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# All-Wales Dental Survey of School Year 7 Children Protocol for 2016/2017

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**Status:** Final

**Intended Audience:** Wales Dental Examination Teams

**Purpose and Summary of Document:**

This protocol outlines the process and standards which ensure that dental data is collected in Wales in line with the BASCD criteria. The use of the protocol ensures that data resulting from the survey can be used to make comparisons locally over time, and to compare findings from one locality to another both within Wales and more widely across the UK.

**Publication/Distribution:**

- Wales Dental Examination Teams
- Publication in PHW Document Database (Dental Team)
- Welsh Oral Health Information Unit website

<b>EPIDEMIOLOGICAL SURVEY OF 12-YEAR-OLD CHILDREN WALES 2016/2017</b>
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**(d) Key Personnel**

<b>Welsh Oral Health Information Unit</b>			
<b>All Wales Co-ordinator</b>			
<b>Benchmark Examiner</b>			
<b>Local Organiser</b>			
<b>Examining Teams</b>			

## Objectives

- 1.1. To record data for All Wales Common Minimum Data Set, 2017, from a 25% sample of 12-year-old children (school year 7) in Wales in the school terms, winter 2016/2017 and spring 2017.
- 1.2. To obtain valid estimates of caries prevalence of school year 7 children, which will be comparable within areas of Wales and with other areas of the UK where similar surveys are being carried out.

## 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 commissioning processes, with the channel of communication being through the Consultant in Dental Public Health.
- 2.4. All Wales co-ordination will be by the Dental Public Health Team, PHW Wales, through Mr Nigel Monaghan. Data cleaning and analysis will be by the Welsh Oral Health Information Unit, through Prof I C Chestnutt and Maria Morgan.
- 2.5. Comparability will be achieved by use of examiners trained and calibrated to the Wales standard examiner, Julie Jobbins and arrangements made for consistent calibration across the UK.
- 2.6. Examining teams need to be supported by their Health Boards to meet requirements and expectations regarding use of the Welsh Language (Welsh Language Scheme and relevant regulations) when communicating with local authorities, schools, parents and children.

## 3. Sampling

- 3.1. Only school year 7 is to be included in the survey. The sampling frame will be the school year in which the 12<sup>th</sup> birthday is achieved.
- 3.2. A 25% sample of children in each school in year 7 will be examined.
- 3.3. The sampling procedure will be as follows:
  - (a) All schools will be requested to supply class lists, if this communication is by letter it should be in both Welsh and English.
  - (b) One in four of the children in the school year will be randomly chosen from the class list using randomly generated numbers.

- (c) Schools will be given named lists of children who have been sampled and asked to forward letters to parents of these sampled children notifying them of the forthcoming survey (see heading 4. Consent).
- (d) There will be no substitution for sampled children who cannot be examined.

Those requesting assistance with sampling should contact Mr Nigel Monaghan.

If schools are unwilling to share class lists, e.g. quoting data protection issues, then the advice is that all children in the school year in that school should be examined.

Where data protection objectives are raised locally and a way forward is not agreed the District Contact, Mrs. Maria Morgan (at the Welsh Oral Health Information Unit) and the All Wales Co-ordinator (Nigel Monaghan) can be consulted on possible options.

## 4. Consent

- 4.1.** Approval will be obtained from the Director of Education of the Local Authorities, and the Head Teachers of all schools involved by the Clinical Director of the Community Dental Service or nominated alternate. This will require bilingual communication in Welsh and English. In addition the Director of Education should be asked in January 2017 for the school year 7 population of each and every school in the Unitary Authority. This data forms the denominator for the population weighting calculations.
- 4.2.** Parents of sampled pupils will be informed of the forthcoming survey by a bilingual letter (see appendix 3 for an example of the letter content). These letters should indicate that their children will be offered the opportunity to take part in the survey unless the parent refuses prior to the survey (in accord with the Education Reform Act 1996 s 520(2)).
- 4.3.** Pupils, alone or in groups, will be given an explanation using a standard script (see appendices 4, 5 and 6) and use of that script by the dentist will be recorded on the survey file by the recorder.
- 4.4.** Each individual pupil will be asked if they have any questions (and this will be recorded on the survey file) before they are asked if they are willing to participate. Children should have the opportunity to ask and be answered in Welsh or English – whichever is their preferred language. The agreement of pupils to participate will also be recorded on the survey file.
- 4.5.** Examiners will only examine those pupils:
  - whose parents have not refused and
  - who have received an explanation of the nature and purpose of the survey using the standard script and
  - who have been given an opportunity to ask questions and
  - who have been given expressed or implied consent by their words or actions.

## 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. There will be 14 examiners covering Wales.
- 5.2. A recorder who will be supplied by the Local Health Board will accompany each examiner.

## 6. Training and standardisation

- 6.1. All examiners and recorders will attend a training and calibration exercise organised by Mr. N Monaghan based at the [Beaufort Park Hotel](#), Mold, Flintshire from the 16-18 November 2016). **Please bring your own approved light source, extension lead, non-latex gloves and reclining chair to the calibration. (Examiners please note that non-latex gloves are recommended because of the increasing prevalence of latex allergy).**
- 6.2. The cost of the training and calibration exercise will be borne by the Welsh Assembly Government.
- 6.3. 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 License (ECDL) module two, and following that training trained in data entry using Dental SurveyPlus 2.

## 7. The examinations and equipment required

- 7.1. The examinations will take place in schools. Bilingual parental notification letters will be sent home via the post, which will require assistance from the school's administrative department. It is recognised that some schools may not co-operate with this requirement and in this circumstance, in the interest of ensuring that the data is not lost, we suggest that children take the letter home themselves. It is suggested that the community dental services (provided the schools co-operate) provide the school with stamped blank envelopes for the parental notification letter for the school to address to parent of the selected pupils. For any urgent need for dental examination letters that require sending (see 12.6 below), it is suggested that the child addresses a stamped envelope and then this is sent home via the post.
- 7.2. The recorder will be seated comfortably in a position to hear the examiner clearly.
- 7.3. Equipment required includes:
  - (a) a purpose built light yielding 4000 lux at 1 metre (e.g. Daray "Versatile" light, model order no. SL400/222 with "G" clamp, used at the brighter of the two settings) or an equivalent 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. A spare bulb and a screwdriver should be included in case the light bulb has to be changed.

- (b) extension flex and plug adapter for use when necessary with the lamp
- (c) disposable paper roll for laying out instruments
- (d) disposable paper trays will be used to hold instruments at the training and calibration exercise
- (e) spare recording charts, pencils, rubber and sharpener for use in case of computer failure
- (f) portable microcomputer **using Dental SurveyPlus 2** and appropriate extension and adapter leads and plugs
- (g) Sterile plane mouth mirror, ball-ended probes (CPITN) and vinyl gloves

#### **7.4. Examination principles**

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

## **8. Examination procedure**

On commencing the session please ensure the Caps Lock is on. This will ensure that a consistent approach is used for surfaces coded T.

**8.1.** The standard sequence to be used in examination and collecting data is:

- (a) collection of any personal information
- (b) examination of the mouth
- (c) collection of questionnaire data

**8.2.** Each child will be asked his/her name and the month and year of birth for each will be obtained from a class list.

**8.3.** The order of examination will be:

Child lies down, examiner behind, caries examination

**8.4.** Teeth will be examined for caries in the following order:

- (a) upper left to upper right
- (b) lower right to lower left

**8.5.** Surfaces will be examined for caries in the following order:

Distal, Occlusal, Mesial, Buccal, Lingual

**8.6.** Each tooth will be identified and each surface recorded according to the diagnostic criteria for caries.

**8.7.** The mouth will then be examined for local optional data if included.

**8.8.** 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 using cotton wool. Compressed air will not be used.

**8.9.** X-rays will not be taken.

## **9. Information to be recorded**

**9.1.** Examiner code: each examiner has a single letter code that must be used consistently during the survey and is carried forward from previous record. This code will be allocated at the All Wales training and calibration exercise.

**9.2.** School code: the LEA code or local alphanumeric code will be identified for each school, e.g. AO1, BO2, etc. according to area (up to four numbers/letters – must be entered, carried forward from previous record). Local organisers are requested to provide Maria Morgan at the Welsh Oral Health Information Unit with details of codes to be used plus school postcode in September 2016.

**9.3.** Unitary Authority: pull-down menu. Carried forward from previous record.

**9.4.** Date of examination: must be entered as DD/MM/YYYY, carried forward from previous record.

**9.5.** Pupil Number: numerical, up to five digits, must be specified (can be considered as a record number).

## **10. Personal information**

**10.1.** (If the computer breaks down and paper-recording sheets are used: Child's surname and first name. These details must not be entered into a computer).

**10.2.** Home postcode; Alphanumeric up to seven characters. The home postcode consists of six characters; a space should be included between the 3<sup>rd</sup> and 4<sup>th</sup> characters. Must be completed (use dummy characters AAAAAAA if postcode needs to be added later).

**10.3.** Date of birth: must be entered as 11/MM/YYYY (11<sup>th</sup> of month chosen for ease of data entry and to reduce amount of identifiable information).

- 10.4.** Use of the consent script, provision of an opportunity to ask questions and obtaining information that the child is happy to proceed should be recorded on the survey format and together these form the basis for the dentist to make a judgement that the child is competent to consent to the examination

## **11. Diagnostic criteria for caries**

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 or confirmation of presence of fissure sealants.

The tooth should be identified by quadrant and number, 8 to 1 (or 1 to 8), followed immediately by the appropriate surface codes which should be entered in the appropriate space on the dental chart.

### **11.1. Surface code 1 - arrested dentinal decay**

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

### **11.2. Surface code 2 - decayed**

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

### **11.3. Surface code 3 - decay with pulpal involvement**

Surfaces are regarded as falling into this category if, in the opinion of the trained examiner, 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.

### **11.4. Surface code 4 - filled and decayed**

A surface that has a filling (11.5) and a carious lesion (11.2), 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 which case the filling would be ignored and the surface classified code 3.

### **11.5. 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).

### **11.6. 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 after inspection, 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 coded. However, if categories are to be combined later, code R surfaces are to be considered as 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.

### **11.7. 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.

### **11.8. Tooth code 7 - extracted for orthodontic reasons**

Surfaces are regarded as extracted for orthodontic reasons if the tooth, of which they were a part, has in the opinion of the examiner been extracted solely for orthodontic reasons. Unless there is overwhelming evidence to the contrary, missing first permanent molars will be recorded as extracted due to caries.

(Note: Teeth extracted due to caries are included in the missing element of the DMF index; teeth extracted for orthodontic reasons are not included in the missing element of the DMF index).

### **11.9. Tooth code 8 – unerupted**

The permanent tooth is un-erupted, or congenitally absent, or missing for reasons unknown and no deciduous tooth is present in the space.

### **11.10. Surface code 9 - excluded**

When the examiner is unable to form a judgement on the state of a surface 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).

### **11.11. Surface code C - crowned/advanced restorative procedures**

This code is used for all surfaces which are permanently crowned 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 as appropriate).

(Note: The number of teeth (and surfaces) coded \$, N and C should be separately identifiable. "Decayed" results comprise codes 1 + 2 + 3 + 4; "filled" comprises codes 5 + R + N.)

## 11.12. Surface code T - trauma

***Examiners are reminded that trauma should be recorded whether or not the tooth has been restored.***

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.

## 11.13. 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 enamel caries, as well as other similar conditions, are excluded. Thus, 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”.

## 11.14. 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:

(a) **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).

- (b) **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 un-restored 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 \$).

## 12. Data collection

- 12.1.** Data will normally be recorded at school on a portable microcomputer using the Dental SurveyPlus 2 programme.
- 12.2.** Dental SurveyPlus 2 epidemiology data collection formats will be supplied by Mr N Monaghan to district organisers and contacts. These should be used for data collection and analysis. The fields and calculations within the format should not be altered. (To ensure the survey files display clearly on the laptop it may be necessary to open the format file on the laptop and move the data fields so they present clearly. The format file can be then saved and a new survey file created from it should present the data fields clearly.)

If additional data is to be collected locally it should be collected separately.

A separate format 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.

- 12.3.** Examiners and recorders will have paper charts for recording data in case of malfunction of the computer.
- 12.4.** Caries 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
Extracted for orthodontic reasons	= Code 7
Un-erupted	= Code 8
Tooth excluded	= Code 9
Crown	= Code C
Trauma	= Code T
Sealed surface, type unknown	= Code \$
Obvious sealant restoration	= Code N

- 12.5.** PUFA scoring - Pulpal Involvement, (Traumatic) Ulceration, Fistula(e) and Abscess(es) are covered by this. For each of these four please indicate whether it is present or absent.

Pulp involvement is recorded when the opening of the pulp chamber is visible or when the coronal tooth structures have been destroyed by the carious process and only roots / root fragments are left.

Traumatic ulceration is recorded when sharp edges of a dislocated tooth with pulp involvement or root fragments have caused traumatic ulceration of the surrounding soft tissues, e.g., tongue or buccal mucosa.

Fistula is scored when a pus-releasing sinus tract related to a tooth with pulp involvement is present.

Abscess is scored when a pus-containing swelling related to a tooth with pulp involvement is present.

The examining dentist will be required to use their clinical judgement as to whether the child needs any urgent dental treatment. Any child diagnosed as such should have a “need for further dental examination” bilingual letter completed, which the child then addresses with their home address.

## **13. Questionnaire data**

- 13.1.** The questionnaire questions are attached to the protocol in both Welsh and English. Examiners are strongly encouraged to obtain answers to these questions face to face when examining children and enter the answers directly onto the computer (if questionnaire data is to be added later it will have to replace the default of the first option for last visit, type of dentist and reason attended).
- 13.2.** Last visit, type of dentist and reason attended all require one choice only. If a child has never been to the dentist there are codes for this. Advice on tooth care allows more than one box to be marked.
- 13.3.** Answers to the following questions should be collected as part of a process of ensuring that child consent is as good as it can be:
- Did you understand what the dentist was going to do today?
  - Do you understand why the dentist looked at your teeth today?
  - Were you happy with the way you were treated today?
  - If not, why not?

## **14. Data cleaning**

- 14.1.** The recent improvement in data quality across the Principality 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 WOHU 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 checked (e.g. missing data/common errors identified) and cleaned by the local epidemiology co-ordinator to ensure consistency of approach across specific regions.
- The data is checked and cleaned once more by the WOHIU to ensure consistency of approach across the Principality.

- 14.2.** District Organisers will also check for presence of home postcodes (select for AAAAAAA postcodes) and insert them when they are missing.

Postcodes can also be found by using the following internet site by clicking on postcode/address finder:

[www.royalmail.com](http://www.royalmail.com)

## **15. Data processing**

- 15.1.** Local organisers will assemble the clinical and questionnaire data into 1-3 clearly marked data files for the district (marked to show the name of the district and both the number of the data files and the total number of data files e.g. file 3 of 3).
- 15.2.** Note: The sampling frame is the school year. Therefore, when sampling, do not select out for over or under age children; use all records. This may give a mean age different from 11.5 years.
- 15.3.** 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 the district data files, on disk, to the Welsh Oral Health Information Unit at the Dental School, Cardiff. This does not stop local organisers carrying out their own analyses of their copy of the data.
- 15.4.** Results will be prepared for dental planning areas within each Local Health Board and region in accordance with the headings of tables 4 to 8 inclusive of the Common Minimum Data Set 2017. A copy of the results will be returned to each local organiser and Director of Dental Public Health.

## **16. BASCD data**

- 16.1.** A BASCD population summary will be prepared by the Welsh Oral Health Information Unit using the standard reporting form distributed by the Dental Health Services Research Unit, Dundee.
- 16.2.** BASCD data will be collected, cleaned, forwarded for analysis and analysed for onward transmission to the UK contact by 31 July 2017 or at a later date

negotiated with BASCD, for inclusion in the UK results. It is expected to cover:

- Name of Local Health Board
- Start and finish dates for examinations
- Total population of age group
- Total number of schools
- Number of schools visited
- Sample drawn
- Number of children examined
- Mean age in years and standard deviation
- Mean number of decayed teeth, standard deviation and 95% confidence interval
- Mean number of missing teeth, standard deviation and 95% confidence interval
- Mean number of filled teeth, standard deviation and 95% confidence interval
- Mean number of DMF Teeth, standard deviation and 95% confidence interval
- Number and percentage of children with caries experience, (DMFT > 0)
- Number and percentage of children with current dentinal decay, (DT > 0)
- For DT > 0, mean number of teeth and standard deviation
- For DMFT > 0, mean number of teeth and standard deviation

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

## **17. Presentation of results and timetable**

**17.1.** Local organisers should send their cleaned data file to the Welsh Oral Health Information Unit, Dental School, UWCM, Heath Park, Cardiff by 31<sup>st</sup> March 2017.

**17.2.** 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 the 3 regions in Wales by 31<sup>st</sup> May 2017. These will include All Wales values.

## **18. Safeguarding Children**

**18.1.** It is assumed that all staff have been trained within the last 3 years in safeguarding children to level 2 standard or above, (it is a statutory requirement for staff to have received this as a minimum) . Staff are reminded that in examining a child as part of their professional duties they have a duty to act (this duty to report is now strengthened in the Social Services and Well-being (Wales) Act 2014) where there have any safeguarding child protection concerns such as signs or symptoms of abuse or neglect or disclosure. Resources to assist in managing these problems are included at appendix 9 to this protocol.

**18.2.** Following examination of a child if they have concerns regarding possible neglect including dental neglect then they should raise these. The new Social Services and Well-being (Wales) Act 2014 came into force in April 2016. Permission is not always required when making a referral to social services if the child is considered to be at risk of abuse or neglect and the obtaining or

attempting to obtain permission puts the child or the practitioner at increased risk. Practitioners should always follow the advice and guidance set out in the All Wales Child Protection Procedures (AWCPP) 2008.

- 18.3.** Following examination of a child if they have concerns regarding possible abuse including dental neglect then they should raise these. Dialogue with the child, teaching staff and Child Protection Professionals may assist them in judging whether a referral is appropriate. If they have concerns they should not communicate these concerns with the parents. In this circumstance they should make a referral to social services (and for severe injuries or an emergency situation also contact the police and ambulance service via a 999 call) following the AWCPP.

# Appendices

## Appendix

- 1 All Wales questionnaire – English
- 2 All Wales questionnaire – Welsh
- 3 Example All Wales parental notification letter – English
- 4 Explanation of features of standard consent script
- 5 Standard consent script – English
- 6 Standard consent script – Welsh
- 7 Example Need for further dental treatment – letter
- 8 Example Need for further dental treatment - examiner record
- 9 Child protection resources



Appendix 1 All Wales Questionnaire - English

## SURVEY OF SCHOOL YEAR 7 CHILDREN 2016/2017

**1. When did you last visit the dentist?**

- Never been
- In the last six months
- In the last year
- Longer ago, but within the last 2 years
- Longer than 2 years ago

**2. Which type of dentist did you see at your last visit?**

- Never been
- General Dental Practitioner (family dentist)
- School or Community Dentist, in a Health Authority Clinic or Mobile Clinic
- Don't know

**3. Why did you go to the dentist last time?**

- Never been
- You were having trouble with your teeth
- You had a note from school
- You went for a check up
- You went for some other reason

**4. Have you received any advice on the care of your teeth?**

- Never advised

**If Yes, who gave this advice?**

- Dentist
- Dental Nurse
- Dental Hygienist
- Doctor
- Teacher
- Another person at school
- Somebody else
- Don't know

**5. Have you had pain or discomfort in your mouth in the last week?**

- Yes
- No

**6. Have you had any days off school because of pain or discomfort in your mouth in the last week?**

- Yes
- No

**7. Did you understand what the dentist was going to do today?**

- Yes
- No

**8. Do you understand why the dentist looked at your teeth today?**

- Yes
- No

**9. Were you happy with the way you were treated today?**

- Yes
- No

**10. If not, why not?**

**THANK YOU VERY MUCH FOR YOUR HELP WITH THIS QUESTIONNAIRE**

Appendix 2 All Wales Questionnaire - Welsh

**1. Pryd oedd y tro diwethaf i chi fynd at y deintydd?**

Nid wyf erioed wedi bod at y deintydd

Yn ystod y chwe mis diwethaf

Yn ystod y flwyddyn ddiwethaf

Yn hirach na hynny, ond a fewn y 2 flynedd ddiwethaf

Mwy na 2 flynedd yn ôl

**2. Pa fath o ddeintydd weloch chi yn ystod eich ymweliad diwethaf?**

Nid wyf erioed wedi bod at y deintydd

Deintydd Teulu

Deintydd Ysgol neu Gymuned, mewn Clinig Awdurdod Iechyd neu Glinig Symudol

Wn i ddim

**3. Pam aethoch chi at y deintydd y tro diwethaf?**

Nid wyf erioed wedi bod at y deintydd

Roeddech yn cael problemau gyda'ch dannedd

Cawsoch nodyn gan yr ysgol

Aethoch am archwiliad

Aethoch am reswm arall

**4. Ydych chi wedi derbyn unrhyw gyngor ar ofalu am eich dannedd?**

Dim cyngor

**Os do, pwy roddodd y cyngor hwn i chi?**

Deintydd

Nyrs Ddeintyddol

Hylenydd Deintyddol

Meddyg

Athro/Athrawes

Person arall yn yr ysgol

Rhywun arall

Wn i ddim

**5. A ydych chi wedi dioddef poen neu anghysur yn eich ceg yn ystod yr wythnos diwethaf?**

Ydw

Nac ydw

**6. A oedd rhaid i chi gollu dyddiau ysgol oherwydd poen neu anghysur yn y geg yn ystod yr wythnos diwethaf?**

Oeddwn

Nac oeddwn

**7. Oeddech chi'n deall beth oedd y deintydd yn mynd i'w wneud heddiw?**

Oeddwn

Nac oeddwn

**8. Ydych chi'n deall pam mae'r deintydd yn edrych ar eich dannedd heddiw?**

Ydw

Nac ydw

9. Oeddech chi'n hapus gyda'r ffordd y cawsoch chi eich trin heddiw?

Oeddwn

Nac oeddwn

10. Os na, pam?

**DIOLCH YN FAWR IAWN AM EICH HELP GYDA'R HOLIAD HWN**

Appendix 3 Example All Wales Parental Notification Letters

**ALL WALES PARENTAL NOTIFICATION MODEL LETTER**

**Address**

**STD Telephone number**

**Date stamp**

(Allow 2-week gap between date stamp and survey time)

**Dear parent/guardian**

The (insert area) Dental Service has arranged to do a dental inspection of pupils at your child's school between DDMMYY (earliest date) and DDMMYY (latest date). Inspections allow us to plan dental services to help us ensure children have healthier teeth.

Your child's mouth will be looked at using a clean mirror and probe. No treatment will be done. Our visit does not replace your child's regular visits to the dentist. If the dentist sees something serious that needs urgent follow up before a regular dental check up you will be told. However, we cannot arrange treatment for you.

We will tell your child about the inspection and ask for their consent. If you do not want your child to take part, please complete the attached slip and post it to the school. If you do not contact the school your child will be asked to take part.

If you have any questions please contact me on (insert local organisers telephone number).

Thank you for your co-operation.

Yours sincerely,

**Name and title**

.....

I do not consent to my child (insert child's name) .....  
taking part in the Community Dental Service dental inspection at (insert school  
name).....

Signed..... (parent/guardian) Date.....



## LLYTHYR ENGHREIFFTIOL I HYSBYSU RHIENI CYMRU GYFAN

**Address**

**STD Telephone number**

**Date stamp**

(Allow 2-week gap between date stamp and survey time)

### **Annwyl riant/gwarcheidwad**

Mae Gwasanaeth Deintyddol (**insert area**) wedi trefnu i gynnal archwiliad o ddannedd disgyblion yn ysgol eich plentyn rhwng DDMMYY (**earliest date**) a DDMMYY (**latest date**). Mae archwiliadau yn ein galluogi i gynllunio gwasanaethau deintyddol er mwyn sicrhau bod gan blant ddannedd iachach.

Bydd ceg eich plentyn yn cael ei harchwilio gan ddefnyddio drych a chwiliedydd glân. Ni fydd unrhyw driniaeth yn cael ei chynnal. Nid yw ein hymweliad yn disodli ymweliadau rheolaidd eich plentyn â'r deintydd. Os yw'r deintydd yn gweld rhywbeth pwysig y mae angen rhoi sylw iddo ar frys cyn yr apwyntiad deintyddol rheolaidd nesaf, byddwn yn dweud wrthy ch am hynny. Fodd bynnag, ni allwn drefnu driniaeth ar eich cyfer.

Byddwn yn dweud wrth eich plentyn am yr archwiliad ac yn gofyn am ei gydsyniad. Os nad ydych yn dymuno i'ch plentyn gymryd rhan, llenwch y ffurflen isod a'i hanfon i'r ysgol. Os na fyddwch yn cysylltu â'r ysgol, gofynnir i'ch plentyn gymryd rhan.

Os oes gennych unrhyw gwestiynau cysylltwch â mi ar (**insert local organizers telephone number**).

Diolch am eich cydweithrediad.

Yn gywir,

**Name and Title**

.....

Nid wyf yn rhoi caniatâd i'm plentyn (rhowch enw'r plentyn) .....  
gymryd rhan yn archwiliad dannedd y Gwasanaeth Deintyddol Cymunedol yn (rhowch enw'r ysgol) .....

Llofnod ..... (rhiant/gwarcheidwad) Dyddiad .....

Appendix 4 Explanation of Features of Standard Consent Script

## **Features of the standard consent script**

Examiners using the standard consent script should be familiar with the content of these notes.

Dental Examiners/Officers are advised to ensure that they adequately inform those from whom they seek consent. An explanation in broad terms and simple language of the nature and purpose of the survey examination is required.

The standard consent script is phrased to contain important features that will ensure that any consent obtained is;

Valid and adequately informed

**If children are not aware that they can refuse, then it is not certain they have consented voluntarily.** (Paragraphs 3 and 4 of the standard consent script and final stage of consent process asking child for permission to inspect).

Consent should be adequately informed. **The nature of the examination and its purpose should both be explained in broad terms and simple language.** These points are covered in paragraphs 2 and 1 respectively of the standard consent script.

**Children should have an opportunity to clarify misunderstandings and to ask further questions.** (Paragraph 3 of the standard consent script).

Dental staff should be aware that **only consenting children who the examiner believes to be competent to consent should be examined.**

Appendix 5 Standard Consent Script

## **STANDARD CONSENT SCRIPT**

You have been chosen to take part in a dental survey. The survey will help us plan dental services to ensure that children have healthier teeth.

A dentist will look in your mouth and look at your teeth. No treatment will be done and it does not replace your regular visits to your dentist. You will be told if something is wrong, but we cannot arrange treatment for you. We would also like to ask you some questions about your visits to the dentist and the survey.

We will look at the information from the survey and will work out the results locally and for the whole of Wales.

We will not collect your name, so you cannot be identified. However, if we see something serious that needs urgent follow up, we will write to tell your parents.

**(For Group Use)** When it is your turn you will have a chance to ask questions and we will ask you to take part in the survey. You do not have to take part if you do not want to.

Please help us by taking part in the dental survey. Thank you.

## Appendix 6 Standard Consent Script - Welsh

### **SGRIPT CYDSYNIAD SAFONOL**

Rydych wedi eich dewis i gymryd rhan mewn archwiliad deintyddol. Bydd yr arolwg yn ein helpu i gynllunio gwasanaethau deintyddol er mwyn sicrhau bod gan blant ddannedd iachach.

Bydd deintydd yn edrych yn eich ceg ac yn edrych ar eich dannedd. Ni fydd unrhyw driniaeth yn cael ei chynnal ac nid yw'n disodli ymweliadau rheolaidd â'ch deintydd. Cewch wybod os oes rhywbeth o'i le, ond nid ydym yn gallu trefnu triniaeth ar eich cyfer. Hoffem hefyd ofyn cwestiynau i chi ynglŷn â'ch ymweliadau â'r deintydd ac am yr arolwg.

Byddwn yn edrych ar yr wybodaeth o'r arolwg ac yn nodi'r canlyniadau yn lleol ac ar gyfer Cymru gyfan.

Ni fyddwn yn nodi eich enw, felly ni fydd modd eich adnabod. Fodd bynnag, os ydym yn gweld bod rhywbeth pwysig y mae angen rhoi sylw iddo ar frys, byddwn yn ysgrifennu i ddweud wrth eich rhieni.

**(For Group Use)** Pan ddaw eich tro chi cewch gyfle i ofyn cwestiynau a byddwn yn gofyn i chi gymryd rhan yn yr arolwg. Nid oes rhaid i chi gymryd rhan os nad ydych chi eisiau gwneud hynny.

Helpwch ni trwy gymryd rhan yn yr arolwg deintyddol. Diolch.

## Appendix 7 Example Need for Further Dental Treatment – Letters in English/Welsh

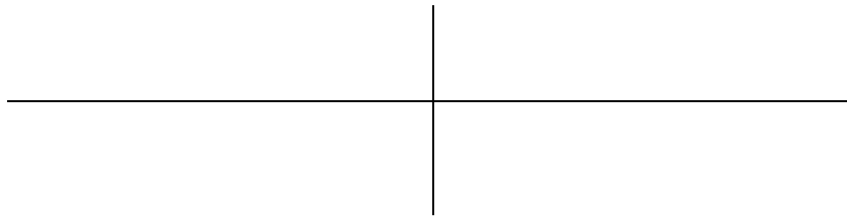


**Need for further dental examination**

**Date**

Dear parent/guardian,

Your child's teeth were examined at school today. The dentist thought that your child's teeth should be seen because of:



Your dentist may be aware of this problem and monitoring it. However, we suggest that you contact your family dentist to arrange an appointment. If you do not have a family dentist, we suggest you contact a dentist willing to see them.

Yours sincerely,

**Name and title**

School code

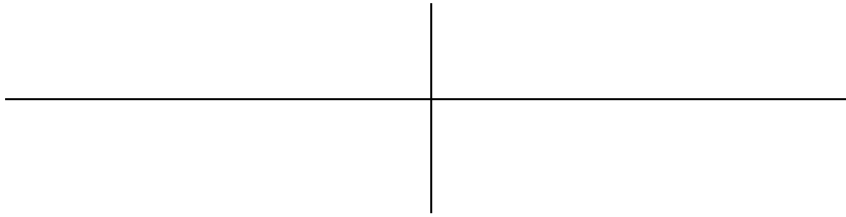
Pupil code

## Angen am archwiliad deintyddol arall

**Dyddiad**

Annwyl riant/gwarcheidwad

Archwiliwyd dannedd eich plentyn yn yr ysgol heddiw. Roedd y deintydd o'r farn y dylid rhoi sylw i ddannedd eich plentyn oherwydd:



Efallai bod eich deintydd yn ymwybodol o'r broblem hon a'i fod yn ei monitro. Fodd bynnag, rydym yn awgrymu eich bod yn cysylltu â'ch deintydd teulu i drefnu apwyntiad. Os nad oes gennych ddeintydd teulu, rydym yn awgrymu eich bod yn cysylltu â deintydd sy'n fodlon ei weld.

Yn gywir,

**Name and title**

Cod yr ysgol

Cod y disgybl

## Appendix 8 Example Need for Further Dental Treatment - Examiner Record

**Need for further dental examination  
Examiner record sheet**

**School name**

**School code**

**Pupil code**

**Dental problem identified**

**School code**

**Pupil code**

**Dental problem identified**

**School code**

**Pupil code**

**Dental problem identified**

Appendix 9

## BASCD Co-ordinated Caries Prevalence Study, 2016/2017

### Child Safeguarding Resources

## 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.

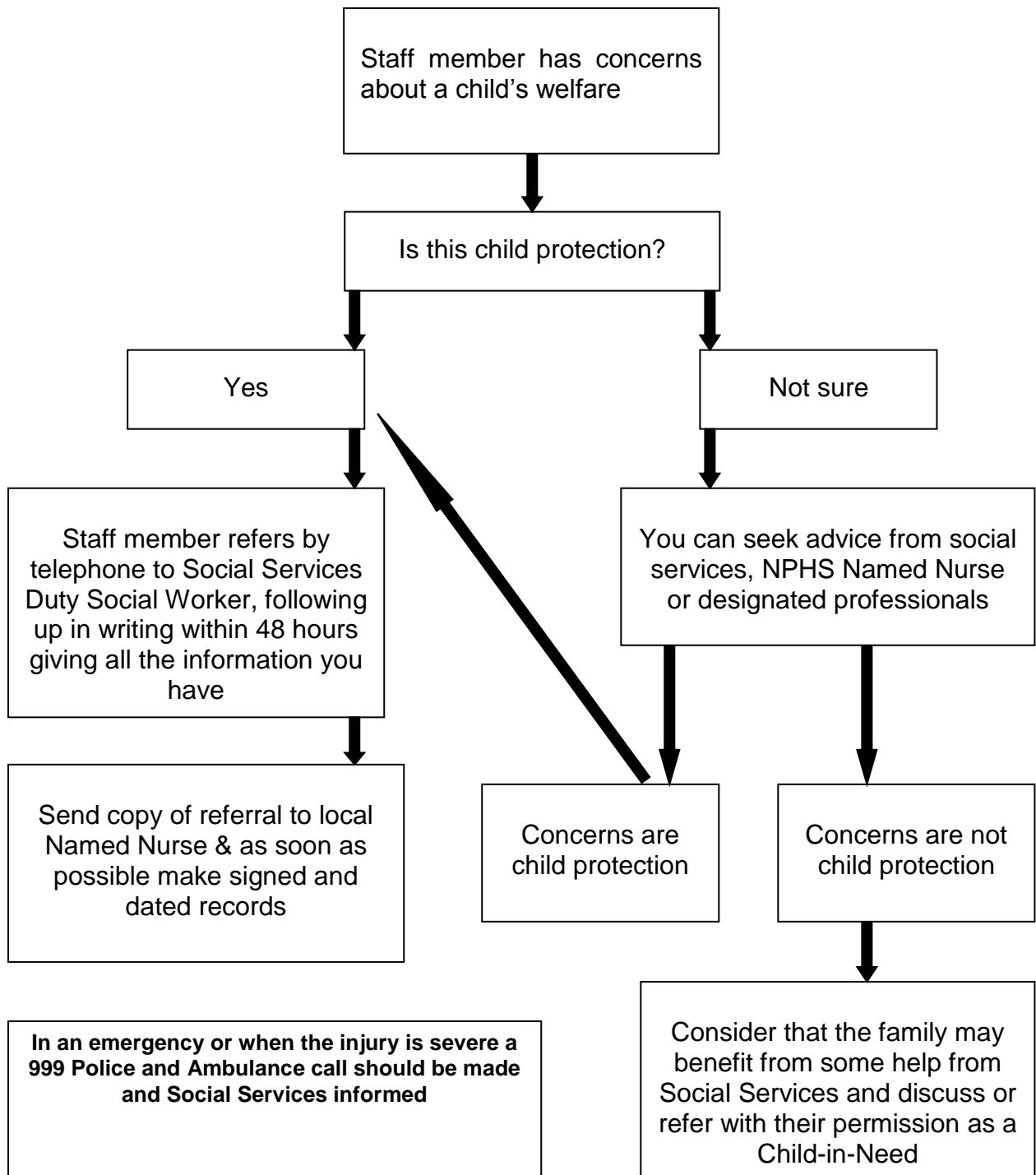
### **Q. What about child in need referrals?**

**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/Safeguarding lead in your organisation.

# 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](http://www.awcpp.org.uk/9547.html?diablo.lang=eng)

**Abertawe Bro Morgannwg University Health Board (Daphne Rose – Designated Nurse for Safeguarding Children & LAC)**

<b>EXECUTIVE NURSE DIRECTOR</b>	<b>ASSISTANT NURSE DIRECTOR FOR SAFEGUARDING</b>	<b>NAMED NURSE</b>	<b>NAMED DOCTOR</b>

**Aneurin Bevan University Health Board (Kathy Ellaway – Designated Nurse for Safeguarding Children & LAC)**

<b>EXECUTIVE NURSE DIRECTOR</b>	<b>ASSISTANT NURSE DIRECTOR FOR SAFEGUARDING</b>	<b>NAMED NURSE</b>	<b>NAMED DOCTOR</b>



**Betsi Cadwaladr Health Board (Rachel Shaw – Designated Nurse for Safeguarding Children & LAC)**

<b>EXECUTIVE NURSE DIRECTOR</b>	<b>ASSISTANT NURSE DIRECTOR FOR SAFEGUARDING</b>	<b>NAMED NURSE</b>	<b>NAMED DOCTOR</b>

**Cardiff & Vale University Health Board (Caroline Jones – Designated Nurse for Safeguarding Children & LAC)**

<b>EXECUTIVE NURSE DIRECTOR</b>	<b>ASSISTANT NURSE DIRECTOR FOR SAFEGUARDING</b>	<b>NAMED NURSE</b>	<b>NAMED DOCTOR</b>

**Cwm Taf University Health Board (Kathy Ellaway – Designated Nurse for Safeguarding Children & LAC)**

<b>EXECUTIVE NURSE DIRECTOR</b>	<b>ASSISTANT NURSE DIRECTOR FOR SAFEGUARDING</b>	<b>NAMED NURSE</b>	<b>NAMED DOCTOR</b>

<b>Hywel Dda University Health Board (Janet Evans – Designated Nurse for Safeguarding Children &amp; LAC)</b>			
<b>EXECUTIVE NURSE DIRECTOR</b>	<b>ASSISTANT NURSE DIRECTOR FOR SAFEGUARDING</b>	<b>NAMED NURSE</b>	<b>NAMED DOCTOR</b>

<b>Powys Teaching Health Board (Janet Evans – Designated Nurse for Safeguarding Children &amp; LAC)</b>			
<b>EXECUTIVE NURSE DIRECTOR</b>	<b>ASSISTANT NURSE DIRECTOR FOR SAFEGUARDING</b>	<b>NAMED NURSE</b>	<b>NAMED DOCTOR</b>

**Public Health Wales**

<b>EXECUTIVE NURSE DIRECTOR</b>	<b>ASSISTANT NURSE DIRECTOR FOR SAFEGUARDING</b>	<b>NAMED NURSE</b>	<b>NAMED DOCTOR</b>

## Safeguarding Children Service Team

South East Wales Region		
Mid and West Wales Region		
North Wales Region		