**Individual smoking risk assessment**

To save lives a smoking risk assessment must be carried out for individuals who smoke.

The assessment should be carried out by a competent person, with resident/family involvement, taking into consideration the resident’s mental and physical capacity for smoking unaided. It should consider risk to other residents and staff, and identify physical precautions, as well as management arrangements such as supervision.

**Guidance for carrying out an individual smoking risk assessment**

**1. Identify the hazards that the act of smoking introduce, for example:**  
a) Ignition sources:  lighters, matches, cigarettes  
b) Fuel sources: furniture, textiles, soft furnishings, laundry, paper products, sleepwear, petroleum based emollient creams  
c) Oxygen sources: natural airflow, cylinders, airflow mattresses

**2. Evaluate the risk:**  
  
a) What is the likelihood of a fire starting?  Is there evidence of burn marks on the floor, bedding, clothing, furniture?  
b) What is the severity/potential consequences of a fire occurring?

**3. Implement control measures, the following should be considered:**

a) Residents should not be permitted to smoke in bedrooms unless the risk is identified as ‘low’ and the bedroom is suitably equipped  
b) Do residents smoke in bed or a chair?  Location of smoke detector and flammability of clothing, bed linen and furniture need to be considered.  Do they have fire retardant bedding?  
c) Are cigarettes lit with a match or a lighter?  How do residents access their lighters?   
d) How is access to cigarettes and lighters controlled?  Have the family been informed of arrangements if they are not to be given directly to the residents?   
e) Supervision – will someone else light the cigarette?  Will anyone stay with the resident while they smoke (Health and safety at work – will need to sign a form to say they agree to this), how often is the resident checked if they smoke alone and is it enough?  Do the arrangements change at night?  
f) Are sprinklers or some alternative fire suppression arrangements required?  
g) Is there portable fire extinguishing media nearby and if so, are staff trained to use it?  
h) Are there appropriate deep ashtrays?  Are they emptied regularly?

**4. Review and revise the risk assessment:**

a) Who is responsible for reviewing the risk assessment?  
b) What reporting mechanisms are in place for near misses/accidents/a need for review of the risk assessment?   
c) Have care assistants and managers had enough training and information provided to be able to monitor, report and review the risk assessment effectively?  
d) Regular programmed reviews of the risk assessments should be taking place