**CHST 2 – General Risk Assessment Form** 

This generic risk assessment **MUST** be bespoke to your school

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| **Health and Safety Risk Assessment:- MANUAL HANDLING V1.0** | |
| **Site Address/Location**: | **Operations/Work Activities/Environment covered by this assessment**:  **Manual Handling of loads** |
| **Directorate/Service/Team**: | **Affected persons:**  **Employees:**  **Contractors:**  **Customer:**  **Children:**  **Visitors:**  **Members of the Public…….**  **Agency:**  **Others (specify):** |
| **Date of Assessment**: |
| **Date of issues**: |
| **Note:**  A person specific assessment must be carried out for young persons, new or expectant mothers, returning to work after injury, returning after illness or accident and those with diagnosed health conditions resulting from work activities | |

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| **Record of who has been consulted** | | |  |  |  |
| **Name** | **Job Title** | **Assessment agreed by all team members (Date)** |  | **Assessors Name** | **Signature** |
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| **Identify the Hazards. A hazard is anything that has the potential to cause harm. (*Step 1)*** | **Who might be harmed and how? *(Step 2)*** | **What are you already doing to control the risks and protect people? *(Step 3.a)*** | **What further action do you need to take to control the risks? *(Step 3.b) Consider hierarchy of controls – Elimination, substitution, Engineering controls, Administrative controls, Personal Protective Equipment (PPE) and clothes last resort*** | **Action to be taken to further control the risks. *(Step 4)*** | | |
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| **Who needs to carry out the action?**  **(Name)** | **When is the action needed by?**  **(Date)** | **Date action completed.**  **(Date and initial)** |
| Manual handling activities | Staff, pupils, contractors, members of the Musculoskeletal disorders, | **GENERAL PRINCIPLES OF CONTROL**   * Manual Handling Policy and Guidance on SIP * As a key principle manual handling activities must be avoided wherever possible * Manual handling risk assessments must be completed where significant manual handling risks are identified and cannot be avoided. * The TILEO Assessment process should be followed: * Task * Individual * Load * Environment * Other factors * Manual handling activities must then be reduced by using equipment for example. * All colleagues must be informed of the outcome of the assessment and any handling plan developed. * All colleagues must receive manual handling training which is line with the work undertaken |  |  |  |  |
| TASK  Poor postures and movements, repetitive handling  Do Poor postures & movements used by handlers involve:   * holding loads away from the trunk * twisting or stooping * excessive reaching * long carrying distances * strenuous pushing or pulling * unpredictable movement * repetitive handling?   Aggravated by:  Sustaining  Repeating  Twisting  Loading  Jerky movement | Staff may be injured. Such injuries may result in:   * Sprains / strains * Back Injuries * Muscular Skeletal Disorders (MSDs) * Upper limb disorders * Repetitive strain injury * Hernia | **Suggested Controls: add or remove controls as fits your current controls in place.**  Individuals to avoid manual handling where it is possible to do so.  Consider Individual capabilities and limitations.  Reduce repetitive handling  Use manual handling aids / equipment  Apply the principles of movement.   1. Plan and prepare 2. Keep close 3. Stable position 4. Moderately flex back , hips & knees 5. Use a secure hold 6. Avoid twisting 7. Lead with the head 8. Move smoothly |  |  |  |  |
| INDIVIDUAL  Individual handler:   * Capability * health problems * disabilities * pregnant * special information * training | Staff may be injured Such injuries may result in:   * Sprains / strains * Back Injuries * Muscular Skeletal Disorders (MSDs) * Upper limb disorders * Repetitive strain injury * Hernia | **Suggested Controls: add or remove controls as fits your current controls in place.**  Staff receive appropriate training.  Individual capabilities and limitations.  Senior staff informed of any medical condition (including pregnancy) that may have a significant impact on an individual’s ability to perform a manual handling task and Individual assessments completed. |  |  |  |  |
| LOAD  Is the load:   * Heavy * bulky/unwieldy * difficult to grasp * unstable/ unpredictable * intrinsically harmful e.g. hot/sharp | Staff may be injured as a result of incorrect, inappropriate or poorly maintained manual handling equipment. Such injuries may result in:   * Sprains / strains * Back Injuries * Muscular Skeletal Disorders (MSDs) * Upper limb disorders * Repetitive strain injury * Hernia | **Suggested Controls: add or remove controls as fits your current controls in place.**  Split large or heavy loads into manageable loads to carry.  Follow Safe Working Loads printed on boxes and packaging.  Suitable equipment chosen for task.  Equipment used in accordance with manufacturer’s instructions and maintained  Mechanical equipment maintained and kept in good working order.  Use Equipment such as trolleys / sack barrows etc.  Staff trained to use equipment provided  PPE worn as required.  Mechanical aids e.g. trolleys, sack barrows, purpose designed moving and handling equipment used to move / transport heavy, bulky, large unwieldy loads in order to reduce the need for unnecessary carrying supporting and pushing pulling of loads & equipment. |  |  |  |  |
| Environment  Environments are there:   * constraints on posture * space * poor floors * variations in levels * hot/cold/humid conditions * poor lighting conditions | Staff may be injured Such injuries may result in:   * Sprains / strains * Back Injuries * Muscular Skeletal Disorders (MSDs) * Upper limb disorders * Repetitive strain injury * Hernia | **Suggested Controls: add or remove controls as fits your current controls in place.**  Appropriate lighting provided both for internal and external to the premises.  Flooring maintained and in good repair.  Racking and shelving appropriate for the storage of materials  Racking and shelving designed to be robust and suitable with load bearing capacity, to prevent unintended collapse or toppling.  Staff made aware of best practice with regard to positioning of heavy loads on racking / shelving to prevent the unnecessary lifting or lowering of loads to reduce the risk of injury from bending and stretching.  Space for the task to be undertaken, activities to take place.  Areas free from clutter and obstructions  Destination of load known – route planned.  Consider heating controls and thermal comfort for the activity – indoors outdoors etc.  The weather at the time of the activity |  |  |  |  |
| Other factors  Other factors - do workers:   * find attire affects movement. * has there been poor planning, * poor scheduling, communication * lack of training or information | Staff may be injured Such injuries may result in:   * Sprains / strains * Back Injuries * Muscular Skeletal Disorders (MSDs) * Upper limb disorders * Repetitive strain injury * Hernia | **Suggested Controls: add or remove controls as fits your current controls in place.**  Staff appropriately attired for handling activities. – for example, appropriate footwear and clothing to enable handling activities to take place safely, rather than restrict movement  Following the attire policy  Consider handling activities in scheduling, use of rooms etc , times of day activities undertaken  Stop and think – has the manual handling activity been planned, start, route finish.  staff trained and competent, have they been trained to use equipment.  Handling plan provided – communicated to those involved – does it detail, the number of staff required, equipment required, any specialist techniques to be used by staff |  |  |  |  |
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| **Consider if any additional hazards are created and control measures are required if this activity is undertaken in non-routine or emergency conditions, these are**: | | | | | |
| **Review** | | | | | |
| **Review Date**  **(Step 5)** | **Reviewed by** |  | | | |
| **Date** | **Yes/No** | **Additional comments** | |
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| **Name of person and job title, authorising, agreeing and confirming the assessment by (Name and Signature, Date):** | | | | | |
| **Date shared with team and records maintained**: | | | | | **Review date (Step 5):** |
| **Date sent to Trade Union Health and Safety Representatives** | | | | | **Date sent to Corporate Health and Safety Team email** [**employee.healthandsafety@derby.gov.uk**](mailto:employee.healthandsafety@derby.gov.uk) **when required**: |

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| **The following sections should be completed by all employees who need to be made aware of and abide by the findings of the Risk Assessment. NB: If, because of a result of a review, changes are made to the Risk Assessment the relevant box on the attached page should be completed as appropriate by the staff concerned.** |
| RISK ASSESSMENT |

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| **I confirm that I am aware of and understand the findings of the Risk Assessment and agree to ensure that I will work to the stated Control Measures and bring to the attention of Management any deficiencies in the findings of the Assessment.** |

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| **Print Name** | **Job title** | **Signature** | **Date** | **Print Name** | **Job Title** | **Signature** | **Date** |
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