

**Audit of  
Fire Safety Program**



Performance Assurance Sector  
Correctional Service of Canada

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## EXECUTIVE SUMMARY

The audit of the Fire Safety program was conducted as part of the Correctional Service of Canada (CSC) Internal Audit calendar for 2005/2006. The verification phase of this audit was performed during the months of September and October 2005, at which time the audit team visited thirteen (13) institutions and three (3) Community Correctional Centers. The site visits consisted of institutions from various security levels, including 2 institutions housing women offenders.

The objectives established for the audit were as follows:

- To assess the adequacy of CSC's Fire Safety Framework, as well as the monitoring processes, occurring at the national and regional levels.
- To determine if, at the operational level, fire safety roles, responsibilities, plans and procedures have been properly documented and communicated to the appropriate parties.
- To assess if required fire safety training, orientation and awareness has been provided to the appropriate staff and offenders, and that fire drills and mock evacuations are conducted as per requirements.
- To assess if required inspections, monitoring and testing are being carried out in accordance with CSC's Fire Safety Manual.
- To assess if regional headquarters and operational sites are complying with policy requirements relating to investigations, monitoring and reporting.

The specific audit criteria identified for each of these objectives are included in Appendix A of this report.

In order to assess the above objectives, the audit team examined the controls in place to meet the expectations of the Commissioner's Directive (CD # 345) on Fire Safety and CSC's Fire Safety Manual, which incorporates some of the requirements established in:

- Treasury Board Policy on Occupational Safety and Health,
- the Canada Occupational Safety and Health Regulations,
- the Canada Labour Code,
- the National Building Code of Canada, and
- the National Fire Code of Canada.

Overall, the findings of this audit show that staff members responsible for the Fire Safety programs at their sites are aware of the policies issued by Correctional Service Canada relating to Fire Safety, but are having difficulties in fully meeting these requirements based on factors such as resource allocation or the actual level of expectations set out in policy. It is the opinion of the audit team that senior management examine the current situation with Fire Safety as it relates mainly to resourcing and risk

management with the objective of increasing the overall effectiveness of the Fire Safety program. The role and responsibilities of RHQ with respect to this program must also be reviewed and clarified.

The key findings of the audit are summarized below:

- Differences were identified with respect to the roles and responsibilities of Regional Headquarters (RHQ) in the Fire Safety Program,
- There is a lack of monitoring at RHQ and NHQ to ensure that sites are complying with policy,
- The level of resources at operational sites and RHQs is impacting on the level of compliance to Fire Safety policies,
- With the exception of the Quebec region; Fire Safety Plans are established at all sites. However, some of the required elements were missing from a number of these Fire Safety Plans,
- There is a lack of consistency in the type of training delivered to Fire Chiefs, Deputies and Fire Emergency Officers,
- Sites are having difficulties in meeting fire drill requirements,
- Fire inspections are not being consistently conducted by sites,
- The content of reports submitted by sites on fire incidents met policy requirements,
- Some institutions are not ensuring that corrective measures, required as a result of inspections or investigations, are implemented.

The key/major recommendations being made by the audit team address the following areas:

- Revision of the Fire Safety Manual (FSM),
- Clarification of roles and responsibilities for the Fire Safety program,
- Allocation of resources at operational sites in order to meet fire safety program requirements,
- Increased monitoring to ensure sites are complying to requirements of the FSM (e.g. Fire Safety Plans and contents, agreements with municipalities, inspections as well as drills and mock evacuations),
- Development of National Training Standards for Fire Safety,
- Monitoring of implementation of institutional action plans.

The audit also identified good practices, some of which are listed in Appendix C of this report.

The results of this audit indicate that although some action has been taken to address some of the policy and operational issues identified by the sites and regions during the MCF process in the summer of 2004, most of the issues identified at that time are still problematic: the roles and responsibilities of staff members responsible for the Fire

Safety programs, Fire Safety Plans, training, fire drills, inspections, agreements with municipalities and monitoring of action plans.

The conclusions and recommendations being made in this internal audit report are based on the assessment of findings against pre-established objectives agreed upon by the Performance Assurance and the Corporate Services Sectors at NHQ and reflect the results of the audit work carried out as part of the verification phase of this audit.

The Performance Assurance Sector is satisfied that sufficient audit work has been performed and the necessary evidence has been gathered to support the conclusions contained in this audit report. Audit teams conducted debriefings at the local, regional and national levels, at which time audit findings were discussed. In many instances, specific areas requiring improvement have been, or are in the process of being addressed locally, regionally or nationally.

## INTRODUCTION

An audit of the Fire Safety Program was conducted as part of the Correctional Service Canada (CSC) Internal Audit calendar for 2005/2006. As part of the Fire Safety program, CSC has established a Commissioner's Directive (CD) on Fire Safety (CD 345) as well as CSC's Fire Safety Manual, which incorporates some of the requirements established in:

- Treasury Board Policy on Occupational Safety and Health,
- the Canada Occupational Safety and Health Regulations,
- the Canada Labour Code,
- the National Building Code of Canada, and
- the National Fire Code of Canada.

### 1.1 Background

CSC is responsible for the prevention and control of fire in its facilities which presents unique challenges for those involved in their administration, as the security and the custody of inmates are the major operational considerations in the management of this program. A summary of arson/fire loss reports for the last 9 years, provided by the Corporate Services sector at NHQ, indicates that approximately 83% of reported fires occurred in locked medium, maximum, multi-level, segregation, or psychiatric Living Units. During the last 5 years, CSC averaged losses of \$ 80,000 every year as a result of a reported total 417 fire related incidents. There were no fatalities as a result of these fires as the majority of injuries reported were minor and mainly related to smoke inhalation.

The proposal for this audit of the Fire Safety Program was based on issues identified during the Management Control Framework (MCF) process for this activity which was carried out by 54 institutions and 16 districts in June and July 2004. Based on the possible impact and risk associated with this activity, the purpose of this audit was to perform an independent review of the performance of this function, to assess the level of compliance to policies as well as assess the adequacy of the current management and policy framework over this activity. This audit is also part of the Audit Branch's efforts to further validate and improve the content of the MCFs as well as to assess the validity of MCF results.

Some of the issues identified during the original results of this MCF included:

- Almost half of all institutions indicated a need to update Fire Plans and Contingency Plans, and to have these plans approved by HRSDC.
- Sites in all regions had not completed all necessary training for their Fire Chief, his/her Deputy, Fire Emergency Officers, and general staff members.
- Many institutions and one district office reported a need to update orientation packages for offenders.

- A few institutions reported that practice fire drills and mock evacuations were not taking place as often as required by policy.
- A few institutions also observed that their agreements with the local fire departments had expired or were lacking specific clauses as required by policy.

As part of the MCF, sites reported that corrective actions had been taken to address the above issues. The scope of this audit therefore included a verification to ensure that these areas had been properly addressed by the operational sites.

## 1.2 Audit Scope and Objectives

The audit was national in scope and included visits to sixteen (16) sites (see Appendix B), which included institutions of all security levels, including Community Correctional Centers (CCCs), women facilities and institutions with agreements for shared fire safety services. District and/or Parole Offices were not part of this review as most of these are rented through Public Works Government Services of Canada (PWSC) who is also responsible for most of the Fire Safety requirements at these locations.

The overall objective of this audit was to verify the adequacy of CSC's Fire Safety Management Framework as well as to assess the level of compliance to Fire Safety policies and legislation. The audit examined the controls in place to meet the requirements of Commissioner's Directive 345 on Fire Safety and the Fire Safety Manual, in particular the high risk areas which were determined in consultation with the national Chief Operational Fire Safety and the non-compliance areas identified during the MCF process. The specific objectives established for the audit were as follows:

1. To assess the adequacy of CSC's Fire Safety Framework as well as the monitoring processes occurring at the national and regional levels.
2. To determine if, at the operational level, fire safety roles, responsibilities, plans and procedures have been properly documented and communicated to the appropriate parties.
3. To assess if required fire safety training, orientation and awareness has been provided to the appropriate staff and offenders, and that fire drills and mock evacuations are conducted as per requirements.
4. To assess if required inspections, monitoring and testing are being carried out in accordance with CSC's Fire Safety Manual.
5. To assess if regional headquarters and operational sites are complying with policy requirements relating to investigations, monitoring and reporting.

### 1.3 Audit Methodology and Approach

The audit consisted of file reviews, interviews and direct observation during operational site visits. During site visits, the audit teams conducted specific on-site inspections and examined documents such as:

- Fire Safety and Contingency Plans;
- Memorandum of Understanding (MOUs) with municipalities;
- Training records;
- Orientation records for staff and inmates;
- Records and results of testing, fire drills;
- Documents/evidence to support the inspection, monitoring and testing of fire safety equipment; and
- Investigation and reporting documents.

In addition, the audit team also identified and noted good practices. Some of these are identified in Appendix C of this report.

Audit tools were developed to assess the level of compliance to policies and procedures in the identified risk areas as outlined in the previously noted objectives.

The audit team conducted a preliminary testing of the audit tools in the Atlantic Region so that any adjustments required to the tools could be made prior to proceeding to the next phase of the site visits.

Because of the specificity of this audit, the audit team consisted of members from the Performance Assurance sector as well as fire safety specialists (selected in consultation with the Chief of Operational Fire Safety at NHQ). Furthermore, the selection of the fire safety specialist was based on the premise that they would not be auditing their own region.

Debriefings occurred with senior managers at the institutional and regional levels. At each debriefing, a narrative report was provided outlining the audit team's preliminary observations and findings. Upon completion of the site visits, briefings were also held with representatives from Technical Services at NHQ and the Assistant Commissioner, Corporate Services.

## **Audit Findings and Recommendations**

**Objective 1:** Adequacy of CSC's Fire Safety Framework as well as the monitoring processes occurring at the national and regional levels.

In order to assess this objective, the audit team reviewed CSC policy documents related to Fire Safety and assessed, through interviews, the roles and responsibilities of staff members assigned the Fire Safety program at RHQ and NHQ. Additionally, the audit team examined the various types of monitoring systems at both NHQ and RHQ as well as the funding being allocated to the Fire Safety program at all levels of the organization.

### **2.1.1 Responsibilities of NHQ and RHQ**

The roles and responsibilities for the Chief of Operational Fire Safety (COFS) at National Headquarters, Regional Headquarters and at the institutional level are defined in Section 2 of CSC's Fire Safety Manual.

#### **National Headquarters**

The Fire Safety program falls under the responsibility of the Chief of Operational Fire Safety at National Headquarters. This position reports to the Director General of Technical Services of the Corporate Services Sector.

According to the Fire Safety Manual, the main responsibility of the COFS is to provide liaison/advice to the operational sites and five regions and assist in increasing the effectiveness of their fire safety programs. The COFS is also responsible for liaising with other government agencies in matters affecting Departmental Fire Safety policy and procedures and in the development and monitoring of fire safety training programs. In turn he assists the operational sites and RHQs in the interpretation of internal and external regulations.

The current COFS has a vast knowledge of Fire Safety matters as he has been in this position with CSC for almost 20 years and was previously employed for 10 years in a similar position with another department. During the audit team's visit to the various sites, they all expressed a high level of satisfaction regarding the knowledge, level of service and advice being provided from this individual at NHQ on technical and policy interpretation matters.

It is the opinion of the audit team that roles and responsibilities, as outlined by the Fire Safety Manual, are well understood and met by the staff member responsible for this portfolio at NHQ.

## Regional Headquarters

Finding #1 –Differences were noted with respect to the roles and responsibilities of RHQ.

Section 2 of the Fire Safety Manual defines the roles and responsibilities of the regions as follows:

- a. assisting operational units in planning for fire emergencies; monitoring and testing those plans, and promoting fire safety;
- b. reviewing and assessing all fire investigation reports and ensuring appropriate follow-up action; and
- c. monitoring institutional fire safety programs including maintenance and training, to ensure conformity with established standards.

Based on interviews with staff at RHQ, we identified the following concerns related to the regional roles and responsibilities:

The Quebec region did not have a staff member specifically responsible for the Fire Safety program at the time of our audit but were in the process of staffing a new position. The staff member responsible for the Occupational Health and Safety program in this region is assigned to some of the duties related to the Fire Safety program which ultimately falls under the responsibility of the Regional Administrator of Technical Services.

In the other four (4) Regional Headquarters, responsibilities for the Fire Safety program have been assigned to a staff member in the Technical Services or the Occupational Health and Safety (OHS) division. Results of interviews at the regional level indicate that those assigned Fire Safety responsibilities have had these duties added to already existing job duties. In addition, the time and effort spent on Fire Safety issues varies from one region to the other; Atlantic region – Regional Chief of Engineer and Maintenance (15%), Ontario region – Regional Safety Advisor (75%), Prairie region – Regional Safety Advisor (40%) and Pacific region – Regional Safety Advisor (10% ) and Project Officer (20%).

During the interviews with regional fire safety coordinators, the audit team noted that the roles and responsibilities, as outlined in the Fire Safety Manual, were not clear to all of them and that they had different interpretations of what specific responsibilities and duties they had to carry out.

The audit team noted that the main functions currently performed by the regional headquarters were as follows:

- Atlantic: training of Fire Chiefs (technical section), annual inspections of sites (including CCCs and Parole Offices), review of fire reports, review of MCF results and HRSDC inspections, review of Fire Safety Plans, sharing of correspondence between NHQ and sites, preparing annual regional roll-up of fire loss reports.
- Quebec: mainly providing information and training to sites on health and safety.
- Ontario: providing assistance to sites on health and fire safety matters, training of Fire Chiefs and Deputies, regular site visits to provide advice, reviewing fire reports and HRSDC inspections, preparing annual regional roll-up of fire loss reports.
- Prairie: Conducting annual fire inspections at all sites (including CCCs and Parole Offices); providing training on confined spaces, OHS, respiratory protection and fire instructor (initial and recertification); assisting all sites in writing and reviewing Fire Plans as well as preparing regional roll-up of fire loss report.
- Pacific: 1. Project Officer – No job description, mainly responsible for MCF review and follow-up, working with Safety Advisor and conducting site visits upon request.  
2. Safety Advisor – Providing advice to operational sites on “people” side of Fire Safety; reviewing of OHS inspections and providing advice on fire safety issues, visiting sites upon request and attending sites during HRSDC inspections.

As indicated above, the roles and services delivered by the regional staff members responsible for the Fire Safety program differ from one region to the other. Most regional headquarters play an advisory role on fire safety matters such as reviewing of Fire Safety Plans and providing assistance to sites on request. In a couple of regions, regional headquarters has taken a more proactive approach and will visit sites more frequently to provide advice/assistance, conduct site inspections or provide training on Fire Safety.

In the Quebec Region, the staff member responsible for Occupational Health and Safety has minimal responsibilities for the region on Fire Safety matters; however all responsibilities will be turned over to a different position once it is staffed. It was reported to the audit team that documents such as fire reports are currently being sent directly from the institutions to HRSDC at the same time that a copy is sent to the region.

**Recommendation #1: That the roles and responsibilities of staff members assigned to Fire Safety at Regional Headquarters be reviewed and clarified.**

**Action: ACCS and RDCs**

### 2.1.2 Provision of assistance to operational units by NHQ and RHQ

As indicated previously, the Chief of Operational Fire Safety at NHQ plays a significant role by providing assistance to operational units on policy interpretation as well as providing the sites with any new information relating to Fire Safety issues, which in turn helps to increase the effectiveness of the fire safety programs at the institutions.

The audit team observed that, in general, the regions do not have a consistent approach nor do staff members spend a significant amount of their time to assist the sites in promoting and increasing the effectiveness of their fire safety programs. It is the opinion of the audit team that there is a need to clarify the regional roles and responsibilities in order to address this concern.

All operational sites visited indicated that they were satisfied with the services being provided by NHQ while in the regions the level of satisfaction with RHQ varied greatly and seemed to be proportionate with the percentage of time RHQ dedicated on the Fire Safety program.

### 2.1.3 Management of the Fire Safety program and policy framework

#### Budget

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| Finding #2 – Limited funding is allocated to CSC's Fire Safety Program. |
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The audit team was informed that the regions or sites do not have a specific budget allocation to address the provision of the Fire Safety program. Current operations are financed through the regular operations and capital equipment budgets of the regions; any special requests from the operational sites for financial assistance will normally go through the regions. They in turn will forward the request to NHQ if they cannot assist the site through the region's Technical Services Operations and Maintenance (O & M) budget. All such requests will be given consideration and/or approval from the Director General Technical Services at NHQ. As an example, NHQ is presently reviewing the significant number of Self-Contained Breathing Apparatus (SCBA) that will expire in the near future. Financial assistance is being sought by the sites for this fire safety equipment as the replacement costs have not been budgeted by the institutions or the regions, however the replacement of SCBA will be by a national tender call.

At NHQ, the only budget allocated to Fire Safety covers the salary of the Chief of Operational Fire Safety as well as \$ 50,000 of O & M to cover travel and other expenses.

Feedback received during our site visits indicated a general consensus that the regions and the operational sites need staff dedicated specifically to fire safety in order to be able to increase their level of compliance to policies and the overall effectiveness of their Fire Safety programs.

Based on the results of this audit, we recommend that Senior Management review the current operation and funding of the Fire Safety Program in order to ensure proper risk management of this function.

**Recommendation # 2: That resource allocation for the Fire Safety Program be reviewed in order to ensure it meets current operational requirements.**

**Action: ACCS and RDCs**

### Policy Issue

**Finding #3 – Sites are having difficulty complying with some of the legislative or policy requirements.**

Policy requirements for the area of fire safety are mandated by legislative or policy requirements from authority documents such as: the Canada Labour Code, Canada Occupational Safety and Health regulations, the National Building Code of Canada and the National Fire Code of Canada. Based on the above, CSC has established a policy framework of a Commissioner's Directive (CD # 345) on "Fire Safety" and the Fire Safety Manual to assist and guide operational sites and regions on the subject matter.

During our site visits, staff members responsible for the Fire Safety program indicated concerns regarding the high number of policy/legislative requirements and the lack of resources available to ensure compliance to all of them.

As part of the CSC Management Control Framework process, sites and regions are able to identify to NHQ any operational and/or policy issues which can be impediments to being fully compliant to the policy requirements. During the completion of the MCF on Fire Safety in the summer of 2004, a number of issues raised by the regions were reviewed by Technical Services at NHQ and resulted in a number of proposed amendments to the Fire Safety Manual. Although these amendments were made some time ago, at the time of the audit, the revised version of the manual had not yet been signed off by the ACCS and distributed to the operational sites. In addition, as a result of the MCF process, an amendment was made to CD 345 (Fire Safety) and signed off by the Commissioner.

The Technical Services branch at NHQ has also drafted a work plan which will include a meeting of regional and operational staff members involved with the Fire Safety program. The working group will address some of the issues raised by the MCF results such as: the development of National Training Standards for Fire Safety, availability of Technical Standards on-line, clarification of roles and responsibilities for the regional/operational staff and other fire safety technical requirements. We were also informed that additional issues raised as a result of the current audit will also be included in the work plan which will be submitted to the ACCS for approval.

The audit team is satisfied that through this work plan, as well as the issuing of the revised Fire Safety Manual, most issues identified in this report will be addressed.

**Recommendation # 3: That timely action be taken to ensure that:**

- a) The proposed workplan for the Fire Safety Program is reviewed and approved;**
- b) Revisions to the Fire Safety Manual are approved and issued to operational sites.**

**Action: ACCS**

2.1.4 Monitoring of fire safety programs by RHQ

As previously indicated; the level and types of monitoring being performed by RHQ varied from one region to another. It was almost non-existent in the Quebec Region, while in a couple of other regions they were approving Fire Safety Plans and conducting inspections to ensure compliance.

In addition, as will be reflected later on in this report, the results of this audit identified a number of non-compliance issues which should have been identified and addressed by RHQ. It is the opinion of the audit team that RHQ must have a responsibility and accountability in monitoring the sites' conformity with established standards on fire safety, especially in higher risk areas such as: content of Fire Safety Plans, roles and responsibilities for Fire Chiefs/Deputies and FEOs, training, mock evacuations and maintenance/inspections of equipment.

**Recommendation # 4: Based on guidelines to be established by NHQ, that mechanisms be in place at the regional level to monitor the operational sites' level of compliance to Fire Safety requirements.**

**Action: ACCS and RDCs**

2.1.5 Monitoring of investigation and action plans by NHQ and RHQ

Reporting

The COFS at NHQ is responsible for the review of fire reports sent in by the regions. Any technical issues/concerns identified during these reviews are followed up to ensure that deficiencies have been addressed. The COFS is also a member of the National Joint Occupational Health and Safety Committee. His membership on this committee provides for an immediate response to address any fire safety related issues brought forward during these committee meetings.

The COFS reviews the Annual Fire Loss roll ups/reports which the regions must submit and assesses the content of these reports. Any concerns or problems with fire protection systems/equipment are discussed with the appropriate regions or operational sites. He also shares any information relating to fire safety with other sectors such as the Security sector that can be helpful for decision makers.

Finally, in May of each year, the COFS is responsible for preparing the Annual Fire Loss report for CSC. This report provides a listing of all reported fires, a gist of the source and outcome of each fire, dollar amount per loss and description of injuries (if applicable). This report is sent to HRSDC as well as to the Comptroller's branch in order to include the reported losses in the Public Accounts for CSC.

### Monitoring

Through interviews and the review of documents provided by the regions, the audit team noted that most regions do not have processes in place to monitor follow-up actions required as a result of deficiencies identified in fire inspections (HRSDC), MCF results or recommendations from investigations. In general, the regions receive the documentation from the institutions and rely on the operational site's confirmation that actions plans have been instituted and completed. This area of monitoring will also have to be addressed as part of the clarification of the roles and responsibilities of RHQ as was previously raised in this report.

#### 2.1.6 Fire Safety Program in Community Correctional Centers

**As indicated earlier, the audit consisted of site visits to institutions as well as Community Correctional Centers (CCC). The audit will address the observations, findings and recommendations in this section of the report for the CCCs followed by the team's findings for the institutions.**

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| Finding # 4 – The FSM needs to be clarified with respect to its applicability to CCCs. |
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Over the past few years there has been much discussion on the applicability of CSC policy requirements to the Community Correctional Centers. CD 006 Classification of Institutions states that: "Community Correctional Centres are classed as minimum security, but due to their role in the community they are not required to conform to all minimum security standards." During the MCF process completed in the summer of 2004, a number of questions or clarifications were being requested with respect to the applicability of policy requirements in CCC settings . Some of the issues reported by the sites/regions during last year's MCF on Fire Safety suggested clarification with respect to CCCs was required in the following areas:

- Content of Fire Safety Plans,
- Requirement for an MOU with the local Fire Department,

- Roles and responsibilities of the Fire Chief,
- Training requirements for the Fire Chief,
- Fire Drills.

However, during our site visits, the same questions were being raised by the CCCs as the revised Fire Safety Manual had not yet been issued. Based on the audit team's examination of the revised FSM, most issues relating to the applicability of the standards to CCCs (identified in the MCF roll ups and during this audit) should be addressed.

The audit team visited one CCC in each of the following three (3) regions: Atlantic, Quebec and Prairie. During the on site visits, the audit team assessed the CCC Fire Safety program based on the current version of the Fire Safety Manual. A summary of our findings are listed as follows:

#### Areas of strength

- A detailed Safety Plan is in place at two (2) CCCs,
- There are Fire Emergency Officers at all locations,
- Daily inspections are being conducted and recorded,
- A process is in place at all sites for the orientation of new offenders on fire safety issues,
- Fire Orders are posted in conspicuous places,
- The internal smoking policy is being enforced,

#### Areas of weakness

- There is a lack of training for the Fire Chief and FEOs at all sites visited,
- Fire drills are not being conducted as per the requirements (2 sites),
- No annual fire drills were occurring with the local Fire Department (2 sites),
- Routine inspections of fire safety equipment are not being conducted as per requirements (1 site),
- The Fire Safety Plan is not included in the Contingency Plan (2 sites).

It should be noted that routine inspections/testing of fire safety equipment is being contracted out to community agencies and Public Works is responsible for ensuring that the maintenance, inspection and repair is being carried out.

As indicated earlier, the staff member responsible for the Fire Safety program in some of the regions indicated that they visit the CCCs on an annual basis to conduct yearly inspections and address any issues raised by the site.

Even though some of the requirements outlined in the current Fire Safety Manual are not being met, it is the opinion of the audit team that the fire safety programs in place at the CCCs visited are being managed to minimize risk to the safety of staff and residents. Administrative and technical deficiencies identified by the audit team were

shared during the debriefing sessions at the respective sites and corrective actions should ensure an increase in compliance for their fire safety program.

In addition, a clarification of the roles and responsibilities of RHQ as well as addressing the issue of budget allocation should increase the level of compliance to policy by CCCs.

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As a result of the Management Control Framework process and issues brought forward by sites and regions during the past few years, CSC has taken steps to improve the Fire Safety Framework. Actions have been taken to clarify some areas in the Fire Safety Manual and the establishment of a working group should also be a step in the right direction in addressing most of the issues that have been raised during the last few years.

However, based on the results of our audit, we identified a need for CSC to address specific areas such as allocation of resources to the Fire Safety Program, clarification of roles and responsibilities and improvement of the monitoring processes at the regional level in order to increase the effectiveness of the Fire Safety Framework.

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**Objective 2:** To determine if, at the operational level, fire safety roles, responsibilities, plans and procedures have been properly documented and communicated to the appropriate parties.

As part of this objective the audit team mainly assessed the documentation prepared by each operational site for the delivery of an effective Fire Safety Program. The audit team also assessed the communication processes to ensure that those responsible for the fire safety program were aware of their specific roles and responsibilities and required information on fire safety was communicated to staff.

The Commissioner's Directive on Fire Safety (CD 345) states that: "CSC shall establish and maintain a fire safety program at all of its operational sites. At a minimum, the program shall contain the following elements: Fire Safety Planning; fire safety training; fire safety awareness; fire hazard control; inspections; investigations and reporting of fires, fire alarms and false alarms; maintenance of fire equipment and systems; fire safety orientation for inmates and equipment standards."

#### 2.2.1 Development, introduction and maintenance of fire safety program

The requirement for the development of Fire Safety Plans at operational sites is found in Section 5 of the Fire Safety Manual, which states that "Fire Safety Plans shall be clearly

stated in the Institution Contingency Plan and shall be reviewed and updated annually or more often as needed and include the following:

- a) instructions which include duties and responsibilities of various personnel in the overall Fire Safety Plan; a guide to response by various personnel in the event of a fire emergency, and regulatory material aimed at the control of fire hazards and the reduction of the fire risk;
- b) the development of Fire Orders specifically related to each building or area within complex structures which establishes “Fire Emergency Officers” and “Alternates”. Fire Orders shall provide direction to occupying personnel in relation to action to be taken if a fire alarm is heard or a fire discovered and shall summarize the responsibilities of FEO and Alternates;
- c) the reporting and investigation of all fires and false alarms; and
- d) the holding of fire evacuation drills and fire emergency response tests.”

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| Finding # 5 – Fire Safety Plans are not in place at all institutions. |
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In the Quebec region, the audit team noted that sites did not have the required Fire Safety Plans as they were still using the Standing Order process to communicate their institutional requirements. Even though some of the required information on Fire Safety was documented at these sites, a Fire Safety Plan (FSP) provides more details than can be found in the Standing Orders.

In June 2004, a memo from ACCS was forwarded to all Regional Deputy Commissioners (RDC) indicating that in light of recent changes in the CSC policy framework, Standing Orders on Fire Safety were no longer required as these procedural requirements should be covered in the institutional Fire Plan.

In the other four (4) regions, the team noted that all sites visited had a Fire Safety Plan. However, the following deficiencies were noted at some sites during our examination of the content of these plans:

- No formal approval of the Plan by some of the required parties (HRSDC\*, Municipality\* and/or JOSH),
- The recent version of the FSP was not included in the Institutional Contingency Plan,
- Identification of staff members was not up to date (i.e. FEO) in the FSP ,
- 1/3 of sites could not confirm that a copy of the plan (including site plans) was being updated and shared annually with the local Fire Departments.

*\* In regards to the approval of these plans, it should be noted some sites and/or regions indicated that they were having difficulty in obtaining signatures/approval from HRSDC and/or the municipality.*

As per the last bullet above, the Fire Safety Manual also requires that up to date site plans are provided to the municipal or other Fire Departments. The audit team reviewed site plans and found that most were missing some of the required elements such as:

- location of fire hydrants and water mains,
- location of fire department connections,
- buildings which are sprinklered,
- gas shutoff valves, extra hazardous areas or installations such as bulk fuel and propane storage.

The contents of the Fire Safety Plans are critical reference documents when the Fire Department is called to assist in an emergency situation. It is the audit team's opinion that sites should ensure the distribution of up to date Fire Safety Plans and site plans (including all required information) with the local Fire Departments.

### 2.2.2 Designation and roles/responsibilities of Fire Chiefs and Deputies

Finding # 6 – Roles and responsibilities of Fire Chiefs and Deputies have been added to already existing job duties.

Nine (9) of the thirteen (13) institutions visited have assigned specific responsibilities related to fire safety by naming staff members as Fire Chief and as alternate Fire Chief (Deputy). The audit team found that the responsibilities of the fire safety program have been identified in their Fire Safety Plans or Standing Orders. Responsibilities of the Fire Safety program have been mainly assigned to a staff member working in the technical services department with the most common position being the Chief of Works. The remaining four (4) sites had not identified either the Chief or Deputy Chief in their Fire Safety Plan, or an update in the document is required with respect to the staff member's identity.

At most of the sites visited the audit team noticed that the roles and responsibilities of the Fire Chief and Deputy Chief are not clearly stated either in their specific job duties or in the Fire Safety Plans. Generally, the audit team noted that Fire Safety Plans at these sites mainly contained a general statement such as "Responsible for the fire safety program at the Institution".

The audit team also noted that at some, sites the Deputy Chiefs have been identified by position (Correctional Supervisor) to ensure coverage during the evening and morning shifts. During our walk around at some of these sites, we observed that some Correctional Supervisors were not aware that, in the absence of the Fire Chief, they were responsible for the Fire Safety program. This issue also raises a concern relating to training required for the Deputy Chiefs, which according to the Fire Safety Manual must have the same level of training as the Fire Chief.

At a few of the sites visited, it was noted by the audit team that the Fire Chief and Deputy Chiefs share the responsibilities and seem to better be able to meet most of the fire safety requirement. In these instances, the Fire Chief is responsible for all technical requirements such as; inspections and testing of fire safety equipment, review of safety plans, fire reports; while the Deputy Chief is responsible for the “people” side of the program such as FEO training, orientation to offenders and drills.

The Fire Chiefs/Deputies interviewed at all the sites visited indicated that despite their best efforts they do not have the required resources to keep up with all fire safety requirements. As indicated previously, the fire safety program is one of many assignments that fall under their responsibilities and often other work related priorities take precedence over any planned activities relating to fire safety.

**Finding # 7 –Difficulties are being encountered with the delivery of the Fire Safety program under shared service agreements.**

During this audit, the team visited some institutions where shared service agreements have been established so that one institution is responsible for the delivery of the fire safety program at the two institutions situated on the same grounds. It was reported by these Fire Chiefs that they are facing the same impediments but on a larger scale as they must try to provide a service to two sites with the same limited resourcing. Another difficulty faced by these staff members, aside from not being on site, is the fact that they are not employees of the institution receiving this service and expressed a feeling of being powerless in addressing any policy requirements and/or deficiencies with management and/or staff.

For their part, the institutions receiving the services from another institution raised the following concerns:

- difficulties in having the staff member present at their institution as this employee is already occupied with his regular responsibilities at his base institution;
- they have no line authority over that staff member and must therefore contact their supervisor at the other institution to get assistance from the Fire Chief.

As part of the assessment of resource allocation for the Fire Safety Program previously noted in recommendation two in this report, CSC should also pay particular attention to the operational sites with shared services. This should include assessing the need to have a staff member at each site responsible for this activity.

**Recommendation # 5: That issues identified with respect to the delivery of the Fire Safety Program under shared services be reviewed and addressed.**

**Action: RDCs**

### 2.2.3 Staff familiarity with the location of the fire safety features

**Finding # 8 – Fire Emergency Officers are not always familiar with the responsibilities associated with this assignment.**

Most institutions have Fire Emergency Officers (FEO) and alternates designated for each building or major area of each building. The staff members are identified by their names or position and this information is contained in the institutional Fire Safety Plan. However, the audit team was quite concerned to note that at some sites, staff members appointed as FEOs or alternates were not aware that they were identified as such or were not familiar with the responsibilities associated with this assignment. This situation was more common where an FEO or alternate were assigned by position instead of having their name in the Fire Safety Plan.

Most of the sites visited (ten of the thirteen institutions) have a process in place to ensure new staff are being provided with a general overview of fire safety features at the institution when they are first employed. The audit team found that the institutions generally use a checklist form indicating areas covered with the new employee with a signature block to attest at the end of the orientation period that an awareness session has occurred.

### **Fire Orders**

As indicated earlier, the Fire Safety Manual states: “development and promulgation of Fire Orders specific to each building or area within complex structures which establishes FEO and alternates. Fire Orders shall provide direction to occupying personnel in relation to action to be taken if a fire alarm is heard or a fire discovered.” In addition, the Canada OHS regulations stipulate that “Fire Orders shall be posted in conspicuous places in each building/area so as to be readily accessible to personnel occupying the building/area”.

During the site visits, the audit team randomly visited five to six areas of each institution and conducted a visual inspection. A complete listing of items verified can be found in objective 5 of this report. Fire Orders was one of the items verified by the audit team and will be discussed in this part of the report as they are a means to ensure staff is familiar with the location and operation of the various fire safety features in the building for which they are designated.

The results of these walk around indicated that at seven (7) of the institutions visited:

- a large number of Fire Orders needed to be updated,
- Fire Orders were not in a bilingual format, or
- there was a need to post a Fire Order in a conspicuous place.

#### 2.2.4 Agreements with local municipalities

Section 5 of the Fire Safety Manual indicates that an agreement with a municipal Fire Department shall be negotiated and this should clearly establish the roles and responsibilities for both parties during emergencies.

Finding # 9 – Some sites do not have agreements with the municipalities or some agreements are missing the required elements.

Our examination of this requirement indicated the following results:

- Two (2) sites visited had agreements in place that met all requirements of the FSM,
- Seven (7) had an agreement but these were found to be missing some elements required in the agreement (i.e. roles and responsibilities of both parties during a major disturbance and the withdrawal of services of the municipality during such times) or the institutions were unable to provide the audit team with the latest version of the agreement properly signed by both parties.
- Four (4) did not have an agreement (two sites from the same community in the Ontario Region indicated that the municipality refuses to sign any agreement with CSC but the Fire Chief of this municipality has verbally agreed to assist both institutions in case of emergencies; while the other two sites were not able to provide the documentation to support that an agreement exist).

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The results for this audit objective indicate that staff members responsible for this program have other responsibilities and are having difficulties meeting all fire safety requirements given the responsibilities of their primary positions. Other areas identified include problems associated with the sharing of fire safety services between two institutions, updating and sharing of Fire Safety Plans as well as the requirement to have agreements with local fire departments.

The audit team noted that most of the deficiencies identified in this objective could be addressed by having a staff member dedicated to the Fire Safety program at each institution.

In addition, a more active role in the monitoring process by the Regions, as recommended in section 2.1.4 of this report, would ensure that the operational sites are complying with the policy requirements identified under this audit objective.

**Objective 3:** To assess if required fire safety training, orientation and awareness has been provided to the appropriate staff and offenders, and that fire drills and mock evacuations are conducted as per requirements.

For this objective, the audit team assessed the training and awareness processes for staff and inmates as well as reviewing documents relating to the fire drills/mock evacuations being conducted at all sites.

#### 2.3.1 Fire Safety training/Orientation to staff

Section 4 of the Fire Safety Manual identifies specific requirements for training of Fire Chiefs, Deputy Chiefs and Fire Emergency Officers.

Based on our discussion with the institutional Fire Chiefs, as well as a review of training documents on Fire Safety provided by the sites, the following areas of concern were identified by the audit team:

Finding # 10 - Training delivered to Fire Chiefs/Deputies and FEOs across CSC is not consistent.

#### **Fire Chief and Deputy**

The Fire Safety Manual states that these individuals “shall be qualified through training in fire prevention, emergency response planning, incident command and fire investigation”. However, the audit team found that there is inconsistency in the delivery of the required training for the Fire Chiefs and their alternates:

i) Through training records provided by the sites, the audit team noted that the level of training varied from site to site. The audit team observed that some Fire Chiefs and Deputies had documentation to support the training received which met the requirements of the FSM while others did not have supporting documents or indicated that they received information sessions on fire safety matters but would not consider this to be training. Additionally, the lack of consistency in coding entered in PeopleSoft made it difficult for the audit team to fully assess the training received in this area.

ii) Our interviews with Fire Chiefs and Deputies indicate a general need for standardized training as they feel that what they had been provided was more in line with awareness sessions rather than what would be considered training.

#### **FEO and alternates**

The Fire Safety Manual requires that FEOs and alternates receive training on fire emergency response plans and the requirements for daily inspections prior to being given any responsibilities for fire safety and evacuations.

The audit team found that all sites had a process/training package for FEOs and their alternates. We also noted a number of good practices at different sites such as:

- the use of a PowerPoint self training module with a quiz at the end of the presentation,
- at another site, a half day is dedicated annually for a meeting with all FEOs which consists of discussion and awareness sessions on any new fire safety requirements.

A verification of the training records (i.e. PeopleSoft) indicated that, at most sites visited, there was no information on file to indicate that all FEOs and their alternates had received the required training. Here again, it was observed that the training is not consistently being recorded under the same codes.

The audit team identified a need for a more standardized approach to ensure that those responsible at all levels of the Fire Safety program receive the required training and also ensure that the recording process is being applied in a consistent manner.

### **Training of Fire Brigade on Fire Safety and the use of fire safety equipment**

The audit team visited 2 institutions (Stony Mountain and Donnacona) that have a Fire Response Team. Records indicate that all members of these teams have received initial training to enable them to perform their duties. With respect to refresher or other Fire Safety training, records at Stony Mountain indicate that during fiscal year 2004/05 the Fire Crew received 11 days of fire safety related training days, while at Donnacona the audit team noted that no specific training had occurred in the past 2 years.

**Recommendation # 6: That consideration be given to the development of National Training Standards for the Fire Safety Program.**

**Action: ACCS in conjunction with ACHRM**

Based on the results of this audit, improvement is required on the part of CSC to standardize the training being provided to staff members who are responsible at different levels for the Fire Safety program. The identification of clear roles and responsibilities for all parties involved should increase and will bring a consistent awareness of fire safety matters across the country.

### 2.3.2 Reporting and recording of training

**Finding # 11 – PeopleSoft is being used to record training; but inconsistencies were identified in the coding of this training.**

Our review of the PeopleSoft records at the different sites visited indicate that the training related to fire safety is generally being recorded in the system. However, it was noted by the audit team that there is no consistent coding system or guidelines available to indicate the type of training that was delivered. As an example, someone in the Atlantic region who has received training as an FEO can have FS3 coded in People Soft

while someone who has received the same training in the Pacific region can have it under another coding number such as FS6.

This area can be corrected if National Training Standards and coding structures are developed in the area of Fire Safety.

### 2.3.3 Offender orientation and training

Finding # 12 – Most sites visited have an inmate orientation process for fire safety.

Section 4 of the FSM indicates that “inmates, both new and transferred-in, upon arrival shall receive orientation in fire alarm system operation; fire emergency evacuation and fire hazard control. When assigned to an industrial shop or activity area, inmates shall receive orientation on fire and safety requirements in the area.”

The audit team was able to confirm that nine (9) of the thirteen (13) institutions visited have a process in place to ensure that the fire safety program was part of the orientation process for new inmates. The audit team also noted good practices in some of the tools used by the institutions (i.e. PowerPoint presentations and checklists to ensure all areas are being covered and acknowledgement signature blocks).

However, the audit team did note a weakness in some institutions visited where the “training/orientation” is not covered for offenders who have work assignments in areas such as industrial shops, kitchen and hobby shops.

### 2.3.4 Fire Drills and mock evacuations

Section 5 of the FSM identifies the requirements on Fire Evacuation Drills as established in the Treasury Board - OSH Manual and National Fire Code of Canada. Results from last year’s MCF identified deficiencies in this area at every site and the audit team confirmed that this issue remains a problematic area.

Finding # 13 - Fire drills and mock evacuations are not being conducted in accordance with requirements.

The audit teams examined records of fire drills conducted by the institutions during fiscal year 2004/2005 and found that very few were able to meet the requirements. The Fire Safety Manual indicates that fire evacuation drills shall be conducted in all institutions and in all areas of each institution as required by TB Occupational Safety and Health Manual. Drills are to be conducted so that all shifts are practiced within the specified frequency and that at least one drill during the quarter takes place during maximum occupancy of the area or building.

Most of the sites visited identified a number of impediments to achieving these specific requirements including: reduced staff complement on evening and night shifts to assist with fire drills, unreasonable required frequency in areas such as health care and

psychiatric units (once per month), uncooperativeness of inmates, level of security of the institution, segregation status of inmates and overtime costs incurred for the Fire Chiefs to attend the institutions during evening and night shifts.

Commissioner's Directive # 345 on Fire Safety also requires that full or partial scale fire simulations and evacuations be held annually in conjunction with local fire departments. Of the sixteen (16) sites visited (including the CCCs), only eight (8) were able to confirm that such a drill was held for fiscal year 2004-2005. Notwithstanding the following recommendation, these drills are important and should remain as a requirement given that the local fire department can be asked to assist at any given time and should be familiar with the sites before actually being required to access them in the event of a fire.

**Recommendation # 7: That the Working Group proposed for the FSP examine the current results (MCF and audit) and identify how CSC can improve its performance in the delivery of fire drills and mock evacuations.**

**Action: ACCS**

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The audit team noted that the frequency of fire drills required for the institutional environments are counterproductive to the intent of these exercises. Staff and inmates would likely take these drills more seriously and these would be more conducive if the frequency in the requirement would be reduced.

The audit team also observed that standardized training for all staff involved in the Fire Safety program at the institutional level is needed. Some of the deficiencies noted in this section could be addressed with a consistent approach to the delivery of training as well as to the recording of such training.

**Objective 4:** To assess if required inspections, monitoring and testing are being carried out in accordance with CSC's Fire Safety Manual.

For this objective, the audit team examined records of inspections and testing of fire safety equipment provided by the institutions to see if they complied with established requirements. These included routine inspections conducted by FEOs and Fire Chiefs, as well as specialized testing and inspections conducted by contract agencies for fiscal year 2004-2005 (as most of these inspections are required on an annual basis). Section 7 of the Fire Safety Manual establishes the type of required inspections and the staff member responsible for the different inspections.

#### 2.4.1 Inspection, testing and periodic servicing of fire protections/detection equipment

At all sites visited, the audit team was able to confirm that there is a system in place to ensure that routine inspection; testing and periodic servicing of all protection and detection equipment and systems are part of the institutional preventive maintenance program (Angus System). The audit team did note that at 2 sites, some fire extinguishers had not been part of the required monthly inspections and at another site, deficiencies in the recording system made it difficult for the team to confirm that the monthly inspections were being done.

The audit team was also able to confirm through records that yearly testing, inspections and maintenance of fire safety systems and equipment such as sprinklers, extinguishing systems, hose systems, is being performed by qualified personnel (usually performed by outside agencies under contract with CSC).

Finding # 14. - Inspections are not consistently being conducted/recorded by responsible staff members.

The audit team identified weaknesses in areas that are the responsibility of CSC staff members:

#### Daily Inspections

Most institutions had a process in place for the FEO to conduct daily visual inspections for their area of responsibility but these were not being recorded. The audit team did observe that some staff members at a few sites did fill out a checklist diligently and sent them at the end of the month to the institutional Fire Chief. However, due to a lack of documentation, the audit team was unable to confirm that these inspections were being conducted in all areas in eleven (11) of thirteen (13) institutions visited. This deficiency was also acknowledged by the Fire Chiefs who indicated that they were having some difficulty in ensuring that all staff conduct and record these required inspections.

#### Private Family Visit (PFV) units

The Fire Safety Manual lists a number of items (section 7.21 a to l) of the PFV that have to be verified to ensure they are in apparent order prior to the admission of inmates and their authorized visitors.

At all institutions visited, the audit team was unable to confirm that all areas of the Private Family Visit units were being inspected before the admission of the inmates and their visitors. Generally, the Visit and Correspondence officers indicated that they will do a walk around the unit and perform a visual check but do not have a checklist nor is this recorded to ensure it is actually being done.

#### Semi annual inspections

The audit team also verified if semi-annual inspections were being carried out as per the Fire Safety Manual and Canada Occupational Safety and Health Regulations requiring that all buildings and areas of the institution be inspected at regular intervals but not less than semi-annually by the Institutional Fire Chief or other designated person. The audit team found that 10 institutions were in non-compliance for the year 2004-05. In these cases, records indicated that the area had been inspected once during the year but did not fully meet the requirement.

Some of the reasons given by the Fire Chiefs were similar to those expressed previously in this report: lack of time and resources as well as priorities given in other areas of their primary job description which prevent them from conducting these types of inspections according to policy requirements.

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#### 2.4.2 Walk around/ General Observation

During the site visits, the audit team randomly selected five to six areas of the institution and conducted a visual inspection. Areas selected included a Private Family Visit unit, Health Care, inmate living unit and ensured other areas such as the kitchen, instructional shops or hobby shops were part of the walk around. Items that were verified include:

- Posting of Fire Orders,
- Emergency lights and exit signs,
- Emergency exits and passageways to exits,
- Inspections of fire safety equipment,
- Non smoking policy,
- Inmates cells (candles, overload of electrical outlets, clearance of sprinklers),
- Location of Sweat Lodges,
- Location of barbecues.

During the visits to different parts of the institution, the teams also took the opportunity to speak with Correctional Officers and those responsible for the fire safety program in their respective working area (FEO and alternates).

In general, the audit team found that the institutions were in compliance with the physical review conducted. Any areas of identified deficiencies were noted and shared during the debriefing sessions at the institutions. None of the physical deficiencies noted were presenting a major risk to the overall safety of staff and inmates.

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The audit team concludes that the required inspections are critical for a safe environment and the institutions should ensure that these inspections are being conducted by the responsible staff member(s). The early detection and timely correction

of any concerns/deficiencies, greatly reduces the risk to the safety of staff, inmates and visitors.

As well, deficiencies identified within this audit objective can be corrected by examining the resource allocation for the Fire Safety Program and having the Regions play a more active role in the monitoring process, as reported earlier.

**Objective 5:** To assess if regional headquarters and operational sites are complying with policy requirements relating to investigations, monitoring and reporting.

To assess this objective, the audit team examined action plans to address any deficiencies identified during the MCF on Fire Safety or from HRSDC inspections, and verified if these plans were implemented as per their target dates.

The audit team also examined fire reports submitted by the institutions for fiscal year 2004-2005 while the audit team leader was provided with a national summary of fire loss reports for the past 5 years (roll up prepared by the Chief of Operational Fire Safety).

#### 2.5.1 Reporting of fire losses and investigation by operational sites

**Finding # 15 – Fire reports submitted by the sites are being completed within the required timeframes.**

Section 3 of the FSM indicates that all fires shall be reported in accordance with the requirements of CD 345 – Fire Safety and CD 568-1 Reporting and Recording of Security Information. The report content, timeframes for reporting to RHQ/HRSDC and forms to be used are also described in this section of the FSM.

The audit team examined the fire reports submitted for 2004/2005 and noted that nine (9) of the thirteen (13) sites visited had submitted their fire reports according to the requirements. At the other four (4) sites, a few of these reports were not completed on time but the content of the reports examined met the requirements of the FSM.

The regions have a process in place so that the fire reports are sent to the responsible staff member who reviews the report for accuracy and sends a copy to HRSDC. An exception was noted in the Quebec region whereas the institutions indicated to the audit team that they are sending a copy directly to HRSDC given that no staff member is presently responsible for the fire safety program at RHQ.

Nuisance fires causing minor damage, not exceeding \$100 and with no injuries or death do not have to be reported by the institutions, however they must be logged (retained on site for 2 years) and reported annually to RHQ. As reported earlier, these are cumulated

at the end of the fiscal year and sent to RHQ for a regional roll up that is part of the annual fire loss reported to NHQ.

While the audit team was provided with all reports while on site, there is no mechanism in place to ensure that all fires are being reported. RHQ and NHQ have to rely on the institutions that they will report all fires and that the required timeframes are being respected.

**Recommendation # 8: That action be taken to ensure that staff responsible for Fire Safety at RHQ obtain OMS generated incident reports so they can monitor institutional fire safety issues.**

**Action: RDCs**

Of the 13 institutions visited, 7 were not retaining the fire alarm system data log at the facility as per the Fire Safety Manual. These are to be kept for review by inspection authorities and the OHS committee and are to be reviewed at least monthly by the Chief of Works to determine trends or any need for increased maintenance.

#### 2.5.2 Corrective actions from investigation recommendations

Finding 16 # – There is no process in place in some regions to ensure that recommendations from investigations/inspections are being addressed.

For this part of the audit, the team obtained and reviewed action plans to address the deficiencies noted during the MCF exercise as well as any other type of inspections such as from HRSDC or investigations that had recently been conducted in the area of Fire Safety.

The audit team found that all institutions had a system in place to address deficiencies or areas of non-compliance by using a local BF system. However, the team noted through a review of the action plans and during the visual inspection that most institutions had not fully met their target dates resulting from the last MCF on Fire Safety, and in two other instances targeted action dates from a recent HRSDC inspection had not been met.

In most regions, RHQ is involved in the roll up of the MCF results, acts as an advisor in policy interpretation but does not have a system in place to ensure that corrective measures are being taken in order to be in compliance with identified deficiencies. As reported in section 1.5 of this report, the audit team found that there needs to be an increase in the monitoring process conducted at the regional level to ensure that issues resulting from inspections and investigations are addressed within the required timeframes.

**Recommendation # 9: Regions monitor the timely implementation of action plans resulting from fire investigations/inspections.**

**Action: RDCs**

## **Conclusion**

The results of this audit indicate that although some action has been taken to address some of the policy and operational issues identified by the sites and regions during the MCF process in the summer of 2004, most of the issues identified at that time are still problematic: the roles and responsibilities of staff members responsible for the Fire Safety programs, Fire Safety Plans, training, fire drills, inspections, agreements with municipalities and monitoring of action plans.

In addition, the audit team identified a need for senior management to examine the current situation with Fire Safety as it relates mainly to resourcing and risk management with the objective of increasing the overall effectiveness of the Fire Safety program. The role and responsibilities of RHQ with respect to this program must also be reviewed and clarified.

## APPENDIX A

### Audit Objectives and Criteria

|   |   |
|---|---|
| <p><b><u>Objective 1:</u></b></p> <p>To assess the adequacy of CSC's Fire Safety Framework as well as the monitoring processes occurring at the national and regional levels.</p>   | <p><b><u>Criteria:</u></b></p> <ul style="list-style-type: none"><li>1.1 Responsibilities have been clearly established at NHQ and RHQs to oversee CSC's Fire Safety Program.</li><li>1.2 Processes are in place at NHQ and RHQs to assist operational units in increasing the effectiveness of their fire safety programs.</li><li>1.3 Processes are in place at NHQ and RHQs to ensure monitoring of fire safety programs at operational levels.</li><li>1.4 The Fire Safety management and policy framework adequately meets the operational needs of CSC.</li><li>1.5 NHQ and RHQs review all fire loss investigations and ensure appropriate follow-up action.</li></ul> |
| <p><b><u>Objective 2:</u></b></p> <p>To determine if, at the operational level, fire safety roles, responsibilities, plans and procedures have been properly documented and communicated to the appropriate parties.</p>                              | <p><b><u>Criteria:</u></b></p> <ul style="list-style-type: none"><li>2.1 The institutions/districts have developed, introduced and maintained an effective fire safety program.</li><li>2.2 A position designated Fire Chief has been established and responsibilities are clearly described.</li><li>2.3 Staff and inmates are familiar with location and operation of the various fire safety features in the building or area for which they are designated.</li><li>2.4 The institutions have agreements for assistance by municipal Fire Departments.</li></ul>  |
| <p><b><u>Objective 3:</u></b></p> <p>To assess if required fire safety training, orientation and awareness has been provided to the appropriate staff and offenders, and that fire drills and mock evacuations are conducted as per requirements.</p> | <p><b><u>Criteria:</u></b></p> <ul style="list-style-type: none"><li>3.1 The Fire Chief, his/her designate and Fire emergency officers are qualified and their responsibilities are clearly communicated</li><li>3.2 Fire safety training is provided to both staff and inmates as required.</li><li>3.3 Staff receive required training on use of fire safety equipment.</li><li>3.4 Inmates receive required orientation on fire safety</li></ul>   |

|  |   |
|--|---|
|  | <p>upon arrival at the institution and/or work assignment.</p> <p>3.5 Fire drills and mock evacuations are conducted at regular intervals.</p>  |
| <p><b><u>Objective 4:</u></b></p> <p>To assess if required inspections, monitoring and testing are being carried out in accordance with CSC's Fire Safety Manual.</p>                          | <p><b><u>Criteria:</u></b></p> <p>4.1 Institutions have procedures in place for the inspection, testing and periodic servicing for all fire protection and detection equipment and systems as part of the Preventive Maintenance Program.</p> <p>4.2 Fire safety systems and equipment are tested, inspected and maintained by qualified personnel.</p> <p>4.3 Inspection of buildings and areas of institutions are being carried out as per standards.</p> <p>4.4 Procedures are in place to ensure compliance with technical requirements of the Fire Safety Manual.</p> |
| <p><b><u>Objective 5:</u></b></p> <p>To assess if regional headquarters and operational sites are complying with policy requirements relating to investigations, monitoring and reporting.</p> | <p><b><u>Criteria:</u></b></p> <p>5.1 Fire losses are being reported and investigated by operational sites.</p> <p>5.2 Institutional Heads ensure that corrective actions resulting from investigation recommendations are being addressed.</p>   |

## APPENDIX B

### Sites visited

#### **ONTARIO REGION**

Beaver Creek \*

Fenbrook \*

Millhaven \*\*

#### **ATLANTIC REGION**

Dorchester

Nova

Parrtown CCC/St-John Parole

#### **QUEBEC REGION**

Donnacona

Drummond

Joliette

Marcel Caron CCC

#### **PRAIRIES REGION**

Stony Mountain \*

Rockwood \*

Osborne CCC

#### **PACIFIC REGION**

Kent

Mountain

William Head

*\* Institutions that have shared services agreements*

*\*\* Shared services with Bath Institution*

## **APPENDIX C**

### **Summary of good practices**

1. Some sites visited by the audit teams have developed training material (PowerPoint) for the training of staff and inmates on Fire Safety.
2. An institution in the Ontario region has identified, with a coloured marking, a height limitation in their storage rooms, thus ensuring that the required space between the fire sprinklers and any objects is being respected.
3. Fire Safety reference material on some of the regions' Website.

## APPENDIX D

### Management Action Plan

| Recommendations:  | Action Plans:  |
|---|--|
| <p><b>1. That the roles and responsibilities of staff members assigned to Fire Safety at Regional Headquarters be reviewed and clarified.</b></p> <p><b>Action: ACCS and RDCs</b></p>   | <p><b>ACCS:</b> The Fire Safety Working Group (comprised of representatives from the national, regional, institution levels as well as the unions) will work with regional staff and HR to review the current job descriptions, work loads and responsibilities for Fire Safety at RHQ and make recommendations to ensure national consistency. If clarifications or changes to the Fire Safety Manual are required, these will be issued without delay following appropriate consultation. <b>Target date: November 1<sup>st</sup>, 2006</b></p> <p><b>RDCs:</b> Responses from the RDCs indicate that they will work with the ACCS to address this issue. All regions will participate in the Working Group.</p> |
| <p><b>2. That resource allocation for the Fire Safety Program be reviewed in order to ensure it meets current operational requirements.</b></p> <p><b>Action: ACCS and RDCs</b></p>   | <p><b>ACCS -</b> The resource allocation for the Fire Safety program has been reviewed and areas requiring augmentation have been identified. The additional requirements have been incorporated into funding submissions for future years. <b>Action completed.</b></p>   |
| <p><b>3. That timely action be taken to ensure that:</b></p> <p>a) <b>The proposed workplan for the Fire Safety Program is reviewed and approved;</b></p> <p>b) <b>Revisions to the Fire Safety Manual are approved and issued to operational sites.</b></p> <p><b>Action: ACCS</b></p> | <p><b>ACCS –</b></p> <p>a) The work plan for the Fire Safety Program, which includes the establishment of a Fire Safety Working Group, has been reviewed and is now being used as the basis for the working group in line with available resources. The first meeting of the working group took place in May 2006. <b>Action completed.</b></p> <p>b) The Fire Safety Manual with revisions was approved December 16, 2005 and was posted on CSC's Infonet. <b>Action completed.</b></p>   |

| Recommendations:  | Action Plans:  |
|---|--|
| <p><b>4. Based on guidelines to be established by NHQ, that mechanisms be in place at the regional level to monitor the operational sites' level of compliance to Fire Safety requirements.</b></p> <p><b>Action: ACCS and RDCs</b></p> | <p><b>ACCS</b> – Technical Services will prepare and issue guidance to the regions identifying mechanisms for effective monitoring of Fire Safety requirements.<br/> <b>Target date: November, 2006</b></p> <p><b>RDCs:</b> The responses from the RDCs show support for this recommendation and a commitment to implement the guidelines that will be established by the ACCS. In some cases, action has already been taken at the regional level to ensure a more active monitoring of the Fire Safety program.</p>  |
| <p><b>5. That issues identified with respect to the delivery of the Fire Safety Program under shared services be reviewed and addressed.</b></p> <p><b>Action: RDCs</b></p>   | <p><b>RDCs:</b> Detailed action plans were received from each region indicating that shared services agreement will be examined to ensure that issues identified during the audit are addressed. Specific target dates were provided by each region.</p> <p>The only exception was the Pacific region where there are no instances of such agreements.</p>   |
| <p><b>6. That consideration be given to the development of National Training Standards for the Fire Safety Program.</b></p> <p><b>Action: ACCS in conjunction with ACHRM</b></p>  | <p><b>ACCS</b> –Technical Services is currently working with ACHRM to develop a number of National Training Standards for the Fire Safety Program. National Training Standards for Fire Safety Awareness, Fire Emergency Officer and Institution Fire Chief have been identified for implementation. ACCS will produce, in conjunction with ACHRM, National Training Standards for these areas for consideration by the Learning Committee and the National Human Resources Management Committee. <b>These will be recommended for implementation as part of National Training Standards. Target date: April 1<sup>st</sup>, 2007.</b></p> |

| Recommendations:   | Action Plans:  |
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| <p><b>7. That the Working Group proposed for the FSP examine the current results (MCF and audit) and identify how CSC can improve its performance in the delivery of fire drills and mock evacuations</b></p> <p><b>Action: ACCS</b></p> | <p><b>ACCS</b> - Changes to the frequency of fire drills have been incorporated into the updated Fire Safety Manual issued December 16, 2005 however the Fire Safety Working Group in consultation with HRSDC and other agencies, such as local Fire Departments, has been tasked to identify further areas to improve CSC's performance in the delivery of fire drills and mock evacuations. Recommendations of the working group will be completed by November 15, 2006. An additional Action item has been added to the tasks of the Fire Safety Working Group to identify areas for consultation with HRSDC and Treasury Board to ensure that CSC's unique fire safety challenges are recognized and appropriately addressed in policy. Where agreement cannot be reached with the external agencies, recommendations will be made to the Commissioner for further consideration. <b>Target date: November 15, 2006.</b></p> |
| <p><b>8. That action be taken to ensure that staff responsible for Fire Safety at RHQ obtain OMS generated incident reports so they can monitor institutional fire safety issues.</b></p> <p><b>Action: RDCs</b></p>                     | <p>Although this recommendation was directed to the RDCs for action, responses from the regions reflect that national direction is required. Consequently, work has taken place at the national level to address the issue. The Prairie Region initiated a pilot search of reported fire incidents in OMS for the first 11 months of FY 2005-06. Subsequent to this, consultation was held between Technical Services (NHQ) and Performance Measurement in March, 2006 to discuss the potential and feasibility of using OMS to gather fire loss incident information. Additional work to address the legal and security issues regarding OMS access as well as to streamline the fire loss reporting and follow-up process is expected to be complete by <b>October 1<sup>st</sup>, 2006.</b></p>   |
| <p><b>9. Regions monitor the timely implementation of action plans resulting from fire investigations/inspections.</b></p> <p><b>Action: RDCs</b></p>  | <p>Responses from the RDCs provided detailed action plans regarding the development and implementation of more formal monitoring processes to ensure more active monitoring in this area. Work is already underway in this regard. <b>In progress.</b></p>   |