process, in which key stakeholders have been invited to participate.

It is anticipated that four full day meetings in Spring/Fall 2012 will be required to address the identified tasks. If required, additional meetings will be scheduled in consultation with the Technical Advisory Committee. Specific sector/technical working groups may also be established at the discretion of the Chair and in consultation with the Technical Advisory Committee.

Subject to government direction, the recommendations of the Technical Advisory Committee will form the basis for a broader public consultation on proposed changes to the Fire Code in Spring 2013. The Technical Advisory Committee may be reconvened to review public consultation feed back as determined necessary by the Fire Marshal.

Office of the Fire Marshal staff will provide secretarial support and technical background information for the Technical Advisory Committee.

DELIVERABLES:

The Chair of the Technical Advisory Committee will report to the Fire Marshal on the status of the deliberations and the recommendations of the Committee.

BACKGROUND & COMMITTEE ACTIVITY

BACKGROUND

On April 12, 2012, the government announced a technical consultation to be undertaken by Ontario's Fire Marshal to build on an earlier public consultation in which fire services, municipalities, owners and operators of residences for vulnerable occupants, and advocacy groups were asked to comment on what steps could be taken to improve fire safety in these facilities. The public consultation identified some key areas for improvement including:

- Enhanced inspections;
- Training for owners/operators and staff; and
- Installation of automatic sprinklers and other fire safety retrofits

The Office of the Fire Marshal invited key stakeholders to participate in an advisory group to examine long-term fire safety provisions for residences housing vulnerable Ontarians, including additional retrofits such as sprinklers, timing and implementation considerations, inspections, cost impacts and related amendments to the Ontario Fire Code.

COMMITTEE MEMBERSHIP

The stakeholder organizations and Ontario government ministries represented on the committee may be found at the beginning of the report. The committee comprised 26 organizations, representing the vulnerable occupancies sectors, fire service, professional and trade associations, advocacy groups, government ministries and regulators, and OFM staff. The excellent attendance and participation was an indication of the interest of the members in this project.

COMMITTEE ACTIVITY

The Technical Advisory Committee met initially on June 13, 2012, during which a presentation was gratefully received from Coroner Dr. Dirk Huyer on the Jury recommendations stemming from the Muskoka Heights Inquest. The Technical Advisory Committee formulated four sub-committees which met between June and September 2012. The recommendations of the sub-committees were presented to the Technical Advisory Committee on September 19, 2012. The meeting resulted in committee consensus on all the recommendations with some minor editorial revisions.

The following committee recommendations have been finalized based on the deliberations of the meeting that day.

COMMITTEE RECOMMENDATIONS

The Technical Advisory Committee (TAC) recommendations are listed below. Strong consensus support was expressed for all of these. The TAC members' knowledge and experience covers a very broad range of administrative, operational and fire prevention/protection expertise, which is reflected in the completeness and thoughtfulness of the recommendations. The Muskoka Heights Coroner Jury Recommendation cited in the last column is provided as a subject matter reference only and should not be taken as a direct or comprehensive correlation to the associated TAC recommendation.

REC #	Recommendation	Muskoka Heights Coroner Jury Recommendation
DEFINITIONS SUB-COMMITTEE		
D-REC 1	<p>Harmonize, to the extent possible, the following definitions in the Ontario Fire Code (OFC) and Ontario Building Code (OBC) with those in the 2010 National Building Code/National Fire Code:</p> <ul style="list-style-type: none"> Care (exclude "behavioural limitations") Care Occupancy** Treatment Treatment Occupancy Residential Occupancy Detention Detention Occupancy <p>** OFM/MMAH to explore options for limiting construction impacts on vulnerable occupancy sector and retirement home sector through allowances for residential construction or retain dwelling unit exemption [see attachment for National Building Code/National Fire Code definitions]</p>	# 37
D-REC 2	<p>Include Explanatory/Appendix Notes in the OFC/OBC that elaborate on:</p> <ul style="list-style-type: none"> ◆ Care services/care occupancy ◆ Treatment/treatment occupancy ◆ Assistance with evacuation ◆ Cognitive/physical limitations <p>Explanatory Notes will be developed using the following reference documents: 2010 NFC/NBC Appendix Notes, OFM Communiqué 2012-02 Care Occupancies, other relevant legislation.</p>	# 37

REC #	Recommendation	Muskoka Heights Coroner Jury Recommendation
FIRE CODE ENHANCEMENTS SUB-COMMITTEE		
FCE-REC 1	<p>Amend the Ontario Fire Code to require that existing Care Occupancies currently subject to the Retrofit requirements in Sections 9.5 and 9.6 of Div. B, as applicable, also comply with the following:</p> <p><u>Up to 4 persons receiving care in buildings up to 3 storeys in height:</u></p> <ul style="list-style-type: none"> ◆ Interconnected smoke alarm system; ◆ Hardwired or battery operated smoke alarm in each suite and sleeping room not within a suite (where not already required by Section 9.5). <p><u>5 to 10 persons receiving care in buildings up to 3 storeys in height:</u></p> <ul style="list-style-type: none"> ◆ Automatic sprinkler system to NFPA 13D standard with 20-minute water supply and restrictions on where sprinklers can be omitted; ◆ Fire alarm monitoring (sprinkler flow if no fire alarm system). <p><u>11 or more persons receiving care in buildings up to 3 storeys in height:</u></p> <ul style="list-style-type: none"> ◆ Automatic sprinkler system to NFPA 13R standard; ◆ Fire alarm monitoring (sprinkler flow if no fire alarm system); ◆ Self-closer on bedroom doors (exception for small floor plans where zone separations are provided); ◆ Emergency lighting (30-minute duration). <p><u>Buildings 4 to 6 storeys in height:</u></p> <ul style="list-style-type: none"> ◆ Automatic sprinkler system to NFPA 13R standard; ◆ Fire alarm monitoring; ◆ Self-closer on bedroom doors (exception for 	<p># 7 # 8 # 9 # 11 # 12</p>

REC #	Recommendation	Muskoka Heights Coroner Jury Recommendation
	<p>small floor plans where zone separations are provided);</p> <ul style="list-style-type: none"> ◆ Emergency lighting (30-minute duration). <p><u>Buildings 7 or more storeys in height:</u></p> <ul style="list-style-type: none"> ◆ Automatic sprinkler system to NFPA 13 standard; ◆ Fire alarm monitoring; ◆ Exception for self-closer on bedroom doors for small floor plans where zone separations are provided; ◆ Voice communication system (allowance for paging systems). 	
FCE-REC 2	<p>In relation to FCE-REC 1, incorporate an implementation schedule (from date regulation comes into force) as follows:</p> <ul style="list-style-type: none"> ◆ Smoke alarms – 2 months; ◆ Fire alarm monitoring and emergency lighting – 1 year; ◆ Self-closers and voice communication – 2 years; ◆ Automatic sprinkler systems – 5 years. 	<p># 13 # 17</p>
FCE-REC 3	<p>Amend the Ontario Building Code (for new construction) and the Ontario Fire Code (for existing construction) to require that Retirement Homes licensed or required to be licensed under the <i>Retirement Homes Act</i> and which would be deemed Residential Occupancies, due to the independent living nature of the use, be subject to:</p> <ul style="list-style-type: none"> ◆ fire safety enhancements consistent with FCE-REC 1; ◆ an implementation schedule consistent with FCE-REC 2 (for existing buildings); ◆ emergency planning requirements in Section 2.8 of Div. B of the Fire Code. 	<p># 7 # 8 # 9 # 11 # 12</p>

REC #	Recommendation	Muskoka Heights Coroner Jury Recommendation
FCE-REC 4	<p>Amend the Fire Code to require that existing Care and Treatment Occupancies currently subject to the retrofit requirements in Section 9.4 of Div. B, except public and private Hospitals, comply with the following:</p> <p><u>Buildings up to 6 storeys in height:</u></p> <ul style="list-style-type: none"> ◆ Automatic sprinkler system to NFPA 13R standard <p><u>Buildings 7 or more storeys in height:</u></p> <ul style="list-style-type: none"> ◆ Automatic sprinkler system to NFPA 13 standard 	# 18
FCE-REC 5	<p>In relation to FCE – REC 4, incorporate a fixed compliance date as follows:</p> <ul style="list-style-type: none"> ◆ Automatic sprinkler systems – Year 2025 	# 17 # 18
FCE-REC 6	<p>The committee acknowledges the importance of adopting automatic sprinklers for existing Hospitals and recommends that this be considered in MOHLTC re-development plans for Hospitals.</p>	# 17 # 18
TRAINING SUB-COMMITTEE		
T-REC 1	<p>Develop an OFM approved fire safety training course for owners/operators or owner/operator delegates of buildings that contain Care Occupancies.</p>	# 2 # 20
T-REC 2	<p>Develop an OFM approved fire safety training course for owners/operators or owner/operator delegates of buildings regulated by the <i>Retirement Homes Act</i>.</p>	# 4
<p>Note to T-REC 1 and T-REC 2:</p> <p>Courses 1 and 2 should be modeled after the OFM course entitled ‘Fire Safety Training for Employees of Care and Treatment Occupancies’.</p>		
T-REC 3	<p>Develop an OFM approved basic fire safety orientation program for supervisory staff in Care and Treatment Occupancies, Care Occupancies and buildings regulated by the <i>Retirement Homes Act</i>.</p>	# 21 # 27

REC #	Recommendation	Muskoka Heights Coroner Jury Recommendation
T-REC 4	Develop an OFM approved course for the fire service on the respective roles of the fire service and supervisory staff in managing potential fire incidents in buildings containing Care and Treatment Occupancies, buildings containing Care Occupancies and buildings regulated by the <i>Retirement Homes Act</i> .	# 26
T-REC 5	Develop a fact sheet or fact sheets explaining the purpose of the Ontario Fire Code and the respective roles of owners, supervisory staff and the fire service regarding compliance with the code.	# 21 # 23
T-REC 6	Explore alternative methods for delivering fire safety training courses referred to elsewhere in the recommendations.	# 22
T-REC 7	The OFM develop a public web portal to post information concerning managing fire safety in buildings containing Care and Treatment Occupancies, buildings containing Care Occupancies and buildings regulated by the <i>Retirement Homes Act</i> .	# 23
T-REC 8	Amend the Ontario Fire Code to require owners to document training provided to ‘supervisory staff’.	# 3
T-REC 9	The OFM establish a committee that would meet periodically to consider fire safety training matters concerning buildings that contain vulnerable occupants.	
INSPECTIONS SUB-COMMITTEE		
I-REC 1	Each Municipality [be required to] develop and maintain a Municipal Registry of all Vulnerable Occupancies. The registry may be able to utilize other databases (e.g. MPAC, RHRA, etc.) for base information, but should be used by the municipal fire department to keep records of occupancy type, inspections and fire safety plan reviews and to trigger future inspection dates.	# 28

REC #	Recommendation	Muskoka Heights Coroner Jury Recommendation
I-REC 2	<p>To ensure that Vulnerable Occupancies are fully compliant with the Fire Code, it is important for owners to ensure they meet the various requirements and keep records. It is also important that fire departments validate compliance.</p> <p>(a) As part of municipal risk management, and in response to “needs and circumstance” requirements in the <i>Fire Protection and Prevention Act</i>, fire departments [be required] at a minimum to validate the fire safety plan by participating in an annual fire drill with the facility operator; and</p> <p>(b) Fire departments should develop a municipal policy regarding inspection frequency of vulnerable occupancies, taking into account an initial target date for completing inspections of all facilities in the Municipal Registry; and an inspection “cycle” based on parameters as set in the policy to regularly confirm compliance.</p>	<p># 10 # 29 # 33</p>
I-REC 3	<p>The OFM develop a public web portal dedicated to Vulnerable Occupancies to include tools to provide information that will assist in consistent application of the Fire Code:</p> <ul style="list-style-type: none"> • Definitions of terminology • Fire Code requirements (related to different building sizes) • Diagrams of building features • Fire safety plan requirements • Owner responsibilities • OFM Guidelines • Fire department tools to establish compliance <ul style="list-style-type: none"> ◆ Parameters to establish occupancy type ◆ Fire safety plan evaluation 	<p># 23 # 25</p>

ATTACHMENT

Extracts from the 2010 National Building Code/National Fire Code

Division A 1.4.1.2.

Care means the provision of services other than *treatment* by or through *care* facility management to residents who require these services because of cognitive, physical or behavioural limitations.

Care occupancy (Group B, Division 3) means the *occupancy* or use of a *building* or part thereof where *care* is provided to residents. (See Appendix A.)

Residential occupancy (Group C) means the occupancy or use of a *building* or part thereof by persons for whom sleeping accommodation is provided but who are not harboured for the purpose of receiving *care* or *treatment* and are not involuntarily detained.

Treatment means the provision of medical or other health-related intervention to persons, where the administration or lack of administration of these interventions may render them incapable of evacuating to a safe location without the assistance of another person. (See Appendix A.)

Treatment occupancy (Group B, Division 2) means the *occupancy* or use of a *building* or part thereof for the provision of *treatment*, and where overnight accommodation is available to facilitate the *treatment*. (See Appendix A.)

Appendix A

A-1.4.1.2.(1) Defined Terms.

Care Occupancy

Support services rendered by or through care facility management refer to services provided by the organization that is responsible for the care for a period exceeding 24 consecutive hours. They do not refer to services provided by residents of dwelling units or suites, or to services arranged directly by residents of dwelling units or suites with outside agencies.

In the context of care occupancies, these services may include a daily assessment of the resident's functioning, awareness of their whereabouts, the making of appointments for residents and reminding them of those appointments, the ability and readiness to intervene if a crisis arises for a resident, supervision in areas of nutrition or medication, and provision of transient medical services. Services may also include activities of daily living such as bathing, dressing, feeding, and assistance in the use of washroom facilities, etc. No actual treatment is provided by or through care facility management.

Treatment

The ability to evacuate unassisted implies that a person is capable of recognizing and responding to an emergency given their physical, cognitive and behavioural abilities, and able to move to a safe location without the assistance of another person. For example, such persons must be able to arise and walk, or transfer from a bed or chair to a means of mobility, and leave the building or move to a safe location on their own.

Treatment Occupancy

"Treatments" may include such things as surgery, intensive care, and emergency medical intervention. Treatment services differ from the services provided by care occupancies like personal care assistance or the administration of medication, and from those provided by business and personal services occupancies like dentistry or day procedures.