



Australasian Fire and Emergency
Service Authorities Council

ESSENTIAL KNOWLEDGE

Basic Home Fire Safety

Supporting units of competency from the
CHC08 Community Services Training Package

LEARNING RESOURCE

The Australasian Fire and Emergency Service Authorities Council is deeply indebted to the officers and firefighters of member agencies who assisted in the development of this publication.

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Overview

About this learning resource

This learning resource provides information about basic home fire safety for community sector workers who deliver services in a community setting.

This learning resource can be used to support:

- training for existing community sector workers
- training for people wishing to enter the community sector
- induction training for new community sector workers
- refresher training and skills maintenance for existing community sector workers.

Community sector workers may:

- work in range of community service sectors such as aged care, child care, community work, home and community care, community-based accommodation for people with a disability, social housing, alcohol and other drugs, children's and youth services, mental health and others
- have a range of different titles/perform a range of different roles such as case manager, care coordinator, care worker, manager, professional, support worker, team leader and others, across a range of different disciplines.

As a community sector worker, knowledge of basic home fire safety will provide you with strategies to:

- promote basic home fire safety with clients
- inform clients about the risk of fire in their homes
- influence and promote safe evacuation if there is a fire in a client's home
- influence any misunderstanding or underestimated perception of risk that clients may have about fire in their homes
- assist clients to comply with relevant state/territory smoke alarm legislation
- reduce the risk of fire in your workplace if you work in a client's home
- reduce the risk of fire injuries and/or fatalities in the home.

Basic home fire safety includes knowledge of:

- high fire risk groups
- behaviour that may contribute to fire injury and/or fatality
- role of a working smoke alarm
- types of smoke alarms
- optimum placement of smoke alarms
- smoke alarm testing and cleaning
- referring clients for smoke alarm installation and maintenance.

The information in this learning resource will provide community sector agencies with a benchmark about basic home fire safety as agreed by Australian fire services in every state and territory.

While the context for this material is not directly applicable to the New Zealand context, that is, units of competency from the CHC08 Community Services Training Package, New Zealand community sector agencies may find that they can customise the information to suit their needs.

Community sector agencies can use this information to support the implementation of their agency's policies and procedures, and to develop new policies and procedures as required.

The knowledge that community sector workers gain through this learning resource about basic home fire safety for clients is also applicable to workers' own homes.

This learning resource does not provide information in relation to:

- bushfire preparedness
- bushfire survival planning
Community sector agencies who deliver services in areas at risk of bushfire should contact their local fire service to determine specific strategies and approaches for workers to support clients in preparing for a bushfire.
Contact details for fire services are available at the end of this resource.
- fire control methods for workers providing facility-based care
- evacuation for workers providing facility-based care
This information is considered specialised and requires development in respect of a diverse range of issues such as specific risks, environmental hazards, building laws, client numbers, client/staff ratios.
- use of fire extinguishers
- use of fire blankets
Training in the use of fire extinguishers and fire blankets can be purchased from fire services and private training providers.

Community services industry

The Community Services and Health (CS&H) Industry Skills Council (ISC) is the 'recognised national advisory body on the skill and workforce development requirements' (CS&H ISC website) for the community services and health industries.

A major focus of the CS&H ISC's work is the maintenance of national qualifications and competency standards in the CHC08 Community Services Training Package, which is undertaken in consultation with industry stakeholders including:

- employers
- individuals
- peak bodies
- professional associations
- registered training organisations
- regulatory bodies
- unions
- other relevant organisations.

According to the CS&H ISC, the community services industry and the health industry combined:

- employ 1,121,000 workers
- is the third largest Australian employer
- is growing and is expected to account for 19% of all new jobs to 2012-13.

Work on the Community Services Training Package is underpinned by a yearly environmental scan. The 2009 CS&H environmental scan notes a range of economic factors that impact on the community services industry and its workforce:

‘The impact of the economic downturn is yet to be fully felt but increasing financial hardship and a projected rise in unemployment will result in greater demand across community and health services. Job placement agencies may experience a shift in priority from placing the long-term unemployed to re-skilling displaced workers. A growth in social housing is due to occur through the Federal Government’s February 2009 stimulus package, while homelessness services may come under pressure. The drug and alcohol and mental health sectors fear that demand for their services will continue to rise from those unable to cope with financial distress. The public health system may also experience an increase in demand if households reduce spending on private health insurance. It might also be expected that pressure on household budgets may lead to a redistribution of care: a reduced ability to pay for childcare, disability care in residential units or aged care services, which may result in greater demand for in-home disability and aged care support.’ (page 5)

The 2009 CS&H environmental scan also provides specific comment in relation to training needs:

- in aged care, where ‘there is an urgent need to increase the skills levels in residential aged care (which is becoming a more clinical environment), and in home-based services (where workers operate with high level of autonomy)’ [page 10]
- in children’s services, where ‘stakeholders also emphasised that up-skilling and professionalising the existing workforce is critical; some jurisdictions have introduced a minimum employment requirement of Certificate III’ [page 10]
- in the disability sector, where ‘in common with the aged care sector, the shift towards home-based care is changing skills requirements and placing greater demands on staff in terms of responsibility, decision making and occupational health and safety’ [page 11].

Australian population predictions

The Australian government Department of Health and Ageing advises that by 2025 one in four Australians will be aged 65 years and over, and that in 2026 there will be, for the first time in our history, 1 million Australians aged 85 years.

Research undertaken in Australia also predicts that:

- by 2031, based on 200,000 people having dementia, the number of people living with dementia will increase to almost 465,000 (Access Economics 2005, *Dementia Estimates and Projections: Australian States and Territories, Alzheimer’s Australia, Canberra*)
- by 2020, based on 9,600 people having younger onset dementia (YOD) i.e. people aged under 65 years who are living with dementia, 14,220 people will have YOD (Access Economics 2005, *Dementia Estimates and Projections: Australian States and Territories, Alzheimer’s Australia, Canberra*)
- by 2011, 22.5% of older Australians will be from culturally and linguistically diverse backgrounds i.e. one in every five people aged 80 years or over will be from a culturally and linguistically diverse background, and that in 2026, this will increase to one in every four people (Australian Institute of Health and Welfare 2001, *Projections of older immigrants - People from culturally and linguistically diverse backgrounds, 1996-2026*).

With ageing comes higher levels of disability and the need for support. These projections indicate that demand for community services such as home and community care services, and aged care services, and the demand for culturally responsive services, will increase dramatically.

In addition, many people from culturally and linguistically diverse backgrounds may be unable to access mainstream fire safety messages. In these situations community sector workers can play a positive role in being able to pass on relevant information.

The community services workforce will require appropriate training and skill development to meet these increasing demands.

Relationship to competency standards, qualifications and skill sets

Competency standards

Basic home fire safety information provided in this learning resource is part of the Essential Knowledge in the following units of competency from the CHC08 Community Services Training Package:

- CHCCH301A Work effectively in social housing
- CHCCN301A Ensure the health and safety of children
- CHCCS411A Work effectively in the community sector
- CHCCS513A Maintain an effective community sector work environment (only identified in the Range Statement)
- CHCHC311A Work effectively in home and community care
- CHCHC401A Coordinate and monitor home based support
- CHCNAN301A Attend to daily functions in home based child care
- CHCOHS312A Follow safety procedures for direct care work
- CHCOSHC401A Support children to participate in outside school hours care.

In these units, the Range Statement outlines that basic home fire safety includes knowledge of:

- high fire risk groups
- behaviour that may contribute to fire injury and/or fatality
- role of a working smoke alarm
- types of smoke alarms
- optimum placement of smoke alarms
- smoke alarm testing and cleaning
- referring client for smoke alarm installation and maintenance.

As outlined in the CHC08 Community Services Training Package, all CHC units of competency include the following statement under 'Critical aspects for assessment and evidence required':

- 'The individual being assessed must provide evidence of specified essential knowledge as well as skills'. (page 96)

In some units, reference is also made to basic home fire safety under Essential Skills, such as:

- demonstrate basic home fire safety and emergency response procedures - in CHCHC311A Work effectively in home and community care
- monitor basic home fire safety and emergency response procedures - in CHCHC401A Coordinate and monitor home based support.

Consequently, the information provided in this learning resource will support training and assessment of basic home fire safety knowledge and where applicable, demonstration of basic home fire safety skills.

Qualifications

Care workers who work in people's homes could potentially be exposed to fire risks - the promotion of positive actions in relation to basic home fire safety will increase workplace safety for workers and home fire safety for clients.

The units of competency listed above are part of the qualifications listed below either as entry requirements, compulsory units, alternative compulsory units or elective units.

Individual client support

Aged care

- CHC30208 Certificate III in Aged Care
- CHC40108 Certificate IV in Aged Care

Home and community care

- CHC30308 Certificate III in Home and Community Care
- CHC40208 Certificate IV in Home and Community Care

Disability

- CHC30408 Certificate III in Disability
- CHC40308 Certificate IV in Disability
- CHC50108 Diploma of Disability

Mental health, and alcohol and other drugs

- CHC40408 Certificate IV in Alcohol and Other Drugs
- CHC50208 Diploma of Community Services (Alcohol and other drugs)
- CHC50308 Diploma of Community Services (Mental health)
- CHC50408 Diploma of Community Services (Alcohol, other drugs and mental health)

Leisure and health

- CHC40608 Certificate IV in Leisure and Health
- CHC50508 Diploma of Leisure and Health

Children's and youth services

Children's services

- CHC30708 Certificate III in Children's Services
- CHC41208 Certificate IV in Children's Services (Outside school hours care)
- CHC50908 Diploma of Children's Services (Early childhood education and care)
- CHC51008 Diploma of Children's Services (Outside school hours care)

Children's contact services

- CHC41308 Certificate IV in Children's Contact Services Work
- CHC51108 Diploma of Children's Contact Services Work

Child, youth and family intervention

- CHC41408 Certificate IV in Child, Youth and Family Intervention (Residential and out of home care)
- CHC41508 Certificate IV in Child, Youth and Family Intervention (Child protection)

- CHC41608 Certificate IV in Child, Youth and Family Intervention (Family support)
- CHC51208 Diploma of Child, Youth and Family Intervention

Education support

- CHC30808 Certificate III in Education Support

Youth work

- CHC41808 Certificate IV in Youth Work
- CHC51408 Diploma of Youth Work

Youth justice

- CHC41908 Certificate IV in Youth Justice
- CHC51508 Diploma of Youth Justice

Pathway qualifications

- CHC20108 Certificate II in Community Services
- CHC30108 Certificate III in Community Services Work

Community services and development

Community services and community development

- CHC40708 Certificate IV in Community Services Work
- CHC50608 Diploma of Community Services Work
- CHC40808 Certificate IV in Community Development
- CHC50708 Diploma of Community Development

Social housing

- CHC30508 Certificate III in Social Housing
- CHC40908 Certificate IV in Social Housing
- CHC50808 Diploma of Social Housing

Active volunteering

- CHC30608 Certificate III in Active Volunteering

Advocacy and pastoral care

- CHC41008 Certificate IV in Community Services Advocacy
- CHC41108 Certificate IV in Pastoral Care

Client services

Employment services and career development

- CHC30908 Certificate III in Employment Services
- CHC51608 Diploma of Employment Services
- CHC42108 Certificate IV in Career Development

Information, advice, referral, counselling and mediation

- CHC31008 Certificate III in Telephone Counselling Skills
- CHC42508 Certificate IV in Community Services (Information, advice and referral)

Case management, financial counselling and celebrancy

- CHC42608 Certificate IV in Celebrancy
- CHC52008 Diploma of Community Services (Case management)
- CHC52108 Diploma of Community Services (Financial Counselling)

Community sector coordination/management

- CHC52208 Diploma of Community Services Coordination

Skill Sets

The CHC08 Community Services Training Package also identifies Skill Sets in the following areas, which include the units of competency listed above:

- basic foot care
- disability advocacy
- homelessness support work
- leisure and recreation
- orientation of managers to the community sector
- pastoral care
- social housing work.

Knowledge of basic home fire safety – workplace context

Knowledge of basic home fire safety will apply in different workplace and practice contexts according to the level of responsibility and role workers have in relation to basic home fire safety, for example in the:

- home and community care sector, workplaces will have organisational procedures relating to responding to basic home fire safety
- social housing sector, workplaces will have organisational procedures relating to safety issues and prevention in social housing work, including basic home fire safety
- child care sector, basic home fire safety is one of the contexts in which workers are required to develop safety issues and risk management strategies for children's health and safety.

Throughout this learning resource you will find specific community sector examples about applying organisational policies and procedures in the workplace as well as activities about your role in relation to basic home fire safety.

In any instance, where community sector workers are aware of an incident or situation that is potentially a risk to a client's home fire safety, they are advised to:

- implement their agency specific protocols
- respond immediately, should the situation be immediate
- notify their supervisor
- undertake appropriate further action.

Community sector workers have a duty of care towards their clients - acknowledging that a client requires basic home fire safety measures means you will need to take appropriate further action. Taking appropriate further action will be governed by your agency's policies and procedures.

The role of community sector workers will also determine how basic home fire safety knowledge is applied in the workplace - some examples follow.

A home and community care worker with a CHC30308 Certificate III in Home and Community Care will require knowledge of basic home fire safety and will need to be able to demonstrate basic home fire safety procedures.

A social housing worker with a CHC30508 Certificate III in Social Housing will require knowledge of the organisation's procedures relating to safety issues and prevention in social housing work, including basic home fire safety.

A child care worker with a CHC30708 Certificate III in Children's Services will require knowledge of safety issues and risk management strategies for children's health and safety in a variety of contexts, including basic home fire safety.

A disability services worker with a CHC40308 Certificate IV in Disability will require knowledge of basic home fire safety and will need to be able to demonstrate the ability to monitor basic home fire safety procedures.

SECTOR EXAMPLES

Social housing workers with a CHC30508 Certificate III in Social Housing

As a social housing worker, taking appropriate further action may mean that as a result of inspecting a home and discovering that it requires a specific basic home fire safety measure such as correct placement of a smoke alarm, you report this action to the appropriate person and follow up that the action has been undertaken within a specific timeframe.

Social housing workers - public housing sector - with a CHC30508 Certificate III in Social Housing

As a social housing worker in the public housing sector, you will also need to ensure that you follow government policy - in this instance, policy may require you to report action required within a specified timeframe.

Learning Objectives

At the completion of Section 1 Fire, participants should be able to demonstrate knowledge about:

- fire speed and spread
- role of fire services.

At the completion of Section 2 Home fire safety: High risk groups, participants should be able to demonstrate knowledge about:

- high risk groups in terms of basic home fire safety
- information that will assist clients to prevent a fire in their home
- information that will help clients to reduce or limit the severity of a fire in their home.

At the completion of Section 3 Behaviour in the home that may contribute to fire injury and/or fatality, participants should be able to demonstrate knowledge about:

- behavioural risk factors that may contribute to fire injury and/or fatality in a fire in the home
- behaviour that will reduce the risk of fire in the home.

At the completion of Section 4 Smoke alarms, participants should be able to demonstrate knowledge about:

- role of a working smoke alarm
- different types of smoke alarms
- cleaning and testing required for smoke alarms
- placement of smoke alarms on basic house plans
- when to refer clients for smoke alarm installation or maintenance.

Section

1

Fire

This section covers some fundamental aspects about fire speed and spread, and the role of fire services. Information about fire speed and spread will assist community sector workers to understand why knowledge of high risk groups is important in preventing the impact of fire.

Fire speed and spread

Fire spreads very quickly. Fire services estimate there is little time, often only minutes, from the start of a house fire to full involvement of the fire in the room of origin.

The impact of a fire can be minimised by preventing the spread of the fire.

Heat transfer

The transfer of heat causes a fire to spread from one point to another.

Heat is transferred by:

- radiation
- convection
- conduction.

Radiation

Radiation is the transfer of heat energy by rays. Radiant heat does not need a medium to travel through. The most familiar example of this is the heat you receive from the sun. When heat radiation hits an object, heat is absorbed and the temperature of the object rises. The intensity of radiant heat received by an object decreases as the distance from its source increases.

Radiant heat from a fire will directly act upon nearby exposed fuel, raising its temperature. The hotter a fire, the greater the amount of radiant heat produced.

An example of heat transfer by radiation in the home is:

- an electric bar heater can radiate sufficient heat to cause a piece of clothing to ignite if placed too close to the source of radiant heat (i.e. the electric bar heater).

Convection

Convection is the transfer of heat through a liquid or gas due to the circulation of the fluid. Convection cannot take place in solid materials. For example, when heat is applied to the bottom of a container with fluid in it, the liquid or gas in contact with the bottom of the container will heat and rise. Cooler fluid will fall to the bottom of the container. A circulation system is set up whereby the heated portions of the liquid or gas continually carry heat to all parts of the container.

Convection causes hot smoke and air to rise above a fire, for example up a chimney. Hot water heaters have their heating element at the base of the tank with convective circulation moving heat through the container.

Conduction

Conduction refers to the transfer of heat through a solid material from a region of higher temperature to a region of lower temperature. Different substances conduct heat at different rates. For example, metals are more effective conductors of heat than wood.

An example of conduction in the home is:

- a steel door or a roller shutter, which is subjected to heat on one side, will conduct heat rapidly to the other side.

Combustible fuels

Typical fire fuels include:

- common solid combustibles such as wood, leaves, grass, scrub, rubber and paper
- flammable liquids such as diesel fuel, petrol, kerosene and alcohol - it is not the liquid itself that burns but the flammable vapours given off by that liquid
- flammable gases such as liquefied petroleum gas (LPG), natural gas, acetylene and hydrogen.

Understanding fire fuels and their characteristics makes it easier to recognise and appreciate many fire hazards.

Sources of heat

Fires are started and sustained by the presence of sufficient heat. A key to fire prevention is to eliminate heat sources or to keep them away from combustible fuels.

Open flames and sparks

Any kind of open flame (from candles, fireplaces, kerosene lamps, heaters, barbecues, cutting torches, welding equipment and defective exhaust systems) can be sufficient to ignite common combustibles.

Highly flammable materials such as flammable gases and vapours can be ignited by sources of sparks such as electric motors, relays, switches, telephones, radios and power tools.

Smoking materials

Smoking materials include cigarettes, cigars and matches. They are a common cause of ignition, especially when they have been disposed of carelessly.

Electrical equipment

Electricity generates a certain amount of heat when it flows. Sometimes this is used deliberately to produce heating equipment. But even in other types of electrical equipment there is some heat generated.

The abuse of electrical equipment, if overloaded and/or poorly maintained, can overheat enough to cause ignition. Placing heaters too close to combustible materials or overloading power boards and double adaptors are just some of the ways a fire can start.

Hot surfaces

Many processes produce hot surfaces. A hot surface can set fire to solid combustibles in contact with it.

In the home, common hot surfaces include:

- oven
- hot water service
- electric blankets
- heaters including fixed electrical or gas heater, heating vents, portable heaters
- appliances that may be constantly running such as computers, televisions, DVD players, VCR players.

Other heat sources

Other heat sources that may ignite a fire include:

- heating from friction in machinery
- static electricity sparks which may be generated when some non-conducting surfaces are separated from each other
- heat from some chemicals reacting with each other
- external sources such as lightning.

Note: arsonists might also use any of the above sources of heat to deliberately start a fire.

Role of fire services

The role of fire services is to reduce the loss of life and property due to fires and other emergency incidents. This is underpinned by four key principles:

- prevention
- preparation
- response
- recovery.

Fire services aim to:

- actively promote fire safety prevention information to the community to reduce the potential of a fire occurring
- improve community safety by engaging in community activities to ensure individuals are prepared and can respond appropriately to a fire
- confine the fire to the room of origin and reduce the spread of fire to the entire structure
- participate in the recovery process after a fire.

If people practise basic home fire safety and know what to do if there is a fire they will reduce the possibility of a fire occurring in the home.

Summary

- Fire spreads very quickly.
- The impact of a fire can be minimised by preventing the spread of the fire.
- To prevent fires, eliminate heat sources or keep them away from combustible fuels.
- Sources of heat include open flames and sparks, smoking materials, electrical equipment, hot surfaces and other heat sources.
- The role of fire services is to reduce the loss of life and property due to fires and other emergency incidents.
- If people practise basic home fire safety and know what to do if there is a fire they will reduce the possibility of a fire occurring in the home.

Self-check questions

1. How long do fire services estimate that it takes from the start of a house fire to full involvement of the fire in the room of origin?
2. Fire services aim to ...?
3. How is fire spread from one point to another?

Activities

Outline four sources of heat in three client's homes (clients with different support needs) and how these could be eliminated.

Identify four sources of heat in your own home, potential risks and how these could be eliminated.

Home fire safety: High risk groups

Why is knowledge of high risk groups important?

As a community sector worker, if you know the groups of people considered to be a high risk in terms of basic home fire safety, then you will be able to provide your clients with information appropriate to their situation that will assist them to:

- prevent a fire in their home
- reduce or limit the severity, should a fire occur in their home
- reduce their risk of injury and/or fatality if a fire does occur in their home.

This information will reduce the fire risk to your clients and the fire risk to you if you deliver services to clients in their home environment.

High risk groups: Australian research

Australasian Fire and Emergency Service Authorities Council (AFAC) research, *Accidental Fire Fatalities in Residential Structures: Who's at Risk?* (October 2005), indicates that the following people have a greater risk of dying as a result of being involved in a residential fire:

- people aged 65 years and over
- children aged between 0-4 years
- adults affected by alcohol consumption.

International research also supports these findings.

A literature review for further AFAC research, *Accidental Fire Injuries in Residential Structures: Who's at Risk?* (July 2009) indicates that:

- 'The majority of fire injuries are burns and/or smoke inhalation. Other injuries include wounds and punctures, fractures, heart attacks, strains and sprains.' (page 4)
- 'the following groups are most 'at risk' of being injured in a residential fire:
 - males
 - young children aged 0-4 years
 - adults aged 20-44 years

- older adults (65+ years)
- low socio-economic status
- poor educational background
- ethnic minorities
- individuals who smoke
- individuals who drink excessively.’ (page 4)

Further analysis of these ‘at risk’ groups fire injuries is provided in the AFAC research report:

- ‘The relationship between age and fire injuries is not as clear as the established relationship between age and fire fatalities. While children and older people are more likely to die in fatal fires, middle aged adults are more likely to be injured in residential fires.
- Males are at higher risk of being injured in a fire than females. It has been suggested that the increased rate for males may be due to men taking more risks than women, such as trying to extinguish the fire.
- People of low socio-economic status & education level are at greater risk of fire injuries. Factors that may contribute to this risk are over-crowded living conditions, lack of proper safety measures, insufficient parental supervision and lack of functioning smoke alarms.
- Indigenous people have a much higher injury rate than their non-indigenous counterparts. It has been suggested that the increased risk is related to unmeasured socio-economic measures such as poverty, unemployment, homelessness, substandard or overcrowded homes and communities without adequate emergency or medical services. Another possible factor may be culturally specific cooking techniques.
- Smoking is a strong risk factor in predicting fatal and non-fatal injuries.
- Alcohol use has been linked to smoking and cooking fires and these fires tend to result in more serious injury and death.’ (page 4)

Analysis of residential fire fatalities in Australia

The *Who’s at Risk* AFAC research (October 2005) was conducted with Australian fire services during the period 1 July 1996 and 30 June 2004.

Analysis of this research is provided below in relation to:

- cause of fire
- cause of death
- time of fatal fires
- smoke alarms
- age of victims.

This analysis also indicates that for some people the risk is heightened when they belong to more than one high risk group.

The information provided below is based on national statistics; jurisdictional statistics may deviate from this data.

For example, in Victoria the ‘majority of homes (53%) were recorded as having a smoke alarm present at the time of the fatal fire’ and ‘of the homes that did have an alarm present, 82% of them were recorded as functioning at the time of the fire’ (AFAC, *Who’s at Risk*, October 2005, page 22).

And in Western Australia, the ‘majority of fire deaths occurred during the cooler months of August-September (29.6%) and the warmer months of November-February (41%)’ (AFAC, *Who’s at Risk*, October 2005, page 25).

Jurisdictional specific statistics will be available in governmental reports such as Council of Australian Government (COAG) publications.

Cause of fire

The three major causes of fire in preventable residential fire fatalities in Australia are outlined in the table below.

Heater/open fire/lamp	Smoking materials/ Equipment	Electrical fault
27%	25%	23%

Cause of death

The major causes of death in preventable residential fires in Australia are outlined in the table below.

In a fire in the home, smoke inhalation is more responsible for death than burns.

Smoke inhalation/poisoning	Burns/incineration
44%	23%

Time of fatal fires

The majority of deaths in preventable residential fires in Australia occurred in the cooler winter months, when people increase the use of heating equipment in their homes.

Most fatal fires occurred when people were sleeping, between 8.00 pm to 8.00 am; the peak time for fatal fires is between midnight and 4.00 am.

Smoke alarms

The presence or absence of a smoke alarm was not always recorded in residential fire fatalities.

The table below outlines the number of residences in Australia where properties had a smoke alarm present (where the presence or absence of smoke alarms was recorded) and the number of those residences where the smoke alarm was not working.

Presence or absence of smoke alarm recorded - % with smoke alarm	Presence or absence of smoke alarm recorded, where homes had a smoke alarm - % of smoke alarms not working
45%	31% (i.e. of 45%)

Age of victims

Where age was reported in preventable residential fire fatalities in Australia, the two major age categories are outlined in the table below.

Research also indicates that as people age, their risk increases in relation to fire.

people aged 65 years and over	children aged between 0-4 years
23%	8%

Analysis of residential fire injuries in Australia

The *Who's at Risk* AFAC research (July 2009) was conducted with Australian fire services during the period 1 July 1999 and 30 June 2006.

Analysis of the *Who's at Risk* AFAC research is provided below in relation to:

- time of fire injuries
- fire origin
- type of heat ignition
- ignition factor
- smoke alarm
- characteristics of fires.

Time of fire injuries

While the rate of fire injuries in Australia was generally evenly spread across the calendar year, there was a slight rise in this rate in the 'cooler months from June to August' (29.5%).

The time of the day when the 'number of fire injuries peaked was between 5.00 pm and 9.00 pm' (25.2%) when people cook their evening meal.

Fire origin

The origin of fires in preventable residential fire injuries in Australia is outlined in the table below.

Kitchen	Bedroom	Lounge room	Lawn/field/open area	Laundry	Garage/carport	Dining area	Courtyard/terrace/patio	Balcony/veranda/open porch
40.6%	21.9%	11.5%	2.9%	2.8%	2.5%	2.3%	1.6%	0.9%

Type of heat ignition

The types of heat ignition in preventable residential fire injuries in Australia are outlined in the table below.

Properly operating electrical equipment	Gas-fuelled equipment	Cigarettes	Candles	Electrical equipment arcing/overloading	Lighters	Matches	Not determined
24.9%	9.3%	6.3%	5.5%	5.0%	3.9%	3.1%	13.9%

Ignition factor

The ignition factors in preventable residential fire injuries in Australia are outlined in the table below.

Equipment left unattended	Falling asleep	Abandoned or discarded material	Other electrical failure	Children under 5 years of age	Combustible too close to heat	Not determined
24.0%	8.6%	4.1%	4.0%	3.8%	3.7%	14.6%

Smoke alarm

The presence of a smoke alarm was determined in 33.3% of cases where fire caused injuries to people; in 74.2% of these cases the smoke alarm operated and alerted people to the presence of fire.

It was not always possible to determine a reason for the ineffectiveness of smoke alarms; the most frequently cited reasons were (from most reason cited to least reason cited):

- battery or smoke alarm disconnected
- smoke alarm defective
- battery dead or discharged
- hard wire power failure, shutoff or disconnection
- improper installation or placement of smoke alarm
- lack of cleaning (page 49).

Characteristics of fires

The research also highlights a range of characteristics of fire - some of these are provided below.

One-person injury fires

- Fires most commonly occurred in the months of June, July and August (28.8%), with a peak in the month of June (10.1%).
- The majority (55.7%) of the fires occurred between noon and 10.00 pm, with a peak in fires around the cooking times of 5.00 pm to 9.00 pm (27%).

Multiple-injury fires (no fatalities)

- Most commonly occurred in the months of June, July and August (29.4%), with a peak in the month of August (11.2%).
- 26.1% of multiple-injury fires occurred between the hours of 11.00 pm and 5.00 am, the time when most people are usually sleeping.
- 22.5% of the fires occurred around the cooking times of 5.00 pm and 9.00 pm.

Injury fires (with fatalities)

- June, July and August are the most common months (35.1%) when these fires occur, with a peak in the month of July (13.4%).
- 45.4% of these fires occurred between 11pm and 6.00 am, the time when most people are usually sleeping.
- 19.6% of the fires occurred around the cooking times of 5.00 pm to 9.00 pm. (page 50)

Research findings - residential fire fatalities other countries

Research undertaken in other countries indicates the following risk factors in terms of preventable residential fire fatalities:

- smoke alarms
Not having a smoke alarm can increase the likelihood of a residential fire fatality by 60%; low income households are most at risk from fire and are less likely than higher income households to have smoke alarms.
- smoking and/or alcohol consumption
Smoking is a leading cause of fire deaths in the home; smokers tend to consume more alcohol than non-smokers.
- social and financial disadvantage
People who experience social and financial disadvantage are more likely to behave in ways that will increase their risk of death in a fire; for example, the behaviour of people who experience social and financial disadvantage can reflect a lack of knowledge about health issues and indifference to health issues; people who experience social and financial disadvantage are at a higher risk of developing alcohol related habits - consuming too much alcohol is linked to unintentional injuries and fatalities caused by residential fires.
- people 65 years and over
- children aged under 5 years.

Summary

- Fatal fires are more likely to occur at night when people are asleep.
- In a fire, people are more likely to die as a result of smoke inhalation than burns.
- Not having a smoke alarm can increase the likelihood of a fire fatality in the home by 60%.
- Certain groups of people are more at risk of being involved in preventable residential fire fatalities than other groups of people.
- Groups of people at a high risk of being involved in a preventable residential fire fatality include:
 - people aged 65 years and over
 - children aged between 0-4 years
 - adults affected by alcohol consumption.
- Fire injuries are more likely to start in the kitchen and to occur when people are cooking their evening meal.
- Leaving equipment unattended is more likely to cause a fire injury.
- In fire injuries, one of the major reasons for the ineffectiveness of smoke alarms is that the battery or smoke alarm has been disconnected.

Self-check questions

1. When are fatal fires in the home more likely to occur?
2. When are fire injuries in the home more likely to occur?
3. Who are the high fire risk groups for fatal fires in the home?
4. Who are the high fire risk groups for fire injuries in the home?
5. What are some of the most common causes of fire in preventable residential fire fatalities?
6. What are some of the types of heat ignition in preventable residential fire injuries?

Activities

Identify clients who would fit with the specific high fire risk groups (for fire fatalities and fire injuries) and why.

Outline how you could assist these clients, within your agency's policies, to reduce their fire risk.

Give three reasons why people from the following groups can be a high fire risk:

- people aged 65 years and over
- children aged between 0-4 years
- adults affected by alcohol consumption.

Section

3

Behaviour in the home that may contribute to fire injury and/or fatality

For the purposes of this learning resource, a home is defined as a:

- house
- unit/flat/apartment
- bedsit
- tent
- additional building in the backyard of a house such as a 'granny' flat
- shed/garage
- caravan/mobile home - temporary or permanent
- room in a rooming/boarding house.

Impact of risk factors on behaviour

According to Australian and international research, the major risk factors for fire injuries or fatalities in the home are:

- age - people aged 65 years and over and children aged under 5 years
- smoking
- alcohol consumption
- social and financial disadvantage.

These risk factors alone are not necessarily responsible for residential fire injuries or fatalities but they contribute to a person's risk status, consequently, people with a combination of these risk factors are at an even greater risk.

Awareness of these risk factors will allow community sector workers to look out for signs that increase their client's risk status in relation to basic home fire safety and then either to refer issues on to the most appropriate person or to take action.

In addition to a home where a smoke alarm is not installed or a home where a smoke alarm is installed but is either not working or incorrectly placed, community sector workers who observe the following would report the issue to their supervisor to take action:

- episodes of cognition and memory loss, which may result in a lack of insight into fire risk
- faulty appliances
- significant increase in clutter and hoarding
- where a lack of supervision or care of children provides easy access to cigarette lighters, matches and other ignition sources
- evidence that children are involved in fire play
- burnt or damaged electrical power points
- faulty appliances such as oven or heating sources
- evidence of small fire incidents
- inappropriate use of medication, which may result in a lack of awareness of fire safety
- failure to properly extinguish cigarette butts resulting in small fire incidents such as burnt clothing, bedding or furniture
- evidence of fire risk behaviour due to a fascination with fire
- lack of insight into the consequences of fire risk behaviour.

Age

Older people

Older people are the highest fire fatality risk group in the community. People aged 65 years and over represent nearly a quarter of all preventable fire fatalities in the home. Additionally the fire risk of this group increases as they age, reaching a peak from 80 years of age and over.

Our population is ageing and with ageing comes higher levels of disability.

Given their high fire risk and the growing provision of community-based care options, it is vital that older people and those who provide both informal and formal care to them are aware of basic home fire safety.

Older people:

- may experience impaired hearing, diminished vision and poorer sense of smell, which affects their ability to identify a fire
- may be affected by memory loss or poor cognition
- may be affected by mobility issues, which reduce their capacity to escape safely and quickly if a fire occurs in their home
- may be more likely to economise and use older appliances, such as portable heaters and electric blankets
- are more likely to live in older homes, which may not include features such as an electrical safety switch or may be unable/unwilling/unaware of the need for home maintenance
- have difficulty installing and maintaining working smoke alarms
- may reject or not relate to their risk factor and the fire safety information targeted at them
- may experience difficulties with reading or writing English and therefore be unable to access fire safety information
- may be reluctant to ask for assistance - even though the need for assistance will increase with age as the likelihood of living alone increases with age.

Children

All children are at risk if they are involved in a fire and statistics indicate that children under 5 years of age are a particular high fire risk.

Children are a high fire risk group due to their inability to understand the danger of fire and their need for adult assistance to ensure their safety if a fire occurs in the home.

When teaching children about fire safety, special care needs to be taken about the amount of information provided and the age of the child because specialist advice warns this may result in an increased interest in fire play in this age group.

Children under 5 years of age may:

- be at higher risk in their home environment, which is determined by their parent's social and financial background
- be more likely to be involved in fire play due to natural curiosity
- have a developmental disadvantage as they are not able to react appropriately and escape a house fire - they require assistance from an older family member
- be left unsupervised near cooking and heating sources
- have parents who are unable to access mainstream fire safety information due to their cultural and linguistic background
- be at higher risk due to their access to cigarette lighters, matches, candles and other sources of ignition.

Impact of social and financial disadvantage

Social and financial disadvantage can significantly contribute to a person's fire risk. Limited access to social and financial resources can reduce individual capacity to access information and establish even a minimal level of home fire safety.

People who experience social and financial disadvantage may:

- consider fire safety to be a low priority
- be unable to access basic home fire safety information
- use old appliances, which are unsafe
- be unable to afford repairs and maintenance
- use unusual methods of heating, cooking and lighting - in the hope of saving costs
- participate in activities that increase their fire risk
- have poor or no social networks/supports/contacts
- have limited access to resources to ensure their safety such as secure housing.

Alcohol, smoking and other drugs (including medication)

The use of alcohol and other drugs may increase the potential of a fire starting through a lack of care and an increase in risk-taking behaviour. Recreational drugs and medication can affect a person's senses and capacity. Additionally, people affected by alcohol and other drugs may lack the awareness to identify if a fire has started and what to do in a fire.

Smokers need to take extra care, particularly when they are older. When smoking is combined with alcohol and other drugs (including medication) this risk is further increased.

People who smoke or are affected by alcohol and other drugs (including medication) may:

- fail to properly extinguish butts
- lack insight into their behaviour and actions
- have a diminished capacity to identify if a fire has started
- be unable to respond quickly in a fire
- be unable to evacuate safely in a fire.

Role of community sector workers

Understanding the principles of basic fire prevention will allow community sector workers who deliver services and support to people in their homes, to make a positive contribution to the fire safety of their clients and allow them to promote basic home fire safety to clients. This needs to occur in line with your agency's policies and procedures in relation to reporting and referral.

Some community sector agencies may choose to purchase training in the use of fire blankets and extinguishers for their workers, should a fire incident occur in a home in which they are working.

Australian fire services recommend:

- in the first instance that workers ensure their own safety and the safety of the person for whom they are caring
- caution when promoting the use of fire blankets and extinguishers to older people or people with a disability due to their varied level of capacity - the use of this equipment may reduce the opportunity for older people and people with a disability to evacuate safely from their home in a fire.

Identifying hazards and simple practical remedies to decrease these hazards can make a great difference for clients with regards to basic home fire safety.

Home fire escape/evacuation planning

Australian fire services recommend that all homes have a home fire escape/evacuation plan.

While it may not be the responsibility of community sector workers and agencies to ensure the client has a home fire escape/evacuation plan, in every situation an individual's fire safety can be increased by providing information about home escape. This will ensure that strategies are developed and put in place for home escape or for what to do while waiting for evacuation assistance.

Fire services can help with this information.

SECTOR EXAMPLE**Home and community care workers with a CHC30308 Certificate III in Home and Community Care**

As a home and community care worker, you may notice that a client uses 'furniture walking' as a mobility support. Holding on to furniture to help with walking is a slow process and will limit a person's ability to move quickly if there is a fire in their home.

Refer this behaviour to your supervisor to ensure that an appropriate occupational therapy assessment will be made.

Disability service workers with a CHC40308 Certificate IV in Disability

As a disability service worker, you provide care to Mrs Nguyen and her son Brandon, who has a disability and is in a wheelchair.

Refer this situation to your supervisor to discuss how your clients can effectively plan to evacuate from their home should the need arise.

People who have mobility issues will find home escape in a fire or other emergency more difficult. It is important that where appropriate, referrals are made for an occupational therapy assessment to ensure supports needed are provided, such as personal alarms (including those linked to smoke alarms), personal mobility aids, ramps, handrails and non slip vision strips.

Your role in providing information about evacuation to clients will be determined by your agency's policies and procedures.

You may like to provide your clients with the following information or advise your supervisor that clients would benefit from having this information.

If there is a fire in their home, clients should:

- get down low and stay out of the smoke
- get out and stay out
- if it is safe to do so, on the way out close the door to the room with the fire
- if clients live with other people and they are able to do so safely, alert them on the way out
- call Triple Zero (000) and ask for fire
- wait for the fire service at a safe place away from the fire such as a letterbox or the footpath.

If clients are unable to escape the fire and require evacuation assistance, they should:

- close the door to the room with the fire
- place towels, blankets or other items under the door to the room with the fire to reduce the spread of smoke
- close the door of the room they are in and place towels, blankets or other items under the door to the room to reduce the spread of smoke
- call Triple Zero (000) and ask for fire, and request urgent evacuation assistance
- open the window to the room, if possible
- stay low out of the smoke.

Advise clients with hearing or speech impairments that they can call the one zero six (106) text-based emergency call service using a text phone.

Advise clients that if there is a fire in their home and their clothes catch fire, they should use the 'stop, drop, cover and roll' method, which means they should:

- stop what they are doing
- drop immediately to the ground and cross their hands over their face
- roll over and over or backwards and forwards to put out the flames
- cool the burned area with cool water and get medical attention for serious burns.

Home fire escape/evacuation plan checklist

A home fire escape/evacuation plan is essential for safety.

The following checklist will increase the safety of people in their homes:

- early warning is essential - check that smoke alarms are working
- know two ways out of every room
- minimise obstacles in passages and hallways leading to exits
- never deadlock yourself in the house - you will not be able to find and use keys in black, hot and acrid smoke
- if clothing is on fire STOP, DROP, COVER and ROLL until the fire is extinguished
- close the door to the room where the fire is located to prevent the fire from spreading
- crawl low in smoke
- if you live with other people, if you can do so safely, alert them on the way out and get out
- when outside, stay out - never go back inside
- go to the pre-arranged meeting place, such as the letterbox or footpath
- call Triple Zero (000) from your nearest neighbour or mobile phone and ask for fire
- account for everyone in the house and wait until the fire service arrives
- regularly share and practise this plan with all members of the household and with any new members or visitors who are sleeping over.

Appliances and equipment

Electrical appliances and household equipment are part of daily life. To be safe, they need to be in good working order and only used according to the manufacturer's instructions.

It is essential that community sector workers whose role requires them to use appliances in a client's home follow agency guidelines in relation to the use of equipment and reporting faulty appliances.

Promote positive actions to clients

- purchase electrical appliances that have an automatic shut off - especially when replacing appliances
- turn off electrical appliances at the power point
- make sure electrical appliances are never used near water
- regularly inspect electric blankets for damage or excess wear and replace if necessary
- use electric blankets correctly - turn on 30 minutes before getting into bed and turn off when getting into bed
- only use certified electrical trades people to repair faulty/damaged electrical appliances and equipment
- clean the lint filter in the clothes dryer every time the dryer is used

- maintain hot water service temperature on low
- use low wattage light globes in lamps
- correctly use heat bags by following the instructions
- place extension cords against the wall (not under rugs)
- use one plug for each appliance and do not use double adapters - never overload power boards
- purchase and use good quality power boards

SECTOR EXAMPLES

Direct care community services agencies will have their own procedures and systems in relation to safe use of appliances.

Home and community care workers with a CHC30308 Certificate III in Home and Community Care

As a home and community care worker you may be expected to notify clients immediately if you identify a faulty electrical appliance in the client's home and in some cases, contact your supervisor.

In a situation where a client is affected by dementia and lives alone, this expectation may also include notifying your supervisor immediately so that the faulty electrical appliance can be removed and replaced.

Social housing workers with a CHC30508 Certificate III in Social Housing

As a social housing worker, a client may advise you of a suspected electrical problem such as a faulty wall heater in their home, which requires prompt attention and follow up. Ensure you are aware of your agency's procedures including the timeframe for taking action.

Candles and oil burners

Many people use candles, oil burners and incense for a range of purposes such as cultural and religious practices, social and financial disadvantage, and personal choice; in these instances they should be encouraged and/or advised about how to continue to do so safely.

Promote positive actions to clients

- always supervise burning candles, oil burners or incense
- use candles, oil burners and incense on a stable non combustible surface (such as a plate or special holder) and only use non combustible holders
- keep candles, oil burners and incense away from curtains and windows
- use candles, oil burners or incense away from children and pets

SECTOR EXAMPLES

Social housing worker with a CHC40908 Certificate IV in Social Housing

As a social housing worker, during a regular inspection you may notice that a client uses candles or incense and regularly has burnt table surfaces or flooring. Advise and promote safe use of these items.

Home and community care workers with a CHC30308 Certificate III in Home and Community Care

As a home and community care worker you may observe that a client uses candles to save on electrical power. Discuss this with your supervisor so that this can be followed up and addressed.

Cooking

Unattended cooking is a common cause of house fires.

Promote positive actions to clients

- properly supervise cooking
- keep cooking areas free from grease, oil, dust and dirt
- make sure matches and saucepan handles are out of the reach of children
- keep curtains, blinds, tea towels and paper towels away from stove/cook tops and appliances such as toasters
- use proper protection such as oven mitts
- when cooking, wear clothes with tight fitting sleeves (rather than loose fitting)

SECTOR EXAMPLES

Social housing workers with a CHC40908 Certificate IV in Social Housing

In the colder months, some people might use a cooking appliance as a heater, which is very dangerous because cooking appliances are not designed to be used as heaters.

As a social housing worker, if you become aware that a client is using a cooking appliance as a heater you should point out the risk, clarify the issue with the client to determine if the heater needs maintenance/repair and advise your supervisor so that safer arrangements for adequate heating can be identified and organised.

Home and community care workers with a CHC40208 Certificate IV in Home and Community Care

Burnt saucepans may indicate a client's behaviour is a high fire risk due to carelessness or memory and cognition problems.

Depending on the cause, as a home and community care worker you may need to explore other arrangements such as having meals delivered. Depending on your level of responsibility, discuss this situation with your supervisor and/or the client.

Electrical repairs

Repairing electrical appliances is a specialist task, requiring training and certification. People who attempt to repair electrical appliances without the correct certification are placing themselves and other people at risk of injury or death.

As most electrical accidents happen indoors, EnergyAustralia (www.energy.com.au) provides a list of safety precautions to avoid injury or death and information about electrical emergencies in the home.

Promote positive actions to clients

- identify and isolate electrical appliances that need repairing
- use certified repairers to check and repair damaged or faulty electrical equipment

SECTOR EXAMPLES

Aged care workers with a CHC30208 Certificate III in Aged Care

As an aged care worker you may notice a resident in supported accommodation using a piece of electrical equipment that has not been tagged; where this occurs you would need to notify your supervisor and organise for the item to be checked by a contractor.

Home and community care workers with a CHC30308 Certificate III in Home and Community Care

As a home and community care worker you may observe that a client has repaired or attempted to repair an electrical appliance. Do not use this item and report it to your supervisor.

Heating

Heating can include fixed electrical and gas powered appliances, an open fire or portable heaters including electrical, gas and kerosene heaters. During winter when the use of heating is increased, fire incidents are more frequent - often due to people not using heaters safely.

Promote positive actions to clients

- turn off heaters when leaving the house or going to bed
- use portable heaters that have an automatic cut out, thermostat control and anti-roll features
- monitor/supervise children near all types of heating
- regularly maintain chimneys, fireplaces and heating appliances as recommended by the manufacturer
- use a metal screen in front of an open fireplace
- safely store heating fuel such as wood away from heat sources
- dry clothes a safe distance away from heaters so that if the clothes rack is knocked over it cannot come into contact with the heater
- keep portable electric heaters away from wet areas to avoid the possibility of electric shock
- ensure combustibles are kept away from all heat sources in the home such as hot water services, and fixed and portable heating appliances

SECTOR EXAMPLES

Aged care workers with a CHC30208 Certificate III in Aged Care

As an aged care worker you may use a clothes dryer to dry clothing or other items for your clients. Always ensure that you allow the dryer to run through the 'cool down' cycle and check the lint filter after each use.

Home and community care workers with a CHC40208 Certificate IV in Home and Community Care

As a home and community care worker you may notice clients who place recently washed items on top of their heater. Advise clients that items need to be placed a safe distance away from heating sources on a sturdy clothes rack.

Hoarding

Hoarding is defined as a large accumulation of possessions that appear to have no apparent use or value, which results in rooms no longer being able to be used for the purpose they were intended.

Hoarding is a chronic and progressive condition that research has shown becomes a more critical fire risk as people age.

Hoarding has been linked to a significant number of fire incidents and fatalities where the occupant is aged 50 years and over. The high fuel load contained in these homes increases the chance of ignition, reduces the occupant's ability to escape and restricts access for firefighters.

Due to behavioural avoidance (which is often linked to hoarding) it may take considerable effort to affect long term change in hoarding households.

As hoarding is a complex issue and requires long term strategies to adequately address, community sector workers should prioritise actions that will protect people who live in a hoarding household.

Promote positive actions to clients

- install more than one smoke alarm in the home
- regularly test smoke alarms
- unblock exits to the home
- widen internal pathways in the home
- ensure utilities such as gas and electricity are connected
- remove combustibles away from heat and ignition sources
- prioritise establishing safe areas around the stove, kitchen and heating

SECTOR EXAMPLES

Mental health workers with a CHC50308 Diploma of Community Services (Mental health)

As a mental health worker you may be supporting a client who is affected by chronic hoarding. Your first priority should be to promote and/or assist the client to install and maintain a working smoke alarm to ensure they have adequate time to escape if a fire occurs. This should include regular smoke alarm testing so they know the smoke alarm sound. You should also advise clients to push items back to ensure internal pathways are widened, to unblock exits and to check that utilities are functioning.

Social housing workers with a CHC40908 Certificate IV in Social Housing

As a social housing worker you may identify a client who is hoarding items in their home to a dangerous level. In the first instance, check that smoke alarms and utilities are working and ensure exits are clear. Discuss this issue with your supervisor because it may be necessary to seek advice and/or refer the client for further assistance so that this behaviour can be addressed.

Security

Many people are concerned about their personal security. Older people in particular believe they are more likely to be injured as a result of being invaded in their home by a burglar than a fire.

A balance between security and fire safety should be encouraged.

For example, people who deadlock their doors when they are home are at risk of trapping themselves in their home, should they need to get out quickly when a fire occurs.

This common household security measure - the deadlocked door - can also make it difficult for fire services to get into a home.

Roller shutters and fixed security screens represent an increased risk if there is a fire or other emergency because they limit an individual's capacity to escape. Roller shutters should be in the up position when people are at home. Fixed security screens should be replaced with screens that can be opened from inside.

Promote positive actions to clients

- never deadlock doors when home and keep the keys in the deadlock when home
- install deadlocks that can be opened from the inside without keys
- use security doors with the Australian Standards symbol and a snib option to avoid double locking both the security door and the front door
- limit the number of keys needed to open deadlocks
- have good exterior lighting
- make sure the number of the home is clearly visible, should emergency service/s need to locate the home
- recommend replacement of fixed security screens with options that permit quick opening if a fire or other emergency occurs
- keep security screens up when home
- ensure that any window security grilles and screens readily open outwards from the inside

SECTOR EXAMPLES

Child care workers with a CHC30708 Certificate III in Children's Services

As a child care worker, it may be your agency's procedure to practise the home fire escape/evacuation plan.

Social housing workers with a CHC30508 Certificate III in Social Housing

As a social housing worker you may notice that fixed security screens on the windows of a property, which can be a safety issue if a fire occurs. Discuss with your supervisor or organise change over to screens which can be easily opened from inside the property.

Smoke alarms

Working smoke alarms save lives.

A working smoke alarm significantly increases a person's chance of escaping if a fire occurs in their home by providing early warning of the fire.

Under the Building Code of Australia (developed and managed by the Australian Building Codes Board), smoke alarms must be installed in all new homes.

State/territory legislation regarding smoke alarms is outlined below.

NSW

- mandatory legislation for all new homes and homes undergoing renovations
- mandatory legislation for all existing homes

Queensland

- mandatory legislation for all new homes and home undergoing renovations
- mandatory legislation for all existing homes

South Australia

- mandatory legislation for all new homes and home undergoing renovations
- mandatory legislation for all existing homes

Victoria

- mandatory legislation for all new homes and home undergoing renovations
- mandatory legislation for all existing homes

Australian Capital Territory

- mandatory legislation for all new homes and homes undergoing renovations

Northern Territory

- mandatory legislation for all new homes and homes undergoing renovations

Tasmania

- mandatory legislation for all new homes and homes undergoing renovations

Western Australia

- mandatory legislation for all new homes and homes undergoing renovations
- any home being offered for sale or for a new tenancy lease is required to have a mains powered smoke alarm installed
- all rental properties will be required to have mains powered smoke alarms installed by 1 October 2011

While it is not legislation in every state/territory for smoke alarms to be installed in all existing homes, it can be expected that this will become policy across all states/territories in time. For clarification regarding the legislation, it is recommended that you contact the fire service in your state/territory.

It is worth noting that Australian fire services recommend at least one smoke alarm be installed on every level of every home.

This learning resource supports the policy of installing smoke alarms in all homes, particularly in homes where people who are high fire risk live.

The speed of fire means that smoke alarms are a vital part of fire safety in every home. People who are older, have a disability, experience chronic health problems (including mental illness) or who are regularly affected by alcohol and other drugs (including medication), children and the people who care for them, are at higher risk if they do not receive this early warning.

An understanding of smoke alarms will allow you to identify clients who do not have a working smoke alarm and to take appropriate action, in line with your agency's policies and procedures.

Refer to Section 4 Smoke alarms for more information.

Promote positive actions to clients

- install a smoke alarm in the correct location
- regularly test that the smoke alarm is working
- know the smoke alarm warning sound ('beep beep beep')
- know what to do when the smoke alarm sounds
- know the chirping sound that indicates the battery is going flat and needs to be replaced or that the entire unit may need to be replaced

Where a working smoke alarm is not installed or where a client is not able to check whether or not the smoke alarm is working, inform your supervisor so appropriate referrals can be made, according to your agency's policies and procedures.

Community sector workers who identify a home that does not have a smoke alarm should inform their supervisor, in accordance with their agency's policies and procedures.

SECTOR EXAMPLES

Disability service workers with a CHC30408 Certificate III in Disability/CHC40308 Certificate IV in Disability

As a disability support worker, you are supporting Sandro (who is 50 years old, lives alone in public housing and has an acquired brain injury) who advises you that there is something wrong with his smoke alarm. This is a situation that requires urgent attention. Refer this issue to your supervisor and to the public housing authority, in accordance with your agency's policies and procedures.

Social housing workers with a CHC30508 Certificate III in Social Housing

As a social housing worker your role may include regular inspections of clients' homes. Follow your agency's procedures in relation to checking that smoke alarms are in place and are tested, which may include ensuring your clients understand and know how to test their smoke alarm themselves.

Smoking

Preventable fires in the home, including fire fatalities and injuries, are often a result of smoking. These fires can be due to lack of care/concentration when smoking and extinguishing cigarette butts.

Cigarette lighters and matches left in reach of children can also provide an opportunity for them to engage in fire play.

Consequently, in some community sector agencies it may be policy for community sector workers to document when a client is a smoker.

Promote positive actions to clients

- establish a safe smoking area
- put cigarette butts and cigar butts in water before putting them in the rubbish bin
- put out cigarette butts completely
- do not smoke in a home where oxygen therapy is used, as this is extremely dangerous
- use heavy, high sided ashtrays on a stable surface

SECTOR EXAMPLES

Home and community care workers with a CHC40208 Certificate IV in Home and Community Care

As a home and community care worker you may provide services to a client who uses oxygen therapy in the home where either the client smokes or someone else in the household smokes. This is extremely dangerous. Discuss this situation with your client and report it to your supervisor.

Mental health workers with a CHC50308 Diploma of Community Services (Mental health)

As a mental health worker, if you find evidence of burnt bedding, clothing or furniture in the home of your client, discuss this with your supervisor or discuss safer smoking practices with your client such as buying high sided heavy ash trays or establishing a smoking area in their home.

Storage of chemicals

Every home will have a range of chemicals used for cleaning and other purposes. It is essential that these be stored safely according to the instructions on the labels.

Promote positive actions to clients

- safely store chemical and cleaning products
- safely store petrol in a garage or shed in an approved container

SECTOR EXAMPLES

Child care workers with a CHC41208 Certificate IV in Children's Services (Outside school hours care)

As a child care worker providing care for children in your home, the home of others or in a centre, it is your responsibility to ensure that chemicals are stored out of reach of children. This may include using high out of reach cupboards or ensuring lower cupboards have childproof locks.

Home and community care workers with a CHC30308 Certificate III in Home and Community Care

As a home and community care worker you may observe that a client is storing highly combustible materials near a source of radiant heat such as a hot water service or dryer. Discuss with your client the option of finding a safer place for these items such as the shed or garage.

Summary

- Community sector workers can encourage clients to behave safely by passing on basic home fire safety information.
- Community sector workers should respond to home fire safety within their role and agency protocols.
- Older people, children, people experiencing social and financial disadvantage, people affected by alcohol and other drugs (including medication), and smokers are more at risk of being involved in a fire in the home.
- There are a range of things that people can do to reduce the risk of fire in the home, which can include simple prevention related to the use of appliances and equipment, candles and oil burners, cooking, electrical repairs, heating, hoarding, security, smoke alarms, smoking, storage of chemicals.
- A home fire escape/evacuation plan is an essential part of home fire safety.
- If there is a fire in the home: get out, stay out and call Triple Zero (000).

Self-check questions

1. What are some of the fire risk factors associated with older people?
2. What are some of the fire risk factors associated with children under 5 years of age?
3. What are some of the fire risk factors associated with people affected by alcohol and other drugs (including medication)?
4. What are some of the fire risk factors associated with people who experience social and financial disadvantage?
5. What fire safety prevention information could you give to clients who use candles, oil burners or incense?
6. What are the fire risks associated with household hoarding?
7. Deadlocked doors are a fire risk - what information would you give to clients to maintain their fire safety and security in the home?
8. The fire risk for smokers is particularly significant - how would you assist clients who smoke at home, to do so safely?

Activities

Develop a home fire escape/evacuation plan for your own home and discuss this with the other people with whom you live.

Identify who prepares the home fire escape/evacuation plan for clients in your agency and what your agency expects you to do in relation to this home fire escape/evacuation plan (if anything).

Identify how you would report an electrical fault or faulty appliance in a client's home.

Outline how your agency could assist high fire risk clients to achieve basic home fire safety.

Identify how you would assist someone affected by hoarding to reduce their fire risk.

Outline what you would do if you found evidence of burnt mattresses, clothing or furniture in a client's home, according to your agency's policies and procedures.

Research your agency's policy in relation to the safe use of electrical appliances in clients' homes.

Section

4

Smoke alarms

Role of a working smoke alarm

Only working smoke alarms reduce the risk of injuries or fatalities in house fires.

A 'working' smoke alarm:

- beeps when tested or activated
- is tested regularly
- is replaced every ten years.

Smoke alarm facts

If a working smoke alarm is not installed in a home and a fire occurs, the occupants are:

- 57% more likely to suffer property loss and damage
- 26% more likely to suffer serious injuries
- four times more likely to die.

Why are smoke alarms necessary?

Fatal fires in homes more commonly occur when we are asleep. When we sleep we lose our sense of smell.

A working smoke alarm:

- acts as an 'electronic nose'
- alerts people to smoke from a fire
- gives people more time to escape to safety - often within minutes, a small fire can grow to an entire room.

Legislation

Each state and territory has legislation stating the type of smoke alarm home owners and landlords are required to install, as a minimum, depending on when the home was built or purchased and when the legislation was passed.

The two options for installing a smoke alarm are:

- battery powered smoke alarm
- OR
- smoke alarms connected to 240 volt mains power (hard wired), which need to be installed by a registered electrical trades person and have battery back-up.

Regardless of the legislation, Australian fire services recommend at least one smoke alarm be installed on every level of every home.

Placement of smoke alarms

Fire risk in homes is the greatest at night, when people are asleep.

As a community sector worker, if you know the minimum placement of smoke alarms in a home, then you will be able to identify clients who:

- do not have adequate protection
- have smoke alarms installed in the wrong place.

Consequently, a smoke alarm should be installed in homes on the ceiling away from a wall:

- outside bedroom/s or sleeping area/s
- where the primary carer sleeps in a separate room, outside the room where the primary carer sleeps
- where a person sleeps with the door closed, inside the bedroom
- between kitchen/living areas and bedroom/s
- in a common hallway that connects bedrooms
- at separate ends of the house if sleeping areas exist in both areas.

Smoke alarms should also be located where air conditioners, heaters, fans and other temperature control devices will not impact on the effectiveness of the smoke alarm.

Two storey homes need extra protection and should have additional smoke alarms:

- on every level
- at the top of the stairwell
- at the bottom of the stairwell
- downstairs on the ceiling of the path used to exit the home.

Smoke alarms should not be installed in a bathroom or near cooking areas - steam and cooking smoke can cause the alarm to go off unnecessarily.

The diagrams below show the minimum placement of smoke alarms on standard house plans that community sector workers may encounter in their workplace.

Diagram 1 - Two Bedroom unit/apartment/flat/house

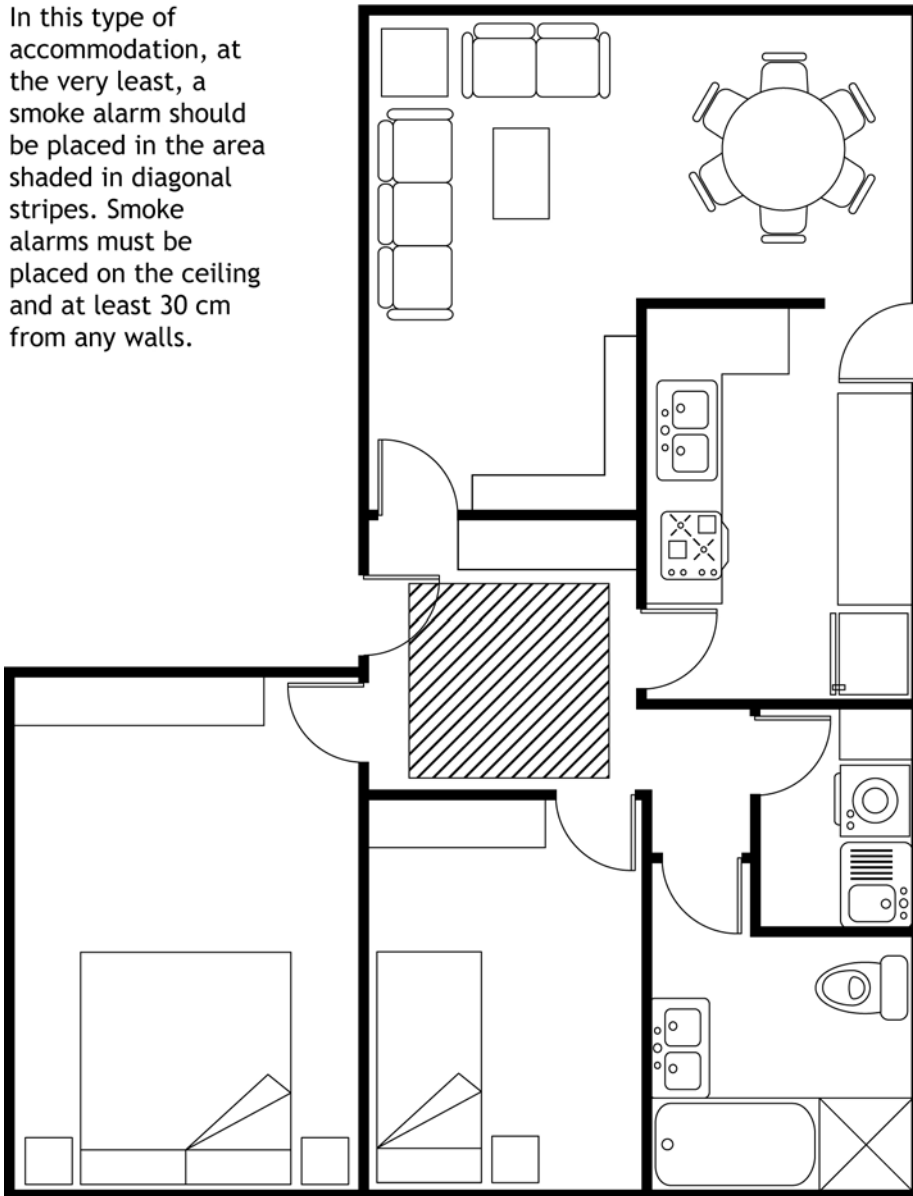
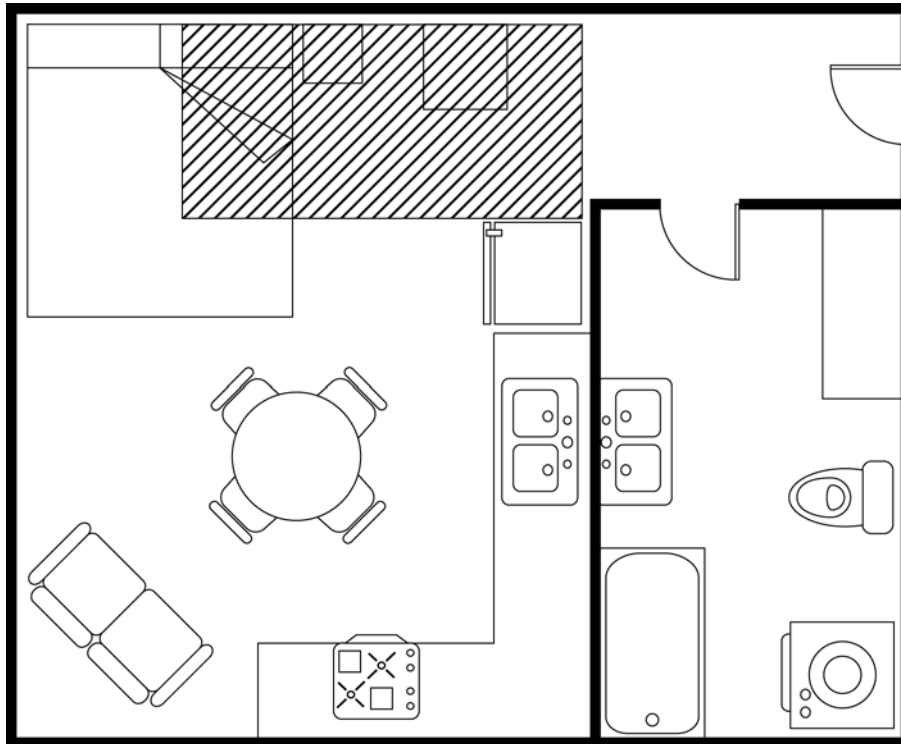


Diagram 2 - Bungalow/bedsit



In this type of accommodation, at the very least, a smoke alarm should be placed in the area shaded in diagonal stripes. Smoke alarms must be placed on the ceiling and at least 30 cm from any walls.

Diagram 3 - Three bedroom house

In this type of accommodation, at the very least, a smoke alarm should be placed in the area shaded in diagonal stripes. Smoke alarms must be placed on the ceiling and at least 30 cm from any walls.

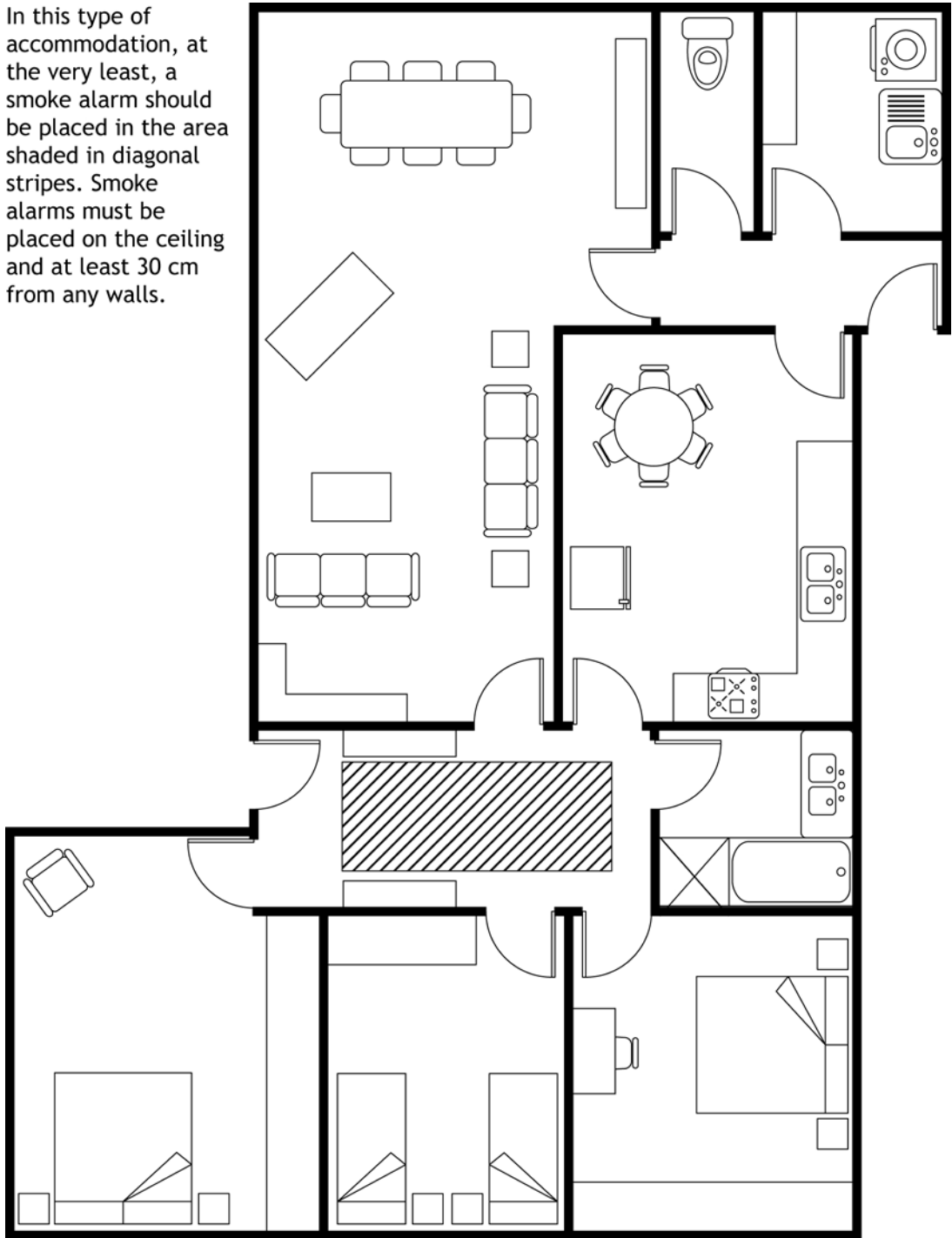
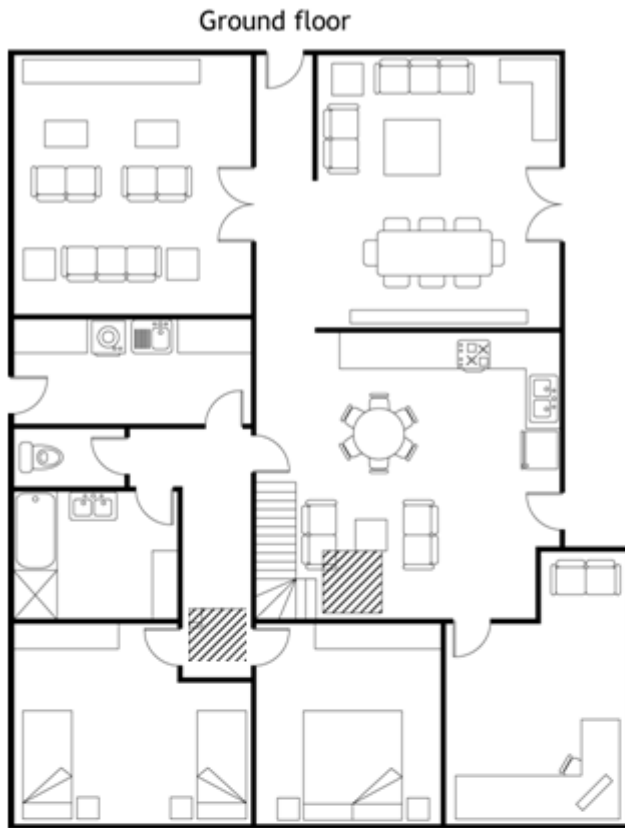


Diagram 4 - Two storey, four bedroom house



In this type of accommodation, at the very least, a smoke alarm should be placed in the area shaded in diagonal stripes. Smoke alarms must be placed on the ceiling and at least 30 cm from any walls.

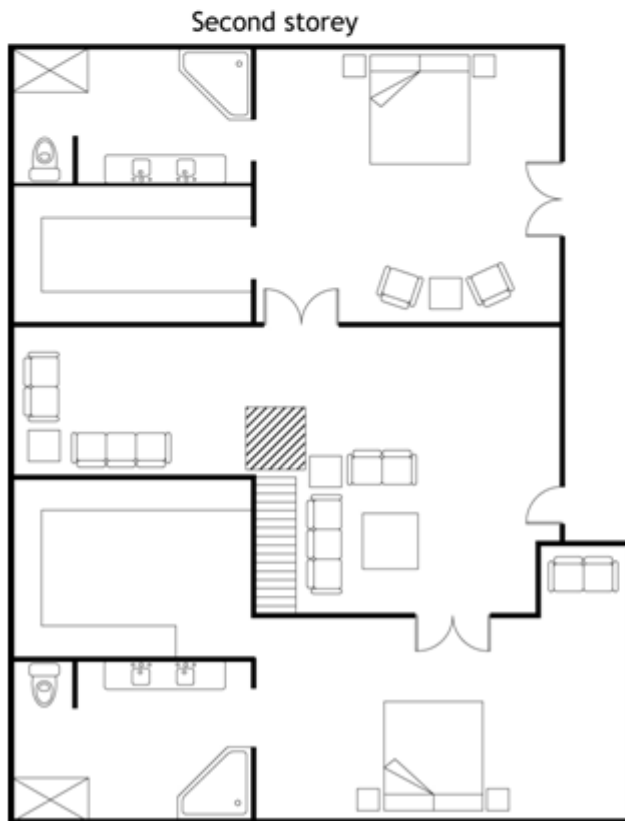
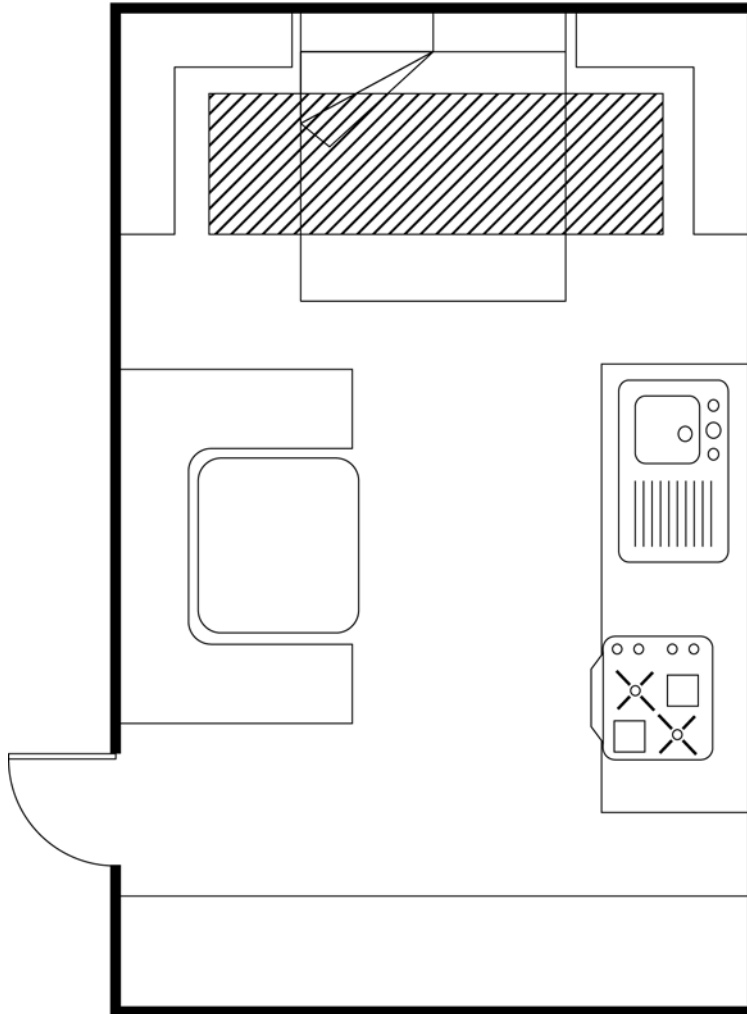


Diagram 5 - Caravan



In this type of accommodation, at the very least, a smoke alarm should be placed in the area shaded in diagonal stripes. Smoke alarms must be placed on the ceiling and at least 30 cm from any walls.

SECTOR EXAMPLE

Family day care workers with a CHC30708 Certificate III in Children's Services

In a family day care centre, two children sleep in a small room in the afternoon with the door closed due to the noise in the main room.

As a family day care worker you would advise the centre that extra smoke alarms would need to be installed to provide adequate protection.

Types of smoke alarms

There are two different types of smoke alarms:

- ionisation
- photo-electric.

In homes where an ionisation smoke alarm is installed, Australian fire services recommend they be supplemented or replaced with a photo-electric smoke alarm.

You can identify an ionisation smoke alarm by a radioactive warning symbol on the smoke alarm.

While it is not the role of community sector workers to check what type of smoke alarm is installed in a client's home, community sector workers can, in accordance with their agency's policies and procedures, advise clients to:

- purchase a photo-electric smoke alarm when replacing or supplementing their ionisation smoke alarm
- purchase a smoke alarm that carries the Australian Standard symbol, which indicates it complies with the Australian Standard.

Smoke alarm testing and cleaning

As a community sector worker, you are in a position to advise clients:

- to test their smoke alarm once a month by pressing the test button with a broom handle to make sure the battery and the alarm sounder are operating
- to dust or vacuum around the smoke alarm vents once a year in accordance with the manufacturer's instructions (smoke alarms cannot tell the difference between smoke and dust)
- and/or your supervisor/client's family carer, if you notice that a client's smoke alarm is not working
- to change their smoke alarm battery once a year at a designated time such as the end of daylight saving or the first of April.

To meet the regulatory requirements, smoke alarms installed in homes must meet Australian Standard 3786 or Australian Standard 12239.

Community services agencies will also have specific policies in relation to smoke alarm maintenance and battery change over.

Smoke alarm technology is constantly changing. New models can be purchased that include the capacity to test remotely using a torch or remote controller, eliminating the need to use a long handled implement for testing. Long life batteries are also being used to reduce the need for battery change over.

Smoke alarm faults

If a smoke alarm 'chirps' intermittently this means the battery needs to be replaced.

If a smoke alarm battery is replaced and the unit has a continuous 'beep beep beep' or chirps afterwards, this means the entire smoke alarm unit may need to be replaced.

If a smoke alarm continuously beeps for no apparent reason, it usually needs to be replaced.

Smoke alarm faults must be investigated in accordance with your agency's policies and procedures.

Lifespan of smoke alarms

All smoke alarms require replacement after ten years. This includes both stand alone battery operated smoke alarms and smoke alarms connected to mains power with battery back-up.

Smoke alarms that are hard wired and need to be replaced must be installed by a licensed electrician.

Refer the need to replace a smoke alarm to either the housing authority (for clients living in public housing) or the landlord (for clients living in private rental accommodation), in accordance with your agency's policies and procedures.

SECTOR EXAMPLES

Home and community care workers with a CHC30308 Certificate III in Home and Community Care

A client says that her son has just put a new battery in her stand alone battery operated smoke alarm but it is still making a 'beep, beep, beep' noise.

As a home and community care worker, you would advise your client that the whole smoke alarm unit needs to be replaced.

Social housing workers - public housing sector - with a CHC30508 Certificate III in Social Housing

A public housing client tells you that his smoke alarm is not working.

As a social housing worker in public housing, you would advise your client that public housing smoke alarms are hard wired and so the smoke alarm would need to be investigated by a licensed electrician - then follow your agency's procedures for reporting this issue.

Referring client/s for smoke alarm installation and maintenance

Community sector workers who observe the following should refer clients to their supervisor for smoke alarm installation and maintenance:

- client's home where a smoke alarm is not installed
- client's home where a smoke alarm is installed but the smoke alarm is either not working or is installed in the incorrect place.

Where clients live in public housing estates, community sector workers should check with their state/territory housing authority about the procedures to follow for smoke alarm maintenance and change over.

SECTOR EXAMPLE

Home and community care workers with a CHC40208 Certificate IV in Home and Community Care

Mrs Mantello is 83 years old, lives with her adult son Joseph, who is 50 years old and uses a wheelchair. Joseph is a very heavy sleeper who sleeps with his bedroom door closed. Mrs Mantello has expressed concerns that if there is a fire she would not be able to get Joseph out of the home.

As a home and community care worker, you may advise and/or assist Mrs Mantello to install additional smoke alarms inside Joseph's bedroom and outside her own bedroom door.

Additional support

There are some people living in the community with specific support needs and/or who require high levels of care. Assistive technology is being used to support basic home fire safety for these people.

People who have a hearing impairment

People who are hearing impaired should use smoke alarms that have been designed specifically to suit their needs such as a smoke alarm with:

- sender unit
- strobe light with receiver and a 240 volt power pack
- vibrating bed pads.

In some Australian states/territories, governments have identified the need to support people who are Deaf and hard of hearing by providing a subsidy to purchase smoke alarms. This is because smoke alarms for people who are Deaf and hard of hearing are specialised products which cost significantly more than other smoke alarms.

The Deaf society or fire service in your state/territory will be able to advise you if a subsidy exists in your state/territory.

Assistive technology for people who require a high level of support

New technology is constantly being developed to assist older people and people who have a disability, such as personal alarms linked to a range of sensors which detect smoke, gas leaks and falls. These innovations include the capacity for various sensors to activate an alarm at the monitoring service without the need for an individual to activate the personal alarm.

For high fire risk groups, particularly people who experience memory or mobility issues, these products may deliver a higher level of early warning.

An example of this assistive technology is a personal alarm linked to a smoke alarm where:

- individual wears a pendent/wrist band personal alarm
- personal alarm is activated by pressing the button on the pendant
- signal from the pendant is received by the home alarm unit, which is then transmitted to a monitoring service by telephone
- monitoring service receives the signal and calls the wearer of the pendant - the alarm unit is like a hands-free speaker phone
- monitoring service dispatches the appropriate help by calling a specified contact or emergency service; should the wearer not respond, the monitoring service responds immediately and then advises a specified contact when an emergency service has been dispatched
- monitoring service ensures wearer has received assistance
- if the smoke alarm is activated by smoke, it omits the 'beep beep beep' warning in the person's home
- if the smoke alarm is activated it also automatically sends a signal to the monitoring service independently of the personal alarm being activated
- monitoring service then follows their procedures.

Community sector workers should refer to their agency's policies and procedures as there may be financial and regulatory aspects to be considered with such technology.

Summary

- Only working smoke alarms save lives.
- Home owners and landlords have a legal responsibility to comply with their state/territory smoke alarm legislation.
- Fire risk in homes is the greatest at night when people are asleep; correct placement of smoke alarms in homes will decrease this risk.
- Smoke alarms should:
 - comply with the Australian Standard symbol
 - be tested once a month
 - be dusted or vacuumed (around the smoke alarm vents) in accordance with the manufacturer's instructions
 - have their battery changed once a year
 - be replaced after ten years.
- Community sector workers should refer clients at risk of a fire in their home to their supervisor.

Self-check questions

1. How does a smoke alarm increase fire safety?
2. How often should smoke alarms be tested?
3. Why would a smoke alarm occasionally 'beep beep, beep'?
4. What is the advice in relation to smoke alarms?
5. What is the advice in relation to smoke alarms in homes where someone is caring for a person who has a disability?
6. Who would you contact about a client living in public housing whose smoke alarm was not working?

Activities

Research your agency's policy for the identification of people without a smoke alarm (for example, referral, capacity to install).

Identify your agency's policy in relation to smoke alarm maintenance for clients.

Using the house plans provided below, appropriately place smoke alarms in the following homes.

Diagram 1 - Two bedroom unit/ apartment/flat/house

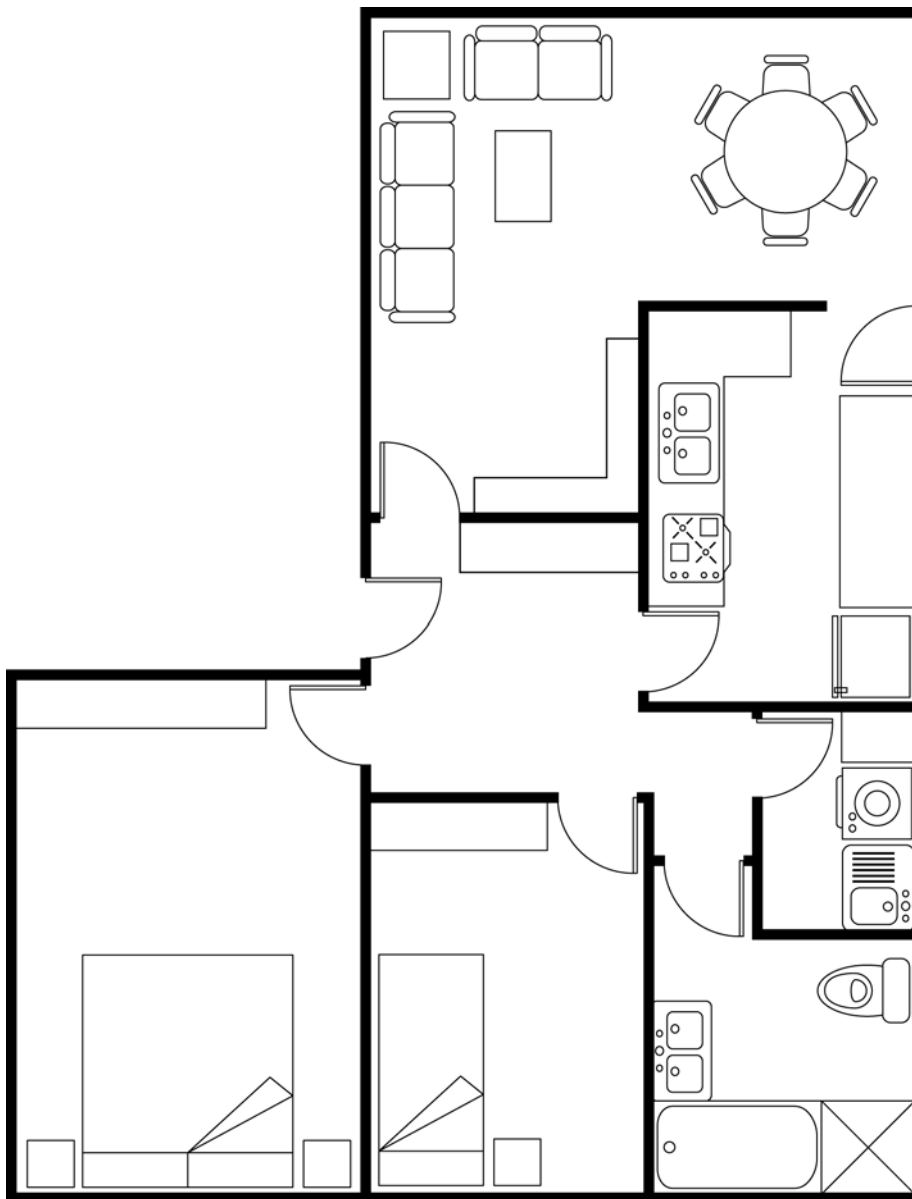


Diagram 2 - Bungalow/bedsit

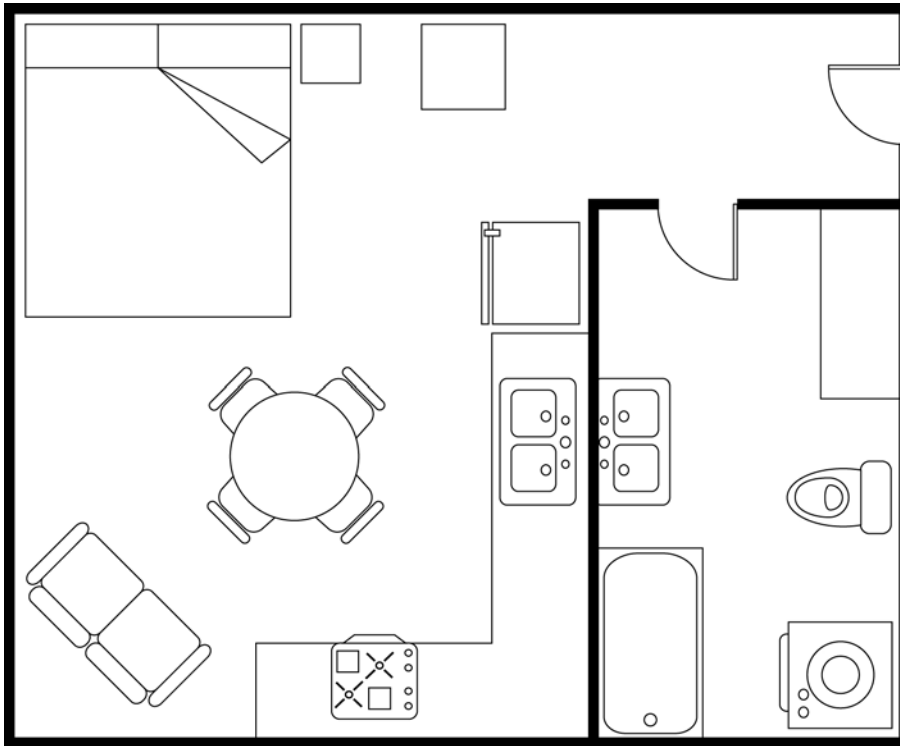


Diagram 3 - Three bedroom house

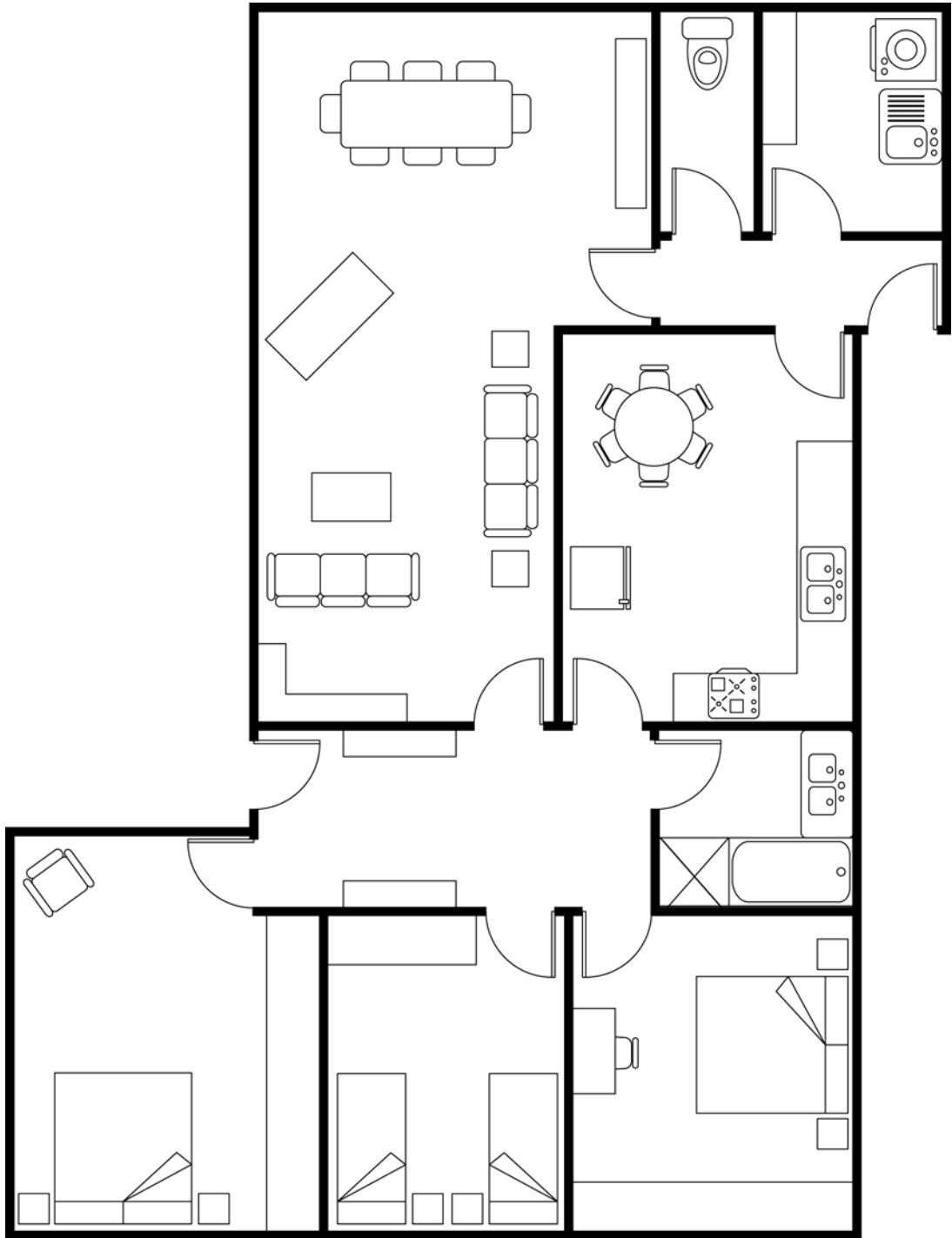
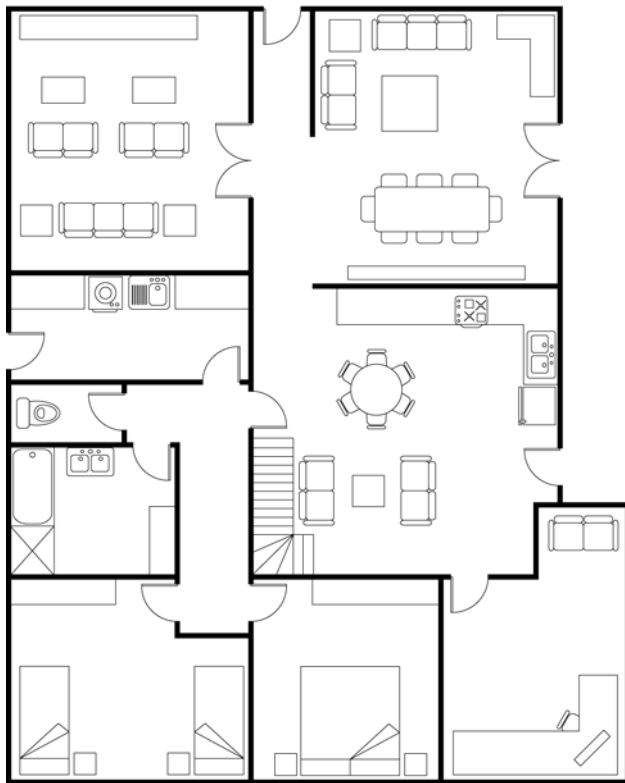


Diagram 4 - Two storey, four bedroom house

Ground floor



Second storey

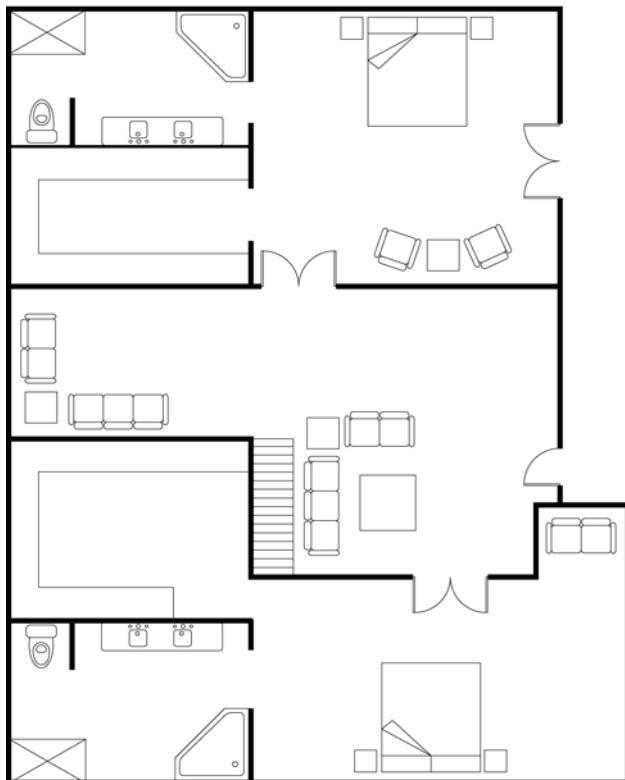
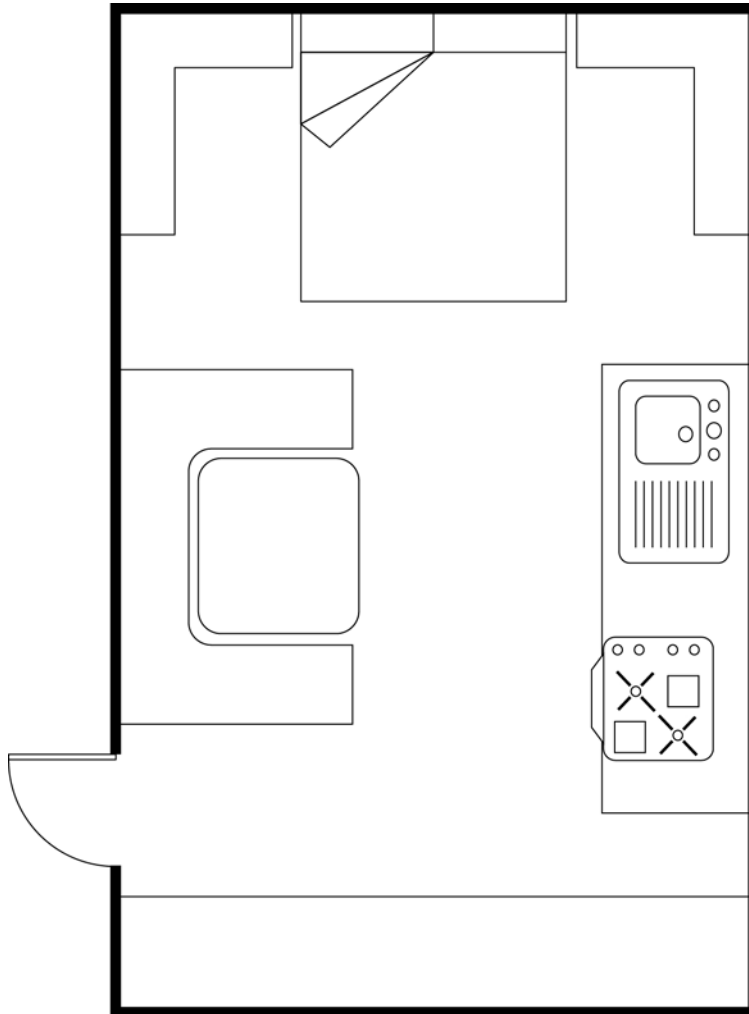


Diagram 5 - Caravan



Identify what type of smoke alarms you have in your own home (photo-electric, ionisation, battery, hard wired with battery back-up).

Investigate if a subsidy exists in your state/territory for people who are Deaf and hard of hearing to purchase an appropriate smoke alarm.

The public housing authority in your state/territory will have specific policy in relation to the maintenance of smoke alarms in their housing stock - identify the contact point for your clients who may wish to report a maintenance issue with a smoke alarm.

Section

5

Self-check answers

Self-check answers

Section 1 - Fire

1. **How long do fire services estimate that it takes from the start of a house fire to full involvement of the fire in the room of origin?**

Fire services estimate that there is little time (there may only be minutes) from the start of a house fire to full involvement of the fire in the room of origin.

2. **Fire services aim to ...?**

Fire services aim to:

- actively promote fire safety prevention information to the community to reduce the potential of a fire occurring
- improve community safety by engaging in community activities to ensure individuals are prepared and can respond appropriately to a fire
- confine the fire to the room of origin and reduce the spread of fire to the entire structure
- participate in the recovery process after a fire.

3. **How is fire spread from one point to another?**

The transfer of heat causes fire to spread from one point to another.

Section 2 - Home fire safety: High risk groups

1. **When are fatal fires in the home more likely to occur?**

Fatal fires in the home are more likely to occur at night when people are asleep.

2. **When are fire injuries in the home more likely to occur?**

While the rate of fire injuries in Australia was generally evenly spread across the calendar year, there was a slight rise in this rate in the 'cooler months from June to August' (29.5%).

The time of the day when the 'number of fire injuries peaked was between 5.00 pm and 9.00 pm' (25.2%) when people cook their evening meal.

3. **Who are the high fire risk groups for fatal fires in the home?**

The high fire risk groups for fatal fires in the home are:

- people aged 65 years and over
- children aged between 0-4 years
- adults affected by alcohol consumption.

4. Who are the high fire risk groups for fire injuries in the home?

The following groups are most 'at risk' of being injured in a residential fire:

- males
- young children aged 0-4 years
- adults aged 20-44 years
- older adults (65+ years)
- low socio-economic status
- poor educational background
- ethnic minorities
- individuals who smoke
- individuals who drink excessively.

5. What are some of the most common causes of fire in preventable residential fire fatalities?

Common causes of fire in preventable residential fire fatalities are:

- heater/open fire/lamp
- smoking materials/equipment
- electrical fault.

6. What are some of the types of heat ignition in preventable residential fire injuries?

The types of heat ignition in preventable residential fire injuries in Australia are:

- properly operating electrical equipment
- gas-fuelled equipment
- cigarettes
- candles
- electrical equipment arcing/overloading
- lighters
- matches.

Section 3 - Behaviour in the home that may contribute to fire injury and/or fatality

1. What are some of the fire risk factors associated with older people?

Older people:

- may experience impaired hearing, diminished vision and poorer sense of smell, which affects their ability to identify a fire
- may be affected by memory loss or poor cognition
- may be affected by mobility issues, which reduce their capacity to escape safely and quickly if a fire occurs in their home
- may be more likely to economise and use older appliances, such as portable heaters and electric blankets

- are more likely to live in older homes, which may not include features such as an electrical safety switch or may be unable/unwilling/unaware of the need for home maintenance
- have difficulty installing and maintaining working smoke alarms
- may reject or not relate to their risk factor and the fire safety information targeted at them
- may experience difficulties with reading or writing English and therefore be unable to access fire safety information
- may be reluctant to ask for assistance - even though the need for assistance will increase with age as the likelihood of living alone increases with age.

2. What are some of the fire risk factors associated with children under 5 years of age?

Children under 5 years of age may:

- be at higher risk in their home environment, which is determined by their parent's social and financial background
- be more likely to be involved in fire play due to natural curiosity
- have a developmental disadvantage as they are not able to react appropriately and escape a house fire - they require assistance from an older family member
- be left unsupervised near cooking and heating sources
- have parents who are unable to access mainstream fire safety information due to their cultural and linguistic background
- be at higher risk due to their access to cigarette lighters, matches, candles and other sources of ignition.

3. What are some of the fire risk factors associated with people affected by alcohol and other drugs (including medication)?

People who smoke or are affected by alcohol and other drugs (including medication) may:

- fail to properly extinguish butts
- lack insight into their behaviour and actions
- have a diminished capacity to identify if a fire has started
- be unable to respond quickly in a fire
- be unable to evacuate safely in a fire.

4. What are some of the fire risk factors associated with people who experience social and financial disadvantage?

People who experience social and financial disadvantage may:

- consider fire safety to be a low priority
- be unable to access basic home fire safety information
- use old appliances, which are unsafe
- be unable to afford repairs and maintenance
- use unusual methods of heating, cooking and lighting - in the hope of saving costs
- participate in activities that increase their fire risk
- have poor or no social networks/supports/contacts
- have limited access to resources to ensure their safety such as secure housing.

5. **What fire safety prevention information could you give to clients who use candles, oil burners or incense?**

Fire safety prevention information for clients who use candles, oil burners or incense:

- always supervise burning candles, oil burners or incense
- use candles, oil burners and incense on a stable non combustible surface (such as a plate or special holder) and only use non combustible holders
- keep candles, oil burners and incense away from curtains and windows
- use candles, oil burners or incense away from children and pets.

6. **What are the fire risks associated with household hoarding?**

In hoarding households, the high fuel load contained in these homes:

- increases the chance of ignition
- reduces the occupant’s ability to escape
- restricts access for firefighters.

7. **Deadlocked doors are a fire risk - what information would you give to clients to maintain their fire safety and security in the home?**

To maintain fire safety and security in the home, clients should be advised to:

- never deadlock doors when home and keep the keys in the deadlock when home
- install deadlocks that can be opened from the inside without keys
- use security doors with the Australian Standards symbol and a snib option to avoid double locking both the security door and the front door
- limit the number of keys needed to open deadlocks
- have good exterior lighting
- make sure the number of the home is clearly visible, should emergency service/s need to locate the home
- replace fixed security screens with options that permit quick opening if a fire or other emergency occurs
- keep security screens up when home
- ensure that any window security grilles and screens readily open outwards from the inside.

8. **The fire risk for smokers is particularly significant - how would you assist clients who smoke at home, to do so safely?**

Clients who smoke at home should be advised to:

- establish a safe smoking area
- put cigarette butts and cigar butts in water before putting them in the rubbish bin
- put out cigarette butts completely
- not smoke in a home where oxygen therapy is used, as this is extremely dangerous
- use heavy, high sided ashtrays on a stable surface.

Section 4 - Smoke alarms

1. How does a smoke alarm increase fire safety?

A smoke alarm increases fire safety because it provides an early warning of a fire.

2. How often should smoke alarms be tested?

Smoke alarms should be:

- tested once a month by pressing the test button with a broom handle to make sure the battery and the alarm sounder are operating.

3. Why would a smoke alarm occasionally 'beep beep, beep'?

Smoke alarms occasionally 'beep beep, beep' when the battery is going flat and needs to be replaced or the entire unit needs to be replaced.

4. What is the advice in relation to smoke alarms?

Smoke alarms should:

- comply with the Australian Standard symbol
- be tested once a month
- be dusted or vacuumed (around the smoke alarm vents) in accordance with the manufacturer's instructions
- have their battery changed once a year
- be replaced after ten years.

5. What is the advice in relation to smoke alarms in homes where someone is caring for a person who has a disability?

Where the primary carer sleeps in a separate room, a smoke alarm should also be installed outside the room where the primary carer sleeps.

If a person who has a disability sleeps with the door closed then a smoke alarm should also be installed inside the person's bedroom.

6. Who would you contact about a client living in public housing whose smoke alarm was not working?

For a client living in public housing whose smoke alarm was not working, you would contact your supervisor and the public housing authority, in accordance with your agency's policies and procedures about reporting faults and problems in a client's home.

Fire services

For specific information about basic home fire safety, contact the relevant area in your state/territory fire service such as:

- community education
- community safety
- home fire safety.

ACT Fire Brigade	www.firebrigade.act.gov.au
Country Fire Authority, Victoria	www.cfa.vic.gov.au
Fire & Emergency Services Authority of Western Australia	www.fesa.wa.gov.au
Metropolitan Fire and Emergency Services Board, Melbourne	www.mfb.vic.gov.au
New South Wales Fire Brigades	www.nswfb.nsw.gov.au
New South Wales Rural Fire Service	www.bushfire.nsw.gov.au
Northern Territory Fire and Rescue Service	www.pfes.nt.gov.au
Queensland Fire and Rescue Service	www.fire.qld.gov.au
South Australian Country Fire Service	www.cfs.sa.gov.au
South Australian Metropolitan Fire Service	www.mfs.sa.gov.au
Tasmania Fire Service	www.fire.tas.gov.au

Useful links

Australasian Fire Authorities and Emergency Service Council (www.afac.com.au) 'is the peak body for public sector fire, land management and emergency service organisations in Australia and New Zealand. The organisation fosters and promotes an integrated approach to emergency service operations and business management by identifying opportunities to share knowledge, collaborate and optimise the use of resources.' (AFAC website)

Australian Disaster Information Network (<http://www.ausdin.gov.au/>) provides emergency management knowledge and information

Independent Living Centres Australia (<http://www.ilcaustralia.org.au>) is a collective organisation providing advice and information about assistive technology

Triple Zero (000) Australia's Emergency Call Service (<http://www.triplezero.gov.au/accesspoint?action=tripleZero>) provides information about the Triple Zero (000) emergency services and about calling Triple Zero (000) in an emergency