



Multi-Agency Fire Safety Framework

May 2021

This document is designed to provide all frontline staff with guidance to support the effective management of fire risks within the home. It aims to provide an awareness to the key risk factors for individuals who have an increased vulnerability towards fire and the early interventions and control measures available to ensure such risks can be managed in the most effective way.

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1. Purpose of this Framework

The purpose of this document is to provide all frontline staff and other professionals who are responsible for delivering care and support services with support and guidance for the effective management of fire risks within the home or residential setting. It aims to provide an awareness to the key risk factors for individuals who have an increased vulnerability towards fire, an understanding of the impact this vulnerability can have on neighbouring occupants or other residents, and the early interventions and control measures available to ensure such risks can be managed in the most effective way.

2. Introduction

This Multi-Agency Fire Safety Framework has been developed in partnership with the four Safeguarding Adult Boards in Hampshire and the Isle of Wight and has been endorsed by all members of the 4LSAB Fire Safety Development Sub Group.

The Care Act 2014 establishes that safeguarding is everybody's business with Local Authority, Police and NHS partners playing a key role in preventing, detecting, reporting and responding to abuse, neglect or exploitation. Partners must find ways of helping people to protect themselves and ways of protecting those least able to protect themselves.

Hampshire and Isle of Wight Fire and Rescue Service (HIWFRS) is committed to working in collaboration with partner agencies to reduce the risk of accidental fire from occurring, and ultimately the protection from harm to adults with needs of care and support, family members or other occupants. It is recognised that many partner agencies who are responsible for providing health or social care support services may be presented with opportunities to identify significant risk factors with regards to fire safety within the home environment.

Following a recent review of fire deaths that have occurred within the Hampshire, Portsmouth, Southampton and Isle of Wight areas, it was identified that the likelihood of a person with care and support needs being either killed or seriously injured in a domestic dwelling fire is disproportionately high compared to the rest of the population.

It is envisaged that through a partnership approach, early intervention and the use of this Multi-Agency Fire Safety Framework, all 4LSAB partner agencies can effectively manage fire risk and therefore reduce the likelihood of fire related deaths or injuries within the Hampshire and Isle of Wight areas.

This document is intended as an overarching framework and so it is the responsibility of respective organisations to develop more detailed workplace guidance around its implementation.

3. Vulnerability Risk Factors

In partnership with the Hampshire Adults Safeguarding Board Strategic Partnership, Hampshire and Isle of Wight Fire and Rescue Service conducted a comprehensive analysis of all fire deaths and incidents of which resulted in 'life changing' injuries that had occurred over a three-year period throughout the Hampshire, Portsmouth, Southampton and Isle of Wight Local Authority areas. The findings of this analysis identified several 'common' vulnerability risk factors in each of the cases reviewed. These factors consisted of the following:

- The person (an individual's physical abilities / cognitive impairments)
- Their behaviours
- Their living environment.

This analysis provides strong evidence to support the view that these vulnerability risk factors are intrinsically linked when assessed against an individual's vulnerability to fire, and therefore a holistic, person centred approach is required to ensure fire risk is considered both in terms of the person **AND** the environment in which they live.

Included in the table below, are a number of the vulnerability factors that were identified from cases researched within Hampshire and Isle of Wight Fire Death Analysis. It is important to note that this table is not an exhaustive list of all vulnerability factors and that the severity of some of these factors may vary on a 'day to day' basis.

Fire Risk – Vulnerability Factors subject to continuous review		
Person	Behaviour	Environment
Older Person	Careless smoking practices	Multiple Ignition Sources
Frailty	Alcohol misuse	Living alone
Poor Physical Health	Drug misuse	Smoke alarm not present
Poor Mobility	Self-neglect	Smoke alarm not working
Poor Mental Health	Hoarding	Hoarding
Dementia	Lack of engagement with Services	Oxygen use
Cognitive Impairment	Suicidal	Inability to raise an alarm
Sensory Impairment	Poor cooking practices	Evidence of previous fires
Unable to self evacuate		

These factors enable professionals and practitioners to undertake an assessment of the risk of each vulnerable person.

If one or more of the vulnerability factors are present then a person-centred fire risk assessment should be completed, and a Safe and Well referral to Hampshire and Isle of Wight Fire and Rescue Service should be considered.

Simply put, the more ticks against the vulnerability factors -the greater the risk and more protection the person will need to reduce the risk of fire.

4. Person Centred Fire Risk Assessment

In order to ensure an individual's vulnerability to fire is continuously managed, professionals and practitioners should consider the use of the 'Person at Risk' Fire Risk Assessment as detailed in Appendix 1. The risk assessment should be completed and reviewed in accordance to an individual's care plan arrangements.

Where it is identified a person's vulnerability to fire has increased or the current control measures do not sufficiently reduce risk, a new referral for Safe and Well intervention should be completed as detailed in section 5.

5. Residential Care Homes

Personal Emergency Evacuation Plans (PEEP's)

Whilst many people with care and support needs wish to and are able to facilitate their own escape, there may be a significant number of people in premises that provide care who have cognitive and/or mobility impairments and are only able to move or react adequately with assistance from carers or staff. These will include residents who are confined to their bed and receiving medical interventions by way of attached medical devices.

It may be determined, following a fire risk assessment, that the current levels of assistance available, along with the layout, construction and travel distances mean that the evacuation of residents may not be possible within an acceptable timeframe. In these circumstances, Responsible Persons should consider additional methods and facilities to ensure those residents' safety is assured. An Institution of Fire Engineers registered risk assessor or fire engineer will be qualified to offer comprehensive advice. (www.ife.org.uk)

Where people with care and support needs (residents, employees and visitors) are accommodated, work in, or use the premises, their needs should, so far as is practicable, be discussed with them. These will often be modest and may require only changes or modifications to existing procedures. However, in some cases, more individual arrangements involving the development of 'Personal Emergency Evacuation Plans' (PEEPs) may need to be considered. Any PEEP developed for residents may need to be incorporated into the individual's care plan.

Smoking

Carelessly discarded cigarettes and other smoking materials are a major cause of fire. A cigarette can smoulder for several hours especially when surrounded by combustible material. Many fires are started several hours after the smoking materials have been emptied into waste bags and left for future disposal. The control of smoking in care homes is very important particularly for residents with certain types of care and support needs. Smoking policies must be practical but must also recognise the human rights of residents and their lifestyle choices. The risk assessment must take into account residents who wish to smoke in their own rooms or residents who smoke that are confined to their bed and cannot access designated smoking areas.

Residential Care Home providers should consider operating a safe smoking policy in designated smoking areas and prohibit smoking elsewhere. Suitable signs should be displayed throughout the premises that inform people of the smoking policy and the locations where smoking is permitted. Smoking in fire hazard rooms (e.g., laundries and storerooms) and protected routes (e.g. lobbies, stairways) must be prohibited. In areas where smoking is permitted, deep and substantial ashtrays should be provided to help prevent unsuitable containers being used. Ashtrays should be emptied daily into a metal waste bin and removed from inside the premises. It is dangerous to empty ashtrays into plastic waste sacks which are then left inside for disposal later. Regular inspections should be carried out in all areas, particularly smoking permitted areas once these areas have been vacated at night.

Safe Smoking Risk Assessment

An individual risk assessment should be carried out for every resident who chooses to smoke as part of their overall care plan. The risk assessment should include clear instructions for the staff who will be caring for the resident, including whilst lighting the smoking material, during the period of smoking and for the safe extinguishing of the smoking material.

A sample of a Safe Smoking Risk Assessment is included in Appendix 2

Residential Care Homes Guidance

Further guidance and support for fire safety within Residential Care Homes can be accessed via the links below:

www.gov.uk/government/publications/fire-safety-risk-assessment-residential-care-premises

www.hantsfire.gov.uk/safety/the-workplace/fire-safety-law

6. Hampshire and Isle of Wight Fire and Rescue Service – Fire Safety Interventions

Safe and Well Visits

Safe and Well is a person centred home fire safety visit based upon an individual's health needs, behavioural factors and home environment. Through interactions with people in the home, Hampshire and Isle of Wight Fire and Rescue Service are able to provide advice, support and guidance to individuals (including partner agencies responsible for providing care and support services), in the reduction and management of presenting fire risks.

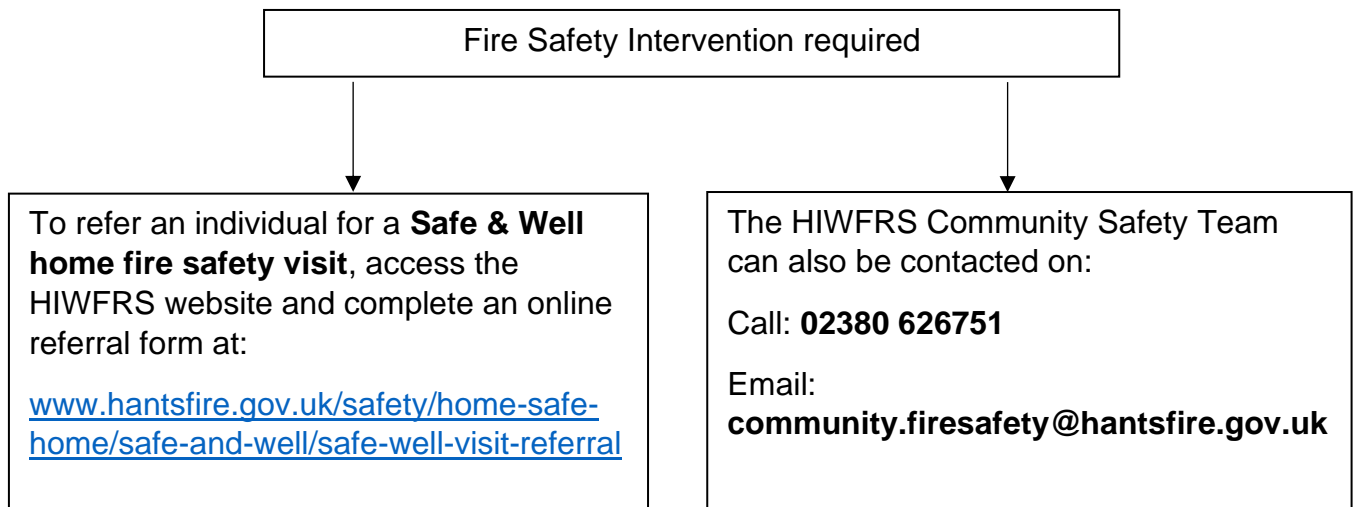
During a Safe and Well visit, Hampshire and Isle of Wight Fire and Rescue Service will:

- Assess fire safety in every room in the property
- Identify and make occupants aware of the potential fire risks in their home
- Make sure occupants know what to do in order to reduce or prevent these risks
- Discuss a night-time routine that will help keep occupants safe at night
- Help put together a household escape plan
- Ensure occupants have working smoke alarms, install where necessary, and advise on maintenance and testing
- Issue fire retardant bedding, furniture throws and nightwear where needed
- Give basic advice on topics such as falls prevention and smoking

The person conducting the Safe and Well visit may identify a need for advice, support or intervention from other agencies. In such cases, the Fire and Rescue Service will engage with the individual to adopt a 'multi agency approach' and may share information and work collaboratively with other 4LSAB partner agencies in order to reduce risk.

Some risks may be identified that will need to be recorded against the property to ensure the most appropriate emergency response can be provided. For example, a high level of hoarding, threats of arson or the storing of firearms. This will also provide attending Fire and Rescue Service personnel with key information such as the most likely location of the occupant, any physical or cognitive impairments or other domestic risks which could impact the safety of responding emergency personnel or the ability of the occupant to self-evacuate.

7. How to refer to Hampshire and Isle of Wight Fire and Rescue Service:



8. Mental Capacity Considerations

When we are working with an individual, the appropriate position should always be to assume the mental capacity of the person to make their own decisions. However, where there are concerns about whether a person may lack the mental capacity to make a specific decision, then a mental capacity assessment should be undertaken. When a person lacks the mental capacity to make decisions about their fire safety, such decisions must be made on their behalf in their best interests, or through a Lasting Power of Attorney or Deputy. Fire and Rescue representation should be requested at any multi-agency risk management meetings where best interests' decisions are being discussed and considered in relation to fire safety matters.

If an individual has capacity and refuses a Safe and Well visit, agencies should consider the level of risk being presented to the individual and others and ensure appropriate safeguarding arrangements are implemented.

This may include, sharing domestic risk information with Hampshire and Isle of Wight Fire and Rescue Service, arranging Safe and Well visits in neighbouring properties, or initiating the Multi Agency Risk Management Framework to explore all other risk management interventions, and to develop a collaborative action plan with partner agencies to maximise the safety of the individual and others around them.

Further information and local guidance on Mental Capacity can be accessed via:

www.gov.uk/government/publications/mental-capacity-act-code-of-practice

Or visit the 4LSAB websites for further support:

www.hampshiresab.org.uk

southamptonlsab.org.uk

www.portsmouthsab.org.uk

www.iowsab.org.uk

Appendix 1

Multi-Agency 'Person at Risk' Fire Risk Assessment

Responsible Agency:	
Risk Assessment completed by:	
Date completed:	
Service Users name:	
Address:	

Date of review		Note: The risk assessment should be completed and reviewed in accordance to an individual's care plan arrangements.
Assessors signature		

Area	Risk Assessment	Yes	No	Comments
Smoke Alarms give the earliest warning of fire – please check.	Are there smoke alarms on each floor of the property? Guidance note 1	YES	NO	
	Test these – do they work?	YES	NO	
	Is there a Telecare/community alarm?	YES	NO	
	If there is a Telecare/community alarm – is it linked to a Telecare smoke alarm?	YES	NO	
Smoking – a major contributor to fire deaths	Are there signs of burns on carpets, furniture, bedding or clothing?	YES	NO	
	Are there carelessly discarded cigarettes on floor?	YES	NO	
	Are there lighters/matches in reach of young children?	YES	NO	
Alcohol/ substance misuse and prescribed medication.	Are there indications of alcohol misuse?	YES	NO	
	Are there indications of substance misuse?	YES	NO	
	Is the person medicated to help them sleep? Guidance note 2	YES	NO	
Sensory impairment	Does the person have a sensory impairment?	YES	NO	
	Can the service user hear the alarm if they aren't wearing hearing aids (if required).	YES	NO	
	Does the person with a sensory impairment have additional fire protection equipment e.g vibrating pads etc	YES	NO	
Disability – physical or mental health including dementia.	Would the disabilities affect the person's ability to understand the sound of the smoke alarm?	YES	NO	
	Would the disabilities affect the person's ability to raise the alarm?	YES	NO	
	Would the disabilities affect the person's ability to escape from the property? Guidance note 3	YES	NO	

Area	Risk Assessment	Yes	No	Comments
Hoarding greatly increases the fire loading	Are there flammable materials stored near to ignition sources?	YES	NO	
	Are there dangerous or highly flammable materials being stored?	YES	NO	
	Are exit routes blocked?	YES	NO	
General home safety.	Is there previous history of fires? Guidance note 4	YES	NO	
	Is there any threat of arson?	YES	NO	
	Are there overloaded electrical sockets? Guidance note 5	YES	NO	
	Are there electrical/gas appliances in a poor or dangerous condition? A build up of fat and grease can cause a fire. Guidance note 6	YES	NO	

RISK areas where YES OR NO is highlighted in **RED** have been selected on this form require the risk assessor to consider how these risks will be minimised.

Once this risk assessment has been completed, if any additional concerns regarding the persons vulnerability to fire have been identified , a new referral to Hampshire and Isle of Wight Fire and Rescue Service should be submitted.

How to make referral for a Safe and Well Visit:

- For Hampshire, Portsmouth, Southampton and the Isle of Wight , please visit the HIWFRS website and complete the online referral form at:

www.hantsfire.gov.uk/safety/home-safe-home/safe-and-well/safe-well-visit-referral

Multi- Agency 'Person at Risk' Fire Risk Assessment – Guidance Notes

Guidance Note 1

Smoke Alarms – Are the smoke alarms fitted to the ceiling? As a minimum there should be one alarm per floor, but consideration should be given to rooms presenting high fire risks i.e bedbound occupier, evidence of burn marks, hoarding.

Guidance Note 2

Consider any condition that may mean the service user forgets / leaves cooking unattended for extended periods or could allow them to fall asleep whilst smoking.

Guidance Note 3

Think about at night when it is dark – is it locked with a key and would the user be able to insert the key if they were panicking? Do they have the dexterity to unlock the door?

Guidance Note 4

What caused the previous fire? Does this highlight potential risks?

Guidance Note 5

Are there enough plug sockets in the property? Does the service user plug an extension lead into another extension lead? Are wires exposed within the cables?

Guidance Note 6

Domestic deep fat fryers are usually manufactured with a thermostatic control to prevent a fire starting in the machine. If the service user uses a normal frying pan or saucepan, this would present a higher risk.

Additional Guidance

Emollient Creams: Residue from emollient creams can build up on fabrics, such as clothing or bedding, and cause them to catch fire more easily.

Air Flow Mattress: Smoking in bed is a high risk activity which increase further when using an air flow mattress.

APPENDIX 2

SAFE SMOKING RISK ASSESSMENT

RESIDENT: ROOM NO:	D.O.B:
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Circle Yes or No Answers

1. COGNITION AND CAPACITY

**1.1 Does the resident experience any cognitive impairment?
If yes, please circle related impairment** **YES** **NO**

Memory	Visual Processing	Body Awareness	Communication
No concordance with care and advice	Decision Making	Awareness of hazards	

1.2 Is the resident able to understand and communicate the risks associated with smoking? **YES** **NO**

1.3 Are there any concerns that the resident may lack the mental capacity to make an informed decision on the risks of not wearing a smoking apron? **YES** **NO**

2. COMMUNICATION

**2.1 Does the resident have any identified communication impairment?
If yes, please circle related impairment** **YES** **NO**

Speech	Language	Sight	Hearing
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2.2 Is the resident able to raise an alarm if there is a problem when smoking?

Indoors	YES NO
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Outdoors	YES	NO
3. PHYSICAL ABILITY		
3.1 Does the resident experience difficulties with balance when smoking? If yes, please circle related impairment		
Sitting	YES	NO
Standing	YES	NO
3.2 Does the resident experience any involuntary or repetitive movements while smoking?		
	YES	NO
3.3 Is the resident able to safely and securely hold a cigarette?		
	YES	NO

4. SMOKING TECHNIQUE		
4.1 Is the resident able to use a lighter safely to ignite a cigarette?		
Observations outcomes – Please circle		
• Holds lighter safely?	YES	NO
• Can control lighter and flame?	YES	NO
4.2 Can the resident safely control and manage a lit cigarette and when being extinguished?		
Observations outcomes – Please circle		
• Alert / Aware at all times?	YES	NO
• Has drowsy / sleepy episodes?	YES	NO
• May forget they are smoking?	YES	NO
• May burn own clothes, furniture etc?	YES	NO
• Use an ashtray safely?	YES	NO

5. CLINICAL RISKS

5.1 Is the resident prescribed oxygen (cylinder or concentrator)

YES NO

5.2 Does the resident have any paraffin or petroleum based creams or ointments, sprays or oils applied (including lip balms)?

YES NO

5.3 Is the resident prescribed sedatives, hypnotics, analgesics or psychiatric medications?

YES NO

- Extinguish a cigarette safely?

YES NO

6. CLOTHING AND SOFT FURNISHING

6.1 Are there historical burn marks on residents' clothing / blankets etc

YES NO

6.2 Does the resident consent to wearing a smoking apron?

YES NO

7. RISK MANAGEMENT

7.1 Identified Risk Areas

Risk areas where YES or NO is highlighted in **RED** have been selected on this form, require the risk assessor to consider how these risks will be minimised.

All RED responses to be considered for inclusion in residents smoking care plan.

7.2 Smoking Supervision

Supervision must be provided for all residents who have been assessed as unsafe to smoke independently. Following completion of this risk assessment, the assessor must decide on the level of supervision required to ensure residents safety and to minimise risk hazard(s)

Supervision Levels

(Circle chosen supervision level)

Level 1:	1 to 1 Supervision	Staff member to be in attendance at all times in designated smoking area.
Level 2:	Frequent	Staff member to observe resident frequently in designated smoking area.
Level 3:	Occasional	Staff member to check on occasions during every smoking episode in designated smoking area.

All issues agreed in 7.2 MUST be recorded in residents smoking care plan

7.3 Has the resident been offered advice and / or support about smoking cessation?

YES NO

8. FINAL DECISION

8.1 Resident is safe to smoke in the care homes designated areas subject to agreed level of supervision

YES **NO**

8.2 The agreed level of supervision is:

1 to 1

Frequent

Occassional

8.3 The resident has agreed to wear a smoking apron .

YES **NO**

8.4 Resident would like to smoke at specified times of the day (write specified times during day).

AM:	PM:
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This is agreed in accordance to the current home staffing levels at requested times of smoking

8.5 Resident requires assistance to smoke (please circle relevant need)

1. Assistance to light cigarette
2. Smoking materials to be stored safely by staff
3. To have smoking apron applied
4. Assistance to be taken to designated smoking area

All issues agreed in 8.1, 8.2, 8.3, 8.4 and 8.5 MUST be recorded in residents smoking care plan.

8.6 Resident is assessed as **safe** to smoke at this time **YES** **NO**

8.7 Where a mental capacity assessment has been undertaken and it has been demonstrated that a resident lacks capacity to make or understand this decision and continues to want to smoke, a 'Best Interest Decision' must be made and recorded. This should include evidence of multi-disciplinary involvement whilst taking the residents choice in to account and exploring alternative solutions (Please record in 'Best Interest Decision' section)

8.8 Evidence of discussion with family NOK / advocate of smoking risk and smoking risk assessment care plan

Signature(s)	Relationship to Resident	Date

RISK ASSESSMENT APPROVALS

Risk Assessor Signature	Job title	Date
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Home Managers Signature	Date
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RISK ASSESSMENT REVIEWS

Review Date	Was a change identified	Section Amended (Circle Number)	Additional Details	Sign and Print Name
	Yes - No	1 - 2 - 3 - 4 - 5 - 6 - 7 - 8		
	Yes - No	1 - 2 - 3 - 4 - 5 - 6 - 7 - 8		
	Yes - No	1 - 2 - 3 - 4 - 5 - 6 - 7 - 8		
	Yes - No	1 - 2 - 3 - 4 - 5 - 6 - 7 - 8		

'BEST INTEREST' DECISION

List of Attendees	Relationship to Resident	Attendees Signature
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List Discussion Points	
'Best Interest' Decision Made	
Chairs Signature	Date

* Adapted from NHS Lewisham CCG / London Borough of Lewisham – Guidelines on Risk Assessment in Care Homes

Appendix 3

Fire Risk – Vulnerability Factors subject to continuous review		
Person	Behaviour	Environment
Older Person	Careless smoking practices	Multiple Ignition sources
Frailty	Alcohol / Drug misuse	Living alone
Poor Physical Health	Drug misuse	Smoke alarm not present
Poor Mobility	Self neglect	Smoke alarm not working
Poor Mental Health	Hoarding	Hoarding
Dementia	Lack of engagement with Services	Oxygen use
Cognitive impairment	Suicidal	Inability to raise an alarm
Sensory Impairment	Poor cooking practices	Evidence of previous fires
Unable to self evacuate		

