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## PROTOCOL FOR ACCEPTING STUDENTS BACK INTO SCHOOL WHILST ON CRUTCHES

Orchard Park High School requires information from a medical professional (GP, hospital etc) detailing exactly what injury has been sustained before accepting responsibility for a student on crutches.

Prior to a student returning to school the parent/carer will be required to contact the Head of the Year to enable the following to be discussed/explained:

- Movement between lessons
- Leaving lessons early
- Medication (particularly analgesia) authorisation form can be signed and details of storage and deliver of medication explained
- Arrival at/Collecting from school arrangements can be discussed
- Any emergency contact details can be checked
- Follow-up appointments noted
- Timetable and location of lessons including use of the Student Guidance Unit.

In terms of the health and safety issues each department, along with Year Leads will make an individual decision as to whether a student on crutches can join in with the practical activities. A generic risk assessment detailing the health & safety issues for all students on crutches is available and parents/carers will be made aware of the details.



ORCHAR PARK HIGH SCHOOLK RISK ASSESSMENT FORM									
PART A. ASSESSMENT DETAILS:									
Area/task/activity: Use of crutches by staff or students at school									
Team/School name: Name of Person			n(s) undertaking Assessment:						
Address & Contact details:									
Signature(s):									
Year Lead (Name & Title):				Date of Assessment:					
Signature:				Planned Review Date:					
How communicated to staff:			Date co	Date communicated to staff:					
PART B1. HAZARD IDENTIFICATION AND CONTROL MEASURES:									
Step 1 Identify significant hazards		Step 2 Identify who might be ha		rmed and how Step 3 identify precautionary measures					
				already in place					
List of significant hazards	Who might		Type of harm	Existing controls					
(something with the potential	be harmed?			(Actions already taken to control the risk)					
to cause harm)									
Fitness to be at school and	person with crutche	S	Fall leading to bruising or						
Individuals ability to use correctly			bump to head or break or	njury • Initial training should be given by provider – hospital, doctors					
			further damage to injury						
				surgery – on safe use of crutches					
			If crutches are adjustable in height that they are checked						
				regularly and locators are functioning as designed					
				If the individual is not competent on crutches then the student					
				should remain at home or have all lessons in the Student					
				Guidance Unit					
				Once competent, the student will be requested to move at a					
				slow speed and not to attempt to travel faster than is safe and					
				to report any route issue's that they may find challenging so if					
				possible, measures can be put into place.					



## **Use of crutches General Risk Assessment**

Access/ Egress	person with crutches, staff, students	Slips /Trips /Sprains / breaks Delay in evacuation	<ul> <li>Good housekeeping is maintained to keep access and egress clear of obstructions</li> <li>Defect reporting procedures are in place</li> <li>Discussion takes place with the individual to arrange possible – a/ Changes of arrival and departure times (leave 5 mins early)</li> <li>b/ Check travel distance to fire exit and ensure that individual can leave within allocated time travelling at normal speed. If possible after the main flow of people leaving.</li> </ul>
Storage of crutches	person with crutches, staff, students	Trip injuries, further damage to injury	<ul> <li>Crutches are required to be stowed correctly i.e. placed securely away from passageways so as not to become a risk to others, but within easy reach of individual</li> <li>Passenger lifts and stair lifts are located within area's and are suitable for use with assistance</li> </ul>
Stairs & Lifts	person with crutches, staff, students	Falls leading to bruising or breaks of other serious injury or further damage to injury	<ul> <li>The lift must always be used instead of the stairs unless it is not possible to do so.</li> <li>The person with crutches is tested on their ability to travel up and down stairs before allowed doing so alone.</li> <li>If not able, assistance will be arranged or arrangements made for the person to work downstairs</li> <li>The person with crutches and others are told to exercise caution when using stairs/steps.</li> </ul>
Passageways	person with crutches	Falls, trips (see injuries above)	<ul> <li>Colleagues / other students reminded not to block or restrict passageways &amp; corridors even on a temporary basis</li> <li>Checks are made to ensure floors are dry and good housekeeping is in place</li> </ul>
Lessons to be attended	person with crutches, staff, students	To avoid the above injuries	<ul> <li>Students/parents must inform school if problems are encountered.</li> <li>Student - Alternative arrangements are made for breaks and PE &amp; other lessons if necessary.</li> <li>The person with crutched must leave all lessons 5 mins early</li> </ul>





This general risk assessment will apply to this area/task/activity in most teams/schools providing the control measures described are in operation and there are no further local significant hazards. If it fully applies please sign below.

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I certify that the risk assessr	ment above fully applies	to the area/task/ac	tivity under assessment in	Orchard Park High School	

Signed Parent: Name: Risk Assessor:



## **Parental Consent Form**

Student's Name
I understand that in the interests of Health and Safety, the school recommends that students using crutches should not use stairways in the school.
Whilst I acknowledge that for various reasons the risks to the student are greater than normal, I do not wish my son/daughter to miss lessons that are undertaken in places other than the ground floor. These risks include potential accidents on stairs and a slower evacuation in case of a live fire. I understand and accept these risks.
I understand that all staff will be made aware that my son/daughter is on crutches.
I confirm that the hospital treating my son/daughter has given permission for him/her to use stairways. (note attached)
I understand my son/daughter will be assisted on the stairs in case of an emergency.
I understand that staff will agree to release my son/daughter five minutes earlier than normal to avoid change-over periods and that a companion student will accompany my child to help with doors, bags, etc.
I am aware that the school will not accept responsibility for injury resulting from the increased risks (outlined above and accepted by parents) except in the case of negligence or breach of statutory rights by the school.
Signed
Date:Print name:
Relationship to student: