



## ADVISORY

The South African Dental Association Newsletter  
Informing Oral Healthcare Professionals

Bulletin



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Dear SADAríte

Welcome to our Advisory Bulletin containing all the information which is important in one communication.

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### CLINICAL SUPPORT SERVICES

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#### Promotion of Oral health in early childhood

In the spirit of September being National Oral Health Month, the SADA Clinical Department thought it fitting to focus on the importance of the promotion of good oral health practices at early stages of childhood in order to foster good habits going forward and ultimately, prevent the occurrence of childhood caries and caries later in life.

It is well documented that good oral health is about more than just a pretty smile – The health of a child's mouth can affect their growth and development, behaviour, and social interactions. Healthy teeth allow children to bite and chew their food with ease, providing for nourishment and growth while at the same time playing a role in the development of their speech, language and self-confidence. In essence, a child's oral health plays an important role in their ability to learn.

#### What are the strategies for preventing tooth decay in children?

As with many health conditions such as heart disease and obesity, poor oral health is largely determined by lifestyle choices. Therefore, providing various roleplayers with the appropriate information and skills to develop good oral health habits and a healthy diet in childhood will have a positive impact on the reduction of levels of dental disease. This involves a collaborative approach between parents, the dentist, other health care professionals as well as childcare providers in order to introduce and model healthy behaviours such as:

- Brushing with a fluoridated toothpaste twice a day
- Maintaining a healthy diet
- Reducing the amount of time that sugars remain in contact with teeth by, for e.g., avoiding dried fruit at snack times
- Offering drinks that are tooth-friendly and low in sugar
- Ensuring that children visit the dentist regularly and obtain treatment if needed.

#### Treatment of dental caries in children

Parents and caregivers must be educated on the various non-invasive and minimally-invasive treatment techniques now available in paediatric dentistry, such as:

1. Fluoride varnish - Application of fluoride varnish, when applied regularly, has the capability to prevent and/or arrest early childhood caries;
2. Pit and fissure sealants – Applied to prevent occlusal pits and fissure caries and arrest the non-cavitated occlusal lesions;
3. Silver Diamine Fluoride (SDF) – a colourless liquid that is applied to tooth surfaces to treat dentine hypersensitivity and to arrest caries;
4. Resin infiltration – minimally invasive approach to manage non-cavitated carious lesions on tooth surfaces and/or between teeth;
5. Atraumatic restorative treatment – relies only on hand excavation of a cavity followed by a glass ionomer cement restoration. Can be done with or without SDF.

The above therefore illustrates the importance of a collaborative approach when addressing risk factors for oral diseases as well as establishing a routine that includes offering children healthy foods and beverages for meals and snacks, teaching them about the importance of oral health, helping them establish good oral hygiene practices, and ensuring that they receive treatment for oral injuries. In addition, the various non-invasive therapies available to children can help to frame the dental visit as a positive experience rather than one to be feared.

### The Harassment Code

#### Introduction

A new Code of Good Practice on the Prevention and Elimination of Harassment, came into effect on 18 March 2022. The Code, issued in terms of the Employment Equity Act (EEA), replaces the previous Code of Good Practice on Handling Sexual Harassment cases in the Workplace.

#### The Purpose of the Harassment Code

The Harassment Code has been introduced to, among others, to prevent, eliminate and manage all forms of harassment in the workplace.

#### The Application of the Harassment Code

The Code applies to all employers (including trade unions) in all sectors, including the informal sector.

It also applies to anyone having dealings with an employer, e.g., customers, clients, suppliers and others and includes volunteers, job seekers, job applicants and trainees within its protective ambit.

All employees as normally understood are covered as well as unpaid volunteers, job seekers, job applicants and trainees. It furthermore applies not only to the physical workplace but also to those who work remotely, travel to work with transport provided by the employer, those in training or staying in accommodation provided (or paid for) by the employer and otherwise to any situation in which an employee is working or engaged in activities related to work (e.g., while in training or traveling for business).

The Code applies to actions by employers, employees, clients, customers and other third parties with whom an employer does business that fall within the ambit of 'harassment' as defined in the Code (see below) and places additional obligations on employers (and trade unions) to prevent harassment, take disciplinary and other action when it occurs.

#### What is required of employers?

Employers are required in terms of the Code to adopt a zero-tolerance stance with regards to harassment.

They must develop a harassment policy in consultation with employees that includes steps to be taken to prevent harassment and indicate what actions may follow if it occurs, including following the grievance procedure (formal or informal); disciplinary action; indicate what advice, assistance and counseling will be provided to victims of harassment (including additional sick leave in some cases); provide training; guarantee confidentiality of both victim and alleged harasser during investigations; and its policy should be made known to employees and those external parties with whom the employer deals with.

#### What is harassment?

It is extremely broad and includes just about every form of harassment imaginable, including: sexual harassment; bullying including cyber-bullying; gender-based violence; the use of power resulting in adverse consequences, particularly for vulnerable groups; harassment, teasing and insults based on someone's race, sex or sexual orientation; shaming; threats of physical force and all other actions that can create a barrier to equity and equality in the workplace. Jokes with sexual or racial undertones, poking fun at someone's sexual orientation, spreading unfounded rumours and stalking someone online all fall within its ambit.

#### What is included?

In broad terms, harassment exists when conduct (of an employer, fellow employees, customers, etc) is unwanted; creates a hostile working environment (i.e. that is physically, emotionally or psychologically unsafe and affects employee well-being or mental health); and is related to one of the prohibited grounds mentioned in section 6 of the EEA. The test for whether harassment has occurred is an objective one: if these factors are all present, harassment is established and will be up to the harasser (the employer, fellow employee, customer, etc.) to advance one of the defences provided for in the EEA to escape liability (in the form of compensation, fines or even imprisonment) under the Act. These include that the incident complained of does not constitute discrimination, or that it was justified in the circumstances.

### **Vicarious liability**

Employers are, in terms of the EEA, also vicariously (indirectly) liable for the wrongful acts of their employees if these are committed in the course and scope of employment unless it can prove that it has taken all reasonable steps to prevent this from happening. So, if an employee experiences harassment as defined by another (whether of the same rank, lower, or higher) while on a team building session at some remote location, for example, the employer could in principle be jointly liable for that.

### **Awareness and intention**

The incident is looked at from the vantage point of the complainant. This means, amongst others, that harassment can still be unwanted even without the harasser being or having been made aware of it. The test is whether a reasonable person would have known that the conduct amounted to harassment. It also does not have to consist of repeated conduct – one incident could suffice. Intention to harass is also not required but could be an aggravating factor against the harasser.

### **Sexual violence and harassment**

The Code is very specific on 'sexual harassment and 'racial, ethnic or social harassment.' This includes any conduct that the person knows (or should know) is not welcome, offends the complainant or makes the complainant feel uncomfortable, and interferes with work.

The code lists various forms of conduct that would amount to sexual violence and harassment, including unwanted sexual attention and quid pro quo sexual harassment.

### **Racial, Ethnic, or Social origin violence and harassment**

In terms of the code, racial violence and harassment are types of conduct that demean, humiliate or create a hostile or intimidating work environment for a complainant.

Abusive language and racist jokes, racially offensive material, racist name-calling, negative stereotyping, offensive behaviour creating hostility, exclusion from workplace interaction and activities, and marginalisation and threatening behaviour fall under this form of violence and harassment.

### **Workplace bullying**

Workplace bullying is unwanted persistent conduct (or a single incident), which is serious and demeans, humiliates, or creates a hostile or intimidating work environment.

This conduct includes a wide range of insulting, demeaning or intimidating behaviours that lower the self-esteem or self-confidence of an employee.

Some examples of workplace bullying include harassing; offending, professionally or socially excluding someone, or negatively affecting their work tasks.

### **Conclusion**

While the EEA has always required employers to prevent and take action in case of discrimination in the workplace (including harassment), this Code spells out in far more detail what harassment means and what responsibilities they carry with regard to that. It will require a heightened sense of awareness among leaders, managers, supervisors and employees in general about what is permitted and what not; a zero-tolerance attitude supported by clear rules in this regard; pro-activity to prevent harassment and a willingness to offer various forms of assistance to those who are the victims of harassment.

While this might seem like just one more legislative burden on already heavily burdened employers, research consistently shows that employees who experience a safe work environment are more trusting of their employers, more productive and also more loyal.

Harassment is in the eyes of the recipient and even a single incident can lead to harassment.

### **SADA GAZETTE BULLETIN - August 2022**

This bulletin overviews new relevant legislation published in the government gazette affecting the dental profession up to the end of August 2022.

[To access Bulletins click here](#)

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## PROFESSIONAL DEVELOPMENT SERVICES

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### September is Oral Health Month in SA

In continuing with the 2022 WOHd theme of the FDI “Be Proud of your Mouth” SADA wishes to encourage members of the communities to look after their oral health and be proud of their mouth.

While we encourage daily good oral hygiene practices and regular dental visits, we use months like oral health month to amplify this message and to go out to communities to raise awareness about the importance of good oral health.

September is national Oral Health Month and we consider it as a time to pay extra attention to your dental routine, particularly as two of the world's most common health problems affect the mouth namely cavities (dental caries) and gum disease.

In terms of incidence, gum disease (Gingivitis and Periodontitis) ranks second to the common cold in, and it is estimated that 90% of South Africans will experience this problem at some point.

It really is in patients' best interest to practice good oral hygiene. Not only does it ensure a beautiful smile, but it is good for overall health. There has been research done which has linked gum disease to coronary heart disease, adverse pregnancy outcomes and diabetes to mention a few. And new research also shows that women with gum disease find it harder to conceive. By using prevention strategies, the high cost of dental treatments can be avoided.

### Prevention strategies

- Regular dental visits (at least every six months)
- Brushing twice a day
- Flossing at least once a day
- Fluoride rinse
- Healthy nutrition
- Reduction or elimination on sugar consumption
- Cessation of tobacco use
- Limiting the consumption of alcohol
- Replace toothbrush every three or four months, or sooner if the bristles are frayed. A worn toothbrush will not clean teeth adequately.

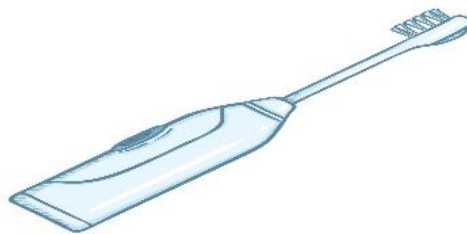
### Objectives of Toothbrushing

- To clean teeth including in the spaces between them, even though it may be difficult to reach the interproximal spaces with a toothbrush, floss or interdental brushes can be used.
- To prevent plaque formation.
- To disturb and remove plaque.
- To stimulate and massage gingival tissue
- To clean the tongue

### Types of toothbrushes



**Manual toothbrush**



**Powered toothbrush**

### Toothbrushing Technique

- Place your toothbrush at an angle to the gums.
- Gently move the brush in a circular motion.
- Brush the outer surfaces, the inner surfaces, and the biting surfaces of the teeth.
- To clean the inside surfaces of the front teeth, tilt the brush vertically and make several up-and-down strokes.
- Ensure that you also brush the tongue in a sweeping motion (From the back to the front of the mouth)

As the South African Dental Association, we would like to encourage members of the public to schedule their appointments with the nearest dentist and if you are struggling to find one, please visit our website on “FIND A DENTIST” [www.sada.co.za](http://www.sada.co.za)

**SADA Dental & Oral Health Congress and Exhibition please complete the Speaker survey**

A huge thank you to the delegates and traders who supported and joined us this past weekend at Emperors Palace Convention Centre. If you have not already done so, please complete the following survey for the lectures you attended. Please submit one response per speaker. This information is vital for SADA as it indicates where and how we can improve offerings going forward.

<https://www.surveymonkey.com/r/YZDGWNE> or scan the below QR code



We are pleased to announce that the 2023 SADA Dental & Oral Health Congress and Exhibition will be taking place in Cape Town at the CTICC from 25-27 August 2023. Save the dates now in your calendar.



**DENTAL & ORAL HEALTH  
CONGRESS AND EXHIBITION**  
**25-27 AUGUST 2023 | CTICC, Cape Town**

Kind Regards

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