COVID-19 Protection - Temporary Care Premises

21st December 2021 – Issue 3

Advice to support Fire and Rescue Services in the temporary use of Hotels and other non-purpose-built premises as care facilities.

1. Introduction

1.1. The aim of this advice note is to provide consistency for Fire and Rescue Services (FRSs), when regulating, under the Regulatory Reform (Fire Safety) Order 2005 (FSO), premises that have been repurposed to provide temporary care facilities to alleviate the pressures on the NHS and health care providers exacerbated by the continued COVID-19 pandemic. As such, this guidance is only valid for the duration of the pandemic after which it should be disregarded. It contains specific areas for consideration that can be used to augment the existing work being carried out across the UK FRS.

1.2. This guidance is reviewed and amended as and when necessary, by the NFCC Protection Policy and Reform Unit. This version of the document has been issued following the withdrawal of Issue 1 dated 23rd April 2020. Issue 2 of this document was not published.

1.3. To support hospitals with the ongoing demands of the COVID-19 pandemic, several NHS regions are considering or have put into place arrangements for the transfer of some non-COVID-19 patients to temporary care facilities by, for example, utilising the bedroom capacity of hotels. Therefore, potentially, these hotel premises, wholly or partially, may be occupied by residents with varying levels of vulnerability, mobility, and in receipt of varying degrees of care, with some including live in carers. The fire safety provisions within existing hotels would not normally be considered appropriate for large numbers of vulnerable persons in care facilities; and as such the arrangements should be considered as temporary. These premises differ from the field hospitals which are put in place, albeit temporarily, with the specific intention of providing healthcare, during the pandemic.

1.4. This document has been produced to respond to the use of existing non-healthcare premises being repurposed to provide a care provision. This provision is generally required to increase capacity where the existing facilities are fully utilised. Applicable scenarios may include:

- The care of those who are unable to return to their homes.
- Those who are considered by the NHS Trust as safe to remove from the normal hospital environment but are not yet ready to return home.

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- Care homes or sheltered accommodation which need to increase their capacity due to the demands of the COVID pandemic or due to staff shortages

1.5. This guidance provides FRSs with generic advice for the adaption of fire safety measures within these premises to support their temporary use[1]. The NFCC wishes to thank the London Fire Brigade and NHS partners for assisting with this guidance.

1.6. The responsible person for the establishment of these premises should take professional advice from a competent building surveyor and competent Fire Risk Assessor (with knowledge and substantial experience within the appropriate care sector) to review the existing fire protection arrangements and inform their decisions on additional control measures required. Consideration needs to focus particularly on:

a. the establishment of an emergency evacuation plan that takes account of the fire protection arrangements and potential delays in evacuation of non-mobile residents;

b. levels of staffing required to implement emergency evacuation, the siting of evacuation aids and preparation for staff;

c. realistic and pragmatic mitigating measures required to compensate for any lack of appropriate passive/active fire protection arrangements;

d. the presence of any extra equipment that may introduce additional hazards such as oxygen or other medical equipment;

e. the cooperation and coordination between the responsible person for the premises, its staff and those providing care;

f. a mixture of purpose groups being contained within the same premises and the specific requirements of these alongside consideration for any interactions between them.

1.7. It is essential FRSs are part of the planning and implementation of these premises at the earliest possible opportunity with other relevant stakeholders to support and advise on the fire safety issues. As each site will be unique, standardised guidance applicable to different sites cannot be provided and fire safety measures should be tailored to each individual project, using a pragmatic, proportionate, common-sense, risk-based approach to ensure a suitable level of fire safety can be achieved.

1.8. When considering premises to be used, priority should be given to those premises that provide an increased level of existing fire safety measures e.g., automatic suppressions systems, fully addressable automatic fire detection and alarm systems. These will, however, need to be assessed in line with the reason for their provision e.g., as a compensatory feature in lieu of a deficiency elsewhere.

[1] The purpose of this non-statutory guidance is to provide fire and rescue services with general advice to assist with a consistent, standardised approach across all services. The guidance does not constitute legal advice. Fire and rescue services' legal duties will remain those specified by law, in particular article 26 of the Regulatory Reform (Fire Safety) Order 2005, during the COVID-19 pandemic, but if any fire and rescue services consider that difficulties arise in relation to compliance with those duties, they should take legal advice.

2. Areas of consideration

2.1. The following points highlight areas of consideration for the repurposing of hotels to use as temporary care facilities. Not all of these will be appropriate for all scenarios:

Fire Protection measures

1. **Compartmentation and separation** – hotel premises vary greatly in layout, and they are designed and constructed to support a simultaneous evacuation strategy for the whole building which can be achieved relatively quickly by primarily ambulant guests.
2. **Bedrooms, corridors and staircases** – hotels will provide protected routes of typically 30 minutes fire resistance. However, bedrooms may not be separated from each other as effectively with existing provisions needing to be reviewed and any breaches in fire separation remedied. Corridors are generally subdivided by fire resisting partitions and doors at greater distances than is provided in care homes or hospitals and this may compromise the assisted evacuation of the more vulnerable and non-ambulant residents from any area of immediate risk - which is known to take a significant period of time. Realistic and pragmatic additional compensatory measures (e.g., additional cross corridor partitions and doors) to restrict the spread of smoke and fire long enough for evacuation to take place should be considered (see also Para 11 below).
3. **Breaches of compartmentation for the supply of medical oxygen** – Consider suitable routes to minimise the impact on compartmentation and ensure appropriate fire stopping is in place.
4. **Fire detection and warning systems** – This is / these are usually a category L2 system to BS 5839-1, with a staff alarm allowing an investigation period before the evacuation alert is sounded. This investigation period may need to be reduced, removed or replaced with other actions depending on the emergency evacuation plan and additional levels of passive and active protection provided. Hotel bedrooms may have heat detection devices installed rather the smoke detectors and these should be reviewed. Consideration should be given to the appropriateness of heat detection and whether it is appropriate and proportionate to upgrade existing provision to cover both smoke and heat detection. Some hotels and hostels may have a higher category of system fitted that will allow changes to multi sensors in bedrooms.
5. **Refuge areas** – Many hotels will have refuge areas in lobbies or staircases which may be provided with emergency voice communication (EVC) systems installed to BS 5839-9. The use and capacity of these areas should be reviewed to assess their appropriateness as a place of relative safety to support ‘progressive evacuation’ and allow for communications with those needing assistance.
6. **Fire Doors** – Doors to hotel bedrooms normally have locking mechanisms for security reasons and arrangements will be needed for quick access to these in case of a fire emergency. Some self-closing devices on hotel bedroom or staircase

doors may also have opening forces that cannot be overcome by very vulnerable occupants. In such cases these should be documented in any personal emergency evacuation plan (PEEP) and consideration given to reasonable control measures.

7. **Fire prevention** – The impact from an increase in potential ignition risks and hazards from care equipment and devices such as oxygen cylinders, emollient creams and additional electrical demand needs to be assessed, and appropriate control measures implemented.
8. **Fire Fighting Equipment** – Existing fire suppression systems, e.g., sprinklers and fire extinguishers need to be reviewed. Is additional equipment required to cover any new or additional risks, or positioned more appropriately e.g., at Nursing stations where care staff are more likely to be present at?
9. **Smoke control systems** – May be used to clear smoke and assist the emergency response but consider if a COVID contamination hazard could exist in the air due to airflow being drawn from areas/rooms where care is being provided.

Emergency Plan and Evacuation

10. There should be a site-specific emergency plan formulated which documents the roles and actions of all staff (both hotel and care providers) to a range of foreseeable events. These will need to cater for false alarms, partial evacuation of specific 'protected areas', and potential full evacuation of a floor or the whole building.
11. The standard approach to 'Progressive Horizontal Evacuation' (PHE) may not be possible due to the lack of appropriate compartmentation and longer 'protected areas' (i.e., corridors) than normally found in care homes. This increased length of 'protected areas' provides the potential for increased numbers of bedrooms within each area and the need to move a larger number of non-ambulant residents in the early stages of a fire emergency: this will be difficult to achieve unless staffing levels are very high and immediately available. However, it may be possible to restrict the number of bedrooms being used by non-ambulant residents within a length of protected corridor to reduce this risk, or alternatively provide additional cross corridor partitions and doors (see para 2 above).
12. The on-site staffing levels and their ability to provided assisted evacuation for a large number of occupants needs to be reviewed. An increase in staffing numbers may be a mitigating factor for the longer 'protected areas' mentioned above. Consideration also needs to be given that some of the staff may be care providers or agency staff and therefore may not be familiar with the premises to the same extent as the regular hotel staff.
13. The site managers should review their emergency plan and procedures to account for the type of occupancy and the potential for large numbers of occupants who may need assistance to evacuate. ALL Staff should be made aware of the additional risks posed and trained in any changes to normal working practices. Any care staff who may be present on site should also receive thorough training on the actions to take in an emergency.

14. Residents that are non-mobile will require the use of evacuation aids which should be stored in appropriate places on each floor for immediate use. Staff must receive thorough training on the safe use of any evacuation equipment and the manual handling requirements.
15. An on-site incident response/investigation team will carry out the initial investigation of any fire alarm actuation and initiate further actions or evacuation as necessary.
16. Where there is no additional on-site staff to provide care, consideration should be given to whether the residents on site all are capable of self-evacuation or, where a PEEP is required, sufficient staff be available to ensure it can be put into action.
17. A manager must meet the responding FRS and brief them on location of the alarm or fire, and progress with any evacuation. In the case of a fire, the manager should advise on the best access route to the fire for crews, taking into account the position of staircases, corridors and refuges, the progress with evacuation of residents and their potential locations. Where it is necessary, the manager should be supported by staff from the care provider to give relevant patient details such as location or specifics of medical equipment in use.
18. Premises information packs need to be provided for the fire and rescue services containing information on any hazards and risks introduced by the provision of care, (oxygen supplies, and utility supply shut off valves etc.) and addition to any hazards that normally exist.

Response - Operational Considerations

18. The existing SSRI record for the premises should be reviewed or, where one does not exist already, be created. Protection departments will be able to assist in this function to save duplication of information gathering.
19. Operational Managers should consider what the appropriate pre-determined attendance (PDA) should be for any such temporary facility. This will need to take account of the potential need for the initial Incident Commander to allocate crews to support the emergency evacuation of residents either before or simultaneously with firefighting operations in the very earliest stages of the incident. This does not alter the fact that it is the responsible person's responsibility to ensure that their evacuation strategy does not rely on solely on fire and rescue service assistance. The on-arrival tactics and tactical plan should be added to the Operational Risk Database for the temporary change of use and the increased hazards and risks introduced by the new occupancy so that the latest information is available to any crews that attend.
20. For larger hotel sites consider a dedicated RVP for FRS.
21. Crews should familiarise themselves with the detail of the premises by checking access arrangements, any firefighting facilities and local water supplies. They should also be aware of any significant changes that have come about as part of repurposing the premises, if applicable.

22. Where available, a Senior Fire Safety Officer should be part of the PDA and the attendance of other specialist officers considered for primary fire incidents, i.e., press officer, HEMPO, NILO.

23. Given the status of the temporary residents may involve those who are vulnerable or who are recovering from COVID, implementation of fire and rescue service procedures on reducing the risk of transmission must be followed.

General Fire Safety Management

24. The servicing, maintenance, testing and periodic checks of all fire safety related systems should continue in line with the manufacturers guidance and any appropriate British Standard recommendations. This will include systems and facilities provided for firefighting such as firefighting lifts, risers and smoke control systems.

25. Fire Prevention – review ignition sources and fuel management, position combustibles/storage in areas with fixed installations and/or consider the use of car parks and remote areas for storage etc.

26. The laundry services of these facilities will not be accustomed to dealing with emollient creams and their associated risks. Advice may need to be provided and measures to mitigate these risks.

27. FRS access should be reviewed to prevent any conflict with other site users e.g., Ambulance, or goods vehicle movements.

28. Area shut off valves for oxygen should be clearly marked and easily identified/accessed.

29. Oxygen enrichment may be a problem and personal measures by staff operating in this environment need to be considered e.g., emollient creams and alcohol hand rub are a heightened risk and the source of ignition from static will need consideration. These items should be safety stored in the minimum quantities needed.

3. Further information and Peer Review

3.1. The NFCC Protection Policy and Review Unit (PPRU) want to hear from any services who are involved in these projects to share their, experience to further inform best practice.

3.2. To support FRS in their approach to these facilities, NFCC PPRU can offer a Peer Review process. Please use the email address below to contact the team:

PPRUAdmin@nationalfirechiefs.org.uk