

Risk Assessment Form HS 9 (1)

Location/Activity: Use of topical products containing paraffin.

Assessment date: _____

Assessor: _____ **Signature:** _____ **Review date:** _____

Ref	Hazards	Risks	People at risk	Current Control Measures	L	x	C	= R	Is further action required (Y/N)
1.	Potential for dressings to become flammable	Burns	Patient/clients in community/home	1.1 Reassess clinical need for topical emollients. Assess needs for topical emollient, discontinue if not required 1.2 If emollients required consider alternative water based emollients e.g. aqueous cream 1.3 Verbal and written information. Give National Patient Safety Agency Leaflet "Fire Hazard" with paraffin based skin products on dressing and clothing					
2.	Allergies to alternative products	Irritants / allergic contact dermatitis	Patients/clients in community/home	2.1 Assess need for topical emollient, discontinue if not required 2.2 Consider alternative emollient with minimal additives 2.3 Refer to pharmacist for advice/specialist tissue viability nurses					
3.	Home environment	Fire / Burns	Patients/clients/carers	3.1 Assess environment for potential hazards e.g. exposure to naked flames e.g. smoking, open fires, gas fires 3.2 Discontinue the use of paraffin based products, consider alternative water based product					
4.	Work environment	Fire / Burns	Patients/Clients	4.1 Advise patient / client re hazards associated with work environment & potential exposure to naked flames & associated combustible materials					
5.	Patients / Clients involved in self application of topical emollients	Fire / Burns	Patients/Clients	5.1 Advice re use of topical emollients & necessity for continued use 5.2 Following application advice re removal of residual emollient from hands					
6.	Smoking	Burns / Death	Patients/Carers	6.1 Give advice on smoking cessation and signpost to appropriate services 6.2 Give advice on risks of smoking when using emollient paraffin based products, give patients/carers NPSA advice leaflet 6.3 If emollients required consider alternative water based emollients e.g. Aqueous cream					
7.	Inappropriate storage of products	Fire	Patients/Carers	7.1 Advise on appropriate storage of products away from heat					
8.	Other								

This form can be photocopied

Patient's Full Name:	Date of birth:	NHS N°
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Risk Assessment Action Plan HS 9 (2)

Location/Activity: _____ **Assessment date:** _____

Assessor: _____ **Signature:** _____ **Review date:** _____

Ref	Further Action Implemented			Responsible Person	Revised Risk rating			Are further assessments required if so list.
	Short Term	Medium Term	Long Term		L	x	C = R	
1	Review risk assessment on a three monthly basis – or earlier if patients needs change			Caseload manager				

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Community Nursing April 2008

FIRE HAZARD PARAFFIN BASED PRODUCTS

Patient's Full Name:	Date of birth:	NHS N°
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