|  |  |
| --- | --- |
| **Name:**  Click or tap here to enter text. | Ref:  Click or tap here to enter text. |

**In case of EMERGENCY**

|  |  |  |
| --- | --- | --- |
| **Action to be taken by staff:**  Click or tap here to enter text. | | |
| **Equipment to be used** | **Where it is stored** | **How to use it safely** |
| Click or tap here to enter text.  Servicing/replacement due date: Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |

**Emollients in use**

Prescribed products?

**If yes, please see topical MAR and medicines assessment for list and instructions**

Non-prescribed products:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of product | Type / used for | How to apply | When to apply |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Laundry**

No concerns - there are reliable and suitable laundry arrangements in place.

There are not adequate arrangements in place, or a shortage of bedding or clothing.

|  |  |  |
| --- | --- | --- |
| Action to be taken | Progress notes / outcome date | Responsibility of |
| Click or tap here to enter text. | Click or tap here to enter text.  Click or tap to enter a date. | Click or tap here to enter text. |

**Potential sources of ignition**

There are no realistic potential sources of ignition, or any other concerns – this person is at low risk. Staff should follow the care plan and product instructions and report any changes. (End of assessment)

There is a potential source of ignition, or another concern. (Proceed with assessment)

|  |  |
| --- | --- |
| Referral to Fire Brigade made?  Click or tap to enter a date. | Outcome: Click or tap to enter a date.  Click or tap here to enter text. |

**Smoking**

No concerns – the person is a non-smoker, and no-one else smokes indoors.

The person smokes, or a member of their household does, but they manage this themselves as safely as they can and understand the risks they are taking. They have agreed not to smoke when staff are present, and there are no exacerbating factors such as oxygen use or an airflow mattress, etc. (Document and report appropriately, complete emergency action plan above.)

The person smokes, or a member of their household does, and they do not understand the risks and/or will not follow a safer smoking plan. (Escalate) A picture containing text, underpants

Description automatically generated

The person smokes, or a member of their household does, and there is an exacerbating factor such as oxygen use, an airflow mattress, or some other serious hazard. (Escalate) A picture containing text, underpants

Description automatically generated

|  |  |  |
| --- | --- | --- |
| Threats to smoking safely | Awareness of fire | Ability to respond |
| No concerns (state why)  Unsteady hands or reduced grip  Unable to extinguish  Forgetful with smokers’ materials  Can’t manage ashtrays, etc.  Seizures or altered consciousness  Smoking in bed/reclinedA picture containing text, underpants  Description automatically generated  Smoking when sleepyA picture containing text, underpants  Description automatically generated  Oxygen use  Airflow mattress A picture containing text, underpants  Description automatically generated  Previous incidentsA picture containing text, underpants  Description automatically generated  Other (describe)  Click or tap here to enter text. | No concerns (state why)  Sensory limitation  Lacks sensation  Cognitive impairment  No smoke alarmsA picture containing text, underpants  Description automatically generated  Other (describe)  Click or tap here to enter text. | No concerns (state why)  Poor mobility or dexterity  Cognitive impairment  Lives alone  Other (describe)  Click or tap here to enter text. |

**Safer smoking plan**

|  |  |  |
| --- | --- | --- |
| A picture containing text, underpants  Description automatically generatedIdentified hazard (and risk level) | Action to be taken | Responsibility of |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

If safer smoking action is agreed with the person (or their PoA) as a condition of service, they should sign and date a printed version of their plan to indicate they understand and accept it. A copy should be in their home and on file, and agreement sought whenever the plan is updated or reviewed.

|  |  |
| --- | --- |
| Signature: | Date: |

**Fireplace and heater management**

No concerns - there is safe and maintained central or storage heating. See domestic risk assessment.

Space heaters are in use, and these are new or well-maintained, are a safe distance from the person and otherwise seem fine to use. See domestic risk assessment.

Space heaters are in use, but there are concerns about their safe use. (Escalate and describe below)

|  |  |  |
| --- | --- | --- |
| Identified concern | Action to be taken | Progress notes/outcome date |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text.  Click or tap to enter a date. |

There is a truly essential open, glass fronted or any kind of fuel-burning fire or stove in use. This is safely managed by someone in the person’s household. (Document and report appropriately, complete emergency action plan above.)

There is a truly essential open, glass fronted or other fuel-burning fire or stove in use. Part of the service will involve managing this. **Instructions, if not elsewhere:**

|  |  |  |
| --- | --- | --- |
| What needs to be done | How it is to be done safely | Responsibility of |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Other hazards and action to be taken**

|  |  |  |  |
| --- | --- | --- | --- |
| Identified concern | Action to be taken | Progress notes/outcome date | Responsibility of |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text.  Click or tap to enter a date. | Click or tap here to enter text. |

**Notes**

|  |
| --- |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| Assessor signature:  Name: Click or tap here to enter text. | Date:  Click or tap to enter a date. |
| Manager signoff:  Name: Click or tap here to enter text. | Review due:  Click or tap to enter a date. |