

Sperrinview Special School

Risk assessment policy

Definition

Risk assessment is about the means we take to identify and analyse hazards and about how we plan and act to minimize and eliminate the risks they present.

Justification

In view of the significant increase in hazard/ risk linked to the special needs of our pupils, it is important that our risk assessment policy be as methodical, structured and comprehensive, and yet as user-friendly as we can make it.

Implementation

Following a period of observation, new pupils who are deemed to present concern in any or all of the following areas, are risk assessed and decisions are taken:

Moving and Handling;

Behavioural;

Medical;

General Class Issues;

Those pupils identified as being at significant risk or who present a significant risk to themselves, other pupils or staff, have assessments carried out and records of these are maintained, and reviewed annually, or as often as is deemed necessary, for the duration of their time in Sperrinview. All relevant staff have an input to these assessments and we avail of the expertise of therapists whose specialist knowledge and skills are necessary in the prescription of our remedial plans and the guiding of our actions. eg. Physiotherapist and Occupational Therapist for moving/ handling procedures, Speech and Language Therapist for

feeding and choking procedures, Behaviour Support Team for behavioural issues, Epilepsy Nurse Specialists for Care Plans etc.

See appendix 1, 2, 3 & 4 for formats used.

Evaluation

Staff who are, or who have previously been working with at risk pupils should make new staff, who will be working with these pupils, aware of potential problems by drawing their attention to the relevant risk assessment records and new staff should acquaint themselves with the contents before commencing their duties.

Risk assessment records should be prominently, but discreetly available in classrooms!

Review

A sub-committee of the Board of Governors will monitor and evaluate the effectiveness of this policy as part of a timetabled, on-going process.

Signed: _____ Date: _____

**Sperrinview Special School
Manual Handling Risk Assessment Form**

Name:		Date:	
Address:		DOB:	
Class:		GP:	
Diagnosis:	Body Build:	Above Average	
		Average	
		Below Average	
Weight if Known:	Height:	Tall	
		Medium	
		Short	
History of Falls:	Mobile		
	Weight Shift		
	Transfer Independently		
	Transfer with help of 1		
	Transfer with help of 2		
Immobile			
Communication		Physical Constraints	
Comprehension		Muscle Tone	
Hearing		Spasms	
Vision		Trunk Control	
Memory		Head Control	
Insight		Sitting Balance	
Motivation		Appliances	
Behaviour			
Resistance			
The Task		The Environment	
Task:		Problem Areas:	
		Space	
Does it Involve?		Flooring	
Stooping		Lighting	
Pushing		Heating	
Lifting		Obstacles	
Transferring		Noise	
Reaching			
Lowering		The Carers	
Holding		Trained in manual handling	
Twisting		Additional training required	
Manual Handling		Fit for the task	
Mechanical Handling		Appropriate Clothing	
Low Level			
High Level			

Outcomes

Task	Independent	Supervised	With 1	With 2	Additional Information

Signed: _____ Date: _____



Sperrinview Special

School

RISK ASSESSMENT

Name of Pupil _____

DoB _____

Age _____

Class _____

Staff _____

Completed by _____

Date _____

Signed _____

Consultation has been carried out with:

Please tick

Pupil	
Other pupils	
Parent/carer	
Staff	
Other teacher	
Social worker	

Completed based on knowledge currently available

Type of Behaviour Causing Concern	Level of Risk / Frequency					Frequency H= hourly D= daily W=weekly M=monthly T=termly
	Very likely	Likely	Quite possible	Possible	Unlikely	
Disruption						
Vandalism						
Bullying						
Fighting						
Violent and Aggressive						
Absconding / Absenting						
Alcohol/substance misuse						
Threats and abusive language						
Impulsive dangerous behaviour						
Self harms						
Discriminatory behaviour						
Inappropriate sexual behaviour						
Medically related behaviour						

Signed _____

Date _____

People to whom behaviour is most likely exhibited	Very likely	Likely	Quite possible	Possible	Unlikely	Frequency H= hourly D= daily W=weekly M=monthly T=termly
Teachers in general						
Specific teacher						
Classroom staff						
Specific staff member						
Visitors to the school						
Members of the public						
Male staff						
Female staff						
Other pupils in class						
Other pupils in school						
Male pupils						
Female pupils						
Younger pupils						
Older pupils						
Ethnic minority pupils						
Vulnerable pupils						

Signed _____

Date _____

FLASH POINTS

Location/ Time of behaviours	disruption	vandalism	bullying	fighting	Violence and aggression	Absconding/absenting	Alcohol/substance misuse	Threats and abusive language	Impulsive/dangerous behaviour	Self harm	Discriminatory behaviour	Inappropriate sexual behaviour	Medically related behaviour	Other (please specify)	Notes
At mealtimes															
In school															
In lessons															
In practical lessons															
Transitioning															
Trips and outings															
Break time															
Social activity/play															
Games/PE															
Bus/taxi															
With single adult															
Absconding															
If medication untaken															
Other															
Other															
Other relevant factors															

RISK EVALUATION

Likelihoods		Frequency	
Very likely	5	Hourly	5
Likely	4	Daily	4
Quite possible	3	Weekly	3
Possible	2	Monthly	2
Unlikely	1	Termly	1

Level of likelihood		x		Frequency		=	Risk
Very likely	5	x		Hourly	5	=	25 (Greatest)
Likely	4	x		Daily	4	=	16
Quite possible	3	x		Weekly	3	=	9
Possible	2	x		Monthly	2	=	4
Unlikely	1	x		Termly	1	=	1 (Lowest)

This numerical evaluation of risk is not an absolute, but simply affords a pupil's predisposition and risk frequency to be compared.

RISK FACTORS

Score	Risk
25	Very High
15-20	High
8-12	Medium
6-10	Low
1-5	Very Low

CONTROL MEASURES

Behaviour	Risk Factor	Existing Precautions/ Support/ Supervision linked to IEP	Additional Precautions/ Support/ Supervision/ Strategies	Action (by whom and when)	Expected Risk Factor

Pupil:	Drawn up by:	Date:
Agreed by:	(SLT)	Date:
Verified by:	(Principal)	Date:
To be reviewed:		Date:
Signed:	Parent:	Date:

Medical Health Care Plan

1. When should Buccal Midazolam be administered?

If _____ seizure lasts longer than 5 minutes
If _____ has 3 seizures within 30 minutes

2. Administer Buccal Midazolam as prescribed below

Buccal Midazolam _____ mgs/ _____ mls Prescribing
Weight _____ kgs

Prescribing G.P./Consultant _____

Signature: _____ Date _____

_____ is the MAXIMUM DOSE of Buccal Midazolam that can be administered within 24 hours

DO NOT GIVE THE CHILD MORE THAN ONE DOSE OF BUCCAL MIDAZOLAM DURING ONE SEIZURE

3. Usual Reaction to Buccal Midazolam.

_____ HAS NEVER HAD Buccal Midazolam, following administration Dial 999

Following administration of B M _____ seizure activity slowed down and stopped within 5 minutes

4. Potential difficulties in the administration of Buccal Midazolam and what action should be taken.

Do not administer Buccal Midazolam if _____ has

Breathing Difficulties,
 Head injury
 Injury to mouth,
 Trauma/Drowning
 Excessive Vomiting/Salivation

Dial 999 and seek medical assistance

5. Following administration of Buccal Midazolam if _____ stops breathing.

Dial 999

Commence Basic Life Support

6. When should 999 be called or medical assistance sought? (please tick).

If the full prescription of Buccal Midazolam fails to control the seizure	
If the person fails to regain consciousness following the administration of Buccal Midazolam	
If recovery is very slow	

7. Observations to be taken following administration of Buccal Midazolam:

1. Breathing	4. Confusion
2. Agitation	5. Slurred Speech
3. Restlessness/Disorientation	6. Severe Drowsiness/Unsteadiness

8. Guidelines while in transit. (Include journey to and from facility and journeys while at facility)

_____ travels to and from school on private taxi contracted by EA Southern Region transport. Mr _____(-----Father) has spoken with taxi driver about _____'s epilepsy and they have agreed if _____ takes a seizure within 5 minutes leaving home in the morning taxi driver will return home with _____. If near STH Hospital he has agreed to take _____ there, if he is within 5 minutes of leaving school with _____ he will return to school otherwise he will dial 999 for assistance.

While at school and out of facility _____ will be accompanied by classroom assistant who is trained to administer Buccal Midazolam, if no one is available who is trained to administer Buccal Midazolam dial 999 and ring Parents.

9. Arrangements for Transport & Storage of Medication.

The Buccal Midazolam is to be transported in line with the facilities policies & procedures.

The responsibility for the safe storage & transportation of the Buccal Midazolam remains with the person undertaking to administer the medication should the need arise.

10. Support & Supervision for person undertaking Careplan.

- Satisfactory completion of Buccal Midazolam training and questionnaire along with practical administration of water to Buccal cavity during training.
- Induction to care plan
- Community Nurse / Epilepsy Nurse Specialist available to discuss concerns and queries
- The Community Nurse will advise of any changes or amendments to care plan as they arise.
- Staff are required to undertake a yearly Buccal Midazolam update in order to undertake the care plan. They must along with their manager arrange to attend this training.

Who/Where needs to be informed?

DESIGNATION	NAME	TELEPHONE NO:
Parent/Guardian		
Children's Epilepsy Nurse		
G.P./Consultant		

CONSENT TO TREATMENT

Please note that the person(s) providing this service are not qualified nursing staff but have received specific training in the management of epileptic seizures, first aid and administration of Buccal Midazolam.

If a child - parent/guardian/Frazer competent should indicate consent to treatment by signing below.

Signed _____ Date _____
(parent/guardian)

Signed _____ Date _____
(child)

Consent Information Received (text box)

This Epilepsy Management Plan has been discussed and agreed:

Name (block capitals)	Signature	Position

Date Commenced _____

Review Date _____

Date Reviewed _____

Signature _____

Date Reviewed _____

Signature _____

Date Reviewed _____

Sperrinview Special School Risk Assessment

Class _____ Date: _____ Signed: _____

<i>Activity</i>	<i>Hazard</i>	<i>Persons who may be at risk</i>	<i>Controls required</i>	<i>Further considerations</i>

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