



**Healthy London
Partnership**

Occupational therapists working in fire and rescue services: exploring the benefits and opportunities

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I ♥ Sherlock and Simba

L F B
LONDON FIRE BRIGADE



Topics for discussion

- National background to health and fire service partnerships
- The PEO model – training non-clinicians in person centred practice
- Learning from the Fire Safe and Well project
- Wider opportunities for 'blue light' collaboration
- Including fire safety in your practice



National background – links between fire & health



Public Health
England



Consensus Statement on Improving Health and Wellbeing between NHS England, Public Health England, Local Government Association Chief Fire Officers Association and Age UK

This consensus statement describes our intent to work together to encourage joint strategies for intelligence-led early intervention and prevention; ensuring people with complex needs get the personalised, integrated care and support they need to live full lives, sustain their independence for longer and in doing so reduce preventable hospital admissions and avoidable winter pressures/deaths.



CFOA
Chief Fire Officers
Association

National background – links between fire & health

Underlying and common risk factors for fire and poor health:

- Age
- Smoking materials
- Living alone
- In receipt of social services/ agency support
- Physical disability/lack of mobility
- Mental Health
- Prescribed medication
- Cold homes



The Prevention Capability of FRS

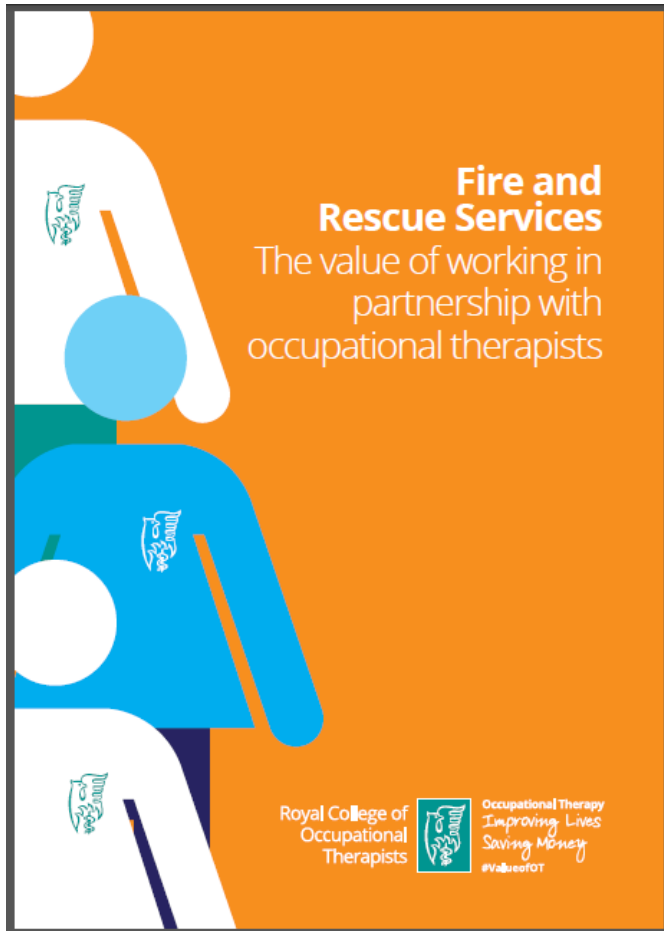
- The 581,000 home visits carried out by FRS annually in England and targeted at vulnerable people provide an opportunity to deliver proactive support that delivers improved integrated care.
- Incidents have reduced by 40% over the last 10 years



NFCC
National Fire
Chiefs Council

Source: Serious About Prevention – Ged Devereux, Strategic Health Lead, NFCC
London Fire Brigade Health and Care Conference, November 2018

RCOT publication



- Endorsed by the National Fire Chiefs Council
- Part of the Improving Lives, Saving Money campaign
- Builds on *Living, Not Existing: putting prevention at the heart of care for older people*
- Highlights how prevention and cross agency partnerships can enhance safety, wellbeing and health of vulnerable people and communities
- Available at:
<http://cotimprovinglives.com/fire-rescue-services-value-working-partnership-occupational-therapists/>

RCOT publication

- Two-way referral pathways between FRS and OT Services
- Shared training programmes for reciprocal learning
- Placements for OT students within fire and rescue services
- Joint home visits by FRS staff and OTs to address complex needs and reduce fire risk
- OTs working in strategic roles alongside FRS colleagues on projects such as Safe and Well

Fire and Rescue Services

The value of working in partnership with occupational therapists


The challenge for Fire and Rescue Services

For over 10 years fire and rescue services (F&RS) have been carrying out interventions in people's homes to reduce their risk from fire and to provide advice on actions to take in the event of fire. This approach has helped to successfully reduce the number of incidents and fatalities.

Fire and Rescue Services are in a unique position to do more than their obvious remit. Across the UK F&RS are now starting to:

1. build on prevention and response roles to reduce risk and enhance safety and wellbeing of vulnerable people and communities;
2. to work effectively with partners to improve efficiency and;
3. to address health related risk factors, such as alcohol and smoking.^{1,2,4,4}

Without a doubt, addressing these priorities will decrease demands on both fire and health and social care services and improve the safety of vulnerable people. People are vulnerable if they have cognitive impairment, mental health conditions, smoke, misuse substances, are frail or physically inactive, are socially isolated, or live in cold homes. To minimise dependency on services and to reduce the need for crisis interventions, identifying people with these risk factors and intervening early is crucial. The most common reasons for domestic fires are related to occupation – smoking and "misuse of equipment or appliances".³



Occupational therapist, Paula Breeze, is a Health and Social Care Services Coordinator with the Greater Manchester Fire and Rescue Service. Here she explains why people with health conditions might benefit from a Safe and Well visit.

View the film to find out more about Safe and Well visits.
<https://youtu.be/mCFH8bNh7sE>

How are F&RS meeting the challenge?

Innovative partnerships between the F&RS and occupational therapy services. This has already led to:

1. Development and implementation of referral pathways that promote joint working and information sharing across the health, social care and fire and rescue services.
2. Shared training programmes to develop competencies to deliver on public health.
3. Joint home visits by F&RS staff and occupational therapists for people who have complex needs and are considered high risk.
4. Formal arrangements for occupational therapy students to have diverse practice placements and learning opportunities with local fire and rescue services.

“Working with OT's, we have seen the benefits of using a person centred and risk enablement approach for the most vulnerable in our communities. We recognise that working in partnership creates better outcomes for the individual but also has cost benefits for all agencies involved

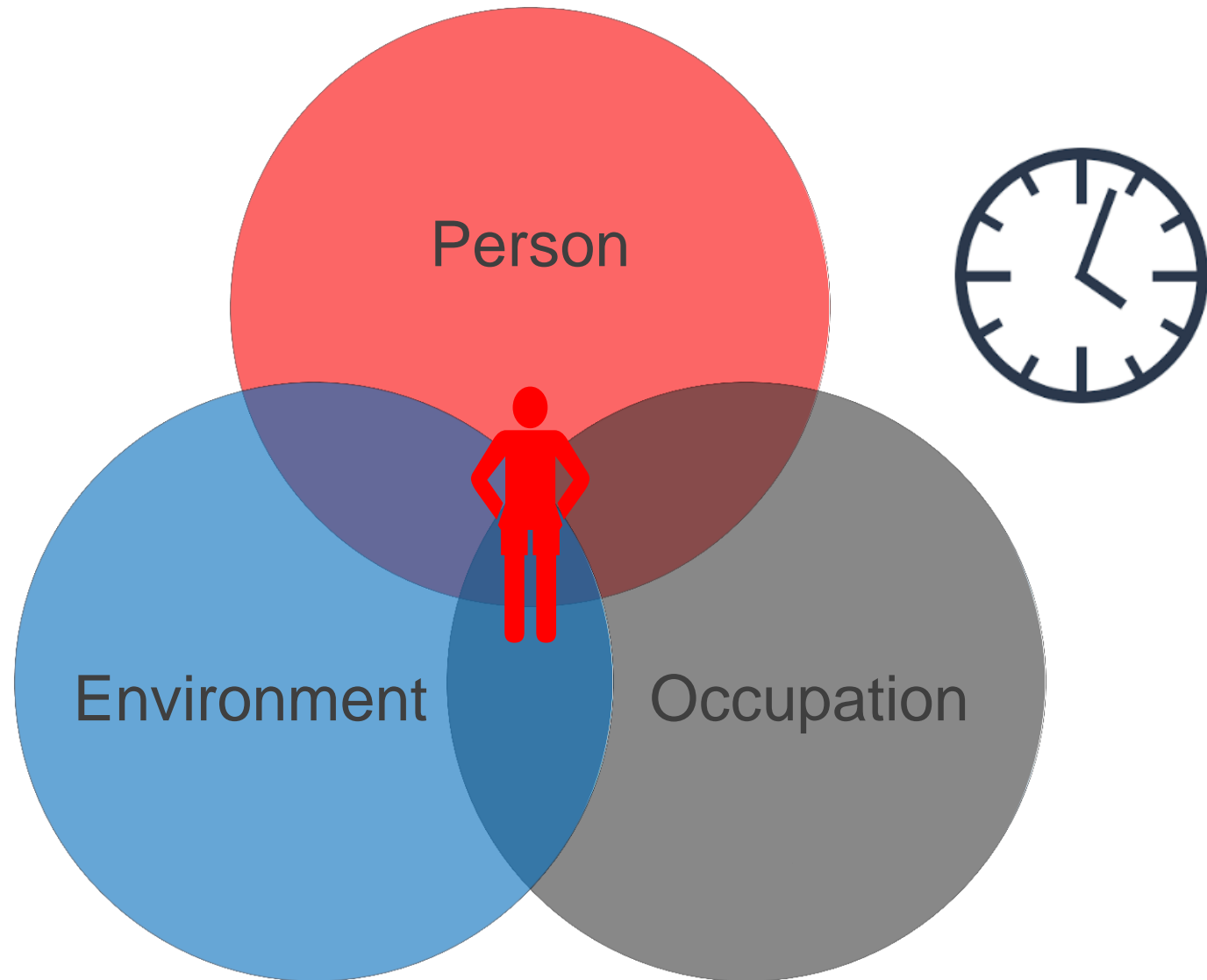
Emma Darby
Engagement and Partnership Officer, Nottinghamshire Fire and Rescue Service

(Fire) Safe and Well

- Enhanced home fire safety visit
- Targeted at people at increased risk of fire
- Delivered by fire fighters or community safety staff
- Person-centred fire risk assessment
- Person-centred fire safety advice and interventions



Why are OTs well placed to support fire safety?



Law, M., Cooper, B. A., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The person-environment-occupation model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy*, 63, 9-23.

PEO Exercise

1. Collect a 'risk scenario' lanyard
2. Your risk scenario will describe a person (P), environmental (E) or occupational (O) risk factor
3. Sit at the table you think your scenario belongs to – P, E or O
4. In the new groups at your tables, list the factors for consideration in a person-centred fire risk assessment, under P,E, or O
5. You can use your risk scenario lanyards to get you started
6. Spend 10 minutes doing this and then feedback to the whole group



5 Main Causes Of Fire

Cooking



Smoking



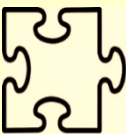
Electrical



Fires & Heaters



Candles



Managing and Reducing Fire Risk in the Home

What can you do during a Safe and Well visit to reduce or manage risk?

- Fire Safety Advice (verbal/written)
- Smoke detection (fitting, testing, providing advice)
- Recommend telecare / sprinklers / other protection equipment
- Agree bedtime routines and escape plans
- Provide or recommend fire safety equipment such as fire retardant bedding
- Brief Advice (Making Every Contact Count)
- Signposting and referrals
- Advocacy
- Involve family, friends, neighbours, carers, professionals

Person Centred Strategies, Equipment & Fire Safety Advice

Take a lanyard and get into groups of 5

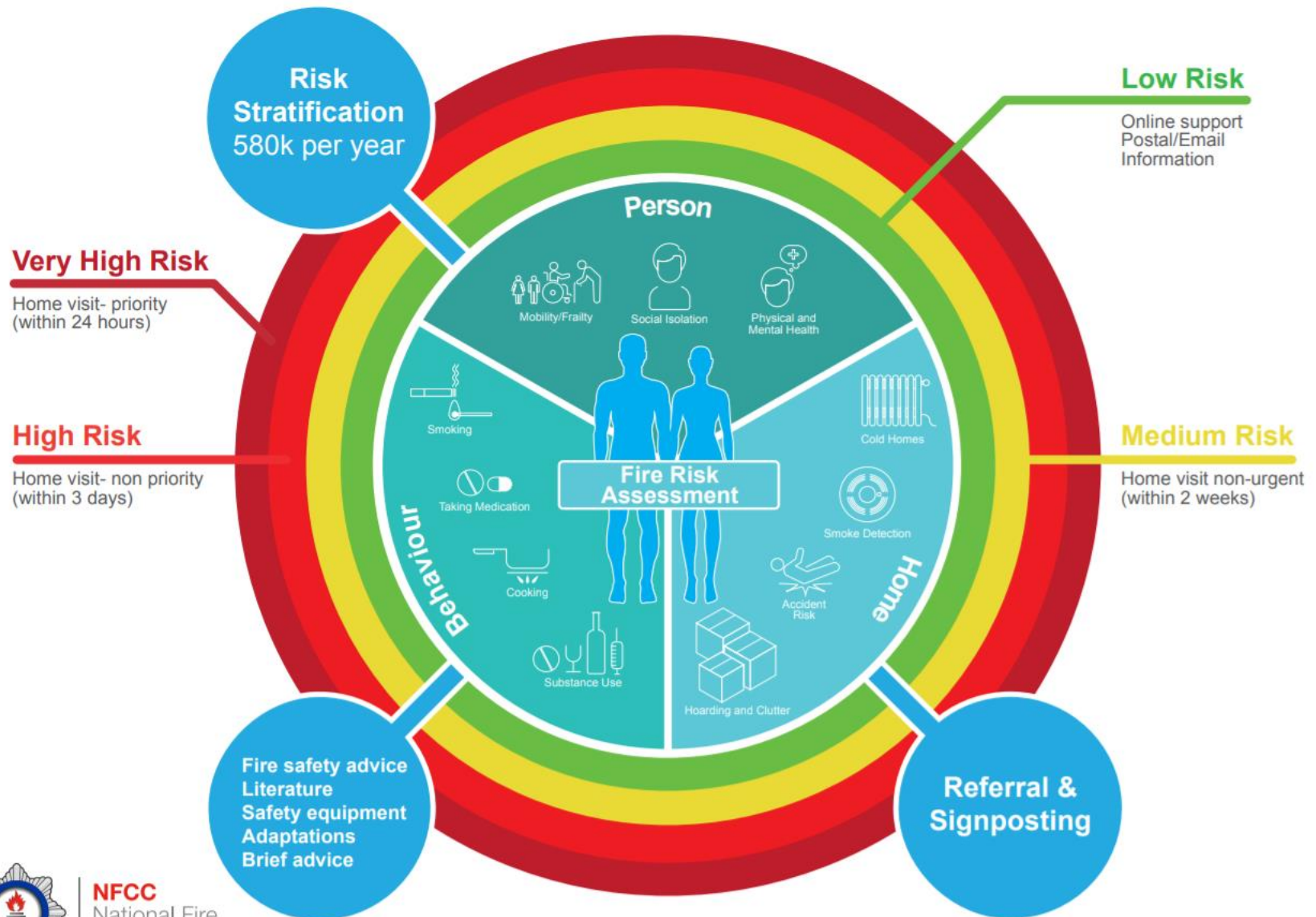
As a group, look at the risks on your lanyards together and imagine these are the risks facing you in a safe and well visit.

Look at the table of equipment and literature and choose pieces that can help to mitigate the risks for the family you are visiting.

Feedback to the group on what the risks are and how you have chosen to reduce them, showing us the equipment and literature you have found.



National support for a PEO approach



NFCC
National Fire
Chiefs Council

Please note that this resource is in development and not yet implemented. Content and timescales are indicative.

Person-centred Fire Risk Checklist

<https://www.london-fire.gov.uk/safety/the-home/home-fire-safety-visits/>

Checklist for Person-Centred Fire Risk Assessment

LFB

LONDON FIRE BRIGADE

Name of resident

Full address

Date

DD / MM / YYYY

Form completed by

1. Does the individual have an increased fire risk?

Yes

If yes, tick all the fire risk factors they exhibit

No

Skip to next question

☐ Smoking – with signs of unsafe use of smoking or vaping materials (e.g. smoking in bed).

☐ Use of emollient creams that are petroleum or paraffin based.

☐ Air pressure mattress or oxygen cylinders are used.

☐ Unsafe use of portable heaters (e.g. placed too close to materials that could catch fire).

☐ Unsafe cooking practices (e.g. cooking left unattended).

☐ Overloaded electrical sockets/adaptors or extension leads.

☐ Faulty or damaged wiring.

☐ Electric blankets used.

☐ Previous fires or near misses, burns or scorch marks on carpets and furniture.

☐ Unsafe candle/tea light use (e.g. left too close to curtains or other items that could catch fire or within easy reach of children or pets).

☐ Other (please specify):

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

Yes

If yes, tick all the fire risk factors they exhibit

No

Skip to next question

☐ Mental health issues (e.g. dementia, anxiety or depression).

☐ Cognitive or decision making difficulties.

☐ Alcohol dependency or misuse of drugs.

☐ Sensory impairments (e.g. hard of hearing or sight loss).

☐ Other (please specify):

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

Yes

If yes, tick all the fire risk factors they exhibit

No

Skip to next question

☐ Have restricted mobility, are frail or have a history of falls.

☐ Are blind or have impaired vision.

☐ Lacks capacity to understand what to do in the event of a fire.

☐ Is a hoarder, or there are cluttered or blocked escape routes.

☐ Are bed or chairbound.

☐ Internal doors are left open at night.

☐ Would be unable to unlock front door to escape.

☐ Other (please specify):

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

Yes

If yes, please specify which rooms have them fitted:

No

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

Yes

If yes, please specify which rooms have them fitted:

No

What to do next

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

If you are a family member or an informal carer:
Contact London Fire Brigade to arrange for a free home fire safety visit: Tel 0800 028 4428 Text/SMS 07860 021 319
Email smokealarms@london-fire.gov.uk
Web [london-fire.gov.uk/HomeFireSafety/Visit](https://www.london-fire.gov.uk/HomeFireSafety/Visit)
In addition, extra support and advice can be sought from Adult Social Care Teams and your housing provider or landlord where serious risk has been identified.

If you are employed by a company or organisation:
Return this checklist to your manager for a full Person-Centred Risk Assessment to be conducted where necessary.

- Inform the resident or other family members of the risks identified, if you are certain they will understand.
- If a care plan exists, all actions taken should be noted in that plan.
- Ensure appropriate partnership referrals are made as required.

Fire safety in the home

What happens during a home fire safety visit? Firefighters or trained staff will visit the home and offer advice based on individual needs, this includes information on how to **prevent** fires, the importance of smoke alarms to **detect** a fire and having **escape** plans in the event of a fire. They will also fit smoke alarms if required.

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

Prevention

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

Early warning and detection of a fire is essential

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

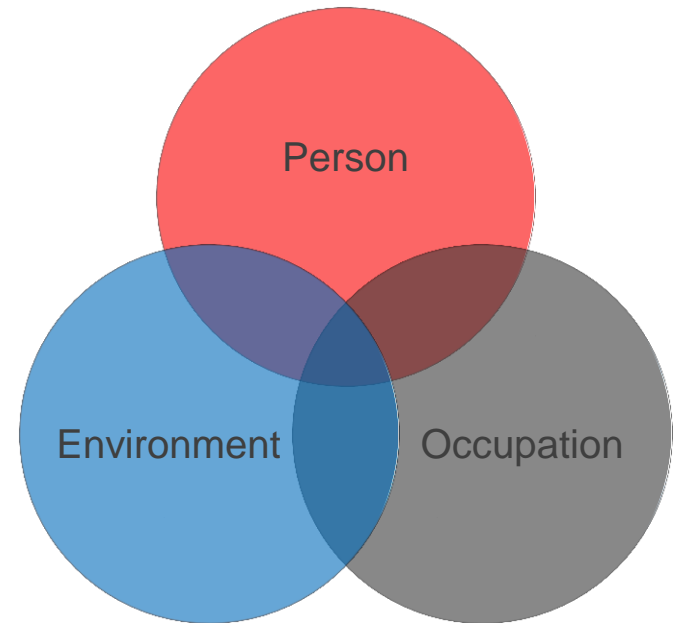
Escape

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

Identifying those at most risk

A person may be more vulnerable to fire if:

- There is an increased fire risk in their property
 - Memory problems
 - Unsafe heating arrangements
 - Smoking behaviour
- They have a reduced ability to react to a fire
 - Sensory impairment
 - Ineffective smoke detection
 - Use of drugs, medication or alcohol
- They have a reduced ability to escape from a fire
 - Reduced mobility
 - Unsuitable door locking / opening mechanism
 - Hoarding behaviour



London Fire Safe and Well totals – Dec 17 to May 19



Person-centred signposting

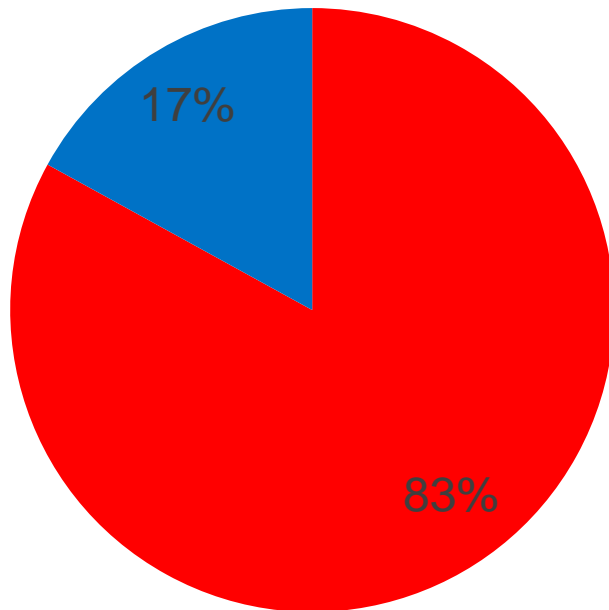


Beneficiary feedback

Friends and Family Test – 1 week post visit

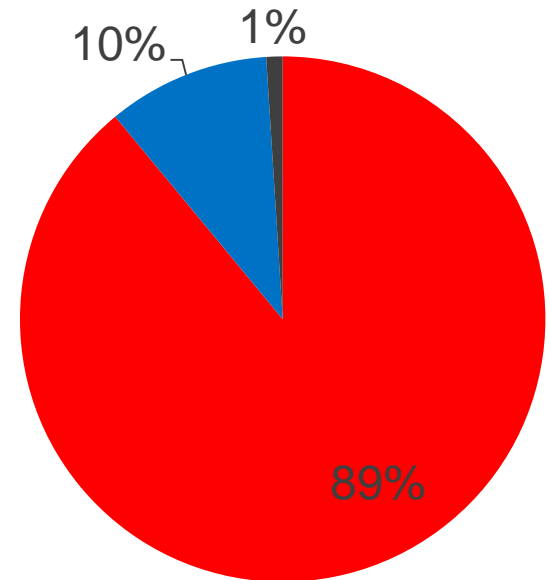
How likely are you to recommend Fire Safe and Well

■ Extremely likely ■ Likely



How satisfied were you with your visit

■ Very satisfied
■ Satisfied
■ Neither satisfied nor dissatisfied

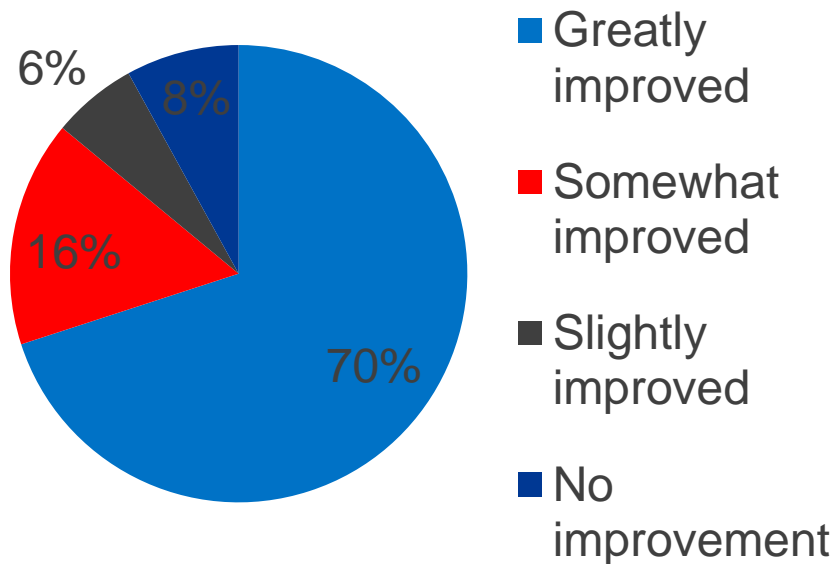


Telephone survey of 82 beneficiaries

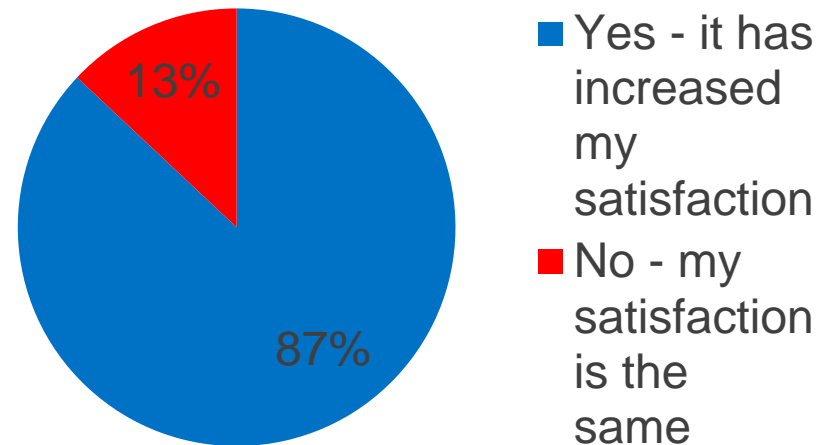
Beneficiary feedback

Secondary follow-up – 3 months post visit

Do you feel your safety (fire, security, health and wellbeing) has improved as a result of your onward referral(s)



Has your experience of our referral partners changed your level of satisfaction with Fire Safe and Well?



Telephone survey of 81 beneficiaries

Beneficiary feedback

“They gave me so much advice and they helped me so much - they were just amazing.”

“Other health workers haven't made referrals to the falls service, but you were able to.”

“All three of the services you mentioned have helped me enormously”

“Pleasantly surprised at the numerous services on offer throughout the borough.”

“The befriending service have been really diligent and have contacted us many times and could not really have done more.”

“Falls prevention have been fantastic. They have organised for things to be fitted- railings, cushions and toilet seats.”

“This is such a valuable service - we need this everywhere.”

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<https://www.rsph.org.uk/resources/emergency-services-hub.html>

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- Interventions
- Workforce development
- Public facing information
- Blogs

London Fire Brigade and Mental Health Services

Therapists run hoarding support group at fire station



<https://www.slam.nhs.uk/media/news/therapists-run-hoarding-support-group-at-fire-station>

Occupational Therapy and Ambulance Services

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Meet the NHS duo keeping the elderly safe at home

An NHS partnership has reduced the number of elderly people admitted to hospital after falling at home.

The scheme is a collaboration between North West Ambulance Service and East Lancashire hospitals in Burnley.

Video by Sanchia Berg and Atif Rashid

🕒 26 Jul 2018

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<https://www.bbc.co.uk/news/av/health-44712466/meet-the-nhs-duo-keeping-the-elderly-safe-at-home>

Policing and Mental Health



**Healthy London
Partnership**

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Consider fire safety in your own practice

Who do we work with
who might be more
vulnerable to fire
risk?

Mental health
problems

Learning
disabilities

Sensory
impairment

Long term
conditions

Older
people

Reduced
mobility

Cognitive
impairment

O2 users

Healthcare equipment and fire risk



Requesting a Home Fire Safety Visit

London Fire Brigade deliver around 86,000 Home Fire Safety Visits every year. They are available in every London borough and are free of charge.

Contact details to request Home Fire Safety Visits (in London):

Online form: <http://www.london-fire.gov.uk/HomeFireSafetyVisit.asp>

Telephone: 0800 028 44 28

Number for urgent and out of hours HFSV referrals (in London):

Telephone: 0208 555 1200

Outside of London:

All fire and rescue services offer a home safety visit or 'Safe and Well' service

Google your city / county, "fire service" and "home fire safety"

Find out more

Free online training suitable for anyone visiting vulnerable individuals at home:

<https://www.tsa-voice.org.uk/e-learning>

Community of practice for professionals interested in partnership working between health, social care and fire services:

<https://www.nationalfirechiefs.org.uk/Communities-of-Practice>

Any questions?

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