



COVID-19 Scenario Based Guidance Auditing Premises

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Introduction

While there is some variation in the types of premises that will be determined as high risk between FRS. This document is to provide FRS with some general advice on how they may approach undertaking audits in premises.

There are some common areas for consideration which can be applied to all premises types and these are presented below. Where there are factors which are specific to particular premises, they are presented in their own sections.

The purpose of this non-statutory guidance is to provide fire and rescue services with general advice to assist with a consistent, standardised approach across all services. The guidance does not constitute legal advice. Fire and rescue services' legal duties will remain those specified by law, in particular article 26 of the Regulatory Reform (Fire Safety) Order 2005, during the COVID-19 pandemic, but if any fire and rescue services consider that difficulties arise in relation to compliance with those duties, they should take legal advice.

General Advice – All Premises

The advice included below is applicable to all premises types.

Undertaking Visits

Where a physical audit is necessary, to capture data or undertake an audit of the common areas for example, the following should be considered:

- A risk assessment should be carried out to determine the level of risk to staff and public. This should determine control measures that need to be put in place. Alternative actions should be considered in the first instance. It is recommended the Protection Model Risk Assessment is used as a starting point.
- Operational crews should only undertake external data gathering unless any risk of infection spread within the building can be reduced to a tolerable level.
- Visiting at times when the environment is quieter.
- Restricting visits to specific areas – plan the areas you will need to see in advance.
- Ensuring only a minimum amount of staff attend and spend a minimum amount of time there.

- Any physical visit should pay due regard to the current recommendations on the use of [PPE for frontline FRS workers](#) and any other additional service policy or other relevant advice. A completed and documented risk assessment should also be undertaken.

Alternative Audit Actions

- FRS should contact the premises to establish it is 'COVID secure' status and understand any control measures which are being used. These measures can be used in conjunction with the Protection Model Risk Assessment to fully understand the risks involved.
- A risk assessment should be carried out that considers the benefits of an audit against the risks to staff and public from COVID transmission.
- The use of telephone for general conversations and email, rather than physical letters for correspondence.
- Agree a modified inspection plan, focusing on the provided information and ensuring areas which need to be physically inspected are identified for a later review. It may also be useful to split an inspection up to cover parts of an undertaking (rather than a complete site for example) to reduce the amount of time it may take to carry out work or the demand on the RP to produce information.
- Arrange for the delivery of the required documentation via email or other electronic form, prior to audit.
- Face to face meetings can be held using video conferencing or similar. There are several technical solutions that will allow this. Where this is used, ensure your organisation can support the tools needed within their IT provision.
- Where detailed images or videos are required (to check on ongoing work for example) then email or larger storage solutions like Dropbox can be used for video sharing. Existing sites such as YouTube can be used for this purpose as videos can be set to private for additional security.
- Consider the use of desktop appraisals as set out in [NFCC guidance](#). Even where the short audit form is not in use, a normal audit form can be used to record the information captured.
- Contact any other regulators who also undertake inspections on the premises to determine if any other audit activity has taken place and what the outcomes were.
- Consider deferring the audit activity until a later date.

Effects on RBIPs

- FRS should be aware that any deferment and the inability of departments to complete audits in some cases, will have a knock-on effect on RBIP performance.
- Where a desktop audit has been carried out or where sufficient data has been gathered for FRS to satisfy that no immediate action is required, FRS will determine if they need to undertake a physical visit prior to the audit is regarded as complete. Consideration

should be given to the amount of work this may generate once the restrictions have been lifted further.

Additional Specific Advice

While the above advice can be applied to most building types, there are some factors which are specific to certain risks. The sections below add additional points that FRS should consider.

Care/Specialist homes for Adults

The additional advice in this section includes both care homes and hospice facilities. While the specific nature of such premises is not identical, they offer similar levels of risk and are broadly comparable in the way such risks are mitigated. These premises types are likely to already feature at the forefront of most RBIPs. They are classed as high risk due to the risk profile of the occupants and the extent to which successful physical fire precautions and management controls need to be applied in order to keep the residents safe.

The current pandemic has introduced significant restrictions on the ability of the FRS to interact with these buildings, especially the undertaking of physical audits. In many cases, care homes have been operating a 'no visitor policy'. The CQC has issued advice to care homes including visitor restrictions [on their website](#). FRS should only physically attend care homes as a last resort and even then, strict protocols on doing so should be followed.

Despite this, the fire risk presented by care homes, already identified as high via the RBIP, may have increased during this time for several reasons. These include:

- Increases in use and stocks of O2
- Agitation among residents with cognitive issues who no longer receive visitors or may be isolated for health reasons
- Increase in isolation of residents who may have or be suspected of having COVID
- Reduction in maintenance of fire safety measures
- Reduction in available staff who may be ill or isolating

It is still vital, therefore, that FRS maintain contact with these premises and are made aware of any changes to risk. Additional information may be available from CQC to determine if any other audit had taken place and what the outcomes had been. Services should also make themselves familiar with the [Government guidance on working in care homes](#).

Children's Residential Care

These premises are often small in scale with a high ratio of staff to residents. The main risk within these premises is from the actions of the resident. High levels of staffing will normally be tasked with actioning a variety of management fire safety matters.

There may be an increase in risk within these homes during the COVID pandemic for the following reasons:

- The lower amounts of social interaction and their inability to undertake planned activities or undertake family visits may increase or introduce a higher risk of fire setting within these environments in certain children.
- Reduction in maintenance of fire safety measures
- Reduction in available staff who may be ill or isolating

When contacting premises, it should be established whether the premises is 'COVID safe' and what control measures are in place. They should review their fire risk assessment has been reviewed to reflect changes in risk. In addition, OFSTED can be contacted to determine if any other audit activity has taken place and what the outcomes were.

FRS are also advised to make themselves familiar with the published guidance on [isolation for residential educational settings](#) which covers a range of settings including home and living arrangements.

Hospitals

Hospitals represent a wide variety of risks and are generally considered to be high risk premises under the FRS IRMP and therefore the RBIP. Hospitals have been at the centre of COVID care and admitted patients are only those who are in immediate need of medical attention. Alongside the range of other vulnerable patients, the risk of COVID transmission from existing patients to others represents a significant risk that would preclude a physical visit in virtually all circumstances.

There has been a rise in temporary field/surge hospitals, specifically to cope with the additional demands of the COVID pandemic. This has created a complex landscape of health care provision. FRS should have direct contact with the NHS trusts in their areas in order to fully understand:

- The range and location of premises being used for health care.
- Levels of risk from fire that each of the premises represents.
- The progress of health care efforts.
- The effects that COVID have had on the risk levels and what measures are in place to deal with them.
- Any future planning that is underway to cope with changes in clinical care that may affect safety.

With regard to temporary hospitals, FRS should consult the [guidance already issued by the NFCC](#) which provides a wide range of advice to support the implementation of such facilities. FRS should have had a high level of involvement and should understand the risks that such premises represent. Given their temporary nature, they would not normally be audited as part of the RBIP.

For other hospital types, the following additional advice applies:

- Establish a single point of contact within the NHS Trust where possible which can enable information sharing across the range of hospital activity from clinical care to

estates. Many FRS will already have such arrangements in place. Commonly this will be the Fire Safety Manager.

- Contact CQC to determine if any other audit activity has taken place and what the outcomes were.
- Contact with the Authorising Engineer (Fire) for the Trust may be beneficial to understand fire safety matters of a more complex nature.

As well as existing guidance for PPE within the FRS, the current [government guidance for PPE](#) use should be referred to and, in any case, the hospital will advise on specific additional PPE requirements.

High Risk Non-Domestic

There are many types of high risk premises across the UK FRS which may need to be audited as part of a getting back to work scenario. Some of these, in a commercial setting, will have been closed as part of the UK lockdown measures. Others will have been remaining open as they perform essential work.

Given the range of premises types and hazards which make these buildings high risk, it is difficult to offer specific advice. NFCC have already issued guidance to FRS with regards to [Advice to Businesses](#) which remains valid and is regularly reviewed.

Where premises remain closed, it may be easier to undertake a physical audit with the assistance of the RP. While any auditing decisions must be based on risk, that risk may be acceptable in these circumstances.

Where a premises is planning to re-open, the FRS should satisfy themselves that any fire safety matters have been risk assessed by the RP and those that are risk critical can be dealt with before reoccupation.

The building may be subject to new social distancing restrictions which may limit access to the premises. Establish these before attending to ensure the audit can be completed.

High Risk Residential Buildings

The government has made it clear that, despite the outbreak of COVID-19, there is to be no slowdown in the effort to deliver the Building a Safer Future agenda. To this end, FRS have been and will continue to be involved in these efforts on multiple levels throughout the lockdown period. For the most part, this has involved work that can be done remotely and at no risk to staff or the public.

Several sites undergoing remediation have closed due to concerns that the work cannot continue and maintain the level of social distancing that is required. The government has encouraged all contractors to continue building remediation works where it is safe to do so.

Consider agreeing a modified inspection plan, for example splitting up estates into single buildings, where it is necessary to reduce exposure over time.

Operational crews should only undertake external data gathering unless any risk of infection spread within the building can be reduced to a tolerable level.

In some cases, information for the purposes of data gathering can be gained from other sources such as internet and map searches, if not from the RP themselves.

Specialised Housing

The term specialised housing can be used to represent a wide range of premises types, from traditional sheltered housing which were formed of purpose-built blocks of flats, to converted private houses to large assisted living developments. The extent to which the FSO applies in these premises will differ but the risk presented by the residents of such premises is a constant. FRS will already have details of the locations and types of such housing and will certainly form part of their RBIP.

Given the range of specialised housing and the wide range of vulnerabilities that they represent, it is important that contact is made with the RP when audit activity is required. Given that there are a range of RPs and that care provision (where it is available) may be a contracted function, there will be differing approaches to COVID management.

FRS should contact the RP to establish the building's current status and gather information on the effects COVID has had and continues to have. An updated risk assessment will be expected from the RP.

Where the provision of care or other services is not carried out by the RP, the provider should also be contacted to understand the COVID management functions that are in place.

The physical areas which need to be inspected during audit activity will vary but normally be restricted to the common areas, which will vary greatly in extent from one premises to another. It may be a simple common staircase or a complex circulation space with atria and common areas such as restaurants and lounges. It is likely that larger communal areas will not be open, or restrictions will be in place.

A risk assessment should be carried out to determine the level of risk to staff and public. This needs to consider the movement of residents in these common areas and the extent to which any such areas are open under the current circumstances. The Protection Model Risk Assessment accompanying this document should be referred to.

Testing of Fixed Installations

Protection staff may be involved in the testing of some fixed installations or may observe their testing/commissioning for the purposes of compliance checking or learning purposes.

Where such attendance is needed, the Model Risk Assessment should be used in order to determine if the control measures are suitable.

It may be possible to remotely observe any installation testing using video calling/conferencing facilities.

Where an attendance is required, the minimum number of persons should be there for the minimum amount of time.

Plan any visit in advance to ensure it has clear outcomes and appropriate safety provision can be put in place.

Consider postponing the testing/visit until the safety of staff and others can be assured.

All Other Premises Types

Given the huge range of premises types, it isn't possible to prescribe guidance for every situation. The focus has been on those commonly identified as high risk or that may be of special attention due to the COVID pandemic.

Where the guidance for specific premises is not available within this 'Additional Specific Advice' section, reference should be made to the 'General Advice' section.

If further advice is required, contact the NFCC Building Safety Programme Team via BuildingSafetyTeam@nationalfirechiefs.org.uk.