Irrespective of the type of work you do, or the profession you are a part of, safeguarding is currently a top priority issue. Every so often a case comes to the public attention that is so appalling that rafts of new measures are introduced in an attempt to prevent a repetition.

In 2007 the Department of Health provided clear guidance to dental teams on this highly emotive issue. When any of us hear something about a child or vulnerable adult that concerns us we should report our concerns to someone who can help. In such circumstances, from the outset it’s important to realise that members of the dental team are not responsible for making a diagnosis of child abuse or neglect, just for sharing concerns appropriately. For this reason it is essential to agree as a practice upon the required response, and to set this out in the form of a written and well communicated policy and procedures document, which should be followed should concerns be aroused.

Dental teams have responsibilities, both as healthcare professionals and as members of society. Articles in the press frequently give examples of the suffering of some of the most vulnerable members of society. These serve to highlight the fact that record numbers of families are having court cases brought against them to remove their children because of factors like abuse and neglect. Most children who go into care do so as a result of concerns that they are being neglected, not that they are at risk of physical violence, or sexual abuse. As dental care professionals we are often in a position to recognise neglect, which in some cases can be resolved through education and support.

Glenys Bridges looks at the policies, procedures and regulations you need when they published Child Protection and the Dental Team. (This can be downloaded from http://bit.ly/LFFQk4).
The guidance should follow this three-stage approach:

1. Evaluate the injury itself, its extent, site and any particular patterns.
2. Take a history to understand how and why the injury occurred and whether the findings match the story given.
3. Explore the broader picture (e.g., the child’s behaviour, the parent-child interaction, underlying risk factors or markers of emotional abuse or neglect).

Numerous reputable organisations provide a wide range of excellent written policies and procedures for dental businesses. Having selected such a policy, or better still developing a policy in-house, it is essential to follow through by embedding its content into the fabric of the practice. In this way you make your policies living documents for the quality and safety of care, rather than just documents gathering dust on a shelf.

**To ensure that the team is able to respond effectively should the need arise, it is highly recommended that a Child Protection Lead is appointed**

Child Protection Lead is appointed. This could be a registered provider, practice manager, or a senior dental nurse. This person should be the first port of call for their team if they have concerns about any individual. The Child Protection Lead should be ready and equipped to follow practice policy and procedures in response to those concerns. They are also responsible for ensuring that any actions investigated are followed through.

The practice policy should contain flow charts and checklists to guide the team both in the preparation for and the response to events. It should contain all of the required phone numbers and contact names, as well as team guidance for the assessment of any physical injury.

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**Introducing the Laser-Lok® 3.0 implant**

Laser-Lok 3.0 is the first 3mm implant that incorporates Laser-Lok technology to create a biologic seal and maintain crestal bone on the implant collar1. Designed specifically for limited spaces in the aesthetic zone, the Laser-Lok 3.0 comes with a broad array of prosthetic options making it the perfect choice for high profile cases.

- Two-piece 3mm design offers restorative flexibility in narrow spaces
- Implant design is more than 20% stronger than competitor implant2
- 3mm threadform shown to be effective when immediately loaded3
- Laser-Lok microchannels create a physical connective tissue attachment (unlike Sharpey fibers)4

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**References:**

2. Implant strength & fatigue testing done in accordance with ISO standard 14801.