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|   | **Risk Assessment Management Plan – Smoking** |

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| **RISK ASSESSMENT** |
| **Name** |  | **Reference Number** |  |
| **Identified Risk** | Risk Assessment for smoking  |
| **Assessment Date** |  |
| **Risk Factors** | **Likelihood** | **Severity** |
| Rare | 1 | None / Trivial | 1 |
| Unlikely | 2 | Minor / No Injury | 2 |
| Likely | 3 | Moderate / First Aid | 3 |
| Very Likely | 4 | Severe / Medical assistance | 4 |
| Almost Certain | 5 | Extreme / Fatal | 5 |
| **Risk Matrix** | **=** | **Severity** |
| **Likelihood** | **1** | **2** | **3** | **4** | **5** |
| **1** | 1 | 2 | 3 | 4 | **5** |
| **2** | 2 | 4 | 6 | 8 | 10 |
| **3** | 3 | 6 | 9 | 12 | 15 |
| **4** | 4 | 8 | 12 | 16 | 20 |
| **5** | 5 | 10 | 15 | 20 | 25 |
| **Risk Level and Action** | **Level** | **Action** |
| 1 – 4 | NO CURRENT RISK | No further action, but ensure controls are maintained and monitored |
| 5 – 9 | LOW RISK | Develop management plan and review quarterly |
| 10 – 16 | MEDIUM RISK | Develop management plan and review monthly |
| 16+ | HIGH RISK | Develop management plan and review subject to each occurrence |
| **Assessment Summary** |  |
| **Author(/s)** | **Print Name** | **Position / Relation** | **Signature** |
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| **RISK MANAGEMENT PLAN** |
| **Purpose** | The purpose of this risk management plan is to identify the risk associated smoking |
| **Proactive Measures** | **The following risks may need to be considered for people who smoke:**People not smoking in the designated smoking areaDesignated area has combustible materials stored close byNot included in PEEPSNot included in fire risk assessment / environmental risksOxygen in use and stored close to designated area for smokingUse of paraffin-based creamsDetrimental to healthAssistance not available for people who may be deemed unsafe to smoke unassistedLack of receptacles for cigarette disposalSmoking in areas where smoking is not allowedSmoking outside close to open windowsLighter / matches not kept in a safe area for people with impaired cognition**Action:*** Detailed person centered care plan in place clearly detailed for staff awareness
* Designated smoking area clearly signed, clear of combustible materials and open on three sides.
* Smoking area noted on fire risk assessment and included in environmental risks.
* Oxygen to be stored safely and away from smoking area. (Separate risk assessment for oxygen)
* Explanation regarding potential health problems available.
* Support offered for cessation of smoking
* Person’s awareness of policy in the service regarding smoking in house
* Available staff to accompany people if assistance is required.
* Safe storage of ignition items
* Staff awareness of flammable properties of paraffin-based creams
* Fire extinguishers available and easily accessed and staff trained in their use.
* Appropriate receptacles in place in smoking area for cigarette ends and emptied daily.
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| **Author(/s)** | **Print Name** | **Position / Relation** | **Signature** |
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| **Cosignatories** **(Staff Team)** | **Print Name** | **Position / Relation** | **Signature** |
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|  | **RISK ASSESSMENT REVIEW**  |  |
| **Date** | **Notes** | **Name & Signature** |
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