

Fireco

Compliance Made Easy

**Everything you
need to know
about fire safety
in care homes**



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1

Key challenges



Care homes are at high risk of fire and their fire safety procedures need to be more complex than in other residences.

For care home residents, emergency evacuation is not as straightforward as 'just head for the nearest fire exit'. Residents are often less mobile; they may use walking sticks or wheelchairs, or be unable to walk without assistance. It can be a struggle for many to move around easily.

Care home residents could be bed-bound, suffering from dementia or another mental health problem, hard of hearing, or unable to move without assistance. Vulnerable people may have a slower reaction time to fire alarms. Confusion and forgetfulness can lead to cigarettes not being extinguished properly.

Added to this is the distress that a loud fire alarm can cause. Plans must be in place to ensure no occupant is trapped in the case of a fire, and staff need to be well trained to ensure they know exactly what to do if a fire does break out.

A 2016/17 government report found that

47% of all fatalities from fires in England were people aged 65 and over.

This makes the elderly **10** times more likely to die in a fire than younger people.

The most common cause of death was 'overcome by gas or smoke'.

2

Who is responsible?



The person in charge of fire safety in a business is known as the Responsible Person. This is the employer, owner of the premises or person who controls the premises. In a care home, the care home manager is usually the Responsible Person.



TIP If the Responsible Person does not have the time or expertise to do a fire risk assessment, they can appoint a Competent Person in their place, such as a professional risk assessor.

What are the duties of the Responsible Person?

- ✓ Take all reasonable fire safety precautions to ensure the safety of employees
- ✓ Carry out a fire risk assessment of the premises to be reviewed regularly
- ✓ Eliminate or reduce dangerous substances
- ✓ Make sure premises have appropriate firefighting and fire detection equipment
- ✓ Keep all routes to fire exits clear
- ✓ Carry out fire drills and have the right procedures in place
- ✓ Appoint enough people to manage fire safety, i.e. fire wardens (see page 7 for further information)
- ✓ If dangerous substances are used, make sure they are safely used and stored
- ✓ Maintain all fire systems, e.g. smoke alarms, fire alarms etc, so they are all in working order
- ✓ Communicate fire safety procedures to all employees and visitors
- ✓ Make sure all employees receive necessary fire safety training.

3

Fire risk assessments



A fire risk assessment is a legal requirement and needs to be regularly checked and updated. The fire risk assessment must show that reasonable precautions to protect residents and employees have been taken.

As care homes are high risk, it is important that the person that carries out the fire risk assessment has sufficient expertise in fire safety. A professional risk assessor might be required.

Five-step risk assessment checklist

1

Identify fire hazards

How could a fire start and what could burn? Keep sources of ignition and fuel apart.



Examples of sources of ignition:

- Smoking materials
- Electrical, gas or oil-fired heaters
- Lighting equipment
- Faulty electrical equipment

Indications of 'near misses' such as scorch marks on furniture or fittings, charred plugs or sockets, cigarette burns etc can help you identify hazards.



Examples of sources of fuel

Anything that burns is fuel for a fire.

- Flammable products such as cleaning and decorating products
- Toiletries, aerosols. Skins creams with paraffins are a particular risk and have been linked to fire deaths
- Laundry
- Paper products, packaging materials, books
- Waste products and storage

If a fire does break out, what measures are in place to keep it contained so it doesn't spread rapidly, putting people at risk? Make sure fire doors are not wedged or propped open as they need to be closed to prevent the spread of fire.

2

Identify anyone at risk

Everyone is at risk of fire, though some are more at risk than others, such as visitors to the building, or children. In a care home, there will be many residents that cannot evacuate easily. It is important that each individual's needs is addressed in a Personal Emergency Evacuation Plan (PEEP).

See page 11 for more details.

3

Evaluate, remove, reduce and protect from risk

Evaluate what you've learned in steps 1 and 2. What are the risks of a fire starting and what are the risks to people in the building?



Keep an eye out for these potential risks

- ✓ Fire doors are closing properly and are not wedged or propped open
- ✓ Fire extinguishers are present and in working order
- ✓ Dangers such as faulty electrical equipment or overloaded power sockets are dealt with
- ✓ Evacuation routes are clear of obstacles
- ✓ General housekeeping — anything can turn lethal if it comes into contact with the heat of a fire, so keep areas tidy to reduce this risk and keep people safe.

Remove and reduce risks — how can you avoid accidental fires? Take action to protect everyone in the building from fire.

4

Record, plan, inform, instruct and train

Keep a record of hazards and how you've reduced them. If a business has five or more employees, or a licence, by law they must keep a written record of their risk assessment. However it's a good idea for all businesses to keep a written record.



You need a clear plan of how to prevent fire and how you'll keep people safe if there is a fire. Ensure all staff know what to do in case of fire.

5

Regularly revisit the fire risk assessment in case it needs updating

Always keep your risk assessment under review. If anything changes, ensure you make a note of it in your plan, tell others that share the premises and re-train staff if necessary.



See the back of this e-book for a checklist to record your findings. Make sure you keep a copy of your risk assessment off-site as well.

4

Emergency planning, training and drills

Your emergency plan should include:



- ✓ How people will be warned if there is a fire
- ✓ What staff should do if they discover a fire
- ✓ How the evacuation of the premises should be carried out
- ✓ Individual needs/risks of each resident
- ✓ Identification and use of protected areas for horizontal evacuation*
- ✓ Procedures for delayed evacuation*
- ✓ Where people should assemble after they have left the premises
- ✓ Procedures for checking whether the premises have been evacuated
- ✓ Identification of key escape routes
- ✓ Arrangements for fighting fire
- ✓ The duties and responsibilities of specific staff
- ✓ Arrangements for the safe evacuation of people identified as being especially at risk, such as residents and others with disabilities, children and people working alone
- ✓ Any machines/appliances etc that need to be stopped or isolated if there is a fire
- ✓ Specific arrangements, if necessary, for high risk fire areas
- ✓ Contingency plans for when life safety systems, such as evacuation lifts, fire-detection and warning systems, sprinklers or smoke control systems are out of order
- ✓ How the fire and rescue services will be called and who is responsible for this
- ✓ Procedures for meeting the fire and rescue service on their arrival and notifying them of the location of any remaining residents and of any special risks, e.g. the location of highly flammable materials

*See pages 10-11 for an explanation of these terms

Fire training

It's important that all staff know what to do when the fire alarm sounds. What is the evacuation plan? Who are the fire wardens?

Spread out fire training throughout the year and ensure all staff have been trained in how to use fire extinguishers. All employees need fire safety training on their first day.



How many fire wardens are needed?

A care home is considered a high risk premises so the number of fire wardens recommended is as follows:

Fewer than 15 employees/residents — At least **one fire warden**

15-50 employees/residents — At least **two fire wardens**

For every additional **50** — One additional **fire warden**

It's important to remember that all shifts must be adequately covered, so you may have to nominate additional fire wardens to ensure there are enough fire wardens for each shift.

Fire drills

The law says that fire drills need to be done, as a minimum, once a year. However all employees must do a drill at least once a year, so you may need to do more than one if people are not in on drill day or if new employees are hired.



TIP Once a year is the bare minimum. It's best to do regular fire drills to test and finetune the evacuation process. Block a hallway or staircase before the drill to see if people know how to use a variety of routes to escape.

Fire drills need to be recorded in the fire risk assessment. If any particular risks or hazards are identified, these also need to be noted and steps taken to remove them.

Who should take part?

All occupants except those people who, on a risk-assessed basis, cannot be moved. A member of staff must remain with each resident that needs to remain in their room.

Fire alarm testing

Resident welfare needs to be taken into consideration when testing alarms. Ensure that the test is done at the same time every week and that residents are warned.

It is a requirement for care homes to have an L1 fire alarm system. This is an automatic fire detection system designed to cover the whole building, including unused areas such as roof spaces. L1 systems are designed to have the earliest possible warning of fire for everyone in the building. This is particularly important in care homes as residents will need more time to evacuate safely.

It's very important to stick to a fire alarm maintenance schedule to ensure the alarm system is in good working order.

Fire doors

Fire doors prevent the spread of smoke and fire and are a vital part of a building compartment.

A fire door is heavy, and needs to be closed to serve its purpose. If you are an elderly resident in a care home, closed fire doors can be isolating. They are difficult to open and can cause injury if they close too quickly. This might mean residents stay in their room as they are concerned about moving through a heavy door safely.

It might be tempting to prop or wedge a fire door open but this is dangerous. If a fire door is wedged open, it won't close in an emergency and fire and smoke will spread rapidly. This is particularly dangerous in care settings as residents will need more time to evacuate or will be unable to evacuate without assistance.



TIP You can hold your fire doors open legally and safely with certain devices which automatically release the doors to close when the fire alarm sounds. Some of these devices are known as 'free swing closers' which take the weight out of heavy fire doors.

Building regulations recommend taking the needs of residents into account when installing self closers on fire doors. The regulations state:

"In particular where self-closing doors could present an obstacle to the residents of the building then the following hardware in accordance with **BS EN 1155:1997** would be appropriate.

- Bedrooms — free swing doors closers
- Circulation spaces — hold open devices"

5

Evacuation strategy



The evacuation strategy must set out what action staff, residents and visitors should take in the event of a fire.

The strategy must take into account the number of residents, the structure and fire-resistance of the building materials and the realistic risks of fire starting and spreading in your building.

- ✓ The evacuation strategy must include arrangements for all current shift patterns, incorporating the appropriate staff cover available.
- ✓ The aim of the evacuation strategy is to enable residents and others to be evacuated to a place of relative safety as quickly as possible.
- ✓ The evacuation needs of each resident must be assessed individually and appropriate arrangements put in place (PEEPs).
- ✓ The evacuation strategy must include the arrangements for final evacuation of those who may have to use a bedroom as a temporary safe refuge. Bedrooms used as safe refuges must have other appropriate safety measures (excluding reliance on the Fire & Rescue Service).
- ✓ Arrangements must be tested through fire drills and with scenario training where the involvement of residents would NOT introduce unreasonable risk to the residents and/or staff.

It is essential that protective measures can hold back fire and smoke for a suitable length of time for the evacuation strategy to be fully implemented. The government guide for residential care premises says that “there should be no dependence on the Fire and Rescue Service to evacuate people; the evacuation strategy must be dependent only on factors which are within your own control”.

There are several methods of evacuation commonly used in care homes. Make sure your method of evacuation is designed by a competent person. Seek advice from your local fire service if you're unsure which method is best for your building and residents.

Single stage evacuation

This is used for residents, staff and visitors in the 'independent' category. With these people, it is reasonably expected that they can evacuate immediately without the need for assistance.

Progressive horizontal evacuation

In many care homes the evacuation strategy is progressive horizontal evacuation (PHE) which is carried out in stages. This means moving residents to safe parts of the building, away from the fire. This method is used if residents are bedbound, for example, and it is difficult to do a full evacuation.

PHE is dependent on passive fire resistance, i.e. walls, floors and doors need to be fire resistant so the fire does not spread.

Stage 1: Movement of those at most risk away from the fire, normally horizontally, to a place of relative safety i.e. an unaffected fire compartment.



What is a fire compartment?

To prevent the spread of fire, different sections of a building must be built as fire-resistant compartments. These will resist the passage of fire for a specified period of time. For the compartment to resist fire, walls, ceilings, floors and fire doors must be specially designed and built using fire-resistant materials.

Stage 2: Continuing progressive horizontal evacuation of residents to a subsequent place of relative safety. This stage includes evacuation downstairs and could, where necessary, lead outside the building. If evacuation aids such as evac chairs are used, make sure all staff are trained in how to use them.

Delayed evacuation

This process allows people to remain in their rooms while the fire is dealt with. This requires enhanced levels of structural protection — a bedroom needs to be its own individual compartment. This strategy also requires a suitable evacuation plan in case a full evacuation becomes necessary.

Things to think about when planning delayed evacuation:

- ✓ Limiting the number of delayed evacuation residents in any compartment.
- ✓ Locating delayed evacuation residents in various ground floor compartments, which have suitable opening windows.
- ✓ Locating residents in rooms adjacent to protected stairs so that travel distances (for evacuation from the compartment) are kept short and the protected stair exits lead directly to a place of safety.
- ✓ Locating all delayed evacuation residents in one ground floor compartment, ensuring that the risk of fire is reduced or eliminated (by removing ignition sources and any materials that can burn).

A Personal Emergency Evacuation Plan (PEEP) should be completed prior to the resident moving in to the care home. It should then be reviewed after approximately 14 days, once staff have got to know the resident. It should then be reviewed on an ongoing basis, every six months, or if there is a change to the resident's health, mobility, medication or behaviour.



TIP Set the fire alarm off and record each resident's response and reaction to it. In some cases, a loud continuous noise can provoke unexpected reactions including violent outbursts or even seizures.

If residents are smokers, a separate smoking risk assessment is important.

See the back of this e-book for a PEEP checklist template

What is silent evacuation?

A loud and startling fire alarm could cause physical or mental distress for frailer residents, particularly if they need to wait for help from a member of staff. Even if the noise does not cause panic, alarms sound frequently in care homes, so it may be difficult to work out exactly what the alarm is for.

In Europe, a silent evacuation system is often used. In this scenario, when an alarm is activated, staff are alerted with a pre-alarm notification system — either warning lights, or a messaging system that goes directly to phones. Staff then have three to five minutes to check the building for fire.

If it is a false alarm, the alarm is reset and no one is disturbed. If a fire is found, an evacuation button is pressed and staff can move occupants to safety or lead a full evacuation. As no loud alarm is necessary, it minimises upset and panic.

One of the benefits of a silent evacuation, is the reduction in false alarms. As residents are not initially aware of an alarm, staff can quickly assess whether or not there is a fire without residents being disturbed.

With the different evacuation strategies employed in care homes, removing the distress of a loud alarm for residents still on the premises can be greatly beneficial. A calmer environment will aid quicker evacuation or movement to a safer part of the building, reducing danger and distress to residents.

It is vital that fire is contained where possible. The European Confederation of Fire Protection Associations states in its guidelines for fire safety in care homes for the elderly: “If the resident or patient is not able to exit the apartment or treatment room quickly enough and that rescue by others in time is not possible, conditions must be prevented from becoming life-threatening by fitting a system to contain the spread of fire.”





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Deaf and hard or hearing residents

Deaf or hard of hearing residents will be unable to hear a fire alarm. It is important to have a plan in place to alert deaf and hard of hearing residents when the fire alarm sounds.

A system with flashing lights might be appropriate, or a vibrating device, text message service or pager system. If a particular member of staff needs to alert the deaf or hard of hearing resident, ensure they are aware of this and there is a plan in place if they are not at work that day.

Common sense is always useful when it comes to fire safety. If you see something that looks like a fire hazard, remove it, or speak to the person that can. Keep your risk assessment updated and ongoing and make sure everyone knows exactly what to do in an emergency. Knowledge and safety go hand in hand.



Further reading

Click one of the links below for more information

[Detailed analysis of fires attended by fire and rescue services, England, April 2016 to March 2017](#)

[Fire safety risk assessment: residential care premises](#)

[Additional Guidance for application to HM Government Guide to Fire Safety Risk Assessment Residential Care Premises](#)



1. Fire hazards

Have you found anything that could start a fire?

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Have you found anything that could burn?

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2. People at risk

Who could be at risk?

Who could be especially at risk?

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3. Evaluate and act

Have you assessed the risks of fire in your workplace?

Have you assessed the risk to staff and visitors?

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Have you kept any source of fuel and heat/sparks apart?

If someone wanted to start a fire deliberately, is there anything around they could use?

Have you removed or secured any fuel an arsonist could use?

Have you protected your premises from accidental fire or arson?

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How can you make sure everyone is safe in case of fire?

Will you know there is a fire?

Do you have a plan to warn others?

Who will make sure everyone gets out?

Who will call the fire service?

Could you put out a small fire quickly and stop it spreading?

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How will everyone escape?

Have you planned escape routes?

Have you made sure people will be able to safely find their way out, even at night if necessary?

Does all your safety equipment work?

Will people know what to do and how to use equipment?

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4 Record, plan and train

Have you made a record of what you have found and action you have taken?

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Have you planned what everyone will do if there is a fire?

Have you discussed the plan with all staff?

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Have you

Informed and trained people (practised a fire drill and recorded how it went)?

Nominated staff to put in place your fire prevention measures and trained them?

Made sure everyone can fulfil their role?

Informed temporary staff?

Consulted others who share a building with you, and included them in your plan?

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5. Review

Have you?

Made any changes to the building inside or out?

Had a fire or near miss?

Changed work practices?

Begun to store chemical or dangerous substances?

Significantly changed your stock, or stock levels?

Have you planned your next fire drill?

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Personal Emergency Evacuation Plan (PEEP)

This should be filled in by the care home manager or Responsible Person (if this is not the care home manager).

This document is a guide with examples of the type of questions you should be asking. Think about the needs of each resident and whether there are other questions you need to ask to build a tailored emergency evacuation plan.

Details of resident

Name of care home

Name of resident

Resident's bedroom number and floor level

Date resident moved to care home

Name of care home manager

Date of assessment

Information about resident

	Response	Action to be taken
Is the resident able to understand what action they need to take in the event of an emergency evacuation?		

Physical considerations

	Response	Action to be taken
In the event of evacuation, would the resident require a walking aid, wheelchair or evacuation mat to be able to leave their room and move to a place of safety?		
Can the resident be lifted without the use of a hoist?		
Does the resident suffer from strokes, cerebral palsy, muscular dystrophy, multiple sclerosis or similar condition that could affect their ability to evacuate without assistance?		
Is the resident's sight significantly impaired?		

	Response	Action to be taken
Is the resident's hearing significantly impaired?		
Is the resident receiving end-of-life care or are they physically frail to the extent that moving them for evacuation purposes could be potentially life threatening?		

Neurological considerations

	Response	Action to be taken
Does the resident suffer from Alzheimer's, dementia, Parkinson's disease, Huntington's Disease, Dyspraxia or other condition that would affect their ability to self-evacuate?		
Is the resident likely to attempt to leave the site in the event of a fire alarm?		
If the fire alarm is activated, is the resident likely to resist being moved?		
Does the resident suffer from conditions such as agoraphobia or similar condition that would hinder their movement?		

General medical issues

	Response	Action to be taken
Is the resident receiving medication that could affect their ability to evacuate with or without assistance?		
Is the resident attached to medical equipment that could delay or prevent their evacuation?		
Is the resident known to have a heart condition?		
Is the resident diabetic?		
Is the resident receiving oxygen therapy?		
Does the resident have asthma or a breathing condition?		

