



Effectiveness of a new innovative institution-supported turnover model in early prevention of oral diseases among school children in Tamilnadu, India

Gousalya V.¹, Sindhu R.², Priya S.³, Prabu D.^{4*}, Rajmohan M.⁵, Dinesh Dhamodhar⁵

¹Post graduate student, SRM Dental College and Hospital, Department of Public Health Dentistry, Ramapuram, Chennai, India.

²Master of dental surgery, Senior Lecturer, SRM Dental College and Hospital, Department of Public Health Dentistry, Ramapuram, Chennai, India.

³Bachelor of dental surgery, Undergraduate student, SRM Dental College and Hospital, Department of Public Health Dentistry, Ramapuram, Chennai, India.

⁴Master of dental surgery, Professor and Head, SRM Dental College and Hospital, Department of Public Health Dentistry, Ramapuram, Chennai, India.

⁵Master of dental surgery, Reader, SRM Dental College and Hospital, Department of Public Health Dentistry, Ramapuram, Chennai, India.

Abstract

A new innovative Institution Supported Turnover Model (ISTOM) was developed by the Department of Public Health Dentistry, SRM Dental College, Ramapuram, Chennai along with the collaboration of public service, organization, schools and colleges where the population are on an organized sector. The motive of the ISTOM was to prevent oral diseases at their incipient stage for the school children in Tamil Nādu, Chennai. The purpose of the Institution supported turnover model was to promote oral health, and prevention of Oral diseases. Selection of school for preventive treatment. Obtaining permission for the ISTOM from the school authority. Oral screening of school children at the school premises. Bringing all the school children with dental problems for preventive treatment and without dental problems for behavior modification. The total number of participants received pit and fissure sealants 435 (20.33). Atraumatic restorative treatment 284 (13.27)7. Comprehensive preventive treatment 2139 (43.5). The results of the study participants showed that the overall prevalence of dental caries was 91.9%, periodontal disease was 94.8%, and malocclusion was 66.1%. Two thousand one hundred and thirty-nine participants received comprehensive preventive treatment. Forty-nine thousand and sixty-five rupees worth the treatment was provided free of cost by the dental institution for preventive treatment. Transport was provided free of cost by the dental institution which saved a great amount in the participants out of pocket expenditure. This institution supported turnover model will play an important role in the oral health of school children.

Keywords: School, School children, Oral health, Preventive treatment.

Full length article *Corresponding Author, e-mail: researchphdsrm@gmail.com

1. Introduction

Oral health is an important element of general health and well-being. Although oral diseases are largely preventable, many people across the world still suffer from the pain and discomfort associated with oral diseases. Overall improvements in oral health have occurred in many developed countries over the last 30 years, simultaneously oral health inequalities have emerged as a major public health challenge because lower-income and socially disadvantaged groups experience disproportionately high levels of oral

disease. Dental public health aims to improve the population's oral health through preventive and curative services. Oral diseases are however largely preventable. India is the second most populous country with a total population of 1,417,173,173 (2022) out of which a rural population of 900,239,774 (2021).

It has urban population of 493,169,259 (2021) [1]. The most common preventable disease of oral cavity is dental caries which is responsible for most of the oral health related pain and loss [18]. The prevalence of dental caries among

Indian school going children in primary dentition ranges from 64 to 78% and in permanent dentition, the value ranges from 18 to 67% [2]. Overall prevalence of dental caries was 54.16%, whereas age-specific prevalence was 62% in patients above 18 years and 52% among 3–18 years of age. Maximum overall prevalence was noted in mixed dentition (58%) [3]. Current data reveals that there are 313 dental colleges nationally. Of the total number of dental colleges, 84.34% are in private sector whereas 15.65% are in public sector. Human resources for oral health include public health dentist's, dental surgeons, dental hygienists, and dental assistant, all of whom comprise a dental team. As per data from the Dental Council of India, there are 2.78 Lakh registered dental surgeons across the country as of August 2020. Majority of dental colleges are concentrated in larger states [4]. The entire Northeast region & union territories like Lakshadweep and Andaman & Nicobar Islands have very few dental colleges. Thus, the distribution pattern of dental colleges across various states of India is uneven [5]. Barriers to achieving optimal oral health includes low socio-economic status, lack of oral health literacy and education, and lack of access to care. Furthermore, low prioritization of public oral health in relation to general health policy also results in a lower perceived need and, at times, inadequate resource allocation and management. Preventive and health-promoting approaches based on common protective factors such as brushing, flossing, fluoride rinse, healthy nutrition, reduction on sugar consumption, cessation of tobacco use and limiting the consumption of alcohol apply to maintain good oral and general health. The challenge is to create the opportunity and conditions to enable individuals and communities to enjoy good oral health. Although advances in clinical operative techniques have made dental treatment more effective and acceptable, treatment approaches alone will never eradicate oral diseases. Indeed, in many low-income countries in the developing world, the total costs of providing traditional operative dental care would exceed the entire healthcare budget. Effective public health approaches are therefore required to prevent oral diseases and promote oral health across the population. As an effective public health approach, a new innovative Institution Supported Turnover Model (ISTOM) was developed by the Department of Public Health Dentistry, SRM Dental College, Ramapuram, Chennai along with the collaboration of public service, organization, schools and colleges where the population are on an organized sector. The motive of the innovative Institution Supported Turnover Model was to prevent oral diseases at their incipient stage for the school children in Tamilnadu, Chennai. This paper aims to outline the strategies incorporated in the Institution Supported Turnover Model for the promotion of oral health, and prevention of Oral diseases.

2. Mechanism of Institution supported Turnover Model based on the oral disease prevalence

According to the National Oral Health Survey and Fluoride Mapping 2004. In India, prevalence of dental caries in 5 years, 12 years and 15 years old children was 50%, 52.5% and 61.4% respectively. Prevalence of periodontal disease in 15-year-old children was 66.2%. In Tamil Nadu the prevalence of dental caries experience in 5 years, 12 years and 15 years old children was 95.5%, 89.6% and 85.9% respectively. Prevalence of gum disease among 5 years, 12 years and 15 years old children was 1.5%, 5.4% and 3.6%.
Gousalya et al., 2023

Prevalence of malocclusion in 5 years, 12 years and 15 years old children was 0.2%, 36.8% and 32.6% respectively. The treatment need for preventive care and fissure sealant among 5 years, 12 years and 15 years old children was 9.6%, 6.2% and 3.9% respectively [6]. The specialty and uniqueness of the Institution supported turnover model ISTOM is to get permission from the school authority for the screening camp, and turnover camp. Screening camp to be conducted in the school for identifying their problem and bringing those school children with dental problems to the dental institution with the transport provided by the institution for treating them with the preventive oral health care procedures depending upon their needs at free of cost. The target population were school children and college students. The ISTOM was first developed by the Department of Public Health Dentistry, SRM Dental College, Ramapuram. The steps involved in the Institution supported turnover model are:

- **STEP 1:** Obtaining permission from the authority of the school or college for screening and turnover.
- **STEP 2:** Arrangement for the screening of school children or college students from the dental institution.
- **STEP 3:** Records maintenance for the screening procedures.
- **STEP 4:** Transport arrangement for the turnover through institution support i.e., for bringing the school children with the dental problems to the dental institution.
- **STEP 5:** Providing the schoolchildren, the preventive treatment as per their needs in the dental institution like atraumatic restorative treatment, pit and fissure sealant placement, topical fluoride application.
- **STEP 6:** Oral hygiene awareness was given to all the participants using audiovisual projection and teaching proper brushing and flossing technique using tooth and floss model.
- **STEP 7:** Behavioral modification through individual approach.
- **STEP 8:** If it is underprivileged schools, providing them with tooth brush and dentifrices to motivate them for maintaining proper oral hygiene.
- **STEP 9:** Drop back to their premises (school or college).

2.1. STEP 1: Getting permission from the authority of the school premises for screening and turnover

The school was selected within the Chennai by the undergraduates and the post graduates of the Department of Public Health Dentistry. The inclusion criteria for the school selection were that the school should be within 15 – 20 kms radius. The under graduates / the postgraduates explains the procedures about the screening and the turnover to the authority of the school (principal/ Director/ Correspondent).

After the verbal consent given by the authority of the school written consent will be obtained in the camp requisition forms. There are two separate camp requisition letters for screening as well as the turnover which was developed. The content in the screening and turnover camp requisition letter was stated below Annexure I and Annexure II respectively. The total population of Chennai city in the year 2013-2017 was 70.81 lakhs[7]. Age-wise prevalence of

children in the Chennai city in 2011 is presented in Figure 2 [7]. Schools in Chennai city is presented in Figure 3 [7]. Total number of government and private schools in Chennai city is presented in Figure 4 [7]. Age wise total number of schools going children in Chennai population is presented in Figure 5 [7].

2.2. STEP 2: Arrangement for the screening of school children in their premises from the dental institution

Screening camp would be conducted on the specific date which was allotted by the school authority. Arrangement of materials for the screening camp is regulated by the material and ledger checklist Annexure 3. The materials and ledger checklist comprises of materials required for the screening camp like Banner, Tongue depressor, green cloth, kidney tray, yellow book no, pink book no, head caps, gloves, masks, hand sanitizer, spirit, cotton bin, Typhodont model with tooth brush, biomedical waste covers. The material obtained and returned to the department will be verified by the material in charge. Transport for the dental team from the dental institution to the school was arranged by the institution with the prior permission of giving camp notice form to the Transport department of SRM Dental College, Ramapuram with the approval of the Head of the Department of Public Health Dentistry (Annexure 4).

2.3. STEP 3: Record maintenance for the screening procedures

While screening, the oral findings were written in the Ledger Book-A (Screening) ANNEXURE 5 and also in the yellow-colored camp case sheet. Ledger Book A and B consists of column with S.no, name of the student/ patient, age, sex, diagnosis of dental diseases like dental caries, periodontal diseases, malocclusion or adverse habits, dental fluorosis, TMJ problem, precancer lesion, tooth fracture/ trauma, any other problem, treatment plan, parents/ guardian consent, treatment done and referral. For Screening camp treatment done column will be left empty. Ledger Book A is for the institution records and yellow colored camp case sheet will be issued to the school children or college students to obtain parents' consent for the turnover. The front page of the yellow-colored camp case sheet consists of name, age, sex, clinical findings, diagnosis of the patient and doctor's signature. Back side of the yellow-colored camp case sheet consists of the route map for the dental institution.

2.4. STEP 4: Transport arrangement for the turnover i.e., for bringing the school children with the dental problems to the dental institution

The transport for the turnover is arranged by getting prior permission from the Transport Department, SRM Dental College, Ramapuram with the approval of Head of the Department of Public Health Dentistry FORM 4. Two buses were allotted per day. The bus starts at 9.00 am from the dental institution to bring the school children and the students were dropped in the school after the provision of preventive treatment services before 1.00 pm.

2.5. STEP 5: Providing the school children, the preventive treatment as per their needs and the oral hygiene instructions

Blue colored case book will be given to each school children and the students were split up to various other

departments depending upon their problem such as Department of pedodontics, department of orthodontics, department of periodontics and department of public health dentistry. Treatment to be done in the department of pedodontics restoration of cavities and scaling. Treatment to be done in the department of orthodontics include complete explanation of the treatment plan for the patients with malocclusion. Treatment to be done in the department of periodontics include scaling. Preventive treatment to be done in the department of public health dentistry includes atraumatic restorative treatment, topical fluoride application and pits & fissure sealant placement. The data from all the department was entered in the Ledger B and crosschecked and verified by the Head of the Department of Public Health Dentistry. Children with dental problems and with no dental problems would be given oral hygiene instructions using tooth model, tooth brush, audio-visual aids like LCD projector adopting the LCD projector.

3. Cost benefit analysis

Cost-benefit analysis is a way to compare the costs and benefits of an intervention, where both are expressed in monetary units[8].

3.1. Background of the current study

Total no of schools included in the study- 30.

Total no of beneficiaries included in the study – 5210.

4. Current study prevalence of dental diseases

Current study prevalence of dental diseases is presented in Table 2.

5. Types of cost

1. Direct cost
2. Indirect cost

5.1. Direct cost

- Payment for the oral health care staff.
- Cost of the materials required for providing treatment [9].

5.1.1. Cost of materials

- Pascal Anticavity Topical fluoride gel APF* Preventive treatment gel – Rs 2500[10].
- Pit and Fissure sealant IvoclarHelioclear F- Rs 1070 [11].
- Etchant Ivoclar Eco etch pack of 2 – Rs 690[12].
- GIC posterior restorative material – Rs 1350 [13].

5.1.2. Usage of materials for the patients

- One Topical fluoride gel bottle serves approximately 150 patients.
- One pit and fissure sealant Helioclear F can be used for approximately 70 patients.
- One etchant syringe can be used for approximately 80 patients.
- One GIC bottle can be used for approximately 180 patients.

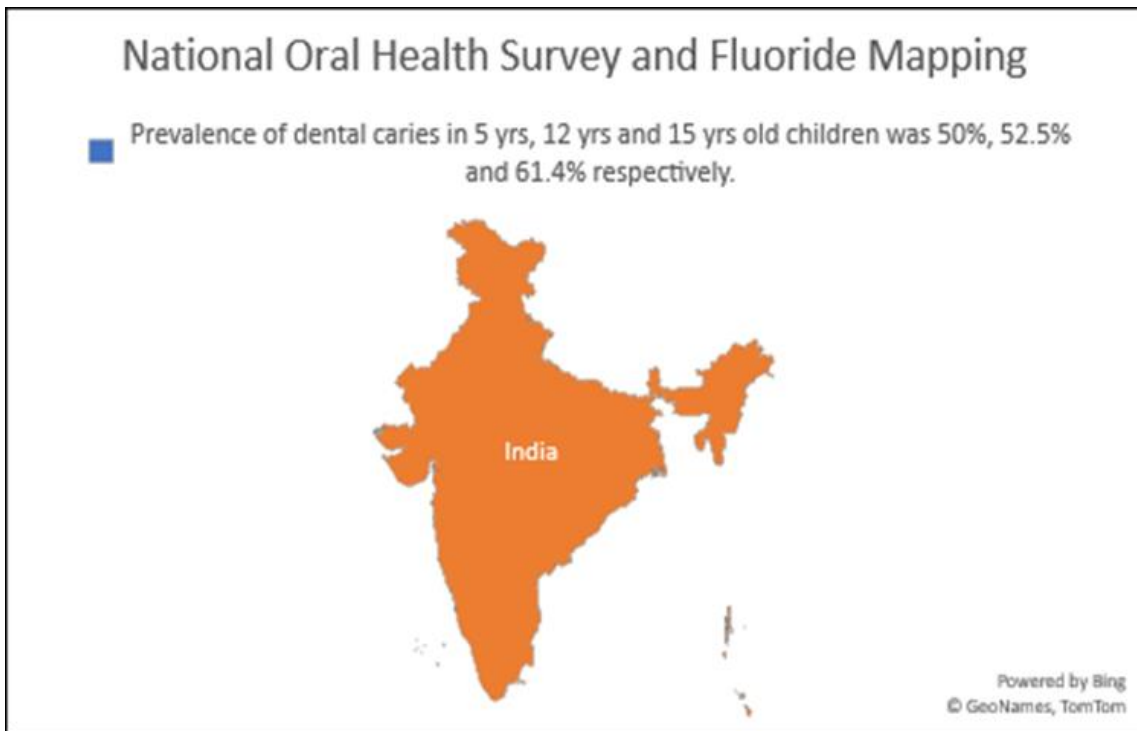


Figure 1: National Oral Health Survey and Fluoride Mapping.

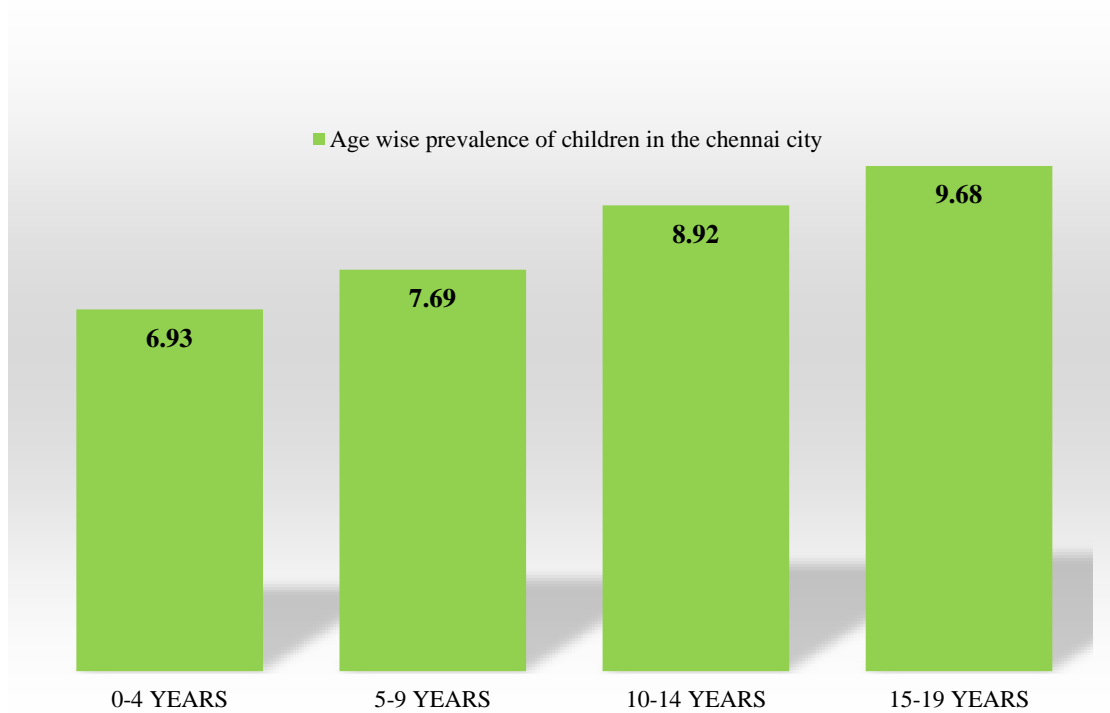


Figure 2: Age-wise prevalence of children in Chennai city in 2011.

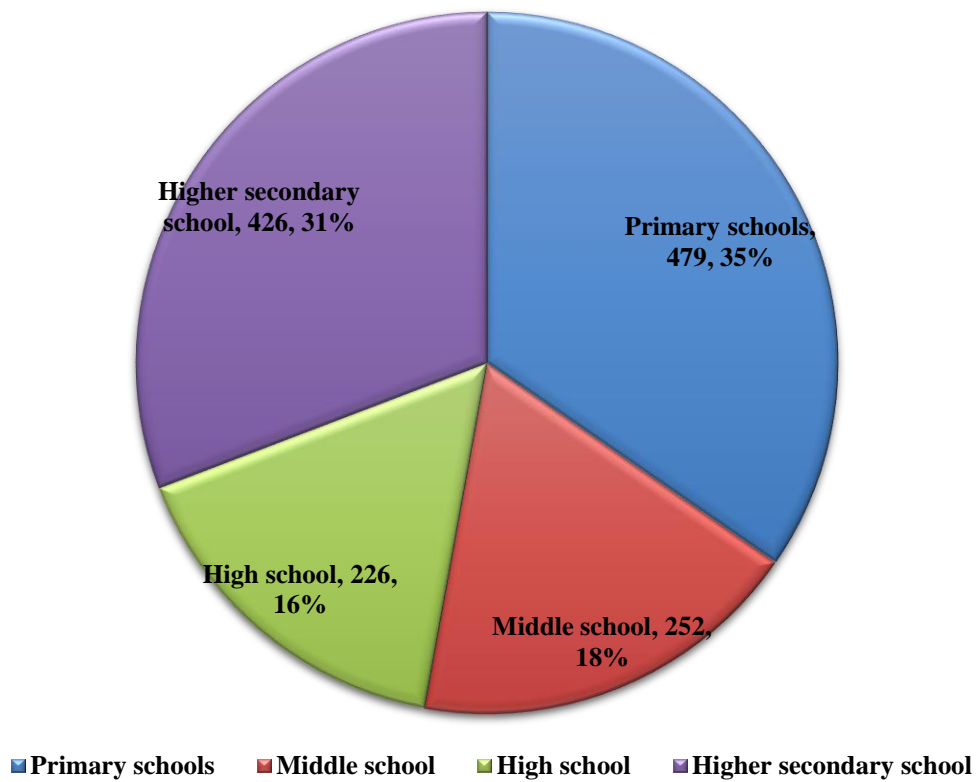


Figure 3: Schools in Chennai city.

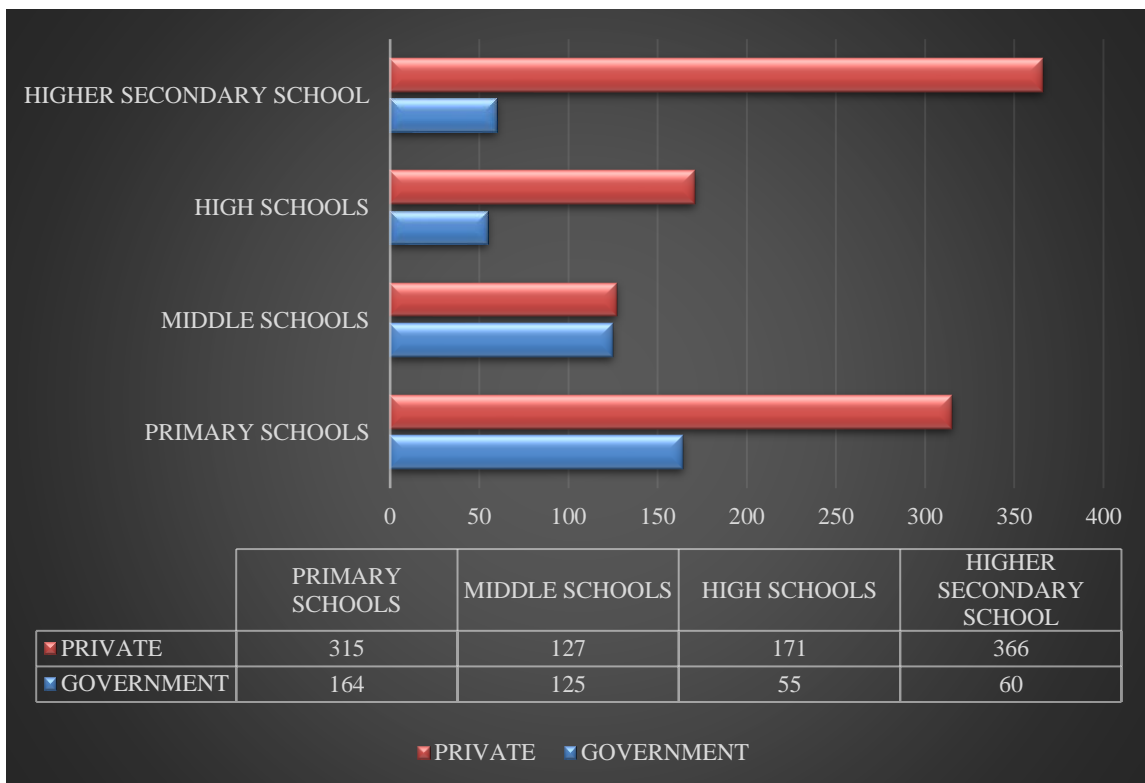


Figure 4: Total number of government and private schools in Chennai city.

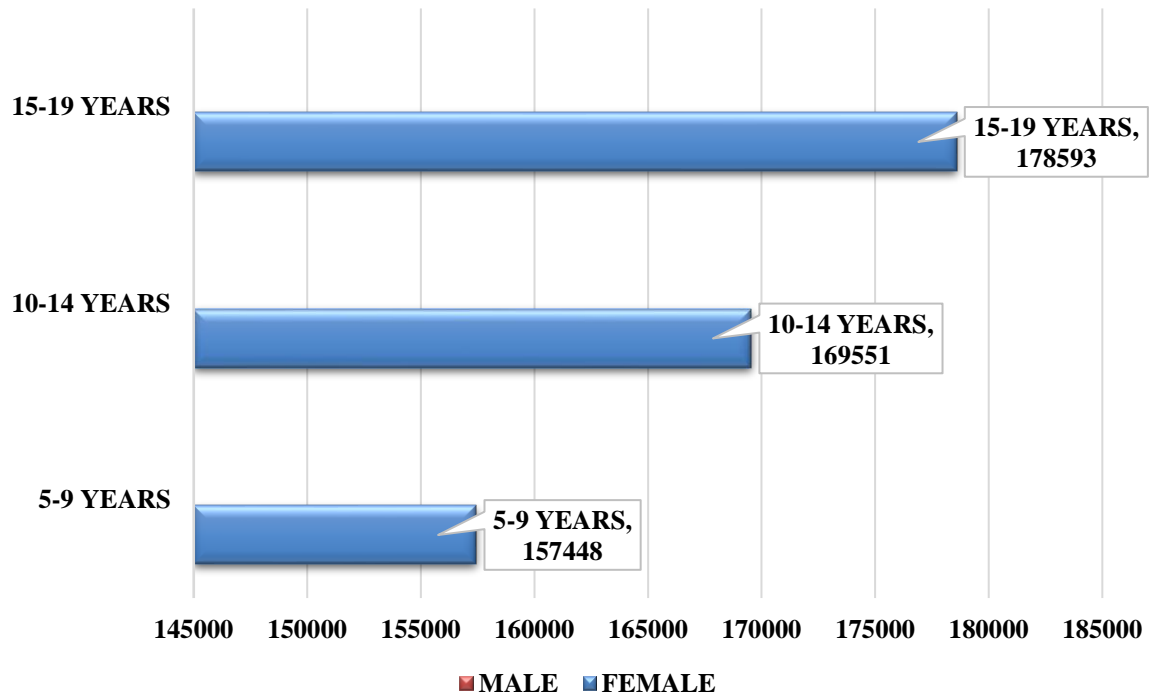


Figure 5: Age wise total number of schools going children in Chennai population.

Step 1: Screening of school children for the oral health status by the team of doctors from Department of Public Health Dentistry, SRM Dental College, Ramapuram.



Step 2: Screening data was entered on the “Ledger A” (Screening book)



Step 3: Bringing those screened school children to the dental institution through institution supported transport



Step 4: Provision of preventive treatments such as Topical Fluoride application, Pit and fissure sealant application, Atraumatic Restorative treatment and scaling



Step 5: Data entry on the total number of treatments provided for the school children which was obtained from the “Ledger B” (Turnover book).



Step 6: Analysing the results obtained from the data collection

Figure 6: Flow chart showing protocol to be followed in the Institution Supported Turnover Model.

Table 1: Consolidated data on Institution supported Turnover model.

Serial No.		N (%)
1.	Total number of schools included in the study	30
2.	Total number of beneficiaries included in the study	5210
3.	Total number of participants received pit and fissure sealants	435(20.33)
4.	Total number of participants received Topical fluoride application	581(27.16)
5.	Total number of participants received Atraumatic restorative treatment	284(13.27)
6.	Total number of participants received scaling treatment was	397(18.56)
7.	Total number of participants received the comprehensive preventive treatment	2139(43.5)

Table 2: Current study prevalence of dental diseases.

Serial No.		N (%)
1.	Prevalence of dental caries among the study participants	1509 (91.9)
2.	Prevalence of periodontal disease among the study participants	3090(94.8)
3.	Prevalence of malocclusion/ adverse effects among the study participants	319 (66.1)
4.	Prevalence of Dental fluorosis among the study participants	47 (37.1)
5.	Prevalence of tooth fracture/ Trauma among the study participants	48(41.9)
6.	Any Other Problem like missing teeth, ulceration	90(33.9)

Table 3: Material amount required for the accomplishment of ISTOM.

Procedures	Total number of participants benefited	Number of materials utilized for the participants	Total amount required for the materials
Total number of participants received pit and fissure sealants	435	$435/70=6$ Approximately 7 syringes of pit and fissure sealants required	$7 \times 1070 = 7490\text{rps}$
		$435/80=5.43$ Approximately 6 syringes of etchant is required	$3 \times 690 = 2070\text{rps}$
Total number of participants received topical fluoride application	581	$581/150 = 3.87$ Approximately 4 bottles are required	$4 \times 2500 = 10,000\text{rps}$
Total number of participants received atraumatic restorative treatment	284	$281/180 = 1.56$ Approximately 2 bottles required	$2 \times 1350 = 2700\text{rps}$
Total number of participants received scaling treatment	397	$397/100 = 3.97$ Approximately 4 packets required for 397 patients	$4 \times 170 = 680\text{rps}$
		Scaler 5 units required for scaling of 13 patients per day	$5 \times 6995 = 34,975 \text{ Rs.}$
Total			Rs 49,065

Table 4: Time required for provision of oral health care services.

Procedures	Calculation of timings	Total time consumed for the program
Total number of participants received dental checkup	5210×3	15630 mins
Total number of participants received oral health instruction	5210×5	26050 mins
Total number of participants received pit and fissure sealants	435×7	3045 mins
Total number of participants received topical fluoride application	581×6	3486 mins
Total number of participants received atraumatic restorative treatment	284×7	1988 mins
Total number of participants received scaling treatment was	397×10	3970 mins
Total number of participants received the comprehensive preventive treatment	1697	
Over all time required		54169 mins (902 hrs approximately)

5.1.3. Manpower required for the institution supported turnover model

Public health dentist required for providing preventive treatments like atraumatic restorative treatment, topical fluoride application and pits & fissure sealant placement. Periodontists required for providing oral prophylaxis. Orthodontists required for explaining the treatment procedures for the malocclusion patient. Pedodontists required for the management of middle childhood age group patients [14]. This institution supported turnover model obtained the equal health benefit by recruiting the specialized postgraduate student instead of using specialists. Hence this minimizes the cost needed to be paid for the specialized dentists.

5.1.4. Material amount required for the accomplishment of ISTOM

Actual cost required for the Institution supported turnover model was Rs. 49,065 but the program benefited the school children at free of cost (Table 3).

5.2. Indirect cost

5.2.1. Time required for provision of oral health care services

- Oral health check-up by dentist – approximately 3 minutes approximately.
- Oral health instruction on teeth care including brushing, flossing and interdental brushing- 5 mins approximately.
- Time required for Scaling – 10 minutes approximately.
- Restoration of teeth using pit and fissure sealants- 7 minutes approximately.
- Topical fluoride application- 6 minutes approximately.
- ART restoration- 7 minutes approximately (Table 4).

6. Benefits of the institution supported turn over model to the public

- Two thousand one hundred and thirty-nine participants received comprehensive preventive treatment.
- Forty-nine thousand and sixty-five rupees worth the treatment was provided at free of cost by the dental institution for preventive treatment.
- Transport was provided at free of cost by the dental institution which saved a great amount in the participants out of pocket expenditure.

7. The prime epilogue of institution supported turnover model

Dental disease is a serious public health problem with universal distribution and affecting all age groups. However, despite this universal distribution, only a few seek dental care. Thus, a wide gap exists between the actual dental needs of the population and the demand for dental care. In India, people encounter various obstacles in utilization of dental services. Health is most important than anything in the world. The health of a population plays an influential role in the development of the country [17]. Oral health has a significant impact on the quality of life, appearance, and self-esteem of Gousalya et al., 2023

the people. Preventive dental visits help in the early detection and treatment of oral diseases. Institution supported turnover model improves the oral health outcomes by providing an adequate knowledge of the way to use health services. In ISTOM model public health dentists played an adequate role in facilitating public enlightenment that schoolchildren make adequate and proper use of the available dental care facilities. An author Hebbal et al in 2005 stated that school-based screening and motivation programs significantly improved the percentage of children who seek follow up treatment [15]. This is in accordance with our study model that the school based dental screening increased treatment percentage of school children especially at free of cost. Gamal Abdul Nasser et al in 2019 stated that the prevalence of dental caries and gingivitis among corporation school going children in Chennai city was 34.7% and 41.28% respectively[16]. Such prevalence of oral diseases can be prevented using the Institution supported turn over model. These programs can also target lifestyles and needs of the school children. The ISTOM model has provided preventive treatment care for the school children irrespective of race, ethnicity, socioeconomic status and cultural background, this emphasizes that the ISTOM model has broken the barrier for utilization of dental care services. The separate curriculum and structure can be formulated by the Dental council of India for generalizing the benefits of the ISTOM model. Hence the ISTOM model can be adopted by various other institution across the country to provide preventive dental treatment at free of cost for the school children for achieving better quality of life by improving oral health [17-18].

8. Conclusions

The ISTOM model has provided preventive treatment care for the school children irrespective of race, ethnicity, socioeconomic status and cultural background, this emphasizes that the ISTOM model has broken the barrier for utilization of dental care services. The separate curriculum and structure can be formulated by the Dental council of India for generalizing the benefits of the ISTOM model. Hence the ISTOM model can be adopted by various other institution across the country to provide preventive dental treatment at free of cost for the school children for achieving better quality of life by improving oral health.

References

- [1] India Rural Population 1960-2023. (n.d.). Macrotrends. The Long-Term Perspective on Markets. <https://www.macrotrends.net/countries/IND/india/rural-population>
- [2] J.Ebinezer, V. Nagaraj. (2021). Prevalence of dental caries among children in Indian population. *Journal of Scientific Dentistry*. 11(1): 29-30.
- [3] P. Pandey, T.Nandkeoliar, A. P.Tikku, D. Singh, M. K. Singh. (2021). Prevalence of dental caries in the Indian population: A systematic review and meta-analysis. *Journal of International Society of Preventive & Community Dentistry*. 11(3): 256.
- [4] Dental Council of India. http://www.dciindia.gov.in/Rule_Regulation/Dentists Act_1948.pdf.
- [5] V. S. Pandya, N.Sampath, R. Yadav, A. V.Mahuli, J. D.Kapadiya, S. Singh, P. Chaudhary. (2021).

- Dental manpower in India: Changing trends upto 2020. *Journal of Xidian Univ.* 15(7): 15-37.
- [6] R. K. Bali, V. B. Mathur, P. P. Talwar, H. B. Chanana. *National oral health survey and fluoride mapping.* New Delhi: Dental Council of India; 2002-03.
- [7] V. Joshua. Literacy, immunization and health indicators of Chennai city. *National Institute of Epidemiology, Chennai.* 2015-2016.
- [8] Cost-Benefit Analysis | POLARIS | Policy and Strategy | CDC. (n.d.-b). Centers for Disease Control and Prevention. Date accessed on 27 April 2023
- [9] T. Ichihashi, T. Muto, K. Shibuya. (2007). Cost-benefit analysis of a worksite oral-health promotion program. *Industrial health.* 45 (1): 32-36.
- [10] https://www.dentganga.com/product/anticavity_topical_apf*_preventive_treatment_gel?vendorid=73&gclid=CjwKCAjwl6OiBhA2EiwAuUwWZdowMOoGi3NyHGEeF3JYfkE9oC9gdm4y7mCWI2d3tdqvwEhQngdBoCdzOQAvD_BwE
- [11] https://www.dentalkart.com/ivoclar-vivadent-helioseal-f-plus.html?source=google&medium=sem&campaignid=17918683141&adgroupid=&device=c&gclid=CjwKCAjwl6OiBhA2EiwAuUwWZeNixCIftj2jYnCRXtgMWKivMGNY13dZLbniIX9VWfTWhmZA9oRB4BoCQoYQAvD_BwE
- [12] <https://pinkblue.in/ivoclar-vivadent-eco-etch-refill-2-x-2gm.html>
- [13] <https://www.indiamart.com/proddetail/gc-gold-label-9-posterior-restorative-gic-2849020275655.html>
- [14] What Is the Age Range for Pediatrics? - Southside Medical Center. Southside Medical Center. <https://southsidemedical.net/what-is-the-age-range-for-pediatrics/>
- [15] M. Hebbal, R. Nagarajappa. (2005). Does school-based dental screening for children increase follow-up treatment at dental school clinics? *Journal of Dental Education.* 69 (3): 382-386.
- [16] G. A. Nasser, M. Junaid. (2019). Prevalence of dental caries and gingivitis among corporation school-going children in Chennai city—A population-based cross-sectional study. *SRM Journal of Research in Dental Sciences.* 10 (1). 7-11.
- [17] M. R. Prashanth. (2021). A Comparative Analysis of Misery Index and Its Impact on Health Indicators Across the Globe. *Indian Journal of Forensic Medicine & Toxicology.* 15 (4).
- [18] M. Sasikala, D. Prabu, S. Manipal, V. V. Bharathwaj, M. Rajmohan. (2021). Association of Paternal Individual Deprivation Measure with General Anthropometric Data and Dental Caries among 12 to15-years old school going children, in Tiruvallur District-A cross sectional study. *Journal of Family Medicine and Primary Care.* 10(3): 1320.

ANEXURE 1



SRM DENTAL COLLEGE AND HOSPITAL, RAMAPURAM, CHENNAI - 89

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

SCREENING FORM - 1

CAMP REQUEST LETTER - SCREENING

Date: .../.../...

Place: Chennai

From
Department of Public Health Dentistry,
SRM Dental College,
Barathi Salai, Ramapuram, Chennai-600089.

To
Name of the Organizer -
Name of the Organization-
Address of the Organization-

Respected Sir/ Mam,

Sub: Request to Grant permission for Conducting Comprehensive Oral Health Programme -Rgds

This is to bring to your good office that I would like to conduct a screening camp at your premise on I request your consent as a confirmation to conduct comprehensive oral health programme the above planned through an acknowledgement to this mail or signing below if hard copy reaches you after filling the required details.

1. Name of the Student:
2. Batch/Year:
3. Finalized Camp Date to Conduct Check-Up:
4. Number of Expected Participants for Check-Up:
5. Reporting Time for Doctors to conduct Screening:
6. Address with Landmark:
(Please share location through Whatsapp if digital mode is opted for communication)
7. Phone number of the Organizer:
8. E-mail Id of the Organizer:
9. Signature of the Organizer:
10. Seal of the Organization:

Signature of the Staff Incharge

Signature of the HOD

ANEXURE 2



SRM DENTAL COLLEGE AND HOSPITAL, RAMAPURAM, CHENNAI - 89

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

TURN OVER FORM - 1

CAMP REQUEST LETTER - TURN OVER

Date: .../.../...

Place: Chennai

From
Department of Public Health Dentistry,
SRM Dental College,
Barathi Salai, Ramapuram, Chennai-600089.

To
Name of the Organizer -
Name of the Organization-
Address of the Organization-

Respected Sir/ Mam,

Sub: Request to Grant permission for Conducting Comprehensive Oral Health Programme -Rgds

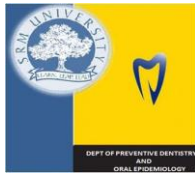
This is to bring to your good office that I would like to conduct a Treatment camp on in our hospital at Ramapuram after obtaining the written informed consent from the individuals above 18 years/parents or guardians for children up to 17 years for all of whom we will arrange transportation for both pick -up & drop service. Teeth cleaning, filling, temporary pain management, preventive procedures and simple tooth removal for indicated patients will be provided at free of cost. I request your consent as a confirmation to conduct comprehensive oral health programme the above planned through an acknowledgement to this mail or signing below if hard copy reaches you after filling the required details.

1. Name of the Student:
2. Batch/Year:
3. Address with Landmark:
(Please share location through Whatsapp if digital mode is opted for communication)
4. Finalized Date for Treatment :
5. Expected Timings for Bus Availability in Your location for Pick-up Service:
6. Phone number of the Organizer:
7. E-mail Id of the Organizer:
8. Signature of the Organizer:
9. Seal of the Organization:

Signature of the Staff Incharge

Signature of the HOD

ANEXURE 3



SRM DENTAL COLLEGE AND HOSPITAL, RAMAPURAM, CHENNAI-89

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

SCREENING CAMP STAFF APPROVAL MATERIAL CHECKLIST FORM-4

Camp Venue: _____ Date of Camp: _____
 Student Name: _____ Academic Year: _____ Year of Study: _____ Batch: _____
 1. _____ 20__ - 20__ III Year
 2. _____ IV Year
 3. _____ Interns

Contact Bank Issued: Yes/No _____ Camp Module Issued: Yes/No _____
 Contact Bank Returned: Yes/No _____ Camp Module Returned: Yes/No _____

Serial Number	Name of the Item	Please Tick If Taken From The Department	Please Tick If Returned Back To The Department
1	Banner		
2	Ice Cream Sticks Bin		
3	Green Cloth		
4	Kidney Tray		
5	Yellow Book No:		
6	Pink Book No:		
7	Head Caps		
8	Gloves		
9	Masks		
10	Hand Sanitizer		
11	Spirit		
12	Cotton Bin		
13	Typhodont Model with Brush		
14	Biomedical Waste Covers		

Signature by Material Incharge: _____

CHECK LIST FOR LEDGER UPDATION TO BE APPROVED BY STAFF INCARGE

S.No	WORKS	PLEASE TICK THE STATUS
1.	Ledger A (Pink) (Complete Patient Data Register) Signature from Staff Incharge	Yes/No
BOOK No.1	Department Consolidate Patient Register with all individual patient details	Yes/No
3.	Camp Report Hard Copy Submission with Geotag photos with HOD Signature	Yes/No
4.	Camp Report Soft Copy sent WhatsApp and updated on Facebook Page	Yes/No

Signature by Camp Incharge: _____

5.	Consolidate Patient Register, Facebook update Re-Checking	Yes/No
6.	Department Computer Camp Data Excel Sheet updation at Desktop C:\Users\srm\Desktop\Camp Statistics	Yes/No
7.	Camp Report Scanned Copy with HOD sign Submission to Computer C:\Users\srm\Desktop\Camp Report	Yes/No
8.	Feedback Form Signature and Filing	Yes/No
9.	Checklist Signature and Filing	Yes/No

Signature by Admin Incharge: _____

Completion Signature by HOD _____

ANEXURE 4



SRM DENTAL COLLEGE AND HOSPITAL, RAMAPURAM, CHENNAI - 89

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

SCREENING CAMP NOTICE FORM - 2

Date of Submission to Office: .../.../....

This is to inform that the following dental camp at Name of the Organization.....Door Number..... / Street Name Area Name..... Nearby Landmarks.....will be held for target Population Type: (Please Tick Appropriately) (General public / Educational Institutions / Orphanage/ Old Age Home / Corporate Office / Others) on..... The Staffs, interns and students who are posted are requested to report near the bus at

S. No	Name of the Participants	Mobile Number	Sign as Consent for Participation
1) STUDENTS	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
2). FOR SCREENING (Or) FOR FOLLOW-UP	Name of the Driver..... Vehicle Number..... Mobile Number.....		
3).	Signature of Staff In-charge		
4).	Signature of the HOD		
5).	Signature of the Transportation Manager		
6).	Signature of the Department Camp-Coordinator		
7).	Signature of the Manager		

Return Biometric attendance in the college is not applicable on the day for the staffs and students.
 If interns or students fail to attend, 2 days extension would be penalized.
 If camps on Sundays or National Holidays are conducted, compensatory day would be provided but attendance for the camp on those days is compulsory.

COPY TO:

- 1).Dean Sir and College Office for requirements and attendance
- 2).Notice Board of the Department
- 3) Transport Department
- 4).Security at Campus Gate
- 5). Camp Organizing File

Signature of the Dean

ANEXURE 5

ORIGINAL

SRM DENTAL COLLEGE
RAMAPURAM
Camp Register Log Sheet Form

S.No. 1100

CAMP VENUE ORGANIZER CONTACT NUMBER : _____ DATE : _____

CAMP VENUE INSTITUTION / ORGANISATION : _____ CLASS/SECTION _____ CAMP VENUE ORGANIZER NAME: _____ SRM CAMP IN CHARGE NAME : _____ SRM STAFF IN CHARGE NAME : _____

S.No	Name of the Student/Patient	Age	Sex	Diagnosis								Treatment Plan	Parent's / Guardian Consent	Treatment Done	Referral
				Dental Caries	Periodontal Disease	Malocclusion or Advanse habits	Dental Fluorosis	TMJ Problem	Pre cancer lesion	Tooth Fracture / Trauma	Any other problem				
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
32															
33															
34															
35															