



Protocol for accepting students back into school whilst on crutches

Adoption Arrangements and Date

Review Body:

Headteacher

Adopted:

November 2017

Responsibility:

Deputy Head

Policy Type:

Non-statutory

Bennett Memorial Diocesan School requires a letter from a medical professional (GP, hospital etc) detailing exactly what injury has been sustained before accepting responsibility for a student on crutches. This letter should include details of whether the student is required to use crutches in school and approximately how long for. Further information to be detailed, if possible, includes: when weight bearing should begin and any follow-up appointments (fracture clinics, physiotherapy etc). Looking after children on crutches is not a responsibility taken lightly by the school and, without clear medical information, potentially puts the student and school at risk.

It is unacceptable for students to return to school on crutches that they have obtained from means other than a professional/medical establishment i.e. friends, football coaches etc – these students have not been officially checked out either at the GP or A&E and are a potential danger to both themselves and other students.

We would appreciate the student being dropped off by a parent/carer on their initial return to school to enable the following to be discussed/explained:

- Whether the student can evacuate unaided or whether any personal assistance is needed
- Leaving lessons early
- Medication (particularly analgesia) – authorisation form can be signed and details of storage and delivery of medication explained
- Collecting from school arrangements can be discussed
- Any emergency contact details can be checked
- Follow-up appointments noted

In terms of the health and safety issues within Food/Textiles, Science, PE and Technology each of these teams will make an individual decision as to whether a student on crutches can join in with the practical activities. Provisions are currently made during the lesson for students to “sit-out” within the classroom environment if it is felt too dangerous for them to join in, and they complete other work.

With regard to footwear all students returning to school on crutches should wear their usual footwear. If this is not possible suitable protective footwear should be worn.

It is recommended that a risk assessment detailing the health & safety issues for all students on crutches is completed and parents/guardians made aware of the details in each case.

Student/Staff on Crutches - RISK ASSESSMENT FORM	Bennett Memorial Diocesan School
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PART A. ASSESSMENT DETAILS:

Area/task/activity: Use of crutches (by staff or pupils)
Location of activity: Workplace/School

Team/School name: Address & Contact details:	Bennett Memorial Diocesan School Culverden Down Tunbridge Wells Kent TN4 9SH Tel: 01892 521595	Name of Person(s) undertaking Assessment:	
		Signature(s):	
Line manager/Head Teacher (Name & Title):		Date of Assessment:	
Signature:		Step 5 Planned Review Date: (Minimum 12 months)	
How communicated to staff:		Date communicated to staff:	

PART B1. HAZARD IDENTIFICATION AND CONTROL MEASURES:

Step 1 Identify significant hazards	Step 2 Identify who might be harmed and how	Step 3 identify precautionary measures already in place
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List of significant hazards (something with the potential to cause harm)	Who might be harmed?	Type of harm	Existing controls (Actions already taken to control the risk)
Fitness to be at work / school and Individual's ability to use correctly	person with crutches	Fall leading to bruising or bump to head or break or further damage to injury	<ul style="list-style-type: none"> • Clearance is required from medical practitioner as to the fitness of the person to be at work / school • Initial training should be given by provider – hospital, doctors' surgery – on safe use of crutches
			<ul style="list-style-type: none"> • If the individual is not competent on crutches then additional support will be provided and/or suitable facilities to work from. • Once competent, the individual will be requested to move at a slow speed and not to attempt to travel faster than is safe.
Access Arrangements	person with crutches, staff, pupils	Slips /Trips /Sprains / breaks Delay in evacuation	<ul style="list-style-type: none"> • Good housekeeping is maintained to keep access clear of obstructions • Defect reporting procedures are in place • Discussion takes place with the individual and colleagues to arrange possible – <ul style="list-style-type: none"> ○ Changes of arrival and departure times / is working from home a possibility ○ 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.
Storage of crutches	person with crutches, staff, pupils	Trip injuries, further damage to injury	<ul style="list-style-type: none"> • 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
Offices and Passageways	person with crutches	Falls, trips (see injuries above)	<ul style="list-style-type: none"> • Colleagues / other pupils reminded not to block or restrict passageways & corridors even on a temporary basis • Checks are made to ensure floors are dry and good housekeeping is in place
Job Role or lessons to be attended (pupil)	person with crutches, staff, pupils	To avoid the above injuries	<ul style="list-style-type: none"> • Any changes to job role may require new safe system of work to be agreed • Regular meeting with line manager to monitor changes as recovery progresses • Pupil - Alternative arrangements are made for breaks and PE & other lessons which are not appropriate for a person on crutches due to their nature or location.

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 does not fully apply, please go to Part B2 on the next page. If it fully applies please sign below.

I certify that the risk assessment above fully applies to the area/task/activity under assessment in Bennett Memorial Diocesan school..... (Name of team/school)

Signed:

Name:

Risk Assessor.

If the control measures described are not in operation and further action is required or there are further local significant hazards please record these here, transfer any actions required to the Action Plan at Part C below and sign off below. Do not sign off above if further actions are required.

PART B2. HAZARD IDENTIFICATION AND CONTROL MEASURES:			
Further significant hazards	Who might be harmed?	Type of harm	Existing controls (Actions already taken to control the risk)

I certify that the assessment for the task/activity above covers all the significant hazards applicable(name of Team /School).

Signed: _____ Name: _____ (Line Manager/Headteacher).

