





TIME TO  
RENEW

## ADASA

# MEMBERSHIP

### RENEWAL 2020 - 2021

With membership renewals coming up this month, we're letting our members tell you why it's such a great reason to renew. We have been overwhelmed with hundreds of comments of support by our members during the COVID-19 pandemic. Now is the time to encourage your non-member colleagues to join us too!

Here is a small sample of the thanks from our members:

Thank you for all the work you and others have done on behalf of the ADA and our profession.

It's most appreciated.

Angelo Papageorgiou and all the ADA team here in South Australia, should be congratulated on their outstanding assistance in helping us all meander through all the issues the COVID-19 pandemic has presented.

You have all been amazing through the COVID, for feedback, the Dentists that I work with have said the ADA has shined.

Great directive, well done.

Thanks for the continuous, timely updates Angelo and the ADASA team. We feel very well informed.

Let me say a huge thank you to yourself and the ADA team for all you are doing for our profession at this time - I really appreciate the support and advocacy on our behalf.

My membership of the ADA has been a highlight of my Professional Career.

We are all incredibly grateful for the assistance the ADA has provided.



## STRONGER TOGETHER....

**ADASA IS YOUR PROFESSIONAL ASSOCIATION. LED BY DENTISTS FOR DENTISTS**

Look out for your renewal email and post in June 2020  
[membership@adasa.asn.au](mailto:membership@adasa.asn.au)

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July 2020



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**Editors Notes**

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# From the President

**Dr Angelo Papageorgiou**

ADASA President

**W**ith no active cases of coronavirus for weeks and the end of yet another financial year, it is with a warm comfort that we welcome this the cold winter season, before the onset of spring and a chance to pick up from where we left off pre-COVID-19.

***“The leaf has fallen from its mother and withered. Yet the tree does not mourn the loss. While barren, it stands tall to bear the burden of winter for it knows that through hardship comes renewal.”***  
**D.J Niko**

Many of you as dental practitioners and business owners would have completed tasks such as making an appointment with your accountant and financial advisor, checked your business record keeping and finalised tax deductions and concessions which may be claimed. Keeping up to date with tax changes and reviewing your finances as well as your business and marketing plan would have also been considered.

The financing of any purchasing of practice equipment and taking advantage of the 100% instant asset write off and 50% instant depreciation stimulus on offer as part of the Economic Stimulus Package may have been appealing. Assessment of your business structure, checking your insurances and backing up and securing your files are other timely areas of interest that should not be overlooked.

Such budget and financial considerations also apply to the government and in particular dentistry and the allocation of funds for the provision of dental services.

## National Partnership Agreement (NPA)

Following from my last report regarding the current NPA which was due to expire on the 30 June 2020, ADASA and ADA Inc. welcomed the announcement by Federal Health Minister Greg Hunt on 10 June that the NPA has been extended for yet another year for adult public dental services.

The NPAs are funded by Commonwealth money and allow states and territories to increase effort on reducing adult public dental waiting lists, including outsourcing to the private sector where the majority of the dental workforce is engaged. While children eligible for public dental have access under the Child Dental Benefits Schedule (CDBS), the future of funding for additional adult services was in jeopardy until the Minister revealed his plan to direct \$107.8 million to the service, extending it from July 1 for another 12 months.

Whilst the ADA believes it's continued advocacy help bring about the renewal and applauds the move as it provides a lifeline for public patients, it does however question the short shelf life of this one year interim extension as it is not sufficient to allow for forward planning and therefore does not provide sustainable long-term oral health solutions. Twelve months is not sufficient time to resolve the many outstanding issues surrounding the funding

of these complex relationships between federal and state government.

The best outcome for oral health of South Australians is for the state government to work with the profession and the South Australian dental sector to develop a long-term solution.

A Commonwealth dental benefits scheme for older South Australians, the socially disadvantaged and those who are on low incomes, similar to this CDBS, would be longed-for by the ADASA.

This could be achieved by future proofing funding arrangements through a long-term commitment and the ADASA is looking forward to the outcome of the government working group assigned with developing an improved replacement funding model.

## Electronic Prescribing Legislation

I am pleased to advise that the new legislation enabling electronic prescribing has commenced in South Australia. Electronic prescriptions form part of the broader national digital health and medicines safety framework. They enable the prescribing and dispensing of medicines without the need for a paper prescription. The Commonwealth developed the regulatory and technical frameworks for electronic

prescribing and has fast tracked the implementation of electronic prescribing software systems as part of the National Health Plan to help protect the community from exposure to COVID-19.

Amendments to the Controlled Substances (Poisons) Regulations 2011, now in effect recognises and allows an electronic prescription in relation to a prescription for a drug in South Australia. Electronic prescribing will not be mandatory, and patients and prescribers will be able to choose an electronic or paper version of their prescription. Please find further information on the fact sheet found at [ADASA Website](#) or [SA Health website](#).

### Dental Health Week 2020

This year, Dental Health Week (DHW) planned for 3-9 August is focussing on sugar and ADASA plans to highlight the effects of sugar in oral health and how to interpret nutrition information panels, all while shedding light on hidden sugars. With the focus on “how much sugar is hiding in your trolley?” DHW will be an online campaign and these digital assets resourced through ADA Inc. will be used as the basis of our local campaign. This has already begun with a social media message and such messages will increase in momentum as we move closer to DHW.

ADA Inc. has also provided the opportunity for members to be involved in raising awareness about the detrimental effects of sugar consumption by introducing a competition to submit your best sugar free recipe and be part of an ADA released tooth friendly sweet

treat cookbook resource in line with the campaign on sugar.

The Public Relations (PR) Committee is currently putting the local campaign together and I urge all members and their practice staff and patients to embrace DHW in South Australia. Members have access to a range of social media images, posters, fact sheets event handbook and other digital resources.

<https://www.ada.org.au/Dental-Health-Week-2020/Home>

### ADASA Federal Councillor Nominations

As per the ADASA Constitution, By Law 13.1 Federal Councillors; In each even-numbered year ADASA Council will elect two Branch members (or such other number as may be required by the Constitution of the Federal Association) as Federal Councillor, with the ballot to be declared at the June ADASA Council meeting.

The South Australian Branch has been very fortunate to have both ADASA Councillor and Federal ADA Inc. Treasurer Dr Mark Hutton and ADASA Councillor Dr Angela Pierce as our Federal representatives for a significant period offering continuity of service and a vast knowledge and experience in matters relating to this position.

We are thankful to both for their active contribution and dedication. As Branch Council it is both our authority and responsibility to elect two Branch members as set out in the Constitution and I am pleased to announce that both Dr Mark Hutton and Dr Angela Pierce

are the newly re-elected SA Branch Federal representatives.

The Branch has great respect and confidence in the stellar contributions made by both Dr's Hutton and Pierce and is all the more strengthened in its position at a federal level.

### Ankyloglossia Consensus Statement

In 2019, the ADA began the process of creating a consensus statement on ankyloglossia as part of the association's work in health promotion and advocacy. The multidisciplinary statement has now been released, and promises to be a great resource for members of both the dental and wider community. Recently finalised, the Ankyloglossia and Oral Frena Consensus Statement provides a multidisciplinary, evidence-based consensus regarding the diagnosis and management of short, tight labial and lingual frena and ankyloglossia.

The consensus statement, available now in its entirety on the ADA website, is intended to guide best practice; it is based on existing evidence, including a systematic Cochrane Review, an updated broader literature review and the expert opinion of the working group. This resource will be regularly reviewed to represent new evidence as it arises.

**“One kind word can warm three winter months”- Japanese Proverb**

# Revised Scope of Practice Registration Standard and Guidelines

As referred to in the June edition of the President's Dental Insights report, The Dental Board of Australia (The Board) has announced the changes to the scope of practice registration standard and guidelines. These changes will allow allied dental practitioners, such as dental hygienist, oral health therapists and dental therapists to practice independently and remove the requirements for them to work in a structured professional relationship with a dentist as a clinical team leader. It will also allow these practitioners to expand the scope of practice through continuing professional development (CPD) activities.

## Background

In November 2019, Health Ministers including the Council of Australian Governments (COAG) approved a revised scope of practice registration standard for dental practitioners in effect 1 July 2020.

The Dental Board of Australia's current registration standard has been in place since 2014 and a scheduled review of the standard began in late 2017 and included wide ranging public consultation from March until May 2018.

The ADASA in its submission did not support the proposed changes and strongly believes that if implemented, these changes will adversely affect the safety and quality of dental care for all Australians and are not in the best interests of patients.

Key issues were raised with the Minister for Health and Wellbeing, the Honourable Stephen Wade last September 2019 and these included;

- No evidence that the current system is not working adequately and nor has there been any call from the community for such change or that this will improve access to quality of care.
- While allied dental practitioners are a valued and an essential part of the dental team, their role is complementary to, and does not replace the need for dentists to be involved in patient care and hence the potential risk that oral diseases and conditions will be undetected.
- The existing structured professional relationship requirements with a dentist would ensure continuity of care and best possible outcomes for patients.
- Dentists have the education and training to fully diagnose and provide a broad range of care and this knowledge cannot be gained through short courses.
- The fact that there have been minimal complaints against allied health dental practitioners as suggested by the Dental Board's supporting



arguments further demonstrates that the current system is effective.

- Allied dental practitioners' education and training are based on the clinical leadership of a dentist and thus have not included the necessary skills and competencies to prepare these practitioners for independent practice.
- CPD expansion of scope is confusing and appears to allow any allied dental practitioner to increase their scope through self-assessed competence rather than through formal education. This is inconsistent with the Dental Board of Australia's CPD Standard currently in place.

Despite the ADASA position, the 2014 standard has changed to remove a regulatory barrier to enable dental practitioners across all divisions to exercise their full scope of practice and to continue the Board's incremental approach (since 2010) to transition the profession, particularly dentists away from prescriptive requirements of the scope. Such a change was made to allow greater access to service provision and consumer choice while recognising that most consumers will continue to have a primary relationship with their dentists.

In November 2018, the Board submitted its proposed revised Scope of Practice registration standard to the CHC. In March 2019 the Health Ministers referred the proposed standard to the Australian Commission on Safety and Quality in Health Care (ACSQHC). The purpose of the referral was for the commission to independently assess the patient quality and safety implications and consider the benefits of the revised standard. This review was completed in July 2019.

In November 2019, Health Ministers noted in the review outcomes that there is no evidence the proposed revised scope of practice registration standard would have an adverse effect on patient safety and quality. The review also indicated that the changes might increase the capacity of the dental workforce, may provide greater access to services and reduce waiting times for services for rural and remote communities.

## Registration Standard

The registration standard applies to all registered dental practitioners except those with student or non-practising registration.

The five main dental practitioner divisions include – dentists who show the complete scope of practice and, dental hygienists, dental prosthetists, dental therapists and oral health therapists who have a restricted range but which does not reflect the significant value of their contribution made to oral health.

All dental practitioners are members of the healthcare team and are expected to work with each other to provide the best possible care outcome for

their patients. An individual dental practitioners' scope of practice depends on their education, qualifications, training, experience and competence. Dental practitioners are expected to know the scope of practice. Individuals who wish to broaden their knowledge, expertise and competence may do so by completing continuing professional development (CPD). However, completing CPD is not enough to move from one division of registration to another.

A dental practitioner must not direct any person whether a registered dental practitioner or not to undertake dental treatment or give advice outside that persons education or competence.

All dental practitioners are expected to practice within the definition of dentistry and their dental practitioner division.

Dental practitioners should familiarise themselves and understand the application of the guidelines for scope of practice which provide guidance about expectations of the registration standard and how to meet its requirements.

The code of conduct sets out the standards of professional conduct the Board expects and is used to evaluate dental practitioners' conduct. By defining the Board's expectations of professional conduct, including professional relationships, the code supports patients' interests, good patient care and delivery of appropriate, effective services within an ethical framework.

Registration standards are developed under Section 38 of the National Law and are subject to wide ranging consultation. The National Law establishes possible consequences if you don't meet this registration standard, including that registration standards, codes or guidelines may be used in disciplinary proceedings against the practitioners as evidence of what constitutes appropriate practice or conduct for the health profession (Section 41 of the National Law).

The approved Scope of Practice registration standard 2020 retains the expectations of practitioners and definition of dentistry and improves the value of members as part of the health team reflecting the interpersonal relationships. It does remove the regulatory requirement for structured professional relationships (for referral or management only but not supervision) and should an employer wish to have such a structured professional relationship then that is a matter between the employer and employee. Also removed are the confusing terms 'independent' or 'non-independent' and the program to expand scope. Furthermore, it does provide a new reference for code of conduct.

The individual scope of practice of all dental practitioners across all divisions remains the same and as mentioned, practitioners from the other four

divisions cannot become or practice as a dentist through completing CPD course. The Board is not the relevant authority and provider numbers are the responsibility of Medicare however dentists who currently share their Medicare Provider Number with other members of the dental care team still can from 1 July 2020.

## Key requirements

Dental practitioners are responsible for the decisions, treatment and advice that they provide and must not direct any person whether a registered dental practitioner or not to carry out dental treatment or give advice outside that person's education and competence. Practitioners need to be aware of and respectful of the education and training done by each of the dental divisions and continue to work within their own scope of practice as part of the patient's health care team and refer when the requirements of a patient's care are outside of their scope of practice. This means maintaining strong professional relationships with other practice divisions so they can work in a cohesive dental team.

Individual scope of practice would be influenced by the level of education and training and competence and experience. Also registration requirements, clinical need and recency of practice play a significant role. Other factors include legislation and regulations, professional indemnity insurance and workplace requirements.

## Considerations

Each dental practitioner needs to know their own scope of practice and before carrying out dental treatment ask yourself the following questions;

- Am I practicing within the Board's requirements?
- Have I completed the necessary education and training?
- Is there relevant legislation or regulation?
- Does my professional indemnity insurance cover me?
- Does my employer allow the practice or have any additional requirements?
- Have I carried out the practice recently?
- Do I feel confident to carry out the treatment?
- Is it in the patient's best interest that the treatment is better served by another practitioner?

## Continuing Professional Development

CPD is beneficial to maintaining and improving a dental practitioner's skills and experience and broaden their scope of practice within their division. Whilst CPD will not allow a practitioner to move from one division to another, they should be able to evolve their practice within their division from their initial qualification.

Practitioners must choose CPD based on their scope of practice and understand its limitations. The assessment by practitioners who have completed CPD as to whether they have acquired sufficient

knowledge, skills and clinical experience to include the new technique in their practice is of utmost importance.

## Compliance

The Board has confirmed that there is no specific audit of scope of practice standard and guidelines however with registration and renewal, there will be declaration to comply with all relevant legislation, Board registration standards, codes and guidelines. Notifications will need to demonstrate compliance with the standard and guidelines in the course of an investigation.

Other areas of note is that procedures performed for cosmetic enhancement is generally accepted as an area of dental treatment and fits into the definition of dentistry which covers the widest range of any procedures that a person educated in dentistry can carry out. The Dental Board expects practitioners to show professional responsibility and to know when and how to refer a patient for an appropriate opinion and /or treatment, where diagnosis and / or treatment are beyond their skills. This confirms again the importance of developing and maintaining professional relationships and networks.

The revised scope of practice registration standard still allows for individual scope of practice to continue to evolve for each practitioner throughout their professional careers.

A professional relationship between all members of the dental care team including prosthetists is essential to provide a patient with the best possible care necessary and hence all divisions must comply with their obligations under the Board's Code of conduct.

Dental practitioners should be mindful of other regulatory requirements and legislation as there may be variations between states and territories regarding a dental practitioner's ability to possess, prescribe, supply and administer medications or perform radiographic procedures.

## In summary

1. Understand your professional obligations- apply the Code Of conduct (the code).
2. Define the dentistry profession and dental practitioner divisions – maintaining strong professional relationships with other practitioners and divisions so you can work as a cohesive dental team and provide the highest level of patient care. The referral of a patient to a more appropriate practitioner when the treatment is beyond your scope of practice is important.
3. Assess your own education, training and competence – learn to assess your expertise and the benefit of CPD to maintain and improve your skills and experience and broaden your scope of practice within your division.



To implement the standard The Dental Board has provided resources which can be downloaded from the website and these include the reflective practice tool, State and territory legislation, a recorded webinar of the scope of practice requirements and FAQs of the revised scope of practice registration standard.

*“Let us love winter, for it is the spring of genius”*  
**Pietro Aretino**

Coronavirus  
(COVID-19)

# GOOD HYGIENE IS IN YOUR HANDS.

Wash your hands thoroughly with soap and water for at least 20 seconds to prevent passing on germs. Dry your hands.

**TOGETHER WE CAN HELP STOP  
THE SPREAD AND STAY HEALTHY.**

For more information about **Coronavirus (COVID-19)** visit **health.gov.au**



Australian Government

Authorised by the Australian Government, Canberra



# FROM THE CEO

**Mr Dan Pawlyk**  
ADASA CEO

## The first half of 2020 was quite a roller coaster, we now settle into the ‘new normal’

The last month saw the ADASA Administration team transition from COVID-19 planning to membership renewals and budgeting, all during a very unsettled point in time for both the team and our valued members.

The ADASA team also transferred from working remotely to working back in the office with COVID safe processes in place. I would like to thank all the members who sent messages of gratitude during the last three months, it really means a lot to all of us at ADASA.

Budgeting for the new financial year was extremely challenging given the circumstances we were in, but we managed to navigate the ebbs and flows to complete and present our 2020/2021 budget to Council which was accepted and approved.

A sincere thank you to ADASA Accountant Voula Bourlotos who stepped up to the challenge and prepared numerous variations of budgets and amendments as the environment was in constant flux, all while continuing on with her normal workload.

It was also membership renewal time which is a busy time for ADASA. This year you may have noticed a streamlined more efficient communication from us which was the initiative of our Membership and Publications Coordinator Kristy Amato. Kristy has been doing a great job of streamlining processes to ensure we are clearly communicating in an efficient manner.

Membership levels remain strong thanks to all our valued members for their continued support.

Due to the current business environment, budgets, and end of financial year it was timely to revisit and

tweak the strategic plan. It is important to plan for the worst and hope for the best, so contingencies have been made in case there is a second wave of COVID-19.

ADASA has flexibility to navigate the next few years and all going well there will be advancements made with technology for webinars, podcasts, website and electronic voting (which is planned to be implemented in time for our next Council election).

There are many more initiatives which will be highlighted in coming months.

Over the last month ADASA ran a Keep Smiling campaign to remind the public to make an appointment for a check-up with their Dentist.

It was a paid advertisement on Facebook and had good reach and engagement. This was a great start and we plan to analyse the results and try to continuously improve this initiative. Thank you to ADASA PR and Communications Coordinator Lesley Johns for getting this up and running.

Over the coming months we look forward to welcoming members back to face to face events and CPD. Please keep an eye out as we start to make plans to unite everyone once again. Again, thank you to all ADASA members for being part of our professional community.

# ADA & ADASA Action

## COVID-19

Supporting you through the pandemic



AUSTRALIAN DENTAL ASSOCIATION



SOUTH AUSTRALIA

**Jan-Feb  
2020**

Member **advisory services** were expanded.

Began working with suppliers and govt to **secure mask supply**.

First cases of **COVID-19 in Australia**. Border closures began.

Established contact with the AHPPC to **ensure dental representation**.

**March  
2020**

Ran a media campaign to **access masks** from the national govt stockpile.

The AHPPC identified **aerosol generating dental procedures** as high risk for COVID-19 transmission.

A dental restriction framework was created by the ADA and endorsed by the AHPPC. **Avoided a complete closure** of dental practices.

**COVID-19 resources** were created. Regular webinars were held.

**Secured a limited supply of masks** from the national govt stockpile.

**Level 2 dental restrictions were introduced**. Mask supply remained at critical level.

**Level 3 dental restrictions were introduced by the AHPPC**. Stage 3 activity restrictions began.

**Apr-May  
2020**

**Teledentistry** was introduced.

Continued to work with suppliers and the govt to **source PPE**. Regular webinars were held.

Successfully advocated for a **return to level 2 dental restrictions**. Most elective surgery resumed.

Successfully advocated for dental practices to receive **funding for small businesses**.

Successfully advocated for a **return to level 1 dental restrictions**.

**Membership renewal fees were deferred to 1/10**. Ongoing support for members.

**Public Awareness Campaign**  
Key messaging to the community via media and social media platforms



# Events Update

By: Sally Queale  
ADASA Events Coordinator

It has certainly been a unique and challenging time in the dental world this year. The COVID-19 pandemic is something none of us have ever experienced before and learning to live the 'new normal' and within the restrictions imposed on us, has changed life as we know it.

Trying to manage, reschedule and plan events during this time has been hard but now that we have good news with restrictions continuing to be lifted and state borders soon to reopen, some of our events can now proceed.

ADASA will hold CPD events, like Branch Meetings and Study Clubs in a combination of formats, some online, some with people in the room (abiding by the social distancing rules) or a combination of both.

I know some members (and me included) enjoy the social interaction with friends and colleagues at meetings and CPD events over a glass of wine, while others like the convenience of tuning into a webinar from the comfort of their own home.

ADASA will endeavor to try and meet the expectations of our members with regard to events. At the time of writing this, the news that the interstate borders will be opening on 20 July, came as good news for those wishing to attend our Riverland Conference on 16-17 October.

Registration is open so unless there are any unforeseen circumstances, this 2-day CPD event will be happening. Please consider attending this conference and also support one of our lovely regional areas.

I am pleased to say that most postponed events have now been rescheduled. The Infection Control Seminar, one of our most well attended events, (originally planned for September), will now be held on Friday, 19 March 2021.

Our CPR courses planned for August, October and December are now proceeding and registration is open. Plus, we have Study Club #3 (Webinar) on 9 July, Hood Sweeney's Retirement presentation on 28 July, with more events happening from August.

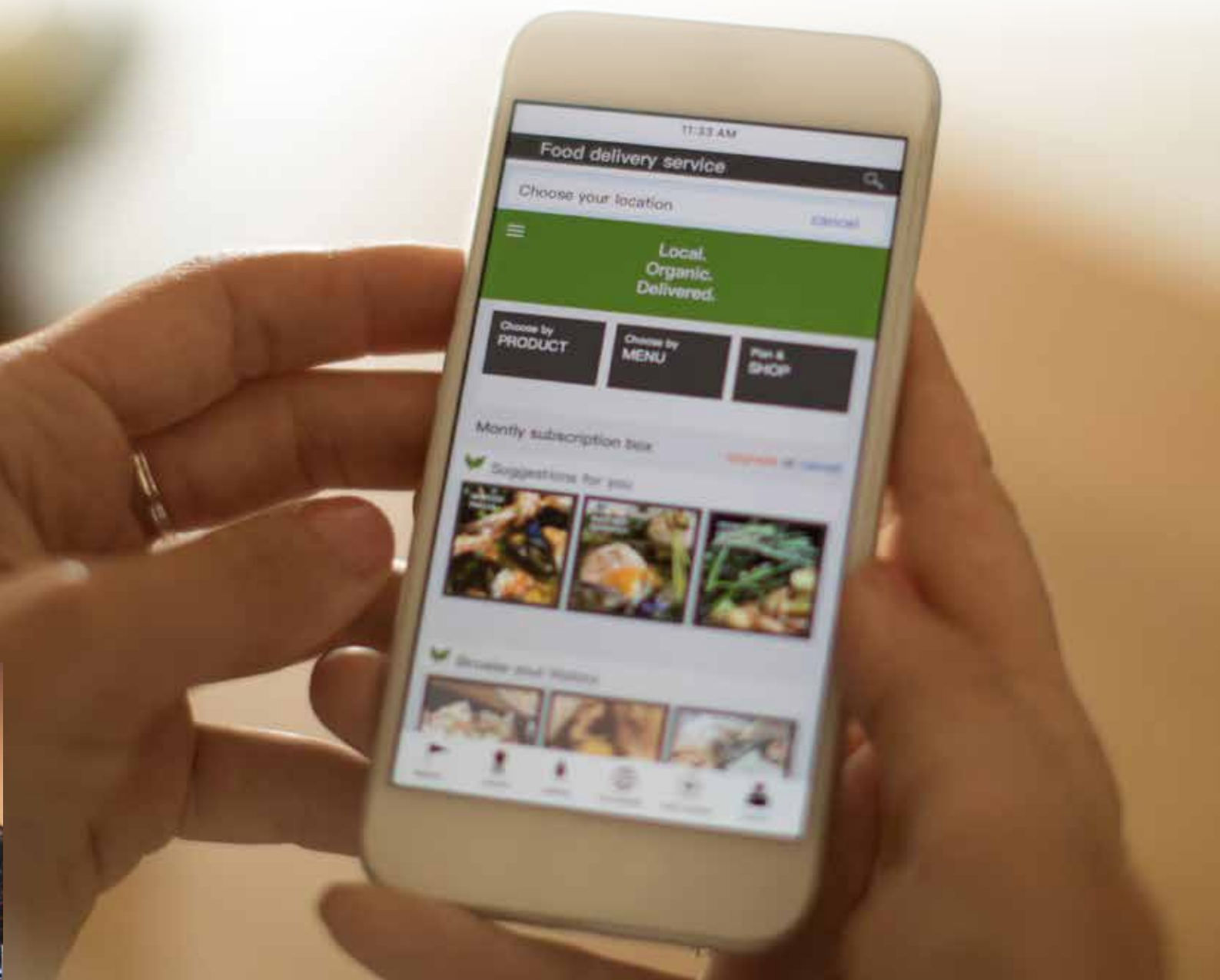
Members will be updated via the monthly broadcast emails but also please check the [ADASA website](https://www.adasa.asn.au) or email me at [events@adasa.asn.au](mailto:events@adasa.asn.au)

I look forward to seeing you again soon at an ADASA event but in the meantime please stay safe.

Pictured:  
Renmark Club, Venue: Riverland Conference



# HOW MUCH SUGAR IS HIDING IN YOUR TROLLEY?



DENTALHEALTHWEEK.COM.AU | 3-9 AUGUST 2020



AustralianDentalAssociation



AUS\_Dental



AustralianDentalAssociation



AUSTRALIAN DENTAL  
ASSOCIATION

## HOW MUCH SUGAR IS HIDING IN YOUR TROLLEY?

DENTALHEALTHWEEK.COM.AU | 3-9 AUGUST 2020

This year for Dental Health Week (DHW), the Australian Dental Association want to help Australians to become sugar savvy.

Research shows that many Australian consumers look to the Nutrition Information Panel (NIP) when purchasing foods and sugar is one of their greatest concerns. However, research also shows that many people still do not know how to interpret the messages they are receiving about sugar.

We want individuals to have the ability to look at their own sugar intake and know if it is appropriate or potentially causing their mouth or body damage. After all, we want everyone to keep their teeth for life.

### Key Sugar Messages

- Consume no more than 6 teaspoons (24 grams) of free sugar per day.
- Choose foods with less than 10 grams of sugar per 100 grams.
- Look out for hidden sugars when purchasing foods and drinks.

### DHW General Messages

- Brush twice a day with fluoride toothpaste.
- Clean between your teeth daily with floss or interdental brushes.
- Eat a nutritious diet, low in sugar.
- Visit the dentist regularly for check-ups and preventative care.

## How you can play a part

No doubt you frequently have conversations over the course of a normal working week with patients about sugar consumption as well as the need to brush and floss regularly.

Dental Health Week gives fresh opportunities to begin or keep conversations going with your patients. It is important that dentists get involved in discussing sugar and sugar consumption with patients as well as their community. When engaging in such discussions, the below research may help you to frame your conversations.

#### Consumers have been shown to:

- Think that sugar from fruit is less fattening than that from added sugar.
- Demonstrate confusion around the difference between natural and added sugars. And let's not forget about the confusion that can occur once the term 'free sugars' is thrown into the mix!
- Believe that kilojoules are the measure of energy of the sugar content of a food and they therefore think that by purchasing low energy foods, this meant they were buying foods low in sugar.
- Find 'total sugars' more of a concern than 'added sugars', with some thinking these sugars are separate entities.
- Report that the message they receive most around sugar relates to weight gain.

Research has shown that consumers who associate what they eat with health outcomes, report trying to limit or avoid sugar intake. Self-efficacy (a factor of health literacy – a social determinant of health) underpins these behaviours and the level of attention paid to the health aspects of the foods they eat.



## Getting the message out there

Using social media platforms such as Instagram, Facebook and Twitter to amplify your message is a cost-effective way to get oral health messages across to your patients and the larger community.

Although your dental clinic may not be able to run a face-to-face health promotion activity depending on social distancing requirements come DHW, this does mean interacting with patients and your community is out of the picture.

Here are some ways you can try to have Dental Health Week and sugar conversations:

- Decorate your clinic with the provided DHW decorative bunting and posters to make patients aware of the week. This may even encourage them to strike up a conversation on the topic of sugar or nutrition.
- Hold a Facebook live event where you can communicate with patients to provide information, which could include a question and answer session about sugar, oral health and hygiene.
- Include interactive posts on your social media pages. An example of this could be asking followers to guess the amount of sugar present in food and drink products with surprisingly high sugar content, such as pre-bought marinade or fruit juices.
- Run an online colouring-in competition for children and families that frequent your practice. You will find a colouring-in picture in the DHW Digital Resource Kit. Alternatively get children's minds working by having them include an important fact about sugar and teeth or get them to suggest three tooth-friendly foods. Post the entries on your Facebook page for people to like to find a winner.
- Hold a webinar for health professionals in your town or district on oral health and interdisciplinary care. Find the dedicated DHW PowerPoint in the DHW Digital Resource Kit; alternatively you will find PowerPoint presentations in the ADA Oral Health Promotion Toolkit at [www.ada.org.au/ohp-toolkit](http://www.ada.org.au/ohp-toolkit).
- Share the DHW digital resources on your practice's social media platforms – you will find these in the DHW Digital Resource Kit. Do not forget to use #dentalhealthweek so that the ADA can see your posts.
- Share the ADA's podcast Sugar Savvy through social media platforms to help get it into people's ears.

Times such as what we have experienced this year can act as encouragement to get creative and think outside the box. This may give you the opportunity to take Dental Health Week to places it might not ordinarily go.

## Everything you need

No doubt you've got lots of ideas for promoting Dental Health Week! To help you make the most of them, we've created a resource kit, downloadable at [www.dentalhealthweek.com.au](http://www.dentalhealthweek.com.au), containing:

- A3 and A4-sized posters and bunting for decoration.
- Email signatures and e-newsletter banners to add pizzazz to your digital communications.
- Factsheets to post online or attach to emails sent out to patients – this includes 5 new sugar fact sheets.
- DHW PowerPoint presentation for your appearances before eager digital audiences.
- Colouring-in activity sheet for kids.
- Social media content for Facebook, Instagram and Twitter.

This year on the Dental Health Week website, you will find sugar education in both written and audio forms with the inclusion of the ADA's Sugar Savvy podcast. These are short episodes that focus on imparting information on sugar and oral health to listeners.

These resources are ready to help support you, and your ideas, for connecting with your patients and the wider community, whether it be face-to-face or digitally.

You can either use the content on the Dental Health Week website or repost the ADA's social media posts, adding photos and video of your own or make your own content from scratch. Just remember to keep it short, sweet and to the point! And always make sure you engage with everyone who interacts with you.

ADA members will also find additional download-and-go health promotion content in the Oral Health Promotion Toolkit at [www.ada.org.au/ohp-toolkit](http://www.ada.org.au/ohp-toolkit).

## Advertising Guidelines

Keep in mind with any activities in this space, the Dental Board of Australia imposes limits on what you can and can't say. It's important you don't give specific advice online, post images without permission, or use testimonials in any part of your online activity. To be safe, make sure you read the Advertising Guidelines and Social Media Guidelines available at [www.dentalboard.gov.au](http://www.dentalboard.gov.au).



### Tell us about your Dental Health Week Event!

We love that you're willing to be involved in Dental Health Week. We want to hear all about it and promote it too. Email your photos, stories, links, articles, or feedback to [contact@ada.org.au](mailto:contact@ada.org.au). With your permission, the best and brightest Dental Health Week events will be showcased in the ADA News Bulletin, through ADA social media accounts and the Australian Dentist e-newsletter.

Find out more at [dentalhealthweek.com.au](http://dentalhealthweek.com.au)



# We're all better for working together

Sometimes, there's a lot that can be learned from nature. Luckily, there are few things more Australian than coming together when times are tough. And right now, communities across Australia are doing what they can to help each other through some challenging times.

That's why Guild Insurance and ADASA have come together to help Australian dentists not only today, but well into the future. With an exclusive offer available for ADASA members, now's the time to visit [guildinsurance.com.au/dentist](https://guildinsurance.com.au/dentist) or call **1800 810 213** to find out how we're working towards a better tomorrow for you, and your practice.







# ADASA Mentorship Scheme

Mentoring is a mutually beneficial relationship which involves a more experienced person helping a less experienced person to achieve their goals.

The program is over a 5 year period and is now designed to support and encourage BDS students in years 3, 4 and 5 of their degree and in to the 1st and 2nd years as a practising dentist.

Groups of three or four students are allocated to a mentor. Mentors are qualified dentists and members of ADASA who can help mentees in a variety of ways. The primary aim is to put mentees in touch with dental practitioners to whom they may turn to for help or advice, help which may not be available elsewhere.

## MENTORSHIP EVENINGS

ADASA will hold a Mentorship evening during the year for mentors and student mentees. Mentors and mentees will be contacted when these evenings occur.

## CALLING 3RD YEAR BDS STUDENTS

Mentors not only provide clinical support but can also assist with various other professional matters.

- Mentors can assist with study requirements and provide opportunities for observation.
- Your mentor will form part of your professional network of practising dentists.

3rd year BDS students can now apply to participate in this scheme.

If you are interested please contact Sally Queale at the ADASA office at [events@adasa.asn.au](mailto:events@adasa.asn.au)

## CALL FOR MENTORS

**It's very rewarding to share your expert knowledge with enthusiastic students who are keen to learn and appreciative of your time.**

**It's a great way to connect with the "next" generation of our profession.**

**Interested? Why not contact  
ADASA Mentorship Liaison  
Dr Joshua Tirrell  
[josh@tirrell.com.au](mailto:josh@tirrell.com.au)**





**Lisa Hickey+**  
Business Advisory



**Adrian Zoppa\***  
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**Mark Mullins\***  
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## Experts for your financial health.

Hood Sweeney is a long term partner of the Australian Dental Association of South Australia providing accounting and financial planning services to their members.

Our Health team understands the complexities of everything from setting up a medical practice – including IT and service fees – to selling it, along with personal financial planning, wealth protection, tax strategies and performance coaching.

**For a second opinion on the fiscal fitness of your practice or your personal finances, email our Health team on [adasa@hoodsweeney.com.au](mailto:adasa@hoodsweeney.com.au) or call 1300 764 200.**



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\*Adrian Zoppa and Mark Mullins are Representatives of Hood Sweeney Securities Pty Ltd AFSL No. 220897

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AD-HealthTeam0620

## On January 14, 2020, it's the End of Life (EOL) for Microsoft's Extended Support for Windows 7 & Windows Server 2008/R2

What does this mean for you?

- Your computers and servers will no longer receive security updates
- Your practice management software will no longer be supported on systems running those platforms

What can you do about it?

- As the ADASA Business Partner for IT services to its members, we offer the Association's members a free IT 'check-up'. This consultation will analyse members' current IT systems and suggest any possible improvements. Excludes any travel costs to any practices outside of the Adelaide Metropolitan area



**Professional Managed IT Services** - A dentist would never simply treat symptoms. They practice preventative dentistry in an effort to give their patients the best quality care. IT management should be tackled in the same way. A proactive, preventative approach boosts efficiency, performance and availability saving you downtime and money.  
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## Health Check your Business with Hood Sweeney

As Australia brings Covid-19 cases under control, businesses, including practices and professionals begin weighing the impacts on their lives and figuring out how they can be more prepared for any devastating global pandemics in the future.

Hood Sweeney's Health team, with specialists from our connected service lines including Accounting & Business Advisory<sup>+</sup>, Finance<sup>#</sup> and Financial Planning\* suggest it's a good time to run a health check on your business to ensure you're primed for a well-planned recovery.

"No one knows if or when another pandemic could occur, but we do know what we need to do now to recover, and how we can be better prepared for the future," said Lisa Hickey<sup>+</sup>, Health Team leader and Representative of Hood Sweeney Accounting & Business Advisory AFS Licence No. 485569.

Lisa lists three areas for focus for now, as South Australia emerges from a period of isolation and shutdowns:

- Projecting and budgeting – we can help you to assess worst case, probable and best case scenarios for the year ahead. This information will be essential, particularly if you need to seek finance from banks at any stage.
- Cash flow – if you are having issues with cash flow, we can help you review some of the options to defer payments, either tax payments or others, to ease the burden.
- JobKeeper wage subsidies – are you correctly claiming for yourself and/ or your staff? The Australian Tax Office will be ramping up audit procedures to ensure that JobKeeper recipients qualify and that employers have appropriately identified employees.

Insurance too is an area ripe for a health check. Health pandemics have not been priced in to insurance premiums and while we haven't yet seen insurers alter terms and conditions of their insurance policies, a pandemic exclusion clause could be a future consideration for new contracts.

"If you haven't already, it may be prudent to take advantage of the current, inclusive rules lest there are changes down the track," said Mark Mullins, Associate Director and Representative\* of Hood Sweeney Securities Pty Ltd, AFSL No. 220897.

He said it's typical with life insurance policies to recommend a lump sum figure to mitigate the financial impact of death on a family. The calculations behind the dollar amount can include:

- Clearing debt to prevent lenders from defaulting, if surviving family members are unable to afford the repayments.
- Providing an ongoing income to a spouse who is caring for children or who doesn't have the same earning capacity as the deceased family member.
- Ensuring children can continue to attend the same school. Imagine children losing a parent, and then having the upheaval of changing schools because the fees are no longer manageable.

All insurers have some built in default exclusions within their policies. At Hood Sweeney Securities\*, we act as a broker when recommending a particular insurer and our financial services license allows us to access almost all of the major Australian retail insurers.

Having secured more than \$21M of claim payments for Hood Sweeney clients in the past five years alone, we are experienced in selecting value for money family/wealth protection cover for clients.

**If you or your business is due for a financial check-up, please email the Hood Sweeney Health team [adasa@hoodsweeney.com.au](mailto:adasa@hoodsweeney.com.au) or ring 1300 764 200.**

\*Hood Sweeney Securities Pty Ltd, AFSL No. 220897

+Hood Sweeney Accounting & Business Advisory, AFSL No. 485569

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*The information in this article contains general advice and is provided by Hood Sweeney Securities Pty Ltd, AFSL No 220897. That advice has been prepared without taking your personal objectives, financial situation or needs into account. Before acting on this general advice, you should consider the appropriateness of it having regard to your personal objectives, financial situation and needs. You should obtain and read the Product Disclosure Statement (PDS) before making any decision to acquire any financial product referred to in this article.*



# HR Advisory Service:

## What does sexual harassment look like in the workplace?

**No industry or profession is impervious to sexual harassment. The #MeToo movement has provoked both concern and awareness within employers and workers about the nature and effect of sexual harassment in the workplace.**

There is a critical need to understand the difference between workplace culture and a hostile work environment within the established framework of laws prohibiting sexual harassment in Australian workplaces. Data from the Australian Bureau of Statistics has been promulgated by several industry bodies to support claims that sexual harassment is at 'endemic levels' in Australian workplaces.

This article is designed to guide and remind practices and workers of their obligations for preventing and handling workplace sexual harassment.

### **What is sexual harassment?**

Sexual harassment is unlawful in Australia. The Sex Discrimination Act 1984 (Cth) (SD Act) defines sexual harassment as any unwelcome sexual advance, unwelcome request for sexual favours or other unwelcome conduct of a sexual nature which in the circumstances

a reasonable person would have anticipated the possibility that the person harassed would be offended, humiliated or intimidated.

The definition is broad, therefore dental practices should be alert to a wide range of actions and behaviour at the workplace that could amount to sexual harassment. Examples of harassing behaviour include, but are not limited to:

1. sexually suggestive comments or jokes;
2. intrusive questions or comments about a person's private life or physical appearance;
3. inappropriate staring or leering;
4. unwelcome hugging, kissing, touching or cornering or other types of inappropriate physical contact;
5. sexually explicit text messages, images, phone calls or emails;
6. unwanted invitations to go out on dates;
7. unnecessary familiarity, such as deliberately brushing up against a person; and

8. insults or taunts based on sex.

It is important to keep in mind that a work environment or workplace culture that is open and conducive to sexually offensive conduct can automatically amount to unlawful sexual harassment. Any tolerance of crude or offensive jokes, or any form of sexual discourse or conversation between will leave a practice and its workers significantly exposed to liability under the SD Act. The fact that the majority of workers in a practice may not be offended by the behaviour is irrelevant. Whether the behaviour was offensive, humiliating or intimidating is an objective test, that is, whether a reasonable person would have anticipated that the behaviour would have this effect.

### **Responsibility of Practices and Managers**

A worker who believes he or she has been sexually harassed in the workplace can make a complaint to the Australian Human Rights Commission alleging sexual



harassment under the SD Act, or state or territory legislation. The person who commits the harassment may, therefore, be held liable. Where sexual harassment occurs in the workplace, the practice may be held vicariously liable for acts of harassment committed by one worker against another, in cases where the practice failed to take all reasonable steps to prevent the conduct occurring. This means that active and preventative measures need to be undertaken by a practice to prevent or stop sexual harassment at the workplace. The onus would lie with the employer to prove that all reasonable measures were taken and a lack of awareness that harassment was occurring would not help exclude liability. A practice may need to take multiple steps in ensuring a harassment-free work environment:

### **Development and implementation of a Sexual Harassment Policy:**

Developing a clear and coherent policy that creates an understanding of what constitutes sexual harassment or prohibited conduct, the unlawfulness of sexual harassment, and the consequences of breaching the policy is fundamental. Practice owners and managers should be actively involved in the policymaking to reinforce that their values do not condone sexual harassment. This helps create a culture of respect in which harassment is not tolerated. The policy should also outline an internal complaint mechanism that can be accessed by a worker who feels harassed at the workplace. A written policy on its own however is insufficient. Training on the policy should be undertaken when inducting new employees, along with ongoing training, communication, and re-enforcement to discourage conduct that could amount to harassment. Practices should tailor sexual harassment training to specific workplaces in question. The training should incorporate relevant examples, scenarios, and address workplace-specific risk factors. It should also address the drivers of gender-based violence and respectful workplace conduct and provide training on responding appropriately and sensitively to victim disclosure.

### **Internal-Support Mechanisms:**

Internal mechanisms should include open communication pathways to disclose or anonymously disclose harmful or intimidating conduct. Practices should handle reports or complaints of sexual harassment sensitively, confidentially, and transparently. This includes responding to and investigating reports promptly, thoroughly and fairly, and keeping the complainant informed. It demonstrates investigations are to be done in a reasonable and timely manner. Furthermore, appropriate disciplinary action should be taken in respect of workers against whom allegations of sexual harassment have been substantiated. It should, however, be kept in mind that the evidentiary requirement is stricter in allegations of sexual harassment and the practice should conduct a thorough investigation and consider the workers response before determining whether sexual harassment has occurred.

### **External Support Mechanism:**

External support mechanisms in the form of access to compliant hotlines and Employee Assistance Programs (EAP) should also be considered. Additionally, practices are strongly encouraged to constantly monitor the behaviour of their workers and actively prevent conduct that could amount to sexual harassment. While it is best practice to try and resolve any allegations of complaints of conduct amounting sexual harassment internally, however practices may often face a situation that is far too complicated or sensitive to deal with. Small practices may not have managers with the requisite skills or expertise, and therefore obtaining professional and legal support should be a priority in sexual harassment matters.

### **Responsibilities of workers:**

As a worker, there is a responsibility to not engage in discriminatory or sexually harassing conduct and abide by the practice's sexual harassment policy. Workers should also understand the corresponding obligation to not encourage or condone other workers to engage in inappropriate conduct. Many workers who experience

humiliating behaviour at their workplace are unable to put forward a complaint or make a formal report of the incident. A worker may hesitate in pursuing a sexual harassment matter due to trauma, humiliation or fear of being reprimanded by their superiors. Fellow workers play an integral role in preventing or handling sexual harassment by extending their support to other workers in a variety of forms, including:

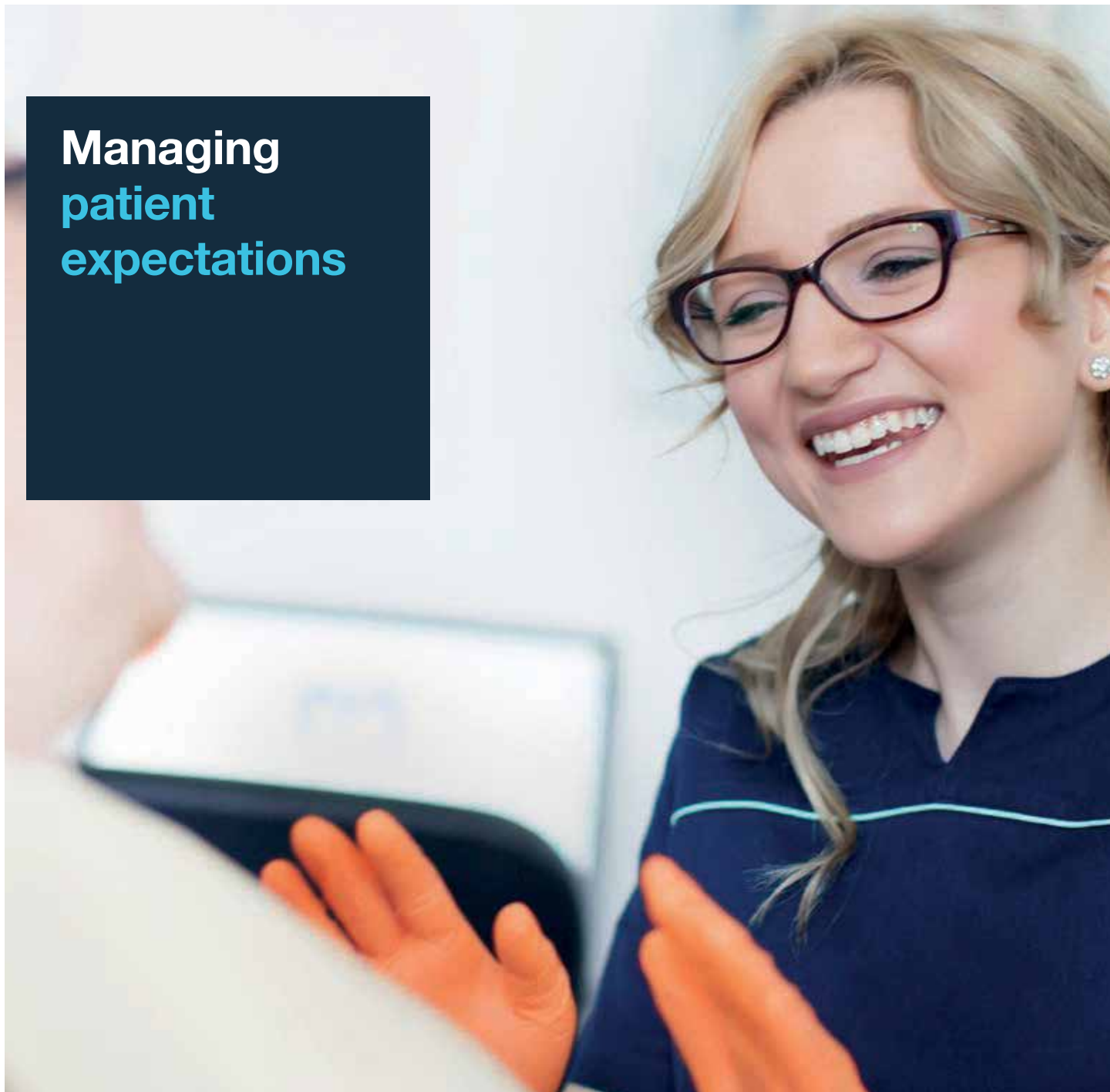
1. maintaining awareness and clear knowledge of what constitutes workplace sexual harassment, including awareness of the sexual harassment policy at their practice. This would enable workers to detect and discourage any form of sexual harassment against other workers;
2. Extending support to the targeted worker by listening and offering support; or
3. making a formal, preferably written, report or complaint of any sexual harassment or inappropriate conduct witnessed at the practice to concerned managers.

Practices and workers are strongly encouraged to work collaboratively to prevent and eliminate workplace sexual harassment, with the understanding that if ignored these acts can also lead to quite serious consequences for the victim, including significant psychological injury.

[For further information or assistance in relation to conflict resolution, resolving disputes between colleagues or workplace disputes please do not hesitate to contact the ADA HR Advisory Service on 1300 232 462.](#)



# Managing patient expectations



**It's well recognised that patients don't necessarily complain simply based on their clinical outcome.**

Most dentists will have heard of or seen situations where a patient has experienced an outcome which wasn't ideal yet wasn't particularly poor, however the patient has been quite annoyed with the outcome and has lodged a complaint. On the other hand, there are many cases of patients who have experienced quite poor outcomes yet have chosen to not complain.

There are many reasons why the above may occur, some which are easier to identify than others. All patients are different and human behaviour isn't always predictable. Good communication and the relationship between the patient and dentist

will greatly influence the likelihood of a complaint. One other very important factor is the expectations of patients.

## **Patient expectations**

Many patients will go into dental appointments with some level of expectation regarding their likely outcome. They may have a very clear and detailed outcome in mind or it may be more broad and open. Most importantly, some of these expectations will be realistic, however others won't be.

Unrealistic patient expectations pose very real challenges for dentists. If a patient undergoes treatment which they have unrealistic expectations about, it's unlikely those expectations are going to be met

simply due to them being unrealistic. If a patient's expectations haven't been met, it's likely the patient is going to be unhappy or dissatisfied with the treatment. Those unhappy and dissatisfied patients are the ones more likely to complain about the treatment and expect further corrective treatment or compensation. It's therefore vital that dentists do all they can to help the patient fully understand treatment and the likely and possible treatment outcomes before treatment begins.

Continued over page...

## Creating realistic expectations

A key step in making sure a patient has realistic outcomes regarding treatment is to have an open and honest conversation with them. This will not only provide the patient with further information about their treatment, but will also give the dentist a clearer understanding of the patient's expectations. A dentist's clinical skills are vital to what they do, however effective communication goes a long way in providing positive outcomes.

To assist a patient to have realistic expectations, dentists must ensure they explain the treatment and outcomes using simple, clear terms. Technical clinical language should be avoided as many patients won't understand this. Dentists should also consider how they tailor their language and the information for each individual patient. For example, a person with language or literacy challenges may need information presented in a more detailed manner than other patients. Dentists should also consider using diagrams, pictures or models to assist with understanding where appropriate.

When discussing treatment with a patient, it's important that dentists don't make

assumptions about what the patient will or won't understand. It's easy for dentists to become so familiar with what they do and know that they sometimes forget how foreign that knowledge can be to other people. Patients will have varying degrees of knowledge and experience regarding dental treatment. Therefore, what they understand about their treatment will also vary.

When a patient attends a dental clinic and requests a particular form of treatment, this is an occasion when a dentist should be especially mindful of the patient's expected outcome. When a patient has requested a form of treatment, the patient has clearly formed a decision around what treatment they need to get the outcome they desire.

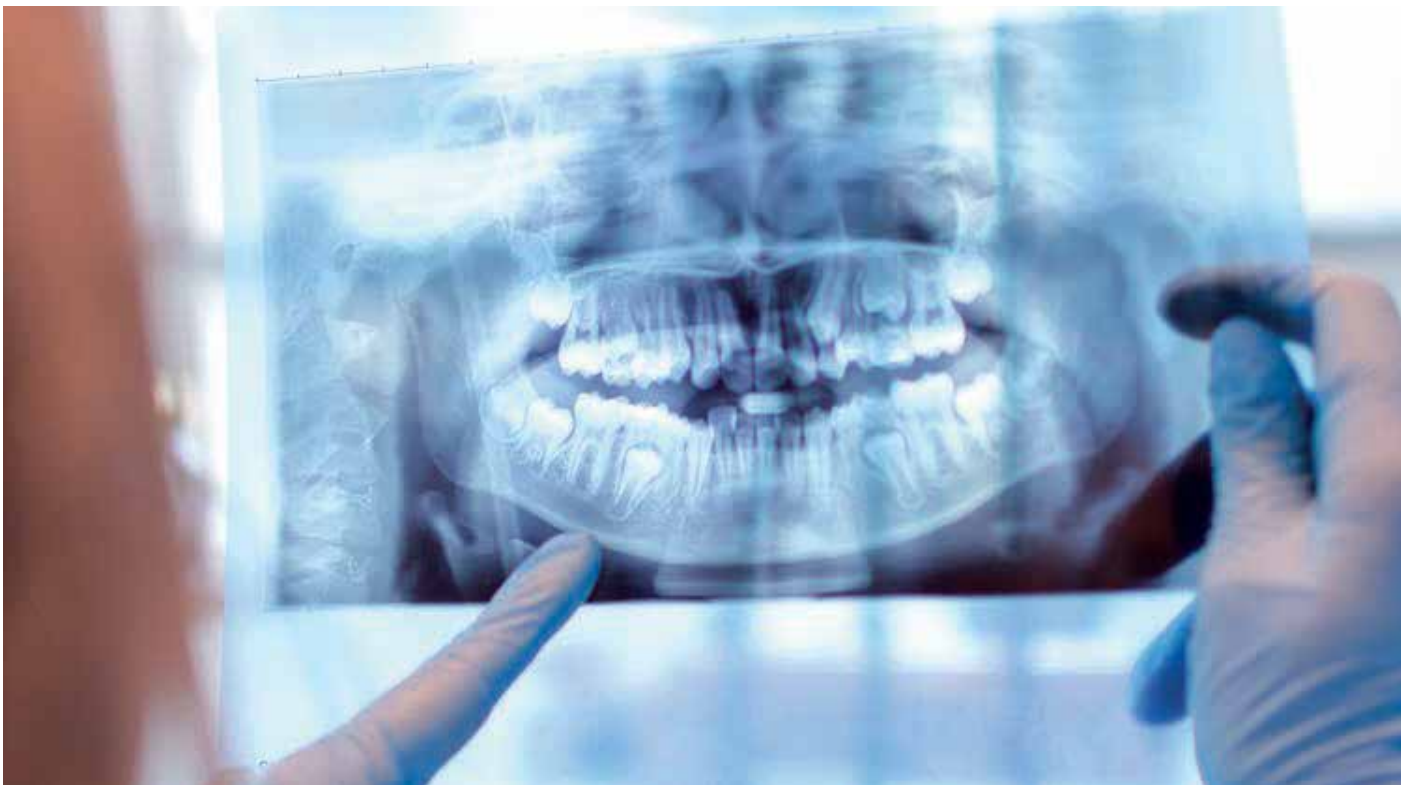
What they're requesting and expecting may be reasonable and realistic, however in some cases it may not be. When presented with this situation, dentists need to be sure they don't rush into providing the patient with the requested treatment. As with all patients, there needs to be a thorough assessment and diagnosis process. Then the patient is to be provided with their treatment options, as well as the risks and benefits of those options. There may be treatment options which are more suitable

for that patient which the patient isn't aware of. The patient also needs to be made aware of the likely treatment outcomes for each of those treatment options.

The dentist needs to be sure the patient has all required information before consenting to treatment and this includes understanding the likely outcomes. A patient requesting particular treatment doesn't alter this required process. And dentists need to remember that they're always responsible for the treatment they've provided, regardless of whether it was requested by a patient.

### In summary...

Dentists should be doing all they realistically can to improve the outcomes for their patients and reduce the likelihood of poor outcomes and complaints. An important step in this process is making sure patients have realistic expectations regarding treatment outcomes. Dentists have a very important role in using their clinical knowledge in conjunction with practical terminology to assist patients to develop realistic expectations. Dentists need to remember this is of great benefit to both themselves and their patients.



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# Biofilm in Dental Chair Waterlines

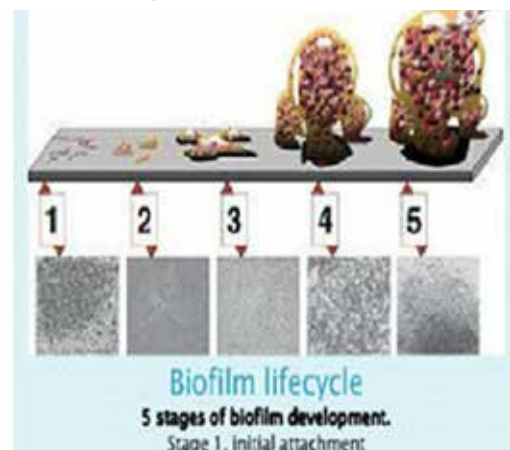
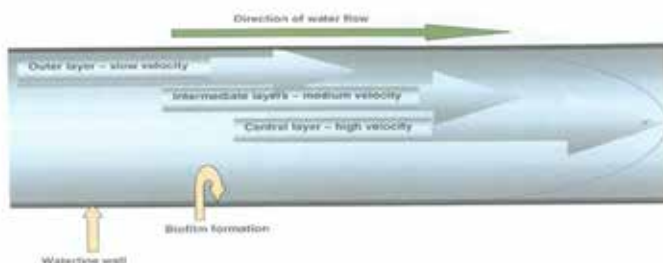
By: Craig Anderson  
ADASA Infection Control and Prevention Officer

**As a result of COVID-19 some dental clinics have been closed for lengthy periods of time and some consideration should be given to their safe reopening beyond the standard plant and equipment checks restocking and cleaning.**

One consideration that can be overlooked is biofilm specifically that growing in dental unit water lines (DUWL). How this occurs is the result of favourable factors that allow and encourage its growth. Biofilm by its nature comprises complex microbiological communities that can attach and proliferate on solid surfaces primarily by its ability to form organic matrices.

Once established it can be difficult to remove. It is aided and abetted by the design of DUWL which by necessity contain very small diameter lumens. A brief look at fluid dynamics shows us that when fluid flows down a lumen it is actually running faster in the middle and becomes progressively slower closer to the lumen wall. In fact depending on flow rate and the tube diameter the fluid can be at a complete standstill on the lumen wall.

This allows organic material to fall out of suspension and 'land' on the lumen wall overtime developing into organic matrices which in turn 'trap' further organic material. Biofilm goes through 5 stages of growth until it is dispersed into the lumen flow and ends up in the case of dentistry being potentially aerosolised in the patient's mouth. From where it is dispersed within the recognised 1 metre 'spray zone' as droplets and beyond as aerosol which has the potential to float on air conditioning currents.



Why is this important, is it a risk? To answer this we need to look at the content of biofilm, and while it

can contain a large number of organisms four of the more pathogenic are :

- **Legionella pneumophila** is a gram-negative bacterium which spreads via the air-conditioning system. It causes Legionnaires' disease which can cause pneumonia which is frequently very severe.
- **Staphylococcus spp.** They are small cocci that exist in irregular clumps or grape-like clusters. Staphylococcus is a leading cause of both community- and health care-associated bacteremia. *S. aureus* bacteremia (SAB) is associated with increased morbidity and mortality, even with appropriate therapy. Methicillin resistant *Staphylococcus aureus* so called 'golden staph' features frequently in the media.
- **Pseudomonas aeruginosa** is a much-feared pathogen they exhibit motility since they have one or more polar flagella. They also contain fimbriae as an attachment to surfaces of other organisms. They grow fastest at the room temperature. The organism is common in the environment, especially in water, even contaminating distilled water. It is an important cause of infections associated with spa baths and contaminated contact lens solutions
- **Mycobacterium spp.** It is a bacterial genus which contains a vast number of species. The best known species are *M. leprae* and *M. Tuberculosis* which cause leprosy and tuberculosis respectively.

As noted above and as demonstrated by the recent COVID-19 restrictions aerosol is a proven risk. The issue of infections linked to dental clinics primarily via DUWL is well documented and a search of the literature shows studies going back to at least 2008 some examples are:

- Ana Claudia de Oliveira et al 2008 work on Isolation of *Pseudomonas aeruginosa* strains from dental office environments and units in Barretos, state of São Paulo, Brazil, and analysis of their susceptibility to antimicrobial drugs
- Luigi Aprea et al 2010 work which studied the question Can Technical, Functional and Structural Characteristics of Dental Units Predict *Legionella Pneumophila* and *Pseudomonas Aeruginosa* Contamination?
- Fatima Abdouchakou et al 2015 work *Pseudomonas aeruginosa* and *Achromobacter* sp. Clonal Selection Leads to Successive Waves of Contamination of Water in Dental Care Units



In addition a number of studies have been undertaken investigating biofilm control strategies including:

- Manal Mohammed Alkhulaifi et al 2019 study on Assessment of nosocomial bacterial contamination in dental unit waterlines: Impact of flushing
- Alexandre Baudet et al 2020 study on the Efficacy of BRS<sup>®</sup> and Alpron<sup>®</sup>/Bilpron<sup>®</sup> Disinfectants for Dental Unit Waterlines: A Six-Year Study

A number of high profile cases have featured in both the literature and the media some examples gaining global coverage notably:

- The case of the 82 year old Italian woman who died in 2012 of complications from Legionnaires' disease contracted from her dentist's clinic. Contact tracing revealed that she had only left her home twice in the previous fortnight on both occasions to visit her dentist. Samples taken from her home proved negative but samples taken from the dentist's high speed were a genomic match to the woman's infection.
- In California in April 2016, twenty paediatric dental patients had to be hospitalized due to infection transmission of *Mycobacterium abscesses* from contaminated dental unit water used during pulpotomies.

Given the potential risk can biofilm be controlled? The answer is with a formalised decontamination system in all but the most extreme situations the answer is yes. There are a number of options to consider most of which focus on the introduction of some sort of disinfection agent/process, these include:

- Hydrogen peroxide
- Hydrogen peroxide & silver ions
- Citric acid
- Chlorhexidine
- Electrochemically activated water
- Peracetic acid
- UV, ozone
- iodine
- chlorine dioxide
- sodium hypochlorite
- alcohol

It should be recognised that some of these options can reduce growth but not eliminate biofilm and indeed some have unintended side effects for instance

- Electrochemically activated oxidising solutions can result in degradation of silicon
- Chlorhexidine products can reduce the strength of dentine bonding agents
- Stabilised Hydrogen peroxide some powder based products have been linked to water line clogging
- Citric acid-based products can cause leaching of copper components
- Hypochlorite/chlorine may react with biofilm to produce carcinogenic trihalomethanes

- Silver Ions are linked to corrosion of machined surfaces in handpiece

Whatever solution you decide upon it is important to start from a known baseline and to that end you need to start from clean environment so firstly you need to know your water supply's quality. To do this measure your colony forming count (CFU) the NHMRC

Australian Drinking Water Guidelines states that:

- non-surgical dental procedures should be less than 500 CFU/mL
- Immunocompromised patients, should be less than 200 CFU/mL

However the latest ADA recommendation is that the dental water supply

- Consistently contains no more than 200 CFU/mL of aerobic mesophilic heterotrophic bacteria at any point in time in the unfiltered output of the dental unit
- Use Sterile water for implants, periodontal and oral surgicals

There are a number of kits available to test for CFU and be aware that some require an incubator to process. Alternatively you can use the services of a professional pathology laboratory just ensure they are a NATA accredited analytical laboratory.

In addition you should check the Chlorine/Chloramine levels at the outlets on your chairs. Once again you can use a kit or pathology laboratory.

Be aware that SA Water treat the water supply in different ways. In the metropolitan area chlorine is primarily used however in those areas supplied by a pipeline i.e. the Morgan to Whyalla the water is treated with Chloramine as it is less likely to disassociate on exposure to heat experienced where the pipeline runs above ground. Importantly you need to use the correct test, check what's in your suburb's or town's water at

<https://www.sawater.com.au/community-and-environment/water-quality/in-your-area-whats-in-your-water>



Having checked your CFU and Chlorine/Chloramine levels it is highly likely you are going to find evidence

of biofilm it is strongly recommended that you strip this biofilm out so that the lumens are effectively clean and can be maintained going forward. To do this an agent i.e. sodium hypochlorite is introduced and held in the chair for a set time period. It is then flushed along with biofilm an importantly the water is tested to ensure that all traces of the agent are removed so that the next patient does not ingest it. Be aware that the agent may have detrimental effects on the chair if left in too long. Contacting your chair supplier or maintenance provider is essential to ensure that this task is completed successfully.



Having achieved a base line it is important to maintain this, ongoing maintenance involves the following:

- **Anti-retraction valves** most chairs will already be fitted with these. They eliminate the risk of contaminant being drawn back in to the DUWL when the hand piece stops.
- **Line flushing** for two (2) minutes at start of day and thirty (30) seconds between each patient (whether the lines were used on not, never pass up an opportunity).
- **Water Quality** use cold water avoid using warm water, in particular avoid filing bottles from blending (temperature controlled) taps as the proximity of hot and cold water plumbing in the blending tap can breed bacteria i.e. Legionella
- **Test for Chlorine / Chloramine** on a regular basis. Note that the frequency of testing may be dependent on your initial and subsequent findings
- **Clean bottles** drain and air dry bottles daily. Consider disinfecting bottle using a diluted bleach solution (0.5% bleach)
- **Chemical additives** consider using in bottles or in combination with a dosing system plumbed into a mains supplied chair

Remember that DUWL maintenance is an important part of your Infection Control plan actively involve your staff and seek advice from your your chair supplier, maintenance provider.

For further information or assistance in relation to Infection Control please do not hesitate to contact Craig Anderson at ADASA  
[canderson@adasa.asn.au](mailto:canderson@adasa.asn.au)  
 08 8272 8111





# Dr Thomas Joseph Moran

The ADASA was saddened to learn of the recent passing of Dr Thomas Moran. He will be missed by all.

**Born: 31 October 1952**

**Died: 18 April 2020**

**Aged: 67 Years**

I first met Tom Moran in second year at Adelaide Dental School. Tom had come from a couple of years of real world experience before returning to do year 12 at Norwood High and then completing a science degree at Adelaide University. From there he followed his brother Mike into dentistry at Adelaide in 1977. Although he was only five years older than most of us he was somewhat of a father figure.

Tom had come from a tough start in life. He was born the third of five children to John and Eileen Moran in Houston, Texas in 1952. Tragically his father was killed in a car accident on his way home from work when Tom was seven years old. He told me once he would often cry himself to sleep hoping that his dad would come home again.

Tom's mother was an educated and strong willed woman who decided on a fresh start. She took her five young children to Adelaide in the hope of a new life. Tom settled into that life in Norwood quickly and grew up the same way.

He was a good student and it was very fortunate to know him well enough to borrow his very neat and thoroughly written notes on the odd occasion that I was unable to attend a lecture due to a previous late night out.

Tom married his high school sweetheart Jenny Munro, they were always in love. Catherine, Jonathon and Sarah their children were his pride and joy. He was able to provide them with the stable family life he never had. His delight in their married partners and the so far four grandchildren made him completely proud.

Soon after graduating Tom joined a group of graduates from his year practicing in London. We learnt a lot and

had lots of fun It was a wonderful time and the thing to do in the early nineteen eighties.

On returning to Adelaide in 1982 for the birth of Catherine, his beautiful eldest daughter, he set up practice in Kensington; himself and a nurse. It is wonderful that Catherine is still the practice manager of Kensington Dental Care which now has four dentists three hygienists and 10 support staff to carry on his legacy.

You could say Tom was a man's man. Men liked him. He was wise, informed, very funny and men of differing backgrounds enjoyed his company. He also held women in high regard, i think his mother created that thinking.

Tom was a conscientious, quality, successful, caring dentist. He dearly loved his wife, their children and grandchildren. He had many friends who enjoyed his company and spent happy hours laughing with his humour.

It is a tragedy he died suddenly so soon and we will all miss him dearly.

By Paul O'Leary



# CPD & Events Calendar

All event details are on the ADASA website [www.adasa.asn.au](http://www.adasa.asn.au)

For more information regarding any ADASA Events please contact **Sally Queale** 08 8272 8111 or [events@adasa.asn.au](mailto:events@adasa.asn.au)

## JULY 2020

**9**  
Recent Graduates  
Study Club #3 - Webinar  
Topic: Crown and Bridge 101-  
back to basics

Thursday 6.30pm – 8.30pm

## AUGUST 2020

**14**  
CPR  
Presented by St John Ambulance  
Australia

Friday: 1.30pm - 4.30pm  
ADASA Alexander Room

**18**  
Study Club # ONLINE  
To be Confirmed

**26**  
Branch Meeting & CPD  
Presentation

To be confirmed  
ADASA Alexander Room

## OCTOBER 2020

**14**  
Practice Managers Network  
Seminar/Webinar (tbc)  
Topic: Psychological risk in the  
workplace.

Wednesday: 6.30pm - 8.00pm  
Alexander Room

**16/17**  
Riverland Conference  
Friday & Saturday  
Renmark Club

**21**  
Study Club #5  
To be confirmed

**23**  
CPR  
Presented by St John  
Ambulance Australia

Friday: 1.30pm - 4.30pm  
ADASA Alexander Room

## NOVEMBER 2020

**20**  
Golf Day  
Friday: 12.30pm  
Kooyonga Golf Club

**25**  
AGM  
Wednesday: 6.30pm - 9.30pm  
ADASA Alexander Room

## DECEMBER 2020

**3**  
Study Club #6  
To be confirmed

**4**  
CPR  
Friday: 1.30pm - 4.30pm  
ADASA Alexander Room

**12**  
Declaration Ceremony  
Elder Hall

## MARCH 2021

**19**  
NEW DATE  
Infection Control Seminar





## *From little things big things grow – Creating Wealth*

**Presented by Hood Sweeney**

*This presentation will be offered as both a seminar and webinar.*

It doesn't matter if you're 30 and just starting out or 50 with teenage children, have debts and don't know where your income goes!

We'll take you through a systematic approach you can use to help you reach your financial goals.

Join Hood Sweeney Health Team Leader, Adrian Zoppa, Director and Isaac Kalleske, representatives of Hood Sweeney Securities, AFS Licence No. 220897 as they take you through strategies and things you can do to maximize your wealth potential, including:

- *Minimising tax and establishing a wealth structure*
- *Running personal finances like a business*
- *Budgeting and how best to use surplus income*
- *What you need to know about debts, investments and superannuation*
- *Protecting your greatest assets – you, your family and your practice.*

**When: Wednesday, 12 August 2020**

Where: The Alexander Room, 62 King William Road, Goodwood

Time: 6.30 – 7.30pm

This presentation is for ADASA members only.



## **2020 Cardiopulmonary Resuscitation (CPR) Courses**

These 3 hour courses, open to all ADASA dentist members and their staff presented by St John Ambulance Australia.

The courses (Unit HLTAID001) provide the knowledge and skills required to maintain life in an unconscious patient until medical help arrives.

All courses are held on a Friday afternoon: 1.30pm - 4.30pm  
The Alexander Room, 62 King William Road, Goodwood.

The cost is \$60pp.

### **2020 dates**

**14 August**

**23 October**

**4 December**





# Onlays, Overlays & Partial Crowns

## “Its about time”

**Friday 28 August 2020**

Presented by ADASA and 3M

**Speaker: Dr Ben Sellick (Prosthodontist)**

This is a full day workshop with a morning didactic presentation followed by an afternoon of hands on exposure to the full workflow of bonded indirect conservative restorations. Dr Sellick will cover the principles of preparation, provisionalisation and cementation as he examines indirect restorative options that should be part of everyday treatment planning.

**Where:** The Alexander Room, 62 King William Road, Goodwood, South Australia

**Time:** 9am - 4.45pm

**Cost to attend: ADASA dentist members** - \$350pp, **Non members** - \$900pp

This presentation will offer approximately 6 CPD hours.

Please register via the website: [www.adasa.asn.au](http://www.adasa.asn.au) Places will be limited.

Lunch and refreshments included in the cost.

Queries contact Sally Queale

# 3M



*The Recent Graduates Committee  
presents*



### Study Club #3 - Webinar

***Crown and Bridge 101 - back to basics***

Speaker

***Dr Yohan Thomas (Prosthodontist)***

When: Thursday 9 July

Time: 6.30pm

Please register for this webinar at  
[www.adasa.asn.au](http://www.adasa.asn.au)

*This is a ADASA member only presentation*

Queries contact Sally Queale at  
[events@adasa.asn.au](mailto:events@adasa.asn.au)

### August Branch Meeting CPD Presentation

Save the date!

**Wednesday, 26 August 2020**

This meeting will be held as both a seminar (if you would like to attend in person) and streamed as webinar and will include a CPD presentation at the conclusion of Branch meeting business.

Thank you to our sponsor - Credabl

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# Classifieds

198 North Terrace  
endodontics



*Dr Barbara Plutzer wishes to announce to the profession that she will return to specialist Endodontic Practice early July 2020 following the birth of baby Bruce.*

*For appointments phone 8223 1093.*

Dr Jack Linn

Dr Ian Tranter

Dr Barbara Plutzer

## EMPLOYMENT



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Email: [publications@adasa.asn.au](mailto:publications@adasa.asn.au)



Enhance Periodontics and Implants are pleased to announce that we will be moving to new premises at 7/166 Main South Rd, Morphett Vale.

Dr Danny Ho will also continue to operate from practices in Glenelg, Stirling, and Modbury Heights. Danny would like to thank everyone for their kind support and referrals over the past nine years and is looking forward to providing specialist periodontal care and CBCT scans for new and ongoing patients.

We will commencing at the new location in July.

For further information, please see [www.enhanceperiodontics.com.au](http://www.enhanceperiodontics.com.au) email [admin@enhanceperiodontics.com.au](mailto:admin@enhanceperiodontics.com.au) phone 7288 4388

**POSITION AVAILABLE**



A unique opportunity is available for a Paediatric Dentist (or Dentist with paediatric experience) to become a part of our busy specialist children's practice in Rose Park. A thriving, well established practice with an extraordinary reputation, made up of a highly skilled, experienced and caring team.

The successful applicant will possess a minimum of 5 years' experience working with children in dentistry, excellent technical skills, a happy, caring and positive demeanour, a keen interest in working with children and a drive for providing exceptional care.

We have a long-standing relationship with the Wakefield Surgicentre where you may have the opportunity to perform dental treatment under General Anaesthetic. The Little Happy Tooth Co prides itself on its very high level of service delivery to our patients. To ensure that a delivery of impeccable service is maintained we have established a strong, skilled, dedicated, reliable and efficient team.

If you would like to join our team of talented and caring professionals please contact us via email [admin@littlehappytooth.com.au](mailto:admin@littlehappytooth.com.au) or phone 08 8332 3222.

**Phone: 8332 3222**  
[www.littlehappytooth.com](http://www.littlehappytooth.com)  
 70 Kensington Rd, Rose Park South Australia

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**Dr J. L. Burke**

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**Brett Buckley**  
 0432 231 630  
[brett.buckley@raywhite.com](mailto:brett.buckley@raywhite.com)  
[raywhitebusinesssalessa.com.au](http://raywhitebusinesssalessa.com.au)



## ADASA Welcomes new members

- Dr Rawinderpal Singh S/O Baljit Singh
- Dr Lachlan Goss
- Dr Adrian Wun
- Dr Amandeep Kaur





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