

**RISK ASSESSMENT FINDINGS**

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| **Department/Service** |  |
| **Date** |  |
| **Assessor** |  |
| **Approved By** |  |
| **Review Date** |  |

**Relevant Legislation:**

The Management of Health and Safety at Work Regulations 1999

**RISK ASSESSMENT RECORD**

**ACTIVITY and/or ENVIRONMENT TO BE ASSESSED: Wheelchair User**

**DATE:**

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| **KEY (People at risk)** | **Likelihood (L)** | **Severity (S)** | **Risk Calculation** | **Risk Rating** |
| E = Employee YP = Young Persons  P = Public  C = Contractors  V = Visitors  EM = Expectant Mothers | 1. Very Low (rare/very unlikely)  2. Low (unlikely)  3. Medium (could occur/possible)  4. High (likely to occur/probable)  5. Very High (near certain to occur) | 1. Insignificant (nuisance/discomfort)  2. Minor (no lost time)  3. Moderate (time loss)  4. Significant (serious/incapacity to work)  5. Major (Death) | Likelihood x Severity  =  Rating | **1- 6** **LOW RISK** Monitor   * 1. **MEDIUM RISK** Monitor, review & reduce risk where possible   **14-25** **HIGH RISK** Further Action Required |

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| **1.Hazards Identified and potential harm it could cause** | **2. People**  **At Risk** | **3.Controls in Place** | **4.Risk Rating** | | | | **5. Further Action Required/ Recommendations** | **6.Target Date for Completion** |
| **L** | **S** | **Score** | **Risk** |

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| **CAR PARK/DROP OFF POINT:**   * Is there a designated disabled parking space available where the user could transfer into their wheelchair safely on arrival or departure? * Would large crowds of people or other vehicles create difficulties? * What time would it be best to arrive? * Will the wheelchair user /parent require any assistance? * Do staff feel safe providing assistance? |  |  |  |  |  |  |  |  |
| **ACCESS:**   * What is access like for a wheelchair user to get into the premises? * Which is the best entrance to use? * Is the environment flat and even? * Would large crowds of people create difficulties? * Will the wheelchair user /parent require any assistance? * Do staff feel safe providing assistance? |  |  |  |  |  |  |  |  |
| **PATHWAY/ROUTES/CORRIDORS:**   * Is there enough width in the corridor for the wheelchair? * Is there any furniture causing hindrance or obstruction? * Would there be any difficulties manoeuvring the wheelchair in the corridor or pathway? * Would large crowds of people create difficulties? * Will the wheelchair user require any assistance to negotiate the route? * Do staff feel safe providing this assistance? |  |  |  |  |  |  |  |  |
| **CLASSROOM:**   * Is there enough space to enter the classroom safely? * Where should the wheelchair user be positioned in order to avoid causing an obstruction to others? * Will there be difficulties for the user to move about the classroom safely and access all tasks? * Will the user require a special table to accommodate the height of their wheelchair? * Will the user have to remain in their wheelchair or will they be able to transfer to a standard chair? * Does the user need help to transfer or any equipment to do this? * Is the staff trained to assist the user safely? * How will school safeguard the health and safety of the user and the staff? |  |  |  |  |  |  |  |  |
| **LUNCH TIME:**   * Will the user be able to access the dining hall or will he/she require help? * Could a crowded and congested dining area be a potential hazard? * Is there an alternative to the dining hall? * How will the user get their food? * Where could the user be positioned so that they do not cause a possible obstruction to others? * Will the user be able to sit at a standard table or require a higher one to accommodate their wheelchair? * How will school safeguard the health and safety of the user and the staff? |  |  |  |  |  |  |  |  |
| **OUTSIDE PLAY:**   * Will the user be going outside at playtime? * Will the user be able to manoeuvre his/her wheelchair safely into the play area, (i.e. door widths, thresholds, obstacles, congestion etc.), or will they require assistance? * Will the user require supervision in the playground? * Will some areas of the playground be off limits? * Who should be assigned to push the user in the wheelchair if he/she requires assistance? * Have these people received any training? * Have school written any guidelines or procedures for staff to follow on what they need to do? |  |  |  |  |  |  |  |  |
| **TOILET NEEDS:**   * What should the wheelchair user do if they need to access the toilet facilities? * Will the user require assistance to manoeuvre to the disabled toilet cubicle? * Will the user transfer to the toilet pan? * Will the user require help with their personal care needs? * How many staff will be required to provide this assistance? * Have these staff been trained? * Have school written any guidelines or procedures for staff to follow on what they need to do? |  | Refer to Toileting Risk Assessment |  |  |  |  | Is moving and Handling Training required? |  |
| **PE:**   * Is the user able to participate in the lesson in a way that is safe? * Will the user need to change any clothing in order to participate? * Will the user require any physical assistance to participate in the lesson? |  |  |  |  |  |  | Refer to AfPE guidance  Refer to Gymnasium Risk Assessment |  |
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