

**Fire Safety Checklist for Sheltered Housing**

**Check content of Fire Risk Assessment. It should include:**

Persons at risk:

* Confirmation that persons especially at risk including known fire hazards or risks attributed to tenants/service users/residents in dwellings (e.g. through unsafe smoking or cooking behaviours, influences of drugs, alcohol, medical or mental health issues, hoarding behaviour, and mobility issues) have been identified.

This can be through cooperation and coordination arrangements with other agencies (e.g. care providers, housing providers, Local Authorities) and by reference to risk assessments completed and reviewed as part of resident care packages, tenancy checks, or PEEP surveys etc.

* Confirmation that the means by which the risks may be reduced at source through cooperation with the tenant/service user/resident, family and other interested parties have been identified and considered. (e.g.: refer to **LFB Home Fire Safety Risk Referral Matrix at the end of this document**)
* Confirmation that the impact on the safety of the whole premises due to areas of higher fire risk such as from rooms occupied by tenants/service users/residents with higher fire risk behaviours has been identified and considered.
* Confirmation that the ability of relevant persons to evacuate unaided using the communal means of escape has been adequately considered accounting for the mobility and/or mental health of those persons.
* Confirmation that the means of escape will remain viable for a sufficient period of time to allow slow moving persons to safely evacuate should they need or wish to do so.
* Confirmation that the emergency plan and tenants/service users/residents (new and existing) ability to implement the emergency plan (both on initial occupation and as personal circumstances change) is effectively monitored and reviewed.
* Significant findings and recommendations for additional control measures and management arrangements (protective systems/equipment, Telecare enabled fire detection etc) if persons especially at risk have been identified.

Compartmentation and separation:

* Confirmation that a visual survey and sampling has been carried out that confirms that the protection of escape routes, fire separation and compartmentation is appropriate for the fire strategy. This should include voids, utility risers and cupboards, ductwork, above false ceilings, roof spaces, and basements.
* Confirmation that flat front doors have been surveyed to confirm standards of fire resistance and effectiveness of self-closing devices.
* Confirmation that corridor subdivision and other appropriate doors are erected and in good working order if progressive horizontal evacuation is being used.
* Confirmation that any smoke control systems to the common parts and their operation has been reviewed and considered.
* Confirm that furniture and soft furnishings in the common parts have been reviewed.
* Confirm that reports by residents of the dispersal and spread of cooking smells and noise from other flats indicating compartment issues are monitored and considered.
* Confirm that the use of mobility scooters, storage position and charging arrangements are considered and appropriate.

**Check fire strategy and evacuation arrangements**

* Confirm that the fire safety strategy and evacuation plan is appropriate to the way the building is designed, furnished, staffed, managed and takes into account the level of dependency of the residents (ie if there is a ‘stay put’ policy is this suitable?)
* Check means of escape routes and final exit doors.
* Review arrangements for ensuring Tenants/Service Users/Residents’ awareness of the fire evacuation strategy.

**Check fire detection, alarm and Telecare arrangements.**

* If communal areas provided then fire detection and warning in accordance with the recommendations of BS 5839-1 Grade A, Category L1 or L2 is recommended. There may be detection in entrance area of private dwellings linked to this system.
* In the domestic areas e.g. individual flats/rooms the recommended standard is for mains operated smoke and heat alarms to British Standard 5839 Part 6 to be of a minimum of Grade D (mains operated with a rechargeable battery backup) LD2 or 3 system.
* Confirm the fire detection and fire alarm system is connected to a Fire Alarm Monitoring Centre (FAMO), Alarm Receiving Centre (ARC), or Telecare Monitoring Centre if the premises does not have 24 hour staffing and the system monitored for false alarms. The premises managers should have procedures in place to deal with false alarm calls and to ensure that the fire service does not have to deal with unwanted fire signals (UwFS).
* Confirm maintenance and testing regime is appropriate and completed.
* Check copies of the installation, commissioning, service and maintenance certificates for the fire detection and alarm systems, both in the common areas and also the Telecare enabled fire detection and fire alarm system in individual dwellings.
* Check the cause and effect of the fire detection and alarm system. This should include cause and effect if the common area detection is operated first or the dwelling Telecare enabled fire detection and fire alarm system is operated first either manually or automatically.
* Confirm evidence that engineering safeguards are in place to ensure reliable alarm transmission. This should include measures to ensure that receipt of fire alarm signals by the scheme manager and/or by any FAMO ARC or Telecare Monitoring Centre, is not significantly delayed if, prior to the fire alarm signal, any device (e.g. a pendant or pull cord) on the Telecare alarm system is operated in the flat of fire origin or in any (or all) other flats.
* Confirm that where the fire detection and fire alarm system is integrated with another system (such as Telecare) and both systems share a single communications link to a Fire Alarm Monitoring Centre, the transmission system is designed so that the fire alarm signals can be separately identified at the Fire Alarm Monitoring Centre.
* Confirm that the fire alarm monitoring company third party certificated to BS5979 or BS8591 or accredited with the Telecare Services Association code of practice.
* Confirm details of the companies used to maintain and service both the alarm systems and the Telecare enabled smoke detection systems, including any accreditation/certification.

**Check Emergency Lighting, Fire Exit Signage, Fire Fighting equipment**

* Confirm appropriate provision and maintenance/testing regime is appropriate and completed.

**Reduce risks:**

* If residents cannot independently evacuate recommend provision of Premises Information Box for use of fire service with appropriate information inside.
* Residents with Serious Outstanding Risks – make referral (eg: refer to **LFB Home Fire Safety Risk Referral Matrix**)

Fire Safety Checklist for Supported Living/Housing etc

**Check content of Fire Risk Assessment. It should include:**

Persons at risk:

* Confirmation that persons especially at risk including known fire hazards or risks attributed to tenants/service users/residents in dwellings (e.g. through unsafe smoking or cooking behaviours, influences of drugs, alcohol, medical or mental health issues, hoarding behaviour, and mobility issues) have been identified.

This can be through cooperation and coordination arrangements with other agencies (e.g. care providers, housing providers, Local Authorities) and by reference to risk assessments completed and reviewed as part of resident care packages, tenancy checks, or PEEP surveys etc.

* Confirmation that the means by which the risks may be reduced at source through cooperation with the tenant/service user/resident, family and other interested parties have been identified and considered. (e.g.: refer to **LFB Home Fire Safety Risk Referral Matrix at the end of this document**)
* Confirmation that the impact on the safety of the whole premises due to areas of higher fire risk such as from rooms occupied by tenants/service users/residents with higher fire risk behaviours has been identified and considered.
* Confirmation that the ability of relevant persons to evacuate unaided using the communal means of escape has been adequately considered accounting for the mobility and/or mental health of those persons.
* Confirmation that the means of escape will remain viable for a sufficient period of time to allow slow moving persons to safely evacuate should they need or wish to do so.
* Confirmation that the emergency plan and tenants/service users/residents (new and existing) ability to implement the emergency plan (both on initial occupation and as personal circumstances change) is effectively monitored and reviewed.
* Significant findings and recommendations for additional control measures and management arrangements (protective systems/equipment, Telecare enabled fire detection etc) if persons especially at risk have been identified.

Compartmentation and separation:

* Confirmation that a visual survey and sampling has been carried out that confirms that the protection of escape routes, fire separation and compartmentation is appropriate for the fire strategy. This should include voids, utility risers and cupboards, ductwork, above false ceilings, roof spaces, and basements.
* Confirmation that flat/room front doors have been surveyed to confirm standards of fire resistance and effectiveness of self-closing devices.
* Confirmation that corridor subdivision and other appropriate doors are erected and in good working order if progressive horizontal evacuation is being used.
* Confirmation that any smoke control systems to the common parts and their operation has been reviewed and considered.
* Confirm that furniture and soft furnishings in the common parts have been reviewed.
* Confirm that reports by residents of the dispersal and spread of cooking smells and noise from other flats indicating compartment issues are monitored and considered.
* Confirm that the use of mobility scooters, storage position and charging arrangements are considered and appropriate.

**Check fire strategy and evacuation arrangements:**

* Confirm that the fire safety strategy and evacuation plan (may be assisted or self-evacuation) is appropriate to the way the building is designed, furnished, staffed, managed and takes into account the level of dependency of the residents.
* Confirm that the fire safety strategy and evacuation plan is appropriate and that staffing levels are sufficient if assisted evacuation is in place.
* Check means of escape routes and final exit doors
* Review arrangements for ensuring Tenants/Service Users/Residents’ awareness of the fire evacuation strategy.

**Check fire detection and alarm system**

* Confirm BS 5839-1 Category L2 fire detection and fire alarm system (or L1 if appropriate due to vulnerability of residents or other factors). Smaller premises can follow LACoRS Guidance and install BS 5839 Part 6 system.
* Confirm maintenance and testing regime is appropriate and completed.
* Telecare enabled fire detection and fire alarm system – see **Checklist for Sheltered Housing** if appropriate to confirm arrangements

**Check Staff Training**

* Confirm the role of staff and effectiveness of training in evacuation. Confirm understanding of staff by asking questions. Confirm records indicate training regime is appropriate and completed.
* Confirm fire alarm zone maps in place and in accordance with staff understanding of what different zones are called.

**Check Emergency Lighting, Fire Exit Signage, Fire Fighting equipment**

* Confirm appropriate provision and maintenance/testing regime is appropriate and completed

**Reduce risks:**

* Confirm appropriate smoking policy is in place and is effective, monitored and supervised (check for discarded cigarette butts). Check that there are individual smoking risk assessments for residents. Refer to **Checklist for Smoking Risks.**
* Residents with Serious Outstanding Risks – make referral (e.g.: refer to **LFB Home Fire Safety Risk Referral Matrix**)

Checklist for smoking risk assessments

**Care Homes**

Smoking is allowed in a care home in ‘designated’ smoking rooms.

Residents should not be permitted to smoke in bedrooms unless the risk is identified as ‘low’ and the bedroom is suitably equipped.

**Risk Assessments should:**

* Take account of residents who wish to smoke in their own rooms and smoking residents who are confined to bed and cannot access designated smoking areas
* Identify hazards – Ignition sources (lighters, matches, cigarettes), Fuel sources (furniture, textiles, soft furnishings, laundry, paper products, sleepwear, emollient creams, incontinence pads and storage), Oxygen sources (natural airflow, cylinders, airflow mattresses)
* Assess the level of risk from smoking – the likelihood of a fire starting and the severity/ potential consequences.
* Identify source of information on risk – care plans, individual smoking risk assessments for residents that smoke, premises fire risk assessment (the mental capacity risk assessment should also inform the individual smoking risk assessment)
* Reference individual smoking risk assessments – one per resident, carried out by a competent person, carried out with resident/family involvement, consider mental and physical capacity for smoking unaided, consider risk to other residents and staff, physical precautions as well as management arrangements such as supervision.
* Identify competent and trained persons responsible for reporting near misses/accidents/reviewing the RA.

**Reducing risks:**

* Is there evidence of burn marks on the floor, bedding, clothing, furniture?
* Is smoking monitored/controlled at night?
* Do residents smoke in bed or a chair?
* Do they have FR bedding/aprons/bibs? Has the residents clothing been checked for flammability?
* Are cigarettes lit with a match/lighter/fixed lighters? Is access to cigarettes and lighters controlled?
* Supervision – will someone else light the cigarette? Will anyone stay with the resident while they smoke (Health and safety at work – will need to sign a form to say they agree to this), how often is the resident checked if they smoke alone and is it enough? Do the arrangements change at night?
* Have visitors been informed of arrangements (e.g. cigarettes/matches/lighters not to be given directly to the residents)
* Where are the smoke detectors located? Are AFSS required?
* Is there fire extinguishing media nearby and if so, are staff trained to use it?
* Are there appropriate deep ashtrays? Are they emptied regularly?

**Smoking risk assessments for Sheltered Housing/Supported Living**

**Risk Assessments should:**

* Take account of residents who smoke in their own flats/rooms and with mobility or other vulnerabilities.
* Identify hazards – Ignition sources (lighters, matches, cigarettes), Fuel sources (furniture, textiles, soft furnishings, laundry, paper products, sleepwear, emollient creams), Oxygen sources (natural airflow, cylinders, airflow mattresses)
* Assess the level of risk from smoking – the likelihood of a fire starting and the severity/ potential consequences.
* Identify source of information on risk – care plans, individual smoking risk assessments for residents that smoke, premises fire risk assessment (the mental capacity risk assessment should also inform the individual smoking risk assessment)

**Reducing risks:**

* Has education and advice should be given to residents on the risks of smoking, and ways to prevent a fire occurring?
* Do staff that come into contact with residents have training to spot warning signs such as burn marks, carelessly discarded cigarettes and refer these people for Home Fire Safety Visits?
* Have Telecare systems, AFSS, Watermist systems been recommended for those residents that are most vulnerable due to mobility issues etc?
* Has the premises been referred to the local fire station for HFSVs as part of any joint working arrangements?
* Are there any residents that are at particular risk from fire and require a Serious Outstanding Risk notification? (e.g.: refer to **LFB Home Fire Safety Risk Referral Matrix**)

LFB Home Fire Safety Risk Referral Matrix



