

Risk Assessment for: **use of powered 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 • Speeding • Furniture • Crowds/busy area • Wet flooring • Loss of control of wheelchair • Wheelchair tips/overturns 	<p>Collision/ Wheelchair tipping/ Slipping</p> <p>Wheelchair user, staff, children, visitors</p>	<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>Speed restriction to be given for use in school</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>Outdoor Play</p>	<ul style="list-style-type: none"> • collision with pedestrians/furniture • Weather conditions • Crowds/busy area 	<p>Collision/ Wheelchair tipping/ Slipping</p> <p>Wheelchair user, staff, children, visitors</p>	<p>Furniture to be arranged in such way that it does not become an obstacle/hazard for the wheelchair user</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>Slipping</p> <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>Trips</p> <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>		

Maintenance	<ul style="list-style-type: none"> Wheelchair not fit for purpose/damaged 	<p>Unable to use equipment</p> <p>Wheelchair user</p>	<p>Chair should be maintained by family.</p> <p>Regular services should be carried out by manufacturer</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>	
Moving Parts	<ul style="list-style-type: none"> loose clothing/bags Incorrect propelling of the wheelchair 	<p>Finger/clothing traps</p> <p>Wheelchair tipping/ Collision</p> <p>Wheelchair user</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>	
Charging of battery	<ul style="list-style-type: none"> Forgetting to charge the battery and not being able to use the chair as a consequence 	<p>Unable to use equipment</p> <p>Wheelchair user</p>	<p>Ensure that staff involved in charging the battery is familiar with the manufacturer's instructions</p> <p>A regular time slot is allocated for charging the battery</p> <p>Family to charge wheelchair at home in preparation for the day</p>	

Use of wheelchair during off site activities	Separate Risk Assessment required				
Transport	Separate Risk Assessment required				
Emergency Evacuation	Individual Personal Emergency Evacuation Plan (PEEP) required				

Name of Assessor:

Name of Manager Responsible for Activity/ Process/ Operation:.....

Signature

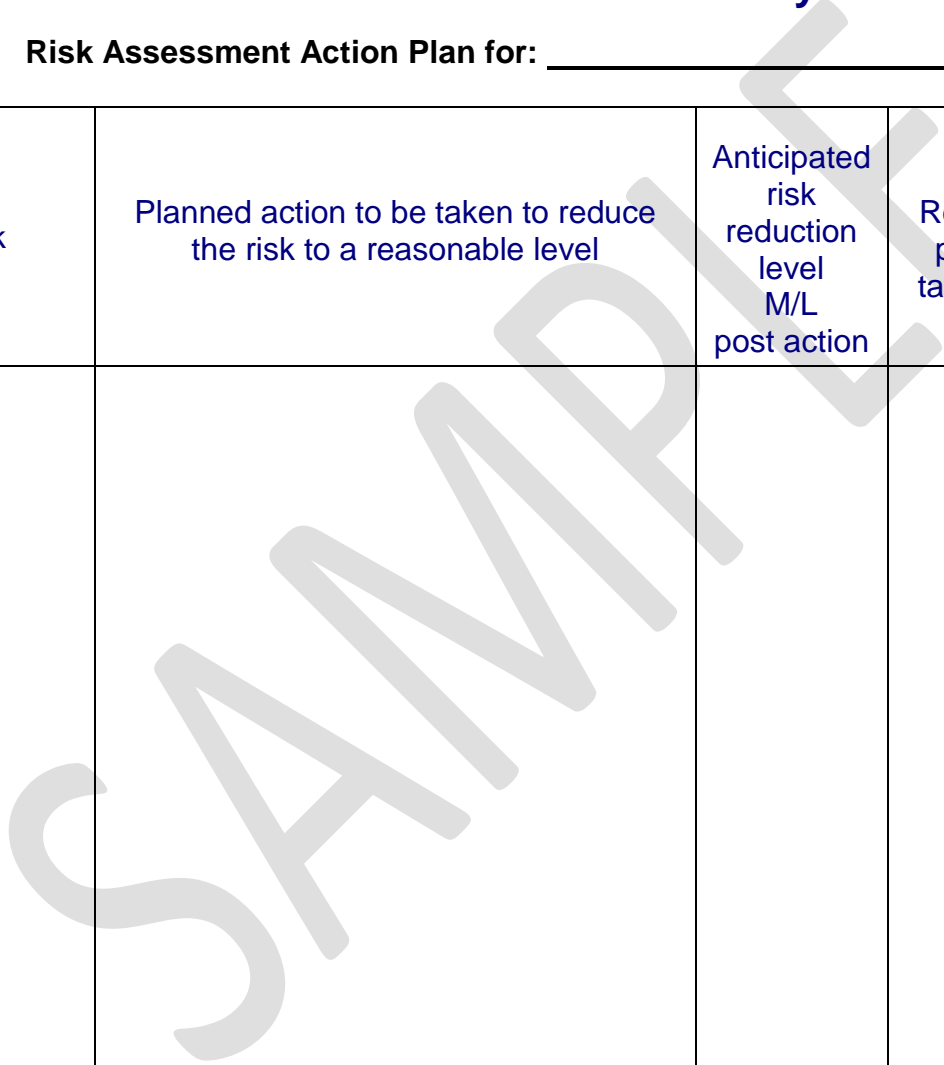
Signature

- * 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**

Risk Assessment for: _____

Name of Persons involved in the Activity/ Process/ Operation	Signature	Date