

HSP 11E Resident smoking

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1. Introduction

Residents should be discouraged from smoking where possible and informed that EFHL operate smoke free homes. However, it is also recognised that those residents who are smokers should be able to smoke as safely as possible. Residents who smoke should be considered as a potential risk to themselves and others and therefore a process is required for the safe management of smoking. Residents are never permitted to smoke in their rooms or within the home.

This procedure provides guidance for Managers when considering whether the home can accommodate an individual who smokes.

2. What the Regulations require?

Under health and safety law, all employers have a duty of care to make their workplace safe for their employees, residents and the public. It would be a major oversight if the consideration given to the hazards created by individual residents who smoke were not taken into account. Therefore an individual assessment for residents who smoke is critical for the residents own safety and other residents and staff within the home.

The risk assessment will help you identify appropriate control measures and additional equipment to best manage the risk of fire and support individuals at greater risk.

3. Smoking rules

Residents must be informed that they are only permitted to smoke outside of the home.

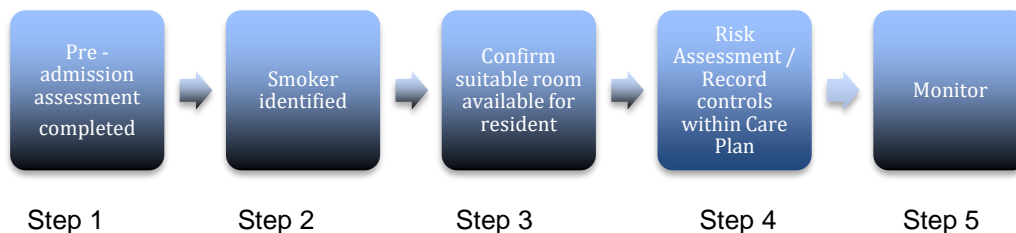
A dedicated smoking location should be clearly identified for the resident.

Smoking should not impact on the use of our gardens by non smoking residents.

The EFHL no smoking policy can be referenced for further information.

4. The Process

Individual fire risk assessment follows the following steps.



Step 1- 2: Pre – admission assessment / Identification of smoker

The identification of smokers is completed during the pre-admission assessment for potential residents. Part of the section on Breathing specifically aims to identify whether the resident has been or is currently a smoker. If potential resident or family confirm they smoke Step 3 to 5 should be followed. No further assessment is required for non smokers.

The section on smoking within the Pre-admission assessment is copied below.

Smoker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ex-smoker	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of times cigarettes/cigars/pipes smoked per day?					
EFHL no smoking policy explained to resident at pre-admission <input type="checkbox"/>					
Smoking Risk Assessment Form Completed Yes <input type="checkbox"/> No <input type="checkbox"/>					

The Smoking Risk assessment referred to is Appendix A of this procedure. A hardcopy of the assessment does not need to be completed as long as the controls are identified and captured within the Care Plan.

Step 3: Confirmation of availability of suitable room

The decision as to whether to accept a resident often rests with the availability of a suitable room and the mobility of the resident. In the majority of cases the most suitable rooms for smokers are those on the ground floor with access doors outside. These rooms offer limited travel distance for the resident with minimal impact on other residents.

Step 4: Risk assessment

Appendix A of this procedure has been written as checklist of issues to consider and available controls. Recording a hard copy of this assessment is optional but all identified control measures need to be recorded within the residents Care Plan. This should be recorded as guidelines below.

The fact the resident is an active smoker should be recorded within the 'Breathing' section of the residents Care Plan.

The agreed controls should be detailed in the 'Maintaining a Safe Environment' section of the Care Plan. This section should include identified smoking location, and any equipment or supervision required.

Some of the items identified in Appendix A can only be reviewed once the resident has moved in.

5. Identifying the hazards smoking introduces

The act of residents smoking can introduce significant hazards into the home. These can be sub-divided into following sections: -

Ignition sources

The poor disposal of smoking materials is the most frequent cause of fires.

Lighters, matches, cigarettes

Every match, lighter or cigarette has the potential to cause a fire so they must be extinguished correctly. Lighters are preferred to matches. Ensure a proper ashtray is provided (made of a material that won't burn) and make sure the ashtray can not tip over.

There have been a number of fatalities in the UK which were caused by residents dropping their cigarettes whilst smoking in wheelchairs. Fire retardant aprons are widely available to prevent this occurring and they can be purchased for less than £50.



Each home should ensure they have at least two smoking aprons available for use.

E-cigarettes

E-cigarettes are an electronic inhaler that vaporises a liquid solution into an aerosol mist, simulating the act of tobacco smoking. All e-cigarettes use a rechargeable battery to power the vaporiser and these batteries require recharging on a regular basis. The biggest risk appears to be fires during charging of the batteries. Ensure the instructions provided by the manufacturer are followed and pay close attention to any warnings supplied with the product. Ensure that e-cigarettes are not left charging for long periods of time and never leave e-cigarettes plugged in overnight. Look out for the CE mark that indicates chargers comply with European Safety standards.

Fuel sources

Furniture & soft furnishings

Furniture manufactured after 1988 will be manufactured so its upholstery components are cigarette & match resistant. All the EFHL purchased furniture should comply with this Regulation and have a label attached. It is possible that residents may bring with them older furniture that pre-dates the Regulations – these are likely not to be fire resistant and may generate toxic fumes in a fire. Residents who smoke should be discouraged from bringing any furniture likely not to comply.

Furniture manufactured after 1988 should have a label similar to one below



Flammable products – alcohol gels & aerosols

Hand gel often contains ethanol and is classified as flammable. The majority of aerosol products such as hairsprays are also classified as flammable. These should be stored within bathrooms, away from any ignition source.



Emollient creams: Emollient creams are treatments applied to the skin and are used to treat dry skin conditions. They commonly contain paraffin (flammable product) but this is not universally understood and appreciated. Labelling on the packaging does not easily identify the chemical hazards associated with the products.

There have been a number of deaths within the UK where clothes and bedding have become impregnated with emollient creams which subsequently caught alight.

Individuals who smoke or are receiving oxygen should be made aware of the added risk associated with smoking and using emollient creams and non paraffin based alternatives should be sought.



Oxygen sources

Air mattresses / cushions

If an air mattress is punctured, any sudden release of air can cause a fire to spread more quickly and intensely. It is advisable to turn off air pumps in a fire if safe to do so and you are not using air mattress for evacuation. The most common cause of incidents is smoking in bed, but others have included placing a hot hairdryer on the bed and a television which caught fire and resulted in melted plastic falling on the bed. It is also recommended not to use electric blankets with

Oxygen therapy

Use of oxygen therapy provides can potentially supply an oxygen source. Ignition sources and flammable products should be kept away. Procedure HSP 22 Use of Oxygen deals in detail with controls required.

6. Review of risk assessment

The placement of a smoking resident with the home should be reviewed after 1 month to ensure no issues are arising and identified controls are being adhered to and remain to be valid. Evidence of any warning signs that smoking is occurring within the building must be immediately

acted upon. If there is a decline in the resident's cognitive ability or mobility the controls should be reviewed.

7. Associated documents

- RAG 11 Fire precautions
- RAG 28 Working with ozone

- Appendix 1 Residents Smoking Risk Assessment Checklist

8. A Summary of the main points

Check that:

- Before accepting a resident, who smokes the General Manager should confirm the risk assessment process (Appendix 1) has been followed and controls identified with the residents Care Plan.
- Each home has a minimum of 2 x smoking aprons
- General Manager should ensure that any identified control measures are implemented.

9. Document history

Author	Steve Andrews (Health & Safety Manager)
Date of Implementation	21/06/2017
Date of next full review	01/01/2027

Issue	Date	Author	Reason
1.0	21/06/2017	Steve Andrews	New document created – HSP 11E.
2.0	10/01/2018	Steve Andrews	Full document review – no changes.
3.0	13/01/2020	Steve Andrews	Full document review – no change
4.0	08/02/2024	Steve Andrews	Added requirement for all homes to have 2 x smoking aprons.
4.0	27/02/2024	Steve Andrews	Banner updated, no other changes, issue number kept same.

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 Storage of Combustibles	<i>Is resident bringing any furniture pre 1988?</i> <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>	