



Toolkit for UK Fire and Rescue Services

Seven steps to prevent smoking-related fires

Introduction

Smoking is one of the top causes of accidental dwelling fires in the UK. Nationally, it remains the top cause of accidental fire deaths.

The National Fire Chiefs Council (NFCC) is committed to creating safer, healthier and more resilient communities. In support of this, it is considered that work to prevent smoking-related fires will contribute to reducing casualties, fatalities and material losses arising from fires.

This NFCC toolkit will assist UK fire and rescue services (FRS) to prevent smoking-related fires. To do this, it recommends seven steps that FRS can take and a suite of 'tools' to help enable the steps. The toolkit is aligned to the [Smoking-Related Fires and Tobacco Control component](#) of the [NFCC Person-Centred Framework for the Home Fire Safety Visit](#).

Scope

The toolkit supports FRS to prevent **accidental** fires caused by smoking materials and associated paraphernalia such as matches and lighters. Whilst these are also an ignition source in some deliberate fires, preventing deliberate fires is not within the scope of the toolkit. The toolkit does not include guidance on electronic-cigarettes and fire safety but does promote vaping as a safer alternative to smoking.

Definitions

Smoking materials: Items that can be smoked such as cigarettes, cigars, pipes, tobacco etc.

Smoking-related fire: A fire where the ignition source is a cigarette lighter or smoking material, such as cigarettes, cigars, pipes or tobacco.¹

Tobacco control: A coordinated, comprehensive approach to reduce smoking prevalence and the harm caused by tobacco.

¹As defined in IRS Help and Guidance, DCLG, March 2012. Fires started with matches are not included in the definition, as they are classified separately in IRS guidance.

The seven steps

[Step one: Establish aims, objectives, and an evaluation plan](#)

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[Step four: Adopt the Hierarchy of Risk Control](#)

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Step one: Establish aims, objectives, and an evaluation plan

Step one is to establish aims and objectives and how you plan to evaluate progress against them. It is important to do this from the outset and to benchmark the starting point so that you are able to measure impact.

Aims and objectives

It is acknowledged that individual FRS will establish their own aims, but a simple example is ‘to reduce smoking-related fire incidents, injuries and deaths.’ Once you have established your aim, or aims, identify measurable objectives that will contribute to their achievement.

Evaluation

An evaluation plan will assist you to evaluate progress against your aims and objectives. The evaluation plan should set out the details of your evaluation, including what will be evaluated, how you will measure progress or success against your aims and objectives, and timescales for completing the evaluation.

NFCC is developing guidance on evaluation methods for UK FRS, which, when published, could be used to support your evaluation of work delivered to reduce smoking-related fires.

Tool 1 provides examples of objectives to support the aim ‘to reduce smoking-related fire incidents, injuries and deaths.’ It provides examples of prevention activities that can assist in contributing to achieving the objectives, and performance indicators to support monitoring and evaluation. Further details about plotting and delivering prevention activities are provided in steps three - seven.

Tools to support step one

Tool 1 - Example objectives and performance indicators

Objective	Data sources / Performance indicators
Reduce the number of accidental smoking-related fires incidents by x% (insert timescale).	<ul style="list-style-type: none">Number of accidental smoking-related fire incidents. Data can be sourced from the Incident Recording System (IRS), where ‘Smoking Related – Cigarette lighter’ or ‘Smoking Related – Smoking materials’, have been recorded in response to question 8.4 What was the source of ignition?
Reduce the number of accidental smoking-related fire injuries by x% (insert timescale).	<ul style="list-style-type: none">Number of accidental smoking-related fire incidents resulting in injury. Data can be sourced from the Incident Recording System (IRS), where ‘Smoking Related – Cigarette lighter’ or ‘Smoking Related – Smoking

	<p>materials', have been recorded in response to question 8.4 What was the source of ignition?</p>
<p>Reduce the number of accidental smoking-related fire fatalities by x% (insert timescale).</p>	<ul style="list-style-type: none"> • Number of fatalities in accidental smoking-related fire incidents. Data can be sourced from the Incident Recording System (IRS), where 'Smoking Related – Cigarette lighter' or 'Smoking Related – Smoking materials', have been recorded in response to question 8.4 What was the source of ignition? • Fatal fire investigation reports.
<p>Improve the knowledge, skills and confidence of staff delivering smoking-related fire safety advice and interventions (insert timescale).</p>	<ul style="list-style-type: none"> • Smoking-related fire safety guidance is published / accessible. Staff know where to find it. • Number of staff trained to deliver in accordance with guidance. • Quality of Home Fire Safety Visit records (smoking section). • Number of signposts and referrals made to smoking cessation support (recorded in Home Fire Safety Visits or other interventions.) • Number of Very Brief Advice (VBA) interventions delivered to smokers, recorded in Home Fire Safety Visits or other interventions. • Smoking-related fire safety advice delivered (quantity and quality). • Smoking-related fire risk reduction equipment provided (during Home Fire Safety Visits or other interventions). • Staff consultation and feedback.
<p>Increase awareness of smoking-related fire risks and associated safety advice amongst smokers (insert timescale).</p>	<ul style="list-style-type: none"> • Number of Home Fire Safety Visits delivered to smoking households. • Number of Home Fire Safety Visit self-referrals for smoking households. • Number of visitors to, and/or views of, smoking-related fire safety webpages. • Analytics of social media activity about smoking-related fire safety.

	<ul style="list-style-type: none"> • Number of smoking-related fire safety leaflets distributed to the public. • Smoking campaign outputs/outcomes. • Smoking-related community fire safety education outputs/outcomes. • Public consultation and feedback.
<p>Increase awareness of smoking-related fire risks and associated safety advice amongst people who provide care and support to smokers (insert timescale).</p>	<ul style="list-style-type: none"> • Number of Home Fire Safety Visits delivered to third party referrals for smoking households. • Number of visitors to, and/or views of, smoking-related fire safety webpages. • Analytics of social media activity about smoking-related fire safety. • Number of smoking-related fire safety leaflets distributed to partner organisations. • Smoking campaign outputs/outcomes. • Training delivered to partner organisations on smoking-related fire safety and how to refer smokers for a Home Fire Safety Visit. • Partner consultation and feedback.
<p>Support the reduction of smoking prevalence (to reduce fire risk and improve public health).</p>	<ul style="list-style-type: none"> • Performance against 'Ask and Offer' to tobacco control alliances. • Outcomes/outputs from partnership working with Stop Smoking Services and other tobacco control partners, including outward signposts and referrals and delivery of VBA.

Step two: Understand the risk

Step two is to understand the risk relating to smoking-related fires within your area. Analysis of fire data, extracted from the Incident Recording System (IRS) and fatal fire reports, will assist FRS to understand the risk. Smoking prevalence data can also be of use.

Smoking-related fire data analysis

When commissioning data analysis, establish the time period for which the data is required and request that the data is split into smoking-related fire incidents, injuries and deaths. You will need to specify whether your interest is in all fires, accidental fires, or accidental dwelling fires.

Effective data analysis will assist you to understand the nature of the risk, develop key fire safety messages, identify at-risk groups, and make decisions on the best ways to reach and support them.

Smoking-related fire data for analysis, analysis could include;

- Information about the source of ignition (such as cigarette lighter or smoking materials)
- Information about cause (such as careless handling - due to sleep or unconsciousness
careless handling - due to careless disposal, careless handling - due to knocking over)
- Information about location (locality, property type, location of origin)
- Information about when incidents occur (time of day, day, month, season)
- Information about household occupancy type (lone person, couple, family)
- Information about victims (age, gender, ethnicity, other profile factors)
- Information about other risk factors at play (clutter, substance misuse, mobility, mental health, home oxygen therapy, other human factors)
- Information about smoke alarm ownership and activation

Smoking prevalence data

Using external data will help you to understand groups within your community where smoking prevalence is high. This provides another option, alongside any conclusions drawn from internal data analysis, when targeting prevention activity and advice at those who will benefit from it the most. Ask partner organisations or the local tobacco control alliance (discussed further in Step five) if they are able to provide local smoking prevalence data or insight. Alternatively, data can be accessed via the Office for National Statistics – Adult Smoking Habits in the UK. (See Tool 2).

Tools to support step two

Tool 2 – Smoking prevalence data

[Adult smoking habits in the UK – Office for National Statistics](#) link to ONS website

Step three: Plot a programme of activity

Step three is to plot a programme of activity to prevent smoking-related fires and deliver your aims and objectives.

The Prevention Pyramid

The Prevention Pyramid can assist FRSs to plot an effective, efficient programme of activity to prevent smoking-related fires. It promotes the delivery of activity across three levels: universal, community and individual level. Figure 1 shows the Prevention Pyramid, populated with examples of recommended activity. Tools 3, 4, 5 and 6 have been provided to support delivery of the activity.

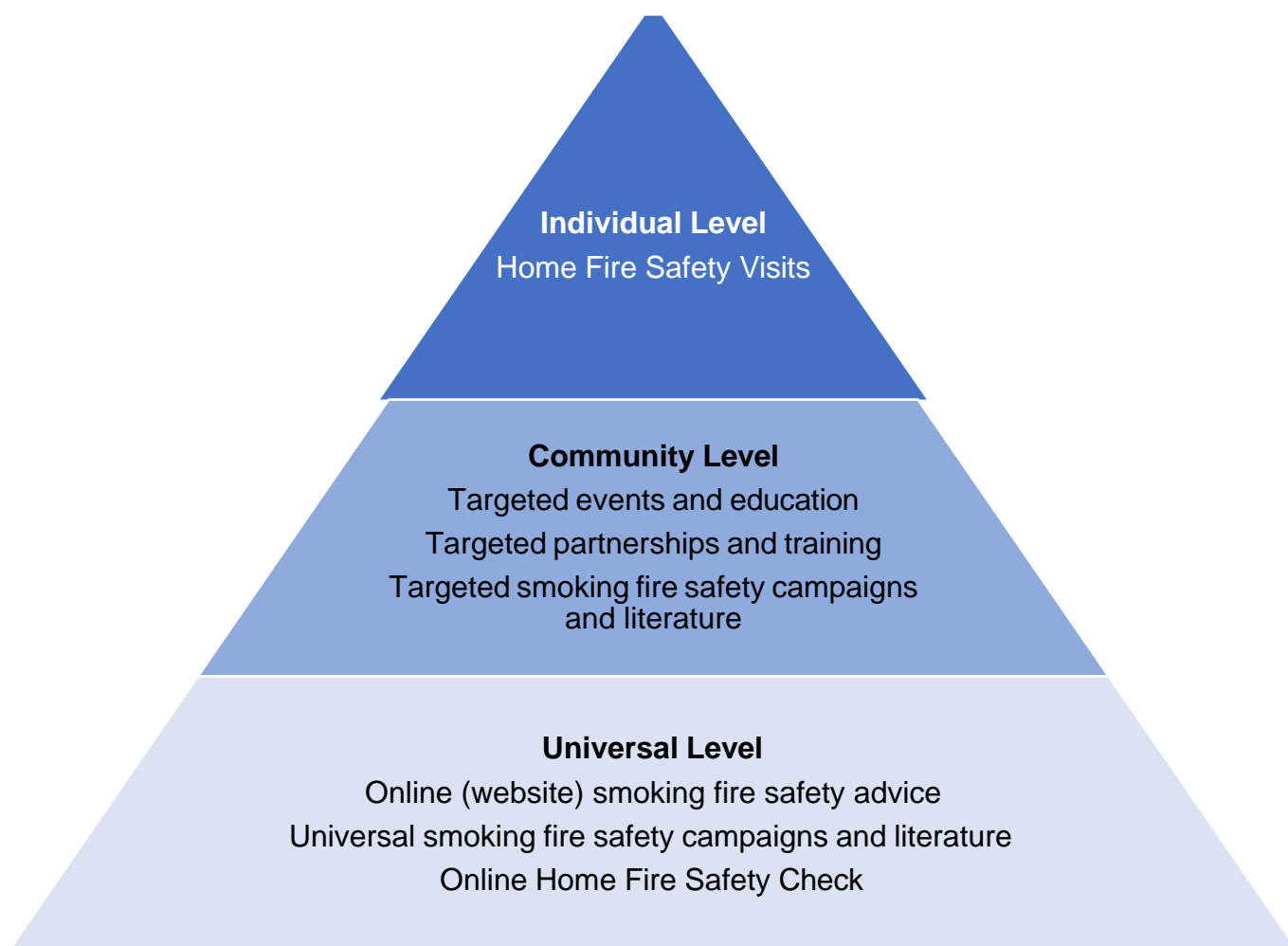


Figure 1 Prevention Pyramid

Universal level activity

Activity delivered at **universal level** is provided to everyone in a defined population, in this case all smokers, using cost-effective methods that reach a wide audience.

Recommended activities include providing advice for all smokers on your website, making smoking-related fire safety literature widely available and delivering fire safety campaigns to benefit all smokers. FRS should look to support national smoking fire safety campaigns such as Fire Kills, NFCC Home Fire Safety Week and Stoptober.

In addition, NFCC recommend that FRS consider onboarding with NFCC's 'Online Home Fire Safety Check', which provides facility for people to self-assess their home fire safety and receive associated advice. Onboarding will assist your service to provide a universal offer of home fire safety advice, including smoking safety advice, to all smokers. Tool 6 is the onboarding form.

For most people, universal advice and interventions will be sufficient to support safe smoking behaviours. However, some require more targeted, intensive support at community or individual level.

Community level activity

Activity provided at **community level** is provided to at-risk communities within the defined population, in this case at-risk groups of smokers. It usually costs more per head than activity delivered at universal level but it is important for engaging groups that require something more than a universal approach can provide.

Target groups can be identified using smoking-related fire data and smoking prevalence data. Groups may include smokers who use illicit tobacco, home oxygen therapy, emollients, drugs, or alcohol, or those with memory impairment, mobility problems or cluttered living environments. You may also consider targeting smokers in a particular geography or groups known to have higher smoking prevalence such as routine and manual workers.

Recommended activity includes targeted fire safety campaigns and distribution of smoking-related fire safety literature to groups of smokers that will benefit most, including at Station Open Days or other internal or external events.

At community level, the development of partnerships with organisations that work with smokers is key. It will improve your access to smokers, better enabling the delivery of prevention advice and education to them and the professionals who provide services to them. Guidance on working in partnership is provided in Step five.

Individual Level Activity

Activity provided at **Individual Level** is provided to at-risk individuals (in this case individual smokers). Though more costly, it provides personalised interventions for those who are most at risk and will not necessarily benefit from, or respond to, lower-level approaches on the pyramid.

Individual level activities are delivered to individual smokers (or households) whose risk of fire is increased by personal, environmental, or behavioral factors.

Home Fire Safety Visits provide an opportunity to deliver prevention activity at this level by offering person-centred advice and interventions to individual smokers. Step six in this toolkit provides guidance on providing effective Home Fire Safety Visits to smokers.

Tools to support step three

Tool 3: Smoking-related fire safety messages

Fire safety messages that can be used wholesale, or in part, across your activity.

Messages

The best way to reduce the risk of a smoking-related fire in your home is to quit smoking. Alternatively, switch to vaping or only smoke outdoors. Help and support to make changes is available from local NHS services or by calling the NHS Stop Smoking helpline for free on 0300 123 1044.

If you're not ready to quit, switch or go smokefree, follow the fire safety advice below.

- Stub your cigarettes out properly – Put it out, right out.
- Don't leave a lit cigarette, cigar or pipe lying around. They can easily fall over and start a fire.
- Use a proper, heavy ashtray, never a wastepaper basket.
- Make sure your ashtray can't tip over and is made of material that won't burn.
- Keep a small amount of water in the bottom of your ashtray to make sure your cigarettes have definitely been extinguished when you stub them out.
- Dispose of your cigarettes carefully.
- Ensure that the contents of ashtrays are cold before they are emptied into a suitable bin outdoors. Putting water on ashes or butts is a good idea.
- Take extra care if you smoke when you're tired as it's easy to fall asleep with a cigarette burning and set your bed, sofa or clothes on fire.
- NEVER smoke in bed.
- Don't smoke if you've taken medication, drugs/alcohol that make you tired or drowsy. If you do smoke in this situation, take extra care or smoke outdoors.
- Never smoke or let anyone else smoke in the same room as someone using home oxygen therapy or where home oxygen therapy is stored.
- Never smoke on, or near to, an air-filled pressure relieving mattress or device.

- Don't smoke if you, or anyone near you, is using emollient creams in contact with skin, clothes, dressing or bandages.
- Keep the area where you smoke clear of combustible materials.
- If you're smoking outdoors, ensure your cigarettes are extinguished properly. Dispose of them safely and don't drop them onto dry grass or other vegetation.
- Always keep matches and lighters away from children.
- Buy child-resistant lighters and matchboxes.
- Never smoke illegally manufactured cigarettes. They don't comply with fire safety regulations. So, whilst no cigarette is completely fire-safe, regulated products have thin bands of less-porous cigarette paper along the length of the cigarette, which help to extinguish it if the smoker doesn't continue to smoke the cigarette. To avoid illegal tobacco, buy known brands that come in dull, plain packaging, carrying a picture and text health warning and a 'UK Duty Paid' mark. Legal packs contain a minimum of 20 cigarettes. Buy from a reputable retailer and avoid cheap prices or buying from pubs, clubs, car boot sales, online or on the street.
- Take precautions when using or storing cigarette lighter fluid - it is highly flammable and can even be flammable when dry.
- Always keep cigarette lighter fluid away from heat sources and flames and ventilate any area where you are using it.
- Clean up any spills promptly with an absorbent cloth and soap and water, wearing protective gloves, face mask and eye protection. If you spill lighter fluid on the clothes you are wearing, change and wash your clothes as soon as you can.
- Fit a minimum of one smoke alarm on every floor of your home and a heat alarm in your kitchen. Test your alarms at least monthly. Working smoke alarms can buy you valuable time to get out, stay out and call 999.

Additional advice for carers and those providing services to smokers

- Support the smoker to make a quit attempt, switch to vaping or have a smokefree home. This is the best way to prevent a smoking-related fire.
- Support the smoker to understand and follow fire safety advice. For example, if they are unable to extinguish cigarettes properly, make sure they are supervised when smoking and assist them to put their cigarettes out.
- Include and record smoking-related fire safety in your risk assessments and care planning. Involve the person you are supporting in decisions about their smoking-related fire safety.

- Ensure the smoker has smoke and heat alarms that meet their needs and that they are able to test their alarms at least monthly. If they are unable to do so, test their alarms for them or identify someone who can do this for them.
- If the smoker would be unable to escape in the event of a fire, or activating alarm, identify and implement solutions (such as assistive technology, like Telecare).
- If you are involved in decision making about the provision of accommodation for people who are unable to respond without assistance in the event of a fire, consider smoking status in your decision making. Ground floor accommodation will reduce the risk for smokers who are unable to self-rescue.
- Consider providing fire risk reduction equipment to smokers, such as fire-retardant bedding, in accordance with risk.
- Refer people who smoke to **(insert the name of your FRS)** for a Home Fire Safety Visit **(insert method, example 'using our [Online Home Fire Safety Check tool](#) (GMFRS example shown on link) or by calling (insert phone number))**. The person's agreement is required.

Tool 4: Example of a smoking-related fire safety leaflet



GREATER MANCHESTER
FIRE AND RESCUE SERVICE

Smoking and Fire Safety

Fires caused by smoking materials kill more people than any other type of fire.

Over 40% of accidental fire deaths in Greater Manchester are caused by smoking materials.




Greater Manchester Fire and Rescue Service provides home fire safety advice to keep you safe at home.

If you are concerned about your fire safety, or the fire safety of others, please visit our website below to complete our online assessment for personalised advice or to find out if you are eligible for a Home Fire Safety Assessment.

manchesterfire.gov.uk

Tool 5: Fire Kills resources (zip download from NFCC website)

Download the Fire Kills resources made available for all UK FRS here



Tool 6: NFCC Online Home Fire Safety Check (word doc download from NFCC website)

Onboarding:

Tool 7



Home fire safety check (NFCC) onboarding agreement & questionnaire

Welcome to the NFCC. This system is a collaboration between NFCC, Safelincs Ltd and Fire KILLS. The NFCC is governed by a contract agreed between NFCC and Safelincs (attached in the appendix), however each FRS is required to sign their own onboarding agreement.

The team at Safelincs will work with you to make the implementation of the online NFCC as smooth as possible. This questionnaire will help us to understand the requirements of your FRS and help to make the onboarding process for the NFCC easier.

FRS wanting to use the NFCC will need to:

- Provide information to support to enable us to export your data from the system to you
- Have a link on their website pointing to the online Home Fire Safety Check (<https://www.nfcc.co.uk/nfcc/>) - a short URL. (NFCC on all) can be used to direct users over the phone
- Encourage use of the home fire safety check via social media
- Encourage your telephone staff to use the home fire safety check to triage

Please send completed onboarding agreements to info@safelincs.co.uk

FAQs

If you would like to find out more about the NFCC please visit <https://www.nfcc.co.uk/online-home-fire-safety-check/faq-frequently-asked-questions-faq>, where you will find an up-to-date list of frequently asked questions.

Primary Contact details for FRS

Please provide details for the main contact at your FRS:

Contact Name	
Job Title	
Telephone Number	
Email Address	

Details about the FRS

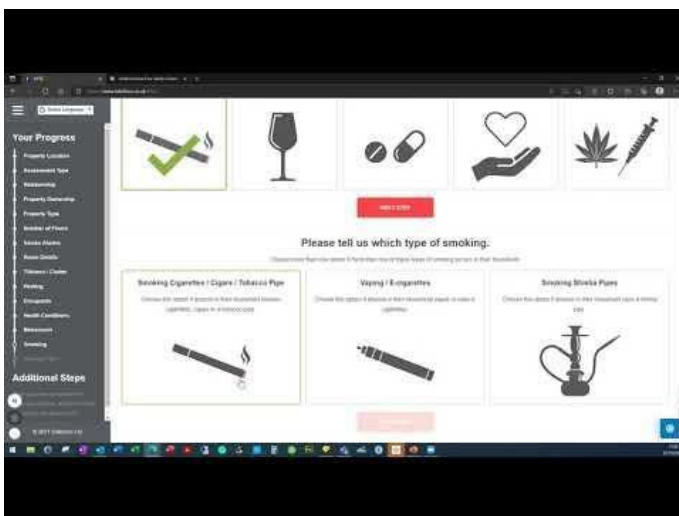
Please provide details about your FRS:

Name of FRS	
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Demonstration:



[Online Home Fire Safety Check Frequently Asked Questions – link to NFCC webpage](#)

Step four: Adopt the Hierarchy of Risk Control

The Hierarchy of Risk Control² is an established risk reduction framework in the field of health and safety which promotes *risk control measures* in order of effectiveness (and therefore preference).

NFCC adapted the framework to reduce fire risk in the home and it can be applied particularly well to smoking-related fire risk reduction. Doing so will assist FRS to move away from a default position of advising smokers to smoke more safely, towards a position that aims to support behavioural changes, such as quitting or switching to vaping, that eliminate or replace fire risk completely. Crucially though, the framework offers choice to the smoker and still promotes traditional safer smoking advice for those who choose to continue to smoke.

The Hierarchy of Risk Control can be applied using the acronym ERICP which represents five risk control measures starting with the preferred measure, 'eliminate' at the top of the hierarchy and moving downwards through the measures in order of preference.

Figure 2, below, shows the control measures represented by ERICP. It shows the behaviour change the smoker would need to make in order to implement each control measure and the intervention your FRS can deliver to encourage or support that behavioural change.

Risk control Measure	Behaviour change	FRS intervention
Eliminate the risk/hazard	Quit smoking	Delivery of 'Very Brief Advice' ³ to encourage people to make a quit attempt.
Replace the risk/hazard	Switch from smoking to vaping	Provision of information about the health and fire safety benefits of switching from smoking tobacco products to vaping an electronic cigarette.
Isolate the risk/hazard	Have a smoke free home	Provision of information about the health and fire safety benefits of having a smokefree home.

² Hierarchy of Risk Control <https://www.hse.gov.uk/simple-health-safety/risk/index.htm>

³ NICE guidance, Smoking cessation, Scenario: Assessment for smoking cessation, Last revised in March 2023 [Link](#)

Control the risk/hazard	Practice safer smoking habits in the home	Delivery of verbal and/or written advice to reduce the risk of fire when smoking in the home.
Protective Equipment	Use Fire Risk Reduction Equipment	Provision or recommendation of fire risk reduction equipment in accordance with risk, local funding and arrangements.

Figure 2 Adopt the Hierarchy of Risk Control

The Hierarchy of Risk Control can be applied across all of the activities plotted in the [Prevention Pyramid already described in step three.](#)

So, for example, it works effectively when delivering face-to-face interventions with smokers during Home Fire Safety Visits.

It can also be woven into campaigns, web copy and written materials such as leaflets. As well as including traditional messages to **control** the risk such as ‘**put it out, right out**’, consider including, or even leading with, VBA to **eliminate** the risk. For example, ‘**If you smoke, the best way to prevent a smoking-related fire in your home is to quit. Advice and medication for people who want to quit is available on the NHS**’.

Tool seven has been developed to support FRS to apply the Hierarchy of Risk Control to smoking-related fire prevention. It can be used to inform the development of policy, guidance, training and interventions.

Tools to support step four

Tool 7: Delivering advice and interventions (ERICP)

How to apply the Hierarchy of Risk Control, using ERICP, to smoking-related fire risk reduction.

Eliminate the risk

Encourage the smoker to **eliminate** the fire risk by making a quit attempt.

The FRS role is to encourage smokers to access smoking cessation support and make a quit attempt, to **eliminate** the risk of a smoking-related fire. A successful quit will also significantly improve the person’s health.

To encourage a quit attempt FRS staff should deliver VBA - an evidence based intervention to help smokers to consider the option of quitting. Staff should deliver VBA using **Ask, Advise, Act**.

- **Ask** the person about their current smoking status. For example, ‘do you smoke?’

- If the answer is 'yes', **advise** the person, 'evidence shows that the best way to stop smoking is through a combination of medication and support, both of which are available on the NHS.'
- **Act** in accordance with the person's response to the advice. If the person doesn't want to/isn't ready to quit, let them know that help will still be there in the future should they need it. If the person responds positively, offer to refer or signpost them to community or online services that can support them to quit.
- To make a signpost, provide the smoker with contact details for their local service so that they can self-refer. To refer the smoker to a local service, make the referral for them, with the permission of the smoker.
- Alternatively, provide the smoker with the NHS Stop Smoking helpline for free on 0300 123 1044.

Replace the risk

Encourage the smoker to **replace** the fire risk with a safer alternative by switching from smoking, to vaping electronic cigarettes.

- **Ask** the person if they have considered switching to vaping.
- **Advise** the person that statistics show that the number of fires caused by electronic cigarettes is significantly lower than the number caused by smoking materials.
- **Advise** the person that vaping is significantly safer than smoking where health is concerned. In the UK, e-cigarettes are highly regulated for safety and quality. They're not completely risk free but they're significantly safer than cigarettes. The liquid and vapour contain some potentially harmful chemicals also found in cigarette smoke, but at much lower levels.
- **Act** in accordance with the person's response to the advice. If the person responds positively, offer to refer or signpost them to community or online services for further advice. Many Stop Smoking Services provide advice. Alternatively, provide the smoker with the NHS Stop Smoking helpline on 0300 123 1044.

If the person is open to switching to electronic cigarettes, provide electronic cigarette fire safety advice in accordance with your organisation's advice.

Isolate the risk

Encourage the smoker to have a smokefree home (no smoking indoors).

This will **isolate** the smoking-related fire risk to outdoor areas, reducing the opportunity for people and property to come into contact with fire in their homes. Discuss this option, with smokers who do not want to quit or switch to vaping.

- **Ask** whether they have access to outdoor space and whether it would be possible for them to smoke outdoors. (People without a garden, in high rise buildings, supervising young children or with impaired mobility, may find it difficult to step outside to smoke.)
- **Advise** the person that having a smoke-free home will reduce their risk of fire in the home. **Advise** the person that a smoke-free home provides a healthier living environment, reducing exposure to second-hand smoke for others/visitors.
- Second-hand smoke is the smoke exhaled, plus the smoke created by the lit end of a cigarette. It contains over 4,000 chemicals including Arsenic, Benzene, (found in petrol fumes), and Cyanide (a poisonous industrial pollutant). It contains fifty known carcinogens - they're the ones that can cause cancer. People who breathe in second-hand smoke are at risk of the same diseases as smokers, including cancer and heart disease. Children are especially vulnerable as they have less well-developed airways, lungs and immune systems. Babies exposed to second-hand smoke are more at risk of cot death.
- **Act** in accordance with the person's response. If they are interested in having a smoke-free home, advise them to smoke outside at least seven steps from doors and windows. Another tip is to keep a coat and umbrella at hand near to the door so that going outdoors to smoke is as easy as possible in all weathers.
- Staff can also signpost people to information, about going smokefree, on the NHS smokefree website. www.nhs.uk/smokefree/why-quit/secondhand-smoke

If the smoker chooses to smoke indoors, encourage them to isolate smoking to a single room such as a kitchen, where the risk of them falling asleep whilst smoking or carelessly discarding smoking materials on bedding or soft furnishings, is reduced.

If this is not possible, encourage them to create a safer smoking zone, in the room where they smoke, free from combustible materials. Advise them to remain standing or seated on a hard chair when smoking, if possible.

Control the risk

Encourage the smoker to **control** smoking-related fire risk by adopting safer smoking habits. Deliver the fire safety advice below, focussing on any specific risks identified.

Deliver the advice to all smokers, including those who have agreed to make a quit attempt, switch to vaping or smoke outdoors, in case they change their mind or relapse.

Provide a copy of your FRS's smoking-related fire safety leaflet (if available) to reinforce the advice.

[Refer to Tool 3 Smoking-related fire safety messages](#) and [Tool 4 example leaflet](#)

Protect against the risk (Protective equipment)

Encourage the smoker to use **protective equipment** if they are unable or unwilling to adopt risk control measures to eliminate, replace, isolate or control the risk.

Consider the person's specific risks and provide or recommend equipment accordingly. This could include fire-retardant bedding, nightclothes, smoking aprons or floor mats. It could include self-extinguishing ashtrays. It should include smoke alarms.

Ensure that a minimum of one working smoke alarm per floor is fitted in all homes. For some smokers, additional smoke alarms may be required in rooms where the person usually smokes, and interlinked smoke alarms or telecare⁴ may be advisable depending on risk. In some cases, it may be necessary to involve social care services to provide or fund effective solutions to reduce smoking-related fire risk.

⁴ Telecare is the provision of electronic equipment in the home, such as pendants, which provide an alert to a call centre, either automatically or via a manual activation, if help is needed.

Step five: Work in partnership

This is essential for identifying and engaging smokers, especially those who cannot or will not respond to universal approaches. Furthermore, working with partners in the field of tobacco control supports a strategic approach to the long-term reduction of smoking-related fires, by reducing smoking prevalence.

Identify your partners

Identify partner organisations in your area that provide services and support for smokers, such as stop smoking services, health and wellbeing services, pharmacies and general practitioners.

In addition, identify partners that may work with groups with statistically high smoking prevalence such as people with mental health or substance misuse problems, people in routine and manual employment and the LGBTQIA+ community⁵. Housing providers are also well-placed to reach resident smokers.

Some of these partners may already be working together in the field of tobacco control, in a multi-agency tobacco control alliance or similar.

Tobacco control

Tobacco control is a coordinated, comprehensive, multi-agency approach to reduce smoking prevalence and the harm caused by tobacco. Tobacco control plans for England⁶, Scotland⁷, Northern Ireland⁸ and Wales⁹ set out targets for reducing smoking prevalence and tobacco control is a crucial strand of public health improvement.

Why support tobacco control?

The public health benefits of tobacco control are important to FRS but our primary driver for supporting tobacco control is fire risk reduction. Reducing the number of people who smoke in your area will help to 'eliminate' fire risk by minimising opportunities for smoking-related fires.

Tobacco control alliances

At a local level, tobacco control alliances (or equivalent) are in place to develop and implement local tobacco control plans or arrangements. These operate at borough or sometimes county level. Alliances are multi-agency partnerships made up of stakeholders from councils and the

⁵ [ASH-Briefing_Health-Inequalities.pdf](#)

⁶ [Smoke-free generation: tobacco control plan for England - GOV.UK \(www.gov.uk\)](#)

⁷ [Ministerial Foreword - Raising Scotland's tobacco-free generation: our tobacco control action plan 2018 - gov.scot \(www.gov.scot\)](#)

⁸ [Ten-year tobacco control strategy for Northern Ireland | Department of Health \(health-ni.gov.uk\)](#)

⁹ [Tobacco control strategy for Wales | GOV.WALES](#)

NHS, including commissioners and providers of stop smoking services, directors of public health, elected members, Trading Standards, FRSs and others.

Where possible, become a member of the tobacco control alliance(s) in your area. There may be several – one for each council area - so you may decide to identify a representative to attend each one. Membership will provide better access to expertise and data on smoking prevalence, opportunities for your service to support tobacco control approaches and opportunities to seek support to reduce smoking-related fires from other agencies.

[Find out more information about tobacco control alliances](#)

Provide an Ask and Offer

Your partners, including those in tobacco control alliances, have access to the smokers you are trying to reach and already have trusted relationships with them. They are well-placed to assist you to engage their service users.

For effective partnership working, be clear about what you are asking of your partners, or your tobacco control alliances, and what your FRS can offer. Meaningful partnerships are mutually beneficial and provide joined up care for the smoker / service user.

You may wish to establish a written **Ask and Offer**, Service Level Agreement or Partnership Agreement to help all parties work to shared goals. Tool eight provides an example **Ask and Offer**.

This includes equipping partners to deliver fire safety advice to their service users, identify people who smoke and refer them for a Home Fire Safety Visit and support smokers to put fire safety advice into practice at home. Offering home fire safety awareness training, or training about Home Fire Safety Visits, to your partners and their service users, supports improved fire safety awareness and an increase in Home Fire Safety Visit referrals.

Establish a newsletter

To communicate with partner organisations regularly and systematically, FRS may wish to consider developing an electronic newsletter. This can provide a mechanism for promoting smoking-related fire safety messages and Home Fire Safety Visits to all partners, including those that work with smokers. Newsletters work best when articles are short and precise and provide a link to further details on your website.

Data sharing

If you are sharing or receiving personal data about smokers, within your partnership work, consider whether a data sharing agreement is necessary. If both parties are data controllers, an agreement is not required under General Data Protection Regulation (GDPR) but might be

helpful in managing the data safely and effectively. If you are working with a data processor, an agreement (contract) is required. In most circumstances, FRS are data controllers¹⁰.

Tools to support step five

Tool 8: Ask and Offer to partners / tobacco control alliances

(Insert name of your FRS, in full, with abbreviation in brackets) is committed to working within tobacco control alliances in order to reduce fire incidents, injuries and deaths, reduce smoking prevalence and improve public health. To clarify our role within tobacco control alliances we have provided an 'Ask and Offer'.

The Ask

- Provide us with information and statistics relating to tobacco control and smoking prevalence.
- Include the reduction of smoking-related fire incidents, injuries and deaths as an objective within the tobacco control plan.
- If you are a service provider, promote Home Fire Safety Visits to staff and service users.
- If you are a service provider, systematically refer smokers to us for a Home Fire Safety Visit and inform us promptly about high-risk cases.
- Share expertise to support us to develop policies, procedures, guidance and training for our staff that will improve their ability to:
 - deliver VBA to smokers during Home Fire Safety Visits,
 - encourage people to have smokefree homes,
 - refer and signpost smokers to services that can support them to quit,
 - identify / report illicit tobacco sales and support the public to do the same.
- Provide us with literature relating to smoking cessation, smokefree homes and local support services, to distribute to the public.
- Work with us to facilitate effective information sharing to improve the health and safety of communities and individuals in (insert region covered by alliance).

The Offer

- We will provide the Tobacco Control Alliance with information and statistics relating to smoking-related fire incidents, injuries and deaths.
- We will lead on the reduction of smoking-related fire incidents, injuries and deaths as an objective within the tobacco control plan.

¹⁰ [What are 'controllers' and 'processors'? | ICO](#)

- We will deliver Home Fire Safety Visits to people in (insert region covered by alliance) who smoke and who meet our criteria for a visit. (Provide further explanation if required. For example, 'That is those who present as medium to high risk of fire. We will provide online advice or fire safety literature to those who present as low risk of fire'.)
- We will provide training on Home Fire Safety Visits / home fire safety, for partners and provide fire safety literature, to partners, for distribution to the public.
- We will ensure that our policies, procedures, guidance and training relating to smoking and tobacco control are informed by the expertise of our partners, in order to support our staff to;
 - deliver VBA to smokers during Home Fire Safety Assessments,
 - encourage people to have smokefree homes,
 - refer and signpost smokers to services that can support them to quit,
 - identify / report illicit tobacco sales and support the public to do the same.
- We will support campaigns to reduce smoking prevalence, such as Stoptober, where possible and appropriate.
- We will promote enforcement in shisha premises, and work with partners and the proprietors of shisha establishments to promote fire safety messages around the safe operation of shisha establishments, in line with existing (insert name of your FRS) procedures.
- We will work together to facilitate effective information sharing to improve the health and safety of communities and individuals in (insert region covered by alliance).

Step six: Deliver effective Home Fire Safety Visits to smokers

Step six is to ensure that the infrastructure for delivering Home Fire Safety Visits, in your service, supports the delivery of effective fire safety interventions for smokers. 'Smoking-related fires' is one of eight core components of a Home Fire Safety Visit, in accordance with the [NFCC Person-Centred Framework](#).

Target smokers for Home Fire Safety Visits

Promote your referral pathway for Home Fire Safety Visits to smokers. Your data analysis (See Step two) should assist you to better identify groups most likely to have a smoking-related fire and to understand their preferred communication channels. Consider how you can use these channels to reach all smokers, and at-risk groups of smokers, with information about your offer and how to access it.

In addition, promote your referral pathway for Home Fire Safety Visits to partner organisations that are most likely to work with smokers. (See Step five).

If your service uses data to map probable fire risk across your geography, in order to identify and target at-risk streets or postcodes, consider if and how smoking status data could enrich your risk mapping.

Establish and record smoking status

NFCC has published the Standard Data Requirement for the Person-Centred Framework, which is provided as a link in Tool nine. It requires FRS to record and report core Home Fire Safety Visit data, including the smoking status of the household under the categories, current smoker(s), non-smoker(s), not disclosed, n/a – not recorded.

To deliver effective Home Fire Safety Visits and satisfy the Standard Data Requirement, establish and record the smoking status of householders in all Home Fire Safety Visits using a question such as, 'Do you, or anyone else in the household smoke?' and an answer picklist that corresponds with the reporting requirement.

Assess the fire risk

Where a smoker is resident, this is a key consideration within the person-centred fire risk assessment which should recognise the individual's needs, capabilities, unique smoking behaviours and living environment, as well as their right to smoke and the addictive nature of smoking.

In addition to establishing and recording smoking status, your FRS may decide to include additional questions in your Home Fire Safety Visit, to prompt staff to explore and record the smoking-related fire risk. Alternatively, you may decide to provide delivery staff with training and guidance about how to explore the risk. You may decide on a combination of the two. Either way, Home Fire Safety Visits where a smoker is resident should consider:

- Does anyone smoke indoors or is all smoking confined to outdoors?

- Does anyone smoke on a balcony?
- Does anyone smoke in bed?
- Is there evidence or disclosure of near misses (including burn marks on the carpet, sofa or bedding)?
- Does the smoker use a proper, sturdy ashtray and dispose of smoking materials safely?
- Does the smoker smoke illicit tobacco products?
- Are there any other people, environmental or behavioural factors that could combine with smoking to increase the risk of a fire starting, or reduce the chance of escape if a fire were to start? For example, physical or mental health factors (including Dementia or memory impairment), sensory impairment, mobility problems, learning difficulties or disabilities, clutter or hoarding, drug or alcohol misuse, use of sedative medication, emollient products, home oxygen therapy or pressure relieving devices.

Reduce the fire risk

As described in Step four and Tool 7, NFCC recommend using the Hierarchy of Risk Control as a framework for reducing fire risk in the home. Once the smoking-related fire risk has been assessed, delivery staff should discuss the fire risk control measures from the framework, with the householder, and be able to:

- apply the framework to smoking-related fire risk,
- deliver VBA to smokers (Eliminate),
- talk to smokers about the option of switching to vaping (Replace),
- talk to smokers about the option of having a smokefree home (Isolate),
- provide verbal and/or written fire safety advice to support safer smoking practices (Control),
- talk to smokers, who cannot or will not respond to the above, about the protective equipment that is available to them and/or provide protective equipment if your service supplies it. (Protective Equipment).

Keep good records

During Home Fire Safety Visits, ensure that staff record the smoking status of the householder(s), the assessment of smoking-related fire risk and the actions taken or required to reduce the risk.

If possible, include facility to record outputs such as delivery of VBA, signposts to smoking cessation support, referrals to smoking cessation support and the provision of any smoking-related fire safety literature or equipment.

An example question set, for Home Fire Safety Visits, is provided in [Tool 10](#).

Tools to support step six

Tool 7: Delivering advice and interventions (ERICP)

Tool 9: Standard Data Requirement for the Person-Centred Framework link to NFCC website

Tool 10: Example question set for Home Fire Safety Visits:

Introduction

I'd like to talk to you about smoking because cigarettes and smoking materials are the top cause of accidental fire deaths in the home.

Questions

Q1. Do you, or anyone else in your household, smoke? (Single option picklist)

- Yes
- No
- Not disclosed
- Not recorded

Logic: If no is answered to Q1, no further questions or advice are required. Move onto the next section of the Home Fire Safety Visit. **If yes is answered, ask Q2, Q3 and Q4.**

Q2. Do you/they do any of the following? (Multiple option picklist)

- Smoke inside the house
- Smoke in bed
- Smoke outside
- Smoke on a balcony

Q3. Have you/they ever fallen asleep while smoking? (Single option picklist)

- Yes
- No

Q4. Is there evidence of careless disposal of smoking materials (example burn marks, unsuitable or overflowing ashtrays)? (Single option picklist)

- Yes
- No

Advice and Interventions

Logic: if yes is answered to Q1, provide risk reduction options in accordance with the Hierarchy of Risk Control (Eliminate, Replace, Isolate, Control, Protect) taking into account the householder's answers to Q2, Q3 and Q4 and your full assessment of risk.

If Q2, Q3 or Q4 identify a risk that can be mitigated using fire risk reduction equipment, consider whether the householder is eligible for any fire risk reduction equipment that the service provides. If they are, discuss the offer and record any agreed provision. For equipment that the service does not provide, discuss the options of purchasing privately or liaising with social care.

Notes

Record your notes relating to smoking fire safety

Step seven: Provide guidance and training for staff

Step seven is to provide guidance and training to staff who are involved in the development and delivery of smoking-related fire safety advice and interventions.

Guidance

An example staff guidance document (Tool 11) is provided. It draws together the principles outlined in this toolkit. If your service decides to use it, edit and tailor the document to your needs, depending on which elements of the toolkit you adopt.

Training

It is recommended that training is delivered to prevention staff and all delivery staff, mirroring the content of your guidance document. For delivery staff, it is recommended that particular focus is given to enabling learners to effectively assess smoking-related fire risk, during Home Fire Safety Visits, and reduce the risk using the Hierarchy of Risk Control measures described in [Step Four and in Tool 7](#).

Very Brief Advice (VBA) guidance and training

If you adopt the Hierarchy of Risk Control measures in full, including the delivery of VBA to smokers to encourage them to make a quit attempt, the information in Tool 7 will support you to develop training content.

Your FRS may wish to source additional externally provided training on VBA, which is an evidence-based behavioural change intervention that has proven to be effective in motivating smokers to make a quit attempt. Training on this topic may be available from a partner such as your local Health Improvement Service, Council or Stop Smoking Service. The [NCSCT - National Centre for Smoking Cessation and Training](#) provides training materials of a good standard on VBA.

Much of the available training on the subject focusses on the health benefits of making a quit attempt. There is a risk that this can 'turn off' FRS staff and so if your service decides to commission externally provided training on VBA, work with the provider to ensure that the reason for the FRS providing the intervention is made clear to learners. That is, to encourage quit attempts in an effort to eliminate fire risk (alongside the obvious benefits to health).

Tools to support step seven

[Tool 7: Delivering Advice and Interventions \(ERICP\)](#)

[Tool 11: Example Guidance Document \(word download doc from NFCC website\)](#)
