7 Minute Briefing: Self Neglect & Fire Risk

SOMERSET SAFEGUARDING ADULTS BOARD

7. Safeguarding is everyone's business

If an adult with care and support needs is self-neglecting and there are concerns about fire risks, you should consider a referral to Safeguarding. It is good practice to seek consent from the adult to raise a Safeguarding Concern, however if a person does not consent, and you have significant concerns about the person (or others') risk of harm, consent can be overridden. If you are unsure, seek advice from your manager, or speak with your Adult Social Care Team.

6. Things to think about

- If you carry out home visits, or work in care settings, do you have the right level of fire risk awareness training required for your role?
- Do you consider potential fire risks, when a person's cognitive or physical ability is compromised. For example at discharge planning meetings?
- Consider if a referral to Environmental Health would be appropriate.
- Did you know that emollient and paraffin based creams used to treat dry skin conditions are highly flammable and can significantly increase the risk of fire, especially when a person smokes?
- Did you know that oxygen cylinders, pressure mattresses and incontinence products can pose a fire hazard?
- Be professionally curious- ask to see other rooms

5. Person Centred Fire Risk Assessment

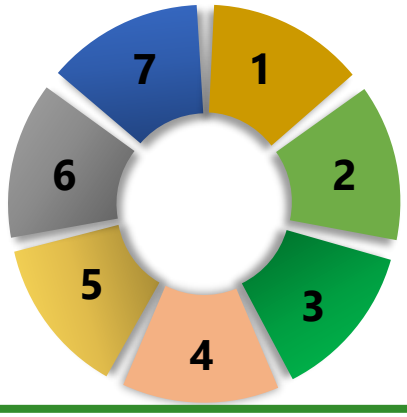
A person-centred fire risk assessment will help identify those who are at higher risk from fire in their own accommodation – whether this is due to their behaviours or their ability to respond and escape from a fire. Residents in care settings or supported living should also have these risk assessments in place.

1. Introduction

The majority of people who die or are seriously injured in fires have common vulnerabilities and are often known to public service agencies. We can all help to prevent fire deaths and injuries by:

- Taking fire risk seriously
- Spotting the signs
- Taking responsibility and action
- Referring adults and families at risk of fire to the Fire Brigade (with their consent).

The consequences from fires for victims, families, organisations and the community can be devastating and traumatic.



4. Practical steps to reduce Fire risks

- Ashtrays
- Talk to their GP or pharmacist about non-flammable emollient creams
- Fire retardant bedding and clothing
- Suggesting vaping as an alternative to smoking
- Smoke outside and never smoke in bed or near anything flammable
- Discourage use of portable heaters, candles, gas hobs or cigarettes
- Check access to running water
- Sensitively discuss clearing some clutter
- Devise an escape plan with them
- Check smoke alarms (they are working + there's one in every room (except the kitchen and bathroom). A heat alarm in the kitchen.
- Carbon monoxide alarms in all rooms where there are heaters

2. Spotting the signs of fire risk

- Burns/scorches on carpets, furniture, flooring, bedding or clothing
- Evidence of smoking in bed
- Discarded or unsafe disposal of cigarettes or matches
- Overflowing ashtrays
- Lighters/matches within reach of children
- Faulty or damaged wiring, overloaded sockets/adapters/extension leads, unsafe or damaged appliances
- Unsafe use of heaters e.g. placed too close to items that can catch fire
- Unsafe cooking habits—leaving cooking unattended

Electric blankets should not be used on airflow mattresses
Clutter, particularly more flammable items e.g. newspapers, cardboard

3. What is a home Fire Safety Check?

The Fire Brigade will visit the person in their home and give advice on prevention, detection and escape. Visits are free of charge and can include the fitting of smoke alarms (sensory alarms for the sensory impaired are also available). Fire retardant bedding, throws and mats can also be provided. Consider referring to Fire Brigade for a Home Fire Safety Check if the person:

- Uses emollient creams or medication that causes drowsiness
- Smokes, particularly if they smoke where they sleep
- Is immobile or has restricted mobility
- Has a cognitive impairment such as dementia or a Learning Disability
- Is in receipt of care
- Self-Neglects or hoards
- Has evidence of burn marks, previous fires or near misses
- Has a history of falls
- Has long term health problems e.g Parkinson's disease, heart disease, stroke or uses oxygen
- Has a sensory impairment e.g. sight or hearing loss
- Has substance misuse issues

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