

## Safeguarding Policy and Procedures

### 1. Purpose

To protect children and adults at risk of abuse or neglect by following relevant regulations and guidance, including the Children Act 2004, the Care Act 2014, the Female Genital Mutilation Act 2003, the Mental Capacity Act 2005, the Modern Slavery Act 2015, the Royal College of Nursing Intercollegiate documents and Clinical Professional Resource.

The aim of Hook Lane Dental Care is to effectively identify and respond appropriately to signs and allegations of abuse, prevent such incidents, and minimise the risk of recurrence. This policy ensures that all individuals are treated with respect and dignity.

### 2. Scope

This policy applies to all team members, including volunteers and self-employed workers in England. It covers all activities and services provided.

### 3. Definitions

#### 3.1. *Safeguarding*

Measures that are taken to protect children and adults at risk for their well-being, health, and human rights, allowing them to live free from harm, abuse, and neglect.

#### 3.2. *Child*

A child is any person under the age of 18.

#### 3.3. *Child abuse*

Actions that intentionally harm or injure a child. These can take the form of physical, emotional, sexual, and neglect. Someone may also abuse or neglect a child not just by inflicting harm but by failing to prevent it.

#### 3.4. *Adult at risk*

Any adult who has needs for care and support because of mental or other disability, age, or illness, whether or not the local authority is meeting any of those needs; is experiencing or is at risk of abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect. This term replaces the phrase 'vulnerable adult'.

#### 3.5. *Adult abuse*

Actions that intentionally harm or injure another adult. These can take the form of physical, emotional (psychological), sexual, neglect (including self-neglect), discrimination, financial, domestic, organisational, and modern slavery.

#### 3.6. *Female Genital Mutilation (FGM)*

An illegal form of child abuse and violence against women. FGM includes procedures involving partial or total removal of the external female genitalia for non-medical reasons. "Known cases" are where a girl informs someone or where someone sees physical signs that an act of FGM has been carried out, and the person has no reason to believe that it was a necessary medical operation.

#### 3.7. *Modern Slavery*

The recruitment, movement, harbouring, or receiving of persons (men, women, and children) through force, coercion, abuse of vulnerability, deception or other means for exploitation, which is a violation of human rights.

## **1. Responsibilities**                      **Safeguarding lead- Jade Harris. Deputy - Layla Memish.**

- 1.1. Certain tasks can be delegated, but the Practice Manager, Jade Harris, maintains the responsibility for overseeing this policy's implementation and ensuring compliance with its procedures. If the Practice Manager is absent, it is the practice's responsibility to appoint someone to take charge and help maintain compliance.
- 1.2. The Practice Safeguarding Lead, Jade Harris, oversees safeguarding matters, manages concerns, provides support, liaises with external agencies, and ensures team members undertake appropriate training.
- 1.3. All team members are required to follow the procedures outlined below to protect children, adults at risk, and their families from all forms of harm, abuse, and neglect.

## **2. Safeguarding**

- 2.1. Report all safeguarding concerns and suspicions of abuse or neglect, including modern slavery, to the Practice Safeguarding Lead immediately, who will respond swiftly and provide the appropriate support.
- 2.2. Ensure the procedures outlined in the Safeguarding Action Flowchart are followed when reporting a concern. If a child or adult at risk is in immediate danger, contact the emergency services immediately.
- 2.3. Local safeguarding contact details can be found in the Safeguarding policy..
- 2.4. Avoid gratuitous physical contact with a patient. If a patient needs comforting, use discretion to ensure that any physical contact is appropriate.
- 2.5. Never use physical force against a patient unless it constitutes reasonable restraint to protect them, others, or property. If it is necessary to restrain a patient because they are an immediate danger to themselves, others, or property, use the minimum amount of force for the shortest time.

## **3. FGM**

- 3.1. If a GDC registered team member becomes aware that a child is a 'known case' of FGM, report this to the police immediately by dialling 101. This duty to report to the police cannot be transferred to another person.
- 3.2. If a non-GDC registered team member becomes aware that a child is a 'known case' of FGM, report this to the Practice Safeguarding Lead immediately.
- 3.3. The duty to report FGM does not apply to suspected cases, where someone is believed to be 'at risk', or to women over the age of 18. Instead, team members need to report their suspicions to the Practice Safeguarding Lead, who will discuss the concerns with the Local Authority Safeguarding Team.

## **4. Chaperone**

- 4.1. The practice follows the GDC Standards and ensures that team members are appropriately supported with a chaperone when treating a child or adult at risk.

## **1. Was not brought**

- 1.1. When a child misses an appointment, the term 'Was Not Brought' is used, and the absence is managed in line with the safeguarding procedures.
- 1.2. The practice has implemented the [WNB pathways](#) by Jenny Harris, Jen Kirby and Sheffield Teaching Hospitals NHS Foundation Trust, which all team members are required to follow. A report is generated every 6 months to monitor the WNB list and repeated missed appointments will be reviewed by the Practice Safeguarding Lead to identify any safeguarding concerns.

## **2. Record keeping**

- 2.1. Accurate details that reflect the concerns of a child or adult at risk need to be kept securely and consist of an account from the team member raising the concern and the Practice Safeguarding Lead.
- 2.2. Ensure all incidents of reasonable restraint are documented within the patient record.

## **3. Recruitment**

- 3.1. All team members are required to undergo appropriate DBS checks. The practice does not employ anyone who is barred from working with and treating children or adults at risk.

## **4. Training**

- 4.1. The Practice expects all team members to be able to recognise signs of abuse in children and adults at risk. Training to take appropriate action, including recording and reporting concerns, is provided at induction and regular intervals throughout employment.

## **5. Compliance**

Adherence to this policy is expected. Non-compliance may result in disciplinary action. Please contact the Practice Manager or Practice Safeguarding Lead for any questions or further clarification regarding any points contained in this policy.

## **6. Review and Revision**

This policy is reviewed annually and updated to ensure its effectiveness and compliance with current regulations, guidance, and standards

**This policy should be read alongside our in house safeguarding policy and relevant procedures and flowchart.**

### **Adults**

For help and advice call 020 3045 5159 so that trained professionals can discuss your concerns or email [bexleycare.spc@nhs.net](mailto:bexleycare.spc@nhs.net)

### **Children and young people**

Anyone who may have concerns about the safety of a child or young person should call



020 3045 5440, Monday to Friday 9am to 5pm, or 020 8303 7777 or 020 8303 7171 for out of hours (5pm to 9am Monday to Friday and 24 hour cover at weekends).

**In an emergency always call 999**

NSPCC hotline 0808 800 5000

