



Volunteer Welcome Pack

The ADA Dental Health Foundation (ADA DHF) is a registered Australian charity that coordinates the provision of dental treatment to disadvantaged Australian people genuinely in need of dental care. Our State Coordinators liaise with local registered charities and not-for-profit organisations to identify clients requiring oral care and advice. Our volunteer dentists and their staff donate their time and skills to provide treatment at no cost to these clients in private dental surgeries across Australia.

The aim of the Foundation's volunteer dental programs is to assist clients to access dental health services that they may otherwise not have had ready access to. Access to dental treatment and oral care advice enables patients to improve their dental health, speech, presentation and self-esteem and helps them move forward and achieve their goals.

Please take your time to read over the following information. Once you have read and agreed with the Guidelines, we ask you to complete and return the enclosed forms to your local State Coordinator.

Guidelines for Volunteer Dental Programs

Patients

The ADA DHF accepts referrals to the volunteer dental programs for adults aged between 18-65 years who are being supported by a registered charity or not for profit organisation. They must be in genuine need, have a desire to receive assistance with their oral health and have no ready access to the public dental system.

Clients may be supported by one of the following programs:

- Domestic & Family Violence support/accommodation services
- Drug and/or Alcohol rehabilitation
- Those affected by mental health conditions
- Near homeless or homeless support/accommodation services
- Support services for those from low socioeconomic areas/circumstances

Programs

The ADA DHF coordinates several volunteer programs for patients to access free dental treatment. Our State Coordinators will discuss with you which program is most suitable for your practice prior to allocating patients and arranging appointments.

Dental Rescue Day® – under this program, a Practice commits to seeing a group of patients on one day. The State Coordinator will organise and coordinate your appointment book in consultation with your Practice. Patients will be allocated appointments of 45 to 60 minutes by the State Coordinator to allow all patients to receive a comprehensive initial examination and essential treatment.

An appointment book will be forwarded to your practice at least 1 week prior to the day along with a detailed Medical History Form for each patient.

The State Coordinator will communicate to all parties in the lead up to the day to address any issues with attendance and to avoid cancellations and FTAs where possible.

Adopt a Patient – one patient in need of dental care is paired with a volunteer dentist. Your Practice will 'adopt' the patient over several appointments to complete a course of treatment.

Rebuilding Smiles® program – this program currently focuses on the provision of dental services to people who have experienced domestic and family violence. While some patients may have experienced dental trauma, patients typically have ongoing oral health conditions related to a lack of dental treatment over time. A patient attends a practice for a comprehensive initial examination and once a treatment plan is agreed, will continue to attend the practice to achieve good functionality and improved oral health.

Treatment provided

The treatment provided to patients will be at the discretion of each volunteer dentist. While there may not be time to complete all required treatment at the initial appointment, the Foundation asks that volunteers provide a comprehensive examination, including X-rays, fillings and extractions, and provide relief from pain or discomfort the patient may be experiencing.

The Foundation has the support of a number of laboratories around Australia, which provide pro bono laboratory services for more complex treatments such as crown and bridge, and dentures. Please speak to your State Coordinator for more information on accessing these services. In some instances, patients may need to access specialist dental services and your State Coordinator can assist with arrangements. Patients and their referring agencies have been advised that no cosmetic treatments will be provided under the program.

Staffing arrangements

It is recommended that all Practice staff read and understand these Guidelines. In general, support staff participate on a voluntary basis. If you require additional staff to assist at a Dental Rescue Day®, please inform your State Coordinator in advance.

We recommend that infection control procedures are monitored and maintained at a high level and in accordance with governing laws and regulations. The ADA DHF liability insurance cover assumes that this is always the case.

Ongoing treatment

Following a Dental Rescue Day®, patients may require further treatment. Volunteer dentists are not expected to provide this unless agreed by all parties. The State Coordinator will make every effort to arrange for continued treatment for the patient at another volunteer Practice, if required.

In some instances, patients may require specialist dental services. This can be arranged by your State Coordinator once agreed with the Case Manager, patient and dentist.

All ongoing treatment provided to patients must be done on a pro bono basis and no form of recompense is to be sought from patients or their support agencies.

Donations of materials

The ADA DHF enjoys the support of several dental supply companies which provide dental materials to our generous volunteers. Your State Coordinator can provide more information about donated materials should you wish to receive them.

Records and reporting

When the appointments are completed, the Foundation asks that you provide treatment notes for all ADA DHF patients to the State Coordinator.

We request that treatment notes and item codes are provided to the State Coordinator promptly within 3-5 working days of an appointment. The information will assist the Foundation to provide detailed reporting on our volunteer programs to the Advisory Board and external Sponsors and Supporters. Your assistance with this is appreciated.

Alternatively, the Foundation uses Praktika for record keeping and your State Coordinator can arrange for your Practice to have access to Praktika to directly input your patient's treatment details. Praktika is an Australian owned cloud-based practice management tool used widely in Australia and New Zealand. Please contact your State Coordinator for further information and to arrange training.

Media consent

The ADA DHF regularly acknowledges our volunteer Practices and dentists on our Facebook page, in publications and in reporting to Sponsors and Supporters. If you do not wish for this to occur, please notify your State Coordinator.

No personal information, such as individual staff member's names, will be used in any publications unless consent is given by way of a signed Media Consent Form. If photographs of patients or staff are provided to the ADA DHF, it is a requirement that a signed Media Consent Form is in place for those persons appearing in the photograph.

Occasionally, your involvement in the volunteer programs of the ADA DHF may attract media attention. Please refer all media enquiries to your State Coordinator.

Issues or concerns on the day

Your State Coordinator will be available on the day of the appointments to address any issues that may arise.

Any accidents or incidents that occur at the practice must be reported by way of an Incident Report Form and reported to your State Coordinator as soon as possible. The form is to be used to report all injuries, illnesses and near misses, whether an injury occurred or not. An Incident Report Form can be provided on request.

Forms

At the end of this document, you will find the following forms to be completed and returned to the State Coordinator:

- Registration Form
- Media/Photograph Consent Form (if applicable)

State Coordinator Contact Detail

SA State Coordinator**Mel Wolfendale**

M: 0408 505 948

E: SA@adadhf.org.au**NSW State Coordinator****TBC**

M: 0499 191 901

E: NSW@adadhf.org.au**QLD State Coordinator****Natasha Dagley**

M: 0417 801 792

E: QLD@adadhf.org.au**WA State Coordinator****Andrea Paterson**

M: 0408 942 122

E: WA@adadhf.org.au**VIC/TAS State Coordinator****Lynda Cunningham**

M: 0417 466 636

E: VIC@adadhf.org.au



Registration Form

Practice Details

Practice Name	<input type="text"/>				
Address	<input type="text"/>				
City/Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Contact Name	<input type="text"/>	Position	<input type="text"/>		
Email	<input type="text"/>	Telephone	<input type="text"/>		

Dental Practitioner

Name	<input type="text"/>
Registration Number	<input type="text"/>
Email address	<input type="text"/>

(for Mailchimp correspondence)

Agreement

I understand the Guidelines for Volunteer Dental Programs and will treat ADA DHF referred patients with the care and courtesy that is provided to all patients.

I will provide treatment within my skill level and statutory and regulatory boundaries and maintain client clinical notes in accordance with appropriate professional and legal standards and requirements, as well as privacy legislation. At the conclusion of treatment, I will provide the ADA DHF with detailed treatment notes, including item numbers for these services.

I understand the ADA DHF may cover the costs of laboratory services and specialist treatment in particular circumstances and with prior approval. I will advise the ADA DHF of the need to refer patients to specialist care if required.

Signature

Date



Media/Photograph Consent Form

I hereby consent to the collection and use of my personal images by photography or video recording.

I acknowledge these images may be used on ADA DHF social media accounts, the ADA DHF website, and in reports and publications to promote the activities of the ADA Dental Health Foundation.

I understand that no personal information, such as names, will be used in any publications unless express consent is given.

I also understand that my consent can be withdrawn at any time in writing to the ADA Dental Health Foundation, 14-16 Chandos Street, St Leonards NSW 2065.

Consent,

I,

Name of person giving consent

consent to the use of photographs or video footage on ADA DHF social media accounts, the ADA DHF website, and in reports and publications to promote the activities of the ADA Dental Health Foundation.

I further understand that this consent may be withdrawn by me at any time, upon written notice.

Signature

Date