

Risk Assessment for: **use of manual wheelchair around school**

Team/Section/ Department:		Date of assessment:		Review date:	
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Activity/ Process/ Operation	What are the hazards to health and safety	What risks do they pose and to whom?	What existing control measures are in place to reduce the risk?	Risk level achieved H/M/L*	Further action required Y/N?*
Movement around the school	<ul style="list-style-type: none"> • Uneven Surfaces • Glass doors • Raised thresholds • Furniture • Crowds/busy area • Wet flooring • Loss of control of wheelchair • Wheelchair tips/overturns • collision with pedestrians/fur 	Wheelchair user, staff, children, visitors	<p>All building users to be made aware that there is a wheelchair users</p> <p>Child to attend wheelchair training day to learn skills and ensure safe systems used</p> <p>Assessment to be carried out by Physiotherapist to assess use and ability</p> <p>Uneven surfaces/raised thresholds to be identified and highlighted were possible</p> <p>Defects to flooring etc are to be reported and dealt with appropriately</p> <p>Glass doors/panels to be made visible</p> <p>Access/Egress and corridors to be kept clutter free</p> <p>Furniture to be arranged in such way that it does not become an obstacle/hazard for the wheelchair user</p>		

<p>Outdoor Play</p>	<p>niture</p> <ul style="list-style-type: none"> • Weather conditions • Crowds/busy area 	<p>Wheelchair user, staff, children, visitors</p>	<p>Wheelchair use to be restricted in severe/dangerous weather conditions e.g rain/ice/snow</p> <p>Avoid areas which are particularly muddy</p> <p>Avoid crowded areas. If necessary, ensure that a quiet area is identified which can be accessed with peers</p> <p>Gritting/salting/clearing areas of snow/ice</p> <p>Additional support/assistance where necessary</p>		
<p>Dining</p>	<ul style="list-style-type: none"> • Food debris on floor 	<p>Wheelchair user, staff, children, visitors</p>	<p>Food debris to be cleared away. Hazard signage boards to be used if needed</p>		
<p>Storage of wheelchair whilst using postural chair</p>	<ul style="list-style-type: none"> • Trip hazard 	<p>Staff, children, visitors</p>	<p>Wheelchair to be stored securely in a safe place where it will not become a risk to others</p> <p>Wheelchair should be easily accessible should it be required by the user in an emergency</p>		
<p>Maintenance</p>	<ul style="list-style-type: none"> • Wheelchair not fit for purpose/dama 	<p>Wheelchair user</p>	<p>Chair should be maintained by family.</p> <p>Regular services should be carried out by</p>		

<p>Moving Parts</p>	<p>ged</p> <ul style="list-style-type: none"> • loose clothing/bags • Incorrect propelling of the wheelchair 	<p>Wheelchair user</p>	<p>manufacturer (Family to organise)</p> <p>Daily visual checks should be carried out by school for general wear and tear. If defect identified, family must be informed and school should cease using until rectified</p> <p>Ensure clothing is secured - not hanging</p> <p>'Buddy' to carry bags where necessary</p> <p>Child reminded to use rims, not wheels to self propel</p> <p>Gloves to be used by user where appropriate</p>		
<p>Use of wheelchair during off site activities</p>	<p>Separate Risk Assessment required</p>				
<p>Transport</p>	<p>Separate Risk Assessment required</p>				
<p>Emergency Evacuation</p>	<p>Individual Personal Emergency</p>				

Evacuation Plan
(PEEP) required

Name of Assessor:

Name of Manager

Responsible for Activity/ Process/ Operation:.....

Signature

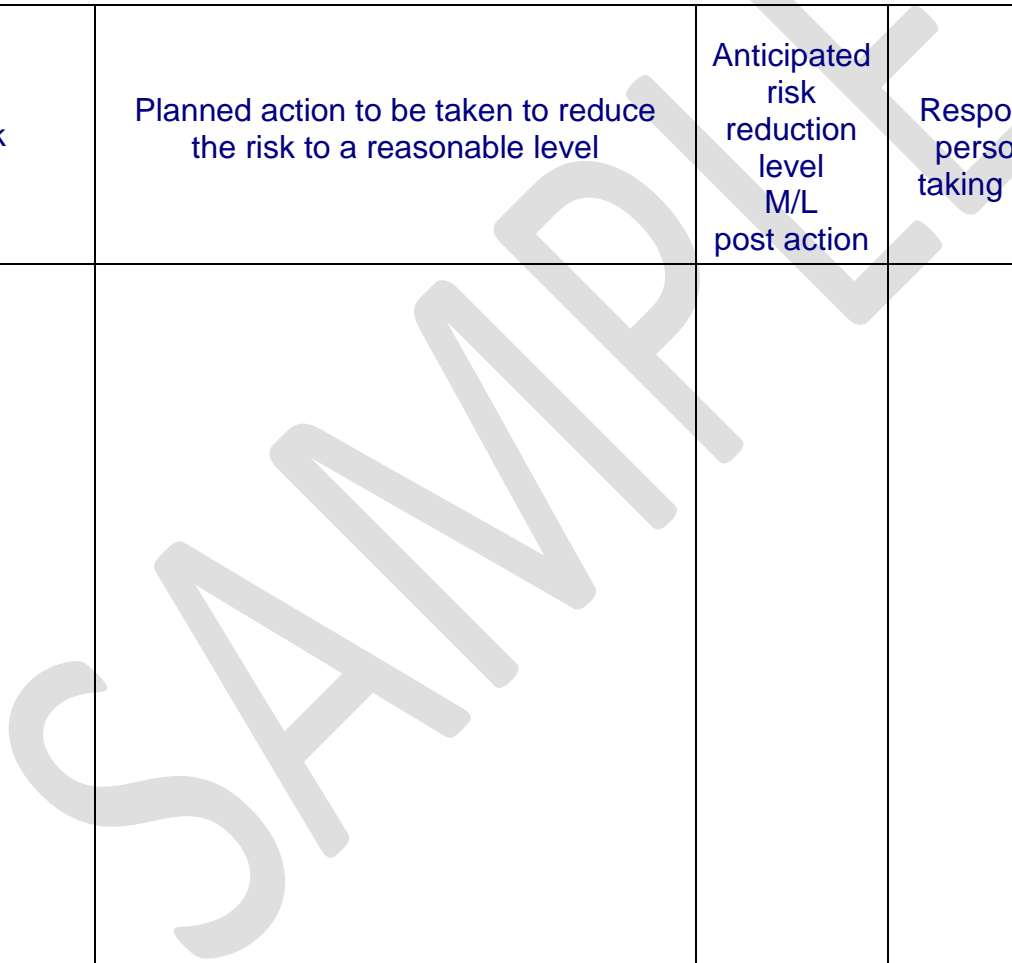
Signature

- * If the risk level achieved is still **High**, the planned activity/ process/operation must not continue. The risk assessment action plan must be completed to identify what further action will be taken to reduce the risk to an acceptable lower level.
- * If the risk level achieved is **Medium** you must consider whether the existing control measures are sufficient or if any further action could be taken to reduce the risk to a low level. (The risk level may remain as Medium where the risk is inherent in a particular activity/process/operation).

Reference should be made to the Risk Assessment Guide 4.1 Step-by-Step for guidance on when and how the action plan should be used.

Warwickshire County Council

Risk Assessment Action Plan for: _____

Activity/ Process/ Operation	Risk	Planned action to be taken to reduce the risk to a reasonable level	Anticipated risk reduction level M/L post action	Responsible person for taking action	Planned completion date	Completion date (Line manager signature to verify and date)
						

- **Wheelchair to be used only at lunch times unless otherwise requested by parents**

