

Dubai Smiles Healthy Manual

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The authors of this Program Manual have endeavored to ensure that it reflects relevant guidance and evidence, which is current at the time of the publication. All trainers and health care providers are advised to keep up to date with updates of the program. Websites are a source of references and also are the directives from Dubai Smiles Healthy program.

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Forward

This manual describes the first preventive or community based program implemented in the Emirate of Dubai. It was based on the screening program conducted in 2012 in Dubai and is developed to support all staff that work within the scope of the program. “Dubai smiles Healthy” (DSH) includes national and international requirements for better preventive care and overall wellbeing and happiness of the community. Periodic evaluation and development will be conducted for the program.

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Dubai Smiles Healthy Program Manual-

Purpose and Use

The main purpose of this manual is to provide information and support to the staff who are involved in the implementation and delivery of Dubai Smiles Healthy Program, which is aimed at improving the oral health of children from 6 months to 17 years of age in Dubai.

Future versions of this manual will be further developed and amended due to the continuous feedback from staff involved in the program.

This manual is a tool to support the health regulations and policies of Dubai Health Authority to have a Safe and Happy community.

Dubai Smiles Healthy Program

Dubai Smiles Healthy (DSH)

Following the oral health survey conducted among Dubai school children in 2012, Dubai Smiles Healthy (DSH) was developed. This program was based on the need for oral health promotion and oral diseases prevention to decrease the caries prevalence (dmft) of the young population of Dubai.

Dubai Smiles Healthy (DSH) is a national program designed to improve the oral health of children in Dubai. It is adapted from the Childsmile program of NHS Scotland¹ and follows the World Health Organization recommendations for preventive care.²

It has three main components:

- Dubai Smiles Healthy - School Practice Program
- Dubai Smiles Health - School Nurse Training Program
- Dubai Smiles Healthy - Child Health Program

The program includes all the regions of Dubai (Deira, Bur Dubai and others-Hatta and Lusail).

Vision:

Based on the vision of Dubai Health Authority – “Health, Safe and Happy community”, Dubai Smiles Healthy provides a comprehensive approach to tackle the dental problems of children through the three component programs (school practice, school nurse training and child health sessions).

It is tailored to the needs of this population and adapts to the resources available within the Dubai Health Authority.

Aim:

The aim of this program is to decrease the caries prevalence (dmft) of the children population by 1 within the next three years.

The target, if met, allows shifting the focus from screening for the dental caries to health promotion and primary prevention and targeting active intervention for the children and their guardians. The decrease of dmft will be revised every three years to allow for adaptation to the community needs and targets achieved.

Every child from 6 months to 17 years of age, should have access to:

- An enhanced program of oral health care within the Public Health Care (PHC).
- Oral diseases preventive programs in nurseries and schools.

Target achievements:

- To achieve a decrease in the dmft by 0.2 for the first year of the program (subject to revision)
- To achieve a decrease in prevalence of caries by 1% (subject to revision)
- To receive two applications of fluoride varnish per year for each child.

Policies and guidelines:

The Dubai Smiles Healthy (DSH) program is under direct supervision of Dubai Health Authority and follows recommendations by the WHO guidelines for preventive intervention.

In addition, the Ministry of education and Knowledge and Human development Authority play an important role.

Follow-up and revision of the program:

- The main focus will be on identification of need and delivery of preventive advice in all forms.
- A 36 month oral health review will be done to allow re-evaluation and development of the previous survey conducted in 2012.

First symposium on Dubai Smiles Healthy (2018):

- ❖ Poster presentation
- ❖ Presentation by the head of department and main contributors
- ❖ Announcement of results.
- ❖ Involvement of higher management.
- ❖ Outcomes, lessons and future plans.

Integration of children in DSH program:

Children can join the Dubai Smiles Healthy program through the main channels i.e. Primary Health Care centers and schools and nurseries (fig. 1)

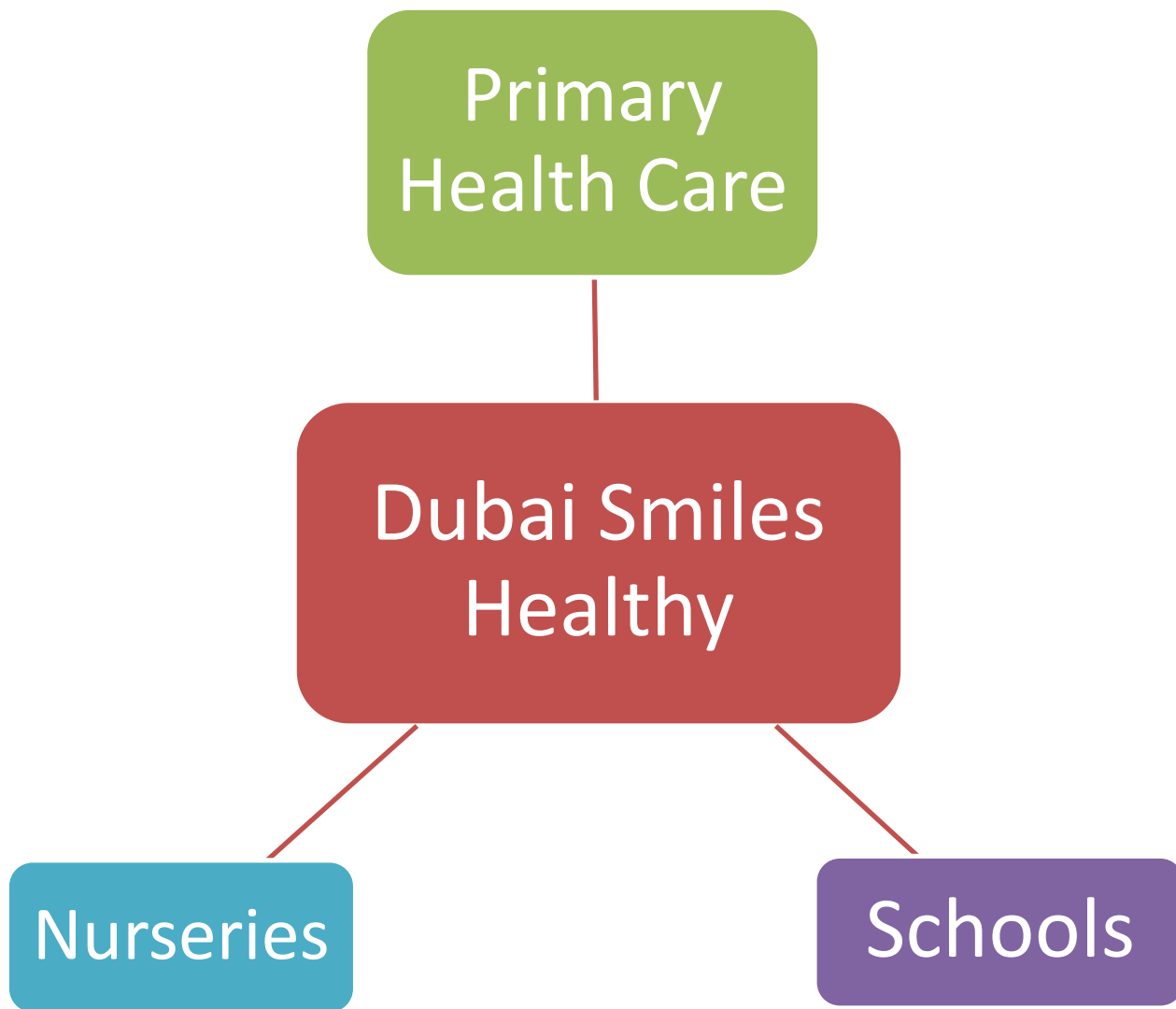


Fig 1: Integration of children in DSH

Who delivers Dubai Smiles Healthy?

Dental Practice Staff: dentists, dental assistants and dental hygienists.

School Health Staff: School nurses, school physicians and teachers

Stakeholders in such a program are:

1-Dubai Health Authority

- Dental department
- School health department

2-Knowledge and Human development Authority

3-Ministry of Education

4-Local school administrations

5-Potential sponsors

Dubai Smiles Healthy- School Practice Program

Reaching children at their own education establishment

Preventive dental care delivered in the nursery and school setting by mobile dental vans and dental team

Preschools and Schools provide an important base to promote oral health as they reach large numbers of students who pass on these messages to their families. Schools can make a substantial contribution to a student's health and well-being. This has been increasingly recognized by many international initiatives including those from the World Health Organization (WHO), UNICEF and UNESCO. This means that the oral health messages reinforced in schools will eventually reach the whole community. The early years of a child's life is the most influential time to reinforce habits and attitudes, therefore targeting the students at this age with proper oral health habits will have a lifelong effect. They will be healthier and more productive individuals in their community , having better quality of life with a potential to long term cost saving. (Appendix A- More information on Public Health)

This program delivers preventive care service and referrals for schoolchildren aged three years upward who are at increased risk of dental decay. The dental team consisting of dentists, dental hygienists and dental nurses visit these educational establishments twice yearly for preventive measures. They will also promote good oral health behavior and provide oral health education. Parent's informed consent is collected once yearly and updated every 6 months with a questionnaire.

Parents will receive a biannual report about the oral health of their children and advice on how to receive further dental care.

Oral Health Promoting schools:

The schools involved in the program will be declared "oral health promoting schools" (Appendix B more information on oral health promoting schools). Appropriate appreciation and certificates will be given to the schools to encourage their counterparts to deliver oral health promotion in their schools.

Overcoming obstacles when implementing oral health programs in the school environment:

There are several issues raised when it comes to incorporating a program within the school setting. Oral health preventive programs could face many obstacles for its implementation.

The role of DSH is to deliver the preventive program and overcome all these obstacles for the greater benefit of the students.

Obstacles may come in the form of-

- 1-Conflicting priorities and agenda of the school.
- 2-Income generation from foods and drinks may add constraints to the banning of unhealthy foods.
- 3-Due to the competing demands of a full curriculum, teachers may be reluctant to include oral health in their teaching.
- 4-Providing oral health preventive services within school premises may not be feasible.

To overcome the majority of these obstacles, there are two main strategies that are rewarding:

- 1-School oral health education
- 2-School oral health environment

School oral health education-

Oral health education should be a part of the school curriculum. Incorporating oral hygiene messages as a part of the school subjects taken by the students has a

massive effect. In addition, periodic sessions given by the school nurses, physicians, oral health advisors and teachers to the students develop good oral health skills and positive healthy behaviors in the school population.

A very interesting experience is the oral health promotion system in Denmark. Below is an example of incorporating oral health in various subjects without disrupting the agenda and plans of the teachers (Table 1). Furthermore teachers will get support from the school nurses trained for the oral health promotion and from the oral health advisors from the DSH team visiting the schools periodically.

Table 1: Oral health in school curriculum

Subject	Activities
Science	<p>The body, mouth and teeth, body hygiene and oral hygiene.</p> <p>Diseases of the mouth</p> <p>Food and the mouth and teeth</p> <p>Nutrition and food choices</p> <p>Lab experiments of the effect of food on teeth</p> <p>Germes</p> <p>Fluoride</p>
Social studies	<p>The dental team and their role in the society</p> <p>Lifestyles and oral health</p> <p>The burden of oral disease on the individual and society</p> <p>Conducting simple oral health</p>

	Investigations and surveys
Mathematics	Counting the number of teeth The sugar clock Statistics on oral health of the family
Language	Story writing
IT and computer classes	Searching the net on oral health information
Arts and crafts	Drawing and painting Making costumes and games Exhibitions in the school
Music and drama	Role playing Oral health songs
Sports	Sport safety, using mouth guards Awareness on effect of oral health and performing in sports

*Adapted from Bulletin of the World Health Organization, Sep 2005, 83(9)

School Oral Health environment:

The main concept of this strategy is to make the school environment a healthy one. Schools should support the initiative of happy, healthy smile.

1-Safe and healthy water and sanitation facilities should be available to allow access to children to drink water and wash after every meal.

2-Support availability of healthy snacks in schools either from what the students bring from home or what is provided in schools.

3- Ban the sale of unhealthy food and drinks in school premises.

All the above points will empower the children to develop healthy eating habits at an early age.

Oral Health promotion for school staff-

Oral health should form an integral part of general health initiatives in schools. DSH provides a well-designed oral health training program that is responsive to the school staff needs and requirements of the school. This training will enable the staff to integrate their skills and knowledge into their teaching (fig. 3). Working with the DSH team, the health care team in their school and the parents, school staff (school nurses and teachers) can identify essential practices that promote oral health and well-being in the school and eventually in the community.

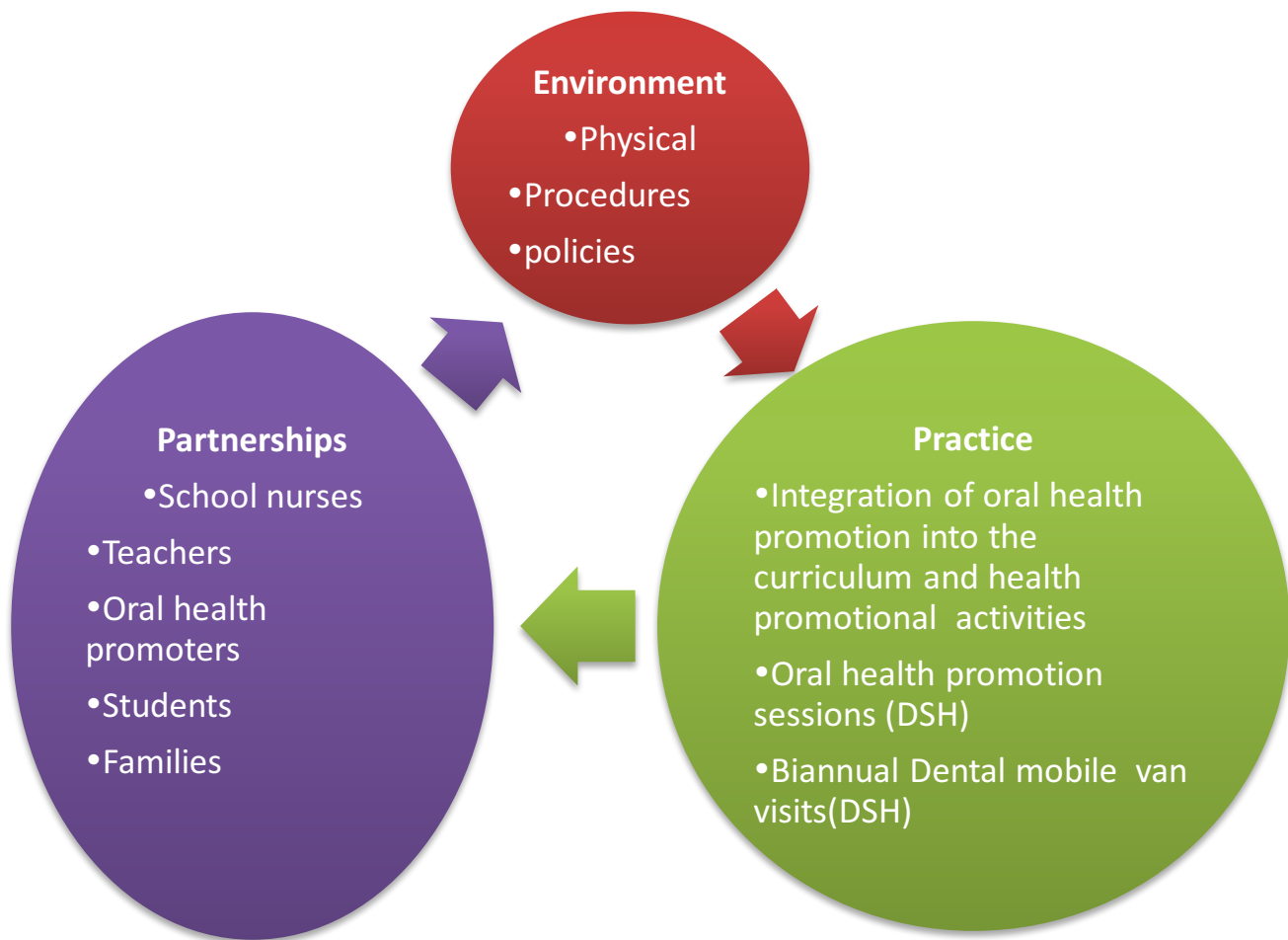


Fig 2: Health promotion for school staff *Adapted from Bulletin of the World Health Organization, Sep 2005, 83(9)

Implementation of the school dental preventive visits

- Mobile vans visit the schools according to a schedule arranged with the school administration during the school calendar year, to carryout **dental screening**. The dental team will provide to the schools :
 - a) Consent forms for the parents (Appendix C).
 - b) Biannual questionnaires to the parents to be completed (Appendix E).
- Children with the informed consent will receive dental screening during the dental mobile vans visit:

- a) First visit: dental checkup/ screening, evaluation, fluoride varnish and any necessary referral forms for further dental treatments (concentrating on high risk patients).(Appendix F)
- b) Second visit: dental checkup/screening, evaluation, fluoride varnish.(Appendix F)

Oral/dental screening

Rationale:

- Oral health care is a critical component of good health.
- Tooth decay is the most common chronic childhood disease, five times more common than asthma. Untreated tooth decay can lead to pain and suffering; affecting a child's ability to eat, speak, and focus in school, resulting in absenteeism and affecting the ability to learn.
- School screenings provides parents with information about their children's oral health and the importance of regular dental treatment.
- School screening data identifies areas with high levels of dental disease. Preventive interventions can be implemented in these targeted areas to improve the oral health of Dubai school children.

Screening Standards:

1. School dental screenings are performed by licensed dentists or dental hygienists. School nurses organize dental screening programs. Dental department in the Dubai Health Authority can assist schools with setting up screenings.
2. Screeners whether dentist or hygienists should all use the same screening protocol. Dental screeners complete a calibration training .This assures all screeners are screening in the same standardized manner.
3. Recorders who could be hygienists or dental nurses enter the information collected by the screeners for each child also receives training on how to record findings, thereby avoiding incorrect entries.

4. Prior to screening day, parents should be notified that their child will have a dental screening. Parents/guardians must have the opportunity to refuse school screening by notifying the school.

School dental screening tool kit

The following oral screening kit is developed to help standardize all screenings done by the health establishments or private companies approaching the schools. This tool serves as a basic guideline to allow proper monitoring and increase the benefit of oral screening done by other than the Dubai Health Authority staff for the school children.

Standardization/calibration of recorders

The process by which criteria and methods are internalized by screeners (the dental personnel who looks at the mouth and teeth and assesses the presence or absence of disease) and their recorders (the dental personnel who records the findings in the Form).

Standardization is very important for the data collected to be compatible. Standardization of the screeners on the basis of defined criteria reduces the human nature of bias (which exists in part as a result of clinical education and experience), and it is the means by which we can help ensure that the results of the oral screening are valid (correctly categorizes persons into disease/no disease categories) and reliable (criteria have been applied consistently). Standardization allows data from several sites to be combined.

In order to meet the goal of providing an accurate, consistent assessment of the oral conditions observed, it is important that, individual professional judgment should be set aside on whether, for instance, a tooth examined would represent decay in a clinical setting. In oral screenings, a tooth is marked as decayed only if it has decay according to the case definition that has been established. The ability to screen in a standardized way is not a measure of the health providers' clinical skill. Rather, by screening in this way, it will help in the accurate assessment of this

population while still providing a valuable referral for oral conditions that need follow-up.

Goals of the standardization for the screeners and recorders:

- To train the dental screeners to enable them not only to understand the case definitions, but to apply them consistently;
- To train dental recorders to record the information in a way that it will be usable in data analysis and reporting;
- To be available throughout the actual screening process to ensure that every screener has gone through the standardization training, and to answer questions as they arise;
- To ensure that a Screening Form(table 2) has been collected on each and every student who participated in the screening and that the resultant data are forwarded appropriately for analysis.

Training the screeners and recorders

The shortest total time for each standardization training session is approximately 45 minutes: 30 minutes for the presentation plus 15 minutes for the standardization exercise and the question-and-answer period.

Every screener should attend a training session that includes the following:

- A presentation in which the trainer shows the case definitions and photos in the session;
- A standardized exercise; and
- A question-and-answer period in which the standardization exercise is discussed.

All recorders should be trained in:

- Screening Form
- Screening Procedures for Recorders

Screening the mouth

Assess each condition in a systemic cycle; a cycle is one visual tour of the mouth, starting from top right to left, then bottom left to right)

Definition of Decayed teeth (untreated teeth):

We define Untreated decay as at least one area of cavitation that would accommodate a 0.5 mm-diameter (or larger) bur or ball burnisher. Observe all visible surfaces of the primary and permanent dentitions.

- If you are not sure cavitation exists, consider the tooth sound and mark No ;
- decay that fits the definition is present on any surface of the tooth , including root surfaces;
- Root tips remaining after severe caries have destroyed the rest of the tooth.
- There are restorations with recurrent decay fitting the definition of decay.
- There are fractured, unrestored teeth with decay fitting the definition of decay.

The following are not considered decay. Mark No if:

- no teeth fit the definition of decay;
- cavitation is less than 0.5 millimeter in diameter;
- decalcification exists without cavitation;
- there are stained grooves without cavitation;
- fractured teeth are free of decay or have no obvious cavitation not fitting the definition;
- missing fillings have no decay fitting the definition;
- If no cavitation exists or you are not sure, consider the tooth sound.

RULE OF THUMB: A TOOTH IS CONSIDERED DECAYED IF THERE IS A CLEAR CAVITATION ON ANY SURFACE OF THE TOOTH

Definition of Treated teeth:

- If the child has any fillings, crown or any other sign of dental work indicating that they have seen a dentist.

- Filling material may be permanent or temporary (silver or white) temporary restorations or crowns

Definition of preventive fillings (pit and fissure sealants):

We define sealant(s) as material placed as a preventive measure, covering the occlusal surface(s).

Mark Yes if on at least one tooth:

- The occlusal surface has been sealed or any part of the sealant remains covering the surface.

Mark No if:

- A preparation appears to have been cut for the placement of filling material
- You are not sure that there is sealant material on the tooth.

Definition of missing teeth:

- Missing teeth due to decay;
- Missing teeth due to any other reason;
- Note: screeners should be familiar with exfoliation timings.

Screening results should be entered by the screeners into the screening database table. To maintain privacy when calling out conditions identified in the screening, it is best to use numbers only and avoid naming categories such as “Treated Decay” or “Untreated Decay.”

1. Untreated Decay (1 = yes, 2 = no)
2. Treated Decay (1 = yes, 2 = no)
3. Sealants Present (1 = yes, 2 = no)
4. Treatment Recommendations codes, as appropriate.

Table 2: School dental screening sheet

Child's name	Existing:								Treatment needs:			
	Untreated Decay		Treated Decay		Sealants present		Missing		Code 1	Code2	Code3	Code4
	Yes =1	No =2	Yes =1	No =2	Yes =1	No =2	Yes =1	No =2	No decay/problems	Sealants /OHI needed	Require dental visit	Urgent care needed
Total												

Code1: No obvious Problems

This designation indicates the child has no apparent need for a dental appointment outside of the regularly recommended 6 month check-up. Decay on primary teeth about to be exfoliated falls into this category.

Code 2: The child should be evaluated for prophylaxis (cleaning) or sealants.

Gingivitis, heavy plaque, or calculus may be present; or the child has teeth which would benefit from sealants.

Code 3: Dental care is recommended, preferably within 3-4 weeks, when:

Decay is detected, without accompanying signs or symptoms (e.g. pain, swelling, infection, soft tissue lesions). Spontaneous bleeding gums are noted. Suspicious white or red soft tissue areas are observed.

Code 4: Urgent/Emergency need for dental care recommendation is indicated when pain, infection and/or swelling are present.

5- A copy of the oral screening findings should be placed in the students health file in school. (Table 2)

6- All parents/guardians should be sent notification of their child's screening results.(Appendix D)

A screening is not a comprehensive clinical examination. No X-rays are taken and the screening does not replace an in-office dental examination by his/her family dentist. All children need to have regular routine care by a dental professional.

7- Strict patient confidentiality measures should be implemented during the screening process.

Preparations at the School for a Screening:

1. Screening team coordinates with the school nurse before the screening activity.
2. The screening process is as minimally intrusive as possible to the student's school day. Screening is done at any time during the day but it is important for students to refrain from eating immediately prior to the screenings.
3. Determine who will be entering the school screening data into the screening table above, in other words who will be the recorder.
4. To use screening time at the school most effectively, forms for recording the results of the screening for each student are prepared in advance.
5. A recorder accompanies the screener to document the findings. It is the screeners' responsibility to ensure that the documentation is accurate, and confidentiality is maintained.

6. All materials needed to conduct the oral screening are prepared in advance: gloves face masks, hand sanitizer, tongue blades, cotton tip applicators, flashlight and any other optional supplies (i.e. toothbrushes). When mobile dental vans are used, all standards of infection control are followed to prevent cross contamination.

7. A small table is needed to hold the supplies and to use as a writing surface while documenting the screening findings. A chair at each end of the table is placed to be used for the child or screener to sit in while screening (screener's preference). The screener may find it easier to screen the younger children from a seated position and stand while screening older students.

8. An appropriate disposal system should be available to discard disposable items used during the screenings. During routine dental screenings screener is not expected to have any contact with mucous membranes, blood, and/or saliva. However, infection control recommendations are followed, and gloves, masks and tongue depressors will be used and disposed of in between every child.

9. To assist with the flow of students, a teacher, staff assistant or school nurse should be available to supervise the students waiting to be screened.

10. Prior to screening, students are given an explanation of the dental screening process and a form with their dental screening results will be sent to their parent/guardian.

11. Students can be lined up one after another during a class screening. There should be enough space between the child being screened and the next child to ensure privacy. The student who is being screened should have his/her back to the other students during the screening.

Screening Procedure:

1. Ask the student to step forward for the screening or to sit on the dental chair in the dental van. As the student is coming forward observe the symmetry of the face and neck; inspect the extra oral tissue (lips, cheeks, and neck).

2. Ask the student if anything in his/her mouth hurts or concerns them.

3. If a student states they have oral problems discuss with the student the symptoms he/she has and the duration of the symptoms.

4. Inspect the intraoral tissues (lips, cheeks, teeth, tongue, palate, and gums). Look for bleeding, decay, infection, redness, swelling, sores and/or lesions.
5. Determine the appropriate treatment urgency code for the student using the Screening table provided. The treatment urgency code is the screening category that will be reported to the student's parent/guardian (Appendix D).
6. Make sure the screening data is properly recorded on the forms (Table 2) available.

Paperwork:

1. Document oral screening findings in the student's individual health form and complete the screening results form to be sent to the student's parent/guardian (Appendix D).
2. Efforts should be made by the school nurse to assist parents/guardians with referral completion.

Post screening Policy Recommendation

Screenings identify the presence of decay, previous dental experience (fillings and/or sealants), infection, swelling and pain. Parents are notified of the screening results and those with dental treatment needs are referred to local dentists for care. It is recommended that school nurses monitor these referrals to ensure that children receive the care they need. School screenings are not a substitute for an examination by a dental professional and it is recommended that all children have a dentist that provides regular, comprehensive dental care.

Appendix A

Dental Public Health

The definition of dental public health is extensive; it is viewed in many perspectives. It could be defined as "the science and the art of preventing and controlling disease and promoting dental health through organized community efforts" or "the assessment of dental health needs and improving the dental health of populations rather than individuals."

Dental Public Health can be also defined as the "science and practice of preventing oral diseases, promoting oral health and improving the quality of life through the organized efforts of society". This was described by Downer *et al.* (1994). The science of Dental Public Health is concerned with understanding the population's health problems, establishing the causes and effects of those problems and planning effective interventions. Dental Public Health Practice is concerned with promoting the health of the population and therefore focuses action at a community level.

The determinants of health

Health of a population is defined by many factors, whether it is on an individual basis such as age or gender, social factors and living circumstances, socioeconomic status of the community or the family, the influence of the cultural upbringing and many environmental factors. All these factors should be considered by the dental public health profession to better understand its influence on the oral health.

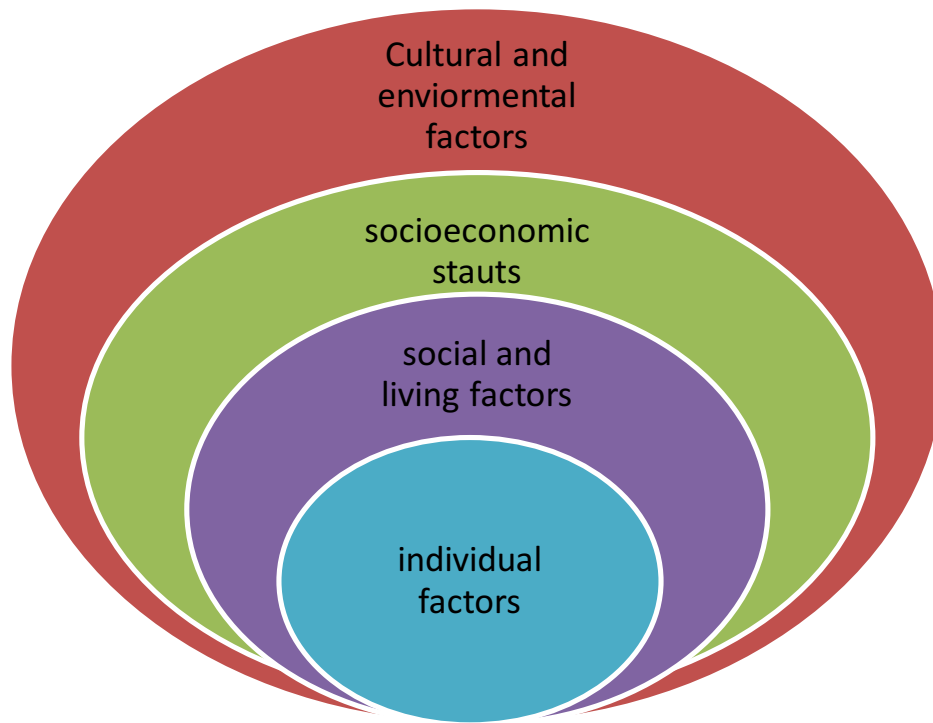


Fig 3: Determinants of Health

Partnerships with community health organizations, social councils, and educational departments help in the improvement of oral health and ultimately raise the level of oral health in the society.

Appendix B

What is a health promoting school?

A health promoting school is one that constantly strengthens its capacity as a healthy setting for living, learning and working.

Health promoting schools comprise of three basic elements:

1-Input to the curriculum

2-Change of school ethos or environment or both

3-Engagement of families or communities or both.

A health promoting school:

- Fosters health and learning with all the measures at its disposal.
- Engages health and education officials, teachers, students, parents, health providers and community leaders in efforts to make the school a healthy place.
- Strives to provide a healthy environment, school health education, and school health services along with school/community projects, health promotion programs for staff, nutrition and food safety programs, opportunities for physical education and recreation, and programs for counselling, social support and mental health promotion.
- Implements policies and practices that respect an individual's wellbeing and dignity, provide multiple opportunities for success, and acknowledge good efforts and intentions as well as personal achievements.
- Strives to improve the health of school personnel, families and community members as well as pupils; and works with community leaders to help them understand how the community contributes to, or undermines, health and education.

Health promoting schools focus on:

- Caring for oneself and others
- Making healthy decisions and taking control over life's circumstances

- Creating conditions that are conducive to health (through policies, services, physical / social conditions)
- Building capacities for peace, education, food, a stable ecosystem, equity, social justice, sustainable development.
- Preventing leading causes of death, disease and disability: helminths, tobacco use, HIV/AIDS/STDs, sedentary lifestyle, drugs and alcohol, violence and injuries, unhealthy nutrition.
- Influencing health-related behaviors: knowledge, beliefs, skills, attitudes, values, support.

PRINCIPLES OF HEALTH PROMOTING SCHOOLS

- Promotes the health and well-being of students.
- Enhances the learning outcomes of students.
- Upholds social justice and equity concepts.
- Provides a safe and supportive environment.
- Involves student participation and empowerment.
- Links health and education issues and systems.
- Addresses the health and well-being issues of all school staff.
- Collaborates with parents and the local community.
- Integrates health into the school's ongoing activities, curriculum and assessment standards.
- Sets realistic goals built on accurate data and sound scientific evidence.
- Seeks continuous improvement through ongoing monitoring and evaluation.

Appendix C: Parent/Guardian Notification (English/ Arabic)

(Name of company or clinic that will make the screening) _____ will be providing a free dental screening to all students enrolled in _____ in compliance with DHA regulations. All students will be screened unless the parent/guardian does not want the child to participate.

Oral health is an important part of children's overall health, and is a critical component in the child's ability to learn and succeed in school. If you do not wish your child to participate in the screening, please fill out and return the form at the bottom of the page. If your child does participate, a copy of the results of the screening will be sent home with the child.

If you have questions feel free to contact the school nurse _____ or by e-mail at _____.

_____. Thank you for your cooperation!

Sincerely,

School Nurse

I do not wish to have my child participate in the free dental screening.

Student _____ Grade _____

_____. Parent/Guardian

موافقة ولي الامر

(اسم الشركة أو العيادة من شأنها أن تجعل فحص) _____ سيتم توفير فحص الأسنان لجميع الطلاب المسجلين في _____ حسب هيئة الصحة بدبي. وسيتم الكشف عن جميع الطلاب ما لم يكن الوالد / ولي الأمر لا يريد الطفل في المشاركة.

صحة الفم والأسنان جزء هام من الصحة العامة للأطفال، وهو عنصر حاسم في قدرة الطفل على التعلم والنجاح في المدرسة. إذا كنت لتوافق ان يشارك طفلك على المشاركة في الكشف، يرجى ملء وإعادة النموذج في أسفل الصفحة. ، سيتم إرسال نسخة من نتائج الكشف مع طفلك.

إذا كان لديك أسئلة لا تتردد في الاتصال ممرضة المدرسة _____ أو عن طريق البريد الالكتروني على _____.

شكرا لتعاونكم.

ممرضة المدرسة

أنا اوافق على مشاركة طفلي في فحص الأسنان.

طالب _____ الصف _____

توقيع ولي الامر _____

Appendix D: Screening Results (English /Arabic)

Child's Name _____

Dear Parent or Guardian,

Your child has received a dental screening at school today. The results of the screening indicate that:

(Check all that apply)

_____ Your child has no obvious dental problems.

_____ Your child should be evaluated for preventive care (cleaning) or sealants.

_____ Your child appears to have some dental problems which should be evaluated by a dentist. Please make an appointment at your earliest convenience so that your child can receive a complete examination. Your dentist will determine, what, if any, treatment is needed.

_____ Your child appears to have an **URGENT** dental need. Please contact a dentist as soon as possible for a complete examination.

Addition Comments:

Parent: Please take this referral to the dentist if it is recommended above. Return to the school nurse with dentist's signature when work is completed.

Child's name

Dentist Signature Date

نتائج الفحوصات

اسم الطالب: -----

عزيزي ولي الامر

لقد تم الكشف عن اسنان طفلك اليوم و النتائج كالآتي :

- النتائج و التوصيات:

- _____ ابنك/ ابنتك ليس لديه/ لديها أي من أمراض الأسنان و اللثة و لكن نوصي بالمتابعة الدورية (كل ستة أشهر) مع طبيب الأسنان.
- _____ ابنك/ ابنتك تظهر عليه/ عليها علامات أمراض الأسنان و اللثة لذلك يرجى التكرم بتسجيل موعد مع طبيب الأسنان لتلقي الفحص الشامل و العلاج عند الحاجة.
- _____ ابنك/ ابنتك يعاني/ تعاني من وجود أمراض الأسنان و اللثة مما يستوجب ضرورة العلاج. الرجاء زيارة طبيب الأسنان في أسرع وقت ممكن للحصول على الفحص الشامل و العلاج اللازم.

ملاحظة الى ولي الامر

يرجى أخذ هذه التوصيات الى طبيب الأسنان في حالة الإشارة الى مشكلة في اسنان طفلك. الرجاء اعادة هذا الطلب إلى ممرضة المدرسة مع توقيع طبيب الأسنان عند اكتمال العلاج المطلوب .

اسم الطالب\ الطالبة: _____

اسم وتوقيع طبيب الاسنان المعالج: _____

Appendix E: Parent's biannual questionnaire (English /Arabic)

Kindly answer the following questions concerning the Oral health																									
<p>Name: _____ Nationality: _____</p> <p>School Name: _____ Gender: _____</p> <p>Age: _____</p> <p>Date: _____</p>																									
2	<p>How would you describe the health of your child teeth and gums?</p> <table border="0"> <thead> <tr> <th></th> <th>Teeth</th> <th>Gums</th> </tr> </thead> <tbody> <tr> <td>Excellent</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Very good.....</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Good</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>Average</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td>Poor</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Very poor</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 9</td> <td><input type="checkbox"/> 9</td> </tr> </tbody> </table>		Teeth	Gums	Excellent	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Very good.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Good	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Average	<input type="checkbox"/> 4	<input type="checkbox"/> 4	Poor	<input type="checkbox"/> 5	<input type="checkbox"/> 5	Very poor	<input type="checkbox"/> 6	<input type="checkbox"/> 6	Don't know	<input type="checkbox"/> 9	<input type="checkbox"/> 9
	Teeth	Gums																							
Excellent	<input type="checkbox"/> 1	<input type="checkbox"/> 1																							
Very good.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2																							
Good	<input type="checkbox"/> 3	<input type="checkbox"/> 3																							
Average	<input type="checkbox"/> 4	<input type="checkbox"/> 4																							
Poor	<input type="checkbox"/> 5	<input type="checkbox"/> 5																							
Very poor	<input type="checkbox"/> 6	<input type="checkbox"/> 6																							
Don't know	<input type="checkbox"/> 9	<input type="checkbox"/> 9																							
3	<p>How often during the past 6 months did your child have toothache or feel discomfort?</p>																								

	<p>Often.....<input type="checkbox"/> 1</p> <p>Occasionally<input type="checkbox"/> 2</p> <p>Rarely.....<input type="checkbox"/> 3</p> <p>Never<input type="checkbox"/> 4</p> <p>Don't know<input type="checkbox"/> 9</p>
4	<p>How often did your child visit the dentist during the last 6 months? (One answer only)</p> <p>Once.....<input type="checkbox"/> 1</p> <p>Twice.....<input type="checkbox"/> 2</p> <p>Three times.....<input type="checkbox"/> 3</p> <p>Four times.....<input type="checkbox"/> 4</p> <p>More than four times<input type="checkbox"/> 5</p> <p>I had no visit to dentist during the last 12 months.....<input type="checkbox"/> 6</p> <p>I have never received dental care/visited a dentist.....<input type="checkbox"/> 7</p> <p>I don't know/don't remember<input type="checkbox"/> 9</p>
5	<p>How often does your child clean his/her teeth? (One answer only)</p> <p>Never<input type="checkbox"/> 1</p>

	<p>Occasionally <input type="checkbox"/> 2</p> <p>Once a day <input type="checkbox"/> 3</p> <p>Twice a day <input type="checkbox"/> 4</p>																														
6	<p>How often does your child eat or drink any of the following foods, even in small quantities? (Read each item)</p> <table border="0"> <thead> <tr> <th></th> <th>Several times a week</th> <th>Once a week</th> <th>Occasionally</th> <th>Never</th> </tr> </thead> <tbody> <tr> <td>1-Fresh fruit.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2-Biscuits, cakes, buns etc.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3-Soft drinks</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4-Sweets/candy.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5-Other drinks containing sugar</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p><i>That completes our questionnaire. Thank you very much for your cooperation!</i></p>		Several times a week	Once a week	Occasionally	Never	1-Fresh fruit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-Biscuits, cakes, buns etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-Soft drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-Sweets/candy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-Other drinks containing sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5-Other drinks containing sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											

Appendix F: Report & Recommendations Form (English/Arabic)

Student Name: -----

Below are the results and recommendations:

_____ Your son/daughter has no obvious dental disease but should receive routine dental examination (every six months) by a Dental professional.

_____ Your son/daughter appears to show signs of dental disease which should be consulted by a dentist. Please schedule an appointment at your earliest convenience so that your son/daughter can receive a complete oral examination. Your dentist will determine if treatment is needed.

_____ Your son/daughter shows evidence of dental disease which requires dental care. Visit a dentist as soon as possible for a complete oral examination and treatment.

Treatment Done in the Mobile Dental Clinic:

☐ Fluoride Varnish

☐ Fissure Sealant

7	6	6	7
7	6	6	7

☐ Others -----

Date: _____

Dental Professional's Name and Signature: _____

Report and recommendation form Arabic

نتائج و توصيات فحص الفم و الأسنان

اسم الطالب:

- النتائج و التوصيات:

- _____ ابنك/ ابنتك ليس لديه/ لديها أي من أمراض الأسنان و اللثة و لكن نوصي بالمتابعة الدورية (كل ستة أشهر) مع طبيب الأسنان.
- _____ ابنك/ ابنتك تظهر عليه/ عليها علامات أمراض الأسنان و اللثة لذلك يرجى التكرم بتسجيل موعد مع طبيب الأسنان لتلقي الفحص الشامل و العلاج عند الحاجة.
- _____ ابنك/ ابنتك يعاني/ تعاني من وجود أمراض الأسنان و اللثة مما يستوجب ضرورة العلاج. الرجاء زيارة طبيب الأسنان في أسرع وقت ممكن للحصول على الفحص الشامل و العلاج اللازم.

- الخدمة المقدمة من خلال عيادة الأسنان المتنقلة:

تطبيقات الفلورايد ☐

الحشوة الوقائية (مانع التسوس) ☐

7 6	6 7
7 6	6 7

خدمات أخرى-..... ☐

التاريخ: _____

اسم و توقيع أخصائي الأسنان: _____

References

1-www.child-smile.org.uk

2-www.who.int/oral_health/strategies/en

Bibliography

1-Delivering Better Oral Health An evidence-based toolkit for prevention 2nd Edition. British Association for the Study of Community Dentistry

2-Delivering better oral health: an evidence-based toolkit for prevention
Third edition British Association for the Study of Community Dentistry

3-<http://www.ahpsa.org.au/virtually-healthy-newsletters/>

4-http://www.who.int/school_youth_health/gshi/hps/en/

5- Judy A. White, R.D.H., M.P.H. Eugenio D. Beltran, D.M.D., Dr. P.H. Steven Perlman, D.D.S., M.ScD(2004):.Training Manual for Standardized Oral Health Screening

6- Kansas School Dental Screening Toolkit . www.kdheks.gov/ohi

7-Langford R¹, Bonell CP, Jones HE, Poulidou T, Murphy SM, Waters E, Komro KA, Gibbs LF, Magnus D, Campbell R. Cochrane Database Syst Rev. 2014 Apr 16;4:CD008958. doi: 10.1002/14651858.CD008958.pub2.

8-Mindy Nash, A Guide for Developing and Enhancing Community Oral Health Programs. American Association for Community Dental Programs (AACDP), International Dental Journal (2001) 51, 334-338

9- Poul Erik Petersen, Bin Peng, Baojun Tai, Zhuan Bian and Mingwen Fan:Effect of a school-based oral health education programme in Wuhan city, Peoples Republic of China International Dental Journal (2004) 54, 33–41

10-Professionally applied topical fluoride Evidence-based clinical recommendations American Dental Association Council on Scientific Affairs .JADA, Vol. 137 <http://jada.ada.org> August 2006

11- Richard Watt. Oral health promotion:a guide to effective working in preschool settings

12-R.G. Watt, C. Stillman-Lowe, P. Munday and W. Plimley:The development of a national oral health promotion programme for pre-school children in England International Dental Journal (2001) Vol. 51/No.5

13-Stewart-Brown S (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; <http://www.euro.who.int/document/e88185.pdf>, accessed 01 March 2006).

14-The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement.

15-www.smileforlifehealth.org

16-www.smilesforlife.org

17-www.toothfairyisland.com