HSV 125A – MS Society Appointed Person Form

Revision 8 – January 2025

An appointed person is an MS Society Volunteer or staff member who agrees to take on the responsibility of managing an emergency if it occurs during an event with fewer than 25 people.

If the MS Society Group, Local Network or staff member is using a venue which is managed by a competent person whose role is to setup and oversee the venue and the emergency arrangements throughout the event; an MS Society guidance document can be used, and the process below does not need to be followed.

# Events that can be covered by an Appointed Person

Any event that is funded or has been organised by the MS Society, is taking place with 25 people or fewer attending and where fundraising is not the main priority such as:

* Volunteer meeting.
* Coffee morning.
* Get together.
* Party with low-risk activities, where the main reason is to provide a social environment for individuals to relax in.
* An information event or meeting where the main aim is to provide support and exchange experiences such as a newly diagnosed event – but where a collection box is available.
* a photoshoot in a private home or a public space where it is unlikely that first aid support will be available.

# Events that need a first aider

* Any event where there are over 25 people attending – this includes those individual supporting the event as well as those taking part.
* Any high-risk events that have an MS Society Event Organiser who is setting up, managing, and running the event and the venue in use cannot provide a first aider, such as the physiotherapy sessions provided to those who take part in the London Marathon on behalf of the MS Society. Organisations like the Red Cross can give guidance on what is needed.

If you have any queries regarding this, please contact our Volunteer Support Team at volunteersupport@mssociety.org.uk.

# Appointed person responsibilities.

This section is to be completed by the agreed appointed person and needs to be reviewed for an ongoing appointment annually.

A new form must be completed for each new event.

|  |  |
| --- | --- |
| Group/ team: |  |
| Appointed person: |  |
| Contact number: |  |

Thank you for trusting us with your data. We will do all we can to keep it safe. To find out more about how the MS Society uses and manage your personal data and your rights, you can read our full privacy notice at www.mssociety.org.uk/privacy. You can also update your details or change the way we contact you by emailing volunteersupport@mssociety.org.uk or calling 0300 500 8084.

|  |  |
| --- | --- |
| **Fire** | **Enter X below when checked** |
| **For each venue the Appointed Person will check:** |
| 1. Check the rooms being used have an adequate means of escape – confirm the nearest emergency routes and available exits.
 |  |
| 1. Find out what the fire alarm sounds like
 |  |
| 1. Find out where the nearest fire alarm points are located
 |  |
| 1. Find the location of the “Assembly Point”
 |  |
| 1. Ensure that there is a mobile phone available in case the emergency services are needed.
 |  |
| 1. I will ensure the following is in place in case of fire or other emergency requiring evacuation from the building:
 |  |
| * An individual is nominated who will call the fire brigade.
 |  |
| * An individual is nominated who will take the attendance sheet on evacuation and complete the roll call at the Assembly Point.
 |  |
| * If necessary, an individual will be nominated to assist anyone who might need support to evacuate the building safely.
 |  |
| * An individual will be nominated to sweep the area where the meeting is taking place to ensure everyone has been evacuated.
 |  |

|  |  |
| --- | --- |
| **First Aid** | **Enter X below when checked** |
| **For each venue the Appointed Person will check:** |
| 1. The location of the first aid kit so the injured person can treat themselves for minor injuries.
 |  |
| 1. I will ensure the following is in place in case there is a first aid incident:
 |  |
| * An individual is nominated who will call the ambulance and guide it to the patient.
 |  |
| * An individual is nominated who will clear the area around the patient.
 |  |
| * An individual will be nominated to keep the patient comfortable until qualified assistance arrives.
 |  |
| I have read and understood the responsibilities laid out above and agree to follow them to the best of my ability. |
| Signature: |  | Date: |  |