Additional Guidance

for application to

HM Government Guide to Fire Safety Risk Assessment Residential Care Premises

Good Practice Guidance 2016

National Association for Safety and Health in Care Services
NASHICS

CFOA
CFOA Publications

Additional Guidance

agreed between the

National Association for Safety and Health in Care Services (NASHiCS).

and the

Chief Fire Officers Association (CFOA), Business Safety Group

for application to

HM Government Guide to Fire Safety Risk Assessment Residential Care Premises.

CFOA Publications

Valid from July 2016 - January 2019

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1. INFORMATION

The Communities and Local Government Guide to Fire Safety Risk Assessment for Residential Care Premises (**CLG Guide**) was published by HM Government to provide guidance regarding compliance with the Regulatory Reform (Fire Safety) Order 2005 (**FSO**).

The principle enshrined in the FSO is that residential care premises operators have a duty to ensure, as far as reasonably practicable, the safety of their employees, residents and other visitors.

They are to use a Fire Risk Assessment (**FRA**) approach to identify and control the fire risks in their premises.

NASHiCS members acknowledge the self-compliance aspect of the **FSO**, and recognise that the Fire and Rescue Service is the Enforcing Authority for the **FSO**.

2. PURPOSE AND SCOPE

As a result of holding discussions with members, **NASHiCS** set up the Fire Safety Working Group to examine a number of the issues raised and to establish practical methods of compliance.

The **CLG** Guide was produced to help residential care premises operators comply with the **FSO** by explaining the process of the **FRA**, suggesting control measures appropriate to residential care premises, and identifying some general fire precautions.

It is important to remember that the CLG Guide is NOT prescriptive but best practice; it should be read as a whole and not used selectively.

The **NASHiCS** Fire Safety Working Group identified some specific issues in the **CLG** Guide that seem to require some additional guidance in order to ensure full understanding by all concerned.

This document is designed to set out this additional guidance and deal with the following issues:

- evacuation of a protected zone in 2.5 minutes;
- rooms of residents unable to evacuate – upgrading to 60 minutes fire resistance;
- staff remaining with residents who are unable to evacuate;
- the use of external fire escapes by residents;
- the travel distance of evacuation routes;
- the use of by-pass routes.

The Fire Safety Working Group acknowledge that fire safety officers in England and Wales are governed by Regulators Code and make use of an Enforcement Management Model within their audit process in order to provide consistency of approach to the **FSO** and the use of the **CLG** Guide and other appropriate guidance. (Similar arrangements are in place within in devolved administrations).

NASHiCS welcomes these efforts and will work with the various operators and the Fire and Rescue Service to ensure compliance and continuing clarity and understanding of the complex issues involved in fire safety in residential care premises.

This **Additional Guidance** document has been published to provide Residential Care Premises operators with understanding of the **CLG** Guide and how it helps to ensure compliance with the requirements of the **FSO**.

Underlying principles:

- The safety of premises occupants is paramount;
- Staff training as regards awareness and reduction of the risk of fire and in evacuation strategies and techniques is vital;
- The risk of fire cannot be completely eliminated so measures must be in place to reduce the risk to as low as reasonably practicable; as required by the law;
- There should be sufficient levels of staff to effect the fire safety strategy (including evacuation strategy) for that premises;
- The fire safety strategy should always take account of the ability of the building to withstand the spread of fire and smoke travel.

3. RESPONSIBILITIES

Residential Care Premises operators are responsible under the **FSO** for identifying fire hazards, implementing appropriate controls, managing residual risks and ensuring staff are trained.
The key to this is making a suitable and sufficient assessment of the risks in case of fire and documenting the significant findings (what has been and what will be done to provide safety) and any persons identified as being especially at risk.

This should include:

- information on building - height, size, processes etc.;
- information on occupants (must record those especially at risk) - numbers, vulnerability;
- fire loss experience - previous history of unwanted fire signals (false alarms), enforcement action if prevalent;

- fire hazards and control measures - to prevent fire starting and spreading;
- fire protection measures – means of escape, means of warning, signage;
- management of fire safety policies, procedures, training, drills, testing, maintenance, records;
- assessment of risk;
- prioritised action plan – agreed by the Responsible Person.

The outcome of the **FRA** should include an assessment of the risks, and be the basis of the fire safety strategy (this includes the evacuation strategy that aims to protect the safety of people in the building).

Responsibilities of Residential Care Premises operators include ensuring buildings meet acceptable standards of fire and smoke protection in order to support the fire safety strategy, installing and maintaining suitable fire detection systems and emergency lighting and providing and maintaining adequate escape routes and fire exits.

4. ADDITIONAL GUIDANCE

(i) Evacuation of a protected zone in 2.5 minutes:

CLG Guide: It is acknowledged that in the event of a fire residents need to be moved as quickly as possible to a place of safety. The **CLG** Guide states that under normal operating conditions it should be possible to evacuate any given protected area in 2.5 minutes (CLG Guide, Section 4.1, p.69.)

Additional Guidance: In most cases a 2.5 min evacuation time is unlikely to be achievable, depending on the mobility status of residents and the numbers of staff available on some shifts (in particular on night shifts).

However, it should be noted that the **CLG** Guide states that the 2.5 min should be seen as 'a starting point upon which to make an assessment' and that longer evacuation times could be accepted, so long as every effort is made to reduce the time taken and the risk is mitigated by adjustment of **other appropriate factors**. **(CLG Guide, p.70).**

Other appropriate factors could include:

- Automatic Water Suppression Systems;
- Additional compartmentation;
- Additional staff;
- Reduced compartment sizes.

(This list is not exhaustive).

(ii) Rooms of residents unable to evacuate – upgrading to 60 minutes fire resistance:

CLG Guide: The **CLG** Guide states that in exceptional cases, it may not be possible to immediately move some residents to an adjoining protected zone or to a refuge **(CLG Guide, Section 4.1, p. 71).**

In these cases, a residents' room may need to provide a temporary refuge by being in itself a protected bedroom.

The **CLG** Guide goes on to say that a protected bedroom should be of 60 minutes fire resisting construction, with the escape route from the bedroom to a place of safety outside the building also having a higher level of protection.

It is further suggested that any resident left in a protected bedroom should be accompanied by a carer (see (iii) below).

Additional Guidance: In most care homes, it may be impractical to upgrade individual rooms (if the rooms have minimum 30 minutes fire resistance) ; however, if any alterations to fire precautions takes place then, subject to the outcome of the FRA, the compartmentation should be increased to 60 minutes.
In many care homes, compartmentation may be only 30 minutes and not the 60 minutes suggested. In such cases a survey should be undertaken and an upgrade programme documented and time scales given.

(iii) Staff remaining with residents who are unable to evacuate:

CLG Guide: The **CLG** guide states "Any resident who is initially left in a fire protected bedroom should be accompanied by a carer". **(CLG Guide, p. 71)**

Additional Guidance: Those staff on duty may be of most use in assisting the horizontal evacuation strategy, although consideration must be given to the distress this can cause to the resident.

It is expected that every effort will be made by Residential Care Premises Operators to reduce the risk to any person.
The following arrangements are examples of the efforts that must be made:

- In many care homes the evacuation strategy is Progressive Horizontal Evacuation **(PHE)** which will be carried out in stages.
  Stage 1 is movement of those at most risk away from the fire, normally horizontally, to a place of relative safety i.e. an unaffected fire compartment.
  Stage 2 is the continuing progressive horizontal evacuation of residents to a subsequent place of relative safety. This stage includes evacuation downstairs and could, where necessary, lead to a place of ultimate safety, outside the building.

- 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 that 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 **(PEEP's).**

- 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.

When a fire starts, it will grow with time and heat and smoke will rapidly make conditions worse to the point that the conditions will not support life. 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'.

Things can however go wrong during the evacuation e.g. a sprained ankle, a medical emergency, carers tackling the fire, manual handling, etc.

Appropriate contingency factors might include:

- 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 directly to a place of safety.
- Locating all delayed evacuation residents in one ground floor compartment, ensuring that the risk of fire is as far as reasonably practicable reduced or eliminated (by removing ignition sources and any materials that can burn).

These are only some suggestions. As stated above they should only be employed after a suitable risk assessment has been made, which considers all relevant factors. It is advisable to determine contingency plans in consultation with your local Fire and Rescue Service.

(iv) Use of external fire escapes by residents:

CLG Guide: The Guide states that external staircases should not normally be used for evacuating residents or members of the public **(CLG Guide, p. 91).**

Additional Guidance: It is obvious that the use of an external staircase as a main evacuation route may introduce more risks than the use of an internal route, and in most cases an internal route is preferable.

However, it is recognised that in some existing premises an external staircase may be an essential route in the evacuation strategy. In such cases it is understood that an external staircase may be used by residents and members of the public as an evacuation route.

To help ensure that this type of route is as safe as possible, it is essential that the operator can demonstrate that the external staircase can be used safely and that adequate maintenance is carried out on the staircase to ensure they remain stable, in good repair and non-slip. When the external staircase may have to be used during inclement weather or in winter months, weather protection must be considered. The result of the consideration should be recorded and reasonable actions should be taken when necessary.

(v) Travel distance of evacuation routes:

CLG Guide: The **CLG** Guide suggests a method of accurately measuring evacuation travel distances and suggests a range of safe travel distances **(CLG Guide, p. 76).**

Additional Guidance: Whilst the suggested safe travel distances in the **CLG** Guide are reduced from previous official guidance documents, the **CLG** Guide goes on to say that the travel distances may need to be flexible and are dependant upon a number of factors, including the mobility of residents and existing fire safety measures.

In residential care premises constructed or converted prior to the introduction of the **CLG** Guide, previously acceptable travel distances will continue to be acceptable if still appropriate according to risk assessment and supported by the **FRA**.

A review of evacuation travel distances must be included in any review of a **FRA**, always seeking to reduce the distance travelled wherever practicable.

Reviews of the Personal Emergency Evacuation Plan **(PEEP)** should take place if there are new residents, if residents move within the premises, or if the condition of residents' changes. The review of the **PEEP** should include an assessment of risks introduced by the residents **(Coroner Regulation 28: 2015).**

(vi) Bypass routes:

CLG Guide: The **CLG** Guide notes that bypass routes should not be provided through bedrooms **(CLG Guide, p. 89).**

Additional Guidance: A bypass route may be provided to ensure that no-one needs to pass through a protected stairway that is affected by fire to reach another stairway or evacuation route.

However, it is recognised that some existing residential care premises, constructed or converted prior to the introduction of the **CLG** Guide, a bypass route may lead through a bedroom. These cases might still be appropriate if it had been previously acceptable, depending on the outcomes of the risk assessment. Any necessary improvement works should be completed within appropriated time scales.

5. PERIOD AND REVIEW

It is agreed that this **Additional Guidance** document should be valid from 1st January 2016 for a period of three years before review, unless superseded in the meantime by an updated or revised **CLG** Guide.

A review of this document will take place at a time and venue to be agreed between the parties; the date to be no longer than three years from the date above. Any continuance of the document will be conditional upon it being agreed between the parties and for no longer than a further three years before further review.

COMMUNICATION STRATEGY

The communication regarding this document will take place through the **Lead Member of the group** nominated by the **NASHiCS** National Executive Committee and a nominated representative of **CFOA.**

APPENDICES:

APPENDIX 1 **National Association for Safety and Health in Care Services (NASHiCS)**
NASHiCS Fire Safety Working Group

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APPENDIX 1

National Association for safety and Health in Care Services (NASHiCS):

The National Association for Safety and Health in Care Services (**NASHiCS**) focuses on the many aspects of Health and Safety affecting the Care Sector.

It was formed in October 2004 from the National Social Care Health and Safety forum. Being formally constituted in June 2006 but existed under other names since 1996.

Its objectives are:

- **T**o promote and improve health and safety within care services;
- **T**o provide a forum for individuals and organisations involved in any aspect of health and safety;
- **T**o facilitate the exchange and sharing of information, experience and expertise;
- **T**o promote and encourage the development and adoption of the highest professional standards and codes of practice by formulating and publishing guidelines, policy papers and authoritative statements;
- **T**o encourage & commission research, study, dissemination of information & to publish results & findings;
- **T**o promote **NASHiCS** in all appropriate ways;
- **T**o establish and maintain communications and promote exchange of information with other organisations, government departments and agencies.
- **T**o carry out the business of **NASHiCS** in accordance with the principles of equality and opportunity.

For more information contact;

Email: administrator@nashics.org

Tel. No: 07840 160030

Web site: http://www.nashics.org/

Striving to promote excellence of safety and health in care services

Members of NASHiCS involved in the Fire Safety Working Group:

Steve McConnell, Dimensions (UK) Limited – Head of Health and Safety. Steve has over 9 years' experience in the Care Sector and over 18 years as a Health and Safety Manager.

Steve McConnell is the **Lead Member** of the working group.

Abbie McCrae, Royal Mencap Society – Senior Health and Safety Consultant, Abbie has over 10 years' experience in the Care Sector.

David Hulton, HC-One Limited - Health & Safety Manager. Many years experience including working with older persons, and with people who have a range of severe disabilities, learning difficulties and acquired brain injury.

David Vallender, Hampshire County Council – Head of Health and Safety for Adult Services. Over 10 years experience of the care sector.

The Group would also like to acknowledge the contribution made by:

Steve Manchester of the BRE for his valuable input and advice.

Paul Howes of the **Lincolnshire Fire and Rescue,** for his valuable input and advice in reviewing this document.

To contact the NASHiCS Fire Safety Working Group

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or

NASHiCS Administrator.
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APPENDIX 2

The role of the Care Quality Commission (CQC):

The Care Quality Commission (**CQC**) is the independent regulator of all health and adult social care in England.

Its aim is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people's own homes, or elsewhere.

The Commission ensures that essential common quality standards are being met where care is provided and we work towards the improvement of care services.

It promotes the rights and interests of people who use services and has a wide range of enforcement powers to take action on their behalf if services are unacceptably poor.

To contact the Care Quality Commission

http://www.cqc.org.uk/

APPENDIX 3

The nature of residential care premises:

A Care Home is “home” to the residents who live there, and as far as possible it needs to look and feel like home.

Residents will have varying levels of dependency, both physical and mental, and levels of dependency overall are generally increasing year by year.
Sleeping accommodation is provided, and this together with the vulnerable resident group makes fire safety a high priority area.

The objective of a care home is to provide residents with the support and care they need in a safe and secure environment whilst at the same time encouraging them to retain as much independence as possible.
Care home operators endeavour to strike the right balance between level of risk and quality of life.

The growth in the care home sector over the past few decades has been achieved partly through the conversion and extension of existing buildings, some of which are decades or centuries old but still provide comfortable, attractive accommodation.
These conversions and extensions would have gone through the appropriate building control approval which would deliver an appropriate fire safety standard.

Assessing Risk:

Good management of fire safety is essential to ensure that fires are unlikely to occur; that if they do occur they are likely to be controlled or contained quickly, effectively and safely; or that, if a fire does occur and grow, staff are able to ensure that everyone in the premises is able to escape to safety easily and quickly, or remain in a place of relative safety.

The **FRA** is an organised and methodical look at the premises, the activities carried out there and the likelihood that a fire could start and cause harm to those in and around the premises.

The **FRA** helps care home operators ensure that fire safety procedures, fire prevention measures, and fire precautions (plans, systems and equipment) are all in place and working properly, and the FRA should be suitable and sufficient to identify the measures that have been or will be taken to ensure the safety of relevant persons.

The **FRA** must be a living document, reviewed regularly and updated as circumstances change.

APPENDIX 4

The Role of the Fire & Rescue Service (FRS):

FRS is the main enforcer of the **Regulatory Reform (Fire Safety) Order 2005**.

FRS also has a duty under **Fire & Rescue Services Act 2004** to provide advice on Fire Safety.

FRS will not undertake **FRA** for responsible persons.

FRS recognises the vulnerability of people in residential care premises and this is reflected in their risk based inspection programmes.

FRS recognises the importance residential care plays in the community and wants to assist operators in meeting compliance.

The Chief Fire Officers' Association (CFOA)

CFOA is the professional voice of the **UK** fire and rescue service, supporting its members to fulfil their leadership role in protecting our local communities and making life safer through improved service delivery.

CFOA provides professional advice to inform government policy and is committed to developing both strategic and technical guidance and sharing notable practice within the wider **FRS**.

Membership of the Association comprises almost all the senior management of fire and rescue services in the United Kingdom. **CFOA** is the driving force in managing change and implementing reforms in the service.

To contact CFOA

http://www.cfoa.org.uk/

CFOA Business Safety Group (BSG)

The **BSG** was set up to bring together fire safety regional representatives to share working practices and discuss issues and concerns relating to the enforcement role of Fire and Rescue Services with regard to the Regulatory Reform (Fire Safety) Order.