

Policy Name:	Safeguarding Adults Procedure
Policy Number: <i>(Allocated by the Information Governance Lead)</i>	CARE-060
Compiled by: <i>(enter job titles)</i>	Safeguarding Leads
Directorate:	Care
Approved by: <i>(enter group/committee)</i>	Trustees
Date of Approval:	08/07/2020
Total Number of Pages:	26
Date of Issue: <i>(Date published on-iHub by DPO)</i>	30/07/2020
Next review date:	08/07/2022

This is a: *(please enter X next to relevant option)*

New Policy		Updated Policy	X	Replacement of a Procedure	
-------------------	--	-----------------------	----------	-----------------------------------	--

Key Legal and Policy Points

The accompanying procedure provides guidance on how to raise safeguarding concerns within Havens Hospices; as well as our responsibility working together with external organisations in accordance with all relevant legislative frameworks outlined throughout the procedure.

Document to be reviewed in six months' time to reflect the recommendations of Havens Hospices Safeguarding review. Documents reviewed by safeguarding leads in July 2020

Date of Original Approval:	08/05/2014
Mandatory Reading Required by: <i>(To be completed / confirmed by the responsible Director using the Mandatory Policy Codes list. Do not list who not to include)</i>	<input checked="" type="checkbox"/> All staff <input checked="" type="checkbox"/> All Volunteers

This is a Controlled document and is subject to reviews and updated (as appropriate) in line with the Documentation Control policy guidelines.

Table of Contents

Learning disabilities mortality review.....	12
If someone discloses to you.....	14
Preserving evidence and recording.....	15
Record Keeping	15
Whistleblowing	16
Confidentiality	16
Appendix 1 SAFEGUARDING ADULT CONCERN FORM - SET SAF	17
APPENDIX 2: Body Charts	22
Appendix 2a Body Chart – Male	23
Appendix 2b Body Chart – Female	24
Appendix 3	25
MEDICATION MANAGEMENT CONCERNS	26

Definitions:

“Havens Hospices”, “The Hospice” refers to Havens Hospices, the Charity, which incorporates the services of Fair Havens, Little Havens and The J’s

Aims

It is our aim to comply fully with the safeguarding requirements of the Care Act 2014 as expressed in the Care and Support Statutory Guidance, and any revisions that may be made to the guidance. This document sets out our approach to doing so.

Our aim is to ensure that every staff member and volunteer are aware that safeguarding underpins our service to the community.

Havens Hospices are committed to:

- **actively work together** within an inter-agency framework.
- **actively promote** the empowerment and well-being of adults at risk through the services they provide.
- **act in a way which supports the rights of the individual** to lead an independent life based on self-determination and personal choice.
- **recognise people who are unable to take their own decisions** and/or to protect themselves, their assets and bodily integrity.
- **recognise that the right to self-determination can involve risk** and ensure that such risk is recognised and understood by all concerned.
- **ensure the safety of adults** at risk by integrating current strategies, policies and services relevant to abuse.
- **ensure that when the right to an independent lifestyle and choice is at risk the individual concerned receives appropriate help** including advice, protection and support from relevant agencies.
- **ensure that the law and statutory requirements are known and used appropriately** so that adults at risk receive the protection of the law and access to the judicial process.

Related Hospice Policies / Procedures

This Policy is intended to support staff and volunteers working for and with Havens Hospices. It does not replace, but is supplementary to the Southend, Essex, Thurrock (SET) Safeguarding Adults Guidelines 2019 available on <https://safeguardingsouthend.co.uk/> or www.essexsab.org.uk or www.thurrocksab.org.uk

Please see iHub for full list of policies/ procedures that apply to your role/ responsibilities. This includes Mental Capacity Policy and Procedure (2019); and Liberty Protection Standards,

Safeguards Policy and Procedure (2019). Local guidelines SET Mental Capacity Act and Deprivation of Liberty Safeguards Policy and Guidance (Version 2 – March 2018) is also available on the iHUB. Links to external websites and contact details may change over time, please refer to Essex safeguarding adults board website for current contact details.

Scope

This Procedure applies when there is a potential for harm to an adult at risk who is over the age of 18.

Abuse can take place in any setting and these procedures apply to wherever staff and volunteers carry out their duties. This is not restricted to environments in which care is delivered.

All staff or volunteers have a duty to report any incident of alleged, suspected or witnessed abuse or harm to their immediate Line Manager. This includes incidents where they may have concerns over the behaviour of another member of staff. **Staff and volunteers do not have the option of not acting.** Safeguarding leads are in place to support staff and managers with advice and decision-making processes.

If staff or volunteers believe that their Line Manager may be implicated with the abuse or not taking it seriously, they should escalate to a higher level of management, raise with a safeguarding lead, or follow the whistle blowing procedure.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect; while at the same time making sure that the adult's wellbeing is promoted. This includes where appropriate, taking into account the adult's wishes, feelings, views and beliefs in deciding on any actions.

Monitoring

The ultimate responsibility is held by:

Chief Executive Officer
Executive nurse
Board of Trustees

First line of responsibility is held by:

Safeguarding Leads

Responsibilities of Havens Hospices

- To take action to identify and prevent abuse from happening.
- Respond appropriately when abuse has or is suspected to have occurred.
- Ensure that the agreed safeguarding adults' procedures are followed at all times.
- Provide support, advice and resources to staff and volunteers in responding to safeguarding adult concerns.
- Inform staff and volunteers of any local or national issues relating to safeguarding adults.
- Ensure staff and volunteers are aware of their responsibilities to attend training and to support them in accessing these events.
- Ensuring that the organisation has a dedicated staff member with an expertise in safeguarding adults.
- Ensuring staff and volunteers have access to appropriate consultation and supervision regarding safeguarding adults.
- Understand how diversity, beliefs and values of people who use services may influence the identification, prevention and response to safeguarding concerns.
- Ensure that information is available for people that use Hospice services setting out what to do if they have a concern.
- Ensure that all staff and volunteers who have direct contact with adults at risk have a DBS check in line with the requirements of the Independent Safeguarding Authority Vetting and Barring Scheme.

Responsibilities of all staff and volunteers who have direct contact with adults at risk

- Follow the Safeguarding Policies and Procedures at all times particularly if concerns arise about the safety or welfare of an adult at risk.
- Participate in safeguarding adults training and maintain current working knowledge.
- Become familiar with the SET Safeguarding Adults Guidelines.
- Discuss any concerns about the welfare of an adult at risk with their line manager or a safeguarding lead.
- Contribute to actions required, including information sharing and attending meetings.
- Work collaboratively with other agencies to safeguard and protect the welfare of people who use services.
- Remain alert at all times to the possibility of abuse.
- Recognise the impact that diversity, beliefs and values of people who use services can have.

This Procedure will be reviewed, as a minimum, every three years and on the introduction of new Legislation or Department of Health and Social Care Guidance.

Compliance with Statutory Requirements

Care Act 2014

Mental Capacity Act 2005

Mental Health Act 1983

Safeguarding strategy 2019 to 2025: Office of the Public Guardian

Adult Safeguarding: Roles and competencies for Health care staff 2018

Data Protection Act 2018 & GDPR

Human rights Act 1998

Sexual Offences Act 2003

Making Safeguarding personal 2018

Training Requirements

All staff must ensure they read any policies or procedures that have been reviewed. All approved documents are published on iHub and available to staff. Volunteer co-ordinators are to ensure that volunteers have access to policies that apply to their role in the organisation.

All staff must complete the mandatory training identified for their role. As a minimum all employed staff must complete safeguarding adults level 2 via e learning for health www.e-lfh.org.uk

Staff in positions of decision making responsibility must complete safeguarding adults Level 3 training

Staff in Lead roles for Safeguarding must complete safeguarding level 4 for adults

It is the responsibility of each employee to ensure their training is up to date.

This is in accordance with the intercollegiate document for adults 2019

Safer Recruitment

Havens hospices are committed to ensuring that all staff and employees who have direct contact with adults at risk have appropriate safer recruitment employment checks which include the following:

- Professional references are verified. Personal or character references are used in addition to professional.
- Application forms are used to take a full employment history, account for any gaps in employment, and provide evidence of qualifications.
- Copies must be taken of documents used to establish identity and Right to Work in the UK, and must be held on file for reference.
- Enhanced disclosure and barring checks are required for all staff and for volunteers who work directly with adults at risk.

For further information please refer to the Employee (2014) and Volunteer (2015) Handbooks.

Definition of Abuse

Abuse is harm caused to a person by an act or failure to act on the part of another person and:

- Abuse is ill treatment which causes significant harm and can result in the deterioration of a person's physical, emotional or social well-being.
- Abuse reflects a lack of respect and is an infringement of legal and civil rights. It may be an abuse of power and may constitute a criminal act.
- Abuse may be a single incident but is more likely to be part of a systematic pattern.
- Abuse can take place in a variety of settings. These can include a person's own home, a relative or friend's home, a day centre, a hospital or a residential or nursing home.
- Abuse can take place within both personal and professional relationships. It can be carried out by other service users or people who deliberately form a relationship with an adult at risk in order to exploit them.
- Criminal acts carried out by strangers are not usually included within a definition of abuse, but in some situations it may be appropriate to use the procedure to ensure that the person receives the services and support they need.

Recognising abuse

All staff have a responsibility to familiarise themselves with the different types of abuse that adults can be subjected to. It may not always be obvious that someone is being abused and everyone must remain vigilant. The most commonly recognised types of abuse are as follows:

Physical abuse – such as hitting, slapping, pushing, kicking, shaking, throwing, poisoning, the misuse of medication, the misuse of restraint or inappropriate sanctions, burning or scalding, drowning, suffocating, or otherwise causing physical harm to an adult.

Psychological abuse – such as verbal abuse, psychological abuse, threats, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, isolation or withdrawal from services or supportive networks, telling or making an adult feel worthless, unloved, or inadequate.

Sexual abuse – such as rape and sexual assault, or sexual acts to which the adult has not consented, or could not consent, or where pressure was applied to secure their consent through force or enticement. This includes prostitution, whether or not they are aware of what is happening.

Neglect (including acts of omission) – such as ignoring medical or physical care needs, failing to provide access to appropriate health, social care or educational services. Plus, withholding the necessities of life, such as medication, food and drink and heating and clothing and shelter (including exclusion from home or abandonment).

Domestic violence or abuse - including psychological, physical, sexual, financial or emotional abuse between adults who are or have been intimate partners or family members. Including Honour based violence and FGM.

Financial or Material Abuse – such as theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Organisation or Institutional abuse - It will include the collective failure of an organisation to provide an appropriate and professional service to any at risk adult. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect adults and maintain

good standards of care in accordance with individual needs including training of staff, supervision and management, record keeping and liaising with other providers of care.

Discriminatory Abuse - such as racist or sexist remarks or comments based on a person's impairment, disability, age or illness, and other forms of harassment, slurs or similar treatment.

Self-neglect – wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Modern Slavery – includes very little or no pay, excessively long and/or unusually long working hours, poor physical health, not in control of own money, no financial records or ID documents.

Any of these types of abuse may take place as the result of deliberate intent, negligence or ignorance.

It should be noted that different types of abuse can occur in the same situation.

Specific advice for dealing with concerns regarding medicines management can be found in Appendix 3.

Reporting abuse

It is expected that all staff follow the SET Safeguarding Adults Guidelines (for full set of procedures www.essexsab.org or <https://safeguardingsouthend.co.uk> or www.thurrocksab.org.uk/)

1. If a staff member or volunteer suspect a person is being abused or is at risk of abuse, they are expected to report concerns to a line manager. Safeguarding leads including the Executive Nurse must be notified of any concerns as soon as possible. They can assist with advice and decision making. Should there be concerns about the conduct or involvement of a staff member or volunteer in suspected abuse, the organisations' Whistleblowing policy should be followed. It may also be necessary to contact the local LADO (Local Authority Designated Officer).
2. If at any time a staff member or volunteer view the person as in need of urgent medical assistance, they have a duty to call for an ambulance or arrange for a doctor to see the person at the earliest opportunity.

3. If at the time a staff member or volunteer have reason to believe the person is in immediate and serious risk of harm or that a crime has been committed, the police must be called.
4. A safeguarding adult concern form or SETSAF must be completed where there are allegations of abuse and sent to the relevant Social care area (that is Southend, Essex or Thurrock). Guidance notes are available from local area safeguarding boards or websites (see information above). The SETSAF referral form is found in systemOne in safeguarding templates.
 - a. Safeguarding leads including executive nurse must be notified of any concerns as soon as possible. They can assist with advice and decision making. However, a formal safeguarding adult concern form or SETSAF, the police or emergency services (for any urgent medical treatment) must not be delayed by the need for consultation with management or the designated safeguarding professional lead, or the completion of an assessment.
 - b. The timing of such referrals should reflect the level of perceived risk of harm, not longer than within one working day of identification or disclosure of harm or risk of harm. In urgent situations, out of office hours, the referral should be made to the local authority adults social care emergency duty team/out of hour's team.

Alleged abuser and victims who are both service users

It is important that consideration be given to a co-ordinated approach and partnership working where it is identified that both the alleged abuser and alleged victim are service users.

Where both parties are receiving a service, staff should discuss cases and working together. Consideration should be given to the balance of power as part of the reporting process. Consideration should also be given to what support and action is required to help alleged abusers. However, meetings with both the alleged abuser and alleged victim in attendance, are not considered appropriate.

Learning disabilities mortality review

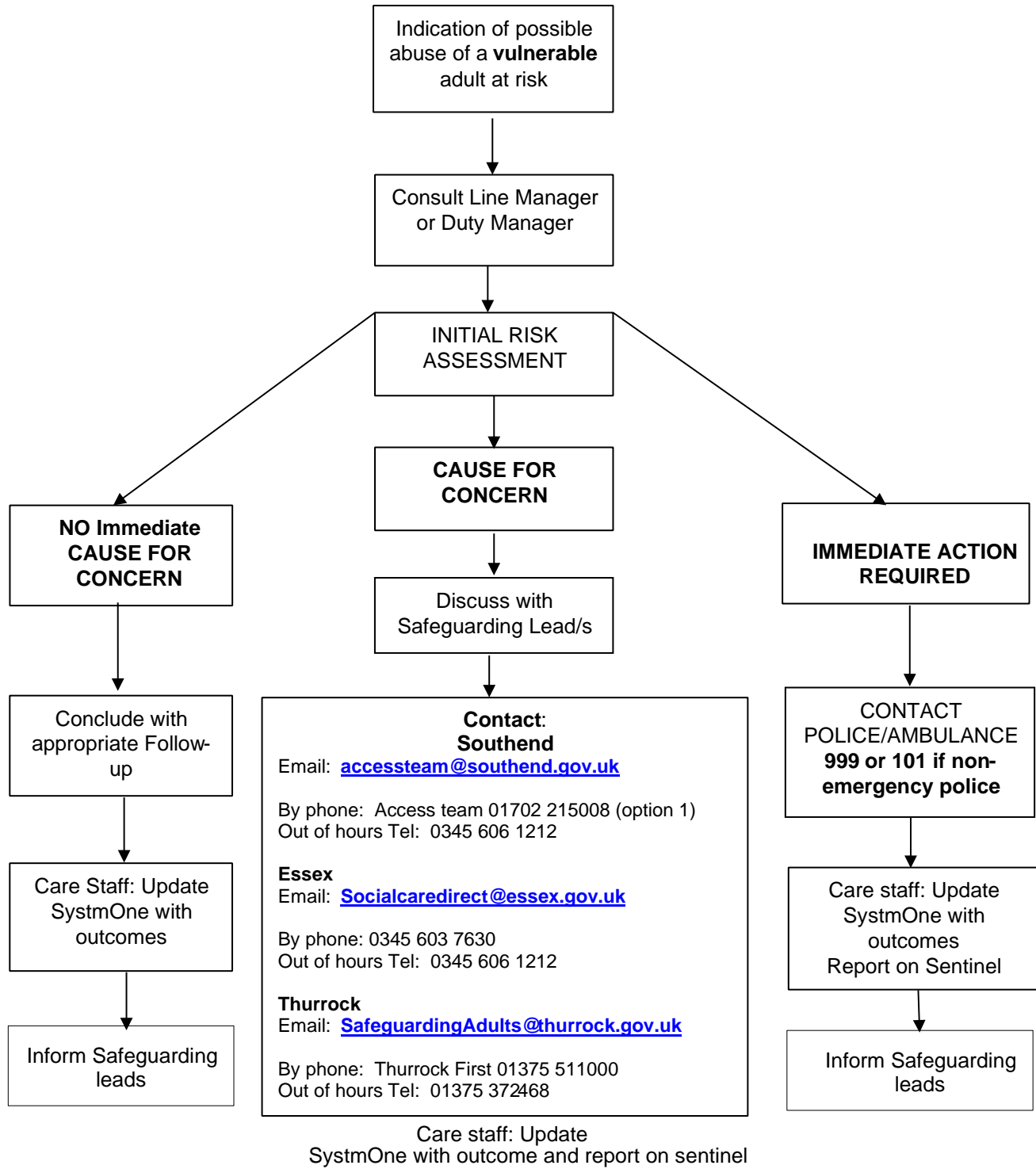
People with learning disabilities are four times as likely to die of preventable causes compared with the general population. The Learning Disabilities Mortality Review (LeDeR) Programme aims to help reduce premature mortality and health inequalities for people with learning disabilities in England through local reviews of deaths of people with learning disabilities.

Reporting a death

To report the death of an Essex resident with learning disabilities you can phone or use an online form.

Call: 0300 777 4774 (confidential)

www.bris.ac.uk/sps/leder/notification-system



If someone discloses to you

People have the right to expect that information shared with a member of staff should be treated as confidential. (See Havens Hospices Information Governance Policy)

However, it should be made clear that where the staff member has a reason to be concerned for the welfare of a person and/or others they may have to share the information with someone who is in a position to take action or responsibility.

The adult should be told with whom the information will be shared, and that their views and wishes will be taken into account. Any views or wishes expressed by the adult should be recorded and reported with their concerns by the staff member. Concerns should be reported at the earliest possible opportunity. Ensuring the safety of the adult and any other people at risk is the primary responsibility of staff when they become aware of a serious incident. All concerns must be documented in safeguarding templates in SystmOne. **If someone discloses to you then:**

- Stay Calm
- Ensure that any immediate needs are addressed
- Remember that this is an important conversation with someone and they will probably be more anxious than you. Keep conversation flowing by use of nonverbal prompts, verbal prompts, and echoing by repeating the last one or two words spoken
- Show empathy when listening
- Let them speak – do not interrupt them
- Reassure the person e.g. tell them that they have done the right thing in speaking to you and that you believe them
- Become an active listener -concentrate, try to comprehend what it is they are saying, sustain the conversation by verbal and non-verbal prompts and summarise
- **Do not question except to clarify** and ensure that you understand what is being said
- Ascertain the wishes of the alleged victim/witness about what they want to do or what they would like to happen
- Do not make promises that you cannot keep
- Do not promise confidentiality, as you cannot keep the information to yourself
- **Explain that you will need to pass this information on to your line manager and Safeguarding Lead/s.**
- If it is a matter that you must report, inform them that you are duty bound to do so.

Preserving evidence and recording

In most circumstances when preserving evidence you may not need to do anything except record the events that have given rise for concern. However, there may be occasions when it is important to follow certain rules:

- Ensure written records (notes, letters, bank statements, medication records etc.) are kept in a safe place
- Make a written record of messages (e.g. answer-phone) to ensure they are not lost. Include the date and time and sign them
- In cases of physical or sexual assault encourage the person not to wash bathe or shower where you think they might need a medical examination, Contact SARC (Sexual abuse referral centre) for further guidance, support and to make a referral if the person discloses consents. If no consent is given then provide details of local SARC for a self-referral at a later date.
- Don't tidy up, wash clothes, bedding or other items
- Try and ensure that other around do not interfere with any items that maybe important for the police
- If there is any suspicion that there may be forensic evidence, inform the police and preserve the evidence. The person may not tell you all the facts on the initial disclosure – do all you can to anticipate what may be needed as evidence and do all you can to preserve it.

It is important that you write down why you are concerned about a person as simply and clearly as you can, and as soon as you can after an event. In some situations this will mean writing in a person's health records or notes, in others it might be on a separate record sheet. All original notes must be retained.

- It is important that you record all relevant information including what you saw, what you heard, and why you acted as you did
- Sign and date your records and make sure they are kept in a safe place
- Record any physical signs or injuries using a body map (appendix 2a and 2b); make sure you sign and date it
- Write down what is said to you, who said it including their relationship to the adult or role and how they can be contacted, if appropriate. Include any questions you have asked, make sure you sign and date it
- Include any details about what the person wants to be done at this stage

Record Keeping

Record Keeping is an integral part of safeguarding procedures, not just for the individual concerned in detailing events or injuries, but also for staff and volunteers

to record their decisions and actions. See Appendix 2 for body charts to use in the event of injuries.

Care staff are required to complete recordings on SystmOne under Safeguarding Discussion; as well as use Sentinel to record incidents. Please refer to your line management if advice and support is needed. Volunteers are required to contact their Volunteer Co-ordinator or Shop Manager as soon as possible to discuss and assist with recording.

When recording statements of disclosure always use the exact wording as described to you and only document facts. Avoid assumptions or general statements

Safeguarding leads to be notified whether support is required or not during this process. All staff and volunteers should ensure that they are familiar with information sharing practices.

Whistleblowing

For further information, see Whistleblowing Policy and Procedure (2018).

Confidentiality

Whilst every effort will be made to ensure that confidentiality is preserved, this will be governed by what may be an overriding need to protect a person who has been or is at risk of harm.

All those working with adults at risk, in any capacity, must be clear that it is not possible to keep information about suspected or actual abuse confidential.

The needs of the person and the potential risk to others requires you to share the information with your line manager.

Data Security & Protection Incident reporting Procedure (November 2018) in line with Data Protection and GDPR (May 2018) provide guidelines as to the appropriate sharing of information.

Appendix 1 SAFEGUARDING ADULT CONCERN FORM - SET SAF

Adult reference no: (Swift/PRN/NHS - if known)	Date form completed:
---	----------------------

Please complete as much of the form as possible, if a question is not known put N/K

1. Tell us if the concern is for an adult or an organisation	
Name of adult you are concerned about:	
Organisation:	
Address of adult:	
Gender:	Telephone No:
Age:	DOB:
Ethnic origin and/or nationality:	
Does the adult have any communication needs? If yes, please give brief details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they aware of this referral? not, why not?	If <input type="checkbox"/> Yes <input type="checkbox"/> No
Have they agreed to this referral? If not, why not?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the adult in receipt of any social or health care services? If yes, please give brief details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Current situation and details of the incident/concern(s) being raised	
Does the adult continue to be at risk of harm?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there other adults who may be at risk of harm?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p>If the answer to either of the above is yes, please describe the risk that remains and the names of any others potentially at risk. A referral to children services should also take place if there is a child at risk in the household.</p>				

3. Details of the concern(s) being raised				
Time of incident:	Date of incident:			
Location of incident:				
Concern:				
What would the adult like as the outcome of the enquiry?				
Brief factual details of the incident. <i>Include a clear factual outline of the concern with details of times, dates, people and places. Please continue on separate sheet if required.</i>				
If injuries are present please give a brief/factual description:				
Has a body chart been completed? <i>Please attach or forward as soon as possible.</i>				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Details of any medical attention sought:				
Doctor informed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

<i>If yes include name of doctor and include date and time of in given.</i>
Actions taken to date to safeguard the adult:
Are other professionals aware in this alert? <i>(Please specify if the police are involved).</i>
Where Police are involved, please state the crime incident number?

4. Relative/name of main carer			
Name:	Relationship to adult:		
Is relative/carer aware of this referral?	<input type="checkbox"/>	Yes	No
Address:			
County:	Postcode:		
Telephone No:	Mobile No:		
Email:			

5. Details of person(s) alleged to have caused harm If self-neglect please move on to Q6.			
Name:			
Gender:	D.O.B.		
Address:			
Do they live with the adult?	<input type="checkbox"/>	Yes	No
If yes, in what capacity e.g. spouse, fellow resident, carer:			
What is the relationship between the person(s) alleged to have caused harm and the adult who is the subject of the concern?			
What is the occupation of the person alleged to have caused harm?			
Does this person hold any position of trust (paid or voluntary)?			

6. Details of the person raising the alert (for professionals this information can only remain confidential in exceptional circumstances).			
Can your details be shared with third parties?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Do you live with the adult you are concerned about?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
I would prefer to remain anonymous? If yes, please give your reasons for remaining anonymous:	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Name:		Date:	
Job title and/or relationship to adult referred:			
Organisation (if applicable):			
Address:			
County:		Postcode:	
Telephone No:		Mobile No:	
Email:			

7. Details of person completing the form (add only if different to box 6)	
Name:	Date:
Job title and/or relationship to adult referred:	
Organisation (if applicable):	
Address:	
County:	Postcode:
Telephone No:	Mobile No:
Email:	
Name of safeguarding lead in your organisation:	
Email of safeguarding lead:	

Where appropriate have you informed your safeguarding lead of this concern?
For health staff only – Have you completed your local incident form prior to sending this form?

8. Please tick which form of abuse you suspect

Physical
Sexual

Organisational
Modern slavery

Self-neglect
Domestic abuse

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Psychological	<input type="checkbox"/> Neglect	<input type="checkbox"/> Not determined
<input type="checkbox"/> Financial or material	<input type="checkbox"/> Discriminatory	<input type="checkbox"/> Vulnerable to radicalisation

Completed forms should be sent to your relevant Local Authority.

<p><u>Southend</u> Email: accessteam@southend.gov.uk By fax to: 01702 534794</p>	<p>Making a referral/enquiry by telephone: 01702 215008 (option 1) Out of hours referrals:</p> <ul style="list-style-type: none"> • General public - 0345 606 1212 • Statutory agencies – 0300 123 0778 • Fax - 0300 123 0779
<p><u>Essex</u> Email: Socialcaredirect@essex.gov.uk By fax to: 0345 601 6230</p>	<p>Making a referral/enquiry by telephone: 0345 603 7630 Out of hours referrals:</p> <ul style="list-style-type: none"> • General public - 0345 606 1212 • Statutory agencies – 0300 123 0778 • Fax: 0300 123 0779 <p>By post to: Social Care Connect, Essex House, 200 The Crescent, Colchester, Essex, CO4 9YQ</p>
<p><u>Thurrock Email:</u> SafeGuardingAdults@thurrock.gov.uk By fax to: 01375 652760</p>	<p>Making a referral/enquiry by telephone: 01375 511000 Out of hours referrals:</p> <ul style="list-style-type: none"> • Phone: 01375 372468 • Fax: 01375 397080)

APPENDIX 2: Body Charts

The following body charts are a useful and simple way of recording injuries as an aid to later diagnosis. It is better to record what is actually observed than to speculate on the cause of the injuries at this stage.

If the body chart is to serve as a monitoring tool for minor injuries observed over a period of weeks (or even months), **a new body chart should be used on each occasion**. It is therefore very important to be consistent in the method of recording injuries so that comparisons can be made with earlier charts. **Where several different staff may be completing the monitoring forms, managers should ensure they understand what is required of them.**

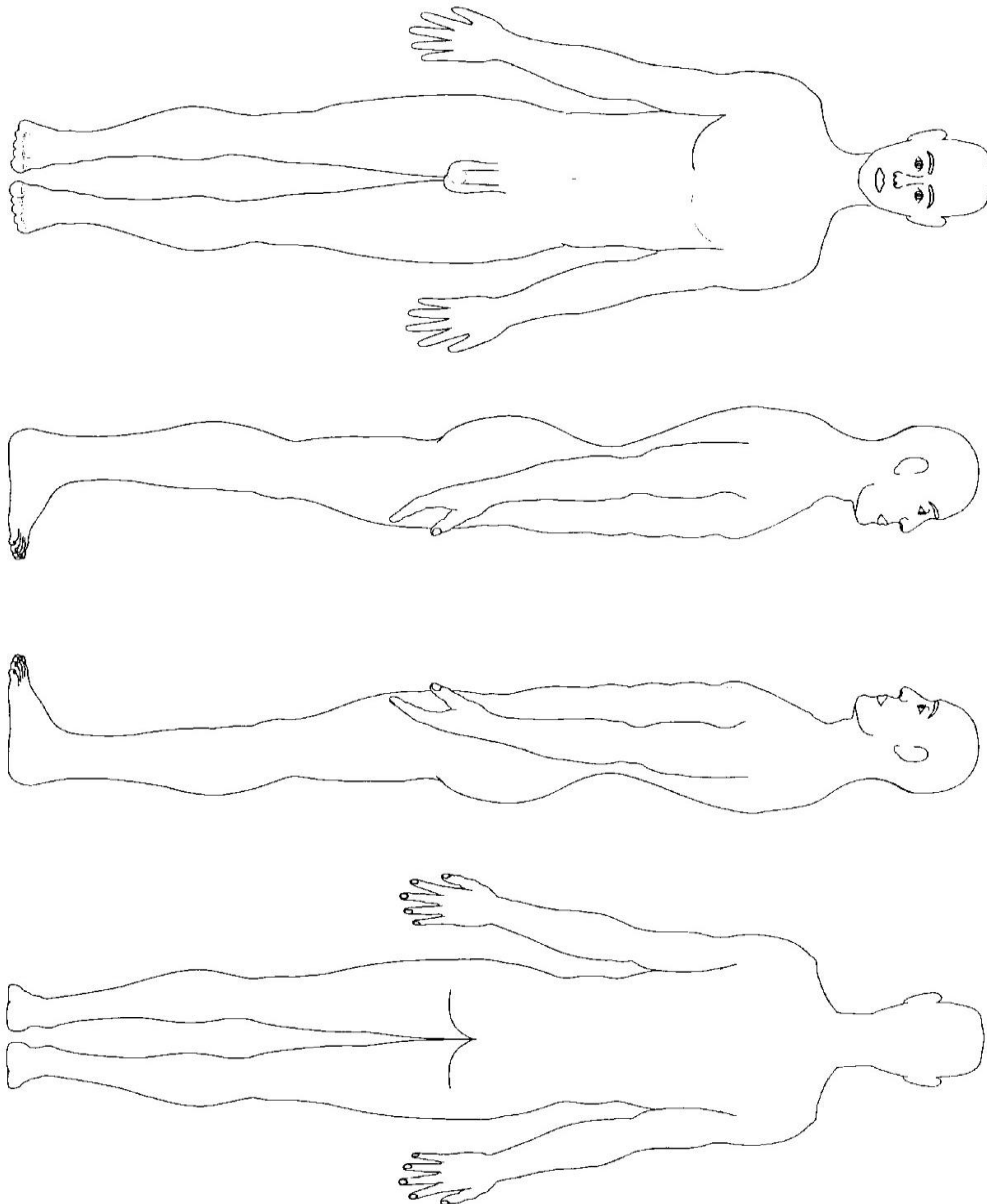
The following points should be covered:

- describe any marks, swelling, lacerations or other injuries carefully (cuts, bruises scratches)
- describe the colour (brown/yellow/blue), size and shape of any bruises and indicate their location on the body chart; also describe any pattern if there are several bruises close together
- briefly list any relevant circumstances witnessed, such as anger or aggression by the adult at risk or by anyone in contact with them
- also record any explanations of injuries given immediately by the adult and any other witnesses
- ensure that for each chart completed the date and time of examination are clearly entered along with the name of the person completing the chart.

Appendix 2a Body Chart – Male

For use when SystemOne not available. To be transferred onto SystemOne at the first opportunity.

Please describe any marks you make on the chart e.g. cut, bite, bruise (and whether yellow, blue etc)

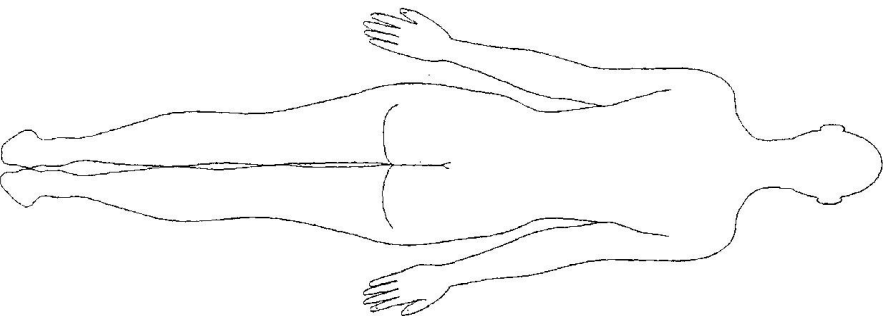
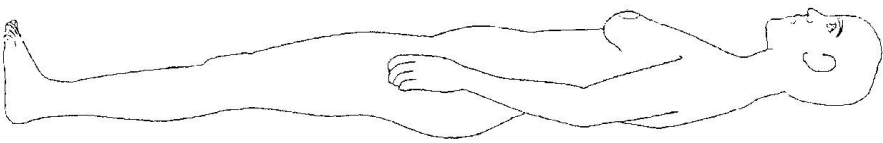
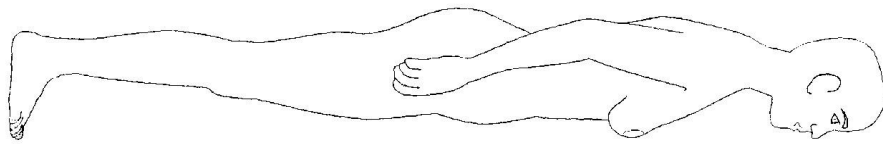
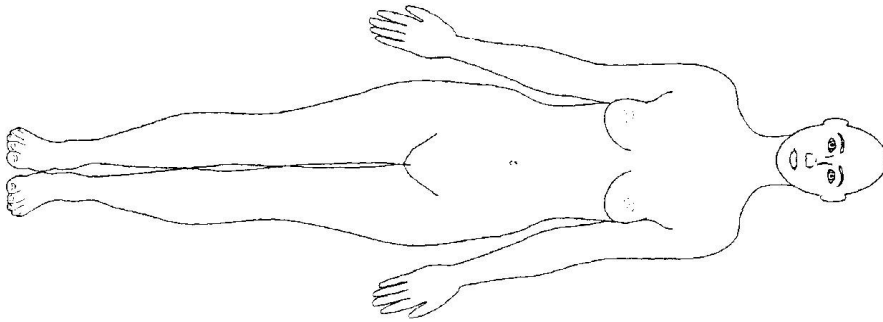


Completed by: _____ Date and time: _____

Appendix 2b Body Chart – Female

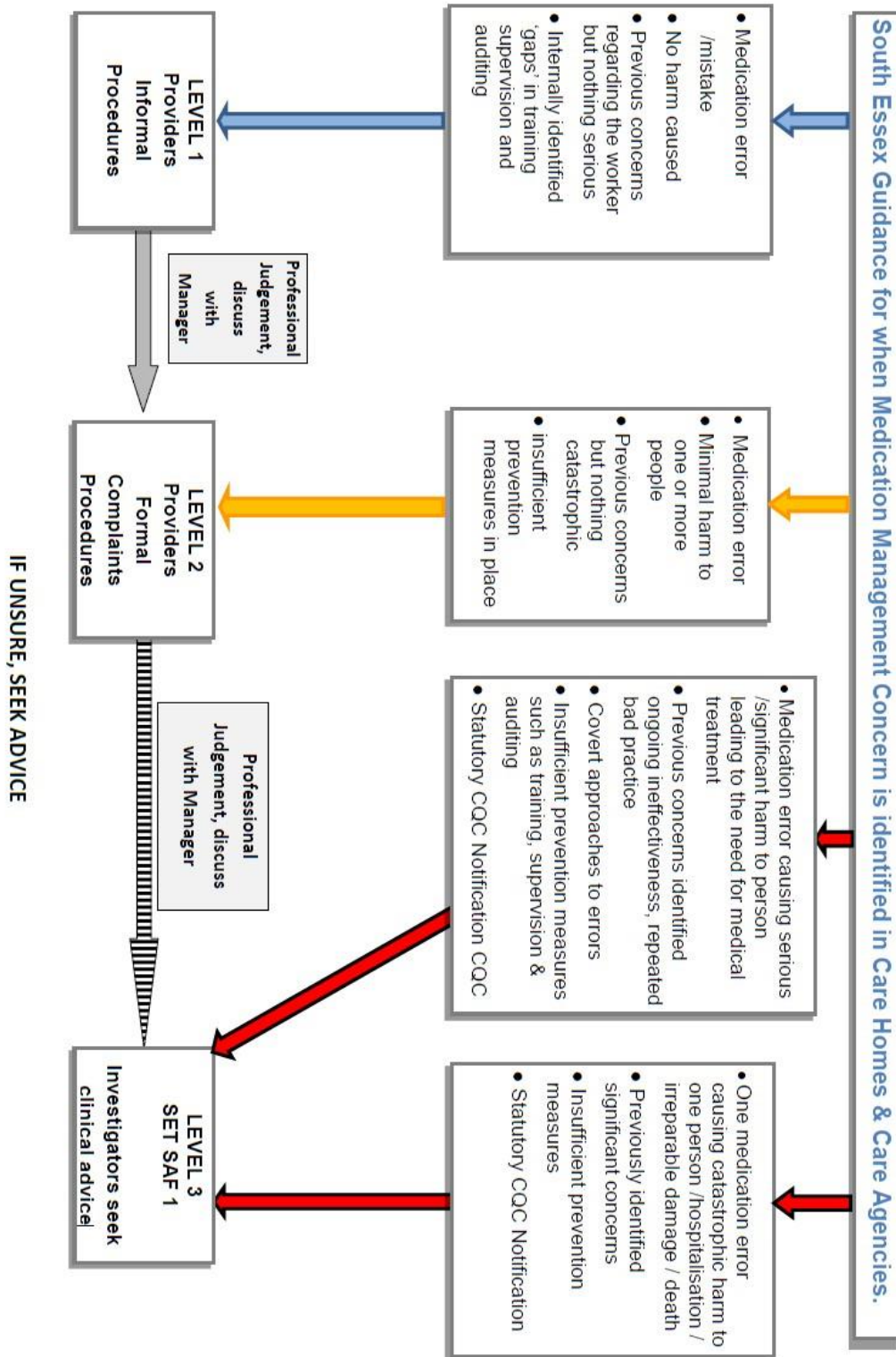
For use when SystemOne not available. To be transferred onto SystemOne at the first opportunity.

Please describe any marks you make on the chart e.g. cut, bite, bruise (and whether yellow, blue etc)



Completed by: _____ Date and time: _____

Appendix 3



MEDICATION MANAGEMENT CONCERNS

This is guidance to try to help decide what route of investigation to follow and whether a medication error could be a safeguarding issue.

This can be found in the Medicines management policies and procedures on iHub