

| UNIT  | CPVA   | Child Protection and Vulnerable Adults       |                            |  |                     |  |
|---|--|--|----------------------------|--|---------------------|--|
| 01  | Child Protection and Vulnerable Adults         |  |                            |  |                     |  |
| Records   | Trigger  | Retention Period                             | Action                     | Rationale  | Data Classification | Data Steward                                     |
| Child protection/welfare concern records          | Case Closure                                   | 10 years (longer if ongoing risk/litigation) | Destroy                    | Legal risk, duty of care, GDPR proportionality   | Confidential        | Mandated person, DLP/DDLP                        |
| Safeguarding concerns (low-level, not escalated)  | Case closure                                   | 7 years                                      | Destroy                    |  | Confidential        | Mandated person, DLP/DDLP, Designated Area Leads |
| Referrals to Tusla / HSE                          | Case closure                                   | Align with main case file                    | Destroy                    | Ensures complete case record                     | Confidential        | Mandated person, DLP/DDLP                        |
| Reports made to An Garda Síochána (if applicable) | Case closure                                   | Align with main case file                    | Destroy                    | Ensures complete case record                     | Confidential        | Mandated person, DLP/DDLP                        |
| Retrospective disclosures (e.g. historical abuse) | Scenario 1 – U18 still at risk                 | 10 years (longer if ongoing risk/litigation) | Destroy                    | GDPR minimisation; retain only if actionable     | Confidential        | Mandated persons                                 |
|   | Scenario 2 – U18 not still as risk             | 7 years                                      | Destroy                    | GDPR minimisation; retain only if actionable     | Confidential        | Mandated persons                                 |
| Anonymous disclosures / reports                   | Date received                                  | 2–5 years (unless linked to case)            | Delete                     | GDPR minimisation; retain only if actionable     | Confidential        | Mandated person, DLP/DDLP                        |
| Safeguarding disclosures (informal notes)         | Case closure or incorporation into formal file | Retain with case file                        | Merge into official record | Avoid duplication, ensure single source of truth | Confidential        | Mandated person, DLP/DDLP, Designated Area Leads |
| Internal referrals and escalation decisions       |  | 7 years (longer if ongoing risk/litigation)  | Destroy                    | GDPR minimisation; retain only if actionable     | Confidential        | Mandated person, DLP/DDLP, Designated Area Leads |
| Case management notes                             | Case closure                                   | Align with case file                         | Secure delete / archive    | Completeness of safeguarding record              | Confidential        | Mandated person,                                 |

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|  |                     |   |                         |   |              | DLP/DDLP, Designated Area Leads                         |
| Safeguarding risk assessments  | Superseded          | 7 years                                     | Archive then delete     | Evidence of compliance and risk management              | Internal     | Designated Area Leads, Chair CPVA Committee, CRO        |
| Correspondence (referrals, acknowledgements, feedback) with external agencies (Tusla, Gardaí, HSE) | Case closure        | Align with case file                        | Secure delete / archive | Completeness of safeguarding record                     | Confidential | Mandated person, DLP/DDLP                               |
| Internal communications related to safeguarding decisions  |                     | 7 years (longer if ongoing risk/litigation) | Archive then Delete     | GDPR minimisation; retain only if actionable            | Confidential | Mandated person, DLP/DDLP, Designated Area Leads        |
| Safeguarding logs/registers (concerns tracking)  | Last entry          | 7-10 years                                  | Secure delete           | Oversight and trend analysis                            | Confidential | Mandated person, DLP/DDLP, Chair of CPVA committee      |
| Audit review findings related to safeguarding cases  | Audit               | Indefinite (to ensure audit record history) | Archive                 | Corporate governance, audit, inspection evidence        | Internal     | Chair CPVA committee and Information Governance Officer |
| Safeguarding training records (staff)  | Training completion | 5-7 years                                   | Secure delete           | Demonstrates compliance with Children First obligations | Internal     | Head of People Development                              |
| Safeguarding policies & procedures   | Superseded          | Permanent                                   | Archive                 | Corporate governance, audit, inspection evidence        | Public       | Chair of CPVA Committee                                 |

| Record  | The record type                                  | *Data Classification | Description  |
|---------|--|----------------------|--|
| Trigger | Event that prompts the start of retention period | Public Data          | May be viewed by all members of TU Dublin and the public. Data should be classified as Public when the disclosure, alteration or destruction of that data would result in little or no risk to the University and its affiliates. Such data is often |

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|                            |  |                   | made available to the public via the TU Dublin website. This data will not cause harm to any individual, group, or to the University if made public.   |
| <b>Retention Period</b>    | Period for which the records should be retained  | Internal Data     | Information that can be used and shared within TU Dublin but would not be appropriate to be known to people outside the University. This data could be released to the public under Freedom of Information legislation |
| <b>Action</b>              | The action to be taken when the non-current period has expired   | Confidential Data | Accessible only to relevant members of staff of TU Dublin or designated third parties who require it to perform their duties.  |
| <b>Rationale</b>           | The basis on which the Action is recommended   |                   |  |
| <b>Data Classification</b> | The security classification category assigned to the records (see across) *  |                   |  |
| <b>Data Manager</b>        | Any member of staff with operational responsibilities in the day-to-day data administration activities including, but not limited to, developing, maintaining, distributing and securing institutional data. Data managers are expected to have high-level knowledge and expertise in the content of data within their area of responsibility. |                   |  |

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| Date Approved by Head of Function              | 29 June 2026       |
| Date Reviewed by Information Governance Office | 02 July 2026       |
| Date of Last Review                            | 02 July 2026 (new) |