



Fire Safety Guidance for Professionals and Carers who work with Adults with Care and Support Needs



Prevention



Protection



Response

Making West Midlands Safer

WEST MIDLANDS FIRE SERVICE

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The Care Act 2014 places a responsibility on organisations work effectively in partnership to prevent, delay and reduce care and support needs. Increasingly, people with disabilities and ill health are being supported to live independently in their own homes* for as long as possible. The combination of living independently with the disabilities and ill health that require care and support can also increase a person's risk and vulnerability to fire.

This guidance document has been created to assist leaders, managers, professionals and carers in reducing risk and vulnerability to fire for their service users. It has been designed for use by:-

- ▶ Adult Social Care staff, Social Workers and Occupational Therapists
- ▶ Domiciliary and Home support workers
- ▶ Continuing Health Care Professionals
- ▶ Community Nursing Teams
- ▶ Staff in any other organisation involved in care of people in their own homes

Safeguarding Adult Reviews (SAR) following fatal accidental dwelling fires have highlighted that adults with care and support needs frequently exhibit behaviours and vulnerabilities that increase their risk to fire. They are not recognised by professionals or carers and are not routinely shared with Fire and Rescue Services.

Analysis of casualty data from accidental dwelling fires has provided evidence that shows people who are in receipt of care and support are more likely to have a fire and to be severely injured or die as a result of the incident.

WMFS Serious Incident Review Process (SIR) has identified that there is a need for mitigation of risk and vulnerability to fire to be integral to care and support plans. That this should explicitly include roles and responsibilities for monitoring and ongoing maintenance of risk levels and appropriate use of any equipment in use.

The guidance provides recommendations for good practice in the following areas:-

- ▶ Identifying risk and vulnerability to fire
- ▶ Including risk of fire within assessment and care planning
- ▶ When and how to refer to WMFS and what services are available
- ▶ What resources are available to reduce risk?
- ▶ Training and Workforce Development.

*The term 'own home' includes those people who live in Sheltered, Housing with Care and Housing with Extra Care Schemes.

Smoking within the property

A high percentage of injuries and fire deaths are from fires caused by smoking. Indicators of risk to fire associated with smoking include:-

- ▶ Burns on carpets, furniture, bedding and clothing
- ▶ Evidence of smoking in bed
- ▶ Carelessly discarded cigarettes or matches
- ▶ Overflowing ashtrays
- ▶ Lighters or matches within the reach of children

Physical Impairment/Limited Mobility/Reduced Manual Dexterity

- ▶ A person with a physical impairment or limited mobility is not necessarily at greater risk of fire, however a fire should occur they may be slow or unable to vacate the property in a safe and timely manner.
- ▶ Reduced manual dexterity may increase the likelihood of a fire, particularly from smoking or other household activities.
- ▶ For individuals who are bed dependent or bariatric in the event of a fire escape will not be an option. The biggest risk to these individuals is from smoking.

Drug and Alcohol Dependency/Misuse

- ▶ May increase the likelihood of a fire, particularly from smoking or other household activities such as cooking because its effects inhibit the ability to make safe decisions.
- ▶ It also affects the ability to recognise and respond appropriately in case of fire.

Use of prescribed medication

- ▶ Prescription medication can increase the risk of a fire starting particularly if the individual is a smoker.
- ▶ It can inhibit the ability to vacate the property in a safe and timely manner.
- ▶ This is because it is either designed to or has side effects that relax or create calmness, and help people to sleep.

Mental Ill Health

- ▶ Mild mental illness with minimal medical intervention does not necessarily increase risk to fire.
- ▶ More serious diagnosed conditions often lead to stronger medication, and more propensity to consume alcohol, non-prescription drugs and smoking.
- ▶ In some more serious conditions symptoms can include fire setting behaviours.

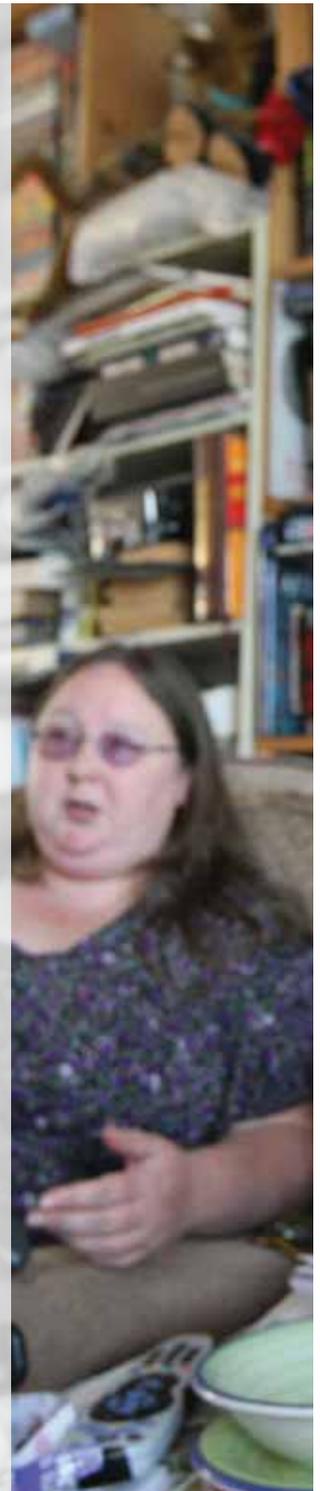
Dementia

Dementia as progressive brain disease means that a person's ability to make rational cognitive decisions will become more challenging the further along the journey they are. Some of the specific risks and vulnerabilities to fire that the condition creates are:-

- ▶ Leaving cooking unattended or putting things on cookers or in microwaves that shouldn't be there.
- ▶ Understanding the sound of the smoke detector in the event of a fire and taking appropriate action
- ▶ Not recognising the property they live in can inhibit their ability to exit in a safe and timely manner in the event of a fire.

Disorganised living - Hoarding Behaviours

- ▶ Hoarding generally increases fire loading within a property
- ▶ It can block exit routes which would reduce the ability to exit in a safe and timely manner in the event of a fire
- ▶ It affects fire fighters ability to tackle the fire because it makes the fire more intense and makes it more difficult to effect a rescue
- ▶ The content of the hoard may include hazardous or highly inflammable materials
- ▶ The hoard may be located close to ignition sources such as gas fires or cookers



Learning Disability

The risk factors are similar to those who live with dementia:-

- ▶ The disability may inhibit their ability to make safe decisions
- ▶ They may not remember or retain safety information which could affect their ability to respond to fire and exit in a safe and timely manner.
- ▶ Due to their vulnerability they may be inappropriately befriended by individuals who undertake risky activities such as taking drugs, smoking and fire setting in their home.

Sensory Impairment

- ▶ A persons hearing impairment does not in isolation make them more at risk of fire.
- ▶ Should there be a fire without the correct type of smoke detection they are more likely to die or be injured.
- ▶ Smoke detection should include flashing strobes and vibrating pillow pads.
- ▶ Where the individual resides in sheltered type accommodation consideration should be given to how the alarm system links to the individual's smoke detector.
- ▶ A visual impairment in isolation does not make an individual more at risk of fire.
- ▶ With appropriate adaptations everyday household tasks can be carried out safely
- ▶ For a person with a visual impairment because they cannot see smoke, a working smoke detector and escape plans are particularly important as is the need for clear escape routes.

Inappropriate use of or unsafe electrical appliances

- ▶ The biggest risk of fire comes from damaged or overloaded electrical sockets.
- ▶ Risk is also associated with combustibles such as clothing or newspapers/ magazines being placed over or too close to electrical equipment and sockets.
- ▶ Faulty electric blankets are also a common cause of fire
- ▶ Use of electrical chargers and appliances which do not comply with British/ European safety standards.



Use of medical oxygen

- ▶ Oxygen is highly explosive when exposed to naked flame or dirt and grease.
- ▶ Medical oxygen use is often associated with smoking related lung diseases and users often continue to smoke.
- ▶ The oxygen rich atmosphere stays within clothing and furnishings creating an increased risk of rapid fire spread which is a particular risk for smokers.
- ▶ The presence of medical oxygen cylinders poses a risk to fire fighters and the user in the event of a fire because the heat from the fire may cause the cylinders to explode.

Living alone

- ▶ Analysis of accidental dwelling fires shows that people who live alone are more at risk from fire.
- ▶ This is likely to be because one or more of the risk and vulnerability factors above are present.

Does the property have a working smoke detector?

- ▶ Smoke detectors do not prevent a fire from occurring.
- ▶ They provide the earliest possible warning in the event of a fire to give the best possible chance of exiting the property safely
- ▶ Fire and Rescue Services recommend that all homes have a working Smoke Detector on each level

Examples of what some of the risks above may look like if they are present in the service users home are included in appendix 3



Assessment and Review

WMFS recognises that there are many variations across agencies and sectors in the types of assessments and reviews of care and support needs undertaken.

Therefore the term assessment and review is used in this guidance to cover:-

- ▶ Assessment and Review processes as defined in the Care Act 2014
- ▶ Continuing Health Care Assessments and Reviews
- ▶ Domiciliary and Home support planning and reviewing processes
- ▶ Hospital Discharge planning processes
- ▶ Occupational Therapy assessments/reviews

Where risk and vulnerability to fire has been identified, with service user consent, professionals and carers should make safe and well visit referrals to WMFS even if the person being assessed does not meet eligibility/thresholds criteria for care and support.

WMFS recommends that the Fire Safety Risk Assessment tool detailed in Appendix 1 is used for this purpose.

If any of the risks and vulnerabilities are present and/or the person does not have a working smoke detector then a referral to WMFS for a Safe & Well Visit must be made.

The Safe & Well Visit Referral form, which provides the information required by WMFS to triage and arrange the Safe and Well Visit is detailed in Appendix 2 of this guidance.

WMFS requests that on receipt of this guidance, you make contact with your local WMFS Partnerships Team. The Team will create a unique referral pathway identifier for your organisation/team.

This identifier is key for communication between WMFS and the referring agency to effectively manage the service users risk and vulnerability to fire.



Contact details are provided below

Birmingham	0121 380 7913, 7916 or, 6915
Sandwell and Dudley	0121 380 7347 or 6295
Walsall and Wolverhampton	0121 380 6386, 6521 or 6517
Coventry and Solihull	0121 380 6294 or 6292

When contact is made with the Partnerships Team, agencies will also receive electronic copies of the Fire Safety Risk Assessments and Safe & Well Referral Forms.

Housing providers should consider how they can incorporate assessing risk and vulnerability to fire within their lettings processes for individuals with care and support needs. Particular consideration should be given to those who require adaptations within their properties or those who will reside in sheltered/housing with care/extra care schemes.

Community Alarm/Assistive Technology

Where it is decided that assistive technology is used to support service users to live independently, WMFS recommends that a smoke detector linked to the system is considered in all cases where a Community Alarm is being installed. This is particularly relevant for people with complex needs, who have limited mobility and smoke.

Activity/Behavioural Risk Assessments

Behaviours and activities such as use of alcohol and drugs or smoking may require a more detailed activity specific assessment and management plan. This is particularly important where individuals with limited mobility smoke.

An example of good practice in assessing 'smoking' as a specific risk is attached as appendix 3 of this guidance. It includes examples of statements of:-

- ▶ The benefits the person believes they get from undertaking the activity
- ▶ Risks and Hazards identified through conversations with the person to make sure that they understand the risks to them and others around them.
- ▶ Statements explaining what actions/plans are in place to reduce/monitor the risk together with roles and responsibilities for these.

Mental Capacity

Where a service user is identified as being vulnerable and at risk of fire, WMFS requires the persons consent receive a referral for a Safe and Well Visit. There will be instances where the service user either, lacks capacity or has capacity to make unwise decisions.

When a person lacks capacity to make decisions about their fire safety, WMFS recommends they are invited to attend any multi agency meetings to discuss and agree best interest decisions.

When a person has capacity to make decisions about their fire safety, but refuses to consent to a Safe & Well visit, WMFS recommends that this is recorded in the individual's records. At this stage WMFS is available to provide professional advice and guidance. WMFS would encourage professionals and carers to make contact in these instances using the Home Safety Centre free phone number which is 0800 389 5525.

Information Sharing

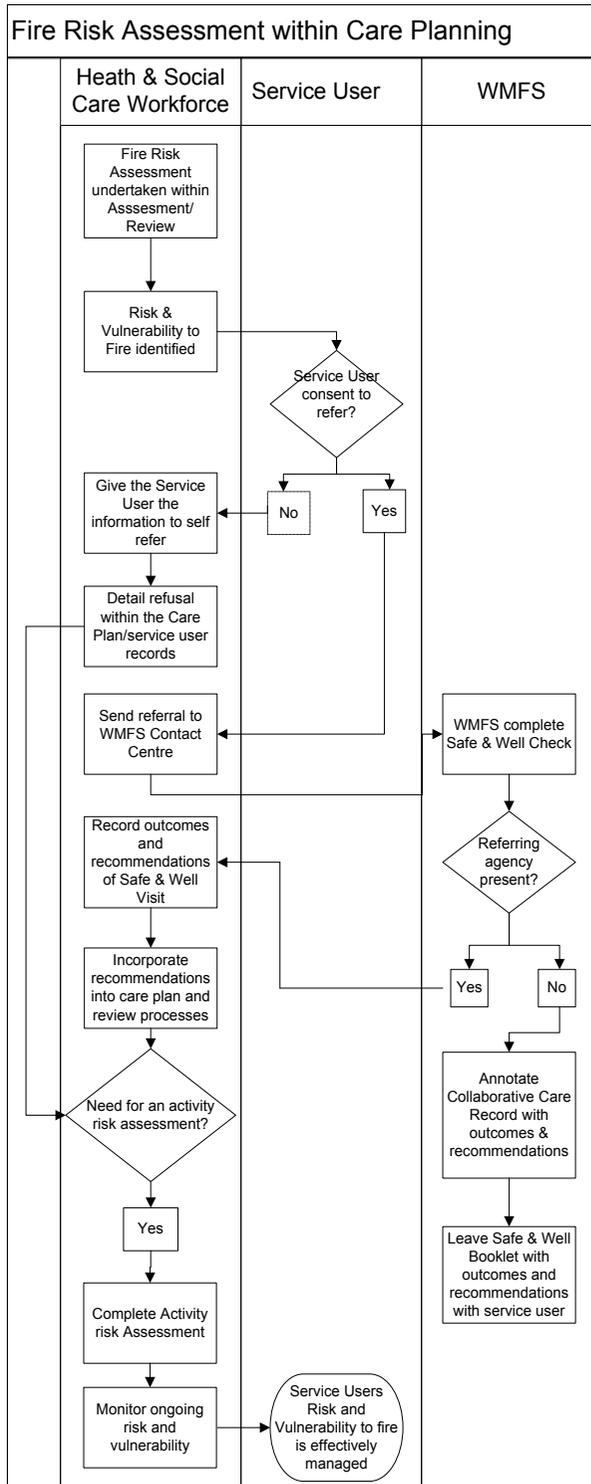
WMFS recommends that wherever possible consent is gained from the service user for the referrer to be present during the Safe and Well Visit. This provides the best opportunity for a coordinated and shared approach to supporting the individual to reduce or manage their risk.

Where this is not possible, following a safe and well visit, WMFS will leave a booklet called 'keeping you safe and well' summarising the outcome and recommendations with the service user. Where the service user gives consent, WMFS will also record these outcomes and recommendations in the 'Collaborative Care Record' where this is present.

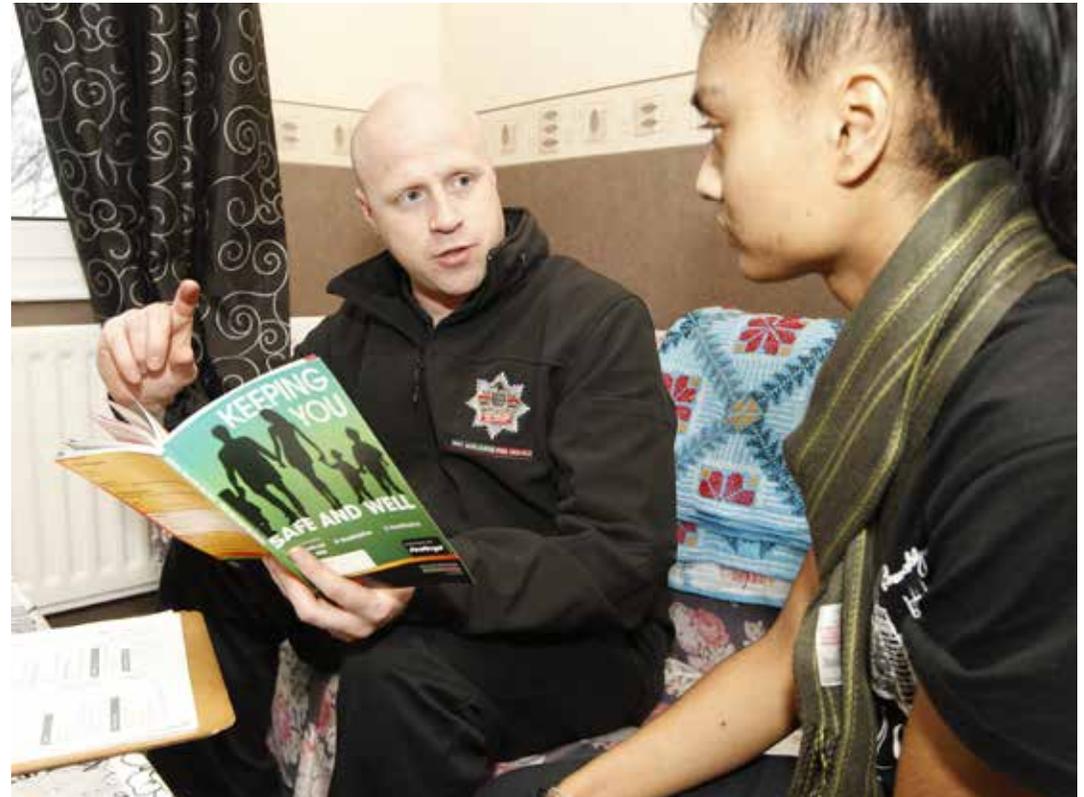
Where the service user refuses consent for WMFS to share information but WMFS considers that the person is at significant risk to fire (life risk to self and others), WMFS will in the best interests of the service user share all relevant information relating to the risk with the referring agency.

The flowchart summaries the process of assessing, referring and mitigating risk and vulnerability to fire for people who have care and support needs.

THE PROCESS FOR ASSESSING RISK AND VULNERABILITY TO FIRE AND REFERRING TO WMFS FOR A SAFE & WELL VISIT



The flowchart (left) summarises the process of assessing, referring and mitigating risk and vulnerability to fire for people who have care and support needs.



A Safe & Well Visit is a person centred home visit to identify the person's risks and vulnerabilities to fire. The personnel carrying out the visit will be operational firefighters. They will provide support and guidance, the aim of which is to reduce the risk and vulnerability. This may include recommendations for resources, adaptations and equipment, for example, fire retardant bedding for an individual who smokes in bed.

When conducting a Safe & Well Visit, WMFS will always carry their identity card, and service users should always ask to see this before providing access to undertake the visit.

During the Visit, where they are required, WMFS will correctly site and install standard smoke detectors on each level the property.

The Safe & Well Visit also includes discussions about general safety in the home, for example risk of slips trips and falls, home security and smoking cessation. WMFS has the facility to make referrals that will help to prevent, reduce and delay care and support needs where the person feels this would be beneficial, such as to Age UK, and this is done with their consent.

On Receipt of a Safe & Well Visit Referral, West Midlands Fire Service will:-

- ▶ Triage the risks and vulnerabilities highlighted
- ▶ Make a decision on level and priority of service needed
- ▶ Make an appointment with the named contact to carry out a Safe and Well Check
- ▶ Liaise with and support the service user and referring agency where triage process deems this is required.



Resources, Adaptations and Equipment

There are many resources, adaptations and equipment that are commonly recommended by WMFS during a Safe & Well Visit. Details of which can be found below.

This list is not exhaustive, there are many manufacturers of a wide range of equipment, fire retardant clothing and soft furnishings and other equipment to help reduce risk and vulnerability to fire.

Examples of the commonly recommended resources, adaptations and equipment:-

Resource, Adaptation, Equipment	Application
Hearing impaired smoke detector	For people with a hearing impairment drug & alcohol dependency or misuse People on prescription medication
Low frequency sounder smoke detector	For people with a hearing impairment drug & alcohol dependency or misuse People on prescription medication
Linked smoke detector	For people who hoard where the detectors audible signal may be reduced due to extensive clutter
Fire retardant bedding pack (Duvet, pillow, duvet cover, pillow case and fitted sheet)	For people who smoke in bed
Fire retardant throws and rugs	For people who smoke in armchairs, on settees etc
Fire retardant smoking apron	For people who smoke in armchairs, on settees etc
Galvanised metal bucket with damp sand in the bottom	For safe disposal of cigarettes
Community Alarm – system linked smoke detector	For people with complex health needs, limited mobility and high fire risk
Letterbox protectors	Is fitted to the inside of a front door over the letterbox where there is a risk of Arson related ASB or Domestic Abuse
Heat detectors, cooker shut off or cooker suppression system	Where there is an increased risk when cooking for example for someone who has a sight impairment or decreased memory function e.g. dementia For smokers with limited mobility and extremely high fire risk
	Safer, more cost effective option to replace the use of electric blankets

In order to be able to identify, assess, refer and mitigate the risk and vulnerability to fire, the workforce that engages with people with care and support needs must be able to:-

- ▶ Understand who is at risk and vulnerable to accidental fires in the home
- ▶ Identify behavioural, health, lifestyle and environmental risks
- ▶ Understand how and why these risks increase vulnerability
- ▶ Undertake fire risk assessments
- ▶ Make a referral to WMFS for a Safe & Well Visit for service users that are at risk and vulnerable to accidental fires in the home
- ▶ Incorporate the recommendations from the Safe & Well Visit into care and support planning and review processes.
and
- ▶ Understand the resources available to mitigate risk and vulnerability to fire.

WMFS recommends that agencies design and deliver training to their workforce that incorporates the objectives above. The information contained in this guidance will provide the foundation to develop the content for the training session. This guidance has been written following recommendations from the Miss G SIR conducted by Coventry Safeguarding Adults Board, therefore a good practice approach to developing the training session would be to focus on Miss G or a similar individual as a case study.

A link to the executive summary for the review can be found below:-

<http://democraticservices.coventry.gov.uk/documents/g10877/Public%20reports%20pack%2009th-Sep-2015%2014.00%20Health%20and%20Social%20Care%20Scrutiny%20Board%205.pdf?T=10>

FIRE SAFETY RISK ASSESSMENT

PLEASE COMPLETE FORM IN BLOCK CAPITALS

USE BLACK INK ONLY

Person making Referral

Name:

Organisation:

Customer/Service User

Name:

Title:

Address

Postcode:

Telephone Number:

DOB:

Person to Contact

Name:

Telephone Number:

Relationship to Occupier:

	Vulnerability/Risk Assessment	Yes	No	Comments
Smoke Detectors give the earliest warning of the fire	Do you have a working smoke detector on each level of your home? (The person undertaking this risk assessment should test each detector if possible.)			

<p>Smoking is a major contributor to serious injury and death from accidental fires in the home</p>	Are there signs of burns on carpet, furniture, bedding or clothing?			
	Is there evidence of smoking in bed?			
	Is an airflow mattress in use?			
	Are the carelessly discarded cigarettes or matches present?			
	Are there overflowing ashtrays?			
	Are lighters or matches within reach of children?			
<p>Physical Impairment/ Limited Mobility/ Reduced Manual Dexterity</p>	Does the person have mobility impairment that means they would be slow to vacate the property in the event of a fire? E.g. wheelchair, walking frame			
	Does the person have reduced manual dexterity?			
	Would the person require specialist teams or equipment to exit the property in the event of a fire e.g. bed dependent or bariatric			
<p>Drug and alcohol dependency/misuse</p>	Are there indications of excessive consumption of alcohol?			
	Are there indications of substance misuse?			
	Would either of the above affect the person's ability to recognise and respond appropriately in the case of a fire?			

Prescription Medication	Does the medication or any of its side effects inhibit the person's ability to recognise and respond appropriately in the case of fire?			
Mental Ill Health	Does the person have a diagnosed condition that requires medication?			
	Does the medication or any of its side effects inhibit the person's ability to recognise and respond appropriately in the case of fire?			
	Does the person exhibit any fire setting behaviours?			
Dementia	Does the person have dementia?			
	Does their dementia affect their ability to recognise and respond appropriately in the case of fire?			
	Is there evidence of previous cooking related fire incidents?			
Hoarding Behaviours	Does the person have hoarding behaviours?			
	Are escape routes blocked by the hoard?			
	Does the content of the hoard include hazardous or highly flammable materials?			
	Is the hoard located close to ignition sources such as gas fires or cookers?			

Learning Disability	Does the person have a learning disability?			
	Does this disability affect the person's ability to retain safety information which could affect their ability to recognise and respond appropriately in the case of fire?			
	Is there evidence of inappropriate befriending that increases the risk of fire within the property? E.g. substance misuse, fire setting			
Hearing Impairment	Does the person have a hearing impairment?			
	Is the current smoke detector inappropriate for the person? i.e. it doesn't have strobe or vibrating pillow pad			
Visual Impairment	Does the person have a visual impairment?			
	Are potential escape routes blocked?			
Electrical Appliances	Are there damaged or overloaded sockets within the property?			
	Are there combustibles such as clothing or newspapers placed too close to electrical appliances?			
	Does the person use an electric blanket?			
	Are there any known faulty electrical appliances within the property?			

Medical Oxygen	Is there medical oxygen in the property?			
	Are there additional oxygen cylinders stored within the property			
	Does the person smoke?			
Additional Information	Does the person live by themselves in this property?			
	Is the person in receipt of benefits?			
	Is the person over 65?			
Consent to Refer for a Safe and Well Visit	Do you have the persons consent to refer them to WMFS for a Safe and Well Visit?			

Partner agencies must ensure any processing of personal data for which they are responsible complies with the Data Protection Act 1998 and Freedom of Information Act 2000.

Return Via: Email: contactcentre@wmfs.net Secure Email: contactcentre@wmfs.cjsm.net Telephone 0800 389 5552

WMFS SAFE & WELL VISIT REFERRAL	Partner Ref:
PLEASE COMPLETE FORM IN BLOCK CAPITALS	
USE BLACK INK ONLY	

Person making Referral	
Name:	Organisation:
Relationship to Occupier:	
Work Address	Postcode:
Telephone Number:	Fax Number:
Email Address:	

Customer		
Name:	Title:	
Address		
	Postcode:	
Telephone Number:	DOB:	Visit: AM PM W/END

Person to Contact	
Name:	Telephone Number:
Relationship to Occupier:	

Please answer the following questions:

Joint Visit Required

- Consent given by occupier for Safe & Well visit to be carried out? **Yes / No**
- Are there any occupiers over the age of 65? **Yes / No**
- Are there any occupiers who smoke in the property? **Yes / No**
- Are there any working smoke detectors in the property? **Yes / No**
- Are there any occupiers who may have difficulty responding to an emergency
e.g due to mobility visual hearing impairment ? **Yes / No**
- Has the occupier had a fire before? **Yes / No**
- Occupier is in receipt of one or more benefit? **Yes / No**

Following to be asked by Health Professionals / Carers Only:

- Is there evidence of previous fires, including cigarette burns? **Yes / No**
- Are there any occupiers who have learning disabilities? **Yes / No**
- Are there any occupiers who have mental health conditions? **Yes / No**
- Do any of the occupiers receive palliative care? **Yes / No**
- Are there any occupiers with drug or alcohol dependencies? **Yes / No**
- Is there evidence of disorganized living, excessive or dangerous storage? **Yes / No**
- Are there any occupiers with dementia? **Yes / No**

Comments

(Language / Disabilities / Password / Other Risk Factors / Reason for Joint Visit etc)

If the occupier answer `difficulty responding to an emergency` – this section **MUST** be completed

Partner agencies must ensure any processing of personal data for which they are responsible complies with the Data Protection Act 1998 and Freedom of Information Act 2000.

What Does Risk and Vulnerability Look Like?

Overloaded Sockets



Faulty Electric Blanket



Hoard with electrical overloading



Smoking Risk



Hoarding Behaviours



Cooking Risks



APPENDIX 4
 ACTIVITY RISK ASSESSMENT EXAMPLE -
 SMOKING

Service User	Activity: Smoking	
Completed/Assessed by	1st Review Date	Review Frequency
Date	Hazards and Risks	Action Plan/Steps to Reduce Hazards and Risks
Benefits from the Activity		
I enjoy smoking, it is my choice to smoke.	I may fall asleep whilst I am smoking and drop my cigarette. This could cause my clothing or furniture to ignite.	<p>WMFS have undertaken as Safe and Well visit to Mr xxx during which xxxx was present (agency representative). The recommendations made about equipment to reduce Mr xxx risk of fire have been included in his care package and within his care and support plan.</p> <p>Consideration has been given to adapting Mr xxx flat by installing a fixed suppression system. At the moment the risk that his smoking poses is not deemed to be high enough therefore:-</p> <p>Mr xx takes medication at night to help him sleep, he has been advised that it is safer to smoke his last cigarette at night before he takes his medication. Staff will remind him each night during their last call.</p>

APPENDIX 4
ACTIVITY RISK ASSESSMENT EXAMPLE -
SMOKING

Because I smoke in bed, I might burn myself if I drop a cigarette and it starts a fire.

A fire retardant throw and rug have been provided – Care staff will monitor the condition of the throws for evidence of cigarette burn marks to understand the frequency. The rug is sited under Mr xxx chair, in which he smokes and throw is sited on the chair over the seat cushion and arms to prevent cigarettes falling into the chair.

As Mr xxx is confined to his wheelchair he has been provided with a fire retardant apron to wear whilst he is smoking – he has stated that he is willing to an will put this on when he smokes.

2 sets of fire retardant bedding have been provided – Mr xxx sister will ensure that these are laundered and that there is always a set on the bed. Care staff will monitor the condition of the bedding for evidence of burn marks

Mr xxx has been provided with a galvanised bucket which contains damp sand as a safer method of extinguishing his cigarettes. As part of Mr xxx housekeeping visits, staff will dispose of the cigarettes and sand replenishing it for fresh damp sand daily. The bucket is sited on the fire retardant rug at the left side of Mr xxx armchair where smokes

APPENDIX 4
 ACTIVITY RISK ASSESSMENT EXAMPLE -
 SMOKING

	My ashtrays are overflowing, I may not have extinguished my cigarettes properly, if one falls onto the carpet or into my armchair, this may start a fire.	Mr xxx has assistive technology in his home, this has a linked smoked detector so that in the event of a fire, the earliest warning will be provided to the Contact centre so that the fire service are alerted immediately. Or During the Safe & Well visit, the fire service fitted an additional smoke detector in Mr xxx bedroom as this is the room in which he smokes.
	The staff who provide my care enter my flat when I am smoking, this is harmful to them as they breathe in my cigarette smoke.	Staff ask me not to smoke when they are in my flat. I will open a window to clear the smoke as/before they arrive.

Review Date & Name of Person Reviewing	Changes + / - in Risks and Hazards	Observations of Risk Reduction Measures/New Measures Required & Put in Place