



Registered Charity 1092333

Hart First Response

Moving and Handling Policy

Title: Moving and Handling Policy
Filename: Moving and Handling Policy HFR Iss3 Apr17
Pages: 5
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Approved by: HFR Executive Committee
Issue 1: 10/07/2007; Issue 2: 16/01/14 Issue 3: 06/04/17
Review date: 06/04/20

1. Introduction

1.1. This purpose of this policy is to set out the standards of evidence-based best practice in the manual handling of loads, in relation to both patient and non-patient handling to ensure that the risk of injury to both volunteers and patients is reduced so far as is reasonably practicable.

2. Definitions

- Moving and Handling – any transporting or supporting of a load (including the lifting, putting down, pulling, pushing, carrying or moving thereof) by hand or bodily force (defined as “Manual Handling in the Manual Handling Operations Regulations 1992 as amended)
- Load- this includes people or objects
- Ergonomics – an ergonomic approach places the emphasis on fitting the task to the person rather than the person to the task taking into account the nature of the load, the individual, the task and the environment.

3. Aims

3.1. To minimize the risk of injury to HFR volunteers and patients arising from moving and handling tasks as far as it reasonably practicable, and thus comply fully with the Manual handling Operations Regulations 1992.

3.2. This will be done by

- Avoiding moving and handling as far as is reasonably practicable
- Ensuring that a risk assessment is carried out for any moving and handling that poses a significant risk and cannot be avoided
- Increase awareness of back care amongst volunteers
- Adopting safe systems of work
- Ensuring volunteers are trained in risk assessment and management, the use of equipment to reduce manual handling, and in appropriate strategies where moving and handling cannot be avoided and
- Enabling volunteers to encourage patients to move themselves when this is not detrimental to their clinical condition and when they are able to do so.

3.3. If patients are not able to move themselves or their clinical condition prevents them from moving themselves then volunteers should move them using the appropriate equipment. Volunteers should not move patients or use equipment unless they have been trained in its safe use and feel confident undertaking the task.

4. Related policies, procedures and Acts

- HFR Risk Management and Incident Reporting policy
- HFR Health and Safety Policy
- The Management of Health and Safety at Work Regulations 1999 Health and Safety Commission (Second edition 2000) ISBN 07 171624889
- The Manual Handling Operations Regulations 1992 (as amended) Health and Safety executive (Third edition 2004) ISBN 07 1762823X
- Health and Safety at Work etc Act 1974



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- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
- Providing and Using Work Equipment Regulations 1998 (PUWER)

5. Responsibilities

5.1. The Executive Committee is responsible for the effectiveness of this policy which includes the following:

- Ensuring there are arrangements in place to control risks associated with moving and handling
- Ensuring written risk assessments are carried out where a moving and handling task carries a significant risk of injury
- Ensuring training in moving and handling is available for all volunteers and refresher training provided at appropriate intervals and that written records are kept of all training.
- Ensuring any mechanical handling equipment provided has been inspected at yearly intervals and serviced by suppliers or other competent person and is maintained in full working order.
- Ensuring appropriate records of equipment maintenance are kept.
- Providing suitable equipment for safe moving and handling
- Keep up-to-date with current legislation and techniques.

5.2. The Vice Chair is the Executive lead responsible for the implementation and monitoring of this policy.

5.3. All HFR volunteers involved in moving and handling have a responsibility to read, understand and implement this policy, and are responsible for:

- Taking reasonable care for their own health and safety and that of their colleagues and patients while handling people or loads (Health and Safety at Work etc Act 1974)
- Following agreed safe systems of work
- Complete the manual handling training provided either as a practical session or via the e-learning module.
- Using equipment in accordance with training received and instructions provided.
- Alerting the Executive Committee of any situation whilst on an event that could present a moving and handling risk.

6. Risk assessment and management of manual handling operations

6.1. The Manual Handling Operations Regulations 1992 (as amended) require that suitable and sufficient risk assessments are undertaken of all manual handling operations performed which cannot be avoided and present a significant risk of injury.

6.2. Where significant risks are identified HFR must take appropriate steps to reduce the risk of injury to those volunteers undertaking manual handling operations to the lowest extent reasonably practicable.

6.3. If possible HFR should provide volunteers performing manual handling operations with general indications on:

- The weight of each load (when this is not a person)
- The heaviest side of any load whose centre of gravity is not positioned centrally

7. Risk Assessment Process

7.1. In order to undertake a suitable and sufficient risk assessment of moving and handling tasks, it is essential the following factors are considered:

- Task(s)
- Load
- Working Environment



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- Individual Capability
- Handling Aids and Equipment
- Protective Clothing

7.2. Volunteers will be given instruction on risk assessment and will be encouraged to use methods to reduce loads where possible.

7.3. If a volunteer discloses a history of musculoskeletal problems either prior becoming a volunteer or during their time as a volunteer the Executive Committee will assess their suitability as a volunteer, seeking advice from their GP if required.

7.4. Any incident, near miss or injury sustained by a volunteer during an event must be reported to the Executive Committee at the soonest opportunity.

8. Inspection and Maintenance

8.1. Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Providing and Using Work Equipment Regulations 1998 (PUWER) require that all equipment is to be maintained in an efficient state, in efficient working order and in good repair. The level of inspection, testing and maintenance of work equipment varies considerably and the extent of measures required is determined by an assessment of the risks associated with its usage. The informal practice of regular visual checks of some items such as long boards will be sufficient whereas others will need more formal inspection.

8.2. All volunteers must make visual checks of manual handling equipment and associated accessories before use. Any identified defects must be reported to the Executive Committee at the soonest opportunity.

8.3. Trolley cots, orthopaedic scoops and tail lifts used in manual handling and lifting operations will be formally inspected by an approved provider.

9. Training and support

- All HFR volunteers will receive relevant training.
- HFR volunteers will be made aware of this updated policy by members of the HFR Executive Committee as appropriate.
- All HFR volunteers are assigned mentors (members of the HFR Executive Committee) to whom they are encouraged to approach as a first point of contact in the event of a concern.

10. Policy Consultation

- This policy has been circulated to the HFR Executive Committee for consultation.
- The policy has been approved by the HFR Executive Committee with future reviews and updates tabled for approval at Executive Committee meetings.

11. Dissemination

A summary of any relevant changes (and a link) will be disseminated via email to the HFR volunteers, and a pdf copy of the procedure placed by a member of the Exec on the member's section of the website: www.hartresponse.org.uk

12. Monitoring of compliance and effectiveness

- Monitoring of the policy will be the responsibility of the HFR Executive Committee. This will be through incidents reported on the HFR database and annual audits. Actions and lessons learned from incident investigations will be monitored through the HFR Executive Committee. Where any omissions or deficits have been noted results and action plans will be monitored through the HFR Executive Committee.
- Lessons learned will be disseminated to the HFR volunteers through email briefings or via weekly training sessions.



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- HFR will provide all required reports to the Care Quality Commission and Health and Safety Executive

13. Implementation

- The HFR Executive Committee is responsible for communicating this information to HFR volunteers and ensuring that the procedures are followed.
- All HFR policies are available on the Hart First Response website (www.hartfirstresponse.org.uk).

14. Archive statement

The Honorary Secretary is responsible for archiving all previous versions and supporting evidence of approval for this policy.

15. References

- The Management of Health and Safety at Work Regulations 1999 Health and Safety Commission (Second edition 2000) ISBN 07 171624889
- The Manual Handling Operations Regulations 1992 (as amended) Health and Safety executive (Third edition 2004) ISBN 07 1762823X
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Appendix 1 Equality Impact Assessment

Impact	Age	Disability	Race	Gender	Religion or belief	Sexual orientation
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	Y	Y	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N

Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy?	Manual handling and lifting is based on ergonomics, fitting the task to the person, hence by nature this policy places physical constraints based on members abilities to perform certain tasks.
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.
Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.

Based on the information set out above the HFR Executive Committee has decided that a full equality impact assessment is not necessary.