**St. Oliver’s Primary School**

**Carrickrovaddy**

# Safeguarding and Child Protection Policy



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| **Policy Review**  **Date Agreed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Next Date Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signed by Chair of Governors.** |

1. **Child Protection Ethos**

We in St. Oliver’s Primary School have a responsibility for the Pastoral Care, general welfare and safety of the children in our care and we will carry out this duty by providing a caring, supportive and safe environment, where each child is valued for his or her unique talents and abilities, and in which all our young people can learn and develop to their full potential. All staff, teaching and non-teaching should be alert to the signs of possible abuse and should know the procedures to be followed. This Policy sets out guidance on the action, which is required where abuse or neglect of a child is suspected and outlines referral procedures within our school

# 2. Principles

The general principles, which underpin our work, are those set out in the UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995, the Department of Education (Northern Ireland) guidance “Pastoral Care in Schools- Child Protection”(DENI Circular 99/10) and the Area Child Protection Committees’ Regional Policy and Procedures(2005).

The following principles form the basis of our Child Protection Policy.

* It is a child’s right to feel safe at all times, to be heard, listened to and taken seriously.
* We have a pastoral responsibility towards the children in our care and should take all reasonable steps to ensure their welfare is safeguarded and their safety is preserved.
* In any incident the child’s welfare must be paramount, this overrides all other considerations.
* A proper balance must be struck between protecting children and respecting the rights and needs of parents and families; but where there is conflict the child’s interest must always come first.

**3. Other Relevant Policies**

The school has a duty to ensure that safeguarding permeates all activities and functions. This policy therefore complements and supports a range of other school policies including:

* Behaviour Policy
* Anti-Bullying
* Use of Reasonable Force/Safe Handling
* Special Educational Needs
* Educational Visits
* First Aid and the Administration of Medicines
* Health and Safety Policy
* Relationship and Sexuality Education
* Use of Mobile Phones/Cameras
* ICT and access to the internet/cyber bullying
* Intimate Care

# These policies are available to parents and any parent requiring a copy should contact the School Principal

# 4. School Safeguarding Team

The following are members of the schools Safeguarding Team

* Designated Teacher *Mrs Mary Murphy*
* Deputy Designated Teacher *Mrs Julie McCreesh*
* Principal *Mr Colin Woods*
* Designated Governor for Child Protection *Mrs Mary Mc Glinchey*
* Chair of the Board of Governors *Mr Paul Carragher*

**5. Roles and Responsibilities**

**5.1 The Designated Teacher and Deputy Designated Teacher**

The designated teacher and deputy designated teacher must:

* Avail of training so that they are aware of duties, responsibilities and role
* Organise training for all staff (whole school training)
* Lead in the development of the school’s Child Protection Policy
* Act as a point of contact for staff and parents
* Assist in the drafting and issuing of the summary of our Child Protection arrangements for parents
* Make referrals to SHSC Trust Duty Social Work Team or PSNI Public Protection Unit where appropriate
* Liaise with the Education Authority Southern Region Designated Officers for Child Protection
* Maintain records of all child protection concerns
* Keep the School Principal informed
* Provide written annual report to the Board of Governors regarding child protection

**5.2 The Principal**

The Principal must ensure that:-

* DENI 1999 / 10 is implemented within the school
* That a designated teacher and deputy are appointed
* That all staff receive child protection training
* That all necessary referrals are taken forward in the appropriate manner
* That the Chairman of the Board of Governors (and, when appropriate, the Board of Governors) is kept informed
* That child protection activities feature on the agenda of the Board of Governors meetings and termly updates & annual report are provided
* That the school child protection policy is reviewed annually and that parents and pupils receive a copy of this policy at least once every 2 years.
* That confidentiality is paramount. Information should only be passed to the entire Board of Governors on a need to know basis.
* He attends CPSS training on Managing Safeguarding and Child Protection.

**5.3 The Designated Governor for Child Protection**

The Designated Governor should avail of child protection awareness training delivered by CPSSS and will take the lead in child protection issues in order to advise the Governors on:

* The role of the designated teachers
* The content of child protection policies
* The content of a code of conduct for adults within the school
* The content of the termly updates and full Annual Designated Teachers Report
* Recruitment, selection and vetting of staff

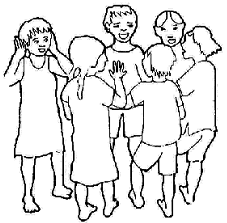
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**5.4 The Chair of the Board of Governors**

The Chair of the Board of Governors must:

* Ensure that a safeguarding ethos is maintained within the school

environment

* Ensure that the school has a Child Protection Policy in place and that staff implement the policy
* Ensure that Governors undertake appropriate child protection and recruitment & selection training provided by the EASR Child Protection Support Service for Schools, the EASR Governor Support and Human Resource departments.
* Ensure that a Designated Governor for Child Protection is appointed
* Assume lead responsibility for managing any complaint/allegation against the School Principal
* Ensure that the Board of Governors receive termly updates and a full written annual report in relation to child protection activity

**5.5 Other Members of School Staff**

Staff in school see children over long periods and can notice physical, behavioural and emotional indicators and hear allegations of abuse.

Remember the 5 Rs: Receive, Reassure, Respond, Record and Refer

**The member of staff must:**

* refer concerns to the Designated/Deputy Teacher for Child Protection;
* listen to what is being saidwithout displaying shock or disbelief and support the child
* act promptly
* make a concise written record of a child’s disclosure using the actual words of the child (**Appendix 1**)
* Avail of whole school training and relevant other training regarding safeguarding children
* **Not** give children a guarantee of total confidentiality regarding their disclosures
* **Not** investigate
* **Not** ask leading questions

**In addition the Class Teacher should:**

* Keep the Designated Teacher informed about poor attendance and punctuality, poor presentation, changed or unusual behaviour, including self- harm and suicidal thoughts, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about pupil abuse or serious bullying, concerns about home conditions including disclosures of domestic violence.
* We will take seriously any concerns which are raised about a pupil in our school who has self- harmed and/or has expressed suicidal thoughts. The Designated/Deputy Designated Teacher will immediately follow school’s child protection on procedures.

**5.6 Parents**

Parents should play their part in Child Protection by:

* telephoning the school on the morning of their child’s absence, or sending in a note on the child’s return to school, so as the school is reassured as to the child’s situation;
* informing the school whenever anyone, other than themselves, intends to pick up the child after school;
* letting the school know in advance if their child is going home to an address other than their own home;
* familiarising themselves with the School’s Pastoral Care, Anti Bullying, Positive Behaviour, Internet and Child Protection Policies;
* reporting to the office when they visit the school
* raising concerns they have in relation to their child with the school.

**5.7 The Board of Governors**

Board of Governors must ensure that:

* the school has a Child Protection Policy in place and that staff implement the policy
* relevant Child Protection training is kept up-to-date by at least one governor and a record kept of the same
* confidentiality is paramount. Information should only be passed to an entire Board of Governors on a need-to-know basis.

[](http://www.bing.com/images/search?q=children+protection+clipart&qs=n&form=QBIR&pq=children+protection+clipart&sc=0-0&sp=-1&sk=#view=detail&id=42D6707DC6B2DAC8515BA132B9DEE2704529D410&selectedIndex=9)[](http://www.bing.com/images/search?q=children+protection+clipart&qs=n&form=QBIR&pq=children+protection+clipart&sc=0-0&sp=-1&sk=#view=detail&id=E35739972A5C9D9F14FA8F2B6CC9196F0BA1CCBB&selectedIndex=10)

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# 6. What Is Child Abuse?

The following definitions of child abuse are taken from the Area Child Protection Committees’ Regional Policy and Procedures (2005).

**6.1 Definition of Abuse**

Child abuse occurs when a child is neglected, harmed or not provided with proper care. Children may be abused in many settings, in a family, in an institutional or community setting, by those known to them or more rarely, by a stranger. There are different types of abuse and a child may suffer more than one of them. The procedures outlined in this document are intended to safeguard children who are at risk of significant harm because of abuse or neglect by a parent, carer or other with a duty of care towards a child.

**6.2 Types of Abuse**

**Physical Abuse** is the deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.

**Emotional Abuse** is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that he is worthless or unloved, inadequate, or valued only insofar as he meets the needs of the other person. It may involve causing a child to frequently feel frightened or in danger, or the exploitation or corruption of a child. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone. Domestic violence, adult mental health problems and parental substance misuse may expose a child to emotional abuse.

**Neglect** is the persistent failure to meet a child’s physical, emotional and/or psychological needs, likely to result in significant harm. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive (faltering growth).

**Sexual Abuse** involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

**Child Sexual Exploitation** in a form of sexual abuse in which a person(s) exploits, coerces and/or manipulates a child or young person into engaging in some form of sexual activity in return for something the child needs or desires and/or for the gain of the person(s) perpetrating or facilitating the abuse.

**The child may suffer or be at risk of suffering from one or more types of abuse and abuse may take place on a single occasion or may occur repeatedly over time.**

**6.3 Signs and symptoms of abuse ~ Possible Indicators**

### Physical Abuse

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| Physical Indicators | Behavioural Indicators |
| Unexplained bruises – in various stages of healing – grip marks on arms;  slap marks; human bite marks; welts; bald spots; unexplained/untreated burns; especially cigarette burns (glove like); unexplained fractures; lacerations; or abrasions;  untreated injuries;  bruising on both sides of the ear – symmetrical bruising should be treated with suspicion; injuries occurring in a time pattern e.g. every Monday | Self destructive tendencies;  aggressive to other children;  behavioural extremes (withdrawn or aggressive);  appears frightened or cowed in presence of adults;  improbable excuses to explain injuries; chronic runaway;  uncomfortable with physical contact;  come to school early or stays last as if afraid to be at home;  clothing inappropriate to weather – to hide part of body; violent themes in art work or stories |

Emotional Abuse

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| **Physical Indicators** | **Behavioural Indicators** |
| Well below average in height and weight; “failing to thrive”;  poor hair and skin; alopecia;  swollen extremities i.e. icy cold and swollen hands and feet;  recurrent diarrhoea, wetting and soiling; sudden speech disorders;  signs of self mutilation;  signs of solvent abuse (e.g. mouth sores, smell of glue, drowsiness);  extremes of physical, mental and emotional development (e.g. anorexia, vomiting, stooping). | Apathy and dejection;  inappropriate emotional responses to painful situations;  rocking/head banging;  inability to play;  indifference to separation from family  indiscriminate attachment;  reluctance for parental liaison;  fear of new situation;  chronic runaway;  attention seeking/needing behaviour;  poor peer relationships. |

### Neglect

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| **Physical Indicators** | **Behavioural Indicators** |
| Looks very thin, poorly and sad;  constant hunger; lack of energy;  untreated medical problems;  special needs of child not being met;  constant tiredness; inappropriate dress;  poor hygiene;  repeatedly unwashed; smelly;  repeated accidents, especially burns. | Tired or listless (falls asleep in class);  steals food; compulsive eating;  begging from class friends;  withdrawn; lacks concentration;  misses school medicals;  reports that no carer is at home;  low self-esteem;  persistent non-attendance at school;  exposure to violence including unsuitable videos. |

### Sexual Abuse

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| **Physical Indicators** | **Behavioural Indicators** |
| Bruises, scratches, bite marks or other injuries to breasts, buttocks, lower abdomen or thighs;  bruises or bleeding in genital or anal areas;  torn, stained or bloody underclothes;  chronic ailments such as recurrent abdominal pains or headaches;  difficulty in walking or sitting;  frequent urinary infections;  avoidance of lessons especially PE, games, showers;  unexplained pregnancies where the identify of the father is vague; anorexia/gross over-eating. | What the child tells you;  Withdrawn; chronic depression;  excessive sexual precociousness; seductiveness;  children having knowledge beyond their usual frame of reference e.g. young child who can describe details of adult sexuality; parent/child role reversal;  over concerned for siblings;  poor self-esteem; self-devaluation;  lack of confidence; peer problems;  lack of involvement;  massive weight change;  suicide attempts (especially adolescents); hysterical/angry outbursts;  lack of emotional control;  sudden school difficulties e.g. deterioration in school work or behaviour;  inappropriate sex play;  repeated attempts to run away from home; unusual or bizarre sexual themes in children’s art work or stories;  vulnerability to sexual and emotional exploitation; promiscuity;  exposure to pornographic material. |

**6.4**

**Domestic Violence**

It is now recognised that children who live in an atmosphere of domestic violence may be at risk. Domestic violence is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

* Psychological
* Physical
* Sexual
* Financial
* Emotional

Symptoms which young people may display and which are indicators only include:

* Nervousness
* Low self-worth
* Disturbed sleep patterns
* Nightmares/flashbacks
* Physiological - stress/nerves
* Stomach pain
* Bed wetting
* Immature/needy behaviour
* Temper tantrums
* Aggression
* Internalising distress or withdrawal
* Truancy
* Alcohol and drugs
* Bullying

These symptoms can lead to a child/young person being misdiagnosed as having an illness, learning difficulties, or being naughty or disruptive.

If it comes to the attention of school staff that domestic abuse is or may be a factor for a child/young person this must be passed to the Designated/Deputy Designated Teacher who has an obligation to share the information to social Services.

**A child may surer or be at risk of suffering from one or mew types of abuse and abuse may take place on a single occasion or may occur repeatedly over time.**

**7. Procedures for making complaints in relation to child abuse**

**7.1 How a Parent can make a Complaint**

At St. Oliver’s Primary School we aim to work closely with the parents/guardians in supporting all aspects of the child’s development and well-being. Any concerns a parent may have will be taken seriously and dealt with in a professional manner. If a parent has a concern they can talk to the class teacher or the Principal/Designated teacher for child protection. If they are still concerned they may talk to the Chair of the Board of Governors. At any time a parent may talk to a social worker in the local SHSCT team or to the PSNI Public Protection Unit. Details of who to contact are shown in the flowchart in **Appendix 2**.

**7.2 Where the school has concerns or has been given information about possible abuse by someone other than a member of the school staff including volunteers**

Where staff become aware of concerns or are approached by a child they should not investigate – this is a matter for Social Services – but should report these concerns immediately to the designated teacher and full notes should be made. These notes or records should be factual, objective and include what was seen, said, heard or reported. They should include details of the place and time and who was present and should be given to the designated teacher. The person who reports the incident must treat the matter in confidence.

The designated teacher will decide whether in the best interest of the child the matter needs to be referred to Social Services. If there are concerns that the child may be at risk, the school is obliged to make a referral. Unless there are concerns that a parent may be the possible abuser, the parent will be informed immediately.

The designated teacher may consult with the Education Authority Southern Region Designated Officer for Child Protection or SHSCT before a referral is made. During consultation with the Designated Officer the child’s details will be shared. No decision to refer a case to Social Services will be made without the fullest consideration and on appropriate advice. The safety of the child is our prime priority.

Where there are concerns about possible abuse and a referral needs to be made the designated teacher will telephone SHSCT. He/she will also notify the EASR Designated Officer for Child Protection. A UNOCINI (Understanding the Needs of Children in Northern Ireland) referral form will also be completed and forwarded to the SHSCT Duty Social Worker with a copy sent to the EASR Designated Officer for Child Protection.

If the Principal has concerns that a child may be at immediate risk from a volunteer, the services of the volunteer will be terminated immediately.

This procedure with names and contact numbers is shown in **Appendix 3**.

**In the absence of the Designated Teacher**

In the absence of the Designated Teacher, the deputy designated teacher will assume her role. **If a disclosure is made or a concern comes to light after school hours or during extended schools activities, the member of staff/worker should first of all attempt to contact the Designated Teacher, the Deputy Designated Teacher or the Principal. If this is not possible i.e. if all of the above have left the school building, the Principal should be contacted on the school mobile phone.** He will then contact the Designated Teacher to discuss a plan of action.

**7.3 Where a complaint has been made about possible abuse by a member of the school’s staff**

If a complaint about possible child abuse is made against a member of staff, the Principal {or Designated teacher if he/she is not available) must be informed immediately. The above procedures will apply (unless the complaint is about the Principal/Designated teacher)

If a complaint is made against the Principal the Designated Teacher will inform the Chairperson of The Board of Governors who will ensure that necessary action is taken.

Where the matter is referred to Social Services the member of staff may be removed from duties involving direct contact with pupils (and may be suspended from duty as a precautionary measure pending investigation by the appropriate authorities). The Chairman of the Board of Governors will be informed immediately.

Child protection procedures as outlined in Appendix will be followed in keeping with current Department of Education guidance.

This procedure with names and contact numbers is shown in **Appendix 4.**

The following are guidelines for use by staff should a child disclose concerns of a child protection nature.

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| **Do:** | **Do not:** |
| * Listen to what the child says * Assure the child they are not at fault * Explain to the child that you cannot keep it a secret * Document exactly what the child says using his/her exact words * Remember not to promise the child confidentiality * Stay calm * Listen * Accept * Reassure * Explain what you are going to do * Record accurately * Seek support for yourself | * Ask leading questions. * Put words into the child’s mouth. * Ignore the child’s behaviour. * Remove any clothing. * Panic * Promise to keep secrets * Ask leading questions * Make the child repeat the story unnecessarily * Delay * Start to investigate * **Do Nothing** |

**8. Attendance at Child Protection Case Conferences and Core Group Meetings**

The Designated Teacher/Deputy Designated Teacher or Principal may be invited to attend an initial and review Child Protection Case Conferences and/or core group meetings convened by the Health & Social Care Trust. They will provide a written report which will be compiled following consultation with relevant staff. Feedback will be given to staff under the ‘need to know ’principle on a case-by-case basis. Children whose names are on the Child Protection register will be monitored and supported in accordance with the child protection plan.

**9. Confidentiality And Information Sharing**

Information given to members of staff about possible child abuse cannot be held “in confidence”. In the interests of the child, staff have a responsibility to share relevant information about the protection of children with other professionals particularly the investigative agencies. Where abuse is suspected schools have a legal duty to refer to the Statutory Agencies. In keeping with the principle of confidentiality, the sharing of information with school staff will be on a ‘need to know’ basis.

**10. Record Keeping**

All child protection records, information and confidential notes are kept in separate files in a locked drawer. These records are kept separate from any other file that is held on the child or young person and are only accessible by the Designated Teacher, Deputy Designated Teacher and Principal.

Should a child transfer to another school whilst there are current child protection concerns we will share these concerns with the Designated Teacher in the receiving school.

**11. Vetting Procedures**

All staff paid or unpaid who are appointed to positions in the School are vetted in accordance with relevant legislation and Departmental guidance.

**12. Code Of Conduct For all Staff Paid Or Unpaid**

All actions concerning children and young people must uphold the best interests of the young person as a primary consideration. Staff must always be mindful of the fact that they hold a position of trust, and that their behaviour towards the child and young people in their charge must be above reproach.

The school’s code of conduct is available on request.

**13. Staff Training**

St. Oliver’s Primary School is committed to in-service training for its entire staff. Each member of staff will receive general training on Policy and procedures with some members of staff receiving more specialist training in line with their roles and responsibilities. All staff will receive basic child protection awareness training and annual refresher training. The Principal/Designated Teacher/Deputy Designated Teacher, Chair of the Board of Governors and Designated Governor for Child Protection will also attend relevant child protection training courses provided by the Child Protection Support service for Schools.

###### When new staff or volunteers start at the school they are briefed on the school’s Child Protection Policy and Code of Conduct and given copies of these policies.

**14. The Preventative Curriculum**

Throughout the school year child protection issues are addressed through class assemblies and there is a permanent child protection notice board in the main corridor and relevant information in each resource area, which provides advice and displays child helpline numbers. A flow diagram of how a parent may make a complaint is also on display. An enlarged flow diagram for a teacher allegation is in the staff room.

Other initiatives which address child protection and safety issues are:

* Circle Time sessions are used as a means of encouraging children to raise social and emotional concerns in a safe environment and to build self-confidence, respect and sensitivity among classmates;
* Primary 5 pupils take part in the Northern Ireland Fire and Rescue Service talks on Fire Safety;
* P7 pupils participate in the Moving On Moving Up programme
* An internet Safety Workshop is provided for key stage one and key stage two pupils and their parents.
* Representatives from Woman’s Aid and NSPCC visit the school annually.





**15. Monitoring And Evaluation**

The Safeguarding Team in St. Oliver’s Primary School will update this Policy and procedures in the light of any further guidance and legislation as necessary and review it annually. The Board of Governors will also monitor child protection activity and the implementation of the child protection policy on a regular basis through the provision of reports from the Designated Teacher.

On-going evaluation will ensure the effectiveness of the Policy.

Date Policy Reviewed:

Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Designated Teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Principal)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chair of Board of Governors)

**Appendix 1**

**St. Oliver’s Primary School**

**Child Protection Incident Report**

**Child’s Name: DOB\_\_\_\_\_\_\_\_ Class\_\_\_\_**

Details of Incident/Disclosure**\***

Name of Person completing the report:

Designation:

Signature:

Date:

**\* Record actual words used by the child/young person**

**Appendix 2**

**How a Parent can make a Complaint**

I have a concern about my/a child’s safety

I can talk to the class/form teacher

If I am still concerned, I can talk to the designated teacher for child protection

**Mrs Mary Murphy** or the deputy designated teacher **Mrs Julie McCreesh** or the Principal **Mr C.Woods.**

If I am still concerned, I can talk/write to the

Chairman of the Board of Governors,

**Mr Paul Carragher**

At any time a parent can talk to a social worker at the

Gateway Team **Tel:** **0800 783 7745**

or the

PSNI Public Protection Unit **Tel:**  **101**

**Appendix 3**

#### Procedure where the School has concerns, or has been given information, about possible abuse by someone other than a member of staff

Child makes a disclosure to teacher/member of staff or there are concerns about child either as a result of one observation or many observations over a period of time.

Member of staff should make notes of what was said or observed and must **ACT PROMPTLY**

**CONTACT NUMBERS**

**Southern Health & Social Care Trust Duty Social Work Team**

**Tel: 028 3741 5285**

**PSNI Public Protection Unit**

**Tel: 028 90259299**

Discuss disclosure/concerns with designated teacher. Give record of concern to Designated Teacher.

Designated teacher meets with Principal to plan course of action and ensures that a written record is made and treated confidentially.

If a referral is necessary Designated Teacher will refer to Gateway Team/PSNI and advise EASR Designated Officer

If doubts remain seek advice from

EASR and/or Gateway Team/PSNI

If referral to Gateway/ PSNI is not necessary

If referral to Gateway/ PSNI is not necessary

Tell Complainant

No – tell parent

Yes – discuss with Gateway team/Police how parent will be informed

Is Parent the alleged abuser?

**Appendix 4**

**Dealing With Allegations of Abuse against a Member of Staff**

**Key Points**

Lead Individual learns of an allegation against a member of staff and informs the Chair/Vice Chair of BoG as appropriate

**Guidance on next steps**

Lead Individual then:

Establishes the facts, seeks advice from the key agencies as appropriate, usually through informal discussion

**Possible Outcomes**

Following on from establishing the facts, seeking advice from Key Agencies and discussion with the Chair and/or the BoG to agree way forward from the options below

Allegation addressed through relevant Disciplinary Procedures

Precautionary suspension under Child Protection Procedures imposed

Alternatives to Precautionary Suspension imposed

Precautionary suspension is not appropriate and the matter is concluded