



Appendix 1

Policy Name:	Personal care policy
Purpose	<p>The purposes of this policy are to ensure that:</p> <ul style="list-style-type: none"> • People with MS are able to fully participate in MS Society activities, are treated with dignity and respect, and that appropriate standards are maintained in relation to personal care. • MS Society staff and volunteers do not feel pressured into providing care for which they have not been adequately trained, and they do not feel competent to provide. • The MS Society complies with relevant legislative requirements in relation to personal care.
Region	UK
Scope	MS Society staff and volunteers
Lead Officer	Executive Director of Digital & Services
Responsible Directors	Executive Director of Digital & Services Director, MS Society Northern Ireland Director, MS Society Cymru Director, MS Society Scotland
Key Consultation	Head of Community Networks Head of Health and Safety Head of Volunteering
Approver	Executive Group
Last Review Date	December 2020
Review Cycle	3 years
Key Words	Personal care Safeguarding

1. Provision of personal care

Definitions of personal care differ slightly across the four nations of the UK. Appendix 1 provides details of the statutory regulation and guidance defining personal care for each of the nations but in general the provision of personal care is cited across the nations as providing to persons, who due to age, illness or disability who are unable to provide it for themselves assistance with eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails.

- 1.1. Anyone providing personal care, as defined above, is in regulated activity.
- 1.2. MS Society staff and volunteers must not provide personal care to people with MS participating in MS Society services, meetings or events. The only exceptions to this are:
 - 1.2.1. Limited support with eating and drinking, as described in section 2 of this policy.
 - 1.2.2. Limited support as described in the 'using common sense' section of the 'Personal care – A guide for MS Society Volunteers
- 1.3. If someone with MS needs personal care and has not been accompanied by their own primary carer, paid or unpaid, then the delivery of any personal care must be by contracted care assistants and not by MS Society staff or volunteers.
- 1.4. Primary carers, paid or unpaid, must only provide personal care to the individual for whom they are responsible.

2. Limited support with eating or drinking

- 2.1. Within an MS Society day centre, staff and volunteers are permitted to support people with MS with eating or drinking, provided that the following are met:
 - 2.1.1. The person with MS only requires support with eating or drinking due to upper limb difficulties (such as tremor) and has no dysphagia (speech or swallowing difficulties).
 - 2.1.2. Written confirmation has been obtained to confirm that the individual has no dysphagia, and only requires assistance with food or drink being lifted to their mouth. This written confirmation must also state that the MS Society will be immediately informed should their condition deteriorate and they develop dysphagia.
 - 2.1.3. The individual providing support (whether staff member or volunteer) is in a role which requires a disclosure check, and has a valid MS Society disclosure check in place, in line with the MS Society's disclosure policy.

3. Responsibilities

- 3.1. All MS Society staff and volunteers are responsible for following this policy whenever they are involved with MS Society services, meetings or events.

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- 3.2. Managers at all levels are responsible for ensuring their staff are aware of and are implementing this policy.
- 3.3. Health and Safety Officers and Volunteer Support Officers are responsible for promoting this policy to local groups and supporting compliance.
- 3.4. Country Directors, the Head of Community Networks and the Head of Health and Safety are responsible for providing advice and support on the implementation of this policy.
- 3.5. The Head of Volunteering is responsible for ensuring that volunteers outside of our community networks are aware of this policy.
- 3.6. MS Society staff and volunteers involved in the running of day centres are responsible for the implementation of this policy within those day centres. In particular, they are responsible for establishing adequate procedures and controls to ensure that limited support with eating and drinking is only provided when the conditions specified in section 2 are met.
- 3.7. The Executive Director of Digital and Services has overall responsibility, UK wide to:
 - 3.7.1. Ensure the regular review and effective working of this policy
 - 3.7.2. Report annually to the Audit, Risk and Finance Committee, making recommendations for improvements in policy and practice.
- 3.8. In the event of any issues of interpretation of this policy, the decision of the Executive Director of Digital and Services will be final.

4. Procedure

- 4.1. For the MS Society policy on personal care to be achieved all staff and volunteers arranging a service, meeting or event at local, regional or national level must ensure that:
 - 4.2. All communication/publicity about services, meetings and events explain that the MS Society staff and volunteers do not provide personal care and that it is recommended that if people are not able to bring their primary carer, paid or unpaid, with them they should contact the organiser prior to the event to discuss how their needs can be met.
 - 4.3. If a volunteer is also attending as a primary carer for a PwMS and wishes to fulfil their volunteer responsibilities that is acceptable, as they are best placed to provide personal care to that individual.
 - 4.4. If a PwMS needs personal care and has not been accompanied by their own primary carer, paid or unpaid:
 - 4.4.1. Any personal care must be by contracted care assistants.
 - 4.4.2. Volunteers/ members of staff should contract them from a reputable care agency rather than employ them directly, as the agency then has the responsibility for meeting the required standards around recruitment, disclosure, induction and ongoing training.
 - 4.4.3. Where meetings, events or services are held on a regular basis volunteers/ members of staff are encouraged to set up a service level

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agreement (A template is available on the volunteer website) with a reputable agency to ensure any specific issues can be agreed beforehand.

4.4.4. In exceptional circumstances where an individual who does not normally need personal care, such as a member who normally takes care of all their own needs but in an unforeseeable 'one off' occasion needs help, for example sitting down or getting up from the lavatory; volunteers and staff can, if willing and able, help on this one occasion. Such occasions should be discussed with a relevant senior member of staff, to ensure that steps are taken to avoid the issue occurring again.

4.4.5. The volunteer or member of staff responsible for the event/session must discuss with the person the most appropriate way of ensuring they can attend future sessions safely and with the confidence that their care needs are met appropriately. This will include an explanation of the limitations of the role of the MS Society's staff and volunteers in providing personal care and support to explore access to care assistants if that is what is required.

5. Related documents

- Personal care: A guide for MS Society volunteers
- SLA Template
- Events volunteer risk management system
- Fitness volunteer risk management system

6. Document storage

6.1. Local groups: This policy/ procedure and related documents will be available from Volunteer Support staff, Health and Safety Officers and the volunteer website.

6.2. MS Society employees: This policy/ procedure and related documents will be available the on the policy section of Axon.

Appendix 1

Statutory regulation or guidance and definitions of personal care

England and Wales

Within England and Wales, the Safeguarding Vulnerable Groups Act 2006 states "personal care" means:

(a) physical assistance given to a person in connection with-- (i) eating or drinking (including the maintenance of established parenteral nutrition), (ii) toileting (including in relation to the process of menstruation), (iii) washing or bathing (iv) dressing, (v) oral care, or (vi) the care of skin, hair and nails (with the exception of nail care provided by a person registered with the Health and Care Professions Council as a chiropodist or podiatrist pursuant to article 5 of the 2001 Order), or

(b) the prompting, together with supervision, of a person, in relation to the performance of any of the activities listed in paragraph (a), where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision;

Scotland

Within Scotland, the Community Care and Health (Scotland) Act 2002 defines personal care as care which relates to the day to day physical tasks and needs of the person cared for in relation to:

1. Personal Hygiene

- shaving,
- cleaning teeth (whether or not they are artificial) by means of a brush or dental floss and (in the case of artificial teeth) by means of soaking, providing assistance in rinsing the mouth;
- (keeping finger nails and toe nails trimmed;
- (assisting the person with going to the toilet or with using a bedpan or other receptacle;
- where the person is fitted with a catheter or stoma, providing such assistance as is requisite to ensure cleanliness and that the skin is kept in a favourable hygienic condition;
- where the person is incontinent the consequential making of the person's bed and consequential changing and laundering of the person's bedding and clothing
- (caring for the person's skin to ensure that it is not adversely affected.

2 As regards eating requirements:

- the preparation of, or the provision of any assistance with the preparation of, the person's food including (without prejudice to that generality)–
- defrosting, washing, peeling, cutting, chopping, pureeing, mixing or combining, cooking, heating or re-heating, or otherwise preparing food or ingredients;
- cooking, heating or re-heating pre-prepared fresh or frozen food;
- portioning or serving food;
- cutting up, pureeing or otherwise processing food to assist with eating it;
- advising on food preparation; and
- assisting in the fulfilment of special dietary needs,

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- but not the supply of food (whether in the form of a pre-prepared meal or ingredients for a meal) to, or the obtaining of food for, the person, or the preparation of food prior to the point of supply to the person.

3 If the person is immobile or substantially immobile, dealing with the problems of that immobility.

4 If the person requires medical treatment, assisting with medication, as for example by—

- applying creams or lotions;
- administering eye drops;
- applying dressings in cases where this can be done without the physical involvement of a registered nurse or of a medical practitioner;
- assisting with the administration of oxygen as part of a course of therapy.

5 With regard to the person's general well-being—

- assisting with getting dressed;
- assisting with surgical appliances, prosthesis and mechanical and manual equipment;
- assisting with getting up and with going to bed;
- the provision of devices to help memory and of safety devices;
- behaviour management and psychological support.

Northern Ireland

Within Northern Ireland, Circular HSS [ECCU] 2/2008; Regional Access Criteria for Domiciliary Care defines personal care as undertaking any activity which requires a degree of close personal and physical contact with individuals who regardless of age, for reasons associated with disability, frailty, illness, mental health or personal physical capacity are unable to provide for themselves without assistance