Safeguarding Policy.

Policy Outline

The primary purpose of this document is to assist staff and visitors within Revive Medical Solutions Ltd to be aware of their role and responsibilities in safeguarding adults, children and young people. The associated procedures within this policy will enable us to fulfil our relevant legislative duties as determined by these statutes:

- Children Act 1989
- Public Interest Disclosure Act 1998
- Adoption and Children Act 2002
- Female Genital Mutilation Act 2003
- Sexual Offences Act 2003
- Children Act 2004
- Domestic Violence, Crime and Victims Act 2004
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Children and Young Persons Act 2008
- Protection of Freedoms Act 2012
- Care Act 2014
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Serious Crime Act 2015
- Counter-Terrorism and Security Act 2015
- Modern Slavery Act 2015
- General Data Protection Regulations 2016
- Children and Social Work Act 2017
- Homelessness Reduction Act 2017
- Data Protection Act 2018

Also abide by best practice guidelines as directed within these documents:

- CQC Regulation 13 guidance: Safeguarding service users from abuse or improper treatment (2014)
- NICE Clinical Guideline 76: Child abuse and neglect (2017)
- Nice Clinical Guideline 89: Child Maltreatment (2017)
- Department of Health: Responding to Domestic Abuse – A resource for health professionals (2017)

All those working with children and vulnerable adults must promote their welfare, health, wellbeing and development and take every reasonable precaution to protect them.

The Organisation is committed to ensuring that all, and specifically those who are vulnerable, are kept safe from harm while they are involved with the Organisation in any way.

Employees and volunteers have a personal responsibility for safeguarding the welfare and wellbeing of all children and vulnerable adults by protecting them from abuse and will support them wherever this happens.

This policy reflects the requirements and framework set out in the Children Act 1997 and the Care Act 2014.

Safeguarding Guidance

Safeguarding Children

Revive Medical Solutions acknowledges its essential duty to shield vulnerable children from harm, complying with the Children's Act and other relevant legislative and statutory frameworks. Every employee and representative of our company is mandated to prioritize children's safety and welfare in the course of their duties.

The crime of child cruelty and the detrimental health and social consequences of child abuse and neglect are well-recognized.

Typically, child abuse is classified into four categories: physical, sexual, emotional, and neglect. However, some experts, including the NSPCC, have expanded this list to twelve categories:

• Domestic abuse: Children witnessing domestic violence or experiencing it in their relationships is considered abuse.

• Sexual abuse: This involves forcing or persuading a child to participate in sexual activities, which can happen online and doesn't require physical contact.

• Neglect: This refers to continuous failure to meet a child's basic needs, leading to severe and long-term harm.

• Online abuse: This includes any form of abuse that occurs on the internet, through social media, online games, or mobile phones.

• Physical abuse: This involves intentionally harming a child, resulting in injuries such as bruises, broken bones, burns, or cuts.

• Emotional abuse: This refers to emotional maltreatment or neglect of children, often referred to as psychological abuse, causing significant harm.

• Child sexual exploitation: This is a form of sexual abuse where children are exploited sexually for money, power, or status.

• Female genital mutilation: This involves the non-medical partial or total removal of external female genitalia.

• Bullying and cyberbullying: Bullying can occur anywhere—school, home, or online, often repeated over time, causing physical and emotional harm.

• Child trafficking: This involves recruiting, moving, or transporting children for exploitation, forced labor, or sale.

• Grooming: This involves grooming children and young people, either online or in person, by strangers or known individuals, like family members, friends, or professionals.

• Harmful sexual behavior: Children and young people engaging in harmful sexual behavior cause harm to themselves and others.

Given the nature of our work, our staff members are often the first professionals to encounter a case of child abuse. Their actions and recorded information can be vital for subsequent investigations.

Employees are generally in an ideal position to recognize signs of abuse. Please refer to the NICE guidance “When to suspect child maltreatment”.

If an employee suspects a child may have been or may be at significant risk of abuse, it is critical to:

• Assess and treat the presenting clinical condition,

• Seek advice from Revive Medical management or external sources such as Children’s Social Care when necessary,

• Safeguard the child immediately by removing the threat or removing them from the threatening environment,

• Contact Emergency Services such as NHS Ambulance Service/Police,

• Transport the child to the nearest acute hospital with pediatric care facilities by NHS Ambulance, if possible, • Immediately report concerns to Children’s Social Care or the Police as suitable, • Follow up verbal referrals to external partner agencies in writing using the appropriate Trust Process.

In case of immediate risk of harm, dial 999 to contact the Police who have the legal authority to protect children. Concerns for a child should be shared with the parent or carer unless it endangers the clinical outcome or increases the child's risk. Employee safety should also be considered when sharing concerns.

The Care Act's protection provisions specifically apply to a certain segment of the adult population. The obligations refer to an adult who:

• Requires care and support, irrespective of whether these needs are met by the local authority,

• Is either experiencing or is at risk of abuse and neglect, and

• As a consequence, due to their care and support needs, is unable to safeguard themselves from the risk or experience of abuse and neglect.

Six fundamental principles guide all work related to adult protection:

1. Empowerment - encouraging individuals to make their own decisions,
2. Prevention - initiating action to prevent harm,
3. Proportionality - ensuring the response is minimal yet adequate,
4. Protection - advocating and providing support to those most in need,
5. Partnership - seeking local resolutions through community services,
6. Accountability - professionals comprehending their roles and responsibilities.

Various situations can constitute abuse and neglect, such as:

• Physical abuse – including assault, slapping, pushing, misuse of medication, restraint, or inappropriate punishments.

• Domestic violence – involving psychological, physical, sexual, financial, emotional abuse, and 'honour-based' violence.

• Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate staring or touching, sexual teasing, exposure to sexual photography or acts, and non-consensual sexual acts.

• Psychological abuse – involving emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, control, intimidation, coercion, harassment, verbal abuse, cyberbullying, isolation, or unjustified withdrawal of services or support networks.

• Financial or material abuse – involving theft, fraud, online scamming, coercion related to an adult's financial affairs or agreements, misuse or misappropriation of property, possessions, or benefits.

• Modern slavery – including slavery, human trafficking, forced labour, and domestic servitude.

• Discriminatory abuse – involving harassment, slurs, or similar ill-treatment due to race, gender and gender identity, age, disability, sexual orientation, or religion.

• Organisational abuse – involving neglect and poor care practices within an institution, care setting, or home care, resulting from the institution's structure, policies, processes, and practices.

• Neglect and acts of omission – including ignoring medical, emotional, or physical care needs, failure to provide adequate health, care, support, or educational services, or withholding life necessities, such as medication, proper nutrition, and heating.

• Self-neglect – covering a broad range of behaviours such as neglecting personal hygiene, health, or surroundings, including behaviours like hoarding.

Mental Capacity Act (MCA)

The MCA sets the legal precedent for acting and deciding on behalf of individuals who lack the ability to make their own decisions.

There are five central principles to the MCA:

• All adults should be assumed to have the ability to make their own decisions if they possess the capacity. It is the responsibility of family, caregivers, and health or social care staff to presume that a person can make their decisions, unless it's evident that they are incapable.

• Individuals should be assisted in their decision-making process. Before deciding that someone is incapable of making a decision, every effort should be made to help them arrive at a decision on their own.

• Individuals are allowed to make decisions that may seem unwise to others. Just because a person's decision is deemed unwise, they should not automatically be considered incapable of decision-making.

• Any action taken or decision made on behalf of someone lacking capacity must be in their best interest.

• Any action taken or decision made on behalf of someone lacking capacity should infringe minimally on their basic rights and freedoms, provided it's still in their best interest.

When an adult is capable of giving consent and discussing the safeguarding issue poses no additional risk, it is crucial that they are involved in the process of a safeguarding referral. In some cases, failure to obtain consent during a referral could impede other agencies' ability to follow up on the referral.

Deprivation of Liberty Safeguards (DoLS)

Here's a summary of DoLS 40 provided by the Social Care Institute for Excellence: • DoLS serve as an amendment to the Mental Capacity Act 2005 and only apply in England and Wales.

• The Mental Capacity Act permits the use of restraint and restrictions, but only when in the

person's best interest.

• Additional safeguards, known as Deprivation of Liberty Safeguards, are required when the use of restrictions and restraint will deprive a person of their liberty.

• Deprivation of Liberty Safeguards can only be utilized if the person's liberty will be compromised in a care home or hospital. In other situations, the Court of Protection can authorize a deprivation of liberty. Care homes or hospitals must seek local authority permission to deprive a person of their liberty, termed as requesting a standard authorization.

• Six assessments must be conducted before a standard authorization can be granted.

• If a standard authorization is given, a crucial safeguard is appointing someone with legal authority to represent the person. This representative, typically a family member or friend, is called the relevant person's representative.

• Other safeguards encompass the rights to contest authorizations in the Court of Protection and access to independent Mental Capacity Advocates (IMCAs).

Domestic Violence and Abuse

Violence and abuse are experienced by men, women and children from every background, and for many, their experiences will remain un-disclosed to health professionals with often devastating effects and consequences on long-term physical and mental health

Research by IRIS indicates that: “Domestic violence and abuse is so prevalent in our society that NHS and other provider staff will be in contact with adult and child victims (and perpetrators) across the full range of health services. The NHS spends more time dealing with the impact of violence against women and children than almost any other agency and is often the first point of contact for women who have experienced violence”.

Revive Medical recognises that domestic abuse, including stalking and harassment is a widespread problem. As an organisation it will not tolerate any form of violence or abuse either within the workplace or outside. It recognises that its employees will be amongst those impacted by domestic abuse and that as an employer it has a responsibility to provide a safe and effective work environment. This policy demonstrates our commitment to responding with sensitivity to employees who need help and support and in taking action against perpetrators of domestic abuse. We seek to ensure that every employee who is experiencing or has experienced domestic abuse is able, if they so wish, to raise the issue in the knowledge that the disclosure will be treated effectively, sympathetically and confidentially.

Given the nature of domestic abuse, the Safeguarding Policy is not a definitive document and should be read in conjunction with guidance from the Department of Health, Working Together, and Local Safeguarding Children Board/Partnerships (LSCB/P's) guidelines and procedures. Reference should also be made to local Health Trust's strategies specific to domestic abuse and any other local strategies in respect of services to children and their families.

For the purpose of this policy, domestic abuse is defined as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is defined as: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is defined as: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."
The coercive or controlling behaviour offence, which is contained in section 76 of the Serious Crime Act 2015 15, will mean victims who experience the type of behaviour that stops short of serious physical violence, but amounts to extreme psychological and emotional abuse, can bring their perpetrators to justice.

Stalking is defined as: a pattern of repeated and persistent unwanted behaviour that is intrusive and engenders fear. It is when one person becomes fixated or obsessed with another and the attention is unwanted. Stalkers are not homogenous and the motivation for stalking can vary, but is considered very serious and must be treated as such. Home Office statistics indicate that 1 in 5 women and 1 in 10 men may experience stalking in their adult life. Stalking became a criminal offence in November 2012.

It is acknowledged that while it is usually women who experience domestic abuse from male perpetrators, this policy applies equally to male victims and same-sex relationships that require advice or help. However, in line with guidance from the Department of Health this policy reflects the victim/survivor as female and the perpetrator as male.

If Revive Medical employees attend an incident where they are concerned that domestic abuse is a contributing factor, it is imperative that:

- The presenting clinical condition is assessed and treated;
- The patient is transported to the appropriate medical facility if clinically indicated, by NHS ambulance where available;
- Concerns and actions are fully recorded, dated and signed;
- Any assault including sexual assault or other criminal offence i.e. stalking, harassment, breach of non-molestation is notified to the police;
- If children are present, they are referred to Children's Social Care;
- A safeguarding referral is made for the adult at risk;
- Advice and support are sought where necessary, from line managers or members of the safeguarding team.

If Revive Medical staff believe that an adult or child/children are to be at immediate risk as a result of domestic abuse, they should request immediate police attendance.

Any observations of injuries and verbal abuse must be carefully documented on the PRF. Our records may form a vital piece of evidence for the prosecution of domestic abuse cases.

Revive Medical recognises that employees and service users experiencing domestic violence and abuse normally have the right to complete confidentiality. However, in circumstances of child protection or the protection of adults at risk, child protection and adult protection services may need to be involved.

Revive Medical recognises that perpetrators of domestic violence can come from any walk of life and can include professionals, even our staff. Employees should be aware that domestic abuse including stalking is a serious matter that can lead to criminal charges. Revive Medical considers domestic abuse to be a serious issue. Staff should be aware that such matters may constitute consideration of action under our Disciplinary Procedures relating to Misconduct or Gross Misconduct which if proven, may lead to dismissal. We have a duty to notify the relevant registering body (HCPC, NMC, GMC). If any of the circumstances above are brought to a Line Manager's attention, advice from Human Resources should be sought.

Mandatory Reporting of Female Genital Mutilation

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of external female genitalia for non-medical reasons. It is a form of child abuse and is illegal in England under the Female Genital Mutilation Act 2003.

All incidents where FGM is disclosed, suspected or observed should be referred through a safeguarding referral. The professional duty to make a safeguarding referral extends to all employees of the Company.

In addition, for health professionals there exists a duty of mandatory reporting that might apply depending on the specifics of the case. This mandatory duty was introduced on the 31st October 2015.

The mandatory reporting duty extends to health professionals registered with any body overseen by the Professional Standards Authority for Health and Social care including:

- The Health and Care Professions Council
- The General Medical Council
- The General Dental Council
- The Nursing and Midwifery Council

The duty also applies to social workers and education

professional. The duty to report applies in this

specific situation:

Either

A health professional is informed by a girl under 18 that an act of FGM has been carried out on her.

Or

A health professional observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

For the purposes of the duty, the relevant age is the girl's age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).

The duty required is to make a report to the Police. Legislation does not specify a process for making this report. Health professionals engaged by Revive Medical as employees or agents will

follow the following process: The health professional must contact the Police through calling 101 and make a verbal report. This must then be followed up immediately by completing a company safeguarding referral which should include reference to the Police incident number.

Where a situation involving suspected FGM does not fall specifically within the remit of the mandatory reporting legislation, staff must still consider the need to undertake safeguarding action through normal reporting requirements.
Nothing contained in this Policy supersedes requirements of the legislation. All

clinicians should refer to and familiarise themselves with the publication “Mandatory Reporting of Female Genital Mutilation
– procedural information” published by the Home Office

Making a Safeguarding Referal

'Safeguarding' denotes the act of ensuring an individual's safety. This can involve removing them from a harmful situation, preventing a perpetrator's access, or offering a secure environment. Sharing concerns with another agency is done via a safeguarding referral.

The onus to report a concern lies with the employee who noticed it. While they can seek advice and help from suitable sources, the fundamental obligation to escalate the concern remains with the individual who identified it. This applies to all company employees and representatives, irrespective of their role, rank, experience, or status within the organization.

A safeguarding referral should be made even in situations where other agencies like the police are present or if the patient has been transported to a hospital and the concerns have been shared with the hospital staff. Employees and representatives cannot shift the responsibility of reporting a concern to a third party.

A significant safeguarding concern should be immediately reported via phone to a relevant external agency by the employee or agent who noticed the concern. The primary recipients of emergency referrals are the police and social care:

• Dial 999 when there's an immediate harm threat or a serious crime is suspected to have happened or likely to occur soon. • For less urgent cases, report to the police via 101. This includes reporting historical instances of various types of abuse, assaults, and other safeguarding information. Always ensure to obtain a police reference number. • For cases where children or vulnerable adults are currently at serious harm risk, discuss the situation with the local authority social care team. During normal business hours, most social care teams have a centralized referral system like a MASH (multi-agency safeguarding hub). For after-hours emergencies, local authorities provide a 24/7 Emergency Duty Team (EDT), which may be shared among several local authorities. EDTs comprise out-of-hours social workers with access to key databases for local social care teams. Contacting social care offers a chance to report urgent concerns and gather information for planning safe care pathways for patients. • Special circumstances involving bruising or injury may require direct escalation to a local pediatrician.

If a safeguarding concern is not pressing enough to warrant immediate phone referral, then a written referral should be completed as soon as feasible, using contemporaneous notes. Written referrals should be made within 48 hours of noting the concern in all cases.

It's best practice to consider safeguarding reporting as a component of holistic patient care and to complete it during the single patient contact episode. It's crucial in both child and adult safeguarding to include the concern subject in the referral process, except when it would increase their risk.

Currently, Revive Medical doesn't have a dedicated 'Safeguarding Team', meaning referrals should be made directly by the staff to the appropriate agency, and an incident report should be filed via the Revive Medical system or Atlas. For advice and guidance, staff can turn to the Compliance Manager or CQC Registered Manager. When working on behalf of any NHS trust, Revive Medical employees will follow the trust's referral protocols via a Datex.

Agencies that we might refer to include:

• Local Authority Social Care • GP • Police • Fire Service • Health Visitors • Named Nurses for Community Care • Named Midwives • Hospital Safeguarding Leads • The CQC • Community Mental Health Teams • NHS trusts we are working on behalf of.

Sharing and Storing Safeguarding Information

All our employees and representatives must follow the directions given in our Data Protection and Confidentiality Policies. This is crucial for ensuring our adherence to the Data Protection Act and the General Data Protection Regulations.

The CQC Registered Manager will handle Subject Access Requests (SARs) relating to safeguarding information, with the company offering additional expertise in risk assessment. Employees should be aware that referrers of a safeguarding referral are not automatically granted anonymity. Instead, every SAR is scrutinized and the potential risks to the referee and referrer are meticulously evaluated before deciding to reveal the referrer's identity.

In scenarios where a patient or a third party is at immediate risk, employees are advised to consider urgently sharing safeguarding information with a suitable external partner agency such as the Police or the Social Care Emergency Duty Team. This action is in line with the General Data Protection Regulations to safeguard the vital interests of any individual.

The sharing of safeguarding information should be judicious, proportionate, and timely, in compliance with data protection principles. Any decision to share or withhold information must be properly justified and recorded.

All external requests for safeguarding information received by our company will be directed to the Compliance Manager for fulfillment.

Our company will securely manage and maintain confidential safeguarding records, following our records management policies.

Training Requirements

As a condition of employment at Revive Medical, all staff members are expected to undergo yearly Safeguarding Adults and Safeguarding Children training. The Compliance Manager will oversee and ensure the completion of this annual training. It is mandatory for every employee at Revive Medical to possess at least a Level 2 CPD certificate or equivalent in both adult and children safeguarding. CPD certifications acquired internally from any NHS or ambulance trust in safeguarding, that have been approved by the Clinical Director, will also be recognized.

Should there be a discovery of further training needs, these will be addressed during the company's monthly CPD training evenings.

Review

Last Reviewed	Next Review Due	Who Reviewed
11/02/2023	11/02/2024	Stuart Willis