



Department of

**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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Consent for School Dental Inspections and Dental Epidemiological Surveys

We have had reason to consider the issue of consent for both school dental inspections and dental surveys. The Department's guidance is that positive consent is required for such examinations, but we are aware that this has had an adverse impact on the uptake of school dental screening, particularly amongst those groups with the most need. The Department is issuing this statement in order to provide a workable solution to the problem. It proposes obtaining positive consent from the parents/guardians at the beginning of the school year followed up by a reminder closer to the time giving them the opportunity to withdraw consent if they so wish, a sequence of positive consent followed up by negative consent. This is consistent with advice from the Department of Health in London and is detailed below.

As both school dental screening and dental surveys inevitably involve physical contact between a dentist and a child, it is necessary to obtain consent from the child (if he/she is competent to give consent) or from a person with parental responsibility for the child, in accordance with the Department's guidance of consent to treatment. Whilst the risk of any proceedings¹ being brought against a dentist or Trust in relation to a school dental screening or epidemiological survey might be considered low, in the event that there was, a dentist may not be able to prove that consent had been obtained simply on the basis that a letter had been sent out to parents and no objection had been received.

We are aware of concerns about the impact that obtaining positive consent might have on the Health Service oral health epidemiology programmes. Where programmes are surveying older children it is possible these children would be competent to consent to the dental examination, provided it is explained to them what the process involves, for what purpose the information obtained will be used, and that they can refuse to take part if they wish. If the dentist is content that the child is competent to make the decision and the child consents, this will be sufficient.

In relation to younger children, we have been exploring whether positive consent to dental inspections/surveys obtained from the child's parent (or relevant person with parental responsibility) when their child begins school would be sufficient proof of consent.

We consider that a dentist performing these screenings and surveys might be able to rely on such consent, as long as sufficient information is provided to the parent at the time that consent is obtained to enable their consent to be fully informed. It would be good practice to inform parents how many times the procedures would take place and in which school years, and that they may withdraw their consent at any time. It would also be good practice to write to parents to inform them when

¹ For battery/assault or negligence, or disciplinary proceedings

examinations/surveys are about to be carried out and reminding them that they may withdraw consent if they wish.

This approach has been considered and agreed by the Consent Working Group. It was also felt that, where possible, obtaining written consent for dental screenings/surveys should be coordinated with requests for consent for other screenings.

A handwritten signature in black ink, appearing to read 'Donncha O'Carolan', with a long horizontal line extending to the right.

Donncha O'Carolan
Acting Chief Dental Officer