

Safeguarding Officers/Focal Person & Incident Reporting Form

April 2022

***Khulna BNSB Eye Hospital
Shiromoni, Khulna***

Safeguarding Officers/Focal Person

The KBNSBEH's Director and Managing Trustee is the safeguarding focal person & he/she will nominate a staff as safeguarding officer.

Designated safeguarding officers/focal person are responsible for handling reports or concerns, about the protection of vulnerable people, appropriately and in accordance with the procedures.

The lead designated Safeguarding Officer/Focal Person is responsible for:

- Monitoring and recording safeguarding concerns
- Ensuring referrals to the relevant authorities happen without delay
- Updating safeguarding training for all staff
- Ensuring this policy is reviewed every 3 years or earlier if necessary
- Ensuring it is implemented throughout the organisation and safeguarding training given
- Ensuring monitoring and recording procedures are implemented

Khulna BNSB Eye Hospital Executive Board

The KBNSBEH Executive Board is responsible for ensuring the effective implementation of this policy and associated procedures and ensuring that everyone linked with KBNSBEH is equipped and supported to meet their responsibilities.

Induction and Support:

Advice support and training on safeguarding will be provided to all employees and volunteers on:

- What they should do in the event of a disclosure
- What to do if they have concerns about the welfare of a child
- How to recognise signs of abuse
- What to do if they have concerns about a KBNSBEH employee, vendor, patient and patient guardian or other of a partner organisation
- Where to go for advice and support within the organisation

Ensure that clear processes for reporting and dealing with safeguarding concerns and incidents are widely communicated, regularly reviewed, and consistently applied. Where allegations are made about an employee, careful consideration must take place about the appropriateness of the person continuing to work with KBNSBEH.

Raising and responding to concerns

KBNSBEH places a mandatory obligation on all employees, Beneficiary, vendor, and partners to report concerns, suspicions, allegations and incidents which indicate actual or potential abuse or exploitation vulnerable people, or which suggests safeguarding policies may have in any other way been breached. It is not the responsibility of the employees to decide whether or not abuse has taken place, however, concerns should be raised with an individual's line manager, functional lead or a designated Safeguarding Officer/Focal Person who will initiate the procedure for dealing with suspected or actual incidents of abuse.

Designated Safeguarding Officers/Focal Person are responsible for ensuring that the reporting procedure is followed so that suspected or actual cases of abuse are responded to appropriately and consistently and referred to the relevant statutory authority.

To ensure that all such situations are handled appropriately and effectively:

- Reports must be made, and decisions and actions taken
- KBNSBEH is not an investigative authority. It is essential that referrals are made to the relevant law enforcement agency to ensure that appropriate protection and support is given to the vulnerable individual, and that any evidence is collected in accordance with the law.
- All sensitive and personal data must be kept confidential (including the names of anyone who makes a report of abuse) and be shared on a strictly 'need to know basis, that is, access must be necessary for the conduct of one's official duties.
- Where a KBNSBEH employee is the subject of an investigation, the lead designated Safeguarding Officer/Focal Person will lead the case.

KBNSBEH incident reporting form

This form is for reporting safeguarding concerns, including potential violations of KBNSBEH's Safeguarding Policies and/or Codes of Conduct. The information in this form is confidential. For copies of the Safeguarding Policy or Codes of Conduct,

Please provide as much information as possible; areas where you have nothing to report should be left blank.

1. Please indicate the nature of your concern

1a. Concern that the KBNSBEH Safeguarding Policy has not been adhered to. (e.g. Concern that a child or adult related to KBNSBEH work has been or is at risk of being harmed, exploited, neglected, or abused)	Tick if relevant
1b. Concern that the Code of Conduct for Partners has not been adhered to by an individual or organisation. (e.g. working conditions are [not] safe and hygienic)	Tick if relevant
1c. Concerns that the Code of Conduct for Representatives (' staff, trustees, consultants etc.) has not been adhered to. (e.g Hit or otherwise physically assault, or physically abuse an adult or a child. Use any form of corporal punishment as a disciplinary measure)	Tick if relevant

How did this concern come to your attention?	Tick if relevant
I observed it in person	
Someone reported it to me	
The victim told me directly	
Other (please State)	

2. Information about your concern

Country where the concern relates to:	
Hospital Name	
Date (or time period) of the concern:	
Nature of concern/incident	
Please describe your concerns, what you have witnessed or what has been reported to you. Give as many details as possible; take as much space as needed.	
Is there a concern that specific individuals still are, or could be, at risk of harm? If yes, please provide details below.	
Action taken	
Have any measures been taken, for example to improve safety or to protect any affected individuals? If so, please describe.	
Any additional measures not yet undertaken	
What other actions – in addition to those already undertaken – are necessary, to respond to the concern?	

What communication (if any) have you had with the victim (if relevant) and/or any authorities regarding this incident?

3. Information about you

Name:	
Designation:	
Name of Employer and position:	
Phone no:	
Email:	
Date of filling in this report:	

This form has been reviewed and is recommended for approval by:

Name: _____ Designation: _____ Signature: _____

Name: _____ Designation: _____ Signature: _____

This form has been reviewed and is approved by:

Name: _____ Designation: _____ Signature: _____