Disability Access Policy

The practice is committed to complying with the relevant regulations, legislation and the GDC Standards to provide a caring and inclusive environment for all patients. For the purpose of this policy, the term 'disability' may include physical and sensory impairments, learning disabilities, chronic or terminal illness, and the use of mental health services. People are protected from unlawful discrimination through the application of our policies and procedures.

The practice has made reasonable adjustments to the facilities, policies, procedures, communication, signage, and team members' training to provide access to our services. Practice information is available in alternative formats including large print. Patients with hearing aids are provided with an induction loop. If the adjustments are not sufficient to treat a patient safely, they are referred to a practice that can provide this service.

This policy applies to all team members including employees both full and part-time, self-employed personnel, trainees, subcontractors, casual, and agency staff.

Team members receive training in procedures relevant and important to people with a disability and strive to use language that is easy to understand and meets the needs of all patients.

When communicating with patients who have a disability, team members:

- Ask everyone about their requirements in advance 'Please let me know if you require any particular assistance' and must be able to respond accordingly
- Do not patronise, make assumptions, or think they know best
- Are ready to offer assistance, but never impose it
- Are prepared as necessary to :
    - Sit or bend down to talk to a person at his or her eye level
    - Offer a seat or help with doors
    - Let the person take their arm for guidance or support
    - Offer the use of equipment, e.g. a clipboard as an alternative writing surface
    - Use appropriate ways of communicating, e.g. writing notes if someone finds speech difficult to understand
    - Be courteous, patient and always talk to a disabled person directly, never through his or her companion; never shout or call attention to anyone; never compromise the person's right to privacy or confidentiality; check to make sure they have been understood

The practice always welcomes patients' views and suggestions on how services or access can be improved.

Assistance dog and AAT risk management procedure
The purpose of this procedure is to promote access to assistance dogs as well as the use of animal-assisted therapy (AAT) within the practice. The practice welcomes such animals and recognises that under the Equality Act 2010 assistance dogs have special legal protection and that it would be unlawful to refuse access to a person who is accompanied by one.

We understand that the risks associated with assistance dogs and AAT are no greater than the risks associated with humans due to the training, vaccination, and parasite prevention accreditation these animals undergo, and that it would be unreasonable to refuse entry based on hygiene, phobia, or religious beliefs.

The practice is committed to ensuring high standards of hygiene and mitigating any foreseeable risk in relation to persons with phobias, allergens, or religious beliefs towards animals, as well as protecting the animal owner/handler and the animal itself. The following procedure has been adopted to reduce incidents so far as is reasonably practicable.

Assistance dogs
The practice welcomes assistance dogs and recognises their rights under the equality act and does not discriminate against patients requiring an assistance dog. This includes not limiting access to surgeries, any patient-accessible area of the practice, or requesting that they sit in a specific area to keep their dog out of the way.

Assistance dogs are permitted into surgeries to support their owners during treatments, apart from during aseptic procedures, provided there is a suitable area where the dog can lie down and not cause an obstruction/trip hazard to the clinician or nurse. This will be discussed with the dog owner in advance. Where there is insufficient space for the dog, and it would not be suitable to leave the dog unaccompanied outside of the surgery i.e., where the owner does not have a chaperone with them, then alternative arrangements will be considered such as referring to a different provider.

The practice is aware that most assistance dogs are registered with AD(UK) and can easily be identified by organisation-specific branded dog jackets, harnesses, or lead slips, however, the practice recognises that this is not a legal requirement.

Therefore, as a matter of procedure, we do not seek to verify if an assistance dog is registered as such and will only ask for verification where there are concerns, such as if it does not meet the expectation of the Equality and Human Rights Commission in being trained to recognised standards, such as through a member organisation like Assistance Dogs (UK).

It is our expectation, in line with recognised standards, that assistance dogs:

- Will not wander freely around the premises
- Will sit or lie quietly on the floor next to or near their owner
- Will not display reactive behaviours towards humans or other animals
- Have been trained to toilet on command and will not toilet in the practice
- Have comprehensive routine parasite prevention and do not have parasites

If an assistance dog does not behave in line with the above-expected behaviours the practice reserves the right to ask for the dog to be removed from the premises.

Animal Assisted Therapy (AAT)
AAT forms part of an individual plan of care for a patient as prescribed by a healthcare professional. This is where volunteers register themselves and their pets with a charitable organisation such as 'Pets As Therapy' or 'Dogs For Good' and undergo special temperament training and assessment to enable them to visit a practice in order to comfort patients with their animals.

The practice welcomes the use of AAT and acknowledges it as a recognised measure for helping anxious patients overcome fear, thus improving access to dental care.

Where AAT is identified or requested as part of a patient care plan, only animals and handlers that have been approved by a charitable organisation will be permitted on the premises, regardless of whether the animal belongs to a colleague working at the practice or a third-party volunteer.

When booking appointments the reception team will check whether a patient requires any assistance as part of their visit. If a patient is requesting AAT then the name of the handler and the organisation are noted and the practice will call the organisation to verify the registration. This is to ensure that the animal has been assessed for temperament and training, are vaccinated and has a comprehensive parasite prevention routine in place. Also, that the animal handler has undergone a DBS check and undertaken appropriate safeguarding training.

Domestic pets that have not been accredited and trained by a suitable organisation, are not permitted onto the premises.

When onsite, the practice requests that all therapy animals wear their branded jacket, and all handlers carry with them their photo ID card.

A separate room/area will be offered where available, allowing the patient, animal, and its handler to interact in a private and confidential manner.

Therapy animals are not permitted into the surgery environment unless specifically required as part of the patient's care plan but can remain in the designated room/area until treatment has finished, following which AAT can continue to help alleviate any post-dental treatment anxieties.

General
Where any planned dental treatment is likely to exceed one hour, this is discussed with the animal owner/handler to determine their needs i.e., toilet breaks; and these will be incorporated into the patient's treatment plan accordingly.

Visits are planned and booked in advance to ensure interactions between animals and persons with phobias and/or allergens are avoided. These persons are identified and consulted where necessary, through a medical history record and clinical note review.

Practice colleagues are consulted regarding any phobias and/or allergens, and visits are booked to ensure interactions between these persons are avoided. If necessary, rotas will be amended to accommodate the needs of the animal and its owner/handler.

Where possible animals in the practice should avoid upholstered furniture or carpeted areas to minimise the transfer of dander and reduce the risk associated with allergens. In the event this cannot be achieved, non-allergic staff members will ensure the area is thoroughly cleaned as soon as the animal has vacated the area.

Any areas of the practice or surfaces the animal comes into contact with during the visit will be thoroughly cleaned following our cleaning policies as soon as it has vacated the area and premises.

Hand hygiene protocols will also be followed, and those who have come into contact with the animal will be requested to clean their hands with soap and water, sanitiser, or alcohol rub.

Where it is identified in advance of a person attending, that they are the owner of an assistance dog, or that their care plan involves AAT, an orientation visit to the practice is offered to allow the owner and animal to familiarise themselves with the setting, including access/egress routes, locations of toilets, fire exits, assembly areas, and treatment rooms, etc.

Refresher orientation visits are then offered on an as-needed basis, particularly where there are changes to the layout of the premises i.e., following a refurbishment.

Incident management
Whilst assistance dogs and therapy animals are highly trained and generally toileted before entering a public setting, the practice understands that there will always be a risk of accidental fouling during the visit. In the event of this occurring, the practice team will deal with it in a sensitive manner. The fouling and area in which it has taken place will be cleaned using the practice's body fluid kit and disposed of as offensive waste, replicating the practice protocols for human waste.

Whilst all due care and attention is given by team members when handling sharps, the practice understands that there will always be a risk of an assistance dog sustaining a needlestick injury when accompanying its owner into surgery. In the event of this occurring, the practice team will help the dog owner clean and disinfect the affected area using a non-alcoholic cleansing wipe, however, the practice team will not interact with the dog without the owner/handler's prior consent.

It is important to note for both the dog owner as well as team members, that dogs cannot contract HIV or Hepatitis B from humans and are also far more resistant to tetanus, therefore health risks associated with needlestick injuries are far less to dogs than to humans.
If, however, the dog owner is concerned about any injury to their dog, the practice will actively encourage them to seek medical advice from the local veterinary practice.

If required, for example, if the dog has hurt its paw and is unable to apply pressure or walk, the practice will arrange for a taxi to be called to collect and escort them to the veterinary practice.

Any incident occurring that involves an assistance dog or therapy animal will be recorded following the practice's significant event policy and procedures and will be discussed as part of a team meeting to identify potential learnings and improvements.

This policy should be read in conjunction with the Disability Rights under the Equality Act.