Safeguarding procedure – EEG and MEG

This procedure ensures that all children, young people and adults accessing Young Epilepsy's Diagnostic Suite for clinical EEG and/or research OPM-MEG investigations are protected from harm.

The Diagnostic Suite operates on the St Piers campus

It sets out how the clinical EEG and research OPM-MEG services operate as distinct functions while maintaining effective coordination within St Piers Residential School and College where this is appropriate for the safety and wellbeing of a child or young person.

The organisational Child and Adult Protection and Safeguarding Policy remains essential background reading for all Young Epilepsy staff, volunteers, and other adults working on or off campus, and must be fully understood. The policy can be accessed here and is also available via our website

Scope

The safety, wellbeing and quality of care provided to all patients and research participants are of fundamental importance at Young Epilepsy. The organisation is committed to ensuring patient and participant choice, control and accountability, alongside appropriate support and protection for individuals in vulnerable situations. Safeguarding is central to the quality of care delivered within the Diagnostic Suite.

The purpose of this procedure is to ensure there is a consistent and robust approach to safeguarding all paediatric and adult patients, as well as research participants, accessing Young Epilepsy's Diagnostic Suite services on the St Piers campus.

This procedure applies to all staff involved in the care or supervision of patients and research participants, including healthcare scientists, postdoctoral researchers, the

nursing team, honorary appointees, trainees, contractors, temporary workers (including locum and agency staff), and volunteers. For ease of reference, all individuals within these groups are referred to as 'staff' throughout this document.

This procedure should be read in conjunction with the relevant Young Epilepsy and St Piers policies and guidance available on the St Piers intranet, which provide further direction on professional conduct, safeguarding responsibilities, and organisational expectations.

The Diagnostic Suite comprises an independent-provider clinical EEG (electroencephalography) diagnostic service and a research facility incorporating optically pumped magnetometers for magnetoencephalography (OPM-MEG). All Young Epilepsy clinical EEG/MEG and research staff are required to complete mandatory safeguarding training and NIHR research ethics training.

Clinical EEG Service

The clinical EEG service is responsible for ensuring robust safeguarding arrangements through its contractual service-level agreements with the NHS and independent healthcare provider organisations. Young Epilepsy has a duty to ensure that all healthcare provision within the Diagnostic Suite meets safeguarding requirements and promotes the welfare, safety, and dignity of all patients receiving care.

Young Epilepsy must also demonstrate ongoing compliance with CQC registration requirements, relevant quality standards, and all applicable legislation and statutory guidance relating to safeguarding and clinical governance.

OPM-MEG Research Laboratory

The Young Epilepsy OPM-MEG lab within the diagnostic suite uses sensors to perform non-invasive measurements of brain activity. In line with CQC's Safe and Well-Led expectations, the service must ensure a safe, well-governed environment where safeguarding risks are identified, acted upon and escalated appropriately.

The lab is required to maintain robust safeguarding arrangements when working with patients and research participants. This includes preventing harm, responding promptly to any disclosures or emerging risks and providing enhanced protections for individuals in vulnerable circumstances, particularly children and young people. Staff must be trained, competent and supported to recognise and escalate safeguarding concerns without delay.

The laboratory must comply with national research governance standards, including obtaining appropriate ethical approvals, following Good Clinical Practice (GCP), meeting legal requirements under frameworks such as the UK Policy Framework for Health and Social Care Research and adhering to clearly defined risk-management processes. All staff supporting clinical research must complete mandatory

safeguarding, GCP and informed-consent training to ensure they work safely, legally, and in line with current best practice.

In accordance with NIHR safeguarding expectations, the lab must ensure that no participant is exposed to exploitation, abuse, or inappropriate conduct. Where required, enhanced DBS checks must be completed prior to staff involvement in research activity. The service must also uphold high standards of confidentiality, data protection, and information governance, including compliance with UK GDPR and the Data Protection Act 2018 when handling participant data.

This approach ensures that the OPM-MEG laboratory operates safely, ethically, and transparently, with effective oversight, clear lines of accountability, and safeguarding embedded throughout its research practice.

EEG/MEG Activation Procedures and Risk Points

Activation procedures - including hyperventilation, photic stimulation, sleep deprivation, and research-specific tasks - may introduce distress, discomfort, or an increased level of safeguarding risk.

- Detailed activation protocols and associated risk assessments are contained within the EEG Standard Operating Procedure (SOP) and research documentation.
- Staff must remain vigilant throughout all activation and research tasks, monitoring for any signs of distress, behavioural change, unexplained injury, or disclosures that may indicate a safeguarding concern
- Any deviation from expected behaviour, evidence of unexpected harm, declining engagement, or refusal to continue must result in the immediate cessation of the procedure. Staff must follow the agreed escalation pathway without delay.
- This safeguarding procedure does not duplicate technical activation instructions; rather, it defines the expectation that staff recognise emerging risks promptly, take appropriate action, and escalate concerns to safeguard patients and participants.

Consent/Assent

Consent processes, capacity assessments and documentation requirements are defined in the EEG SOP and research protocol/s.

- Any concerns relating to coercion, inability to consent, fluctuating capacity, or withdrawal of consent must be treated as potential safeguarding indicators.
- For research OPM-MEG, additional safeguards apply: participation must be voluntary, withdrawal must be respected immediately, and no clinical care must be contingent on research involvement.

There are clear and defined boundaries between the clinical, research and educational DSO/DSL roles across the St Piers campus. However, where a child or young person is both a St Piers pupil and a clinical or research participant, safeguarding information must be shared appropriately between the relevant DSO/DSL roles. In these circumstances, staff must also notify and engage the Manager /DDSL of the service or area to which the student is associated to ensure consistent, coordinated safeguarding decision-making.

Definitions

- **EEG diagnostic clinical investigation**: A medical test that measures electrical activity in the brain.
- **OPM-MEG research scan**: A research scan measuring the magnetic field in the brain.
- **DSL** – Designated Safeguarding Lead (St Piers)
- **DSO** – Designated Safeguarding Officer
- **A child** (patient/participant) is defined as anyone who has not yet reached their 18th birthday. Throughout this procedure, the term *children* is used to include babies, children, and young people, in line with *Working Together to Safeguard Children* (2026).
- The term **Adult at Risk** is defined in the St Piers Safeguarding Procedure and reflects the Care Act (2014). Safeguarding duties apply to an adult who:
  - has care and support needs (whether or not these are being met by the Local Authority); and
  - is experiencing, or is at risk of, abuse or neglect; and
  - as a result of those needs, is unable to protect themselves from the risk of, or the experience of, abuse or neglect.

Under Section 14.7 of the Care Act (2014), safeguarding means protecting an adult's right to live in safety, free from abuse and neglect; organisations working together to prevent and stop the risk of abuse; and promoting the adult's wellbeing while listening to their wishes and views.

The *Care and Support Statutory Guidance* identifies ten categories of abuse:

1. Physical abuse (e.g., assault, unlawful restraint, over-medication)
2. Domestic abuse, including forced marriage
3. Sexual abuse
4. Psychological or emotional abuse

5. Financial abuse
6. Modern slavery
7. Neglect and acts of omission
8. Discriminatory abuse
9. Organisational abuse
10. Self-neglect

In addition, the *Pan-London Multi-Agency Safeguarding Procedures* highlight further areas of concern, including:

- Female Genital Mutilation
- Radicalisation
- Criminal exploitation (including trafficking and county lines)
- Other forms of exploitation, including “cuckooing”
- Pressure ulcers
- Unauthorised deprivation of liberty

Children and adults at risk who are not brought to their scheduled EEG appointment may present a safeguarding concern. In paediatric healthcare, this is referred to as *Was Not Brought (WNB)* to distinguish it from *Did Not Attend (DNA)*, which is typically used for adults.

Synchronised EEG-video recordings are clinical diagnostic data and may be reviewed as part of safeguarding procedures where there are legitimate concerns about patient safety, unexplained injury, behavioural events, or potential abuse or neglect.

Safeguarding Standards and Expectations

All Young Epilepsy staff must uphold safeguarding standards during all activities. All work undertaken within the Diagnostic Suite must be risk-assessed, with safeguarding considered a core component of every activity. Any students or observers must be appropriately briefed, supervised at all times, and clearly identifiable. Ethical practice must be followed consistently, including the use of written informed consent or assent where required.

Staff should remember that a safeguarding concern may arise from something a child or adult has said directly, something witnessed, information shared by another person or agency, or an instinct or intuition that something is not right. Staff must ensure they are familiar with the *Signs of Abuse* guidance and understand the indicators of potential harm.

Safeguarding Reporting Procedure

Young Epilepsy is committed to ensuring that all safeguarding concerns are responded to promptly, appropriately and in accordance with statutory guidance.

Trustees have legal responsibilities for safeguarding and are required to report serious safeguarding incidents — meaning concerns about beneficiaries of the charity — to the Charity Commission. This includes reporting any breach of policy or procedure that may have placed a beneficiary at risk. Designated Safeguarding Officers (DSOs) must ensure that the Executive Director of Health and the Head of Safeguarding and Quality Practice are informed of significant incidents without delay.

Staff must **never** keep a potential safeguarding concern to themselves. All staff are required to follow the agreed procedures for reporting and recording safeguarding concerns.

While it is not the role of staff to investigate, it is their responsibility to act promptly, record accurately, and escalate appropriately. This procedure sets out what is expected of staff and how they will be supported if they are concerned that a child, young person, or adult is at risk of harm or has experienced abuse.

Immediate Risk

If a child or young person is in immediate danger or a criminal offence has occurred, staff must call **999** without delay. Once emergency services have been contacted, staff must follow the reporting steps outlined below.

Step-by-Step Reporting Procedure

1. Report the Concern

- Concerns must be reported directly to the appropriate Designated Safeguarding Officer (DSO) for consideration of next steps. See Table 1 for contact details. DSO's must ensure that their staff are aware of who to report concerns to.
- During office hours, the Head of Safeguarding and Quality Practice may also be contacted, if the appropriate DSO is not available.
- Outside office hours, the Executive Director on call may be contacted for advice and support. All DSOs should ensure cover is in place should they be unavailable and an out of office email should indicate who to contact in their absence.

2. Record the Concern

Once you have received advice and direction from the DSO/DSL or Executive Director, you must formally record the concern within 24 hours on **MyConcern®**

- The DSO should confirm that all steps have been completed satisfactorily.

- Staff must remain vigilant and act in accordance with the "**see it, hear it, act on it**" principle.

- Where safeguarding concerns arise during EEG/MEG monitoring, staff must follow the organisation's agreed escalation pathway, including immediate verbal escalation to the DSO or DSL, timely documentation of concerns, and secure transfer of relevant excerpts of EEG-video footage to support decision-making. Only the minimum necessary footage required to evidence the concern will be shared, and all handling must comply with UK GDPR, the Data Protection Act 2018, and local confidentiality standards.

- Access to EEG-video footage is restricted to authorised staff and safeguarding personnel on a strict need-to-know basis, in accordance with local information-governance procedures and equivalent NHS data-protection requirements. EEG-video data are retained in line with local records-management and retention schedules for diagnostic and physiological recordings. Footage used as part of a safeguarding investigation will not be retained beyond the standard clinical retention period (20 years), unless required for ongoing legal, regulatory, or safeguarding proceedings. Where extended retention is necessary, this must be formally documented and authorised by the Head of Safeguarding, the appropriate Executive Director, and the Data Protection Officer (DPO).

3. External Reporting (if applicable):

If safeguarding thresholds are met, the staff member must contact the DSO or DSL, who will determine whether an external referral is required. Concerns may be reported directly to the relevant local authority MASH safeguarding team, accessed via council websites or online directories. This should be completed with appropriate consent unless seeking consent would increase the level of risk. The DSO will provide direction on this.

The DSO or DSL may also advise the that the safeguarding team at the local NHS referring hospital and/or the named consultant responsible for the child, young person, or adult should also be informed.

Additional OPM-MEG Research Reporting Escalation/Data Retention Schedule

Follow Research Governance Policies and procedures that set out how YE manages safeguarding concerns relating to research participants including reporting lines to:

- Research Manager DSO
- Research Ethics Committees
- Sponsors
- Clinical Trials Units

Research OPM-MEG data follow the approved research protocol and sponsor requirements, unless safeguarding or legal processes require extended retention.

The Research DSO or DSL may advise further.

4. Escalation of Concerns

If staff are not satisfied with the safeguarding actions or responses taken by the DSO/DSL, they may escalate the concern to the relevant local authority, or through Young Epilepsy's whistleblowing.

Table 1 - Designated Safeguarding Officer/s Contact Details (DSO)

Department	**Clinical EEG Service**	**OPM-MEG Research Laboratory**
1st point/s of contact	Kelly St. Pier (DSO) Diagnostic Suite Manager and Clinical Lead kstpier@youngepilepsy.org.uk 01342 589 436 Mobile: 07824600746	Dr Jowinn Chew (DSO) Research Manager Mobile: 07793089786. jchew@youngepilepsy.org.uk
Reporting Procedure	MyConcern®	MyConcern®

Alternative Contacts:

Deputy DSLs: Nurse Consultant/Head of Health – Kirsten McHale (kmchale1@youngepilepsy.org.uk). Mobile number: 07771434309

Senior Nurses – Roxanne Morgan (rmorgan@youngepilepsy.org.uk) & Penny Gough (pgough@youngepilepsy.org.uk) and available on Ext 220.

Lead DSL: Gill Walters, Head of Safeguarding and Quality Practice, 01342 832243 Ext 409 / 07825 1888 20, gwalters@stpiers.org.uk

Executive Director on call: rota can be found on the Young Epilepsy intranet

This procedure is agreed by the Director of Health and Executive Safeguarding Lead and will be implemented by all relevant departments.	
Signed 	**Date:** **10 April 2026**
Name: Sarah Stookes **Title: Director of HR & Health**	**Date of next review:** **01 September 2026**

Version table

Creation:- March 2026

Approved by:-

Version No.	Date of changes	Reason for change	Changes made by