

## Risk assessment for the Use of Paraffin-based Emollients

**Name of Person:**

**Home / Service /  
Room number:**

**Is this person using a paraffin-based emollient?**

Yes	No
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**State name of paraffin-based emollient:**

Assessment	Yes/No	Findings	Actions and timescales	Completed Date & Signature
Has the person been informed to keep away from fire, flames or other potential cause of ignition?				
Has the person been told not to smoke when using these preparations?				
Has the person been given both verbal and written information as to the potential fire risks associated with paraffin-based emollients?				
Does the person smoke?				
Does the person come into contact with people who smoke?				

Assessment	Yes/No	Findings	Actions and timescales	Completed Date & Signature
Has stop smoking support been offered?				
Is clothing or bedding impregnated with paraffin-based emollients regularly changed? ( <i>Preferably on a daily basis</i> )				
Has all the information been written into the person's care plan?				
Is the person using oxygen? (Additional fire risk)				
Is fire safety information displayed prominently in every area where the person may be treated with significant quantities of paraffin-based emollients?				
Have relatives and care staff been advised what to do if the person does not comply with safety advice and instructions during treatment?				
Have paraffin-free alternatives been considered / discussed with the prescriber where appropriate?				
Are chairs and seating assessed for contamination with paraffin-based emollients?				

**Risk:**  
(Circle as appropriate)

High	Medium	Low
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**Any other actions taken to control this risk?**

**Signed:**

**Name:**

**Job Role:**

**Date:**

**Review Date:**