

Evacuation Procedures – Residential Care and Nursing Homes

Standard Operating Procedure No. TFS - 014

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1.0 Introduction

- 1.1 Incident Commanders and crews should be aware of the evacuation procedures which may be used in premises providing care, such as residential care homes (elderly, learning difficulties, mentally and physically handicapped), nursing homes, hospitals and some sheltered accommodation for the elderly, especially blocks of flats.
- 1.2 In some cases, residents may be fairly mobile and able to evacuate without assistance. In others, they may rely totally on staff for evacuation, due to their physical or mental condition or the effects of medication. Residents may be extremely frail or in a confused or agitated state. The unnecessary evacuation of frail residents may put them at greater risk.

2.0 Small Homes – Total Evacuation

- 2.1 Small homes, particularly those with a single staircase, will use total evacuation i.e. all residents and staff will leave the building as quickly as possible in the event of fire.

3.0 Larger Homes – Progressive Horizontal Evacuation

- 3.1 In larger premises it is not usually possible, or desirable, to carry out a total evacuation in the first instance, due to the number of residents, their restricted mobility and small numbers of staff who may be on duty. Progressive horizontal evacuation will normally be used in these circumstances. This concentrates the efforts of staff on the most essential actions in the initial stages and reduces danger and confusion for residents.
- 3.2 Initially, only those residents most at risk will be moved by staff i.e. those in the room of origin (if safe to do so) and in the section of corridor where the fire is located. Other residents will remain in their rooms and await instructions from staff.
- 3.3 Residents will be moved horizontally along the corridor into the next fire-resisting compartment. They will then be in a place of comparative safety. Where possible, residents will be moved horizontally away from the fire, rather than down stairs.
- 3.4 If fire or smoke starts to spread from the room of origin, staff will move residents further down the corridor, into the next fire resisting compartment or staircase enclosure. In the event of a serious fire, a total evacuation of the building will be carried out.

4.0 Operational Procedure

- 4.1 The Incident Commander and crews should take the above evacuation procedures into consideration.

- 4.2 The Incident Commander should consider the best route through the building to reach a fire, bearing in mind the layout, the location of residents and the effect of hose lines, etc. which may hold open doors and allow the spread of smoke and fire to other areas.
- 4.3 Corridors may be obstructed by staff and residents who have been evacuated from the affected area.
- 4.4 Consideration should be given to providing shelter for frail residents, especially in cold or wet weather. The assembly point should ideally be in a separate building. It may be acceptable in a large building to use a ground floor room, remote from the fire, providing it has a door direct to open air in case further evacuation is necessary. Confused residents, if not supervised, may be at risk from passing traffic or wandering off.
- 4.5 Care should be taken not to give contradictory advice to staff or residents where progressive horizontal evacuation is used.
- 4.6 The area fire safety office should be contacted if an operational officer is concerned about the evacuation procedure in this type of premise.