

Handling Pupils

Risk Assessment Form

Background

The All Wales Passport scheme was originally developed in 2003 by Health and Safety professionals within the NHS Trusts in Wales, to ensure high standards and consistency of manual handling within the NHS in Wales.

This Risk Assessment form is derived from the All Wales Local Government Manual Handling Passport Scheme and Centaur Training. The trainers providing the Handling pupils with special needs course will have completed a 5 day train the trainer Moving and Handling Course run by Centaur Training.

Manual Handling involves moving or supporting a load by hand or bodily force, including lifting, lowering, carrying, pushing and pulling. This may involve animate or inanimate loads. The Manual Handling Operations Regulations 1921, amended 2002, say that all staff involved in Manual Handling need to have training to allow them to carry out their jobs safely. Incorrect Manual Handling is one of the most common causes of injuries at work causing muscular-skeletal disorders in the workplace.

Purpose

The purpose of a risk assessment alongside a health care plan (where relevant) is to reduce any risk of injury to a pupil or carer by identifying the risks and taking action to reduce them. You will need to identify the hazards and who is at risk. The pupil's needs must be fully assessed, and all details recorded.

Prior to moving and handling pupils, staff should be provided with relevant information regarding pupil handling needs, and any environmental constraints which may affect transfers. Staff must have access to manual handling risk assessments at all times and should be aware of their responsibilities to inform their line manager / risk assessor of any changes affecting the safety of themselves, colleagues or pupils.

Why do you need to carry out a risk assessment?

- Settings have a duty of care for the health and safety of those in their care. A risk assessment will help the setting to plan and make suitable arrangements to make sure a child or young person's needs are being met safely
- There are legal reasons for having a risk assessment. **The Management of Health and Safety at Work Regulations, 1991, requires a risk assessment to be carried out for all work related activities**
- If there is an accident involving a child or young person, the setting and where appropriate will need to show that it has taken all 'reasonable steps' to prevent harm. A copy of the Risk Assessment will need to be kept on file for reference
- As part of ESTYN, inspectors consider a range of evidence to judge the safety of particular groups of children and young people, including those with a disability. They are likely to ask to see your risk assessment.

Requirements

This Risk Assessment form needs to be completed as part of the Handling Pupils with Special Needs course. The assessment must be completed to a good standard by the trainee who has attended the course (support can be provided by ALNCo/Headteacher if required).

Headteachers are required to:

- Maintain a register of staff who have received Handling Pupils with special needs Training (Please see Appendix 1) ensuring all registered staff attend refresher training every 2 years
- Ensure a risk assessment is undertaken for any pupil who needs assistance to move.
- Act upon this information to reduce the risk to those involved.
- Seek advice from parents, therapists and handling advisers.
- Inform all trained staff of the procedures and ensure they can all follow the system and carry it out.
- Ensure regular re-assessments are undertaken.
- Monitor and review the assessment every 6 months as well as each time any changes occur.

The Risk Assessment must be saved electronically within the school setting and a copy sent to the email address below. Please ensure you use the school administrative email account. If the Risk Assessment is not sent directly from the school administrative address, there could potentially be a Data Protection breach.

The Risk Assessment must be completed within 2 weeks of the undertaking 'Handling Pupils with Special Needs' course. If the assessment is not received within this time frame, contact will be made with the Headteacher/school. Submission of the assessment is a key requirement of qualifying the course.

Contact Details:

Email: manualhandling@rctcbc.gov.uk

Telephone: 01443 744333

Register of trained staff

Please use this register to record the details of all staff who have received Handling Pupils with special needs training. If a member of staff currently working with a pupil is absent from work, the Headteacher can call upon another member of staff on this register to support the pupil. This member of staff will need to have access to the Risk Assessment and be aware of the individual pupils needs.

Name	Position	Date of Full Training	Date of refresher Training

Risk Assessment

The purpose of this form is to reduce the risk of injury to a pupil or carer by identifying the risks and taking action to reduce them. The individual pupil needs must be considered when completing the Risk Assessment.

How we use your personal information

“Personal information will be processed by [INSERT SCHOOL NAME] in line with the Data Protection Act 2018 under our Public Task. Personal Information will be treated as confidential but will be shared with relevant Council departments within Rhondda Cynon Taf County Borough Council, partner organisations and when required by law.

To learn about how we manage your personal data, please visit our Schools Privacy Notice which can be found here [INSERT LINK]”

SECTION A: Pupil Details

Pupil’s Name:		School:	
Address:		School address:	
Date of Birth:		Weight: (Kgs)	
Level of Independence:		Stature:	<input type="checkbox"/> Tall <input type="checkbox"/> Medium <input type="checkbox"/> Short

SECTION B: Assessment

	Comments		Comments
Any relevant Medical History		Tissue Viability (Difficulties touching/using equipment)	
Physical Disability (Diagnosis)		History of Fall(s) (In or out of school)	
Psychological (Pupil stress level – could cause tension)		Cultural/religious considerations	
Pain Status (Pain management)		Attachment (Prosthesis - Artificial limbs)	
Physiotherapist		Occupational Therapist	

Section C: Environmental Risk Assessment

Area assessed	Hazards Identified	Actions to be taken	Date Actioned
Space Constraints on movement of handler / equipment.			
Access (internal) <i>Doorways, passageways, steps, stairs.</i>			
Access (external) <i>Steps, stairs, doorways etc.</i>			
Slips / Trip Hazards <i>Electric cables, rugs, flooring</i>			
Furniture <i>Changing bed / classroom / other</i>			
Temperature / Humidity / Lighting			
Electricity power supply <i>Condition, accessibility</i>			
Transport Vehicle Accessible transport			
Any Other			

SECTION D: Risk Rating

The purpose of the Risk Rating is to identify the severity and likelihood of risk of injury to a pupil or carer and taking action to reduce them. The individual pupil needs must be considered when completing the Risk Rating.

Risk Rating Calculation Key

Severity x Likelihood = Risk Rating

Severity (S)	
Fatality	5
Major injury	4
Medical injury	3
Minor injury	2
Insignificant Injury	1

Likelihood (L)	
Immanent	5
Very Likely	4
Likely	3
Not Likely	2
Remote	1

RISK RATING (RR)	
HIGH RISK	16 - 25
MEDIUM RISK	11 - 15
LOW RISK	6 - 10
INSIGNIFICANT	0 - 5

Task	People at Risk	Risk level before control			Method	Risk level after control		
		S	L	RR		S	L	RR
<i>e.g., turning on bed</i>	Pupil Staff	4	4	16 = High	Please bullet point the correct method for this task as detailed as possible so that trained staff can follow the method e.g., how many staff, equipment needed, and support given to ensure pupil is as independent as possible.	1	2	2 = Insignificant
1. Turning/moving/sitting on bed								
2. On and off bed								

		<i>Risk level before control</i>							<i>Risk level after control</i>		
Task	People at Risk	S	L	RR	Method				S	L	RR
3. Transfer chair to bed and reverse											
4. Repositioning in chair											
5. Chair to chair											
6. Standing											
7. Mobilising											
8. Toileting/washing											
9. Other											

SECTION E: Risk Checklist

The purpose of the risk checklist is to ensure that risk of injury to trained staff are reduced as much as reasonably practicable. Tick the appropriate box.
A tick indicates that further action may be required to reduce the risk

Task	Holding loads away from your body	Twisting Stooping	Reaching upwards	Large vertical movements from the floor	Long carrying distances	Strenuous pushing/pulling	Require unusual capability e.g. strength, height	Constitute a hazard for those with health problems	Constitute a hazard for those who are pregnant	Require special information and/or training	Require personal protective clothing
1. Turning/moving/sitting on bed											
2. On and off bed											
3. Transfer chair to bed and reverse											
4. Repositioning in chair											
5. Chair to chair											
6. Standing											
7. Mobilising											
8. Toileting/washing											
9. Other											

SECTION F: Declarations:

Parent

- I confirm that I am happy with the information contained in this form (and any additional information attached).
- I am aware of:
 - how the personal data will be used to identify additional support if appropriate.
 - how to access information rights and further information via the Data Protection pages of the Council’s website.
 - please sign each task

Task Number	I agree with the method being used by staff (✓)	Parent Signature	Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Additional notes:

Trainee

- I confirm that the information contained in this form (and any additional information attached) is accurate.
- I confirm that I have received appropriate training to enable me to complete the Risk Assessment Form competently.

Task Number	Section D Completed (✓)	Section E Completed (✓)	Trainee Signature	Back-up Trainee Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Trainee name:		Trainee signature:	
Date:		Additional notes:	

Headteacher

- I confirm that the information contained in this form (and any additional information attached) is accurate.
- I have made the parent/guardian aware of:
 - how the personal data will be used to identify additional support if appropriate.
 - how they can access their information rights and further information via the Data Protection pages of the Council's website.

Head Teacher name:		Head Teacher signature:	
Date:		Additional notes:	

SECTION G: Risk Assessment Review

The purpose of the Risk Assessment review is to ensure all information is still relevant and up to date. The Risk Assessment needs to be reviewed every 6 months as well as each time any changes occur i.e. the pupil's condition changes and/or if the environment/location changes.

Please review Sections A-F to complete section H and I.

Please tick to indicate review has been conducted

Date of Review:	_____	_____	_____	_____
Review of Whole Risk Assessment	Changes Made <input type="checkbox"/> Changes documented in Section H <input type="checkbox"/> No action required <input type="checkbox"/>	Changes Made <input type="checkbox"/> Changes documented in Section H <input type="checkbox"/> No action required <input type="checkbox"/>	Changes Made <input type="checkbox"/> Changes documented in Section H <input type="checkbox"/> No action required <input type="checkbox"/>	Changes Made <input type="checkbox"/> Changes documented in Section H <input type="checkbox"/> No action required <input type="checkbox"/>

SECTION H: Changes Made

Problem/Issue				Changes	
Date:		Task No:		Equipment:	
What is the problem/issue?				No: of staff	
				Method: Brief description of change to method. <div style="text-align: right;">New Section D & E completed <input type="checkbox"/></div>	

Problem/Issue				Changes	
Date:		Task No:		Equipment:	
What is the problem/issue?				No: of staff	
				Method: Brief description of change to method. <div style="text-align: right;">New Section D & E completed <input type="checkbox"/></div>	

SECTION I: Declarations:

Parent

- I confirm that I am happy with the information contained in this form (and any additional information attached).
- I am aware of:
 - how the personal data will be used to identify additional support if appropriate.
 - how to access information rights and further information via the Data Protection pages of the Council’s website.
 - please sign each task

Task Number	I agree with the method being used by staff (✓)	Parent Signature	Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Additional notes:

Trainee

- I confirm that the information contained in this form (and any additional information attached) is accurate.
- I confirm that I have received appropriate training to enable me to complete the Risk Assessment Form competently.

Task Number	Section E Completed (✓)	Section F Completed (✓)	Trainee Signature	Back-up Trainee Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Trainee name:		Trainee signature:	
Date:		Additional notes:	

Headteacher

- I confirm that the information contained in this form (and any additional information attached) is accurate.
- I have made the parent/guardian aware of:
 - how the personal data will be used to identify additional support if appropriate.
 - how they can access their information rights and further information via the Data Protection pages of the Council's website.

Head Teacher name:		Head Teacher signature:	
Date:		Additional notes:	

SECTION J: Review of Equipment

Please use the table below to review the safety of the equipment in school.

The hoist is serviced by Vision products every 6 months.

The changing bed/table is serviced by Vision Products every 12 months. If service is overdue please report to Vision Products.

Date of Review:				
Review of Hoist	No action required <input type="checkbox"/> Issues reported <input type="checkbox"/>	No action required <input type="checkbox"/> Issues reported <input type="checkbox"/>	No action required <input type="checkbox"/> Issues reported <input type="checkbox"/>	No action required <input type="checkbox"/> Issues reported <input type="checkbox"/>
Review of Changing bed/table **	No action required <input type="checkbox"/> Issues reported <input type="checkbox"/>	No action required <input type="checkbox"/> Issues reported <input type="checkbox"/>	No action required <input type="checkbox"/> Issues reported <input type="checkbox"/>	No action required <input type="checkbox"/> Issues reported <input type="checkbox"/>

Completion Check List

Completed Section	✓
SECTION A: Pupil Details	
SECTION B: Assessment	
SECTION C: Environmental Risk Assessment	
SECTION D: Risk Rating	
SECTION E: Risk Checklist	
SECTION F: Declarations	
SECTION G: Risk Assessment Review	
SECTION H: Changes Made	
SECTION I: Declarations	
SECTION J: Review Equipment	
Any additional information added	

Name of Headteacher: _____

Signature of Headteacher: _____

Date: _____