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#### People Group

**PUPIL HANDLING RISK ASSESSMENT**



**Assessment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| RE-ASSESSMENT DUE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Annually or when there is a change in equipment, setting, child/young person’s needs or any circumstance affecting handling. Any change in circumstances must be communicated immediately to the Qualified Manual Handling Risk Assessor.** |

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| NAME | DOB | M/F |
| SCHOOL |
|  **Print Name(s)**  | **Present at assessment** | **Signature(s)**  | **Date** |
| **QUALIFIED RISK ASSESSOR**Name:Contact Details: |  |  |
| **PHYSIO/OT**Name(s): | Yes No |  |  |
| **TA**Name(s): | Yes No |   |  |
| **Pupil**I have taken part in this handling assessment and agree to the handling plan |   Yes No  | Pupil signature or mark |  |
| Parent/ Carer Name(s): | Yes No |  |  |
| Head Teacher/Manager Name: |  |  |

**Summary of Warwickshire Manual Handling Guidelines**

**Health and Safety at Work Act, 1974.**

**Employers Responsibility**

Under Section 2 of the Health and Safety at Work Act 1974 (HSWA) employers have a duty to safeguard the health, safety and welfare of their employees, as far as is reasonably practicable.

Under Section 3 of HASWA employers have a duty to safeguard the health, safety and welfare of others, affected by their undertaking, as far as is reasonably practicable.’

**Employees Responsibility**

Under Section 7 the employees have to take reasonable care of his or her own health and safety and also that of other people who may be affected by the employee’s act or failure to act.

**Manual Handling Operations Regulations, 1992**

**Employers Responsibility (Regulation 4) Avoid, Assess, Reduce, Review.**

To **avoid**, where possible the need for manual handling, where it is not possible an **assessmen**t of risk is required to **reduce** the risk to the lowest level reasonably practicable. This will be **reviewed** periodically and/or where the assessment becomes invalid or there is significant change.

**Employees Responsibility**

Each employee while at work shall make full and proper use of any system of work provided for their use by their employer in compliance with Regulation 4.

The formal pupil specific risk assessment **MUST** be carried out by a competent handling trainer who has qualified with an organisation recognised by Warwickshire County Council. This assessment should demonstrate a balanced approach to the legal frame work that embeds manual handling and the needs and opinions of the pupil.

All staff or volunteers carrying out manual handling following the formal risk assessment::

* Must have received a practical and theory based training program from the manual handling trainer, including any equipment being used.
* Must be responsible for their own physical ability to carry out manual handling and must alert their line manger immediately if they are unable to do so. (including pregnancy)
* Must carry out their own informal risk assessment before every handling task:

Environment

Load

Individual capacity

Task

Equipment

And other.

* Must wear appropriate clothing for the task
* Must have the compliance of the pupil to carry out the task
* Must alert the handling trainer immediately if there are **any** changes to the formal risk assessment including the pupil’s physical capabilities, equipment, environment, health, or opinions as to how the handling is carried out
* All **accidents** and **near miss accidents** must be recorded by the school following WCC accident/incident reporting policy and guidelines and the handling trainer notified immediately

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| **Pupil’s Physical Capability** |
| Disability:Medical Needs: |
| Weight without aids | Height | History of falls Y/N |
| Any additional weight eg body brace |

Tick the appropriate boxes and add a comment if required.

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| --- | --- | --- | --- |
| **Ability to use each body part** | **Fully** | **Partially** | **Not able to** |
| **Upper Right limb** |  |  |  |
| **Upper Left limb** |  |  |  |
| **Lower Right limb** |  |  |  |
| **Lower Left limb** |  |  |  |
| **Left wrist** |  |  |  |
| **Right Wrist** |  |  |  |
| **Left foot** |  |  |  |
| **Right foot** |  |  |  |
| **Trunk Control** |  |  |  |
| **Head Control** |  |  |  |
| **Weight Bearing** |  | e g. with walking stick/ walking frame. |  |
| **Able to balance when standing** |  |  |  |
| **Able to balance when sitting** |  |  |  |

**Other documentation for the handler to be familiar with:**

|  |  |
| --- | --- |
| **Documentation** | **Where it is kept** |
| PEEP  |  |
| Individual Risk Assessment |  |
| Care Plan |  |

**Equipment**

(Delete/add the equipment used in the handling plan)

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|  | A service is the requirement of the manufacturer of the equipment or legislation to ensure the equipment in kept in a safe working order |  | An assessment for appropriateness of use is carried out by a professional who recommended the equipment/has professional knowledge of the equipment to ensure it continues to meet the child or young person’s need. |
| **Equipment** | **Contact if equipment is faulty.** | **Service Date** | **Service Due** | **How is the service organised?** |  | **Assessment for appropriateness of use carried out by:** | **Assessment****date**  | **Assessment Due** | **How assessment is organised** |
| Seating: |  |  |  |  |  | . |  |  |  |
| Wheelchair |  |  |  |  |  |  |  |  |  |
| Standing frame:  |  |  |  |  |  |  |  |  |  |
| Standing frame:  |  |  |  |  |  |  |  |  |  |
| Splints |  |  |  |  |  |  |  |  |  |

**Infection control:**

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| --- | --- | --- | --- |
| **Equipment** | **Single Use**  | **Shared use** | **Management of infection control/ cleaning etc.** |
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**Mental/physical state which may increase risk to handler**

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| --- | --- | --- | --- |
| **Is there a risk to the handler or pupil from:** | **Yes** | **No** | **Comments** |
| Hearing impairment |  |  |  |
| Visual Impairment |  |  |  |
| Communication methods |  |  |  |
| Unpredictable Behaviour |  |  |  |
| Uncooperative Behaviour |  |  |  |
| Aggressive Behaviour |  |  |  |
| FrustrationImpatience |  |  |  |
| Confusion |  |  |  |
| Unconscious/semi-consciousness |  |  |  |
| Standing balance |  |  |  |
| Sitting balance |  |  |  |
| Involuntary movements |  |  |  |
| Muscular Spasm |  |  |  |
| Muscular Stiffness |  |  |  |
| Muscular Weakness/low tone |  |  |  |
| Paralysis |  |  |  |
| CathetersOxygenFeed lines etc in situ |  |  |  |
| Internal pumpse.g. Baclofen pump |  |  |  |
| Pain |  |  |  |
| Incontinent - Urine Faeces |  |  |  |
| Lack of sensory awareness e.g. touch |  |  |  |
| Skin condition |  |  |  |
| Child’s clothing |  |  |  |

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| **Other - areas of concern increasing risk to handler****Environmental Issues:** |

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|  **CLINICAL REASONING FOR HANDLING PLAN**The clinical reasoning gives the reader the opportunity to understand the thought process of the assessor: how a decision was reached may then be clearer and available for others in the future. |
| **Reason for Manual Handling Risk Assessment** |  |
| * **Task:**
 | **Risk from Environment**High Medium low | **Risk to Handler(s)** High Medium low | **Pupil’s views considered**Yes No |
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| * **Task:**
 | **Risk from Environment**High Medium low | **Risk to Handler(s)**High Medium low | **Pupil’s views considered**Yes No |
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| * **Task:**
 | **Risk from Environment**High Medium low | **Risk to Handler(s)**High Medium low | **Pupil’s views considered**Yes No |
|  |
| * **Task:**
 | **Risk from Environment**High Medium low | **Risk to Handler(s)**High Medium low | **Pupil’s views considered**Yes No |
|  |
| * **Task:**
 | **Risk from Environment**High Medium low | **Risk to Handler(s)** High Medium low  | **Pupil’s views considered**Yes No |
|  |
| * **Task:**
 | **Risk from Environment**High Medium low | **Risk to Handler(s)** High Medium low | **Pupil’s views considered**Yes No |
|  |
| * **Task:**
 | **Risk from Environment**High Medium low | **Risk to Handler(s)** High Medium low | **Pupil’s views considered**Yes No |
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| * **Procedure in the event of a fall**
 | **Risk from Environment**High Medium low | **Risk to Handler(s)** High Medium low | **Pupil’s views considered**Yes No |
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| * **Procedure in the event of equipment failure**
 | **Risk from Environment**High Medium low | **Risk to Handler(s)** High Medium low | **Pupil’s views considered**Yes No |
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| **Handling for Personal Emergency Evacuation Plan (PEEP)** | **Risk from Environment**High Medium low | **Risk to Handler(s)** High Medium low | **Pupil’s views considered**Yes No |
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| **CAR/TRANSPORT** | **Risk from Environment**High Medium low | **Risk to Handler(s)** High Medium low | **Pupil’s views considered**Yes No |
|  |
| **OTHER EG SWIMMING, RIDING, TRAMPOLINING ETC.** | **Risk from Environment**High Medium low | **Risk to Handler(s)** High Medium low | **Pupil’s views considered**Yes No |
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| **HANDLING PLAN*** Remember to include what occurs in the event of a foreseeable emergency

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| * **Task:**
 | **No of staff:** | **Equipment needed:** |
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| * **Task:**
 | **No of staff:** | **Equipment needed:** |
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| * **Task:**
 | **No of staff:** | **Equipment needed:** |
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 | **No of staff :** | **Equipment needed:** |
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 | **No of staff:** | **Equipment needed:** |
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| * **Task:**
 | **No of staff:** | **Equipment needed:** |
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| * **Procedure in the event of a fall**
 | **No of staff:** | **Equipment needed:** |
|  |
| * **Procedure in the event of equipment failure**
 | **No of staff:** | **Equipment needed:** |
|  |
| **Handling for Personal Emergency Evacuation Plan (PEEP)** | **No of staff:** | **Equipment needed:** |
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| **CAR/TRANSPORT** | **No of staff:** | **Equipment needed:** |
|  |
| **OTHER EG SWIMMING, RIDING, TRAMPOLINING ETC.** | **No of staff:** | **Equipment needed:** |
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| Pupil has given permission to use any photographs included in the handling plan yes no |
| Parent/carer has given permission to use any photographs included in the handling plan yes no |
| **Pupil comments, if required:** |

### RECORDS NEED TO BE KEPT FOR 6 YEARS

Overhead tracking and high / low beds are a school responsibility.

If the school buys into Warwickshire County Council indemnity scheme this equipment is covered in this contract, other schools must organise their own servicing.

**Practical Competency check List for People carrying out Children Handling**

Name of Person carrying out children handling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Competency to be assessed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of initial Manual Handling Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last Manual handling training\_\_\_\_\_\_\_\_\_\_\_\_\_ Up-date due\_\_\_\_\_\_\_\_

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| **Task** (including pupil name if relevant) | **Date** | **Assessor initials** | **Handler to initial box if physically****fit to do the task** | **competent** | **Needs further training** | **Date**  | **Assessor initials** | **Handler to initial box if physically fit to do the task** | **competent** | **Needs further training** | **Date**  | **Assessor initials** | **Handler to initial box if physically fit to do the task** | **competent** | **Needs further training** |
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| **Comments:** Including additional training organised etc. |
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