



LONDON FIRE BRIGADE

London Fire Brigade Headquarters
169 Union Street London SE1 0LL
T 020 8555 1200 F 020 7960 3602
Textphone 020 7960 3629
london-fire.gov.uk

Freedom of Information request reference number: 7808.1

Date of response: 17 August 2023

Request:

29 Great Cumberland Place, W1H 7LF

Request Home Fire safety report

Response:

I understand that a Home Fire Safety Visit (HFSV) took place at a flat in this building in July 2023.

HFSVs are intended to provide residents with personalised advice about fire safety in the home. The LFB will fit free smoke alarms during the visit if the resident needs them.

We record very little information about HFSVs. Any information we do record would be exempt from provision under [section 40 of the FOIA – Personal Information](#). I have attached a PDF copy of the LFB policy 'PN927 - HFSV - carrying out the visit', which outlines what home fire safety visits (HFSVs) are and how they are carried out.

Residents are able to access the information recorded on our database about their HFSV by making a Subject Access Request. The request would then be processed in accordance with the Data Protection Act (DPA) 2018.

We have dealt with your request under the Freedom of Information Act 2000. For more information about this process please see the guidance we publish about making a request [on our website](#).

HFSV – carrying out the visit

New policy number: **927**
 Old instruction number:
 Issue date: **22 June 2018**
 Reviewed as current: **2 December 2021**
 Owner: **Assistant Commissioner, Prevention and Protection**
 Responsible work team: **Community Safety Policy and Projects**

Contents

Summary 2

Key point summary..... 2

1 Prior to the HFSV 2

2 Accessing the premises..... 3

3 During the visit 5

4 Data collection and indemnity forms 10

5 Provision of smoke alarms 11

Appendix 1 14

Appendix 2 - High risk indicators 15

Appendix 3 - Home fire safety risk referral matrix..... 16

Appendix 4 - Pre-entry checklist 18

Document history 19

Summary

This policy outlines what home fire safety visits (HFSVs) are and how they should be carried out. It outlines actions to be taken when a HFSV has been carried out with 'high risk individuals' and actions to be taken following such visits to further mitigate risk.

A separate document, [policy number 926](#) – HFSVs – management and planning sets out the management approach to HFSVs.

A separate technical guide - [smoke alarm and equipment guidance](#),

Key point summary

Prior to the visit

- Ensure adequate and suitable resources to support the HFSV are available, including support documents and a fully stocked smoke alarm fitting kit.
- Review relevant records to establish if there are agreed arrangements in place i.e. password, joint visit, partner agency contact details, translation services, recorded reason why the resident may take time to respond to call, etc.
- If a Group Risk Visit (GRV), ensure that an appropriate risk assessment has been carried out.

During visit

- Ask the resident to complete data collection and indemnity forms
- Provide advice based on an assessment of resident's home and their individual needs
- Use the 'Fire Safety in the Home' booklet to support visit
- Provide more than a base level of fire detection: Fit smoke alarms in all areas where a fire could reasonably be expected to start (except the kitchen and bathroom/toilet)
- Does the resident need specialist alarms? (Such as hard of hearing alarms)
- Identify any regulatory fire safety considerations that need to be referred for further action
- Use the HFSV risk referral matrix.
- Consider flame retardant bedding, specialist alarms, and recommending smoke detection linked to telecare, linking together of smoke, and heat alarms, personal protective system (sprinklers or misting system)
- Is there a safeguarding concern?
- Is there a welfare concern?

Closing a visit

- Ensure the resident has understood the advice given and answer all relevant questions
- Copies of signed indemnity form, 'Fire Safety in the Home' booklet to be left with resident
- Summarise risks identified and actions to be taken to mitigate
- Complete entry on HFSV database on return to station
- Tick the person at risk (PAR) box if appropriate and take action as outlined in [Policy number 736](#) - Safeguarding adults or [Policy number 305](#) – Safeguarding children policy

1 Prior to the HFSV

- 1.1 All staff carrying out HFSVs should ensure that they have adequate and suitable resources to support a HFSV prior to attending a resident's home, including sufficient copies of the Fire Safety in the Home booklet. For full detail on planning and preparing for HFSVs see, [Policy number 926](#) - HFSV management and planning.

2 Accessing the premises

When accessing the premises, there may be occasions where staff would like to gather more information before stepping through the door. A quick checklist guidance has been supplied in appendix 4 to ensure that queries from crews can be adequately recorded if necessary.

High risk individuals/pre-booked visits

- 2.1 When carrying out a pre-booked visit at a resident's home, if the resident does not respond when staff first call at the door, it should not immediately be assumed the occupier is not in. An appointment has been made both verbally and in writing and the assumption should be that the resident will keep the appointment.

First re-consult the documentation to discover if there is a recorded reason that the resident may take some time to respond or fail to respond to normal calling methods. Further appropriate action should then be taken to discover if the resident is at home but is delayed or unable to respond. If a mobile contact number was supplied, contact the local area community safety team and ask for the resident to be contacted by phone. This is to ascertain if they are available to keep the appointment or would like to reschedule.

After this, staff should then wait a period of ten minutes before re-attempting to raise a response. The visit should be rescheduled on the HFSV database and recorded as 'client unavailable' in accordance with the guidance given in [HFSV Manual](#).

Additional procedure for Group Risked Visits (GRV)

- 2.2 When carrying out GRVs, the following must be adhered to:
- Only one person should approach the door initially, because of concerns about distraction burglaries where access is gained by bogus callers. The other person is to remain close by in order to assist as necessary.
 - The purpose of the visit should be explained and Brigade ID should be presented to the resident to verify identity. Advise the occupier that you are there with a colleague and introduce them.
 - If residents wish to obtain further verification of identity, they can be advised to telephone 020 8555 1200 extension 88111 and ask for the Resource Management Logistics (RML). If a call is received by RML from a resident querying a member of staff's identity, an initial check should be made on StARs to confirm that the individual is both a member of the Brigade and is on duty. Station diary should then be checked to confirm that GRV is taking place in the location identified. If both these checks are positive, the resident can be advised accordingly. During office hours, contact should be made with the local area team as light duty/FRS staff may be deployed in the area. This will not be recorded in the station diary. If the checking process identifies any anomalies, RML will advise the member of the public to refuse entry to the caller and will be informed that the matter will be reported to the police. A subsequent phone call should be made immediately by RML to the police outlining the circumstances and providing details of the residents address and phone number.
 - The officer of the day (OOD) should also be notified of the circumstances, as should the relevant BC.
 - Depending on the response received, one of the following actions should be taken:
 - If the resident agrees, a full HFSV can be carried out. Before gaining entry to the premises, crews should enquire about any potential hazards not already identified, such as any animals that have not been secured, trip hazards etc.
 - If it is inconvenient to carry out a HFSV at the time of calling, the resident should be encouraged to agree to a referral for a visit at a future date. This should be recorded on the

HFSV database on return to station. Guidance on entering a referral on the HFSV database can be found in the [HFSV - Home Fire Safety Visit Manual](#).

- If the resident firmly expresses no interest in a HFSV, a copy of the 'Home Fire Safety Guide' leaflet and a smoke alarm should be left with them, if they are willing to accept them.
- If there is no answer at the time of calling, the pre-printed 'sorry we missed you' card should be deposited through the letter box, together with a copy of the 'Home Fire Safety Guide' leaflet.

Addresses should only be called on once within a one year period unless the need for further risk reduction work is identified.

Dealing with difficult situations

- 2.3 On occasion staff may be presented with a difficult situation. For example, where members of the public are sure they do not want a HFSV, or are unwilling to accept fire safety advice or literature. The wishes of the resident must always be respected.

Consideration should also be given to the potential for some residents to show signs of behaviour that could lead to aggression towards staff for reasons that may not be immediately clear.

Behaviour that may indicate this includes:

- A refusal to communicate or poor communication.
- Muscles tensed, or tense and angry facial expressions.
- Raised or threatening voices.
- Verbal threats.

This behaviour could be linked to the following:

- Drug or alcohol use
- Illness including mental health problems
- Sleep deprivation
- Suspicion of official representatives

If staff are presented with a situation that they feel may lead to aggressive behaviour the following approach should be considered:

- Adopt a sympathetic, understanding approach and attempt to show an understanding of the person's position.
- Avoid confrontation and do not argue.
- Speak and stand calmly with an open posture.
- Do not disagree; give orders, or use status or authority as a threat.
- Be alert and send for assistance where necessary - be prepared to leave if necessary to avoid injury.

If staff feel physically threatened, they are to immediately withdraw and inform their officer in charge who will summon the police via Mobilising Control if appropriate.

At least one member of the crew should carry a handheld radio at all times in order to alert other crew members if assistance is required. The radio should be monitored by staff remaining on the appliance.

Advice only visits

- 2.4 If the resident refuses entry, they may be willing to accept some general fire safety advice and a copy of the 'Home Fire Safety' leaflet should be left with the resident. The resident should also be asked if they have existing working smoke alarms installed in the house. If there are none fitted, at least one smoke alarm should be left with the resident. More alarms can be supplied if the resident confirms they will fit them in areas of identified fire risk. Alarms should also be provided if the existing alarms installed are one-year battery alarms. The alarms should be activated via the backing plate prior to leaving. The importance of the resident installing the alarms as a matter of urgency and in the correct places, needs to be emphasised and, if the premises is rented, the resident should be informed of a landlord's responsibilities around supplying fire detection. Name, address and alarm details need to be recorded on the HFSV database.

Access refused

- 2.5 If the resident refuses entry and does not wish to accept general fire safety advice, this decision must be respected and the visit recorded as "declined" on the station diary.

In the case of a partnership referral, when access has been refused, notification must be given to the station commander and area team in order for the partner agency to be informed.

3 During the visit

COVID-19 guidance relating to carrying out HFSVs can be found on [Hotwire](#) under Home > Guides and policies > Coronavirus information > Operational guidance on Coronavirus. The guidance includes information about pre-screening procedures and the use of face masks. Due to the frequent changes in government advice relating to COVID-19, the information found on this Hotwire page is subject to change and should be reviewed regularly.

The process of the HFSV must be made clear to the resident by explaining the three main elements of fire safety advice that form the visit: **prevention, detection and escape**. It must be remembered that each of these elements relies on the support of the others and that a complete HFSV will include all stages.

Staff should ask the resident (and/or carer if applicable) to accompany them around the property to enable a review of the fire risks to be carried out together unless they have specifically indicated that they do not wish to participate.

Prevention

- 3.1 The prevention message is the most important to be delivered during a home fire safety visit. If accidental fires occurring in the home can be prevented, the potential for injury or death resulting from them is removed.

This component of the visit involves identifying potential hazards within each room in the premises. A full guide on how to complete the hazard identification element of the HFSV is provided in Appendix 1. LFB staff will identify where the risks of accidental fires occurring are, and provide advice to the resident on how to reduce or eliminate them. Tailored advice about risk reduction should be given while in the room where it applies.

Staff should use the 'Fire Safety in the Home' booklet to support the advice given.

Staff must note that they are limited to giving prevention advice and making recommendations. However, it should be clarified whether the resident is able and/or willing to act on the recommendations given or has access to someone who can act on their behalf. It should be recognised that there are varying levels of risk which will require appropriate intervention to

effectively reduce risk to the resident(s). The profiles of each case must be considered individually and effective solutions put in place by LFB, or in partnership with other organisations to effectively reduce risk (refer to appendix 3 HFSV Matrix).

Where it is not possible to confirm that actions will be carried out and there is concern for the safety and/or welfare of the resident, refer to [policy number 736](#) - Safeguarding adults at risk. If the risk in any way involves a child, action should be taken in accordance with [policy number 305](#) - Safeguarding children at risk.

Detection

- 3.2 The early detection of fire and the subsequent warning for the resident are a key element in reducing fire deaths and serious injuries. Smoke alarms must be fitted in all areas of increased fire risk (except the kitchen) and in the hallways on each floor. Heat detectors should be recommended for kitchens. The profiles of each case must be considered individually and effective solutions put in place by LFB, or in partnership with other organisations to effectively reduce risk.

Following a review of the fire hazards present, personal characteristics of the resident and the layout of the property, smoke alarms should be installed if not already present. It is important to remember that there is no set limit on the number of alarms that can be fitted or a correct number of alarms for each property size. The number of alarms installed should be based on the individual risks identified during the HFSV. Guidance on selecting, locating and fitting smoke alarms is provided in [smoke alarms and equipment guidance note](#). Consideration must also be given to whether the resident will need specialist alarms¹. Where Telecare systems are installed individuals should be told that smoke alarms in all areas of increased fire risk should be linked to the telecare system. In cases where the telecare system is supplied by a third party the case should be referred to partnership agencies with a recommendation of providing linked smoke detection. In cases where a resident is at increased risk of fire and has limited mobility, personal protective systems (PPS) such as sprinklers should also be considered, refer to 'Home Fire Safety Risk referral Matrix' for guidance (see appendix 3). Where the level of risk warrants the need for PPS, the PAR box should be ticked on the HFSV database and the details of the case referred to the local station commander via the PAR form, the social issues mailbox is automatically copied in. The resident should also be advised that for the earliest possible warning all smoke and heat alarms should all be linked together and that the Brigade fitted smoke alarms are not linked.

Escape

- 3.3 Having a planned, tailored escape plan in place will help a resident to act quickly if a fire starts inside their home. If it is practised regularly, everyone in the household/property will know how to escape and what to do in the event of a fire.

Following the hazard identification process the escape plan must be discussed, following the advice on any hazards identified. The escape plan must take into account the resident(s) identified physical and mental ability along with the conditions of the built environment within which they live, such as the presence of hoarded materials (refer to [policy number 829](#) – Hoarding). The 'Fire Safety in the Home' booklet also provides advice on preparing an escape plan and extra advice for the resident(s) if they live in a purpose built block of flats or maisonettes. Staff should refer to this booklet when preparing an escape plan. A copy of the booklet should be left with the resident at the end of the visit for their future reference. If the resident is still not

¹ For the purpose of this document, the term 'specialist' refers to smoke alarms where the standard audible method of alarm is enhanced by either a non-standard lower frequency audible alarm, visual and/or tactile stimulus to warn the occupants of fire, or where the alarm cover provides contrasting colour to aid recognition.

clear on the evacuation policy for their specific building, they should be advised to contact the responsible person for the building.

Living in unsuitable accommodation

- 3.4 All residents are entitled to fire safety advice, irrespective of the type of living accommodation. Where it has been identified that buildings are being used as unsuitable accommodation ('beds in sheds'), a borough commanders' toolkit has been developed to address the risks associated with these premises. This can be found at: [Unsuitable accommodation toolkit](#).

Tobacco and smoke free

- 3.5 All staff are entitled to work in a smoke free environment and to be protected from the dangers of passive smoking, as such, residents are advised in writing (or by telephone where an urgent appointment has been arranged) that they should not smoke in their home during the HFSV or in the hour prior to visit. This is to protect staff completing the visit from the dangers of passive smoking. Where it is evident that residents are, or have recently been smoking, an officer must assess the risks and decide whether to withdraw from the visit, if necessary (see appendix 4).

The reason for withdrawing from a visit due to smoking should be explained to the resident and information should be gathered to check whether the resident is prepared to keep the property free of smoke for a re-booked appointment. Due consideration should be given to the fact that smoking is the highest cause of accidental fire fatalities – if the decision is made to withdraw from the visit, staff should, at the very least, provide smoking cessation advice or safer smoking advice to the resident and annotate the HFSV database accordingly.

The Area CS team must be notified of any visit that is not completed due to smoking and whether the appointment is to be re-booked or not. This information should, in turn, be reported to the local SC and BC and partnership referral agency (if applicable).

The provision of alarms

- 3.6 The objective of a HFSV is to provide advice that effectively removes the risk, but there is a need to be realistic and understand that it is unlikely that people will unplug satellite decoders, or immediately stop smoking indoors following a HFSV.

Whilst fitting alarms in common areas such as hallways will provide a base level of fire detection, the Brigade recommends placing alarms in all areas of increased fire risk. Fitting smoke alarms in all areas of increased fire risk can alert residents earlier than waiting for smoke to reach the detector in the hall. This is particularly relevant in any room where the resident could fall asleep. The public are rarely aware of what constitutes a fire risk and therefore are not always able to highlight where fire risk is most prevalent. This should be covered during a visit and include the fire risks associated with smoking indoors, charging devices and leaving electrical items switched on unattended/overnight, overloaded electrical extension leads, heaters to close to combustibles, etc.

The Brigade does not currently fit heat detectors but residents should be advised of the benefits of fitting heat detectors in kitchens.

Regulatory fire safety considerations

- 3.7 If, during the course of an HFSV, staff identify that the fitting of domestic smoke alarms is necessary in a premises that appears not to be a single private dwelling, the Brigade Duty Fire

Safety Officer² or Senior Fire Safety Officer (if outside normal working hours) should be contacted to discuss the premises and approach that should be taken.

Staff should look for premises occupied by more than 2 residents who are not related, do not live as a single family unit, and who share some facilities. This includes:

- bedsits
- shared houses (including student houses)
- properties occupied by the owner with lodgers
- hostels or 'Supported Housing' for residents with dependencies/vulnerabilities (some of which have on site or remote 'managers or support workers')
- properties which have been converted to self-contained flats (but not purpose built).

In the above cases the Regulatory Reform (Fire Safety) Order 2005 may apply to the whole building and the landlord/operating charity/company may be responsible for fire precautions in the whole building including within the residents accommodation – whether bedsit type or self-contained flats.

All housing is subject to the Housing Act 2004 which is enforced by the local housing authority (LHA) but where it is not a single private dwelling it is imperative that appropriate liaison with the LHA is undertaken. This will be done by the Fire Safety Regulation Team.

The resident should be informed of the need to maintain and test their smoke alarms regularly and in accordance with the instruction book supplied with them. Private sector landlords must test smoke and CO alarms at the start of every new tenancy and remind their tenants of the tenants responsibility to test these alarms on a regular basis.

IMPORTANT: In these types of premises, the person responsible for the building may have installed smoke detectors/alarms to a basic level and there may still be a case for adding additional smoke alarms in areas of increased fire risk dependent on the fire risks identified during the HFSV. Regardless of any need for additional smoke detection, there is still value in providing fire safety advice to residents.

Identifying and dealing with fire risk factors

- 3.8 The Home Fire Safety Risk Referral Matrix has been revised to assist staff in identifying and defining levels of fire risk in accordance with specific behaviours and characteristics which are known to increase the likelihood of a person experiencing a fire.

The matrix provides recommendations on the appropriate action(s) to be taken by fire crews to mitigate or reduce the immediate risk to the individual when attending HFSVs. However, advice on prevention of fire specific to the individual circumstances should always be given.

The 'Home Fire Safety Risk Referral Matrix' is a guide only and all factors should be considered in each case. The matrix has been included in the [approved suite of community safety resources](#) and will be reviewed, recorded and monitored by the CS Policy and Projects Team in the same way as all public facing community safety resources within the suite.

A copy of the 'Home Fire Safety Risk Referral Matrix' can be found on appendix 3. Each appliance will be provided with a laminated copy of the matrix,. hard copies of the matrix can be ordered on POMS.

4.7.1 Using the Home Fire Safety Risk Referral Matrix

² The Brigade Duty Fire Safety Officer can be contacted through the Fire Safety Admin Team during business hours on extension number 89170 . Out of hours, a Senior Fire Safety Officer must be contacted.

The risk factors within the matrix have been classified into two bands (A and B) within the high, medium and low categories using the "Red, Amber and Green" system.

The matrix is divided by a double thick black line as follows:

Top part – High Risk A (Red), High Risk B (Red) and Medium Risk (Amber)

In all cases, a full HFSV must be carried out and single point smoke detection in escape route (hall) and all other areas of increased fire risk must be fitted. If there are safeguarding/welfare concerns, they should be dealt with as described in [policy number 736](#) - Safeguarding adults at risk. Advise that additional fire detection, linking smoke and heat alarms, linking smoke and heat alarms to telecare and the installation of Personal Protection Systems should also be considered and refer if necessary.

Bottom part –Low Risk (Green)

If the risk identified is at the bottom of the matrix, a full HFSV must be carried out; in addition, one or more of the following actions can be provided by fire crews in order to mitigate or reduce the fire risk:

- (i) fitting of single point smoke detection in escape route (one alarm per level) **and** all other areas of increased fire risk.
- (ii) recommendation for interlinking smoke detectors where more than one detector is installed.

Firesetting

- 3.9 The LFB Firesetter Intervention Scheme (FIS) has a specialist team of advisors who are trained to deal with children and young people who have demonstrated a fascination with fire. The scheme caters for children and young people aged up to and including 17 years. If staff suspect or uncover evidence of fire setting behaviour they should raise it with the resident, offer the FIS service and ensure they tick the Person At Risk (PAR) box in the HFSV Database. FIS managers can be contacted by phone or email firesetters@london-fire.gov.uk.

Safeguarding and Welfare Concerns

- 3.10 Whilst the LFB has a duty to prevent fires, we also have a legal and moral responsibility to act upon safeguarding and welfare concerns. 'Doing nothing' is not an option and all concerns should be reported following the procedure set out in [policy number 736](#) - Safeguarding adults at risk. In addition, any serious risk to the resident which could not be addressed as part of a home fire safety visit must be recorded on the HFSV database via the station diary as a person at risk.

A welfare concern is the term used to refer to issues which do not strictly sit under safeguarding processes, because 'abuse' or 'neglect', as defined in the Care Act 2014 has not happened and/or the person does not meet the criteria listed in the Act. A welfare concern can be either fire related (operationally known as Serious Outstanding Risk) and/or welfare related. However, if the risk in any way involves a child, this will always result in a safeguarding referral ([policy number 305](#) - Safeguarding children at risk).

As per the Safeguarding adults at risk policy, self-neglect falls under the legal definition of abuse or neglect and for this reason, when self-neglect poses a risk to the health and wellbeing of an individual, a safeguarding referral or welfare concern should be raised with the local authority. This includes self-neglect resulting in high fire risk – including hoarding and smoking in bed with obvious signs of unsafe handling/disposal of smoking materials.

For more comprehensive guidance and details on the referral process, see policies [policy number 736](#) - Safeguarding Adults and [policy number 829](#) - Hoarding. If the risk in any way involves a child, action should be taken in accordance with [policy number 305](#) - Safeguarding children.

The PAR form should be completed via the HFSV database, this should include all relevant details of the risk and then be sent to the relevant station commander. The Social Issues mailbox will automatically be sent a copy of each referral made.

It should be noted that station commanders can request access to the notes section on the HFSV database where they will then be able to record the issues/agreed solutions regarding personal risk. To request access contact HFSV Issues <HFSVIssues@london-fire.gov.uk>.

4 Data collection and indemnity forms

The data collected through HFSVs is used to identify themes and shape future community safety work/initiatives. It is therefore vital that staff use the data collection form provided to ensure the information collected is of good quality and that the Brigade directs its prevention and protection activities based on good quality information.

The geographic locations containing high fire risk can broadly be predicted using data from a range of external and internal sources. This data includes historical incident data, socio-demographic and geographic data. This enables the Brigade to identify postcodes where staff should target HFSVs. These postcodes are referred to as priority one postcodes (P1 postcodes).

We use this information so that we can target our preventative work in areas/at individuals that are over-represented in terms of their fire/casualty risk.

The indemnity/data protection forms must be signed by the resident as soon after entering the property as possible and prior to supplying or fitting an alarm³.

The forms have several purposes as listed below, and these should be explained to the resident:

- To protect the Brigade from legal action by the owner or resident(s) resulting from any accident, injury or damage associated with the visit or installation of smoke alarms.
- To provide details of how personal information supplied by the resident will be used, in accordance with the Data Protection Law.

The resident should be given a copy of the signed indemnity/data protection form, along with the smoke alarm instructions and a copy of the fire safety in the home booklet.

If assistance is required, the resident must be offered each of the responses available and be allowed to select the option they consider most appropriate. No assumptions should be made about the resident. The resident has the right to decline to answer personal and sensitive data questions, where this happens their response must be recorded.

Staff must leave the premises if the resident is not prepared to sign the indemnity and data protection forms, this decision must be respected. An advice visit should be completed as described above.

Storage of data collection and indemnity forms

After giving the resident a copy of the signed form, the other copy is to be retained at the local station for a period of 2 years. The form should be filed in sequence and kept under lock and key

³ The recipient should be made aware that the alarm is not a substitute for insurance and that no liability for injury/death to persons, or damage to property, as a result of any subsequent fire, will be held by the supplier, manufacturer or fitter.

in the station office. The forms contain personal information and are therefore required to be securely stored at all times. They are then to be sent to Record Services to be archived for a period of ten years in accordance with [Policy number 575](#) - Records management strategy 1 – creating and maintaining filing systems. The procedure for archiving the forms is detailed on hotwire – [archives and records](#).

Station commanders should check indemnity forms against information on the HFSV database as part of their regular periodic review of performance.

Staff should be aware that, even when the indemnity form has been signed, the London Fire Commissioner may still be held liable for any damage caused to the property resulting from their actions taken when installing the alarm(s).

- 4.1 Storage of all indemnity forms on station must be in accordance with [Policy number 866](#) - record keeping on fire stations.

5 Provision of smoke alarms

The Brigade supplies and recommends sealed for life, ten year smoke alarms with a low battery temporary silence function. This is because there have been a number of fire fatalities where batteries have been removed from the alarm, either for other equipment or because the alarm has been poorly sited and causes nuisance alarms, or to silence a low battery alarm. Smoke alarms are now available that enable a 'snooze' of the low battery alarm to prevent disturbance during sleeping hours. They will react to fire as normal for a limited number of days.

Smoke alarm sensors are affected by the environment and the sensors decay over time, reducing their effectiveness and causing potential nuisance alarms or a failure to actuate. Therefore, smoke alarms should be replaced at least every ten years but they may deteriorate more quickly dependent of the conditions they are exposed to. 10 year sealed for life alarm batteries may also have a shorter life span dependent on the number of times they actuate.

Selecting the number of smoke alarms

- 5.1 It has been proven that the installation of domestic smoke alarms reduces the risk of fire related injuries and fatalities by giving residents early warning of fire and allowing a greater chance of escape.

It is vital that staff conducting HFSVs install smoke detection in every area of risk within the property. As well as being sited in the hallways/landings on each floor, this will include:

- (i) Anywhere residents smoke indoors
- (ii) Anywhere there is unsafe disposal of cigarettes or smoking materials
- (iii) Where residents sleep whilst electrics are on/charging in the room
- (iv) Anywhere that candles and/or joss sticks are used
- (v) Anywhere that portable/radiant heaters are used
- (vi) In any room where electrics are left on unattended (such as a TV/Satellite decoder box and computers).

Heat alarms should be recommended for the kitchen.

Further risk reduction should be considered such as flame retardant bedding/telecare/personal protective system and/or a referral to a partner agency.

For detailed guidance on additional risk reduction methods refer to:

[Policy number 437](#) - Guidance for residential automatic fire suppression systems (AFSS)

[Policy number 832](#) - Flame retardant bedding

[Policy number 494](#) - Arson reduction letterbox policy

More detailed technical guidance for siting, fitting, testing and maintaining smoke alarms can be found in [HFSV smoke alarms and equipment](#).

Standard and Specialist alarms: considerations

- 5.2 Residents who may require additional or specialist alarms are those with visual impairments, hearing or mobility impairments affecting their ability to see, hear or test a smoke alarm.

LFB provides a number of specialist alarms in addition to standard alarms. Full details of all alarms currently supplied by LFB can be found in [HFSV smoke alarms and equipment](#). All of these alarms can be fitted by all LFB staff conducting HFSVs, including station staff and Area CS teams.

If the resident has a sensory impairment, LFB staff conducting the HFSV must assess which specialist alarm(s) is appropriate for the resident [HFSV smoke alarms and equipment](#).

In cases where one or a combination of these alarms does not meet the resident's needs, the Area CS team should be contacted.

More detailed guidance for fitting additional components that may come with a specialist alarm system is included in the relevant note for that alarm.

Telecare alarms

- 5.3 Telecare is the remote monitoring of alarms and health equipment for vulnerable people. Although not currently provided by the Brigade, smoke alarms are available which link into existing telecare/monitoring systems and inform a call monitoring centre when actuating. Evidence from fatal fire reviews indicate that people are unlikely to activate pendant alarms or telecare 'speaker boxes' in the event of a fire, therefore linked smoke detection is the only reliable means of fire detection. If a resident already has a telecare/monitoring system in place to support independent living, linked alarms should be recommended to the resident, their carer, and anyone responsible for their housing.

Brigade battery powered alarms should be fitted as necessary to reduce the immediate risk while the resident is waiting for telecare linked fire alarms to be fitted.

To recommend telecare linked detection to partners, residents and carers, the PAR box should be ticked on the HFSV form and the process for welfare/safeguarding should be followed as in [policy number 736](#) – Safeguarding adults at risk.

Maintenance and disposal of the alarms

- 5.4 Occupants should always be given instruction on:
- Regular testing of the alarms (at least monthly or according to the manufacturers instruction booklet) – by pressing the button on the detector.
 - Maintenance and cleaning of the alarm – refer to the manual enclosed with the fire alarm.
 - Disposal of the alarm at the end of its life – (see below).

Further information is provided in the manufacturer's guidance enclosed with the alarm.

Ongoing maintenance of the smoke detection fitted by the Brigade is the responsibility of the resident and not of the London Fire Brigade. In general, LFB staff must not remove old or faulty alarms; any existing alarms should be left in situ. The exception to this would be alarms that can

be demounted from a back plate without disturbing the surface on which it is mounted. In these circumstances, the back plate should be left in situ or if possible reused.

If smoke alarms are screwed in place there is far less potential for damage to the residents ceiling and less likelihood that it will be impossible to remove the old alarm from its backing plate.

The alarm must be tested in the presence of the occupier and left in working order.

Smoke alarms fall under the WEEE Regulations (Waste Electrical and Electronic Equipment) category of the Monitoring and Control Instruments Regulations. Therefore, they should not be thrown out in general rubbish. Householders can:

- Take old electrical equipment to their local Civic Amenity site (tip).
- Arrange for their local authority to collect the equipment (some local authorities provide a free collection service and others charge).
- Arrange for an electrical retailer delivering new equipment to take away the old alarm.

Appendix 1

Subject/Question	Y/N
1. Smoking	
Does anyone smoke in the property?	
Is there any unsafe disposal and/or handling? i.e. burn/scorch marks to flooring, clothing and furnishings.	
Does anyone smoke where they are likely to fall asleep?	
Is FRB needed? – PN0832 Flame Retardant Bedding	
2. Cooking	
Was a heat alarm recommended for the kitchen?	
Is it likely that cooking will be left unattended?	
Is there unsafe cooking? i.e. burn/scorch marks to worktops, tea towels etc.	
3. Candles, incense and naked flames	
Are candles, incense sticks or naked flames used?	
Are candles, incense sticks or naked flames close to furnishings or on unsafe surfaces?	
Are they within easy reach of children/pets?	
4. Heating	
Are portable heaters used?	
Are any combustible items too close to heat sources?	
5. Fireplace Safety	
Are any open fires unguarded?	
6. Electrical safety	
Are there any overloaded sockets/adaptors?	
Is electrical wiring obviously in a poor condition?	
Are any combustible items too close to light sources?	
Are any items left on/charging unattended or during sleeping? e.g Laptops, phones, e-cigarettes etc.	
Does anyone use an electric blanket?	
7. Detection and Warning	
Are any areas of increased fire risk missing adequate fire detection - Including the need for specialist alarms?	
Is telecare monitoring needed?	
If telecare monitoring is already provided, does it need linked smoke and heat detection?	
Is an Automatic Fire Suppression System needed?	
8. Escape	
Are escape routes congested and/or blocked?	
Are there any combustibles present in escape routes?	
Is anyone unable to make an emergency phone call?	
Does the resident have an inadequate/unpractised fire action plan?	
Are any windows barred/permanently locked shut?	
Does the resident have an inadequate/unpractised escape plan?	
9. Bedtime Check	
Does the resident have an inadequate bedtime routine?	
General	
Is there any health equipment that adds risk to the property/person e.g.: flammable emollient creams, pressure relief mattresses, home oxygen cylinders?	
Are there unexpected risks to firefighters e.g. cylinders, hazardous materials, bypassed electrical intakes. biofuels, exotic animals	
Is there a risk of CO poisoning? e.g. gas appliances, lack of ventilation, BBQ use indoors etc.	
Have you had a previous fire? (Whether or not the Brigade attended)	
Additional action taken to address risks	
Is there an increased fire risk to anyone in the property?	
Is anyone at a reduced ability to react to fire?	
Is anyone at a reduced ability to escape from fire?	
Is there an SOR/welfare concern?	
Is there a safeguarding concern?	
Action Taken:	

Appendix 2 - High risk indicators

RISK FACTORS	INCREASED FIRE RISK				
<p>We want to ensure that anyone who may be at an increased fire risk is provided with appropriate protection (e.g.: fitting of smoke alarms), prevention and escape advice to help them maintain their safety, independence and quality of life.</p> <p>We have identified that there are a number of health and lifestyle behaviours that increase the likelihood of being involved in a fire.</p> <p>If you know or work directly with anyone who has any combination of the risk factors below; please give them our details to arrange for a free home fire safety visit or alternatively ask them if they would prefer you to make the referral on their behalf.</p> <p>This checklist gives you some examples of the types of risks to look out for but it is not an exhaustive list, if you are unsure or have any fire safety concerns please contact us for extra advice.</p>	<ul style="list-style-type: none"> • Smoking. • Hoarding of any kind. • Electrical sockets are overloaded or there are signs of unsafe wiring. • Unsafe use of candles or naked flames. • Cooking is often left unattended. • There have been previous fires or there is evidence of near misses e.g. burns or scorch marks from cigarettes, heaters or cooking. • There have been incidents (or threats) of arson. <tr> <th data-bbox="802 712 1350 748">LESS ABLE TO REACT</th> </tr> <td data-bbox="802 748 1350 1106"> <ul style="list-style-type: none"> • The property has no working smoke alarms installed to provide early warning of fire. • Alcohol dependency or drug misuse (prescribed or recreational). • Mental health issues such as dementia or learning difficulties. • Physical health issues including sensory impairments eg; hearing or sight . • The property is not meant to be used for sleeping accommodation and no smoke alarms are fitted. <tr> <th data-bbox="802 1106 1350 1142">LESS ABLE TO ESCAPE</th> </tr> <td data-bbox="802 1142 1350 1375"> <ul style="list-style-type: none"> • Reduced mobility due to a physical disability, age related problems or as a result of a long-term illness. • Escape routes are not kept clear or are blocked due to actions such as hoarding. • Conditions which may affect decision making. </td> </td>	LESS ABLE TO REACT	<ul style="list-style-type: none"> • The property has no working smoke alarms installed to provide early warning of fire. • Alcohol dependency or drug misuse (prescribed or recreational). • Mental health issues such as dementia or learning difficulties. • Physical health issues including sensory impairments eg; hearing or sight . • The property is not meant to be used for sleeping accommodation and no smoke alarms are fitted. <tr> <th data-bbox="802 1106 1350 1142">LESS ABLE TO ESCAPE</th> </tr> <td data-bbox="802 1142 1350 1375"> <ul style="list-style-type: none"> • Reduced mobility due to a physical disability, age related problems or as a result of a long-term illness. • Escape routes are not kept clear or are blocked due to actions such as hoarding. • Conditions which may affect decision making. </td>	LESS ABLE TO ESCAPE	<ul style="list-style-type: none"> • Reduced mobility due to a physical disability, age related problems or as a result of a long-term illness. • Escape routes are not kept clear or are blocked due to actions such as hoarding. • Conditions which may affect decision making.
LESS ABLE TO REACT					
LESS ABLE TO ESCAPE					

Appendix 3 - Home fire safety risk referral matrix

Home Fire Safety Risk Referral Matrix

Risk	Fire Risk Factors	Control measures to be taken by LFB crews to	Actions for consideration by care providers, residents and housing providers to mitigate medium and long term risk
High Risk A	<ul style="list-style-type: none"> As in High Risk B. Adult social care review outcome is to move resident to care home or warden assisted sheltered accommodation due to severity of fire risk. Resident refuses to be re-housed. 	<ul style="list-style-type: none"> Full HFSV. Fit single point smoke detection in escape route (hall) and all areas of increased fire risk. Raise the concern via the PAR process for case management and provision of specialist fire alarms/equipment. Consider provision of specialist fire alarms/equipment and consider other control measures such as flame retardant bedding and safe ashtrays. 	<ul style="list-style-type: none"> Consider domestic sprinklers and PPS Minimum of BS5839 part 6 Grade F LD1 fire detection and alarm system, interlinked. Fire alarm to be monitored by a Telecare (social alarm) monitoring centre. Consider other control measures such as flame retardant bedding and safe ashtrays.
High Risk B	<ul style="list-style-type: none"> Impaired ability of resident to react to fire or smoke alarm actuating due to decision making difficulty, for example Dementia, drink or drugs. <p>AND/OR</p> <ul style="list-style-type: none"> Impaired ability of resident to escape from fire due to mobility issues/ ill health etc. Hoarding (level 5 or above). One or more unresolved high fire risk factor 	<ul style="list-style-type: none"> Full HFSV. Fit single point smoke detection in escape route (hall) and all areas of increased fire risk. Raise the concern via the PAR process for case management and provision of specialist fire alarms/equipment. Consider provision of specialist fire alarms/equipment and consider other control measures such as flame retardant bedding and safe ashtrays. 	<ul style="list-style-type: none"> Consider care/housing review Consider domestic sprinklers and PPS Minimum of BS5839 part 6 Grade F LD1 fire detection and alarm system, interlinked. Fire alarm to be monitored by a Telecare (social alarm) monitoring centre. Consider other control measures such as flame retardant bedding and safe ashtrays.
Medium Risk	<ul style="list-style-type: none"> One or more unresolved high fire risk factors (see reverse). No smoke alarms or one smoke alarm in escape route (hall). Resident is able to respond to fire alarm and leave the premises. 	<ul style="list-style-type: none"> Full HFSV. Fit single point smoke detection in escape route (hall) and all areas of increased fire risk. Raise the concern via the PAR process for case management and provision of specialist fire alarms/equipment. Consider provision of specialist fire alarms/equipment and consider other control measures such as flame retardant bedding and safe ashtrays. 	<ul style="list-style-type: none"> Minimum of BS5839 part 6 Grade F LD1 fire detection and alarm system including smoke and heat detection, interlinked. Consider other control measures such as flame retardant bedding and safe ashtrays.
ABOVE THIS BLACK LINE – ESCALATE AS A SAFEGUARDING REFERRAL OR WELFARE CONCERN			
Low Risk	<ul style="list-style-type: none"> No unresolved high fire risk factors (see reverse). Smoke detection not fitted in all areas of increased fire risk (regardless or being fitted in halls/landings) 	<ul style="list-style-type: none"> Full HFSV. Fit single point smoke detection in escape route (hall) and all areas of increased fire risk. 	<ul style="list-style-type: none"> Minimum of BS5839 part 6 Grade F LD1 fire detection and alarm system including smoke and heat detection, interlinked.

Guidance

- This matrix is a guide only and all factors should be considered in each case.
- Above the black line – escalate as a safeguarding referral or welfare concern. The HFSV and installation of alarms has not effectively reduced the risk of fire to the resident or another welfare concern remains present. Tick the Serious Outstanding Risk box on HFSV database record and send a separate email containing details of the concern and actions already taken to the relevant SM, copying in the Social Issue Mailbox.
- For all cases where we fit more than one of our standard single-point smoke detectors we must inform the resident that interlinked smoke detection should be fitted.
- Examples that could affect the ability to respond or escape may include;
 - Mental Health e.g. Dementia, confusion, Alzheimer's disease
 - Physical health e.g. use of a walking stick, frame or wheelchair, Chronic Obstructive Pulmonary Disease (COPD), stroke, Parkinson's disease, heart disease, speech impediment.

High Fire Risk Factors

- Previous fires.
- Burns on carpets, furniture or clothes.
- Evidence of unsafe candle use.
- Poor quality/damaged wiring.
- History of falls.
- Dementia/mental health issues (advanced/complex).
- Evidence of mobility difficulties.
- Hoarding
- Decision making difficulties.
- Unsafe smoking.
- Unsafe cooking.

Welfare Risk Factors

- No heating and/or lighting.
- No food.
- Vermin infestation.
- Neglect of property.
- Broken windows.

Definition – Areas of increased fire risk

An area of risk is a room with an unresolved fire risk such as any room where people smoke, leave electrical items switched on (e.g. satellite decoders, portable heaters), charge mobile electronic equipment (e.g. mobile phones, e-cigarettes) etc. The objective of a HFSV is to provide advice that effectively removes the risk but there is a need to be realistic and understand that it is unlikely that people will unplug satellite decoders, or immediately stop smoking indoors following a HFSV. The Brigade does not currently fit heat detectors but residents should be advised of the benefits of fitting heat detectors in kitchens.

Extracts from BS5839 Part 6 (relating to grade and category of system)

(This should not be read out of context of the whole standard) If any party is instructed to design a fire detection and fire alarm system for a dwelling (e.g. by means of a purchase or tender specification), the instruction should include a clear reference to the Grade and category of system required.

Grade D: A system of one or more mains-powered smoke alarms, each with an integral standby supply. (The system may, in addition, incorporate one or more mains-powered heat alarms, each with an integral standby supply).

Grade E: A system of one or more mains-powered smoke alarms with no standby supply. (The system may, in addition, incorporate one or more heat alarms, with or without standby supplies).

Grade F: A system of one or more battery-powered smoke alarms. (The system may, in addition, also incorporate one or more battery-powered heat alarms.) In the case of Grade D, Grade E and Grade F systems, where more than one smoke alarm is installed the smoke alarms normally need to be interlinked. Any heat alarms also need to be interlinked with the smoke alarms.

Category LD1: A system installed throughout the dwelling, incorporating detectors in all circulation spaces that form part of the escape routes from the dwelling, and in all rooms and areas in which fire might start, other than toilets, bathrooms and shower rooms.

Category LD2: A system incorporating detectors in all circulation spaces that form part of the escape routes from the dwelling, and in all rooms or areas that present a high fire risk to occupants (see Clause 4).

Appendix 4 - Pre-entry checklist

Name		HFSV Ref ID	
Address			
Does anyone smoke inside the house?			
If yes, when was the last time someone smoked inside?			
Do you have any pets?			
If yes, can they be placed in a secure area during the visit?			
Are any building works being carried out inside?			

<u>Signed by Resident</u>

Document history

Assessments

An equality, sustainability or health, safety and welfare impact assessment and/or a risk assessment was last completed on:

EIA		SDIA	15/05/2017	HSWIA	23/05/2017	RA	
-----	--	------	------------	-------	------------	----	--

Audit trail

Listed below is a brief audit trail, detailing amendments made to this policy/procedure.

Page/para nos.	Brief description of change	Date
Page 10, para 4	'Archives and records' link added.	19/03/2019
Throughout	Policy reviewed as current with updates for role to rank changes, COVID-19 related guidance and removal of reference to serious outstanding risk (SOR) replaced with person at risk (PAR).	02/12/2021

Subject list

You can find this policy under the following subjects.

Freedom of Information Act exemptions

This policy/procedure has been securely marked due to:

Considered by: (responsible work team)	FOIA exemption	Security marking classification