Child Safeguarding Policy

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This policy is reviewed annually or when there are significant changes in legislation or accreditation requirements

Contents

1.0 Introduction 2

2.0 Definitions 2

2.1 Safeguarding Policy and Procedures 3

2.2 Responsibility 4

2.3 Designated Liaison Persons 4

2.4 Mandated Persons 9

2.5 Relevant Person 10

3.0 Garda Vetting and CISM 10

3.1 Reasonable Grounds for Concern 10

3.2 Risk Assessment 11

3.3 Medicall Risk Assessment for Children First 12

3.4 Medicall Risk Assessment Matrix 13

1.0 Introduction

Medicall's Safeguarding Policy details the commitment to safeguarding all children. There are legal obligations for safeguarding-related legislation. Medicall is transparent in the approach to responding to any safeguarding concerns. Child Safeguarding ensures that safe practice and appropriate responses by practitioners concerns about the safety or welfare of children are addressed. Child safeguarding is about protecting the child from harm, promoting their welfare and creating a culture and environment that supports this.

2.0 Definitions

Child Safeguarding Statement
Is a written commitment to Child Safety that outlines the specific principles and procedures for safeguarding Children. It details a written assessment of potential harm to children while availing of care in Medicall ambulance service and applies to all practitioner levels. This applies to Children, or Young Persons aged less than 18 years of age.

Designated Liaison Persons (DLP)
Is a resource that should be available to any staff member who has a child protection concern. They are responsible for ensuring that reporting procedures are followed correctly and promptly and act as a liaison person with other agencies (see Children First: National Guidance).

Guiding Principles and Child Safeguarding Procedures
These are the procedures an organisation has in place to safeguard children from harm and reduce the risks to children of being harmed.

Mandated Persons
Mandated persons have a statutory obligation to report concerns which meet or exceed the threshold of harm, as defined in the Act, to TUSLA and to cooperate with TUSLA in the assessment of mandated reports, where requested to do so.

Relevant Person
Is the person who is appointed by a provider of a relevant service to be the first point of contact in respect of the Child Safeguarding Statement

The Children First Act 2015 states that Safeguarding refers to protecting Children from harm as well as their welfare and development whilst in our care. It requires organisations to set out a "declaration of guiding principles".

Training is provided to all Medicall Staff. Medicall Ambulance often operates on contract to the National Ambulance Service. We require all practitioners to complete the Child First Training on HSELanD. This training is repeated every three years.

The Children First Best Practice Guide for Developing and Implementing Organisations' Guiding Principles and Safeguarding Procedures highlights six key areas:

1. Guiding Principles,
2. Key roles in Safeguarding
3. Responding to and reporting Child Protection or Welfare Concerns,
4. Working safely with Children and Young People,
5. Procedures for Sharing Guiding Principles and Safeguarding Procedures and involving parents/guardians, Families, and Children and Young People, and
6. Implementing, monitoring, and reviewing the Guiding Principles and Safeguarding procedures.

2.1 Safeguarding Policy and Procedures

Children in Medicall's care have the right to be protected, treated with respect, listened to, and have their own views taken into consideration. Parents should be consulted about issues that concern their children. Parents are encouraged to present wherever possible when their children are being treated.
Staff are carefully selected, trained, and supervised in their work. Medicall provides all practitioners with information needed to help them recognise, respond, and report concerns about Safeguarding and welfare.

The Guiding Principles are applicable to all Medicall staff and they are asked to familiarise themselves with the full contents of this document. Medicall recognises that the welfare of children must always come first, regardless of all other considerations.

2.2 Responsibility

Medicall Management have responsibility for the development and implementation of Safeguarding Policies. There are constant reviews to enhance our Policies and Operational procedures for Safeguarding. Management implements these policies and procedures and records evidence of training. Training deals with reporting of issues of concern to ensure compliance with current legislation.

2.3 Designated Liaison Persons

It is their responsibility to liaise with and/or report to all relevant statutory agencies with regards to all matters related to safeguarding/Child Protection. All Medicall Practitioners are deemed by law to be mandated persons.

Medicall Ambulance Service DLP

1. Must be knowledgeable about Safeguarding and that he/she undertakes any training considered necessary to keep updated on new developments.
2. Establishes contact with TUSLA in relation to Safeguarding policy and training opportunities.
3. Provides advice and information on child protection.
4. Acts as a liaison with outside agencies and as a resource person to all members who have Safeguarding concerns.
5. Ensures that the standard reporting procedures are followed so that suspected cases of child neglect or abuse are referred promptly to TUSLA and/or An Garda Síochána.
6. Ensures that an individual case record is maintained.
7. Maintains strict confidentiality.

The DLP acts as the first point of contact and main resource for “Mandated Persons” with child protection concerns.

The Designated Liaison Person (DLP) for each area			
Area	Name	Phone	Email
Cavan	~~XXXXXXXXX~~	~~XXXXXXXXX~~	~~XXXXXXXXX~~
Cork	~~XXXXXXXXX~~	~~XXXXXXXXX~~	~~XXXXXXXXX~~
Dublin	~~XXXXXXXXX~~	~~XXXXXXXXX~~	~~XXXXXXXXX~~
Kilkenny	~~XXXXXXXXX~~	~~XXXXXXXXX~~	~~XXXXXXXXX~~
Letterkenny	~~XXXXXXXXX~~	~~XXXXXXXXX~~	~~XXXXXXXXX~~

Core Duties of the DLP

1. Act as resource and First Point of contact for "Mandated Persons".
2. Provide advice and support to colleagues who may have a child protection or welfare concern.
3. Ensure that the Medicall's child protection and welfare reporting procedures are followed correctly and promptly.
4. Ensure that child welfare and protection concerns are referred promptly to TUSLA (Child and Family Agency) or An Garda Síochána as appropriate.
5. Consult informally with a TUSLA Duty Social Worker for advice on concerns.
6. Where appropriate, make a report of child protection or welfare concerns to TUSLA on behalf of Medicall. The DLP may make a joint report to TUSLA with the Mandated Person.
7. Ensure that a clear, accurate record of all child protection and welfare concerns, discussions, and actions taken are kept. Communications should be in line with Medicall Ambulance Ltd Respecting the Privacy & Dignity of the Patient policy.
8. Ensure a secure system is in place to manage and store confidential records related to child protection.
9. Act as the primary liaison person with TUSLA, An Garda Síochána, and other relevant agencies.
10. Keep appropriate people within the service (e.g., senior management) informed of relevant issues, while maintaining necessary confidentiality.
11. Be knowledgeable about child protection and welfare matters, including the Children First National Guidance and the Children First Act 2015.
12. Complete all necessary training for the role, such as the "TUSLA DLP" eLearning Module and the "Always Children First Foundation Training".
13. Advise the organisation on the child safeguarding training needs for all staff and volunteers.

14. It is important to note that if a DLP is also a Mandated Person under the Children First Act 2015. They must fulfil their statutory reporting obligations as a

Mandated Person. The DLP role cannot fulfil the Mandated Person's personal legal obligation to report.

Limits to Confidentiality

Child Safety Overrides Confidentiality if there are concerns about a child's safety or welfare, confidentiality. Information must be shared with TUSLA and/or An Garda Síochána if it meets the legal threshold for reporting.

No Promise of Secrecy: If a child discloses abuse, a person dealing with the disclosure should not promise to keep it a secret. They must explain that the information will be shared to ensure the child gets the necessary help and protection.

GDPR/Data Protection is Not a Barrier**:** The EU General Data Protection Regulation (GDPR) and the Data Protection Act 2018 do not prevent sharing information when it is necessary to protect the vital interests of a child or to fulfil a legal obligation, such as those under the *Children First Act 2015* and the *Child Care Act 1991*.

Record Keeping

All reports and records will be retained securely in the Dublin HQ by the HR Manager. Reports and records should be factual and contain details of any actions undertaken. Records will be shared only on a need-to-know basis. Records will be retained in line with GDPR requirements.

Dealing with a disclosure from a child

1. React calmly and naturally
2. Listen carefully and attentively. Give the child time and opportunity to tell you what they wish to say.
3. Take the child seriously.
4. Reassure the child that they have done the right thing in talking to you.
5. Avoid Undermining the Disclosure
6. Do not promise to keep anything secret. Explain that you must tell someone who understands this area and can help to keep them safe.
7. Ask questions for clarification only. For example, "Am I correct in saying that…?"
8. Do not ask leading questions (questions that suggest an answer).
9. Do not express any opinions about the alleged abuser (e.g., anger or judgment).

10. Record and Report
11. Check back with the child that what you have heard is correct and understood.
12. Ensure the child understands the procedures that will follow (i.e. that you must tell someone to get them help).
13. Make a written record of the conversation as soon as possible, in as much detail as possible, and preferably quoting the child's actual words.
14. Treat the information confidentially, subject to the requirements of the Children First Guidance and legislation.
15. Contact one of the Designated Liaison Persons listed above
16. If you are unsure if a formal report should be made, contact DLP who can guide you further, or call your local TUSLA Duty Social Worker who can provide guidance.

Area	Contact
Cavan	049 4369801
Cork	021 2373774
Dublin	01 771 8670
Kilkenny	052 6177302
Letterkenny	074 91 02233

https://www.tusla.ie/get-in-touch/duty-social-work-teams/

NB: If practitioners cannot contact your local DLP they can contact any of the other DLPs. If they are unable to contact any of the DLPs or deem that the child is at immediate risk, they should contact the local TUSLA Duty team directly or An Garda Siochana if Out of Office Hours.

The DLP will guide the Mandated person through the process of completion of Child Protection and Welfare Report Form (CPWRF), which can be accessed through the TUSLA website.

<u>Dealing with concerns relating to colleagues</u>

Allegation or concerns relating to abuse of a child by a colleague may be raised by:

1. A Patient, a Carer or Family member
2. A fellow colleague
3. A healthcare worker

4. A member of the General Public

Allegations or concerns may be raised verbally by speaking to a practitioner or other staff member, via the main company telephone line, via company email, via the Medicall website or via the Patient Feedback form.

Reporting pathway

The person who receives the allegations must inform the Resource Compliance Manager who will notify the local DLP. If you are unable to contact the Resource Compliance Manager, contact the HR Manager. If they are unavailable, concerns may be escalated to another manager or to the Director of Service Delivery.
Once the local DPL has been informed, the allegations will be reviewed and if it is deemed to be a Child protection issue DLP will liaise between complainant and/or reporter and the authorities.

Immediate actions

Once a complaint or allegation of child abuse has been received against any staff member, that staff member will be immediately suspended (with pay) pending outcome of any investigation and or HR process,

The DLP will liaise with the complainant and take advice from the local TUSLA Duty Social Worker. If advised to do so, a report will be made to TUSLA using the Child Protection and Welfare Report Form (CPWRF). If the complaint is of a serious nature, An Garda Síochána should be involved.

Where allegations are proven, the staff member will remain on suspension with full pay pending the outcome of a full and thorough HR Process.

Where a Medicall Practitioner has been dismissed from employment based on safeguarding concerns the Pre-Hospital Emergency Care Council will be informed.

Working safely as a Solo Practitioner

From time to time, practitioners may work at events and other activities where they work alone as a solo practitioner. In such circumstances where a child is presented for treatment, they must ensure that they are accompanied, ideally by the Childs parents or legal guardian, or at least by a competent adult.

2.4 Mandated Persons

The Children First Act 2015 places a legal obligation on certain people, many of whom are professionals, to report Safeguarding concerns at or above a defined threshold to TUSLA — Child and Family Agency. These mandated persons must also assist TUSLA, on request, in its assessment of Safeguarding concerns about children who have been the subject of a mandated report.

Mandated persons are people who have contact with children and/or families and who, because of their qualifications, training and/or employment role, are in a key position to help protect children from harm.

Mandated persons have two main legal obligations under the Children First Act 2015:

1. To report the harm of children above a defined threshold to TUSLA.
2. To assist TUSLA, if requested, in assessing a concern which has been the subject of a mandated report.

All practitioners are Mandated Persons when working on behalf of Medicall, with a legal responsibility to report safeguarding concerns which meet or exceed the threshold specified in the Act to TUSLA. Other concerns which only meet a "reasonable concern" under the guidance would be reported through the DLP.

Mandated persons are legally obligated to report any knowledge, belief, or reasonable suspicion of a child being harmed, is being harmed, or is at risk of being harmed, as defined by the Act. Harm includes assault, ill-treatment, neglect, or sexual abuse.

A list of mandated persons, Garda Vetting Disclosures and records of Children first training is maintained by the Resource Compliance Manager. The list of mandated persons includes all EMTs, Paramedics and Advanced Paramedics privileged to practice on behalf of Medicall Ambulance Ltd. This also includes all Instructors/Tutors/Facilitators, Managers and Company Directors.

The list of Mandated persons can be provided upon request to:
Kevin Flynn - Resource Compliance Manager

Phone: 01 49 66 933 email: kevin@medicall.ie

2.5 Relevant Person

The Medicall Human Resources Manager has been appointed as the Relevant Person for Child safeguarding. The Relevant Person is responsible for updating the Child Safeguarding Statement and policies in line with best practice guidelines and legislation. The Relevant person liaises with Designated Liaison Persons to ensure compliance with this policy. Medicall's Relevant Person is the First Point of contact in respect of the organisation's Child Safeguarding Statement (CSS). This means that if TUSLA, another agency, or an individual has a query about the organisation's Child Safeguarding Statement, they should contact the Relevant Person.

The nominated Relevant Person for Medicall Ambulance Ltd is:
Nuala Plunkett - HR Manager

Phone: 01 49 66 933 email: nuala@medicall.ie

3.0 Garda Vetting and CISM

Garda Vetting is obligatory for all practitioners. Critical Incident Stress Management (CISM) is available to assist anyone affected by issues arising from patient care or safeguarding issues such as being a victim of abuse or receiving a disclosure.

3.1 Reasonable Grounds for Concern

There are 6 Types of child abuse which are outlined in the Children first Guidelines.

1.Neglect
2. Emotional abuse

3. Physical abuse
4. Sexual abuse
5. Circumstances which may make children more vulnerable to harm
6. Bullying

Evidence may include an injury or behaviour, that is consistent with abuse and is unlikely to have been caused in any other way Any concern about possible sexual abuse Consistent signs that a child is suffering from emotional or physical neglect. A child saying or indicating by other means that he or she has been abused Admission or indication by an adult or a child of an alleged abuse they committed. An account from a person who saw the child being abused.

The guiding principles on reporting child abuse or neglect may be summarised as follows:

1. The safety and well-being of the child must take priority over concerns about adults against whom an allegation may be made.
2. Reports of concerns should be made without delay to TUSLA.
3. If there is an immediate concern for the safety of the Child, Gardai should be called.

More detail is available in the TUSLA Children's First National Guidance Document.

https://www.tusla.ie/uploads/content/Children_First_National_Guidance_2017.pdf

3.2 Risk Assessment

As part of the risk assessment process, Medicall has reflected on specific risks that may arise when delivering care to Children.

There is a minimal risk to children when being cared for by Medicall. The risk lies where a practitioner may be alone to treat a child. Medicall requires that a parent or another Healthcare professional is present when treating a child.

The sole exception to this is in the case of significant injury or illness that requires immediate transport to save life.

Medicall practitioners must complete Children First Training and are aware of what might cause harm to children or young people using Medicall's service. Perceptions of what risk is may vary so Medicall have completed a risk assessment. Each risk in terms

of low, medium and high risks. To help rank each risk, the likelihood of the risk occurring and how serious the consequences could be are considered.

Medical have controls are in place to reduce the risk.

These are:

1. There must always be a minimum of two healthcare professionals in the saloon of the Ambulance when treating or transporting Children.
2. A guardian or other healthcare professional must always be present when treating children at an event.
3. All practitioners must have completed Children First Training, and this must be repeated every three years.
4. There are cameras in the saloon of all Medicall ambulances to monitor activity and treatment during transport.

Medicall will conduct reviews and if new risk is identified, new measures to reduce the risk will be put in place. Effective controls are a priority for Safely treating and transporting Children. It is not possible to eliminate risk completely, but risks can be significantly reduced if they are properly managed.

Step 1 Identify potential risks Step 2 Rank each risk Step 3 Control and manage the risks Step 4 Monitor and review after the risk assessment has been completed

3.3 Medicall Risk Assessment for Children First

This table identifies safeguarding risks and the necessary controls considered by Medicall Ambulance Service

Risk Category	Identified Risk	Risk Rating (L x I)	Procedures & Controls in Place
Staff Conduct	Harm to a child by a staff member (e.g., during transport)	**9 (M)**	Garda Vetting, HSE Trust in Care Policy, and "Introduction to Children First" eLearning.

Reporting Failure	Staff failing to recognise or report signs of child abuse	**12 (M)**	HSE Child Protection and Welfare Reporting Procedure; list of Mandated Persons (EMTs/Paramedics) maintained.
Environment	Child left unsupervised in an ambulance or station	**8 (M)**	Local accompaniment/admission policies; requirement for parent/guardian presence during transport where possible. Cameras in ambulance.
Online/Digital	Unauthorised filming or photos of children during care	**6 (M)**	I.T. Policies & Standards for online safety; staff code of conduct.
Peer/Third Party	Harm from an adult service user or visitor in a shared space	**4 (L)**	Supervision policies and physical access controls at ambulance bases. Cameras in situ

3.4 Medicall Risk Assessment Matrix

5x5 matrix to evaluate risks based on **Likelihood** and **Impact**.

Likelihood ↓ / Impact →	**Negligible (1)**	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Extreme (5)**
Almost Certain (5)	5 (L)	10 (M)	15 (H)	20 (H)	25 (H)
Likely (4)	4 (L)	8 (M)	12 (M)	16 (H)	20 (H)
Possible (3)	3 (L)	6 (M)	9 (M)	12 (M)	15 (H)

Unlikely (2)	2 (L)	4 (L)	6 (M)	8 (M)	10 (M)
Rare (1)	1 (L)	2 (L)	3 (L)	4 (L)	5 (L)

- **Low (1–5):** Acceptable risk; monitor periodically.
- **Medium (6–12):** Requires active management and controls.
- **High (15–25):** Significant risk; requires immediate action and senior oversight.

Reference Documents

The TUSLA and Department of Children, Equality, Disability, Integration and Youth documents A Guide for the Reporting of Child Protection and Welfare Concerns

Best Practice Principles for Organisations in Developing Children First Training Programmes

Child Safeguarding: A Guide for Policy, Procedures and Practice (2nd Edition)

Children First: National Guidance for the Protection and Welfare of Children (p. 9)

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