Position Statement

Person Centred Approach to the Home Fire Safety Visit

Assistive Technology

Introduction

The NFCC is committed to making people safer in their homes by identifying and championing new and effective technological solutions to improve people's fire and health outcomes. Assistive technology (AT) is an umbrella term for any device or solution which assists someone in living a safe and healthy life, while maximising personal independence.

New innovative solutions that link to detection technology or provides people with protection through other risk reduction products and tools, is the focus of this group. The use of AT has been identified as a key factor in preventing fatalities and injuries for people with chronic health conditions and age related frailty. As the NHS and local authorities move towards delivering most of their care provision for people within their own homes (as opposed to in sheltered accommodation), AT is becoming increasingly popular, with many Clinical Commissioning Groups and Local Authority Health and Wellbeing Boards commissioning AT solutions.

It should be noted that AT is not an alternative to person centred risk assessments or providing appropriate standards of fire safety. A holistic approach that considers the person, their specific needs/risks and their living environment is essential. Provision of AT is of course not confined only to those with age related conditions, AT can be essential for a broad range of individuals who wish to live safe and healthy lives, as independently as possible, for as long as possible.

Sector Challenge

While ideally every Fire & Rescue Service (FRS) should seek to promote and where possible, provide' AT, the reality is that FRSs have different amounts of resources and capacity. The challenge is therefore to first raise awareness about what AT solutions are available, their efficacy and then to identify adequate levels of provision (if any).

Using a person centred approach, coupled with the Hierarchy of Risk model, FRSs should be able to determine what specific AT is relevant for their prevention and protection strategy locally.

Preventing Fires

The three means of fire prevention most commonly used by AT solutions are:
- Fire prediction
- Fire detection
- Fire suppression

A range of solutions and devices exist. Prediction solutions monitor individuals and raise the alarm when a person's behaviour crosses a set threshold of risk making them likely to experience a fire. These high risk individuals can then receive highly targeted and person-centric interventions. Fire

detection linked to monitoring services can summon a fire response automatically, even if the individual is unable to do so. Automatic fire suppression systems (other than sprinklers) can detect fires in their early stages, suppress them and even summon a fire response. There are also devices that aim to address specific vulnerabilities, such as hard of hearing alarms

1. **Eliminate the hazard**
   - Substituting risk items such as tea light candles for low risk battery powered LED alternatives.

2. **Reduce the hazard**
   - Working with partner agencies to ensure individuals most at risk have adequate fire detection, in line with the NFCC detection position statement.
   - Work with the individual to seek to reduce any behaviours which increase their risk.

3. **Isolate the hazard**
   - Working with partner agencies to identify individuals most at risk of experiencing a fire resulting in injury.
   - Use of solutions that identify which individuals are at the highest risk of experiencing a fire, then implementing interventions.

4. **Control the hazard**
   - Use other approaches alongside AT, such as Person Centred Fire Risk Assessments (PCFRA) or safe and well visits.
   - Address the underlying human behaviour issues contributing to fire risk.

5. **Personal Protective Equipment**
   - Provision of solutions such as flame retardant bedding, which reduce fuel load.
   - Use of automatic fire suppression systems, to protect the person and possibly extinguish the fire when it occurs; while summoning a fire response.

NFCC Position

The overarching aim of the assistive technology working group (ATWG) is to support UK Fire and Rescue Services to understand best practice in terms of AT, and to maximise the knowledge of reliable risk reduction equipment and standards locally. This is with the view to reduce preventable fire deaths and injuries, which fall within the Fire and Rescue Service remit.

We will:

- Consider it a matter for each FRS to determine the extent to which it may provide technology for risk reduction or make recommendations to other agencies and/or householders themselves through their work with vulnerable people and other agencies specialising in the provision of care and support to those that may be at particularly heightened risk.

- Assist, wherever practicable, with the development of AT solutions for fire prevention, fire detection, fire mitigation and risk reduction as a priority but, at all times, seek to integrate this with existing and future technologies for general well-being and quality of life.

- Drive the mainstreaming of AT solutions whilst challenging the status quo and encouraging innovation as a means to reduce fire risk, fire deaths and injuries as well as maintaining independence, improving quality of life and reducing risk more generally.

Position Statement

Person Centred Approach to the Home Fire Safety Visit
General Fire Safety

Sector Challenge

More fires and fire injuries are caused by carelessness in the kitchen than anywhere else in the home and two fires a day are started by candles (around 1000 a year).

A fire can start in any room and the effects can be devastating. Taking some simple precautions can prevent fires from happening and make you and anyone else in your home a lot safer.

General fire safety advice is covering kitchens, candles and escape planning is available via the NFCC safety messaging and the Home Office Fire Kills campaign.

NFCC Recommendations

1. You are more at risk from a fire when asleep. So, it's a good idea to check your home before you go to bed.

2. Do not use candles in the home, especially where young children or older frail householders are present, as they may be at higher risk of an accident, injury or fire.

3. Heat alarms fitted in kitchens can detect the increase in temperature caused by a fire but will not be set off by cooking fumes. Around 50% of fires in the home start in the kitchen so we recommend heat alarms are fitted.

4. Be prepared and ensure your household is prepared by making a plan of escape in the event of a fire. This should take account of all member so the household including children, older people and those with mobility or cognitive impairments.

Home Fire Safety Visit

As a minimum, the NFCC advises the following:

1. **Eliminate the hazard:**
    Avoid cooking when under the influence of alcohol or medications which may make you drowsy
    Keep tea towels and clothes away from the cooker and hob and keep cooking appliances them free from grease build up
    Double check your cooker is off when you've finished cooking

Page 1 of 3   General Fire Safety – Person Centred Risk   July 2020

National Fire Chiefs Council **I** West Midlands Fire Service **I** 99 Vauxhall Road **I** Birmingham I B7 4HW **I** www.nationalfirechiefs.org.uk

CFOA: registered in England as a Limited Company: No 03677186   CFOA: registered in England as a Charity: No 1074071 VAT Registration No:902 1954 46

Use a thermostat controlled electric deep fat fryer rather than a chip pan
Consider using safer ways of scenting rooms that do not involve the use of candles
Consider using dimmer switches or low wattage table lamps instead of lit candles to reduce level of luminance in the home
Replace wax candles with safer battery operated candles

2. **Reduce the hazard:**

Spark devices are safer than matches or lights to light gas cookers, because they don't have a naked flame

Don't leave the white goods running when you are asleep or away from the home, unless they are designed to stay on, such as in the case of a fridge or freezer

Avoid charging electrical devices when you are asleep or away from the home
Avoid getting distracted or leaving cooking unattended. If you have to leave the kitchen whilst cooking, it's safer to take pans off the heat and turn off the hob, oven and/or grill.
Make sure candles are fully extinguished
Do not leave children or persons with reduced mobility alone with candles

3. **Isolate the hazard:**

Close doors at night to help stop the fire and smoke from spreading if an incident should occur
Make sure candles are secured in a proper holder and away from materials that may catch fire – like curtains.
Tea lights get very hot and without proper holders can melt through plastic surface like a TV or bath.

4. **Control the hazard:**

Make sure saucepan handles don't stick out – so they don't get knocked off the stove
If the oil starts to smoke - it's too hot. Turn off the heat and leave it to cool
Take care if you're wearing loose clothing – they can easily catch fire if they come in contact with heat or naked flame
Keep the oven, hob and grill clean as a build-up of fat and grease can ignite a fire
If a pan catches fire, don't take risks – Don't tackle the fire yourself and don't attempt to move the pan. Turn off the heat if it is safe to do so. Never throw water over a fire as it could create a fireball. Leave the room, close the door, shout a warning to others and call the fire service by dialling 999 - Get Out, Stay Out, and Call 999
Make a home escape plan. Plan an escape route and make sure everyone knows what to do and how to escape. The plan may include waking and helping children or vulnerable persons. The best route is the normal way in and out of your home. Make sure exit routes and exits are kept clear and clutter free. Plan a second route in case the first one is blocked. Practice your escape plan and keep door and window keys where everyone can find them.

5. **Fire safety equipment:**

The easiest way to protect your home and family from fire is with working smoke alarms. For maximum protection a smoke alarms should be fitted in every room of your house except the bathroom, kitchen and garage. And a heat detector should be fitted in the kitchen.

Please select the correct symbol to represent whether this position applies to the countries below			
England ✔	Wales ✔	Scotland ✔	Northern Ireland ✔

Position Statement

Person Centred Approach to the Home Fire Safety Visit

Deliberate Fires - Arson Reduction Guidance

Sector Challenge

The National Framework documents for FRSs set out the strategic expectations to identify, assess and target risks which could affect their communities with arson and deliberate fire-setting being specifically referenced; England in section 2.4, and Wales in sections 1.11, 1.19 and 1.25. Scotland's strategic priority No.2 covers the need to identify and target inequalities. Northern Irelands' Corporate Plan takes cognisance of the three National Framework Documents capturing the reduction of deliberate fires in strategic objective No.1.

Deliberate Fires account for the largest percentage of all the fires attended by UK FRSs.

Deliberate Fires including Deliberate Dwelling Fires are increasing.

The level of risk posed when dwellings are subject to a deliberate fire or arson attack, is HIGH; with consequences ranging from loss of life, personal injury, property damage, financial loss and environmental damage.

NFCC Position

[NFCC has published its agreed Position Statement on Arson](#)

[NFCC has agreed and published its National Arson Reduction Strategy](#)

NFCC will work towards an integrated and coordinated approach, in collaboration, in partnership, and where necessary take action as a standalone agency, to reduce the incidence of arson and the consequential effects that arson has on victims and communities.

Working with partners

The NFCC will work with strategic partners including the National Police Chiefs Council (NPCC) and the Home Office National Anti-Social Behaviour Steering Board to promote collaboration and partnership opportunities; develop closer working relationships and promote the consideration of arson in wider Government agendas.

FRSs are encouraged to work with Crime & Reduction Partnerships (CDRPs), Local Strategic Partnership Boards and Local Safer Partnerships; to embed an integrated and coordinated approach to addressing local needs and reducing the impacts of arson on local communities.

Advice and guidance

NFCC has produced, agreed and published standardised advice and guidance relative to arson reduction in a domestic, business and rural setting;
[Domestic guidance](#)
[Business guidance](#)
[Rural guidance](#)

1. The NFCC will provide standardised advice for all FRSs to adopt or adapt, and make available to domestic residents

2. The NFCC will provide a framework of areas for advice and education that can be assessed during a Home Fire Safety Visit

3. The NFCC will provide a 'toolkit' of potential options for interventions that could reduce the occupants assessed level of risk from arson

NFCC Recommendations

NFCC Support:

1. All FRSs to embed the assessment of 'risk from arson' within their Home Fire Safety Visit

2. All FRSs to fully provide arson reduction advice, education and interventions within their Home Fire Safety Visit

3. All FRSs to develop and share through the national toolkit, solutions to arson and use of community empowerment tools.

Home Fire Safety Visit

As a minimum, the NFCC advises the following:

1. **Eliminate the hazard**
   Remove and secure property items and outbuildings which may not be secured that present risk of theft and use of arson as a method of crime concealment, introduce boundary security to reduce opportunist arson. Consider improvements to external deterrents (CCTV, lighting, letterbox lock, bin security)

2. **Reduce the hazard**
   Change behaviours to avoid the hazard of opportunist Arson. (household waste management, waste collection day routine, neighbourhood pride)

3. **Isolate the hazard**
   Examine options in terms of fire fuel availability within premise curtilage (hoarding, waste storage, abandoned or end of life vehicles / caravans / furniture etc.)

4. **Control the hazard**

   Promote public empowerment tools for public to refer local community issues. Remind and prompt business owners about the fire safety issues. Provide information and follow-up advice via further visits, phone calls, information on websites, partner agency newsletters, campaigns etc. Refer to local Police Force for security check.

5. **Fire safety equipment**

   Provide, recommend or refer for interventions appropriate to risks identified, including; devices, education and behavioural change programmes e.g. fire-setter intervention services.

Please select the correct symbol to represent whether this position applies to the countries below			
England ✔	Wales ✔	Scotland ✔	Northern Ireland ✔

Person Centred Approach to the Home Fire Safety Visit

Electrical Safety

Introduction

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

The intent of this statement is to outline the challenge, the strategic and tactical approaches to preventing electrical fires and the NFCC's position. In the statement figures referenced are fire incidents in the UK where electrical ignition source was defined as faulty appliances and leads, faulty fuel supply and misuse and articles placed too close to heat.

Sector Challenge

Fires relating to electrical equipment and supplies are the second highest cause of accidental dwelling fires in the home and of accidental dwelling fire related injuries and deaths. Faulty electrics (appliances, wiring and overloaded sockets) cause around 6000
[1] fires in the home across the country every year.

Electrical safety in the home covers both the electrical items we use and how we use them. Areas covered include fixed mains wiring and associated equipment, portable appliances such as white goods, plug in devices and chargers, and battery powered devices (e.g. vaping devices, tablets and phones).
NFCC will continue to review emerging and future technologies, such as home energy storage systems or the 'Internet of Things' (IoT), in order to identify potential new fire risks to the public and fire service.

With changing consumer behaviours including more goods being purchased online and via online auction sites, there appears to be a significant concern regarding 'fake' goods, notably smaller electrical appliances such as hair straighteners, phone chargers and battery powered devices. While some larger companies are proactively seeking out these potentially dangerous counterfeit goods, Trading Standards may struggle to effectively conduct market surveillance activities due to other pressures and limited resources. The issue is not solely an online one, various dangerous goods ranging from Christmas lights to electric heaters have been sold at local markets. One challenge for the fire service is that is can be exceptionally hard to identify products that have been involved in a fire. Also, there is evidence of unmodified and unregistered goods being sold online or via second hand retail outlets that were subject to a safety recall due to a fire risk.

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[1] 2018/19 https://www.gov.uk/government/statistical-data-sets/fire-statistics-incident-level-datasets, https://www.firescotland.gov.uk/about-us/fire-and-rescue-statistics.aspx, https://gov.wales/fire-and-rescue-incident-statistics

Re-chargeable batteries when used safely power millions of devices every day such as mobile phones, laptops, tablets and mobility scooters. However, batteries can present a fire risk when over-charged, short-circuited, submerged in water or if their cases are damaged.

Working with Partners

As fire trends and potential risks are identified, the NFCC will continue to provide evidence to stakeholder groups while campaigning for appropriate safety standards (and where appropriate regulation) to be implemented.

Sometimes electrical products (as with other types of products) become subject to a safety recall notice after a potentially dangerous fault is discovered and therefore need to be registered, so that consumers can be informed. A recent recall of potentially unsafe washing machines affected as many as one in sixty homes across the UK – the numbers for a previous recall involving tumble dryers were even higher, highlighting the potential scale of the problem when something goes wrong. The NFCC have undertaken significant work in recent years to ensure that recalls are undertaken in a timely and effective way and contributed to an industry guide on recall 'best practice' (PAS 7100).

NFCC Recommendations

1. Products should be registered to ensure that consumers can be alerted in the event of a safety issue being discovered

2. The public are encouraged to report fires to the relevant body, be it the FRS (fire or fire all out), Trading Standards and or the manufacturer (small events, such as localised burning to an appliance with no fire development or spread)

3. Encouraging anyone who has purchased potentially unsafe goods, either new or second hand (via a retail or online outlet) to inform their local Trading Standards

4. All electrical products in homes should be used safely and in accordance with manufacturers' instructions to reduce or remove the risk of fire

Home Fire Safety Visit

As a minimum, the NFCC advises the following:

1. **Eliminate the hazard:**
   Work with the homeowner or local landlord to ensure that the homeowner registers electrical products. The main channel for registering white goods is currently via AMDEA's 'Register My Appliance' site.
   Promote and communicate product recalls.
   Encouraging anyone who has purchased potentially unsafe goods, either new or second hand (via a retail or online outlet) to inform their local Trading Standards

2. **Reduce the hazard:**
   Change behaviours to avoid the incorrect inappropriate use of electrical products.
   Products in homes should be used safely and in accordance with manufactures' instructions.
   Remove overloaded extension leads and adapter plugs. Don't overload plug sockets – An extension lead or adaptor will have a limit to how many amps it can take so, to help reduce the risk of fire, be careful not to overload them.

Unplug appliances when not in use - This helps to reduce the risk of fire. Unplug appliances when you go to bed or when you go out unless they are designed to be left on, like fridges and freezers.

3. **Isolate the hazard:**
Ensure electrical equipment is used and located in appropriate locations – for example not to charge phones, tablets or laptops whilst they are on bedding.

4. **Control the hazard:**
Remind and prompt landlords and homeowners of all of the above.

5. **Fire safety equipment:**
Provide interventions, or recommend that interventions be provided, which are appropriate to the risk. These may include additional smoke and heat detection in areas where more risk is evident.

We will:

- Regularly review our position statement in line with emerging risks, trends and evidence.

- Provide a platform for sharing information and learning, to prevent electrical fires in the home.

- Understand the fire risks associated electrical safety and provide advice for the sector, our partner organisations and the public.
- Work with stakeholders and partner organisations to push for appropriate safety standards (and where appropriate regulation) to be implemented.
- Encourage FRSs to provide appropriate advice and guidance relating to electrical safety and fire risk as part of a Home Fire Safety Visit.
- Support relevant safety campaigns.

Please select the correct symbol to represent whether this position applies to the countries below			
England ✔	Wales ✔	Scotland ✔	Northern Ireland ✔

Position Statement

Person Centred Approach to the Home Fire Safety Visit

Safer Heating

Introduction

The National Fire Chiefs Council (NFCC) is committed to creating safer, healthier and more resilient communities. In support of this objective it is considered that continued work to prevent heating related fires as part of the Home Fire safety Visit will contribute to reducing casualties, fatalities and material losses arising from fires.

Fires involving heaters have a particularly high mortality rate. This may be due to the circumstances they start in such as where bedding or blankets are too close to a heat source and people are more likely to trip over them, especially those with mobility issues, this can mean that the injuries sustained are far more likely to be fatal.

There are different ways of heating homes, not just electrical heaters, but also different types of portable heaters like gas fires, as well as open fires. Some kinds of heaters may also present a carbon monoxide (CO) risk.

Sector Challenge

Preventing injuries and fires by reducing the use of unsafe heating methods and encouraging safe behaviours around all heating methods.

The Gas Safety Regulations 1998 place a statutory duty on all landlords of residential property to ensure that all gas appliances, pipe work and flues are maintained in a safe condition.

An inspection of all gas appliances that is provided within the property by the landlord must be inspected annually by a Gas Safe Registered Engineer. After inspection a warranted Gas Safety Certificate will be issued for proof of inspection; both tenant and landlord should keep a copy

Section 11 of the Landlord and Tenant Act 1985 states that a landlord has responsibility to keep good repair and order of installations in a property, including heating.

Issues can arise and risk can increase when this legislation is not adhered to. Enforcement of these duties and penalties for a lack of compliance may help to improve standards.

Preventing heating related fires

1. **Eliminate the hazard:**
   Not advised as heating is required to reduce health risks associated with cold homes. Can advise hot water bottles/thicker clothing at night.

2. **Reduce the hazard:**
   Advice about the use of unsafe heaters and potential referral to organisations that can offer support and potentially funding for central heating, oil filled radiators etc.

3. **Isolate the hazard:**
   Suggest that heaters are only used during the daytime and not kept on when asleep.

4. **Control the hazard:**
   Advise controls are put in place to reduce fire risk involving unsafe heaters, for example moving heaters away from furniture, bedding etc. Give advice about risks associated with emollients.

5. **Fire safety equipment:**
   Suggest provision of fire safety equipment such as detection, fire retardant throws and bedding.

We will ask FRSs to share the following safety messaging at Home Fire Safety Visits:

All Heating Methods

- Make sure heaters are well maintained and in good working order
- Ask people to check that your heater isn't on a recall list
- Never install, repair or service appliances yourself. Make sure anyone who does is registered with the Gas Safe Register (for gas appliances), the Heating Equipment Testing and Approval Scheme (HETAS) (for solid fuel appliances), or the Oil Firing Technical Association (OFTEC) (for oil appliances)
- Don't take risks with old heaters – if it's electrical and getting older, get it tested by a qualified electrician or buy a new one
- Where appropriate, secure heaters against a wall to stop them falling over, or fit wall-mounted heaters
- Keep heaters well away from clothes, curtains and furniture and never use them for drying clothes
- Always sit at least one metre away from a heater as it could set light to your clothes or chair
- Before attempting to move your heater, turn it off and allow it to cool first

Gas Fires and Biofuel Fires

- Gas heater cylinders should be changed in the in the open air, if you have to change them indoors make sure all rooms are ventilated, open the windows and doors
- Store spare propane cylinders upright and outside whenever possible. Never store them in basements, under stairs or in cupboards containing electric meters or equipment
- Ensure empty cylinders are collected regularly. Fireboxes and containers should always be placed on a stable surface. When using biofuel always follow the manufacturer's guidelines and instructions
- Don't overstock fuels of any type including paraffin or biofuel and store them safely
- Never add fuel to a burning fire or refill a firebox fuel container that is still hot.
- Encourage FRSs to collect, store and analyse robust data collection from incidents involving methods of heating
- Encourage FRSs to produce literature which can be left at the home giving prevention advice
- Ask FRS to update websites to have current information around safe heating
- Support national safer heating campaigns using a variety of communications methods
- Ask FRSs to engage with carers and care homes to ensure that safer heating messages

are reached by the most vulnerable and those who look after them

- Work with the NHS and ask FRS to also do so locally to ensure those using medical equipment are aware of the dangers of being near naked flames.

Fuel poverty

Fuel poverty occurs when a household's income fails to meet the cost of heating and powering the home adequately. There is significant overlap between fuel poverty and the risk of fire, resulting from some of the actions people take to keep warm while keeping energy bills down.

We will:

- Lobby Central Government to shape policy around utility provision to vulnerable people;
- Encourage FRSs to refer people who meet the criteria to the UK Power Network (UKPN) Priority Risk Register. This ensures that they are given support if there is a power cut
- Advise people to contact their energy supplier or Citizens Advice Bureau if they need information about grants or benefits;
- Work with partners such as fuel poverty charities to support those experiencing fuel poverty;
- Seek to support national campaigns to raise awareness of fuel poverty and initiatives that may help reduce it.

Carbon monoxide

Carbon Monoxide (CO) is a potentially lethal and highly poisonous gas. It is formed when there is not enough oxygen present to completely burn fossil fuels such as coal, gas, oil and wood. If appliances are faulty, not serviced regularly, incorrectly fitted or used, CO emission can occur. This can also happen when flues and chimneys are blocked or poorly maintained.

We will:

- Encourage FRSs to provide literature to inform people of the dangers of CO

- Be represented at the All Party Parliamentary Carbon Monoxide Group
- Work with the National Association of Chimney Sweeps to understand the risks from solid fuel. Ask FRSs to ensure chimney sweeps are aware of any referral forms for their local area which can be issued to those who may qualify for a visit
- Support government recommendations on the 2015 regulations which require all landlords to supply CO alarms and continue to lobby for further change
- Recommend CO alarms in rooms where there is a fuel burning appliance
- Support seasonal campaigns around portable heaters and BBQs
- Ask FRS to provide information and advice on external websites and provide information and advice on the NFCC website
- Be represented on the COMed group – a group of medical professionals whose aim is to reduce CO incidents and improve diagnosis and patient pathways

Please select the correct symbol to represent whether this position applies to the countries below			
England ✅	Wales ✅	Scotland ✅	Northern Ireland ✅

Position Statement

Person Centred Approach to the Home Fire Safety Visit

Hoarding and Clutter

Introduction

Hoarding increases the risk of fire occurring and makes it more difficult for people living in the property to evacuate safely. Fire can spread to neighbouring properties if the level of hoarding is severe or if flammable items such as gas containers are being stored.
It can also pose a high risk to fire fighters when attending the scene, hampering fire-fighting and rescuing operations.

Hoarding disorder has been recognised as a distinct mental health problem[1] which may present in isolation or as part of another mental health problem.

Sector Challenge

Fire and Rescue Services do not routinely collect data on hoarding. So, it is very hard to see the numbers of incidents occurring. Some collect data on their own database, but in different ways, e.g. housekeeping, clutter, hoarding, rubbish.

Rule 43 (now Reg.28) Long Eaton, Derbys Mrs Parkes, 2011 and Durham and Darlington, Mrs Bradshaw 2013 with regard to hoarding have resulted in multi-agency working and making others aware of hoarding in properties. The CFOA group was set up following the latter Rule 43 and guidance, framework and tips were produced for all FRS'. Since this other Reg. 28 Liverpool, Cain 2016 was issued requesting a review in law as the Regulatory Reform Order does not cover homes, only businesses. The Fire and Rescue Services Act 2004 (s.45) allow powers of entry relating to road traffic accidents and emergencies (read terrorism etc.)

The only legislation that is used for hoarding is by Environmental Health using the Public Health Act 1936 (Sections 79, 83 and 84 being the most used), Environmental Protection Act 1990 Section 80.

In a situation where the person has care and support needs, the Care Act 2015 can be used under self- neglect, however, this is dependent upon which council is accepting or not accepting the referral.

Multi-Agency Hoarding Panels across the country are seeing some positive outcomes.

Working with partners

FRSs are encouraged to work with local Safeguarding boards, local multi-agency groups, Local Strategic Partnership Boards and Local Safer Partnerships to explore, develop and embed an integrated and coordinated approach to addressing local needs and reducing the impacts of hoarding on those living in local communities.

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[1] https://hoardingdisordersuk.org/research-and-resources/definitions/#:~:text=In%20June%202018%20the%20World,classified%20as%20a%20medical%20condition.

NFCC Recommendations

NFCC Support:

1. All FRSs to embed the assessment of 'risk from hoarding' within their Home Fire Safety Visit

2. All FRSs to fully provide hoarding advice, education and interventions within their Home Fire Safety Visit

3. All FRSs to develop and share through local strategic boards, safeguarding and health partnerships, any future developed national toolkits

Home Fire Safety Visit

As a minimum, the NFCC advises the following:

1. **Eliminate the hazard:**
   Work with the homeowner or local landlord to ensure that the homeowner is keeping exits and entrances clear, being able to shut doors and has a good night time routine. Give advice regarding the benefits of clearing items. Help can be provided through local health care referral pathways.

2. **Reduce the hazard:**
   Change behaviours to avoid the hazard of hoarding and storage of clutter (household waste management, waste collection routine, individual pride).

3. **Isolate the hazard:**
   Examine options in terms of removal of items of clutter. This must be done with carer/health professional input to ensure there is no detriment to the mental health of the homeowner.

4. **Control the hazard:**
   Remind and prompt landlords and health partners about the fire safety issues. Provide information and follow-up advice via further visits, phone calls, information on websites, partner agency newsletters, campaigns etc. Work with local safeguarding boards to address issues through multi-agency involvement.

5. **Fire safety equipment:**
   Provide interventions, or recommend that interventions be provided, which are appropriate to the risk. These may include additional smoke and heat detection in areas where more risk is evident.
   Consideration should also be given to the working with local authority partners to secure a care line link in the event of an emergency. Request that the homeowner shares details with the Fire Service with regard to where they are sleeping in the property and consider the clutter rating level.

Please select the correct symbol to represent whether this position applies to the countries below			
England ✔	Wales ✔	Scotland ✔	Northern Ireland ✔

Position Statement

Person Centred Approach the Home Fire Safety Visit

Home Fire Detection

Introduction

The National Fire Chiefs Council (NFCC) is committed to creating safer, healthier and more resilient communities.

In support of this strategic objective it is considered that improving the standard of fire detection within dwellings would contribute significantly to reducing fire casualties and fatalities and also materially reduce fire losses arising from accidental fires.

In addition, it is important that public fire safety information and advice keeps pace with changing technical standards, advances in technology and also reflects the range of products being manufactured, supplied and retailed in the UK.

The primary intent of this position statement is to revise the version issued in May 2015, to harmonise and update the information and advice being provided to the public and others in respect of domestic fire detection.

Background

In 1987, only 9% of households in the UK had a working smoke alarm. Current figures show that approximately 90% of households now have a working smoke alarm. This improvement has largely resulted from a significant programme of home safety visits undertaken by Fire and Rescue Services, and from regular publicity campaigns around the simple messages of fitting smoke alarms and testing them regularly.

Current Position

The NFCC believe every home should have smoke alarms and no home should be unprotected. Despite the significant increase in ownership of working smoke alarms, dwelling fire fatalities still occur, even in properties where smoke alarms are fitted and working. In some instances, smoke alarms are not fitted in the right place or are not suitable for the occupiers needs.

Advances in technology also mean that we have a greater understanding that different types of smoke alarms respond in different ways to some types of fires.

To prevent fire injury and minimise fire damage it is crucial that any outbreak of fire in the home is quickly detected and the alarm raised at the earliest possible stage of smoke production and fire growth.

Home Fire Safety Visit

As a minimum, the NFCC advises the following:

1. **Eliminate the hazard:**

   Fit a smoke alarm on every floor of the home as a minimum standard (in a circulation space such as a hall or landing) additionally, smoke alarms should be fitted in every room in the house which is regularly inhabited (i.e. bedrooms, living rooms, dining rooms) based upon the fire risk to the occupants.

2. **Reduce the hazard:**
   Change behaviours to ensure that everyone in the home understands the importance of working smoke alarms and the role that they will play during a fire. Fire safety messages and prevention activities such as Home Fire Safety Visits should be aimed at protecting all occupants of dwellings.
   Encourage those who can (or have a legislative responsibility to do so) to provide suitable and sufficient fire detection and warning and support those who can't, due to age, ill health and/or social circumstance to get the help and assistance needed to adequately protect themselves from fire.

3. **Isolate the hazard:**
   Remove any immediate fire threats. Advise owners against smoking and using candles and any other use of naked flame.

4. **Control the hazard:**
   Remind and prompt home owners about fire safety issues. Provide information and follow-up advice via further visits, phone calls, information on websites, partner agency newsletters, campaigns etc. involve other agencies as appropriate such as local health or social care providers. Work with Registered Landlords as appropriate.

5. **Fire safety equipment:**
   Provide interventions and advice or recommend that further interventions be provided from other agencies which are appropriate to the risk. These may include additional smoke and heat detection or specialist equipment for those who are more vulnerable. It is additionally recommended that a heat alarm should be fitted in the kitchen. Where possible, these alarms should be inter-linked so that all will actuate within the property irrespective of the fire location.
   - NFCC recommend that the smoke alarm has a sealed battery compartment to prevent tampering or removal of the battery.
   - NFCC recommend an optical multi sensor smoke alarm with a ten-year life span.
   - All smoke alarms (including hard wired) should be replaced after ten years, or by the 'replace by' date indicated on the base or earlier if found to be defective.

Public safety information

Specialist domestic fire alarms are readily available for persons with impaired hearing to increase audibility and consideration should be given to the provision of an interlinked smoke alarm within the bedroom.

NFCC aims to ensure that all homes within the UK are provided with a standard of fire detection and warning that is appropriate to the layout, fire risks and hazards within the home and best suited to the health and circumstances of the occupants.

Scotland

In 2018 changes were made to the Housing (Scotland) Act 1987 in relation to fire and smoke alarms which will apply to **all homes in Scotland**.

The main requirements are:

- at least one smoke alarm installed in the room most frequently used for general daytime living purposes,

- at least one smoke alarm in every circulation space on each storey, such as hallways and landings,

- at least one heat alarm installed in every kitchen,

- all alarms should be ceiling mounted, and

- all alarms should be interlinked.

There will be a two- year period for compliance once the regulations are in force, meaning homeowners would have until early 2021 to comply.

Position Statement

Person Centred Approach to the Home Fire Safety Visit

Medicines and Medical Devices

Introduction

UK Fire and Rescue Services (FRS) have a statutory duty to deliver services which support the prevention of fire within domestic dwellings. As we have developed an evidence-based approach to prevention FRS have been increasingly recognised for their contribution towards developing safer communities; in particular, how FRS can affect wider health and well-being determinants.

Sector Challenge

Older people and those who are in receipt of care and support have an increased chance of being seriously or fatally injured in a fire. This is because they may be less likely to escape safely in the event of a fire incident.

Twice as many people aged 50 and over die in dwelling fires compared to those aged under 50[1]. The over 65s are the fastest growing age group in the UK and will represent 23% of the population by 2033[2]. With increasing age many people experience poorer health which places increasing pressures on the NHS.

Preventing Medical and Medical Devices Related Fires

In 2015, the NFCC signed a consensus statement with the National Health Service, Public Health England, Local Government Association and Age UK in which we outlined our intent to work together, use our collective capabilities and resources more effectively to enhance the lives of the people we work with and encourage our local networks to do the same in their communities

The Care Act 2014 also gave local authorities a duty of care to work effectively and in partnership with the emergency services and third sector organisations to ensure that individuals can continue living independently and safely in their own homes for as long as possible.

NFCC is committed to making everyone safer within their homes. Our guidance will direct FRS to identify and support those who are older, have a disability, long term health condition or reduced manual dexterity.

FRS target their prevention work by taking an intelligence-led approach to identifying people who may share health and wellbeing vulnerabilities and therefore may be at higher risk of fire. FRS should utilise data such as that provided by local authority joint strategic needs assessments, GP patient data (England and Wales), fire incident mapping tools and localised partner information.

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[1] Fire Statistics, United Kingdom 2008. Published 26 November 2010. Ageing Safely (CFOA; March 2013)

[2] Ageing Safely (CFOA; March 2013)

We will:

- Recommend that all FRS work with their NHS partners, local authority, other emergency services and third sector partners to identify those at risk of fire at the earliest opportunity; carry out home visits; identify their health and well-being needs and try to mitigate those risks by delivering interventions which may include smoke detection, advice, early signposting or referrals to partner agencies.

- Recommend FRS should work collaboratively with partners to develop referral pathways, information sharing agreements and training programme which will enable them to deliver appropriate services to those with combined vulnerabilities.

- Encourage care providers and health professionals to integrate fire safety into any person- centred risk assessments they carry out and to refer people to their local FRS if they have any concerns about their fire safety. Fire prevention teams will provide advice and support as determined by their local arrangements to reduce the risk of fire to the identified individual.

- Ask FRS to aim to fit smoke detection in accordance with NFCC's position statement [3] which recommends that, in addition to fitting at least one smoke detector on every floor of a home, detectors should also be installed in every room which is regularly lived in, where a risk has been identified. Where necessary, a linked detection system should be fitted or a referral made to the telecare provider.

Medication that may cause drowsiness or dizziness

Some medication is designed to relax or induce calmness or sleep whilst others commonly cause drowsiness as a side effect. These medicines include those used to treat pain, anxiety, depression, high blood pressure and allergies. The effect of these medications can inhibit someone's ability to hear and respond to a smoke detector actuation. Drinking alcohol, in addition to taking medication, can also enhance levels of drowsiness or affect someone's alertness.

NFCC advises:

1. **Eliminate the hazard:**
   Not to cook, smoke or sit too close to open fires or heat sources if a person is under the influence of medication that may cause drowsiness. Issue verbal and written advice about these activities and the associated fire safety issues i.e. the person at risk should not cook, smoke, sit to close to open fires or other heat sources if there is any chance they are under the influence of a medication that causes drowsiness or dizziness – especially if they live alone.

2. **Reduce the hazard:**
   Change behaviours to avoid the hazard. Where possible, advise people to cook before

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[3] NFCC: Domestic Fire Detection; June 2019

they take the medication; use alternative devices to cook with such as microwaves; or eat food that is already cooked or does not need cooking. NFCC also advise people should not drive while under the influence of such medication.

Advise people to quit smoking or only smoke outside the property and when they are fully alert. Offer signposting information or a referral to a smoking cessation service.

3. **Isolate the hazard:**
    Switch to alternative non-drowsy medications, where possible. Advise people who smoke or are concerned to approach their health professional to see if any alternative non-drowsy medications can be prescribed.

4. **Control the hazard:**
    Remind and prompt people about the fire safety issues. Provision of information and follow-up advice via follow-up visits, phone calls, information on websites, partner agency newsletters, campaigns etc. as appropriate.

5. **Fire safety equipment:**
    Provide interventions, or recommend to others that interventions be provided, which are appropriate to the risk. These may include additional smoke and heat detection, fire retardant throws, safety ash trays, smoking aprons, cooking timers and fire guards

Oxygen

Home oxygen therapy helps prevent damage to the heart and brain which can be caused by low levels of oxygen in the blood and is commonly prescribed for people with conditions such as COPD, heart failure and smoking-related lung disease. Poor storage and maintenance of oxygen equipment and unsafe behaviour by the patient and/or their visitors can lead to an increased risk of fire within the property due to increased levels of oxygen saturation in the atmosphere, soft furnishings and personal clothing. FRS will continue to work closely with health professionals and oxygen suppliers to identify and minimise fire safety risks within the homes of oxygen users.

NFCC advises:

1. **Eliminate the hazard:**
    Not to smoke, cook or use open flames or static heat sources if oxygen is in use or has been in use within the previous 30 minutes. Issue verbal and written advice about these activities and the associated fire safety issues. Encourage the person to share this advice with their household and any visitors. They should also ensure rooms where oxygen is in use or stored are well ventilated. Oxygen equipment should be placed at least 3 metres away from open fires and 1.5 metres away from other heat sources including portable heaters, ovens and static electric sources such as televisions, hairdryers and cooling fans. Firebreak valves should be checked to ensure they are present and positioned correctly.

2. **Reduce the hazard:**
    Change behaviours to avoid the hazard. If people cannot wait to eat following oxygen therapy, advise them to eat food which is already cooked or does not need cooking.

Advise people to quit smoking; offer signposting information or a referral to a smoking cessation service. If applicable, advise about safe emollient use.

3. **Isolate the hazard:**
   Stopping oxygen therapy. NFCC recognises that oxygen therapy is vital for the treatment and comfort of many people. In extreme circumstances, where a person persists in unsafe behaviour, placing themselves or others at risk FRS may liaise with the prescribing health professional, asking them to consider withdrawal of therapy.

4. **Control the hazard:**
   Remind and prompt people about the fire safety issues. Provision of information and follow-up advice via follow-up visits, phone calls, information on websites, partner agency newsletters, campaigns etc. as appropriate.

5. **Fire safety equipment:**
   Provide interventions, or recommend to others that interventions be provided, which are appropriate to the risk. These may include additional smoke and heat detection, linked detection systems, fire retardant throws or bedding and smoking aprons.

   Additionally, NFCC recommends that trailing tubes should be checked to ensure they are not causing a trip hazard.

Emollients

There have been more than 50 fire fatalities in the UK since 2010, where emollients are believed to have contributed to the development of the fire. In the majority of these cases the ignition source was found to be smoking materials such as cigarettes, lighters and matches.

Emollients are creams, lotions and ointments which are prescribed, or bought over the counter, and used to treat long term skin conditions such as eczema and psoriasis. They are also used on open ulcers and sores which may arise when someone is less mobile or bedbound. They may contain paraffin, or they may be paraffin-free.

Recent academic research[4] has confirmed, where emollients have dried onto fabrics such as clothing, bedding and bandages and an ignition source is introduced, a fire will ignite quicker, develop more rapidly and burn hotter than fabric which is uncontaminated.
Emollients are used widely by people of all ages but the main risk of serious injury or death by fire involves those smokers who are aged 60 years and over and may have restricted or slower mobility[5].

NFCC will:

- Continue to work with academic experts and stakeholders to develop our understanding of the risks, potential risks and advice relating to emollient products

- Work nationally to highlight the risk, and any new advice, as our knowledge develops, to ensure

[4] The flammability of textiles when contaminated with paraffin base products; Fire Safety Journal, Volume 104 March 2019, Page 109-116. S. Hall, L Franklin, J Bull, A.Beard, G.Phillips, J. Morrisey
[5] Data collected by West Yorkshire FRS from other services as part of the NFCC Emollient Working Group for fire fatalities between 2010 and 2019

FRSs and their communities have the most up to date guidance

- Work closely with health and care partners to develop and help deliver targeted advice to those most at risk and reassure those at low risk.

NFCC advises:

1. **Eliminate the hazard:**
   People should be advised not to smoke, cook, sit close to or go near to any heat source if there is any chance that their clothing, towelling, bedding or bandages are contaminated with emollients. Issue verbal and written advice about these activities and the associated fire safety issues. It should be noted that regular washing of clothing, towelling etc may reduce the risk but will not remove it completely. Encourage the person to share this advice with their family and carers. FRS will try to ensure that all those using emollients, professionals concerned in the prescribing, dispensing, application of emollients and those caring for people are aware of the fire risks associated with unsafe emollient use. Advise professionals that the fire safety risks from emollient use should be considered in any person-centred risk assessments.

2. **Reduce the hazard:**
   Change behaviours to avoid the hazard. The majority of fire fatalities, where emollients have been involved in the fire's development have involved smokers. Therefore, advise people to quit smoking; offer signposting information or a referral to a smoking cessation service is preferable. If this is not possible, they should be warned not smoke in bed or wearing contaminated clothes or bandages.

3. **Isolate the hazard:**
   Stopping emollient use. NFCC recognises that emollients are essential treatment for many skin conditions. In extreme circumstances, where a person persists in unsafe behaviour, placing themselves or others at risk FRS may liaise with the prescribing health professional, asking them to consider withdrawing treatment.

4. **Control the hazard:**
   Remind and prompt people about the fire safety issues. Provision of information and follow-up advice via follow-up visits, phone calls, information on websites, partner agency newsletters, campaigns etc. as appropriate.

5. **Fire safety equipment:**
   Provide interventions, or recommend to others that interventions be provided, which are appropriate to the risk. These may include additional smoke and heat detection, linked detection systems, fire retardant throws or bedding and smoking aprons.

Dynamic airflow pressure-relieving mattresses and cushions

Dynamic airflow pressure-relieving mattresses and cushions are usually provided for the prevention and treatment of pressure sores and are used by people who have restricted mobility or are confined to bed. If a fire starts or a detector actuates, the person will be less likely to respond or escape without assistance. Additionally, the flow of air can contribute to the rapid development of a fire if the mattresses is pierced or burnt by a heat source or flame. The most common cause of fires involving these mattresses is smoking in bed.

NFCC advises:

1. **Eliminate the hazard:**
   People should be advised not to smoke in bed. Issue verbal and written advice about smoking in bed and the associated fire safety issues. Advise people not to use or place any electrical items such as electric blankets, hairdryers or styling appliances on or near to a mattress or cushion. If applicable, also advise about the safe use of emollients. Encourage the person to share this advice with their family and carers.

2. **Reduce the hazard:**
   Change behaviours to avoid the hazard. Advise people to quit smoking; offer signposting information or a referral to a smoking cessation service.

3. **Isolate the hazard:**
   Switch to alternative mattress. NFCC recognises that airflow mattresses are extremely useful and appropriate for those people who have no mobility or very limited mobility. In extreme circumstances, where a person persists in unsafe behaviour, placing themselves or others at risk FRS may liaise with the prescribing health professional, asking them to consider safer alternatives such as gel mattresses.

4. **Control the hazard:**
   Remind and prompt people about the fire safety issues. Provision of information and follow-up advice via follow-up visits, phone calls, information on websites, partner agency newsletters, campaigns etc. as appropriate.

5. **Fire safety equipment:**
   Provide interventions, or recommend to others that interventions be provided, which are appropriate to the risk. These may include additional smoke and heat detection, linked detection systems to telecare monitoring services, fire retardant throws or bedding and smoking aprons.

Incontinence pads

Incontinence pads are often issued to people who are immobile or less mobile; they are made of highly combustible material. NFCC recommend they are stored away from any heat and ignition sources.

Incident reporting

NFCC encourage FRS to report any fire incidents, where a medicine or medical device has been involved (or is suspected of being involved) in the ignition or development of the fire, to the Yellow Card reporting system which is managed by the Medicines and Healthcare products Regulatory Agency; https://yellowcard.mhra.gov.uk/ .

Position Statement

Person Centred Approach to the Home Fire Safety Visit

Smoking-Related Fires and Tobacco Control

Introduction

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

The intent of this statement is to outline the challenge, the strategic and tactical approaches to preventing smoking-related fires and the NFCC's position. In the statement, fire incident statistics where the ignition source was 'smokers' materials' (cigarettes, cigars, pipes or tobacco) have been used to outline the challenge. However, it is acknowledged that a wide approach to fire risk reduction for smokers must also be cognisant of smoking paraphernalia such as matches and lighters.

Sector Challenge

Fire and Rescue Services (FRS) have a moral, financial and legal[i] obligation to prevent fires and this is recognised and prioritised in UK FRS frameworks[ii]. Fire prevention work carried out by the sector and its partners, alongside regulatory and cultural change, has resulted in a reduction in smoking-related fire incidents. Despite this, the challenge to further reduce smoking-related incidents and harm remains.

Smoking is still one of the top causes of primary fire incidents. Furthermore, smoking-related primary fires are not falling at the same rate as primary fires as a whole. Between 2010/2011 and 2018/2019, the total number of primary fire incidents in the UK fell by 21%, whilst primary fire incidents caused by smokers' materials fell by only 11%[iii] (latter figure excluding Northern Ireland).

In addition, fires caused by smokers' materials result in more fatalities than fires caused by any other single ignition source. In the UK, in 2018/2019, 23%[iv] of fire fatalities were caused by smokers' materials.
In the UK, smoking prevalence has declined in recent years but 14.7% of people aged 18 years and above still smoked cigarettes in 2018[v]. This equates to around 7.2 million people. Furthermore, smoking remains one of the biggest causes of death and disease in the UK[vi].

Preventing Smoking Related Fires

Efficient and effective prevention of smoking-related fires requires the delivery of activity at *universal*, *community* and *individual*[vii] level, in order to reach all smokers, whilst targeting those most at risk.
Universal approaches, such as universal campaigns or online advice are crucial in reaching all smokers. Community level approaches, such as targeted partnerships or events protect specific at-risk groups.

Approaches delivered at individual level provide more intensive interventions to those who are most at risk and will not necessarily benefit from other approaches. Within the sector, Home Fire Safety Visits[viii] provide an opportunity to deliver at this level by working with individual smokers, in their homes.

Across all levels, continued effort is required to tackle risk resulting from smoking in combination with other factors, notably oxygen therapy, emollient products, air flow pressure relieving mattresses, substance misuse, impaired mobility or dexterity, memory impairment and hoarding.

Home Fire Safety Visits

It is important to establish and record the smoking status of occupants in all Home Fire Safety Visits. 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.

Within the sector, methods to prevent smoking-related fires in the home vary. To encourage a consistent and person-centred approach, methods can be aligned to the 'hierarchy of risk control'[ix]. It promotes risk control measures in order of effectiveness (and therefore preference), starting at the top with 'eliminate the hazard'. Interventions for smokers, to support each method, are identified below and the NFCC is committed to working with the sector, and with partners such as Public Health England and Action on Smoking and Health, to support FRS to develop and deliver these interventions.

1. **Eliminate the hazard:**
   Quit smoking - Delivery of 'Very Brief Advice' (VBA)[x] to encourage people to make a quit attempt.

2. **Reduce the hazard:**
   Switch from smoking to vaping[xi] - Provision of information about the health and fire safety benefits of switching from smoking tobacco products to vaping.

3. **Isolate the hazard:**
   Have a 'smoke- free' home - Provision of information about the health and fire safety benefits of having a 'smokefree'[xii] home.

4. **Control the hazard:**
   Practice safer smoking habits - Remind and prompt landlords and health partners about the fire safety issues. Provide information and follow-up advice via further visits, phone calls, information on websites, partner agency newsletters, campaigns etc. Work with local safeguarding boards to address issues through multi-agency involvement.

5. **Fire safety equipment:**
   Use fire safety equipment - Provision of fire safety equipment in accordance with risk, local funding and arrangements. Examples include fire retardant bedding, smoking aprons and self-extinguishing ashtrays.

NFCC Position

NFCC is committed to supporting the sector and its partner organisations to deliver the strategic and tactical fire safety approaches described previously in this statement.

In addition, it is important that strategies to prevent smoking-related fires are integrated into national and local tobacco control plans. The tobacco control plan for England[xiii] aims to reduce smoking prevalence amongst adults to 12% by 2022. Plans in Wales[xiv] and Northern Ireland[xv] aim to reduce adult smoking prevalence to 16% and 15% respectively by 2020. And in Scotland[xvi] the plan aims to reduce smoking rates to 5% by 2034. Reducing smoking prevalence is crucial to fire risk reduction; fewer smokers is likely to equate to fewer smoking-related fires.

Other tobacco control measures which happen to underpin fire risk reduction include smoke free legislation, fire safer standards for cigarettes, tackling the illicit tobacco trade and supporting the safe operation of Shisha establishments. Furthermore, pro-active involvement in tobacco control provides FRS with opportunities to work with Stop Smoking Services, the NHS and others to help identify and reach people who smoke and deliver fire safety interventions to them.

NFCC does not enter in to activity with, or affiliated with, tobacco companies; a position which is underpinned by the requirements of Article 5.3 of the World Health Organization's Framework Convention on Tobacco Control (FCTC).

We will:

- Regularly review our position statement in line with emerging risks, trends and evidence.

- Work to improve the level of detail recorded by the sector about smoking-related fire incidents.

- Work to improve the level of detail recorded by the sector about vaping-related fire incidents.

- Provide a platform for sharing information and learning, to prevent smoking-related fires.

- Understand the fire risks associated with smoking and provide clear smoking-related fire safety advice for the sector, our partner organisations and the public.

- Work with the Home Office, Welsh FRSs and Scottish Fire and Rescue Service to develop and support campaigns that aim to prevent smoking-related fires.

- Participate in tobacco control approaches to improve and uphold legislation, reduce smoking prevalence and prevent smoking-related harms (including smoking related fires and fire deaths).

- Provide guidance and share examples of good practice (such as training materials, effective partnership arrangements, Safe and Well content) to support FRS to deliver smoking-related fire prevention advice and interventions at universal, community and individual level.

- Encourage and support FRS to deliver Very Brief Advice (VBA) to smokers, as a means of fire risk reduction. Support the sector to build this intervention into Safe and Well visits.

- Encourage and support FRS to promote vaping to smokers, as a means of fire risk reduction. Support the sector to build this intervention into Safe and Well visits.

- Encourage and support FRS to promote smoke free homes to smokers, as a means of fire risk reduction. Support the sector to build this intervention into Safe and Well visits.

- Share information, evidence and learning about fire risk reduction equipment (such as fire retardant bedding or smoking aprons) that can be used to prevent smoking-related fires.

Please select the correct symbol to represent whether this position applies to the countries below			
England ✅	Wales ✅	Scotland ✅	Northern Ireland ✅

[i] Fire and Rescue Services Act 2004 / Fire (Scotland) Act 2005 / Fire and Rescue Services (Northern Ireland) Order 2006

[ii] Fire and Rescue National Framework for England May 2018 / Fire and Rescue Framework for Scotland 206 / Fire and Rescue National Framework (Wales) 2016

[iii] Fire statistics data tables, FIRE0602a fire-statistics-data-tables-fire0602-120919.xlsx [iv] Fire statistics data tables FIRE0602b fire-statistics-data-tables-fire0602-120919.xlsx [v] Adult smoking habits in the UK 2018, Office of NationalStatistics

[vi] www.nhs.uk/common-health-questions/lifestyle/what-are-the-health-risks-of-smoking

[vii] Adapted from Public Health prevention pyramid modelling

[viii] Terminology varies across FRS (incl. Safe and Well visit, Home Safety Check, Home Fire Risk assessment)

[ix] Hierarchy of Risk Control modelling (incl. information provided athttps://www.hse.gov.uk/risk/faq.htm#hierarchy)

[x] Stop Smoking Interventions and Services, NICE guideline NG92, March 2018 / www.gov.uk/government/publications/health- matters-stopping-smoking-what-works/health-matters-stopping-smoking-what-works

[xi] Vaping in England: evidence update summary Feb 2019, Public Health England

[xii] www.nhs.uk/smokefree

[xiii] Towards a Smokefree Generation, A Tobacco Control Plan for England, 2017, Department of Health

[xiv] Tobacco Control Delivery Plan for Wales 2017-2020, Llywodraeth Cymru, Welsh Government

[xv] Ten Year Tobacco control Strategy for Northern Ireland, 2012, Department of health, Social Services and Public Safety

[xvi] Raising Scotland's Tobacco-free Generation, Our Tobacco Control Action Plan 2018, Scottish Government, Riaghaltas na h- Alba