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THIS POLICY IS FOR:	Staff including Agency Workers (temporary workers), Commissioners and Service Users

SERVICE USER FIRE EVACUATION

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SERVICE USER FIRE EVACUATION POLICY

1. PURPOSE

- 1.1 To ensure that suitable emergency arrangements are in place to ensure the safe evacuation of Service Users and all building occupants and minimise the risk of injury or death to Staff including Agency Workers, Service Users, or visitors in the event of fire.
- 1.2 To support Nursing Direct in meeting the Key Lines of Enquiry/Quality Statements as set out by the Care Quality Commission (CQC).
- 1.3 To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide:
 - The Fire Safety Act 2021
 - The Care Act 2014
 - Health and Safety at Work etc. Act 1974
 - The Health and Safety (First Aid) Regulations 1981
 - Management of Health and Safety at Work Regulations 1999
 - The Regulatory Reform (Fire Safety) Order 2005
 - The Workplace (Health, Safety and Welfare) Regulations 1992

2. SCOPE

- 2.1 The following roles may be affected by this policy:
 - All Staff including Agency Workers
- 2.2 The following Service Users may be affected by this policy:
 - Service Users
- 2.3 The following stakeholders may be affected by this policy:
 - Family/Next of Kin
 - Advocates
 - Representatives
 - Commissioners
 - External health professionals
 - Local Authority
 - NHS/ICB

3. OBJECTIVES

- 3.1 To ensure that suitable arrangements are in place to ensure the safe evacuation of all occupants in the event of an emergency evacuation situation including those who are unable to independently evacuate because they lack mobility, have mental ill-health, sensory impairment or other cognitive or physical conditions.
- 3.2 To ensure that suitable Personal Emergency Evacuation Plans (PEEPs) are prepared and that the correct level of assistance is available in emergency situations to ensure all occupants requiring assistance can evacuate to a place of safety.

4. POLICY

- 4.1 All Service Users will be assessed to identify those who are unable to self-evacuate in the event of an emergency evacuation and may require additional assistance.
- 4.2 Where the need for additional assistance is identified, a Personal Emergency Evacuation Plan (PEEP) will be developed in consultation with the Service User and/or their next of kin to specify how they are to be assisted in the event of the need for evacuation.

Service Users will be encouraged and supported to seek advice and guidance from the local Fire Brigade who can conduct a home fire safety visit.
- 4.3 Nursing Direct will ensure that all Staff including Agency Workers have the relevant training in relation to Fire Safety and Emergency Evacuation.
- 4.4 The Clinical Lead for each package of care will ensure that a risk assessment is in place and that staff including Agency Workers have a copy of both the risk assessment and the Care Plan which will also detail the emergency evacuation plan for each Service User with suitable information in relation to the fire evacuation strategy, including their specific roles and responsibilities in any individual Service User PEEP.

5. PROCEDURE

- 5.1 Upon commencement of the service, Service User requirements for assistance in emergency evacuations will be discussed and reviewed with each individual Service User and communicated with their Staff including Agency Workers. Consideration will be given to any potential impairments which may affect their ability to evacuate to a place of safety in the event of an emergency evacuation situation. Such impairments include:
- Mobility impairment which can limit the speed of evacuation.
 - Hearing impairment which can limit the response to an alarm.
 - Visual impairment which can limit the ability to escape; and
 - Cognitive difficulties which can affect the response to an alarm.
- 5.2 Nursing Direct will consider the type of home a Service User is living in. The types of property may be a flat in a converted older building, a bungalow, or a house, a purpose-built flat or maisonette. Service Users may also live in a multi-occupancy premises where there is a warden.
- 5.3 Service Users will be supported to contact the local Fire Brigade to undertake a free Home Fire Safety Check. The firefighters and community fire safety staff will visit domestic properties to provide home fire safety advice and will supply and install a smoke alarm free of charge. These checks are the cornerstone of the proactive role that the Fire Service is now adopting in its drive to reduce the deaths and injuries that are caused by accidental fires.
- 5.4 Escape plans for Service Users living in a purpose-built flat, bedsit or maisonette, are different from for a house. The local Fire Brigade Home Safety Team will be able to provide free advice regarding the safest approach.

Where the Service User lives in a type of sheltered accommodation, consideration must be given to how the alarm system links to the individual's smoke detector. The landlord of the accommodation must share the evacuation plan for the housing organisation and for the Service User with Nursing Direct.

5.5 SERVICE USERS WITH HEARING IMPAIRMENTS

If a Service User has a hearing impairment, they may be signposted to obtaining a smoke alarm which meets their needs i.e. strobe lighting and vibrating pads.

In the event of a fire, if it is difficult for them to call 999 themselves, then the service user can be supported in making alternative arrangements, for example an arrangement with a neighbour.

If the Service User has specialist equipment, such as a text phone or minicom, they can contact the Emergency Services (Dial 18000).

5.6 MOBILITY DIFFICULTIES

If it is difficult for a Service User to test their alarm, Nursing Direct must signpost them to someone who can assist.

If they have trouble moving around, Nursing Direct will signpost to support the Service User to consider fitting a community alarm or telecare device, which will allow them to alert someone else in the event of an emergency.

5.7 VISUAL IMPAIRMENTS

A person with a visual impairment cannot see smoke, so a working smoke detector and escape plans are particularly important, as is the need for clear escape routes.

Service Users will be supported to put a coloured sticker on their smoke alarm if they have trouble seeing it to test it, or they can ask their local Fire Service if they can provide one for them.

Electrical leads will be checked regularly by touch. If they are frayed or faulty, they must not be plugged in or switched on. If electrics are giving off a burning smell, they will be turned off and unplugged immediately.

5.8 SERVICE USERS LIVING WITH DEMENTIA.

Some of the specific risks and vulnerabilities to fire that living with dementia creates are:

- Leaving cooking unattended or putting things on cookers or in microwaves that must not be there.
- Not understanding the sound of the smoke detector in the event of a fire and taking appropriate action
- Not recognising the property that they live in can inhibit their ability to exit in a safe and timely manner in the event of a fire.

Nursing Direct will signpost service users to seek evacuation advice from the local Fire Brigade who can conduct a Fire Home Safety check.

5.9 ACTIVITY/BEHAVIOURAL RISK ASSESSMENTS

Behaviours and activities, such as the use of alcohol and drugs or smoking, may require a more detailed, activity-specific assessment and management plan. This is particularly important where individuals with limited mobility smoke.

5.10 MENTAL CAPACITY

Where a Service User is identified as being vulnerable and at risk from fire, Nursing Direct will contact the commissioning team and/or relevant professional to request a review of this concern and referral to the Fire Brigade Home Safety Team. A meeting with the professional network, and the local Fire Brigade Home Safety Team, may also take place.

There will be instances where the Service User either lacks capacity or has capacity but makes unwise decisions. When a person lacks capacity to make decisions about their fire safety, Nursing Direct will request a multi-agency meeting, to discuss and agree best interest decisions. When a person has capacity to make decisions about their fire safety, but refuses to consent to a fire safety visit, Nursing Direct will record this in the Service User's care records.

5.11 FIRE EVACUATION PLANS AND HOARDERS

Nursing Direct needs to ensure that a risk assessment is undertaken for Service Users who hoard. The risk assessment must consider that hoarded materials can easily catch alight if they come into contact with heat sources such as overloaded extension leads, the kitchen hob or naked flames like candles or cigarettes. Because of the number of possessions, fires will also spread much faster, exit routes can become blocked, making safe evacuation more difficult. Fires can also spread much faster where there are flammable items such as newspapers or cardboard. Hoarding also affects the fire fighters' ability to tackle the fire because it makes the fire more intense and makes it more difficult to affect a rescue. Nursing Direct can support a Service User who hoards to live more safely by:

- Encouraging them to not light candles or tea lights of any kind
- Ensuring that they have appropriate heating so that they are not using portable heaters, candles, or gas hobs to heat the home.
- Suggesting, where possible, if they can make sure that they smoke outside if they are a smoker.
- Contacting Local Authorities, ICB's, and other service users to discuss options for support to clear some of the clutter.
- Working with them to develop an escape plan.
- Booking a home fire safety visit free of charge with the local Fire Brigade

5.12 Following consultation with the Service User and where necessary, in conjunction with their next of kin and/ or other family members, a suitable PEEP can be agreed and documented.

The plan will detail:

- The Service User's medical conditions, sensory awareness, and mobility
- How the Service User is to be made aware of the emergency procedures in place
- How the Service User will be notified of an alarm activation
- What the Service User should do in the event of an alarm activation
- The procedure for their evacuation or movement to a place of relative safety
- Any equipment required, i.e., evac-chair etc.
- The number of staff including Agency Workers required to effectively facilitate the plan, where required.
- Back-up arrangements in place

5.13 Where required, a specialist, competent person i.e. fire risk assessor will be consulted to ensure that arrangements set out within each PEEP are appropriate and effective in ensuring the safety of the Service User in the event of an emergency situation.

5.14 Staff including Agency Workers will have access to the evacuation strategy and their roles and responsibilities in relation to specific Service User PEEP requirements.

5.15 The Care Plan will record the use of a PEEP where necessary, dependent on the Service User and their requirements. The Care Plan information and PEEP will be regularly reviewed and updated as necessary, whenever individual Service User circumstances change or where the fire risk changes.

6. DEFINITIONS

6.1 STAFF INCLUDING AGENCY WORKERS

6.1.1 STAFF

Denotes the employees of Nursing Direct Healthcare Limited.

6.1.2 AGENCY WORKERS

Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.

6.2 NURSING DIRECT

Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

6.3 NURSDOC LIMITED

As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.

6.4 CQC (CARE QUALITY COMMISSION)

CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

6.5 PEEP

- An individual plan for means of escape from a fire.
- The plan is formulated with the person who would require assistance in the event of a fire, where they have 'capacity' or with their designated person/carer.

6.6 PLACE OF SAFETY

- A place within a building or structure where, for a limited period of time, people will have some protection from the effects of fire and smoke. This place, usually a corridor or stairway, will normally have a minimum of 30 minutes fire resistance and allow people to continue their escape to a place of total safety.
- This is also known as "relative safety."


6.7 FIRE DRILL

- This is a live evacuation to ensure that processes and measures in place are effective in a real emergency.
- Drills are recorded and processes are reviewed if required.

OUTSTANDING PRACTICE

To be 'outstanding' in this policy area you could provide evidence that:

- Nursing Direct works in partnership with other agencies including the Fire Brigade. Each Service User has their own evacuation plan in place drawn up by the local home Fire Safety Team
- Changes in PEEPs are discussed in team meetings to ensure that all Staff including Agency Workers are informed and aware.
- Managers ensure that fire training is reviewed and updated so that it remains relevant to any changes in legislation, industry best practice, and the domiciliary care environment.
- All managers and Staff including Agency Workers keep an open line of communication between each other and inform of any significant changes or concerns. Issues raised are documented and non-conformance addressed and closed out.

COMPLETED DATE:	05.02.2026
SIGN OFF DATE:	05.02.2026
REVIEW DATE:	05.02.2027
SIGNED:	 Marc Stiff – Group Managing Director