

SAFEGUARDING OF VULNERABLE PERSONS AT RISK OF ABUSE

KARE POLICY DOCUMENT

Policy Owner: Principle Social Worker

<i>Rev. No.</i>	<i>Approved by Heads of Units/OMT</i>	<i>Approved by KARE Board</i>	<i>Launched at Heads of Unit</i>	<i>Operational Period</i>
Rev 1	Nov. 2005	N/A	Nov. 2005	Nov 2005-Feb 2014
Rev 1.1	March 2014	-	Heads of Units informed by email	Mar 2014 – July 2014
Rev 2	July 2014	July 2014 (preliminary approval)	July 2014	July 2014 – October 2014
Rev 2.1	November 2014	October 2014	November 2014	Nov 2014 – Dec 2014
Rev 2.2	Amended to update DLP/DDLP; approval not required			Jan 2015–Mar 2015
Rev 2.3	Policy title changed from Protecting Service users to Safeguarding Vulnerable persons at risk of Abuse			
	March 2015	March 2015	April 2015	April 2015
Rev 3	April 2015	N/a – minor change to process flow	April 2015	April 2015 - May 2017
Rev 4	May 2017	June 2017	June 2017	June 2017 – Jan 2018
Rev 4.1	October 2017	October 2017	Feb 2018 (by email)	February 2018 – October 2018
Rev 4.2	October 2018	N/a – no change to policy	November 2018	

Section 1

1.1. Background to the Policy

KARE is committed to keeping adults who use its services and supports safe from harm and exploitation and to upholding their rights. KARE adopts a “**No Tolerance**” approach to any form of abuse and aims to promote a culture of respect and dignity for each individual. This policy was first developed in 2005 with the aim of offering protection to adults using KARE’s services and supports and of providing staff with guidelines when protection becomes a concern. The policy has been revised to bring it in line with current national guidelines, policies, regulation and legislation and to update the procedures for managing concerns or allegations of abuse.

This policy is underpinned by the following National Policies and Legislative framework:

- Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures Trust in Care- HSE 2005
- Protections for Persons Reporting Child Abuse Act 1998
- Health Act 2007 Part 2, 8 (1) & (31 (1) (F)).
- Freedom of Information Acts 1997 and 2003
- Data Protection Acts 1988 and 2003
- Criminal Justice (Withholding Information on offences against Children and Vulnerable persons) Act 2012
- Criminal Law (Sexual Offences) Act, 2017 (Section 21)
- National Standards for Residential Services for Children and Adults with disabilities
- Protected Disclosures Act 2014

KARE’s Risk Management Policy provides an overall framework for managing the risk of abuse of individuals who use KARE’s services and supports.



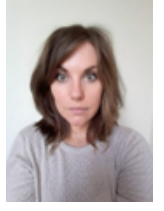
Other KARE policies which support the prevention of abuse include:

- Managing Service Users monies/property
- Matters relating to Sexuality
- Personal/Intimate Care
- Safe Administration of Medication
- Supporting people with behaviours that Challenge

1.2. Aim of the Policy

The aim of this policy is to provide guidance on the safeguarding of adults who use KARE’s service and supports from abuse and to outline the procedures for reporting and managing concerns, suspicion or knowledge of abuse.

KARE’s Designated Officers are:		
Designated Officer (DO)	John Ryan Principal Social Worker Tel: 045 480200 Mobile: 086 8280892 Email: john.ryan@kare.ie	

<p>Designated Officer (DO)</p>	<p>Jacinta Barrett Social Worker Tel: 045 480200 Mobile: 087 9882520 Email: jacinta.barrett@kare.ie</p>	
<p>Designated Officer (DO)</p>	<p>Rosemary Keenan Social Worker Tel: 045 480200 Mobile: 087 2579700 Email: rosemary.keenan@kare.ie</p>	
<p>Designated Officer (DO)</p>	<p>Caitriona Burke Social Worker Tel: 045 480200 Mobile: 087 7206779 Email: caitriona.burke@kare.ie</p>	

1.3. Scope of the Policy

People working on behalf of KARE, including employees, Community Employment and Local Training Initiative participants, volunteers, students, contractors and Board members, are required to adhere to this policy

The policy is applicable to the reporting and management of concerns or suspicions of abuse of an adult i.e. 18 years of age or older, using KARE’s services and supports.

Concerns or suspicions of abuse by a KARE staff member/person working on behalf of KARE i.e. a paid employee, a Community Employment or Local Training Initiative participants, a volunteer, a contractor or a KARE Board member will also be managed in accordance with the Trust in Care policy

Non-Scope:

Concerns or suspicions of non- accidental injury of children under 18 years of age using KARE’s services and supports – these will be reported and managed under the Child Protection and Welfare Policy which is underpinned by the National Guidelines for the Protection and Welfare of Children, 2011.

Complaints of a non-safeguarding nature are reported and managed through KARE’s Managing Complaints Policy

1.4. Details of the Policy

1.4.1 General Policy Statements

- 1.4.1.1 KARE recognises a Vulnerable Person is defined as *'an adult who may be restricted in capacity to guard himself / herself against harm or exploitation or to report such harm or exploitation'*. (Safeguarding Vulnerable Persons at Risk of Abuse 2014)
- 1.4.1.2 KARE acknowledges abuse is defined as *"any act, or failure to act, which results in a breach of a vulnerable person's human rights, civil liberties, physical and mental integrity, dignity or general wellbeing, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms."* (HIQA, 2013)
- 1.4.1.3 KARE recognises that abuse may come in many forms. For the purpose of safeguarding adults using the service, KARE categorises forms of abuse using the following headings:
- Physical abuse**
includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Sexual abuse** includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.
- Psychological abuse** includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- Financial or material abuse** includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Neglect and acts of omission** includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.
- Self-neglect** in vulnerable adults is a spectrum of behaviours defined as a failure to, (a) engage in self-care acts that adequately regulate independent living or (b) to take actions to prevent conditions or situations that adversely affect the health and safety of oneself or others
- Discriminatory abuse** includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
- Institutional abuse** may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs. (See Appendix 1).
- 1.4.1.4 KARE recognises a person may be abused by anyone who has contact with them including by a family member, friend, staff member, peer, or stranger.

For the purposes of this policy 'a peer' refers to another adult service users using KARE services.

- 1.4.1.5 KARE will appoint Designated Officers to coordinate the organisation's response to concerns, suspicions and allegations of abuse and make decisions on the actions required to safeguard the individual.
- 1.4.1.6 In any situation where there is a concern of abuse, suspected or confirmed, KARE's primary concern will be the safety and well-being of the adult using its services and supports.
- 1.4.1.7 KARE acknowledges that the rights of all individuals involved in an abusive situation should be protected, including the rights of an alleged abuser.
- 1.4.1.8 KARE shall report all concerns or allegations of abuse regarding an adult using the service to the HSE Safeguarding and Protection Team.
- 1.4.1.9 Where there is an indication that the abuse is of a criminal nature the Designated Officer will discuss the reporting of the abuse to an Garda Siochana with the vulnerable adult and their family/representative as appropriate.
The Designated Officer/designate will consult with an Garda Siochana where necessary to establish if, in their view a criminal offence may have been committed and therefore should be reported. Where an Garda Siochana advice a criminal offence may have been committed, KARE staff will support the individual to report the matter or where relevant report the matter on behalf of the individual in line with the Withholding Information Act 2012.
KARE respects the right of a vulnerable adult to decide, when approached by an Garda Siochana, not to make a statement of complaint.
- 1.4.1.10 KARE will support an individual who uses its services/supports, who is a victim/survivor of abuse to access appropriate supports and/or counselling in the aftermath of their abusive experience. If the alleged perpetrator attends KARE services/supports they will also they will also be offered support.
- 1.4.1.11 KARE will report allegations of abuse in line with legislation/regulatory requirements e.g. Notification of any allegation of abuse of a person living in a KARE Designated Centre to HIQA. KARE will report allegations that are deemed to have 'reasonable grounds for concern' following Preliminary Screening on the National Incident Management System (NIMS)
- 1.4.1.12 Where an anonymous allegation of abuse is received, KARE will take appropriate action to ensure the safety and welfare of the individual concerned
- 1.4.1.13 KARE will maintain a database of reported allegations of abuse to enable it to effectively manage and learn from such incidents.
- 1.4.1.14 KARE's Issues/Concerns Group will monitor trends in relation to allegations of abuse and will review the Recommendations of Investigation Reports and associated Safeguarding Plans to inform organisational learning.

1.4.2 Prevention of Abuse

- 1.4.2.1 KARE will provide information and training for people who use the service with regard to protection and keeping safe as appropriate. The need for such information and related training will be identified through planning with an individual and provided in a way that meets their needs e.g. in an accessible format.
- 1.4.2.2 KARE will ensure that the appropriate checks are conducted when recruiting employees and volunteers, including Gardaí vetting and reference checking.
- 1.4.2.3 KARE will ensure that all employees satisfactorily complete a probation period.
- 1.4.2.4 KARE will ensure that staff and volunteers are given information and training on the protection of vulnerable adults as part of their Induction Programme.
- 1.4.2.5 KARE will ensure that staff and volunteers are given ongoing training on matters relating to the safeguarding of vulnerable adults including refresher training on prevention, identification and reporting of abuse.

1.4.3 Responding to allegations of abuse

- 1.4.3.1 Staff should be aware of the possibility that a person using the service could be or has been abused, even some time ago e.g. before they joined KARE's service, and should be alert for indications of abuse.
- 1.4.3.2 Staff should seek support from the Designated Officer when they have any concerns in relation to abuse of an adult using KARE's services and supports.
- 1.4.3.3 Staff are required to report any concerns, suspicions or information they have regarding an individual who uses KARE's services and supports being abused in line with the procedures set out in this policy.
- 1.4.3.4 Staff should respond to a person using the service who alleges that they have been abused in a sympathetic, non-reactive manner.
- 1.4.3.5 Staff should not give an undertaking to keep any information in relation to a disclosure of abuse secret, however they should confirm, they will treat the information confidentially and only share it as required to safeguard the individual concerned.
- 1.4.3.6 Staff will endeavour to deal with allegations of abuse in confidence however it may be necessary to share information with others to ensure the safeguarding and protection of the individual. Information will only be shared on a need to know basis and as required to meet legislation/regulatory obligations e.g. the requirement to report to the HSE Safeguarding Team. Sharing/giving information to others for the protection of a vulnerable person is not a breach of confidentiality.
- 1.4.3.7 All allegations of abuse reported with discretion and in the best interests of the service user, whether substantiated (supported by evidence); unsubstantiated (not supported by evidence); or inconclusive (insufficient evidence), will be

recognised and supported by KARE as a responsible action on the part of the staff member.

- 1.4.3.8 Where there is information indicating that an abuse has occurred, or may take place in the future, it is the duty of all KARE's staff to offer protection from further intentional abuse and to support the person concerned to protect themselves.
- 1.4.3.9 The Designated Officer will consult with and report allegations of abuse of a person who uses KARE's service and supports to the HSE Safeguarding and Protection Team as required. The Designated Officer may also consult with/report an allegation of abuse of a person who uses KARE's service and supports to An Garda Síochana where relevant.
- 1.4.3.10 Staff will record information relating to an allegation of abuse in a clear, concise and factual manner, at the earliest possible opportunity, ensuring written reports are signed and dated.
- 1.4.3.11 The Issues and Concerns Closing the Loop Group will appoint an Investigation Team to carry out an Inquiry into an allegation of abuse when required. The team will include the Designated Officer and relevant Managers and/or Clinicians as deemed appropriate.

1.4.4 Roles and Responsibilities

- 1.4.4.1 CEO will appoint a Designated Officer/s.
- 1.4.4.2 Line Managers will ensure that:
- a culture of zero tolerance for any type of abuse or abusive practice is promoted
 - people who use the service and their family/advocate are informed of this policy
 - the easy read version of this policy called 'Keeping Me Safe' is made available to adults who user KARE's services and supports
 - their staff have up to date training in the Safeguarding of vulnerable persons at risk.
- 1.4.4.3 Staff members will ensure that:
- they promote the welfare of adults who use the service
 - are aware of the signs and indicators of abuse
 - they are familiar with and comply with this policy including the procedures for reporting and managing any reasonable concerns/suspicious/allegations of abuse.
 - attend Safeguarding training as required by KARE
 - are up-to-date with their Safeguarding training
- 1.4.4.4 The Designated Officer will:
- keep up to date with legislation, regulation, national policy and best practice in relation to the protection of vulnerable people
 - have the appropriate training to carry out their role as Designated Officer
 - ensure people who use the service have access to information and training in matters relating to safeguarding.

- work with others to ensure interim safeguarding measures are in place in the event of an allegation of abuse
- work with relevant others to ensure an individual and/or their family are informed of the allegation as appropriate, in line with the principles of Open Disclosure (see Appendix 4)
- work with relevant others to gather the necessary information to complete a Preliminary Screening
- consult with and report concerns/allegations of abuse to the HSE Safeguarding Team as required
- consult with and report concerns/allegations of abuse to An Garda Síochána as relevant
- support the Investigation Team to carry out an effective investigation and reach a conclusion as to whether the allegations are substantiated, unsubstantiated or inconclusive.
- ensure all records in relation to an allegation of abuse are stored in a Confidential File with restricted access.
- monitor the implementation of Safeguarding Plans

1.4.4.5 The Operations Manager will:

- review reported 'Allegations of Abuse' in consultation with DO and other relevant people to plan the gathering of information for the Preliminary Screening
- ensure Trust in Care procedures are followed in the event of an allegation being against a staff member
- work with the Designated Officer to develop and implement the Safeguarding Plan
- participate in carry out an Inquiry as requested
- record decisions and ensure appropriate records are kept

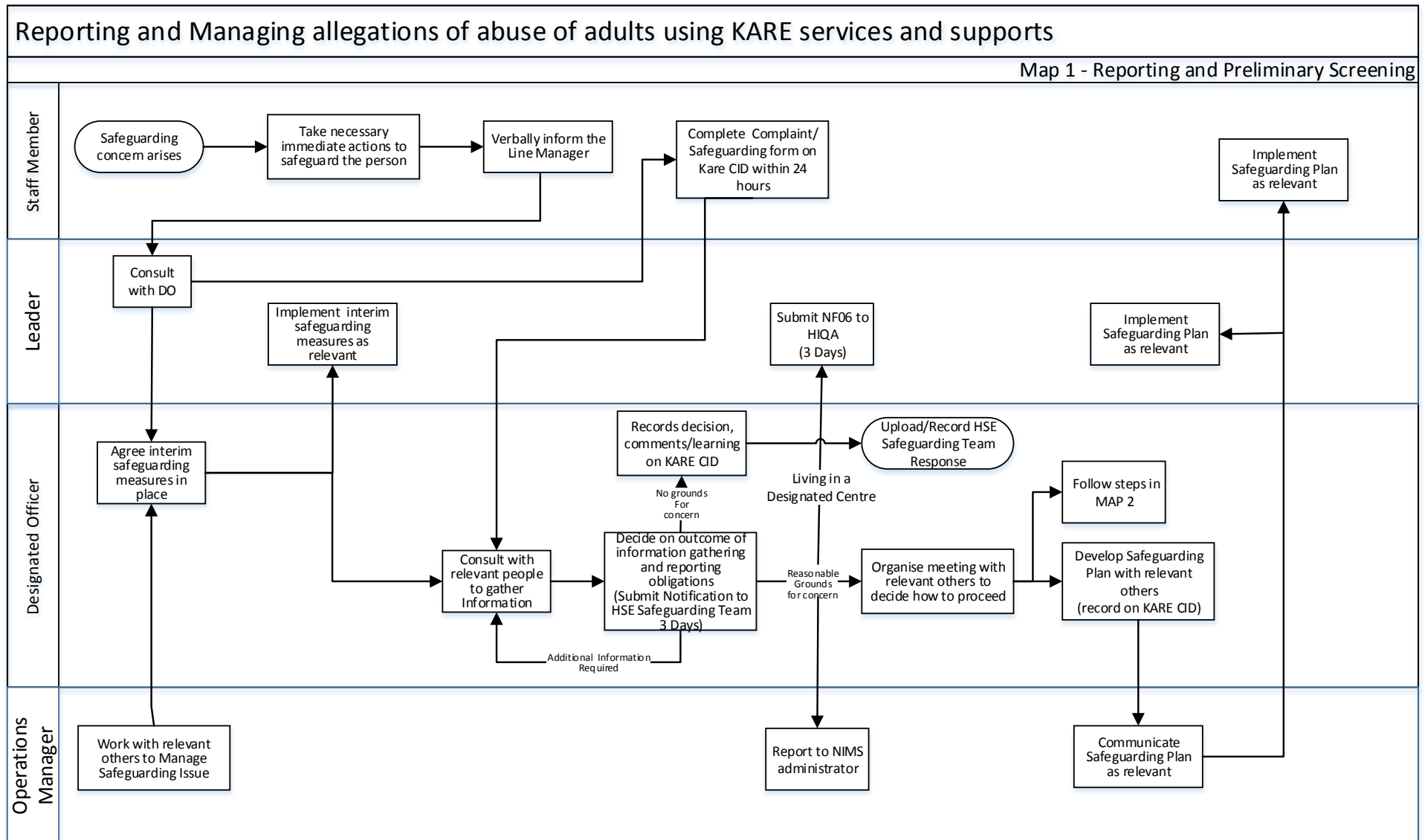
1.4.4.6 The Issues and Concerns Group

- ensure safeguarding issues are managed in the appropriate way
- prepare Terms for Reference for the Investigation Team
- appoint an Investigation Team
- monitor trends to inform organisational learning

1.4.4.6 The Internal Investigation Team will:

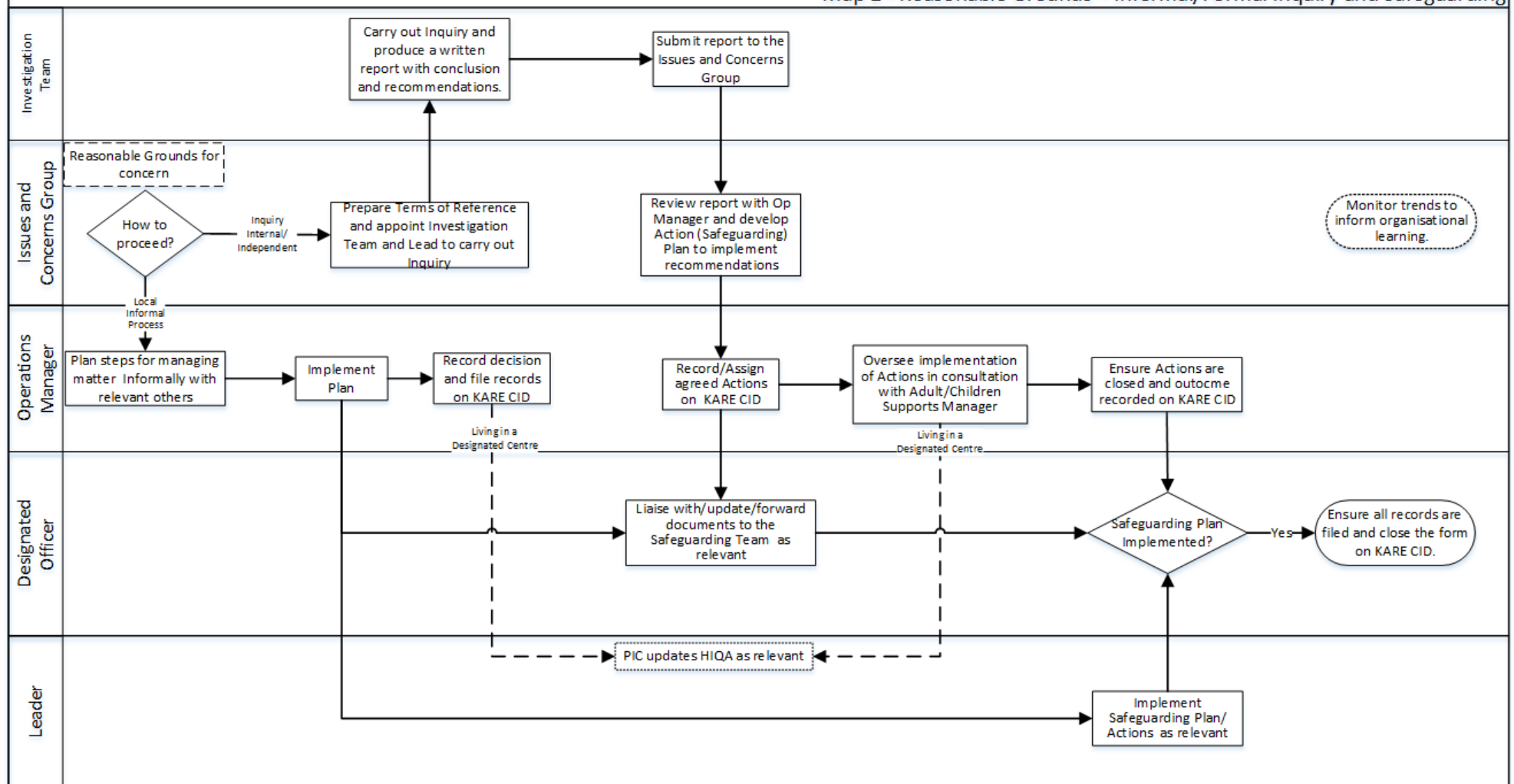
- carry out an investigation into the allegation of abuse in line with the Terms of Reference
- maintain confidentiality throughout the investigation as far as is practicable
- maintain a written record of all meetings
- request any additional information/documentation that in their view may substantiate/disprove the allegation
- consult with relevant colleagues, where appropriate
- prepare a written report outlining the findings of the investigation including the outcome of the investigation: substantiated (supported by evidence); unsubstantiated (not supported by evidence); or inconclusive (insufficient evidence) and recommendations
- forward the report from the Internal Investigation Team to the Issues/Concerns Closing the Loop group

Section 2 Process



Reporting and Managing allegations of abuse of adults using KARE services and supports

Map 2 - Reasonable Grounds – Informal/Formal Inquiry and Safeguarding



Appendix 1

Guidelines for staff who receive an allegation of abuse from an adult using the service

Staff who receive an allegation of abuse from an adult using the service should:

- take a sympathetic, non-reactive view
- explain that they are treating the matter seriously and will try and take steps with regard to protection of the person.
- explain that they cannot give a guarantee of complete confidentiality and that you have a professional duty to share the information with a Manager in KARE and/or the Designated Officer as soon as possible.
- note as much information as possible, allowing the person space to talk without feeling the need to pressure, press or complete the statement.
- write as accurate an account as possible of what the person has said, where possible noting the person's exact words.
- date and sign all documentation.
- verbally report the matter to a Manager or the Designated Centre as soon as possible
- submit a written report through the Issues and Concerns reporting system as soon as possible
- avoid discussing the matter with other staff members without the permission of the relevant Line Manager.

Appendix 2 Definitions, Examples and Indicators of Abuse

The following table provides definitions, examples and indicators of abuse with which all staff members must be familiar.

Type of Abuse:	Physical
Definition	Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
Example:	Hitting, slapping, pushing, burning, inappropriate restraint of adult or confinement, use of excessive force in the delivery of personal care, dressing, bathing, inappropriate use of medication.
Indicators:	Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. Service user appears frightened, avoids a particular person, demonstrates new atypical behaviour; asks not to be hurt.
Type of Abuse:	Sexual
Definition	Sexual abuse includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.
Example:	Intentional touching, fondling, molesting, sexual assault, rape. Inappropriate and sexually explicit conversations or remarks. Exposure of the sexual organs and any sexual act intentionally performed in the presence of a service user. Exposure to pornography or other sexually explicit and inappropriate material.
Indicators:	Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STDs and human bite marks. Service user demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, anxiety attacks.
Type of Abuse:	Emotional/Psychological (including Bullying and Harassment)
Definition	Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
Example:	Persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone's personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance. Failure to show interest in, or provide opportunities for a person's emotional development or need for social interaction. Disrespect for social, racial, physical, religious, cultural, sexual or other differences. Unreasonable disciplinary measures / restraint. Outpacing – where information /choices are provided too fast for the vulnerable person to

understand, putting them in a position to do things or make choices more rapidly than they can tolerate.

Indicators: Mood swings, incontinence, obvious deterioration in health, sleeplessness, feelings of helplessness / hopelessness, Extreme low self-esteem, tearfulness, self-abuse or self destructive behaviour. Challenging or extreme behaviours – anxious/ aggressive/ passive/withdrawn.

Type of Abuse: **Financial**

Definition Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Example: Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the service user, manipulating the service user for financial gain, putting pressure on the service user in relation to wills property, inheritance and financial transactions.

Indicators: No control over personal funds or bank accounts, misappropriation of money, valuables or property, no records or incomplete records of spending, discrepancies in the service users internal money book, forced changes to wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.

Type of Abuse: **Institutional**

Definition Institutional abuse may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.

Example: Service users are treated collectively rather than as individuals. Service user's right to privacy and choice not respected. Staff talking about the service users personal or intimate details in a manner that does not respect a person's right to privacy.

Indicators: Lack of or poor quality staff supervision and management. High staff turnover. Lack of training of staff and volunteers. Poor staff morale. Poor record keeping. Poor communication with other service providers. Lack of personal possessions and clothing, being spoken to inappropriately, etc.

Type of Abuse: **Neglect**

Definition Neglect and acts of omission include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.

Example: Withdrawing or not giving help that a vulnerable person needs so causing them to suffer e.g. malnourishment, untreated medical conditions, unclean physical appearance, improper administration of medication or other drugs, being left alone for long periods when the person requires supervision or assistance.

Indicators: Poor personal hygiene, dirty and dishevelled in appearance e.g. unkempt hair and nails.
Poor state of clothing. non attendance at routine health appointments e.g. dental, optical, chiropody etc. socially isolated i.e. has no social relationships.

Type of Abuse: **Discriminatory**

Definition Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

Example: Shunned by individuals, family or society because of age, race or disability. Assumptions about a person's abilities or inabilities.

Indicators: Isolation from family or social networks.

Appendix 3 Training

Staff in KARE will have safeguarding training as follows:

- All employees must complete training in Safeguarding of Vulnerable adults every 3 years. The date of completion will be recorded on their Training Record and a copy of the Training Attendance sheet with their signature will be held by the Training Department.
- The HSE require that all employees, regardless of whether they work with children or not complete the Children First eLearning training on HSE land. Employees should submit a copy of the Certificate of Completion to the Training Department, who will record the date on the employee's training record and ensure the certificate is filed in their Employee File in the HR Dept.

New employees who does not have current HSE Safeguarding Training

A new employee who does not have current HSE Safeguarding training cannot commence work in a KARE service until they complete appropriate Safeguarding training. In such a situation, the Training Department will:

- organise for the employee to complete KARE's Interim Safeguarding Induction as approved by the Designated Officer. The date of completion will be recorded on a Training Attendance sheet and logged on the employees TMS record.
- organise for the employee to complete the Introduction to Children First e-learning course on HSEland. The date of completion will be recorded on the employees TMS record and a copy of their Certificate of Completion filed in the Employee File in the HR Dept.
- schedule the employee to attend KARE's Safeguarding Training course at the nearest possible date following their commencement with KARE.

New employees with current HSE Safeguarding Training

A new employee who has current HSE Safeguarding Training, will:

- receive induction on KARE's Safeguarding Reporting procedures from their Line Manager prior to commencing work in a KARE unit.
- complete the HSEland Introduction to Children First course if they have not already done so. The Line Manager will forward their certificate of completion to the Training Department for recording on the employees TMS record.

Appendix 4 KARE Statement on Open Disclosure

The information below is compatible and consistent with:

- HSE Policy on Open Disclosure (2013)
- HSE and State Claims Agency Open Disclosure Guidelines - Communicating with service users and their families following adverse events in healthcare

Open Disclosure refers to an open, consistent approach to communicating with service users when things go wrong in healthcare i.e. in the provision of service to them. This includes expressing regret for what has happened, keeping the service user informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse event.

In line with the National Standards for Safer Better Healthcare 2012 Standard 3.5, KARE will “fully and openly inform and support service users as soon as possible after an adverse event affecting them has occurred, or becomes known and continue to provide information and support as needed”

The Principles of Open Disclosure

In accordance with the HSE Policy on Open Disclosure, KARE will adhere to the following ten principles in managing open disclosure:

1. **Acknowledgement**: services should acknowledge to the service user that an adverse event has occurred and initiate the open disclosure process, in line with HSE Open Disclosure Policy and Guidelines
2. **Truthfulness**: timeliness and clarity of communication: The service user should be provided with information in a timely manner - focusing on the factual information available at the time. Ideally the open disclosure process should commence within 48 hours of the event occurring or the event becoming known and as soon as the service user is physically and emotionally available to receive the information.
3. **Apology/ expression of regret**: An apology/expression of regret, regarding the condition of the service user and for what has happened as a result of an adverse event, is important and should be forthcoming. When it is clear, following a review of the adverse event, that the healthcare provider is responsible for the harm to the service user (e.g. wrong medication) it is imperative that there is an acknowledgment of responsibility and an apology provided as soon as possible after the event.
4. **Recognising the expectations of service users**: The service user may reasonably expect to be fully informed of the facts and consequences in relation to the adverse event and to be treated with empathy and respect.
5. **Professional Support**: services should promote the development of a “just culture” as staff will then feel more encouraged and willing to report incidents/adverse events/near miss events. Staff can also expect to be supported by the service

following an adverse event and throughout the open disclosure and incident review process.

6. Risk management and systems improvement: The investigation of adverse events should be undertaken in line with the HSE's Incident Management Framework. (see KARE's Risk and Incident Management Framework). Where relevant recommendations should be made and actions taken to reduce the likelihood of a recurrence of the event.
7. Multidisciplinary responsibility: Open disclosure involves multidisciplinary accountability and response. Clinical, senior professional and managerial staff should be identified to lead in and support the process.
8. Governance: services should have appropriate accountability structures in place which ensure that open disclosure occurs and that it is integrated with other governance systems and processes including incident reporting and management procedures, systems analysis reviews, complaints management and privacy and confidentiality procedures.
9. Confidentiality: The information collated following an adverse event is often of a sensitive nature and therefore confidentiality is paramount. Service user information is generally held under legal and ethical obligations of confidentiality. All health and social care policies, procedures, and guidelines in relation to privacy and confidentiality for service users and staff should be consulted with and adhered to.
10. Continuity of care: Steps need to be taken to reassure the service user in relation to the management of their immediate care needs and to also reassure them that their care will not be compromised going forward. Transfer of care to another facility may be requested by the service user and should be facilitated when it is possible to do so. A member of staff should be identified who will act as a contact person for the service user to keep them informed of the situation and to maintain open channels of communication between the service user and the service.

The HSE and State Claims Agency Open Disclosure Guidelines -Communicating with service users and their families following adverse events in healthcare, should be referred to for guidance in managing complex open disclosure situations.