

Request for Visit from Relief Moving and Handling Trainer

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| --- | --- |
| Pupil: | DOB: |
| Date of Request: | School: |
| Request for Visit made by: | Designation: |
| Diagnosis: | |
| Multi-Agency Team Members: | |

Please detail why assistance from the Relief Moving and Handling is required:

Once this page is completed please email the **entire document** to: [ASNInclusionEquityWellbeing@aberdeenshire.gov.uk](mailto:ASNInclusionEquityWellbeing@aberdeenshire.gov.uk)

A picture containing font, text, logo, graphics

Description automatically generated

Record of Visit / Advice

(to be Completed by M&H Trainer)

The following documents are to be completed by the Relief Moving and Handling trainer as a record of advice / training given. It includes the format of the Moving and Handling Documentation so it can be easily copied into the Pupil’s specific planning documents.

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| --- | --- |
| **Ann Findlay Relief Moving and Handling Trainer** | **Date of visit:** |
| **Pupil:** | **DOB:** |
| **Diagnosis:** | **School:** |
| **Support provided to (name(s) and designation):** | |
| **Date of e-learning completion of school staff member(s):** | |

**Record of visit:**

Specific pupil advice must be added to the pupil’s Moving and Handling Plan and Moving and Handling Risk Assessment

**Follow Up Support (including dates and record of visit(s)):**

Specific pupil advice must be added to the pupil’s Moving and Handling Plan and Moving and Handling Risk Assessment



Individual Pupil Handling Record of Training

(to be Completed by Relief Moving and Handling Trainer)

*The following record of training outlines the learning outcomes covered during a requested visit by the Relief Moving and Handling Trainer. Core moves will already have been delivered via e-learning (E) and Training arranged via ALDO.*

*Further support from the Relief Moving and Handling Trainer will be provided via: discussion (D) or by demonstration and practice (P). The Relief Moving and Handling Trainer should follow – Explanation, Demonstration, Imitation and Practice*

**Relief M&H Trainer**: Ann Findlay **Date of visit:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Name:** | | **Date of e-learning:** | | |
|  |  | Key | School Staff Initials | Relief M&H Trainer Initials |
|  | Manual Handling Theory | D/E |  |  |
|  | Action Principles (principles of efficient movement) | P/E |  |  |
|  | Lifting and lowering objects | P |  |  |
|  | Carry an inanimate load e.g. box | P |  |  |
|  | Pushing and pulling objects/Equipment (wheelchair) | P |  |  |
|  | Handholds and Positioning of Handler and Pupil | P |  |  |
|  | Function of wheelchair/buggy | D/P |  |  |
|  | Sit ↔stand from chair/wheelchair/toilet. Independently/  with assistance of 1, 2 or more handlers/with handling belt | P |  |  |
|  | Assist pupil from wheelchair to floor and backup | D/P |  |  |
|  | Supported walking with 1 or more handlers | P |  |  |
|  | Fallen Pupil Independent/handler  Falling pupil | D/P  D |  |  |
|  | Function of Plinth | P |  |  |
|  | Wheelchair to plinth/toilet 1 or 2 handlers |  |  |  |
|  | Rolling pupil with assistance of 1, 2 or more Handlers | P |  |  |
|  | Assisting pupil into standing equipment, 1 or 2 handlers (not use of hoist) List below what is used: | P |  |  |
|  | Use of updated M&H Documentation | D |  |  |
|  | Other: |  |  |  |
|  | Other: |  |  |  |
|  | Other: |  |  |  |
|  | Other: |  |  |  |
|  | Other: |  |  |  |
|  | Other: |  |  |  |



Individual Pupil Hoist Record of Training

(to be Completed by the Relief Moving and Handling Trainer)

*The following record of training outlines the learning outcomes covered during a requested visit by the Relief Moving and Handling Trainer. Core moves will already have been delivered via e-learning (E) and Training arranged via ALDO.*

*Further support from the Relief Moving and Handling Trainer will be provided via: discussion (D) or by demonstration and practice (P). The Relief Moving and Handling Trainer should follow – Explanation, Demonstration, Imitation and Practice*

**M&H Trainer**: Ann Findlay **Date of visit:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Name:** | | | | | | **Date of e-learning:** | | |
|  |  | | | | | Key | School Staff Initials | Relief M&H Trainer Initials |
|  | Manual Handling Theory | | | | | E |  |  |
|  | Action Principles | | | | | D/E |  |  |
|  | **Hoist list below** | | | | |  |  |  |
|  | Type of Hoist (select): | passive mobile | active mobile | overhead tracking | poolside |  |  |  |
|  | Pushing and pulling objects/Equipment (wheelchair) | | | | | P |  |  |
|  | Function of Plinth | | | | | P |  |  |
|  | Rolling pupil with assistance of 1, 2 or more Handlers | | | | | P |  |  |
|  | From wheelchair to plinth/plinth to wheelchair | | | | | P |  |  |
|  | Wheelchair to stander and stander to wheelchair | | | | | P |  |  |
|  | Wheelchair to toilet/toilet to wheelchair | | | | | P |  |  |
|  | Wheelchair to floor/floor to wheelchair | | | | | P |  |  |
|  | Use of updated M&H Documentation | | | | | D |  |  |
|  | Other | | | | |  |  |  |
|  | Other | | | | |  |  |  |
|  | Other | | | | |  |  |  |
|  | Other | | | | |  |  |  |
|  | Other | | | | |  |  |  |

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|  | Additional Advice | Key | School Staff Initials | Relief M&H Trainer Initials |
|  | Measurement of slings | D |  |  |
|  | Advice on hoists | D/ P |  |  |
|  | Ordering of plinths | D |  |  |
|  |  |  |  |  |

| Pupil: | | DOB: | | | School: | |
| --- | --- | --- | --- | --- | --- | --- |
| **Instructions for Moving and Handling Tasks**  **All staff have a responsibility to follow the instructions within this Moving and Handling Plan and to report any changes that may affect safer handling** | | | | | | |
| **Task** | **Instruction/Handling Method** | | **No. of staff** | **Equipment to be used (where applicable)** | | **Hoisting Instructions**  **(where applicable)** |
|  |  | |  |  | | Sling Model:  Sling Size:  Sling Make:  Sling Model:  Sling Size:  Sling Model:  Sling Size:  Sling Model:  Sling Size: |
| Loop Attachment colour:  Sling Model:  Sling Size:  Shoulder:  Sling Model:  Sling Size:  Middle:  Sling Model:  Sling Size:  Legs: |
| Loop Attachment colour:  Sling Model:  Sling Size:  Shoulder:  Sling Model:  Sling Size:  Middle:  Sling Model:  Sling Size:  Legs: |

**PUPIL MOVING AND HANDLING RISK AUDIT**

|  |  |
| --- | --- |
| **Pupils Name:** |  |
| **DOB:** |  |
| **Audit compiled by:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hazard / Risk** | **Person (s) Affected** | **What happened (including when, where and time of day)** | **Category of Risk** | | |
|  | **M P B** | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**CATEGORY OF RISK: Medical (M) Physical (P) Behavioural (B)**

**All risks should be identified in Pupil Specific Risk Assessment (s)**

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| **Department: Education and Children’s Services** | **Pupil Moving and Handling Risk Assessment** |  |
| **Pupil:** | **School:** | **Date:** |
| **Risk Assessment completed by:** | | |
| **Please ensure this document is used in conjunction with the pupil’s Moving and Handling Plan and Risk Audit** | | |

| **Activity** | **Hazard / Risk** | **Person/s Affected** | **Risk level before controls are in place** | | | **Control Measures** | **Risk level after controls are in place** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **L M H** | | | **L M H** | | |
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# ASL EQUIPMENT REQUEST FORM

**Each Field must be fully completed before submission, failure to do so will delay your request**

|  |  |
| --- | --- |
| School Name: |  |
| School Contact: |  |
| Pupil Name: |  |
| Date of Birth: |  |

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| --- | --- |
| **Orders:** | |
| Manufacturer/Supplier: |  |
| Product Name: |  |
| Product Code: |  |
| Product Description: |  |
| Product Cost: |  |
| Supplier Quote: |  |

|  |  |
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| **Attachments \*\*\* (NHS Referral is not requited if the equipment is for general pupil use, eg: Plinths and Hoists) \*\*\*** | |
| NHS Referral Letter | Supplier Quote |

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| **Reason for Equipment:** |
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|  |  |
| --- | --- |
| **Recommended by  \*\*\* (Recommendation not requited if the equipment is for general pupil use, eg: Plinths and Hoists) \*\*\*** | |
| Name: |  |
| Occupation: |  |
| Telephone: |  |
| Email: |  |

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| --- | --- | --- | --- |
| **OFFICE USE** | | | |
| **Authorised by:** | | | |
| Print Name |  | Signature |  |
| Date: |  |  | |