



D A G D E R M

DERMATOLOGIA | MEDYCYNA ESTETYCZNA

# **STANDARDS FOR THE PROTECTION OF MINORS AT DAGDERM**

## Definitions and Designations

**Personal data** – information about an identified or identifiable natural person; an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, identification number, location data, an online identifier, or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural, or social identity of that natural person.

**Harm to a Minor** – the commission of a prohibited act or a punishable offense, as well as any other actions or omissions contrary to generally applicable laws or social norms, to the detriment of a child by any person. Harm to a Minor can take various forms, including:

- **Physical violence** – violation of physical integrity or behavior that creates such a risk; this is intentional bodily harm, inflicting pain, or the threat of bodily harm. Physical violence may include, but is not limited to, pushing, slapping, pinching, extinguishing cigarettes on the body, or kicking. The consequences of physical violence can include fractures, bruises, cuts, burns, or internal injuries.
- **Psychological violence** – a chronic, non-physical, harmful interaction. Psychological violence may include, but is not limited to, emotional neglect, basing the relationship with the child on hostility, blaming, slandering, or rejection.
- **Sexual violence** – involving a minor in sexual activity, sexual gratification at the expense of a child. Sexual exploitation refers to behaviors involving physical contact, e.g., touching a Child, intercourse with a Child, and behaviors without physical contact, e.g., showing a child pornographic materials, peeping, exhibitionism.
- **Domestic violence** – intentional action or omission, using physical, psychological, or economic superiority, violating the rights or personal interests of a Child. Domestic violence may include, but is not limited to, violating privacy, instilling a sense of threat, humiliation, torment, and violating dignity.
- **Neglect** – failure to meet the physical and psychological needs of a Child by persons obliged to care for, look after, and protect their health or disrespect for fundamental rights, causing health disorders in the Minor or difficulties in their development.
- **Cyberviolence** – exposing a Minor to violence, harassment, or manipulation on the Internet, e.g., by sharing inappropriate content, identity theft, or misuse of personal data.
- **Social violence** – exposure to crime, human trafficking, forced labor, or involvement in criminal activities.

Minor / Child – a person under the age of 18. Guardian – a person authorized to represent the child, in particular their parent, legal guardian, or foster parent. Personnel – every employee of DAGDERM, regardless of the form of employment, including a collaborator, intern, volunteer, or any other person who, due to their function or duties, has (even potential) contact with Minors. Standards – this document (the complete version) and its abbreviated version containing essential information for Minors, which constitutes Annex No. 1.

## 2. Subject and Scope of Application

### 2.1. The Standards:

- 2.1.1. set out the principles of conduct aimed at protecting Minors from Harm and ensuring the safety of Minors in situations where there is a suspicion that they are being Harmed;
- 2.1.2. constitute the fulfillment of the obligation provided for in the Act of July 28, 2023, on amending the Family and Guardianship Code and certain other acts, which consists in entities working with children, including those engaged in activities related to the treatment and care of Minors, having a standard of protection for Minors.

2.2. Every member of the Personnel is obliged to comply with the Standards. 2.3. The Standards apply in all DAGDERM facilities. 2.4. The Standards take into account the situation of children with disabilities and with special educational needs. 2.5. The Standards define:

- 2.5.1. rules ensuring safe relationships between the Minor and the Personnel, in particular prohibited behaviors towards Minors;
- 2.5.2. the procedure for hiring Personnel;
- 2.5.3. rules and procedures for taking intervention in a situation of suspected Harm or having information about Harm to a Minor;
- 2.5.4. procedures and persons responsible for filing notifications of suspected commission of a crime against a Minor, notifying the guardianship court, and initiating the "Blue Cards" procedure;
- 2.5.5. rules for reviewing and updating the Standards;
- 2.5.6. the scope of competencies of the person responsible for preparing the Personnel for the application of the Standards, the rules for preparing this Personnel for their application, and the method of documenting this activity;
- 2.5.7. rules and methods for making the Standards available to Guardians and Minors for their familiarization and application;
- 2.5.8. persons responsible for receiving reports of incidents threatening a Minor and providing support to them;
- 2.5.9. the method of documenting and the rules for storing disclosed or reported incidents or events that threaten the well-being of a Minor;
- 2.5.10. rules for using electronic devices with Internet access and procedures for protecting Minors from harmful content and threats on the Internet and in other forms;
- 2.5.11. rules for establishing a support plan for a Minor after the disclosure of Harm.

### **3. Principles Ensuring Safe Relationships Between the Minor and the Personnel, and in Particular Prohibited Behaviors Towards Minors**

3.1. When providing services to Minors, the Personnel:

- 3.1.1. are guided by the well-being of Minors, empathy, concern for their safety, taking into account their needs, remembering to maintain patience and respect for their dignity and privacy;
- 3.1.2. are obliged to comply with generally applicable laws, including patient rights and child rights;

- 3.1.3. treat Minors equally, regardless of their gender, disability, sexual orientation, religion, or ethnic origin;
- 3.1.4. during a visit, if possible, inform the Minor of its purpose, how it will proceed, and allow them to ask questions;
- 3.1.5. in every interaction with Minors, take into account their age, medical situation, cognitive abilities, and individual needs, for example, in the case of children with disabilities or with special educational needs, they adapt the method of communication to the needs and abilities of the Minors;
- 3.1.6. make efforts to minimize physical and emotional stress in Minors.

3.2. The Personnel are prohibited from the following in their relationships with Children:

- 3.2.1. using any form or type of violence against Minors (both physical and verbal), consisting in particular of aggressive physical contact, criticism, or discriminatory or offensive behavior (for example, mocking, humiliating, shaming, embarrassing, or belittling);
- 3.2.2. engaging in any sexual behaviors towards Minors, including peeping, fondling, and touching, displaying indecent materials, commenting on appearance and anatomical features in a sexual manner, or touching Minors in a way that could be misinterpreted or that goes beyond a justified medical need;
- 3.2.3. showing Minors content of an erotic, pornographic, or violent nature;
- 3.2.4. contacting Minors directly without involving their Guardians;
- 3.2.5. establishing contact with Minors in a form other than that provided for in the provision of healthcare services, in particular by inviting or accepting invitations from Minors or corresponding with them on social media, communicators, or through other private forms of contact;
- 3.2.6. offering Minors alcohol, tobacco products, or other stimulants.

#### **4. Personnel Employment Procedure**

4.1. At DAGDERM, it is ensured that individuals providing healthcare services to Children are safe for Minors, therefore they are verified in accordance with the provisions of the Act of May 13, 2016, on preventing threats from sexual crimes.

#### **5. Rules and Procedure for Intervention in a Situation of Suspected Harm or Having Information about Harm to a Minor, with the Assignment of Persons Responsible for Intervention**

5.1. Every member of the Personnel is obliged to react in the event of suspected Harm or having information about Harm to a Minor. 5.2. Harm to a Minor or suspected Harm to a Minor may be recognized, among other things, by:

- 5.2.1. the disclosure of the fact of Harm by the Child;
- 5.2.2. the transmission of information about Harm to the Child by a person who was a witness to the Harm (for example, by a non-harming parent or another patient);

- 5.2.3. observing Harm to the Child (for example, observing signs of abuse on the Minor's body during an examination).

5.3. In case of suspicion that a Minor's life is in danger or they are at risk of serious health damage, the appropriate services should be notified immediately by calling 112. The notification is made by the member of the Personnel who first became aware of the threat. 5.4. The member of the Personnel who:

- 5.4.1. became aware of Harm to a Minor or suspects Harm to a Minor (for example, observed small bruises on the body or received information that the Guardian is a proponent of using physical punishment), and this is not Harm with the characteristics specified in point 5.3. of the Standards;
- 5.4.2. notified the appropriate services by calling 112, in the situation indicated in point 5.3.;
- 5.4.3. observed a violation of the Standards or became aware of such a violation, the consequence of which is or may be Harm to a Minor, immediately transmits this information to the Head of the Administration Department.

5.5. The Head of the Administration Department, upon receiving the information referred to in point 5.4., immediately:

- 5.5.1. takes actions aimed at ensuring the safety of the Minor who has experienced Harm and takes actions aimed at stopping the Harm to the Child;
- 5.5.2. takes actions aimed at a detailed clarification of the reported case;
- 5.5.3. fills out the Intervention Procedure Card, which is Annex No. 2 to the Standards;
- 5.5.4. implements or supports the implementation of the actions described in the Standards by introducing the appropriate intervention procedures indicated in point 5.6.

5.6. The Head of the Administration Department also takes the actions described in point 5 when they personally become aware of or observe Harm or suspected Harm to a Child. 5.7. The intervention procedures undertaken should be adequate to the situation. This means that in the case where there has been or there is a suspicion that there has been:

- 5.7.1. Physical violence, Psychological violence, Sexual violence, Domestic violence, Cyberviolence, Social violence constituting a crime – the Procedure for filing a notification of a possible crime should be initiated. The initiation of the Procedure for filing a notification of a possible crime consists of filling out the template for a notification of a possible crime, the template of which is Annex No. 3 to the Standards, and submitting it to the competent prosecutor's office unit based on the location of the DAGDERM facility where the violation was disclosed or occurred or is suspected to have occurred.
- 5.7.2. Physical violence, Sexual violence, Psychological violence, Domestic violence, Cyberviolence, Social violence – the Blue Card procedure should be initiated. The initiation of the Blue Card Procedure consists of filling out the Blue Card form, the template of which is Annex No. 4 to the Standards, and submitting it to the Chairman of the Interdisciplinary Team operating in the area of residence of the Harmed Child.

- 5.7.3. Neglect – the Procedure for notifying the guardianship court should be initiated. The initiation of the Procedure for notifying the guardianship court – insight into the family situation consists of filling out an application for insight into the situation of the Minor/family, the template of which is Annex No. 5 to the Standards, and submitting it to the court competent for the child's place of residence.

5.8. The procedures indicated in point 5.6. may be implemented in parallel when it is justified in a given situation. 5.9. In the absence of or inability to perform the tasks assigned in the Standards to the Head of the Administration Department, the General Director is obliged to perform the tasks assigned to them in their place. 5.10. If a report is submitted to the Head of the Administration Department, according to which a member of the Personnel is the one committing or possibly committing Harm to a Minor, in addition to carrying out the obligations indicated in the Standards, they immediately transmit such information to the General Director. The General Director immediately removes the member of the Personnel to whom the report applies from contact with Minors until the situation is clarified.

- 5.10.1. The General Director restores the member of the Personnel to contact with Children if there is no confirmation of improper actions or omissions that could harm the Minor, regardless of the form of Harm.
- 5.10.2. The General Director draws consequences adequate to the violation if improper actions or omissions that harmed the Minor are confirmed, regardless of the form of Harm.

## **6. Rules for Reviewing and Updating the Standards**

6.1. The Head of the Administration Department assesses the Standards once every two years to ensure their adaptation to current needs and compliance with applicable regulations.

- 6.1.1. Regardless of the frequency of the Standards review provided for in point 6.1., in the event that a need to modify the provisions of the Standards is established (based on their own observations or information provided, among others, by Personnel, Minors, or Guardians), the Head of the Administration Department immediately updates the Standards. 6.2. The Head of the Administration Department documents the conclusions from the assessment of the Standards' topicality using the summary of conclusions from the assessment of the topicality of the Standards, which is Annex No. 6 to the Standards. 6.3. Depending on the conclusions resulting from the assessment of topicality, the Head of the Administration Department introduces the necessary changes to the Standards and makes the updated Standards available, informing the Personnel about the changes made.

## **7. Scope of Competencies of the Person Responsible for Preparing the Personnel for the Application of the Standards, the Rules for Preparing this Personnel for their Application, and the Method of Documenting this Activity**

7.1. The Head of the Administration Department is responsible for the implementation, preparation of the Personnel for the application of the Standards, and monitoring their compliance. 7.2. In accordance with the law, the Head of the Administration Department has the competencies to properly prepare the Personnel for the application of the Standards, in particular:

- Has knowledge of legal regulations regarding the protection of Minors (e.g., regarding patient rights, child rights, rules for processing personal data, legal responsibility of the Personnel of a medical entity);
- Has knowledge of the current Standards and best practices in the area of Minor protection;
- Has the ability to effectively transmit information and conduct training in a way that is understandable to its audience;
- Commits to adhering to the highest moral and ethical standards;
- Has knowledge that allows for the recognition of symptoms of Harm to Minors.

7.3. Every member of the Personnel is obliged to familiarize themselves with the Standards and to comply with them. This is confirmed by signing the Declaration of Familiarization with the Standards, which is Annex No. 7. 7.4. Every member of the Personnel is obliged to undergo training on the issues described in the Standards, which includes, among other things, a detailed description of the initiation of the individual intervention procedures referred to in point 5.6. This is confirmed by the signed declaration in Annex No. 9. 7.5. The Head of the Administration Department is authorized to verify the knowledge of the Standards among the Personnel.

## **8. Rules and Method for Making the Standards Available to Parents or Legal or De Facto Guardians and Minors for Their Familiarization and Application**

8.1. The Standards are available on the DAGDERM website at:

[https://dagderm.pl/standardy\\_ochrony\\_maloletnich.pdf](https://dagderm.pl/standardy_ochrony_maloletnich.pdf) 8.2. In every DAGDERM facility where patients are or may be Minors, the Standards are made available in a visible place.

## **9. Persons Responsible for Receiving Reports of Incidents Threatening a Minor and Providing Support to Them**

9.1. The Head of the Administration Department is responsible for receiving reports of incidents threatening a Minor from Personnel, Minors, Guardians of Minors, and other persons, and for providing support to the Minor. They are available:

- at the email address: [ochrona.nieletnich@dagderm.pl](mailto:ochrona.nieletnich@dagderm.pl)

9.2. Furthermore, a Minor can find support by using support hotlines, including:

- 116 111 – Trust line for Children and Youth;
- 800 12 00 02 – National Hotline for Victims of Domestic Violence "Blue Line";
- 800 12 12 12 – Children's Trust line of the Commissioner for Children's Rights.

9.3. Every Child who calls the numbers indicated in point 9.2. can talk about everything, including contact with parents, problems, or emotions they have experienced, and get help, for example, when they are experiencing or witnessing violence. 9.4. The phone numbers indicated in point 9.2. are free of charge and operate 24 hours a day.

## **10. Method of Documenting and Rules for Storing Disclosed or Reported Incidents or Events Threatening the Well-being of a Minor**

10.1. DAGDERM maintains a register of disclosed or reported incidents of Harm to a Minor or suspicions of Harm to a Child. 10.2. In every case of disclosing or reporting incidents of Harm to a Minor, or suspicions of Harm to a Child, the Head of the Administration Department fills out the Incident Card, which is Annex No. 8 to the Standards.

### **11. Rules for Using Electronic Devices with Internet Access and Procedures for Protecting Minors from Harmful Content and Threats on the Internet and in Other Forms**

11.1. All DAGDERM facilities do not provide Internet access to anyone other than Personnel.

11.2. Personnel are obliged to use the Internet at the Medical Facility in a manner that does not violate the Standards.

### **12. Rules for Establishing a Support Plan for a Minor after the Disclosure of Harm**

After the disclosure of Harm to a Minor, the Management is obliged to establish a support plan for the Minor. The Management establishes the Minor's support plan with the Minor's Guardian, unless the Guardian is the person committing the harm. If the Minor's Guardian is the person committing the harm, the Management establishes the support plan independently. Before establishing the support plan, it is permissible to ask the Minor for their opinion and expected forms of help, if this is justified in a given situation. The support plan may include, in particular, providing the Minor with contact and helping them get in touch with appropriate institutions specialized in providing help.

### **13. Annexes, Forms**

- Annex No. 1 – DAGDERM MINOR PROTECTION STANDARDS - ABBREVIATED VERSION;
- Annex No. 2 – INTERVENTION PROCEDURE CARD;
- Annex No. 3 – NOTIFICATION OF A POSSIBLE CRIME;
- Annex No. 4 – BLUE CARD FORM;
- Annex No. 5 – TEMPLATE FOR AN APPLICATION FOR INSIGHT INTO THE MINOR'S/FAMILY'S SITUATION;
- Annex No. 6 – SUMMARY OF CONCLUSIONS FROM THE ASSESSMENT OF THE MINOR PROTECTION STANDARDS' TOPICALITY;
- Annex No. 7 – DECLARATION OF FAMILIARIZATION WITH THE STANDARDS;
- Annex No. 8 – INCIDENT CARD.

### **14. Final Provisions**

14.1. The actions taken and implemented towards the child described in the Standards are carried out in the presence of the Guardian, unless, due to the nature of these actions, this is impossible or there is a justified suspicion that the Guardian is the perpetrator of Harm to the child.

14.2. The completed annexes or their copies referred to in the Standards are stored in accordance with the archiving procedures adopted at DAGDERM in a way that prevents access by unauthorized persons.

14.3. The completed annexes or their copies are not attached to the Minor's medical documentation in order to protect against access to it by unauthorized persons or harming persons.



14.4. The fact of identifying symptoms of Harm or those that may indicate Harm to a Child is subject to mandatory notation in the Minor's medical documentation.

14.5. The Standards come into force on January 15, 2024.