

HFSV – Management and Planning

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Review date:

Last amended date:

Summary

- This policy outlines the management and planning of home fire safety visits (HFSVs), why London Fire Brigade (LFB) is involved in this work and the targeting and generation of HFSV referrals. It outlines actions to be taken leading up to and following HFSVs, including those that are carried out in areas of identified grouped risk. It outlines actions to be taken in regard to the ordering, management and stock control of smoke alarms.

Introduction

1 Why a targeted approach to home fire safety visits?

1.1 The London Safety Plan sets out our commitment on making London a safer city and legislation makes us legally responsible for carrying out work to prevent fires. Accidental fires in the home cause the majority of fatalities and injuries and as a result we focus our preventative work on the places and people most at risk from these fires. Independent auditing data has shown that a home is 18 times less likely to have a fire if a HFSV has been carried out. This provides a clear mandate for delivery of HFSVs as an effective intervention for preventing fires, fire injuries and fire deaths in our communities. Using historical fire data, lifestyle information and the local knowledge of our officers, we target the majority of our work:

- i. in places where there is a higher likelihood that accidental fires in the home will occur, and
- ii. at those people who have the behaviours which increase the fire risk, and/or the profile which makes them less able to react to, or escape from a fire.

Educating our communities about the risk of fire and fire safety is a prime way to reduce the number of accidental fires occurring.

HFSVs are carried out by LFB staff and in some cases, partners trained to deliver this service. This policy describes the processes in place for LFB staff. Partners receive separate training and guidance.

1.2 There are a number of ways that HFSVs are delivered and recorded:

- (i) Full HFSV - Single visits to identified individuals where all aspects of prevention, detection and escape are covered. This includes the fitting of smoke alarms where appropriate and in all areas of risk.

Note: If an additional HFSV is carried out within a 12 month period due to a change in the resident's circumstances e.g. decline in health, or an incident has occurred at the property warranting another visit to be carried out. This should be recorded as a full HFSV

- (ii) Advice visits – where a resident is not willing for LFB staff to carry out a risk assessment of their home but general advice and alarms are supplied if required.
- (iii) Revisits – a visit to a resident's home that falls within a 12 month period of a full HFSV being carried out (see 1.13 and 1.14)

Referral generation

1.3 Having a planned, risk based approach to households and gaining the resident (s) agreement for a HFSV is called referral generation. Referrals may be generated through:

- (i) Grouped Risk Visits - Visits to areas at a higher risk from fire
- (ii) Identification of those with increased fire risk, either by LFB or partner organisations - High Risk Individuals (HRI)
- (iii) People who self refer
- (iv) Hotstrike activity following a fire

Although generated through different ways, the delivery of a HFSV once inside the resident(s) home will remain the same.

Targeting Risk

1.4 Grouped risk visit (GRV)

The geographic location of accidental residential fires in London can broadly be predicted using data collected by the brigade. The range of data includes incidents, socio-demographic and geographic data in order to make predictions. These predictions inform the decision making of officers about which households, grouped by risk into postcodes, staff should be delivering our service to. These postcodes are referred to as priority one postcodes (P1 postcodes).

Station personnel making a direct approach to people in their homes is known to be the most effective and efficient method of delivering prevention, detection and escape messages to people identified as living in specific geographic areas known to be of high risk. This way of identifying and grouping risk then generating referrals and carrying out visits simultaneously is termed grouped risk visiting (GRV). This practice is to feature as one of the main components of an integrated and co-ordinated plan for reducing fires in the home across the borough

HFSVs generated in this way should not be confused with those generated in a specific location following a serious incident, for example as a result of a hotstrike, which would be carried out on an ad hoc basis.

1.5 Prior to crews engaging in GRV there is a need to assess any risks to staff and the community. The Brigade has a generic risk assessment which can be found in Appendix 1. Reference must be made to this document during planning for GRV and when taking local circumstances into account.

1.6 The BC should ensure that GRV planning starts in advance of any visit. GRV should not be limited to postcodes but include locally identified target groups. Borough commanders will ensure:

- That iRAT information is used to inform decision making regarding which postcodes (households) are to be visited
- That local knowledge on partners working with High Risk Individuals (HRI) is considered.
- Watch managers and local crews are consulted along with locally appointed staff-side health and safety representatives.
- The appropriate local agencies are aware of the intended activity.

Note that some agencies must be consulted, whilst others should be consulted dependant upon local circumstances as decided by the relevant BC.

Agencies that **must** be consulted:

- Police, including Safer Neighbourhood Team (SNT).
- Local Neighbourhood Watch.
- Local Authority, including Community Safety Partnerships (formerly CDRPs)

Agencies that **should** be consulted where possible and appropriate:

- Housing Association;
- Local community leaders;
- Tenants and residents association (T&RA);
- Arms Length Management Organisation (ALMO);
- Social landlord.

N.B: This list is not exhaustive and relevant contacts may vary within each borough. The BC is responsible for ensuring this consultation is undertaken and that the outcome is communicated to the local crews involved.

A flow chart representing the process of pre-action is at Appendix 2.

The Brigade has also taken account of the principles outlined in the Local Authorities' Cold Calling Protocol and the Trading Standards Institute Protocol, both of which aim to provide maximum protection for residents, particularly vulnerable residents, against bogus callers.

1.7 High Risk Individuals (HRI)

For the purposes of HFSV a high risk individual (informally referred to as a 'P1' person) is a person or household who has a particular profile which LFB believe:

- fits the characteristics that can be associated with an increased risk of experiencing an accidental fire in the home
- and/or has a reduced ability to respond to an alarm or fire.
- and/or has a reduced ability to escape in the event of a fire occurring

These characteristics are likely to be a combination of factors which individually, do not present a heightened risk but which when considered together, create a significant increase in risk. A description of the personal profiles which would identify a high risk individual is set out in Appendix 3.

HRI's are dispersed across the LFB area and are most effectively approached as part of planned local initiatives e.g. local government agencies or specific partnership agencies working with vulnerable people.

1.8 Partnership Referrals

The Brigade works with specific partnership agencies to identify those most at risk of fire. These agencies work directly with some of the most vulnerable people in our communities and as a result of the joint working with the Brigade, refer clients to us for a HFSV. A referral received from a specific partnership agency will automatically qualify as a P1 person (where that partnership has or can be allocated an appropriate 'P1 partnership initiative code' by the area CS team manager in liaison with the borough commander).

1.9 Self Referrals

LFB can receive referrals directly from members of the public. Individuals requiring a HFSV can self-refer in the following ways:

- LFB Website
- Directly to the LFB via Freephone number, e mail, Royal mail, SMS
- Visit their local fire station

When residents self refer, and depending on the information provided, a risk assessment process will be applied to prioritise the allocation of the visit. Referrals of this type will be allocated to those carrying out the visit by the area CS team.

1.10 HFSVs after a Fire

Where the LFB have attended a dwelling fire, a HFSV must be carried out unless there are exceptional circumstances, for example if a resident has been taken to hospital or the residence is uninhabitable. Where the resident(s) have been relocated to a temporary address, a HFSV should be offered at that address.

Hotstrikes are an opportunity to deliver fire safety messages to neighbouring properties, maximising heightened public awareness immediately after a fire.

1.11 HFSVs in Buildings used as Unsuitable Accommodation

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, a Borough Commander's toolkit has been developed to address the risks associated with these premises, including the delivery of HFSVs. Details can be found in Reducing Fire Risks in Unsuitable Accommodation

Where a property is deemed to be an unlicensed HMO attendance of a senior fire safety officer should be requested via Resource Management Centre (RMC) or Control.

1.12 HFSVs in Specialised Housing

London Safety Plan has a target to reduce the number of fires in sheltered housing schemes or units and care homes. This was introduced so that the appropriate focus was put on them by the Brigade to ensure people who should be in a safe environment are safe from the risks of fire

The strategy sets out a collaborative approach to focus resources and interventions to reduce the risk of fire to the most high risk vulnerable people, wherever they live and where care is provided. The strategy focuses on the three key areas of prevention, protection and partnership working to ensure that such premises are safe. The London Fire Brigade will continue to respond to incidents in care and sheltered housing but the main focus of the strategy is to try to prevent any such fires in the first place.

One of the enhancements to our approach is that operational crews should work closely with Fire Safety Regulation staff and housing providers to look at the vulnerability of individual residents and the common parts of the building and provide suitable and integrated fire safety solutions to these premises.

1.13 Revisits

A revisit is usually associated with refitting of a smoke alarm. For example, when a resident reports a faulty or fallen alarm within a 12 month period of a full HFSV being carried out. The resident may report this directly to the station or will contact the area CS team. In either circumstance a risk based approach will need to be taken as to when the visit should be carried out. If the person/property meets the high risk category, the visit should be carried out as soon as possible. This can be done by either the relevant station, the area CS team or light duty staff.

Alternatively, a revisit may be required when the need for specialist alarms was highlighted whilst crews were carrying out a HFSV (see 1.14 and 1.17)

2 Allocation and booking of HFSVs

The process for booking appointments is different depending on the appointment type.

2.1 Grouped Risk Visit

Appointments for GRV are booked by Station staff. An entry is to be made in station diary utilising the HFSV GRV slot. Guidance on creating a GRV slot can be found in the HFSV Manual. This information is important as it will ensure that both the area CS team and the Resource Management Centre are aware that GRV will be taking place if any enquiries regarding verification are received.

As specialist alarms may not be carried on appliances, if when carrying out GRV, station staff identify a resident who requires specialist alarms they should carry out a full HFSV and fit standard smoke alarms as an interim measure. On return to station they should record the visit as a full HFSV on the data base but must inform the area CS team of the need for specialist alarms. The area CS team will arrange for delivery of specialist alarms to the station or arrange for light duty staff to revisit the resident and fit the alarms. The visit will be recorded as a revisit with a note of the specialist alarms fitted.

2.2 Individual HFSVs

Appointments for individuals are booked by the area CS Team. Watch managers are required to proactively provide HFSV time slots via station diary to which visits to HRIs may be allocated by the area CS team. The number of slots that must be provided by watches is not generally prescribed but must be sufficient to meet demand in a timely fashion. Watch managers will ensure slots are entered onto the HFSV database via the station diary in accordance with the HFSV Manual.

Although it is for watch managers to determine the timing of the slots, there is an increasing demand for evening and weekend HFSVs and this must be taken into consideration. Watch managers should consider the following points when identifying time slots:

- One and a half hours is to be allowed for each visit;
- Training events, station based or otherwise;
- Appliance and staff standby's;
- Strategic Resource
- Pre-determined station routines;

Other pre-booked commitments such as fire safety inspections, other community safety activities, and visitors to stations.

Prior to the allocation of a referral, an empty slot can be changed/deleted in station diary by the watch manager. However, slots cannot be changed once they have a referral allocated to them, as an appointment will already have been made with a member of the public by the area CS team.

2.3 Allocation of HFSVs by area CS team

Referrals made to the area CS team will be recorded on the HFSV database. A member of the CS team will make contact with the resident or their representative to identify any high risk characteristics and arrange a mutually convenient time for a HFSV. This assessment will give

consideration to the Brigade's requirement to make reasonable provision for the supply of services to disabled people under The Equality Act 2010. It will determine if specialist alarms are required, if a third party is required to be present e.g. family member, carer, social worker and/or an interpreter (language or BSL).

The area CS team will allocate the visit to a station diary HFSV time slot supplied by the appropriate station. If there are any specific issues that station personnel need to be aware of, the area CS team will record the details on to the HFSV database so that station personnel are made aware. Watch managers must monitor station diary to ensure they are aware of any visits allocated to them.

If the area CS team have difficulty arranging a visit or the client has been unavailable twice, the partner agency who made the referral must be contacted and informed to discuss alternative ways forward. This discussion must take place before the referral is recorded as 'suspended' or 'aborted'.

2.4 Revisit

When a resident contacts the area team directly a team member should contact the nearest fire station to ascertain if they are available to carry out the visit either the same or following day. If the station are unavailable the light duty team will carry out the visit and the area CS team will update the HFSV database accordingly. If the station are available, they will update the database after carrying out the visit on return to station.

If a resident contacts the station directly and a visit is carried out, the station should contact the area CS team to inform them of the revisit and update the HFSV database accordingly.

2.5 Tobacco and Smoke Free

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 make a risk assessment and withdraw from the visit if necessary.

The reason for withdrawing from a visit due to smoking, should be explained to the resident. Information should also 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 safer smoking advice to the resident.

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

3 Smoke Alarm Stock control

To ensure a robust and accurate method for accounting of smoke alarms, a monitoring system should be in place at all stations. This should be managed at an area level but the SM for a station must retain overall responsibility for the management of smoke alarm resources

It is important that all policy and guidance relating to HFSVs and the ordering, storing, and installation of smoke alarms is followed. Officers should only use smoke alarms from the Authority's approved suppliers and as covered by the HFSV policies.

It is also essential that appropriate records are maintained for every smoke alarm ordered by the Authority for audit purposes

3.1 Allocation to stations

Each station will be allocated a pre-determined number of smoke alarms for each quarter of the financial year. The allocation of smoke alarms is directly linked to the targets set for HFSVs for the current financial year.

3.2 Ordering of smoke alarms – stations

Smoke alarms (including specialist alarms) will be replenished quarterly to reflect the numbers stated above. This will be carried out by the local area CS team and based on the numbers used by each station. After the initial order of alarms has been placed subsequent orders will be placed quarterly, replacing stock that has been used. The order will take into account stocks held in their reserve i.e. buffer stock.

3.3 Light duty and other staff groups

Light duty staff and other staff groups carrying out HFSVs will also be provided with an allocation. Orders for smoke alarms for light duty staff will be raised by the local area team where the vehicles are in operation.

3.4 Delivery and storage

Smoke alarms for stations will be delivered directly to stations. Smoke alarms to be used by light duty staff and other groups will typically be delivered to the Area Community Safety teams, as buffer stock.

Arrangements should be made at stations and within area teams for all alarms to be stored in a safe and secure environment. The alarms should be kept in a suitable locked container with restricted access to meet this requirement.

Once smoke alarms ordered through POMS are delivered to a LFB site (fire station or Area CS team) these items must be booked in on POMS to acknowledge the full delivery of the alarms. The electronic receipt of the smoke alarms on POMS must be carried out as soon as possible after the delivery has been received. This will enable swift payment to suppliers once an invoice has been received and will highlight any outstanding orders which may need to be followed up with the supplier.

The reference number on the delivery note corresponds with the order ID on POMS, therefore this number should be used when receipting the smoke alarm delivery. Any discrepancies between the delivery note and the order on POMS must be reported to the Area CS team.

3.5 Stock control measures

Smoke alarm usage will be monitored by the local Area CS team using information from the HFSV database, which records the exact number of smoke alarms installed at each HFSV. Information from this source will be used to determine the number of alarms required to top up stocks to allocation limits prior to the beginning of each quarter.

Stock should be used in first in - first out order so that the oldest stock is used first. This will reduce the risk of alarms expiring before being installed or prematurely expiring once installed.

It is essential that local monitoring takes place to make sure that the number of smoke alarms received is all accounted for. To facilitate this all copies of the smoke alarm indemnity forms issued to the resident are to be filed in unique identification number (UIN) sequence and kept under lock and key in the station office. It is essential that these forms are securely locked away as

they contain personal information. Station managers should check these records against information on the HFSV database as part of their regular periodic review of performance. The Area CS team will file all indemnity forms returned by the light duties in date order. Smoke alarm indemnity forms are to be archived for a period of ten years. Forms are to be stored at station/area hub for a period of two years. They are then to be sent to Records Services for archiving in accordance with Policy number 575 - Records management strategy guidance 1 creating and maintaining filing systems.

3.6 Damaged/faulty alarms

Any damaged/faulty alarms identified at the time of receipt or installation should be returned to the local Area CS team, accompanied with a completed smoke alarm return form which details the nature of the faulty or damaged alarm. The form is available for printing on which is available for printing from Q:\Templates\Forms (Community Safety)\CFSForms\Faulty smoke alarm return form The Area CS team will store the faulty alarms and exchange them with the supplier on a regular basis. A record should be kept by Area CS teams of all alarms returned. This record should include at a minimum, the following information: the station that returned the alarm; model of the alarm; the number of alarms; the date the alarm was returned to the supplier; and whether a replacement will be provided by the supplier.

Wi Fi alarms and components do not form part of the station's audit as they are sent under separate cover with a form 171 containing the visit ID to individual watches as they are booked, any components not used or faulty ones that have been replaced should be returned to the area CS team. Therefore, the only alarms that should be handed over and accounted for are single point smoke detectors issued by the Brigade.

Note: only newly installed faulty alarms should be returned to the area CS team. Alarms that fall outside of this should be disposed of as per [\(insert link to HFSV smoke alarms and equipment guidance note\)\)](#)

3.7 Resident calling at station

If a local resident calls at a fire station to obtain a smoke alarm, there are three options to manage this;

1. Obtain the name and address and contact number of the resident and complete a full HFSV. In this way staff can determine if smoke alarms are required and are correctly sited in all areas of risk
2. Staff should obtain the name and address of the resident before giving a smoke alarm, in addition a "Fire safety in home" booklet should also be provided. To record the advice and alarm(s) provided, an Advice Visit should then be raised by station staff on the HFSV database, adding an alarm.
3. Send an email to the Area CS team with full details as above and they will complete the Advice visit.

Option 1 should be the preferred default position as this is the only way that the Brigade can ensure that alarms are fitted correctly and allows for an opportunity to provide appropriate advice and guidance within the home.

4 Preparation for the visit

4.1 Pre-visit actions

Preparation of resources will include having sufficient smoke alarms (standard, hearing impaired and high visibility stickers for the visually impaired). The smoke alarm fitting kit must also be checked prior to the visit to ensure that it is properly stocked in accordance with [Insert – HFSV](#)

smoke alarms and equipment guidance note. Staff completing the visit must be familiar with the technical notes for the equipment they are using.

The watch manager is responsible for making contact with the local area community safety team to establish what resources may be available/required to support the activity e.g. translation services /fire retardant bedding (FRB)/arson-proof letter box (ALB) /liaising with carers to enable joint visits and how accessed/ arranged

4.2 Supporting Documentation and Literature Resources

The watch manager must also ensure that, on the day of the appointment, the appropriate literature and forms are taken to the visit. These include:

- Fire Safety in the Home booklet
- Home Fire Safety Guide

These resources can be ordered through Hotwire http://hotwire-live/Operations/Community_safety/Community_safety_resources/Pages/default.aspx

Select the literature required and order as per instructions.

All stations should have laminated copies of the following:

- HFSV Referral Matrix
- Clutter Image Rating
- HFSV Hazard Identification Guide

These can be printed by going to:

Start > New Office Document > Forms (Community Safety) > CFS Forms\ HFSV Hazard Identification Guide (or alternatively can be found at:

Q:\Templates\Forms (Community Safety)\CFS Forms\HFSV Hazard Identification Guide).

Guidance on printing off the range of forms required can be found in the HFSV Manual. These include:

- Two indemnity forms,
- Data collection sheet,
- Aide memoire.

Personnel should carry Brigade ID and be aware of any password if provided for individual appointments.

5 After the Visit

Record keeping

- 5.1** The outcomes of all HFSVs are to be recorded on the database on return to the station/area office. Guidance can be found in HFSV Manual.
- 5.2** The information gathered and recorded during the HFSV on the data collection sheet should be entered into the HFSV database via the station diary immediately on return to station/area. The data collection sheet must then be securely disposed of either by shredding it where local facilities allow or through the Brigade's confidential waste disposal service. Security sacks for the disposal of confidential waste and the procedure for their removal once filled can be found on POMS by entering "confidential" into the POMS search engine.

- 5.3 If a revisit was carried out details should be recorded on the database. Guidance can be found in HFSV Manual.
- 5.4 If a serious outstanding risk (SOR) was raised, this should be recorded on the database and an email will be generated as referred to in [\(insert link to Safeguarding Policy\)](#)
- 5.5 Indemnity forms must be kept under lock and key and retained in order by date at the station for a period of 2 years, and then sent to the Document Management Team for archiving for a total of 10 years (PN575 - records management strategy)
- 5.6 Accurate records must be kept of the quantity and model number of any equipment fitted, for auditing and stock control purposes
- 5.7 Smoke alarms installed or provided during these visits and subsequently recorded on the HFSV database, under the appropriate type of visit, will be replaced accordingly.

6 Quality Assurance

- 6.1 It is essential that the advice being provided to residents, action taken to mitigate risk and work involved in fitting smoke alarms is subject to vetting and quality assurance checks to make sure that the accountability measures for monitoring smoke alarms and installation standards, as stated in this and relating policies, are being met.
- 6.2 Borough commanders and station managers are responsible for carrying out quality assurance checks on home fire safety visits. To make sure that the check is timely, an audit should be carried out on a quarterly basis. The audit should include direct observation of staff fitting alarms and an audit of records in comparison to the information being recorded on the HFSV database.
- 6.3 Quality assurance guidance and forms can be found in Appendix 4

Related Policies

Policy Number	Policy Name
	Safeguarding/SOR
	Records management strategy

DRAFT

Document history

Assessments

An equality or sustainability impact assessment and/or a risk assessment was last completed on:

EIA		SIA		RA	
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Audit trail

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

Page/para nos.	Brief description of change	Date

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

Appendix 1 – Risk Assessment for conducting GRV/HFSV



Risk Assessment for Conducting GRV / HFSV

User Department: Operations, Prevention and Response

Created by:

Approved by:

Document History

Version	Date of Issue	Author(s)	Reason for Issue
1.0			To support attendance at HFSV / GRV.

Generic Assumptions

Grouped risk visiting

1. All LFB personnel are familiar and comply with Policy 597 – LFB Health and Safety policy.
2. All safety events (including verbal abuse and avoided incidents or 'near misses') should be reported in accordance with Policy 368 - Health, Safety and Environmental event investigation policy.
3. Staff are responsible for following the safe systems of work put in place by line managers, including carrying out an 'on site' dynamic risk assessment on arrival at each visit.
4. All staff are familiar with and comply with Policy 305 - Safeguarding children policy and Policy 736 – Safeguarding Adults at Risk.
5. All personnel undertaking the task have received cultural awareness input relating to the targeted group.
6. The existing Policies listed below as associated documentation underline this practice and will be adhered to.

RISK ASSESSMENT – Policy XXX			
Description of activity, process or equipment assessed and associated documentation:	Carrying out GRV / HFSV	Date prepared:	08/02/16
Associated documentation:	Policy Number 741 – Home Fire Safety Visits (HFSV) Policy Number 742 – Home Fire Safety Visits – Grouped Risk Policy Number 743 – Home Fire Safety Visits – Individual Risk Policy Number 744 – Home Fire Safety Visits – Carrying out the visit Policy Number 524 - Lone worker policy Policy Number 597 - LFB's health and safety policy Policy Number 368 - health, safety and environmental event investigation policy Policy Number 305 - Safeguarding children policy Policy Number 736 – Safeguarding Adults at Risk	Review Date:	

				Initial Rating –No Controls				Amended Rating - Controlled				Tolerable		
Ref No.	Hazard	Risk	Person at Risk	Sev	L	R	Rating H,M,L	Existing Control Measures	Sev	L	R	Rating H,M,L		Further measures required if risk not tolerable
1	Uneven surfaces, rubbish, other trip hazards	Slips, trips and falls.	LFB personnel	3	3	9	M	Provide effective H&S briefing to all personnel before visiting site, this to cover all slip trip and fall hazards and out of bounds areas	3	2	6	L	Y	
2	Allegation of impropriety	Staff may be vulnerable to allegations of: theft, sexual abuse, physical abuse, etc.	LFB personnel	3	3	9	M	All personnel taking part to receive prior training in specifics of GRV at such properties. Staff to work in pairs Staff do not enter premises alone Clear introduction to client on purpose of visit ID cards to be carried and produced on request.	3	2	6	L	Y	

3	Hazards arising from substance misuse in home	The risk that staff could be at risk of injury either physical or psychological, from clients or member of the public who are under the influence of intoxicating substances such as, alcohol, solvents, or drugs.	LFB personnel	3	3	9	M	Existing DRA Training on identifying hazards & hazardous situations Operational staff have considerable experience of dealing with members of the public in stressful situations. All staff have access to brigade radio system for summoning assistance	3	2	6	L	Y	
4	Violence	That staff may be exposed to risk of physical injury from people.	LFB personnel	4	3	12	M	Existing DRA Training on identifying hazards and hazardous situations . Continual assessment Operational staff have considerable experience of dealing with members of the public in stressful situations. All staff have access to brigade radio system for summoning assistance.	4	1	4	L	Y	
6	ASB/Civil disturbance/ Terrorist activity	Possibility of staff working in areas with heightened risk of anti social behaviour/civil disturbance or terrorist activity	LFB personnel	3	2	6	L	Liaison with local police /safer neighbourhood teams to continually assess local risk Existing Brigade DRA training	3	1	3	L	Y	

7	Injury from roaming dogs	Dog bite	LFB personnel	3	3	9	M	Dogs to be secured by owners	3	1	3	L	Y	
8	Lone working	Attack, theft	LFB personnel	3	3	9	M	Personnel to work/remain in pairs for duration of visit. Inc: Appliance driver. Appliance security to be utilised as per usual procedures.	3	3	6	L	Y	
9	Exposure to biological hazards	Infection / contamination of PPE	LFB personnel	3	3	9	M	Briefing to crews prior to site visit.	3	1	3	L	Y	

Ranking risks is necessary in order to identify their relative importance. The degree of risk associated with a particular hazard depends on the likelihood of it causing an accident and the probable severity of the consequence of such an accident. The focus in applying this methodology is the risk faced by a single typical member of the Occupation responsible for carrying out the task giving rise to the hazard.

This ranking system involves classifying likelihood (in terms of frequency) and severity each on a five point scale and then multiplying them both together to give the risk ranking as follows:

This matrix gives possible ranking values as follows:

RISK = SEVERITY x LIKELIHOOD

The ranking values can then be grouped into three broad classes of risk:

		RATING
Critical Risks	16 – 25	HIGH
Significant Risks	8 – 15	MEDIUM
Minor Risks	1 – 7	LOW

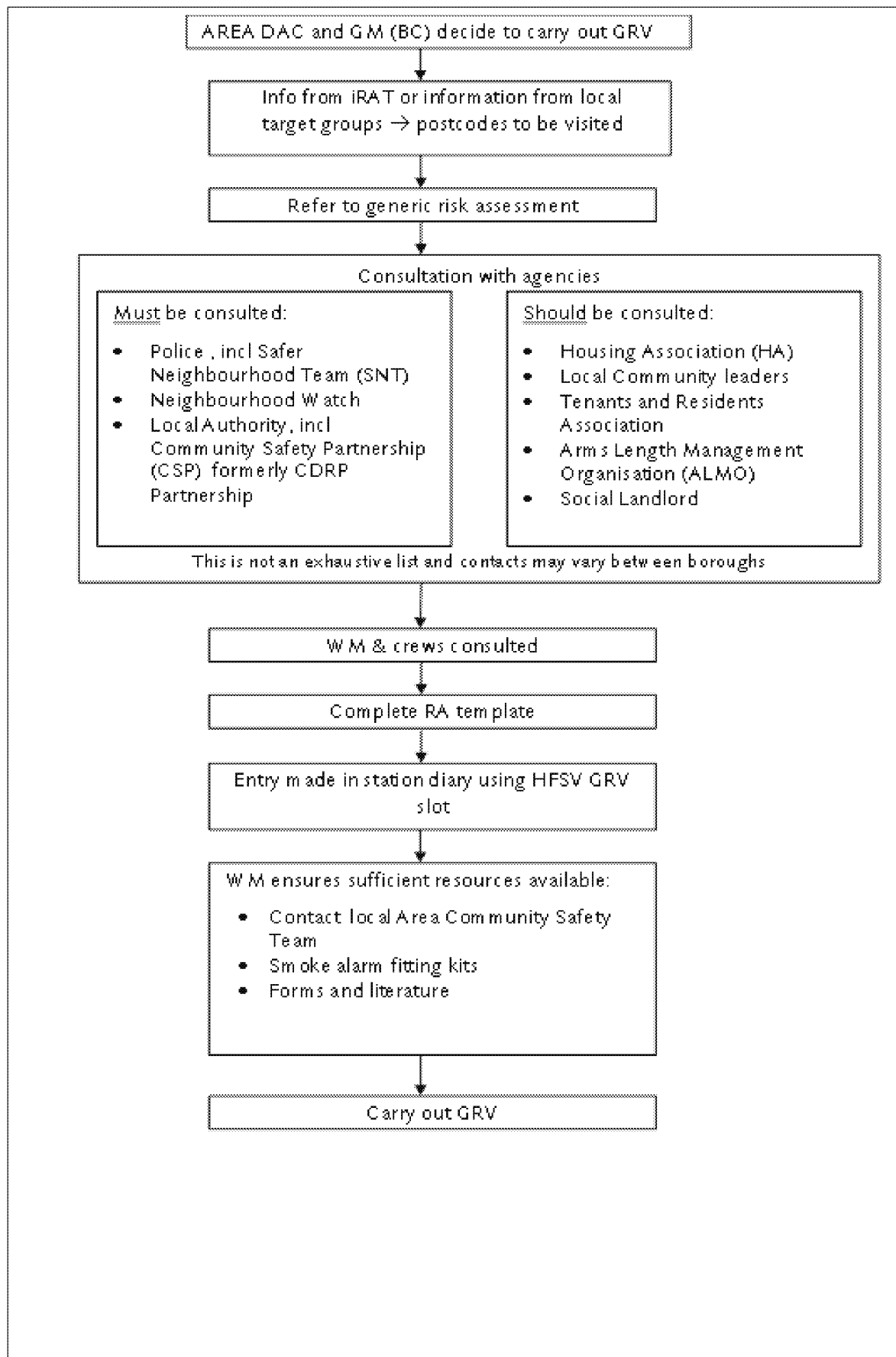
		SEVERITY				
		5 Single or multiple fatalities	4 Major disabling injury	3 Injury resulting in 3 or more days off	2 Minor Injury	1 Accident or near miss with no harm arising
LIKELIHOOD	5 Very likely to occur	25	20	15	10	5
	4 Probable	20	16	12	8	4
	3 Possible	15	12	9	6	3
	2 Remote	10	8	6	4	2
	1 Improbable	5	4	3	2	1

RISK TERMINOLOGY

Term	Definition
Accident	An unplanned and uncontrolled event which gives rise to harm.
Consequence or impact	The outcome of an accident.
Controls	Measures that may be introduced with the intention of reducing risk.
Harm	Any kind of safety loss, including fatalities and injuries
Hazard	Anything with the potential to cause harm (or loss).
Incident/ Near miss	An unplanned and uncontrolled event that does not give rise to harm, but which under different circumstances could have resulted in an accident.

Term	Definition
Likelihood (L)	The number of occasions on which a given event is expected to occur over a given time.
Mitigation	Reduction in risk due to the introduction of risk controls.
Rating	The rate given to the control measures associated with the hazard and risk; either High, Medium or Low
Result (Res)	The result based on the existing control measures or prior to implementing further control measures, in order to reclassify the rating to achieve the desired result. Being either: <ul style="list-style-type: none"> ▪ 'H' High Risk ▪ 'M' Medium Risk ▪ 'L' Low Risk
Risk (R)	A combination of the likelihood of the harm occurring and the severity of the consequences.
Severity (Sev)	A measure of the significance of consequences.

Appendix 2 – Group risk visit flowchart



Appendix 3 – High Risk Individual

High risk individuals (informally referred to as 'P1' people) are people or households exhibiting the common risk factors associated with fire. The factors we are looking for are those which indicate an increased risk in the likelihood of a fire starting or, should a fire happen, increased likelihood of the fire causing an injury or fatality. We know that combinations of factors significantly increase the risk and so the working definition of a high risk Individual or P1 person is:

- Any person within a household who exhibits three or more of the following risk factors (listed a – f below)

Or

- Any person who is referred to us by a specific partnership agency (listed g - j below)

1 A person within a household who exhibits three or more of the following risk factors are P1.

- (a) Live alone.
- (b) Have any disability (physical, or self declared mental health or learning disability issues).
- (c) Live in social housing (social landlord or local authority).
- (d) Any person over 60 years of age.
- (e) A single parent (with a child under 15).
- (f) A smoker.

Note: These HFSVs are identified as P1 when visit details are completed on the database based on the risk factors above (a - f). When completing the HFSV database, if more than one disability exists it will still be only classed as one risk factor.

2 Partnership referrals – A referral received from a specific partnership agency working in the following areas will automatically qualify as a P1 person (where that partnership has or can be allocated an appropriate 'P1 partnership initiative code' by the Area HFSV call centre manager in liaison with the borough commander).

- (g) Alcohol or drug treatment.
- (h) Mental health.
- (i) Social care.
- (j) Daily domiciliary care provision.

Note: These HFSVs are identified as P1 based on the P1 partnership initiative code, and therefore the risk factors (g-j) are not applied.

Appendix 4 – HFSV Quality Assurance Guidance

Summary

The Brigade has a responsibility to ensure that the provision of Home Fire Safety Visits (HFSV's) is efficient, effective and consistent. This document sets out Quality Assurance (QA) guidance for that purpose.

Introduction

QA of the HFSV process provides managers with information about the quality of the HFSV's provided across London and ensures that HFSV practice conforms with policy.

Ensuring that HFSV practice complies with LFB policies and procedures lies with line management. However, all LFB employees are responsible for compliance to procedures.

Roles and responsibilities

Deputy Assistant Commissioner

The Area DAC's are responsible for maintaining an overview and for the effective implementation of the HFSV QA in their respective Areas.

Borough Commander

The Borough Commander is responsible for ensuring an effective QA process for HFSV's within their Borough.

The Borough Commander must take effective action to deliver improvements where the outcomes of the QA process indicate a requirement.

The Borough Commander may delegate the task of undertaking the QA process to appropriately skilled staff.

Station Manager

Station Managers must ensure that the QA process is undertaken effectively across all watches that come under their management remit.

Station Managers must produce an annual schedule for HFSV QA at the beginning of April each year and ensure that these are entered into the Station Diary.

Watch Manager

Watch Managers will be informed of the HFSV QA dates for the forthcoming financial year.

Watch Managers must ensure that all watch members have a good understanding of how to conduct a HFSV and also ensure that those staff have sufficient background knowledge to effectively deliver a professional service.

Watch Managers must ensure that the QA dates are diarised and that the necessary people and resources are in place in order for the audit to be carried out as planned.

The HFSV QA System

The QA process

The HFSV QA process is a scheduled programme of quality assurance visits to individual watches and covers three aspects of performance relating to the delivery of HFSVs, namely:

- (a) Planning
- (b) Delivery
- (c) Recording

The QA Visit

HFSV Quality Assurance Forms will be completed by the person undertaking the QA visit. The forms have been designed to collect the observations from the visit and to allow for further recording and distribution of findings. The HFSV QA Form Templates are located [HFSV – quality assurance – guidance appendices](#), the manager carrying out the QA should print the forms off prior to undertaking the QA process.

The QA comprises of two parts;

Part 1 – Desktop Review

This consists of a series of yes/no questions (Appendix 1 – Quality Assurance Form) and it relates to the Watch performance over the previous six months. This part of the review may throw up additional questions that can be put to the Watch Manager when carrying out part 2 of the review.

Part 2 – Fire Station Review

(a) Planning QA

On arrival at the station, the purpose of the visit and a brief description of the process should be explained to the Watch.

The results of previous HFSV QA audits undertaken with the relevant watch, should be reviewed and discussed with the watch.

Managers carrying out the QA should conduct a professional discussion the Watch Manager to ascertain their knowledge and understanding of planning HFSV's. Details of the selection of questions for use are outlined in Appendix 2 – Quality Assurance Form.

(b) Delivery QA

Whilst at the fire station, the manager undertaking the QA should seek to ascertain the level of knowledge and understanding of individual watch members. Details of the areas to be examined are set out in Appendix 3 - Quality assurance Form.

The Borough Commander will be responsible for ensuring the audit includes direct observation of crews undertaking a HFSV, this may be a delegated action where appropriate. However, if delegated, this part of the process must remain effective and transparent for audit purposes.

An explanation as to the number and purpose of LFB staff attending the HFSV should be given to the resident before gaining admission to the resident's home. The number of LFB staff entering should be the minimum required in the particular circumstance.

The manager undertaking the direct observation of the HFSV should make notes about staff performance in reference to the areas detailed in QA form No Appendix 3 – Quality assurance Form. They should not ask questions of LFB staff nor embarrass them by pointing out issues they may have missed whilst in the residents home. However, if they consider there to be risk critical issues that may have been missed, they should advise the resident themselves in a manner that would appear to be

contributing to the delivery of service. They should then later take the matter up with the appropriate line manager of the LFB staff concerned.

(c) Recording QA

This part of the process looks at the way information is recorded and fed into the HFSV database. There is a set of questions located in Appendix 4 – Quality Assurance Form for use in this section.

The QA findings

As soon as practicable after the QA visit is completed, the person carrying out the QA should formally record their comments and observations in Appendix 5 – Quality Assurance Form and provide feedback to the Borough Commander.

The QA forms numbers Appendices 1 to 4 (Marking and Scoring Sheets) utilise Red, Amber and Green reporting protocols. It should be noted that the RAG process is purely used to identify areas for action.

Areas of immediate concern (RED) which cannot be corrected at the time will need to be addressed through the provision of a Personal Development Plan or other appropriate mechanism.

Areas of concern where a need for improvement has been identified (AMBER) and which can be addressed and corrected immediately will become the focus of attention prior to the next quality assurance visit and will form part of the focus for the next review.

Areas where there is no cause for concern (GREEN) will be reviewed at the next scheduled QA.

Once the review is completed, the conducting manager will transfer their findings on to an electronic Area recording system, maintained by the Area Support Team. The system will also record action plans arising from the QA visits. The system will be available to all Station Managers, the Borough Commander and the Area DAC.

The action plans arising from the QA must be reviewed quarterly by the Borough Commander.

Once the review is completed, the conducting manager will transfer their findings on to an electronic Area recording system, maintained by the Area Support Team. The system will also record action plans arising from the QA visits. The system will be available to all Station Managers, the Borough Commander and the Area DAC.

The action plans arising from the QA must be reviewed quarterly by the Borough Commander.

HFSV Quality Assurance Form

PART 1- DESKTOP REVIEW

Planning and Recording – Past 6 months performance

	YES	NO	Comments
a. Are HFSVs being routinely planned to target high risk people?			
b. Are HFSV routinely delivered in areas following a significant fire?			
c. Are individual slots being used as directed?			
d. Does the Watch use SR to carry out HFSVs? (if no, please state the reason in the space provided)			
e. Are entries accurately made in the Station Diary for all HFSVs?			
f. Is there evidence to demonstrate that LD staff/CS team staff have been used to augment the capacity to undertake HFSV's?			
g. Are there HFSVs waiting in excess of 90 days?			
h. Are all data fields completed accurately?			
i. Are any outstanding risks recorded in the database?			
j. Does the number of completed HFSV's correspond to the Indemnity Forms?			
k. Is there a stock control process that shows availability of all LFB approved smoke alarms?			

HFSV Quality Assurance Form

Planning - Marking and Scoring sheet

	No training need identified	Non critical training need	Critical training need
1. Who and what do you target in the HFSVs in your borough? (PN741, PN742, PN743)	<input type="checkbox"/> Full understanding of the risk factors affecting targeting of HFSVs and definition of P1 people and P1 postcodes	<input type="checkbox"/> Reasonable understanding of the risk factors affecting targeting of HFSVs and definition of P1 people and P1 postcodes	<input type="checkbox"/> Little or no understanding of the risk factors affecting targeting of HFSVs and definition of P1 people and P1 postcodes
2. How do you know which households should be targeted? (PN741, PN742, PN743)	<input type="checkbox"/> Full understanding of the criteria used to identify P1 people and P1 postcodes	<input type="checkbox"/> Reasonable understanding of the criteria used to identify P1 people and P1 postcodes	<input type="checkbox"/> Little or no understanding of the criteria used to identify P1 people and P1 postcodes
3. What are the characteristics of a high risk individual? (PN741, PN742, PN743)	<input type="checkbox"/> Full understanding of the criteria used to identify P1 people	<input type="checkbox"/> Reasonable understanding of the criteria used to identify P1 people	<input type="checkbox"/> Little or no understanding of the criteria used to identify P1 people
4. Does your Watch engage in any community safety project in your borough/area? If so, which one?	<input type="checkbox"/> Full knowledge of the local area and the projects running in the borough.	<input type="checkbox"/> Reasonable knowledge of the local area and the projects running in the borough.	<input type="checkbox"/> Little or no knowledge of the local area and any projects running in the borough.
5. Are you aware of the resources available to support you with the delivery of HFSVs e.g.: LD staff, CS team, interpreters? Do you know how to access them? (PN741)	<input type="checkbox"/> Full understanding of the resources available and how to access them if additional support is required to deliver effective HFSVs	<input type="checkbox"/> Reasonable understanding of the resources available and how to access them if additional support is required to deliver effective HFSVs	<input type="checkbox"/> Little or no understanding of the resources available and how to access them if additional support is required to deliver effective HFSVs
6. What follow up action do you take after a fire? (ADF policy)	<input type="checkbox"/> Good understanding of the current process to be followed after a dwelling is deemed uninhabitable for a minimum of 24 hours	<input type="checkbox"/> Some understanding of the current process to be followed after a dwelling is deemed uninhabitable for a minimum of 24 hours	<input type="checkbox"/> Little or no understanding of the current process to be followed after a dwelling is deemed uninhabitable for a minimum of 24 hours
7. What action do you routinely take in households which had a code 1 fire or above? (ADF policy)	<input type="checkbox"/> Good understanding of the need to provide public reassurance after a code 1 fire or above	<input type="checkbox"/> Some understanding of the need to provide public reassurance after a code 1 fire or above	<input type="checkbox"/> Little or no understanding of the need to provide public reassurance after a code 1 fire or above
8. What is your understanding of providing time slots to the Area HFSV Call Centre? (PN743)	<input type="checkbox"/> Full understanding of the need to provide time slots to the HFSV Call Centre	<input type="checkbox"/> Some understanding of the need to provide time slots to the HFSV Call Centre	<input type="checkbox"/> Little or no understanding of the need to provide time slots to the HFSV Call Centre

	No training need identified	Non critical training need	Critical training need
9. What is your understanding of attending a visit that is arranged for 14:00 hours?	<input type="checkbox"/> 10. <i>Full understanding of the use of time slots and time of visits</i>	<input type="checkbox"/> 11. <i>Some understanding of the use of time slots and time of visits</i>	<input type="checkbox"/> 12. <i>Little or no understanding of the use of time slots and time of visits</i>
10. Can you show me how to enter time slots on the HFSV database for the three HFSVs types e.g. a full visit, a declined visit and an advice visit? (HFSV Manual v8)	<input type="checkbox"/> <i>Full understanding of how to enter time slots for the three HFSV types on the database</i>	<input type="checkbox"/> <i>Some understanding of how to enter time slots for the three HFSV types on the database</i>	<input type="checkbox"/> <i>Little or no understanding of how to enter time slots for the three HFSV types on the database</i>
11. If carrying out a HFSV in another station's grounds, who do you need to contact to enable accurate recording?	<input type="checkbox"/> <i>Good understanding of the process to follow and who to contact when carrying out a HFSV in another station's grounds</i>	<input type="checkbox"/> <i>Some understanding of the process to follow and who to contact when carrying out a HFSV in another station's grounds</i>	<input type="checkbox"/> <i>Little or no understanding of the process to follow and who to contact when carrying out a HFSV in another station's grounds</i>
12. How do you enter information on the Station Diary to show that the HFSV was carried out by LD staff?	<input type="checkbox"/> <i>Good understanding of how to enter information on the Station Diary regarding LD staff carrying out HFSVs</i>	<input type="checkbox"/> <i>Some understanding of how to enter information on the Station Diary regarding LD staff carrying out HFSVs</i>	<input type="checkbox"/> <i>Little or no understanding of how to enter information on the Station Diary regarding LD staff carrying out HFSVs</i>
13. How are risks to staff and the community assessed prior to crews engaging in GRV? (PN742)	<input type="checkbox"/> <i>Fully understands the need to assess risks and the Brigade's generic risk assessment</i>	<input type="checkbox"/> <i>Shows some understanding of the need to assess risks and the Brigade's generic risk assessment</i>	<input type="checkbox"/> <i>Little or no understanding of the need to assess risks and the Brigade's generic risk assessment</i>
14. What do you do if a notification is given to the station that a revisit is required?	<input type="checkbox"/> <i>Fully understands the need to rearrange the visit and inform the HFSV Call Centre of the appointment or completion of revisit</i>	<input type="checkbox"/> <i>Shows some understanding of the need to rearrange the visit and inform the HFSV Call Centre of the appointment or completion of revisit</i>	<input type="checkbox"/> <i>Little or no understanding of the need to rearrange the visit and inform the HFSV Call Centre of the appointment or completion of revisit</i>
15. Has the policy been applied in terms of contact with the partners, public, etc.? (PN742)	<input type="checkbox"/> <i>Full understand and awareness of how and whom to contact in order to carry out GRV</i>	<input type="checkbox"/> <i>Some understanding and awareness of how and whom to contact in order to carry out GRV</i>	<input type="checkbox"/> <i>Little or no understanding of how and whom to contact in order to carry out GRV</i>
16. Does the Watch have literature available to give to the resident? (PN744)	<input type="checkbox"/> <i>Fully understands the need to have literature available to give to the residents</i>	<input type="checkbox"/> <i>Shows some understanding of the need to have literature available to give to the residents</i>	<input type="checkbox"/> <i>Little or no understanding of the need to have literature available to give to the residents</i>
17. What literature/documentation should be taken at HFSVs? Is the literature/documentation current? (PN742 & PN744)	<input type="checkbox"/> <i>Fully understands what literature/documentation and which version should be given to residents</i>	<input type="checkbox"/> <i>Some understanding of what literature/documentation and which version should be given to residents</i>	<input type="checkbox"/> <i>Little or no understanding of what literature/documentation and which version should be given to residents</i>

	No training need identified	Non critical training need	Critical training need
18. Do you have versions of the literature in languages other than English which are spoken in your community?	<input type="checkbox"/> <i>Literature entirely appropriate to the station's profile</i>	<input type="checkbox"/> <i>Some literature appropriate to the station's profile</i>	<input type="checkbox"/> <i>Literature not at all appropriate to the station's profile</i>
19. How do you obtain versions of the literature aimed at the deaf or hard of hearing? or the visually impaired? (PN744)	<input type="checkbox"/> <i>Awareness of how to obtain Visual Safety leaflets through area CS team</i>	<input type="checkbox"/> <i>Some awareness of how to obtain the Visual Safety leaflets through area CS team</i>	<input type="checkbox"/> <i>Little or no awareness of how to obtain Visual Safety leafletsthrough area CS team</i>
20. What do you do if the resident does not speak English or is deaf? (PN744)	<input type="checkbox"/> <i>Full understanding of the need to ensure effective communication and what to do to support it</i>	<input type="checkbox"/> <i>Some understanding of the need to ensure effective communication and what to do to support it</i>	<input type="checkbox"/> <i>Little or no understanding of the need to ensure effective communication and what to do to support it</i>
21. Can you show me the smoke alarm fitting kits complete with all fitting poles and platforms? (PN586)	<input type="checkbox"/> <i>Smoke alarm fitting kits fully complete</i>	<input type="checkbox"/> <i>Smoke alarm fitting kits almost complete</i>	<input type="checkbox"/> <i>Smoke alarm fitting kits incomplete</i>
22. What are the types of alarms available? What is the reason for fitting one rather than the other? (PN586)	<input type="checkbox"/> <i>Full knowledge of the types of alarm available and the criteria to fit them</i>	<input type="checkbox"/> <i>Some knowledge of the types of alarm available and the criteria to fit them</i>	<input type="checkbox"/> <i>Little or no knowledge of the types of alarm available and the criteria to fit them</i>
23. Describe the WiFi alarms and their components (PN586)	<input type="checkbox"/> <i>Full understanding of the types and components of WiFi alarms available</i>	<input type="checkbox"/> <i>Some understanding of the types and components of WiFi alarms available</i>	<input type="checkbox"/> <i>Little or no understanding of the types and components of WiFi alarms available</i>
24. Where are all alarms usually stored? (PN455)	<input type="checkbox"/> <i>Full understanding of the principles to be applied for storage of smoke alarms</i>	<input type="checkbox"/> <i>Some understanding of the principles to be applied for storage of smoke alarms</i>	<input type="checkbox"/> <i>Little or no understanding of the principles to be applied for storage of smoke alarms</i>
25. Where are replacements obtained from? (PN455)	<input type="checkbox"/> <i>Full understanding of the process to be used for replacement of smoke alarms</i>	<input type="checkbox"/> <i>Some understanding of the process to be used for replacement of smoke alarms</i>	<input type="checkbox"/> <i>Little or no understanding of the process to be used for replacement of smoke alarms</i>
TOTALS:			