



NFCC
National Fire
Chiefs Council

The professional voice of the UK Fire & Rescue Service

Care & Nursing Homes – Short Term Staffing Shortages and Implications for Evacuation Strategies and Operational Response

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Foreword

This joint National Operational Learning and National Protection Learning guidance note has been drafted to provide information for Operational Response and Protection teams. It explains how an increase in short term staffing pressures in care homes and nursing homes may impact, in a limited number of cases, on the evacuation plan and consequently on fire and rescue service operational response and tactical considerations.

It also encourages fire and rescue services to consider collaboration between Operational Response and Protection teams, and with other local agencies such as Care Quality Commission (CQC) and Local Authority departments to identify and monitor homes that are at particular increased temporary risk or need additional guidance and support.

Finally, in Section 5 it provides a brief refresher on some of the key principles of Progressive Horizontal Evacuation that is the most common evacuation strategy in care homes and nursing homes and some key considerations for incident commanders in the early stages of any incident.

A brief animation has also been created to supplement that guidance which can be viewed via the link below.

[Progressive Horizontal Evacuation Animation](#)

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Contents

Foreword	1
Contents	2
1. Introduction	3
2. Preplanning by Fire & Rescue Services	3
3. On arrival & tactical considerations	6
4. Indications of rapid fire spread due to building features	7
5. Overview of structural fire protection & progressive evacuation.....	7

The purpose of this non-statutory guidance is to support fire and rescue services to assist with a consistent, standardised approach. This guidance does not constitute legal advice. All parties' legal duties remain those specified by law, in particular the Regulatory Reform (Fire Safety) Order 2005, the Housing Act 2004 and the Building Regulations 2010. If any parties consider that difficulties arise in relation to compliance with their particular duties in any relevant legislation, they should take legal advice.

1. Introduction

- 1.1. We understand that the COVID-19 pandemic has, and continues to be, an extremely difficult time for care providers, staff members, people using services and their representatives. We recognise the lengths that many staff members and volunteers within services have gone to, to keep people safe during this challenging period/time.
- 1.2. As well as the complexities of infection control and care provision, the sector is also experiencing significant staff shortages, the personal impacts of the pandemic on employees, and an increased turnover of staff. Concerns are also being raised by some providers of the impact on staffing of the vaccination as a condition of deployment duty, introduced as part of changes to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. From 11 November 2021, all care home workers (and other visiting professionals) will need to be fully vaccinated against COVID-19, unless they have a medical exemption
- 1.3. These regulations may, in future, be extended to cover health and social care staff working in other settings. Expanding the potential impacts to other occupancy types such as hospitals, Sheltered Housing, Supported Living and peoples own homes. The National Fire Chiefs Council (NFCC) will continue to monitor and advise on this issue.
- 1.4. As fire and rescue services will be aware, the evacuation strategy for care/nursing homes is usually **Progressive Horizontal Evacuation** (explained in further detail below) which is dependent on an effective emergency plan, correct numbers of well-trained staff and supervisors, and effective management of their actions.
- 1.5. The NFCC and Care Quality Commission (CQC) recognise that the scale of these staffing pressures may mean that, despite best efforts, there may be occasions when staffing numbers are temporarily reduced below the levels required for implementing evacuation plans. The increased turnover of staff may also mean that a higher proportion will have less experience and training in the actions required and the challenges of evacuation.
- 1.6. Fewer well-trained staff in a premises could lead to delays, slower evacuations and an increased risk of harm to residents. This may mean that when fire and rescue service personnel attend a fire at a care home or nursing home, the evacuation is still underway, which may cause a delay to firefighting. Incident commanders should always risk assess and review the benefits of evacuation and intervention and may need to prioritise supporting evacuation before firefighting in the initial stages of an incident.

2. Preplanning by Fire & Rescue Services

Consider mobilising policies & predetermined attendances

- 2.1. Because evacuation plans may be affected, if care home staffing shortages are identified, fire and rescue service should consider if the risk of delayed evacuation and less prepared staff can be mitigated by making adjustments to existing mobilising and operational response policies, until the identified issue has been resolved. Some options are considered below.

22. Reviewing call handling policies and practices to raise awareness of the additional risks associated with these occupancies and apply additional questioning by fire control personnel to identify any potential staffing or evacuation difficulties that can be communicated to incident commanders.
23. The CFOA Guidance for the Reduction of False Alarms & Unwanted Fire Signals establishes the principle that care homes may expect to receive a fire and rescue service response without application of filtering practices as these could delay the critical actions required in the earliest stages of an incident.
24. There are also a number of mobilising options that fire and rescue services can consider, based on available resources, and the numbers and locality of care homes. For example:
 - i An increase in PDAs to all care home and nursing home calls – whether a fire alarm actuation or to a confirmed fire
 - ii Increased PDAs only to individual homes that are at higher risk due to the reduction in staffing levels
 - iii Fire Control personnel can use dynamic mobilising to increase PDAs if a fire is confirmed
 - iv PDAs which include a mix of ‘blue light’ for the nearest appliances and ‘road speed’ for others until the initial incident commander arrives and determines resource requirements based on their risk assessment
25. Increased PDAs may become critical if fire is confirmed and evacuation is taking place. The number of appliances and personnel on the initial attendance may need to be sufficient to allow firefighters to be deployed to support care staff evacuating residents while simultaneously deploying others to deliver an appropriate speed and weight of attack.

Share information and consider information gathering visits to higher risk care and nursing homes

26. Operational response and protection teams should share intelligence regarding care and nursing homes and prioritise familiarisation visits to any that may be at particular risk. For example:
 - i Premises that have had previous fire safety enforcement histories
 - ii Larger and older buildings
 - iii Buildings with complex layouts
27. This will allow operational personnel to become familiar with layouts, and update Site-Specific Risk Information and tactical plans. It will also provide an opportunity to refresh their understanding of the evacuation techniques for vulnerable people.
28. Areas to consider during operational risk information gathering visits include:
 - Is there a suitable emergency action plan, where is it stored
 - Are staff aware of the plan, and actions to take

- When was the last evacuation drill
 - Are self-closing doors effective
 - Are routes clear from obstruction
 - Are mobility aids, such as scooters, appropriately stored and charged
 - What other hazards are present from the building construction or contents
- 2.9. Care homes in a service area may also be considered as part of scenarios and decision making exercises, considering for example:
- How would you lay hose to a certain area of the building to minimise smoke spread, how would this affect your evacuation plan
 - Why and how would you escalate from Progressive Horizontal Evacuation to full evacuation
 - How would you use fire alarm panels to inform situational awareness

Establish or refresh links to relevant external contracts to facilitate early exchange of information

- 2.10. There are no formal requirements for care home or nursing home providers to report all staffing shortages to NHS Commissioners, Local Authority Departments or CQC. However, these bodies may be aware of individual homes that are experiencing staffing shortages or other difficulties in their ability to deliver care. This may also indicate compromised emergency plans.
- 2.11. Fire and rescue services should work collaboratively to provide guidance on any temporary changes to evacuation strategies that may be required and enable any changes to operational response and tactical plans. Fire and rescue service managers should refresh links with managers from these organisations at a local level to facilitate the early exchange of any information if problems are identified.

Communication with local providers

- 2.12. The NFCC have communicated with care home and nursing home providers about the impact of reduced staffing and the critical importance of emergency plans, and evacuation management. An E-Newsletter was sent out by CQC to adult social care providers at the end of September. This article (within 'Other News') will prompt managers to contact their local FRS for advice should they have concerns about their staffing levels and ability to implement their emergency plans.

<https://content.govdelivery.com/accounts/UKCQC/bulletins/2f2a8f7>

The article also links to the NFCC guidance link below. Fire and rescue services may wish to use this information as the basis for local campaigns or initiatives to remind and support providers about this issue

<https://www.nationalfirechiefs.org.uk/Making-sure-your-Care-Home/Nursing-Home-is-safe-from-fire>

Refresh understanding of Progressive Horizontal Evacuation

- 2.13. Operational personnel and incident commanders of all levels should understand the complex evacuation strategies used by care and nursing homes, and some key incident command considerations that may be critical to successful resolution of any fire incident in these occupancies. These complexities may be compounded by temporary staffing shortages, but they will apply in normal circumstances and further guidance is provided below. Because of the current additional concern, it may be worthwhile refreshing and updating training associated with evacuation strategies.

3. On arrival & tactical considerations

- 3.1. The guidance below has been produced to assist decision making on key issues about evacuation in care homes and nursing homes and refresh operational personnel and incident commanders understanding of evacuation strategies. This guidance should be considered alongside existing local packages and National Operational Guidance on evacuation strategies.
- 3.2. The initial incident commander should be met on arrival by the home supervisor or manager and briefed about the location of the fire and progress with any initial evacuation. This should include information about evacuation of bedrooms on corridors close to the fire. Incident commanders should consider that the supervisor or manager may not be immediately available especially if they are also assisting with the evacuation, and may need to be located, so they can provide an appropriate briefing.
- 3.3. There is often significant turnover of staff and managers in care homes and nursing homes. Incident commanders should anticipate some confusion among staff and managers about the emergency plan for their premises, and potential delays in their actions during a fire alarm actuation or evacuation.
- 3.4. The length of time it takes nursing staff to evacuate a protected area (corridor) is a critical factor and any delay may have a significant impact on safety. It is important to recognize that evacuation **may still be in progress** when the initial attendance arrives. Nursing staff and residents may still be in the corridor or bedrooms in the affected protected area. If internal firefighting operations are not coordinated effectively, movement of personnel and hose-lines wedging doors open can create flow paths allowing smoke to travel to otherwise unaffected areas. This can increase the risk to the staff and residents or make evacuation untenable.
- 3.5. Building an appropriate situational awareness, including evacuation progress is therefore crucial. Incident commanders should gather information and consider whether they need to support nursing staff to complete the evacuation of one or more protected areas before internal firefighting commences.
- 3.6. It is also important that firefighting activity causes as little disruption to evacuation as possible, and where possible doesn't allow smoke or fire to spread. Personnel should consider the best route to lay hose lines required for internal firefighting. Normally in care homes there is more than one entrance and staircase, and it may be necessary to use an entrance or staircase that is **not** the closest to the fire to avoid running hose lines through a protected corridor that has been used for the residents evacuated from the area affected. This corridor may be very congested, some residents may be on evacuation mats on the floor. Hose lines may hold corridor doors open allowing smoke

spread into the corridor, affecting the residents and staff.

- 3.7. The use of floor diagrams or the fire alarm zone maps, usually found adjacent to the fire alarm panel, will be critical to support decision making.

4. Indications of rapid fire spread due to building features

- 4.1. If the initial incident commander becomes aware of unusual fire or smoke spread, (which may also be indicated on the fire alarm panel by multiple fire detectors operating) it may be a result of compartmentation or fire stopping failures. If there are concerns regarding the building's compartmentation, incident commanders should consider the need for early emergency evacuation or mass rescue of residents from more sections of the building, or even **all** residents, depending on the circumstances.
- 4.2. Staff are unlikely to have any pre-established plans or resources to achieve immediate evacuation of **all** residents and are very likely to need considerable assistance from the fire and rescue service and other emergency services, particularly at night when staffing levels are much lower. Early decisions by the initial incident commander to increase the attendance will be critical.

5. Overview of structural fire protection & progressive evacuation

- 5.1. Most care homes are designed and built to have a number of 'Protected Areas' which are critical to the 'progressive evacuation' strategy explained in the diagram below. These usually comprise sections of corridor which generally have between four and ten bedrooms per section of corridor. All the resident bedrooms and any other rooms such as lounges, dining rooms, offices, stores, kitchens or plant, should have fire resisting separation and self-closing doors. This protects the bedrooms and corridors from becoming affected by smoke or fire.
- 5.2. 'Progressive Evacuation' usually involves the care/nursing staff supporting, or physically carrying, the residents from the bedrooms on the corridor closest to a fire into an adjacent section of corridor ('Protected Area') or into a staircase enclosure if it is large enough. In some cases, depending on the resident's need, this may require more than one member of staff to assist a resident.

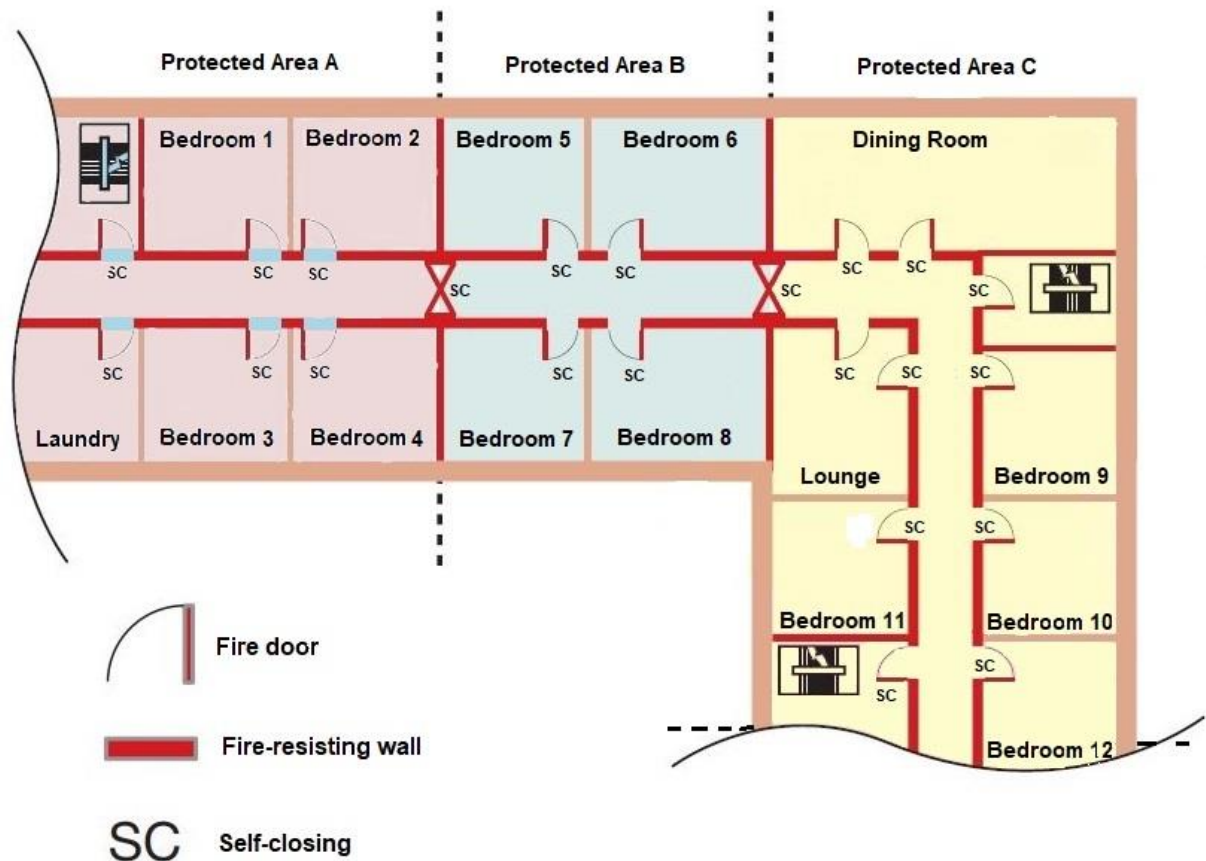


Figure 1: Protected areas in horizontal evacuation

- 5.3. For example, in the diagram above, if a fire starts in Bedroom 3 the resident in that room will be the first person evacuated from the area, through the cross-corridor doors and into the corridor marked 'protected area B'. Once that has been completed, or as simultaneous activity depending upon staffing levels, staff will then evacuate the occupants from the adjacent bedrooms in protected area A, moving them also into protected area B.
- 5.4. Fire and rescue personnel should be aware that this evacuation can take a considerable amount of time, particularly if many residents are:
- Mobility impaired
 - Dependent on or require medical equipment to be taken with them.
- 5.5. This is particularly important at night, when the nursing staffing levels may be reduced to only two or three in smaller homes. The use of equipment to assist in evacuation of immobile residents such as hoists, evac-chairs, blankets, evacuation mats, can be very physically tiring and stressful for staff and may impact on their ability to evacuate residents quickly and safely.
- 5.6. Research has shown that it can take two staff approximately 2.5 minutes to evacuate **each** mobility impaired resident and therefore, potentially more than twenty minutes to evacuate all residents into an adjacent 'protected area' corridor.
- 5.7. If safe to do so, the residents may then remain in that adjacent corridor, possibly with some on evacuation mats on the floor, or may be moved further depending on

developing circumstances of the fire and smoke spread or on instructions from the incident commander.

- 5.8. In most circumstances, it will be difficult for care/nursing staff to attempt to evacuate other residents from adjacent compartments and will normally only be considered if there are signs of further fire and smoke spread or on instruction from the incident commander. If further evacuation of larger numbers of residents is required, it will take considerable time and need significant assistance from personnel and other emergency services. This needs to be considered as soon as possible and factored into operational planning to avoid harm to residents, nursing staff or emergency services staff.
- 5.9. A brief animation has also been created to supplement this guidance which can be viewed by clicking the image below or [following this link](#).

