

# KISIIZI HOSPITAL



*“Life in all its fullness” John 10:10*

Church of Uganda Kisiizi Hospital

P. O. Box 109, Kabale, Uganda

[www.kisiizihospital.org.ug](http://www.kisiizihospital.org.ug)

Telephone 0392 700806

## **SAFEGUARDING VULNERABLE CHILDREN AND ADULTS**

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*Updated November 2022  
Review due November 2025*



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## **SAFEGUARDING VULNERABLE CHILDREN AND ADULTS**

### **Introduction / Context:**

Church of Uganda Kisiizi Hospital seeks to bring “*Life in all its Fullness*” to its patients, attendants, visitors, staff and local community. It has a particular role in providing “*Care for the Vulnerable*” as it offers specialist services to groups such as the mentally ill, neonates and those with disability. In addition the Kisiizi Hospital Primary School takes in some children with special educational needs. Kisiizi intends to do all it can to keep children and vulnerable adults safe.

The *UN Convention on the Rights of the Child* includes the requirement that children live in a safe environment and be protected from harm. To protect children, young people and vulnerable adults from harm, all Kisiizi healthcare staff should have the competences to recognise child or adult maltreatment and to take effective action as appropriate to their role.

This focus is part of the wider emphasis in Kisiizi on Patient Safety which champions systems to ensure quality standards in all areas of Kisiizi Hospital and its ministries which include outreach clinics, community-based rehabilitation etc. as well as the Primary School.



**Poverty:** Children in the populations served by Kisiizi are often in effective extended families where parents receive a great deal of support from close relatives and the local community. It is rare to have a small nuclear family without wider support. However these families are often very poor with many children malnourished and therefore more vulnerable to ill health. In addition there are large numbers of orphans, sometimes due to HIV related illness. Kisiizi with support from Kisiizi Partners operates a large Child Sponsorship programme to support such vulnerable families. *Please see the separate Kisiizi Child Sponsorship Programme Safeguarding Policy document for details of how safeguarding principles apply in the hospital primary school and across the Child Sponsorship Programme. For the Memorandum of Understanding agreement with placement institutions [please see Appendix 4.](#)*

The Kisiizi Clinical Advisory Group / Quality Improvement Committee members include representatives from the Hospital Management Committee and In-charges from all departments including support services such as Pharmacy, Laboratory etc. They provide feedback and recommendations to the Management Committee who are the Executive Authority in Kisiizi answerable to the Board of Governors.

Appointment / Recruitment of all Kisiizi Staff require the participation of at least one member of the Management Committee. Kisiizi aims to implement a thorough and standardised recruitment process. The interview templates include assessment of integrity, character and professionalism as well as core competences for the specific post. Uganda does not currently have a Child Protection Register for formal Employment Checks but Kisiizi ensures Staff have valid qualifications, current licenses with the appropriate authority e.g. Uganda Medical & Dental Practitioner Council, Uganda Nursing & Midwifery Council, Uganda Allied Health Professionals Council and are in good standing. Overseas Staff have to provide evidence of good standing from their own professional Medical Council or equivalent.

Face-to-face interviews are always conducted with potential staff. Once appointed a minimum period of three months is spent on probation to ensure the new member of staff is professional and competent.

Induction of new Staff and on-going Continuing Professional Development includes an emphasis on Patient Safety including safeguarding principles. Kisiizi Hospital appointed the first Patient Safety Nurse in the country recognising the need for a full-time designated professional to focus on safety issues.

Annual appraisal of Staff by their line managers includes a review of performance in all aspects of their role and a review of any training needs including Patient Safety.

Annual mandatory training ([See Appendix 1](#)) for Kisiizi Staff includes safeguarding principles.

Feedback from patients regarding all aspects of their care is obtained through different channels including the 212 community group leaders of the Kisiizi Hospital Community Health Insurance Scheme which currently has over 43,000 beneficiaries. These groups access all areas of the hospital services and meet in their communities so are a good channel for feedback of their experiences including any safeguarding concerns that may have arisen.

Critical Incidents of all kinds are assessed by members of the Hospital Management Committee appropriate to the specialty area involved. Kisiizi Hospital employs specialist staff including Consultant Paediatricians who lead on any concerns to do with neonates, infants and children. Adolescent care may be under Consultant Physicians, Gynaecologist etc. Any complaints received by the Hospital are reviewed carefully by senior members of management who meet formally at least once a week.

Peer-review multi-disciplinary meetings are conducted regularly (at least weekly) focussing on different departments. These analyse statistics of patient numbers, diagnostic categories etc. and serious case reviews constructively to identify any system issues or other areas of potential improvement. This encourages multi-disciplinary communication and discussion.

Inspections and Evaluations of the Hospital itself by external organisations include an overview assessment based on the Uganda Ministry of Health templates conducted annually by Uganda Protestant Medical Bureau (Kisiizi was fully accredited at the last inspection). Specific reviews of different clinical areas such as HIV programmes, Tuberculosis, Care of vulnerable children with malnutrition etc. are part of the supervisory visits by Ministry of Health or other groups from the District Health Office or nationally.

#### Interaction with the surrounding Community and other Agencies re Safeguarding:

- Kisiizi is situated in a remote, rural, hard-to-reach location and there are relatively few other agencies. For example there are no formal Social Services or General Practitioners. The liaison with the District Health Officer in Rukungiri is therefore very important as he/she is responsible for all health services in the District. Kisiizi actively participates in the District Health Management Team.
- People from the local communities are very sensitive. The LC1 (Local Council 1) Chairman and council are tuned in to their local communities and pick up violence, neglect or abuse. The LC1 will liaise with police or community courts as required.
- Police have a District Officer responsible for children known as a Family Affairs Officer
- Each sub-county has a “probation officer” who handles family issues e.g. neglect, Failure to pay school fees if are able etc.

#### **Policy:**

All Kisiizi Staff who come into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about safeguarding issues, including child

protection. This responsibility also applies to Staff working primarily with adults who have dependent children that may be at risk because of their parent/carers health or behaviour.

Our responsibility is to safeguard the welfare of children and young people and to protect them from abuse- irrespective of their race, tribe, social background, gender, skin colour, disability, religion or beliefs. All our Staff including members of the Board and Administrators are expected to treat children with respect and dignity. It is never acceptable for a child to experience abuse or exploitation of any kind. Any person who has any knowledge of a potential child protection issue within Kisiizi is to immediately contact a member of the safeguarding team as appropriate (see below).

***New staff including volunteers must read and sign their acceptance of this policy at the commencement of their post.***

[\(see Appendix 2\)](#)

**Staff should also sign acceptance that they will follow the Kisiizi Hospital Code of Conduct** [\(see Appendix 9\)](#)

#### **Some Definitions:**

**Abuse:** any behaviour or action that is used to scare, harm, control or intimidate another person. It can come in different forms: physical, emotional, verbal, sexual, financial, or spiritual. Abuse also refers to cruel and violent treatment of a person or animal. Abuse is an attempt to control the behaviour of another person in a detrimental way.

**Abuse is not:** Parents, guardians, or teachers speaking the truth to a child, even if the child doesn't want to hear it - correction and discipline done in a loving, Godly way.

**Physical abuse:** the actual injury of a child, or failure to prevent physical injury to a child. It includes but is not limited to torture, poisoning, burning, and suffocating. This could result in wounds, burns, bite marks, cuts, head injury, internal injuries and fractures. This may involve forcing the child to work in unsafe environments, or depriving the child of the necessities like food, water, air or sunlight.

**Sexual Abuse:** is the actual or likely sexual exploitation of a child or adolescent. It involves encouraging, forcing or enticing a child to take part in or observe sexual activities that they may or may not comprehend. It includes any action with sexual intent towards children such as touching a child's genitals, asking a child to touch the genitals of others, encouraging the child watch or take part in pornography, or having sex with the child - whether or not they appear to be consenting. Any sexual advancement towards a child is wrong simply on the premise of the fact that they are still a child and underage. It includes rape, defilement, incest and all forms of sexual activity involving children such as pornography and prostitution. It is criminal behaviour to involve children in any sexual behaviour.

**Organized Abuse:** involves adults acting together or with other children to abuse a child/children using an institutional or cultural framework or position of authority to control. It includes, but is not limited to, child trafficking, child labour, ritualistic abuse, child sacrifice, and sexual abuse.

**Neglect:** (Abuse through intentional neglect) is the persistent or severe failure to meet a child's basic physical and psychological needs or failure to protect a child from danger. It is any action that deliberately neglects to give a child what they need to live, to learn, to participate in appropriate family or social activities, and to speak. Neglect is likely to result in serious impairment to a child's health and development. It may involve a caregiver failing to protect a child from starvation, or extreme failure to carry out important aspects of care.

**Emotional Abuse:** is persistent or severe emotional ill-treatment or rejection of a child which is likely to have an adverse effect on a child's emotional and behavioural development. It includes any action (gestures, words and behaviours) that deliberately causes children to feel afraid, anxious, in danger, corrupted, exploited or discouraged. It involves neglecting to give enough love and attention, not making the child feel secure and worthy, verbally insulting the child by belittling and threatening, and unnecessarily instilling fear in a child.

**Psychological abuse:** is any act that provokes fear, diminishes the child's dignity or sense of self-worth, and/or intentionally inflicts psychological trauma as a means of exerting power and control over the child's mind and thinking. These may include, but are not limited to, on-going criticism, intimidation, humiliation, overly sarcastic comments, passive/aggressive control, harassment, threats to harm self or others, forced indoctrination, sharing children's negative personal stories to unnecessary audiences, and posting pictures or names of children negatively on social media.

**Bullying among children:** involves physical, psychological or emotional harm or intimidation. It may include racist, sexist, or gender related bullying, manipulation, isolating or exclusion.

**Financial Abuse:** is the unauthorised and improper use of funds, property or any resources belonging to an individual or organization. Those who financially abuse may be people who hold a position of trust, power, and authority or have the confidence of the child at risk. Examples of financial abuse: - exploiting children or their stories in order to get funds or benefits - withholding or giving money or possessions to influence a child's behavior or to control them - misappropriation of funds designated for children - Using gifts, offers of trips abroad or further education, etc... to entice a child or draw them into relationship with them

### **Competences:**

#### **RECOGNISING AND IDENTIFYING ISSUES:            Staff should:**

- Know what to look for which may indicate possible harm
- Draw on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, to identify signs of sexual, physical, or emotional abuse or neglect including fabricated and induced illness, emotional abuse, sexual abuse, and neglect including child trafficking and Female Genital Mutilation (FGM) (though thankfully these are rare in the Kisiizi region).
- Understand the potential impact of a parent/carers physical and mental health on the wellbeing and development of a child or young person, including the impact of domestic violence, substance and alcohol misuse
- Understand that certain factors may be associated with child maltreatment, such as child disability and preterm birth, and living with parental mental health problems, other long-term chronic conditions, drug and alcohol abuse, and domestic violence
- Understand the increased needs of Looked After Children, youth offenders and their increased risk of further maltreatment
- Understand the risks associated with the internet and online social networking (though internet access is rare in the communities served by Kisiizi but this is gradually changing).
- Have a willingness to listen to children and young people
- Practice professional information sharing, confidentiality, and consent related to children and young people
- Maintain professional confidentiality of patient data and any visual images in both paper and electronic formats
- Understand the principles of consent and confidentiality in relation to young people under the age of 18 including the concepts of Gillick Competency ([see Appendix 8](#))
- Make sure the person giving consent to examination understands the purpose of the examination, what it will involve and how the results of the examination might be used.
- Respect a child's or young person's decision to refuse an examination.
- Avoid repeated examinations of a child or young person.
- Identify issues including possible speech, language and communication needs
- (Clinicians) be competent in assessment and detection of serious illness. Urgent management/referral may be needed when unsure of aetiology and when vital signs suggest serious illness
- Be clear about own and colleagues' roles, responsibilities, and professional boundaries, including professional abuse and raising concerns about conduct of colleagues.
- Be supportive of colleagues recognising that the investigation of safeguarding issues may be challenging and stressful

- Understand the purpose and guidance around conducting serious case reviews including mortalities in vulnerable people e.g. the mentally ill
- Recognise how their own beliefs, experience and attitudes might influence professional involvement in safeguarding work
- Recognise that failure to attend medical follow up by a child or by a person with mental illness may constitute a warning sign. Kisiizi is currently developing its *Stre@mline* IT system to support identification of such cases to help facilitate follow up.
- Make sure information that may be relevant to keeping a child or young person safe is available to other clinicians providing care to them.

## REPORTING CONCERNS OR ISSUES:

(see separate policy document *Child Sponsorship Programme Safeguarding Policy including Kisiizi Hospital Primary School*)

### Process for Children and young people to report abuse or issues:

Options include

- via a member of the Hospital or School Staff who will then liaise with the Safeguarding Officers ([Appendix 3](#)).
- via support staff such as wardens as well as teachers and may be helpful in cases of bullying by peers or domestic abuse.
- via family members who may liaise with the officers directly.
- direct to Safeguarding Officers ([Appendix 3](#)).
- direct to the police post situated in Kisiizi Hospital premises

### Ensuring Children and young people are aware of these processes:

Posters and laminated notices clearly explaining the processes and who to contact with full contact details should be publicized within the placement institutions. Designated Teachers should run sessions to ensure all pupils are aware of safeguarding issues, principles and processes in the Primary School.



### Health:

- All children on the *Kisiizi Child Sponsorship Programme* are enrolled in the Kisiizi Health Insurance Scheme so are protected if they become ill.

## RESPONDING TO IDENTIFIED CONCERNS:

Designated lead personnel, roles and contact details are laid out in *Kisiizi Hospital Safeguarding Structures*

- ([see Appendix 3](#))

(\* All contact details for key staff are available 24 hours in all departments and on *Stre@mline* and are updated every 4-10 weeks)

- The well-being of the child or vulnerable adult is the most important concern so every effort should be made to ensure they are safe and no longer experiencing abuse. Assisting them to cope with any trauma or guilt they may be experiencing may need counseling or other support.

- The importance of clear documentation is stressed and prompt communication of any concerns. The Kisiizi Partners form ([see Appendix 6](#)) may be used. Keep clear, accurate and legible records.
- Make records at the time the events happen, or as soon as possible afterwards.
- React in a calm and considered way but should show concern
- Tell the person making the disclosure that it is right for them to share this information and that they are not responsible for what has happened
- Take what has been said seriously
- Only ask questions to ascertain whether there is a concern but not interrogate
- Do not use leading questions such as “did he touch you?” but open questions such as “please tell me what happened”
- Listen and not interrupt them if they are recounting significant events
- Not give assurances of confidentiality but explain you will need to pass on this information to those that need to know
- Record concerns, including any minor concerns, and the details of any action taken, information shared and decisions made relating to those concerns.
- Taking appropriate action if they have concerns, including appropriately reporting concerns safely and seeking advice. ([see Appendix 5 for process](#))
- The School Management Boards are encouraged to have close working relationships with the local police so where their support is required it can be obtained rapidly.
- Where a teacher is accused or implicated in allegations the Governors of the School should be informed
- Where required, assessment of alleged sexual abuse including HIV testing can be arranged at Kisiizi Hospital following a standardised protocol available on Stre@mline. Dr. Francis Banyya, Consultant Gynaecologist, is lead ([see Appendix 3](#)).
- The Safeguarding team may decide to temporarily suspend an employee during investigation. The employee should be informed that charges have been made against him or her, and given an opportunity to respond. They should also be informed that as a result of these charges, the organisation is initiating an internal investigation. The employee should be encouraged to participate by providing information, names of witnesses to be interviewed etc. At the conclusion of the investigation, the employee should be informed of the results and what corrective action, if any, will be taken. Counselling and support should be offered to the employee during this process which may cause them distress.
- There should be a review of the facts uncovered during the investigation to determine what actually happened, followed by a consultative decision-making process about the future of the employee involved. These findings should be shared with the employee.
- Kisiizi will follow due legal process where required.
- In the event that an allegation is proven to be untrue, appropriate steps should be taken for follow up with the person who has been accused, the child and the person who had made the complaint.
- All information regarding the incident and investigation should be documented in writing.
- Any media enquiries should be directed to the Senior Hospital Administrator. Staff should not make any direct comments to media.

The Hospital Management have close working relationships with the local police who have a police post on Kisiizi premises so where their support is required it can be obtained rapidly. However forensic investigation availability is very limited, for example there is no access to DNA profiles.

Where cases go to court, Kisiizi will send Medical Officers or Specialists who have seen the patient and produced a formal police report.

## **DISCIPLINARY ACTION**

Where any members of Kisiizi Staff are found guilty of abuse or neglect in any form affecting children or vulnerable adults then disciplinary action will be taken following the guidelines in the *Kisiizi Hospital Terms and Conditions of Service (2019)*.

- Please note that breach of confidentiality is seen as a disciplinary issue.

Action taken may include further training in the case of minor violations or dismissal or potentially legal action.

#### Legal:

- The *Kisiizi Child Sponsorship Programme* will arrange and provide legal support where a child who has suffered abuse and requires legal defence or support.

#### REFERENCES

##### Uganda:

[National Strategic Programme Plan of Interventions for Orphans and other Vulnerable Children 2011/12–2015/16](#)

[National Orphans and Other Vulnerable Children Policy](#)

[A Guide for Interpreting and Applying National Quality Standards for the Protection, Care and Support of Orphans and Other Vulnerable Children in Uganda](#)

[UNICEF Uganda - SAFE - Keep Children Safe](#) <https://www.unicef.org/uganda/safe.html>

##### UK:

General Medical Council: Guidance for doctors on protecting children and young people: The responsibilities of all doctors (2012).

Safeguarding children and young people: roles and competences for health care staff INTERCOLLEGIATE DOCUMENT Third edition: March 2014 Royal College of Paediatrics & Child Health, UK

#### APPENDIX 1: TRAINING

In addition to specific training sessions on Patient Safety including safeguarding issues, the annual mandatory training programme includes an update.

#### KISIIZI HOSPITAL ANNUAL MANDATORY TRAINING

09.00	Welcome; update of Kisiizi Programs and Strategic Plan	Medical Superintendent
09.30	Fire Safety	Senior Hospital Administrator
09.50	Patient Safety (1): Safeguarding vulnerable children & adults update	Patient Safety Nurse; Paediatrician
10.20	Maintaining equipment safely	Biomedical Engineers
10.40	The appraisal process and annual increments; Informed Consent	Human Resource Co-ordinator
11.10	Coffee break	
11.35	Staff health principles – keeping fit and healthy	Human Resource Co-ordinator
12.00	Stre@mline IT system (1): Triage, Medicine & Patient safety	Patient Safety Nurse
12.25	Patient Safety (2): Infection control, waste management, safe surgery checklist etc.	Patient Safety Nurse
12.55	Lunch	
14.00	Resuscitation scenarios – adult and paediatric	Specialist / Medical Officer
15.00	Stre@mline IT system (2): Resources, Audit, Reports	Patient Safety Nurse
15.25	Round up of HR and Finance issues	Human Resource Co-ordinator
15.50	Security issues	Senior Hospital Administrator
16.15	Documentation – key principles	Senior Hospital Administrator
16.40	Conclusion and round up	Senior Hospital Administrator

**APPENDIX 2**

TO BE COMPLETED BY EACH PERSON WHO SERVES AT KISIIZI HOSPITAL

I \_\_\_\_\_ (Name)

have read and understood Kisiizi Hospital's **SAFEGUARDING VULNERABLE CHILDREN AND ADULTS** Policy and I accept to follow its guidance to the full following the standards and procedures in it.

- I commit myself to protect all children and vulnerable adults from any abuse.
- I commit myself to report discreetly any suspicious activity or inappropriate behaviours noted towards children or vulnerable adults.
- I am aware that if found guilty of any form of child abuse as described in this policy, legal action may be taken against me by Kisiizi Hospital.
- I have been honest with Kisiizi Administration of any personal history of criminal or civil child abuse, and have given them any documentation available to substantiate this information.

Name:

Signature:

Human Resource Co-ordinator's signature:

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**KISIIZI HOSPITAL SAFEGUARDING STRUCTURES**

**PRINCIPAL SAFEGUARDING OFFICER**

Mr. Moses Mugume  
Senior Hospital Administrator  
+256(0)772 604838

**KISIIZI PARTNERS  
SAFEGUARDING OFFICER**

Mr. Alan Smith

**SAFEGUARDING LEAD FOR  
CHILD SPONSORSHIP PROGRAMME AND  
KISIIZI HOSPITAL PRIMARY SCHOOL**

Mr. Spencer Tweteise  
Headmaster  
+256(0)782 482790

**SAFEGUARDING LEAD FOR  
VULNERABLE ADULTS\* & CHILDREN  
INCLUDING PSYCHIATRY**

Dr. Lukabwe Henry Medical Superintendent  
+256(0)773 421 344

**SAFEGUARDING CONSULTANT FOR SEXUAL  
ABUSE CASES**

Dr. Francis Banya M.Med.Gynaecology  
Consultant Obstetrician & Gynaecologist  
+256(0)772 475765

**SENIOR NURSES**

Sr. Pamela Mirembe (PNO)  
0779-299616  
Sr. Agness Katwesigye  
+256(0)775 9795532

**CHILD SPONSORSHIP PROGRAMME  
CO-ORDINATOR**

Mr. Enoth Musiime  
0782 666591/0706 257355

**PLACEMENT INSTITUTION  
SAFEGUARDING LEAD**

**PLACEMENT INSTITUTION  
SAFEGUARDING LEAD**

**PLACEMENT INSTITUTION  
SAFEGUARDING LEAD**

**PLACEMENT INSTITUTION  
SAFEGUARDING LEAD**

APPENDIX 4 KISIIZI CHILD SPONSORSHIP PROGRAMME MEMORANDUM OF UNDERSTANDING WITH PLACEMENT INSTITUTIONS



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**KISIIZI HOSPITAL CHILD SPONSORSHIP PROGRAMME  
MEMORANDUM OF UNDERSTANDING WITH PLACEMENT INSTITUTIONS**

**1] Introduction**

The *Kisiizi Hospital Child Sponsorship Programme* is currently run with support from **Kisiizi Partners**, a registered charity in UK, and *Dorcas International*, a registered agency in the Netherlands. All parties involved are committed to safeguarding all children and young people in the Programme.

It is therefore a requirement of the programme that any institution in which sponsored children are placed for their education accepts the safeguarding policy principles and has clear pathways for dealing with any issues that may arise.

We therefore require the following information to be completed and signed by the authorities of the school or college or university. If for any reason an institution is unable to sign off this Memorandum of Understanding then the programme will be unable to place sponsored children there.

**2] Agreement**

The placement institution accepts in full the principles and policies laid out in the *Kisiizi Hospital Child Sponsorship Programme Safeguarding Policy* document and agrees to abide by them.

Staff from the *Kisiizi Hospital Child Sponsorship Programme* will visit the institution periodically to review the education provided for the children and young people and will follow a holistic approach to ensure all aspects of support are provided to ensure physical, mental, emotional, spiritual and communal well-being. This will include assurance that safeguarding procedures are in place and operational. The institution will fully co-operate with such review visits.



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## KISIIZI HOSPITAL CHILD SPONSORSHIP PROGRAMME

**NAME OF INSTITUTION:**

**ADDRESS:**

**AFFILIATION** (e.g. Church of Uganda):

**IN-CHARGE** (e.g. Headmaster)

NAME:

POSITION:

PHONE:

**FOCAL TEACHER / LEAD FOR SAFEGUARDING ISSUES:**

NAME:

POSITION:

PHONE:

Please confirm that you have a written policy on Safeguarding in the institution

Please confirm that you have a clear process for children to report any issues including abuse

Please confirm that this process is understood by all the pupils / students and that they understand who to contact if there are any issues

*(if any of these are not in place, we can provide a template for you to adapt. Please provide current copies of these documents to the Programme and notify us of any changes.)*

We fully accept the principles and policies laid out in the *Kisiizi Hospital Child Sponsorship Programme Safeguarding Policy* document and we agree to fully implement these.

*Signed on behalf of the institution:*

NAME:

POSITION:

SIGNATURE:

DATE:

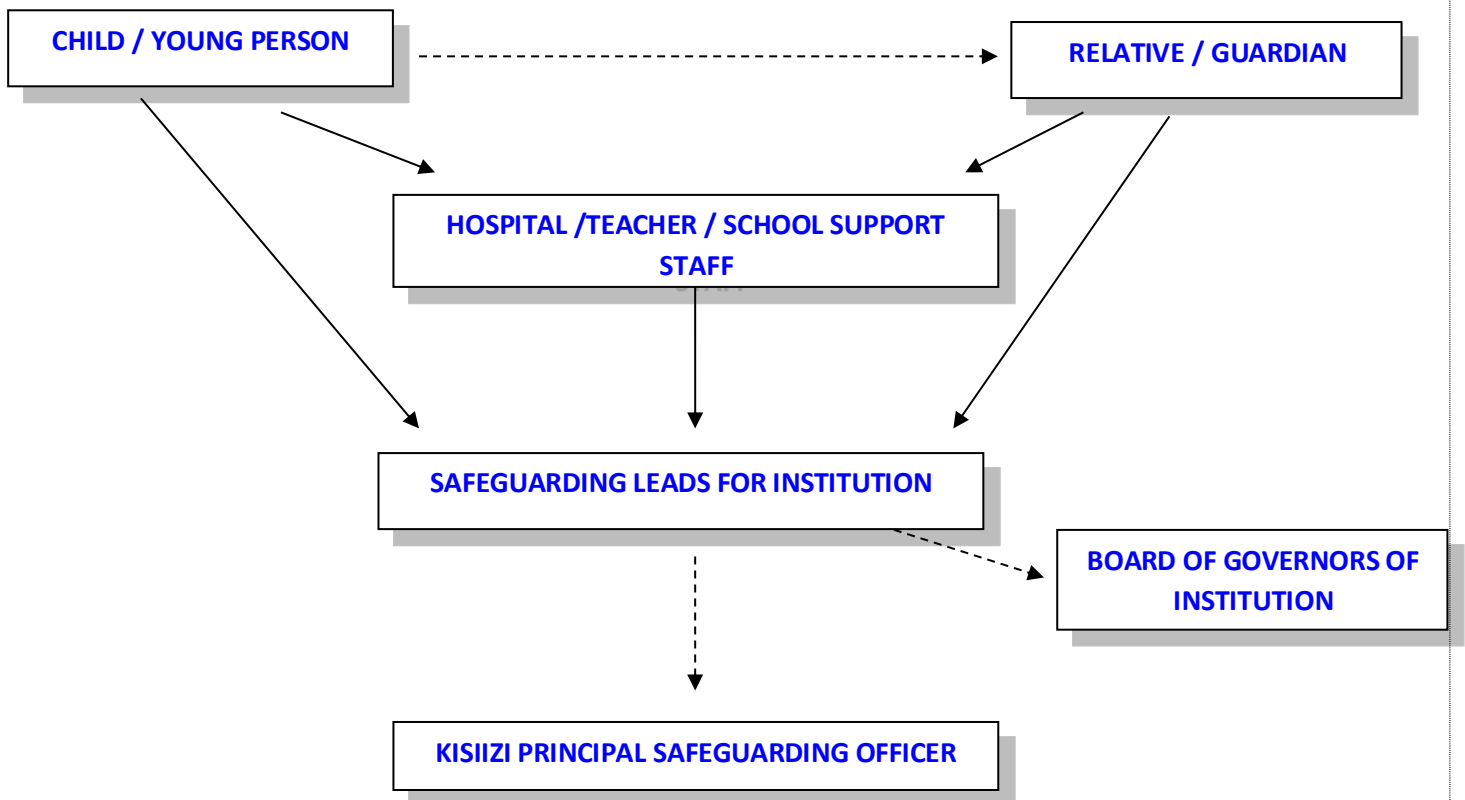
OFFICIAL STAMP:

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**KISIIZI HOSPITAL PROCESS FOR RAISING SAFEGUARDING CONCERNS**



[For contact details see Appendix 3](#)

*For details of policy for Primary School and Child Sponsorship Programme see separate document*

## Kisiizi Partners' Incident Report Form



### Confidential Report of a Safeguarding Incident or Concern

This form, and any associated documents, videos or photographs, should be forwarded to Kisiizi Partners' Safeguarding Officer ([safeguarding@kisiizipartners.org.uk](mailto:safeguarding@kisiizipartners.org.uk)) or **Mr. Moses Mugume, Principal Safeguarding Officer, at Kisiizi Hospital (+256(0)772604838)**

Incident or concern recorded by:

Date:

Description of the abuse/concern:

Who is reporting the abuse?:

Did they speak through an interpreter?: Yes / No (please circle)

Who was the interpreter?:

Who is the alleged victim of the abuse?:

Have you seen the alleged victim?: Yes / No (please circle)

Describe the apparent physical/emotional state of the alleged victim (do not examine the victim):

Who is the alleged perpetrator of the abuse?:

Where did it happen?:

When did it happen? (Date and time):

Who witnessed the abuse?:

Write down any information reported to you (verbatim quotes are preferred):





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### GROUP VISITORS TO KISIIZI HOSPITAL ATTENDING CLINICAL AREAS

Dear Visitor,  
Welcome to Kisiizi Hospital, we do hope you enjoy your time with us.

As you will be entering clinical areas we request you to complete the following declaration relating to our hospital policies including those for Safeguarding:

DATE OF VISIT .....

NAME .....

GROUP WITH WHOM YOU ARE VISITING .....

OCCUPATION .....

I have read the following documents and agree to abide by the Guidelines & Safeguarding policies:

- 1] **Kisiizi Hospital SAFEGUARDING VULNERABLE CHILDREN AND ADULTS (October 2019)**
- 2] **KH Visitors Guidelines**

Signature: .....

*Thank you.*

## APPENDIX 8 British Medical Association information on assessment of competence to consent to treatment.

### Can competence ever be presumed?

Yes. All people aged 16 and over are presumed in law to be competent to give their consent to medical treatment and to the release of information in England, Scotland, Wales and Northern Ireland

### Can a young person be competent under the age of 16?

Yes, but this needs to be assessed in each case on a continual basis. Doctors should aim to involve all children and young people in decisions relating to their medical treatment. It is important to recognize when a young person is able to make a valid choice about a proposed medical intervention or disclosure of personal medical data and is therefore competent to make a personal decision.

Doctors should not judge the ability of a particular child or young person solely on the basis of his or her age. For a young person under the age of 16 to be competent, s/he should have:

- the ability to understand that there is a choice and that choices have consequences
- the ability to weigh the information and arrive at a decision
- a willingness to make a choice (including the choice that someone else should make the decision)
- an understanding of the nature and purpose of the proposed intervention
- an understanding of the proposed intervention's risks and side effects
- an understanding of the alternatives to the proposed intervention, and the risks attached to them
- freedom from undue pressure.

Competent under 16 year olds are sometimes referred to as being *Gillick* competent. In England, Wales and Northern Ireland children who are aged 12 or over are generally expected to have competence to give or withhold their consent *to the release of information*. In Scotland, anyone aged 12 or over is legally presumed to have such competence

### Who should assess competence?

GPs who have known the young patient for a long time are well placed to assess their development and maturity but because these change, it is unwise to rely on any assessment that is not contemporaneous.

Health professionals who assess competence need to be skilled and experienced in interviewing young patients and eliciting their views without distortion.

The treating doctor may be the most appropriate person, but other members of the health care team who have a close rapport with the patient may also have a valuable contribution to make.

### How can competence be promoted?

When assessing a child's competence it is important to explain the issues in a way that is suitable for their age. A young patient may be competent to make some, but not all decisions, and clinical staff should promote an environment in which young patients are enabled to engage in decisions as much as they are able. The child or young person's ability to play a full part in decision-making can be enhanced by allowing time for discussion.

### Key advice

- General Medical Council. *0-18 years: guidance for all doctors*. Available at [www.gmc-uk.org](http://www.gmc-uk.org)
- BMA. *Consent, rights and choices in health care for children and young people*.

More information available at [www.bma.org.uk/ethics](http://www.bma.org.uk/ethics)



*“Life in all its fullness” John 10:10*

Church of Uganda Kisiizi Hospital  
P. O. Box 109, Kabale, Uganda  
[www.kisiizihospital.org.ug](http://www.kisiizihospital.org.ug)  
Telephone 0392 700806

## **SAFEGUARDING: CODE OF CONDUCT FOR ALL EMPLOYEES**

### **Introduction**

1] This Code of Conduct should be considered in conjunction with Kisiizi Hospital’s Safeguarding Policy available on Stre@mline and reflects the importance the hospital attaches to the safety and protection of children, young people and vulnerable adults.

### **Code of behaviour and good practice**

- 2] All children and adults at risk should be treated with respect.
- 3] All activities with children and adults at risk should have more than one adult present or at least one that is within sight or hearing of others.
- 4] All activities should respect the right to personal privacy.
- 5] In all activities, staff are required to be aware that physical contact with a child or adult at risk may be misinterpreted.
- 6] In all activities, staff should recognise that special caution is required when discussing sensitive issues with children or adults at risk.
- 7] Any physical or manual touching required should be provided openly and if this is in a sporting situation, it should be in accordance with the guidelines provided by the appropriate National Governing Body.
- 8] In activities, feedback should be constructive rather than negative.
- 9] In all activities, staff are required to challenge unacceptable behaviour.
- 10] Any allegations or suspicions of abuse should be reported immediately to the relevant Local Safeguarding Officers following the *Kisiizi Hospital Safeguarding vulnerable children and adults* policy
- 11] In all dealings with children or adults at risk, staff should never:
  - Play rough physical games or sexually provocative games
  - Enter a private room (e.g. bedroom) unless it is absolutely necessary, and if entering a room must do so accompanied
  - Allow or engage in any form of inappropriate touching
  - Allow children or adults at risk to use inappropriate language without challenging it
  - Make sexually suggestive comments even in jest
  - Reduce a child or adult at risk to tears as a form of control
  - Allow safeguarding concerns or allegations of abuse to go unchallenged, unrecorded or not acted upon
  - Do personal things for a child or adult at risk which they can do for themselves. If a child or adult at risk has a disability any tasks should only be performed by a dedicated support worker, in accordance with recommendations made in a relevant care plan and with the full understanding and consent of the parents/guardians/carers.

### **Examples of what should be reported /recorded**

12] Any incidents which cause concern in respect of at risk individuals are required to be reported immediately to the Local Safeguarding Officers

Below are examples of incidents which should be reported:

- A child or adult at risk is accidentally hurt
- There is concern that a relationship is developing which may be an abuse of trust
- You are worried that a child or adult at risk is becoming attracted to you
- You are worried that a child or adult at risk is becoming attracted to a colleague who cares for them
- You think a child or adult at risk has misunderstood or misinterprets something you have done
- You have been required to physically restrain a child or adult at risk to prevent them from harming themselves or another or from causing significant damage to property
- You receive a report or disclosure alleging abuse regarding a member of an external organisation using Kisiizi Hospital facilities
- You see suspicious marks on a child or adult at risk
- You hear of any allegations made by a child or adult at risk of events outside Kisiizi Hospital
- You are concerned that an individual or organisation is inciting hatred or violence
- You believe that an individual, although not implicated, should be removed from the risk

### **Recognition of abuse**

13] Abuse can occur within any setting and abusers may seek to use community and voluntary organisations to gain access to at risk individuals.

14] There may be indicative signs of abuse which include:

- Unexplained or suspicious injuries, particularly if such an injury is unlikely to have occurred accidentally
- An injury for which there may be an inconsistent explanation
- Descriptions of an abusive act or situation
- Unexplained changes in behaviour
- Inappropriate sexually explicit behaviour or sexual awareness
- A distrust of adults
- The child or adult at risk is not allowed to be involved in normal social activities

### **Procedure for reporting**

15] If a disclosure of abuse is made or an at risk individual acts in a way where abuse is suspected the person receiving the information is required to:

- React in a calm and considered way but should show concern
  - Tell the person making the disclosure that it is right for them to share this information and that they are not responsible for what has happened
  - Take what has been said seriously
  - Only ask questions to ascertain whether there is a concern but not interrogate
  - Listen and not interrupt them if they are recounting significant events
  - Not give assurances of confidentiality but explain you will need to pass on this information to those that need to know
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- Make a comprehensive record of what is said and done as soon as possible and before leaving work. Keep all original notes as they may be needed as evidence.

Follow guidance in the *Kisiizi Hospital Safeguarding Vulnerable Children and Adults* policy document available on Stre@mline or Administration offices.