



COVID-19 Response - temporary care premises

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

Introduction

The aim of this advice note is to supplement the NFCC Strategic Intentions on preparedness and non-emergency response and should also be considered in conjunction with the NFCC Protection advice note and strategic intentions. The key preparedness and response advice within this document is taken from and repeated within the broader NFCC Protection, strategic intentions and advice note on temporary care facilities.

The advice note seeks to bring to the attention of FRS that there may be some temporary changes of use of some hotels and other buildings as temporary care facilities, also sometimes referred to as discharge hospitals.

Background

To support hospitals with the ongoing demands of the COVID-19 pandemic, a number of 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.

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

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

Response – Operational areas of consideration

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 but FRS should satisfy themselves that they have awareness of locations and arrangements and planned for an attendance at a temporary care / discharge hotel:

1. 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.
2. Control room staff should be updated on additional information relating to potential hazards and risks and what these changes will mean for them to ensure that the potential additional hazards and dangers are known within control rooms in the event of an incident.
3. 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 the responsible person should have an evacuation strategy in place that does not require fire service assistance.
4. 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 new information is available to any crews that attend.
5. For larger hotel sites consider a dedicated RVP for FRS.
6. 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.
7. 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.
8. Given the status of the temporary use of the buildings, 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.

Further information and information sharing

FRS may wish to seek further information or detail on Fire Safety and protection measures from their own teams as well as liaison with the NFCC protection leads.

Additionally, FRS should engage locally with their health and social care partners as well as Local Authorities to identify any temporary care or discharge hotels within their areas as they may not operate in all areas.

The key information within this advice note is taken from the NFCC Protection, advice note on temporary care facilities (Dec 2021) which contains further details on protection advice for local staff to consider.