

# Fire Safety Management Policy

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## **Introduction**

Empower Housing Association (EHA) understands that colleagues, tenants and visitors (including contractors and members of the public) need to be safe from the threat of fire or from injury in the case of an outbreak of fire. EHA have clear fire safety management policies and procedures in place and make sure that ALL colleagues and tenants are aware of how to react in event of a fire.

EHA is committed to ensuring our tenants' homes remain safe and fit for purpose. In achieving this EHA will comply with all relevant Legionella legislation and regulations.

Where appropriate any compliance risks will be considered, mitigated or removed as part of any major refurbishment works or included in new development design briefs.

## **Scope of the Policy**

This policy will provide assurance to EHA that measures are in place to identify, manage and/or mitigate the risks associated with fire.

This policy relates to all properties owned or leased and is relevant to all EHA employees, tenants, care providers, contractors and other persons or other stakeholders who may work on, occupy, visit, or use its premises, live in its properties or who may be affected by its activities or services.

It should be used by all to ensure they understand the obligations placed upon EHA to maintain a safe environment for tenants and colleagues within the homes of tenants, and within all communal areas of buildings and 'other' properties owned and managed by EHA.

## **Policy Statement**

EHA acknowledges and accepts its responsibilities under the Regulatory Reform (Fire Safety) Order 2005 (FSO) and the Fire (Scotland) Act 2005.

## **Record Keeping**

EHA will hold accurate and up to date records against each property it owns or manages setting out the requirements for assessment, servicing, maintenance and repair of fire precaution and detection equipment including:

- Fire Risk assessments (FRA's)
- Fire alarm systems emergency lighting and smoke/heat/CO detectors.
- Remedial action/works

EHA will ensure that processes are in place to record and action any 'near miss' reports with regard to fire safety. A 'near miss' is an unplanned event which does not result in an injury but had the potential to do so.

## **FRA's**

EHA will carry out a programme of FRA reviews ensuring they are reviewed no later than the review date and that this review is carried out by a competent fire risk assessor. Reviews are carried out every 3 years or sooner if there are any changes to tenants needs or property use or changes, following a fire or a

change in working practices that could affect fire safety following refurbishment works to the building.

EHA will keep FRA's up to date and request that Care Providers provide EHA with up-to-date Fire Evacuation Plans/PEEP's notifying of any changes to tenants needs or disabilities.

EHA will ensure that processes are in place to implement all mandatory fire precaution measures and remedial works identified by FRAs with the following timescales:

- High risk actions (A rated) – 1 month
- Medium risk actions (B rated) – 3 months
- Low level actions (C rated) – captured with a programme of works to be completed within a reasonable timescale
- Recommendations/point for consideration (D rated) – evidence trail to prove that the recommendations have been considered and outcomes recorded.

In some circumstances it will be appropriate to consider interim mitigating actions whilst A rated actions are being completed (e.g. waking watch/alternative accommodation). EHA will ensure that processes are in place to implement all fire precaution measures identified by the regular property inspections carried out by a competent person.

### ***Servicing & Inspections***

EHA will carry out a programme of servicing and maintenance in accordance with all relevant recommendations, to all fire detection and precaution systems within buildings owned or managed by the organisation. EHA will test hard-wired smoke/heat/CO alarms as part of the 5 yearly electrical inspection visit.

EHA has a process in place for the management of any follow-up works required following the completion of servicing and maintenance checks to fire detection and precaution systems.

EHA will carry out annual fire compliance inspections for all properties. These inspections will be carried out by a competent person with inspection records evidenced and recorded.

EHA will check Care Providers are carrying out regular testing of all fire alarms and emergency lighting systems, reporting to EHA any faults, as well as keeping records of all tests. EHA will review these records whilst carrying out Performance Review Checks (PRC) at the property.

### ***Personal Emergency Evacuation Plan (PEEP)***

EHA will ensure that all tenants who are unable to self-evacuate a scheme/building, (regardless of the evacuation policy), will have a PEEP created by their Care Provider.

Any colleagues who would be unable to self-evacuate a work premises would also require a PEEPs.

The PEEP will be reviewed by a competent person, this would usually be the Care Providers responsibility and will be kept in the Fire Safety Log held securely on site. The PEEPs will be made available to the Fire Service in the event of an evacuation.

Where EHA have been notified that a tenant within a building is storing oxygen in their home for medical use the organisation will ensure that they have a Personal PEEP in place and that this is reviewed annually by a competent person.

### ***New lets***

EHA have processes and controls in place to ensure that consideration is given when letting properties, to the suitability of the accommodation for the prospective tenant in relation to fire safety:

- New tenant identified (New Schemes) – Development Manager will review tenant information and assess suitability of the property.
- New tenant identified (Existing Schemes) – Housing Management department will forward tenant information on to Building Quality Manager who will assess the suitability of the property and advise accordingly.

### **Key Roles and Responsibilities**

In order to ensure that the Fire Safety Management Policy and the supporting procedure is adhered to, EHA will appoint a suitably competent person to act as the Responsible Person and oversee the implementation and review of this policy.

#### **Responsible Person**

The Building Quality Manager will fulfil the role of the appointed Responsible Person on behalf of EHA to ensure the appropriate management of risks associated with fire safety on a day-to-day basis are met by ensuring that all remedial works are completed and FRA's are reviewed should there be changes.

The Compliance Manager will be responsible for overseeing 3 yearly FRA reviews, remedial works and annual Fire Inspections including the prioritisation and implementation of any works arising from inspections. As a result, the Compliance Manager will hold responsibility for the implementation of this policy and supporting procedure, as well as ensuring fire safety compliance is achieved and maintained.

EHA's Chief Executive will ultimately be responsible for ensuring compliance with current legislation and to ensure that the organisation fulfils its duties and responsibilities as outlined in this policy document and the supporting procedure.

All colleagues who visit properties have a responsibility to notify the Building Quality Manager where circumstances have changed within a property, which may result in a new fire risk assessment being required.

The Development Manager will have responsibility for ensuring that any new build or acquired properties are handed over in line with the Building Quality Manager's requirements and that all relevant compliance information is accurate and updated on the Housing Management system (SDM)

### **No Access**

EHA has an Access/No Access Procedure in place to gain access should any tenant or Care Provider refuse access to carry out essential legionella related inspections and remediation works, taking into consideration a tenant's vulnerabilities. The Maintenance Officers will provide key support in gaining access to properties where access is proving difficult in line with the procedure.

### **Contract Management, Competency and Training**

Each year EHA will request, review and record confirmation of contractors qualifications, competencies for all areas of work they undertake on behalf of EHA.

EHA will ensure that all operatives working for or on behalf of the organisation have the relevant training required for their role e.g. Fire Marshalls within EHA offices. EHA colleagues will undertake periodic assessments of training needs and a programme of internal and/or external training has been established.

All colleagues will have an understanding of fire safety management and their roles and responsibilities in ensuring that EHA maintains full compliance.

### **Related Legislation, Regulation and Codes of Practice**

- Regulatory Reform (Fire Safety) Order 2005 (FSO),
- Fire Safety Act 2021 (England and Wales)
- Fire Safety (England) Regulations 2022
- Fire (Scotland) Act 2005
- Fire Safety (Scotland) Regulations 2006
- Health & Safety Executive under the Health & Safety at Work Act 1974
- Housing Act 2004
- Fire (Scotland) Act 2005 and the associated Fire Safety (Scotland) Regulations 2006
- Housing Scotland Act 2006
- Building (Procedures) (Scotland) Regulations 2004 and the Building (Scotland) Act 2003
- The Management of Health and Safety at Work Regulations 1999
- Management of Houses in Multiple Occupation (England) Regulations 2006
- Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006
- Gas Safety (Installation and Use) Regulations 1998
- The Furniture and Furnishings (Fire Safety) Regulations 1988

- The Health and Safety (Safety Signs and Signals) Regulations 1996
- The Building Regulations 2010: Approved Document B Fire Safety
- Building Safety Act 2022
- Electrical Equipment (Safety) Regulations 2016
- Construction, Design and Management Regulations 2015
- Data Protection Act 2018
- RSH Consumer Standard

### **Codes of Practice**

The principal codes of practice applicable to this policy are:

- LACORS - Housing - Fire Safety: Guidance on fire safety provisions for certain types of existing housing;
- Department for Communities and Local Government (DCLG) - Update on Interim Mitigation Measures Required Pending Remediation of Cladding (29.09.2017);
- Fire Safety in Purpose Built Blocks of Flats (LGA)
- Practical Fire Safety Guidance for Existing Specialised Housing (Scottish Government)
- Housing Health and Safety Rating System operating guidance: Housing Act 2004
- Fire Safety Risk Assessment: Sleeping Accommodation (HM Government)
- National Fire Chief Council's Guidance (NFCC) - Fire Safety in Specialist Housing – April 2017, covers sheltered schemes, supported schemes and extra care schemes; and
- Practical Fire Safety Guidance for Existing Premises with Sleeping Accommodation 2018 – guidance for those with responsibility for ensuring fire safety in certain premises within sleeping accommodation in Scotland.

### **Related Policies, Procedures and Documents**

- Health and Safety Policy
- Equality, Diversity and Inclusion Policy
- Reasonable Adjustments Policy
- Tenancy Agreement Data Retention Policy
- Fire Safety Management Procedure

### **Performance Reporting**

Key Performance Indicators (KPI) will be reported to Senior Management monthly and to Board on a quarterly basis. As a minimum these KPI measures will include reporting on:

- No of properties with FRA's completed to date
- No of properties where FRA required to date
- No of properties where FRA is overdue
- No of high rated fire remedials - Outstanding
- No of high rated fire remedials - Overdue
- No of medium rated fire remedials – Outstanding
- No of medium rated fire remedials – Overdue

- No of low rated fire remedials – Outstanding
- No of low rated fire remedials - Overdue

EHA will carry out an independent audit of fire safety at least once every 3 years. This audit will specifically test for compliance with regulation, legislation, codes of practice and policies and processes and identify any non-compliance issues.

### **Non-Compliance/Escalation Process**

Any non-compliance issue identified at an operational level will be formally reported to the Building Quality Manager or Compliance Manager as soon as this is identified.

The Building Quality Manager or Compliance Manager will agree an appropriate course of corrective action in order to address the non-compliance issue and report details of the same to the Chief Executive within 24 hours.

The Chief Executive will ensure the Board is made aware of any non-compliance either immediately or at the next planned meeting, to enable consideration of the implications and take action as appropriate, including notification to the Regulator of Social Housing, if appropriate

### **Policy Review**

The policy will be reviewed every two years (or sooner if there is a change in regulation, legislation or codes of practice).