

MANITOBA FIRE SAFETY ENHANCEMENT RECOMMENDATIONS

**PREPARED BY: THE FIRE SAFETY TASK FORCE AND THE
RESIDENTIAL CARE WORKING GROUP**

SUBMITTED BY: THE OFFICE OF THE FIRE COMMISSIONER

December 2, 2014

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INTRODUCTION

The Office of the Fire Commissioner (OFC) recommends that Manitoba approve and implement the combined recommendations from the Fire Safety Task Force and the Residential Care Working Group to improve fire and life safety in hospitals, personal care homes, and other facilities housing vulnerable Manitobans. If implemented, the recommendations will be a shared responsibility between Manitoba Government, local authorities, building owners and facility operators.

The recommendations are categorized into 6 main areas:

- 1) Review and recommend proposed changes to the Manitoba Building Code and Manitoba Fire Code for new buildings (residential care facilities)
- 2) Review and prescribe requirements to the Manitoba Building Code and Manitoba Fire Code for existing buildings (health care facilities, personal care homes, residential care facilities)
- 3) Increase provincial capacity for local authorities
- 4) Increase training standards, and build capacity for local fire inspectors
- 5) Public awareness
- 6) Resources

This discussion paper outlines background information, the structure that the Fire Safety Task Force and Residential Care Working Group followed, stakeholders consulted with, as well as the recommendations.

BACKGROUND

Statistics recently provided by Manitoba Health, Healthy Living and Seniors indicate that of approximately 200 health care and personal care facilities in Manitoba, fire sprinkler systems have been installed as follows:

- Full sprinkler system 89 (44%)
- Partial sprinkler system 47 (24%)
- No sprinkler system 64 (32%)

Statistics recently provided by Manitoba Family Services indicate that of approximately 1221 residential and child care facilities, 995 (81%) are not protected by sprinklers. Based on the requirements of a risk assessment, some facilities may be in need of retrofitting.

Licensing requirements for residential care facilities are set out under both *The Social Services Administration Act* and *The Child and Family Services Act*. Manitoba Family Services is responsible for the licensing of residential care facilities in Manitoba and issues either a letter of approval or a licence to operate. Facilities that receive a letter of approval are currently allowed up to 3 persons receiving care.

It should be noted that the language in the Fire Safety Task Force recommendations is dependent on the update of Residential Care Facilities Licensing Regulation 484/88R,

under the *The Social Services Administration Act*. This update by Family Services, will allow residential care facilities that receive a letter of approval, instead of a license, to include “up to 4 persons receiving care in buildings up to and including 2 storeys. It is anticipated this update will be completed by April 15, 2014.

The facilities receiving a letter of approval will be required to complete the risk assessment mentioned above. The risk assessment will measure how quickly residents can self evacuate which will determine the level of protection required for these facilities. The risk assessment tool has been developed jointly between the Office of the Fire Commissioner and Family Services.

APPROACH

FIRE SAFETY TASK FORCE

The tragic fire at a senior’s residence in L’Isle-Verte, Quebec in early 2014 led to a heightened awareness about fire and life safety requirements in facilities housing vulnerable Manitobans. Manitoba Government announced the Fire Safety Task Force in February 2014 to develop recommendations to identify fire and life safety improvement opportunities for facilities that house vulnerable Manitobans.

Some of Fire Safety Task Force recommendations will be helpful to all facilities that house vulnerable Manitobans, however the scope of the review only examined health care facilities, personal care homes and residential care facilities.

Other provincial jurisdictions in Canada have undertaken similar reviews of fire and life safety in these facilities. As an example, the Ontario Office of the Chief Coroner released a *Verdict of Coroner’s Jury* in June 2010. The Ontario Office of the Fire Marshall struck a Vulnerable Ontarians Technical Advisory Committee to examine Fire Safety in Care Occupancies in 2012. Manitoba’s approach closely followed the Ontario model.

The Fire Safety Task Force included a steering committee and three sub-committees: that reviewed technical requirements (sprinkler retrofits) fire code enhancements, and education and training. The recommendations from the three sub-committees were combined to make one comprehensive set of recommendations from the Task Force. The steering committee and the sub-committees were represented by many key internal and external stakeholders (a comprehensive list is included in Appendix A).

Staff from the Office of the Fire Commissioner also consulted with the following external agencies in July and August 2014:

- Long Term and Continuing Care Association of Manitoba
- Western Financial Group: Group Insurance Solutions
- Association of Manitoba Municipalities
- Manitoba Municipal Administrators Association

RESIDENTIAL CARE WORKING GROUP

The National Building Code (NBC) is divided into 9 separate parts pertaining to the design and construction of new buildings. Residential homes and other small buildings that are less than 3 storeys high and less than 600 m² are classified under Part 9 of the NBC. Larger buildings and certain assembly, industrial, treatment and care facilities are classified under Part 3 of the NBC. Part 3 is the largest and most complicated part of the building code, with higher levels of fire and life safety requirements.

Following publication of the 2010 NBC, all residential care facilities became classified under a new classification for care occupancies (Group B, Division 3), and were also classified under Part 3 of the code. The new classification imposed new requirements on care facilities of all sizes, making it difficult for many of the operators to meet the new requirements.

In the fall of 2013, a working group was created to review the existing Manitoba Building Code (MBC), the Manitoba Fire Code (MFC), as well as the provincial residential care licensing guidelines, and to make recommendations which supported the development of a healthy inventory of safe and attainable residential care facilities in the province.

The Office of the Fire Commissioner and Family Services consulted with key stakeholders and developed a framework that would allow residential care facilities to be built as homes in the community while providing appropriate safety measures to meet the specific needs of persons requiring residential care supports in Manitoba.

Both sets of recommendations support the concept that depending on the size of the residential care facility, certain facilities should be classified as Part 9 buildings. This will require a regulatory amendment to support such a change.

RECOMMENDATIONS

The Fire Safety Task Force and Residential Care Working Group recommendations are as follows:

1. REVIEW AND RECOMMEND PROPOSED CHANGES TO THE MANITOBA BUILDING CODE AND MANITOBA FIRE CODE FOR NEW BUILDINGS

The goal is to improve upon existing fire and life safety requirements within certain care facilities, including the installation of automatic sprinklers and additional fire safety systems where they may not currently exist. The activities under this recommendation include amendments to the MBC and MFC accordingly.

2. REVIEW AND PRESCRIBE REQUIREMENTS TO THE MANITOBA BUILDING CODE AND MANITOBA FIRE CODE FOR EXISTING BUILDINGS

The goal is to improve upon existing fire and life safety provisions within existing treatment and care facilities, including the installation of automatic sprinklers and additional fire safety retrofits. As a result of this recommendation, prescribed

treatment and care facilities will be required to comply with the revised MBC and MFC requirements through retrofits, which will be applied retroactively.

Facilities will be given a timeline of a maximum of 10 years to complete all prescribed retrofit requirements. Facilities will be required to develop a plan in year 1, complete prescribed upgrades in years 2-5, and complete all sprinkler installations by the end of year 10. The activities under this recommendation include:

- Require existing and converted health care facilities, personal care homes, and residential care facilities to meet retrofit requirements (sprinkler, smoke alarms, carbon monoxide detectors, etc.) within a maximum of ten years.
- Prescribe by regulation an alternate solution provision including an appeal mechanism for retrofit requirements created under the MFC.
- Recommend Manitoba Health, Healthy Living and Seniors contract with a consultant to develop a health care facility fire safety inventory to assist in prioritizing potential health facility retrofit upgrades using the \$2.0 million dollars established under the fire safety fund.
- Recommend a more comprehensive review of fire and life safety requirements of existing residential occupancies geared towards seniors to ensure compliance with the MFC, as well as examine retrofit enhancement provisions.

3. INCREASE PROVINCIAL CAPACITY FOR LOCAL AUTHORITIES

The province should increase the capacity of local authorities by providing various resources to assist them to meet their roles and responsibilities. The activities under this recommendation are as follows:

- Develop a variety of resources including but not limited to risk assessment tools, and information sheets outlining the roles and responsibilities of local municipalities, inspectors, facility owners and operators.
- Prescribe by regulation, and define the role of a designated Fire Marshal (may have another name but it refers to the person in charge of fire safety responsibilities) for Regional Health Authorities, licensing authorities for residential care facilities and personal care homes. This position will assist authorities in managing risk and liability.

4. INCREASE STANDARD OF TRAINING AND BUILD CAPACITY FOR FIRE INSPECTORS

A common concern voiced at the committee level was the lack of capacity of some local authorities and fire services to meet the requirements of *The Fire Prevention and Emergency Response Act*. Additional support is required to assist local authorities and fire services with fire safety inspections. The activities under this recommendation are as follows:

- Local authorities to adopt standardized training for fire inspectors to strengthen inspection capacity.
- The OFC to continue to promote and recognize existing standardized training programs.
- Develop additional information and standardized resources to support fire inspectors and municipalities.

- The Office of the Fire Commissioner to conduct compliance audits on inspection data held by local authorities. This is currently allowed under *The Fire Prevention and Emergency Response Act*, Local Authorities and Local Assistants 21(2).

5. PUBLIC AWARENESS

We need to increase the level of public awareness and understanding about the importance and of fire and life safety, and the implications of non-compliance. Activities under this recommendation include:

- Work with key stakeholders to coordinate resources and share information to raise awareness with the public and partners.
- Develop a public web portal dedicated to Fire and Life Safety information, including resources to provide information that facilitate consistent application of *The Fire Prevention and Emergency Response Act* and Regulations for the Province of Manitoba.

6. RESOURCES

The enhancements identified above will need to be adequately resourced. It will be necessary to have sufficient technical, administrative and policy development capacity in order to develop the resources identified in the recommendations, and support local authorities appropriately.

There are funding implications associated with recommendation 2.0. Manitoba Health, Healthy Living and Seniors and Manitoba Family Services each provided an estimated cost analysis for recommendation 2.0. The estimated costs are considerable and do not include any escalation costs for future years. See estimates below:

Health Care Facilities and Licensed Personal Care Homes Upgrades Estimated Cost Analysis

The expenses to update health care facilities and licensed personal care homes over the next ten years are estimated at \$125.0 million. Manitoba Government has dedicated \$7.0 million annually for ongoing funding for sprinkler and fire safety upgrades in health-care facilities, making \$70.0 million available in the Manitoba Health Fire Safety Upgrade Fund over the next ten years.

It should be noted that these funds are not exclusively dedicated to meeting the task force recommendations. This leaves a potential funding gap of approximately \$55.0 million to meet this recommendation.

Manitoba Government has also created a one-time \$2.0 million fire safety fund for Manitoba Health, Healthy Living and Seniors to support standards and safety reviews, and undertake any immediate actions to further improve fire safety in personal care homes in 2014/15.

Residential Care Facilities Estimated Cost Analysis

The estimated costs for upgrades to residential care facilities are estimated at \$1.7 million for residential child care facilities and \$8.7 million for residential adult care facilities over the next ten years. Family Services estimated having \$4.7 million available through the Life Safety initiative over the next ten years to renovate residential adult care facilities. The Life Safety funds have not yet been committed by Government and even if they were secure, an additional \$5.6 million would be required to meet this recommendation.

Recommendation 2.0

The seniors population continues to increasing across Canada. This has resulted in the number of seniors entering senior residences, assisted living facilities, long term care, or acute care facilities to grow each year. As a result, residential complexes that were once constructed and occupied as “residential” construction are often changing in care occupancies due to the evolving needs of the senior population.

As mentioned above, some of the recommendations will apply to all facilities that house vulnerable Manitobans, however the scope of the review did not specifically look at the residential housing geared towards seniors.

The context of the review examined health care facilities, personal care homes, and residential care facilities. The need to enhance fire and life safety for all housing geared towards seniors is strengthened as we have more Manitobans living in these types of residences. Consequently, as referenced in recommendation 2.5, it is necessary that Manitoba undertake a more comprehensive review of existing housing geared towards seniors in the near future.

APPENDIX A: FIRE SAFETY TASK FORCE TERMS OF REFERENCE

Fire Safety Task Force

Terms of Reference

Purpose

The Terms of Reference document was developed as a resource for the Fire Safety Task Force Committee and Sub-Committee members. This document highlights the roles, needs and importance of the committee and Sub-Committee members and will be useful in understanding the expectations, timelines and direction of the project.

Disclaimer

The Terms of Reference is to be used as a resource tool for the Steering Committee and Sub-Committee members. The Office of the Fire Commissioner acknowledges that this document does not cover every potential scenario that may possibly arise.

Objective:

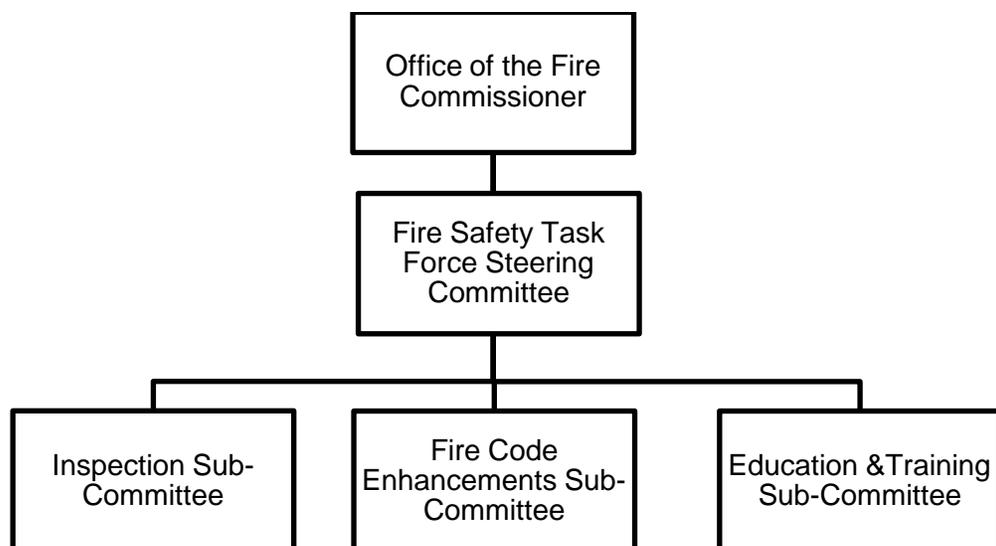
To identify fire and life safety improvement opportunities for facilities that house vulnerable Manitobans and develop recommendations for the Government of Manitoba.

Timeline:

Fire Safety Task Force is expected to deliver recommendations to the Government of Manitoba by fall of 2014.

Fire Safety Task Force Structure:

The organizational structure for the Fire Safety Task Force is:



Office of the Fire Commissioner

The Office of the Fire Commissioner will provide leadership and technical support to the Fire Safety Task Force Steering Committee and Technical Sub-Committees.

Fire Safety Task Force Steering Committee

The objective of the Steering Committee is to provide input, advice and feedback to the Technical Sub-Committees for the development of recommendations on fire and life safety improvement opportunities. The Steering Committee will provide direction to the Sub-Committees to maintain their recommendations within the scope and timelines established.

The Fire Safety Task Force Steering Committee is comprised of representatives from:

- Association of Manitoba Municipalities
- Manitoba Association of Fire Chiefs
- Building Standards Board
- Insurance Council of Manitoba
- Manitoba Professional Fire Fighters Association
- Manitoba Family Services
- Manitoba Health, Healthy Living and Seniors
- Manitoba Housing and Community Development
- Office of the Fire Commissioner
- Regional Health Authorities of Manitoba

Technical Sub-Committees

The objective of the Technical Sub-Committees is to provide strategic, summarized information and informed recommendations on fire and life safety improvement opportunities.

The Fire Safety Task Force Technical Sub-Committees will be comprised of representatives from the Steering Committee listed above and representatives from:

- Brandon Fire Department
- Brandon and Area Planning District
- Canadian Automatic Sprinkler Association
- Canadian Fire Alarm Association
- City of Winnipeg – Property and Planning Branch
- Long Term and Continuing Care Association of Manitoba
- Manitoba Association of Architects
- Manitoba Building Officials Association
- Manitoba League of Persons with Disabilities
- Portage Fire Department
- Winnipeg Construction Association
- Winnipeg Fire and Paramedic Service, Fire Protection Branch

The Fire Safety Task Force will establish the following Technical Sub-Committees:

1. Fire Code Enhancement Sub-Committee
2. Inspection Sub-Committee
3. Education and Training Sub-Committee

Subject to government direction, the recommendations of the Fire Safety Task Force may form the basis for a broader public consultation on proposed changes to the building and fire codes. The Fire Safety Task Force may be reconvened to review public consultation feed back as determined necessary by the Fire Commissioner.

Fire Code Enhancement Sub-Committee

Goal

The goal of the Fire Code Enhancement Sub-Committee is to review existing fire and life safety provisions and recommend enhancements as necessary, including the installation of automatic sprinklers and additional fire safety retrofits.

Objectives:

- Recommend implementation options based on timelines and type of facility where sprinkler retrofits would be appropriate based on cost and risk measures.
- Make recommendations on proposed regulatory changes and amendments.
- Examine Occupancy Classification.

Inspection Sub-Committee

Goal

The goal of the Inspection Sub-Committee is to review existing provisions for inspections, training, reporting and enforcement, and recommend enhancements.

Objectives:

- Recommend enhancements to current inspection framework:
 - Responsibilities of operator and staff
 - Responsibilities of local authority and inspector
 - Inspection cycle and compliance
 - Fire Safety Plan
 - Licensing
- Examine inspector training and certification criteria for inspectors

Education and Training Sub-Committee

Goal

The goal of the Education and Training Sub-Committee is to review existing fire and life safety public education and prevention provisions and recommend enhancements.

Objectives:

- Examine training requirements for operator, staff and fire service:
 - Standardized training,
 - Training delivery options,
 - Training resources,
 - Train the trainer,
 - Documentation and record keeping for training, and
 - Common language.

- Recommend fire and life safety education opportunities:
 - Resource material,
 - Brochures, and
 - Web based information.

General Rules

Fire Safety Task Force Members Responsibilities:

Some general guidelines that members are to follow include:

- Attend scheduled meetings,
- Contribute to discussions,
- Work collaboratively and cooperatively,
- Review agendas and materials before meetings, and
- Practice sensible information disclosure where sensitive information is discussed.

Chair Responsibilities:

The Chair is responsible for:

- Chairing and scheduling meetings.
- Developing the agenda and recording meeting decisions and action items.
- Coordinating the activities of the Steering Committee / Sub-Committees.
- Providing updates to Fire Safety Task Force members.

Meeting Procedures:

- The Fire Safety Task Force will meet according to the Fire Safety Task Force project management plan.
- Fire Safety Task Force members are encouraged to attend all meetings.
- If members are unable to attend a meeting, they may designate someone to attend in their place or submit representations in writing to the Chairperson prior to the scheduled Sub-Committee meeting.

Meeting Format:

- Meeting will be facilitated by the Chairperson.
- An agenda will be sent out in advance of every meeting and committee members will be given an opportunity to add agenda items.
- Meeting notes will be taken during the meeting and circulated to committee members.

Confidentiality:

Fire Safety Task Force deliberations, records, material, minutes and information arising from committee meetings is confidential and shall be safeguarded by each member from improper access and disclosure.

Guiding Principles:

- The ultimate goal of the Fire Safety Task Force is to identify fire and life safety improvement opportunities for facilities that house vulnerable Manitobans and develop short-term and long-term recommendations for the Government of Manitoba.
- Participants should seek to develop consensus based recommendations where possible. Where consensus of Committee members cannot be achieved on a particular matter, the dissenting opinion will be reflected in the recommendations submitted.

APPENDIX B: RESIDENTIAL CARE WORKING GROUP BACKGROUND

Residential Care Working Group Background

The specific objectives of the Working Group were:

1. To develop the MBC, MFC and a Residential Care User's Guide that supports the development of safe and cost effective residential care facilities that promote a home or residential atmosphere for the residents, while also supporting the ability for residential care facilities residents to age in place within this environment where practicable.
2. Ensure that the barriers that occurred in 2011 with the addition of the B-3 occupancy classification, do not adversely affect the provinces' future ability to support the development of residential care under Part 9 of the MBC.
3. Explore the opportunity to support the development of 4 bedroom residential care facilities under Part 9 of the MBC.
4. To the extent possible, harmonize MBC and MFC regulatory requirements with the licensing requirements under *The Social Services Administration Act and The Child and Family Services Act*.
5. Ensure that MBC and MFC regulatory requirements, and Family Services programming requirements are delineated to avoid any conflict.
6. To the extent possible, ensure that the level of fire and life safety protection provided to all residential care residents in Manitoba, and in particular individuals who cannot self preserve (non-ambulatory), are consistent with those of other provincial and territorial jurisdictions in Canada.
7. To the extent possible, ensure that Universal Design (UD) and accessibility standards are considered in newly constructed residential care facilities projects in order to meet the growing needs and challenges faced by many of the residents.
8. To the extent possible, ensure that the opportunities presented during new construction, and the challenges faced during renovation of existing structures, are considered in the development of MBC requirements in order to promote the development of a sufficient stock of residential care facilities to meet the growing demands for homes/facilities.

Members of the Working Group included:

- Community Living disABILITY Services
- Representatives from Child Care Facilities
- Office of the Fire Commissioner
- Family Services

Appendix C: Combined Recommendations from Fire Safety Task Force Steering Committee and Residential Care Working Group Recommendations October 28, 2014

#	Recommendation
	<p>1.0 Review and Recommend Proposed Changes to the Manitoba Building Code and Manitoba Fire Code for New Buildings (residential care facilities) to Comply with the Following:</p>
1.1	<p><u>Group B, Division 3 – Classification - Up to 4 persons receiving care in newly constructed buildings up to and including 2 storeys in height (Part 3 or Part 9 depending on square footage):</u></p> <ul style="list-style-type: none"> • Sprinkler System to NFPA 13D • Monitored water flow signal • Service room separations • Two means of egress from each floor level including basements • Emergency lighting (30 minute duration) • Fire Extinguishers as per NFPA 10 • Hardwired and interconnected smoke alarms as per MBC requirements • Carbon Monoxide Detector • Universal design requirements <p><u>Group B, Division 3 - Classification - 5 to 10 persons receiving care in newly constructed buildings up to and including 2 storeys in height(Part 3 or Part 9 depending on square footage):</u></p> <ul style="list-style-type: none"> • Fire alarm with more than 10 residents and staff sleeping • Sprinkler System to NFPA 13R • Monitored water flow signal where a fire alarm is not required • Service room separations • Two means of egress from each floor level including basements • Emergency lighting (30 minute duration) • Fire Extinguishers as per NFPA 10 • Exit signage • Hardwired and interconnected smoke alarms as per MBC requirements • Carbon Monoxide Detector • Universal design requirements <p><u>Part 3 - Group B Division 3 - 11 to 25 persons receiving care in buildings regardless of type up to and including 3 storeys:</u></p> <ul style="list-style-type: none"> • Interconnected smoke alarms • Automatic sprinkler system to NFPA13 standard • Emergency lighting (30 minute duration)

	<ul style="list-style-type: none"> • Carbon Monoxide Detector <p><u>Part 3 - Group B Division 3 - buildings over 3 storeys in height regardless of type or with more than 25 people receiving care:</u></p> <ul style="list-style-type: none"> • Automatic sprinkler system to NFPA13 standard • Emergency lighting (30 minute duration) • Voice communication systems • Carbon Monoxide Detector
<p>2.0 Review and Prescribe Requirements to the Manitoba Building Code and Manitoba Fire Code for Existing Buildings to Comply with the Following:</p>	
2.1	<p><u>Group B, Division 3 - Classification - Up to 4 persons receiving care in existing buildings up to and including 2 storeys in height (Part 3 or Part 9 depending on square footage):</u></p> <ul style="list-style-type: none"> • The results of an approved risk assessment that looks at the client's ability to self preserve completed by the licensing authority will determine if installation of a sprinkler system to NFPA 13D or alternate solution if required • Monitored water flow signal if a sprinkler is installed • Service room separations • Two means of egress from every floor level used as living space including basements • Emergency lighting (30 minute duration) • Flame spread rating on walls of 150 • Smoke development classification on walls of 100 • Fire Extinguishers as per NFPA 10 • Hardwired and interconnected smoke alarms as per MBC requirements • Carbon Monoxide Detector • Universal design requirements based on a needs assessment by the licensing authority <p>Prescribed retrofit requirements to be completed between 1 and 10 years. Timeline; Year 1: Develop plan, Year 2-5: Complete upgrades, Complete sprinkler installations by end of Year 10 maximum.</p> <p><u>Group B, Division 3 - Classification - 5 to 10 persons receiving care in existing buildings up to and including 2 storeys in height (Part 3 or Part 9 depending on square footage):</u></p> <ul style="list-style-type: none"> • Fire alarm with more than 10 residents and staff sleeping • Sprinkler System to NFPA 13R • Monitored water flow signal where a fire alarm is not required • Service room separations • Two means of egress from each floor level including basements • Emergency lighting (30 minute duration)

	<ul style="list-style-type: none"> • Fire Extinguishers as per NFPA 10 • Exit signage • Hardwired and interconnected smoke alarms as per MBC requirements • Carbon Monoxide Detector • Universal design requirements <p>Prescribed retrofit requirements to be completed between 1 and 10 years. Timeline; Year 1: Develop plan, Year 2-5: Complete upgrades, Complete sprinkler installations by end of Year 10 maximum.</p> <p><u>Part 3 - Group B Division 3 - 11 to 25 persons receiving care in buildings regardless of type up to and including 3 storeys:</u></p> <ul style="list-style-type: none"> • Interconnected smoke alarms • Automatic sprinkler system to NFPA13R standard • Emergency lighting (30 minute duration) • Carbon Monoxide Detector <p>Prescribed retrofit requirements to be completed between 1 and 10 years. Timeline; Year 1: Develop plan, Year 2-5: Complete upgrades, Complete sprinkler installations by end of Year 10 maximum.</p> <p><u>Part 3 - Group B Division 3 - buildings regardless of type over 3 storeys in height or with more than 25 people receiving care:</u></p> <ul style="list-style-type: none"> • Automatic sprinkler system to NFPA13 standard • Emergency lighting (30 minute duration) • Voice communication systems • Carbon Monoxide Detector <p>Prescribed retrofit requirements to be completed between 1 and 10 years. Timeline; Year 1: Develop plan, Year 2-5: Complete upgrades, Complete sprinkler installations by end of Year 10 maximum.</p> <p>Proposed – all residential care facilities to be Group B occupancies remove reference to 2(47.1) from MBC amendments allowing residential care facility to be classified as a C occupancy under certain provisions – Alternate Solutions to apply as per NBC and MFC.</p>
2.2	<p>Prescribe retrofit requirements in the Manitoba Fire Code for Group B, Division 2 and 3, Health Care Facilities to comply with following:</p> <ul style="list-style-type: none"> • Automatic sprinkler system to NFPA13 standard • Emergency lighting (30 minute duration) • Voice communication systems

	<ul style="list-style-type: none"> • Carbon Monoxide Detector <p>Prescribed retrofit requirements to be completed between 1 and 10 years. Timeline; Year 1: Develop plan, Year 2-5: Complete upgrades, Complete sprinkler installations by end of Year 10 maximum.</p>
2.3	<p>Prescribe by Regulation an Alternate Solution provision for retrofit requirements created under the Manitoba Fire Code.</p> <ul style="list-style-type: none"> • Alternate Solution: Professional Design Engineer submission to Authority Having Jurisdiction (AHJ). • Create an independent appeal mechanism comprised of technical subject matter experts.
2.4	<p>Develop a Health Care Facility Fire Safety Inventory to assist Manitoba Health, Healthy Living and Seniors (MHLS) in prioritizing potential Health Facility retrofit upgrades.</p> <ul style="list-style-type: none"> • It is recommended that MHLS hire a 3rd party to conduct the Fire Safety Health Facility Inventory using previous/existing reports such as: <ul style="list-style-type: none"> - facility annual building inspection report - facility annual sprinkler inspection report - facility annual fire alarm system report - facility risk assessment reports • Utilize information from the inventory to allocate a onetime funding amount of \$2 million dollars established under the Fire Safety Fund. • Utilize information from the inventory to develop Alternate Solution options. • Utilize a risk based graduated model.
2.5	<p>Review Fire and Life Safety requirements of existing facilities such as housing geared towards seniors to ensure compliance with the Manitoba Fire Code and examine retrofit enhancement provisions.</p>
3.0 Increase Provincial Capacity For Local Authorities:	
3.1	<p>Develop resource that outlines all existing occupancy types and level of inspection required.</p>
3.2	<p>Develop resources to explain the roles and responsibilities for licensing authorities, owners, operators, supervisory staff and local authorities including but not limited to seniors facilities under <i>The Fires Prevention and Emergency Response Act</i> and Regulations.</p>
3.3	<p>Develop resources (risk assessment tools, etc.) for various occupancies to strengthen Fire Safety Plans.</p>
3.4	<p>Prescribe by regulation the role of a designated Fire Marshal (may have another name but it refers to the person responsible for fire safety responsibilities) for Regional Health Authorities, personal care homes, and licensing authorities for residential care facilities.</p> <p>Define the role of a Fire Marshal using NFPA 1037 – Standard for Professional Qualifications for Fire Marshal. Fire Marshal: A person designated to provide delivery, management, and/or administration of fire protection and life safety related codes and standards, investigations, education, and/or prevention services for local, county, state, provincial, federal. Or private sector jurisdictions as adopted or determined by that entity.</p>

	The role of the Fire Marshal will assist authorities in managing risk and liability under the under <i>The Fire Prevention and Emergency Response Act</i> and Regulations.
4.0 Increase Standard of Training and Build Capacity for Fire Inspectors:	
4.1	Local authorities to adopt standardized training for fire inspectors to strengthen inspection capacity. The OFC to continue to promote and recognize existing standardized training programs.
4.2	The OFC to develop an index of fire safety inspection personnel and identify the scope of each level of inspector.
4.3	Develop standardized inspection criteria/documentation (electronic and hard copy versions) and record keeping practices for inspection reports. The Office of the Fire Commissioner to conduct compliance audits on inspection data held by local authorities. This is allowed under <i>The Fire Prevention and Emergency Response Act- Local Authorities and Local Assistants 21(2)</i> .
4.4	Develop standardized criteria and resources to explain inspection requirements under <i>The Fire Prevention and Emergency Response Act</i> and Regulations for the Province of Manitoba. Develop resources to explain inspection requirements, code compliance guidelines and the role of the fire inspector. Inspection requirements to be documented: <ul style="list-style-type: none"> • writing orders • compliance date guidelines • order notification process (owner/licensing authority/local authority) • order appeal process • compliance with orders • follow-up inspection process • prevention and education role of the inspector to support continuous quality improvement • level of inspector required for type of occupancy • plain language user's guide to explain code requirements
4.5	The Office of the Fire Commissioner to make a pre-fire safety inspection checklist form available to the owner/operator/agent to conduct a pre-fire safety inspection.
5.0 Public Awareness:	
5.1	Establish a network of stakeholders to develop a multi-media public awareness program to support and promote compliance requirements under <i>The Fire Prevention and Emergency Response Act</i> and Regulations for the Province of Manitoba.
5.2	Develop a public web portal dedicated to Fire and Life Safety information to include resources to provide information that will facilitate consistent application of <i>The Fire Prevention and Emergency Response Act</i> and Regulations for the Province of Manitoba.

6.0 Resources:

6.1	The enhancements identified above will need to be adequately resourced. It will be necessary to have sufficient technical, administrative and policy development expertise and capacity in order to develop the resources identified in the recommendations.
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APPENDIX D: ESTIMATED COST ANALYSIS: RECOMMENDATION 2.2 LICENSED PERSONAL CARE HOMES AND HEALTH CARE FACILITIES

Estimated Cost Analysis: Recommendation 2.2 Licensed Personal Care Homes and Health Care Facilities <i>(in thousands 000)</i> <i>Numbers provided by Manitoba Health, Healthy Living and Seniors</i>		
	Total Number	Facilities in need of Retrofitting
Licensed Personal Care Homes	125	61
Health Care Facilities (Hospitals, Health Care Centres)	86	42
Estimated cost to prescribe retrofit requirements in the Manitoba Fire Code for 1 home/facility	\$1,215.0 average	
Expenses		
Year 1	\$12,500.0	
Year 2-5	\$50,000.0	
Year 10	\$62,500.0	
Total Expenses	\$125,000.0	
Existing Funds Available*		
Year 1	\$7,000.0	
Year 2-5	\$28,000.0	
Year 10	\$35,000.0	
Total Funds Available	\$70,000.0	
Total Expenses - Total Funds Available =	\$55,000.0*	
Total Funds Needed	\$55,000.0**	
Notes:		
(1) *The Manitoba Health Fire Safety Upgrade funding is not exclusively dedicated to installing new sprinkler systems. In the 2014/2015 fiscal year, \$5.0 million was available for new sprinkler installations.		
(2) **Cost estimates are order-of-magnitude, are very preliminary and do not include any escalation costs for future year		

APPENDIX E: ESTIMATED COST ANALYSIS: RECOMMENDATION 2.2 RESIDENTIAL CARE FACILITIES

Estimated Cost Analysis: Recommendation 2.1 Cost Analysis: Residential Care Facilities (Adult), Numbers provided by Manitoba Family Services (in thousands 000)						
	# of facilities	# of facilities in need of retrofitting	Estimated cost to prescribe retrofit requirements in the Manitoba Fire Code for 1 facility/home	Estimated cost for all required retrofitting in year 1	Estimated cost for all required retrofitting in year 2- 5	Estimated cost for all required retrofitting in year 5-10
Up to 4 persons, 2 storeys	450	450*	\$1.3	\$563.0		
Up to 4 persons, 2 storeys	450	350*	\$3.5	\$1,225.0		
5-10 persons, 3 storeys	114	93	\$50.0		\$2,325.0	\$2,325.0
11 or 25 persons, 3 storeys	7	7	\$250.0		\$875.0	\$875.0
Buildings over 3 storeys in height or with more than 25 persons receiving care	3	2	\$250.0		\$250.0	\$250.0
Total Expenses				\$8,687.5		
Funding Available for Next 10 Years				Year 1	Year 2-5	Year 5-10
				\$477.0/yr	\$1,908.0	\$2,385.0
Total Existing Funds				\$4,770.0		
Total Expenses - Total Existing Funds =				\$3,917.5*		
Funds Needed				\$3,917.5*		
Notes: *The number of facilities in need of a retrofitting may change based on the results of a risk assessment. **Cost estimates are order-of-magnitude, are very preliminary and do not include any escalation costs for future year.						

APPENDIX E (CONT.): ESTIMATED COST ANALYSIS: RECOMMENDATION 2.2 RESIDENTIAL CARE FACILITIES

Estimated Cost Analysis: Recommendation 2.1 Residential Child Care Facilities, Numbers provided by Manitoba Family Services (in thousands 000)						
	# facilities	# of facilities in need of retrofitting	Estimated cost to prescribe requirements in the Manitoba Fire Code for 1 facility/home	Estimated cost for all required retrofitting in year 1	Estimated cost for all required retrofitting in year 2- 5	Estimated cost for all required retrofitting in year 5-10
Up to 4 persons, 2 storeys	65	41*	\$1.3	\$51.0		
Up to 4 persons, 2 storeys	64	33*	\$3.5	\$115.0		
5-10 persons	59	16	\$50.0		\$800.0	
11 or 25 persons, 3 storeys in height	8	2	\$250.0		\$500.0	
Buildings over 3 storeys in height or with more than 25 persons receiving care	1	1	\$250.0		\$250.0	
Total Expenses				\$1,716.7**		
Funding Available for Next 10 Years				Year 1	Year 2-5	Year 5-10
Total Existing Funds				n/a		
Total Expenses -Total Existing Funds =				n/a		
Funds Needed				n/a		
Notes: *The number of facilities in need of a retrofitting may change based on the results of a risk assessment. **Cost estimates are order-of-magnitude, are very preliminary and do not include any escalation costs for future year.						

APPENDIX F: LEGISLATION BACKGROUND

EXISTING LEGISLATION AND REGULATIONS

Existing fire and life safety requirements are established under the following Acts and Regulations.

Acts	Regulations
<i>The Fires Prevention and Emergency Response Act</i>	<i>Manitoba Fire Code</i> <i>Fire Safety Inspections Regulation</i>
<i>The Buildings and Mobile Homes Act</i>	<i>Manitoba Building Code</i>

The Office of the Fire Commissioner is designated as a special operating agency under the Department of Labour and Immigration and is responsible for the administration of these acts and regulations; while enforcement responsibilities are shared between the Office of the Fire Commissioner and local authorities.

The above noted acts and regulations outline fire and life safety requirements and responsibilities that must be met such as:

- building design and construction
- safety, health, and accessibility specifications
- fire and structural protection protocol
- prevention, inspection and enforcement

Manitoba Building Code

Manitoba currently adopts the National Building Code (NBC), along with Manitoba specific amendments which are approved by the Building Standards Board. These documents combined create the Manitoba Building Code (MBC), which is adopted by regulation. The requirements of the MBC apply to new construction, or major renovations of existing buildings. The requirements of the MBC are not applied retroactively, unless there is significant alteration to an existing facility. The MBC is enforced by either the local municipality, a planning district on behalf of the municipality or by the Office of the Fire Commissioner, depending on the size or type of property, or the designation provided to the municipality by regulation. Since 1998, new construction or significant alterations of existing care facilities have required the installation of fire sprinkler systems.

Manitoba Fire Safety Inspection Regulation

The Fire Safety Inspection Regulation came into force in 2007. Currently in Manitoba, health care facilities and personal care homes are required by regulation to be inspected on an annual basis by the local authority. Manitoba currently has some of the most stringent fire safety inspection requirements of care facilities in Canada. The level of inspection services will vary across the province from community to community based on the training and expertise of the local inspector and the capacity of the local authority.

Manitoba Fire Code

Similar to the Building Code, Manitoba also adopts the National Fire Code (NFC), along with Manitoba specific amendments. These two documents combined make up the Manitoba Fire Code (MFC). The MFC is considered a maintenance document to the MBC, and is designed in a manner to ensure that buildings are operated and maintained in a safe and responsible way.

The responsibility for maintaining properties in accordance with the MFC rests with the owner. As provided above, the responsibility for conducting fire safety inspections of health care facilities and personal care homes rests with the local authority. Unlike the MBC, the requirements of the MFC can be applied retroactively.

Designation and Licensing

Licensing requirements for personal care homes and hospitals fall under the following Acts and Regulations.

Acts	Regulations
<i>The Health Services Insurance Act</i>	<i>Health Care Facilities Designation Regulation</i> <i>Hospitals Designation Regulation</i> <i>Personal Care Home Licensing Regulation</i> <i>Personal Care Homes Designation Regulation</i> <i>Personal Care Homes Standards Regulation</i>
<i>The Regional Health Authorities Act</i>	<i>Amalgamation of Regional Health Authorities Regulation</i> <i>Regional Health Authorities Establishment Regulation</i> <i>Regional Health Authorities (General) Regulation</i>

The Health Services Insurance Act and regulations set out designation and licensing requirements for personal care homes and hospitals. Manitoba Health, Healthy Living and Seniors is responsible for the licensing of personal care homes in Manitoba. Hospitals fall under *The Regional Health Authorities Act* and regulations, and are licensed by the health region where they are located according to *The Health Services Insurance Act*.

Licensing requirements for residential care facilities fall under the following Acts and Regulations.

Acts	Regulations
<i>The Social Services Administration Act</i>	<i>Residential Care Facilities Licensing Regulation</i>
<i>The Child and Family Services Act</i>	<i>Child Care Facilities (Other than Foster Homes) Licensing Regulation</i>

DEFINITIONS:

The Social Services Administration Act

Residential Care Facility: premises in which accommodation, care and supervision is provided to one or more adults who

- (a) have a disability or disorder prescribed in the regulations, or
- (b) require care because of frailty or cognitive impairment related to aging, but does not include premises
- (c) in which accommodation, care and supervision is provided by a person only to his or her family members, or

(d) that are licensed under *The Health Services Insurance Act*,

Requirement to operate residential care facility

13(1) No person shall

- (a) operate, advertise, or otherwise hold himself, herself or itself out as operating, a residential care facility; or
- (b) provide, or hold himself, herself or itself out as providing, any of the services provided in a residential care facility; or
- (c) accommodate, or hold himself, herself or itself out as accommodating any person who requires any of the services provided in a residential care facility;

unless the person is the holder of a valid and subsisting licence or letter of approval as the case may require issued by the licensing authority.

Letter of Approval: a document issued by the licensing authority for the operation of a residential care facility for a maximum of three adults.

Licence: a document issued by the licensing authority to operate a residential care facility for more than three adults.

Residential Care Facilities Licensing Regulation 484/88 R

Letter of approval

3 No person shall establish or operate a residential care facility for one to three adults suffering from a mental disorder, or mental retardation, or infirmities of aging, without a valid and subsisting letter of approval for the purpose.

Licence

7 No person shall establish or operate a residential care facility for more than three adults without a valid and subsisting licence for the purpose issued by the licensing authority.

9 Notwithstanding section 7, no person shall establish a residential care facility for more than 15 residents without first obtaining written permission to do so from the minister.

Staffing

16 The licensee of a residential care facility for more than three adults shall

- (a) maintain competent personnel sufficient in number and adequate for the maintenance, care and supervision of the residents and for other requirements of the facility; and
- (b) require that night duty staff remain awake and on duty where any resident requires constant supervision.

The Child and Family Services Act

Child Care Facility: a foster home, a group home, a treatment centre, or any other place designated in the regulations as a child care facility.

Child Care Facilities (Other than Foster Homes) Licensing Regulation 17/99

Application

2 This regulation applies to the following child care facilities:

- (a) group homes;
- (b) treatment centres;
- (c) the following places designated as child care facilities:
 - (i) maternity homes,

- (ii) temporary shelters,
- (iii) specialized treatment units and similar facilities operated by agencies where
 - (A) ordinarily fewer than five children are placed by an agency for residential care and supervision, and
 - (B) the care and supervision is provided by persons employed by the agency,
- (iv) facilities providing residential care and supervision for children who are attending school which facilities are not operated by school boards, private schools or other educational or training facilities or institutions

The Elderly and Infirm Persons' Housing Act

Personal Care Home: a building used for accommodation of persons who in the opinion of a duly qualified medical practitioner require continual or intensive assistance and supervision in their daily living.

The Regional Health Authorities Act

Personal Care Home: means premises in which personal care services are provided to residents in the premises, but does not include a private residence in which care is provided by an individual to his or her family member.

The Fires Prevention and Emergency Response Act

Local Authorities and Local Assistants

Records to be kept and made available

21(2)The local authority must ensure that

- (a) a record in the approved form is made of every fire safety inspection of a prescribed building done by the local authority;
- (b) the records are made available, on request, to the fire commissioner; and
- (c) unless otherwise prescribed by regulation, the records are kept for at least seven years.

Manitoba Fire Code Regulation 155/2011

Article 1.4.1.2. of Division A is amended by adding the following definitions:

Residential care facility means a *building* or part of a *building* licensed under

- (a) *The Social Services Administration Act* that is used by a person to provide services to 10 or fewer unrelated adults who
 - i) due to a disability or condition, are precluded from living independently, or
 - ii) need temporary supervision, assistance or counselling; or
- (b) the *Child Care Facilities (Other than Foster Homes) Licensing Regulation, Manitoba Regulation 17/99* as amended from time to time.

Fire Safety Inspections (2014) Regulation 208/2014

Buildings that must be inspected

1(1) For a building within its boundaries, a local authority must ensure that a fire safety inspection of the building is conducted at least once in each inspection period specified in column 1 of the following Table, if the building is used as described opposite in column 2:

Table	
Column 1 Inspection Period	Column 2 Building Use
12 Months	Elderly persons' housing unit or hostel, as defined in <i>The Elderly</i>

	<i>and Infirm Persons' Housing Act</i>
12 Months	Child care centre licensed under <i>The Community Child Care Standards Act</i>
12 Months	Personal care home, as defined in <i>The Health Services Insurance Act</i>
12 Months	Residential care facility, as defined in the <i>Manitoba Fire Code</i> , Manitoba Regulation 155/2011
12 Months	Hospital

National Building Code Clarification:

The National Building Code is split into 9 parts:

- Part 1 – Scope and Definitions
- Part 2 – General Requirements
- Part 3 – Fire Protection, Occupant Safety and Accessibility
- Part 4 – Structural Design
- Part 5 – Environmental Separation
- Part 6 – Heating, Ventilating, and Air Conditioning
- Part 7 – Plumbing Services
- Part 8 – Safety Measures at Construction and Demolition Sites
- Part 9 – Housing and Small Buildings

Group B, Division 2 (B2)

- Care facilities with treatment
- Convalescent/recovery/ rehabilitation centres with treatment
- Hospices with treatment
- Hospitals
- Infirmaries
- Nursing homes with treatment
- Psychiatric hospitals without detention quarters
- Respite centres with treatment

Group B, Division 3 (B3)

- Assisted/supportive living facilities
- Care facilities without treatment
- Children's custodial homes
- Convalescent/recovery/rehabilitation centres without treatment
- Group homes
- Hospices without treatment
- Nursing homes without treatment
- Reformatories without detention quarters
- Respite centres without treatment