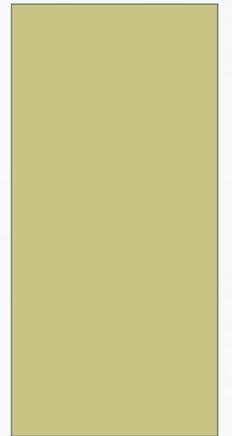




LONDON FIRE BRIGADE

FIRE SAFETY – THE FORGOTTEN RISK

6 FEBRUARY 2020
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AIM

To raise awareness of the characteristics and behaviours that increase fire risk for vulnerable people, and the actions that can be taken to reduce that risk.

OBJECTIVES

Participants will be able to:

- Recognise individuals who are at high risk of having a fire
- Identify the key high risk factors
- Know what actions to take to reduce those fire risks

PARTICIPANTS WILL HAVE AN AWARENESS OF:

- The Person-Centred Fire Risk Assessment

<https://www.london-fire.gov.uk/safety/carers-and-support-workers/using-a-fire-risk-checklist/fire-risk-checklist/>

- How to contact the London Fire Brigade

OVERVIEW

- Since 2014, 40 per cent of deaths at accidental dwelling fires have involved an individual who was in receipt of a care package in their own home. In many of these cases, there were signs that the individual was at risk from fire but these were not recognised and, as a consequence, not reported to the Brigade.
- Support workers have unique access to people's homes and can play a vital role in alerting the Brigade to cases where the risk of injury or death as a result of a fire is likely. The session will include information regarding fire risk, signs that indicate an individual is at risk and actions to take to reduce those risks.
- Use of a case study will enable participants to identify recurring risks at fatal fires and introduce use of tools to help identify the risk and take action to reduce them.

WHO ARE AT RISK?

- Elderly
- Smokers
- Hoarders
- Mental Health Issues
- Medication
- Stubbornness
- Overloading of sockets
- Mobility issues
- Smoking in Bed
- Oxygen Tank
- Drugs
- Drowsiness
- Falling asleep while smoking
- Alcohol

CAPACITY

- The Mental Capacity Act 2005 (MCA) states that every individual has the right to make their own decisions and provides the framework for this to happen.
- The issue of capacity or decision making is a key one in safeguarding adults. It is useful for organisations to have an overview of the concept of capacity.
- The MCA also protects people who need family, friends, or paid support staff to make decisions for them because they lack capacity to make specific decisions.

MCA

Timing of a Question

- A person with epilepsy may not be able to make a decision following a seizure.
- Someone who is anxious may not be able to make a decision at that point.
- A person may not be able to respond as quickly if they have just taken some medication that causes fatigue.

Recognition

- The MCA recognises that capacity is decision-specific, so no one will be labelled as entirely lacking capacity.
- The MCA also recognises that decisions can be about big life-changing events, such as where to live, but equally about small events, such as what to wear on a cold day.

MCA CONSIDERATIONS

1. Assume that people are able to make decisions, unless it is shown that they are not
2. Give people as much support as they need to make decisions.
3. People have the right to make unwise decisions.
4. If someone is not able to make a decision, then the person helping them must only make decisions in their “best interests”.
5. Find the least restrictive way of doing what needs to be done

MS TAYLOR

- 71 years old
- Heavy Smoker
- History of alcohol misuse
- History of Fires
- Severely impaired mobility following a stroke
- History of depression
- Prescribed medication
- Used emollient products
- Bed bound
- Hard of hearing
- Received 4 care and support visits a day
- Multiple health needs
- Abused by a friend
- Made suicide attempts
- Incontinence pads
- Slept on an airflow mattress





WHAT HAPPENS WHEN RISKS IDENTIFIED?

- Flag it up?
- Communication?
- Referral to other agencies?
- Policies?
- Assumption?

MISSED OPPORTUNITIES?

Comprehensive and holistic risk assessment, particularly of Ms Taylor's smoking, was missing.

MISSED OPPORTUNITIES

Relevant information was not communicated between agencies.

MISSED OPPORTUNITIES

Communication around Home Fire Safety Visits was unclear, making it difficult to ascertain when a recommendation for fire retardant bedding was first made.

MISSED OPPORTUNITIES

*Absence of case coordination and multi-agency case discussion,
resulting in inadequate risk assessment and management*

RECOMMENDATIONS

- Develop common tool for assessment/early identification of risk requiring multiagency attention
- Patient safety alert on use of airflow mattresses by smokers
- Common fire risk screening tool
- Written LFB advice following home fire safety visits
- Review of triggers for mental capacity assessment in cases of unwise decisions
- Implement mechanisms for multi agency case coordination and named case coordinator for supported living tenants with complex needs
- Audit of interagency case coordination in existing cases of housebound people who smoke
- Multi agency refresher mental capacity training
- Review of hoarding and self neglect

WHAT CAN BE DONE?

- Better communication
- Better coordination internally and externally
- Better understanding of policies
- Better record keeping
- Better resources – pulling of resources
- Better cooperation
- Better understanding

TRENDS

- Cuckooing
- Hoarding
- Mate Crime
- Organisational Abuse

Checklist for Person-Centred Fire Risk Assessment



Name of resident		
Full address		
Date	DD / MM / YYYY	Form completed by

1. Does the individual have an increased fire risk?

- Yes If yes, tick all the fire risk factors they exhibit
- No Skip to next question
- Smoking – with signs of unsafe use of smoking or vaping materials (e.g. smoking in bed).
 - Use of emollient creams that are petroleum or paraffin based.
 - Air pressure mattress or oxygen cylinders are used.
 - Unsafe use of portable heaters (e.g. placed too close to materials that could catch fire).
 - Unsafe cooking practices (e.g. cooking left unattended).
 - Overloaded electrical sockets/adaptors or extension leads.
 - Faulty or damaged wiring.
 - Electric blankets used.
 - Previous fires or near misses, burns or scorch marks on carpets and furniture.
 - Unsafe candle/tea light use (e.g. left too close to curtains or other items that could catch fire or within easy reach of children or pets).
 - Other (please specify): _____

2. Would the individual be less able to react to an alarm or fire?

- Yes If yes, tick all the fire risk factors they exhibit
- No Skip to next question
- Mental health issues (e.g. dementia, anxiety or depression).
 - Cognitive or decision making difficulties.
 - Alcohol dependency or misuse of drugs.
 - Sensory impairments (e.g. hard of hearing or sight loss).
 - Other (please specify): _____

3. Does the individual have a reduced ability to escape?

- Yes If yes, tick all the fire risk factors they exhibit
- No Skip to next question
- Have restricted mobility, are frail or have a history of falls.
 - Are blind or have impaired vision.
 - Lacks capacity to understand what to do in the event of a fire.
 - Is a hoarder, or there are cluttered or blocked escape routes.
 - Are bed or chairbound.
 - Internal doors are left open at night.
 - Would be unable to unlock front door to escape.
 - Other (please specify): _____

4. Are there any smoke or heat alarms fitted within the individual's home?

Yes If yes, please specify which rooms have them fitted:
No

5. Has a carbon monoxide alarm been fitted anywhere that gas or solid fuels are used?

Yes If yes, please specify which rooms have them fitted:
No

What to do next

If there are any questions in sections 1–3 that have been answered 'Yes', or you have identified that there are no smoke or heat alarms fitted, or they are broken or poorly sited, this suggests there is a risk from fire. Immediate actions are required to ensure agreed safety measures are in place:

- If you are employed by a company or organisation, return this checklist to your manager for a full Person-Centred Risk Assessment to be conducted where necessary.
 - Inform the resident or other family members of the risks identified, if you are certain they will understand.
 - Contact the local fire service to arrange for a home fire safety visit.
 - If a care plan exists, all actions taken should be noted in that plan.
- In addition, you or your manager may also consider:
- Referral to Adult Social Care teams where a serious risk has been identified.
 - Informing the housing provider that there is an increased risk of fire to the individual.

Fire safety in the home

Home fire safety visits are provided by most fire services and are usually free. Trained persons will visit the property, carry out an inspection and offer fire safety advice. Where necessary they can also install free smoke alarms.

A 'Fire Safety in the Home' booklet is available from London Fire Brigade and can be downloaded from our website. Some basic fire safety advice has also been provided below.

Prevention

- It is safer not to smoke; but anyone who does should try to smoke outside and always make sure cigarettes are put out properly.
- Never smoke in bed, or anywhere else, if there's a chance of falling asleep.
- Use fire-safe ashtrays and fire-retardant bedding, nightwear and throws.
- Ensure paraffin based emollient creams are replaced with non-flammable alternatives.
- Candles, tea lights and incense burners should only be placed in stable, heat-resistant holders. Keep these items or any other type of naked flame well away from curtains, furniture and clothes.
- Sit at least one metre away from heaters and keep them well away from anything that can catch alight.
- Don't overload electrical sockets.
- Close all doors at night as this helps to prevent fire and smoke spreading.
- Switch off and unplug electrical items such as TVs and avoid charging devices like mobile phones whilst asleep.

Early warning and detection of a fire is essential

- As a minimum, fit at least one smoke alarm on every level of the home and in any room where a fire could start. The ideal position for these are usually in rooms that are used the most, in hallways and anywhere electrical equipment is left switched on.
- Fitting multiple linked smoke alarms, that all activate together, is the best way to be alerted in the event of a fire. For some, the provision of a Telecare monitoring system may also be beneficial.
- Specialist alarms can be fitted for people who may have a delayed response to escape – for example; strobe light and vibrating pad alarms for the deaf or hard of hearing.
- Remember to test all alarms monthly.

Escape

- Make sure escape routes are kept clear of anything that may slow down or block exit routes.
- Ensure security gates can be easily opened from the inside without the need for a key. Keep door and window keys where everyone can find them.
- Mobility aids and any methods of calling for help should always be kept close to hand (e.g. mobile phone, link alarm/pendant).

Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

CONTACTING LONDON FIRE BRIGADE

The London Fire Brigade can carry out a Home Fire Safety Visit. The visit can be joint with other services and is free.

Feedback can be requested on the observations of the crews and safeguarding and welfare referrals are made when needed.

- call us free on 0800 028 4428
- email smokealarms@london-fire.gov.uk
- london-fire.gov.uk/HomeFireSafetyVisit
- text/SMS 07860 021 319