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Wales

2014/2015 Dental Survey Protocol Epidemiological survey of school year 1 (5-year-old) children in Wales

Dental Public Health Team

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Purpose and Summary of Document:

This protocol supports the planning and delivery of the NHS co-ordinated survey of school year 1 children in Wales. It outlines processes and standards to ensure that data collected is of high quality and is comparable across Wales, more widely across the UK and over time.

Work Plan reference:

DENTAL SURVEY OF SCHOOL YEAR 1 CHILDREN IN WALES 2014/2015

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DENTAL SURVEY OF SCHOOL YEAR 1 CHILDREN IN WALES 2014/2015

1 OBJECTIVES

- 1.1 To record data for All Wales Common Minimum Data Set, 2015, from a sample of Year 1 (approximately School Year 1) children in areas in Wales in the school terms, Winter 2014/2015 and Spring 2015.
- 1.2 To obtain valid estimates of caries prevalence of Year 1 children which will be comparable within areas of Wales and with other areas of the UK where similar surveys are being carried out.
- 1.3 To evaluate the impact of new consent arrangements in line with newly issued guidance from the Welsh Assembly.

2 BACKGROUND

- 2.1 The survey will follow BASCD guidelines given in "Guidelines for prevalence studies of dental caries" published in Community Dental Health 1.1 (1984) 55-56 and subsequently modified in Community Dental Health Volume 14 Supplement No. 1 March 1997 6-9.
- 2.2 Within Wales the survey findings will be used to aid procurement and provision of dental services.
- 2.3 The study will be the responsibility of Local Health Boards in Wales, and undertaken through their community dental services, with the channel of communication being through the Consultant in Dental Public Health and Local Organisers.
- 2.4 All-Wales co-ordination will be by Public Health Wales, through Mr Nigel Monaghan. Data cleaning and analysis will be undertaken by the Welsh Oral Health Information Unit, through Mrs Maria Morgan.

- 2.5 Comparability will be achieved by examiners being trained and calibrated to the Wales benchmark examiner, Dr Julie Jobbins.

3 SAMPLING

- 3.1 Estimated school year populations are required by local organisers in August/September for sampling. Accurate school year populations are needed for analysis of weighted means. Local Organisers will obtain accurate school year population figures in December to use in data analysis. These will be forwarded to the Welsh Oral Health Information Unit.
- 3.2 The sample will be randomly selected. The aim will be to randomly select 70 subjects from each Dental Planning Area so that, after allowing for absentees, refusals etc., at least 50 subjects should be examined in each Dental Planning Area. There will be no substitution for sampled children who cannot be examined.
- 3.3 Where Dental Planning Areas contain fewer than 70 children in the 5-yr-old group, all children will be examined. Detailed guidance on how to sample has been prepared and is attached as an appendix to this protocol.
- 3.4 Local organisers should use the method in the guidance to calculate sample size and randomly select schools. They should forward a copy of the completed paperwork to the Regional Contact for checking prior to data collection.
- 3.5 Only one school year will be sampled. The sampling frame will be School Year 1 (the school year in which the 6th birthday is achieved, the “rising sixes”).

4 CONSENT

- 4.1 The survey for 2014/15 will use written positive parental consent. In an attempt to improve response rate for this survey, there will be 2 separate mailings of the consent form. The first mailing of the consent form will be of the form printed on white paper. The second mailing of the consent form will be of the form printed on coloured paper.

- 4.2 For positive consent of parents, access to school lists will be required. From these lists an appropriate sample of children should be selected. Letters should be sent to the parents notifying them of the forthcoming survey, providing them with sufficient information to permit them to follow up any questions they may have and to provide consent. A sample letter is included at Appendix 1. The letter should include the planned date of examination and be sent enclosing an envelope addressed to the appropriate contact in the school. Only those children whose parents respond to the letter by completing a consent form should be examined.
- 4.3 It is possible that some schools will not co-operate with this process, for example by refusing to provide information to allow a random sample to be drawn. In these circumstances details of the schools and reasons given for not co-operating should be collected and provided to the Welsh Oral Health Information Unit.
- 4.4 The consent process within the school setting relies upon the Education Reform Act 1996 s 520 (2) which means any parental refusal notified must be respected. In addition parents are not consenting to coercion of children to co-operate. If either the parent refuses or the child refuses to co-operate then the child will not be examined.

5 EXAMINERS AND RECORDERS

- 5.1 The number of examiners will be kept to a minimum as recommended in Community Dental Health, Volume 14 Supplement No. 1 March 1997, 18-29.
- 5.2 Each examiner will be accompanied by a recorder supplied by the provider Trust.

6 TRAINING AND STANDARDISATION

- 6.1 All examiners and recorders will attend a training and calibration exercise to be based at the Holiday Inn Express, Newport from the 15th-17th October 2014. Examining teams need to bring their own approved light source, extension lead, computer, latex-free gloves and reclining chair to the calibration.
- 6.2 The cost of the training and calibration exercise will be borne by the Welsh Government.
- 6.3 For information purposes additional information on the examination aspects of the training and calibration exercise is included at Appendix 5.
- 6.4 Prior to the training and calibration exercise it is expected that all recorders will be trained in use of computers equivalent to the European Computer Driving Licence (ECDL) module 2, and following that training trained in data entry using Dental SurveyPlus 2.

7 THE EXAMINATIONS

- 7.1 The examinations will take place in schools.
- 7.2 Subjects will be prone with the examiner seated behind them.
- 7.3 The recorder will be seated comfortably in a position to hear clearly what is said by the examiner.

8 EQUIPMENT REQUIRED

- 8.1 A purpose built light yielding 4000 lux at 1 metre (e.g. Daray) or a similar protected light source will be used for illumination. In the interests of comparability, fibre-optic light sources should not be used to transilluminate approximal surfaces.
- 8.2 Extension flex and plug adapter for use when necessary with the lamp.
- 8.3 Disposable paper roll for laying out instruments.
- 8.4 Spare recording charts, pencils, rubber and sharpener for use in case of computer failure.
- 8.5 Portable microcomputer using Dental SurveyPlus 2 and appropriate extension and adapter leads and plugs.

- 8.6 Materials to ensure cross-infection control including containers for clean instruments, containers for dirty instruments, disinfectant spray/wipes, clean latex-free gloves, eye protection for subjects, clinical waste bags together with sufficient cotton wool buds/rolls etc. for each child.

9 EXAMINATION PRINCIPLES

- 9.1 Diagnoses will be visual using a plane mouth mirror. A blunt ball-ended probe (CIPTN) with an end diameter of 0.5mm will be used as described below.
- 9.2 All necessary steps must be taken to prevent cross-infection. A fresh set of previously sterilised instruments will be used for each subject.

10 EXAMINATION PROCEDURE

- 10.1 On commencing the session ensure that the Caps Lock is turned on. This will ensure a consistent approach for surfaces coded T.
- 10.2 The standard sequence to be used in examination and collecting data is:-
- (a) Collection of standard data related to the session (examiner code, unitary authority, dental planning area code, school code, school postcode, date of examination)
 - (b) Collection of any personal information (consent sheet colour, pupil number, date of birth, gender).
 - (c) Oral examination.
- 10.3 Teeth will be examined for caries in the following order:
- (a) Upper Left to Upper Right
 - (b) Lower Right to Lower Left
- 10.4 Surfaces will be examined in the following order:-
Distal, Occlusal, Mesial, Buccal, Lingual
- 10.5 Each tooth will be identified and each surface recorded according to the diagnostic criteria for caries.

- 10.5 Teeth must not be brushed but may be rinsed prior to examination. Debris or moisture may be removed from individual sites where visibility is obscured, with cotton wool. Compressed air will not be used.
- 10.6 X-rays will not be taken.
- 10.7 Presence or absence of sepsis in the mouth will be noted and coded.

11 SESSION INFORMATION

- 11.1 Examiner code: each examiner has a code of 1 letter (which must be entered, must be used consistently during the survey. Carried forward from previous record).
- 11.2 Unitary Authority: pull-down menu. Carried forward from previous record.
- 11.3 Dental Planning Area (historical health authority codes will be used for 2014/8 up to 5 letters/numbers. Carried forward from previous record).
- 11.4 School code: an alphanumeric code will be identified for each school, e.g. AO1, BO2, etc. according to area (up to 4 numbers/letters – must be entered). Carried forward from previous record.
- 11.5 School postcode, Alphanumeric up to 7 characters, must be completed (use dummy characters AAAAAAA if postcode needs to be added later) For postcodes with 6 characters enter as AB1 2CD. Carried forward from previous record.
- 11.6 Date of examination: must be entered as DD/MM/YYYY. Carried forward from previous record.

12 PERSONAL INFORMATION

- 12.1 If paper-recording sheets are used including child's surname and first name, these details must not be entered into a computer.
- 12.2 Consent sheet colour. Enter white or colour as appropriate.
- 12.3 Pupil Number: numerical, up to 5 digits, must be specified (can be considered as a record number).
- 12.3 Date of birth: must be entered as 11/MM/YYYY.
- 12.4 Gender: either Male or Female (or if unable to tell visually Indeterminate).

13 CARIES AND ORAL SEPSIS CRITERIA

The diagnosis of the condition of tooth surfaces will be visual and the ball-ended probe will be used only for the removal of debris.

The tooth should be identified by quadrant and letter, A to E (or E to A), followed immediately by the appropriate surface codes which should be entered on the appropriate space on the dental chart.

13.1 Surface Code 1 - arrested dentinal decay

Surfaces are regarded as falling into this category if the trained examiner there is of the opinion that there is hard arrested caries into dentine.

13.2 Surface Code 2 - decayed

Surfaces are recorded in this category if the trained examiner is of the opinion that there is a carious lesion into dentine.

13.3 Surface Code 3 - decay with pulpal involvement

Surfaces are regarded as falling into this category if the trained examiner is of the opinion that there is a carious lesion that involves the pulp, necessitating an extraction or pulp treatment. The examiner will not distinguish between different possibilities for treatment, e.g. pulp therapy or extraction, and involvement of the pulp will be the sole criteria. Use this code for all surfaces when a root only is present.

13.4 Surface Code 4 - filled and decayed

A surface that has a filling (13.5) and a carious lesion (13.2), whether or not the lesion(s) are in physical association with the restoration(s), will fall into this category unless the lesion is so extensive as to be classified as "decay with pulpal involvement". In the latter case the filling is ignored and the surface classified Code 3.

13.5 Surface Code 5 - filled with no decay

Surfaces containing a satisfactory permanent restoration (excluding crowns and bridge abutments) of any material will be coded under this category (with the exception of obvious sealant restorations which are coded separately as N).

13.6 Surface Code R - filled, needs replacing (not carious)

A filled surface is regarded as falling into this category if, in the opinion of the examiner, it is chipped or cracked and need replacing, but there is no “caries into dentine” present on the same surface. Lesions or cavities containing a temporary dressing or cavities from which a restoration has been lost will be regarded as “filled needs replacing”, unless there is also evidence of caries into dentine in which case they will be coded in the appropriate category of ‘decayed’.

Note: Tooth surfaces should be separately identified. Where categories are to be combined later, code R surfaces are part of the “Filled” component as no new caries is evident. This is a change from some previous conventions such as the inclusion of “unsound” surfaces with decay in the OPCS National Adult Dental Health Surveys.

13.7 Tooth Code 6 - tooth extracted due to caries

Surfaces are regarded as missing if the tooth of which they were a part has been extracted because it was carious. Surfaces which are absent for any other reason are not included in this category.

Missing deciduous canines and deciduous molars must be included in this category. Missing deciduous incisors will not be counted and should be coded as permanent teeth unerupted (Code 8).

13.8 Tooth Code 7 - Extracted for orthodontic reasons

This Code will not be used for School Year 1 children. Missing deciduous teeth will be assumed to be missing due to caries or natural exfoliation and coded accordingly. (See 13.7).

13.9 Tooth Code 8 - Unerupted

This code normally applies to permanent teeth. For School Year 1 children it is used where deciduous incisors are missing (See 13.7), and absent first permanent molars which will be assumed unerupted.

13.10 Surface Code 9 - Excluded

When the examiner is unable to form a judgement on the state of a surface e.g. because more than half of it is obscured by orthodontic bands, Code 9

should be used. This code should only be used when strictly necessary due to obscuring of the whole of a tooth surface. (Note: For analysis purposes code 9 is interpreted as sound).

13.11 Surface Code C - crowned/advanced restorative procedures

This code is used for all surfaces which have been permanently crowned (including stainless steel crowns) or which have received permanent items of advanced restorative care in the form of a veneer or a restoration constituting a bridge abutment. This is irrespective of the materials employed or of the reasons leading to the placement of the crown/veneer/bridge. (Note missing teeth replaced by a bridge are coded 6, 8 or all surfaces T).

(Note: The number of teeth (and surfaces) coded \$, N and C should be separately identifiable. Decayed “d” comprises codes 1 + 2 + 3 + 4. Filled “f” comprises codes 5 + R + N.)

13.12 Surface Code T - trauma

A surface will fall into this category if, in the opinion of the examiner, the tooth/surface has been subject to a traumatic blow and as a result:

- Is fractured so as to expose dentine
or
- has been treated (excluding crown/advanced restorative procedures)
or
- a surface is significantly discoloured.

If any tooth surface is both carious and traumatised it should be recorded under the appropriate category of decayed.

Fillings inserted after an anterior root filling will be ignored and the surface coded as T.

13.13 Surface Code 0 - present and “sound”

A surface is regarded as “sound” if it shows no evidence of treatment or untreated clinical caries at the “caries into dentine” diagnostic threshold. The early stages of caries, as well as other similar conditions, are excluded. Surfaces with the following defects, in the absence of other positive criteria, should be coded as present and “sound”.

- white or chalky spots;

- discoloured or rough spots;
- stained pits or fissures in the enamel that are not associated with a carious lesion into dentine;
- dark, shiny, hard, pitted areas of enamel in a tooth showing signs of moderate to severe fluorosis.

All questionable lesions should be coded as "sound".

13.14 **Sealed Surfaces**

The ball-ended probe will be used to assist in the detection of sealants. Care should be taken to differentiate sealed surfaces from those restored with tooth coloured filling materials used in prepared cavities which have defined margins and no evidence of fissure sealant (the latter are regarded as fillings and are coded 5, 4 or R). Sealant codes should only be used if the surface contains evidence of sealant (including cases with partial loss of sealant), is otherwise sound and does not also contain an amalgam or conventional tooth coloured filling. Sealant codes are \$ and N.

13.15 **Surface Code \$ - sealed surface, type unknown**

All occlusal, buccal and lingual surfaces containing, in the opinion of the examiner, some types of fissure sealant, but where no evidence of a defined cavity margin can be seen. (Note: this category will inevitably include both preventive and therapeutic sealants).

13.16 **Surface Code N - obvious sealant restoration**

All occlusal, buccal and lingual surfaces containing, in the opinion of the examiner, a sealant restoration where there is evidence of a defined cavity margin and a sealed unrestored fissure. (If doubt exists as to whether a preventive sealant or a sealant restoration is present the surface should be regarded as being preventively sealed - Code \$).

13.17 **Sepsis in the mouth**

Following examination of the mouth, if, in the opinion of the trained examiner, the presence of an acute abscess or sinus has been noted, code 'Yes' for Sepsis. If no abscess or sinus has been seen, code 'No'.

14 DATA COLLECTION

- 14.1 Data will normally be recorded at school on a portable microcomputer using Dental Survey Plus 2.
- 14.2 A Dental Survey Plus 2 format will be supplied by Mr N Monaghan and must be used for data collection and analysis. The Dental Survey Plus 2 format will be available in August 2014. The format should not be altered. If additional data is to be collected locally it should be collected separately.
- 14.3 A separate spreadsheet for recording of refusals by local authorities, by schools and by pupils/parents will be supplied. These should be completed by local organisers (including completion of nil returns) and returned to the WOHIU with the epidemiology data file.
- 14.4 Examiners and Recorders will have paper charts for recording data in case of malfunction of the computer.
- 14.5 Diagnostic criteria will be coded:

Sound	= Code 0
Hard arrested decay	= Code 1
Decayed into dentine	= Code 2
Decayed into pulp	= Code 3
Filled and decayed	= Code 4
Filled with no decay	= Code 5
Filled needs replacing (not carious)	= Code R
Extracted due to caries	= Code 6
<i>This code will not be used</i>	= Code 7
Unerupted	= Code 8
Tooth excluded	= Code 9
Crown	= Code C
Trauma	= Code T
Sealed surface, type unknown	= Code \$
Obvious sealant restoration	= Code N

15 QUESTIONNAIRE DATA

- 15.1 Non-clinical data required for the Wales Common Minimum Dental Data Set will be collected by a questionnaire sent to the parents of the sample children. The questionnaire contains questions used in the National Child Dental Health Surveys. The questionnaires are appended to this protocol. These should be copied for use locally.

- 15.3 Examiners are strongly encouraged to enter answers directly onto the computer when examining children.
- 15.4 As positive consent is to be used the consent form should be sent to the parents attached to the questionnaire.

16 USE OF QUESTIONNAIRE

- 16.1 The questionnaire and consent form can be distributed to parents through the school. An envelope addressed to the appropriate school contact should be provided so that completed questionnaires and consent forms can be returned by parents.
- 16.2 Questionnaire data will be entered into the Dental SurveyPlus 2 format locally.

17 DATA CLEANING

- 17.1 The recent improvements in data quality across Wales can be attributed to an integrated team approach to quality assurance. This team consists of all data fieldworkers (i.e. dentists and dental nurses), the five local epidemiology co-ordinators, the WOHIU and the all Wales dental epidemiology co-ordinator.

To ensure continued data quality the **data must undergo the following three way data handling process:**

- Those collecting the data should adhere to the guidelines within this protocol and those distributed at the annual training and calibration exercise.
- The data must then be further processed by the Local Organiser to ensure consistency of approach across specific regions.

The data is processed once more by the WOHIU to ensure consistency of approach across the Principality.

- 17.2 Examiners and Local Organisers will check that dates of birth are in the range 5.00-6.99 years (note children should only be beyond this range if they have skipped a school year or been held back one year). Examiners and Local Organisers will also check for postcodes and insert them when they are missing.

50 Postcodes per day can also be found by using the following internet site:

www.royalmail.com by clicking “Find a Postcode”.

18 DATA PROCESSING

- 18.1 Local Organisers will assemble the clinical and questionnaire data in a single data file for each Unitary Authority and prepare summary data for each Dental Planning Area.
- 18.2 In order to ensure a common method is used, data for the Welsh Common Minimum Dental Data Set will be processed by the Welsh Oral Health Information Unit. Local Organisers must send a copy of each Unitary Authority data file, on disk to the Welsh Oral Health Information Unit at the Dental School, Cardiff. Maria Morgan can be contacted at the unit via telephone on 029 2074 4612. This does not stop Local Organisers carrying out their own analyses of their copy of the data.
- 18.3 Results will be prepared for Unitary Authorities by the Welsh Oral Health Information Unit in accordance with the headings of Tables 4 to 8 inclusive of the Common Minimum Data Set 2015. A copy of the results will be returned to each Local Organiser and Consultant in Dental Public Health.

19 BASCD DATA

- 19.1 A BASCD summary will be prepared for Mr Monaghan by the Welsh Oral Health Information Unit using the standard reporting form distributed by the Dental Health Services Research Unit, Dundee. Dental Planning Area data will be appropriately weighted to give the UA area data.
- 19.2 BASCD data will be co-ordinated by the All Wales Co-ordinator, working with the Welsh Oral Health Information Unit, for onward transmission to Dundee by 31 July 2015. Data will be forwarded at District and Unitary Authority levels. It is expected to cover:

Name of Unitary Authority

Start and finish dates for examinations

Total population of age group

Total number of schools

Number of schools visited

Date: 12 th September 2014	Version: 1	Page: 16 of 39
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Sample drawn
Number of children examined
Mean age in years and standard deviation
Mean number of dt, standard deviation and 95% confidence interval
Mean number of mt, standard deviation and 95% confidence interval
Mean number of ft, standard deviation and 95% confidence interval
Mean number of dmft teeth, standard deviation and 95% confidence interval
Number and percentage of children with caries experience,
(dmf > 0)
Number of percentage of children with current dentinal decay.
(d > 0)
For dt > 0, mean number of dt and standard deviation
For dmft > 0, mean number of dmft and standard deviation

19.3 All means and standard deviations should be recorded to two decimal places.

20 TIMETABLE AND DEADLINES FOR RESULTS

- 20.1 Local Organisers should send their cleaned data file to the Welsh Oral Health Information Unit by 30 April 2015.
- 20.2 The Welsh Oral Health Information Unit will prepare data for Tables 4 to 8 of the Common Minimum Dental Data Set, by Dental Planning Area, for Public Health Wales by 31 December 2015.

APPENDICES

- 1) Positive Consent Letter to Parents
- 2) All – Wales Questionnaire – English
- 3) All – Wales Questionnaire – Welsh
- 4) Sampling Guidance
- 5) Child Protection Resources

Consent Letter

Address
Address
Address
STD Telephone Number
[Date Stamp Desirable]

Dear Parent/Guardian,

Re (name of child).....

A dental inspection for year 1 pupils at your child's school has been arranged, commencing on *Day, NN of Month, Year*. This is part of a survey programme run in Wales on behalf of the National Assembly.

The inspection consists of a brief visual examination of the mouth using a sterile mirror and probe. No treatment will be carried out during this inspection. If a more detailed examination is indicated you will be informed and appropriate arrangements will be suggested.

The inspection process will allow us to plan the provision of dental services, to help ensure children have healthier teeth. We collect only the minimum of personal information (school postcode, gender, month and year of birth) with information on the state of children's' teeth. We do not collect your child's name. Please help us by allowing and encouraging your child to participate and returning to us a completed questionnaire.

If you have any questions regarding the dental inspection please do not hesitate to contact me.

Please provide consent for your child to have their teeth examined using the form provided. Along with the form and questionnaire we have enclosed an addressed envelope. You can be reassured that we will only examine your child's teeth if they are happy for us to proceed on the day.

Thank you for your co-operation.

Yours sincerely,

Name

Clinical Director/Senior Dental Officer/Community Dental Officer

Llythyr Traddodiadol i geisio Caniatâd Cadarnhaol

Cyfeiriad
Cyfeiriad
Cyfeiriad
Rhif Ffôn STD
[Stamp Dyddiad yn Ddymunol]

Annwyl Rhiant / Gwarchodwr,

Parthed (enw'r plentyn).....

Trefnwyd archwiliadau deintyddol i ddisgyblion blwyddyn 1 yn ysgol eich plentyn. Byddant yn dechrau ar *Ddydd, NN Mis, Blwyddyn*. Mae hyn yn rhan o raglen arolygu a gynhelir yng Nghymru ar ran y Cynulliad Cenedlaethol.

Bydd ceg eich plentyn yn cael ei archwilio'n gyflym gan ddefnyddio drych a stilydd steryll. Ni chaiff y plentyn unrhyw driniaeth yn ystod yr archwiliad hwn. Os bydd arwyddion bod angen archwiliad mwy manwl fe gewch eich hysbysu a chewch awgrymiadau ar gyfer trefniadau addas.

Bydd y broses archwilio'n ein caniatâu i gynllunio'r ddarpariaeth gwasanaethau deintyddol, er mwyn sicrhau bod gan blant ddannedd iachach. Dim ond ychydig bach o wybodaeth bersonol rydym yn ei chasglu (cod post yr ysgol, rhyw, mis a blwyddyn geni) ynghyd â gwybodaeth am gyflwr dannedd y plant. Nid ydym yn casglu enw'ch plentyn. Rydym yn gofyn i chi ein helpu trwy ganiatâu i'ch plentyn gymryd rhan yn yr archwiliad a'i annog i wneud, a thrwy ddychwelyd holiadur wedi'i gwblhau.

Os oes gennych unrhyw gwestiynau ynghylch yr archwiliad deintyddol, mae croeso i chi gysylltu â mi.

Os gwelwch yn dda, rhowch eich caniatâd i'ch plentyn gael archwilio'i ddannedd trwy ddefnyddio'r ffurflen amgaeedig. Ynghyd â'r ffurflen a'r holiadur rydym wedi cynnwys amlen â chyfeiriad. Gellwch fod yn hollol sicr na fyddwn ond yn archwilio dannedd eich plentyn os yw'n fodlon i ni wneud hynny ar y diwrnod.

Diolch am eich cydweithrediad.

Yn gywir,

Enw

**Cyfarwyddwr Clinigol/Uwch Swyddog Deintyddol/Swyddog Deintyddol
Cymunedol**

Dental Survey Inspection Consent Form

I do/do not
(name of parent) *(delete as appropriate)*

give my consent to the participation of

.....
(name of child)

in the All Wales Dental Survey of Year 1 pupils 2014/15

Signed

**Ffurflen Caniatâd ar gyfer Archwiliad
Arolwg Deintyddol**

**Rwyf i / Nid wyf i
(dilëir fel bo'n briodol)** **(enw'r rhiant)**

yn caniatáu i

.....
(enw'r plentyn)

**gymryd rhan yn yr Arolwg Deintyddol Gymru gyfan o ddisgyblion
Blwyddyn 1 2014/12**

Llofnodwyd

CONFIDENTIAL**ALL-WALES DENTAL STUDY OF SCHOOL YEAR 1 CHILDREN 2014/2015**

NAME

SCHOOL

Please tick the boxes below to give your answer ✓

Please send the completed questionnaire and consent form back to school in the envelope provided.

1. In the last 12 months has your child **had toothache** (other than teething problems) **No** **go to 7**
Yes

2. If your child did have pain did they also have: ***Tick all that apply***
Swelling of the face or in the mouth?
A high **temperature**

3. From whom did you **seek help** for toothache? ***Tick one or more***
No-one **go to 7**
Doctor
Dentist
Pharmacist
Other

Please specify for other.....

4. On the day you first saw the doctor/dentist/pharmacist/other person what **immediate treatment/advice** was provided for the dental pain?
Tick all that apply

- | | |
|----------------------------------|--------------------------|
| Painkillers | <input type="checkbox"/> |
| Antibiotics | <input type="checkbox"/> |
| Extraction of tooth/teeth | <input type="checkbox"/> |
| Filling(s) | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Please specify for other.....

5. If extraction or filling was part of the treatment
was this done under **general anaesthetic**? **No**
Yes

6. How **long** was it between your first visit to the dentist and the visit when fillings were done or teeth extracted? **Please tick one answer**

- | | |
|--------------------------------|--------------------------|
| Did not take to dentist | <input type="checkbox"/> |
| Same day | <input type="checkbox"/> |
| 1 day | <input type="checkbox"/> |
| 2-3 days | <input type="checkbox"/> |
| 4-7 days | <input type="checkbox"/> |
| More than 1 week | <input type="checkbox"/> |

7. **When** are your child's teeth brushed? **Please tick all that apply**

- | | |
|------------------------------------|--------------------------|
| Does not have teeth brushed | <input type="checkbox"/> |
| Morning at home | <input type="checkbox"/> |
| Morning at school | <input type="checkbox"/> |
| Afternoon at school | <input type="checkbox"/> |
| Evening at home | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Please specify for other.....

8. So far we have asked questions about your child. We'd also like to know a little about you, the parents or guardians. Would you please answer the following question about both the parents or guardians of the child, if they live in the household. If only one parent or guardian lives in the household, just answer for that parent

In general, do you go to the dentist for:

	Mother/female guardian	Father/male guardian
	Tick one	Tick one
A regular check up	<input type="checkbox"/>	<input type="checkbox"/>
An occasional check up	<input type="checkbox"/>	<input type="checkbox"/>
Only when you are having trouble with your teeth?	<input type="checkbox"/>	<input type="checkbox"/>

End

Are there any questions you meant to go back to?

Please send this questionnaire with the consent form in the envelope provided?

Thank you

CYFRINACHOL**ASTUDIAETH CYMRU GYFAN O DDANNEDD PLANT BLWYDDYN 1 2014/2015**

ENW

YSGOL

Ticiwch y blychau i ateb y cwestiynau ✓

A wnewch chi anfon y ffurflen wedi'i llenwi i'r ysgol yn yr amlen a ddarperir i chi.

1. Yn ystod y 12 mis diwethaf ydy eich plentyn wedi cael y ddannoedd (ac eithrio pan oedd yn torri dannedd)? **Nac ydy** **ewch i 7**
Ydy
2. Os oedd eich plentyn mewn poen, a oedd: **Ticiwch bob un sy'n berthnasol**
Ei (h)wyneb neu ei (cheg)geg wedi chwyddo hefyd?
Tymheredd uchel ganddo (ganddi)?
3. Gyda phwy y gwnaethoch chi gysylltu i gael help ar gyfer y ddannoedd? **Ticiwch un neu fwy**
Neb **ewch i 7**
Meddyg
Deintydd
Fferyllydd
Arall

Os 'arall' nodwch pwy.....

4. Ar y diwrnod cyntaf y gwelsoch y meddyg/deintydd/fferyllydd person arall pa driniaeth/cyngor a roddwyd ar gyfer y boen yn y dannedd?

Ticiwch bob un sy'n berthnasol

- Cyffuriau lleddfu poen**
- Gwrthfotigau**
- Tynnu dant/dannedd**
- Llenwad(au)**
- Arall**

Os 'arall' nodwch beth.....

5. Os cafodd y dant ei dynnu neu os cafodd eich plentyn lenwad, a wnaethpwyd hyn dan anesthetig cyffredinol?

Naddo

Do

6. Pa mor hir oedd hi rhwng eich ymweliad cyntaf i'r deintydd a'r ymweliad pan llenwadau eu gwneud neu ddannedd a dynnwyd?

Ticiwch un blwch

Nid aethom at y deintydd

Yr un diwrnod

1 diwrnod

2-3 diwrnod

4-7 diwrnod

Mwy nag 1 wythnos

7. Pa bryd y caiff dannedd eich plentyn eu brwsio? **Ticiwch bob un sy'n berthnasol**

Nid yw'n brwsio ei ddannedd

Yn y bore, gartref

Yn y bore, yn yr ysgol

Yn y prynhawn, yn yr ysgol

Gyda'r nos, adref

Arall

Os 'arall' nodwch pwy.....

8. Hyd yma rydym wedi gofyn cwestiynau am eich plentyn. Rydym hefyd am gael ychydig o wybodaeth amdanoch chi, y rhieni neu'r gwarcheidwaid. A fydd ech cystal ag ateb y cwestiwn canlynol am y ddua riant neu warcheidwad y plentyn os ydynt yn byw yn y cartref. Os mai un rhiant neu warcheidwad sy'n byw yn y cartref, atebwch ar gyfer y rhiant hwnnw yn unig.

Yn gyffredinol, ydych chi'n mynd at y deintydd i
gael:

Mam/
gwarcheidwad
benywaidd

Ticiwch un

Tad/
gwarcheidwad
gwrywaidd

Ticiwch un

Archwiliad **rheolaidd**

Archwiliad **achlysurol**

Neu dim ond pan fyddwch yn cael **trafferthion** gyda'ch
dannedd?

Diwedd

A oes cwestiynau yr oeddech wedi bwriadu mynd yn ôl atyn nhw?

A wnewch chi anfon yr holiadur hwn i'r ysgol yn yr amlen a ddarperir i chi.

Diolch.

BASCD Co-ordinated Caries Prevalence Study, 2014/2015

Guidance for Wales on Sampling Year 1 Pupils

Children attending state funded primary schools (including grant maintained and church schools) in school year 1 will be surveyed. All dental planning areas contain at least one school. Schools are one of the environments in which children can be targeted for oral health initiatives. The sampling and reporting of the results of this year's data will be on the school population of the dental planning area (i.e. sampling and analysis based on school postcode not home postcode).

Population

The population under study is Children in school year 1.

Strata

The first level strata for sampling are dental planning areas.

The second level strata for sampling are schools.

Information Required for Sampling

A list of schools and the number of year 1 children expected in each school (August/September data).

Sample size per dental planning area

70 children will be randomly selected from each dental planning area from an appropriate mix of small and large schools (see following page for method). In sampled schools all children in small schools will be examined and 1 in 2 children in large schools. However if there are less than 70 children in the dental planning area include all the children in the sample.

Minimum examination rates

A minimum of 70 children will be examined in each dental planning area.

Data for planning samples and for weighting results

The sample size will be calculated upon the expected school population (August/September data from schools). The weighting of results will not use the expected school population but rather the actual school population (December data from schools).

Completion of sampling tables

For each dental planning area, complete Table 1 columns 1 to 4, allocating each school a number.

Table 1: Schools in DPA

(NAME) DPA						
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
DPA Schools	Schools with less than 30 children in Year One	Schools with 31 or more children in Year One	School's Number	Selected Yes/No	Selected Small Schools	Selected Large Schools (NB $\frac{1}{2}$ children)
First School Name	No. of children	No. of children	1			
-----	-----	-----	-----	-----	-----	-----
Last School Name	No. of children	No. of children	N			

Use the numbers in columns 2 and 3 of table 1 for a DPA to calculate the number of year 1 children in large schools, number of year 1 children in small schools and number of year 1 children in the DPA and enter these in Table 2 for the DPA.

Table 2: Numbers and percentages of children in small and large schools

(Name) DPA			
	No of children	% of Children	Minimum Sample
Small Schools			
Large Schools			
DPA Total			

Calculate the percentage of children in small and large schools and enter these in Table 2. Then multiply the percentage in small schools by 45 and divide by 100, round up any fraction to the next whole number and enter the result in the minimum sample box for small schools. Repeat this procedure to calculate the minimum sample for the larger schools.

Use the random number generator in Dental SurveyPlus 2 to generate a list of random numbers in the range of numbers allocated to the schools. Use these numbers to select small schools (tick in column 5) until there are enough pupils in those schools to match or exceed the minimum sample for small schools (put pupil numbers in column 6). Similarly select the large schools (tick in column 5) until there are enough pupils in those schools to match or exceed the minimum sample for large schools (put 50% of pupil numbers in column 7).

A worked example for Haverfordwest follows, and blank forms for photocopying follow the worked example.

Worked Example for Haverfordwest

Table 1: Example schools in DPA

Haverfordwest DPA						
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
DPA Schools	Schools with less than 30 children in Year One	Schools with 31 or more children in Year One	School's Number	Selected Yes/No	Selected Small Schools	Selected Large Schools (NB ½ children)
Broad H	5		001			
Burton	12		002			
Fenton		39	003	Yes 1:2		
Hook	16		004			
Johnston		35	005	Yes 1:2		18
Llangwm	8		006			
Mary Immac	16		007			
Mt Airey		54	008	Yes 1:2		27
Penfordd	5		009	Yes	5	
Prend Inf		63	010			
Roch	18		011	Yes	18	
Rosemarket	3		012			
Spittal	16		013	Yes	16	
St Marks	24		014			
Wiston	20		015			
Ysgol Glan Cleddau	13		016			
Totals	156	191			= or >32	= or >39

Table 2: Example numbers and percentages of children in small and large schools

Haverfordwest DPA			
	No of children	% of Children	Minimum Sample
Small Schools	156	45%	32
Large Schools	191	55%	39
DPA Total	347	100%	70

Table 1: Schools in DPA

Totals					= or >	= or >

Table 2: Numbers and percentages of children in small and large schools

..... DPA			
	No of children	% of Children	Minimum Sample
Small Schools			
Large Schools			
DPA Total			

2014/2015 Dental Epidemiological Survey of School Year 1 (5-year-old) Children in Wales 2014/2015

Child Protection Resources
(last updated by Gloria Smith, July 2014)

HOW TO MAKE A REFERRAL TO SOCIAL SERVICES

In any case where child abuse is suspected or apparent, the All Wales Child Protection Procedures **MUST** be followed (Pages 81-83)

Q. When MUST a child protection referral be made?

- A. As soon as you have significant child protection concerns about a child, a referral **MUST** be made to Social Services

Q. Do I have to share my concerns with the parents/carers?

- A. For a child protection referral obtaining parental consent is not obligatory, however it is good practice to share your concerns with the parents/carers unless to do so would put the child or you as a professional, at greater risk of harm.

Q. Who is responsible for making the child protection referral?

- A. The person who has the concerns **MUST** make the referral.

Q. Can I access advice before making the child protection referral?

- A. Yes, you can ask for advice, but **DO NOT** allow seeking advice to delay taking action to safeguard the child.

Q. Should I make a child protection referral over the telephone?

- A. Yes you should, but telephone referrals **MUST** be followed up in writing within 48 hours.

Q. What if it is outside office hours?

- A. Outside office hours, referrals should be made to the Emergency Duty Team, in exactly the same way, using the special contact number.

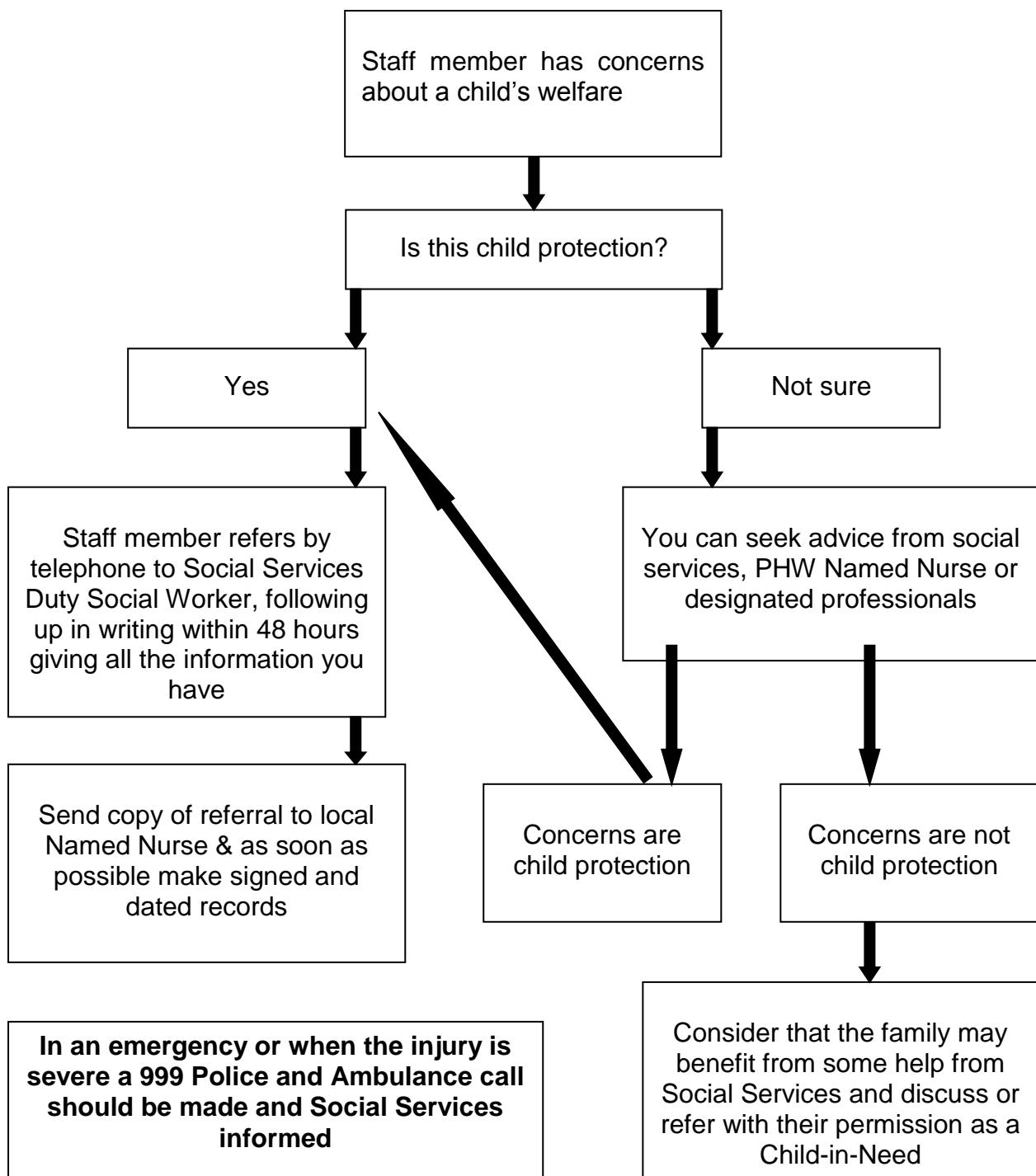
Q. What about child in need referrals?

- A. These may only need a written referral if there is no urgent need to be addressed and you should always have the consent of the parent.

They should give you feedback within 48 hours for child protection referrals, and 7 days for children in need referrals. However, if feedback is not received within these timescales it is good practice for the referrer to contact Social Services.

You may have limited knowledge of the family and feel unable to make a Child-in-Need referral. If this is the case you **Must** discuss your concerns with the Named Nurse.

CHILD PROTECTION REFERRAL PATHWAY



REMEMBER THE SAFETY OF THE CHILD IS PARAMOUNT – IF IN DOUBT SHARE YOUR CONCERNS WITHOUT DELAY

Please refer to the All Wales Child Protection Procedures 2008 page 81-83
www.awcpp.org.uk/9547.html?diablo.lang=eng

CONTACT TELEPHONE NUMBERS
Kate McDonald Named Nurse Safeguarding Children
01352 803214

Designated Doctor
Dr Aideen Naughton
01495 332225

Designated Doctor
Dr Lorna Price
01792 607536

NORTH WALES	MID AND WEST (DYFED POWYS)	MID AND WEST (SWANSEA)	SOUTH EAST WALES (BRO TAF)	SOUTH EAST WALES (GWENT)
PHW Designated Nurse Rachel Shaw 07772 975627	PHW Designated Nurse Janet Evans 01267 225018	PHW Designated Nurse Daphne Rose 01792 607536	PHW Designated Nurse Caroline Jones 01443 824180	PHW Designated Nurse Kathy Ellaway 01495 332217
Social Services Flintshire Day 01352 701000 EDT 0845 0533116	Social Services Carmarthenshire Day 01554 742322 EDT 01558 824283	Social Services Bridgend Day 01656 642320 EDT 01443 425012	Social Services Cardiff Day 02920 536490 EDT 02920 788570	Social Services Newport Day 01633 656656
Wrexham Day 01978 292039 EDT 0845 053 3116	Pembrokeshire Day 01437 776325 EDT 08708 509508	Swansea Day 01792 635700 EDT 01792 775501	Merthyr Tydfil Day 01685 724506 EDT 01443 425012	Caerphilly Day 0808 100 1727
Conwy Day 01492 575111 EDT 01492 515777	Ceredigion Day 01545 572616 EDT 0845 6015392	Neath Port Talbot Day 01639 686803 EDT 01639 895455	RCT Rhondda Day 01443 431513 EDT 01443 452012	Blaenau Gwent Day 01495 315700
Denbighshire Day 01824 712900 EDT 0845 0533116	Powys <i>Brecon</i> Day 01874 624298 <i>Ystradgynlais</i> Day 01639 846547	Taf Ely Day 01443 486731 EDT 01443 452012	Monmouthshire Chepstow Day 01291 635605	Abergavenny Day 01873 735900
Gwynedd Day 01758 704455 EDT 01248 353551	<i>Welshpool</i> Day 01938 552017 <i>Newtown</i> Day 01686 617520 <i>Llandrindod Wells</i> Day 01597 827325 Powys ALL areas EDT 0845 757 3818	Cynon Valley Day 01685 888800 EDT 01443 425012	Torfaen Day (Customer Care) 01495 762200	For ALL the above areas the EDT no is: 0800 328 4432
Ynys Mon Day 01248 752733 EDT 01248 353551		Vale of Glamorgan Day 01446 725202 EDT 02920 788570		

* EDT = Emergency Duty Team

All Wales Named Nurses Contacts

For All Public Health Wales Staff

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