



**Fire Risk**  
Awareness Form

**SOCIAL WORK  
HEALTH & SOCIAL CARE**

# **FIRE RISK AWARENESS FORM**





# SOCIAL WORK-HEALTH & SOCIAL CARE FIRE RISK AWARENESS FORM

Name of Service User:	
PARIS ID:	
DOB:	
Telephone No.:	
Address:	
Postcode:	

In order to be able to identify and manage fire risk, it is important to consider the behaviour and environment of the service user. The Red Flag Indicators shown below will assist & support you when assessing or reviewing the needs of the service users and serve as a prompt when considering the formulation of a formal fire risk assessment. By considering the questions below you will be able to:

- identify behaviour, health, lifestyle and environmental risks;
- understand how and why these risks increase vulnerability;
- understand fire risk assessments;
- make a referral to Northern Ireland Fire & Rescue Service (NIFRS) for a home safety visit/talk for service users that are at risk and vulnerable to accidental fires in the home;
- incorporate the recommendations of the home fire safety check/joint visit into care and support planning and review process; and
- understand the resources available to mitigate risk and vulnerability to fire.

If the response to any of the red flag indicators is Yes, consider actions to reduce the risk.

Risk Identification	Red flag indicators:	Response
Smoke Alarm	Is there a smoke detector missing from any level (floor) within the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Is there a smoke detector missing where a person with mobility/capacity issues may spend the majority of their time e.g. living room, bedroom?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Risk Identification	Red flag indicators:	Response
Candles	Are candles left too close to curtains or other items that could catch fire, including clothing and/or within easy reach of children or pets?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Smoking	Is there evidence of smoking in bed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are there carelessly discarded cigarettes, matches present or overflowing ashtrays?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Any signs/issues around secret smoking?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are there signs of burns on the carpet, furniture, bedding or clothing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Open fires	Is the fire guard missing or not used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are coal, logs and fire lighters unsuitably stored?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electrical appliances	Are there any signs of damaged, overloaded sockets within the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are any electrical cables running under rugs or furniture?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are there combustibles such as clothing or newspapers placed too close to an electrical appliance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does the individual use an electric blanket?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are there any square block adapters / extension leads in the home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does anyone leave any of the following electrical items plugged in at night? <b>Laptop / Games Console / Mobile Phone Charger / E-Cigarette / Plug-in Air Freshener</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are there known faulty electrical appliances within the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Portable Heaters	Are portable heaters such as fan heaters, ceramic heaters, gas heaters, paraffin heaters used in the home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does the plug for the heater share an electrical extension block?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Risk Identification	Red flag indicators:	Response
Cooking	Is there anything that could burn easily next to your cooker or hob?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does anyone who cooks in the home leave cooking unattended?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Is there a build-up of excess grease or fat in the oven or grill?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does anyone cook under the influence of alcohol, drugs and prescription drugs that make you feel drowsy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does anyone in your home use a traditional chip pan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emollient creams	Are emollient creams used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Airflow mattresses	Does the service user have an airflow mattress in place and smoke in bed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dementia	If the individual has dementia, does it affect their ability to recognise and respond appropriately in the event of fire?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Is there evidence of previous cooking related fire incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Is there an open fire in the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are there any objects/materials left on or around the hob?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mental ill health	Does the person have a diagnosed condition that requires medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does the medication or any of its side effects inhibit the person's ability to recognise and respond appropriately in the event of a fire?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does the individual exhibit fire setting behaviours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hoarding behaviours	Does the individual have hoarding behaviours? Are escape routes blocked by the hoard?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does the content of the hoard include hazardous or highly flammable materials?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Risk Identification	Red flag indicators:	Response
Medical oxygen	Is there medical oxygen in the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are there additional oxygen cylinders stored within the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does the person smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Visual impairment	Does the individual have a visual impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are potential escape routes blocked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hearing impairment	Does the individual have a hearing impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Is the smoke detector appropriate for the individual, i.e. does it have a strobe vibrating pad?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Drugs and alcohol use	Are there indicators of excessive consumption of alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are there indicators of substance use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Would either affect the individual's ability to recognise and respond appropriately in the event of a fire?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Prescription medication	Does medication affect the individual's ability to recognise and respond appropriately in the event of fire?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Physical Impairment/Limited Mobility/	Does mobility impairment mean that the individual would be slow to evacuate the property in the event of fire, e.g. wheelchair, walking frame?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Will the person require specialist teams where equipment is needed to exit the property in the event of a fire, e.g. dependent or bariatric?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reduced Manual Dexterity	Does the individual have reduced manual dexterity?	Yes <input type="checkbox"/> No <input type="checkbox"/>



## What to do next

Has use of assisted technology been considered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the assessed individual/carer consent to proposed actions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Non-consent to intervention (any capacity issues/concerns?)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Risk Identified	Action required to manage identified risk (Continue on separate sheet if necessary)

**A multi-professional/agency approach has been taken to ensure all support/information has been given**

After reviewing the Red Flag Indicators, consider the following options:

- ☐ Refer to Safer Together Fire Safety Awareness Resources for solutions to reduce the risk
- ☐ Home Fire Safety Check by Northern Ireland Fire & Rescue Service (NIFRS)
- ☐ Joint visit with social worker/family member & NIFRS
- ☐ Implementation of intervention strategies

**If a Home Fire Safety Check (HFSC) is required, send the following details to [EACEnhancedHFSC@nifrs.org](mailto:EACEnhancedHFSC@nifrs.org):**

- Name of person requiring referral;
- Address;
- Contact telephone number of person requiring HFSC;
- Name and contact details of person referring; and
- Consent given?

**Key Worker/Social Worker Name**

**Signed:**

**Office Name &  
Telephone Number**

**Name of any other  
person present**



Belfast Health and  
Social Care Trust

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## Safer Together PROJECT

Prevent Harm Raise the Alarm



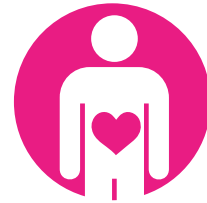
Working Together



Excellence



Openness &  
Honesty



Compassion



**Northern Ireland  
Fire & Rescue Service**