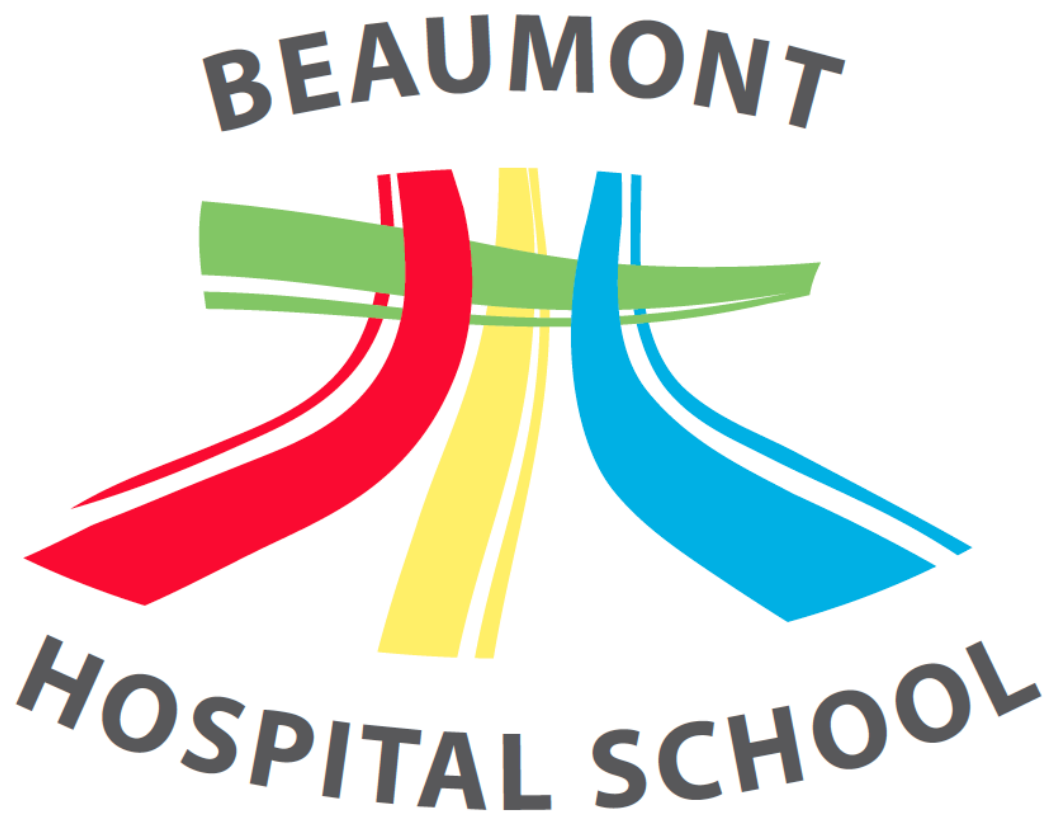




CHILD SAFEGUARDING STATEMENT 2024/2025



Child Safeguarding Statement

Beaumont Hospital School is a hospital school providing post-primary education to senior cycle students attending Beaumont Hospital Adult services [A peripatetic ward-based service provided in adult wards throughout the hospital]

In accordance with the requirements of the [Children First Act 2015](#), [Children First: National Guidance for the Protection and Welfare of Children 2017](#), [the Addendum to Children First \(2019\)](#), the [Child Protection Procedures for Primary and Post Primary Schools 2017](#) and [Tusla Guidance on the preparation of Child Safeguarding Statements](#), the Board of Management/Staff of Beaumont Hospital School has agreed the Child Safeguarding Statement set out in this document.

- 1 The Board of Management has adopted and will implement fully and without modification the Department's Child Protection Procedures for Primary and Post Primary Schools 2017 as part of this overall Child Safeguarding Statement
- 2 The Designated Liaison Person (DLP) is Avril Carey
- 3 The Deputy Designated Liaison Person (Deputy DLP) is Orlaith FitzPatrick
- 4 The Board of Management recognises that child protection and welfare considerations permeate all aspects of school life and must be reflected in all of the school's policies, procedures, practices and activities. In its policies, procedures, practices and activities, the school will adhere to the following principles of best practice in child protection and welfare:

The school will:

- recognise that the protection and welfare of children is of paramount importance, regardless of all other considerations;
- fully comply with its statutory obligations under the Children First Act 2015 and other relevant legislation relating to the protection and welfare of children;
- fully co-operate with the relevant statutory authorities in relation to child protection and welfare matters;
- adopt safe practices to minimise the possibility of harm or accidents happening to children and protect workers from the necessity to take unnecessary risks that may leave themselves open to accusations of abuse or neglect;
- develop a practice of openness with parents and encourage parental involvement in the education of their children; and
- fully respect confidentiality requirements in dealing with child protection matters.

The school will also adhere to the above principles in relation to any adult pupil with a special vulnerability.

- 5 The following procedures/measures are in place:
 - In relation to any member of staff who is the subject of any investigation (howsoever described) in respect of any act, omission or circumstance in respect of a child attending the school, the school adheres to the relevant procedures set out in Chapter 7 of the Child Protection Procedures for Primary and Post-Primary Schools 2017 and to the relevant agreed disciplinary procedures for school staff which are published on the DES website.
 - In relation to the selection or recruitment of staff and their suitability to work with children, the school adheres to the statutory vetting requirements of the National Vetting Bureau (Children and

Vulnerable Persons) Acts 2012 to 2016 and to the wider duty of care guidance set out in relevant Garda vetting and recruitment circulars published by the DES and available on the DES website.

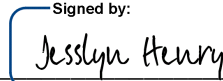
- In relation to the provision of information and, where necessary, instruction and training, to staff in respect of the identification of the occurrence of harm (as defined in the 2015 Act) the school-
 - Has provided each member of staff with a copy of the school's Child Safeguarding Statement
 - Ensures all new staff are provided with a copy of the school's Child Safeguarding Statement
 - Encourages staff to avail of relevant training
 - Encourages Board of Management members to avail of relevant training
 - The Board of Management maintains records of all staff and Board member training
- In relation to reporting of child protection concerns to Tusla, all school personnel are required to adhere to the procedures set out in the Child Protection Procedures for Primary and Post-Primary Schools 2017, including in the case of registered teachers, those in relation to mandated reporting under the Children First Act 2015.
- In this school the Board has appointed the abovenamed DLP as the "relevant person" (as defined in the Children First Act 2015) to be the first point of contact in respect of the schools child safeguarding statement.
- All registered teachers employed by the school are mandated persons under the Children First Act 2015.
- In accordance with the Children First Act 2015, the Board has carried out an assessment of any potential for harm to a child while attending the school or participating in school activities. A written assessment setting out the areas of risk identified and the school's procedures for managing those risks is attached as an appendix to these procedures.
- The various procedures referred to in this Statement can be accessed via the school's website, the DES website or will be made available on request by the school.

*Specific to the context of the school service located in adult wards, where school staff have a concern pertaining to risk on ward from other patients, the ward staff DLP will be notified and hospital safeguarding will be activated to ensure risk is minimised in a timely manner.


Note: The above is not intended as an exhaustive list. Individual Boards of Management shall also include in this section such other procedures/measures that are of relevance to the school in question.

- 6 This statement has been published on the school's website and has been provided to all members of school personnel, the Parents' Association (if any) and the patron. It is readily accessible to parents and guardians on request. A copy of this Statement will be made available to Tusla and the Department if requested.
- 7 This Child Safeguarding Statement will be reviewed annually or as soon as practicable after there has been a material change in any matter to which this statement refers.

This Child Safeguarding Statement was reviewed by the staff and management Date _____

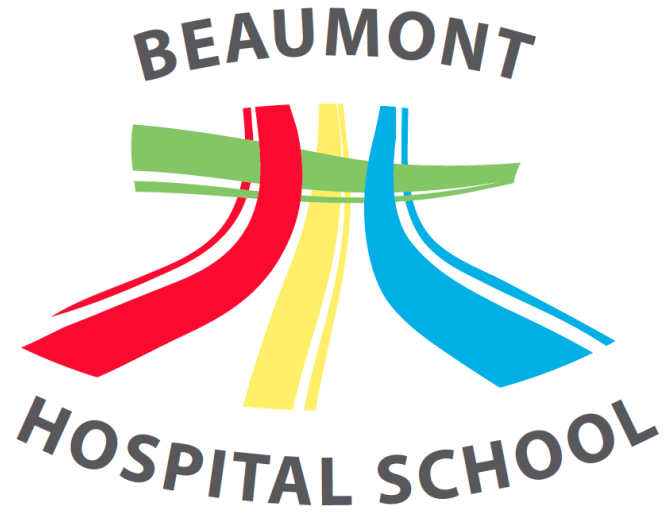
Signed by:

 Signed: _____
74030101C0B4407...

Chairperson of Board of Management/Manager

Signed: 
 Principal/Secretary to B.O.M.

Date: 25-02-2025 | 10:09 AM GMT

CHILD SAFEGUARDING RISK ASSESSMENT 2024/2025



List of School Activities	Risk Level	The School has identified the following Risk of Harm	The School has the following Procedures in place to address risk identified in this assessment
(1) Information and Training			
Training of school personnel in Child Protection matters	High	Harm not recognised or reported promptly	<p>The Child Protection Procedures for Primary and Post Primary School 2017 are made available to all school personnel and discussed. Child Safeguarding Statement & DES procedures made available to all staff</p> <p>DLP & DDLP to attend DES provided face to face training All Staff to complete Tusla training module & any other online training offered by CDETB</p> <p>BOM records all records of staff and board training Board of Management members encouraged to avail of relevant training.</p>
Curricular Provision in respect of SPHE, RSE, and Well-Being in Post Primary Schools	Low	Non-teaching of same	<p>School implements SPHE, RSE, and Wellbeing in Post Primary Schools</p> <p>Teachers must also be aware that children may be released from class in the absence of their parents/guardians and may therefore be without scaffolding and support, should issues arise following a lesson.</p> <p>Staff encouraged to avail of CPD training in relevant areas</p>
(2) Teaching and Education Spaces			
Daily handover from hospital staff	Med	Harm not being recognised by school personnel. Thorough handover from	Handover given by staff/nursing to teaching staff every morning, No teaching takes place without signed handover Health & Safety policy

		medical staff	
One to One teaching	High	Harm in one-to-one teaching False accusation	School has procedures in place for one to one teaching Bedside Teaching/One to One teaching > Teacher must inform staff/parent & child that teaching is going to take place > Clear communication with the pupil at all times reduces the risk of misinterpretation > Child should be dressed appropriately for teaching to take place > Open curtains. Bed curtains in ward are not pulled around the cubicle. > Where possible keep door slightly ajar > Teacher should face the viewing panel > Teacher must not sit on the bed.
Use of toilet areas/en suite while teacher is providing support	High	Inappropriate behaviour	Code of Behaviour Policy Teacher steps out of the room or ward area if the student is availing of bathroom facilities
Care of children, including intimate care needs	Low	Harm by school personnel	Students are referred to ward staff for any personal care needs in accordance with Standard Operational Procedures
Access to food and drink	High	Harm to pupils	Instructions regarding food and drink are recorded on handover (Standard Operational Procedures) Monitoring of food and drink intake is also recorded where necessary. Established through handover.
Children fasting	High	Harm to pupils	
Care of pupils with specific vulnerabilities	Med	Injury to pupils, Harm not recognised or properly or promptly	Mission Statement, Vision and Values Child Safeguarding Procedures in place Accommodation made for pupils of all faiths and

		reported	none School staff members follow instructions from medical staff
(3) Special Education needs	Risk Level	The School has identified the following Risk of Harm	The School has the following Procedures in place to address risk identified in this assessment
Care of children with special educational needs	High	Harm to child	SEN Policy
(4) Behaviour Management	Risk Level	The School has identified the following Risk of Harm	The School has the following Procedures in place to address risk identified in this assessment
Management of challenging behaviour amongst students/other adult patients	Low	Harm due to inadequate Code of Behaviour/handover	Code of Behaviour Health & Safety Policy Standard Operational Procedures - call ward/security staff
Prevention of and dealing with bullying amongst pupils/patients	Med	Harm inflicted by another child/patient	Anti-Bullying Policy Peripatetic nature of service one-to-one, Liason with medical staff
Students with existing behaviour accommodations in their home school	Med	Harm to other children in classroom, particularly those with medical devices/equipment	On 1 st admission clear establishment of the level and nature of home school type and supprts in place. Children who usually have SNA support in home school may need some additional instruction around safety during lessons with HCA present Those with an identified a behaviour issue may be accommodated through shorter, clinically supervised sessions.
(5) Information and Communications Technology (ICT)	Risk Level	The School has identified the following Risk of Harm	The School has the following Procedures in place to address risk identified in this assessment

Use of ICT by pupils in lessons	High	Harm caused by children inappropriately accessing/using computers, social media phones and other devices while at school Harm caused by members of school personnel communicating with pupil(s) in an inappropriate manner via social media/texting, digital devices	ICT used only under the supervision of the teacher for instructional purposes Internet Acceptable Use policy (ICT) Standard Operational Procedures Anti Bullying policy Code of Behaviour
Use of video photography/other media	High	Injury to pupils, bullying, harm not recognised or promptly reported	Mandatory consent forms permitting video/photography of pupils provided to parents/guardians in advance of media events Consent forms permitting entry to competitions, publication of photograph/videos - school events (while rare, risk is acknowledged)
(6) Recruitment and Other personnel	Risk Level	The School has identified the following Risk of Harm	The School has the following Procedures in place to address risk identified in this assessment
Recruitment of: Teachers Ancillary staff	Med	Harm not recognised or reported Harm due to inappropriate relationship and/or communications between pupil(s) and another child or adult	Vetting procedures DES Circulars relating to recruitment/vetting Child Safeguarding Statement plus DES procedures made available to all staff New staff provided with copies of school's Child Safeguarding Statement and Standard Operational Procedure
Volunteers	Med	Harm not recognised or reported	Vetting procedures Induction Child Safeguarding Statement

			Standard Operational Procedures Infection Control -hand hygiene etc.
Confusion between hospital and school roles in the reporting of harm	High	-Non reporting or application of the guidelines assuming that other agency will report risk	Clear communication between child protection policy makers within the hospital with clear acknowledgement of roles and responsibilities.

Important Note: It should be noted that risk in the context of this risk assessment is the risk of "harm" as defined in the Children First Act 2015 and not general health and safety risk. The definition of harm is set out in Chapter 4 of the *Child Protection Procedures for Primary and Post- Primary Schools 2017*

Riska assessment carried out in accordance with the requirements of the [Children First Act 2015](#), [Children First: National Guidance for the Protection and Welfare of Children 2017](#), [the Addendum to Children First \(2019\)](#), the [Child Protection Procedures for Primary and Post Primary Schools 2017](#) and [Tusla Guidance on the preparation of Child Safeguarding Statements](#),

In undertaking this risk assessment, management has endeavoured to identify as far as possible the risks of harm that are relevant to this school and to ensure that adequate procedures are in place to manage all risks identified.

While it is not possible to foresee and remove all risk of harm, the school has in place the procedures listed in this risk assessment to manage and reduce risk to the greatest possible extent.

This risk assessment has been completed by school staff on April 24th 2024.

It will[be reviewed as part of the school's annual review of its Child Safeguarding Statement.

