

Appendix 1 – Residents Smoking Risk Assessment Checklist

Resident :	
Smoking details: (Product / Frequency etc)	
Date of Assessment	Reviewed

Fire hazards	Issues for consideration	Controls in place / comments
Ignition sources Lighters, matches, cigarettes	<i>Are cigarettes lit with a match or a lighter?</i> <i>Is resident suitable to have full access to their lighters?</i> <i>Will appropriate ashtrays be provided?</i> <i>What will be the ashtray emptying arrangements?</i>	
E-Cigarettes	<i>Check charger is compatible with e-cigarette and have CE mark?</i> <i>Is charging location suitable & defined (away from flammables)?</i>	
Fuel Sources Furniture	<i>Is resident bringing any furniture pre 1988?</i>	
Storage of Combustibles	<i>Is resident likely to bring large amounts of combustibles (books, paperwork etc)</i>	
Flammable products (alcohol gel & aerosols such as hairspray)	<i>Are these stored correctly away from any ignition sources (bathrooms are ideal).</i>	
Petroleum based emollient creams (E45, Vaseline)	<i>Does resident use emollients?</i> <i>Are non paraffin alternatives viable (eg Coco butter)?</i> <i>Is additional washing required to prevent build up on clothing / bedding ?</i> <i>Has individual been notified of added fire risk associated with emollients.</i>	
Oxygen sources Airflow mattresses	<i>Will resident require an air mattress?</i>	



Oxygen therapy	<i>Does resident require oxygen therapy?</i>	
Defined smoking location	<i>Can resident easily access smoking location?</i> <i>Is outside location suitable in all weathers?</i> <i>Any restrictions imposed (eg times of day)?</i> <i>Has ashtray been provided?</i> <i>What are arrangement for emptying ashtray?</i> <i>Any impact on non smoking residents?</i>	
Supervision requirements	<i>What call bell arrangements will be implemented (neck pendant, box)?</i> <i>Is supervision required for lighting cigarette?</i> <i>Will anyone stay with the resident while they smoke?</i> <i>How often is the resident checked if they smoke alone?</i> <i>Do the arrangements change at night?</i>	
Equipment requirements	<i>Ashtray provided?</i> <i>External seat provided?</i> <i>Is a fire retardant apron required (due to risk of setting alight)?</i> <i>Is a suitable fire extinguisher available nearby?</i>	Note: home should have 2 x Smoking aprons as standard equipment.
Review of Assessment	<i>Any warning signs to indicate illicit smoking – burns on furniture / carpet?</i>	