

WEST MIDLANDS FIRE SERVICE

Making the West Midlands Safer, Stronger and Healthier

wmfs.net @WestMidsFire



Fire Safety Guidance for
Professionals and Carers
who work with people with
Care and Support Needs

Introduction.....	3
Identifying Risk and Vulnerability to Fire	5
Fire Risk Assessment and Care Planning.....	10
Assessment and Review	10
Community Alarm/Assistive Technology.....	11
Activity/Behaviour Risk Assessments	11
Mental Capacity	12
Information Sharing.....	12
Process for Making Referrals to WMFS for a Safe and Well Visit.....	13
WMFS Safe & Well Visit.....	14
Resources, Adaptations and Equipment	15
Workforce Training.....	16
 Appendices:	
Appendix 1 Fire Safety Risk Assessment	17
Appendix 2 WMFS Safe and Well Visit Referral Form	23
Appendix 3 What Does Risk and Vulnerability Look Like?	25
Appendix 4 Activity Risk Assessment Example - Smoking.....	27

As part of the West Midlands Fire Service strategic vision to make the West Midlands Safer – Stronger – Healthier, we have produced a series of initiatives, training packages and guidance documents, aimed at those working with and or supporting those members of the community with care and support needs.

There is documented evidence following Safeguarding Adult Reviews (SAR) highlighting that following fatal accidental fires in the home, adults with care and support needs may be of an increased risk of fire. However, these traits are not always recognised by their care provider and are not shared with Fire and Rescue Services who are best placed to offer advice guidance and support.

[Walsall Safeguarding Adults Partnership Board, Serious Case Review, Executive Summary concerning the death of M1](#)

[Coventry Safeguarding Adults Board - Safeguarding Adult Reviews, Executive summary concerning the death of Miss G](#)

Public sector organisations have a duty under the Care Act 2014 to work effectively and in partnership to ensure that individuals can continue living independently, safely in their own home for as long as possible.

Fire Service data analysis concludes that casualties of accidental dwelling fires who are in receipt of care and support, are more likely to be severely injured or die as a result of the fire.

Additionally, West Midlands Fire Service Serious Incident reviews (SIR), have identified a need for the risk and vulnerability to fire to be integral to the initial and ongoing individuals care plan, this should also include a responsibility to monitor and review any change of circumstance that affects that risk.

To help achieve this, it is essential that fire safety is included in any care plan and those involved with the care provision fully understand how best to reduce any risk.

In assessing and providing someone's needs to live independently, a variety of health care agencies and professionals may be involved, we have designed this document to aid: -

- ▶ Commissioners
- ▶ Adult Social care staff
- ▶ Social workers
- ▶ Occupational therapists
- ▶ Those providing domiciliary and home support
- ▶ Continuing health care professionals
- ▶ Community nursing teams



- ▶ Staff in organisations or agencies involved in the care of people in their own home
- ▶ Those providing unpaid care and support voluntarily to a family member or friend.

The aims and objectives of this document and associated learning provides information in the following areas: -

- ▶ Identifying risk and vulnerability to fire
- ▶ The importance to include the risk of fire at initial assessment and care plan design
- ▶ When and how to refer to WMFS including what support and services are available
- ▶ Ongoing training and workforce development.

We trust this document will help raise awareness to the correlation of those living independently in their own home with care and support needs and any potential fire risk that may pose.

The term 'own home' includes those people who live in Sheltered Housing with Care and Housing with Extra Care Schemes

The following are characteristics and vulnerability to fire that you may see or become aware of, combinations of these characteristics will escalate the risk to an individual.

Smoking within the property

A high percentage of injuries and fire deaths are from fires caused by smoking. Indicators of risk to fire associated with smoking include:-

- ▶ Burns on carpets, furniture, bedding and clothing
- ▶ Evidence of smoking in bed
- ▶ Carelessly discarded cigarettes or matches
- ▶ Overflowing ashtrays
- ▶ Lighters or matches within the reach of children

Physical Impairment/Limited Mobility/Reduced Manual Dexterity

- ▶ A person with a physical impairment or limited mobility is not necessarily at greater risk of fire. However if a fire should occur, they may be slow or unable to vacate the property in a safe and timely manner.
- ▶ Reduced manual dexterity may increase the likelihood of a fire, particularly from smoking or other household activities.
- ▶ For individuals who are bed dependent or bariatric, in the event of a fire, escape will not be an option. The biggest risk to these individuals is from smoking.

Drug and Alcohol Dependency/Misuse

- ▶ May increase the likelihood of a fire, particularly from smoking, or other household activities, such as cooking because its effects inhibit the ability to make safe decisions.
- ▶ It also affects the ability to recognise and respond appropriately in case of a fire.

Use of prescribed medication

- ▶ Prescription medication can increase the risk of a fire starting particularly if the individual is a smoker.
- ▶ It can inhibit the ability to vacate the property in a safe and timely manner.
- ▶ This is because it is either designed to, or has side effects, that relax or create calmness, and to help people to sleep.

Mental Ill Health

- ▶ Mild mental illness with minimal medical intervention does not necessarily increase risk to fire.
- ▶ More serious diagnosed conditions may lead to stronger medication, and more propensity to consume alcohol, non-prescription drugs and smoking.
- ▶ In some more serious conditions symptoms can include fire setting behaviours.

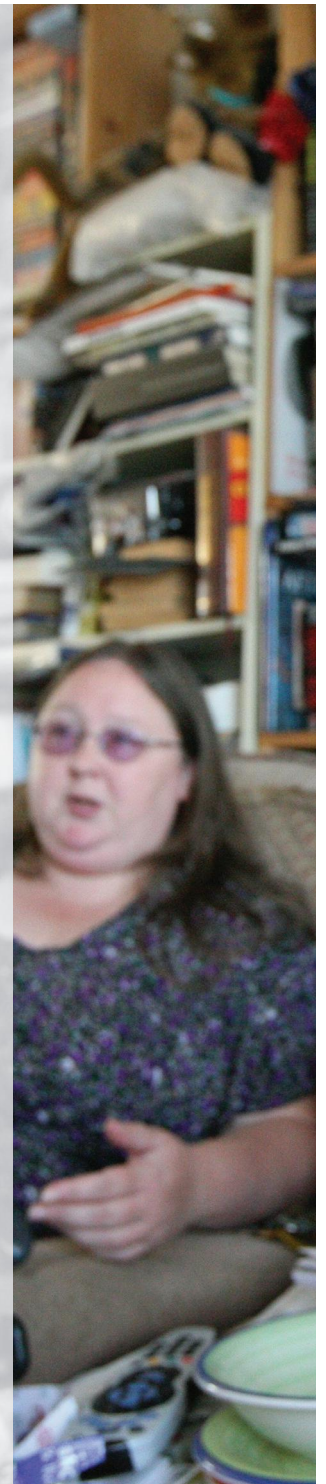
Dementia

Dementia is a progressive brain disease that means a person's ability to make rational cognitive decisions will become more challenging the further along the journey they are. Some of the specific risks and vulnerabilities to fire that the condition creates are:-

- ▶ Leaving cooking unattended or putting things on cookers or in microwaves that shouldn't be there.
- ▶ Understanding the sound of the smoke detector in the event of a fire and taking appropriate action
- ▶ Not recognising the property they live in, can inhibit their ability to exit in a safe and timely manner, in the event of a fire.

Disorganised living - Hoarding Behaviours

- ▶ Hoards generally increase fire loading within a property
- ▶ The hoard can block exit routes which would reduce the ability to exit in a safe and timely manner, in the event of a fire
- ▶ It affects fire fighters ability to tackle the fire because it makes the fire more intense and makes it more difficult to make a rescue
- ▶ The content of the hoard may include hazardous or highly inflammable materials
- ▶ The hoard may be located close to ignition sources such as gas fires or cookers



Heaters and Open Fires

West Midlands Fire Service is aware of a number of injuries and fire deaths relating to inappropriate use of portable heaters and / or poor regard to being in close proximity to an open fire, (gas, electric or solid fuel).

Learning Disability

The risk factors are similar to those who live with dementia:-

- ▶ The disability may inhibit their ability to make safe decisions
- ▶ They may not remember or retain safety information which could affect their ability to respond to fire and exit in a safe and timely manner.
- ▶ Due to their vulnerability they may be inappropriately befriended by individuals who undertake risky activities such as taking drugs, smoking and fire setting in their home.

Sensory Impairment

- ▶ A persons hearing impairment does not in isolation make them more at risk of fire.
- ▶ Should there be a fire without the correct type of smoke detection they are more likely to die or be injured.
- ▶ Smoke detection should include flashing strobes and vibrating pillow pads.
- ▶ Where the individual resides in sheltered type accommodation consideration should be given to how the alarm system links to the individual's smoke detector.
- ▶ A visual impairment in isolation does not make an individual more at risk of fire.
- ▶ With appropriate adaptations everyday household tasks can be carried out safely
- ▶ For a person with a visual impairment because they cannot see smoke, a working smoke detector and escape plans are particularly important as is the need for clear escape routes.

Inappropriate use of or unsafe electrical appliances

- ▶ The biggest risk of fire comes from damaged or overloaded electrical sockets.
- ▶ Risk is also associated with combustibles such as clothing or newspapers/ magazines being placed over or too close to electrical equipment and sockets.



- ▶ Faulty electric blankets are also a common cause of fire
- ▶ Use of electrical chargers and appliances which do not comply with British/ European safety standards. Always use the correct charger for the equipment/ appliance.

Air flow mattresses overlays and cushions

- ▶ Dynamic-flow pressure relieving mattresses (and overlays placed on top of standard mattresses) are provided for the prevention and treatment of pressure ulcers to people who spend extended periods of time in bed.
- ▶ The mattresses/ overlays are filled with air via a pump. These systems use dynamic controlled air pressure cells to constantly adjust the mattress/overlay in response to the person's needs
- ▶ If the mattress is punctured and loses air, the pump reacts by increasing the flow of air produced, fuelling a fire. The mattress pump also contains a battery back- up so if the electricity supply fails, the pump continues to discharge compressed air.

Emollient creams

- ▶ Emollient creams are applied to the skin to treat conditions such as eczema / psoriasis. Their use is common for people who spend extended periods of time in bed due to illness or impaired mobility
- ▶ Many emollient creams are paraffin based and the use of such creams can result in bedding, dressings and clothing becoming impregnated with paraffin. These items can easily ignite when brought into contact with naked flames i.e. smoking, candles, gas fires and cookers

Incontinence Pads

- ▶ Older people and those with severely reduced mobility are at greater risk due to the flammability of incontinence care products

Use of medical oxygen

- ▶ Oxygen is highly explosive when exposed to naked flame or dirt and grease.
- ▶ Medical oxygen use is often associated with smoking related lung diseases and users often continue to smoke.
- ▶ The oxygen rich atmosphere stays within clothing and furnishings creating an increased risk of rapid fire spread which is a particular risk for smokers.
- ▶ The presence of medical oxygen cylinders poses a risk to fire fighters and the user in the event of a fire because the heat from the fire may cause the cylinders to explode.

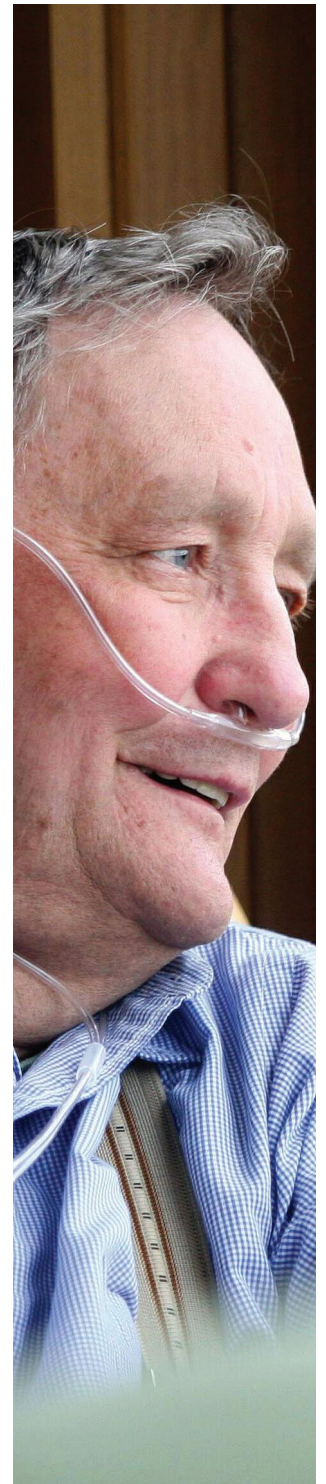
Living alone

- ▶ Analysis of accidental house fires shows that people who live alone are more at risk from fire. (This is likely to be because one or more of the risk and vulnerability factors above are present.)

Does the property have a working smoke detector?

- ▶ Smoke detectors do not prevent a fire from occurring.
- ▶ They provide the earliest possible warning, in the event of a fire, to give the best possible chance of exiting the property safely
- ▶ Fire and Rescue Services recommend that all homes have a working smoke detector on each level

Examples of what some of the risks above may look like if they are present in the service users home are included in appendix 3



Assessment and Review

WMFS recognises that there are many variations across agencies and sectors in the types of assessments and reviews of care and support needs undertaken.

Therefore the term assessment and review is used in this guidance to cover:-

- ▶ Assessment and Review processes as defined in the Care Act 2014
- ▶ Continuing Health Care Assessments and Reviews
- ▶ Domiciliary and Home support planning and reviewing processes
- ▶ Hospital Discharge planning processes
- ▶ Occupational Therapy assessments/reviews

Where risk and vulnerability to fire has been identified, with service user consent, professionals and carers should make Safe and Well visit referrals to WMFS even if the person being assessed does not meet eligibility/thresholds criteria for care and support.

WMFS recommends that the Fire Safety Risk Assessment tool detailed in Appendix 1 is used to identify risk and vulnerability to fire.

If any of the risks and vulnerabilities are present and/or the person does not have a working smoke detector then WMFS strongly recommend that a referral to WMFS for a Safe & Well Visit is made.

The Safe and Well referral forms shows the information required by West Midlands Fire Service to triage and arrange the Safe & Well Visit (see Appendix 2 of this guidance)

WMFS requests that on receipt of this guidance you make contact with your local fire station (for contact details visit www.wmfs.net)

The station will create a unique referral pathway number for your organisation/team. The referral number is key for communication between WMFS and the referring agency.



Housing providers should consider how they can incorporate assessing risk and vulnerability to fire within their lettings processes for individuals with care and support needs. Particular consideration should be given to those who require adaptations within their properties and those who will reside in sheltered/housing with care/extra care schemes.

Community Alarm/Assistive Technology

Where it is decided that assistive technology is used to support service users to live independently, WMFS recommends that a smoke detector linked to the system is considered, in all cases, where a Community Alarm is being installed. This is particularly relevant for people with complex needs, who have limited mobility and smoke.

Activity/Behavioural Risk Assessments

Behaviours and activities such as use of alcohol and drugs or smoking may require a more detailed activity specific assessment and management plan. This is particularly important where individuals with limited mobility smoke.

An example of good practice in assessing 'smoking' as a specific risk is attached as appendix 4 of this guidance. It includes examples of statements of:-

- ▶ The benefits the person believes they get from undertaking the activity
- ▶ Risks and hazards identified through conversations with the person to make sure that they understand the risks to them and others around them.
- ▶ Statements explaining what actions/plans are in place to reduce/monitor the risk together with roles and responsibilities for these.

Mental Capacity

Where a service user is identified as being vulnerable and at risk of fire, WMFS requires the persons consent to receive a referral for a Safe and Well Visit. There will be instances where the service user either, lacks capacity or has capacity to make unwise decisions.

When a person lacks capacity to make decisions about their fire safety, WMFS recommends it is invited to attend any multi agency meetings, to discuss and agree best interest decisions.

When a person has capacity to make decisions about their fire safety, but refuses to consent to a Safe & Well visit, WMFS recommends that this is recorded in the individual's records. At this stage WMFS is available to provide professional advice and guidance. WMFS would encourage professionals and carers to make contact in these instances using the Home Safety Centre free phone number which is 0800 389 5525.

Information Sharing

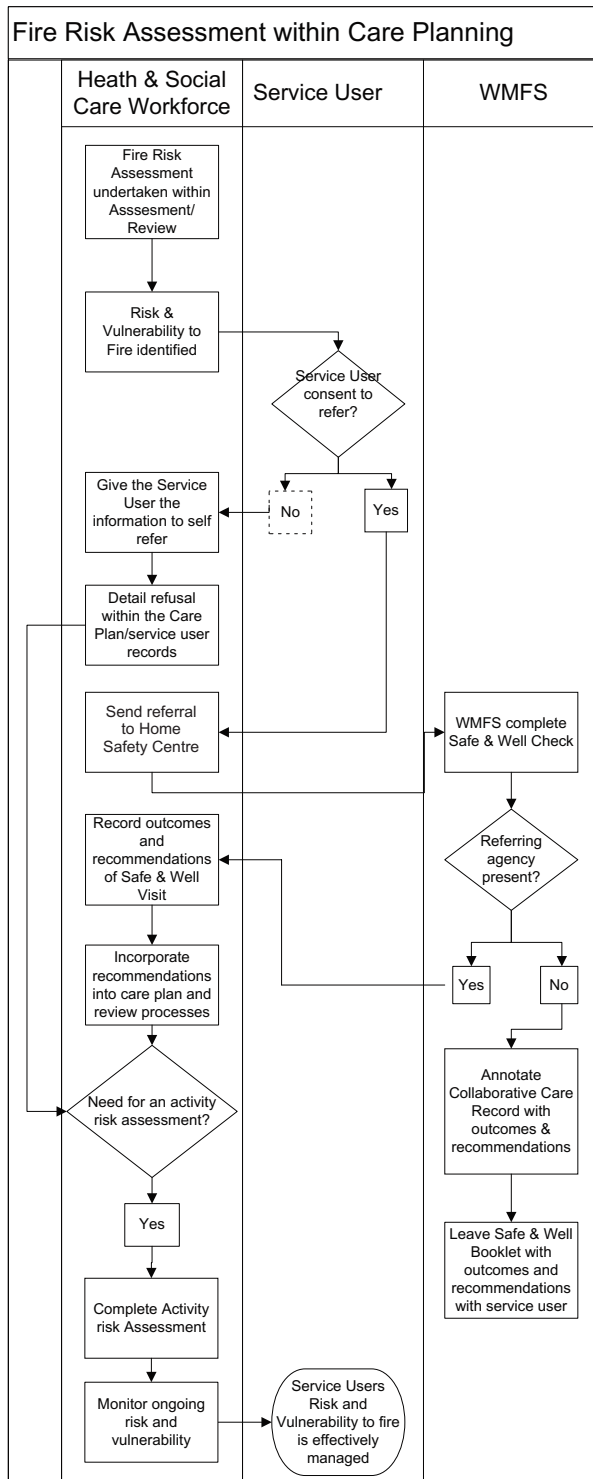
WMFS recommends that wherever possible consent is gained from the service user and for the referrer to be present, during the Safe and Well Visit. This provides the best opportunity for a coordinated and shared approach to supporting the individual to reduce or manage their risk.

Where this is not possible, following a Safe and Well visit, WMFS will leave a booklet called 'Keeping you safe and well' summarising the outcome and recommendations with the service user. Where the service user gives consent, WMFS will also record these outcomes and recommendations in the 'Collaborative Care Record' when this is present.

Where the service user refuses consent for WMFS to share information but WMFS considers that the person is at significant risk to fire (life risk to self and others), WMFS will, in the best interests of the service user, share all relevant information relating to the risk with the referring agency.

The flowchart summaries the process of assessing, referring and mitigating risk and vulnerability to fire for people who have care and support needs.

THE PROCESS FOR ASSESSING RISK AND VULNERABILITY OF FIRE AND REFERRING TO WMFS FOR A SAFE & WELL VISIT



The flowchart (left) summarises the process of assessing, referring and mitigating risk and vulnerability to fire, for people who have care and support needs.



A Safe and Well Visit is a person centred home visit to identify the person's risks and vulnerabilities to fire. The personnel carrying out the visit will be operational firefighters. They will provide support and guidance, the aim of which is to reduce the risk and vulnerability. This may include recommendations for resources, adaptations and equipment, for example, fire retardant bedding for an individual who smokes in bed.

When conducting a Safe and Well Visit, WMFS will always carry their identity card, and service users should always ask to see this before providing access to undertake the visit.

During the visit, where they are required, WMFS will correctly site and install standard smoke detectors on each level of the property.

The Safe and Well visit also includes discussions about general safety in the home, for example risk of slips, trips and falls, home security and smoking cessation. WMFS has the facility to make referrals that will help to prevent, reduce and delay care and support needs where the person feels this would be beneficial, such as to Age UK, and this is done with their consent.

On receipt of a Safe and Well visit Referral, (Appendix 2) West Midlands Fire Service will:-

- ▶ Triage the risks and vulnerabilities highlighted
- ▶ Make a decision on level and priority of service needed
- ▶ Make an appointment, with the named contact to carry out a Safe and Well visit
- ▶ Liaise with and support the service user, and referring agency where the triage process deems this is required.



Resources, Adaptations and Equipment

There are many resources, adaptations and equipment that are commonly recommended by WMFS during a Safe & Well Visit. Details of which can be found below.

This list is not exhaustive, there are many manufacturers of a wide range of equipment, fire retardant clothing and soft furnishings, and other equipment, to help reduce risk and vulnerability to fire.

Examples of the commonly recommended resources, adaptations and equipment:-

Resource, Adaptation, Equipment	Application
Hearing impaired smoke detector	For people with a hearing impairment drug & alcohol dependency or misuse People on prescription medication
Low frequency sounder smoke detector	For people with a hearing impairment, drug & alcohol dependency, or misuse People on prescription medication
Linked smoke detector	For people who hoard, where the detectors audible signal may be reduced, due to extensive clutter. For people with complex health needs, limited mobility and high fire risk. For complex buildings where there are long distances between detectors.
Fire retardant bedding pack (Duvet, pillow, duvet cover, pillow case and fitted sheet)	For people who smoke in bed
Fire retardant throws and rugs	For people who smoke in armchairs, on settees etc
Fire retardant smoking apron	For people who smoke in armchairs, on settees etc
Galvanised metal bucket with damp sand in the bottom	For safe disposal of cigarettes
Community Alarm – system linked smoke detector	For people with complex health needs, limited mobility and high fire risk
Letterbox protectors	Is fitted to the inside of a front door over the letterbox where there is a risk of arson related anti social behaviour or domestic abuse
Heat detectors, cooker shut off or cooker suppression system	Where there is an increased risk, when cooking for example for someone who has a sight impairment / decreased memory function e.g. dementia, smokers with limited mobility and extremely high fire risk
Mattress toppers	Safer, more cost effective option to replace the use of electric blankets
Fire guards	Fitted over open fires or heaters to reduce possible contact by person or combustible items

In order to be able to identify, assess, refer and mitigate the risk and vulnerability to fire, the workforce that engages with people with care and support needs must be able to:-

- ▶ Understand who is at risk and vulnerable to accidental fires in the home
- ▶ Identify behavioural, health, lifestyle and environmental risks
- ▶ Understand how and why these risks increase vulnerability
- ▶ Undertake fire risk assessments
- ▶ Make a referral to WMFS for a Safe & Well Visit for service users that are at risk and vulnerable to accidental fires in the home
- ▶ Incorporate the recommendations from the Safe & Well Visit into care and support planning and review processes.
and
- ▶ Understand the resources available to mitigate risk and vulnerability to fire.

WMFS recommends that agencies design and deliver training to their workforce that incorporates the objectives above. The information contained in this guidance will provide the foundation to develop the content for the training session. This guidance has been written following recommendations from the Miss G SIR conducted by Coventry Safeguarding Adults Board, therefore a good practice approach to developing the training session would be to focus on Miss G or a similar individual as a case study.

A link to the executive summary for the review can be found below:-

[Coventry Safeguarding Adults Board - Safeguarding Adult Reviews, Executive summary concerning the death of Miss G](#)

FIRE SAFETY RISK ASSESSMENT	
-----------------------------	--

Person assessing	
Name:	Organisation:

Customer/Service User	
Name:	Title:
Address	
	Postcode:
Telephone Number:	DOB:

	Vulnerability/Risk Assessment	Yes	No	Comments
Smoke Detectors give the earliest warning of the fire	Does the person have a working smoke detector on each level of your home? (The person undertaking this risk assessment should test each detector if possible.)			

<p>Smoking is a major contributor to serious injury and death from accidental fires in the home</p>	Are there signs of burns on carpet, furniture, bedding or clothing?			
	Is there evidence of smoking in bed?			
	Is an airflow mattress in use?			
	Are the carelessly discarded cigarettes or matches present?			
	Are there overflowing ashtrays?			
	Are lighters or matches within reach of children?			
<p>Physical Impairment/ Limited Mobility/ Reduced Manual Dexterity</p>	Does the person have mobility impairment that means they would be slow to vacate the property in the event of a fire? E.g. wheelchair, walking frame			
	Does the person have reduced manual dexterity?			
	Would the person require specialist teams or equipment to exit the property in the event of a fire e.g. bed dependent or bariatric			
<p>Drug and alcohol dependency/misuse</p>	Are there indications of excessive consumption of alcohol?			
	Are there indications of substance misuse?			
	Would either of the above affect the person's ability to recognise and respond appropriately in the case of a fire?			

Prescription Medication	Does the medication or any of its side effects inhibit the person's ability to recognise and respond appropriately in the case of fire?			
Mental Ill Health	Does the person have a diagnosed condition that requires medication?			
	Does the medication or any of its side effects inhibit the person's ability, to recognise and respond appropriately in the case of fire?			
	Does the person exhibit any fire setting behaviours?			
Dementia	Does the person have dementia?			
	Does their dementia affect their ability to recognise and respond appropriately in the case of fire?			
	Is there evidence of previous cooking related fire incidents?			
Hoarding Behaviours	Does the person have hoarding behaviours?			
	Are escape routes blocked by the hoard?			
	Does the content of the hoard include hazardous or highly flammable materials?			
	Is the hoard located close to ignition sources such as gas fires or cookers?			

Learning Disability	Does the person have a learning disability?			
	Does this disability affect the person's ability to retain safety information, which could affect their ability to recognise and respond appropriately in the case of fire?			
	Is there evidence of inappropriate befriending that increases the risk of fire within the property? E.g. substance misuse, fire setting			
Heaters and Open Fires	Are portable heaters on a solid stable surface? (ideally secured to a wall)			
	Are there combustible items that could be ignited, close to a heater or fire? e.g bedding, clothing, paper, furniture, curtains			
	Are heaters are covered? i.e used for drying clothes?			
	Are individuals sitting too close to fires and heaters?			
	Are there trip hazards around heaters/ open fires?			
Hearing Impairment	Does the person have a hearing impairment?			
	Is the current smoke detector appropriate for the person? i.e. it does it have strobe or vibrating pillow pad			
	Can everyday tasks such as cooking be carried out safely?			

Visual Impairment	Does the person have a visual impairment?			
	Are potential escape routes blocked?			
Electrical Appliances	Are there damaged or overloaded sockets within the property?			
	Are there combustibles such as clothing or newspapers placed too close to electrical appliances?			
	Does the person use an electric blanket?			
	Are there any known faulty electrical appliances within the property?			
Medical Oxygen	Is there medical oxygen in the property?			
	Are there additional oxygen cylinders stored within the property?			
	Does the person smoke?			
Emollient creams	Is the emollient cream paraffin based?			
	Does the individual smoke?			
	Does the individual come into contact with naked flames? i.e. gas fire, gas cooking etc			
	Is there evidence of clothing and bedding being impregnated with the emollient cream?			
Incontinence Pads	Are the pads stored away from heat sources and naked flames?			

Air flow mattresses overlays and cushions used in a domestic dwelling	Is the individual allowed to smoke in bed unsupervised?			
	Is there evidence of accidental fire damage? (scorch marks on bedding, carpets, clothing or careless disposal of smoking material)			
	Are there any combustibles or items that could damage the mattress stored next or near to the bed? (heaters, electrical items, candles etc.)			
	Is there evidence of overloaded electrical sockets?			
Additional Information	Does the person live by themselves in this property?			
	Is the person in receipt of benefits?			
	Is the person over 65?			
Consent to Refer for a Safe and Well Visit	Do you have the persons consent to refer them to WMFS for a Safe and Well Visit?			

Partner agencies must ensure any processing of personal data for which they are responsible complies with the Data Protection Act 1998 and Freedom of Information Act 2000.

Return Via: Email: homesafety.centre@wmfs.net Secure Email: homesafety.centre@wmfs.cjsm.net Telephone 0800 389 5552

APPENDIX 2
SAFE AND WELL VISIT REFERRAL FORM

WMFS SAFE & WELL VISIT REFERRAL	Partner Ref:
PLEASE COMPLETE FORM IN BLOCK CAPITALS	
USE BLACK INK ONLY	

Person making Referral	
Name:	Organisation:
Relationship to Occupier:	
Work Address	Postcode:
Telephone Number:	Fax Number:
Email Address:	

Customer	
Name:	Title:
Address	
Postcode:	
Telephone Number:	DOB:
Visit: AM PM W/END	

Person to Contact	
Name:	Telephone Number:
Relationship to Occupier:	

Please answer the following questions:

Joint Visit Required

Consent given by occupier for Safe & Well visit to be carried out?	Yes / No
Are there any occupiers over the age of 65?	Yes / No
Are there any occupiers who smoke in the property?	Yes / No
Are there any working smoke detectors in the property?	Yes / No
Are there any occupiers who may have difficulty responding to an emergency e.g due to mobility <input type="checkbox"/> visual <input type="checkbox"/> hearing impairment <input type="checkbox"/> ?	Yes / No
Has the occupier had a fire before?	Yes / No
Occupier is in receipt of one or more benefit?	Yes / No
Following to be asked by Health Professionals / Carers Only:	
Is there evidence of previous fires, including cigarette burns?	Yes / No
Are there any occupiers who have learning disabilities?	Yes / No
Are there any occupiers who have mental health conditions?	Yes / No
Do any of the occupiers receive palliative care?	Yes / No
Are there any occupiers with drug or alcohol dependencies?	Yes / No
Is there evidence of disorganized living, excessive or dangerous storage?	Yes / No
Are there any occupiers with dementia?	Yes / No

Comments

(Language / Disabilities / Password / Other Risk Factors / Reason for Joint Visit etc)

If the occupier answer `difficulty responding to an emergency` - this section MUST be completed

Partner agencies must ensure any processing of personal data for which they are responsible complies with the Data Protection Act 1998 and Freedom of Information Act 2000.

Return Via: **Email:** homesafetycentre@wmfs.net **Secure Email:** homesafetycentre@wmfs.cjsm.net

Fax: 0121 380 7201 **Freephone:** 0800 389 5525

What Does Risk and Vulnerability Look Like?

Overloaded Sockets



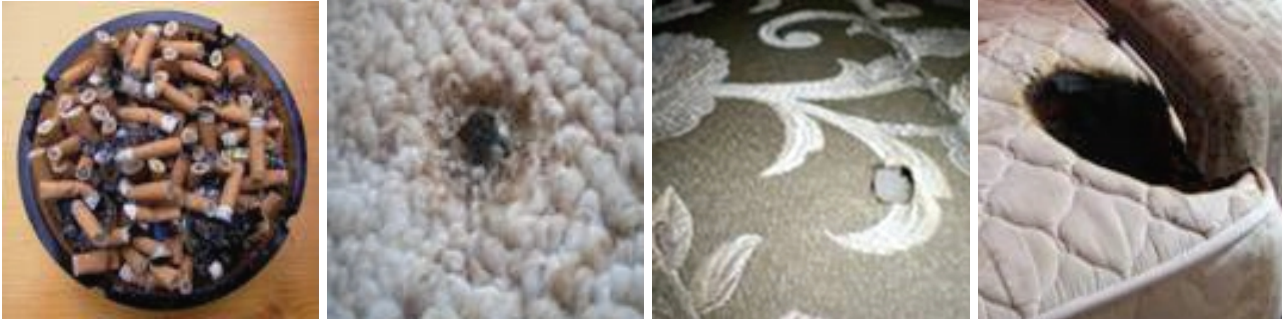
Faulty Electric Blanket



Hoard with electrical overloading



Smoking Risk



Hoarding Behaviours



Cooking Risks



APPENDIX 4
 ACTIVITY RISK ASSESSMENT EXAMPLE -
 SMOKING

Service User	Activity: Smoking	
Completed/Assessed by		
Date	1st Review Date	Review Frequency
Benefits from the Activity	Hazards and Risks	Action Plan/Steps to Reduce Hazards and Risks
I enjoy smoking, it is my choice to smoke.	I may fall asleep whilst I am smoking and drop my cigarette. This could cause my clothing or furniture to catch fire.	<p>WMFS have undertaken a Safe and Well visit to Mr xxx during which xxxx was present (agency representative). The recommendations made about equipment to reduce Mr xxx risk of fire have been included in his care package and within his care and support plan.</p> <p>Consideration has been given to adapting Mr xxx flat by installing a fixed suppression system. At the moment the risk that his smoking poses is not deemed to be high enough therefore:-</p> <p>Mr xx takes medication at night to help him sleep, he has been advised that it is safer to smoke his last cigarette at night before he takes his medication. Staff will remind him each night during their last call.</p>

APPENDIX 4
 ACTIVITY RISK ASSESSMENT EXAMPLE -
 SMOKING

Because I smoke in bed, I might burn myself if I drop a cigarette and it starts a fire.

A fire retardant throw and rug have been provided – Care staff will monitor the condition of the throws for evidence of cigarette burn marks to understand the frequency. The rug is sited under Mr xxx chair, in which he smokes and throw is sited on the chair over the seat cushion and arms to prevent cigarettes falling into the chair.

As Mr xxx is confined to his wheelchair he has been provided with a fire retardant apron to wear whilst he is smoking – he has stated that he is willing to and will put this on when he smokes.

2 sets of fire retardant bedding have been provided – Mr xxx sister will ensure that these are laundered and that there is always a set on the bed. Care staff will monitor the condition of the bedding for evidence of burn marks

Mr xxx has been provided with a galvanised bucket which contains damp sand as a safer method of extinguishing his cigarettes. As part of Mr xxx housekeeping visits, staff will dispose of the cigarettes and sand replenishing it for fresh damp sand daily. The bucket is sited on the fire retardant rug at the left side of Mr xxx armchair where smokes

APPENDIX 4
 ACTIVITY RISK ASSESSMENT EXAMPLE -
 SMOKING

	My ashtrays are overflowing, I may not have extinguished my cigarettes properly, if one falls onto the carpet or into my armchair, this may start a fire.	Mr xxx has assistive technology in his home, this has a linked smoked detector so that in the event of a fire, the earliest warning will be provided to the Home Safety Centre so that the fire service are alerted immediately. Or During the Safe & Well visit, the fire service fitted an additional smoke detector in Mr xxx bedroom as this is the room in which he smokes.
	The staff who provide my care enter my flat when I am smoking, this is harmful to them as they breathe in my cigarette smoke.	Staff ask me not to smoke when they are in my flat. I will open a window to clear the smoke as/before they arrive.

Review Date & Name of Person Reviewing	Changes + / - in Risks and Hazards	Observations of Risk Reduction Measures/New Measures Required & Put in Place