



Warwickshire Fire and Rescue

Fire Safety Guidance for Professionals and Carers who work with people with Care and Support Needs

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Introduction

As part of the Warwickshire Fire and Rescues Services (WFRS) strategic vision to make the Warwickshire the safest place to live, we have produced a series of initiatives, training packages and guidance documents, aimed at those working with and or supporting those members of the community with care and support needs.

Warwickshire Safeguarding Adults Partnership Board, Serious Case Review, Warwickshire Safeguarding Adults Board - Safeguarding Adult Reviews, Public sector organisations have a duty under the Care Act 2014 to work effectively and in partnership to ensure that individuals can continue living independently, safely in their own home for as long as possible.

Fire Service data analysis concludes that casualties of accidental dwelling fires who are in receipt of care and support, are more likely to be severely injured or die as a result of the fire.

Additionally, WFRS Serious Incident reviews (SIR), have identified a need for the risk and vulnerability for fire to be integral to the initial and ongoing individuals care plan, this should also include a responsibility to monitor and review any change of circumstance that affects that risk.

To help achieve this, it is essential that fire safety is included in any care plan and those involved with the care provision fully understand how best to reduce any risk.

The aims and objectives of this document and associated learning provides information in the following areas: -

- Identifying risk and vulnerability to fire
- The importance to include the risk of fire at initial assessment and care plan design
- When and how to refer to WMFS including what support and services are available

We trust this document will help raise awareness to the correlation of those living independently in their own home with care and support needs and any potential fire risk that this may pose.

The term 'own home' includes those people who live in Sheltered Housing with Care and Housing with Extra Care Schemes

Identifying Risk and Vulnerability to Fire

The following are characteristics and vulnerability to fire that you may see or become aware of, combinations of these characteristics will escalate the risk to an individual.

Smoking within the property

A high percentage of injuries and fire deaths are from fires caused by smoking. Indicators fire risk associated with smoking include:-

- Burns on carpets, furniture, bedding and clothing
- Evidence of smoking in bed
- Carelessly discarded cigarettes or matches
- Overflowing ashtrays
- Lighters or matches within the reach of children

Physical Impairment/Limited Mobility/Reduced Manual Dexterity

A person with a physical impairment or limited mobility is not necessarily at greater risk unless a fire occurs.

If a fire should occur, they may be slow or unable to vacate the property in a safe and timely manner.

Reduced manual dexterity may increase the likelihood of a fire, particularly from smoking or other household activities.

For individuals who are bed dependent or bariatric, in the event of a fire, escape may not be an option.

The biggest risk to these individuals is from smoke inhalation.

Drug and Alcohol Dependency/Misuse

May increase the likelihood of a fire, particularly from smoking, or other household activities, such as cooking because its effects inhibit the ability to make safe decisions. It also affects the ability to recognise and respond appropriately in case of a fire.

Use of prescribed medication

Prescription medication can increase the risk of a fire starting particularly if the individual is a smoker.

It can inhibit the ability to vacate the property in a safe and timely manner.

This is because it is either designed to, or has side effects, that relax or create calmness, and to help people to sleep.

Mental Ill Health

Mild mental illness with minimal medical intervention does not necessarily increase risk to fire.

More serious diagnosed conditions may lead to stronger medication, and more propensity to consume alcohol, non-prescription drugs and smoking.

In some more serious conditions symptoms can include fire setting behaviours.

Dementia

Dementia is a progressive brain disease that means a person's ability to make rational cognitive decisions will become more challenging the further along the journey they are.

Some of the specific risks and vulnerabilities to fire that the condition creates are:-

- Leaving cooking unattended or putting things on cookers or in microwaves that shouldn't be there.
- Understanding the sound of the smoke detector in the event of a fire and taking appropriate action
- Not recognising the property they live in, can inhibit their ability to exit in a safe and timely manner, in the event of a fire.

Disorganised living - Hoarding Behaviours

Hoarders generally increase fire loading within a property. The hoard can block exit routes which would reduce the ability to exit in a safe and timely manner, in the event of a fire

It affects firefighters ability to tackle the fire because it makes the fire more intense and makes it more difficult to make a rescue

The content of the hoard may include hazardous or highly inflammable materials and be located close to ignition sources such as gas fires or cookers

Heaters and Open Fires

Warwickshire Fire and Service is aware of a number of injuries and fire deaths relating to inappropriate use of portable heaters and / or poor regard to being in close proximity to an open fire, (gas, electric or solid fuel).

Learning Disability

The risk factors are similar to those who live with dementia:-

- The disability may inhibit their ability to make safe decisions
- They may not remember or retain safety information which could affect their ability to respond to fire and exit in a safe and timely manner.
- Due to their vulnerability they may be inappropriately befriended by individuals who undertake risky activities such as taking drugs, smoking and fire setting in their home.

Sensory Impairment

A person's hearing impairment does not in isolation make them more at risk of fire.

Should there be a fire without the correct type of smoke detection they are more likely to die or be injured.

Smoke detection should where possible include low frequency sounders, flashing strobes and vibrating pillow pads.

Where the individual resides in sheltered type accommodation consideration should be given to how the alarm system links to the individual's smoke detector.

A visual impairment in isolation does not make an individual more at risk of fire. With appropriate adaptations everyday household tasks can be carried out safely for a person with a visual impairment because they cannot see smoke, a working smoke detector and escape plans are particularly important as is the need for clear escape routes.

Inappropriate use of or unsafe electrical appliances

There is a greater risk of fire from damaged or overloaded electrical sockets.

Faulty electric blankets can also be a common cause of fire

Use of cheap electrical chargers and appliances which do not comply with British/European safety standards greater increase the risk of fire. Always use the correct charger for the equipment/appliance.

Risk is also associated with combustibles such as clothing or newspapers/magazines being placed over or too close to electrical equipment and sockets

A woman with blonde hair, wearing a dark top, is kneeling on a light-colored floor. She is looking down at a child who is sitting on the floor. The child is wearing a light-colored long-sleeved shirt and dark pants. There are several toys on the floor, including a music box with a musical note icon and the word "Music" on it, and some colorful blocks. The background is slightly blurred, showing what appears to be a room with a window and some furniture.

Air flow mattresses overlays and cushions

Dynamic-flow pressure relieving mattresses (and overlays placed on top of standard mattresses) are provided for the prevention and treatment of pressure ulcers to people who spend extended periods of time in bed.

The mattresses/ overlays are filled with air via a pump. These systems use dynamic controlled air pressure cells to constantly adjust the mattress/overlay in response to the person's needs

If the mattress is punctured and loses air, the pump reacts by increasing the flow of air produced, increasing the risk of death or injury as it fuels a fire. The mattress pump also contains a battery back- up so if the electricity supply fails, the pump continues to discharge compressed air.

Emollient creams

Emollient creams are applied to the skin to treat conditions such as eczema / psoriasis. Their use is common for people who spend extended periods of time in bed due to illness or impaired mobility

Many emollient creams are paraffin based and the use of such creams can result in bedding, dressings and clothing becoming impregnated with paraffin.

These items can easily ignite when brought into contact with naked flames i.e. smoking, candles, gas fires and cookers

Non oil or paraffin based emollient creams should be considered.

Incontinence Pads

Older people and those with severely reduced mobility are at greater risk due to the flammability of incontinence care products. This could also affect the ability to exit a fire incident in a safe and timely manner.



Use of medical oxygen

Oxygen is highly explosive when exposed to naked flame or dirt and grease.

Medical oxygen use is often associated with smoking related lung diseases and users often continue to smoke.

The oxygen rich atmosphere stays within clothing and furnishings creating an increased risk of rapid fire spread which is a particular risk for smokers.

The presence of medical oxygen cylinders poses a risk to fire fighters and the user in the event of a fire because the heat from the fire may cause the cylinders to explode.

Living alone

Analysis of accidental house fires shows that people who live alone are more at risk from fire. (This is likely to be because one or more of the risk and vulnerability factors above are present.)

Does the property have a working smoke detector?

Smoke detectors do not prevent a fire from occurring. They provide the earliest possible warning, in the event of a fire, to give the best possible chance of exiting the property safely.

Fire and Rescue Services recommend that all homes have a working smoke detector on each level

Fire Risk Assessment and Care Planning

Assessment and Review

WFRS recognises that there are many variations across agencies and sectors in the types of assessments and reviews of care and support needs undertaken.. Therefore the term assessment and review is used in this guidance to cover:-

- Assessment and Review processes as defined in the Care Act 2014
- Continuing Health Care Assessments and Reviews
- Domiciliary and Home support planning and reviewing processes
- Hospital Discharge planning processes
- Occupational Therapy assessments/reviews

Where risk and vulnerability to fire has been identified, with service user consent, professionals and carers should make Safe and Well visit referrals to Warwickshire Fire & Rescue Service (WFRS) even if the person being assessed does not meet eligibility/thresholds criteria for care and support.

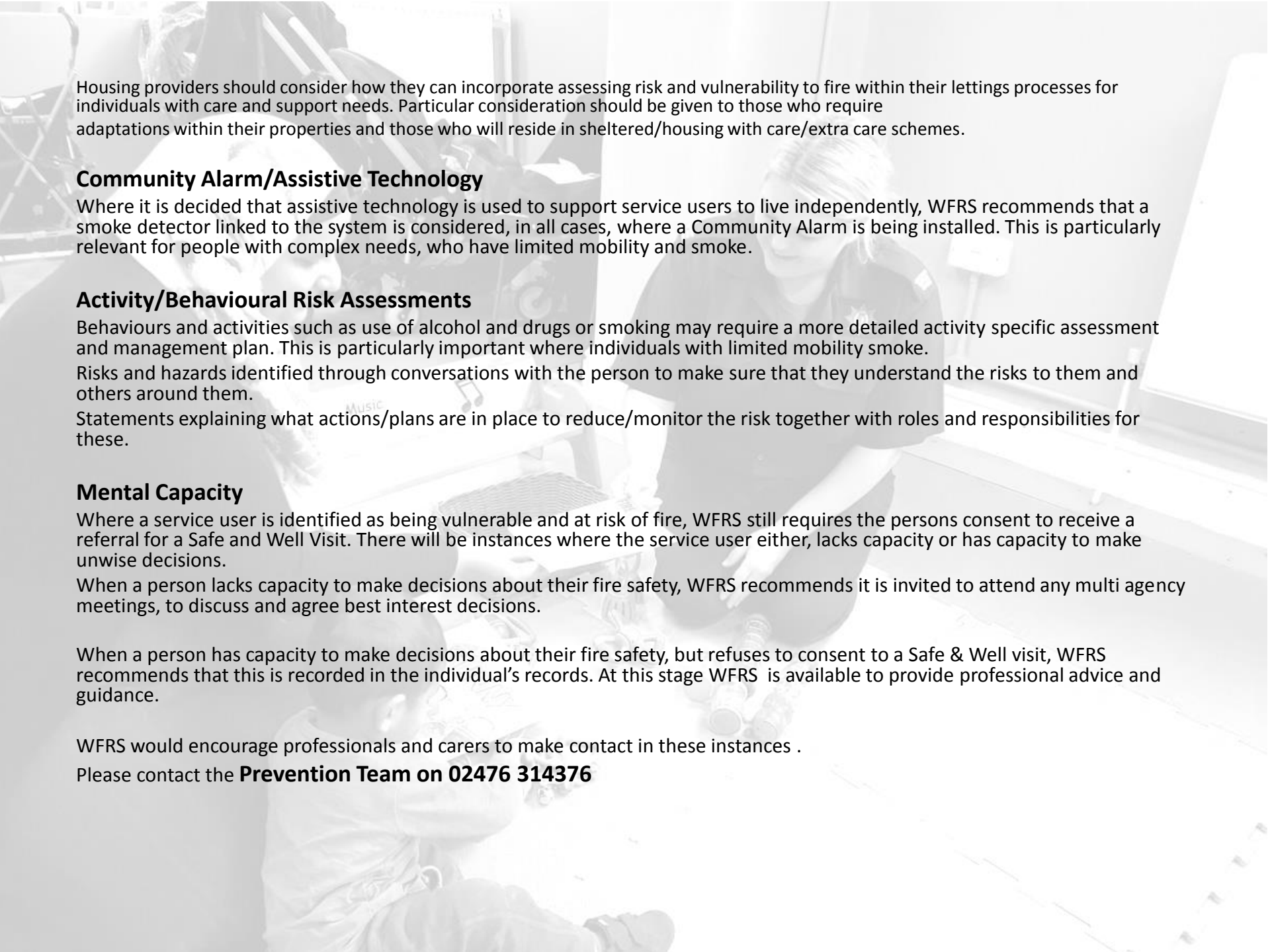
If any of the risks and vulnerabilities are present and/or the person does not have a working smoke detector then WFRS strongly recommend that a referral to WFRS for a Safe & Well Visit is made.

WFRS requests that on receipt of this guidance you make referrals using the following methods

- Use the following URL <http://v.ht/OMH4>
- Or visit <https://www.warwickshire.gov.uk/firesafetycheck>

For more information or to ask questions please contact the Prevention Team

- on 02476 314376
- Email cfs@warwickshire.gov.uk



Housing providers should consider how they can incorporate assessing risk and vulnerability to fire within their lettings processes for individuals with care and support needs. Particular consideration should be given to those who require adaptations within their properties and those who will reside in sheltered/housing with care/extra care schemes.

Community Alarm/Assistive Technology

Where it is decided that assistive technology is used to support service users to live independently, WFRS recommends that a smoke detector linked to the system is considered, in all cases, where a Community Alarm is being installed. This is particularly relevant for people with complex needs, who have limited mobility and smoke.

Activity/Behavioural Risk Assessments

Behaviours and activities such as use of alcohol and drugs or smoking may require a more detailed activity specific assessment and management plan. This is particularly important where individuals with limited mobility smoke.

Risks and hazards identified through conversations with the person to make sure that they understand the risks to them and others around them.

Statements explaining what actions/plans are in place to reduce/monitor the risk together with roles and responsibilities for these.

Mental Capacity

Where a service user is identified as being vulnerable and at risk of fire, WFRS still requires the persons consent to receive a referral for a Safe and Well Visit. There will be instances where the service user either, lacks capacity or has capacity to make unwise decisions.

When a person lacks capacity to make decisions about their fire safety, WFRS recommends it is invited to attend any multi agency meetings, to discuss and agree best interest decisions.

When a person has capacity to make decisions about their fire safety, but refuses to consent to a Safe & Well visit, WFRS recommends that this is recorded in the individual's records. At this stage WFRS is available to provide professional advice and guidance.

WFRS would encourage professionals and carers to make contact in these instances .

Please contact the **Prevention Team on 02476 314376**

Information Sharing

WFRS recommends that wherever possible consent is gained from the service user and for the referrer to be present, during the Safe and Well Visit. This provides the best opportunity for a coordinated and shared approach to supporting the individual to reduce or manage their risk.

Where this is not possible, following a Safe and Well visit, WFRS will leave a booklet called 'Fire Safety In The Home' detailing basic fire safety messages.

Where the service user refuses consent for WFRS to share information but WFRS considers that the person is at significant risk to fire (life risk to self and others), WFRS will, in the best interests of the service user, share all relevant information relating to the risk with the referring agency.



WFRS Safe and Well Check

A Safe and Well Visit is a person centred home visit to identify the person's risks and vulnerabilities to fire. The personnel carrying out the visit will be operational firefighters. They will provide support and guidance, the aim of which is to reduce the risk and vulnerability.

This may include recommendations for resources, adaptations and equipment, for example, fire retardant bedding for an individual who smokes in bed.

When conducting a Safe and Well Visit, WFRS will always carry their Identity card, and service users should always ask to see this before providing access to undertake the visit.

During the visit, where they are required, WFRS will correctly site and install standard smoke detectors on each level of the property or refer to the Prevention team for a specialist alarm for the hard of hearing.

The Safe and Well visit also includes discussions about general safety in the home, for example risk of slips, trips and falls, home security, smoking cessation and winter warmth. WFRS has the facility to make referrals that will help to prevent, reduce and delay care and support needs where the person feels this would be beneficial, such as to Age UK, Warm & Well in Warwickshire, etc and this is done with their consent.

On receipt of a Safe and Well visit referral WFRS will:-

- Make an appointment, with the named contact to carry out a Safe and Well visit
- Liaise with and support the service user, and referring agency if after the visit this is required.

To refer

- Use the following URL <http://v.ht/OMH4>
- Or visit <https://www.warwickshire.gov.uk/firesafetycheck>

For more information or to ask questions please contact the Prevention Team

- on 02476 314376
- Email cfs@warwickshire.gov.uk

Resources, Adaptations and Equipment

There are many resources, adaptations and equipment that are commonly recommended by WFRS during a Safe & Well Visit. Some of these will be supplied free of charge to the user.

At times some resources may need to be provided by the user, there are many manufacturers with a wide range of equipment, fire retardant clothing and soft furnishings, and other equipment, to help reduce risk and vulnerability to fire. Which WFRS would be happy to advise on.

Some examples of the commonly recommended resources, adaptations and equipment:, this is not an exhaustive list-

- **Hearing impaired smoke detector-** For people with a hearing impairment drug & alcohol, dependency or misuse. People on prescription medication
- **Low frequency sounder smoke detector-** For people with a hearing impairment, drug & alcohol dependency, or misuse
People on prescription medication
- **Fire retardant bedding pack (Duvet, pillow, duvet cover, pillow case and fitted sheet) Fire retardant throws and rugs Fire retardant smoking apron Galvanised metal bucket (with damp sand in the bottom For safe disposal of cigarettes) -** For people who smoke in armchairs, on settees etc
- **Letterbox protectors-** Is fitted to the inside of a front door over the letterbox where there is a risk of arson related anti social behaviour or domestic abuse
- **Fire guards -** Fitted over open fires or heaters to reduce possible contact by person or combustible items

Workforce Training

In order to be able to identify, assess, refer and mitigate the risk and vulnerability to fire, the workforce that engages with people with care and support needs must be able to:-

- Understand who is at risk and vulnerable to accidental fires in the home
- Identify behavioural, health, lifestyle and environmental risks
- Understand how and why these risks increase vulnerability
- Be able to identify when to make a referral to WFRS for a Safe & Well Visit for service users that are at risk and vulnerable to accidental fires in the home
- Incorporate the recommendations from the Safe & Well Visit into care and support planning and review processes and understand the resources available to mitigate risk and vulnerability to fire.
- WFRS recommends that agencies design and deliver training to their workforce that incorporates the objectives above.
- The information contained in this guidance could help provide the foundation to develop the content for the training session.

What does risk and vulnerability look like ?

- Hoarding behaviours



- Burn marks from smoking

- Risk from Cooking habits



- Faulty Electric blankets

- Smoking habits and risk



- Hoarding and overloaded sockets.