

# Safeguarding Policy

---

We are committed to safeguarding children and vulnerable adults. Our team accepts and recognises our responsibilities to develop an awareness of the issues which may cause children and vulnerable adults harm.

We endeavour to safeguard children and vulnerable adults by:

- An awareness of and adopting safeguarding guidelines through our practice procedures and policies
- A code of conduct for the team
- Making staff and patients aware that we take child and vulnerable adult protection seriously and respond to all concerns
- Sharing information about concerns with agencies who need to know and involving parents and children appropriately
- Following carefully the practice procedures for staff recruitment and selection and, where appropriate, requesting enhanced criminal records checks and ISA Adult First checks
- Providing effective management for staff by ensuring access to supervision, support and training

This policy is underpinned by the following principles:

- Patients have access to information and knowledge to ensure that they can make an informed choice
- Patients are given the opportunity to consider the various treatment options available to them. They are encouraged to participate fully in their care at the practice
- Patients are supported to make their own decisions and to give or withhold consent to treatment. Unless provided for otherwise by law, no-one can give or withhold consent on behalf of another adult
- Information about patients held by the practice is managed appropriately and all members of the team understand the need for confidentiality
- The individual needs of each patient are respected
- The background and culture of all patients is respected
- Practice procedures ensure the safety of patients at all times.
- Recruitment and selection procedures at the practice are followed routinely and ensure that all required checks are carried out.

Other practice policies relevant to this Safeguarding Policy include:

- Confidentiality policy
- Consent policy
- Equal opportunities policy
- Equality and diversity policy
- Patient safety procedure
- Recruitment policy
- Safeguarding patients record keeping

Within our practice Dr Sadaf Khan is our safeguarding lead responsible for ensuring our procedures for safeguarding children and vulnerable adults are kept up to date and is our point of contact for raising concerns.

We are committed to reviewing our policy and good practice standards at regular intervals.

<b>Name</b>	<b>Dr Sadaf Khan</b>
<b>Date approved</b>	<b>December 2017</b>
<b>Review date</b>	<b>March 2018</b>

## Supporting Guidance

Patients should be kept safe from harm and danger. All members of the team should know what to do to keep patients safe and what action to take if they think that someone is being harmed.

### Definitions

- A child is anyone who has not yet reached their 18th birthday
- A vulnerable adult is a person aged 18 years or over who is, or may be, in need of community care services or is resident in a continuing care facility by reason of mental or other disability, age or illness or who is, or may be, unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation.

### Signs of abuse

Members of the dental team may observe the signs of abuse or neglect, or hear something that causes them concern about a child or vulnerable adult. They are not responsible for making a diagnosis of child abuse or neglect, just for sharing concerns appropriately. Each team member should be aware of the local procedures for child protection.

Abuse or neglect may present to the dental team in a number of different ways:

- Through a direct allegation (sometimes termed a 'disclosure') made by the child, vulnerable adult, a parent or some other person
- Through signs and symptoms which are suggestive of physical abuse or neglect
- Through observations of child behaviour or parent-child interaction; or observation of the vulnerable adult and the relationship they have with their carer

Abuse and neglect are described in four categories:

**Physical abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child or vulnerable adult. It may also be caused by a parent or carer fabricating the symptoms of, or deliberately causing illness. Orofacial trauma occurs in at least 50% of children diagnosed with physical abuse – and a child with one injury may have further injuries that are not visible

**Emotional abuse** is the persistent emotional maltreatment causing severe and persistent adverse effects on the child or vulnerable adult's emotional development. It may involve conveying to them that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of the other person.

**Sexual abuse** involves forcing or enticing a child, young person or vulnerable adult to take part in sexual activities, whether or not the child or vulnerable adult is aware of what is happening. The activities may involve physical contact, including penetrative (for example rape, buggery) or non-penetrative acts. They may include non-contact activities, such as involving children or vulnerable adults in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children or vulnerable adults to behave in sexually inappropriate ways.

**Neglect** is the persistent failure to meet the child or vulnerable adult's basic physical and/or psychological needs, likely to result in the serious impairment of the child or vulnerable adult's health or development. It may occur in pregnancy as a result of maternal substance abuse. It can include:

- Failing to provide adequate food and clothing, shelter
- Failing to protect a child or vulnerable from physical and emotional harm or danger
- Failure to ensure adequate supervision
- Failure to ensure access to appropriate medical care or treatment
- Neglect of, or unresponsiveness to, a child or vulnerable adults basic emotional needs

### **If abuse or neglect is suspected**

It is uncommon for dentists to see patients with signs of abuse but where you have concerns about a patient who may have been abused and there is no satisfactory explanation, prompt action is important.

- Discuss your concerns with a colleague or Dr Sadaf Khan
- If you remain concerned:
  - Safeguarding Children: seek informal advice from the local social services department **LCSS Central - 0345 241 2705** (details can also be found via icon on office computer desktop) without disclosing the child's name. This will help you decide whether a formal referral is needed
  - Safeguarding Vulnerable Adults: seek informal advice from the **Oxfordshire Safeguarding Adults Board – 01865 328232** (details can also be found via icon on office computer desktop) without disclosing the vulnerable adult's name. This will help you decide whether a formal referral is needed
- Seek permission from the patient to refer unless doing so would; put the patient at greater risk; the parents or carers are being abusive or violent; discussion would put others at risk; or sexual abuse by a family member is suspected
- Details for local referrals can be found via the icons on the desktop of the Office computer
  - Safeguarding Children: **Oxfordshire Safeguarding Children Board (MASH) – 0345 050 7666 or online <https://www.oxfordshire.gov.uk/cms/content/childrens-social-care-referral-form>**
  - Safeguarding Vulnerable Adults: **Oxfordshire Safeguarding Adults Board – refer online <https://www.oxfordshire.gov.uk/cms/content/assessment-forms-professionals> or call 0345 050 7666. In an out-of-hours emergency call 0800 833408**
  - **In an emergency always dial 999.**

Where there is serious physical injury arising from suspected abuse:

- Refer the individual to the nearest hospital A&E department, with the consent of the person having parental responsibility or care of the child
- Advise the A&E department in advance that the patient is being sent
- If consent is not obtained, contact the duty social worker at the local Social Services Department or the police, so that action can be taken to safeguard the welfare of the individual

## Records

Records of the incident should be maintained and be restricted to:

- The nature of the injury
- Facts to support the possibility that the injuries are suspicious

See 'Safeguarding Patients Record Keeping' for further information.