



SCOTTISH

FIRE AND RESCUE SERVICE

Working together for a safer Scotland



Digital Health
& Care Scotland

TELECARE &
SCOTTISH FIRE AND RESCUE SERVICE

A Partnership Approach to Fire Safety Good Practice Guide

Improving the safety, experience
and outcomes for people in
receipt of telecare services
in Scotland.





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1. INTRODUCTION TO THE GOOD PRACTICE GUIDE

The Technology Enabled Care Programme has collaborated with Scottish Fire and Rescue Service (SFRS) and a range of partners, to develop this good practice guide (GPG), with the aims of:

1. Growing and further developing a partnership approach between telecare service providers (TSPs) in Scotland and the SFRS, to enable people to live safely and well within their communities.
2. Improving the safety, experience and outcomes for people in receipt of telecare services in Scotland.

The purpose of the good practice guide (GPG)

The guide sets out safe and effective practice, and supports a consistent and integrated approach to:

- the referral, assessment, installation and maintenance of smoke and heat detection linked to an Alarm Receiving Centre (ARC).
- person-centred fire risk assessment;¹
- call handling in response to heat, smoke and carbon monoxide (CO) detection; and
- additional fire safety advice and support for telecare.

This GPG is for health and social care partnerships, local authorities, housing providers and other organisations that provide care supported by technology. It takes into consideration changes in Scottish legislation relating to fire, smoke and CO alarms, which came into force on the 1st of February 2022.²

Technology enabled care (TEC)

With the advances in the use of technology within our health, care and housing system in Scotland, it is appropriate to shift our focus from “technology” itself to “care supported by technology”. To support this transition, the Scottish Government has adopted technology enabled care (or TEC) as a simpler and broader term for describing citizen-facing activity.

TEC is defined as “where outcomes for individuals in home or community settings are improved through the application of technology as an integral part of quality, cost effective care and support to look after more people at home”.³

The most commonly deployed TEC is telecare. Telecare uses discreet electronic equipment and sensors around the home to detect risks like fires, floods or falls. It can also provide support outside the home. Devices transfer alerts, alarms or data to a 24/7 monitoring centre (the Alarm Receiving Centre or ‘ARC’), or an individual responder, such as a carer or family member, to take appropriate action. In the case of heat and smoke detection, the ARC will be alerted when the devices are triggered, and appropriate action will be taken by call-handlers based on service protocols.

TEC can add significant value to services and service redesign, and support early intervention and personalised care through offering more mobile, responsive, and tailored solutions.

¹ A person-centred fire risk assessment considers how a person’s characteristics, behaviour and capabilities may increase the likelihood of a fire or affect their ability to recognise and respond to a fire or warning of fire.

² www.mygov.scot/home-fire-safety

³ tec.scot

2. SUMMARY OF RECOMMENDATIONS

Fifteen recommendations have been identified for safe and effective practice and can be used by TSPs and SFRS as a good practice checklist for service delivery and partnership working.

Home Fire Safety Visits

1. All telecare customers are offered a SFRS Home Fire Safety Visit (HFSV) that focuses on prevention, early intervention and education regarding fire safety in the home.

Fire Risk Factors

2. A home visit is carried out by the telecare service to assess the person and the home for potential personal and environmental fire risks.

Referrals and training

3. Telecare providers and SFRS establish close links to ensure peoples' homes are made as safe as possible; reciprocal referral processes are in place to ensure that the person receives the personalised support required.
4. Telecare services have access to SFRS fire risk recognition training and know how to refer a service user for a HFSV. All local SFRS Community Action Teams have access to telecare awareness training and referral routes.

Telecare assessment and provision of telecare heat and smoke detection

5. As part of a telecare assessment, it is identified and recorded when a person is at high risk of harm from fire in their own home.
6. Telecare smoke and heat detection linked to the ARC is offered to people assessed as being at high risk of harm from fire, to provide a safer environment for vulnerable people. This is in addition to an interlinked system required by law.
7. Telecare smoke detection is fitted in circulation spaces as well as in the living room or the room used the most, and individual rooms that have a specific fire risk for a person, for example, a smoke alarm is fitted in the bedroom if the householder smokes in bed. This can reduce the risk of injury or death resulting from fire.

Emergency Contact / Medical Information

8. A telecare assessment includes identifying and recording a person's emergency contacts, and a comprehensive note of their medical conditions and functional limitations.

Sensory Impairment

9. The need for sensory-adapted fire detection is considered for people who are unable to respond to traditional smoke and heat alarms. On initial assessment any sensory impairments are also identified and recorded.

Gaining Access to the Person's Home - Access by Emergency Services

10. The telecare assessment identifies access details for Emergency Services. Access details are an essential part of the telecare assessment in relation to fire risk as emergency services cannot solely rely on access via the person themselves, or via the nominated key holder and/or volunteer responder.

Alarm Receiving Centre Call Handling Process

11. All risk factors, including mobility issues and risk from fire, are noted within the person's record, and they are clear, accurate, and visible for the call handler to see.
12. After every 999 call, the ARC produces an internal incident report which records details of the incident and the outcome. This is used to inform internal and external housing and/or telecare service managers, if there are identifiable patterns, and take appropriate action if the person is at risk. If a person is identified as 'at risk', a person-centred fire risk assessment and a review of their current care plan, if they have one, should be carried out.

Silencing the Fire Alarm Panel

13. In domestic housing developments, under no circumstances is the fire alarm panel silenced until SFRS is in attendance and has deemed it safe to do so. SFRS will ask staff on duty to silence the alarm. If no staff are available, SFRS personnel may silence the alarm if required but will not reset the fire alarm panel, this is the responsibility of the housing association.

Re-setting the Fire Alarm

14. Fire alarm systems within housing developments are not reset by attending fire crews under any circumstances.

False Calls

15. If calls are coming through to the ARC on a regular basis but no SFRS response is required, the telecare service (or ARC) will make a referral to SFRS for a HFSV.

3. TELECARE SERVICES AND THE SCOTTISH FIRE AND RESCUE SERVICE WORKING IN PARTNERSHIP

SFRS is committed to provide advice and education to ensure people will be supported to remain independent and safe in their own homes. Access to relevant home protection and assistive technology is available through Health and Social Care partnerships.

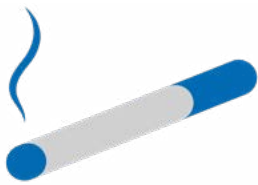
Personal risk factors

Although age alone does not make householders at increased risk from fire and incidents of harm, SFRS data does show a significant number of people who lose their lives from fire are aged over 60.

This concerning trend highlights the need for SFRS to work closely with individuals and partners to identify people who may be at an increased risk of harm from fire due to a range of health and lifestyle influences, and work collectively to reduce this risk whilst supporting a person's independence and dignity.

Analysis highlights that there are often multiple contributory factors when investigating fire deaths, and such factors rarely present in isolation.

Contributory factors include:



Smoking – The most common probable cause of preventable fire deaths is smokers' materials (including lighter fluid and dropped matches). In many cases, smoking is not the only contributory factor, with

alcohol use, drug use and/or prescribed medication which might impede the ability to respond to an alarm also evident. This can make a person drowsy and result in accidentally discarded cigarettes or matches, or failing to fully extinguish smokers' materials effectively. People who smoke PLUS use medical oxygen, use airflow mattresses, use emollient creams or have evidence of scorch or burn marks on furniture or clothing are at highest risk of harm from fire.



Living alone – People living alone, and especially older people living alone can be more at risk.

People who are socially isolated can be harder for public service organisations to reach and fall through the safety net of social protection.

Dementia or other cognitive impairment

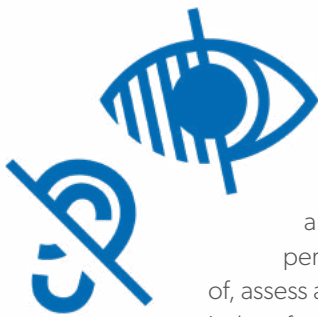
can have an impact on memory, but also a person's ability to think and reason, plan, problem solve and make judgments and decisions. Living with dementia, and coping with the symptoms of dementia, can also increase susceptibility to stress arising from busy environments, visual distractions and excessive noise. A personalised solution to fire safety for someone living with dementia or other cognitive impairment is needed, as the experience of the condition is unique to the individual.



Alcohol or Drug use that causes drowsiness, visual disturbance or dizziness including recreational and prescription drugs

that can decrease a person's awareness and hamper their ability to recognise and react to danger.

They can also cause distraction and/or forgetfulness, increasing the chance of an accidental fire occurring.



Sensory Impairment –

including the loss of sight, hearing and the ability to smell can affect a person’s ability to be aware of, assess and respond to a fire. It is therefore essential to consider sensory adapted fire detection,

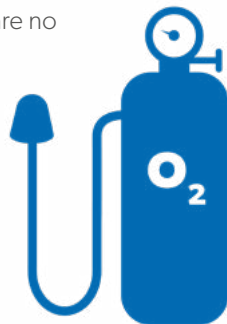
which can be provided for people who are unable to respond to traditional alarms.

Unable to evacuate the property in an emergency due to frailty, mobility or medical conditions; By having interlinked smoke and heat alarms for early detection and a phone at hand to call for help. Also ensuring that doors to rooms are closed will reduce the spread of smoke through the home.



Use medical oxygen, paraffin-based emollients or a medical airflow mattress;

By ensuring there are no risks like naked flames such as cigarettes present near the user, because if they are involved in a fire emollients and oxygen can cause rapid and intense fire spread. Air mattress will increase the fire spread quickly.



Show signs of unsafe cooking practices; keeping cookers clean and removing excess fat from grills stops fire spread, removing flammable items away from the cooking area will help reduce the risk of spread. Distraction is one of the main causes of fires whilst cooking. Avoid cooking when under the influence of alcohol/drug, whilst some prescription drugs can also impede or slow the ability to respond.



Have learning disabilities;

People would benefit from having a person-centred fire plan in place. Assist the person by talking through what to do in the event of a fire, early evacuation is paramount. “Get Out Stay out and Call the Fire Service Out”.



Have triggered numerous “false alarm” calls to the alarm receiving centre or have had a number of near misses or small fires.

Require a Home Fire Safety Visit from SFRS to give relevant advice.

Other people at higher risk include:

- People at risk from doorstep crime; and
- People living with the potential to be a victim of a fire-related crime.

In 2022/23, the most common factors contributing to fire fatalities were:

- A smoker within the house;
- Living alone;
- Physical health issues (including medication);
- Impairment- due to drugs and alcohol;
- Mental health issues;
- Mobility issues.

Many people at higher risk of harm from fire would benefit from the support provided by telecare.

Home Environmental risk factors

Home Environmental fire risks can be identified by a HFSV carried out by SFRS and supported by telecare services

Fire risks to look out for include:

- Poor kitchen practice – chip-pan usage, evidence of previous fires/scorch marks, build-up of grease and grime in and on the cooker.
- Signs of misuse and careless disposal of smokers’ materials – burn marks on carpets, furniture, bedding, clothing, and ashtrays/bins that are full of combustible materials.
- The use and storage of medical oxygen within a property can increase the risk of fire and increase the intensity of any developing fire. Smokers who are also users of home oxygen are at particular risk.
- The use of emollient products and medical dynamic air-flow mattresses can also be a risk if the person is a smoker.
- Hoarding and cluttered homes increase the risk of fire developing for the person and their neighbours. Additionally, hoarding and clutter also hinders escape, increases the risk of falls and prevents SFRS accessing and working within the property safely.
- Overloaded electrical sockets and adaptors, frayed wiring and the misuse of electrical charging devices can all increase the risk of fire.

Assessing these risk factors will ensure that ARC-linked smoke detectors and heat detectors are correctly located when installed.

Telecare and Home Fire Safety Visits

Telecare smoke and heat detection linked to and monitored by an ARC, along with a SFRS HFSV, will improve fire safety in the home and ensure people most at risk from fire are afforded added protection.

Heat or smoke detection linked to an ARC:

- Ensures the early detection of smoke in a property.
- Provides a safer environment for vulnerable people.
- Reassures the person, their families and carers.
- Protects properties, including neighbouring properties.
- Reduces non-essential “blue light” journeys.

Heat detection alarms will give warning of any fire started in the kitchen.

Recommendation One

All telecare customers are offered a SFRS Home Fire Safety Visit (HFSV) that focuses on prevention, early intervention and education regarding fire safety in the home.

Recommendation Two

A home visit is carried out by the telecare service to assess the person and the home for potential personal and environmental fire risks.

A home visit also provides telecare or SFRS staff with an opportunity to identify if a person is at risk of falls. A basic falls risk screen aims to identify people who have fallen or are at risk of falling and may benefit from further assessment and support.

An example of a basic falls risk screen is a 'Level 1 Conversation',⁴ which aims to identify people who have experienced:

- two or more falls in the previous 12 months
- loss of consciousness/blackouts/dizziness at the time of the fall/s or an unexplained fall (found themselves on the floor for no apparent reason)
- difficulties with walking or balance
- a change in their ability or confidence to carry out their usual day to day activities following the fall/s.

If a person appears at risk, referral can be made to local services providing multifactorial falls risk assessment.

Further Information:

The SFRS website contains information and guidance of fire risks.

- SFRS Your Safety
- Your Safety at Home - Carers Information
- SFRS Online HFSV checker

Referrals and training

Telecare can enable a person to live longer, more safely and confidently in their own home, and give them greater choice about their care. Good partnership working between SFRS and telecare services ensures vital information is shared to enable provision of the right care and support.

Telecare service providers should have an agreed process to refer to their local SFRS Prevention, Protection & Preparedness teams. Partners need to preregister an account with SFRS on its National portal. Appendix Two gives guidance on registering as a referring partner.

When making a referral, permission from the person or their guardian or welfare attorney should be sought, however local telecare service protocols should be followed if there is a serious risk of fire and permission is not granted. LSO areas are also reminded that Data Sharing Frameworks (DSF) should be arranged with their local partner organisations. Areas can contact SFRS Information Governance for support and guidance.

HFSVs are easy to arrange:

- Call 0800 0731 999
- Text "FIRE" to 80800 from a mobile phone.
- Complete SFRS Online HFSV checker
- Contact the Local Fire Station
- Contact the Local Community Action Team

In the course of their work, SFRS personnel will identify people who would benefit from telecare heat and smoke detection, and perhaps other types of telecare. SFRS should have an agreed process to refer for telecare assessment. When making a referral, permission from the person, or their guardian or welfare attorney should be sought.

Recommendation Three

Telecare providers and SFRS establish close links to ensure peoples' homes are made as safe as possible; reciprocal referral processes are in place to ensure that the person receives the personalised support required.

Fire Risk Recognition Training is available online through LearnPro where partners can create a free account [Learn Pro Community Login](#). To enhance this training and build stronger local partnerships Local Community Action Teams can provide additional information that will highlight the risk factors to look out for when telecare staff are in peoples' homes, and how best to make a referral for a HFSV.

Telecare service providers can deliver awareness training to SFRS staff on telecare services that are available locally, and how to make a referral.

Recommendation Four

Telecare services have access to SFRS fire risk recognition training and know how to refer a customer for a HFSV. All local SFRS Community Action Teams have access to TEC awareness training and referral routes.

4 *The Prevention and Management of Falls in the Community*

4. CHANGES TO THE LAW ON FIRE AND CARBON MONOXIDE DETECTION IN SCOTLAND

In February 2019, housing legislation relating to smoke detection in the home changed.

Since February 2022, the updated Tolerable Standard⁵ requires every home in Scotland to have:

- one smoke alarm in the living room or the room used the most;
- one smoke alarm in every hallway or landing;
- one heat alarm installed in every kitchen

All smoke and heat alarms should be ceiling mounted and interlinked.

Where there is a carbon-fuelled appliance (such as boilers, fires (including open fires) and heaters) or a flue, a carbon monoxide (CO) detector is also required which does not need to be linked to the fire alarms.

Interlinked smoke and heat alarms are connected to each other within the home. When one goes off, they all go off, so the alarm will be heard from anywhere within the home. The number and placement of alarms stated in the Tolerable Standard, is based on statistics relating to fires that result in the greatest number of fatalities and injuries in Scotland each year

The introduction of smoke and heat alarms in the Tolerable Standard is in recognition of the danger fire poses to the occupants of a house and is intended to reduce the risk of loss of life or injury in the event of fire.

The property owner is responsible for meeting the standard. The local authority is responsible for monitoring and enforcing the new standard.

Consequently, local authorities should provide guidance to their telecare services on what their responsibilities are should they become aware, in the course of their work, that a premises does not meet the standard.

Telecare smoke, heat and carbon monoxide detectors

Telecare smoke, heat and CO detectors are linked, via a telecare base unit in the home, to call handlers in an ARC. In the event of a smoke, heat or CO detector being triggered, the telecare call handler will determine an appropriate response and co-ordinate arrangements as required. The equivalent protection is also offered by many specialised housing providers in Scotland.

If a telecare system is needed, this must be fitted in addition to any interlinked smoke, heat and carbon monoxide alarms. Currently, most telecare smoke and heat alarms cannot be interlinked, so do not meet the new standard.

Further information on the *Tolerable Standard: extension of criteria can be found here*. Information for home owners and tenants is available on the *mygov.scot website here*.

A Scottish Government factsheet can be found here.

Interlinked smoke and heat detection telecare

An interface technology exists that can connect non-telecare interlinked smoke/heat detectors with a telecare base unit, enabling a telecare activation each time the smoke or heat alarm is activated. Unlike the devices prescribed by the Tolerable Standard, Telecare fire and CO detection cannot currently be interlinked within general needs properties and therefore are required to install telecare smoke and heat systems in addition to the interlinked systems stated in the Tolerable Standard.

The Aico relay interface offers a potential solution for social landlords and SFRS working in partnership with Telecare Service Providers (TSPs) to avoid the need for two sets of fire detection to be fitted. This approach offers a more customer-centric, efficient, and environmentally friendly approach. It should be noted that it is envisaged that this would only be a solution for people living in Council housing properties.

Find out more from partners who have tested the Aico relay interface [LINK to Test of Change (TOC) paper]

SFRS and smoke and heat detection

There is no statutory requirement for the SFRS to provide detectors or any devices to home owners. HFSVs defined under the Fire Scotland Act 2005 is the provision of advice regarding fire safety in the home. The availability of smoke or heat detectors is not part of this public service requirement however where possible SFRS will attempt to fit smoke and heat detection where there are none (working) present in the property.

⁵ www.gov.scot/publications/fire-and-smoke-alarms-tolerable-standard-guidance/

5. TELECARE ASSESSMENT AND PROVISION

Across TSPs, there is variation in the assessment procedure for the installation of a telecare system with ARC-linked smoke/heat detectors. However, there are assessment components that should be common to all.

People at high risk of harm from fire

Although telecare systems are provided in addition to the interlinked systems, in the context of the new legislation, it is important that telecare customers at high risk of harm from fire receive, at least, the same level of protection from their telecare system as they do from the 'satisfactory equipment' stated in the Tolerable Standard, i.e.:

- one smoke alarm in the living room or the room used the most;
- one smoke alarm in every hallway or landing;
- one heat alarm installed in every kitchen.

As stated in the personal risk section SFRS recommend considering the personal risk factors listed below when identifying telecare customers at high risk of harm from fire.

Customers who:

- are unable to evacuate the property in an emergency due to frailty, mobility or medical conditions;
- are alcohol or drug dependant;
- use medical oxygen, paraffin-based emollients or a medical airflow mattress;
- show signs of unsafe cooking practices;
- use medication that causes drowsiness, visual disturbance or dizziness;
- have learning disabilities;
- have dementia or other cognitive impairment;
- are smokers, plus:
 - use medical oxygen;
 - use an airflow mattress;
 - use emollient creams;
 - there is evidence of heavy alcohol use or use drugs / medication which may impede their ability to respond to an alarm;
 - there is evidence of scorch or burn marks on furniture and clothing;

Recommendation Five

As part of a telecare assessment, it is identified and recorded when a person is at high risk of harm from fire in their own home.

- have a sensory impairment – visual impairment or blind; hearing impairment or deaf;
- have triggered numerous "false alarm" calls to the alarm receiving centre or have had a number of near misses or small fires.

These factors have been identified through analysis of fire fatalities and serious casualties. In the majority of incidents, there is more than one contributory factor. Evidence can be found within SFRS' annual Fatal Fire Analysis. ⁶

Recommendation Six

Telecare smoke and heat detection linked to the ARC is offered to people assessed as being at high risk of harm from fire, to provide a safer environment for vulnerable people. This is in addition to an interlinked system required by law.

SFRS stress that a person-centred approach should be taken on all occasions as there is a lot of variation with some of the factors above, for example, sensory impairment.

Recommendation Seven

Telecare smoke detection is fitted in circulation spaces as well as in the living room or the room used the most, and individual rooms that have a specific fire risk for a person, for example, a smoke alarm is fitted in the bedroom if the householder smokes in bed. This can reduce the risk of injury or death resulting from fire.

As part of the assessment process, information should be gathered from the person, their family/carers and all agencies involved in their care. This ensures that personalised, robust and person-centred solutions are designed and put in place.

⁶ [firefatalitiesanalysisreport2018_2019.pdf \(firescotland.gov.uk\)](#)

Information gathered by telecare services can be passed to SFRS on receipt of a fire call from the ARC, ensuring that key information about the person and their home environment is available to attending fire crews.

Emergency Contact / Medical Information

All assessments should include obtaining the following information:

- the contact details of the person's next of kin, emergency contact and/or nominated key holder(s). Contact details could include landline number, mobile number and email address to ensure contact by the ARC can be made 24 hours a day.
- the person's GP details, which will be held by the ARC.
- the person's medical conditions, and any issues they have with mobility or daily living activities.

Information such as use of medical oxygen, hoarding or excessive cluttering, unusual living arrangements and bariatric situations can be shared with SFRS during a HFSV to identify the potential higher risk to the person and fire crews in the event of an actuation.⁷ If medical oxygen is being used within the property, ARC-linked smoke and heat detectors are an essential component of the telecare package.

Recommendation Eight

A telecare assessment includes identifying and recording a person's emergency contacts, and a comprehensive note of their medical conditions and functional limitations.

All services and support a person is receiving, should be recorded, detailing days and times of service provision. This ensures the details of all the person's activities are held to further support them. Activities could include the provision of home care services, day centre attendance, district nurse services, community meals service, and any known informal care arrangements.

⁷ An alarm is actuated by smoke, heat or whichever determinate factor would trigger it to sound and/or alert. An activation of an alarm is caused by an individual setting off an alarm mechanically - either deliberately or by accident.

⁸ www.mygov.scot/home-fire-safety

Sensory Impairment

Using technology effectively can help manage fire risks for people with sensory impairments, including hearing and visual impairments, communication difficulties and diminished sense of smell.

Recommendation Nine

The need for sensory-adapted fire detection is considered for people who are unable to respond to traditional smoke and heat alarms. On initial assessment any sensory impairments are also identified and recorded.

Packages can include wireless smoke and heat alarms, pagers, strobe lighting and vibrating pads. These devices ensure early warning of fire for people living with a sensory impairment. Any specialist smoke or heat detectors installed would be in addition to the interlinked smoke and heat detectors required to meet the new Fire Safety Legislation.⁸

The Scottish Government has published advice and Guidance for the new fire alarms standard for deaf and deafblind people, as well as Health and Social Care Partnerships and providers.

www.gov.scot/publications/new-fire-alarm-standard-alarms-deaf-deafblind-people/

If a person uses British Sign Language (BSL) as a first language some ARCs offer a text or SMS messaging service (the person needs to have a mobile telephone).

Where the person's first language is not English some of the ARCs use 'Language Line' for support. The service offered is "interpreting by telephone" and is used to assist anyone who needs language assistance. Access can be made from any telephone without the requirement of any specialist equipment.

Partner organisations in the local area can be contacted for guidance, and to see what help and support is available. This includes the SFRS, NHS, Social Services, Housing, RNIB, Deaf Action and RNID.

Gaining Access to the Person's Home – Access by Emergency Services

Telecare services should ensure a person receiving the service has a clear understanding of when, and to whom access to their home will be given, and that in certain situations decisions taken may override their wishes. An example would be when SFRS are called in response to unexplained calls triggered by fire detection equipment.

In emergency situations, ARCs will facilitate immediate access to the Emergency Services, for example, giving either remote access to (or codes to open) doors or key safes containing master keys that open the doors of residents' flats in housing complexes. Concerns for the vulnerability of the person and security of property are paramount in an emergency.

Recommendation Ten

The telecare assessment identifies access details for the Emergency Service. Access details are an essential part of the telecare assessment in relation to fire risk as emergency services cannot solely rely on access via the person themselves, or via the nominated key holder and /or volunteer responder.

On initial assessment, the installation of a key safe should be considered if the person:

- is unable to reach the door safely due to severely restricted mobility or significant cognitive impairment;
- lives alone;
- is unable to lock and unlock their door;
- has repeatedly been unable to give access to care workers and other services at the time of scheduled visits; or
- has difficulties that prevent them opening their door to visitors.

If a key safe is to be provided please refer to Access to Service Users' Homes for Telecare Response, Good Practice Guide.⁹

If an activation is received, then entry can be forced where there is a significant risk to life.

6. INSTALLATION

The role of the telecare equipment installer is to install, programme and test equipment, adhering to the suppliers and manufacturers guidance, and local policies and procedures. Equipment should be tested and any faults rectified at installation.

The installer provides instruction and guidance to the person and/or their carer on the use of the telecare equipment, and new customer installation documentation is completed in accordance with local policies and procedure.

As outlined earlier, the strategic positioning of telecare ARC-linked smoke and heat detectors backed-up by a SFRS HFSV is essential to ensure that any actuations are emergency calls and not false alarms or unwanted fire alarm signals (UFAS).

Smoke detectors linked to the ARC should be located in all rooms where a risk has been identified. ARC-linked heat detectors should be fitted in the kitchen.

⁹ tec.scot/programme-areas/telecare/resources/access-service-users-homes-telecare-response

7. ASSET MANAGEMENT OF FIRE SAFETY DEVICES

The term 'asset management' is used to describe how equipment is stored, tested, removed and recycled. Asset management enables service providers to have a detailed record of:

- the location of equipment;
- warranty dates;
- battery replacement;
- maintenance;
- repairing or replacing faulty units;
- decontamination; and
- recycling of equipment.

Testing equipment

There should be a procedure in place for testing telecare alarm units and/or peripheral devices, such as smoke and heat detectors and other worn radio triggers, on at least a monthly basis, to ensure, in the first instance, that the radio link continues to work properly.

Reporting faults

Any fault, which affects the normal functioning of telecare equipment, should be addressed (by replacing or repairing the equipment) as quickly as possible.

Removal of Fire Safety Devices

Removal of telecare systems should be carried out safely and securely by staff who have the appropriate training, knowledge and skills

The service user must be made aware of the risk of removal of the telecare system, which includes fire detection, and advised to install their own interlinked smoke and heat detectors, if not already in place. The telecare service should also advise the SFRS that a request for removal has been made and request a further HFSV.

There should be local procedures on the re-use or decommissioning of previously installed fire detection equipment. If local procedures agree re-use of equipment, all equipment should be cleaned in accordance with manufacturer instructions and batteries replaced before re-issuing. This should be recorded in asset management records.

More information on asset management is available in the Good Practice Guide to Telecare Asset Management.

8. ALARM RECEIVING CENTRE / MONITORING CENTRE

Community alarm and telecare services require an alarm receiving centre (ARC), monitoring centre, or call handling service capable of receiving, and responding to alerts raised by the fire and smoke detection equipment, to then initiate the appropriate action.

Many areas have established a 24-hour call monitoring centre to perform this function, where one or more trained operators (call handlers) provide an immediate, skilled, sensitive response to the person or to the alarm.

9. SHELTERED HOUSING/WARDEN CALL SYSTEMS

A warden call system is an alarm and communication system designed specifically for grouped housing developments. It should offer telecare capabilities as standard and be flexible enough to suit all types of core and cluster housing.* It supports resident intercom and on-site management Digital Enhanced Cordless Telecommunications (DECT) handsets, with off-site ARC answer and response capabilities.

The system should support hardwired and wireless (radio receivers) telecare sensors configurable on an individual basis to support individual needs.

Door entry, video entry, fire alarm and remote release key safe systems can work independently or be combined with the system. Additional support systems such as lifestyle monitoring can be added if required.

The grouped housing development call systems are seen as an “essential service” and are often one of the reasons that people want to stay in grouped housing developments.

NB Grouped housing do not always have a staffing element. If they do, the staff are only on site during normal office hours.

10. ALARM RECEIVING CENTRE CALL HANDLING PROCESS

Time is of the essence when dealing with smoke and fire incidents.

Fire alarm (FA) activations can present to an ARC from two main points: from a warden call system (WCS) or from a telecare alarm unit (TAU).

At the point of installation, the fire detection equipment is programmed to allow the ARC call handler receiving the call to easily identify whether it is a main fire alarm call or a smoke and /or heat detector call.

Smoke and heat detectors can be fitted to a WCS or a TAU.

Main fire alarm systems are usually installed at sheltered housing developments or in grouped housing.

When grouped housing development staff are on duty, the actuation of the main fire alarm or smoke/heat detector will go to their handset. When there are no staff on duty, or if staff fail to answer the handset call, the alarms will trip over to the ARC.

11. SFRS CALL HANDLING

SFRS must adhere to strict call handling protocols. Some of these protocols are statutory and there are relevant supporting SFRS policies. A summary of these protocols can be found in Appendix One.

* Core and Cluster Housing – Where there are a number of one- and two-bedroom, self-contained properties (bungalows, flats or houses) situated together known as ‘Clusters’. This type of housing has a central community ‘Core’ that has staff facilities and may make provision for community-based activities

12. ACTUATIONS/ACTIVATIONS

Call from Main Fire Alarm System

Main fire alarm calls are progressed to 999 immediately.

The ARC will be unaware of the originating source of the activation therefore only the main site address can be given. Further information on the originating device can only be obtained from the display board of the fire alarm panel at the site.

Call from Telecare Alarm Units or Warden Call System (where no main fire alarm exists)

Telecare radio smoke/heat detectors are one-shot transmitters and will only send a second alarm call after the detector stops sounding, it will then be ready for activation.

The smoke/heat detector sounds an audible alarm and sends a radio signal to the TAU (analogue or digital) in response to the detection of smoke. The smoke detector will not send another radio signal while the smoke remains in the air. Only after the smoke clears (from chamber/air) will the smoke detector reset. The detector will only re-activate if further heat or smoke is detected. The same principle applies to heat with heat detectors.

Once an ARC receives an alert from a smoke/heat detector, the TEC Services Association's Quality Standards Framework recommends that the ARC call handler has up to 60 seconds to answer the call. This will allow the call handler to speak to the service user to clarify why the detector has activated.

At this stage, if the call handler is happy that the smoke detector has stopped sounding and with the response from the service user, the call can be cleared down. If a second activation is received, SFRS is called immediately. Exceptions to this would be when medical details known to the Alarm Receiving Centre indicate a different course of action. In certain circumstances, SFRS should be contacted on the first call: for example, if the person has dementia, mental health issues or other relevant risk factor.

* This process does not apply to all ARCs in Scotland, a number of ARCs will contact SFRS on receipt of a first call/actuation from the smoke and heat detectors.

Recommendation Eleven

All risk factors, including mobility issues and risk from fire, are noted within the person's record, and they are clear, accurate, and visible for the call handler to see.

No Speech Calls

If a call is received from a smoke/heat detector and the call handler is unable to establish speech contact, SFRS will immediately be called to attend.

ARC to SFRS 999 Calls

When ARCs call 999, upon connection they are asked which service is required. The ARC should immediately advise: "disregard the calling number". Then state "Fire" for SFRS.

The reason for requesting "disregard the calling number" is that ARCs will make 999 calls for SFRS attendance out-with the specific STD location of the ARC. This ensures that the SFRS response is directed to the address from where the fire alarm has been actuated.

Details to be given on the 999 call are as follows:

- Address (including post code) and flat position if known.
- Type of development: sheltered, retirement, etc.
- Access: main door access; key cabinet information; emergency key cabinet (location/code).
- Risk flag or information such as: oxygen user, person hoards, smoker, wheelchair user, person with dementia, etc.
- Specific information gathered from the call itself or from the system notes.

Further information on access to service users' homes can be found in the good practice guide, Access to Service Users' Homes.

If SFRS do not make contact within 30 minutes to confirm the outcome from the callout, then the ARC should contact SFRS for update.

Following the outcome call from SFRS, the ARC should complete an incident report detailing the reason for the actuation and its location. This helps when analysing call outcomes and cumulative statistical reporting for onward referral/signposting for those most at risk.

Recommendation Twelve

After every 999 call, the ARC produces an internal incident report which records details of the incident and the outcome. This is used to inform internal and external housing and/or telecare service managers, if there are identifiable patterns, and take appropriate action if the person is at risk. If a person is identified as 'at risk', a person-centred fire risk assessment and a review of their current care plan, if they have one, should be carried out.

An incident must be escalated to if the outcome call:

- confirms an actual fire, injury or fatality;
- there is fire or smoke damage; and
- evacuation or re-housing is necessary Escalation of a Fire Alarm Call

If further action is required to progress the call in the event of a fire at an address, the Housing Association or relevant organisation will be contacted via their emergency staff list to advise of the situation or to implement their Business Continuity or their Emergency Response plan.

Access for the Scottish Fire and Rescue Service

If forced entry is required, SFRS will advise the ARC if a joiner is required to make the premises secure. Details of contractors are held within the development details.

Further information on forced entry can be found in Section 10.2 of the good practice guide, Access to Service Users' Homes.

Silencing the Fire Alarm Panel

Recommendation Thirteen

In domestic developments, under no circumstances is the fire alarm panel silenced until the SFRS is in attendance and has deemed it safe to do so. SFRS ask staff on duty to silence the alarm. If no staff are available, SFRS personnel may silence the alarm if required.

In some instances, residents have been identified as "responsible residents" and are able to do this. However, any information regarding this will be noted on the development details.

The fire alarm will continue to sound in the development until it has been silenced.

Re-setting the Fire Alarm

Recommendation Fourteen

Fire alarm systems within developments are not reset by attending fire crews under any circumstances.

Where no responsible person attends an incident, contact should be made via the warden call service within the premises and the service provider informed of the cause of the activation and what is required to resolve the situation.

Every development will have instructions on how to re-set the fire alarm panel. This allows the fire detection equipment at the development to be re-set by either a nominated contractor, engineer or a staff member.

Equipment Fault

If the ARC's call handler receives a call and SFRS have attended and reported that there is a fault in the fire detection equipment, the call handler must contact the fire alarm engineer in accordance the details held within the development or residents' records.

The fire alarm engineer should be advised of the situation and informed that the fire detection equipment may not activate until the engineer attends.

Main Fire Alarm – Repeat Calls

Fire panels can send repeat calls to the ARC when the panel has not been re-set or there is a fault on the system. If SFRS has already been called and is on route, and the call handler receives a repeat main fire alarm activation, there is no need to call 999 again. If the call handler is in any doubt they should call 999 and report the repeat activation.

False Calls

If SFRS confirms that they have attended and it is a false call, no further action is required by the ARC. The incident should be logged and information noted on the person's record. If a repeat call is received from the location and SFRS are no longer on site, then the call handler must contact 999 to re-attend.

Recommendation Fifteen

If calls are coming through to the ARC on a regular basis but no SFRS response is required, the telecare service (or ARC) make a referral to SFRS for a HFSV.

13. APPENDIX ONE: SFRS CALL HANDLING

SFRS must adhere to strict call handling protocols. Some of these protocols are statutory and there are also relevant supporting SFRS policies.

Call Challenging is an SFRS procedure introduced to reduce either the number of resources attending incidents or reduce the number of unnecessary mobilisations.

Fire Survival Guidance is a legislative requirement for SFRS to provide this information and support to callers to assist them to escape in the event of a fire, or to protect them in place until SFRS personnel can rescue them. SFRS Operations Control personnel undergo annual training.

SFRS Operations Control carry out a dynamic risk assessment (DRA) when call handling. DRA is the continuous process of identifying hazards, assessing risk, taking action to eliminate or reduce risk, monitoring and reviewing, in the rapidly changing circumstances of an incident.

By using existing procedures and techniques for call handling, SFRS Operations Control call handlers are able to form a picture or assess a situation based on information obtained from the caller.

Example

Caller 1: It's fine - it's just burnt toast. Q: Is there a fire?
Caller: No, it was just the smoke from the toaster.

Caller 2: It's fine - it's just burnt toast. Q: Is there a fire?
Caller: Well I can't get the toast out and there's black smoke coming out it now.

As soon as any householder confirms there is a fire, the call handler or a colleague must contact the SFRS immediately.

SFRS must know about the incident in order to mobilise appliances to deal with the situation. The call handler can give the householder advice or reassure them on the phone but should never delay informing the SFRS – the consequences can be serious. Once the call handler can assure the caller that the fire service is on its way it may be easier to keep a person calm and give them advice which they may be able to follow.

Call handlers may face particular challenges arising from callers' communication issues. It is important for call handlers to remain calm, ask questions one at a time and keep language simple to help to draw out the necessary information.

The first piece of information SFRS give callers whose property is on fire is to **get out and stay out**.

If calls are being received from neighbouring properties of a smoke alarm actuating in another property or in a communal area, the advice from SFRS is for residents to stay in their property with the doors closed, and only to leave the safety of their home if it is becoming affected by heat or smoke, or if they are told to do so by firefighters or the police.

Grouped housing developments may have a "stay put" policy, and residents should be aware of what to do in the event of a fire within their development.

This information should be made clear via tenancy information literature, tenancy participation events and fire notices throughout the development.

When and how to use emergency call handling techniques

Emergency call handling techniques should be used when:

- the caller is trapped by fire/smoke and distressed;
- advice is needed to minimise danger;
- providing general re-assurance; and
- it is not a common type of call

Incidents when call handlers have to provide life-saving guidance are thankfully rare but by providing some valuable information and re-assurance to the caller, call handlers can assist in saving lives

Within Operations Control, SFRS work as a team to deal with these types of calls and generally work in pairs – one person speaking to the caller, the other assisting, prompting, listening alongside, passing information to SFRS crews.

Within an ARC, if a call handler is speaking to a caller in the circumstances listed above, it is good practice for call handlers to work with a colleague who could contact 999 and support the on-going communication with the emergency service(s).

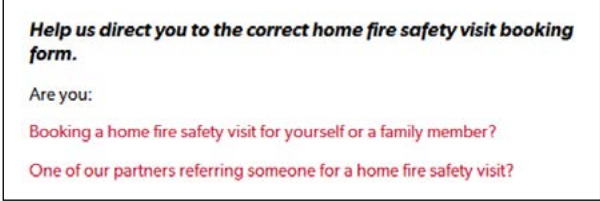
Having a colleague alongside who is listening can be invaluable and ensure additional or critical information is not missed. It is also beneficial if the call handler "dries up" or forgets a piece of advice when dealing with distress arising from an emergency situation.

14. APPENDIX TWO: HOW DO PARTNER ORGANISATIONS MAKE A REFERRAL FOR A HOME FIRE SAFETY VISIT?

A specific URL to SFRS interactive Community Safety Engagement Toolkit (CSET) pre-risk rating form has been set up for partner organisations to make a referral for a HFSV on behalf of a client/service user.

Please ensure you have the persons' permission before making the referral.

The link can be accessed through the Scottish Fire and Rescue Service website and the referral made by following the undernoted steps.



Choose the "partner agency" link

- 1 Go to www.firescotland.gov.uk

On the front page of the Scottish Fire and Rescue website, click on "Your Safety" the screen turns red and chose "Home Fire Safety Visit" option where you will see **request a Home Fire Safety Visit** and **referral for a Home Fire Safety Visit**. Both in blue boxes. Click on the box to enter CSET

- 2 **Register for an account** if you have not already done so.

The partner agency link requires the user to register with a user name (their work email address) and a password of their choice. This ensures a secure connection between the user and SFRS. If the same computer is used partners shouldn't have to log on every time a referral is made. However, if they use a different computer the system will require them to log on to confirm identity.

Partner organisations do not get full access to the SFRS CSET application. The link opens up a risk rated referral form which, depending on the answers given, lists each request in order of who is deemed most at risk.

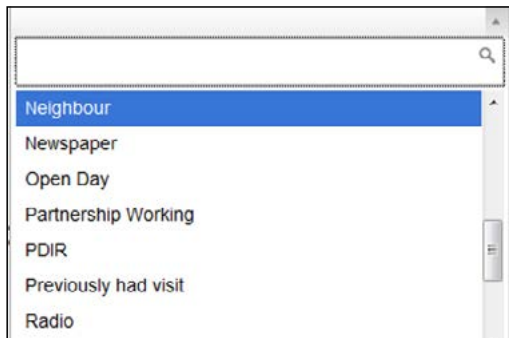
- 3 **Choose the address** of the person you want to refer and complete the risk rating questions. Most addresses should be listed as the address gazetteer is updated periodically.

Make every attempt to ensure accuracy when choosing the address, especially in relation to flat numbers and the spelling of street names.

- 4 **Complete the form.** Each question asked has a score attached to the answer given. This allows us to list each request, with those deemed most at risk given priority. At the conclusion of the visit, if the post risk rating outcome is "high" risk a re-visit will be offered to the occupier one year after the date of the visit.

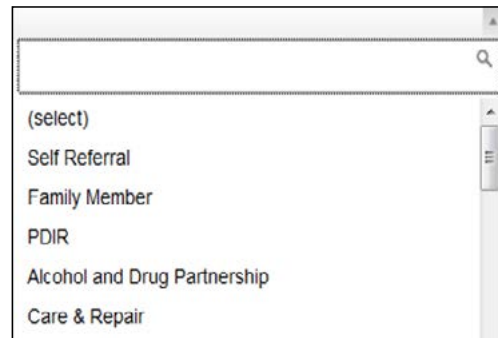
Assistance on how to answer some of the questions can be found undernoted.

How Did You Hear About Us?



Choose "Partnership Working"

Referrer Details



Choose your partner organisation name from the drop down list.

Question 18

As you are a partner organisation referring a service user and the visit has yet to take place please answer "YES (PREVISIT)".

18	HAS THIS REQUEST BEEN REFERRED FROM A PARTNER AGENCY?	<input type="radio"/> YES (PREVISIT)	<input type="radio"/> YES (POSTVISIT)	<input type="radio"/> NO
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Referrers Details

Please ensure you choose your organisation name from the drop down and state your own name and contact telephone number in case we need to update you after the HFSV has been conducted.

Your email address can be typed within the "comments" free-text box. This is an efficient way of communicating with you outwith office hours.

Any Other Relevant Risk Information

If you wish to state any further information please use the free-text box at the bottom "any other relevant risk information". This box can be used to highlight information, examples of which are undernoted. In relation to personal or confidential information, please take data protection into consideration when adding free-text comments.

For example, we do not need to know the exact ailment or medication taken by an occupier. Instead, it is more useful to know the effects of any medical issues such if it is known that they would be unable to evacuate in an emergency situation.

Any other relevant Risk information:	<i>Disabilities, visual or hearing impairment. Joint visit required etc.</i> Joint visit requested as occupier has acute anxiety issues Occupant may take a while to answer the door due to poor mobility
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- 5 **Submit the information.** When the user completes the referral and hits the "submit" button, within 3 to 10 seconds the HFSV request will be added to the appropriate station list of outstanding visits in accordance with the address of the property.

The above displays how partner organisations can securely share personal data and supporting information in relation to a service user with SFRS. Partners are requested to use the above detailed method of referral rather than emailing or posting correspondence directly to SFRS employees.

Problems referring?

An error message such as “you do not have permission to perform this action” will be displayed when there is a problem referring. Possible solutions include –

- 1 Ensure you are using this address/link to access the pre risk rating form:
cset.firescotland.gov.uk/thirdparty/hfsv/requestvisit
- 2 Have you supplied your local SFRS contact with your domain name? (For example SFRS domain name is **firescotland.gov.uk**)
- 3 Could there be expired security information in your web browser? To diagnose and correct this issue follow the steps below:
 - 3.1 Log out of the hyperlink by clicking the dropdown menu arrow next to your name in the top right of the application inside the blue button, then click the “Log Out” button which appears.
 - 3.2 Close and reopen your browser then reopen by using this link: cset.firescotland.gov.uk/thirdparty/hfsv/requestvisit and attempt to login again.
 - 3.3 If this does not resolve the issue then please use the link below to find the instructions to reset your browser cache and follow them before logging in again.

(This may cause you to lose data such as browsing history and saved logins and passwords from your web browser depending on which options are selected.)

Instructions to reset your browser cache: www.wikihow.com/Clear-Your-Browser%27s-Cache
- 4 If you do not receive your confirmation in your work email inbox, check the spam/junk folder.

15. APPENDIX THREE: INTERLINKED TELECARE SMOKE AND HEAT DETECTION – AICO RELAY INTERFACE

Introduction

The law on fire and carbon monoxide detection in Scotland changed in February 2022. Every home in Scotland must have interlinked fire alarms. Interlinked means if one goes off, they all go off, so a person will always hear an alarm wherever they are in their home. The property owner or landlord is responsible for meeting the new standard.

From February 2022 every home in Scotland must have:

- one smoke alarm in the living room or the room used the most;
- one smoke alarm in every hallway or landing; and
- one heat alarm in the kitchen.

All smoke and heat alarms should be mounted on the ceiling and be interlinked.

If a household has a carbon-fuelled appliance, such as a boiler, fire, heater or flue, it must also have a carbon monoxide (CO) detector, but this does not need to be linked to the fire alarms.

The Challenge

Telecare service providers (TSP's) are not responsible for meeting the new standard unless they are also the landlord (local authority, housing association, another registered social landlord or private landlord) and do not currently provide the same level of detection as that required by the new legislation as standard and therefore are required to install telecare smoke and heat systems in addition to the interlinked systems stated in the tolerable standard.

Telecare heat and smoke detectors cannot easily be interlinked, therefore usually cannot meet the standard set out in the new legislation. This will result in situations where there is more than one fire detection system in a property. For example, a system installed by the owner, plus a system installed by the telecare service.

A dual system in many cases would be both confusing and unsatisfactory for the customer.

The Solution

TEC explored a potential technical solution, which would support the linking up of the telecare base unit with standard heat and smoke detectors.

An interface technology exists that can connect non-telecare interlinked smoke/heat detectors with the telecare base unit, enabling a telecare activation each time the smoke or heat alarm is activated.

The Technology

The Aico relay interface offers a potential solution for social landlords and the Scottish Fire and Rescue Service (SFRS) working in partnership with TSPs to avoid the need for two sets of fire detection to be fitted.

The Radio LINK system consists of Ei Electronics Radio LINK Smoke, Heat and CO Alarms along with Radio LINK accessory devices that are interconnected. The Aico relay Interface can be used to connect alarm systems to other compatible systems such as, telecare systems, fire panels, auto diallers and security systems. The relay has 3 outputs for Fire, CO & Service that can be triggered by a via Radio Frequency (RF) Alarm System or alternatively they can be used to trigger one of the other Systems RF transmitters.

2 models of the Aico relay interface were tested by partners:

- **The Ei428 RadioLINK Relay Module**
Mains powered relay module that can be used to trigger external devices, such as a strobe light or telecare device, if the wirelessly interconnected alarms in the system activate. The device is mains powered with Rechargeable Lithium Back-up RadioLINK+ Wireless interconnection, 5 years guarantee.
- **The Ei414 RadioLINK Relay Module**
Powered by either mains 240V AC or 10-30V DC external source with a rechargeable lithium cell back-up, the Ei414 Fire/ CO Alarm Interface provides either a wireless interface via Radio Frequency (RF) or a hard-wired interface via a link cable between a RadiolINK Alarm system and a Warden Call/ Telecare System.

The Ei414 decodes RF Fire and/ or CO signals from the RadioLINK and RadioLINK+ devices and activates the relevant onboard relays. The relays must be wired to the (universal) RF transmitters or via a special link cable to the Warden Call Systems. The Warden Call System in turn is programmed to perform the desired function, on receipt of these signals.

When the domestic alarms are activated, the following process begins:

- A signal is sent using Radio LINK+ to the Aico Fire/CO Alarm Interface.
- The Aico Fire/CO Alarm Interface will identify the signal as either a fire, Carbon Monoxide leak or a service requirement/fault.
- This signal is relayed to the telecare base alarm unit.
- The telecare base alarm unit can then transmit externally to the required alarm receiving or other support center.

The Approach

The TEC in Housing programme engaged with local authority housing departments and their local HSCP telecare services with a view to testing an alternative approach to making connections between the home and telecare Alarm Receiving Centres. This utilised existing housing service-installed detection devices instead of requiring the installation of additional telecare devices. This approach offers a more customer-centric, efficient and environmentally friendly approach. It should be noted that it is envisaged that this would only be a solution for people living in social housing properties.

Tec Housing provided £1.5 K in grant funding, to partners, for the purchase of Aico relay interfaces and universal sensors to enable thorough testing in a minimum of 5 homes within a 6-month period.

We tested the assumption that:

Connecting housing provided fire and/carbon monoxide (CO) detection to telecare base units/alarm receiving centers using an Aico relay interface and universal sensors, instead of installing and connecting multiple Telecare specific devices in properties will.

- Improve fire safety by increasing telecare detection within the home.
- provide a better user experience i.e., less noise, confusion regarding who to contact if there is an issue with devices.

- provide a more cost-effective approach to fire safety than the provision of telecare specific fire and/CO devices.
- avoid risk of unnecessary delays in introducing a telecare service for fire safety due to current telecare supply chain issues.
- support closer working relations between housing and HSCP to the benefit of citizens.

Partner Summaries

Both partners trialled the Aico relay interface with different telecare alarm suppliers. Stirling trialled the Ei428 with Carium units and East Ayrshire trialled the Ei414 with Chubb units in 5 homes each over a 6-month period. They also had access to training on the Aico range of Relay Interfaces and how they should be installed. Summary of findings below:

Clackmannanshire & Stirling Health & Social Care Partnership - Aico and Carium - view here

Clackmannanshire & Stirling Health & Social Care Partnership Stirling identified the Aico Ei428 Relay as the correct piece of equipment to link the devices as it was mains powered with a battery backup and could link with the detectors using RF. This was important as the solution needed to operate even if there was a power cut.

Findings

- 4 out of 5 dispersed alarm setups operated as intended with zero faults.
- One alarm recorded faults but after investigation this was found to be unrelated to the project. The DAU was found to have signal problems within the property and was replaced.
- The Test of Change was judged to be successful, and it was decided by the wider Analogue to Digital Switchover project board to recommend roll out of this solution to all council properties where Mobile Emergency Care Service (MECS) are in operation.

Benefits

- Tests showed installed interlinked smoke and heat detectors connected to MECS. If a fire alarm activated, then the ARC would be alerted. The ARC would then follow their fire safety protocols.
- The service user does not require a dual system avoiding excess noise, clutter, and confusion.

- It's clear that when a smoke and heat detector alarms that MECS will be alerted. With a dual system that may not necessarily be the case.
- The cost of the relay and installation is less than the providing a dual system of smoke and heat protection. Financial saving is approximately £20 per service user. When compared to costs associated with duplicate equipment.
- The system going forward will be maintained by the Housing service and tested annually.

Next Steps

- The Programme Manager for the Analogue to Digital Switchover Project will write a paper for Stirling Council's Housing Service which will propose they adopt this solution for all council properties where MECS is currently in operation.
- For all new entrants to MECS a request to install the relay will be passed to technical services within the housing service at point of referral.
- The Reablement and TEC service will carry the budget for this process. The Housing service will order the relay, carry out the installation and then bill the service for the equipment and labour.

East Ayrshire health and social care partnership - Aico and Chubb

Prior to completing any testing, a short life working group was created consisting of a representative from East Ayrshire Councils Analogue to Digital, Community Equipment Stores, Housing Asset Services, Risk Management Centre (Alarm Receiving Centre), and Smart Supports teams.

Initial task of the group was to review findings from previous testing and identify various equipment available.

Previous Learning

The previous ToC identified that...

- AICO Ei414 interface could be connected to a dispersed alarm unit and interlinked LD2 alarms,
- Firehawk FH700HIA interface could be connected to equipment as the AICO, however, sent false activations,
- Local Authority Electrician was required to install the required interface,
- Local Authority Technicians can link the equipment.

With these points in mind, and with the introduction of the CHUBB Care Unity Digital dispersed alarm unit to East Ayrshire Council HSCP's stock, the decision was made to continue to Toc with a focus on the linking of interlinked LD2 Alarms to the CHUBB Digital Unit via an AICO Ei414 interface.

On completion of internal testing, and to progress with the ToC, five Local Authority rented properties with tenants who had DAU's already installed were identified and the DAU's were replaced with the new CHUBB unit.

Findings

- The programming of the interlinked LD2 kit and linking to a DAU is straightforward and easily completed by competent trained Technician.
- There is very little difference in the process between the TeleAlarm TA74 and the CHUBB Care Unity Digital Unit, only difference being the way the Units store the information and that would be the same with any other Dispersed Alarm Unit.
- Going forward linked alarms and AICO Ei414 interface will be maintained by Housing Asset Services Electrician during yearly checks.

Due to the additional cost of the extra peripherals and interface required to connect the kit, East Ayrshire Council will not be connecting every client in this manner and will provide the extra support to those identified as being at increased risk.

Conclusion

Partners confirmed that the Aico relay interface worked as expected with rounds of testing confirming appropriate action was taken when an alarm was triggered, with the alarm receiving centre confirming calls as complete.

Partners have successfully demonstrated this technology as a potential alternative to dual system install for improving fire detection for high-risk individuals. They have, however, adopted the technology on different scales. Stirling have agreed to roll out to all council properties where MECS is in operation while East Ayrshire will deploy when an individual is identified as high risk.

16. TEC TELECARE FIRE SAFETY ASSESSMENT CHECKLIST

Contact Details	
Name	
Address	
Email Address	
Phone Number	

Question	Yes/No (Circle your answer)	Additional Notes
Is there one smoke alarm in the living room or the room that is used the most?	Y / N	
Is there one smoke alarm in every hallway or landing?	Y / N	
Is there one heat alarm installed in every kitchen?	Y / N	
Does the service user have mobility problems?	Y / N	
Does the service user use medication that causes drowsiness, visual disturbance or dizziness?	Y / N	
Does the service user have learning disabilities?	Y / N	
Does the service user have dementia or other cognitive impairment?	Y / N	
Do they use medical oxygen, paraffin-based emollients or a medical airflow mattress?	Y / N	
Is there a dependency on alcohol or drugs, which would affect their behaviour in an emergency?	Y / N	
Does the service user have a sensory impairment – visual impairment or blind; hearing impairment or deaf?	Y / N	
Does the service user have numerous triggered “false alarm” calls to the alarm-receiving centre or have had a number of near misses or small fires?	Y / N	
Are they a smoker?	Y / N	
Is there evidence of scorch or burn marks on furniture and clothing?	Y / N	
Are there children in the house?	Y / N	
Is there an accumulation of refuse?	Y / N	
Do they use a traditional chip pan?	Y / N	
Do they show signs of unsafe cooking practices?	Y / N	
Are there overloaded plugs, bare wires, or trailing electrical cables?	Y / N	
Are candles/matches out of reach of children?	Y / N	
Are any doors missing/holes in walls?	Y / N	

Assessor Name	
Assessor Signature	
Date of Assessment	

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A Partnership Approach to Fire Safety Good Practice Guide

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