Safeguarding Policy

Of

Rawalpindi Medical University

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Policy Statement

The Rawalpindi Medical University (RMU) is a center of excellence. It is affiliated with three public sector teaching hospitals (Holy Family Hospital, Benazir Bhutto Hospital & DHQ Hospital-Rawalpindi) for undergraduate and postgraduate medical education & training. It is also listed among the recognized universities and degree awarding Universities by the Higher Education Commission of Pakistan.

Rawalpindi Medical University (RMU) fully acquaints with the value and importance of fair treatment, dignity and respect of all individuals whether it's employed staff or visiting personnel at the university. It is fully committed to encourage and promote safe working environments which is devoid of any kind of abuse, sexual exploitation, harassment, bullying, psychological abuse and physical violence for all individuals.

This policy has been formulated with a purpose to provide an outline and framework to support staff and Rawalpindi Medical University (RMU). This is anticipated to guide and support the university, to timely detect and anticipate the potential risks for exploitation, abuse and harm, effectively mitigate these risks and to have robust policies and procedures in place to respond to and address any incidents of exploitation, abuse and harm if occurred.

At present no comprehensive legal framework exists at the national level or even at any university level regarding safeguarding at work even though Child and Protection Act, national policies against women, domestic violence and human rights are existent at various levels. The practices and regulations of the Rawalpindi Medical University being a government university pledges in accord with it.

The Rawalpindi Medical University (RMU) will adopt the following safeguarding policy that outlines the requirements and responsibilities for the University as recognized and implemented. The current version of the policy will be approved by the Board of Advanced Studies and Research of Rawalpindi Medical University and after being updated annually with all amendments will be

regularly and annually approved by the Board of Advanced Studies and Research of Rawalpindi Medical University.

Definitions

In this Policy, the terms have the following meanings, unless otherwise indicated:

1. **Safeguarding** means taking all reasonable steps to prevent harm, particularly sexual exploitation, abuse and harassment from occurring: to protect people, especially children and vulnerable adults from that harm, and to respond appropriately when harm does occur.

2. 'Abuse' is any action that violates a person's human or civil rights. This can take the form of physical harm, sexual, emotional or psychological abuse. This can also include financial or material abuse and neglect.

3. **Exploitation** is any actual or attempted abuse of a position of vulnerability, differential power or trust for the purposes of gaining benefit, including, but not limited to, monetary, social or political gain

4. **Bullying and harassment** means any unwanted behavior that makes someone feel intimidated, degraded or offended.

5. **Violence** means all forms of physical violence, injury or abuse.

6. Harm is any detrimental effect on psychological, physical or emotional wellbeing and any other infringement of an individual's rights.

7. **Psychological harm** means emotional or psychological abuse, including, but not limited to, humiliating and degrading treatment such as bad name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation

8. **Sexual abuse** means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

9. **Sexual exploitation** means any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, and includes, but is not limited to, profiting monetarily, socially or politically from sexual exploitation of another.

10. **Sexual harassment** means any unwelcome sexual advances (including any sexual advances made without touching) and includes, but is not limited to, requests for sexual favors or other verbal or physical behavior of a sexual nature which may create a hostile or offensive environment

11. **Child** as per United Nations Convention on the Rights of the Child is any person – girl, boy, young woman, young man and children of other gender identities—under the age of 18 years.

12. **Vulnerable adult** means a person who is or may be in need of care by reason of mental or other disability, age or illness, and who is or may be unable to take care of themselves, or is unable to protect themselves against significant harm or exploitation.

13. **Young person** means any person; young woman, young man, and person of other gender between the age of 18 and 21 years.

14. **Victim or survivor** means an individual who has been exploited, abused or harmed as defined in this policy.

15. **Whistleblower** is a person, who could be an employee or staff member of the university, disclosing information to the public or some higher authority about any wrongdoing, which could be in the form of indiscipline, fraud, corruption, etc.

16. **Child protection** refers to the activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

17. **Staff** is any one person employed by the Rawalpindi Medical University (RMU) on a casual, part time or full-time capacity and working with young people. This includes clinical staff, (residents, consultants, post graduate trainees), research staff and administrative staff.

18. **Student** means any individual studying Medicine, Psychology, Behavioral Sciences or any other specialty at Rawalpindi Medical University or any other academic organization directly involved in any academic or research activity at RMU.

19. **Visiting / Associated personnel** means any person involved in any clinical, academic or research activity but who is not the staff of RMU or staff or students from partner organizations, contractors, consultants, collaborators, fieldworks, volunteers etc

20. **Research activity** means any activity, including, but not limited to, research and innovation projects, networking, grants, data collection, disseminations, seminars, training courses series/workshop/conference grants, fellowships, research organizations, other universities.

21. **Research Participants** refers to any individual who participates in human subject research by being the target of observation by researchers at the RMU.

22. **Researcher** means any person undertaking research or involved in collecting, generating or creating Research Data, for or on behalf of the RMU which shall include but not be limited to faculty, staff, visiting researchers, external research collaborators, postgraduate trainees conducting research, undergraduate researchers, and the principal investigator.

23. **Patient** is any an individual awaiting or under medical or psychiatric care.

24. **Attendant/care taker** is a person accompanying a patient, or even if unaccompanied at RMU, but is responsible for taking care of a patient awaiting or under medical or psychiatric care.

25. **Safeguarding Focal Person** is any person who has responsibility for formulation of policies and protocols and will also correspond with international collaborators and funders, staff of RMU regarding implementation of safeguarding policies and procedures and provision of guidance and advice for staff and students at RMU. S/he will also be responsible for any presenting the safeguarding policy at Institutional and Research Ethics Forum of Rawalpindi medical University for approval of safeguarding policy.

26. **Safeguarding Officer** is any person who has responsibility for formulation of policies and protocols regarding safeguarding and will also keep record of safeguarding risk register. S/he will also correspond with international collaborators and funders, staff of RMU regarding implementation of safeguarding policies and procedures and provision of guidance and advice for staff and students. S/he will also be responsible for any documentation and reporting regarding safeguarding in addition to providing assistance to the safeguarding focal person.

27. **Safeguarding Committee:** consists of Safeguarding Officers from the all the departments of RMU. The Safeguarding committee is responsible for ensuring that the setting has effective policies for safeguarding. Safeguarding Committee operates reliable recruitment processes and ensures that all appropriate checks on staff and volunteers are carried out. The Committee implements procedures for dealing with allegations of abuse against members of staff and volunteers.

Scope of Policy

This Safeguarding Policy focuses on taking all measures and steps to prevent and address exploitation, abuse and harm within the university. Safeguarding is everyone's responsibility

This policy applies to all personnel like Staff members, students, visitors/associate personnel, children, vulnerable adults, researchers, research participants, patients, attendants/care takers, research collaborators, postgraduate trainees, undergraduate researchers, internees, whether directly or indirectly involved in any clinical, research, academic, administrative, rehabilitation activity, at RMU, all its departments at teaching campuses (old and new campus) as well as its Allied teaching hospitals, Holy Family Hospital (HFH), Benazir Bhutto Hospital (BBH), District Head Quarter Hospital (DHQ), Rawalpindi Institute of Urology and Transplantation (RIUT).

This policy also applies to all to offices and sections of RMU and all its departments at teaching campuses (old and new campus) as well as its Allied teaching hospitals, Holy Family Hospital (HFH), Benazir Bhutto Hospital (BBH), District Head Quarter Hospital (DHQ), Rawalpindi Institute of Urology and Transplantation (RIUT).

This policy is also applicable to all activities being carried out either at RMU including off university visits, activities like clinical services, academics, research, trainings, workshops and even on all online activities.

Safeguarding Principles

Rawalpindi Medical University delineates following principles of safeguarding that must be reinforced and followed stringently at RMU:

1. To clearly recognize safeguarding responsibilities.
2. To commit to take all effective and reasonable measures to prevent harm to those involved in any activity at RMU.
3. To develop and incorporate safeguarding principles and protection of children and vulnerable adults in every plan related to clinical, academic activities or research.
4. To recognize that safeguarding is a shared responsibility and should adopt a joined-up approach by all those at RMU and those not part of it but visiting it any context.
5. To enhance capacity of safeguarding through encouragement of open and constructive engagement, cognizance of rights and responsibilities and responses to emergent needs.
6. To develop a protocol so that all staff should endorse a code of conduct that sets out clear expectations of appropriate attitudes and behaviors to nurture a strong safeguarding culture.
7. To pay special attention and priority to the needs of specific vulnerable groups, including women, children, people with disabilities and other who within different contexts might be affected by dynamics of vulnerability, risk, and harm.
8. To raise awareness of safeguarding and strengthen capacity and capability by increasing the knowledge and skills of our staff, students, visitors/associated personnel, patients, attendants etc., through education and training.
9. To promote the dignity, respect and safety of all individuals be it, staff, students' visitors/associated personnel, patients, attendants or others involved in any activity at RMU.
10. To have all procedures in place so that individuals are aware vividly regarding how to raise safeguarding concerns without fear of reprisal or victimization.

8. To have clear and confidential reporting and responding processes for incidents and concerns, appropriate to the settings

9. To develop confidence in all individuals regarding the processes at RMU to deal with alleged incidents swiftly and comprehensively.

10. To ensure safe recruitment and selection processes of new staff members who will be in any way in contact with children and vulnerable adults, to reduce any chances or opportunities for perpetrators' access

11. To adopt a survivor-centered response to victims and survivors of safeguarding breaches.

12. To eagerly work, support and join hands with all governmental and non-governmental organizations, donors, national and international collaborative partners and charities to advance consistent and high-quality safeguarding practices.

Safeguarding Policy

The safeguarding policy at RMU is an amalgamation and set of all the following mentioned policies that will be fully implemented at RMU

A. Research Ethics Policy

The RMU's **Research Ethics Policy** provides a framework within which the ethical review process will operate across the university. The Research Ethics Policy applies to all members of the university community-staff, postgraduates, and students - undertaking research involving human participants.

1. Researchers must respect the rights, interests, and dignity of participants and related persons in research.

2. Research must be undertaken in accordance with any relevant common law or legislation.

3. Informed consent should normally be obtained from participants.

4. Consent itself should be given freely, without force or coercion.

5. Researchers have an obligation to protect research participants wherever possible from significant harm consequent upon the research ('Harm' may cover physical harm, psychological stress, or discomfort. The degree of ethical review should be proportionate to the likely harm which may arise.)

6. The confidentiality of information supplied by research participants and any agreement to grant anonymity to respondents should be respected.

7. All research involving human participants, whether undertaken by academic staff, other university staff, or students, is subject to ethical approval.

8. Both the design of research and its conduct should ensure integrity and quality.

9. Research is to be undertaken subject to the principle of academic independence. Where any conflicts of interest or partiality arise, these must be clearly stated prior to the ethical approval being obtained.

B. **Human Resources Policy:**

The purpose of Human Resource Policy is to regulate and provide guidance on all matters related to the working arrangements and terms and conditions of service of the University. Apart from all requisites of recruitments, it will be ensured that notification, probation period, termination of job policies, employment classifications, leave and time off benefits, time keeping, attendance and salary will be clearly communicated through appointment letter or an agreement letter. In addition, the selected/newly recruited staff member will be communicated the policies in place at university, regarding harassment and discrimination in the workplace along with the safety policies. Safety policies describe safety and emergency procedures and require employees to report work-related injuries and hazards immediately. as a hazard communication program if certain chemicals are present in the workplace). Rules and regulations on standards of conduct, drug and alcohol abuse, disciplinary action, confidentiality, conflicts of interest, and workplace violence will also be clearly communicated at the time of recruitment.

C. **Data Management Policy:**

Data is a strategic asset of RMU and the appropriate governance for management and use of data is critical to the University's operations. A consistent, repeatable, and sustainable approach to data governance is therefore necessary in order to protect the security and integrity of the University's data assets.

Policies apply to all the data used in the administration of the university and all of its Units, except data used for the purpose of academic research.

1. All the research data created and collected by Researchers and Principal Investigators (PIs) will be owned by the University (or funder) and remain with the University's repository, even if the researcher being employee, post graduate, Undergraduate, internee or faculty of RMU leaves the university. Unless it is a condition of a grant or agreement, exclusive rights to research data must not be assigned, licensed or transferred to external parties.

2. Data management plans must be prepared according to researcher's and funders' requirements. Legal, ethical and commercial constraints on the release of research data must be recognized and addressed appropriately as a documented plan, during the planning phase of the study and must be stringently followed through the whole period of research.

3. In case of collaborative or funded research, all parties will agree on a plan and the procedures data management at the time of settlement of contract or agreement.

4. Appropriate resources (time and financial resources) for data management should be allocated in grant proposals, where possible.

5. Principal investigator (PI) will be primarily responsible for the management of data produced during the whole research process. If the researcher is a post graduate trainee, internee or undergraduate, then his/her supervisor in research will be responsible for the data management. In case of collaborative project, a lead will be identified at the RMU to take responsibility for management of data.

6. Every Researcher who will collect research data, or any personal, medical or socio demographic information during the research process must have formal Ethical approval from the Institutional Research and Ethics Forum of RMU. In case of visitor researchers or collaborative

research projects, PI must ensure that they also have secured Ethical appraisal from their parent university.

7.   No research data will be collected or generated without the assurance of Informed verbal or written consent of the study participants. The researchers must have clearly informed participants about how research data will be stored, preserved and used in the long-term, and how confidentiality will be maintained. Protection. Personal research data should be fully anonymous that ensures the confidentiality of the participant.

8.   The data storage will be secured, safe and backed up regularly. It will be stored in a manner that is compliant with legal obligations and the requirements of funding bodies and project-specific guidelines. Locking cabinets for participant records, use of password protected programmes, and limited access to personal information will be ensured. Confidentiality will be protected by identifying all subjects by ID numbers only with their names kept in a locked file cabinet. The data will be saved electronically, encrypted and password-protected on University's computers. Secured process (involving shared drives) will be adopted while transferring data to avoid any disclosure of information.

9.   The research data must be retained in an appropriate format and storage facility for at least 3 years after the completion of the study at the RMU. The retention of this research data must also comply with any requirements specified by the collaborative partners or funder of the research. Data acquired in postgraduate or undergraduate or projects will be retained for at least 1 year after the completion of the study at the RMU and the supervisor of that researcher will be responsible for its storage.

10. Any deletion of data must also comply with the protocols already identified by the researchers at the time of planning in concordance with the PI's or collaborators or funders.

11. The deliberate or reckless mismanagement of research data will constitute unacceptable research conduct and should be reported to Institutional Research and Ethics Forum of RMU.

12. Every researcher must ensure that the data collected will be accurate, authentic and reliable, Identifiable and retrievable when needed or checked by Institutional Research and Ethics Forum of RMU.

13. All research data produced by researchers should be made openly available with as few restrictions as possible in a timely manner. Personal research data may be made available only if it is anonymous and there is informed consent for it to be shared. Sharing of research data will be restricted when the rights of individual researchers/and or subjects would be compromised or if the research has an Intellectual Property opportunity arising from it or if it includes secondary data that you may have had the right to use as part of your research, but do not have the right to share with others.

14. Research data will be managed to the highest standards throughout the research data lifecycle as part of the RMU's commitment to research excellence.

D. Participant's Consent Policy

Consents given by the participants to collect the information should be obtained and noted. If the personal information is used only for the purpose stated for its collection and use at the time the consent is given, then further consent or authorization is not required. If a matter arises that will necessitate using collected information for the purpose not previously disclosed and/or agreed to, then a new consent is required. This should be informed consent: the person must be aware of all the intended uses/disclosures for the personal information and that there is no obligation to give such consent.

E. Research Participant's Privacy

The university will take appropriate steps to ensure that personal data is not disclosed to third parties except in certain circumstances, including where: The information is provided in only case if third parties agrees to preserve the confidentiality of the personal information. The University must create and maintain detailed and accurate records of personal information.

F. Third Party Contractors

Third party contractors working for the University are confined by certain confidentiality or non-disclosure agreements. Where they are required to collect, use, store, or disseminate personal information, contractors or other third parties will be prerequisite to work within the provisions of this policy.

G. Safe Working Environment Policy

Safe and healthy working environment along with occupational health are integral for mental health practitioners, researchers, third parties contractors and visitors.

- The University will establish the safe and healthy working environment management system in compliance with the laws, national standards and other regulations and fundamentals that have been applied and practiced on legitimate and sustainable manner to cultivate safety in workplace among our mental health practitioners, researchers, third party contractors and visitors and those working in the university's premises.

- The University devoirs that safety is the duty and responsibility of all mental health practitioners, researchers, third party contractors and visitors. Supervisors at all levels have to act as role models leading, supporting and encouraging their subordinates to be aware of safety at work and those working in the University's premises to strictly follow the safety and occupational health rules and regulations for maximum safety.

- The University apprehend the substance if prevention and risks assessment of hazards and environment impacts and will therefore introduce and undertake all necessary measures to ensure the efficiency of prevention and correction system.

- The University will oversee and assess the implementations according to safety, occupational health and working environment policy deployed in the annual plan in order for active and efficient actions.

- The University will implement legitimate resources including budget, time, personnel and relevant sources in the implementation according to the safety, occupational health and working environment management system.

H. **Child and vulnerable adults safeguarding Policy**

It is the University's responsibility to ensure the safeguarding of their mental health practitioners**,** researchers and third parties contractors do no harm to children, young people or vulnerable adults (together referred to as 'vulnerable people' under this policy); that they do not expose them to the risk of discrimination, neglect, harm and abuse; and that any concerns the University has about the safety of vulnerable people within the communities in which they work, are dealt with and reported to the appropriate authorities. It is also the responsibility that the University has for protecting its employees and volunteers when they are vulnerable, for example, when ill or at risk of harm or abuse.

Child protection is an integral part of but not separate entity to safeguarding. It includes measures and structures designed to prevent and respond to abuse. There has been increasing recognition of the way in which children, young people and vulnerable adults can be at risk of discrimination, neglect, abuse and exploitation by those who are in positions of trust and power over them, including through international development activities. As a result, there has been a significant increase in the efforts made by university to ensure that no harm results from the contact their

mental health practitioners, researchers, third party contractors, volunteers and other representatives have with their target populations or communities.

I. Sexual Exploitation Protection Policy

Everyone has an equal right to protection from abuse and exploitation regardless of age, race, sex, sexual orientation, marriage and civil partnership, pregnancy or having a child, gender reassignment, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

The University considers best interests of the vulnerable person are paramount and shall be the primary consideration in decision making. The university will take responsibility to meet obligations regarding duty of care towards vulnerable people, and take action where a child, young person or vulnerable adult is at risk or is actually harmed.

J. Whistleblowing Policy

'Whistleblowing Policy' means the reporting by employees of suspected misconduct, illegal acts or failure to act within the university. The purpose of this Policy is to reassure employees and others who have serious concerns about any aspect of the university's work to come forward and voice those concerns, without any fear or hesitancies.

- If a client has a concern about services provided to him/her, it should be raised as a complaint to the Safeguarding officer, he or she will convey to the focal person. The committee will be formed to resolve the issue in all possible means.
- Complaints of misconduct by personnel are dealt with under a separate procedure by the safeguarding committee.

K. Protection from Force, Threats and Deception

Deception occurs when an investigator gives false information to subjects or intentionally misleads them about the specific purpose, nature, or other aspect of the research. Withholding information may or may not be considered deception.

Using force in research refers to making the participants do something or engage in an activity against their will. Threat refers to putting the participants in a situation that might be perceived by the participants as physically or psychologically harmful (when in fact they are not).

L.   Risk Management Policy

This Policy applies to all University's consultants, post-graduate trainees, medical officers, house officers, psychologists, researchers, students and visitors and contractors to facilities controlled by the University. The policy extends to all current and future activities, and new opportunities.

Risk management is incorporated into all the areas of the University's tasks, including academic and corporate governance.

Risk management is the responsibility of all staff and all areas of the University.

Critical incident management and work, health and safety risks are covered by specific University policies and procedures

Risk Management Model consists of the following steps

• Identify: Identify the risk events that may prevent or delay the achievement of the University's strategic goals and objectives.
• Analyze: Outline the causes, impacts and existing treatments in order to assess the consequence and likelihood of the risk and determine the risk rating.
• Treat: Implement both existing and future treatments in order to prevent and/or mitigate the risk.
• Monitor: Continually monitor and evaluate the risks and treatments in order to maintain the effectiveness and appropriateness of the University's risk management.
• Report: Provide regular reports and updates in order to assure the University and key stakeholders that the risks are being appropriately managed and treated.

Risk assessment

An essential step in protecting RMU and its personnel is the assessment of the level of risk associated with study/event. A medium level of risk is more manageable and acceptable that a high

level of risk. It follows that whenever practical; steps should be taken to reduce the risk level in high or medium risk activities.

Nonetheless, this evaluation must be undertaken and documented. For those with a potential for medium or high levels of risk, a more detailed evaluation is needed to determine what steps, if any, should be taken to reduce the level of risk.

Level of risk

Risk is the potential for harm arising from interaction between a "vulnerable" participant at RMU and someone acting on behalf of the university. For purposes of this policy, a level of risk can be determined based on the following criteria: **"low" risk"** situations which do not require interaction with a person who is determined to be vulnerable; **"medium risk"** situations which could provide occasional or casual interaction with a person who is determined to be vulnerable; **"high" risk** situations which are likely to provide the opportunity for a person to be alone with someone who is determined to be vulnerable or to be in a dependent relationship of trust or authority. When any program/study is being planned, an assessment of the risk and steps to reduce the risk must be an integral part of planning the program. In the event that it is determined that a vulnerable person is unexpectedly present at any event, the organizer must be informed immediately and must ensure that all necessary steps are taken to ensure the safety of the vulnerable person.

Risk reduction

A fundamental premise of this policy is that whenever possible, the level of risk should be minimized through procedures or actions which mitigate the risk. It is a requirement of this policy that RMU determine and document the level of risk associated with each study, and where medium or high risk levels are established, what steps will be taken to mitigate the risk. For each study/event, one person will be assigned the responsibility to oversee that RMU policies and any specific measures that are required during the program are carried out in an effective manner, and ensure that personnel associated with the operation of the program are aware of them.

M. Gender Equality and Equal Treatment Policy

All mental health practitioners, researchers, third party contractors are to have equal rights and opportunities. In order to attain this, effective work is being conducted to desegregate gender equality and equal treatment into teaching and research and for them to saturate our entire university.

The University must oppose discrimination and promote equal rights and opportunities for mental health practitioners, researchers, third party contractors and visitors associated with the grounds for discrimination: 'gender', 'ethnicity', 'religion or other belief', 'disability', 'sexual orientation' or 'age'.

The University is to promote the broader recruitment of under-represented groups and, in particular, promote equality between women and men.

N. Conflict of Interest Policy

The possibility a conflict of interest may occur can be addressed and resolved before any actual damage is done. Therefore, when an employee understands or suspects that a conflict of interest exists, they should bring this matter to the attention of management so corrective actions may be taken. Supervisors must also keep an eye on potential conflict of interests of their subordinates.

The responsibility of resolving a conflict of interest starts from the immediate supervisor and may reach senior management. All conflicts of interest will be resolved as fairly as possible. Senior management has the responsibility of the final decision when a solution can't be found.

In general, employees are advised to refrain from letting personal and/or financial interests and external activities come into opposition with the University's fundamental interests.

O. Research Integrity and Research Misconduct Policy

Research misconduct does not include honest error or differences of opinion. In addition, the policy on research misconduct does not apply to authorship disputes unless they involve plagiarism. Research misconduct destroys the integrity or honesty of the research record. This sets it apart from other improper activities that may occur in research settings (e.g., financial conflicts of interest, misuse of grant funds, and violation of human subject protections, sexual harassment, and discrimination).

Although these improper activities are taken very seriously, they are not considered research misconduct because they do not alter the integrity of the research record. The term fraud has often been used to describe dishonesty in research. However, this term is more aptly used to describe illegal, deceptive financial practices.

Behavior that destroys the integrity of the research record through fabrication, falsification, or plagiarism is most aptly termed research misconduct.

Responsibility to Report Misconduct

All employees or individuals associated with University should report observed, suspected, or apparent research misconduct to the Safeguarding officer. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she may contact the Safeguarding Officer to discuss the suspected misconduct informally.

If the circumstances described by the individual do not meet the definition of research misconduct, the Safeguarding Officer will refer the individual or allegation to other offices or officials with the responsibility for resolving the problem.

Protecting the Complainant

The Safeguarding Officer will monitor the treatment of individuals who bring allegations of

misconduct or of inadequate departmental response thereto, and those who cooperate in inquiries or investigations. The Safeguarding Officer will make reasonable and practical efforts to counter potential and or actual retaliation against these persons in the terms and conditions of their employment or other status at the university and will review instances of alleged retaliation for appropriate action.

Employees should immediately report any alleged or apparent retaliation to the Safeguarding focal person. The university will also protect the privacy of those who report misconduct in good faith to the extent practicable.

University will undertake diligent efforts to protect the positions and reputations of those persons who, in good faith, make allegations.

Protecting the Respondent

Inquiries and investigations will be conducted in a manner that will ensure fair treatment to the Respondent(s) in thoroughly carrying out the inquiry or investigation, and confidentiality to the extent possible without compromising public health and safety.

Respondents accused of research misconduct may consult with legal counsel, or a non-lawyer personal advisor (who is not a principal or witness in the case) to seek advice and may bring the counsel or personal advisor to interviews or meetings on the case with advance notice to the inquiry/investigation committee.

Cooperation with Inquiries and Investigations

University employees will cooperate with the Safeguarding Officer and other university officials in the review of allegations and the conduct of inquiries and investigations. Employees have an obligation to preserve and provide relevant evidence of research misconduct to the Safeguarding Officer or other university officials officially engaged in an inquiry or investigation.

Preliminary Assessment of Allegations

Upon receiving an allegation of research misconduct, the safeguarding focal person will assess the allegation to determine whether it is sufficiently credible and specific so that potential evidence of research misconduct may be identified, whether external sponsors are involved, and whether the allegation falls under the definitions of research misconduct contained in this Policy.

Using a Consortium or Other Person for Research Misconduct Proceedings

(a) The University may use the services of a consortium or person that the University reasonably determines to be qualified by practice and experience to conduct research misconduct proceedings.

(b) A consortium may be a group of universities, professional organizations, or mixed groups which will conduct research misconduct proceedings for other universities.

(c) A consortium or person acting on behalf of the University must follow the requirements of this part in conducting research misconduct proceedings.

Procedure for Reporting any Allegations

This is to provide a framework to manage allegations against RMU improvement staff that indicate a child, young person, adult at risk and believed to have suffered, or likely to have suffer, significant harm. It also refers to the situations where a member of staff acts in a manner that. It means that they are unsuited to work with these groups of people.

The policy contains allegations made against workers both inside and outside RMU improvement responsibilities, Includes:

- The obligation to commit a criminal offence against or in connection with a child, a young person, or adult at risk

- Behaving towards a child, young person or adult at risk in a manner that suggests they are unsuitable to work with them

Managing Allegations and Immediate Actions

The safety of a child, young people or adults at risk is paramount. Importance and prompt action may be necessary for safeguarding an investigation. Where there is concern that other people might be at risk of being harm or abuse. This must be promptly reported as harm or assault.

The separate actions must be considered when an allegation is made:

- All staff must be familiar with referral procedures for the protection of a child/young person/adults and adults at risk. A concern must be reported to a focal person, who should take advice from the safeguarding officer.
- It is important to make every effort to maintain confidentiality and to manage effectively communicating, as an allegation is being investigated. Any exchange of information must comply with data security standards.
- Investigations and assessment by child/young person/adult, into whether a child/young person/adult at risk of harm or abuse is in need of protection.
- Reputational issues will be managed appropriately, in discussion with the Safeguarding Focal person who further will report the matter to the safeguarding officer.
- A police investigation of a possible criminal offence.
- A disciplinary action (including suspension)
- However, Safeguarding Officer is supposed to quote the misconduct in the risk register in order to bring the matter under notice
- Further the safeguarding officer will also be supposed to formulate a committee comprised of one Head and Safeguarding officers from all the departments, Focal person and all the other concerned persons involved in the matter. Immediate issues of investigation and management of the employee must be discussed and agreed at this time including what

information should be passed to the staff member concerned. Moreover, the action will be taken no longer than 2 weeks after the allegation being received.

- RMU set out their safeguarding policies and procedures. The matter can also be directly reported to the following email address;
  - safeguarding.rmu@gmail.com

The Strategy Planning Meeting and Monitoring

- Determine whether the child/young person/adult at risk of harm or abuse is safe from any further risk of abuse or harm.
- Evaluate the steps already taken to ensure the victim's safety, decide on the strategy of an internal investigation.
- Decide how to present the allegations to the concerned person and the staff.
- Decide how the child/young person/adult at risk of harm or abuse is to be kept informed of progress in the investigations.
- Following the completion of the initial investigation, the Safeguarding will lead a review of the case and any actions taken.
- After the meeting, recommendations will be implemented, and information disseminated to the appropriate people, both within RMU and to safeguarding forums.
- The concerned staff members should be fully supported throughout their integration back into the workplace once the investigation is completed.

Record Keeping

The safeguarding officer will be responsible for ensuring that records are maintained throughout the investigation of the allegation or concern. This checklist represents the information necessary information, but is not exhaustive.

- The details of the allegation or the issue, how it was followed up, investigated, resolved.

- Why specific decisions or actions were taken, including suspension and any actions taken under the RMU Disciplinary Policy.
- Minutes and actions of all meetings that take place.

NOTE: THE IDENTITY OF THE INDIVIDUAL/S INVOLVED IN THE MATTER WILL BE KEPT CONFIDENTIAL.

Special Safeguarding Research Protocols related to COVID-19

RMU has developed a strategic plan for safety of the research staff, research participants, that will be implemented during the lock down due to Covid-19 pandemic, the outline of which is as follows:

The research staff has been allocated duty roster that they will follow for the physical as well as online encounters or communications. The research staff will work from home during the lock down period or if government implies any restrictions on face-to-face research.

All the research activities that involve any physical encounter with patients, attendants or community panels will been suspended during lock down period till the situation of Covid-19 is under control. They will be resumed at the conclusion of the lock down period and when the peak of pandemic cases curve flattens, the exact time will be decided by the Principal investigators and co-investigators. In the meanwhile, all concerned people for the purpose of research will be approached through telephone, online meetings or postage whenever required. All the meetings of the research staff will also continue online. During work from home, the staff will provide their daily attendance and timelines to their line managers and also the principal investigators. It is being ensured that the staff members complete their working hours each week and in case of any difficulty being faced working from home, they will be provided full support and assistance. The research staff who had any difficulties have already been provided with all the essential equipment or internet devices/packages required to continue smooth operation form home. The staff members or their family members suffering from Covid-19 are being provided special support and facilitation by the principal investigators.

If and when contact with patients/research participants is done, the following procedures are to be adhered to:

1. It will mandatory for every person visiting research rooms/hub to wear a mask and gloves. The staff will be provided masks by the administrator of research project on daily basis.

2. At the main entrance the specific building/department of RMU, a focal guard will have the right to enquire what the purpose of the visit is and will not allow more than one person together to enter the building.

3. The guard will specifically enquire of the staff members and visitors, regarding the presence of any symptoms like flu, cough, sore throat, fever, body aches or anosmia. On confirmation the staff/visitor will be instructed to go directly to the Flu and Covid-19 screening center.

4. The guard will use 'thermo-scan no touch plus forehead thermometer to measure body temperature of for every staff member/visitor for confirmation of pyrexia. In case of body temperature noted above 98.6 degrees Fahrenheit the person will not be allowed to enter the building and will be advised to go directly to the Flu and Covid-19 screening center of respective facility for further screening.

5. Hand sanitizer pumps have been posted at entrance of RMU and at various focal persons in the buildings and in corridors. All the staff members will be advised to use them on frequent basis.

6. The seating arrangement of the staff at the all the research offices of RMU will be re-organized to maintain a distance of at least 4 feet from each other.

7. During data collection for research purpose, it has been planned that only one research assistant will be allowed to sit in the research room, where at least 4 feet distance will be maintained from the patient. Not more than one attendant will be allowed in the research room and the attendant will also be seated at a distance of 4 feet from the researcher and the patient during the interview. The patient, researcher and attendant all should be wearing face masks and the researcher must wear gloves while operating the tablets for data entry. In case the researcher will notice presence of any sign or symptom of Covid-19, s/he will discontinue the data collection urgently and will notify the study lead for any further necessary actions, the foremost being referring the patient to the Flu and Covid-19 screening counter.

8. If the data collection involves anthropometric measurements like weight, height, waist circumference or collection of blood samples or any close contact with study participants, the research nurse/assistant will wear proper Personal Protection equipment along with face shield.

After measurements, each measurement tool will be sanitized, with a sanitizer, for the safety of next participants. The study samples will be collected and transported with extreme care and following all the SOP's required for the collection and transportation of body fluids and blood and disposable of waste materials.

9. In case any research staff member will be noticed having any symptoms like flu, cough, sore throat, fever, body aches or anosmia, s/he will be advised to inform the line manager who will facilitate him/her to get screened at screening center and to advise further accordingly. S/he will be given leave by the line manager and will be fully facilitated and supported to follow the isolation.

10. In case any staff member will notify any contact with a patient/ participants/suspected case or any confirmed case of Covid-19 *in the family s/he will be given leave by the line manager and will be fully facilitated and supported to follow the quarantine.*

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