



COVID-19 Scenario Based Guidance

Auditing Premises

6th April 2021 – Issue 5

1. Introduction

- 1.1. This advice note is to assist Fire and Rescue Services (FRSs) consider approaches to auditing premises when regulating premises under the Regulatory Reform (Fire Safety) Order 2005 (FSO) during the COVID-19 pandemic. As such, this guidance is only valid for the duration of any restrictions introduced to manage the spread of COVID-19 after which it should be disregarded.
- 1.2. On 22nd February 2021, HM Government published their 'COVID-19 Response – Spring 2021' document. This contained an overview of the current national picture with regard to COVID infections, hospitalisations, deaths, economic impact, vaccine response and other elements. It also contains a roadmap which outlines the staged approach to coming out of the current lockdown.
- 1.3. This roadmap outlines a 4-step approach to relaxing the current national lockdown restrictions. The roadmap will be applied in a uniform way across England. The devolved administrations are setting out separate plans for Scotland, Wales and Northern Ireland. While the general approach in this document will still be relevant, specific elements such as timescales will depend on the specific plans set by those administrations.
- 1.4. 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.
- 1.5. The guidance does not constitute legal advice. FRSs 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 FRSs consider that difficulties arise in relation to compliance with those duties, they should take legal advice.

General Advice – All Premises

The advice set out below is applicable to all premises types and all protection activities.

2. Undertaking Visits

- 2.1. A risk assessment should be carried out to determine the level of risk from COVID to your staff and the public. It is recommended the Protection Model Risk Assessment is used as a starting point. This should determine control measures that need to be put in place.
- 2.2. Any premises that are operating, should be COVID Secure and be able to demonstrate how they are achieving this.
- 2.3. The risk assessment should consider any prevailing government restrictions and consider the effect of the national vaccine programme.
- 2.4. Visiting at times when the environment is quieter, for example visiting a premises before or at opening time rather than peak hours.
- 2.5. Restricting visits to specific areas within the premises – plan the areas you will need to see in advance, for example areas where remotely gathered information is insufficient or areas that pose the highest risk.
- 2.6. Ensuring only a minimum number of staff attend and spend a minimum amount of time there.
- 2.7. Due regard should be given to the current recommendations on the use of [PPE for frontline FRS workers](#) and any other additional service policy or other relevant advice.
- 2.8. FRSs should be familiar with the [government guidance specific to the premises type](#) being visited.

3. Alternative Audit Actions

- 3.1. FRS should contact the premises to establish:
 1. If it is open for business;
 2. It is COVID Secure in line with Government guidance;
 3. The measures that have been put in place to achieve COVID Secure status. Knowledge of these measures can be used in conjunction with the Protection Model Risk Assessment to fully understand the risks involved and any effect that might have on the audit process.
- 3.2. The use of telephone for general conversations and email, rather than physical letters for correspondence.
- 3.3. Arrange for the delivery of the required documentation via email or other electronic form, prior to audit.

- 3.4. Face to face meetings can be held using video conferencing or other digital means. 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.
- 3.5. Where detailed images or videos are required (to check on ongoing work for example) then email or online cloud storage solutions can be used for video sharing. Existing video sharing sites can be used for this purpose as long as they meet any legal and security requirements that may be needed.
- 3.6. Consider the use of desktop appraisals as set out in [NFCC guidance](#).
- 3.7. 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.
- 3.8. Consider undertaking audits activity with other regulators in order to reduce the number of visits which may allow for COVID transmission. These should only be undertaken once a clear joint understanding of risk has been established and appropriate control measures agreed. Note that other regulatory activities may take place at times which are not conducive to the safety of FRS staff – for example, Licensing enforcement carrying out inspections during busy periods.
- 3.9. Examine and, where appropriate, implement ways of working with other regulators (for example the Care Quality Commission in care homes) to undertake data or intelligence gathering on the behalf of FRS.

4. Effects on RBIPs and Other Activities

- 4.1. FRS should be aware that any deferment of activity and the inability of departments to complete audits in some cases, will have a knock-on effect on RBIP performance.
- 4.2. Where a desktop appraisal has been carried out there are two recording options which are available to FRS. One is where a physical visit needs to be undertaken and the activity is recorded as 'Other Fire Safety Activity' in statistical returns. The other is where an appraisal is undertaken in accordance with the principles of the CFOA Short Audit. Where it is determined there are no outstanding fire safety issues, FRSs may choose to record these as short audits for statistical purposes. This judgement must be made by a competent Fire Safety Regulator. This measure was introduced when there was a high risk of COVID transmission as a means for FRS to still undertake and record their audit activity. FRSs should assess whether these actions remain appropriate as the restrictions via the Government's Recovery Roadmap are reduced and the positive effects of the vaccination programme begin to be felt. The Protection Risk Based Desktop Appraisal guidance should be consulted for further details, this can be found at the [NFCC COVID-19 webpage](#).
- 4.3. FRSs are required by their relevant National Framework to target their fire protection resources where risk is greatest. FRS are also undertaking other work such as the Building Risk Review and contributing to the implementation of new legislation and the new Building Safety Regulator via consultations and workshops. These activities may be affected where there are significant work backlogs or where access to high-

risk premises changes (for example after changes in government instruction). Further prioritisation of workloads may be required to secure the capacity and capability to achieve these tasks.

Additional Specific Advice

While the above advice can be applied to most situations, there are some additional considerations in some circumstances. The sections below outlines points that FRS should consider.

5. Vulnerable Persons

- 5.1. There are those who are more vulnerable to COVID-19 within the community. The government have identified these as 'clinically extremely vulnerable groups'. These are:
 1. Those with one or more conditions as listed on the government guidance page for [shielding and the extremely vulnerable](#).
 2. Where a clinician or GP has added a person to the Shielded Patient List because, based on their clinical judgement, they deem them to be at higher risk of serious illness if they catch the virus.
- 5.2. Those regarded as clinically extremely vulnerable are likely to be encountered in specific situations where access is controlled. The risk assessment should always attempt to identify whether members of these groups are present during audit/enforcement activity and appropriate measures put in place.
- 5.3. Currently, the people identified as clinically extremely vulnerable will be shielding and so general exposure to staff undertaking normal Protection activities will be very unlikely.
- 5.4. Those who are classed as clinically extremely vulnerable are a priority group for the vaccination programme which should have the effect of further reducing the risk.
- 5.5. Note that shielding is due to end on 31st March dependent on that action being appropriate. This applies to England and other arrangements may be in place for the devolved administrations.

6. Care/Specialist homes for Adults

- 6.1. 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 featured 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 suitable and sufficient physical fire precautions and management controls need to be applied to keep the residents safe.

- 6.2. The pandemic has introduced significant restrictions on the ability of the FRS to interact with these buildings, especially the undertaking of physical audits. The Government have started to allow visitors to attend these premises and FRS should be aware of the Department of Health and Social Care 'Guidance on care home visiting' document which will assist in undertaking Protection activities in these premises. FRS should engage with the care facilities in the first instance to understand the current control measures in place and discuss ways in which safe physical visits can be undertaken.
- 6.3. 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 storage of O2 and other flammable/dangerous substances.
 - Agitation among residents with cognitive issues who no longer receive visitors or may be isolated for health reasons or have suffered mental harm during the COVID pandemic.
 - Increase in isolation of residents who may have or be suspected of having COVID-19.
 - Reduction in maintenance of fire safety measures.
 - Reduction in available staff who may be ill or isolating.
- 6.4. 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](#).
- 6.5. Given the high level of risk these premises represent, every reasonably practicable measure undertaken to carry out audits or inspections where the FRS deem it necessary to do so.

7. Children's residential care

- 7.1. 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.
- 7.2. 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. This may be especially so where local COVID Alert Levels are High or Very High.

- Reduction in maintenance of fire safety measures
 - Reduction in available staff who may be ill or isolating
- 7.3. When contacting premises, it should be established whether the premises is COVID Secure and what control measures are in place. They should work with the premises to ensure any physical visits are conducted in a safe way.
- 7.4. The premises should review their fire risk assessment has been reviewed to reflect changes in risk. In addition, OFSTED and CQC can be contacted to determine if any other audit activity has taken place and what the outcomes were.
- 7.5. FRS are also advised to make themselves familiar with the published guidance on [children's care settings](#) which covers a range of settings including home and living arrangements.
- 7.6. Given the high level of risk these premises represent, every reasonably practicable measure should be undertaken to carry out audits or inspections.

8. Repurposed Premises

- 8.1. During the COVID period, there have been several alternative uses for buildings which have involved the use of buildings either entirely outside their normal usage or for purposes specifically for dealing with COVID.
- 8.2. These have included housing the vulnerable as part of a temporary care facility, providing accommodation for the homeless and the provision of accommodation for those entering the UK and requiring asylum processing or Border Force immigration quarantine. The precise nature of use is likely to change as the requirements of dealing with the pandemic change.
- 8.3. For general accommodation cases, the buildings used are hotels or hostels which are already used to having an unfamiliar sleeping risk. These premises can generally follow their normal fire safety protocols.
- 8.4. There may be residents who may stay longer than normal or are not used to staying in this environment which may bring additional risk such as smoking or cooking in rooms along with a subsequent disablement of the fire detection in some cases.
- 8.5. FRS should identify and liaise with the RPs of such premises to ensure they understand any change in risk and have suitable measures, via a fire risk assessment and a suitable emergency evacuation plan in the first instance, to deal with any issues.
- 8.6. The provision of the buildings will have involved other agencies and FRS should identify the relevant partner and work closely with them to assist in appropriate regulation.
- 8.7. Where care provision is being provided, there may be additional risk from vulnerable people, non-ambulant residents, increase in medical gases such as oxygen and other medical supplies.

- 8.8. FRS should ensure that the requirements of the temporary use of the building rather than its normal use is met.
- 8.9. Buildings may need to have their risk level re-assessed as a result of any alternative use which may mean an audit or physical visit will have to be undertaken.
- 8.10. While these buildings should be operating as COVID Secure locations, appropriate assessment of risk should still take place and the measures outlined by the NFCC guidance as a whole, used as a basis for safe working.

9. Hospitals

- 9.1. 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 include those suffering from COVID as well as those with other medical care requirements.
- 9.2. The provision of health care during the pandemic has been dynamic including the creation of new hospitals as well as a range of testing and vaccination centres. 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.
- 9.3. The use of temporary hospitals (referred to as Nightingale Hospitals) is expected to cease in April. There may be some premises that will retain some healthcare function but only 2 of these have been identified nationally. NFCC produced guidance regarding Field Hospitals which is available on the [NFCC COVID-19 webpage](#). This will remain available until such a time it is obsolete.
- 9.4. For all hospitals, the following general 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/HSE to determine if any other audit activity has taken place and what the outcomes were.
 - Contact with the Authorising Engineer (Fire) for the Trust (where applicable) may be beneficial to understand fire safety matters of a more complex nature.

- 9.5. 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.
- 9.6. Given the high level of risk these premises represent, every reasonably practicable measure should be undertaken to carry out audits or inspections.

10. High Risk Non-Domestic

- 10.1. There are many types of high-risk premises across the UK FRS which may need to be audited. All premises that are permitted to open, must do so within the government guidelines which can be located [here](#). Premises following this guidance are deemed COVID Secure. This means the risk from COVID should be reduced to a tolerable level for most purposes. Fire safety needs to be considered alongside the need to make a premises COVID Secure.
- 10.2. 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 via the Advice to Premises document which remains valid and is regularly reviewed. This is available on the [NFCC COVID-19 webpage](#).
- 10.3. Where premises are now closed due to the national lockdown, it may be possible to undertake a physical audit with the assistance of the RP due to the lower risk of interacting with others.
- 10.4. Where a premises is closed, it is likely to present a lower risk of death or serious injury from fire and so a review should take place to consider if other premises should take priority.
- 10.5. Where a premises is open as normal or in a reduced capacity, the FRS should satisfy themselves that any fire safety matters have been risk assessed by the RP and those that are risk critical have been dealt with. The measures used to achieve this can be found in the general advice section above.
- 10.6. In order to be COVID Secure, the building may have been subject to modification or alteration in order to facilitate new social distancing restrictions. These may create fire safety deficiencies which will need to be addressed. For example, if a one-way system or process is introduced to control the flow of occupants, its impact on the means of escape must be assessed to ensure occupants have a suitable means of escape in event of fire and they do not have to travel excessive distances.
- 10.7. Given the high level of risk these premises represent, reasonably practicable measure should be undertaken to carry out audits or inspections.

11. High Rise Residential Buildings

- 11.1. 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. FRSs are undertaking a variety of related work including the Building Risk Review. This involves

work that can be done in a number of ways, including remotely or on-site in ways that present an acceptable level of risk to staff or the public.

- 11.2. A number of sites undergoing remediation of external wall systems have experienced delays due to the effects of COVID. These works are now underway and, in addition, it is expected that any sites which have not started works, will do so as soon as possible. The government is providing some assistance to this via an appointed Project Management Organisation. In addition, in some areas, the Health and Safety Executive are arranging to undertake joint visits to remediation sites with the relevant fire and rescue service.
- 11.3. In some cases, it may be necessary to agree a modified inspection plan, for example splitting up estates into single buildings, where it is necessary to reduce exposure over time or the control measures in place on site or from the FRS require it.
- 11.4. In some cases, information for the purposes of data gathering can be gained from other sources such as internet and map searches, as well as the RP.
- 11.5. Where the building has an interim or modified evacuation strategy in place, reference to the COVID-19 Simultaneous Evacuation Guidance Issue 5 is recommended. This is available from the [NFCC COVID-19 page](#).
- 11.6. Activities and related risk assessments should have due consideration of any restrictions as part of the Government Recovery Roadmap.

12. Specialised Housing

- 12.1. 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.
- 12.2. 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.
- 12.3. FRS should make contact with the RP to establish the building's current status and gather information on the effects COVID has had and continues to have. An updated fire and COVID risk assessment will be expected from the RP.
- 12.4. 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 and to arrange audits.
- 12.5. 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. There may be restrictions in such common areas which could affect the means of escape from the building or pose other fire safety hazards at the interfaces of these facilities with other common areas.

- 12.6. Physical audit visits should be undertaken on a risk assessed basis. This needs to take into account the fire related risks to relevant persons balanced against the risk of COVID. The Protection Model Risk Assessment accompanying this document should be referred to.

13. All Other Premises Types

- 13.1. Given the huge range of regulated premises, it is not 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.
- 13.2. Where additional guidance on other premises types is required, this document will be amended, or new guidance documents will be provided.
- 13.3. Where there is no guidance in this document for a specific premises type, the 'General Advice' section should be referred to.
- 13.4. If further advice is required, contact the NFCC Protection Policy and Reform Unit via PPRUAdmin@nationalfirechiefs.org.uk.