

**From:** s.73 <banana.qld.gov.au>  
**Sent:** Tuesday, 6 May 2014 5:00 PM  
**To:** Fluoride  
**Subject:** RE: Definition of Column 3 of Form 4D Water Fluoridation Recording Requirement

Good afternoon Sir,

Thanks a lot.

Then the column 4 named as chemical purity% might cause some missing understanding, as the form note b shows that column 4= %fluoride ion content in the fluoridation chemical multiplied by the purity.

If I did not read the note b for column 4, I would use 97% purity as shown on the chemical certificate only or like you, use 45.3 only.

Is it possible to use a new name of column 4 such as 'Actual fluoride content' – the calculation equation remains unchanged?

Best regards,

s.73

**Co-ordinator Treatment Systems**

07 4992 9500 | [enquiries@banana.qld.gov.au](mailto:enquiries@banana.qld.gov.au) | [www.banana.qld.gov.au](http://www.banana.qld.gov.au)



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**Postal**  
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 Biloela QLD  
 4715

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**From:** Fluoride [mailto:Fluoride@health.qld.gov.au]  
**Se** 2014 4:21 PM  
**To:** s.73  
**Subject:** FW: Definition of Column 3 of Form 4D Water Fluoridation Recording Requirement

Dear s.73

For a saturator system, using NaF, the solution strength is 4g/100mL. In other words, you should record '4' in Column 3. For Column 4, you should record the fluoride ion content of NaF, as a percentage (i.e. 45.3).

I trust this addresses your enquiry. Please feel free to contact me should you wish to discuss further.

# Regards,

s.73

Senior Environmental Health Officer  
Water Team  
Health Protection Unit  
Chief Health Officer Branch

Health Service and Clinical Innovation | **Department of Health**  
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Government

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**From:** s.73 <mailto:s.73@health.qld.gov.au> [anana.qld.gov.au](mailto:s.73@health.qld.gov.au) ]

**Sent:** Monday, 5 May 2014 12:23 PM

**To:** Fluoride

**Subject:** Definition of Column 3 of Form 4D Water Fluoridation Recording Requirement

Good afternoon Sir,

The Banana Shire Council will implement Fluoridation in water supply system soon, who consequently should submit the Form4D(saturated feed using Sodium Fluoride) Daily Record sheet as requested.

I am just look through the form and get familiar with what kind of information is required. However, some further explanation of 'Column 3 Solution fluoride strength(g/100mL)' would be highly appreciated.

Solubility of NaF at room temperature is approximately 4 g/100mL.

1. Use this 4 g/100mL in the column 3 or
2. Use the 4 g/100 mL x 45.3%(F ion content in NaF at 100% purity) =1.81g/100mL in this column?

Best regards,

s.73

Co-ordinator Treatment Systems

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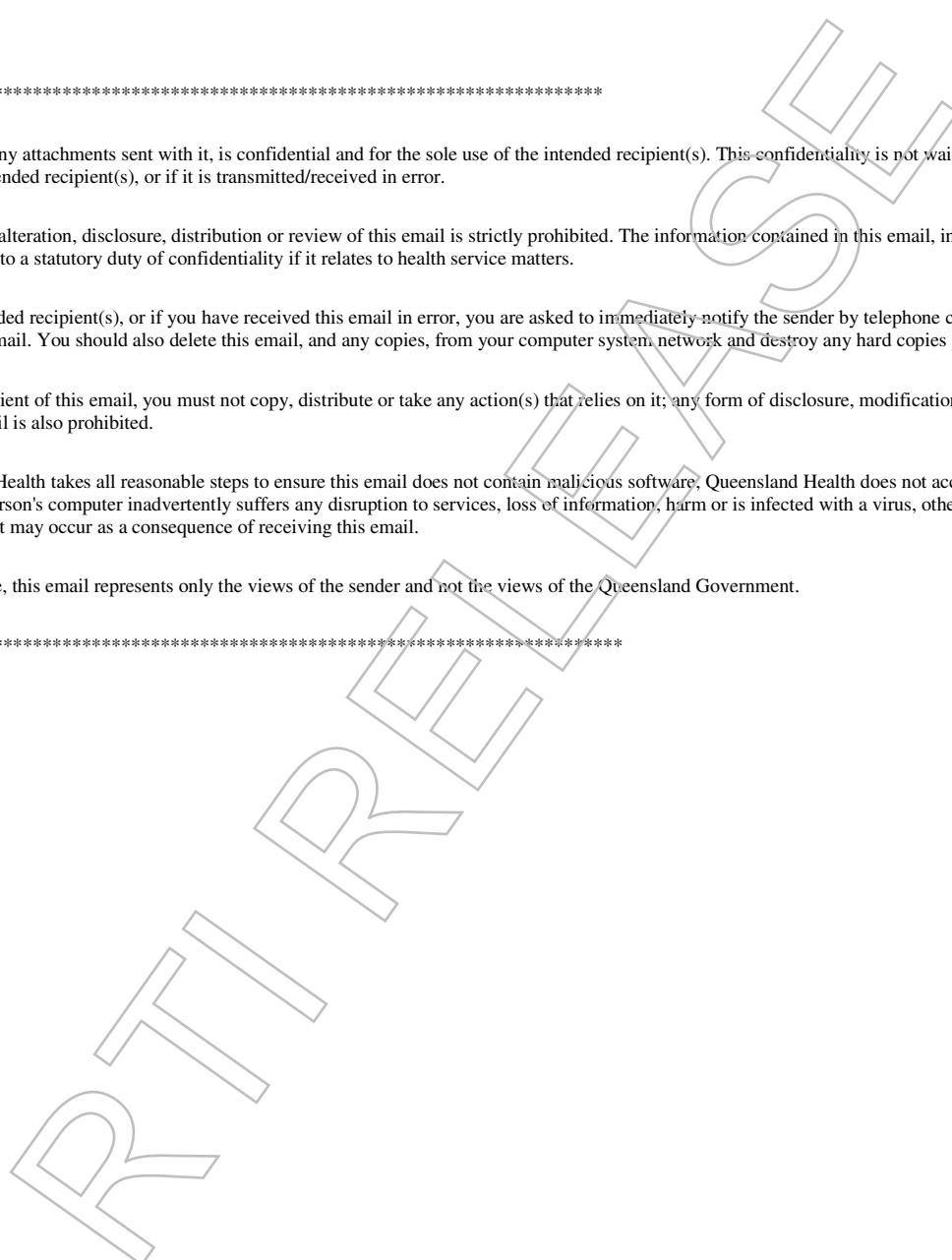
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**From:** Fluoride  
**Sent:** Monday, 12 May 2014 10:27 AM  
**To:** s.73  
**Subject:** FW: Enquiry for the procedure of implementing fluoridation at Biloela and Moura towns Banana Shire Council

FYI

s.73

mental Health Scientist – Water Program  
Health Protection Unit | Chief Health Officer Branch | Health Service and Clinical Innovation  
Department of Health | Queensland Government  
PO Box 2368  
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---

**From:** Fluoride  
**Sent:** Monday, 12 May 2014 10:27 AM  
**To:** s.73  
**Cc:** s.73  
**Subject:** RE: Enquiry for the procedure of implementing fluoridation at Biloela and Moura towns Banana Shire Council

Hi s.73

Thank you for letting us know. I've made a note in our records to document the date of commencement. If you have any other questions you can contact us or s.73 at the Central Queensland Public Health Unit.

Good luck.

s.73

Senior Environmental Health Scientist – Water Program  
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---

**From:** [s.73@banana.qld.gov.au](mailto:s.73@banana.qld.gov.au)  
**Sent:** Monday, 12 May 2014 10:04 AM  
**To:** Fluoride  
**Cc:** s.73  
**Subject:** RE: Enquiry for the procedure of implementing fluoridation at Biloela and Moura towns Banana Shire Council

Good morning Sir,

Fluoridation in Moura water supply commenced on Thursday, 08/05/2014.  
Fluoridation in Biloela water supply commenced on Friday, 09/05/2014.



Currently, the Fluoridation System is monitored by on-line analyser(auto) and bench-scale analyser(manual) to see if the dosing is accurate and consistent.

Best regards,

s.73

## Co-ordinator Treatment Systems

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**From:** Fluoride [<mailto:Fluoride@health.qld.gov.au>]

**Sent:** Friday, 2 May 2014 12:40 PM

**To:** s.73

**Cc:**

**Subject:** RE: Enquiry for the procedure of implementing fluoridation at Biloela and Moura towns Banana Shire Council

H|s.73

Yes, we have received the notice. There is no need to submit another notice – we understand things don't always work as planned. Please just send an email with an update when you have commenced dosing and I'll make a note.

Thanks for keeping us informed.

Cheers,

s.73

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---

**From:** s.73 [<mailto:s.73@banana.qld.gov.au>]

**Sent:** Thursday, 1 May 2014 4:49 PM

**To:**

**Cc:** s.73

**Subject:** RE: Enquiry for the procedure of implementing fluoridation at Biloela and Moura towns Banana Shire Council

Good afternoon Sir,

Your explanation is highly appreciated.

As requested, the council has submitted Form Fluoridation Notice to the QLD Health, in which the Fluoridation date is indicated as on 01/05/2014 – please confirm that QLD health has received it.

However, the contractor who design and construct the Fluoridation at Moura and Biloela could not accomplish the successful commissioning by Today. They will come back to the site next week and perform the final fine-tuning testing and demonstrate the successful commissioning to the council.

it would be expected that the Fluoride will be continually dosed in to water supply system from Mid May 2014.

Please feel free to contact us if further info required.

Best regards,

s.73

### Co-ordinator Treatment Systems

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**From:** Fluoride [<mailto:Fluoride@health.qld.gov.au>]

**Sent:** Tuesday, 11 March 2014 3:58 PM

**To:** s.73

**Subject:** RE: Enquiry for the procedure of implementing fluoridation at Biloela and Moura towns Banana Shire Council

Hi Huabing,

Thank you for your question – it's a good question. For the purposes of notifying the public you only need to tell them from the date where the contractor hands the treatment plant over to you. In other words, this is the date where you would expect regular dosing of fluoride into the water to be on-going. You may want to note that we don't expect the date to be 100% accurate when you tell the public, we expect that not everything may go to plan. However, if the actual date does change we'd like you to tell us.

Hope that helps.

s.73

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**From:** s.73 [mailto:s.73@banana.qld.gov.au]

**Sent:** Tuesday, 11 March 2014 3:50 PM

**To:**

**Cc:** s.73

**Subject:** RE: Enquiry for the procedure of implementing fluoridation at Biloela and Moura towns Banana Shire Council

Good afternoon Sir,

If you do not mind it, may I know what is your definition of fluoridation date that should be used for public notice?

1. Is it the date that fluoride first time added into water during commissioning period? Please note that fluoridation plant can be shut down during this period...
2. Or it is the date that the commissioning is successful, and then the fluoride is constantly added into water.

Your comments are highly appreciated.

Best regards,

s.73

### Co-ordinator Treatment Systems

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**From:** Fluoride [mailto:Fluoride@health.qld.gov.au]

**Se** March 2014 4:56 PM

**To:** s.73

**Cc:**

**Subject:** RE: Enquiry for the procedure of implementing fluoridation at Biloela and Moura towns Banana Shire Council

Hi s.73

We are happy to hear that you are ready to begin dosing. You do not need a QH representative there for the commissioning. However, if you would like to invite one, please contact s.73@health.qld.gov.au the Rockhampton Public Health Unit. I have copied him into this email, and he can be reached at s.73@health.qld.gov.au

Please feel free to contact us if you have any other questions.

Cheers,  
s.73

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**From:** s.73 <mailto:s.73@banana.qld.gov.au> ]  
**Sent:** rch 2014 4:44 PM  
**To:** Fluoride  
**Cc:** s.73 ; [fluoride@dndip.qld.gov.au](mailto:fluoride@dndip.qld.gov.au) s.73  
**Subject:** RE: Enquiry for the procedure of implementing fluoridation at Biloela and Moura towns Banana Shire Council

Good afternoon Sir,

Thanks a lot for your reply.

The Fluoridation dosing unit will be commissioned on site from the 25-3-14 to 28-3-14. The following implement procedure will be expected that is commissioning, public notice advertisement, fluoridation notice submission, and dosing fluoridate into the water supply.

Just wondering if the commissioning must be done at the presence of representative from Q health?

Best regards,

s.73

### Co-ordinator Treatment Systems

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**From:** Fluoride [<mailto:Fluoride@health.qld.gov.au>]  
**Sent:** Monday, 24 February 2014 4:43 PM  
**To:** s.73  
**Cc:** [fluoride@dndip.qld.gov.au](mailto:fluoride@dndip.qld.gov.au); s.73

**Subject:** RE: Enquiry for the procedure of implementing fluoridation at Biloela and Moura towns Banana Shire Council

Hello <sup>s.73</sup>

Thank you for your questions.

1. There is no standard template for advising the public, you are free to use your own. The key points that you do need to include in the notice are that a decision has been made to add fluoride to the water, and you must specify the day from which fluoride will be added. Note that some other providers have only told the public the month and year, but the *Water Fluoridation Act 2008* (section 13) requires the day as well.
2. Our Department does not verify or certify the construction of fluoridation equipment. This should be done by the contractor prior to handover to you. You may wish to speak with the Dept of State Development, Infrastructure and Planning (<http://www.dsip.qld.gov.au/infrastructure-delivery/queensland-fluoridation-capital-assistance-program.html>) as they require that fluoridation equipment is verified or certified before money is reimbursed to your local government. They may have advice about this process. I have included them in this email to you.

However, if you would like external advice about the installation you may contact your local public health unit, who would be the same people that would audit the facility after the installation of the equipment. They may be willing to have a look at the installation and let you know if there are any potential issues. Your local public health unit is the Central Queensland Unit, (07) 4920 6989, and you would need to contact <sup>s.73</sup> [health.qld.gov.au](mailto:health.qld.gov.au) ) to make arrangements for a visit. I've also included him on this email <sup>s.73</sup>

3. There is no need to notify the Water Supply Regulator about fluoridation, unless there is a need to change your drinking water quality management plan. You only need to notify us, Queensland Health, by submitting Form 1 that is included in the Water Fluoridation Code of Practice. You can send that notice to this email address, or you can send it to the address listed on the bottom of the form.

I hope this answers your questions. Please feel free to contact us again if you have further questions.

<sup>s.73</sup>

Sr. Environmental Health Scientist (Water)  
Environmental Health Regulation and Standards  
Health Protection Unit  
Queensland Department of Health  
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Fortitude Valley BC 4006  
P: (07) 3328 9707  
Find us on the web at: <http://www.health.qld.gov.au/ph/ehu/eh-science-regulation.asp>

---

**From:** <sup>s.73</sup> <mailto:anana.qld.gov.au> ]  
**Sent:** Monday, 24 February 2014 11:34 AM  
**To:** Fluoride  
**Subject:** Enquiry for the procedure of implementing fluoridation at Biloela and Moura towns Banana Shire Council

Good morning Sir,

Banana Shire Council intends to implement fluoridation at Biloela and Moura town water supply. In *Water Fluoridation Code of Practice, QLD 2013*, there is a Form - Fluoridation Notice that must be submitted at least 30 days prior to the stated commencement date. At the 'attachments section' of the form, it is written that 'A copy of the public notice advising consumers of the intention to fluoridate must be attached'.

The council would like to get some advices from your department as follows:

1. Is there a standard template for public notice advising fluoridation? Or the Council can use their own.
2. With respect to the Fluoridation unit design/construction/ tests, is it to be verified or certified by your department?
3. Regarding to implementing fluoridation, will your department notify it of the Water Supply Regulator, DEWS QLD or the council needs contact them directly?

Your comments are highly appreciated.

Best regards,

s.73

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Department of  
**State Development,  
Infrastructure and Planning**

Our ref: OUT14/2371

9 APR 2014

s.73

Chief Executive Officer  
Hinchinbrook Shire Council  
PO Box 366  
INGHAM QLD 4850

Dear <sup>s.73</sup>

### Queensland Fluoridation Capital Assistance Program

Thank you for submitting Hinchinbrook Shire Council's Project Close Out reports and final expenditure reimbursement claims for the fluoridation projects identified at the water treatment plants (WTPs) in the table below.

These projects were funded under the Queensland Fluoridation Capital Assistance Program (QFCAP). The final project cost and eligible QFCAP payment for each project is recorded below as:

Fluoridation Project	Final Project Cost Excluding GST	QFCAP Payments Excluding GST
Forest Beach WTP	\$514 602.00	\$514 602.00
Halifax WTP	\$559 016.00	\$559 016.00
Ingham Depot WTP	\$742 320.00	\$742 320.00
Ingham Pumping Station WTP	\$712 618.00	\$712 618.00
Macknade WTP	\$575 524.00	\$575 524.00

With the completion of expenditure reimbursements, I confirm the Department of State Development Infrastructure and Planning has finalised funding for these projects.

Should the Council have any questions regarding water fluoridation legislation, please contact the Department of Health, Water Quality Unit on 3328 9310.

63 George Street  
PO Box 15009  
City East Queensland 4002  
Telephone + 61 7 3452 7761  
Facsimile + 61 7 3898 0486  
Website: [www.dsdip.qld.gov.au](http://www.dsdip.qld.gov.au)

If you have any questions regarding the QFCAP funding, please contact <sup>s.73</sup>  
Senior Project Officer, Major Projects Office, Department of State Development,  
Infrastructure and Planning on 3452 7761, who will be pleased to assist.

Yours sincerely

s.73

**Deputy Director-General  
Major Projects Office**

cc -<sup>s.73</sup> Director, Water Quality Unit  
Environmental Health Branch, Department of Health

RTI RELEASE



Ref No: OUT14/2980

22 APR 2014

s.73

Chief Executive Officer  
Maranoa Regional Council  
PO Box 42  
MITCHELL QLD 4465

Dear s.73

### **Queensland Fluoridation Capital Assistance Program**

Thank you for the Maranoa Regional Council (the council) Project Close Out Report and final expenditure reimbursement claim for the Fluoridation of the Roma Bores project which was funded under the Queensland Fluoridation Capital Assistance Program (QFCAP). Total QFCAP funding paid to council for this project is \$45,425.00.

With the completion of eligible expenditure reimbursements, I confirm the Department of State Development, Infrastructure and Planning (DSDIP) has finalised funding for this project.

Should the council have any questions regarding water fluoridation legislation, please contact the Department of Health, Water Quality Unit on 3328 9310.

If you have any questions regarding the QFCAP funding, please contact s.73 Program Manager, Major Projects Office, DSDIP on 3452 7876, who will be pleased to assist.

Yours sincerely

s.73

**Deputy Director-General  
Major Projects Office**

cc - , Director, Water Quality Unit  
Environmental Health Branch, Queensland Health

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Telephone + 61 7 3404 3196  
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Department of  
**State Development,  
Infrastructure and Planning**

Ref No: OUT14/2522

14 APR 2014

s.73

Chief Executive Officer  
Mount Isa Water Board  
PO Box 1712  
MOUNT ISA QLD 4825

Dear <sup>s.73</sup>

### **Queensland Fluoridation Capital Assistance Program**

Thank you for the Mount Isa Water Board (the board) Project Close Out Report and final expenditure reimbursement claim for the Fluoridation of the Mount Isa Water Treatment Plant project which was funded under the Queensland Fluoridation Capital Assistance Program (QFCAP). Total QFCAP funding paid to the board for this project is \$790,752.00.

With the completion of eligible expenditure reimbursements, I confirm the Department of State Development, Infrastructure and Planning (DSDIP) has finalised funding for this project.

Should the council have any questions regarding water fluoridation legislation, please contact the Department of Health, Water Quality Unit on 3328 9310.

If you have any questions regarding the QFCAP funding, please contact <sup>s.73</sup> Program Manager, Major Projects Office, DSDIP on 3452 7876, who will be pleased to assist.

Yours sincerely

s.73

**Deputy Director-General  
Major Projects Office**

cc - <sup>s.73</sup> Director, Water Quality Unit  
Environmental Health Branch, Queensland Health

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Website: [www.dsdip.qov.au](http://www.dsdip.qov.au)

Our ref: OUT13/2759



23 SEP 2013

s.73

Department of  
**State Development,  
Infrastructure and Planning**

Chief Executive Officer  
Tablelands Regional Council  
PO Box 573  
ATHERTON QLD 4883

Dear <sup>s.73</sup>

### Queensland Fluoridation Capital Assistance Program

Thank you for Tablelands Regional Council's (council) Project Close Out Report received on 26 August 2013 and final expenditure reimbursement claim for the "Fluoridation of the Ravenshoe Water Treatment Plant" project which was funded under the Queensland Fluoridation Capital Assistance Program (QFCAP). The final project cost and eligible QFCAP payments for this project are recorded below:

Fluoridation Project	Final Project Cost Exclusive of GST	QFCAP Payments Exclusive of GST
Fluoridation of the Ravenshoe Water Treatment Plant	\$31 991.64	\$31 991.64

With the completion of expenditure reimbursements, I confirm the Department of State Development, Infrastructure and Planning (DSDIP) has finalised funding for this project.

Should the council have any questions regarding water fluoridation legislation, please contact the Department of Health, Water Quality Unit on telephone 3328 9310.

If you have any questions regarding the QFCAP funding, please contact <sup>s.73</sup> Program Manager, Major Projects Office, DSDIP on 3898 0450, who will be pleased to assist you.

Yours sincerely

<sup>s.73</sup>

**Deputy Director-General  
Major Projects Office**

cc - <sup>s.73</sup>

Director, Water Quality Unit  
Environmental Health Branch, Department of Health

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Our ref: OUT14/3818

16 MAY 2014

s.73

Chief Executive Officer  
Tablelands Regional Council  
PO Box 573  
ATHERTON QLD 4883

Dear <sup>s.73</sup>

### Queensland Fluoridation Capital Assistance Program

Thank you for submitting Tableland Regional Council's Project Close Out report and final expenditure reimbursement claim for the Fluoridation of the Atherton Water Treatment Plant project which was funded under the Queensland Fluoridation Capital Assistance Program (QFCAP). Total QFCAP funding paid to the council for this project was \$36 794.45.

With the eligible expenditure reimbursement completed, I confirm the Department of State Development, Infrastructure and Planning (DSDIP) has finalised funding for this project.

If you have any questions regarding the QFCAP funding, please contact <sup>s.73</sup> Senior Project Officer, Major Projects Office, DSDIP on 3452 7761, who will be pleased to assist.

Yours sincerely

s.73

**Deputy Director-General  
Major Projects Office**

cc <sup>s.73</sup> <sup>s.73</sup>, Director, Water Quality Unit  
Environmental Health Branch, Department of Health





Department of  
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Ref No: OUT14/2982

22 APR 2014

s.73

Interim Chief Executive Officer  
Weipa Town Authority  
PO Box 420  
WEIPA QLD 4874

Dear<sup>s.73</sup>

### **Queensland Fluoridation Capital Assistance Program**

Thank you for the Weipa Town Authority (the authority) Project Close Out Report and final expenditure reimbursement claim for the Fluoridation of the Weipa Water Treatment Plant project which was funded under the Queensland Fluoridation Capital Assistance Program (QFCAP). Total QFCAP funding paid to the authority for this project is \$29,711.00.

With the completion of eligible expenditure reimbursements, I confirm the Department of State Development, Infrastructure and Planning (DSDIP) has finalised funding for this project.

Should the authority have any questions regarding water fluoridation legislation, please contact the Department of Health, Water Quality Unit on 3328 9310.

If you have any questions regarding the QFCAP funding, please contact <sup>s.73</sup> Program Manager, Major Projects Office, DSDIP on 3452 7876, who will be pleased to assist.

Yours sincerely

s.73

**Deputy Director-General  
Major Projects Office**

cc - <sup>s.73</sup> Director, Water Quality Unit  
Environmental Health Branch, Queensland Health

63 George Street  
PO Box 15009  
City East Queensland 4002  
Telephone + 61 7 3404 3196  
Website: [www.dsdip.gov.au](http://www.dsdip.gov.au)



Queensland  
Government

Department of  
**State Development,  
Infrastructure and Planning**

Our ref: OUT14/3205

19 JUN 2014

s.73

Chief Executive Officer  
Whitsunday Regional Council  
PO Box 104  
PROSERPINE QLD 4800

Dear s.73

### Queensland Fluoridation Capital Assistance Program

Thank you for submitting Whitsunday Regional Council's Project Close Out report and final expenditure reimbursement claim for the water fluoridation projects identified at the water treatment plants in Table 1 below. The projects were funded under the Queensland Fluoridation Capital Assistance Program (QFCAP).

Project	QFCAP Final Project Cost and Payments (excluding GST)
Fluoridation of the Airlie/Cannonvale Beaches Water Treatment Plant	\$19 166.66
Fluoridation of the Bowen Bores	\$19 166.67
Fluoridation of the Collinsville Water Treatment Plant	\$19 166.67

Table 1

With the completion of expenditure reimbursements, I confirm the Department of State Development, Infrastructure and Planning has finalised funding for these projects.

Should the Council have any questions regarding water fluoridation legislation, please contact the Department of Health, Water Quality Unit on 3328 9310.

63 George Street  
PO Box 15009  
City East Queensland 4002  
Telephone + 61 7 3452 7761  
Facsimile + 61 7 3898 0486  
Website:  
[www.dsdip.qld.gov.au](http://www.dsdip.qld.gov.au)

If you have any questions regarding the QFCAP funding, please contact <sup>s.73</sup>  
Project Manager, Major Projects Office, Department of State Development, Infrastructure  
and Planning on 3452 7876, who will be pleased to assist.

Yours sincerely

s.73

**Deputy Director-General**  
**Major Projects Office**

cc - <sup>s.73</sup> Director, Water Quality Unit  
Environmental Health Branch, Department of Health

RTI RELEASE



Department of  
**State Development,  
Infrastructure and Planning**

Ref No: OUT14/4781

19 JUN 2014

s.73

Chief Executive Officer  
Whitsunday Regional Council  
PO Box 104  
PROSERPINE QLD 4800

Dear s.73

#### **Queensland Fluoridation Capital Assistance Program**

Thank you for submitting Whitsunday Regional Council's Project Close Out report and final expenditure reimbursement claim for the water fluoridation projects identified in the table below.

These projects were funded under the Queensland Fluoridation Capital Assistance Program (QFCAP). The final project cost and eligible QFCAP payment for each project is recorded below as:

Project	QFCAP Final Project Cost and Payments (excluding GST)
Fluoridation of the Proserpine River to Bowen Water Treatment Plant	\$655 800.00
Fluoridation of the Proserpine Water Treatment Plant	\$655 800.00

With the completion of eligible expenditure reimbursements, I confirm the Department of State Development, Infrastructure and Planning (DSDIP) has finalised funding for this project.

Should the council have any questions regarding water fluoridation legislation, please contact the Department of Health, Regional Public Health Office in Mackay on 4911 0400.

63 George Street  
PO Box 15009  
City East Queensland 4002  
Telephone + 61 7 3452 7781  
Website: [www.dsdp.qld.gov.au](http://www.dsdp.qld.gov.au)



If you have any questions regarding the QFCAP funding, please contact <sup>s.73</sup>  
Program Manager, Major Projects Office, DSDIP on 3452 7876, who will be pleased to  
assist.

Yours sincerely

s.73

**Deputy Director-General  
Major Projects Office**

cc - <sup>s.73</sup> Director, Water Quality Unit  
Environmental Health Branch, Queensland Health

RTI RELEASE

s.73

**- RE: FORM 2 - Seqwater Kilcoy WTP (7 April to 5 May 2014)**

**From:** s.73 @seqwater.com.au>  
**To:** s.73  
**Date:** 6/2/2014 10:37 AM  
**Subject:** RE: FORM 2 - Seqwater Kilcoy WTP (7 April to 5 May 2014)

Hi s.73

New Kilcoy WTP has fluoride operational for 'manned' hours which is the bulk of production – targeting 0.8mg/L. There's still a few niggling issues being sorted out with the contractors.

Regards,  
s.73

---

**From:** s.73  
**Se** May 2014 3:37 PM  
**To:** s.73  
**Subject:** RE: FORM 2 - Seqwater Kilcoy WTP (7 April to 5 May 2014)

Hi s.73

We were close! At least another week away due to faulty F analysers. Do you require any more info? The other WTP at Kilcoy (Wade St) is still functioning with fluoride.

Regards,  
s.73

---

**From:** s.73 [mailto:s.73@health.qld.gov.au]  
**Sen** ay 2014 2:30 PM  
**To:** s.73 Fluoride; s.47(3)(f)  
**Cc:** s.73  
**Sub** ay 2014)

Hi s.73

In relation to your enquiry, we don't feel there is a need - in this instance - to resubmit your original Form 2. However, we do ask that you inform us of any further delays to the resumption of fluoride dosing at Kilcoy, as soon as you become aware of them.

Please feel free to give me a call should you wish to discuss.

Thanks,

s.73

Senior Environmental Health Officer  
Water Team  
Health Protection Unit  
Chief Health Officer Branch

---

Health Service and Clinical Innovation | **Department of Health**  
Level 1, 15 Butterfield Street, Herston, Brisbane, 4006 | PO Box 2368, Fortitude Valley, 4006

t. 07 3328 9348  
f. 07 3328 9354  
e.s.73 @health.qld.gov.au  
Out of hours number for Environmental Health: 1800 128 962  
Visit us on the web at: [www.health.qld.gov.au/ph/ehu/eh-science-regulation.asp](http://www.health.qld.gov.au/ph/ehu/eh-science-regulation.asp)



**From:** s.73 [mailto:s.73@seqwater.com.au]  
**Sent:** Friday, 2 May 2014 2  
**To:** s.73 Fluoride  
**Cc:** s.73  
**Sub** (2014)

Hi s.73

The Project Manager, Miles, has indicated that fluoride dosing at Kilcoy is likely to be off longer than the 5 May which was indicated in our Form 2, with commissioning work expected to be completed later next week.

Normally Form 2's sent after the 2-week period of no fluoride dosing has lapsed, but in this instance, we submitted the form in advance because its knowingly off-line due to commissioning work at our new WTP. What would you like us to do in this instance? Do we have to resubmit the Form 2?

I am away on leave next week, so if you need further information then, please contact s.73 on tel s.73 s.73

Regards, s.73

s.73  
Coordinator - DWQ Continuous Improvement



117 Brisbane Street, Ipswich, QLD, 4305 | PO Box 16146, City East, QLD 4002  
p (07) 5656 3324 | ms.73 | f (07) 3229 7926

e s.73 [@seqwater.com.au](mailto:s.73@seqwater.com.au)  [wwwseqwater.com.au](http://www.seqwater.com.au)

Please consider the environment before printing this email. It can take up to 13 litres of water to make one sheet of A4 paper.

**From:** s.73  
**Sent:** T ay 2014 2:46 PM  
**To:** s.73  
**Cc:**  
**Subject:** RE: FORM 2 - Seqwater Kilcoy WTP (7 April to 5 May 2014)

s.73

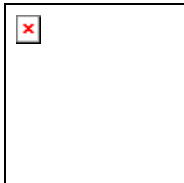
I have just spoken to s.73 who advises that the fluoride might not be commissioned until early next week.

Can you confirm whether we would need to issue another notification if this were to be the case? Could we issue the notification on Monday or do we need to prepare something today or tomorrow?

s.73 – can you please coordinate with Superintendent and WTA to confirm the actual current timeframe?

s.73

Senior Project Manager  
p 3035 5686 | m s.73 | f (07) 3229 7926



**From:**  
**Sent:** 9 April 2014 1:32 PM  
**To:** [fluoride@health.qld.gov.au](mailto:fluoride@health.qld.gov.au)  
**Cc:** s.73  
**Su** oy WTP (7 April to 5 May 2014)

Hi,

Please find attached a completed FORM 2 for Kilcoy WTP which is expected to have its fluoridation system offline between 7 April and 5 May whilst final commissioning works are completed for this new WTP Accordingly, the period of non-operation is expected to exceed the 14 days upon which a FORM 2 notice is required, by (approximately) an additional two weeks.

Regards, s.73

s.73 A/Principal Drinking Water Quality



117 Brisbane Street, Ipswich, QLD, 4305 | PO Box 16146, City East, QLD 4002  
p (07) 5656 3324 | ms.73 | f (07) 3229 7926  
es.73 @seqwater.com.au | w www.seqwater.com.au

Please consider the environment before printing this email. It can take up to 13 litres of water to make one sheet of A4 paper.

**Our head office has moved to Ipswich.**  
 Please update your records to reflect our new office address:  
 117 Brisbane Street, Ipswich Queensland 4305  
 PO Box 16146, City East, Queensland 4002  
 Please email [reception@seqwater.com.au](mailto:reception@seqwater.com.au) for any enquiries.



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\*\*\*\*\*

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For more information regarding this service, please contact your service provider.

RTI RELEASE

**From:** s.73  
**To:**  
**Subject:** FW: Media - Allora  
**Date:** Wednesday, 2 July 2014 3:59:00 PM  
**Attachments:** [image001.png](#)

---

FYI

s.73

Senior Environmental Health Officer  
Water Team  
Health Protection Unit  
Chief Health Officer Branch

---

Health Service and Clinical Innovation | **Department of Health**  
Level 1, 15 Butterfield Street, Herston, Brisbane, 4006 | PO Box 2368, Fortitude Valley, 4006

t. 07 3328 9348

f. 07 3328 9354

e. s.73 [@health.qld.gov.au](mailto:s.73@health.qld.gov.au)

Out of hours number for Environmental Health: 1800 128 962

Visit us on the web at: [www.health.qld.gov.au/ph/ehu/eh-science-regulation.asp](http://www.health.qld.gov.au/ph/ehu/eh-science-regulation.asp)



---

**From:** s.73  
**Sent:** 014 3:41 PM  
**To:** s.73  
**Cc:**  
**Su:** RE: Media - Allora

G'day s.73

Hope you are having a great Wednesday.

I contacted s.73 (Warwick Water Treatment Plant Operator) this morning to discuss the Allora situation. s.73 stated that a pipeline is currently being built between Warwick and Allora, so that Allora will be supplied with water from the Warwick Treatment Plant. Hence, this water supply will be fluoridated. s.73 did not know the exact dates for the project, but stated that he believes that it is approximately 2 months off completion.

Section 13 requirements were outlined to him. An email outlining these requirements has also been sent to him, including where Form 1 can be located.

I had a look at the original SDRC Form 1, submitted in March 2011 and area/communities outlined were Warwick City and Yangan Township. After our discussion yesterday and reading this Form 1, our view is section 13 requirements will need to be complied with.

s.73 was able to provide any updates/information on the current Council fluoridation debate, but did state that was pro-fluoridation.

Hope that this information is helpful. Let me know if you need any more information.

Thanks,

s.73

Senior Environmental Health Officer | Darling Downs Public Health Unit  
Darling Downs Hospital and Health Services

Browne House Baillie Henderson Hospital  
Cnr. Tor and Hogg Street (PO Box 405)  
Toowoomba QLD 4350

P: 07 4699 8477  
M:s.73  
E: [s.73@health.qld.gov.au](mailto:s.73@health.qld.gov.au)  
W: [www.health.qld.gov.au/darlingdowns](http://www.health.qld.gov.au/darlingdowns)

---

**From:** s.73  
**Sent:** Tuesday, 1 July 2014 9:31 AM  
**To:** s.73  
**Sub**

Morning s.73

Hope you're well.

Can I give you a call soon with regards to the attached?

s.73

Senior Environmental Health Officer  
Water Team  
Health Protection Unit  
Chief Health Officer Branch

---

Health Service and Clinical Innovation | **Department of Health**  
Level 1, 15 Butterfield Street, Herston, Brisbane, 4006 | PO Box 2368, Fortitude Valley, 4006

t. 07 3328 9348  
f. 07 3328 9354  
e. s.73 [@health.qld.gov.au](mailto:s.73@health.qld.gov.au)  
Out of hours number for Environmental Health: 1800 128 962  
Visit us on the web at: [www.health.qld.gov.au/ph/ehu/eh-science-regulation.asp](http://www.health.qld.gov.au/ph/ehu/eh-science-regulation.asp)



---

**From:** s.73  
**Sent:** ly 2014 9:22 AM  
**To:** s.73  
**Su**

A couple of articles from yesterday.

s.73

Senior Environmental Health Officer  
Water Team  
Health Protection Unit  
Chief Health Officer Branch

---

Health Service and Clinical Innovation | **Department of Health**  
Level 1, 15 Butterfield Street, Herston, Brisbane, 4006 | PO Box 2368, Fortitude Valley, 4006

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Government

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RTI RELEASE





# Tenants miss say on fluoride

IT IS great news that Southern Downs Council is going to survey Warwick, Stanthorpe, Yangan and also Allora residents on whether they want water fluoridation continued or ended.

However, it is unfair that tenants who live on properties with fluoridated water probably won't get a say as it is unlikely that absentee landlords will pass on the fluoridation survey form to the tenants.

Perhaps tenants could show their rental agreement to council and then be given a survey form too?

We hope council will consider this idea or find a way that tenants can also be included in the survey so that it is more equitable.

With Allora soon to be connected to the Warwick water supply, council could find itself in a tricky situation with the Water Fluoridation Act.

Effectively council will be fluoridating Allora but will never have made a decision to fluoridate Allora.

To stay this side of the law council might have to vote to fluoridate Allora, publish its fluoridation decision then wait the requisite 30 days before connecting Allora to the fluoridated Warwick supply.

One simple solution would be not to connect Allora until after the survey is done and decisions made, or if Allora's connection is imminent, to simply refrain from adding sodium fluoride to Warwick's water supply for a few months until after the survey is done and decisions made.

Regardless, we feel that council really needs to seek urgent legal advice before making Allora's reticulated water a fluoridated water supply

**Merilyn Haines**

President, Queenslanders For

s.73

s.73

From: s.73  
 Sent: Friday, 6 June 2014 10:49 AM  
 To: s.73  
 Cc:  
 Subject

Hi s.73

I've talked to s.73 from Metro South (s.73 is currently is on leave) and they've all indicated that they're happy to both engage on this participate in a workshop or similar. However, I'd suggest that any workshop be held no sooner than mid-July given some of the relevant staff will be on leave before then.

For your convenience, an up-to-date contact list for the Public Health Units can be found at:  
<http://www.health.qld.gov.au/cho/default.asp>

I should also mention that s.73 Public Health Unit now provides public health services to the township of Kilcoy, so s.73 should be your point of contact for Kilcoy.

Feel free to give me a call if you'd like to discuss further.

s.73

Senior Environmental Health Officer  
 Water Team  
 Health Protection Unit  
 Chief Health Officer Branch

Health Service and Clinical Innovation | Department of Health  
 Level 1, 15 Butterfield Street, Herston, Brisbane, 4006 | PO Box 2368, Fortitude Valley, 4006

t. 07 3328 9348  
 f. 4  
 e. s.73 d@health.qld.gov.au  
 Out of hours number for Environmental Health: 1800 128 962  
 Visit us on the web at: [www.health.qld.gov.au/ph/ehu/eh-science-regulation.asp](http://www.health.qld.gov.au/ph/ehu/eh-science-regulation.asp)

From: s.73 [mailto:s.73@seqwater.com.au]  
 Sent  
 To: s.73  
 Cc:  
 Subject: RE: Update on Audit Actions and Query on the Code

Hi s.73

As discussed, here is a list of sites for which we would like to have a look at initially in terms of the requirement for daily site attendance (as per the Guidance notes for MS 5.2.1):

Dunwich, Amity Point, Point Lookout, Beaudesert, Kooralbyn WTPs (Metro South PHU - s.73

Canungra WTP (Gold Coast PHU - )

Lowood, Esk and Kilcoy WTPs (West Moreton PHU - s.73 )

Dayboro (Metro North - s.73 )

Its still early stages and we are yet to discuss this fully internally; If you have any initial guidance from your technical forum with the PHUs on Thursday, please let me know and I will discuss this with our Operations Coordinators and relevant specialists at a meeting expected to be held next week. We can then look at an appropriate workshop(s) or other forums, to progress this one further with those stakeholders who need to attend.

Thanks, s.73

s.73 Coordinator - DWQ Continuous Improvement

117 Brisbane Street, 4305 | PO Box 16146, City East, QLD 4002  
 p (07) 5656 3324 | m s.73 | f (07) 3229 7926  
 e s.73 @seqwat www.seqwater.com.au

Please consider the environment before printing this email. It can take up to 13 litres of water to make one sheet of A4 paper.

From: s.73  
 Sent  
 To: s.73  
 Cc:  
 Subject: Update on Audit Actions and Query on the Code

Hi s.73

s.73 indicated that you were interested in when we would submit our first 2-monthly progress with the PHU fluoridation audit findings. We are currently working towards having a report to you by mid-June, a couple of weeks earlier than the end-of-month deadline.

I also have a question for you relating to the last bullet point in the guidance notes for MS 5.2.1 in the Code of Practice (attached). We are currently reviewing operator attendance at our WTPs in remote areas, which are typically sodium fluoride saturator plants, and are interested in engaging the relevant PHUs with respect to this paragraph.

If you are free to call back, I'm at my desk today or can be reached on my mobile tomorrow afternoon.

Thanks, s.73

s.73 Coordinator - DWQ Continuous Improvement

117 Brisbane Street, 4305 | PO Box 16146, City East, QLD 4002  
 p (07) 5656 3324 | m s.73 | f (07) 3229 7926  
 e s.73 @seqwater.com.au | w www.seqwater.com.au

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**FLUORIDATION NOTICE**

**1. Water Supplier Details**

Name

BANANA SHIRE COUNCIL

ABN/ACN

85 946 116 646

Service Provider ID

504

Principal contact

Family Name

Given Name/s

Position

MANAGER WATER SERVICES

Street address

62 VALENTINE PLAINS ROAD, BILOELA Q Post Code 4715

Postal address (if different to above)

PO Box 412, BILOELA Q Post code 4715

Phone

4992 9500

Fax

4992 3493

Mobile

Email

enquiries@banana.qld.gov.au  
@banana.qld.gov.au

**2. Fluoridation Decision**

Date of fluoridation decision by local government

Nature of fluoridation decision

15 May 2012

Acceptance of Tender for Construction of Fluoride Dosing Facility (following on from previous State Govt requirement to implement fluoridation).

**3. Water Supply Details**

Proposed commencement or cessation date

01 MAY 2014

Name and location of water treatment plant or bore

Local Government Area

Biloele Turn Pump Station (Prairie St, BILOELA) BANANA SHIRE COUNCIL

Details of fluoridation process (type of chemical, dry or solution feed, prescribed fluoride concentration) or the decommissioning process for the fluoride dosing facility

The fluoridation system consists of a vacuum loader system, dest containment tank, RO system (softening), fluoride saturator, dosing pumps, on-line fluoride analyser and ancillaries. Dosing with Sodium Fluoride.

Area or communities that will receive/cease receiving fluoridated water

BILOELA; and  
THANGCOOL

Attachments – Please tick the box if you have attached the following

1. A copy of the public notice advising consumers of the intention to fluoridate, or cease fluoridating, must be attached
2. Has additional information been attached? YES  Number of additional pages attached \_\_\_\_\_

Date

31/03/2014

Department of Health, C/- Director, Water Program, Environmental Health Regulation and Standards, PO Box 2368, Fortitude Valley BC, 4006



## BANANA SHIRE COUNCIL

### PUBLIC NOTICE

#### **INTENTION TO COMMENCE FLUORIDATION OF TOWN WATER SUPPLIES BILOELA, THANGOOL, MOURA, BANANA**

The Banana Shire Council will commence the addition of fluoride to Town Water Supplies at Biloela, Thangool, Moura and Banana in the near future in accordance with the Queensland Water Fluoridation Code of Practice.

Water treated at Biloela is supplied to Thangool, and water treated at Moura is supplied to Banana. Water supplied to Callide Dam residents from the Biloela Water Treatment Plant will not be fluoridated due to the location of dosing facilities.

Construction of fluoride dosing facilities at Biloela and Moura are nearing completion with the commissioning phase scheduled to commence during the week commencing Monday 24th March 2014. Fluoride will be added to the above town water supplies intermittently during the commissioning phase.

The current schedule is for Fluoride to be continuously added to the above Town Water Supplies from 1st May 2014.

For further enquiries contact Council's Water Services Section on 4992 9500.

Ray Geraghty  
Chief Executive Officer  
PO Box 412  
BILOELA QLD 4715

**NB :CORRECTION - DATE IN PUBLIC NOTICE REGARDING FLUORIDATION PUBLISHED IN CENTRAL TELEGRAPH ON 24/03/2014 - 31ST MARCH 2014 SHOULD HAVE BEEN NOTED AS 1ST MAY 2014. APOLOGIES FOR ANY INCONVENIENCE CAUSED BY THIS**

MK:EHO

18 March 2014

RECEIVED  
20 MAR 2014  
HEALTH PROTECTION UNIT

s.73

Water Quality Unit  
PO Box 2368  
FORTITUDE VALLEY BC QLD 4006

P. 07 4741 2900 F. 07 4741 1741  
PO Box 274 Hughenden Q 4821  
34 Gray St, Hughenden Q 4821  
flinders@flinders.qld.gov.au  
www.flinders.qld.gov.au

**NOTIFICATION OF INTENTION TO FLUORIDATE PUBLIC POTABLE WATER SUPPLY**

Dear <sup>s.73</sup>

I wish to inform you that continuous fluoridation of the Hughenden water supply will occur on the 10<sup>th</sup> April 2014. Notice has been given to the public in the form of the Council notices that are mailed to each resident on a weekly basis (Flinders does not currently have a local Newspaper or Newsletter circulating in the area).

Should you require further information or assistance in this matter, please contact the undersigned at Flinders Shire Council on (07) 4741 12900.

Yours faithfully

s.73

**Environmental Health Officer**





FLUORIDATION NOTICE

1. Water Supplier Details

Name

BANANA SHIRE COUNCIL

ABN/ACN

85 946 116 646

Service Provider ID

504

Principal contact

Family Name

Given Name/s

Position

MANAGER WATER SERVICES

Street address

62 VALENTINE PLAINS ROAD, BILCIELA Q Post Code 4715

Postal address (if different to above)

PO Box 412, BILCIELA Q Post code 4715

Phone

4992 9500

Fax

4992 3493

Mobile

Email

enquiries@banana.qld.gov.au  
@banana.qld.gov.au

2. Fluoridation Decision

Date of fluoridation decision by local government

15 May 2012

Nature of fluoridation decision

Acceptance of Tender for Construction of Fluoride Dosing Facility (following on from previous State Govt requirement to implement fluoridation).

3. Water Supply Details

Proposed commencement or cessation date

01 MAY 2014

Name and location of water treatment plant or bore

MOURA WTP (off Dawson Hwy, Moura)

Local Government Area

BANANA SHIRE COUNCIL

Details of fluoridation process (type of chemical, dry or solution feed, prescribed fluoride concentration) or the decommissioning process for the fluoride dosing facility

The fluoridation system consists of a vacuum boiler system, dust containment tank, RO system (softening), fluoride saturator, dosing pumps, on-line fluoride analyser and ancillaries. Dosing with Sodium Fluoride.

Area or communities that will receive / cease receiving fluoridated water

MOURA; and  
BANANA

Attachments – Please tick the box if you have attached the following

- 1. A copy of the public notice advising consumers of the intention to fluoridate, or cease fluoridating, must be attached
- 2. Has additional information been attached? YES  Number of additional pages attached \_\_\_\_\_

Sig

Date

31/03/14

s.73

Department of Health, C/- Director, Water Program, Environmental Health Regulation and Standards, PO Box 2368, Fortitude Valley BC, 4006



## BANANA SHIRE COUNCIL

### PUBLIC NOTICE

#### **INTENTION TO COMMENCE FLUORIDATION OF TOWN WATER SUPPLIES BILOELA, THANGOOL, MOURA, BANANA**

The Banana Shire Council will commence the addition of fluoride to Town Water Supplies at Biloela, Thangool, Moura and Banana in the near future in accordance with the Queensland Water Fluoridation Code of Practice.

Water treated at Biloela is supplied to Thangool, and water treated at Moura is supplied to Banana. Water supplied to Callide Dam residents from the Biloela Water Treatment Plant will not be fluoridated due to the location of dosing facilities.

Construction of fluoride dosing facilities at Biloela and Moura are nearing completion with the commissioning phase scheduled to commence during the week commencing Monday 24th March 2014. Fluoride will be added to the above town water supplies intermittently during the commissioning phase.

The current schedule is for Fluoride to be continuously added to the above Town Water Supplies from 1st May 2014.

For further enquiries contact Council's Water Services Section on 4992 9500.

Ray Geraghty  
Chief Executive Officer  
PO Box 412  
BILOELA QLD 4715

**NB :CORRECTION - DATE IN PUBLIC NOTICE REGARDING FLUORIDATION PUBLISHED IN CENTRAL TELEGRAPH ON 24/03/2014 – 31ST MARCH 2014 SHOULD HAVE BEEN NOTED AS 1ST MAY 2014. APOLOGIES FOR ANY INCONVENIENCE CAUSED BY THIS**

---

**From:** s.73  
**Sent:** Wednesday, 21 May 2014 11:23 AM  
**To:** s.73  
**Subject:** RE: Aurukun water treatment plant and fluoride dosing unit

Hello s.73

It is actually the Department of State Development, Infrastructure and Planning that will assist with the ongoing fluoridation cost to indigenous communities for two or three years. s.73 m DSDIP is sorting out a contract for this. It is hard to say if indigenous communities will find it hard to maintain fluoridation beyond this timeframe as none have really been implementing it any ongoing manner and none are yet to make any claims against the available money.

Kind regards

s.73

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**From:** s.73  
**Sen** May 2014 11:18 AM  
**To:** s.73  
**Subject:** RE: Aurukun water treatment plant and fluoride dosing unit

Thanks s.73 My understanding is that QH will support ongoing fluoridation costs to indigenous communities for two or three years. Is that correct? Is it also fair to say that without ongoing support for maintenance, chemical and staffing cost, indigenous communities may find it difficult to maintain water fluoridation after this support ceases?

s.73

---

**From:** s.73  
**Sent:** Wednesday, 21 May 2014 10:48 AM  
**To:** s.73  
**Cc:**  
**Subject:** Aurukun water treatment plant and fluoride dosing unit  
**Importance:** High

Good Morning All

This morning I have been speaking with s.73 e from DSDIP who advises that works on Aurukun's water treatment plant are once again progressing and, all being well, they will be ready to receive the fluoride dosing unit



onsite in July. Contact has been made with Council who have confirmed their intent to implement fluoridation and training is being arranged for relevant staff. Please see the email trail below which provides an update as to progress on the water treatment plant and details of the relevant contacts from Aecom and Orica for your records. Once we have more details regarding commissioning we will let you know.

Kind regards

s.73  
Senior Environmental Health Officer – Water Program  
Health Protection Unit | Chief Health Officer Branch | Health Services and Clinical Innovation Division  
Department of Health | Queensland Government  
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**From:** s.73 [<mailto:s.73@coordinatorgeneral.qld.gov.au>]  
**Sent:** Wednesday, 21 May 2014 10:38 AM  
**To:** s.73  
**Cc:**  
**Subject:** FW: DIP 0870b-09 Fluoride Implementation in Indigenous Communities [Ref. 60103434.0:1SJY18EP]  
**Importance:** High

Hello s.73

As discussed, attached is the latest update from Terrence Jepperson, the new AECOM project manager for fluoride implementation at Aurukun. It is looking like Aurukun will be dosing fluoride before Christmas, all being well.

I will be communicating with TAFE Queensland to let them know fluoride training for Aurukun water treatment plant operators will be needed soon.

Regards,

s.73

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---

**From:** s.73 [mailto:s.73@aecom.com]  
**Sen** 20 May 2014 9:16 AM  
**To:** s.73  
**Cc:** s.73  
**Subject:** DIP 0870b-09 Fluoride Implementation in Indigenous Communities [Ref. 60103434.0:1SJY18EP]  
**Importance:** High

s.73

Please proceed on the basis that the site would be available to receive the fluoridation unit on Tuesday 15-Jul-2014 – we will continue to monitor the progress of the works being undertaken by Aurukun Shire Council on a weekly/fortnightly basis and notify accordingly of any changes – can you please provide a construction program in accordance with Clause 33.2 of AS2124 by COB Tuesday 27-May-2014 that identifies tasks leading up to the site being available to receive the fluoridation unit through to the end of the defects liability period.

Further to our discussions last week:

- The Principal (i.e. Department of State Development, Infrastructure and Planning - DSDIP) have been notified that the works are likely to proceed in the next couple of months and a contract extension will be forthcoming shortly;
- We have requested the latest set of drawings of the works being undertaken by Aurukun Shire Council to assess service conflicts associated with the fluoridation building project – these should be available shortly.

Also, we need to finalise costs, including storage fees up to mid-July 2014, due to the postponement of the Contract – please provide an estimate and relevant supporting documentation by COB Tuesday 27-May-2014. It may be worthwhile to arrange an inspection in about 1 months' time to confirm that the site conditions have not changed significantly since Orica tendered on the works a couple of years ago.

Should you require any additional information please do not hesitate to contact me.

Cheers Terrence

s.73

Environmental Engineer  
M<sup>s.73</sup>  
s.73 @aecom.com

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www.aecom.com

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---

**From:** s.73 @orica.com [mailto:s.73@orica.com]  
**Sen** May 2014 11:03 AM  
**To:** s.73  
**Cc:** s.73 @orica.com; s.73  
**Subject:** Fw: AUS10-21: Aurukun  
**Importance:** High

Hi s.73

We need written confirmation from Aecom before we can commence with progressing with the remainder of the Aurukun portion of the contract. Can you please advise if we should proceed on the basis I have laid out in the email below (or as you recommend) so we can get things moving from our end.

We will otherwise have to proceed with removing the unit from storage and having it sent to Cairns or another location nominated by DSDIP. Sorry to be so insistent, but our site are insisting that we remove the unit from the current location. If we can let them know that it will be leaving in the next couple of months they may agree to keep it there a

bit longer.

Kind regards

---

s.73 | Project Manager - Watercare | Orica Limited | [www.orica.com](http://www.orica.com)  
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☎ + 61 3 9665 7704 | 📠 F: +61 3 9665 7247 | ✉ s.73@orica.com



----- Forwarded by s.73 AU/CHE/ORICA on 19/05/2014 10:57 AM -----

From: s.73 AU/CHE/ORICA  
To: s.73 >  
Cc: s.73 @aecom.com>, s.73 /AU s.73 AU/CHE/ORICA@ORICA, /AU/CHE/ORICA@ORICA  
Watercare Projects/AU/CHE/ORICA@ORICA,s.73 n/AU/CHE/ORICA@ORICA,s.73  
Date: 14/05/2014 05:41 PM  
Subject: AUS10-21: Aurukun

---

Hi s.73

I managed to get in contact with s.73 from Aurukun council.

He wasn't able to give an exact date of when the site would be ready to receive the building, but gave the following information:

1. A piping contractor is engaged to complete the piping portion of the plant upgrade from next Tuesday 20/05/2014.
2. He will be there for about 12 weeks (i.e. approx until 12/08/2014)
3. The unit would be ready to be installed in about 2 months into his work because the space would be available and the upgrade works in that vicinity would be complete.
4. Therefore the potential date the site would be available to receive the unit is 15/07/2014.
5. An electrician will be performing the electrical upgrade about 1 month after the plumber starts (i.e approx. 17/05/2014)

We need to:

1. Determine the layout of the plant and pipes (service water to the plant, fluoride dosing line and termination point in to the main, electrical tie in. waste tank location and piping, trench routes etc.)
2. Let the electrical contract
3. Let the civil / mechanical contract
4. Mobilise the unit to the site for installation.
5. Commission the unit and train the operator/s

An IFC drawing or similar would help us to determine our layouts and material quantities however this is not available. I don't think he really has something to give us and they will just be updating drawings along the way. Hence a site visit might be required to determine where the plant is going and to scope out the rest of the installation.

Prior to us resuming with the Aurukun portion of the contract, I really need you to confirm in writing that we should proceed on the above basis.

Kind regards

---

s.73 | Project Manager - Watercare | Orica Limited | [www.orica.com](http://www.orica.com)  
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☎ + 61 3 9665 7704 | 📠 F: +61 3 9665 7247 | ✉ s.73@orica.com



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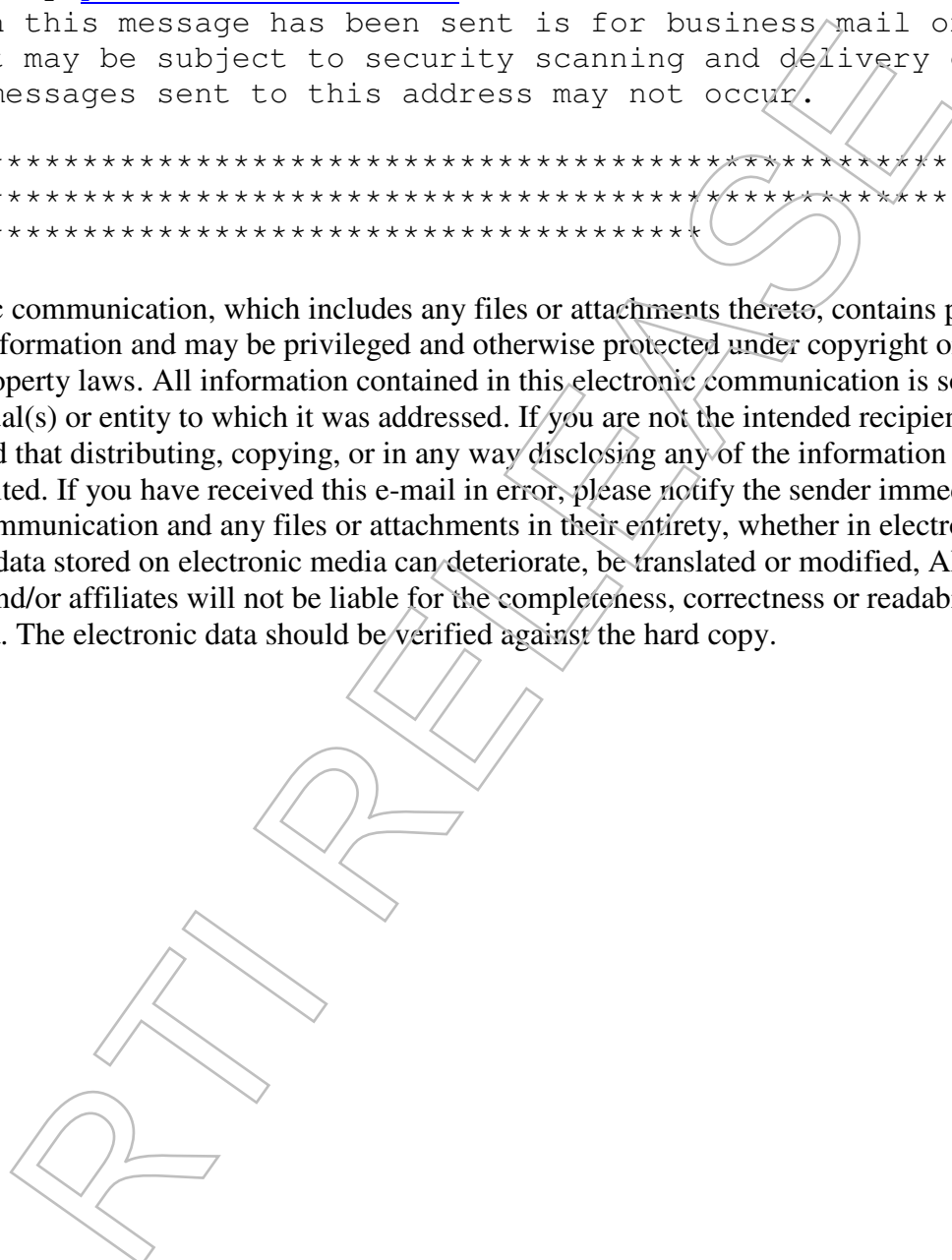
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Thank you.

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**From:** s.73  
**Sent:** Monday, 16 June 2014 4:47 PM  
**To:** s.73  
**Cc:**  
**Subject:** Findings from Cherbourg Decommission Fluoride Audit  
**Attachments:** P1000548.JPG; P1000545.JPG; P1000551.JPG; P1000573.JPG

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hi<sup>s.73</sup>

Hope you had a great weekend. As requested, here are some findings from my audit at Cherbourg Fluoridation Plant.

On 27<sup>th</sup> May, I conducted a decommission fluoride audit at Cherbourg Plant and a number of issues were observed.

It appears that Cherbourg Aboriginal Shire Council (CASC) has never submitted Form 3- Fluoridated Water Quarterly Report. At the time of the inspection, I reviewed the 'Daily Log Sheets', which were found within the plant. It appears that training was conducted for two days – 28/03/2012 & 29/03/2013 and entries were placed in the log book. The staffs were unable to confirm if fluoride was connected to town water supply during these days. According to the daily log sheet the plant commenced operation on 30/03/2012 through to 09/04/2012 (no records for 1/04/12), on the 17/04/2012 and between 05/09/2012 – 07/09/2012. There are no records after this date. From 09/04/2012 to 07/06/2012 (except for 17/04/2012), daily log sheets have been completed but recorded with 'N/A' or 'No service water' or 'No reading/not running'. Therefore, it is difficult to ascertain how long the fluoridation plant was operating and if the records are correct.

I have requested the Council minutes which outline the CASC decision to cease fluoridation. At this stage, I have not received this document. No Form 1 has been received from CASC advising that council will not longer fluoridate.

At the time of the inspection, it appeared the once fluoridation ceased, the plant was shut, staff walked out and nothing been touched since then (the lights and air conditioner were still operating). Findings from the inspection included:

- No bags of fluoride chemical were on site. There was a suggestion that the remaining fluoride chemical was tipped into the saturator tank.
- The saturator tank was filled (approx 450 Litres) and the bag loader was still connected. (Refer to photos)
- Empty fluoride chemical bags had been disposed of in the yellow 'clean up kit' wheelie bin. (Refer to photo)
- Surfaces and equipment in the fluoride dosing facility have not been cleaned. White fluoride dust was observed around the storage pallet area. The 'vent water trap' had not been emptied or cleaned.
- The fluoride injection point and sample point are still connected. (Refer to photo)
- Power was still connected. A revisit of the site was connected on 3<sup>rd</sup> June 2014; the main switch has been turned off but had not been tagged.
- Cherbourg Aboriginal Shire Council 'Drinking Water Quality Management Plan' still refers to fluoridation.

I meet with CEO Warren Collins on 2<sup>nd</sup> June 2014 and advised him of the findings from the inspection. A letter will be sent to the council outlining the non-compliances in the near future.

Please let me know if you require any more information or more detail.

Thanks,  
s.73

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Darling Downs Hospital and Health Services

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DOH-DI 14/15-001

R71 Document 45



10/20/2018 10:15  
Name: E2224 2018  
Address: 1000 1000 1000  
100 - 100000 100000  
100000 100000

DOH-DL 14/15-001  
BTF Document 46

s.73

---

**From:** s.73  
**Sent:** Wednesday, 18 June 2014 11:17 AM  
**To:** s.73  
**Subject:** RE: Doomadgee

Thanks<sup>s.73</sup> you happen to find out if Doomadgee have managed to get rid of their fluoride?

s.73

Senior Environmental Health Officer – Water Program  
Health Protection Unit | Chief Health Officer Branch | Health Services and Clinical Innovation Division  
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**From:** s.73  
**Sent:** Wednesday, 18 June 2014 10:10 AM  
**To:** s.73  
**Subject:** Doomadgee

s.73

We have confirmed that Doomadgee do not intend on Fluoridating so could benefit from having the plant appropriately decommissioned.

Still chasing Palm Island.

s.73

Manager Environmental Health  
Townsville Public Health Unit  
Townsville Hospital and Health Service | Queensland Government  
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**From:** s.73 p.qld.gov.au>  
**Sent:** Tuesday, 22 April 2014 3:56 PM  
**To:** s.73  
**Cc:** Fluoride;s.73  
**Subject:** RE: Fluoridation - Indigenous Councils

Hello s.73

Thank you for the update. I spoke to s.73 the COM project director/manager for the indigenous fluoridation rollout, as far as he is aware the Aurukun WTP is still unfinished, he understood that Council made a decision last year to proceed with fluoridation once the WTP was completed. I have yet to find the Council minutes to confirm this, minutes of February 2013 indicate they were going to conduct a community survey regarding fluoridation targeted at ongoing costs to Council. James is going to follow up with the Council regarding the status of the WTP construction and confirmation about Council wishing to proceed with fluoridation.

s.73 indicated that Doomadgee had never dosed except for that undertaken during commissioning.

We will likely send out letters to those Councils that have indicated to QH that they will not be dosing (Cherbourg and Doomadgee) to finalise the Water Fluoridation Operation and Maintenance Costs. Is it possible for you to send a copy of the official notification those Councils provided to QH that they would cease dosing?

I will let you know the update from s.73 Aurukun and any other communications we have with Palm Island, Torres Shire and Yarrabah.

On another issue, I have noticed that the MOU between TAFE, DSDIP and QH has a completion date of 30 June 2014 so we may need to vary this again, will let you know.

s.47(3)(b)

Regards,  
s.73

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**From:** s.73 <mailto:Health@health.qld.gov.au>  
**Sent:** Tuesday, 22 April 2014 3:22 PM  
**To:** s.73  
**Cc:** Fluoride  
**Subject:** RE: Fluoridation - Indigenous Councils

Hello s.73

Sorry for the delay – I've been in a meeting. Cherbourg advised our local public health unit that they decided to cease dosing on 23/05/13, Doomadgee made a decision to cease on 04/02/13 and all we know of Yarrabah is that they decided not to order any more fluoride once their first batch ran out.

QH wrote to all local governments, including the Indigenous Councils in December 2012 following the change in the legislation advising they were now able to decide if fluoridation was in the best interested of their communities. QH offered to visit any Council wanting a briefing or with questions. Other than Northern Peninsula Area Council none of the Indigenous Council that were previously required to implement fluoridation took QH up on the offer. We have not written to any Council asking if they have a made a fluoridation decision.

s.73  
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**From:** s.73 <mailto:s.73@dshdip.qld.gov.au>  
**Sent:** Tuesday, 22 April 2014 12:08 PM  
**To:** s.73  
**Cc:** Fluoride; s.73  
**Subject:** RE: Fluoridation - Indigenous Councils

Hello s.73

Thanks for getting back to me so quickly!

Do you know how long Cherbourg, Doomadgee and Yarrabah were dosing before they turned the plants off? Has QH sent letters to Aurukun, Torres and Yarrabah when the Water Fluoridation Act was amended asking if they would continue or cease dosing, or correspondence since then?

Thanks

s.73

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Project Delivery

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**From:** <sup>s.73</sup> [mailto:<sup>s.73</sup> dsdip@qld.gov.au](mailto:dsdip@qld.gov.au) ]

**Sent:** Tuesday, 22 April 2014 11:51 AM

**To:** <sup>s.73</sup>

**Cc:** Fluoride

**Subject:** RE: Fluoridation - Indigenous Councils

Hello <sup>s.73</sup>

Welcome back!

We had to do a brief update on this just the other week so as far as we know the information below is correct.

Aurukun – dosing unit has not been installed – not currently fluoridating

Cherbourg – dosing has ceased – formal Council decision not to continue

Doomadgee – dosing has ceased – formal Council decision not to continue

Kowanyama – elevated naturally occurring fluoride – fluoride dosing not required

Palm Island – not currently dosing due to technical problems – wish to recommence upon resolution of problems – (unsure of the nature of the problems)

Torres – dosing unit installed but has not been switched on by Council

Yarrabah - dosing has ceased – no formal fluoride dosing decision made by Council

If you require anything further just let me know.

<sup>s.73</sup>

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**From:** s.73 <mailto:s.73@dsdip.qld.gov.au> ]  
**Sent:** Tuesday, 22 April 2014 11:06 AM  
**To:** s.73  
**Cc:** Fluoride; s.73  
**Subject:** Fluoridation - Indigenous Councils

Hello s.73

One of my first tasks after returning is to investigate the status of the Water Fluoridation Operation and Maintenance Costs Support Program.

Could you please let me know if any of six indigenous Councils that have either a fully commissioned fluoridation plant (Cherbourg, Doomadgee, Palm Island, Torres Shire and Yarrabah) or awaiting installation of the fluoridation plant (Aurukun) have informed Queensland Health that the Council has made the decision not to fluoridate or adversely have informed QH that they intend to continue dosing?

We have executed funding agreements for Doomadgee (18/4/13), Palm Island (11/3/13) and Yarrabah (12/8/13), date executed by DSDIP shown within the brackets. The agreement start date for all is 1 July 2012, in line with when the facility was fully commissioned and handed over to Council.

To date only Palm Island has submitted invoices to DSDIP for reimbursement, however the invoices all appear to be related to operation of the water treatment plant, mainly purchase of liquid chlorine, so I'm not sure if their fluoridation plant is actually in operation?

Any information on the above would be appreciated.

Regards,

s.73

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**From:** s.73 dinatorgeneral.qld .gov.au>  
**Sent:** Wednesday, 4 June 2014 2:21 PM  
**To:** s.73  
**Cc:** oride; Gr<sup>s.73</sup>  
**Subject:** Fluoride Implementation in Indigenous Communities  
**Attachments:** AUS10-21-PCD-13006 Indigenous Councils Fluoridation 12 Month Visit Report (Rev 0).pdf; AUS10-21 Indigenous Councils Fluoridation - Project Update WB 18/03/2013

Hello <sup>s.73</sup>

See below update on Fluoride Implementation in Indigenous Communities. Orica's 12month visit report of the commissioned plants is attached.

#### Aurukun

A site visit to Aurukun is being tentatively scheduled for week beginning Monday 9-Jun-2014 and at this stage <sup>s.73</sup> (AECOM) and <sup>s.73</sup> (Orica) will be attending the site visit. They want to confirm that everything will be ready for the package plant to be delivered in the next couple of months. See below email and attachments.

I have been in contact with a number of the indigenous councils to confirm whether they will be submitting claims for reimbursement of eligible costs for operation and maintenance of their water fluoridation plant under the Water Fluoridation Operation and Maintenance Costs Support Program to ascertain program resource requirements.

<sup>s.73</sup> is the new Director of Engineering, formerly at Tablelands Regional Council. He indicated that they aren't operating the fluoridation plant, but will investigate whether Council made a formal decision not to add fluoride to their water supplies or they may be waiting to undertake a community survey before they make a decision. However his thoughts were that they don't have a large enough rates base to pay the ongoing costs of operating the water fluoridation plant once the 3 year support program ends. He will hopefully get back to me next week as he is currently out of office until next week. Torres Shire has not signed a funding agreement for the support program.

#### Yarrabah

They have an executed funding agreement with DSDIP but have not yet to da any claims for reimbursement of operational and maintenance costs. They have a new CEO <sup>s.73</sup> I have spoken to <sup>s.73</sup>, Executive Manager Corporate Services and have subsequently sent both her and the CEO information on the Yarrabah water fluorid project including Water Fluoridation Operation and Maintenance Costs Support Program. When I spoke to <sup>s.73</sup> a few weeks ago, she was under the impression that the Council has not been operating the water fluoridation plant. I have tried to speak to either one of them today and have left a message, will try again tomorrow.

#### Palm Island

I have been in touch with them a couple of times in the last month, but have not been able to get confirmation whether the water fluoridation plant is actually operational and likelihood of receiving eligible reimbursement claims in the near future. Palm Island have a signed funding agreement for the support program.

#### Cherbourg and Doomadgee

I am in the process of sending out letters asking for reimbursement claims before I finalise the paperwork for the Water Fluoridation Operation and Maintenance Costs Support Program for the Cherbourg and Doomadgee water fluoridation plants as both Councils have indicated to QH that they have made the decision not to fluoridate.

s.73

Project Manager  
 Project Delivery

Major Projects Office  
Department of State Development, Infrastructure and Planning  
Queensland Government

tel +61 7 3452 7876

mobile s.73

post PO Box 15009 City East Qld 4002

visit Level 8, 63 George Street, Brisbane

s.73 [dsdip.qld.gov.au](http://dsdip.qld.gov.au)

[www.dsdip.qld.gov.au](http://www.dsdip.qld.gov.au)

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Great state. Great opportunity.

---

**From:** s.73 [Terrence@ecom.com](mailto:Terrence@ecom.com)  
**Sent:** Thursday, 22 May 2014 10:27 AM  
**To:** s.73  
**Cc:**  
**Subject:** RE: DIP 0870b-09 Fluoride Implementation in Indigenous Communities [Ref. 60103434.0:1SJZ8688]

s.73

As discussed, an extension of the completion date for Contract No. DIP-0870-09 to 31-Dec-2015 is acceptable.

Also further to our discussion:

- Please find attached the payment certificate and payment summary from Progress Claim 10, which indicates that outstanding amount for Orica is in the order of \$250k (note: this excludes the variation that we are expecting from Orica next week).
- It appears that the technical issues at Palm Island have been resolved – refer to the attached report and confirmation email (3<sup>rd</sup> and 4<sup>th</sup> attachments respectively); and
- AECOM will be raising an invoice before the end of the financial year for costs incurred since 25-Oct-2013 (i.e. Progress Claim 26) – I will follow this up next week.

Should you require any additional information please do not hesitate to contact me.

Cheers Terrence

s.73

Environmental Engineer

M s.73

s.73

[@aecom.com](mailto:terrence@aecom.com)

**AECOM**

Level 3, 120 Bunda Street, Cairns, QLD 4870

PO Box 5971 Cairns QLD 4870

T +61 7 4222 6000 F +61 7 4222 6001

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---

**From:** s.73 [\[mailto:s.73@coordinatorgeneral.qld.gov.au\]](mailto:s.73@coordinatorgeneral.qld.gov.au)  
**Sent:** Wednesday, 21 May 2014 12:13 PM  
**To:** s.73  
**Cc:** s.73 Fluoride  
**Subject:** RE: DIP 0870b-09 Fluoride Implementation in Indigenous Communities [Ref. 60103434.0:1SJY18EP]

Hello s.73

I have updated QH on the status of the Aurukun fluoride implementation project, they will be providing your contact details to the QH Environmental Health Officer that covers Aurukun. I have left a message for our contact at Queensland TAFE regarding Aurukun fluoride operator training.

I await information from you regarding potential variations for Orica, from your below email to Orica I hope to receive information on variations next week. Will you be submitting an Orica invoice for payment in the coming weeks?

In the interim I am in the process of extending DIP-0870-09 contract between DSDIP and AECOM. I am proposing to extend the current contract completion date from 30/06/2014 to 31/12/2015 to allow completion of the 1 year post construction support period for Aurukun allowed in the existing contract. Can you please confirm that you are in agreement with the proposed time extension? Other than a time extension the terms of the agreement will remain unchanged. Will AECOM be submitting an invoice for payment in the coming weeks?

Thanks

Regards,  
s.73

Project Manager  
Project Delivery  
Major Projects Office  
**Department of State Development, Infrastructure and Planning**  
**Queensland Government**

tel +61 7 3452 7876

mobile s.73

post PO Box 15009 City East Qld 4002

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s.73 [sdip.qld.gov.au](http://sdip.qld.gov.au)

[www.dsdip.qld.gov.au](http://www.dsdip.qld.gov.au)

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---

**From:** s.73 <mailto:s.73@aecom.com> ]

**Sent:** Tuesday, 20 May 2014 9:16 AM

**To:** s.73 [@orica.com](mailto:s.73@orica.com)

**Cc:** s.73

**Subject:** DIP 0870b-09 Fluoride Implementation in Indigenous Communities [Ref. 60103434.0:1SJY18EP]

**Importance:** High

s.73

Please proceed on the basis that the site would be available to receive the fluoridation unit on Tuesday 15-Jul-2014 – we will continue to monitor the progress of the works being undertaken by Aurukun Shire Council on a weekly/fortnightly basis and notify accordingly of any changes – can you please provide a construction program in accordance with Clause 33.2 of AS2124 by COB Tuesday 27-May-2014 that identifies tasks leading up to the site being available to receive the fluoridation unit through to the end of the defects liability period.

Further to our discussions last week:

- The Principal (i.e. Department of State Development, Infrastructure and Planning - DSDIP) have been notified that the works are likely to proceed in the next couple of months and a contract extension will be forthcoming shortly;

- We have requested the latest set of drawings of the works being undertaken by Aurukun Shire Council to assess service conflicts associated with the fluoridation building project – these should be available shortly.

Also, we need to finalise costs, including storage fees up to mid-July 2014, due to the postponement of the Contract – please provide an estimate and relevant supporting documentation by COB Tuesday 27-May-2014. It may be worthwhile to arrange an inspection in about 1 months' time to confirm that the site conditions have not changed significantly since Orica tendered on the works a couple of years ago.

Should you require any additional information please do not hesitate to contact me.

Cheers s.73

s.73

D +61 7 4222 6018 M<sup>s.73</sup>  
s.73 @aecom.com

**AECOM**

Level 3, 120 Bunda Street, Cairns, QLD 4870  
PO Box 5971 Cairns QLD 4870  
T +61 7 4222 6000 F +61 7 4222 6001  
www.aecom.com

Please consider the environment before printing this email.

**From:** s.73 @orica.com [mailto:s.73 @orica.com]  
**Sen** May 2014 11:03 AM  
**To:** s.73  
**Cc:** s.73 @orica.com; s.73  
**Subject:** Fw: AUS10-21: Aurukun  
**Importance:** High

Hi s.73

We need written confirmation from Aecom before we can commence with progressing with the remainder of the Aurukun portion of the contract. Can you please advise if we should proceed on the basis I have laid out in the email below (or as you recommend) so we can get things moving from our end.

We will otherwise have to proceed with removing the unit from storage and having it sent to Cairns or another location nominated by DSDIP. Sorry to be so insistent, but our site are insisting that we remove the unit from the current location. If we can let them know that it will be leaving in the next couple of months they may agree to keep it there a bit longer.

Kind regards

---

s.73 Project Manager - Watercare | Orica Limited | [www.orica.com](http://www.orica.com)  
1 Nicholson Street, East Melbourne, VIC 3002, Australia  
☎ +61 3 9665 7704 | 📠 F: +61 3 9665 7247 | ✉ s.73 @orica.com



----- Forwarded by s.73 AU/CHE/ORICA on 19/05/2014 10:57 AM -----

From: s.73 AU/CHE/ORICA  
To: s.73 >  
Cc: s.73 om>, s.73 AU/CHE/ORICA@ORICA, s.73 AU/CHE/ORICA@ORICA,  
Watercare Projects/AU/CHE/ORICA@ORICA,s.73 /AU/CHE/ORICA@ORICA, s.73 /AU/CHE/ORICA@ORICA  
Date: 14/05/2014 05:41 PM  
Subject: AUS10-21: Aurukun

Hi s.73

I managed to get in contact with s.73 from Aurukun council.

He wasn't able to give an exact date of when the site would be ready to receive the building, but gave the following information:

1. A piping contractor is engaged to complete the piping portion of the plant upgrade from next Tuesday 20/05/2014.
2. He will be there for about 12 weeks (i.e. approx until 12/08/2014)
3. The unit would be ready to be installed in about 2 months into his work because the space would be available and the upgrade works in that vicinity would be complete.
4. Therefore the potential date the site would be available to receive the unit is 15/07/2014.
5. An electrician will be performing the electrical upgrade about 1 month after the plumber starts (i.e approx. 17/05/2014)

We need to:

1. Determine the layout of the plant and pipes (service water to the plant, fluoride dosing line and termination point in to the main, electrical tie in. waste tank location and piping, trench routes etc.)
2. Let the electrical contract
3. Let the civil / mechanical contract
4. Mobilise the unit to the site for installation.
5. Commission the unit and train the operator/s

An IFC drawing or similar would help us to determine our layouts and material quantities however this is not available. I don't think he really has something to give us and they will just be updating drawings along the way. Hence a site visit might be required to determine where the plant is going and to scope out the rest of the installation.

Prior to us resuming with the Aurukun portion of the contract, I really need you to confirm in writing that we should proceed on the above basis.

Kind regards

---

s.73 | Project Manager - Watercare | Orica Limited | [www.orica.com](http://www.orica.com)  
 1 Nicholson Street, East Melbourne, VIC 3002, Australia  
 ☎ + 61 3 9665 7704 | 📠 F: +61 3 9665 7247 | ✉ s.73@orica.com



\*\*\*\*\*  
 \*\*\*\*\*  
 \*\*\*\*\*

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RTI RELEASE

---

**From:** s.73 dinatorgeneral.qld .gov.au>  
**Sent:** Thursday, 5 June 2014 4:19 PM  
**To:** s.73  
**Cc:** s.73  
**Subject:** Fluoride in Indigenous Councils

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hello s.73

My director has advised that he is happy for the letter regarding de-commissioning water fluoridation plants in Indigenous Councils come from Greg and be addressed to him, contact details:

s.73

*Director Major Projects*  
Department of **State Development, Infrastructure and Planning**  
Queensland Go  
**tel** 3452 7766 | s.73  
**fax** 3235 4563  
**post** PO Box 15009 City East Qld 4022  
**visit** Level 8 | 63 George Street | Brisbane Qld 4000  
**email** s.73 [@dsdip.qld.gov.au](mailto:s.73@dsdip.qld.gov.au)

Have a great long weekend.

Regards,  
s.73

Project Manager  
Project Delivery  
Major Projects Office  
**Department of State Development, Infrastructure and Planning**  
**Queensland Government**

**tel** +61 7 3452 7876  
**mobile** s.73  
**post** PO Box 15009 City East Qld 4002  
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[www.dsdip.qld.gov.au](http://www.dsdip.qld.gov.au)

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---

**From:** s.73  
**Sent:** Tuesday, 1 July 2014 1:02 PM  
**To:** fluoride@dsdip.qld.gov.au  
**Subject:** Indigenous Decommissioning  
**Attachments:** Indigenous Decommissioning Letter FINAL.pdf

Good Afternoon s.73

Please see attached a letter from s.73 regarding safe decommissioning of Indigenous fluoridation infrastructure. Please could you forward to s.73 The original is in the mail.

Kind regards  
s.73

Senior Environmental Health Officer – Water Program  
Health Protection Unit | Chief Health Officer Branch | Health Services and Clinical Innovation Division  
Department of Health | Queensland Government  
Level 1, 15 Butterfield Street | Herston  
PO Box 2368 | Fortitude Valley BC | QLD 4006  
t. 07 332 89351  
e.s.73 [@health.qld.gov.au](mailto:s.73@health.qld.gov.au) | [www.health.qld.gov.au](http://www.health.qld.gov.au)



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Enquiries to: s.73  
Director – Water Program  
Health Protection Unit  
Telephone: (07) 332 89345  
Facsimile: (07) 332 89354  
File Ref: N/A

s.73

Director – Major Projects  
Department of State Development, Infrastructure and Planning  
PO Box 15009  
CITY EAST QLD 4022

Dear <sup>s.73</sup>

I write with reference to the Queensland Water Fluoridation Program and the installation of fluoride dosing infrastructure in Indigenous communities in Queensland.

As you may be aware, some Indigenous communities have ceased fluoridating following the Queensland Government's December 2012 decision to remove mandatory fluoridation of water supplies serving more than 1,000 people. Queensland Health inspection of fluoride dosing infrastructure in such circumstances has indicated the existence of a number of decommissioning issues.

To address these issues it is requested that you give consideration to the revision of the existing Department of State Development, Infrastructure and Planning contract for the provision of fluoride dosing infrastructure to Indigenous communities to include provision of safe decommissioning where Indigenous Councils are known to have ceased fluoridation.

Should you wish to discuss this proposal further or review evidence of decommissioning issues identified by Queensland Health please do not hesitate to contact me via telephone (07) 332 89345 or email <sup>s.73</sup> [@health.qld.gov.au](mailto: @health.qld.gov.au).

Yours sincerely

s.73

Director – Water Program  
11712014

Office  
Queensland Health  
15 Butterfield Street  
HERSTON QLD 4006

Postal  
PO Box 2368  
FORTITUDE VALLEY BC  
QLD 4006

Phone  
(07) 332 89310

Fax  
(07) 332 89354

s.73

**From:** s.73  
**Sent:** Thursday, 19 June 2014 11:52 AM  
**To:** s.73  
**Subject:** RE: Palm Island Fluoride

Hello s.73

Thanks for the update – I will speak to DSDIP as see if there is any help they can provide – do you know if it funding to get it working again they want or on-going operational funding or both?

s.73

Senior Environmental Health Officer – Water Program  
Health Protection Unit | Chief Health Officer Branch | Health Services and Clinical Innovation Division  
Department of Health | Queensland Government  
Level 1, 15 Butterfield Street | Herston  
PO Box 2368 | Fortitude Valley BC | QLD 4006

t.  
e. s.73 [i@health.qld.gov.au](mailto:s.73@health.qld.gov.au) | [www.health.qld.gov.au](http://www.health.qld.gov.au)



---

**From:** s.73  
**Sent:** Thursday, 19 June 2014 11:43 AM  
**To:** s.73  
**Subject:** Palm Island Fluoroide

s.73

Palm's plant isn't working but they would be happy to make it work – if someone was going to pay for it. Without funding they don't intend on getting it operational.

s.73

Manager Environmental Health  
Townsville Public Health Unit  
Townsville Hospital and Health Service | Queensland Government  
242 Walker Street Townsville Qld 4810  
t. 07 47539020

e. s.73 [@health.qld.gov.au](mailto:s.73@health.qld.gov.au) | [www.health.qld.gov.au](http://www.health.qld.gov.au)



---

**From:** s.73 p.qld.gov.au>  
**Sent:** Thursday, 12 June 2014 1:15 PM  
**To:** s.73  
**Cc:**  
**Subject:** FW: Torres Shire Council Water Fluoridation Plant & Operation and Maintenance Support Program  
**Attachments:** Council Minute 12 10 27.pdf

Hello s.73

See below email and attachment from Torres Shire. Do we interpret the minutes being that Council have made the decision not to fluoride?

Regards,  
s.73

Project Manager  
Project Delivery  
Major Projects Office  
Department of State Development, Infrastructure and Planning Queensland Government

tel +61  
mobile 8-73  
post PO Box 15009 City East Qld 4002  
visit Level 8, 63 George Street, Brisbane s.73 [dsdip.qld.gov.au](http://dsdip.qld.gov.au)

[www.dsdip.qld.gov.au](http://www.dsdip.qld.gov.au)

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-----Original Message-----

**From:** s.73 <mailto:deis@torres.qld.gov.au>  
**Sent:** Thursday, 12 June 2014 9:55 AM  
**To:** s.73  
**Subject:** RE: Torres Shire Council Water Fluoridation Plant & Operation and Maintenance Support Program

s.73

Please find the Council minute reject the offer from government.  
Regards

s.73

Director Engineering & Infrastructure Services Torres Shire Council PO Box 171 Thursday Island Qld 4875 Email  
s.73 [torres.qld.gov.au](http://torres.qld.gov.au)  
Direct Telephone 0740831239  
Mobile s.73

<http://www.torres.qld.gov.au/>

-----Original Message-----

From:<sup>s.73</sup> [ <mailto:k<sup>s.73</sup>@coordinatorgeneral.qld.gov.au> ]

Sen 10:20 AM

To:<sup>s.73</sup>

Cc: Fluoride

Subject: Torres Shire Council Water Fluoridation Plant & Operation and Maintenance Support Program

Hello<sup>s.73</sup>

As discussed, attached is background information on the Torres Shire water fluoridation plant and Water Fluoridation Operation and Maintenance Support Program.

To date the Department of State Development Infrastructure and Planning (DSDIP) has not received a signed funding agreement from Torres Shire enabling participation in the Water Fluoridation Operation and Maintenance Support Program (see attachments). This agreement enables the Council to be reimbursed for costs directly applicable to the operation and maintenance of the Torres Shire water fluoridation plant.

If Torres Shire has decided not to operate the fluoride dosing unit, as per amendments to the Water Fluoridation Act in 2012, repealing the mandatory requirement for water suppliers servicing greater than 1000 residents to be fluoridated, DSDIP will finalise Council's Water Fluoridation Operation and Maintenance Support Program. In order to do this, could you please formalise Council's decision not to fluoridate in the form of an email or a copy of Council minutes where this decision was made.

If Council has any costs directly applicable to the operation and maintenance of the Torres Shire water fluoridation plant, before it was turned off, Torres Shire would need to sign and return the funding agreement to DSDIP before they could submit invoices to DSDIP for reimbursement.

I would appreciate if you could get back to me on the above next week if possible.

Please give me a call if you have any questions or would like to discuss the above.

Regards,

<sup>s.73</sup>

Project Manager  
Project Delivery  
Major Projects Office  
Department of State Development, Infrastructure and Planning Queensland Government

tel +61 7 3452 7876

mobile <sup>s.73</sup>

post PO Box 15009 City East Qld 4002

visit Level 8, 63 George Street, Brisbane <sup>s.73</sup> [dsdip.qld.gov.au](http://dsdip.qld.gov.au)

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RTI RELEASE



---

**From:** Fluoride <fluoride@dsdip.qld.gov.au>  
**Sent:** Thursday, 12 June 2014 1:27 PM  
**To:** s.73  
**Subject:** FW: Torres Shire Council Water Fluoridation Plant and Operation and Maintenance Support Program  
**Attachments:** Email\_Fluoridation Project - Handover of the Fluoride Dosing Unit.html; Torres Council Operation of FDU 20120511.pdf; Handover of the Fluoride Dosing Unit - to Torres Shire Council - from AECOM.tr5; Torres Shire Funding Agreement and Attached Letters.pdf; Torres Shire Follow Up letter for funding agreement for water fluoridation.pdf

Hello s.73

Attached is background information I provided to s.73 from Torres Shire including handover documentation to the Council from AECOM.

Regards,  
s.73

Project Manager  
Project Delivery  
Major Projects Office  
Department of State Development, Infrastructure and Planning Queensland Government

tel +61 7 3452 7876  
mobil s.73  
post PO Box 15009 City East Qld 4002  
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[www.dsdip.qld.gov.au](http://www.dsdip.qld.gov.au)

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-----Original Message-----

From s.73  
Sent: Wednesday, 4 June 2014 10:15 AM  
To: [deis@torres.qld.gov.au](mailto:deis@torres.qld.gov.au)  
Cc: Fluoride  
Subject: Torres Shire Council Water Fluoridation Plant and Operation and Maintenance Support Program

Hello s.73

As discussed, attached is background information on the Torres Shire water fluoridation plant and Water Fluoridation Operation and Maintenance Support Program.

To date the Department of State Development Infrastructure and Planning (DSDIP) has not received a signed funding agreement from Torres Shire enabling participation in the Water Fluoridation Operation and Maintenance

Support Program (see attachments). This agreement enables the Council to be reimbursed for costs directly applicable to the operation and maintenance of the Torres Shire water fluoridation plant.

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Please give me a call if you have any questions or would like to discuss the above.

Regards,

s.73

Project Manager  
Project Delivery  
Major Projects Office  
Department of State Development, Infrastructure and Planning Queensland Government

tel +61 7 3452 7876

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post PO Box 15009 City East Qld 4002

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Great state. Great opportunity.

---

**From:** s.73  
**Sent:** Thursday, 19 June 2014 8:14 AM  
**To:** s.73  
**Cc:**  
**Subject:** Yarrabah

Hello s.73

s.73 has had a chat to s.73 ESO at Yarrabah. He's advised her that Yarrabah Council does not want to proceed with fluoridation, although this has not been done officially at a council meeting. s.73 is aware that the plant has not been properly decommissioned, although they do not have any fluoride stock on site. s.73 is keen to pursue any funding or expertise that may be available to assist in decommissioning the plant ASAP. number is 40560770.

Give me or s.73 a call if you need any further info.

Thanks

s.73

Team Leader

Environmental Health | Tropical Public Health Services Cairns | Division 1 Family Health and Wellbeing  
Cairns and Hinterland Hospital and Health Service | Queensland Government  
Level 7, 5b Sheridan Street Cairns QLD 4870

t.

e. s.73 @health.qld.gov.au | www.health.qld.gov.au

RTI RELEASED

Enquiries to: s.73  
Director – Water Program  
Health Protection Unit  
Telephone: (07) 332 89345  
Facsimile: (07) 332 89354  
File Ref: N/A

s.73

Director – Major Projects  
Department of State Development, Infrastructure and Planning  
PO Box 15009  
CITY EAST QLD 4022

Dear <sup>s.73</sup>

I write with reference to the Queensland Water Fluoridation Program and the installation of fluoride dosing infrastructure in Indigenous communities in Queensland.

As you may be aware, some Indigenous communities have ceased fluoridating following the Queensland Government's December 2012 decision to remove mandatory fluoridation of water supplies serving more than 1,000 people. Queensland Health inspection of fluoride dosing infrastructure in such circumstances has indicated the existence of a number of decommissioning issues.

To address these issues it is requested that you give consideration to the revision of the existing Department of State Development, Infrastructure and Planning contract for the provision of fluoride dosing infrastructure to Indigenous communities to include provision of safe decommissioning where Indigenous Councils are known to have ceased fluoridation.

Should you wish to discuss this proposal further or review evidence of decommissioning issues identified by Queensland Health please do not hesitate to contact me via telephone (07) 332 89345 or email <sup>s.73</sup> [@health.qld.gov.au](mailto: @health.qld.gov.au).

Yours sincerely

s.73

Director – Water Program  
11712014

Office  
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---

**From:** s.73  
**Sent:** Thursday, 1 May 2014 2:27 PM  
**To:** s.73  
**Subject:** RE: F

Thanks<sup>s.73</sup> Do you know if the blending was originally done specifically to meet their fluoridation requirements under the previous fluoridation legislation? Now that they've in effect stopped fluoridating, do they have an obligation to let the Department of Health or someone else know?

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**From** s.73  
**Sent:** Thursday, 1 May 2014 1:48 PM  
**To:**s.73  
**Subject:** RE: F

I am not 100% sure but they used to rely wholly on river water, then when they needed to implement fluoridation they decided to blend it with a bore that was high in naturally occurring fluoride however I think it was also high in other things – maybe salts – we need to investigate – and it was doing damage to people’s air conditioning systems. The Council decision to stop blending does not even mention fluoride (see page 8 of <http://www.longreach.qld.gov.au/documents/40185809/40262663/2014-01-16%20Ordinary%20Meeting%20Minutes.pdf>)

s.73 at a conference today and was speaking to their engineer which is how we have heard.

s.73  
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**From:**s.73  
**Sent:** Thursday, 1 May 2014 1:43 PM  
**To:**s.73  
**Subject:** RE: F

Yes, tomorrow is fine. What was the situation with Longreach? Was the fluoridated bore water too concentrated, so they diluted it with the river water?

Regards,  
s.73

**From:** s.73  
**Sent:** Thursday, 1 May 2014 1:26 PM  
**To:** s.73  
**Subject:** RE: F

Hello s.73

Is tomorrow ok?

Also FYI we have found out (in the last hour) that Longreach turned off in January – they were blending fluoridated bore water with river water but the bore water was damaging people’s air conditioners apparently so they decided to cease blending.

s.73

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**From:** s.47(3)(f)  
**Se** ay 2014 12:42 PM  
**To:** s.73  
**Subject:** F

Hi s.73 can you please send me the current list of which councils are fluoridating and which are not? I've been asked to write an article on the current situation for the ADAQ newsletter. Are we still at around 79% of the state with access to fluoridated water? In practice, not all of those will be actually drinking fluoridated water, but it's still pretty good.

s.73, Sch.  
3(10)(5)(b)



Public potable water supplier	Fluoridated supplies	Comment
Aurukun Shire Council	Aurukun	Under construction
Balonne Shire Council	No	
Banana Shire Council	Biloela	Commenced w/c 05/05/2014
	Moura	Commenced w/c 05/05/2014
Barcardine Regional Council	No	
Barcoo Shire Council	No	
Blackall-Tambo Regional Council	No	
Boulia Shire Council	No	
Brisbane City Council	SEQ Water Grid	Commenced 2008/2009
Bulloo Shire Council	No	
Bundaberg Regional Council	No	
Burdekin Shire Council	No	
Burke Shire Council	No	
Cairns Regional Council	No	Behana Creek - 30/01/2013 Council decision to cease fluoridation - stranded asset
		Freshwater Creek Tunnel Hill - 30/01/2013 Council decision to cease fluoridation - stranded asset
		Frenchmans Creek - 30/01/2013 Council decision to cease fluoridation - stranded asset
		Mossman - 30/01/2013 Council decision to cease fluoridation - stranded asset
		Whyanbeel - 30/01/2013 Council decision to cease fluoridation - stranded asset
Carpentaria Shire Council	Normanton	Blending prior to 2008, levels increased to regulated levels in 2011
Cassowary Coast Regional Council	No	Innisfail - not commissioned - stranded asset
Central Highlands Regional Council	Blackwater	Commenced 14/11/2011
	Opal St	Commenced 14/11/2011
	Rubyvale - Sapphire	Commenced 7/12/2011
	Tieri	Commenced 8/12/2011
Charters Towers Regional Council	No	
Cherbourg Aboriginal Shire Council	No	Cherbourg ceased - advised 23/05/2013, date of Council decision unknown - stranded asset
Cloncurry Shire Council	No	
Cook Shire Council	Annan River	Commenced 29/06/2010
Croydon Shire Council	No	
Diamantina Shire Council	No	
Doomadgee Aboriginal Shire Council	No	Doomadgee - 04/02/2013 Council decision to cease - stranded asset
Douglas Shire Council	No	
Etheridge Shire Council	No	
Flinders Shire Council	Hughenden	Commenced 18/03/2014
Fraser Coast Regional Council	No	Burgowan - 20/02/2013 Council decision to cease - stranded asset
		Howard - 20/02/2013 Council decision to cease - stranded asset
		Teddington - 20/02/2013 Council decision to cease - stranded asset
Gladstone Regional Council	Gladstone	Commenced 1/11/2009
	Yarwun	Commenced 5/11/2009
Gold Coast City Council	SEQ Water Grid	Commenced 2004/2009
Goondiwindi Regional Council	Goondiwindi	Commenced 21/12/2011
Gympie Regional Council	Gympie	Commenced 25/01/2011
	Tin Can Bay/Cooloola	Commenced 26/01/2011
Hinchinbrook Shire Council	Forrest Beach	Commenced 24/07/2013
	Halifax	Commenced 27/07/2013
	Ingham Depot	Commenced 14/10/2013
	Ingham Pumping Station	Commenced 25/07/2013
	Macknade	Commenced 09/08/2013
Hope Vale Aboriginal Shire Council	No	
Ipswich City Council	SEQ Water Grid	Commenced 2008/2009
Isaac Regional Council	Moranbah	Commenced 1971
Kowanyama Aboriginal Shire Council	Kowanyama	High naturally occurring fluoride
Livingstone Shire Council	No	
Lockhart River Aboriginal Shire	No	
Lockyer Valley Regional Council	SEQ Water Grid	Commenced 2008/2009
Logan City Council	SEQ Water Grid	Commenced 2008/2009
Longreach Regional Council	No	Longreach - ceased 01/2014 - stranded blending asset
Mackay Regional Council	Nebo Road	Commenced 17/12/2009
	Mt Blarney	Commenced 24/02/2011
	Northern Beaches	Commenced 24/02/2011
	Marian	Under construction
Mapoon Aboriginal Shire Council	No	
Maranoa Regional Council	No	
Mareeba Shire Council	No	
McKinlay Shire Council	Julia Creek	High naturally occurring fluoride
	Kyuna	
	McKinlay	
	Nelia	
Moreton Bay Regional Council	SEQ Water Grid	Commenced 2008/2009
Mornington Shire Council	No	
Mount Isa City Council	No	Mt Isa - not commissioned - stranded asset
Murweh Shire Council	No	
Napranum Aboriginal Shire Council	No	
Noosa Shire Council	SEQ Water Grid	Commenced 2008/2009
North Burnett Regional Council	No	Gayndah - ceased 15/01/2013 - stranded asset
		Monto - ceased 15/01/2013 - stranded asset
		Mundubbera - ceased 15/01/2013 - stranded asset
Northern Peninsula Area Regional Council	No	Bamaga - ceased 03/2011 - stranded asset
Palm Island Aboriginal Shire Council	No	Plant awaiting repair
Paroo Shire Council	No	
Porpuraaw Aboriginal Shire Council	No	
Quilpie Shire Council	Quilpie	High naturally occurring fluoride
Redland City Council	SEQ Water Grid	Commenced 2008/2009
Richmond Shire Council	No	
Rockhampton Regional Council	No	Glenmore - ceased 14/05/2013 - stranded asset
		Mount Morgan - ceased 14/05/2013 - stranded asset
		Woodbury - ceased 14/05/2013 - stranded asset
Scenic Rim Regional Council	SEQ Water Grid	Commenced 2008/2009
Somerset Regional Council	SEQ Water Grid	Commenced 2008/2009
South Burnett Regional Council	No	Blackbutt - ceased 16/01/2013 - stranded asset
		Gordonbrook - ceased 16/01/2013 - stranded asset
		Murgon - ceased 16/01/2013 - stranded asset
		Nanango - ceased 16/01/2013 - stranded asset
		Wondai - ceased 16/01/2013 - stranded asset

Southern Downs Regional Council	Stanthorpe	Commenced 18/04/2011	
	Warwick	Commenced 18/04/2011	
Sunshine Coast Regional Council	SEQ Water Grid	Commenced 2008/2009	
Tablelands Regional Council	No	Kuranda - asset built never commissioned - stranded asset	
		Malanda - asset built never commissioned - stranded asset	
Toowoomba Regional Council	Mt Kynoch	Commenced 31/03/2010	
	Highfields	Commenced 30/07/2012	
Torres Shire Council	No	Torres - not currently operating - intent unknown - stranded asset?	
Torres Strait Island Regional Council	No		
Townsville City Council	Douglas	Commenced 1964	
	Northern WTP	Commenced 10/05/2011	
Weipa Town	No		
Western Downs Regional Council	Chinchilla	Commenced 29/12/2011	
	Dalby	Commenced 1996	
	Miles	Commenced 10/11/2011	
Whitsunday Regional Council	No	Proserpine to Bowen WTP - asset built never commissioned - stranded asset	
		Proserpine - asset built never commissioned - stranded asset	
Winton Shire Council	No		
Woorabinda Aboriginal Shire Council	No		
Wujal Wujal Aboriginal Shire Council	No		
Yarrabah Aboriginal Shire Council	Yarrabah	Yarrabah - not currently operating - stranded asset?	

RTI RELEASES

Pages 74 through 94 redacted for the following reasons:

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Nonpublication under s.78(b), copyright applies

RTI RELEASE

DOH-DL 14/15-001

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**From:** s.73  
**Sent:** Monday, 16 June 2014 2:21 PM  
**To:** s.73  
**Subject:** RE: ADAQ paper  
**Attachments:** ADAQ F.docx

Hi s.73 article attached.

Have you seen the Tony Robinson Walking Through History programs on SBS? Wonderful shows where Tony walks for a few days in different parts of the UK and talks about the history of the area. So far we've seen walks through the Lake District, the Scottish border area and Lindisfarne, Salisbury, The Wigan Pier to Liverpool Canal, and on the weekend we saw him walking through north Norfolk <http://www.channel4.com/programmes/walking-through-history/articles/all/north-norfolk> They're wonderful programs!

Regards,  
Michael

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**From:** s.73  
**Sent:** Monday, 16 June 2014 1:49 PM  
**To:** s.73  
**Subject:** ADAQ paper

Hello s.73

I hope you are well. We were just wondering if you were able to forward a copy of the recent fluoridation status paper you did for ADAQ?

s.73

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In early 2008, the Bligh government lifted Queensland from the dental dark ages by mandating fluoridation in towns and cities with populations over 1,000. Few exemptions were allowed. Opposition Liberal and National Party MPs supported the legislation, and a massive statewide water fluoridation program was gradually implemented. By 2012, almost 90% of Queenslanders had access to fluoridated drinking water.

The Newman Government's surprise amendments to the legislation in November 2012 removed the mandatory element of the Bligh legislation, and once again placed decision making on fluoridation back in the hands of local councils. Councils are now required to make a decision "in the best interests of the community", although "best interests" is not defined.

Eighteen councils voted against water fluoridation, and different reasons were given. In a small number of towns, fluoridation was difficult to implement because of multiple water sources. A few towns have no water treatment plant, and rely on untreated bore water. Despite the proven cost-benefits of fluoridation, some councils balked at the expense, as under both the Bligh and Newman governments' legislation, councils pay ongoing chemical, maintenance and staffing costs. Other councils based their rejection of water fluoridation on perfunctory internet searches, ill-informed views of individual councillors, and intense lobbying from anti-fluoridation fringe groups. Most saw no need to obtain expert opinions from the Australian Dental Association, Australian Medical Association or Queensland Health, despite being urged to do so by Queensland's Chief Health Officer.

So, what is the current state of play in Queensland regarding fluoridation? Around 79% of Queenslanders still have access to fluoridated water, including all of southeast Queensland - Gympie and the Sunshine Coast, Brisbane, the Gold Coast, Scenic Rim, Toowoomba, the Southern Downs and Western Downs. Other fluoridated towns and cities include Gladstone, Biloela, the Central Highlands, Mackay, Townsville, Ingham, Normanton, Hughenden, Cooktown, Goondiwindi and Moranbah. A few remote towns, including Julia Creek, Quilpie, and Kowanyama are naturally fluoridated.

The remainder of Queensland, including the major population centres of Cairns and the Atherton Tablelands, Mount Isa, Rockhampton, Bundaberg, Maryborough and Hervey Bay, is not fluoridated. Other than Kowanyama, no indigenous communities have fluoridated water supplies, although a fluoridation plant at Aurukun is being constructed, and the plant on Palm Island is being repaired.

While 79% of the state being fluoridated is still a vast improvement on the less than 5% in 2007, it is far from ideal, and well below the percentages in other states. Around half a million Queenslanders are still denied the proven benefits of water fluoridation. Councils that have rejected fluoridation since the November 2012 legislative amendments are unlikely to recommence fluoridation in the near future, since the State

Government's commitment to fund the capital costs for fluoridation plants expires at the end of June 2014. On the other hand, many councils that voted to retain fluoridation could very easily reverse those decisions. For example, the Toowoomba Regional Council only narrowly voted 6-5 to retain fluoridation, and Gladstone Regional Council 4-3. Dentists and other health professionals cannot afford to be complacent.

Under the new legislation, councils' rights to cease fluoridation must be acknowledged, but it is difficult to imagine how the "best interests" of the people of Cairns, Rockhampton, Bundaberg, Maryborough, Hervey Bay and other councils which have rejected water fluoridation can be any different to the best interests of the great majority of Queenslanders who still enjoy the benefits of water fluoridation.

A major 2012 review of fluoridation studies from 1990-2010 found 59 studies from around the world, including 13 from Australia. All 59 studies found significant reductions in childhood caries experience. Most fluoridation studies are conducted on children, but a large 2013 study based on Australia's National Survey of Adult Oral Health 2004-06 also confirmed significant reductions in caries experience for adults drinking fluoridated water. Water fluoridation will therefore benefit all people in the community, not just children.

Most importantly, all federal, state and territory Health Departments have endorsed the safety of community water fluoridation. Leading Australian health and scientific authorities have repeatedly rejected the ignorant scaremongering and misinformation from anti-fluoridation fringe groups. The US-based Centers for Disease Control rightly describes water fluoridation as one of the ten great public health achievements of the 20<sup>th</sup> century.

Within the near future, public health experts expect to see strong evidence that water fluoridation has already started to reduce caries levels in Queensland. Congratulations to the many ADAQ members who have already lobbied in their own areas. All local, state and federal politicians, journalists and key local opinion leaders have dentists. I urge all ADAQ members to promote the significant health, financial and social benefits of water fluoridation, insist that as many Queenslanders as possible have the opportunity to drink fluoridated water, and thank local leaders who have supported water fluoridation in their communities.



---

**From:** WaterQuality  
**Sent:** Tuesday, 4 March 2014 4:06 PM  
**To:** HProtSD\_dchocorro  
**Subject:** FW: DUE TODAY: NHMRC Agenda Papers  
**Attachments:** 0\_199\_agenda\_final.pdf; 15\_att\_a\_-\_fluoride\_-\_nhmrc\_webpage.pdf; 15\_fluoride\_agenda\_paper.pdf; 24\_att\_b\_-\_older\_than\_5\_years\_of\_age\_.pdf; 24\_standing\_report\_status\_of\_guidelines\_cp\_and\_ph\_.pdf

**Importance:** High

Good Afternoon <sup>s.73</sup>

Response from Water (with additional paper added)

Agenda Paper 15 - Fluoride

- QLD has no issues

s.73

s.73

Senior Environmental Health Officer  
Water Team  
Health Protection Unit  
Chief Health Officer Branch

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**From:** HProtSD\_dchocorro  
**Sent:** Tuesday, 4 30 PM  
**To:** WaterQuality; s.73 MRQ  
**Subject:** DUE TODAY: NHMRC Agenda Papers  
**Importance:** High

Good Afternoon

Your urgent assistance please:

For **Agenda Item 15** – see attached documents on fluoride.

s.73

See instructions from s.73 below.

Please consider and provide responses (as per highlight) to the following NHMRC items:

s.73

Please provide comment, including any issues for Queensland, when the Agenda item is requesting for Member (s.73) Advice under the Proposed Resolution section (on the last page of each item) eg. "We recommend the Member advises she is happy to progress with public consultation".

NB: Agenda Items requesting for the Member to NOTE the item under the Proposed Resolution section (on last page of each Item) only require comment if Queensland does not agree with the position otherwise a "QLD has no issues" response is perfect.

Response by email is fine. I will provide a running sheet to s.73 and will format it here.

**Please immediately let me know if any of these items do not belong to you.**

Please call me if you have any questions in relation to this request which is due for response to the CHO CHO email account by 3 March 2014.

Regards

s.73

r  
Office of the Chief Health Officer  
Health Service & Clinical Innovation Division  
Department of Health

Phone  
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## COUNCIL

199<sup>th</sup> Session

6 March 2014

### Fluoridation of Drinking Water Update

#### For Noting

#### Background:

In 2007 NHMRC released a Public Statement on *The Efficacy and Safety of Fluoridation* (the Public Statement). In this statement, NHMRC recommends that the “fluoridation of drinking water remains the most effective and socially equitable means of achieving community-wide exposure to the caries prevention effects of fluoride. It is recommended that water be fluoridated in the target range of 0.6 to 1.1 mg/L, depending on climate, to balance reduction of dental caries and occurrence of dental fluorosis.”

This statement is underpinned by the *Systematic Review of the Efficacy and Safety of Fluoridation* (NHMRC, 2007) which provides a detailed analysis of the scientific literature from 1996 to December 2006. The review considered the evidence relating to the efficacy and safety of fluoride interventions, with emphasis upon those able to be delivered as a widespread public health initiative such as: the addition of fluoride to water, milk and salt; and the use of topical fluoride agents (toothpaste, gel, varnish and mouth rinse). The review also examined the additional sources of fluoride in the environment which occur naturally or as a result of industrial processes. Whilst environmental exposure is a relevant inadvertent source of fluoride, the extent of exposure to the individual in Australia is trivial relative to the extent of exposure from intentional supplementation.

#### Discussion:

##### Community concern

There is ongoing community concern and media attention regarding the fluoridation of drinking water as a public health initiative to reduce dental caries. Concern is focused on the possible neurotoxic effects of fluoride, where there is debate on the level of exposure at which effects in children are seen.

##### Jurisdictional changes

The use of fluoride in water is controlled by state and territory legislation and regulations, and local regulations. While Queensland had previously mandated the fluoridation of water supplies across the state, legislative changes in late 2012 allowed local governments to decide whether to fluoridate water supplies. A number of local councils in Queensland have since

ceased fluoridation activities in their areas. Recently, two NSW shire councils have also considered reversing fluoridation of their water supplies.

### **Expert meeting**

On 20 June 2013, the Office of NHMRC (ONHMRC) hosted an expert meeting involving jurisdictional representatives and key experts to discuss the need to update the evidence on the harms and benefits of fluoridation to ensure the Australian community is receiving the best available advice from NHMRC.

At this meeting it was agreed that NHMRC's 2007 advice is still supported by the body of evidence but an update was recommended to ensure currency as well as consider the increasing consumption of non-fluoridated hydration, ethical and/or social equity issues, cost/benefit analyses and relevance to the Australian context.

### **Advice from the Council of NHMRC**

At its meeting on the 21 June 2013, Council Members reaffirmed the recommendation in the 2007 statement and agreed to release a paragraph on the NHMRC website that reaffirmed Council's support of the 2007 Public Statement. The website has been updated (Attachment A).

Council also recommended that ONHMRC update the body of evidence to include more recent studies and assess their relevance in the Australian context, subject to the identification of funding.

On 21 November 2013, Council noted advice from the CEO that funding is not available from the MREA, and from the Commonwealth Department of Health, that in the current fiscal environment it would be prudent for NHMRC to seek another source of funding. It was recommended that ONHMRC write to State and Territory Chief Health Officers seeking funding for further work on fluoridation.

### **Current Status:**

ONHMRC has recently written to the jurisdictional health departments seeking funding to undertake this project. At the time of writing, ONHMRC has received favourable feedback from the health departments of NSW, ACT, Northern Territory, Tasmania and Victoria. The Queensland Department of Health has declined to offer any funds, and ONHMRC awaits feedback from South Australian and Western Australian health departments.

ONHMRC also awaits advice from the Commonwealth Department of Health regarding the potential to work in partnership with NHMRC to update the public statement through the *National Oral Health Promotion Plan*. These discussions have been delayed due to the change of Government.

Pending funding, ONHMRC will consider establishing a Fluoride Reference Group and subsequent update of the 2007 literature review and public statement to inform the Australian Community on the harms and/or benefits of fluoridation. This work would fall under section 7 (1) (a) of the NHMRC Act 1992, to inquire into matters relating to the improvement of health and the prevention of disease.

## Impacts on Aboriginal and Torres Strait Islander Health:

The expert meeting included representatives with experience in Indigenous health and the fluoridation of water supplies in remote Indigenous communities. Such expertise will be further sought in the establishment of a Fluoride Reference Group and considered in any potential update.

## Consumer Engagement:

As with other population wide public health interventions and the ethical concerns associated with these, it is important to take into account both the strength of the evidence for the initiative and public understanding. As such, a consumer representative from the Consumers Health Forum of Australia participated in the expert meeting and consumer representatives will be sought in the establishment of a Fluoride Reference Group. This will include those opposed to fluoridation, to enable representation of all views.

## Proposed Resolution:

That Council **NOTE** the update provided on NHMRC's advice on the fluoridation of drinking water.

## Attachments:

### A. NHMRC's current webpage on fluoridation

Executive Dire s.73

Contact officer:s.73

Phone: 02 6217

Date cleared: 3 February 2014

Consultations: Council of NHMRC, Prevention and Community Health Committee, Commonwealth Department of Health, State and territory jurisdictions, key experts

Identify any known disclosed interests: Nil



Australian Government  
National Health and Medical Research Council

NHMRC

## NHMRC Public Statement: Efficacy and Safety of Fluoridation

### Summary information

**Publishing date:** 2007

**Status:** Current

**Reference number:** EH41

**Available in print:** Yes

**Order this publication:** [health@nationalmailing.com.au](mailto:health@nationalmailing.com.au)

**Further information:** [nhmrc.publications@nhmrc.gov.au](mailto:nhmrc.publications@nhmrc.gov.au)

### Synopsis

The aim of a 2007 NHMRC systematic review of fluoride and health was to synthesise high level evidence in relation to the efficacy and safety of different forms of fluoridation, with emphasis on those able to be delivered as a widespread public health initiative. Methods of fluoride delivery reviewed were water, milk, salt and topical agents such as toothpaste and gels, though the evidence for water fluoridation is the most extensive.

[NHMRC Public Statement: The Efficacy and Safety of Fluoridation 2007](#)

### 2013 Council consideration regarding the status of the Public Statement

NHMRC Council considered the NHMRC Public Statement on The Efficacy and Safety of Fluoridation at its meeting on 21 June 2013. Council reaffirmed its position that “Fluoridation of drinking water remains the most effective and socially equitable means of achieving community-wide exposure to the caries prevention effects of fluoride. It is recommended that water be fluoridated in the target range of 0.6 to 1.1 mg/L, depending on climate, to balance reduction of dental caries and occurrence of dental fluorosis”.

Council recommended that the Office of the NHMRC update the body of evidence to include more recent studies and assess their relevance in the Australian context.

This follows advice received from an Expert Meeting held on 20 June 2013 on water fluoridation, which included jurisdictional representatives and a range of technical experts.

### Additional resources

- [A Systematic Review of the Efficacy and Safety of Fluoridation Part A \(PDF, 1.66MB\)](#)
- [A Systematic Review of the Efficacy and Safety of Fluoridation Part B \(PDF, 1.43MB\)](#)



Pages 104 through 105 redacted for the following reasons:

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Out of scope

RTI RELEASE

DOH-DL 14/15-001

**From:** s.73 @nhmrc.go v.au>  
**To:** s.73@health.qld.gov.au" < s.73 @hea  
**CC:** "cho\_cho@health.qld.gov.au" <cho\_cho@health.qld.gov.au>, s.73  
**Date:** 18/09/2013 10:54 pm  
**Subject:** Fluoridation: NHMRC Official Statement [SEC=UNCLASSIFIED]

SEC=UNCLASSIFIED

Dear Colleagues

Thank you for considering the statement proposed by the Council of NHMRC and indicating your satisfaction with this. As a result of considering comments received, the official statement below now excludes any reference to funding and/or resource identification.

Statement by the Council of NHMRC (as endorsed by the Jurisdictions)

NHMRC Council considered the NHMRC Public Statement on The Efficacy and Safety of Fluoridation at its meeting on 21 June 2013. Council reaffirmed its position that "Fluoridation of drinking water remains the most effective and socially equitable means of achieving community-wide exposure to the caries prevention effects of fluoride. It is recommended that water be fluoridated in the target range of 0.6 to 1.1 mg/L, depending on climate, to balance reduction of dental caries and occurrence of dental fluorosis".

Council recommended that the Office of the NHMRC update the body of evidence to include more recent studies and assess their relevance in the Australian context.

This follows advice received from an Expert Meeting held on 20 June 2013 on water fluoridation, which included jurisdictional representatives and a range of technical experts.

At this stage, NHMRC is not planning on releasing a media statement and will need to discuss such a release with the Commonwealth Department of Health and Ageing (DoHA).

The recommendation from Council, whilst reaffirming the 2007 advice, was to undertake an update subject to the identification of funding. As discussed in-confidence at the Expert Meeting on 20 June 2013, there may be potential for DoHA and NHMRC to work in partnership on this update (co-funding and co-branding) through the National Oral Health Promotion Plan (NOHPP). Although allocated funding under the 2012-13 Federal Budget, the NOHPP has yet to be approved by the new Minister for Health. Given this, the Expert Meeting outcomes are being retained for office use only at this time and NHMRC is waiting for further advice on the NOHPP before it makes any statement about its fluoridation work.

In addition to the statement by the Council of NHMRC, if you require wording in the meantime which can be used in the public space to support water fluoridation, the Office of NHMRC recommends the following:

NHMRC reviewed the quality available evidence in 2007 and subsequently recommends a target fluoride concentration between 0.6 and 1.1 mg/L in Australian water supplies, depending on climate, to reduce dental caries. On 21 June 2013, the Council of NHMRC reaffirmed the 2007 Public Statement on fluoridation of drinking water.

The 2007 Public Statement found that water fluoridation is safe. The only potential harm associated with water fluoridation is dental fluorosis, and this can be minimised by the careful regulation of the concentration of fluoride in fluoridated water within the above target range. NHMRC's review found no other evidence of harm to human health.

In the event of a future media release or progression of any possible review, NHMRC would certainly consult with all jurisdictions on this.

Kind regards,

s.73

Executive Director  
Research Translation - Portfolio 1  
National Health & Medical Research Council

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DG 072835

ODG DATE RECEIVED 2 JAN 2014

Previous/related .....

INVITATION

DG delegated to.....

Comments .....

.....

.....

Acknowledgement letter completed

ACTION OFFICER 918CZ

COPY PROVIDED TO .....

REPLY FOR DG'S SIGNATURE REQUIRED

due (to DG Corro) 21/1/2014

briefing note also required

ACTION DIRECT\*

direct action required by ...../...../.....

DG Corro to be advised of completion of action -

Copy of response (letter or email) required

NRR - (No response required - for information only)

COMMENTS .....

.....

.....

\*Nomination of an item as 'action direct' requires the actioning area to determine whether a response is required. The actioning area is also responsible for determining who the appropriate signatory of the response should be.



s.73  
Director-General  
Queensland Health  
GPO Box 48  
BRISBANE QLD 4011

Dear s.73

In 2007, after undertaking a systematic review of the literature on the health effects of fluoridation, the National Health and Medical Research Council (NHMRC) published the *NHMRC Public Statement on The Efficacy and Safety of Fluoridation*. As with many Public Statements and Guidelines, NHMRC periodically reviews the content to ensure that the information is based on current evidence.

As you may be aware, we have consulted with Council and relevant experts to review the validity of the 2007 Public Statement and have reaffirmed our position that *"Fluoridation of drinking water remains the most effective and socially equitable means of achieving community wide exposure to the caries prevention effects of fluoride. It is recommended that water be fluoridated in the target range of 0.6 to 1.1mg/l, depending on the climate, to balance reduction of dental caries and occurrence of dental fluorosis"*.

However as the evidence that underpins this publication was reviewed in 2007, Council recommended updating the body of evidence via a systematic review to include more recent studies and assess their relevance to the Australian context.

The Council of NHMRC discussed this at the November 2013 meeting, where the Commonwealth Chief Medical Officer encouraged jurisdictions to consider contributing funds. I am strongly supportive of undertaking this work, if funds can be found. Unfortunately, the NHMRC Medical Research Endowment Account, which represents the annual Budget appropriation to NHMRC by the Australian Government, can only be used to fund research activity and cannot be used to fund the work needed here. The State and Territory Chief Health Officers – Members of NHMRC Council, stated they would discuss this with their departments, given the significance of this issue for the jurisdictions in their role in ensuring quality drinking water.

As such I seek your support for this new review. In order to undertake this project, NHMRC would be seeking to obtain funding from jurisdictions to an amount approximating \$200,000 and I invite you to consider a financial contribution to the expected project costs. One method



of estimating any contribution is to use the AHMAC cost-sharing formula, which for your State/Territory would be approximately \$40,000.

I look forward to your consideration in by Friday 24 January 2014 to allow my office to start planning this project.

Yours sincerely

s.73

Chief Executive Officer  
NHMRC

14 December 2013

cc: s.73

Chief Health Officer QLD

RTI RELEASE



**NOTICE OF PERIOD OF NON-OPERATION**

**1. Water Supplier Details**

Name

Queensland Bulk Water Supply Authority T/A Seawater

ABN/ACN

75450239876

Service Provider ID

SP507

Principal contact

Family Name

s.73

Given Name/s

Position

A/Principal Drinking Water Quality

Street address

117 Brisbane Street Ipswich

Post Code 4305

Postal address (if different to above)

PO BOX 16146 City East

Post code 4002

Phone

07 5656 3324

Fax

07 5656 3322

s.73

Mobile

Email

Daniel.Healy@seqwater.com.au

**2. Details of period of non-operation**

Period of non-operation

7 April 2014 to 5 May 2014

Name and location of treatment plant

Kilcoy WTP, Seib Street, Kilcoy

Reasons for non-operation

The new Kilcoy WTP has commenced operations and the existing treatment plants at Kilcoy have been taken offline. The fluoridation system at the new WTP is still undergoing commissioning and electrical work. The period of non-operation is expected to exceed the 14 days upon which this notice is required by an additional two weeks.

Action taken to remedy matter

The contractor and Seqwater's Process Improvement Specialists are committed to completing the proposed work no later than 5 May by when the fluoridation system is expected to be fully operational.

Attach additional information if necessary

Signature of Principal Contact

s.73

Date

8 April 2014

Submit this notice to Chief Executive Officer, Queensland Health, PO Box 2388, Fortitude Valley BC, 4006



---

**From:** s.73  
**Sent:** Thursday, 17 April 2014 3:38 PM  
**To:** fluoride@dsdip.qld.gov.au  
**Subject:** QFCAP commencement date

Hello <sup>s.73</sup>

Just a quick query, please could you advise when QFCAP first became available. If you haven't got the date to hand could you let me know Tuesday? Month/Year is fine.

Hope you both have a relaxing Easter break.

Kind regards

<sup>s.73</sup>  
Senior Environmental Health Officer – Water Program  
Health Protection Unit | Chief Health Officer Branch | Health Services and Clinical Innovation Division  
Department of Health | Queensland Government  
Level 1, 15 Butterfield Street | Herston  
PO Box 2368 | Fortitude Valley BC | QLD 4006  
t.  
e.<sup>s.73</sup> [@health.qld.gov.au](mailto:fluoride@dsdip.qld.gov.au) | [www.health.qld.gov.au](http://www.health.qld.gov.au)



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Empower people



Queensland  
Government

Great state. Great opportunity.

Page 113 redacted for the following reason:

-----  
s.37(3)(d) Deferred access

RTI RELEASE

**From:** s.73 ehp.qld.gov.au>  
**Sent:** Thursday, 22 May 2014 4:43 PM  
**To:** s.73  
**Subject:** RE: Fluoride

Thanks s.73

Excellent, as usual

If its OK with you we'll copy your advice verbatim with the lead in to say that 'Advice from the Department of Health is that ....'

Regards

s.73

---

**From:** s.73 :Janet. s.73 ld.gov .au]  
**Sent:** Thursday, 22 May 2014 4:11 PM  
**To:** s.73  
**Cc:** ,s.73  
**Subject:** RE: Fluoride

Hi s.73

This is our standard response on the "toxic metals in fluoride from China":

Fluoridation chemicals used in Queensland are sourced from manufacturers who supply them for the purpose of water fluoridation. Although water suppliers may purchase their fluoridation chemicals from where they choose, the fluoridation chemicals used must comply with the requirement in the *Water Fluoridation Regulation 2008* (the Regulation) to not contain any impurities at levels that are likely to adversely affect public health. Furthermore, water suppliers who fluoridate are required, under the Regulation, to verify the level of impurities of fluoridation chemicals by obtaining a batch analysis certificate for each batch of fluoridation chemical obtained. If such a certificate cannot be obtained from the manufacturer, importer or supplier, the water supplier must have the fluoridation chemical analysed for impurities by an appropriately accredited laboratory prior to adding any to the drinking water supply. Guidelines specify that, like other water treatment chemicals, the addition of fluoride contribute no more than 10% of guideline value set for each impurity in the Australian Drinking Water Guidelines.

\*It's actually significantly less than 10% because the calculations assume a F concentration of 1mg/L, whereas the highest prescribed concentration in QLD is 0.8.

And a response on the environmental aspects, prepared by Michael Foley (Director, Brisbane Dental Hospital)

#### **Environmental impact of water fluoridation**

The World Health Organization in 2002 investigated the environmental aspects of fluoride and identified the main sources of fluoride pollution as being industry and mining; they did not consider water fluoridation to be a potential source of fluoride pollution. A 2005 letter from the World Health Organization to John Irving in NSW stated that "water fluoridation at recommended low concentrations is safe for the environment and is safe for human health as well". A 2004 article "Water Fluoridation and the Environment: Current Perspective in the United States" concluded that "Scientific evidence supports the fluoridation of public water supplies as safe for the environment and beneficial to people. Reports at the local, national and international levels have continued to support this most important public health measure. There appears to be no concern about the environmental aspects of water fluoridation among those experts who have investigated the matter. Furthermore, since the chemicals used for water fluoridation are co-products of the manufacture of phosphate fertilizers, and the raw material used is a natural resource (rocks excavated for their mineral content), water fluoridation could accurately be described as environmentally friendly, as it maximizes the use made of these resources, and reduces waste". A 2002 independent investigation in Washington state (USA) concluded, "fluoridation of the public drinking water will not negatively impact the

environment". The water supplies of every other Australian capital cities (and Townsville) have been fluoridated for around 40 years, with no adverse environmental effects being reported during that time.

Our team members who prepare most of our responses to fluoride think your draft is pretty good. They suggest you might also want to try

Victorian Department of Health's FAQ document. Page 25 of the document speaks to the impact of water fluoridation on the environment:

[http://docs.health.vic.gov.au/docs/doc/1985092C7386F622CA257AA90004CEE0/\\$FILE/HS986\\_fluor\\_Q&A\\_WEB.pdf](http://docs.health.vic.gov.au/docs/doc/1985092C7386F622CA257AA90004CEE0/$FILE/HS986_fluor_Q&A_WEB.pdf)

Alternatively, you may wish to the EU's Scientific Committee on Health and Environmental Risks (SCHER) report on fluoridation as it discusses the impact on the environment. The relevant section can be found here:

[http://ec.europa.eu/health/scientific\\_committees/opinions\\_layman/fluoridation/en/l-2/7.htm#0](http://ec.europa.eu/health/scientific_committees/opinions_layman/fluoridation/en/l-2/7.htm#0)

Hope this information is helpful.

Regards,

s.73

Advanced Env Health Scientist (Water)  
Water Quality Team, Health Protection Unit  
Chief Health Officer Branch  
Department of Health  
15 Butterfield Street, Herston Qld 4006

PO Box 2368  
Fortitude Valley BC 4006  
Phone: 07 3328 9346  
Fax: 07 3328 9354  
Out of hours number for Environmental Health: 1800 128 962

---

**From:** s.73 [hp.qld.gov.au](mailto:hp.qld.gov.au) ]

**Se** May 2014 4:54 PM

**To:** s.73

**Subject:** Fluoride

Hi s.73

This was the incoming:

1. In 1997 the Brisbane City Council conducted a Taskforce investigation on fluoridating Brisbane's drinking water, and obviously fluoridation was rejected at the time.
2. Part of the resulting report deals with the Environmental Impact Of Fluoride, Chapter 8 copy attached.
3. The Taskforce accepted Dr Miller's recommendation that further studies would be required. Page 67.

" The review recommended that experimental studies and other biological assessments should be conducted on sensitive plant and animal species that reflect the region's biodiversity, prior to any decision for the release of long-term additional fluoride into Brisbane's environment."

4. Seqwater has advised that over 362 Tonnes of fluoride chemicals (being toxic waste products containing toxic heavy metals from China ) was used in south east Queensland last financial year FY 12/13.

5. Humans ingest less than 1% of treated water and retain approx 50% in healthy adults and about 80% in healthy small children. People with kidney problems retain more over their lifetimes. See NHMRC website.

6. Therefore at least 99% of fluoride chemicals returns to the environment. A large percentage would find its way into Moreton Bay Marine Park.

7. Urban Utilities has advised that the fluoride concentrations of water exiting Sewage Treatment Plants are about the same as the fluoride concentrations of water entering the Plants.

Can the Qld State Government acknowledge all of the above facts 1 to 7, and answer the following questions A. B. C.

A. Has an Environmental Impact Study been carried out as advised?

B. If not , why not?

C. If not, will a Environmental Impact Study be carried out and when?

.....  
A possible answer is:

Fluoride is a natural element averaging 600 parts per million (ppm) by weight in rocks and soils of the Earth's crust. Accordingly, plant and animal life is naturally exposed to a level of fluoride in the environment. Natural seawater contains 1.3ppm fluoride, natural freshwaters typically contain in the range 0.01 to 0.3ppm and groundwaters can contain up to 35ppm Fluoride additions to drinking water aim to achieve at most about 1ppm fluoride. This is slightly less than what is typical for seawater, but more than what may be present in some natural freshwaters.

Many of our larger cities' sewage systems in Queensland are located near the coast and release treated sewage in to marine environments (e.g. estuaries or bays). In these cases, the above information suggests that the discharge of fluoride from sewage treatment plants at about the same level as the fluoride dosages in water supplies would not increase fluoride levels to above what already exists. Therefore, environmental problems are unlikely.

Look forward to your advice

s.73

3330 6057

P.S. Hello to s.73

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RTI RELEASE

s.73

**From:** s.73 ldwater.com.au>  
**Sent:** 4 1:43 PM  
**To:** s.73  
**Subject:** RE: Councillors hand fluoride decision to residents | Warwick Daily News

OK

I'll try to encourage them when we are there soon but as you know we tend to be talking to the converted.

---

**From:** s.73 <mailto:Grs.73@health.qld.gov.au>  
**Sent:** Friday, 2 May 2014 1:41 PM  
**To:** s.73  
**Subject:** RE: Councillors hand fluoride decision to residents | Warwick Daily News

s.73

Our media people are hopefully sorting out that Warwick Daily news issue. A little while back we offered (again) to go out to Warwick to brief Council on the benefits of fluoridated water but have not had a response.

s.73

s.73

Director  
Water Team  
Health Protection Unit  
Chief Health Officer Branch

---

Health Service and Clinical Innovation | **Department of Health**  
Level 1, 15 Butterfield Street, Herston, Brisbane, 4006 | PO Box 2368, Fortitude Valley, 4006

Phone: 07 3328 9345  
Mobiles: s.73  
Fax: 07 3328 9354  
Out of hours number for Environmental Health: 1200 128 962  
Email: s.73 [health.qld.gov.au](http://health.qld.gov.au)  
Visit us [www.health.qld.gov.au/ph/ehu/eh-science-regulation.asp](http://www.health.qld.gov.au/ph/ehu/eh-science-regulation.asp)



---

**From:** s.73 <mailto:Grs.73@health.qld.gov.au> ldwater.com.au]  
**Sent:** Friday, 2 May 2014 1:38 PM  
**To:** s.73  
**Subject:** RE: Councillors hand fluoride decision to residents | Warwick Daily News

Righto, I'll wait to here. I just got Alan s.73 version, had meetings in George St.

---

**From:** s.73 <mailto:Grs.73@health.qld.gov.au> ]  
**Sent:** F 2014 1:24 PM  
**To:** s.73  
**Subject:** RE: Councillors hand fluoride decision to residents | Warwick Daily News

s.73



Sure. I saw<sup>s.73</sup> today at a flood workshop organised by WaterRA, but had to leave early. I also missed the talk at Ozwater, so it would be good to catch up.

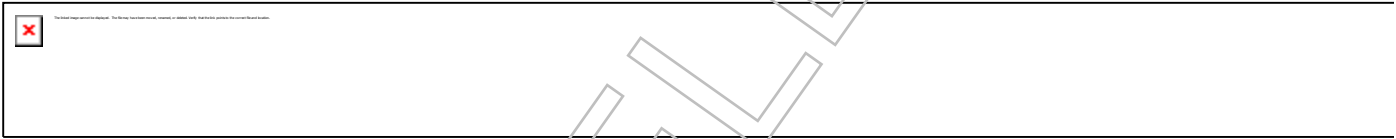
s.73

Director  
Water Team  
Health Protection Unit  
Chief Health Officer Branch

---

Health Service and Clinical Innovation | **Department of Health**  
Level 1, 15 Butterfield Street, Herston, Brisbane, 4006 | PO Box 2368, Fortitude Valley, 4006

Phone: 07 3328 9345  
Mobile<sup>s.73</sup>  
Fax: 07 3328 9354  
Out of Environmental Health: 1800 128 962  
Email:<sup>s.73</sup> [health.qld.gov.au](mailto:health.qld.gov.au)  
Visit us on the web at: [www.health.qld.gov.au/ph/ehu/eh-science-regulation.asp](http://www.health.qld.gov.au/ph/ehu/eh-science-regulation.asp)



---

**From:**<sup>s.73</sup> [mailto:<sup>s.73</sup> @qldwater.com.au](mailto:s.73@qldwater.com.au) ]  
**Sent:** Friday, 2 May 2014 1:03 PM  
**To:**<sup>s.73</sup>  
**Cc:**  
**Subject:** RE: Councillors hand fluoride decision to residents | Warwick Daily News

Righto

I've had suggestion through a couple of people that <sup>s.73</sup> is going to approach us to come and talk to one of our reference groups about the health based targets. Are you interested in being involved?

s.73

---

**From:**<sup>s.73</sup> [mailto:<sup>s.73</sup> @health.qld.gov.au](mailto:s.73@health.qld.gov.au) ]  
**Sent:** 2014 1:00 PM  
**To:**<sup>s.73</sup>  
**Subject:** RE: Councillors hand fluoride decision to residents | Warwick Daily News

s.73

Yes, we  
noted that.  
I guess it is  
just a  
poorly

formatted  
web page.  
We will  
look into it.

s.73

Director  
Water Team  
Health Protection Unit  
Chief Health Officer Branch

---

Health Service and Clinical Innovation | **Department of Health**  
Level 1, 15 Butterfield Street, Herston, Brisbane, 4006 | PO Box 2368, Fortitude Valley, 4006

Phone: 07 3328 9345  
Mobiles.73  
Fax: 07 3328 9354  
Out of hours number for Environmental Health: 1800 128 962

Email: s.73 @health.qld.gov.au

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Queensland Government

Great state. Great opportunity.

**From:** s.73 <mailto:s.73@health.qld.gov.au> [ [qldwater.com.au](http://qldwater.com.au) ]

**Sent:** Friday, 2 May 2014 12:39 PM

**To:** s.73

**Subject:** FW: Councillors hand fluoride decision to residents | Warwick Daily News

s.73

You may already be aware of this. I don't know if you want to take any steps to correct the "myth" but it might be a problem for you.

<http://www.warwickdailynews.com.au/news/survey-to-decide-fluoride-debate/2245081/>

s.73

\*\*\*\*\*

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\*\*\*\*\*

**From:** s.73  
**To:** \_\_\_\_\_  
**Cc:** \_\_\_\_\_  
**Subject:** \_\_\_\_\_  
**Date:** Friday, 27 June 2014 8:57:00 AM  
**Attachments:** [image007.png](#)

---

Hi s.73

Thank-you for providing this progress report on the actions arising from the last round of fluoridation audits undertaken by Queensland Health. We are pleased to note the progress made to date and look forward to the next progress report. As discussed, we ask that this next report be submitted by COB Friday 29<sup>th</sup> of August 2014.

Also, please note that, in due course, Public Health Unit staff will likely wish to undertake follow-up audits of the fluoride dosing facilities in question to verify progress and compliance.

Feel free to give me a call should you wish to discuss any of the above.

Regards,  
s.73

Senior Environmental Health Officer  
Water Team  
Health Protection Unit  
Chief Health Officer Branch

---

Health Service and Clinical Innovation | **Department of Health**  
Level 1, 15 Butterfield Street, Herston, Brisbane, 4006 | PO Box 2368, Fortitude Valley, 4006

t. 07 3328 9348

f. 54

e.s.73 [@health.qld.gov.au](mailto:s.73@health.qld.gov.au)

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---

**From:** s.73 [mailto:s.73@seqwater.com.au]  
**Sent:** June 2014  
**To:** s.73  
**Cc:** \_\_\_\_\_  
**Su**

Hi s.73

Please find attached our progress report for the Fluoridation systems audit actions. Can you please distribute this to the relevant staff in the Department of Health.

If you need anything further, I can be reached on the details below.

Thanks, s.73

s.73

Coordinator - DWQ Continuous Improvement



117 Brisbane Street, I  
p 24 | m s.73  
es.73 [@seqw](mailto:s.73@seqw)

305 | PO Box 16146, City East, QLD 4002  
| f (07) 3229 7926  
[www.seqwater.com.au](http://www.seqwater.com.au)

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**Our head office has moved to Ipswich.**

Please update your records to reflect our new office address:

117 Brisbane Street, Ipswich Queensland 4305

PO Box 16146, City East, Queensland 4002

Please email [reception@seqwater.com.au](mailto:reception@seqwater.com.au) for any enquiries.



RTI RELEASE

---

**From:** Fluoride  
**Sent:** Monday, 14 April 2014 9:22 AM  
**To:** s.73 health.qld.gov.au)  
**Subject:** FW: Seqwater - Response to the PHU fluoridation system audit recommendations  
**Attachments:** 20140411 - Seqwater - Letter - Response to QH Fluoridation Audits.pdf; 20140318 Fluoridation Audit Actions - Register.pdf

FYI

s.73

Senior Environmental Health Scientist – Water Program  
Health Protection Unit | Chief Health Officer Branch | Health Service and Clinical Innovation  
Department of Health | Queensland Government  
PO Box 2368  
Fortitude Valley BC QLD 4006  
t. 07 3328 9707  
e.s.73 [@health.qld.gov.au](mailto:s.73@health.qld.gov.au) | [www.health.qld.gov.au](http://www.health.qld.gov.au)

---

**From:** s.73 [ <mailto:s.73@seqwater.com.au> ]  
**Sent:** Friday, 11 April 2014 1:45 PM  
**To:** s.73  
**Cc:** s.73  
**Subject:** Seqwater - Response to the PHU fluoridation system audit recommendations

s.73

Please find attached our response to the recommendations from the Public Health Units' recent fluoridation system audits.

If you need anything further, I can be reached on the contact details below.

Regards,

s.73

Coordinator - DWQ Continuous Improvement



117 Brisbane Street, Ipswich, QLD, 4305 | PO Box 16146, City East, QLD 4002  
p (07) 5656 3324 | m s.73 | f (07) 3229 7926  
e s.73 [@seqwater.com.au](mailto:s.73@seqwater.com.au) | w [www.seqwater.com.au](http://www.seqwater.com.au)

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117 Brisbane Street, Ipswich Queensland 4305  
PO Box 16146, City East, Queensland 4002  
Please email [reception@seqwater.com.au](mailto:reception@seqwater.com.au) for any enquiries.



Our Ref: D14/45916

11 April 2014

s.73

Health Protection Unit  
PO Box 2368  
Fortitude Valley BC 4006

Dear <sup>s.73</sup>

**Re: Queensland Health Audits of Seqwater's Fluoridation Systems**

Seqwater participated in Queensland Health's Public Health Unit audits of its fluoridation systems during October – November 2013. Thank you for your report following these audits, which Seqwater received on 5 March 2014.

The audit report has been reviewed internally with relevant staff to develop actions which respond to the audit recommendations. Where further investigation is required, and as outlined in our action plan, Seqwater will conduct a combination of workshops and task relevant disciplines to review and respond to the issues raised.

In accordance with the requirements of the report, please find enclosed our response to the audit findings.

If any further information is required, I can be contacted on telephone 07 5656 3324.

Yours sincerely

s.73

ter Quality

# Queensland Health Fluoride Audit 2014

## Recommendations

### Recommendation No 1 specific to Mt Crosby WTPs

#### Issue Description

- a) Finalise and implement the recommendations from the design review of Mt Crosby fluoride dosing system to enhance control over the fluoridation process and ensure the dosing system is fully compliant with the requirements of the regulation and the code. When complete, deliver appropriate training and other resources as required informing all operations and maintenance staff of changes to the dosing system. Amend all documentation related to the O&M of the fluoride dosing system in accordance with the changes made to the dosing system.
- b) Give consideration to more frequent refresher training to O&M staff focussing on the operation of the automatic fluoride dosing system and relevant emergency response plans.
- c) Report on the longer term efficacy of works undertaken to rectify faults with the dust management system at Mt Crosby.

#### Recommendation 1 - Actions

The Mt Crosby incident investigation report covers these three issues. A detailed review of the Mt Crosby incident will be carried out and facilitated by an external resource. Details on the scope of work to be undertaken by this review include:

Action Description	Action status
<p>1. Incident Alert to be raised – investigation to be carried out with the nominated Team</p> <p>a. s.73 nominated as Incident Team.</p> <p>b. Phone hook-up to outline Issue and Scope</p> <p>c. Suggest the engagement of independent HAZOP facilitator – allow key personnel nominated to have their business risk hats on. Report to include ‘current state’ and ‘improvement plan’</p>	Complete



Action Description	Action status
<p>2. Collation of all data relevant to Fluoride system on site – Stage 1 and Current State.</p> <ul style="list-style-type: none"> <li>a. Plans, Procedures, P&amp;ID, PLC Code, etc.</li> <li>b. Maintenance Plans &amp; recent history of on-site maintenance actions.</li> <li>c. Site familiarisation.</li> </ul>	Underway/Partially completed
<p>3. Engagement of Facilitator</p> <ul style="list-style-type: none"> <li>a. Brief required including scope of workshop</li> <li>b. Funding (to be provided by AC&amp;S)</li> <li>c. Panel Engagement for Facilitator</li> </ul>	Complete
<p>4. HAZOP Workshop</p> <ul style="list-style-type: none"> <li>a. Estimated full day workshop – engagement of nominated list above §.73 to determine his participation along with §.73</li> <li>b. Location – Mt Crosby/Margaret St/Icon – if the team require an understanding of the system, perhaps this would be part of the prep works</li> <li>c. Report on Workshop by Facilitator outlining current state with recommendations for improvement – action plan including timelines &amp; responsibilities.</li> </ul>	Scheduled for 16 April 2014
<ul style="list-style-type: none"> <li>d. Business Case for Implementing recommendations</li> </ul>	To be determined



**Recommendation No 2 specific to Esk, Lowood, Kalbar & Mt Crosby WTPs**

**Issue Description**

- a) Harmonise critical limits detailed or set in SCADA, SOPs, & Emergency response. Once complete, communicate this information to relevant O&M and systems staff.
- b) Undertake a review to identify compliance with existing SOPs, particularly with respect to recording requirements.
- c) Ensure the procedure for taking external quality control samples at all sites complies with the requirements of the regulation.

**Recommendation 2 - Actions**

Action Description	Action status
a) The critical limit values in SCADA, SOPs including linkage to emergency response for Esk Lowood Kalbar & Mt Crosby is underway. This issue will be managed & documented via our internal Issue Management System Q Pulse Issue No 3263.	Review has commenced due to be complete 30 June 2014
b) An internal review of adherence to the recording requirements in underway. Q Pulse issue No 9 May 2014	Review has commenced due to be complete 9 May 2014
c) An internal audit will be undertaken reinforcing the method outlined in LAB-00181 this will be followed up with bi monthly review by our laboratory services team to ensure method is being followed.	Audit completed. Refresher training completed. Operators are now carrying out sampling in accordance with the Regulation S13(3).



**Recommendation No 3 applicable to ALL fluoride dosing facilities operated by Seqwater.**

**Issue Description**

- a) Investigate avenues for resolving difficulties with problematic online analyser probes whenever they occur.
- b) Develop a central, on site repository for records relating to work undertaken by third parties or maintenance staff. Ensure records created by maintenance crews and third parties are sufficiently comprehensive such that operations staff are fully aware of work undertaken on the dosing systems and the results of any checks undertaken.
- c) Identify and remedy administrative and organisational obstacles to implementing recommended corrective actions in a timely manner.
- d) Share audit findings and the recommendations detailed above with staff responsible for the operation of the fluoride dosing facilities across Seqwaters operations.

**Recommendation 3 - Actions**

Action Description	Action status
a) A detailed investigation into the reliability of the Fluoride Probes is under way, this includes a trial of alternative analysers running in parallel for comparative purposes to determine reliability of alternate probes.	Investigation underway. Trial of alternate analyser is underway at North Pine.
b) A review of the records located in our asset works module of CIS is being carried out to ensure third party records are appropriate especially in relation to any works carried out on the Fluoride dosing equipment.	Due to be completed 30 June 2014. Q Pulse Issue No 3263.
c) Review and report on the close out process for issue raised in our issue management system Q Pulse	A mechanism to ensure this occurs is in place provided corrective action are recorded in Q-Pulse (Issue No 3263).



Action Description	Action status
d) Develop a toolbox talk outlining any changes or improvements that have been made to the operation of the Fluoride dosing equipment in relation to these audit findings.	Consolidation of the outcomes outlined in response to these recommendations will be incorporated into a Tool box talk and distributed across operational teams. Expected date June 2014.

### Regulatory Compliance matters

The following actions have been developed in relation to the compliance matters raised in the audit findings:

Issue Description	Action Required	Target Date	Action status
a) Although the mixer in the mixing tank was not operational in the immediate lead up to the incident, the fluoride dosing system continued to dose.	Review interlocks in place and challenge test records	April 2014	Confirmed interlocks are in place for the motor. A review of a way to interlock the paddle on the mixing shaft is being considered in the HAZOP scheduled for 16 April 2014.
b) Operators at the Esk, Lowood, Kalbar and Mount Crosby water treatment plants took quality control samples in quick succession rather than taking one sample and splitting as per the requirements of S13(3) of the Regulation.	Review application of LAB-00181 at these sites. Conduct refresher training.	April 2014	Audit completed. Refresher training completed. Operators are now carrying out sampling in accordance with the regulation.



**From:** s.73  
**To:** \_\_\_\_\_  
**Cc:** \_\_\_\_\_  
**Subject:** FW: Fluoride audit action progress report  
**Date:** Friday, 20 June 2014 11:48:00 AM  
**Attachments:** [Letter - Department of Health - Fluoridation System Audit Actions - Progress \(signed AC\).pdf](#)  
[20140617 Fluoridation Audit Actions - Register - Final.pdf](#)  
[Appendix 1 Comparison of Fluoridation Limits in SOPs and SCADA Final.pdf](#)  
[image007.png](#)

Hi everyone,

Please see attached for a progress report from Seqwater regarding the status of the actions arising from the last round of fluoridation audits. For your reference, the audit actions register is categorised into four sections:

- Recommendations and actions specific to the Mt Crosby WTPs
- Recommendations and actions specific to the Esk, Lowood, Kalbar & Mt Crosby WTPs
- Recommendations and actions applicable to ALL fluoride dosing facilities operated by Seqwater
- Regulatory compliance matters

The Water Team is happy to continue coordinating communications between the PHUs and Seqwater on this particular matter, so don't hesitate to contact me should you have any questions or comments about the report that you would like conveyed to Seqwater.

Regards,  
s.73

Senior Environmental Health Officer  
Water Team  
Health Protection Unit  
Chief Health Officer Branch

Health Service and Clinical Innovation | **Department of Health**  
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Or number for Environmental Health: 1800 128 962

Visit us on the web at: [www.health.qld.gov.au/ph/eh/eh-science-regulation.asp](http://www.health.qld.gov.au/ph/eh/eh-science-regulation.asp)



**From:** s.73 [mailto:s.73@seqwater.com.au]  
**Sen**  
**To:** s.73  
**Cc:**  
**Subject:** Fluoride audit action progress report

Hi s.73

Please find attached our progress report for the Fluoridation systems audit actions. Can you please distribute this to the relevant staff in the Department of Health.

If you need anything further, I can be reached on the details below.

Thanks, s.73

s.73

Coordinator - DWQ Continuous Improvement





117 Brisbane Street, I  
p 24 | m s.73  
es.73 seqw

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| f (07) 3229 7926  
[www.seqwater.com.au](http://www.seqwater.com.au)

Please consider the environment before printing this email. It can take up to 13 litres of water to make one sheet of A4 paper.

## Our head office has moved to Ipswich.

Please update your records to reflect our new office address:

117 Brisbane Street, Ipswich Queensland 4305  
PO Box 16146, City East, Queensland 4002

Please email [reception@seqwater.com.au](mailto:reception@seqwater.com.au) for any enquiries.



RTI RELEASE

Our Ref: DWQ:20140619

19 June 2014

s.73

Executive Director  
Health Protection Unit  
PO Box 2368  
Fortitude Valley BC 4006

Dear<sup>s.73</sup>

**Re: Department of Health Fluoridation Systems Audits – Progress Report**

Seqwater participated in Queensland Health's Public Health Unit audits of its fluoridation systems during October – November 2013 and received the report on the audit findings on 5 March 2014.

Seqwater has made significant progress on completing the actions which address the findings in the audit report. In accordance with a request from the Public Health Units concerned, please find enclosed a progress report which provides detail on the status of these actions.

If you would like to meet to discuss our progress in response to these findings please advise, and we will arrange a meeting at your earliest convenience.

If any further information is required, please contact<sup>s.73</sup> Coordinator – Drinking Water Quality Continuous Improvement, telephone 07 5656 3324.

Yours sincerely

s.73

Manager Water Quality & Environment

# Queensland Health Fluoride Audit 2014 – Progress Report No. 1

## Recommendations

### Recommendation No 1 specific to Mt Crosby WTPs

#### Issue Description

- a) Finalise and implement the recommendations from the design review of Mt Crosby fluoride dosing system to enhance control over the fluoridation process and ensure the dosing system is fully compliant with the requirements of the regulation and the code. When complete, deliver appropriate training and other resources as required informing all operations and maintenance staff of changes to the dosing system. Amend all documentation related to the O&M of the fluoride dosing system in accordance with the changes made to the dosing system.
- b) Give consideration to more frequent refresher training to O&M staff focussing on the operation of the automatic fluoride dosing system and relevant emergency response plans.
- c) Report on the longer term efficacy of works undertaken to rectify faults with the dust management system at Mt Crosby.

#### Recommendation 1 - Actions

The Mt Crosby incident investigation report covers these three issues. A detailed review of the Mt Crosby incident will be carried out and facilitated by an external resource. Details on the scope of work to be undertaken by this review include:

Action outlined below is in response to Issues (a) & (c) above	Action status
<p>1. Incident Alert to be raised – investigation to be carried out with the nominated Team</p> <ul style="list-style-type: none"> <li>a. <i>Investigation to be carried out as In cident Team.</i></li> <li>b. Phone hook-up to outline Issue and Scope</li> <li>c. Suggest the engagement of independent HAZOP facilitator – allow key personnel nominated to have their business risk hats on. Report to include ‘current state’ and ‘improvement plan’</li> </ul>	<p><b>Complete</b> – A teleconference was held involving a multi-discipline incident team. Included:</p> <ul style="list-style-type: none"> <li>• An outline of the issue and scope of the detailed review of the Mt</li> </ul>



Action outlined below is in response to Issues (a) & (c) above	Action status
	<p>Crosby incident</p> <ul style="list-style-type: none"> <li>Engagement of an independent HAZOP facilitator</li> <li>Report to include 'current state' and 'improvement plan'</li> </ul>
<p>2. Collation of all data relevant to Fluoride system on site – Stage 1 and Current State.</p> <ol style="list-style-type: none"> <li>Plans, Procedures, P&amp;ID, PLC Code, etc.</li> <li>Maintenance Plans &amp; recent history of on-site maintenance actions.</li> <li>Site familiarisation.</li> </ol>	<p><b>Complete</b> – A workshop was held on 16 April 2014, facilitated by AECOM. The workshop report identified and prioritised improvements to the Mt Crosby system including:</p> <ul style="list-style-type: none"> <li>Improvements to the batching and service water system including operation, and interlocks</li> <li>O&amp;M Manual and SOP revisions</li> <li>Operator/Maintenance staff training</li> <li>Dust monitoring and extraction system improvements</li> </ul>
<p>3. Engagement of Facilitator</p> <ol style="list-style-type: none"> <li>Brief required including scope of workshop</li> <li>Funding (to be provided by AC&amp;S)</li> <li>Panel Engagement for Facilitator</li> </ol>	
<p>4. HAZOP Workshop</p> <ol style="list-style-type: none"> <li>Estimated full day workshop – engagement of nominated list above (R determine his participation along with Ya</li> <li>Location – Mt Crosby/Margaret St/Icon – if the team require an understanding of the system, perhaps this would be part of the prep works</li> <li>Report on Workshop by Facilitator outlining current state with recommendations for improvement – action plan including timelines &amp; responsibilities.</li> </ol>	
<ol style="list-style-type: none"> <li>Business Case for Implementing recommendations</li> </ol>	<p><b>Complete</b> – A business case has been prepared based on the recommendations of the HAZOP workshop and Mt Crosby ICAM investigation report. The business case was approved in May and the project is now in the procurement/design phase.</p>



Action outlined below is in response to Issues (a) & (c) above	Action status
	<p>Implementation and commissioning is due to be completed by 31 December 2014.</p> <p>The project upgrades the batching and service water system including operation and interlocks, and provides site-specific training.</p>

Action below is in response to issue (b) above	Action status
<p>a) Review current level of refresher training being delivered across Seqwater</p>	<p><b>In Progress</b> – the development of a revised refresher training package is underway, the delivery of this revised package will be carried out by September 2014 and will be included as a 2 year refresher in affected O&amp;M employees TNAs.</p>

**Recommendation No 2 specific to Esk, Lowood, Kalbar & Mt Crosby WTPs**

**Issue Description**

- a) Harmonise critical limits detailed or set in SCADA, SOPs, & Emergency response. Once complete, communicate this information to relevant O&M and systems staff.
- b) Undertake a review to identify compliance with existing SOPs, particularly with respect to recording requirements.
- c) Ensure the procedure for taking external quality control samples at all sites complies with the requirements of the regulation.

**Recommendation 2 - Actions**

Action Description	Action status
b) Harmonise critical limit values in SCADA, SOPs including linkage to emergency response for Esk, Lowood Kalbar & Mt Crosby. This issue will be managed & documented via our internal Issue Management System Q Pulse Issue No 3263.	<b>Complete</b> – A review involving multi-disciplined team is complete. The findings of this review are in Appendix 1.
c) An internal review of adherence to the recording requirements in underway. Q Pulse issue No 9 May 2014	<b>Complete</b> – A review by the Business Systems & Support team was completed on 9 May 2014. Generally, reporting was found to be performed well.  However a potential gap was identified with regards to ease of access to hardness records for those sites where water softening is required.



	<p>Therefore it was determined that laboratory data for hardness would be reported to Operations staff by exception reporting via the LIMs database, e.g. a email will be sent when an exceedance occurs.</p> <p>Additionally, both laboratory results &amp; maintenance records will be available to Operations staff within 48 hours by request through Scientific Services and Data Systems (SS&amp;DS) &amp; the CIS Maintenance management teams.</p>
<p>d) An internal audit will be undertaken reinforcing the method outlined in LAB-00181 this will be followed up with bi monthly review by our laboratory services team to ensure method is being followed.</p>	<p><b>Complete</b> – An audit and refresher training has been completed by the SS&amp;DS team. The procedure LAB-00181 complies with the sampling requirements in the Fluoride Code of Practice. Operators at Mt Crosby, Lowood, Esk, and Kalbar are now carrying out sampling in accordance with the Regulation S13(3) and LAB-00181. The ‘Refresher’ training package for the Operator Laboratory Techniques has been updated to include sampling method and the determination of fluoride by ISE.</p>



**Recommendation No 3 applicable to ALL fluoride dosing facilities operated by Seqwater.**

**Issue Description**

- a) Investigate avenues for resolving difficulties with problematic online analyser probes whenever they occur.
- b) Develop a central, on site repository for records relating to work undertaken by third parties or maintenance staff. Ensure records created by maintenance crews and third parties are sufficiently comprehensive such that operations staff are fully aware of work undertaken on the dosing systems and the results of any checks undertaken.
- c) Identify and remedy administrative and organisational obstacles to implementing recommended corrective actions in a timely manner.
- d) Share audit findings and the recommendations detailed above with staff responsible for the operation of the fluoride dosing facilities across Seqwaters operations.

**Recommendation 3 - Actions**

Action Description	Action status
<p>a) A detailed investigation into the reliability of the Fluoride Probes is underway, this includes a trial of alternative analysers running in parallel for comparative purposes to determine reliability of alternate probes.</p>	<p><b>Complete</b> – Asset Maintenance have found that a recent change of supplier for the probes has improved level of service now with local technical support available.</p> <p><b>Ongoing</b> – The Trial of alternate analyser along side the current analyser is underway at North Pine and will continue for an additional 12 months. This will include a detailed assessment of reliability and maintenance requirements. The results will inform the asset renewals process.</p>



Action Description	Action status
b) A review of the records located in our asset works module of CIS is being carried out to ensure third party records are available especially in relation to any works carried out on the Fluoride dosing equipment.	<b>Complete</b> – Confirmed that all history and remarks are entered into CIS where they are attached to the work order along with any reports on the work completed. Information can be provided from CIS on request.
c) Review and report on the close out process for issues raised in our issue management system Q Pulse.	<b>Complete</b> – Confirmed that all issues correctly raised on the <i>Q Pulse</i> system are reviewed and closed out once all the actions are completed. Notifications are generated for over due issues and their corrective actions.
d) Develop a toolbox talk outlining any changes or improvements that have been made to the operation of the Fluoride dosing equipment in relation to these audit findings.	<b>Complete</b> – A Tool box talk which includes feedback on the audit findings has been prepared and distributed across operational teams. A second toolbox will be held once the improvements identified in this report have been completed

RTI RELEASE



Regulatory Compliance matters

The following actions have been developed in relation to the compliance matters raised in the audit findings:

Issue Description	Action Required	Target Date	Action status
a) Although the mixer in the mixing tank was not operational in the immediate lead up to the incident, the fluoride dosing system continued to dose.	Review interlocks in place and challenge test records	April 2014	<p><b>Complete</b> - A way to interlock a mixing failure has been identified. The pump motor will be interlocked to fluoridation plant operation; individual (electrical) current monitoring of each mixer will allow the plant to fault and shutdown if either of the two mixers fault.</p> <p>The Mt Crosby Tank Mixer interlock is complete and is currently configured so that a "Tank Mixer Fault" is triggered in 3 seconds if tank mixer is being told to run by the PLC and the current draw is zero.</p>
b) Operators at the Esk, Lowood, Kalbar and Mount Crosby water treatment plants took quality control samples in quick succession rather than taking one sample and splitting as per the requirements of S13(3) of the Regulation.	Review application of LAB-00181 at these sites. Conduct refresher training.	April 2014	<p><b>Complete</b> – Refer to the Recommendation No. 2 (c) above.</p> <p>Operators are now carrying out sampling in accordance with the regulation and the internal procedure, LAB-00181.</p>



**Comparison of Action & Critical Limits provided by SOPs, SCADA and Emergency Plans**

**Inconsistencies are highlighted in yellow**

WTP	Measure	SOP (Fluoride CCP Procedure)	SCADA
Mt Crosby (EB/WB)	<u>Critical Limit</u>		
	High/high	1.20mg/L Inlet – 6 minutes	1.20mg/L – 6 minutes
	<u>Action Limit</u>		
	High	0.90mg/L – 60 minutes	0.90mg/L – 60 minutes
	Low	0.70mg/L – 60 minutes	0.70mg/L – 60 minutes
Kalbar WTP	<u>Critical Limit</u>		
	High/high	1.20mg/L Inlet – 15 minutes Outlet – 2 minutes	1.20mg/L – <b>Inlet - 2 minutes</b> Outlet - 2 minutes
	<u>Action Limit</u>		
	High	0.90mg/L – 60 minutes	0.90mg/L – <b>Inlet - 30 minutes</b> <b>Outlet – 30 minutes</b>
	Low	0.70mg/L – 60 minutes	<b>Inlet - 0.10mg/L - 30 minutes</b> <b>Outlet 0.6mg/L – 30Minutes</b>
Lowood	<u>Critical Limit</u>		
	High/high	1.20mg/L Inlet – 15 minutes Outlet – 2 minutes	1.20mg/L <b>Inlet – 2 minutes</b> Outlet – 2 minutes
	<u>Action Limit</u>		
	High	0.90mg/L – 60 minutes	0.90mg/L – <b>Inlet - 6 minutes</b> <b>Outlet – 6 minutes</b>
	Low	0.70mg/L – 60 minutes	0.70mg/L – <b>Inlet - 30 minutes</b> <b>Outlet – 30 minutes</b>
Esk	<u>Critical Limit</u>		
	High/high	1.20mg/L Inlet – 6 minutes	1.20mg/L – <b>2 minutes</b>
	<u>Action Limit</u>		
	High	0.90mg/L – 60 minutes	0.90mg/L – <b>60 minutes</b>
	Low	0.70mg/L – 60 minutes	0.70mg/L – <b>60 minutes</b>

The SCADA set points for target, action and critical limits are consistent or exceed “*for even tighter control*” (highlighted in green) of the requirements of the Fluoridation CCP Procedure with the exception of the Low Action Limits at Kalbar WTP (highlighted in yellow). The reasons for the misalignment between SOP Action Limits and SCADA settings is that some fluoride analysers have been problematic at low levels and to avoid the

persistence of these alarms they have been set well below the prescribed minimum limit which varied at each site. No critical limits are prescribed in the Emergency Response Plan.

The CCP lower Action limits are to be reviewed by each WTP HACCP team at the next *CCP Limits Review* meeting but will remain in the SCADA with the lower limit TBD based on individual plant sensitivities; these spurious alarms have not provided a material control of the risk of under dosing as this is picked up via other routine checks.

Sch. 3(10)(1)(i)


RTI RELEASE

Page 145 redacted for the following reason:

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Sch. 3(10)(1)(i)

RTI RELEASE

**From:** s.73  
**To:** \_\_\_\_\_  
**Subject:** Response to the PHU fluoridation system audit recommendations  
**Date:** Monday, 14 April 2014 9:34:00 AM  
**Attachments:** [image007.png](#)

---

Hj s.73

Just acknowledging receipt of the response.

s.73

Senior Environmental Health Officer  
Water Team  
Health Protection Unit  
Chief Health Officer Branch

---

Health Service and Clinical Innovation | **Department of Health**  
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---

**From:** s.73 [mailto:s.73@seqwater.com.au]  
**Sen**  
**To:** s.73  
**Cc:**  
**Su**

s.73

Please find attached our response to the recommendations from the Public Health Units' recent fluoridation system audits.

If you need anything further, I can be reached on the contact details below.

Regards, s.73

s.73 Coordinator - DWQ Continuous Improvement



117 Brisbane Street, | 4305 | PO Box 16146, City East, QLD 4002  
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**Our head office has moved to Ipswich.**

Please update your records to reflect our new office address:

117 Brisbane Street, Ipswich Queensland 4305

PO Box 16146, City East, Queensland 4002

Please email [reception@seqwater.com.au](mailto:reception@seqwater.com.au) for any enquiries.



RTI RELEASE

**From:** s.73  
**To:**  
**Date:** 8/8/2013 1:10 pm  
**Subject:** Re: Mt Crosby Water Treatment Plant (WTP) fluoride dosing incident

s.73

Much obliged. Not really something that requires any changes in the code, but I suspect that Seqwater may have to consider why their al d not activate when fluoridated water above their critical limits was being produced. I'm sure s.73 ill chase this up, and it is good that the fluoride audits are coming up.

s.73

Director, Water Program  
Environmental Health Regulation and Standards  
Health Protection Unit  
Department of Health  
Ph. (07) 3328 9345  
Fax (

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s.73 [@health.qld.gov.au](mailto:@health.qld.gov.au)  
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Herston, 4029  
PO Box 2368, Fortitude Valley BC, 4006  
Out of hours number for water quality issues: 1800 128 962

s.73 n 8/08/2013 at 11:59 am, in message <[52038839.EEA5.0096.0@health.qld.gov.au](mailto:52038839.EEA5.0096.0@health.qld.gov.au)>, s.73  
wrote:  
Hellos.73

We have followed up the incident with s.73, Manager Water Quality and Environment (SEQ Water) about the above incident.

Overall the released water to the community had a concentration of fluoride in the blended water (calculated) to have peaked at approximately 1.45mg/L. By 9.30 pm on the Friday, the concentrations of fluoride being supplied from the reservoirs had reduced to 0.9 mg/L.

The incident was reported to OWSR at 7:46pm on 2/8/2013 followed up by another notification at 8:24 pm. Queensland Urban Utilities was also advised on the same evening.

Not considered a risk to public health nor breach of of the Fluoride Legislation as the fluoride concentration of the water released into the distribution system was calculated to have been below 1.5mg/L.

SEQ water is continuing with it's investigation and s.73 has asked them to provide a copy of the investigation report and we will follow up from there regarding cause and response measures.

I notice that the incident was also reported in the Qld Times yesterday. Other actions include we will follow up with OWSR about notifying to QH.

ta

s.73

**From:** s.73  
**Sent:** Friday, 17 January 2014 4:57 PM  
**To:** s.73 aterQuality  
**Subject:** Fwd: Seqwater Mt Crosby Fluoride report  
**Attachments:** Incident Investigation Report MtCrosby EB WTP High fluoride Aug 13 FINAL.pdf  
**Categories:** Arron

s.73

Director, Water Program  
 Environmental Health Regulation and Standards  
 Health Protection Unit  
 Department of Health  
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 Out of hours number for water quality issues: 1800 128 962

>>> s.73 [seqwater.com.au](http://seqwater.com.au) > 17/01/2014 3:41 pm >>>  
 Hjs.73

Please find attached the final fluoride report for Mt Crosby.  
 I'll provide a status update by mid next week.  
 Also, could you please forward onto Ramu.  
 Regards,

s.73

---

**From:** s.73  
**Se** 7, 2014 02:02 PM E. Australia St andard Time  
**To:** s.73  
**Subject:**

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# Incident Investigation Report

## Mt Crosby East Bank WTP High fluoride 2AUG13

**OCA ID:** 27401

**Severity Level:** Level 3

**Report date:** 2 September 2013

### ICAM Investigation Team

Lead ICAM Investigator

ICAM Facilitator

Maintenance Supervisor

Principal Facilities Planning

Technical Specialist – Drinking WQ

s.73



## Distribution list

Name	Title
Alex Fisher	General Manager Operations, Treated Water
Dan Spiller	General Manager APDD
Brett Myatt	Manager, Supply (Treated Water), Central
Shaun Corrie	Coordinator, Water Treatment Central
Jason Boldeman	Incident and Security Management Coordinator

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Doc no.		Version date:		Trim ID:	
Doc owner:		Doc approver:	Rev no.	Page 2 of 21	

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# water

## Document Control

Reviewer		
Date	Name	Comment
23/8/13	s.73	
26/ 8/13		
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28/8/13		
30/8/13		
30/8/13		
02/09/13		
02/09/13		
24/09/13		Comments from draft report incorporated
15/10/13		Comments incorporated with rephrasing wording generally and reordering Conclusion and Recommendations

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## Incident description

**Location:** Mt Crosby East Bank Water Treatment Plant, 800 Mt Crosby Road, Mt Crosby

**Time:** 14:40EST

**Date:** Friday, 2 August 2013

### Description of incident:

Mt Crosby Cameron's Hill 2 treated water main exceeded regulated limit of 1.5mg/L fluoride for >2 minutes.

Investigation found that:

- a fault had occurred in the fluoride dosing equipment at Mt Crosby Eastbank WTP which had resulted in a large amount of solid sodium fluorosilicate building up in the mixing tank;
- During cleanout of these solids from the tank, the dosing line (260 metres in length) unintentionally had an amount of solid sodium fluorosilicate introduced into it.
- Upon restart of the dosing system, this solid sodium fluorosilicate was essentially gradually dosed which eventuated in a higher than usual concentration of fluoride in the treated water downstream of the Cameron's Hill Reservoirs.

It is important to understand the following context to the incident in order to understand this brief description of incident.

### Context to incident:

Due to the limitation in the original variable concentration control system design, it had been normal to have periods of unstable concentration after start-up of the fluoride dosing system and following significant decreases or increases in production. The original variable concentration arrangement was changed to a variable rate design in June 2012, and upon investigation it was found that documentation was not updated and hence no training update. This new design had minimum and maximum turn down limitations on the dosing pumps and the design still "switched back" to a variable concentration arrangement at the outer low or high operating range of treatment plant flows. It has therefore become quite a complicated dosing control system.

Operators were aware that the change was to deliver variable speed control for dosing pumps and a more constant concentration in the batching tank.

It was often necessary to start the fluoride dosing system in short bursts and monitor the pre-fluoride analyser (analyser located after dosing but before reservoir) concentration until the batch strength has adjusted to the plant flow. This often

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involved an elevated concentration (>1.2mg/L on pre-analyser) triggering an automatic fluoride dosing shutdown.

The procedure for restoring fluoride dosing in this case was essentially the same as the procedure for the situations experienced previously with variable concentration dosing arrangement. Prior to this incident, this procedure has never resulted in a situation where the post-reservoir fluoride concentration was at risk of exceeding 1.5mg/L.

During the tank cleanout, the vast majority of solids had been removed and a small amount of the solid remaining was to be dissolved by refilling with water and mixing. During this activity, Operators were requested by the maintenance team to enable the batching tank mixer remotely. Operators set the dose rate to 0.0 mg/L and enabled the dosing system.

The investigation found that the SCADA system displays all system components as active when they are available, irrespective of the position or state of some local equipment isolation switches. That is, local isolation switches can disable dosing system components but some are not indicated on the SCADA displays and may not inhibit dosing startup by the Operator.

Investigations have found that setting the dose rate to 0 does not prevent the dosing pumps from starting up. The dosing system was enabled for 5 minutes and even though the dose rate was set to 0, the pumps operated which has transferred some residual sodium fluorosilicate solids into the dosing lines.

In this instance, the investigation concluded that after tank cleanout the batch strength has been significantly higher than normal. The fluoride dosing system uses a batch concentration of 0.2%. A saturated sodium fluorosilicate dosing solution is 0.8%. Un-dissolved sodium fluorosilicate solids are essentially 100% concentration being 500 times higher than normal strength. Therefore the presence of solids is far more significant than saturated or a more concentrated solution than 0.2%.

When cleanout was completed, the fluoride dosing was re-started and subsequently the dosing control automatically shutdown fluoride dosing on the HACCP alarm set point (pre-analyser of >1.2 mg/L for 6 minutes).

Based on previous experience with the dosing system, this was not unexpected and as per normal practice the dosing was re-started, for a further three short dosing periods. The Operator then discussed the situation with the Central Improvement Specialist and Operations Coordinator. They advised to continue the process of short 8 minute dosing periods.

Reinstatement of the fluoride dosing system that Friday afternoon coincided with large increases in flow as the Brisbane reservoirs were filled in preparation for North Pine WTP coming off for an extended maintenance period.

No-one was aware at that time that solid sodium fluorosilicate was present in the dosing lines. The Operator carried out two more restarts (after automatic shutdown) and then several more manual short dosing periods until the post-reservoir fluoride analyser was observed to be beginning to rise.

There was no reason for the Operator to suspect that higher concentration of fluoride solution was being dosed in this instance compared to what had been experienced in the past until the post-analyser (analyser located post-reservoir) concentration started to increase. The investigation concluded that on this particular occasion the

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presence of solid sodium fluorosilicate in the dosing line resulted in an excessively high solution concentration being dosed.

**Damage to equipment:** Nil impact to equipment

**Water Quality impact:** Cameron's Hill 2 treated water main exceeded 1.5mg/L fluoride for >2 minutes

**Legislative impact:** Exceedance of ADWG health limit of 1.5mg/L in one of the two treated water mains.

**Reputational impact:** Public interested in fluoride

**Actual consequence level:**

**Incident and Emergency Response Plan - Severity Level 3**

**Potential consequence level:**

**Incident and Emergency Response Plan - Severity Level 4**

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## Timeline

Date	Time	Timeline of Incident
8/07/13	AM	Eastbank dosing system goes offline for 3 days for major dosing pump replacement.
12/07/13	1200	Upon completion of this work, dosing system enabled and showed low fluoride concentration for the set point.
12/07/13		Over the next 12hrs, dose set point slowly increased, residual improved but never reached the required set point and was left as maximum dose for the next 3 weeks.
2/08/13	0940	Maintenance Officer discovers mixer offline and discovered a large amount of un-dissolved sodium fluorosilicate in the bottom of mixing tank. Fluoride dosing turned off.
2/08/13	1300	Cleanout of mixing tank commenced with vacuum truck by maintenance staff.
2/08/13	1440	During cleanout, system enabled to turn the stirrer in mixing tank on for short period, dose set point 0.0 (this investigation determined that even with dose point at 0.0, dosing pumps started and ran for 5 minutes, pumping fluoride chemical solids into the dosing line; estimated ~26kg of solids introduced into the dosing line)
2/08/13	1600	Cleaning completed, dosing system de-isolated and available to return to operations.
2/08/13	1600	Shift changeover for Operators.
2/08/13	1600	Operator enabled the system, fluoride dosing commenced. Pre-fluoride analyser (analyser measuring after dosing point but before reservoir) went off scale and after 6mins dosing was automatically shutdown. Operator subsequently restarted the dosing system for shorter periods a further 3 times.
2/08/13	1600-1755	Operator discussed with Coordinator and Process Specialist who agreed to keep running the dosing in short bursts as there was no provision for scouring the dosing line. The dosing system was run for two further automatic dosing shutdowns and then several shorter runs by Operator. The Operator suspended fluoride dosing operation as the post fluoride analyser approached 0.9mg/L
2/08/13	1819	Cameron's Hill 2 outlet fluoride analyser showed increased concentration and passed above the critical limit alarm registered above 1.2 mg/L. It remained above 1.2 mg/L for 1:22:04.
2/08/13	1833	Incident was reported when fluoride analyser post Cameron's Hills 2 reservoir exceeded 1.5 mg/l for >2mins in accordance with HACCP Plan.
2/08/13	1840	Request to Control Centre Operator to reduce flows from Cameron's Hill which would allow Cameron's Hill 2 to be taken from service (and lower fluoride concentration more rapidly). Control Centre Operator indicated that this action would impact supply and could not be actioned until checked with Supply System On call Officer. Operator did commence reducing demand on Camerons Hill and subsequently

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		On-call Officer discussed actions with Operator (subsequent to contact by Operations Manager)
2/08/13	1844	Highest fluoride concentration of 1.7mg/L measured by fluoride analyser post Cameron's Hill Reservoir 2 (measured as 1.85mg/L by bench analyser). Cameron's Hill 1 Reservoir peak of 0.9 mg/L; Based on flows, combined fluoride concentration from both reservoirs calculated to have peaked at 1.45mg/L (not measured). Flow weighted fluoride concentration for the two mains did not exceed 1.5mg/L at any time.
2/08/13	1920	Repeat of request to supply system operations to reduce demand. Request was being actioned. Possible further mitigation of taking Reservoir 2 out of service decided not to be pursued by Operations Manager and Process Specialist (site Incident Management Team as fluoride level less than 1.5mg/L and still falling.
2/08/13	2000	Concentrations of fluoride in water supplied from the combined Cameron's Hill Reservoirs reduces to approximately 1 mg/L by reducing flows and blending with lower concentration water from Reservoir 1.
3/08/13	0900	Fluoride concentrations reduced to below 0.25mg/L (near background)

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Date	Time	Timeline of incident management
2/08/13	1930	Series of notifications in accordance with incident management protocols and emergency management teleconference organised.
2/08/13	1955	Queensland Water Supply Regulator verbally notified.
2/08/13	2000	Emergency Management teleconference #1 held.
2/08/13	2024	Update provided to QWSR.
2/08/13	2100	Emergency Management teleconference #2 held.
2/08/13	2130	Fluoride concentrations supplied from both reservoirs reduced to 0.9mg/L.
2/08/13	2320	Emergency Notification issued in OCA.
2/08/13	2324	Email received from Ministers Office requesting Minister is briefed from CEO on Monday 5 August and further information.
3/08/13	1449	Written report submitted to QWSR.
3/08/13	1449	Situation Report #1 distributed.
4/08/13	1000	Emergency Management Teleconference #3 held.
4/08/13	1500	Briefing note provided to CEO for the purpose of briefing the Minister.
5/08/13	1012	Email advice provided to Water Treatment Managers, detailing interim actions to be immediately implemented (as per actions set out in briefing to Minister)
5/08/13	1524	Situation Report #2 distributed.
6/08/13	0800	Courier Mail article: <a href="http://www.couriermail.com.au/news/queensland/spike-in-fluoride-concentration-levels-prompts-temporary-shutdown-at-mt-crosby-water-treatment-plant/story-fnihsrf2-1226691637065">http://www.couriermail.com.au/news/queensland/spike-in-fluoride-concentration-levels-prompts-temporary-shutdown-at-mt-crosby-water-treatment-plant/story-fnihsrf2-1226691637065</a>
6/08/13	1420	Situation Report #3 distributed.
7/08/13	1916	Situation Report #4 distributed.
9/08/13	1517	Incident de-escalated to severity level 1. Fluoride dosing back online and stable.
12/08/13	1542	Emergency close-out report distributed.

**Note:** It was agreed between Seqwater, QUU and QWSR that this event did not pose any health concerns and that Queensland Health did not need to be contacted. No advice was received from CREs indicating elevated levels of fluoride in the distribution network.

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## Key findings

The key findings outline why the incident occurred and the contributing factors deduced from the investigation which have been categorised using the Incident Cause Analysis Method (ICAM).

### Root cause

#### Why did the incident occur?

Sodium fluorosilicate solids were inadvertently introduced into the dosing line and subsequently dosed creating a high than normal concentration of fluoride which subsequently elevated the fluoride concentration of water leaving Cameron's Hill reservoirs.

### Contributing causes

#### Interlocks

1. The interlocks preventing the system from operating if the mixer was isolated were not effective. (why the solids were in the mixing tank).

#### Isolations

2. Isolation and de-isolation procedures used as a part of the SAWCS did not fully detail the steps necessary in this situation. Existing operational dosing isolation procedures were not utilised. Lines of responsibility could have been more clearly defined for pump replacement and tank cleanout. (Why the solids were in the dosing line).
3. Better documentation and training of original dosing system and major modifications would allow better understanding of system operation and maintenance. (Why the interlocks preventing the plant from operating with the mixer off failed and dose setting of 0.0 ran the dosing pumps).

#### Asset delivery systems

4. Better developed standards and business processes for delivery and commissioning of projects would give more robust design and testing.

#### Communications

5. Clear communication protocols and/or contingency actions between treatment and supply system operations, would allow faster response to incidents.

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## Contributing factors

This incident has been analysed using the Incident Causation Analysis Methodology (ICAM). Based on the evidence to hand, the Investigation Team believe the following were the main contributing factors to the incident:

### Absent or failed defences

- **Awareness:** There is no way to differentiate between a saturated solution and fluoride chemical solids in the dosing line. Pre-analyser response is the same in both cases.
- **Awareness:** Completeness of documentation and hence understanding around system operation – operating dosing with set point 0.0 (to activate the mixer only) actually resulted in dosing pumps starting.
- **Detection:** No interlock or alarm on chemical mixing tank stirrer to indicate it is not operating.
- **Control and interim recovery:** No secondary indicator of mixer operation.
- **Control and interim recovery:** The removal and disposal of batching tank contents procedure was not sufficient in comparison to past undertakings as small quantities of the material remained at the bottom of tank and in the dosing line and could not be further removed.
- **Protection and containment:** The fluoride dosing pump has started when the dose rate was set to 0.
- **Protection and containment:** The existing dosing shutdown interlock on mixer is ineffective (does not operate) when mixer is locally operated.
- **Control and interim recovery:** There is no scour valve on the dosing lines to enable draining of the lines when necessary.
- **Control and interim recovery:** There is no sump in the mixing tank to allow easy cleanout.

### Individual or team actions

- **Slip:** Dosing mixer was taken offline and there was no documentation found in relation to this action (human error type = 'slip').
- **Slip:** Mixer was run by enabling the dosing system and setting dose rate to 0 rather than by using local manual switch (which requires leaving the batching tank area and holding down a switch manually for the period required to operate the mixer).

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## Task or environmental condition

- **Change of routine:** Many factors contributed to non-routine operations including major pump replacement, mixer offline, West Bank offline, North Pine about to go offline / supply restrictions, East Bank running at 350 MLD, solid build up in fluoride dosing tank and changes to service water control.
- **Poor procedures & instructions:** No step by step procedure for removal and disposal of fluoride chemical solids in batching tank. Fluoridation System Operations Manual was not updated following modification to variable rate dosing and dosing pump replacement. Manual does not cover situation encountered and does not document all aspects dosing operation (eg dose set point set to 0)
- **Poor procedures & instructions:** Control Centre Operator did not respond to initial request to reduce flow until confirmation with On-Call Officer. The issue had to be escalated – lack of response plan and consideration of constraints in implementing mitigations.
- **Inadequate training/incomplete knowledge:** Deficiencies in documentation ( both original system and after modification) and automatic nature of dosing system leads to inadequate training in all elements of how system functions.
- **Poor communications:** No documentation/record for when or why local isolator of mixer was turned off.
- **Inadequate equipment:** Batching tank mixer could be locally isolated without automatic interlock to shutdown dosing activating.
- **Other:** High flow conditions in Cameron’s Hill Reservoirs exacerbate short circuiting (due to being unbaffled reservoirs).

## Organisational factors

- **TR (Training):** Outdated or incomplete documentation following latest upgrade to dosing system as well as gaps in documentation on original system.
- **CO (Communication):** There is no record of when or why the mixer was locally isolated.
- **PR (Procedures):** Fluoridation System Operations Manual was not updated after recent upgrade to system.
- **PR (Procedures):** Procedures for removal and disposal of batching tank contents, and testing of the strength of the batching tank contents following a change of mixing equipment were not developed.

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- **DE (Design):** The design of the Fluoride Dosing System does not allow for cleanout of fluoride chemical solids (there is no scour on the fluoride dosing line). Design review, HAZOP and updated manual documentation was not able to be located for most recent upgrade.
- **RI (Regulatory influence):** Levels of fluoride greater than 1.5 mg/L are reportable incidents to QWSR.

## Executive Summary

The QWSR was notified on the evening of the 2<sup>nd</sup> August 2013 of an event that occurred resulting in elevated levels of fluoride being detected in the Mt Crosby WTP's treated water at 6:33 pm the same day. This notification was made in accordance with Seqwater's Emergency Response Plan, as both online analyser and grab samples from the outlet of Cameron's Hill Reservoirs No. 1 & 2 returned results that exceeded the ADWG health guideline value of 1.5 mg/L for this parameter. During the assessment of the severity of the event, it was calculated that the combined fluoride concentration from both the Cameron's Hill No. 1 & 2 Reservoirs peaked at 1.45 mg/L. Immediate corrective actions undertaken at the time of this incident resulted in the combined fluoride concentration dropping to approximately 1.00 mg/L by 8:00 pm due to isolation of the dosing system.

During the initial notifications on the 2<sup>nd</sup> August, Seqwater, QUU and QWSR agreed that this event did not pose any health concerns and that Queensland Health did not need to be contacted. No advice was received from CRE's indicating elevated levels of fluoride in the distribution network as a result of this incident. This incident was de-escalated to a severity Level 1 incident on the 9 August 2013, with the fluoride dosing being returned back online after . Emergency close out report was distributed on the 12 August 2013.

During August and September, a formal incident investigation undertaken by a team of internal subject experts using the ICAM process identified that the cause was due to sodium fluorosilicate solids being inadvertently introduced into the dosing line and subsequently dosed, creating a higher than normal concentration of fluoride, which subsequently elevated the fluoride concentration of the treated water leaving the Cameron's Hill No. 1 & 2 Reservoirs.

The draft incident investigation report forward several recommended corrective actions for consideration, as follows;

1. **Infrastructure** – Evaluate and implement improvements to control and interlocks for automatic shutdown of fluoride dosing;
2. **Processes** – Review work and isolation instructions for operation and maintenance of fluoride dosing system and update as necessary;
3. **Infrastructure** – Review design of fluoride dosing system and identify improvements to be implemented;
4. **Processes** – Review fluoride dosing system documentation, update as necessary and store in common location;

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5. **People** – After recommended improvements are made, develop and deliver appropriate training for operators, technical and maintenance staff to increase understanding and awareness of core functions that make up fluoride dosing system;
6. **Processes** – (a) Improve business procedures / processes and clarify interactions between APDD and OTW during the project delivery process; and (b) Standardise change process and approvals for assets including training requirements;
7. **Processes** – Develop procedure / plan between Supply System and Water Treatment teams for timely implementation of mitigation actions to manage water quality issues at Mt Crosby.
8. **People** – Develop better understanding between maintenance, plant operations and system operations. Alternatively develop more complete operational procedures / contingency plans between WTP and Supply System Control Centre rooms (see 8 Processes below); and
9. **Processes** – Learning’s from this investigation be communicated to other Seqwater sites.

## Conclusions and observations

The investigation has raised a number of key learnings which are covered in the body of the report. The significant learnings for Seqwater are:

Learning	Detail and explanation
<p>1. a) Interlocks intended to disable the fluoride dosing if critical components are not available or isolated could be improved.</p> <p>b) Selected dose rate of 0.0 stopped the screw feeder but dosing pumps run at mid-speed.</p>	<p>Fluoride system worked while the mixer was isolated. Dosing pumps ran while set points were 0.0 mg/L Need to confirm that pre-analyser unavailability will shutdown the dosing system. Consider other additional interlocks such as post analyser high Fluoride concentration.</p> <p>This is an example of the lack of detailed understanding of system operation and gap in commissioning</p>
<p>2. a) Isolation of mixer could have been discovered much earlier.</p> <p>b) Continuation of interim procedural change of contacting process standby officer after pre-analyser trip of dosing system should be considered.</p>	<p>Improvement of operational checks before starting or on regular basis during normal operation would have allowed earlier detection.</p> <p>Improvement of isolation/de-isolation procedures and clearer definition of operational and maintenance responsibilities would mitigate consequences or have allowed earlier detection.</p> <p>When the dosing system was enabled after dosing pump replacement better investigation of the reason for low dose response would have allowed earlier detection.</p> <p>This interim procedure has worked well but may not be necessary once all other recommendations are implemented.</p>

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<p>3. a) Tanks without sumps are difficult to clean out. Long dosing lines are not able to be cleaned without scour points.</p> <p>b) The current design does not provide any mechanism to check solution strength (only manual check over 24 hours or laboratory check) therefore it is not possible to differentiate between normal strength and an elevated solution strength or solid material in the dosing lines.</p>	<p>These learnings apply to current equipment and are learnings that could be applied to future designs as well.</p> <p>Difference between normal solution strength 0.2%, saturated solution ~0.8% and suspended solid fluoride chemical can have an enormous impact on resulting fluoride concentration. Design could consider mechanisms to check/calculate solution strength in real time.</p>
<p>4. Documentation for the original fluoride dosing system and the major modification do not adequately describe all system operations.</p> <p>North Pine dosing system was recently re-commissioned and improvements were identified and implemented. These changes may be of benefit to other dosing systems (particularly Mt Crosby).</p>	<p>Original operations manual did not include all required information and modified manual for variable rate dosing was not available. Control philosophy, software specification, commissioning plan and report documents as well as drawings while known to exist were not readily available.</p> <p>Consider reviewing all documentation from functional description through software specification, HAZOP, CHAZOP, Commissioning, Drawings, Operations Manual and Training documentation and standardise where this documentation is stored.</p>
<p>5. If detailed technical understanding of how the Fluoride dosing system functions was improved there would be less likelihood of incidents.</p>	<p>Very good safety training was carried out on the original system. However, there has been ineffective training for both maintenance and technical staff in how the system is designed to work. After the variable rate dosing modification was carried out, there appears to have been no training on the system changes. Standardised changes process and frequency of refresher training could be considered.</p>
<p>6. Commissioning of the original system and major modification appears to have not included significant functional aspects.</p>	<p>Commissioning reports have not been located by investigation team. Lack of information exists about some details of how the system should operate.</p>
<p>7. Incident response and notifications worked well however specific responses required for incident mitigation between plant operations and supply system operations.</p>	<p>The action of reducing flow from Cameron's Hill Reservoirs could have been improved by having standard mitigation (contingency measures) in place and trained. Common understanding of Treatment and Supply System operational constraints and requirements would also be beneficial.</p>
<p>8. Communication across the organisation of learnings from previous events could be improved.</p>	<p>Learnings from this report should be well communicated even though some of them will be unique to our only modified variable dose rate fluoride plant at Mt. Crosby.</p>

## Recommendations

The following recommended corrective actions are put forward for consideration. The recommendations address the Absent or Failed Defences and Organisational Factors identified as key findings of the investigation. Refer to corrective action plan attached to this report.

Action	Detail and explanation
<p><b>1. Infrastructure:</b> Evaluate and implement improvements to control and interlocks for automatic shutdown of fluoride dosing.</p>	<p>Including but not limited to such things as:</p> <ul style="list-style-type: none"> <li>• Implement interlock for mixer operation (to include local isolator) and if practical add secondary indicator for mixer operation</li> <li>• Implement interlock to stop dosing pumps with 0 dose selected</li> <li>• Evaluate reducing shutdown concentration and time on pre-Fluoride analyser</li> <li>• Evaluate reducing shutdown concentration on post Fluoride analyser</li> </ul> <p>Consider if it is possible to detect high fluoride solution strength and solids in dosing system.</p>
<p><b>2. Processes:</b> Review work and isolation instructions for operation and maintenance of fluoride dosing system and update as necessary.</p>	<p>Including but not limited to such things as:</p> <ul style="list-style-type: none"> <li>• Operations checklists</li> <li>• Isolation and de-isolations</li> <li>• Maintenance procedures.</li> <li>• Review interim procedural change to start up of dosing system after trip on high level at pre-reservoir Fluoride analyser.</li> </ul> <p>Including who and how isolations are achieved – lines of responsibility; operational responsibility and actions before and during maintenance, and extent of operational checks on completion of maintenance work as well as routine operational checks.</p>
<p><b>3. Infrastructure:</b> Review design of fluoride dosing system and identify improvements to be implemented.</p>	<p>To include such aspects as:</p> <ul style="list-style-type: none"> <li>• Scour on long dosing lines</li> <li>• Sump or other measure to allow easier cleanout of tank.</li> <li>• Continuous calculation or indication of solution strength</li> </ul>

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<p><b>4. Processes:</b> Review fluoride dosing system documentation, update as necessary and store in common location.</p>	<p>Including but not limited to such things as:</p> <ul style="list-style-type: none"> <li>• Functional description</li> <li>• Software specification</li> <li>• HAZOP</li> <li>• CHAZOP</li> <li>• Commissioning plan and report</li> <li>• Drawings</li> <li>• Operations manual</li> <li>• HACCP Documentation</li> <li>• Training plan</li> </ul>
<p><b>5. People:</b> After recommended improvements are made, develop and deliver appropriate training for operators, technical and maintenance staff to increase understanding and awareness of the core functions that make up fluoride dosing system.</p>	<p>There is evidence of a lack of detailed understanding around how the (automatic) dosing system operates.</p>
<p><b>6. Processes:</b></p> <p>a) Improve business procedures/ processes and clarify interactions between APDD and OTW during the project delivery process</p> <p>b) Standardise change process and approvals for assets including training requirements.</p>	<p>Process already commenced to clarify stakeholder interactions during project delivery. Recommendation to improve process and standardise requirement around commissioning, documentation and training.</p> <p>Any asset or process improvements should follow a standard procedure and approval process with clear scope including documentation and training.</p> <p>Program delivery have developed an updated Project Management Plan which incorporates standardised elements for engaging with stakeholders, including project handover (commissioning, training, documentation requirements) and sign-off requirements. This is currently being rolled-out across PD and it is planned to have it fully embedded by the end of November 2013.</p>

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<p><b>7. a) Processes:</b> Develop procedure/plan between Supply System and Water Treatment teams for timely implementation of mitigation actions to manage water quality issues (Mt Crosby)</p> <p><b>b) People:</b> Develop better understanding between maintenance, plant operations and system operations. Alternatively develop more complete operational procedures/contingency plans between WTP and Supply System Control Centre rooms (see 8 Processes below).</p>	<p>Review contingency procedures/plans and further develop if necessary to ensure mitigation steps, constraints and responsibilities are well understood. Undertake training in these procedures for both WTP and Supply System.</p> <p>Improve understanding by Operators of how Supply System is operated and vice a versa and appreciation by maintenance staff of Seqwater's fluoride legislative requirements.</p>
<p><b>8. Processes:</b> Learnings from this investigation be communicated to other Seqwater sites.</p>	<p>Develop a business process/procedure where investigation findings and relevant improvements can be centrally accessed/communicated, referenced and stored, so investigation learnings generally can be transferred to other sites and teams.</p>

## Corrective action plan

The following key actions were identified to prevent recurrence and have been assigned as Detailed below:

### Recommendation

Recommendation	Responsible Business Unit	Owner	Target Date
1	<i>Operations Treated Water</i>	Manager Supply (Treated Water) Central Actioned by s.73	March 14
2	<i>Operations Treated Water</i>	Manager Supply (Treated Water) Central Manager Asset Maintenance s.73	March 14
3	<i>Asset Portfolio Development and Delivery</i>	Manager Engineering & Technical Support Actioned s.73	November 13

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4	<i>Operations Treated Water</i>	Manager Central Actioned by s.73	March 14
5	<i>Operations Treated Water</i>	Manager Central Actioned by s.73	June 14
6	<i>Asset Portfolio Development and Delivery</i>	Manager Project Delivery Actioned by s.73	November 13
7	<i>Operations Treated Water</i>	Manager Supply (Treated Water) Central s.73	a) December 13 b) June 14
8	<i>Corporate Finance</i>	Manager Process Improvement Actioned by s.73	February 14

**Management review of investigation report**

Management are requested to review the investigation report for completeness, quality of the investigation and to endorse the recommended corrective actions.

**Distribution**

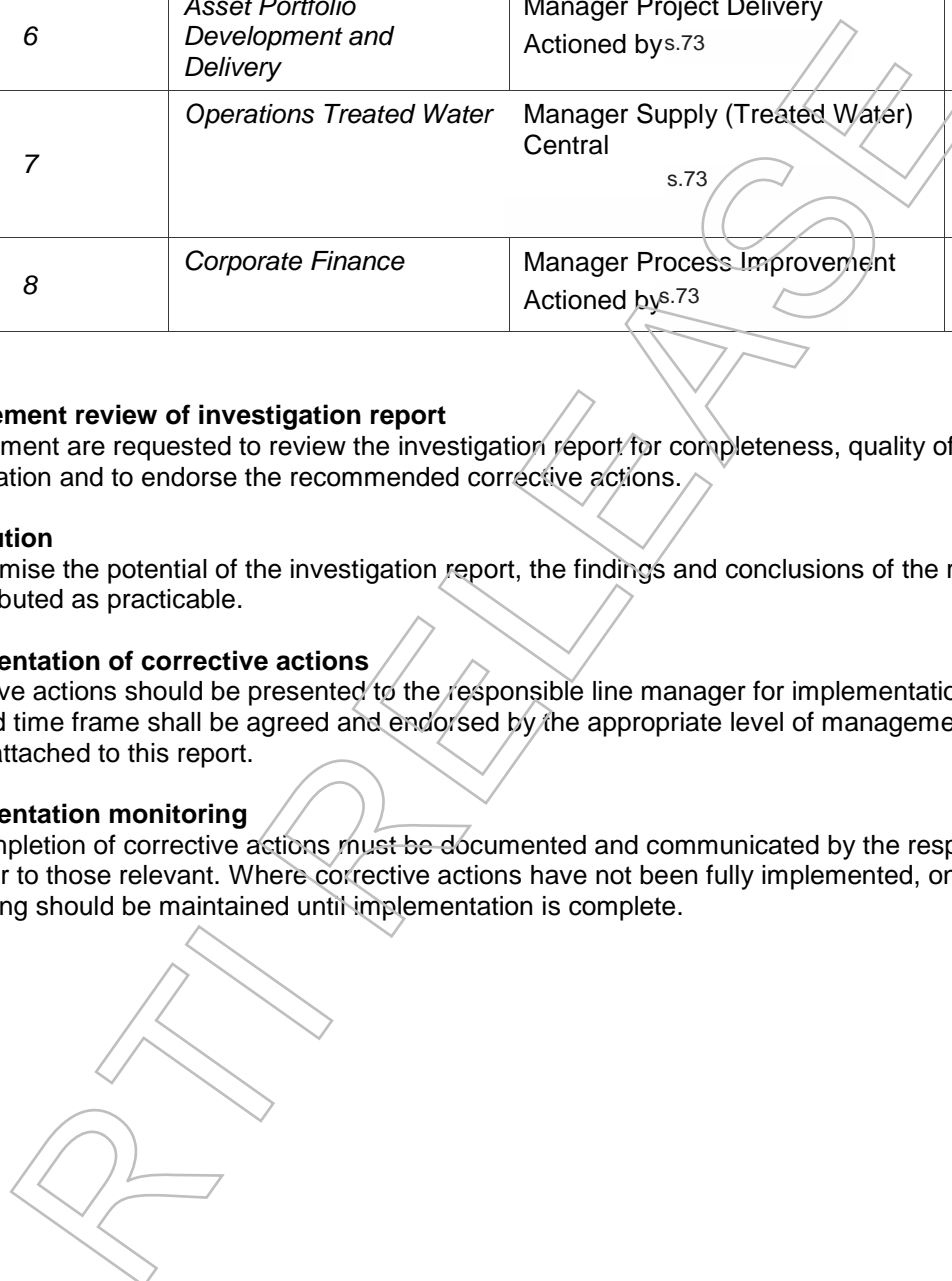
To maximise the potential of the investigation report, the findings and conclusions of the report should be distributed as practicable.

**Implementation of corrective actions**

Corrective actions should be presented to the responsible line manager for implementation. An action plan and time frame shall be agreed and endorsed by the appropriate level of management. An action plan is attached to this report.

**Implementation monitoring**

The completion of corrective actions must be documented and communicated by the responsible line manager to those relevant. Where corrective actions have not been fully implemented, ongoing monitoring should be maintained until implementation is complete.



<b>Doc no.</b>		<b>Version date:</b>		<b>Trim ID:</b>	
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# Investigation report sign-off

The Incident Investigation Team submits this report as a true reflection of the information gathered. To maximise the preventive potential of the investigation report, the findings, conclusions and learnings of the report should be distributed as appropriate.

<b>Investigation Team Leader</b>		
<i>Name</i>	<i>Signature</i>	<i>Date</i>
s.73		
<b>Accountable Line Manager</b>		
<i>Name</i>	<i>Signature</i>	<i>Date</i>
s.73		
<b>Executive General Manager</b>		
<i>Name</i>	<i>Signature</i>	<i>Date</i>
s.73		

RTI REVIEW

Doc no.
Doc owner:

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# HACCP / Water Quality

Printed on:

Friday, 31 January 2014

Details			
<b>Number</b> INIR-3178	<b>Status</b> Open	<b>Issue Manager</b> Rohdman, Trevor	<b>Raised Date</b> 5/11/2013
<b>Type</b> HACCP / Water Quality	<b>Discipline</b> HACCP		<b>Target Date</b> 30/06/2014
<b>Raised By Person</b> Neuendorf, Kylie	<b>Risk Rating</b> Moderate	<b>Raised Against (Department or Supplier)</b> Operations - Treated Water Group	<b>Nature</b> Asset

## Audit

Details	
Mt Crosby Cameron's Hill 2 treated water main exceeded regulated limit of 1.5mg/L fluoride for >2 minutes	
<b>Origin</b> Incident	<b>Level</b> Level 3 - Incident (Moderate)
<b>Document</b>	<b>Cause / Mechanism</b> Compliance Issue
<b>Closed Out By</b>	<b>Closed Out Date</b>
<b>Location</b> Central WTPs\Mt Crosby Eastbank WTP	

Investigation			
<b>Target Date</b> 29/11/2013	<b>Owner</b> s.73	<b>Closed Date</b> 5/11/2013	<b>Closed By</b> s.73

**Details**  
Investigation found that:- a fault had occurred in the fluoride dosing equipment at Mt Crosby Eastbank WTP which had resulted in a large amount of solid sodium fluorosilicate building up in the mixing tank;- During cleanout of these solids from the tank, the dosing line (260 metres in length) unintentionally had an amount of solid sodium fluorosilicate introduced into it.- Upon restart of the dosing system, this solid sodium fluorosilicate was essentially gradually dosed which eventuated in a higher than usual concentration of fluoride in the treated water downstream of the Cameron's Hill Reservoirs. - See attached report

Actions			
Number	Owner	Target Date	Completed Date
Details	Response		

Corrective (Short Term) Action			
<b>Target Date</b> 2/08/2013	<b>Owner</b> s.73	<b>Closed Date</b> 5/11/2013	<b>Closed By</b> s.73

**Details**  
Request to Control Centre Operator to reduce flows from Cameron's Hill which would allow Cameron's Hill 2 to be taken from service (and lower fluoride concentration more rapidly). Control Centre Operator indicated that this action would impact supply and could not be actioned until checked with Supply System On call Officer. Operator did commence reducing demand on Camerons Hill and subsequently On-call Officer discussed actions with Operator (subsequent to contact by Operations Manager)

## Actions

Number	Owner	Target Date	Completed Date
Details		Response	

### Preventive Action (Long Term Solution)

Target Date	Owner	Closed Date	Closed By
30/06/2014	s.73		

**Details**  
As per report and further discussions as attached

Actions			
Number	Owner	Target Date	Completed Date
Details		Response	
1	s.73	14/03/2014	
Infrastructure: Evaluate and implement improvements to control and interlocks for automatic shutdown of fluoride dosing.		21/1 A temporary fix has been put in place. Operators have tagged the local isolator switch for operation of the mixer pump to be "on" at all times	
2	s.73	14/03/2014	
Review work and isolation instructions for operation and maintenance of fluoride dosing system and update as necessary.		21/1 o Operator procedures are being reviewed. WI has been rolled out to capture the re-set of the fluoride system after a tank level high alarm. Operator daily checklist has been rolled out to cover daily plant checks	
3	s.73	11/11/2013	14/11/2013
Review design of flu improvements to be implemented. d identify		Draft response complete. Refer to attachment in properties for design review report and related incident investigation report	
4	s.73	14/03/2014	
Review fluoride dosing system documentation, update as necessary and store in common location.		21/1 Currently on course	
5	s.73	16/06/2014	
After recommended improvements are made, develop and deliver appropriate training for operators, technical and maintenance staff to increase understanding and awareness of the core functions that make up fluoride dosing system.		Toolbox talks will be rolled out after documentation complete	
6	s.73	29/11/2013	
a) Improve business procedures/ processes and clarify interactions between APDD and OTW during the project delivery process b) Standardise change process and approvals for assets including training requirements.		Program delivery have developed an updated Project Management Plan which incorporates standardised elements for engaging with stakeholders, including project handover (commissioning, training, documentation requirements) and sign-off requirements. This is currently being rolled-out across PD and it is planned to have it fully embedded by the end of November 2013.	
7	s.73	4/03/2014	
Develop procedure/plan between Supply System and Water Treatment teams for timely implementation of mitigation actions to manage water quality issues (Mt Crosby) with		21/1 s.73 gathering information from loss plans and meeti s.73 to collate in the next 10 days	
8	s.73	13/06/2014	21/01/2014
Develop better understanding between maintenance, plant operations and system operations. Alternatively develop more complete operational procedures/contingency plans between WTP and Supply System Control rooms (see 8 Processes below). Together with s.73		Loss Plan for Mt Crosby completed. PLN - 00023	

9	s.73	28/02/2014	
Learnings from this investigation be communicated to other Seqwater sites.			
10	s.73	31/01/2014	31/01/2014
Output from Action item # 3. Meet to discuss whether HACCP Limits of 0.7-0.9mg/L for pre-reservoir can be relaxed.		High level review undertaken but stakeholders all agreed this would increase the risk and therefore item is closed and current limits remain in place.	
11	s.73	30/06/2014	
Output from Action item #3. Establish current compliance or otherwise with the QLD Fluoridation Code of Practice		Update 31/1/14. Preliminary findings have been developed and are out for internal consultation.	
12	s.73	28/02/2014	31/01/2014
Output from Action i t of concept design internally for Option 2		completed. Concept design to feed into business case. See item #13.	
13	s.73	28/02/2014	
Output from Action it ent of an emergent business case based on the concept design.		update 31/1/14. concept design developed. BC underway.	
14	s.73	31/12/2014	
Output from Action item #3. detailed design, construction, commissioning and formal handover of a code-compliant system		initial planning underway. need business case to be approved to progress.	

RTI RELEASE

**From:** s.73  
**To:** \_\_\_\_\_  
**Subject:** \_\_\_\_\_ osby  
**Date:** Friday, 13 June 2014 2:31:02 PM

---

Thanks s.73

ta

s.73

**Manager Environmental Health**  
West Moreton Public Health Unit  
West Moreton Hospital and Health Service

T: 07 3818 4702 | M: s.73  
E: s.73@health.qld.gov.au

---

**From:** s.73  
**Sen**  
**To:** s.73  
**Sub** rosby

Hi s.73

As discussed earlier, s.73 (Manager, Drinking Water Quality) from Seqwater has advised that renewal works will be undertaken on the fluoride dosing equipment used to fluoridate treated water from the West Bank WTP, next week. Ordinarily, this would lead to a significant reduction in the concentration of fluoride in water leaving the Camerons Hill reservoir. However, Seqwater are planning to increase production at East Bank and reduce production at West Bank to a minimal level such that the effect on fluoride concentration is minimised. Saying that, they've advised that they may still come just under the prescribed concentration, when averaged over a quarter. I asked that if this was to occur, that they provide an explanation in their next round of Fluoridated Water Quarterly Reports.

Feel free to give me a call should you wish to discuss. Alternatively, you can contact s.73 on s.73

Regards,

s.73

Senior Environmental Health Officer  
Water Team  
Health Protection Unit  
Chief Health Officer Branch

---

Health Service and Clinical Innovation | **Department of Health**  
Level 1, 15 Butterfield Street, Herston, Brisbane, 4006 | PO Box 2368, Fortitude Valley, 4006

t. 07 3328 9348

f. 07 3328 9354

e.s.73@health.qld.gov.au

Out of hours number for Environmental Health: 1800 128 962

Visit us on the web at: [www.health.qld.gov.au/ph/ehu/eh-science-regulation.asp](http://www.health.qld.gov.au/ph/ehu/eh-science-regulation.asp)



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Be courageous



Empower people



Queensland  
Government

Great state. Great opportunity.



---

**From:** s.73 p.qld.gov.au>  
**Sent:** PM  
**To:** s.73  
**Cc:**  
**Subject:** HP TRIM Document : D14/99860 : DIP-1486-10 Draft Variation 2 to MOU between TAFE DSDIP and QH - Indigenous Fluoride Training - 11 June 2014  
**Attachments:** DIP-1486-10 Draft Variation 2 to MOU between TAFE DSDIP and QH - Indigenous Fluoride Training - 11 June 2014.DOCX; CGD13 42834 Executed varied Memorandum of Understanding between DSDIP, DOH and Sunshine Coast Institute of TAFE(2).pdf; CGD13 4278 Signed MOU between TAFE, DIP and QH - Indigenous fluoride operator training - 25 October 2010(2).pdf  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Hello<sup>s.73</sup>

Attached is the proposed Variation Two (2) to the Memorandum of Understanding (MOU) of the 25 October 2010 and varied on the 6 September 2013. The proposed variation is for time only, to extend the MOU to 30 June 2015. This will enable sufficient time for training at Aurukun to be completed. The original MOU and Variation 1 are attached for your reference.

I would appreciate if you could review Variation 2 to the MOU document ensuring its accuracy and content.

If you could confirm as soon as possible your confirmation that the document is in order then we will distribute final copies to you for execution, mindful that 30 June 2014 is only a few weeks away.

Regards,

s.73

Project Manager  
Project Delivery  
Major Projects Office  
Department of State Development, Infrastructure and Planning Queensland Government

tel +61 7 3452 7876  
mobile<sup>s.73</sup>  
post PO Box 15009 City East Qld 4002  
visit Level 8, 63 George Street, Brisbane<sup>s.73</sup> [@dsdip.qld.gov.au](mailto:@dsdip.qld.gov.au)

[www.dsdip.qld.gov.au](http://www.dsdip.qld.gov.au)

Please consider the environment before printing this email

Great state. Great opportunity.

-----< HP TRIM Record Information >-----

Record Number: D14/99860  
Title : DIP-1486-10 Draft Variation 2 to MOU between TAFE DSDIP and QH - Indigenous Fluoride Training - 11 June 2014

---

**VARIATION NUMBER TWO (2)**

**TO THE**

**MEMORANDUM OF UNDERSTANDING**

---

**Between**

**THE STATE OF QUEENSLAND**  
acting through the Department of Education, Training and  
Employment through  
**SUNSHINE COAST INSTITUTE OF TAFE**  
**ABN: 54 456 676 679**

**and**

**THE STATE OF QUEENSLAND**  
acting through the Department of State Development,  
Infrastructure and Planning  
**ABN: 29 230 178 530**

**and**

**THE STATE OF QUEENSLAND**  
acting through the Department of Health  
**ABN: 66 329 169 412**

**THIS SECOND VARIATION TO THE MEMORANDUM OF UNDERSTANDING** made on this     day of  
2014  
is made in reference to the

**MEMORANDUM OF UNDERSTANDING MADE ON THE 25<sup>TH</sup> DAY OF OCTOBER 2010 AND VARIED ON  
THE 6<sup>TH</sup> DAY OF SEPTEMBER 2013**

**BETWEEN:**

**THE STATE OF QUEENSLAND** acting through the Department of Education and Training  
through Sunshine Coast Institute of TAFE of 34 Lady Musgrave Drive, Mountain Creek, QLD  
("SCIT")

**AND:**

**THE STATE OF QUEENSLAND** acting through the Department of Infrastructure and  
Planning of 63 George Street, Brisbane, QLD ("DIP")

**AND:**

**THE STATE OF QUEENSLAND** acting through Department of Health Queensland trading  
as Queensland Health of 15 Butterfield Street, Herston, QLD ("QH")

RTI RELEASED

**ORIGINAL AGREEMENT:**

- A. SCIT will collaborate with the Co-Provider Simmonds & Bristow Pty Ltd (ABN 33 010 252 418) to provide training to the specifications and satisfaction of DoH in the delivery of *NWP20101 Certificate II in water industry operations*.

SCIT will create and manage the delivery of training to the Indigenous community water treatment plant operators (at least 2 per community) in Torres Shire, Yarrabah, Aurukun, Doomadgee, Palm Island and Cherbourg.

- B. DSDIP will provide funding to SCIT for the Project, subject to the terms and conditions as set out in the Memorandum commencing 25 October 2010.
- C. The State is required to ensure the accountability of funding and accordingly, SCIT is required to be accountable for all funding it receives from the State pursuant to the Memorandum.

**VARIATIONS:****1. TERM**

The original MoU dated 25 October 2010, specified in section 5.3 that SCIT must submit a final report to DSDIP on the due date of the Final Report, in accordance with and containing the information required by the parties' mutual agreement.

As stated in Schedule 1 Memorandum Details, the Final Report Due Date is the date on completion of training at all sites.

As stated in Schedule 2 Payment Schedule, the Program Completion under Contract No. 1126000 with the Co-Provider is subject to SCIT providing DSDIP with sign off from DoH indicating satisfactory delivery.

The completion date of the Memorandum of Understanding was amended in variation 1 (6 September 2013), to 30 June 2014 planned to coincide with the completion of training for all Indigenous sites. With the delay in the installation of the Aurukun water fluoridation plant, the completion date is now proposed to be 30 June 2015 to coincide with the completion of training at Aurukun, the last remaining Indigenous site to be provided training. This memorandum will expire on this date unless otherwise stated and agreed to by all parties in writing.

RTI REQUEST

EXECUTED as a Memorandum  
**SIGNED by THE STATE OF QUEENSLAND**  
acting through the **Department of Education,  
Training and Employment (DETE)** through  
**Sunshine Coast Institute of TAFE** ABN 54 456 676 679

by ) Signature.....  
 ) Name.....  
 ) Position.....  
 ) Date.....  
a duly authorised person, in the presence of: )

.....  
(signature of witness) (date)

**SIGNED by THE STATE OF QUEENSLAND**  
acting through the **Department of State Development,  
Infrastructure and Planning (DSDIP)** ABN 29 230 178 530

by ) Signature.....  
 ) Name.....  
 ) Position.....  
 ) Date.....  
a duly authorised person, in the presence of: )

.....  
(signature of witness) (date)

**SIGNED by THE STATE OF QUEENSLAND**  
acting through the **Department of Health (DoH)** ABN 66 329 169 412

by ) Signature.....  
 ) Name.....  
 ) Position.....  
 ) Date.....  
a duly authorised person, in the presence of: )

.....  
(signature of witness) (date)

---

**VARIATION NUMBER ONE (1)**

**TO THE**

**MEMORANDUM OF UNDERSTANDING**

---

**Between**

**THE STATE OF QUEENSLAND**  
acting through the Department of Education, Training and  
Employment through  
**SUNSHINE COAST INSTITUTE OF TAFE**  
**ABN: 54 456 676 679**

**and**

**THE STATE OF QUEENSLAND**  
acting through the Department of State Development,  
Infrastructure and Planning  
**ABN: 29 230 178 530**

**and**

**THE STATE OF QUEENSLAND**  
acting through the Department of Health  
**ABN: 66 329 169 412**

10515 - 10392

**THIS VARIATION TO THE MEMORANDUM OF UNDERSTANDING** made on this    day of                    2013  
is made in reference to the

**6 SEP 2013**

**MEMORANDUM OF UNDERSTANDING MADE ON THE 25<sup>TH</sup> DAY OF OCTOBER 2010**

**BETWEEN:**

**THE STATE OF QUEENSLAND** acting through the Department of Education and Training through Sunshine Coast Institute of TAFE of 34 Lady Musgrave Drive, Mountain Creek, QLD ("SCIT")

**AND:**

**THE STATE OF QUEENSLAND** acting through the Department of Infrastructure and Planning of 63 George Street, Brisbane, QLD ("DIP")

**AND:**

**THE STATE OF QUEENSLAND** acting through Department of Health Queensland trading as Queensland Health of 15 Butterfield Street, Herston, QLD ("QH")

RTI RELEASE



**ORIGINAL AGREEMENT:**

- A. SCIT will collaborate with the Co-Provider Simmonds & Bristow Pty Ltd (ABN 33 010 252 418) to provide training to the specifications and satisfaction of DoH in the delivery of *NWP20101 Certificate II in water industry operations*.

SCIT will create and manage the delivery of training to the Indigenous community water treatment plant operators (at least 2 per community) in Torres Shire, Yarrabah, Aurukun, Doomadgee, Palm Island and Cherbourg.

- B. DSDIP will provide funding to SCIT for the Project, subject to the terms and conditions as set out in the Memorandum commencing 25 October 2010.
- C. The State is required to ensure the accountability of funding and accordingly, SCIT is required to be accountable for all funding it receives from the State pursuant to the Memorandum.

**VARIATIONS:****1. DEPARTMENT NAMES**

Following Machinery of Government and administrative changes, Department names within the Queensland Government have now changed as below:

- 1.1 The former Department of Infrastructure and Planning (DIP) has been transferred to the **Department of State Development, Infrastructure and Planning (DSDIP) ABN 29 230 178 530**.

1.1.1 In the original Memorandum of Understanding dated 25 October 2010 where there is a reference to the Department of Infrastructure and Planning (DIP), it is now understood to refer to the Department of State Development, Infrastructure and Planning (DSDIP).

- 1.2 The former Department of Education and Training (DET) has been transferred to the **Department of Education, Training and Employment (DETE)**.

1.2.1 In the original Memorandum of Understanding dated 25 October 2010 where there is a reference to the Department of Education and Training (DET), it is now understood to refer to the Department of Education, Training and Employment (DETE).

- 1.3 In the original Memorandum of Understanding dated 25 October 2010 where there is reference to the Department of Health Queensland trading as Queensland Health (QH), it is now understood to refer to the Department of Health (DoH).

**2. TERM**

The original MoU dated 25 October 2010, specified in section 5.3 that SCIT must submit a final report to DSDIP on the due date of the Final Report, in accordance with and containing the information required by the parties' mutual agreement.

As stated in Schedule 1 Memorandum Details, the Final Report Due Date is the date on completion of training at all sites.

As stated in Schedule 2 Payment Schedule, the Program Completion under Contract No. 1126000 with the Co-Provider is subject to SCIT providing DSDIP with sign off from DoH indicating satisfactory delivery.

A variation to the completion date of the Memorandum of Understanding is now proposed to be 30 June 2014 to coincide with the completion of training for all Indigenous sites. This memorandum will expire on this date unless otherwise stated and agreed to by all parties in writing.

### 3. SCHEDULES

The following variations to Schedule 1 and Schedule 2 are proposed as follows.

#### 3.1

#### SCHEDULE 1

#### MEMORANDUM DETAILS

Item No.	Defined Item	Details
1	SCIT's Principal Office:	34 Lady Musgrave Drive Mountain Creek QLD 4558
2	SCIT's Address for Service:	PO Box 5252 Nambour QLD 4560
3	DSDIP's Address for Service:	PO Box 15009 City East QLD 4002
4	DoH's Address for Service:	PO Box 2368 Fortitude Valley BS QLD 4006
5	Interim Report Due Date:	On completion of training at each site (Torres Shire, Yarrabah, Doomadgee, Palm Island and Cherbourg)
6	Final Report Due Date:	On completion of training at the Aurukun site.

#### 3.2

#### SCHEDULE 2

#### PAYMENT SCHEDULE

Performance Indicator	Amount GST excluded	GST (10%)	Amount GST Included
Execution of the original Memorandum	\$82,393.50	\$8,239.35	\$90,632.85
Interim Report for five of six sites – Torres Shire, Yarrabah, Doomadgee, Palm Island and Cherbourg subject to SCIT providing DSDIP with sign off from DoH indicating satisfactory delivery	\$68,661.25	\$6,866.12	\$75,527.37
Final Report due on completion of the Aurukun site subject to SCIT providing DSDIP with sign off from DoH indicating satisfactory delivery	\$13,732.25	\$1,373.22	\$15,105.47

EXECUTED as a Memorandum

SIGNED by THE STATE OF QUEENSLAND acting through the Department of Education, Training and Employment (DETE) through Sunshine Coast Institute of TAFE ABN 54 456 676 679

s.73

by ) Signature .....  
) Name s.73 .....  
) Position BUS. DEV. MANAGER .....  
) Date 17.7.2013 .....

a duly authorised person, in the presence of:  
s.73

(signature of witness) .....  
(date) 17/07/13

SIGNED by THE STATE OF QUEENSLAND acting through the Department of State Development, Infrastructure and Planning (DSDIP) ABN 29 230 178 530

s.73

by ) Signature.. .....  
) Name s.73 .....  
) Position DDG MAJOR PROJECTS .....  
) Date 1.7.2013 .....

a duly authorised person, in the presence of:  
s.73

(date) 1.7.13

SIGNED by THE STATE OF QUEENSLAND acting through the Department of Health (DoH) ABN 66 329 169 412

s.73

by ) Signature .....  
) Name.....  
) Position CHIEF HEALTH OFFICER .....  
) Date 6-9-13 .....

a duly authorised person, in the presence of:  
s.73

(signature of witness) .....  
(date) 6/9/13

---

**MEMORANDUM OF UNDERSTANDING**

---

**Between**

**THE STATE OF QUEENSLAND**  
acting through the Department of Education and Training  
through  
**SUNSHINE COAST INSTITUTE OF TAFE**  
ABN: 54 456 676 679

**and**

**THE STATE OF QUEENSLAND**  
acting through the Department of Infrastructure and Planning  
ABN: 25 166 523 889

**and**

**THE STATE OF QUEENSLAND**  
acting through Department of Health Queensland  
trading as Queensland Health  
ABN 66 329 169 412

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RTI RELEASES



## MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM is made on 25<sup>TH</sup> day of OCTOBER 2010

**BETWEEN:**

**THE STATE OF QUEENSLAND** acting through the Department of Education and Training through Sunshine Coast Institute of TAFE of 34 Lady Musgrave Drive, Mountain Creek, QLD ("SCIT")

**AND:**

**THE STATE OF QUEENSLAND** acting through the Department of Infrastructure and Planning of 63 George Street, Brisbane, QLD ("DIP")

**AND:**

**THE STATE OF QUEENSLAND** acting through Department of Health Queensland trading as Queensland Health of 15 Butterfield Street, Herston, QLD ("QH")

**RECITALS:**

- A. SCIT will collaborate with the Co-Provider to provide training to the specifications and satisfaction of QH in the delivery of *NWP20101 Certificate II in water industry operations*.
- B. DIP wishes to provide Funding to SCIT for the Project, subject to the terms and conditions as set out in this Memorandum.
- C. The State is required to ensure the accountability of Funding and accordingly, SCIT is required to be accountable for all Funding it receives from the State pursuant to this Memorandum.

**MEMORANDUM OF UNDERSTANDING:**

**1. INTERPRETATION**

**1.1 Definitions**

In this Memorandum, the following terms have the following meanings, unless the context otherwise requires:

**"Address for Service"** means the address and facsimile numbers of the Parties set out in Schedule 1, items 2, 3 and 4.

**"Business Day"** means a weekday on which banks are open for business in Brisbane.

**"Commencement Date"** means the date upon which this Memorandum is executed by the Parties or if the Parties execute the Memorandum on different days, the date upon which the last Party executes the Memorandum.

**"Confidential Information"** includes all trade secrets and know-how, financial information and other commercially valuable information of whatever description and in whatever form this information is communicated (whether by electronic means, in an electronic storage device, in writing or orally) and includes the interpretation, analysis and application of general information in the public domain.

**"Co-Provider"** means Simmonds & Bristow Pty Ltd ABN 33 010 252 418.

**"Final Report"** means the report to be submitted by SCiT to the State on the date specified in Schedule 1, item 6 each year of the Funding Period to account for expenditure of the Funds and outcomes of the previous year pursuant to Clause 5.3 and in the format and including the information as agreed between the parties.

**"Force Majeure"** means any event or circumstance that is not within the control of a Party and which could not have been overcome, prevented or remedied by the exercise of reasonable care on the Party's part and includes, but is not limited to:

- (a) war, whether declared or undeclared, revolution or act of public enemies;
- (b) riot or civil commotion;
- (c) strike, stoppage, ban, limitation on work or restraint of labour;
- (d) act of God;
- (e) fire, explosion, flood, storm, tempest, landslide or washaway;
- (f) act of restraint of any governmental or semi-governmental or other public or statutory authority; or
- (g) an order of any Court.

**"Funding" or "Funds"** means an amount up to \$164,787.00 (excluding GST), payable under clause 2 of this Memorandum.

**"Funding Period"** means from the Commencement Date until the later of completion of the Project under Contract No. 1126000 and the date of DIP's last Funding payment.

**"Goods and Services Tax" or "GST"** means an amount of GST payable under the *A New Tax System (Goods and Services Tax) Act 1999* and *A New Tax System (Goods and Services Tax Imposition – General) Act 1999* or otherwise imposed by the Commonwealth Government.

**"GST Amount"** means the amount calculated by multiplying the GST exclusive amount of the financial assistance as a taxable supply, payable under the terms of this Memorandum, by the rate of GST applicable from time to time.



**"Intellectual Property"** includes all copyright (including any future copyright), moral rights, all rights in relation to inventions (including patent rights), plant varieties, registered and unregistered trade marks (including service marks), registered designs, confidential information (including trade secrets and know-how), circuit layouts and all other rights resulting from intellectual activity in the industrial, scientific, literary or artistic fields as a result of the use of the Funds in the Project.

**"Interim Report"** means the report to be submitted by SCIT to the State on the date specified in Schedule 1, item 5 of each year of the Funding Period, which provides the identified information required pursuant to Clause 5.2 and in the format and including the information as agreed by the parties.

**"Party"** means a party to this Memorandum.

**"Performance Indicator"** means the indicators, designed to measure the progress of the Project by SCIT, as set out in Schedule 2 of this Memorandum.

**"Project"** means the creation and delivery of the NWP20101 Certificate II in water industry operations to the satisfaction and specifications of the Queensland Health Environmental Health Branch.

**"Report"** means either the Interim Report or the Final Report (whichever is applicable in the circumstances) required to be submitted by SCIT to the State.

**"Trust Account"** means the separate account to be maintained by SCIT, if required by the State.

## 1.2 Interpretation

In this Memorandum:

- (a) a reference to this Memorandum or other instrument includes any variation or replacement of any of them;
- (b) a reference to a statute, ordinance, code or other law includes regulations and other instruments under it and consolidations, amendments, re-enactments or replacements of any of them;
- (c) the singular includes the plural and vice versa;
- (d) the word "person" includes a firm, body corporate, an unincorporated association or an authority;
- (e) a reference to a person includes a reference to the person's executors, administrators, successors, substitutes (including persons taking by novation) and assigns;
- (f) a reference to an accounting term is to be interpreted in accordance with approved accounting standards under the *Corporations Act 2001* and, where not inconsistent with those accounting standards, generally accepted principles and practices in Australia consistently applied by an incorporated body or as between incorporated bodies and over time;
- (g) a reference to anything (including any amount) is a reference to the whole and each part of it and a reference to a group of persons is a reference to all of them collectively, to any 2 or more of them collectively and to each of them individually;
- (h) a reference to the State or any other government department or entity ("**Existing Entity**") includes a reference to any department or other government entity ("**New Entity**") established or constituted in lieu of the Existing Entity, and with (as nearly as possible) the powers and responsibilities of the Existing Entity;
- (i) if an act prescribed under this Memorandum, to be done by a party on or by a given day, is done after 5.00pm on that day, the act is deemed to be done on the following day;
- (j) the monetary amounts stated in this Memorandum are exclusive of GST;
- (k) reference to "\$" or "dollars" means Australian dollars; and

(l) headings do not affect the interpretation of this Memorandum.

## 2. OBLIGATIONS OF DIP

2.1 Subject to the terms and conditions of this Memorandum, DIP will provide SCIT with the Funds over the Funding Period, to be expended by SCIT on the Project only.

2.2 The Funding to be provided by DIP consists of the following elements:

- (a) Delivery of face to face training and assessment in fluoridation (NWP276a) to meet the requirements of the Water Fluoridation Regulation to six indigenous communities - \$113,199.00;
- (b) Travel and accommodation for trainers and assessors - \$28,850.00;
- (c) Travel and accommodation contingency to allow for weather etc - \$5,770.00; and
- (d) Contract and quality management by SCIT - \$16,968.00

2.3 Subject to Clause 2.4 and upon receipt of a valid tax invoice from SCIT, DIP will provide the Funds in accordance with the Payment Schedule as set out in Schedule 2 of this Memorandum.

2.4 DIP's obligation to pay the Funds to SCIT in accordance with this Clause 2 is subject to DIP, in its sole discretion, being satisfied that SCIT has complied with all aspects of this Memorandum.

## 3. OBLIGATIONS OF SCIT

3.1 SCIT will create and manage the delivery of training to the Indigenous community water treatment plant operators (at least 2 per community) in Torres Shire, Yarrabah, Aurukun, Doomadgee, Palm Island and Cherbourg, including:

- (a) the development of workbooks;
- (b) face-to-face on the job delivery;
- (c) workplace projects;
- (d) an in-community reinforcement session;
- (e) face-to-face work readiness assessment;
- (f) ensuring that course material is contextualised for Indigenous community learning.

3.2 SCIT acknowledges that receipt and retention of the Funds is conditional upon SCIT:

- (a) using the Funds on the Project(s) only;
- (b) providing Interim (if applicable) and Final Reports and other information, which is accurate and not misleading, in accordance with Clause 5;
- (c) using its best endeavours to meet the Performance Indicators and providing the necessary information required pursuant to the Reports, to the satisfaction of DIP;
- (d) not being in breach of any other funding arrangement with the State of Queensland; and
- (e) complying with this Memorandum.

3.3 All details of any disbursement of the Funding to any other project, a member of SCIT or any other third party, must be recorded in the accounts and/or accounting records prepared by SCIT in respect of the Project.

3.4 If SCIT fails to comply with this clause, DIP, at its sole discretion, may suspend any one or more payments of the Funds until such time as DIP is satisfied that SCIT has complied with each of the provisions. If SCIT is unable to comply with each of the provisions within 90 days from receipt of a notice from DIP, SCIT will be deemed to be in breach of this Memorandum and DIP may elect, at its sole discretion, to terminate this Memorandum pursuant to Clause 9.

3.5 Any equipment or materials purchased or constructed with the Funds shall vest in SCIT ("Assets"). SCIT shall keep and maintain an up to date inventory of the Assets and will assume full responsibility and liability for all risks associated with the Assets, irrespective of the location of the Assets.

3.6 SCIT must return to DIP within sixty (60) days of the end of the Funding Period any part of the Funding not fully expended on the Project.

#### 4. OBLIGATIONS OF QH

4.1 QH is responsible for reviewing and approving the proposed training.

#### 5. REPORTING

5.1 SCIT must use its best endeavours to:

- (a) provide accurate and not misleading information to DIP; and
- (b) meet the Performance Indicators. If SCIT is unable to meet each of the Performance Indicators, SCIT must provide satisfactory reasons within the Reports to DIP as to why the particular Performance Indicator has not been achieved.

5.2 SCIT must submit Interim Reports (if applicable) to DIP on each of the due dates for Interim Reports listed in Schedule 1, Item 5. The content and format of the report are to be agreed by the parties.

5.3 SCIT must submit a Final Report to DIP on the due date of the Final Report, in accordance with and containing the information required by the parties' mutual agreement. The Final Report is to be executed by the Chief Executive Officer or authorised officer of SCIT.

5.4 If SCIT fails to submit a Report on the due date, or other date as agreed between the Parties, SCIT will be in breach of this Memorandum and DIP may elect to terminate this Memorandum pursuant to Clause 9.

5.5 If SCIT submits a Report which DIP deems to be unsatisfactory, DIP may suspend payment of the Funds until such time as SCIT provides a satisfactory Report. DIP will provide SCIT with a written notice within 14 days of receipt of the Report, advising SCIT of the:

- (a) additional information which SCIT must supply to DIP in order for SCIT to deliver a satisfactory Report to DIP ("**Resubmitted Report**"); and
- (b) due date by which SCIT must provide the Resubmitted Report requested pursuant to Clause 5.5(a).

5.6 DIP will provide SCIT with a written notice within 14 days of receipt of the Resubmitted Report, advising SCIT that the Resubmitted Report is:

- (a) satisfactory and notice of the timeframe in which the Funds will be paid; or
- (b) unsatisfactory and SCIT is in breach of this Memorandum. DIP may notify SCIT, at its sole discretion, that the State is terminating this Memorandum pursuant to Clause 9.

#### 6. ACCOUNTS

6.1 SCIT must establish a separate Trust Account, if required by DIP, into which all Funds (including any Initial Payment) must be deposited.

6.2 SCIT agrees that all Funds which are deposited into the Trust Account must only be allocated to and expended on the Project.

6.3 DIP acknowledges that SCIT may withdraw monies from the Trust Account for the purpose of paying Project Expenses and any other expenditure incurred in the carrying out the Project as approved by

DIP from time to time. All such payments are to be recorded and reported in accordance with Clause 6.4.

- 6.4 SCIT will ensure that complete and accurate books of accounts and other records are kept for the Project, which include details of:
- (a) all financial and in-kind contributions, including the Funds;
  - (b) all monies deposited to and withdrawn from the Trust Account;
  - (c) all expenditure incurred in carrying out the Project;
  - (d) other expenditure associated with the operation of the Project by SCIT; and
  - (e) such other information as the Parties may from time to time agree should be maintained in the books of accounts or other records of SCIT in respect of the Project.

## 7. INTELLECTUAL PROPERTY

- 7.1 DIP, QH and SCIT acknowledge that any Intellectual Property created during the Project, upon its creation, shall vest in SCIT.
- 7.2 SCIT hereby grants to DIP and QH, a perpetual, royalty-free, non-transferable, non-exclusive licence to use, modify and develop the Intellectual Property.

## 8. CONFIDENTIALITY AND PUBLICATION

- 8.1 Each Party ("**Receiving Party**") agrees that it will keep secret and confidential and not disclose any Confidential Information of the other Party ("**Disclosing Party**") (including in relation to the Intellectual Property) without the prior written consent of the Disclosing Party.
- 8.2 The obligations imposed upon a Receiving Party by this Clause 8 will not apply to any data or Confidential Information which:
- (a) prior to the disclosure being made, is in the public domain or in published literature or subsequent to disclosure being made to the Receiving Party, becomes part of the public domain or is published other than as a result of an unauthorised act or failure to act by the Receiving Party;
  - (b) is received by the Receiving Party from a third party without any obligation to hold it in confidence and which has been obtained by a third party directly or indirectly from any other party or is independently developed by an employee or officer of the Receiving Party owing the obligation of confidentiality whilst having no knowledge of the Disclosing Party's Confidential Information; or
  - (c) is required to be disclosed by law or for any Government accountability purposes.
- 8.3 The obligations of confidentiality imposed on a Party under this Clause 8 will survive termination of this Memorandum until each part of the Confidential Information lawfully becomes part of the public domain, unless otherwise agreed in writing.
- 8.4 DIP and QH may use general details of SCIT and the Project to publicise the benefits to Queensland of DIP's funding of this project.
- 8.5 Unless otherwise approved by DIP, any public announcements made and promotional material prepared by SCIT, or any member of SCIT, must acknowledge the financial contribution of DIP to the Project.
- 8.6 DIP reserves the right to disclose to sitting Members of Parliament the general details, including Confidential Information, of SCIT and the Project and the fact that DIP has made a financial contribution to SCIT for the Project.

## 9. TERMINATION

- 9.1 If a Party defaults in the performance of its obligations under this Memorandum, the other Party may give a notice of default requiring the default to be rectified within a reasonable period nominated in the notice, or if no such period is nominated then, 14 days.
- 9.2 If the default is not remedied within the period specified in Clause 9.1, the non-defaulting party may terminate this Memorandum immediately by written notice to the other Party.
- 9.3 DIP or QH may terminate this Memorandum, without cause, upon 30 days written notice to SCIT.
- 9.4 Termination of this Memorandum under this Clause 9 does not affect any accrued rights or remedies of a Party.

## 10. EFFECT OF TERMINATION OF MEMORANDUM

10.1 In the event of termination or expiration of this Memorandum:

- (a) DIP will have no further obligation to pay the Funds to SCIT;
- (b) subject to Clause 10.1(c), each Party must stop using the Confidential Information of the other Party and, at the other Party's option:
  - (i) return to the other Party;
  - (ii) destroy and certify in writing to the other Party the destruction of; or
  - (iii) destroy and permit the other Party to witness the destruction of,all of the other Party's Confidential Information in that Party's possession or control;
- (c) DIP shall be entitled to retain one copy of the Disclosing Party's Confidential Information for the purposes of fulfilling its portfolio responsibilities, record keeping and accountability purposes;
- (d) SCIT must take all action necessary to minimise further expenditure of the Funding; and
- (e) DIP may in the notice of termination or a further notice, require the Organisation to repay the unspent amount of the Funding, or such part as is stated in such notice, within the time specified in the notice.

## 11. GST

11.1 The Parties agree that:

- (a) words and expressions used in this Clause 11 which are defined in the *A New Tax System (Goods and Services Tax) Act 1999 (Cth)* or, if not so defined, then which are defined in the *Trade Practices Act 1974 (Cth)*, have the same meaning in this Clause 11;
- (b) any consideration, including the Funding, to be paid or provided for a supply made under or in connection with this Memorandum does not include an amount on account of GST, unless specifically described in this Memorandum as being "GST inclusive";
- (c) such information must be exchanged, as is reasonably necessary, for each of DIP and SCIT to make an assessment of the GST liability or benefits from the New Tax System changes (including GST registration status and ABN);
- (d) if the whole or part of the Funding is the consideration for a taxable supply, DIP must pay to SCIT an additional amount equal to the GST Amount that SCIT is liable to pay to the Commissioner of Taxation;
- (e) DIP is liable to pay the GST Amount to SCIT only upon receipt of a valid tax invoice.



11.2 If it is determined on reasonable grounds that the amount of GST collected from DIP by SCIT under this Clause 11 differs, for any reason, from the amount of GST paid or payable by SCIT, including by reason of:

- (a) any amendment to the GST;
- (b) the issuance of a ruling or advice by the Commissioner of Taxation; or
- (c) a refund to SCIT in respect of a supply made under this Memorandum,

DIP is entitled to a refund of the appropriate consideration collected from DIP and SCIT must issue an appropriate GST adjustment notice.

## 12. GENERAL

### 12.1 Assignment

No Party will assign, novate, transfer, encumber or subcontract any or all of its rights or obligations under this Memorandum to any other party, except with the prior written consent of DIP.

### 12.2 Force Majeure

No Party is liable for any failure to perform or delay in performing its obligations under this Memorandum if that failure or delay is due to anything beyond that Party's reasonable control. If that failure or delays exceed 60 days either SCIT, DIP or QH may terminate this Memorandum with immediate effect by giving notice to the other Party.

### 12.3 Waiver

- (a) A waiver by a Party of any rights arising from a breach or non-observance by any other Party of a term of this Memorandum will not be taken to operate in any way as a waiver of any rights arising from any subsequent continuation of that breach or non-observance, or any further or other breach or non-observance of the same or any other term.
- (b) The failure by a Party to enforce at any time any provision of this Memorandum will not be construed as a waiver of that provision.

### 12.4 Compliance with Law

SCIT shall in carrying out the Project comply with the provisions of any relevant statutes, regulations, by-laws and requirements of any applicable Commonwealth, State, Territory or local authority.

### 12.5 Applicable Law

This Memorandum is governed by and construed in accordance with the laws of the State of Queensland and the Parties submit to the exclusive jurisdiction of the courts of Queensland.

### 12.6 Notices

- (a) Any notice or communication required to be given under this Memorandum must be in writing and may be delivered, posted by ordinary mail or sent by facsimile to the Party to which such notice is required to be given under this Memorandum.
- (b) The address for service of the Parties is set out in Schedule 1, items 2, 3 and 4.
- (c) All such notices and communications are effective and deemed to have been received in the following circumstances:
  - (i) if delivered, upon delivery;
  - (ii) if sent by mail, 2 Business Days after posting; and

- (iii) if sent by facsimile transmission, upon the sender's facsimile machine producing a transmission report that the facsimile was successfully sent to the addressee's facsimile number.
- (d) A Party may modify its address for service, from time to time, by a written notice served on the all other Parties.
- (e) Any notice served after 5.00pm is deemed to have been served on the next Business Day in the place to which it was sent.

**12.7 Entire Memorandum**

The terms of the Memorandum between the Parties are those set out in this Memorandum and no written or oral Memorandum, arrangement or understanding made or entered into prior to the date of this Memorandum may be read or incorporated into this Memorandum.

**12.8 Amendments**

This Memorandum will not be changed, modified or waived orally, but only by an instrument in writing signed by the duly authorised signatories of each Party.

**12.9 Counterparts**

This Memorandum may be signed in any number of counterparts. All counterparts will be taken to constitute one instrument.

**12.10 Severability**

If any provision of this Memorandum is held to be illegal or unenforceable the provision will be severed from the Memorandum and the remaining provisions will govern the relationship of the parties as if the offending provision had never been included.

RTI REQUEST



**EXECUTED** as an Memorandum

**SIGNED** by **THE STATE OF QUEENSLAND** acting through the Department of Education and Training through Sunshine Coast Institute of TAFE, ABN 54 456 676 679 by its authorised officer

s.73  
[Redacted Signature Area]

Name: .....

Position: INSTITUTE DIRECTOR

In the presence of: s.73 [Redacted]

Witness

25/10/10

Date

**SIGNED** by **THE STATE OF QUEENSLAND** acting through the Department of Infrastructure and Planning, ABN 25 166 523 889 by its authorised officer

s.73  
[Redacted Signature Area]

Signature

Name

Position: Executive Director Infrastructure Projects

In the presence of: s.73 [Redacted]

Witness

22/10/10

Date

**SIGNED** by **THE STATE OF QUEENSLAND** acting through the Department of Health Qld trading as Queensland Health, ABN 66 329 169 412 by its authorised officer

s.73  
[Redacted Signature Area]

Signed:

Name:

Position: EXECUTIVE DIRECTOR, HEALTH PROTECTION

In the presence of: s.73 [Redacted]

Witness

17/9/10

Date

## SCHEDULE 1

## Memorandum Details

Item No.	Defined Term	Details
1	SCIT's Principal Office:	34 Lady Musgrave Drive Mountain Creek QLD 4558
2	SCIT's Address for Service:	PO Box 5252 SCMC Nambour QLD 4560
3	DIP's Address for Service:	PO Box 15009 City East QLD 4002
4	QH's Address for Service:	PO Box 2368 Fortitude Valley BC QLD 4006
5	Interim Report Due Date:	On completion of training at each site (Torres Shire, Yarrabah, Aurukun, Doomadgee, Palm Island and Cherbourg)
6	Final Report Due Date:	On completion of training at all sites.

**SCHEDULE 2**

**Payment Schedule**

<b>Performance Indicator</b>	<b>Amount GST excluded</b>	<b>GST (10%)</b>	<b>Amount GST included</b>
Execution of this Memorandum	\$82,393.50	\$8,239.35	\$90,632.85
Program completion under Contract No. 1126000 with the Co-Provider subject to SCIT providing DIP with sign off from QH indicating satisfactory delivery	\$82,393.50	\$8,239.35	\$90,632.85

RTI RELEASE

s.73

---

**From:** s.73 p.qld.gov.au>  
**Sent:** 2014 2:30 PM  
**To:** s.73  
**Subject:** RE: HP TRIM Document : D14/99860 : DIP-1486-10 Draft Variation 2 to MOU between TAFE DSDIP and QH - Indigenous Fluoride Training - 11 June 2014

Thanks Heidi.

Regards,  
s.73

Project Manager  
Project Delivery  
Major Projects Office  
Department of State Development, Infrastructure and Planning Queensland Government

tel +61 7 3452 7876  
mobile<sup>s.73</sup>  
post PO Box 15009 City East Qld 4002  
visit Level 8, 63 George Street, Brisbane<sup>s.73</sup> [@dsdip.qld.gov.au](mailto:s.73@dsdip.qld.gov.au)

[www.dsdip.qld.gov.au](http://www.dsdip.qld.gov.au)

Please consider the environment before printing this email

Great state. Great opportunity.

-----Original Message-----

From:<sup>s.73</sup> <mailto:s.73@health.qld.gov.au> ]

Sent: Thursday, 12 June 2014

To:<sup>s.73</sup>

Subject: RE: HP TRIM Document : D14/99860 : DIP-1486-10 Draft Variation 2 to MOU between TAFE DSDIP and QH - Indigenous Fluoride Training - 11 June 2014

Hello<sup>s.73</sup>

I have had to send this through our legal team as they now need to review all such docs - I have requested a quick turn-around as I have a feeling we may be working to a date of 19 June 2014 to ensure sign off this financial year if it has to be signed at a level higher than the Chief Health Officer - I will let you know when I get confirmation.

s.73

Senior Environmental Health Officer - Water Program Health Protection Unit | Chief Health Officer Branch | Health Services and Clinical Innovation Division Department of Health | Queensland Government Level 1, 15 Butterfield Street | Herston PO Box 2368 | Fortitude Valley BC | QLD 4006 t. 07 332 89351 e.

s.73 [health.qld.gov.au](http://health.qld.gov.au) | [www.health.qld.gov.au](http://www.health.qld.gov.au)

-----Original Message-----

From: s.73 [mailto:[s.73@dsdip.qld.gov.au](mailto:s.73@dsdip.qld.gov.au)]

Sent: Wednesday, 11 June 2014 3:18 PM

To:s.73

Cc:

Subject: HP TRIM Document : D14/99860 : DIP-1486-10 Draft Variation 2 to MOU between TAFE DSDIP and QH - Indigenous Fluoride Training - 11 June 2014

Hello s.73

Attached is the proposed Variation Two (2) to the Memorandum of Understanding (MOU) of the 25 October 2010 and varied on the 6 September 2013. The proposed variation is for time only, to extend the MOU to 30 June 2015. This will enable sufficient time for training at Aurukun to be completed. The original MOU and Variation 1 are attached for your reference.

I would appreciate if you could review Variation 2 to the MOU document ensuring its accuracy and content.

If you could confirm as soon as possible your confirmation that the document is in order then we will distribute final copies to you for execution, mindful that 30 June 2014 is only a few weeks away.

Regards,

s.73

Project Manager  
Project Delivery  
Major Projects Office  
Department of State Development, Infrastructure and Planning Queensland Government

tel +61 7 3452 7876  
mobile s.73  
post PO Box 15009 City East Qld 4002  
visit Level 8, 63 George Street, Brisbane s.73 [dsdip.qld.gov.au](http://dsdip.qld.gov.au)

[www.dsdip.qld.gov.au](http://www.dsdip.qld.gov.au)

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Great state. Great opportunity.

-----< HP TRIM Record Information >-----

Record Number: D14/99860  
Title : DIP-1486-10 Draft Variation 2 to MOU between TAFE DSDIP and QH - Indigenous Fluoride Training - 11 June 2014

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Unless stated otherwise, this email represents only the views of the sender and not the views of the Queensland Government.

\*\*\*\*\*

RTI RELEASE

---

**From:** s.73  
**Sent:**  
**To:** s.73  
**Subject:** RE: HP TRIM Document : D14/99860 : DIP-1486-10 Draft Variation 2 to MOU between TAFE DSDIP and QH - Indigenous Fluoride Training - 11 June 2014

Good Morning<sup>s.73</sup>

Our legal team have reviewed the draft and are happy. Please could you forward the final copy for signing as soon as possible so that I can arrange signature before the end of the financial year.

Kind regards

Heidi Grodecki

Senior Environmental Health Officer – Water Program Health Protection Unit | Chief Health Officer Branch | Health Services and Clinical Innovation Division Department of Health | Queensland Government Level 1, 15 Butterfield Street | Herston PO Box 2368 | Fortitude Valley BC | QLD 4006 t. 07 332 89351 e.

<sup>s.73</sup> [health.qld.gov.au](mailto:health.qld.gov.au) | [www.health.qld.gov.au](http://www.health.qld.gov.au)

-----Original Message-----

**From:** <sup>s.73</sup> <mailto:dsdip.qld.gov.au> ]  
**Sent:** Wednesday, 11 June 2014 3:18 PM  
**To:** <sup>s.73</sup>  
**Cc:**  
**Subject:** HP TRIM Document : D14/99860 : DIP-1486-10 Draft Variation 2 to MOU between TAFE DSDIP and QH - Indigenous Fluoride Training - 11 June 2014

Hello<sup>s.73</sup>

Attached is the proposed Variation Two (2) to the Memorandum of Understanding (MOU) of the 25 October 2010 and varied on the 6 September 2013. The proposed variation is for time only, to extend the MOU to 30 June 2015. This will enable sufficient time for training at Aurukun to be completed. The original MOU and Variation 1 are attached for your reference.

I would appreciate if you could review Variation 2 to the MOU document ensuring its accuracy and content.

If you could confirm as soon as possible your confirmation that the document is in order then we will distribute final copies to you for execution, mindful that 30 June 2014 is only a few weeks away.

Regards,

<sup>s.73</sup>

Project Delivery  
Major Projects Office  
Department of State Development, Infrastructure and Planning Queensland Government

tel +61 7 3452 7876

mobile<sup>s.73</sup>

post P

East Qld 4002



[www.dsdip.qld.gov.au](http://www.dsdip.qld.gov.au)

Please consider the environment before printing this email

Great state. Great opportunity.

-----< HP TRIM Record Information >-----

Record Number: D14/99860

Title : DIP-1486-10 Draft Variation 2 to MOU between TAFE DSDIP  
and QH - Indigenous Fluoride Training - 11 June 2014

RTI RELEASE

**From:** Michael Foley  
**To:** Greg Jackson; Heidi Grodecki  
**Date:** 6/17/2013 2:57 pm  
**Subject:** Fluoridation cost-effectiveness in Queensland report  
**Attachments:** F cost benefit report.docx

Attached is the report I sent Jeannette a few weeks ago. The bases on which previous analyses have been conducted have changed dramatically in the past few years. The capital costs in Queensland are much greater than forecast, but I didn't have the full data when this report was written. Also, my gut feeling is that the assumed 40-45% reduction in caries is likely to be an overestimation, particularly in permanent teeth. The QCOHS data should be coming out soon (Rhys will have more info on this), and that will give a much better indication of likely reductions in Queensland caries levels attributable to fluoridation. On the positive side though, previous analyses of future dental treatment needs and their costs are likely to be very conservative. They rarely consider root fillings, crowns, bridges, dentures etc. Also, previous cost-effectiveness studies have assumed minimal benefits of fluoridation for adults, but the recent Slade et al paper based on data from the National Survey of Adult Oral Health 2004-06 shows very clearly that adults will also benefit from fluoridation, even when they haven't grown up with fluoridated water or fluoride toothpaste.

The end result is that I think fluoridation will still be very cost-effective in Queensland, but that determining an accurate figure would be extremely difficult for a whole host of reasons.

Regards,  
Michael

RTI RELEASED

# A review: cost-effectiveness of adjusted water fluoridation in Queensland

**Summary:** This document reviews the evidence regarding the cost-effectiveness of adjusted water fluoridation, hereafter fluoridation, in Queensland. Three relevant reports and studies include a 2002 Queensland Health-commissioned cost-effectiveness analysis of fluoridation across Queensland, a 2010 study assessing the cost-effectiveness of fluoridation in south east Queensland, and a 2012 study into the cost-effectiveness of extending fluoridation into the relatively few remaining sub-optimally fluoridated Australian water supplies.

The first fluoridation trials commenced in the United States in 1945, after extensive field research confirmed that people living in areas with relatively high levels of natural fluoride in their water supplies had much less dental caries (tooth decay). The early fluoridation trials were highly successful in reducing caries levels, and the practice of community fluoridation quickly spread around the United States and then to other countries.

In 1953, the small Tasmanian town of Beaconsfield became the first Australian town to fluoridate its water supplies. All Australian capital cities except Brisbane introduced fluoridation in the 1960s and 1970s. Townsville became one of the few Queensland cities to fluoridate its water supplies in 1965, and a 1996 study confirmed that Townsville children had 45% less caries experience than Brisbane children. The greatest caries reductions associated with fluoridation are seen in disadvantaged communities and regional and remote areas where health services are often more limited.

The dental health benefits of fluoridation have been demonstrated repeatedly, but the flow-on financial benefits have attracted far less attention from researchers. These recent Queensland and Australian cost-effectiveness analyses conclude that the reduction in dental caries and improved dental health attributable to fluoridation will create significant cost savings to the Queensland community, primarily in reduced costs for future dental treatment.

Accordingly, for both health and financial reasons, this review strongly endorses the widespread introduction and continuation of fluoridation in Queensland towns and cities.

Dr Michael Foley  
Director, Brisbane Dental Hospital

# A review: cost-effectiveness of adjusted fluoridation in Queensland

**Introduction:** The total Australian expenditure on oral health services in 2009–10 was \$7.7 billion, 6.3% of the entire health expenditure (1). Of this amount, 24% (\$1.9 billion) was spent by federal, state and territory, and local governments. Queensland currently spends around \$180 million annually on public sector oral health services, higher in both absolute and per capita terms than that spent by any other Australian state. Australian Child Dental Health Surveys consistently confirm that Queensland children have higher levels of dental caries than children in other states. Data from the National Survey of Adult Oral Health 2004-06 further demonstrate that adults living in non-fluoridated areas of Australia suffer significantly poorer dental health than adults in fluoridated areas (2).

Although childhood caries levels in Australia have now been rising slowly for more than a decade, they are still well below levels experienced by prior generations. This drop in caries experience has been driven by many factors, including the widespread adoption of fluoride toothpaste in the 1970s, but it is widely recognized that fluoridation provides a dental health benefit over and above the use of fluoride toothpaste (3).

This report, essentially a literature review, is based on the findings of the three fluoridation cost-effectiveness analyses conducted recently in Australia: the Jaguar Consulting report commissioned by Queensland Health in 2002 (4), Ciketic et al 2010 (5), and Cobiac & Vos 2012 (6). The Jaguar report considered a number of scenarios relating to fluoridation across most of Queensland; the Ciketic study restricted its analysis to south-east Queensland, and Cobiac & Vos is a very recently published Australia-wide study into the cost-effectiveness of extending fluoridation into the relatively few remaining non-fluoridated Australian water supplies. Jaguar conducted another fluoridation cost-effectiveness study in 2003 (7) which found that the first 25 years of fluoridation in Melbourne resulted in "...benefits to the Victorian community of around \$1 billion, through avoided dental costs, days away from work/school and associated costs", but this analysis is not included here as it is not relevant to Queensland. The methodology is also similar to that used in the Brisbane study and will not provide additional useful information. The findings of the Jaguar Queensland, Ciketic and Cobiac analyses are considered alongside more recent research into the effectiveness of fluoridation and information gained since 2008 from the implementation of the Queensland fluoridation program.

**Dental health benefits:** The 2002 Jaguar report based its caries reductions assumptions on Slade et al (8), the 1996 comparison of caries levels in 1,649 Townsville children aged 5-12 with lifetime exposure to optimally fluoridated water and 2,939 Brisbane children with no history of exposure to optimally fluoridated water. Depending on the age of the child, Townsville children had from 20 to 65% less caries experience than Brisbane children of the same age, with a mean reduction of 45%. Ciketic relied on the same study for its assumptions. Cobiac adopted a different approach, and assumed a 15% reduction in caries free children and adolescents in fluoridated areas and a mean reduction in dmft/DMFT of 2.25, figures taken from the 2000 McDonagh et al (York Review) (9) meta-analysis. These assumptions are realistic, although a slightly lower percentage reduction is foreseeable under the current Queensland fluoridation program. A recent review (10) of all fluoridation effectiveness studies published worldwide from 1990-2010 predictably shows a range of percentage caries reductions, but mean and median reductions of around 40% for children up to the age of 15 compared with the 45% reduction seen in Townsville children up to the age of 12, with the caries reduction being larger in primary teeth than secondary teeth. Jaguar, Ciketic and Cobiac may overestimate the reduction in caries experience achievable under the current program, but any difference is unlikely to be great.

To put these data in perspective, if fluoridation was introduced across 90% of Queensland (a conservative upper limit) and the reduction in dental caries experienced across the state due to fluoridation matched that seen in Townsville, we would have expected 516,204 fewer tooth surfaces affected by caries in Queensland children aged 5 to 12 years in 1991-92 when the data were collected. Since 1991, the Queensland population has risen from 2.98 million to its current 4.64 million. Accounting for the increased population, a decreased proportion of that population as children, and caries reductions equivalent to those seen in Townsville, widespread fluoridation in Queensland would now be expected to result in 724,466 fewer tooth surfaces affected by dental caries in 5 to 12 year old Queensland children.

It should also be recognized that comparing the raw caries data on which these cost-effectiveness studies are based will underestimate the true caries difference between fluoridated and non-fluoridated areas. Survey caries data are invariably taken without radiographs (x-rays) to reduce the possibility of bias, and without radiographs many small interproximal (between teeth) caries are not detected and recorded (11). The greatest caries reduction due to fluoridation is seen on smooth tooth surfaces, many of which are interproximal. Hence, recorded differences in caries levels between fluoridated and non-fluoridated areas will underestimate both the true differences which exist and the caries reductions attributable to fluoridation.

**Costs associated with fluoridation:** Capital and ongoing costs of fluoridation were assessed differently by the three groups. Jaguar and Ciketic based their costs around Queensland on data from the Wright et al study (12) which considered the cost-effectiveness of fluoridating both large and small communities in New Zealand, and costs found by the 1997 Lord Mayor's Taskforce on Fluoridation (13), which considered the fluoridation of Brisbane.

Jaguar estimated the total (capital plus ongoing) costs of fluoridating Queensland towns with populations over 1,000 to be \$85.5 million over a 30 year lifespan of fluoridation plants, and \$54.1 million based on a more conservative 15 year lifespan. Based on Melbourne Water estimates, the Cobiac analysis assumed that fluoridation of urban areas, including one-off costs of equipment and annual costs of operation and maintenance, would cost 2003A\$0.26 per person (the most cost-effective scenario). For rural communities, Cobiac assumed a cost of fluoridation of 2003A\$26 per person, based on the equivalent annual cost of fluoridation in a trial installation in two remote Australian Indigenous communities (the least cost-effective scenario).

Claimed capital and ongoing costs of fluoridation in Queensland vary from council to council. Not all information is available, and the final costs of the current fluoridation program in Queensland are still to be determined, but under the current fluoridation program, Queensland councils consistently report significantly greater capital, chemical, maintenance and staffing costs than fluoridation programs in other states, and significantly greater costs than those predicted by Jaguar, Ciketic and Cobiac. Authoritative explanations require conjecture. The reported urgency of the introduction of the mandatory fluoridation program and the reported reluctance of some councils to participate in the program may be relevant.

The State Government will fund capital costs associated with approved fluoridation infrastructure until July 2014. Thereafter, no state commitment to future funding has been made. The capital costs of fluoridation plants throughout Queensland are usually subject to depreciation over 15 years, and this has been factored in many councils' costings to allow for their eventual replacement costs.

Jaguar's financial scenarios consider both 15 and 30 year lifespans for fluoridation plants. Ciketic and Cobiac both assume 15 year lifespans. The lifespan of fluoridation plants is usually greater than 15 years (historically often >30 years), but councils usually conservatively estimate a 15-20 year lifespan for write down purposes. It should be acknowledged that ageing fluoridation plants demand higher maintenance costs.

Allowing for an inflationary increase of 1.7 since 2002 (based on Reserve Bank compounding inflation rate data), the Jaguar 30 and 15 year costs equate to \$145.4 million and \$92.0 million on current day values. These costs contrast with reported current capital costs for fluoridating the 27 south east Queensland fluoridation schemes of \$34-35 million, and \$23.4 million for capital costs associated with fluoridating most of Queensland's major regional towns and cities. However, the initial capital costs are only a small proportion of the costs over the lifespan of fluoridation plants. The majority of the total costs are ongoing chemical, maintenance and staffing costs. At least \$10.6 million of the capital costs already spent as part of Queensland's recent fluoridation program are from towns and cities which in recent months have elected to either cease or not introduce fluoridation. These costs are unlikely to be recouped.

Because of the large increase in capital costs associated with Queensland's current fluoridation program, the final costs for widespread fluoridation in Queensland are likely to exceed those forecast by Jaguar, Ciketic and Cobiac. But while the relative increase in capital costs is much greater than predicted, a relative increase in the long term chemical, maintenance and staffing costs is less likely. Capital costs are funded by the State Government; ongoing costs by local councils. The incentive for councils to restrain ongoing chemical, maintenance and staffing costs is likely to be greater than the incentive to restrain capital costs.

**Reductions in future dental treatment costs:** Costs of dental treatment in all three cost-effectiveness studies were based on the Australian Dental Association's Dental Fees Surveys. These estimates are likely to be conservative assessments of total dental treatment costs. For the purposes of their analyses, Jaguar, Ciketic and Cobiac assumed that all caries would be treated.

Almost all dental caries in adults will eventually require treatment, but an argument could be made that many cavities on primary (baby) teeth will not be restored, and the teeth will fall out before they give any problems, in which case they will not be a cost to the Queensland economy. That will certainly be the case with some decayed teeth, but many untreated decayed teeth will result in abscesses, facial swelling, visits to doctors, dentists and pharmacists for pain killers and antibiotics, emergency hospital admissions, general anaesthetics and allied inconvenience. These scenarios generate considerable costs to the community. Emergency-related expenditures are likely to balance any "cost savings" associated with the non-treatment of caries in primary teeth.

Jaguar estimated that each decayed, missing or filled tooth surface would be restored with a one-surface amalgam filling, and assumed that these one-surface



amalgam restorations would be replaced at 15 years intervals with identical restorations.

Ciketic costed the treatment for a decayed tooth at that for an examination and a two-surface anterior (tooth-coloured i.e. composite resin) restoration at a private dental practice. In practice, most restorations will be on posterior teeth, and these will receive either an amalgam or a more expensive tooth coloured restoration. The cost of an anterior two-surface tooth coloured restoration lies between these two, and represents a fair compromise. The Ciketic paper does not specify the replacement interval for restorations; nor is it specified in the thesis on which the paper is based.

Cobiac based treatment costs for caries on a comprehensive oral examination and a two-surface metallic (amalgam) restoration, also using data from the Australian Dental Association's Dental Fees Survey.

Because dental treatments in each model are simplistic, an argument could be made that some of these costs may overestimate actual dental treatment costs. Many posterior caries will require two-surface restorations, and these will not be charged at double the cost of a one-surface restoration. Extracted teeth will represent five or six surfaces. An extraction will be more expensive than a one-surface amalgam, but not five or six times as expensive.

Simple amalgam restorations are the cheapest restorations placed. Tooth coloured composite resin restorations are also now commonly placed. Composite resin restorations are usually more expensive than amalgams, and a shorter life span is usually reported. But, irrespective of restorative material, successive restorations are likely to be larger, more complex, and more expensive. Repeat dentistry is many times more expensive than the "repeated restorations" scenario painted by the Jaguar, Ciketic and Cobiac analyses. Fillings are replaced by larger fillings, and larger fillings are replaced by more expensive crowns, root fillings, extractions, dentures, bridges and implants. Extractions will often be followed by dentures, bridges or implants.

For these reasons, although the treatment forecasts in each of the three models are simplistic, and in some instances will overestimate treatment costs, the lifetime costs of dental caries in Queensland are likely to be much greater than those forecast by Jaguar, Ciketic and Cobiac. All three studies acknowledged methodological limitations, but chose to calculate future costs as conservatively as possible to ensure that conclusions could be rigorously defended.

It could also be argued that a proportion of the total dental treatment in Queensland is provided through the public sector, where dental costs are often aligned with Department of Veterans' Affairs fees, currently around 80% of average private practice fees. It is significant that public sector costs usually consider neither rental nor other commercial costs which must be factored into private practice overheads.

Some intangible costs, for example pain and distress, psychological costs of decayed and missing teeth, days off school and the impacts on learning have also been quantified by Ciketic and Cobiac in disability-adjusted life years (DALYs), a widely used measure of disease burden expressed as the number of years lost due to ill-health, disability or early death.

Jaguar, Ciketic and Cobiac reach very similar conclusions about the overall cost-effectiveness of fluoridation. The most financially detailed of these conclusions is provided by Jaguar. Depending on the scenario, Jaguar estimates total cost savings of many hundreds of millions of dollars (in 2002 dollar values) over the lifetime of Queensland fluoridation plants, with net savings of \$6.80-\$19.40 for every dollar spent on fluoridation.

	30 year time horizon			15 year time horizon	
	>1,000	>1,000 + conservative benefits	>5,000	>1,000	>5,000
Number of supplies affected	122	122	43	122	43
Persons affected	2.86m	2.86	2.68m	2.86m	2.68m
PV of benefits	\$1.17bn	\$578.5m	\$1.10bn	\$402.0m	\$377.5m
PV of costs	\$85.5m	\$85.5	\$56.6m	\$54.1m	\$36.0m
NPV	\$1.08bn	\$493.0m	\$1.04bn	\$347.9m	\$341.5m
Benefit/cost ratio	13.6:1	6.8:1	19.4:1	7.4:1	10.5:1

PV = present value (2002)    NPV = net present value (2002)

Jaguar concluded that that "...fluoridation is an extremely effective public health expenditure". Ciketic estimated a cost saving of \$382 million (2003 values) over 15 years if south east Queensland water supplies were fluoridated, and "a 100% probability of achieving a health gain at a cost saving when compared with the option of non-fluoridation". Cobiac likewise found a "...100% probability that extending the coverage of public water supply fluoridation to all communities of at least 1000 people will be cost saving to the health sector". Findings and reviews

from other countries, while limited in number and requiring cautious interpretation, endorse these positive financial assessments (12, 14, 15).

While the current and projected costs of fluoridation reported in Queensland are much greater than those predicted by the Jaguar, Ciketic and Cobiac analyses, the projected cost savings in each analysis are so great that their conclusions about the cost-effectiveness of fluoridation appear authoritative. Other benefits of fluoridation less able to be quantified should also not be ignored. For example, a search of records from the ISOH patient treatment database used in all Queensland public sector dental clinics found almost 1,900 dental general anaesthetics performed each year in public sector oral health services in Queensland. This is likely to be an underestimation, since unpublished 2004 research from Griffith University found 2,000 annual general anaesthetics conducted on 0 to 4 year old Queensland children for treatment of dental caries. This estimate excludes dental general anaesthetics conducted in private hospitals, dental schools, or private dental surgeries. An anecdotal report from a public/private paediatric dental specialist currently employed with the Children's Oral Health Service at the Royal Children's Hospital conservatively suggests that an additional 6,000 dental general anaesthetics on children are performed in Queensland each year by private specialist and general dental practitioners, with the large majority of these general anaesthetics relating to treatment for dental caries. Around Australia, dental caries remains "...a leading reason for admission to hospital for general anaesthetic among children" (16). Dental caries in children is a serious and expensive problem.

The very substantial costs of these general anaesthetics has not been reflected in any of the cost-effectiveness analyses conducted to date in Australia, nor has the cost of the large number of visits to dentists, medical practitioners and pharmacists for painkillers and antibiotics resulting from dental infections been included.

Another major paradigm shift is relevant in assessing the cost-effectiveness of fluoridation. Strong recent evidence confirms that adults will also benefit from caries reductions after the introduction of fluoridation. Since only very limited evidence existed in 2002 assessing the effect of fluoridation on adult dentitions, Jaguar's calculations only considered a reduction in dental caries up to the age of 34, basing this upper age limit on a 1997 Grembowski study (17) demonstrating dental health benefits from fluoridation in a cohort of 20 to 34 year old Americans. Dental treatment costs after the age of 34 years were estimated, but these calculations considered only the costs of replacement amalgams every 15 years, not new cavities which arise. The Ciketic and Cobiac cost-effectiveness analyses also estimated reductions in tooth decay conservatively, basing their calculations only on a beneficial effect for children up to the age of 16 years. When these studies were

published (2010 and 2012 respectively), data related to the beneficial effect of fluoridation on adult dentitions were limited, and the 1997 Grembowski study has not been repeated.

Campain et al in 2010 suggested that the decay reductions attributable to fluoridation were likely to reduce with age (18), but concluded that substantial benefits were still achievable into adulthood. The 1996 Irish study by O'Mullane et al (19) found that fluoridation was strongly associated with a reduced proportion of edentulous (i.e. toothless) adults in all age cohorts, larger average numbers of teeth remaining and significantly fewer root caries. However, this study did not use the common DMFT/DMFS (decayed, missing or filled permanent teeth or tooth surfaces) system to record caries levels, and the study is therefore not directly comparable with most other fluoridation studies.

Very few fluoridation studies have been conducted on adults, and the explanations are many. Until the early 1980s it was widely held that the majority of the beneficial effect of fluoride was a systemic effect i.e. fluoride being swallowed, absorbed and incorporated into the tooth enamel of young children as the teeth are developing in the jaw bones. This belief encouraged the use of fluoride tablets and drops in areas without fluoridation. Researchers now accept that a significant beneficial effect of fluoride is achieved through its topical application i.e. fluoride coming into direct contact with erupted teeth (20). This has led to a widespread recognition that optimally fluoridated water (which also has topical effects) should reduce tooth decay in adults whose teeth have obviously already erupted into the mouth.

Other explanations relate to age and children's attendance at school. Conducting quality field research is much easier on accessible children in schools than on adults in private dental practices. Longitudinal fluoridation research is usually conducted over many years, and children are often a captive audience, accessible through School Dental Services. Record keeping is more standardized, and children are less likely to have moved around the country and been exposed to different water sources, different dentists, and other variables.

The 2007 Australian Dental Association Congress in Sydney saw the formal launch of a landmark report from the Australian Research Centre for Population Oral Health (ARCPOH); Australia's Dental Generations: the National Survey of Adult Oral Health 2004-06 (NSAOH) (21). While much better oral health data is available for Australian children – Australian Child Dental Health Surveys have been conducted every year or two since the late 1980s - NSAOH was the first detailed cross-sectional study of the oral health of adult Australians for almost twenty years. As part of this report, over

14,000 adult Australians were interviewed, and over 5,500 received a dental examination.

The Slade et al study Effects of Fluoridated Drinking Water on Dental Caries in Australian Adults (2) was based on data from the NSAOH, and was published in the highly regarded Journal of Dental Research in March 2013. For all patients examined, two dental caries measures were taken; DMFT and DFS (the more sensitive measure of decayed or filled tooth surfaces rather than teeth). DMFT is the traditional measuring stick for caries experience, but M refers only to teeth missing i.e. extracted, due to caries. Many adults will have missing teeth due to either periodontal disease or trauma. It is often difficult to determine the reason for the missing tooth or teeth. For this reason Slade et al also used DFS as a more sensitive measure for dental caries.

Measuring caries experience by tooth surfaces also gives a higher and more realistic weighting to extractions and multi-surface restorations over simple restorations. All data were matched against exposure to fluoridation throughout life. The authors analysed the original data in great detail, including a comparison of adults born in the pre-fluoridation generation (prior to 1960) and those from the post-fluoridation generation (1960-90). Authors also analysed the possible confounding effects of gender, socio-economic status, education level, residential history, and other dental indicators, but found that these had minimal effects on the study results. Slade et al make a pivotal contribution to both international and Australian fluoridation research.

The study concludes that that Australian adults with a >75% lifetime exposure to fluoridation have significantly reduced caries experience (11% reduction in DMFT for both age cohorts, 30% reduction in DFS in the pre-1960 cohort and 21% reduction in DFS in the post-1960 cohort) when compared with those with a <25% lifetime exposure to fluoridation. It is likely that these results would have been more significant if a comparison had been made with people with 100% and 0% exposure to fluoridation, but migration of adults between fluoridated and non-fluoridated regions meant that the numbers in each of these two groups were small, providing less meaningful data. The variations in effect sizes for DMFT (an 11% reduction) and DFS (21% and 30% reductions) show that many teeth will eventually be restored whether in fluoridated or non-fluoridated areas, but that fluoridated areas are associated with significantly fewer restored surfaces i.e. much simpler restorations, and fewer extractions. These reductions in decay experience occurred in adult Australians born in both the pre- and post-fluoridation generations, demonstrating a significant post-eruptive effect which will benefit all residents, not only those who have grown up drinking fluoridated water. The results of this study confirm the

previous findings from smaller Australian and overseas studies, and should ensure that future fluoridation cost-effectiveness analyses consider the benefits of fluoridation for people of all ages. The decay reductions in adults attributable to fluoridation are lower than those for children, but still significant.

**Conclusion:** All local cost-effectiveness analyses have concluded that fluoridation will result in very large cost savings, primarily in saved dental treatment costs. Fluoridation program experience in Queensland since 2008 and research published since the Jaguar, Ciketic and Cobiac reports have altered the bases on which both costs of fluoridation and savings attributable to fluoridation have been calculated in the past, but it is likely that these additional data will not weaken, and may even strengthen, the strong financial case in favour of fluoridation.

It should also not be forgotten that while fluoridation is most easily and cost-effectively introduced into larger cities and the south east Queensland water grid, it has long been recognized that people living in regional, rural and remote areas experience poorer dental health (22). This anomaly deserves redress. The potential dental health benefits of fluoridation are greater in smaller towns and disadvantaged communities. Every effort should be made to ensure that as many Queenslanders as possible benefit from this important public health measure.

This report concludes with a high degree of certainty that widespread fluoridation in Queensland will generate substantial health and financial benefits for the current and future generations of Queenslanders.

## References

1. Chrisopoulos S, Beckwith K, Harford J. Oral health and dental care in Australia: Key facts and figures 2011. Canberra: Australian Institute of Health and Welfare, 2011.
2. Slade GD, Sanders AE, Do L, Roberts-Thomson K, Spencer AJ. Effects of fluoridated drinking water on dental caries in Australian adults. *J Dent Res*. 2013 Apr;92(4):376-82.
3. Gussy M, Gold L, Riggs E, Waters E, Kilpatrick N. Community water fluoridation: is it still worthwhile? *Just policy: a journal of Australian social policy*. 2008;47(March):14-21.
4. Jaguar Consulting. Impact Analysis of Water Fluoridation. Brisbane: Queensland Health, 2002.



5. Ciketic S, Hayatbakhsh MR, Doran CM. Drinking water fluoridation in South East Queensland: a cost-effectiveness evaluation. *Health Promot J Austr.* 2010 Apr;21(1):51-6.
6. Cobiac LJ, Vos T. Cost-effectiveness of extending the coverage of water supply fluoridation for the prevention of dental caries in Australia. *Community Dent Oral Epidemiol.* 2012 Aug;40(4):369-76.
7. Jaguar Consulting. *Impact Analysis of Water Fluoridation.* Melbourne: Dental Health Services Victoria, 2003.
8. Slade GD, Spencer AJ, Davies MJ, Stewart JF. Caries experience among children in fluoridated Townsville and unfluoridated Brisbane. *Aust N Z J Public Health.* 1996 Dec;20(6):623-9.
9. McDonagh MS, Whiting PF, Wilson PM, Sutton AJ, Chestnutt I, Cooper J, et al. Systematic review of water fluoridation. *BMJ.* 2000 Oct 7;321(7265):855-9.
10. Rugg-Gunn AJ, Do L. Effectiveness of water fluoridation in caries prevention. *Community Dent Oral Epidemiol.* 2012 Oct;40 Suppl 2:55-64.
11. Newman B, Seow WK, Kazoullis S, Ford D, Holcombe T. Clinical detection of caries in the primary dentition with and without bitewing radiography. *Aust Dent J.* 2009 Mar;54(1):23-30.
12. Wright JC, Bates MN, Cutress T, Lee M. The cost-effectiveness of fluoridating water supplies in New Zealand. *Aust N Z J Public Health.* 2001 Apr;25(2):170-8.
13. Brisbane City Council. *Lord Mayor's Taskforce on Fluoridation Report.* Brisbane, 1997.
14. Griffin SO, Jones K, Tomar SL. An economic evaluation of community water fluoridation. *J Public Health Dent.* 2001 Spring;61(2):78-86.
15. Truman BI, Gooch BF, Sulemana I, Gift HC, Horowitz AM, Evans CA, et al. Reviews of evidence on interventions to prevent dental caries, oral and pharyngeal cancers, and sports-related craniofacial injuries. *Am J Prev Med.* 2002 Jul;23(1 Suppl):21-54.
16. Australian Institute of Health and Welfare. *Australia's Health: The thirteenth biennial health report of the Australian Institute of Health and Welfare.* Canberra, 2012.
17. Grembowski D, Fiset L, Milgrom P, Conrad D, Spadafora A. Does fluoridation reduce the use of dental services among adults? *Med Care.* 1997 May;35(5):454-71.
18. Campaign AC, Marino RJ, Wright FA, Harrison D, Bailey DL, Morgan MV. The impact of changing dental needs on cost savings from fluoridation. *Aust Dent J.* 2010 Mar;55(1):37-44.
19. O'Mullane DM, Whelton HP, Costelloe P, Clarke D, McDermott S. Water fluoridation in Ireland. *Community Dent Health.* 1996 Sep;13 Suppl 2:38-41.
20. Fejerskov O, Thylstrup A, Larsen MJ. Rational use of fluorides in caries prevention. A concept based on possible cariostatic mechanisms. *Acta Odontol Scand.* 1981;39(4):241-9.
21. Slade GD, Spencer AJ, Roberts-Thomson KF. *Australia's Dental Generations: National Survey of Adult Oral Health 2004-06, 2007.*
22. Crocombe LA, Stewart JF, Brennan DS, Slade GD, Spencer AJ. Is poor access to dental care why people outside capital cities have poor oral health? *Aust Dent J.* 2012 Dec;57(4):477-85.



s.73 s.73

**From:** s.73 s.73  
**Sent:** Tuesday, 8 July 2014 8:58 AM  
**To:** s.73 s.73  
**Subject:** RE: Fluoride ministerial

Hi s.73  
Thanks very much. Really appreciate your advice.  
Kind regards

s.73

---

**From:** s.73 s.73 [mailto:loc s.73@adelaide.edu.au]  
**Sent:** Monday, 7 July 2014 7:38 PM  
**To:** s.73  
**Cc:** s.73  
**Subject:** RE: Fluoride ministerial

Dear s.73

Sorry for a slow response.  
I have been travelling a bit in the last few days. I believe s.73 still out of internet zone.

First, you are correct to recall a data error that led to FAN publishing media release claiming fluoridation delayed tooth eruption by several years. s.73 responded to them and they acknowledged that there was an error. However, they still retain such information on their site.

In regards to the question whether fluoride in water delays tooth eruption, I believe there is no scientific literature to support that. Earlier papers by Diamanti and Townsend (you may already have that) did not report any difference in time eruption in Australian children. A very recent study using US children data (please see attached) reported no difference in time eruption (number of permanent first molars) between not fluoridated, sub-optimal and fluoridated areas. The difference in caries rate between the three areas was statistically significant. This is a compelling evidence to suggest fluoride in water prevent dental caries and this prevention is not through delaying tooth eruption as FAN claims.

Similarly, current evidence does not suggest any effect of fluoride in water at the recommended level on overall health. You can cite any major reviews (NHMRC 2007, US EPA 2010, European Scientific Committee on Health and Environmental Risks (SCHER) 2011).

Hope this helps

Kind regards

s.73

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**From:** [s.73] [mailto:[s.73]@health.qld.gov.au]  
**Sent:** Thursday, 3 July 2014 1:24 PM  
**To:** [s.73]  
**Cc:** [s.73]  
**Subject:** FW: Fluoride ministerial

Hi [s.73]

We have been asked to assist with responding to a letter to the Minister in relation to water fluoridation, in particular the claim that fluoride delays tooth eruption.

I have a vague memory of you telling me about a data error issue that was picked up in relation to some data that you released under FOI. I thought the error resulted in an incorrect finding regarding tooth eruption.

In short, I am wondering whether you can advise whether there is any evidence to suggest delayed eruption in fluoridated areas? If yes, where is this reported, and, if not, where does this suggestion come from?

We certainly won't be quoting your advice, we are just interested in understanding the background and we don't have access to our own fluoride guru at present.

Thanks

[s.73]

PS We are reviewing your proposed publication and will get back to you shortly.

---

**From:** [s.73] [s.73]  
**Sent:** Thursday, 3 July 2014 1:31 PM  
**To:** [s.73] [s.73]  
**Subj:** al

Hi [s.73]

[s.73] is on leave.

Can either of you assist? I am not aware of any evidence to suggest delayed eruption in fluoridated area.

The Fluoride Action Network released the following a few years ago:

<http://fluoridealert.org/news/fan-australia-drops-a-bombshell-on-water-fluoridation/>

Cheers

[s.73]

---

**From:** [s.73] [s.73]  
**Sent:** Thursday, 3 July 2014 1:17 PM  
**To:** [s.73] [s.73]  
**Subject:** Fluoride ministerial

Hello [s.73]

I am doing a fluoride ministerial which includes the para below:

*'The discrepancy of carries to tooth surfaces occurs through the retardation in the eruption of adult teeth by 1-2 years in populations that are fluoridated as opposed to non-fluoridated. Do you have any idea of the overall health ramifications this finding has in relation to all other systems and functions in a human body?'*

I am not even sure these sentences make sense, however, do you have anything I can include in the response regard the delayed eruption of adult teeth and fluoride or should I drop [s.73] a line (I wasn't sure if he had left for his hols yet).

Thanks

[s.73] s.73

Senior Environmental Health Officer – Water Program  
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Department of Health | Queensland Government  
Level 1, 15 Butterfield Street | Herston  
PO Box 2368 | Fortitude Valley BC | QLD 4006  
t. 07 332 89351

e. [s.73]@health.qld.gov.au | [www.health.qld.gov.au](http://www.health.qld.gov.au)



\*\*\*\*\*  
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**RTI@QAS**



Enquiries to: s.73  
 Chief Dental Officer  
 Health Service and Clinical  
 Innovation Division  
 Telephone: (07) 3328 9873  
 File Ref: DG072781

s.73

Chief Executive Officer  
 National Health and Medical Research Council  
 GPO Box 1421  
 CANBERRA ACT 2601

Dear s.73

Thank you for your letter dated 18 December 2013, regarding reviewing the 2007 publication *NHMRC Public Statement on The Efficacy and Safety of Fluoridation*.

In late 2012 the Queensland Government took on board the views of the community and amended the *Water Fluoridation Act 2008* to remove the mandatory requirement to fluoridate all relevant water supplies. While the Government continues to advocate for the inclusion of fluoride in drinking water, the amendments to the Act promote local level decision making in relation to whether local councils continue, cease or not proceed with water fluoridation.

The proposed review of the *NHMRC Public Statement on the Efficacy and Safety of Fluoridation* is noted however the Department of Health is not able to financially support this project.

Should you require further information, Department of Health's contact is s.73 Chief Dental Officer, Health Service and Clinical Innovation Division, on telephone (07) 3328 9873.

Yours sincerely

s.73

Director-General  
 Queensland Health

27/1/2014

Office  
 19<sup>th</sup> Floor  
 Queensland Health Building  
 147 - 163 Charlotte Street  
 BRISBANE QLD 4000

Postal  
 GPO Box 48  
 BRISBANE QLD 4001

Phone  
 3234 1553

Fax  
 3234 1482

DOH-DL 14/15-001

DG 072781

ODG DATE RECEIVED 19/12/13

Previous/related .....

INVITATION

DG delegated to.....

Comments .....

.....

.....

Acknowledgement letter completed

ACTION OFFICER HSC1 (R140)

COPY PROVIDED TO .....

REPLY FOR DG'S SIGNATURE REQUIRED

due (to DG Corro) 1/21/13

briefing note also required

ACTION DIRECT\*

direct action required by 1/21/13

DG Corro to be advised of completion of action -

Copy of response (letter or email) required

NRR -- (No response required - for information only)

COMMENTS .....

.....

.....

\*Nomination of an item as 'action direct' requires the actioning area to determine whether a response is required. The actioning area is also responsible for determining who the appropriate signatory of the response should be.



s.73 s.73

Director-General  
Queensland Health  
GPO Box 48  
BRISBANE QLD 4011

Dear s.73 s.73

In 2007, after undertaking a systematic review of the literature on the health effects of fluoridation, the National Health and Medical Research Council (NHMRC) published the *NHMRC Public Statement on The Efficacy and Safety of Fluoridation*. As with many Public Statements and Guidelines, NHMRC periodically reviews the content to ensure that the information is based on current evidence.

As you may be aware, we have consulted with Council and relevant experts to review the validity of the 2007 Public Statement and have reaffirmed our position that *"Fluoridation of drinking water remains the most effective and socially equitable means of achieving community wide exposure to the caries prevention effects of fluoride. It is recommended that water be fluoridated in the target range of 0.6 to 1.1 mg/l, depending on the climate, to balance reduction of dental caries and occurrence of dental fluorosis"*.

However as the evidence that underpins this publication was reviewed in 2007, Council recommended updating the body of evidence via a systematic review to include more recent studies and assess their relevance to the Australian context.

The Council of NHMRC discussed this at the November 2013 meeting, where the Commonwealth Chief Medical Officer encouraged jurisdictions to consider contributing funds. I am strongly supportive of undertaking this work, if funds can be found. Unfortunately, the NHMRC Medical Research Endowment Account, which represents the annual Budget appropriation to NHMRC by the Australian Government, can only be used to fund research activity and cannot be used to fund the work needed here. The State and Territory Chief Health Officers – Members of NHMRC Council, stated they would discuss this with their departments, given the significance of this issue for the jurisdictions in their role in ensuring quality drinking water.

As such I seek your support for this new review. In order to undertake this project, NHMRC would be seeking to obtain funding from jurisdictions to an amount approximating \$200,000 and I invite you to consider a financial contribution to the expected project costs. One method

of estimating any contribution is to use the AHMAC cost-sharing formula, which for your State/Territory would be approximately \$40,000.

I look forward to your consideration in by Friday 24 January 2014 to allow my office to start planning this project.

Yours sincerely

s.73  
s.73

Chief Executive Officer  
NHMRC

11 December 2013

cc: s.73 s.73 Chief Health Officer QLD

RTI Release



**From:** s.73 s.73 @adelaide.edu.au>  
**To:** s.73 s.73 @health.qld.gov.au  
**CC:** s.73 s.73 @health.qld.gov.au; s.73 s.73 @adelaide.edu.au  
**Date:** 7/06/2013 5:11 pm  
**Subject:** RE: QCOHS  
**Attachments:** QCOHS report.docx

Hi s.73

I will check with s.73 s.73 to see how many copies ARCPOH would need. s.73 s.73 are away now so I cannot check their time availability but will ask when they are back. We will aim for that meeting. If something makes it not possible we would let you know. We will share a draft with you when it comes together. We have a group of people working on the report so the speed of writing may vary. You and s.73 are named in the Chapter 'Interpretation of findings' (please see attached). s.73 is heading that Chapter and it has to wait for other C s.73 s.73 to come together first. I will leave it up to s.73 to let you know about preparing that Chapter. s.73 is with me on Conduct of data collection. I am going to contact her for that. She is probably away as I cannot get her on her mobile. On another note, would you be able to provide some updated figures on the situation of fluoridation in Qld, please. The reason being t NHMRC is convening a meeting to discuss if a new review of fluoridation would be required. s.73 and I have been asked to go. I not sure if s.73 is also going. s.73 s.73 and I will meet at ARCPOH before going to be prepared. We would like to have some up-to-date information on the situation. Many thanks and have a nice weekend.

s.73

Associate Professor s.73 BDS, MScDent, PhD  
 ARCPOH, School of Dentistry  
 The University of Adelaide, Australia 5005  
 Phone: +61 8 8313 3964  
 Fax: +61 8 8313 3070  
 Email: s.73 @adelaide.edu.au

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 122 Frome Street (Cnr Pirie Street)  
 ADELAIDE SA 5000

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**From:** s.73 [mailto:s.73 @health.qld.gov.au]  
**Sent:** Friday, 7 June 2013 2:10 PM  
**To:** s.73 s.73  
**Cc:** s.73 s.73  
**Subject:** RE: QCOHS

Hi s.73

Just a few thoughts regarding your recent email. We thought that perhaps 50 hard copies of the report would be good. Also, we were wondering if it would be possible to review the report before it is finalised? And when did you think you would be ready to present the report? and who would do this - you & s.73? We have a statewide directors' meeting in Brisbane on 22 & 23 July that may be a good opportunity depending on your timing. Finally, you mentioned about us co-authoring part of the report - when were you thinking of sending

this to us? We wouldn't want to hold up the final report, so if there is work we can progress now, then perhaps we could discuss asap.

Thanks again

kind regards

s. 73  
s.73

Director Oral Health Outcomes

Office the Chief Dental Officer  
Health Service and Clinical Innovation Division  
Department of Health

p: 07 3131 6981

m: s. 73 s.73

f:

e: s. 73 @health.qld.gov.au<mailto:s. 73 @health.qld.gov.au>

>>> s. 73 s.73 @adelaide.edu.au<mailto:s.73 @adelaide.edu.au>> 29/05/2013 2:30 pm

>>

Hi s.73

Hope you are well. I met s.73 the other day when he was down here for a fluoride meeting. The QCOHS report is moving fast. The results show that the data are of high quality, which is pleased to know given everyone's t. Several groups of people here are working on the report. We have also named you, s. 73 s.73 to co-author some chapters in the report. You will be asked to contribute to the writing.

I am thinking of printing hard copies of the report. We will have pdf copy of the report available as the main source but will probably need some hard copies as well. How many hard copies do you think your side would need?

Thanks

s. 73  
s.73

Associate Professor s. 73 BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: 8313 3070  
Email s. 73 @adelaide.edu.au<mailto:s.73 @adelaide.edu.au>

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From: s. 73 mailto: s. 73 @health.qld.gov.au]  
Sent: Wednesday, 10 April 2013 11:24 AM  
To: s. 73  
Cc: s.73  
Subject: QCOHS

Hi s.73

Sorry for the delay in getting bac u after your phone call last week. I discussed your suggestion with s.73 and he agreed that a presentation at the time of the release of the final report would be worthwhile and, given that the results are likely to be consistent with preliminary findings, there is no need to present interim results earlier. He did suggest, however, that it might be a good idea to do a quick (15 min) presentation to the Minister's advisor, DG and/or Deputy DG, and then do a more detailed presentation to our office and oral health directors. Perhaps once you have a more precise idea of when the report will be finalised we can discuss dates/times. Kind regards

s.73

Dr s.73  
Director  
Oral Health Outcomes  
Office of the Chief Dental Officer  
Queensland Health  
p:  
m: s.73 s.73  
f: 6783  
e: s.73 @health.qld.gov.au<mailto:s.73 @health.qld.gov.au>

\*\*\*\*\*

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**From:** s.73 s.73 @adelaide.edu.au  
**To:** s.73 s.73 @health.qld.gov.au; s.73 s.73 @health.qld.gov.au; s.73 s.73  
**Date:** 16/07/2013 11:52 pm  
**Subject:** RE: QCOHS report table of contents, especially Ch 8 Interpretation

Dear s.73  
I think the proposed points in the Chapter cover most things required.  
I would be happy to take 8.1.

s.73

--  
Associate Professor s.73, BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: 8313 3070  
Email: s.73@adelaide.edu.au<mailto:s.73@adelaide.edu.au>

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From: [redacted]  
Sen  
To: s.73 s.73  
s.73 s.73 @health.qld.gov.au  
Subject: QCOHS report table of contents, especially Ch 8 Interpretation

Colleagues,  
The time is approaching to prepare Ch 8 Interpretation of the findings for the main QCOHS report. I have attached the Table of Contents on which some dot points have been added against the sub-sections for Ch 8. Could you please add detail on what you consider should be included using dot points. Further if you are prepared to write some notes to such points could you please indicate. It would be great if we could turn this email around by Tuesday 16 July.

s.73 s.73

s.73 s.73

Emeritus Professor  
Australian Research Centre for Population Oral Health (ARCPOH)  
School of Dentistry  
THE UNIVERSITY OF ADELAIDE  
SOUTH AUSTRALIA 5005 AUSTRALIA  
Tel: +61 8 8313 5029 or 8313 5438 Fax: +61  
Email: s.73 s.73 r@adelaide.edu.au<mailto:s.73 s.73 @adelaide.edu.au>  
Location/Street Address:  
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ADELAIDE SA 5000

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**To:** s.73 s.73 @adelaide.edu.au; s.73 s.73 @health.qld.gov.au  
**CC:** s.73 s.73 @health.qld.gov.au  
**Date:** 19/07/2013 3:18 pm  
**Subject:** RE: QCOHS report

ks s.73  
 s.73 has just called me to check my travel time. Unfortunately, I have to be in Canberra for the whole from 26th to 30th August for NHMRC Grant Review Panel.  
 s.73 and I discussed and I would like to ask if the first week of September would suit.

Best regards

s.73

--  
 Associate Professor s.73 BDS, MScDent, PhD  
 ARCPOH, School of Dentistry  
 The University of Adelaide, Australia 5005  
 Phone: +61 8 8313 3964  
 Fax: 8313 3070  
 Email: s.73 @adelaide.edu.au<mailto:s.73 @adelaide.edu.au>

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From: s.73 s.73 mailto:s.73 s.73 @health.qld.gov.au]  
 Sent: Friday, 19 July 2013 2:43 PM  
 To: s.73  
 Cc: s.73  
 Subject: QCOHS report

Hi s.73  
 Good to speak with you today.  
 As discussed, could you and s.73 please give consideration to a suitable date to visit us in Brisbane to present the findings of the QCOHS report?  
 At this stage, the last week in August would work well. As s.73 mentioned, we would appreciate if you could plan to provide 2 presentations - a 15-20 min ke ings presentation to senior Department and Ministerial staff, and a longer (1 hour?) presentation for senior oral health staff.  
 Thanks again for your update and efforts. We look forward to reading the report.  
 Kind regards

s.73

s.73 s.73

Health Outcomes  
 Office the Chief Dental Officer  
 Health Service and Clinical Innovation Division  
 Department of Health  
 p: 07 3328 9271  
 m s.73 s.73  
 e s.73 s.73 @health.qld.gov.au<mailto:s.73 s.73 @health.qld.gov.au>

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**From:** s.73 s.73 @adelaide.edu.au  
**To:** s.73 @health.qld.gov.au  
**Date:** 9/08/2013 1:48 pm  
**Subject:** Re: File:Qld region map 2.PNG - Wikipedia, the free encyclopedia

H s.73  
Can we have Brisbane metro, rest of SE, Townsville and Northern (rest of North). There would be only change in the SE corner.  
Please let me know  
Thanks s.73

Sent from my iPad

On 08/08/2013, at 2:25 PM, s.73 s.73  
s.73 s.73 @health.qld.gov.au<mailto:s.73 s.73 @health.qld.gov.au>> wrote:

[http://www.health.qld.gov.au/oralhealth/documents/hhs\\_contact\\_list.pdf](http://www.health.qld.gov.au/oralhealth/documents/hhs_contact_list.pdf)

>>> s.73 s.73 @adelaide.edu.au<mailto:s.73 s.73 @adelaide.edu.au>> 8/08/2013 2:52 pm  
>>>

[http://en.wikipedia.org/wiki/File:Qld\\_region\\_map\\_2.PNG](http://en.wikipedia.org/wiki/File:Qld_region_map_2.PNG)

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**From:** s.73 s.73 @adelaide.edu.au>  
**To:** s.73 s.73 @health.qld.gov.au  
**Date:** 13/08/2013 12:13 pm  
**Subject:** RE: QCOHS

Thanks s.73  
Would s.73 able to confirm further details of the plan for our presentation in Brisbane about QCOHS. We would like to know format of and any specific requirements of the two presentations. Details of the audience would also be helpful.  
Cheers

s.73

--  
Associate Professor s.73, BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: s.73 @adelaide.edu.au

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-----Original Message-----

From: s.73 s.73 [mailto:s.73 s.73 @health.qld.gov.au]  
Sent: August 2013 11:24 AM  
To: s.73 s.73  
Subject: Re: QCOHS

Hi s.73  
Sorry for delay. Spoke with s.73 we're happy with your proposed areas.  
rds

s.73

-----Or  
From: s.73 s.73 @adelaide.edu.au>  
To: s.73 s.73 @health.qld.gov.au>

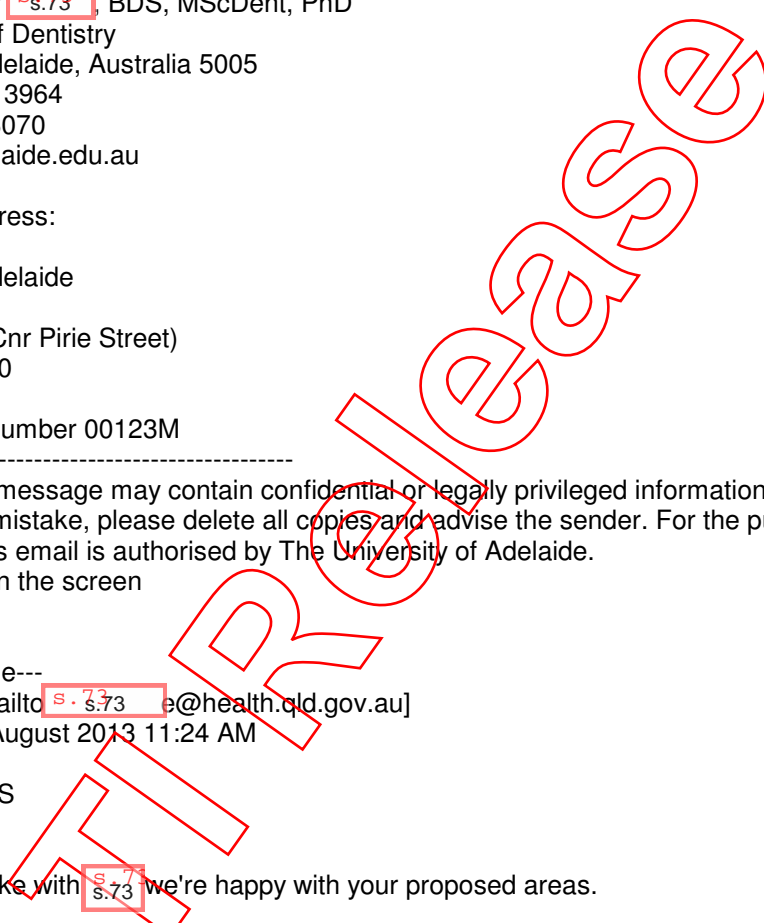
Sent: 13/08/2013 11:47:12  
Subject: QCOHS

Hi s.73  
Could you please let me know how you and s.73 think about re-grouping areas. We need to decide soon so to move on with analysis and writing.

ks

s.73

--  
Associate Professor s.73, BDS, MScDent, PhD ARCPOH, School of Dentistry The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964





**From:** s.73 s.73 @adelaide  
**To:** s.73 s.73 @adelaide.edu.au; s.73 s.73 @health.qld.gov.au  
**Date:** 12/09/2013 1:36 pm  
**Subject:** RE: Qld visit

Thanks s.73  
Just wanting to confirm that there will still be two separate presentations as we discussed earlier.  
Please let us know if there are any specific requirements for either meeting.

See you then  
s.73

Associate Professor s.73 BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: s.73 @adelaide.edu.au

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From: s.73 s.73 [mailto:s.73 s.73 @health.qld.gov.au]  
Sen 1:00 PM  
To: s.73 s.73  
Subject: RE: Qld visit

Dear s.73 s.73  
We have confirmed your presentation for Tuesday 24 Sep at 10am.  
Sorry for the late confirmation. Hope this still suits.  
s.73 s.73 I've just forwarded some feedback, sorry it has come so late.  
kind regards  
s.73 s.73

>>> s.73 s.73 @adelaide.edu.au<mailto:s.73 s.73 @adelaide.edu.au>>>  
6/09/2013 5:10 pm >>>

s.73 s.73  
Might it be possible to talk in the Tuesday am. We could then fly up the night before (Monday) and leave late afternoon on the Tuesday after we have had a chance to debrief after the presentations.  
s.73 s.73

From: s.73 s.73 @health.qld.gov.au]  
Sen ber 2013 9:45 AM  
To: s.73 s.73  
Cc: s.73 s.73  
Subject: RE: Qld visit

Hi s.73 s.73  
Tuesday is better.

What time of day - am or pm? either? will you fly up in morning or night before?  
ks

[redacted]

>>> [redacted] s.73 @adelaide.edu.au<mailto:[redacted] s.73 @adelaide.edu.au>>  
4/09/2013 9:59 am >>>

Ben,  
Any chance we can make it the Tuesday or Wednesday, not the Thursday?  
[redacted]

From: [redacted] s.73 @health.qld.gov.au]  
Sent: Tuesday, 3 September 2013 3:36 PM  
To: [redacted] s.73  
Subject: Qld visit

Hi [redacted] s.73  
Sorry fro the delay in getting organised for your visit to Brisbane.  
Would Thurs 26 Sep suit? Would you travel up in the morning or stay Wed night? If travelled on  
Thurs, what would be earliest time to present?  
And, [redacted] s.73 just collating feedback for ch. 8 and will send to you soon.

[redacted] s.73  
[redacted] s.73

Director Oral Health Outcomes  
Office the Chief Dental Officer  
Health Service and Clinical Innovation Division  
Department of Health  
p: 07 3328 9271  
m: [redacted] s.73  
e:

[redacted] s.73 @health.qld.gov.au<mailto:[redacted] s.73 @health.qld.gov.au><mailto:[redacted] s.73 @health.qld.gov.  
au%3cmailto:[redacted] s.73 @health.qld.g

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s.73

**From:** s.73 s.73@adelaide.edu.au>  
**Sent:** Tuesday, 11 February 2014 11:40 AM  
**To:** s.73  
**Cc:** s.73  
**Subject:** Proposed Research Plan for Phase 2 QCOHS  
**Attachments:** Proposed Research Plan for Phase 2 QCOHS.docx

Der s.73 s.73

Please find attached a drafted plan for phase 2 QCOHS. This is for discussion during tomorrow teleconference.

Kind regards

s.73

--  
Associate Professor s.73 BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: s.73@adelaide.edu.au

Location/Street Address:  
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ADELAIDE SA 5000

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RTI Release

Redact Page

Pages 21 through 22 redacted for the following reasons:

-----  
s.47(3)(b)



s.73  
s.73

**From:** s.73 s.73@adelaide.edu.au>  
**Sent:** Wednesday, 19 February 2014 2:45 PM  
**To:** s.73 s.73  
**Subject:** RE: photos for the report

Thanks s.73

It is not very interesting but can be used.

Do you know if someone there keeps photos like in this site?  
<http://www.health.qld.gov.au/oralhealth/services/school.asp>  
something similar would be fine .

We will use the one you sent earlier.

cheers

s.73

--  
Associate Professor s.73 BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: s.73@adelaide.edu.au

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---

**From:** s.73 [mailto:s.73@health.qld.gov.au]  
**Sent:** Wednesday, 19 February 2014 3:03 PM  
**To:** s.73 s.73  
**Subject:** RE: photos for the report

Hi s.73

Here is a dental van but it's not a very interesting picture and also has the old Qld Govt logo. It might be alright in amongst other photos.

No copyright issues with the other photo I sent

Cheers

s.73

**From:** [s.73] s.73 [del]del.ade.edu.au ]  
**Sent:** Wednesday, 19 February 2014 1:01 PM  
**To:** [s.73] s.73  
**Subject:** RE: photos for the report

Thanks [s.73] s.73

We are purchasing some photos of children brushing teeth, drinking tap water, smiling, being at school for the front cover.

I thought that having some photos of vans, drovers, dental chairs that are more typical of Qld SDS as background would be good too.

That photo you sent is good. We would use that. Is there any copyright on that?

Do you have any photo of dental vans, drovers with Qld Health logo or words "Qld School Dental Services" or something similar?

We have a photo on the back of NSAOH report with a dental van. However, I am not sure if it is from Qld or not.

Kind regards

[s.73] s.73

--  
Associate Professor [s.73] BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: [s.73]@adelaide.edu.au

Location/Street Address:  
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**From:** [s.73] s.73 [mailto:[s.73]@health.qld.gov.au]  
**Se** 19 February 2014 1:23 PM  
**To:** [s.73] s.73  
**Subject:** RE: photos for the report

Hi [s.73] s.73

We've had a look at what photos we already have and couldn't really find much suitable. The attached photo isn't too bad as it reflects a pretty typical school dental situation. Do you have access to better photos? Perhaps just pictures of kids, etc?

Regards

[s.73] s.73

**From:** [s.73 s.73 delaide.edu.au ]  
**Sent:** Tuesday, 18 February 2014 12:37 PM  
**To:** [s.73s73]  
**Subject:** photos for the report

Dear [s.73]

I believe you are now a busy Chief Dental Officer of Qld.  
We are working on designing the cover of the QCOHS report.  
Just would like to ask if OCDO has photos of school dental service that you might want to have on cover of the QCOHS report as background?  
It would be nice to have some photos like that on a report related to and contributed by SDS.  
Please let me know.

Thanks

[s.73]

--  
Associate Professor [s.73] BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: [s.73]@adelaide.edu.au

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s.73  
s.73

**From:** s.73 s.73@adelaide.edu.au>  
**Sent:** Thursday, 6 March 2014 4:40 PM  
**To:** s.73 s.73  
**Subject:** RE: QCOHS paper

Many thanks s.73  
That sounds great. We will include some sentences about examiner training, calibration and reliability assessment. Looking forward to hear from you about next step.  
Best regards

s.73  
s.73

--  
Associate Professor s.73 BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: s.73@adelaide.edu.au

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**From:** s.73 [mailto:s.73@health.qld.gov.au]  
**Sent:** PM  
**To:** s.73 s.73  
**Subject:** QCOHS paper

Hi s.73  
s.73

I have read your draft paper and also asked s.73 s.73 to review it.

I had no specific feedback – I thought it read well however I don't have the technical knowledge to comment on the stats. The findings are certainly compelling.

s.73 also thought the paper was good but provided the following feedback – *It's not clear in the paper whether the many examiners were standardized, other than examining "under standardised conditions". Did examiners' assessments correlate well with each other, or was this not possible for practical reasons? Could this be a potential source of bias?*

In relation to approval to submit for publication, I have been advised that I need to seek approval from my Deputy Director-General, so I am following this up and expect a response in the next few days. I'll let you know the outcome asap.

Kind regards

s.73  
s.73

Acting Chief Dental Officer  
17 February – 18 April 2014  
Director Oral Health Outcomes  
Office the Chief Dental Officer  
Health Service and Clinical Innovation Division  
Department of Health  
p: 07 3328 9271 m: s.73 s.73 e: s.73 @health.qld.gov.au

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RTI REQUEST

s.73 s.73

**From:** s.73 s.73 <[redacted]@adelaide.edu.au>  
**Sent:** Wednesday, 12 March 2014 1:56 PM  
**To:** s.73 s.73  
**Subject:** RE: QCOHS paper

Many thanks s.73 that is wonderful.  
We'll go ahead with the paper submission.  
Best regards

s.73

--  
Associate Professor s.73 BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: 313 3070  
Email s.73 @adelaide.edu.au

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---

**From:** s.73 s.73 [mailto:[redacted]@health.qld.gov.au]  
**Se** 04 PM  
**To:** s.73 s.73  
**Subject:** FW: QCOHS paper

Hi s.73

I have received approval from my DDG for your paper to be submitted for publication, so feel free to progress this. Sorry I haven't provide further info regarding options for QCOHS phase 2, but it hasn't been forgotten.  
Kind regards

s.73  
s.73

Acting Chief Dental Officer  
17 February – 18 April 2014  
Office of the Chief Dental Officer | Health Service and Clinical Innovation Division  
Department of Health | Queensland Government  
15 Butterfield St Herston QLD 4006  
t. 07 3328 9271  
m s.73 s.73  
e s.73 @health.qld.gov.au | [www.health.qld.gov.au](http://www.health.qld.gov.au)



**From:** s.73  
**Se** 3:56 PM  
**To:** s.73  
**Subject:** QCOHS paper

Hi s.73

I have read your draft paper and also asked s.73 to review it.

I had no specific feedback – I thought it read well however I don't have the technical knowledge to comment on the stats. The findings are certainly compelling.

s.73 also thought the paper was good but provided the following feedback – *It's not clear in the paper whether the many examiners were standardized, other than examining "under standardised conditions". Did examiners' assessments correlate well with each other, or was this not possible for practical reasons? Could this be a potential source of bias?*

In relation to approval to submit for publication, I have been advised that I need to seek approval from my Deputy Director-General, so I am following this up and expect a response in the next few days. I'll let you know the outcome asap.

Kind regards

s.73  
s.73

Acting Chief Dental Officer  
17 February – 18 April 2014  
Director Oral Health Outcomes  
Office the Chief Dental Officer  
Health Service and Clinical Innovation Division  
Department of Health  
p: 07 3328 9271 m: s.73 e: s.73 @healthqld.gov.au

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s.73 s.73

**From:** s.73 s.73@adelaide.edu.au>  
**Sent:** Monday, 12 May 2014 4:55 PM  
**To:** s.73 s.73  
**Cc:**  
**Subject:** Proposed Research Plan for Phase 2 QCOHS  
**Attachments:** Proposed Research Plan for Phase 2 QCOHS.docx

Dear s.73 s.73

After our discussion with you in Adelaide, we have drafted up a proposed research plan for the phase two of the QCOHS project.

Please find it attached and comments will be very appreciated.

We would like to have further discussion with you on progressing this important project.

Best regards

s.73 s.73

--  
Associate Professor s.73 s.73 BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: s.73 s.73@adelaide.edu.au

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s.73 s.73

**From:** s.73 s.73@adelaide.edu.au>  
**Sent:** Tuesday, 10 June 2014 5:06 PM  
**To:** s.73 s.73  
**Subject:** RE: IADR Paper Author -- 54th Annual Scientific Meeting of the Australian & New Zealand Division of the IADR

Many thanks, s.73

Cheers

s.73

--  
Associate Professor s.73 BDS, MScDent, PhD ARCPD H, School of Dentistry The University of Adelaide, Australia  
5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: s.73@adelaide.edu.au

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-----Original Message-----

From: s.73 s.73@mailto:s.73@health.qld.gov.au]  
Sent: Tuesday, 10 June 2014 7:53 AM  
To: s.73 s.73  
Subject: FW: IADR Paper Author -- 54th Annual Scientific Meeting of the Australian & New Zealand Division of the IADR

FYI

-----Original Message-----

From: ladr@confex.com [mailto:ladr@confex.com]  
Sent: Tuesday, 10 June 2014 4:51 PM  
To: s.73 s.73  
Subject: IADR Paper Author -- 54th Annual Scientific Meeting of the Australian & New Zealand Division of the IADR

Dear s.73 s.73

You are now listed as an author of the following abstract, that has been received for the 54th Annual Scientific Meeting of the Australian & New Zealand Division of the IADR to be held in Brisbane, Australia.

ID/Username: s.73 s.73  
Password: s.73 s.73

Title: Variations in child dental caries experience - a population-based study

Receipt of this notice does NOT:

- guarantee that the submission was necessarily complete or correct
- imply that any errors have been detected
- indicate that it has been accepted.

Accordingly, we urge you to view this abstract, and to complete or correct the submission if necessary, at:

<http://iadr.confex.com/iadr/login.cgi>

Fill in the boxes at the bottom of that web page with the ID and password given above, and then click the "Login" button.

Each author for whom we are provided an email address will receive an email message for each abstract. If you receive MORE THAN ONE MESSAGE like this and you did not intend to submit more than one abstract, please withdraw the extra abstract(s) by retrieving it using the above instructions; this will let program officials know which papers to review.

Thanks for using the IADR/AADR Online Abstract Submittal System.

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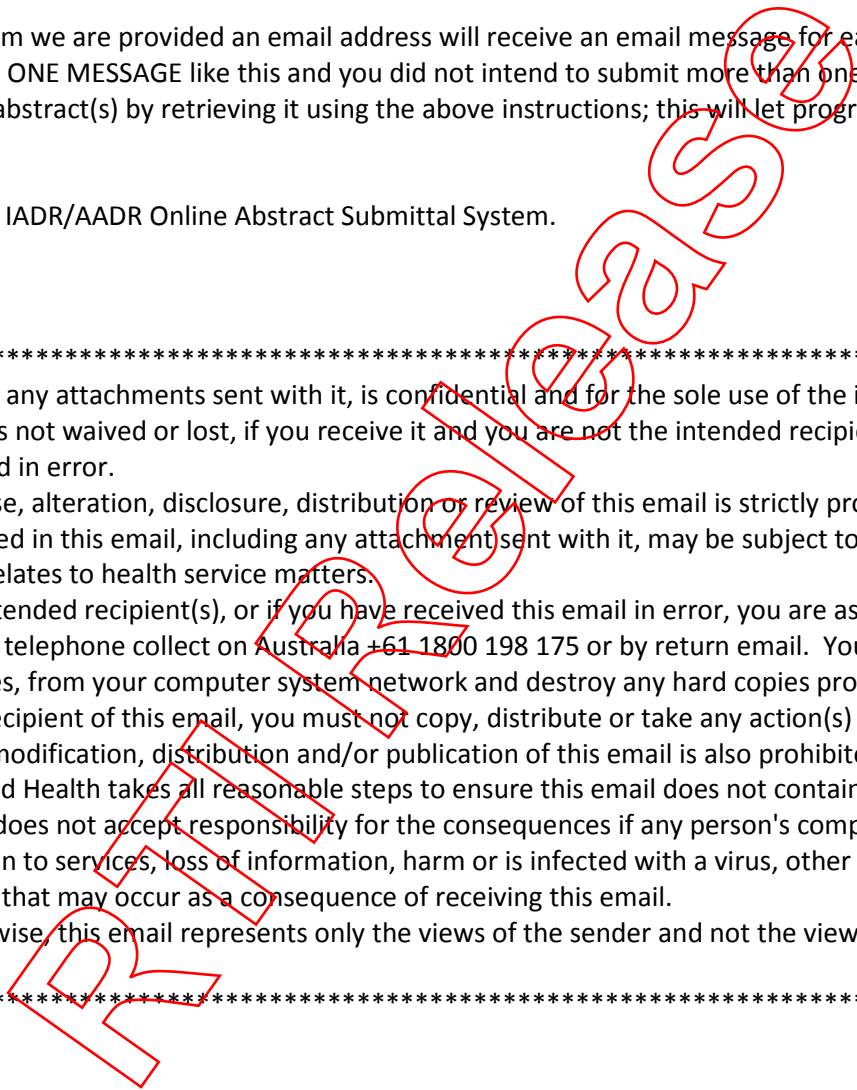
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s.73 s.73

**From:** s.73 s.73@adelaide.edu.au>  
**Sent:** PM  
**To:** s.73 s.73  
**Cc:**  
**Subject:** QCOHS paper 2 for review  
**Attachments:** QCOHS paper 2 June14.docx

Dear s.73 s.73

We have prepared another paper from QCOHS. Please find it attached for QH review.  
Looking forward to hear back from you.

The first paper has been reviewed with minor revision recommended.  
We will promptly proceed with revising it.

Kind regards

s.73

--  
Associate Professor s.73 BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: s.73@adelaide.edu.au

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**From:** s.73 s.73@adelaide.edu.au>  
**Sent:** Tuesday, 27 May 2014 11:02 AM  
**To:** s.73  
**Cc:** s.73  
**Subject:**  
**Attachments:** QCOHS The beginning of change FINAL 29 APRIL 2014v1 (2).pdf

Dear s.73 s.73

Please find attached the final pdf of the QCOHS report which was sent to the printer.

Are you able to confirm the date of release? As I'm sure you are aware, this final pdf will remain under embargo until its date of release.

Best wishes

s.73 s.73

Australian Research Centre for Population Oral Health (ARCPHO)  
School of Dentistry  
THE UNIVERSITY OF ADELAIDE  
SOUTH AUSTRALIA 5005 AUSTRALIA  
Tel: +61 8 8313 2072 Fax: +61 8 8313 3070  
Email: s.73 s.73@adelaide.edu.au  
Work Days: Tues, Wed, Thurs.

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RTI Release

**From:** s.73  
**To:** s.73  
**CC:**  
**Date:** 28/11/2013 9:52 am  
**Subject:** RE: Draft QCOHS report

Thanks very much, s.73

Regards  
s.73

>>> s.73 s.73 <[redacted]@adelaide.edu.au> 28/11/2013 9:47 am >>>

Many thanks s.73

We will go through the report and make the changes as suggested. We will try to finish the report and organise printing soon. I think it can only be released next year. I am checking with our publisher about timing and let you know far in advance for you to brief your Minister. We will be in touch on this. We are working on the scientific publications. Will try to have it to you ASAP.

Regards  
s.73

--  
Associate Professor s.73 S, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: s.73@adelaide.edu.au

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**From:** s.73 [mailto:s.73@health.qld.gov.au]  
**Sent:** Thursday, 28 November 2013 9:07 AM  
**To:** s.73  
**Cc:** s.73  
**Subject:** Draft QCOHS report

Dear s.73

Thanks again for all your work putting together the draft report for QCOHS. My apologies for taking so long to provide feedback.

On the whole we are very happy with draft report and look forward to receiving the final report in due course.

We have just a few very minor comments you may wish to consider:

1) **terminology**: a couple of terms may need to be updated e.g. GUS now known as Child Dental Benefit Schedule (CDBS), "reception" is known as "Prep" in Queensland.

2) **"caries experience" definition**: in other ARCPOH reports, caries experience is clearly explained in the introductory section however dmf/DMF was not clearly defined early in the report (e.g. exec summary) and therefore references to "caries experience" may not be well understood by readers not familiar with this index

3) **dental care (p.x)**: in the exec summary section on first dental visits and visiting behaviour, the association between "good" visiting patterns and better oral health outcomes (e.g. lower dmf/DMF) is not presented. Although recommendations of ideal behaviours are mentioned, evidence from the survey in relation to patient outcomes would more strongly emphasise the importance of this advice.

4) **fissure sealants (p.xi)**: it is unclear why the finding that "only 22% of children had 1 or more sealant and on average only 0.6 teeth had a sealant placed" implied that "in the children thought to be candidates for sealants had a little more than 2 teeth with a sealant placed" - this section may need to be clarified.

In relation to the release of the final report, our office is required to seek approval from the Minister for Health for public release of the report. Therefore, we will need to brief the Minister ahead of the planned release date. With this in mind, when do you anticipate the final report will be completed?

Also, how are you progressing with your journal article on your analysis of fluoride exposure? I note from the QCOHS agreement that a draft of the proposed publication should be submitted to Queensland Health at least 3 months prior to the date the draft is to be submitted for publication. We are then required to respond within 45 days.

Happy to discuss any of these matters further.

Kind regards



s.73  
s.73

s.73 s.73

Director Oral Health Outcomes  
Office the Chief Dental Officer  
Health Service and Clinical Innovation Division  
Department of Health

p: 07 3328 9271

m: s.73 s.73

e: s.73 s.73 @health.qld.gov.au

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\*\*\*\*\*

s.73 s.73

**From:** s.73 s.73  
**Sent:** y 2014 12:39 PM  
**To:** s.73 s.73  
**Subject:** RE: QCOHS

Great, s.73 thanks very much  
kind regards

s.73 s.73

>>> s.73 s.73 @adelaide.edu.au > 17/01/201 4 12:35 pm >>>

Hi s.73 s.73

Just spoke to s.73 s.73 is fine with 1.30 PM our time (1PM your time) on Wednesday 22<sup>nd</sup>.  
Talk to you then

s.73 s.73

--  
Associate Professor s.73 s.73, BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: s.73 s.73 @adelaide.edu.au

**Location/Street Address:**  
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The University of Adelaide  
Room 1.7, Level 1  
122 Frome Street (Cnr Pirie Street)  
ADELAIDE SA 5000

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**From:** s.73 s.73 [mailto:Bs.73 s.73@alth.qld.gov.au]  
**Sent:** Thursday, 16 January 2014 12:13 PM  
**To:** s.73 s.73  
**Subject:** RE: QCOHS

Great, talk to you then.  
Shall I phone your number? or John's?

>>> s.73 s.73 @adelaide.edu.au > 16/01/2014 11:41 am >>>

Many thanks [s.73]

That time is good for both of us. Looking forward to talk to you

Kind regards

[s.73]

--  
Associate Professor [s.73] BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: [s.73]@adelaide.edu.au

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**From:** [s.73] [mailto:\[s.73\]@health.qld.gov.au](mailto:[s.73]@health.qld.gov.au)  
**Sent:** Thursday, 16 January 2014 12:04 PM  
**To:** [s.73]  
**Cc:** [s.73]  
**Subject:** RE: QCOHS

Hi [s.73]

Thanks for getting back to me while you're still on leave.

How about next Wednesday morning at 10am QLD time (10.30am SA time)? We can phone you if you like, just let me know the best number.

If this time doesn't suit, [s.73] I am fairly free most of Wed and Thurs if you'd like to suggest an alternative time.

Kind regards

[s.73]  
[s.73]

Outcomes  
Office the Chief Dental Officer  
Health Service and Clinical Innovation Division  
Department of Health  
p: 07 3328 9271  
m: [s.73] [s.73]

e: [s.73] health.qld.gov.au

>>> [s.73] s.73 [redacted] delaide.edu.au > 14/01/2014 10:25 pm >>>

Dear [s.73] s.73

Many thanks. Happy New Year to you and your families!

I am sorry for a late response. I am not back to work yet. Will try to ease back into work next week.

It would be great to have a discussion soon. [s.73] s back to Adelaide on Wednesday so he would be available on Thursday if you have time. Otherwise, please nominate a time next week or so [s.73] s formally in on Wed and Thursday. I will be available most of the time apart from Thursday 30<sup>th</sup> in the morning.

The news about [s.73] s leave is quite unexpected. However, we will try our best to get the report published and get ready for new phase. The problem is with the publisher that we have chosen. They have significant backlog of work. I spoke to the publisher today and will try to meet with him next week.

Hope to talk to you soon

[s.73] s.73

--

Associate Professor [s.73] s BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: [s.73] s@adelaide.edu.au

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**From** [s.73] s.73 [mailto:[s.73] s.73@health.qld.gov.au ]  
**Sent:** Friday, 10 January 2014 2:43 PM  
**To:** [s.73] s.73  
**Cc:** [redacted] s.73  
**Subject:** QCOHS

Dear [s.73] s.73

Happy new year! I hope you both had a great break over Xmas and that 2014 is off to a good start. I've been gradually getting back into the swing of things this week after 3 weeks off.

You may not be aware that [s.73] asking extended leave from mid-Feb to late-June, so we thought it would be a good idea to catch up with you both before then.

In particular, we would like to discuss 1) the timing of the release of the final QCOHS report (is this likely to be ready by early Feb?) and 2) preparation for the next phase of QCOHS (could ARCPOH assist with this as part of the current funding agreement up to 30 June this year?)

Could you please let me know your availability over the next week or two so that I can arrange a teleconference?

Kind regards

[s.73]  
s.73

Director Oral Health Outcomes  
Office the Chief Dental Officer  
Health Service and Clinical Innovation Division  
Department of Health

p:  
m [s.73] s.73  
e [s.73] [health.qld.gov.au](http://health.qld.gov.au)

\*\*\*\*\*

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\*\*\*\*\*

RTI@QCOHS

s.73 s.73

**From:** s.73 s.73  
**Sent:** nuary 2014 3:34 PM  
**To:** s.73  
**Cc:** s.73  
**Subject:** RE: QCOHS

Thanks s.73 s.73 look forward to speaking with you and s.73 s.73 tomorrow.

Kind regards

s.73 s.73

---

**From:** s.73 s.73 [mailto:s.73@deliaide.edu.au]  
**Sent:** 9 PM  
**To:** s.73 s.73  
**Cc:** s.73  
**Subject:** RE: QCOHS

Dear all

I tried to list some items for our tomorrow's discussion:

1. QCOHS report:
  - a. Update on the report's editing and printing
  - b. Potential timeline for release: time, format, procedures
2. Reporting QCOHS results
  - a. NSW
  - b. IADR
  - c. Scientific publications
3. Preparation for the second phase:
  - a. Timeline
  - b. Proposed study design (brief)
  - c. Potential sources of funding
  - d. Any new requirements
4. AOB

If you have any other items for discussion please circulate or raise during the teleconference

Thanks

s.73 s.73

--  
Associate Professor s.73 s.73 BDS, MScDent, PhD

ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: [s.73@adelaide.edu.au](mailto:s.73@adelaide.edu.au)

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**From:** [s.73](mailto:s.73) [mailto:[s.73](mailto:s.73) health.qld.gov.au]  
**Sent:** Thursday, 16 January 2014 12:04 PM  
**To:** [s.73](mailto:s.73)  
**Cc:** [s.73](mailto:s.73)  
**Subject:** RE: QCOHS

Hi [s.73](mailto:s.73)

Thanks for getting back to me while you're still on leave.

How about next Wednesday morning at 10am QLD time (10.30am SA time)? We can phone you if you like, just let me know the best number.

If this time doesn't suit, [s.73](mailto:s.73) and I are fairly free most of Wed and Thurs if you'd like to suggest an alternative time.

Kind regards

[s.73](mailto:s.73)  
s.73

Director Oral Health Outcomes  
Office the Chief Dental Officer  
Health Service and Clinical Innovation Division  
Department of Health  
p: 07 3328 9271  
m: [s.73](tel:s.73)  
e: [s.73@health.qld.gov.au](mailto:s.73@health.qld.gov.au)

>>> [s.73](mailto:s.73) [s.73](mailto:s.73) [@adelaide.edu.au](mailto:s.73@adelaide.edu.au) > 14/01/2014 10:25 pm >>>

Dear [s.73](mailto:s.73)

Many thanks. Happy New Year to you and your families!



I am sorry for a late response. I am not back to work yet. Will try to ease back into work next week.

It would be great to have a discussion soon. [s.73] is back to Adelaide on Wednesday so he would be available on Thursday if you have time. Otherwise, please nominate a time next week or so. [s.73] is normally in on Wed and Thursday. I will be available most of the time apart from Thursday 30<sup>th</sup> in the morning.

The news about [s.73] leave is quite unexpected. However, we will try our best to get the report published and get ready for new phase. The problem is with the publisher that we have chosen. They have significant backlog of work. I spoke to the publisher today and will try to meet with him next week.

Hope to talk to you soon

[s.73]

--  
Associate Professor [s.73] S, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: [s.73]@adelaide.edu.au

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ADELAIDE SA 5000

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**From:** [s.73] [mailto:[s.73]@health.qld.gov.au]  
**Sent:** Friday, 10 January 2014 2:43 PM  
**To:** [s.73]  
**Cc:** [s.73] s.73  
**Subject:** QCOHS

Dear [s.73]  
[s.73]

Happy new year! I hope you both had a great break over Xmas and that 2014 is off to a good start. I've been gradually getting back into the swing of things this week after 3 weeks off.

You may not be aware that [s.73] taking extended leave from mid-Feb to late-June, so we thought it would be a good idea to catch up with you both before then.

In particular, we would like to discuss 1) the timing of the release of the final QCOHS report (is this likely to be ready by early Feb?) and 2) preparation for the next phase of QCOHS (could ARCPOH assist with this as part of the current funding agreement up to 30 June this year?)

Could you please let me know your availability over the next week or two so that I can arrange a teleconference?

Kind regards

s.73  
s.73

Director Oral Health Outcomes  
Office the Chief Dental Officer  
Health Service and Clinical Innovation Division  
Department of Health

p: 07 3328 9271

m: s.73 s.73

e: s.73 @health.qld.gov.au

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RTI RELEASED

s.73 s.73

**From:** s.73 s.73  
**Sent:** Tuesday, 11 February 2014 1:07 PM  
**To:** s.73  
**Cc:** s.73  
**Subject:** Re: QCOHS paper for QH review

Hi s.73  
Thanks for that. 9.30 SA time (9.00 Qld time) would be fine with us.  
We'll phone you on s.73 s.73 er if that suits.  
Talk to you then

s.73 s.73

Sent from my iPad

On 11 Feb 2014, at 11:18 am, s.73 s.73 <s.73@adelaide.edu.au> wrote:

Dear s.73 s.73

Please find attached a drafted manuscript using QCOHS baseline data. You have seen these results when s.73 I presented in Brisbane. We have put it in form of scientific publication. As per Agreement with QH, we are to provide publication drafts to QH for review.

I tried to call you earlier but s.73 was not there. s.73 and I would be available tomorrow morning for a teleconf.

A start at 9.30 or 10.00 AM our time would be fine with us.  
Please confirm.

I will also send a draft of proposal for phase 2 for discussion tomorrow.

Kind regards

s.73

--  
Associate Professor s.73, BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: s.73@adelaide.edu.au

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s.73 s.73

**From:** s.73 s.73  
**Sent:** 2014 1:52 PM  
**To:** s.73 s.73  
**Subject:** RE: QCOHS paper

Hi s.73

Yes I did send a copy to the CHO just for information rather than clearing as I knew she would have an interest in the findings of the research, however I didn't hear back from her.

Regards

s.73  
s.73

Acting Chief Dental Officer  
17 February – 18 April 2014  
Office of the Chief Dental Officer | Health Service and Clinical Innovation Division  
Department of Health | Queensland Government  
15 Butterfield St Herston QLD 4006  
t. 07 3328 9271  
m. s.73 s.73  
e. s.73 @health.qld.gov.au | [www.health.qld.gov.au](http://www.health.qld.gov.au)



**From:** s.73 s.73 aalto:jo s.73 s.73 [mailto:jo.s.73@adelaide.edu.au]  
**Sent:** Monday, 17 March 2014 11:34 AM  
**To:** s.73 s.73  
**Subject:** RE: QCOHS paper

s.73  
Can I ask whether the ML QCOHS paper was passed on the Chief Health Officer. I am keen to build a core of people supportive of an extension to the existing grant or some new arrangement.

Regards,

s.73  
s.73

Australian Research Centre for Population Oral Health (ARCPOH)  
School of Dentistry  
THE UNIVERSITY OF ADELAIDE  
SOUTH AUSTRALIA 5005 AUSTRALIA  
Tel: +61 8 8313 5029 or 8313 5438 Fax: +61 8 8313 3070  
Email [s.73@adelaide.edu.au](mailto:s.73@adelaide.edu.au)

Location/Street Address:  
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122 Frome Street  
ADELAIDE SA 5000

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**From:** [s.73] mailto:[s.73]@health.qld.gov.au]  
**Sent:** Wednesday, 12 March 2014 1:04 PM  
**To:** [s.73]  
**Subject:** FW: QCOHS paper

Hi [s.73]

I have received approval from my DDG for your paper to be submitted for publication, so feel free to progress this. Sorry I haven't provide further info regarding options for QCOHS phase 2, but it hasn't been forgotten.

Kind regards

[s.73]  
s.73

Acting Chief Dental Officer  
17 February – 18 April 2014  
Office of the Chief Dental Officer | Health Service and Clinical Innovation Division  
Department of Health | Queensland Government  
15 Butterfield St Herston QLD 4006  
t. 07 3328 9271  
m. [s.73]  
e. [s.73]@health.qld.gov.au | [www.health.qld.gov.au](http://www.health.qld.gov.au)



**From:** [s.73]  
**Sent:** Thursday, 6 March 2014 3:56 PM  
**To:** [s.73]  
**Sub**

Hi [s.73]

I have read your draft paper and also asked [s.73] to review it.

I had no specific feedback – I thought it read well however I don't have the technical knowledge to comment on the stats. The findings are certainly compelling.

[s.73] thought the paper was good but provide d the following feedback – *It's not clear in the paper whether the many examiners were standardized, other than examining "under standardised conditions". Did examiners' assessments correlate well with each other, or was this not possible for practical reasons? Could this be a potential source of bias?*

In relation to approval to submit for publication, I have been advised that I need to seek approval from my Deputy Director-General, so I am following this up and expect a response in the next few days. I'll let you know the outcome asap.

Kind regards

s.73  
s.73

Acting Chief Dental Officer  
17 February – 18 April 2014  
Director Oral Health Outcomes  
Office the Chief Dental Officer  
Health Service and Clinical Innovation Division  
Department of Health  
p: 07 3328 9271 m: s.73 s.73 e: s.73 s.73 [healthqld.gov.au](http://healthqld.gov.au)

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RTI REQUEST

s.73 s.73

**From:** s.73 s.73  
**Sent:** Friday, 11 April 2014 4:40 PM  
**To:** s.73 s.73  
**Subject:** RE: Adelaide visit

Thanks s.73 I let you know.

Cheers

s.73 s.73

---

**From:** s.73 s.73 [mailto:s.73 s.73@adelaide.edu.au]  
**Sent:** PM  
**To:** s.73 s.73  
**Subject:** RE: Adelaide visit

Hi s.73

Thanks for confirming it.

s.73 and I have marked the time and date of your visit so we are good.

If you think you'd need more time, you could come earlier as well. I can skip my meeting.

The report would be ready by then.

Thanks

s.73 s.73

--  
Associate Professor s.73 s.73, BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email s.73 s.73@adelaide.edu.au

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ADELAIDE SA 5000

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**From:** s.73 s.73 [mailto:s.73 s.73@health.qld.gov.au]  
**Se**  
**To:** s.73 s.73  
**Subject:** Adelaide visit

Hi s.73 s.73



I've finalised my travel arrangements to Adelaide on 28/29 April, so if it still suits you both can we confirm a 9.30 meeting time on Tuesday 29 April at ARCPOH?

My next meeting is at 11am that day so I will probably have an hour or so. It would be good to see the final QCOHS report if it is available by then and I will try to provide some new info regarding options for QCOHS phase 2.

Kind regards

s.73  
s.73

Acting Chief Dental Officer  
17 February – 13 June 2014  
Office of the Chief Dental Officer | Health Service and Clinical Innovation Division  
Department of Health | Queensland Government  
15 Butterfield St Herston QLD 4006  
t. 07 3328 9271

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\*\*\*\*\*

REDACTED

s.73  
s.73

**From:** s.73  
**Sent:** 014 2:16 PM  
**To:** s.73  
**Subject:** RE: QCOHS report

Great, no worries

s.73  
s.73

Acting Chief Dental Officer  
17 February – 13 June 2014  
Office of the Chief Dental Officer | Health Service and Clinical Innovation Division  
Department of Health | Queensland Government  
15 Butterfield St Herston QLD 4006  
t. 07 3328 9271  
m. s.73  
e. s.73@health.qld.gov.au | www.health.qld.gov.au



Customers first



Ideas into action



Unleash potential



Be courageous



Empower people



Queensland  
Government

Great state. Great opportunity.

**From:** s.73@adelaide.edu.au  
**Sent:** Monday, 12 May 2014 12:38 PM  
**To:** s.73  
**Subject:** RE: QCOHS report

Hi s.73

We have sent you five boxes, totalling 75 copies of the report.  
Please let me know when you have received it.  
Also, please let me know when the report is released by Qld Health. It is currently under embargo here.  
Cheers

s.73

--  
Associate Professor s.73 BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: s.73@adelaide.edu.au

Location/Street Address:  
ARCPOH  
The University of Adelaide  
Room 1.7, Level 1  
122 Frome Street (Cnr Pirie Street)  
ADELAIDE SA 5000

CRICOS Provider Number 00123M

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**From:** [redacted] [mailto:[redacted]@health.qld.gov.au]  
**Sent:** Monday, 12 May 2014 9:27 AM  
**To:** [redacted]  
**Cc:** [redacted] s.73  
**Sub** report

Hi [redacted]  
Great news. The reports can be sent to our office which is:

Office of the Chief Dental Officer  
First Floor  
15 Butterfield St  
HERSTON QLD 4006

Thanks  
Cheers

[redacted]  
s.73

Acting Chief Dental Officer  
17 February – 13 June 2014  
Office of the Chief Dental Officer | Health Service and Clinical Innovation Division  
Department of Health | Queensland Government  
15 Butterfield St Herston QLD 4006  
t. 07 3328 9271  
m. [redacted]  
e. [redacted]@health.qld.gov.au | www.health.qld.gov.au



**From:** [redacted] [mailto:[redacted]@adelaide.edu.au]  
**Sent:** Friday, 9 May 2014 3:11 PM  
**To:** [redacted]  
**Cc:** [redacted] s.73  
**Subject:** QCOHS report

Dear [redacted]  
We have completed printing the QCOHS report.  
Can you please let me know where we should courier the copies to?  
Have a nice weekend

[redacted]

--  
Associate Professor [redacted], BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964

Fax: +61 8 8313 3070  
Email: [s.733@adelaide.edu.au](mailto:s.733@adelaide.edu.au)

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\*\*\*\*\*

RTI RELEASED

s.73  
s.73

**From:** s.73  
**Sent:** Monday, 26 May 2014 4:45 PM  
**To:** s.73  
**Subject:** RE: PDF of QCOHS report

Great, thanks s.73  
Cheers

s.73  
s.73

Acting Chief Dental Officer  
17 February – 13 June 2014  
Office of the Chief Dental Officer | Health Service and Clinical Innovation Division  
Department of Health | Queensland Government  
15 Butterfield St Herston QLD 4006  
t. 07 3328 9271  
m. s.73  
e. s.73 @health.qld.gov.au | [www.health.qld.gov.au](http://www.health.qld.gov.au)



Customers first



Ideas into action



Unleash potential



Be courageous



Empower people



Queensland  
Government

Great state. Great opportunity.

**From:** s.73  
**Se** 2014 4:39 PM  
**To:** s.73  
**Cc** s.73  
**Subject:** RE: PDF of QCOHS report

Dear s.73  
Please find the pdf file attached. I have added 'Under embargo' to the title only. Do you think it's enough?  
Please let me know if further details are needed.  
With thanks

s.73  
s.73

--  
Associate Professor s.73 MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: s.73@adelaide.edu.au

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**From:** s.73 [mailto:s.73@health.qld.gov.au]  
**Sent:** Monday, 26 May 2014 7:31 AM  
**To:** s.73  
**Cc:** s.73  
**Subject:** PDF of QCOHS report  
**Importance:** High

Hi s.73

Are you able to email me a PDF copy of the QCOHS report, preferably with "Under embargo" or something similar to indicate it shouldn't be circulated?

I need to provide this as part of the approval process.

Thanks

s.73  
s.73

Acting Chief Dental Officer  
17 February – 13 June 2014  
Office of the Chief Dental Officer | Health Service and Clinical Innovation Division  
Department of Health | Queensland Government  
15 Butterfield St Herston QLD 4006  
t. 0  
m. s.73 s.73  
e. s.73@health.qld.gov.au | www.health.qld.gov.au



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\*\*\*\*\*

s.73 s.73

**From:** s.73 s.73  
**Sent:** Friday, 6 June 2014 8:06 AM  
**To:** s.73  
**Cc:** s.73  
**Subject:** Re: Presenting QCOHS results at ANZ IADR Brisbane

Hi s.73  
No, s.73 n't be presenting.  
Will give the topic some thought and get back to you soon.  
Cheers

s.73

Sent from my BlackBerry 10 smartphone on the Telstra NextG network.

**From:** s.73 s.73  
**Sent:** Friday, 6 June 2014 7:59 AM  
**To:** s.73  
**Cc:** s.73  
**Subject:** RE: Presenting QCOHS results at ANZ IADR Brisbane

Hi s.73  
Thanks for sharing your thoughts.  
I can understand that. If there was a symposium, ACRPOH would need to contribute several speakers too. However, if you feel a symposium would be too much then we'd go with normal presentations.  
Will s.73 also present or only you?  
Also, do you have any topic in mind? I thinking looking through the report would give plenty of ideas.  
Please let me know and we will go from there.  
Cheers

s.73

--  
Associate Professor s.73 BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: s.73@adelaide.edu.au

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**From:** s.73 [mailto:s.73@health.qld.gov.au]  
**Sent:** Thursday, 5 June 2014 10:49 PM



To: s.73  
Cc: s.73

Subject: Re: Presenting QCOHS results at ANZ IADR Brisbane

Hi s.73

Thanks for your suggestion and enthusiasm however I caught up with s.73 rday and we both feel that the symposium may be too much for QCOHS. Although the topic would be interesting and relevant for many QH people, I couldn't be confident that we would actually get many people turning up on the day. And we are conscious of the extra work for us and others.

So I am still keen to submit an abstract for a presentation or poster but not the symposium on this occasion. Thanks again

s.73

Sent from my iPad

On 4 Jun 2014, at 7:15 pm, s.73 s.73 <[redacted]@adelaide.edu.au> wrote:

Dear all

I have been in contact with Cam s.73 e Chair of the local organising committee of IADR Brisbane.

He told me that if we thought that QCOHS presentations would attract audience, likely from Qld Health staff, then he would be able to assign a special time slot in the program for us to make a symposium on QCOHS. He's thinking about 2-2.30 hour time slot.

I would like to get your opinion on this. Of course, doing normal proffered papers is straightforward but symposium would also be attractive. It would deliver stronger message.

If we went ahead with a symposium, s.73 e k to distribute flyer to Qld Health staff to increase participation at the conference.

In order to make a good symposium, we'd need more presenters. s.73 has agreed to talk; I hope that s.73 uld also be happy to deliver one. John s.73 unfortunately, said no. I hope that s.73 d change his mind. Anyone else from your side would be happy to talk?

We can have one or two more persons from ARCPOH to participate.

Do you think asking someone like s.73 s.73 o chair the symposium and a panel discussion at the end of the symposium would be a possibility? Please discuss this issue.

Many thanks

s.73

Associate Professor s.73 BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: s.73@adelaide.edu.au

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**From:** s.73 [mailto:s.73@health.qld.gov.au]  
**Sent:** June 2014 12:56 PM  
**To:** s.73  
**Cc:** s.73  
**Subject:** RE: Presenting QCOHS results at ANZ IADR Brisbane

Thanks again, s.73 ill do.  
cheers

s.73

---

**From:** s.73 s.73 @adelaide.edu.au]  
**Sent:** Tuesday, 3 June 2014 9:32 PM  
**To:** s.73  
**Cc:** s.73  
**Subject:** RE: Presenting QCOHS results at ANZ IADR Brisbane

Many thanks s.73

It is great that you feel enthusiastic about that. It is very homely to present the QCOHS. I also hope that s.73 think so too. John s.73 t would be a brilliant idea.

Disparities can be a good choice. We have plenty of options with that choice.

It can be individual socioeconomic inequality, inequality between Indigenous and non-Indigenous and many more.

I will be happy to prepare some results. The abstracts need to be up to 300 words.

Please keep in touch in the next few days to get it ready for submission.

Cheers

s.73

--

Associate Professor s.73 BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
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---

From: [redacted] [mailto:[redacted]@health.qld.gov.au]

**Sent:**  
**Tuesday,**  
**3 June**  
**2014**  
**12:22 PM**

QUEENSLAND

# To:

s.73

s.73

s.73

s.73

# Cc:

s.73

s.73

**Subject:**

**RE:**

**Presentin**

**g QCOHS**

**results at**

# ANZ IADR

# Brisbane

Hi [§.73]

I think that's a great idea. Definitely a good opportunity.

I'd really appreciate if you'd be willing to prepare some results, I'd be happy to work on the abstract with your guidance.

Did you have a particular topic in mind? After reading through the QCOHS report in detail the other day, I was reminded of the extent of data collected - we're spoilt for choice.

Given the theme of the IADR meeting, oral health disparities may be a suitable approach, the QCOHS report certainly highlighted plenty of disparities.

Happy to discuss. Thanks again for giving this to our attention.

By the way, I haven't spoken to [§.73] about this, but I can sense his enthusiasm!

Also, apologies for the delay in approval to release the report. I met with our communications team yesterday to discuss what approach we should take. I will keep you updated.

Kind regards

[§.73]  
[§.73]

---

**From:** [§.73] [§.73] [redacted]@adelaide.edu.au  
**Sent:** [redacted] 6:44 PM  
**To:** [§.73] [redacted]  
**Cc:** [§.73] [redacted]  
**Subject:** Presenting QCOHS results at ANZ IADR Brisbane

Dear [§.73] [redacted]

As you may know, this year conference of the International Association for Dental Research (IADR) ANZ Division is in Brisbane. [§.73] and I thought it would be a great opportunity to air some of the QCOHS results. The locality and timing are perfect.

We are wondering if you two would want to present some of the results at this conference. The deadline for abstract submission is 10<sup>th</sup> of June. It is a bit tight but still doable.

Please let us know.

We would then prepare some results for your abstracts and presentations.

Look forward to hear from you

[§.73]  
[§.73]

--  
Associate Professor [§.73] BDS, MScDent, PhD  
ARCPDH, School of Dentistry  
The University of Adelaide, Australia 5005

Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: [s.73@adelaide.edu.au](mailto:s.73@adelaide.edu.au)

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122 Frome Street (Cnr Pirie Street)  
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RTI Release



s.73 s.73

**From:** s.73 s.73  
**Sent:** Tuesday, 10 June 2014 8:59 AM  
**To:** s.73  
**Cc:** s.73 bigpond.net.a u  
**Subject:** RE: IADR ANZ 2014

Hi s.73  
Thanks so much for doing this. You guessed correctly regarding my level of preparedness. I will submit this today.  
Kind regards

s.73  
s.73

Acting Chief Dental Officer  
17 February – 13 June 2014  
Office of the Chief Dental Officer | Health Service and Clinical Innovation Division  
Department of Health | Queensland Government  
15 Butterfield St Herston QLD 4006  
t. 07 3328 9271  
m. s.73 s.73  
e. s.73 @health.qld.gov.au | [www.health.qld.gov.au](http://www.health.qld.gov.au)



**From:** s.73 s.73 (mailto:loc s.73@adelaide.edu.au)  
**Sent:** Monday, 9 June 2014 7:01 PM  
**To:** s.73 s.73  
**Subject:** IADR ANZ 2014

Hi s.73  
I am mindful of the submission deadline, which is tomorrow. I know that you are busy and don't have data at hand. Therefore, I took liberty to draft up an abstract as attached.  
Please have a look to see if it suits. If you have already drafted up something else please let me know.

s.73 s.73

--  
Associate Professor s.73 BDS, MScDent, PhD  
ARCPOH, School of Dentistry  
The University of Adelaide, Australia 5005  
Phone: +61 8 8313 3964  
Fax: +61 8 8313 3070  
Email: s.73@adelaide.edu.au

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RTI Release

Department RecFind No:	HC002719
Division/HHS	OCDO
File Ref No:	

## Briefing Note for Approval

Deputy Director-General, Health Service and Clinical Innovation Division

Requested by:

Date requested: 7 March 2014 Action required by: 14 March 2014

**SUBJECT: Queensland Child Oral Health Survey publication proposal**

### Proposal

That the Deputy Director-General, Health Service and Clinical Innovation Division:

**Approve** a request from the University of Adelaide to submit a research paper for publication which evaluates the extension of water fluoridation in Queensland (see Attachment 1).

### Urgency

1. Routine

### Key issues

2. The Australian Research Centre for Population Oral Health (ARPCOH), the University of Adelaide, has written a research paper which aims to:
  - a. Estimate the effectiveness of water fluoridation in preventing dental decay; and,
  - b. Predict changes in caries experience as a result of the extension of water fluoridation in Queensland.
3. The research paper is based on data collected during the Queensland Child Oral Health Survey (QCOHS), which was conducted by Queensland Health in collaboration with the University of Adelaide under a funding agreement from 2009 to 2014 (see Attachment 2).
4. Section 14.1 of the agreement states that the University must provide a draft version of the article to Queensland Health requesting written consent prior to submitting a proposed publication.
5. Researchers from ARPCOH have indicated they would like to publish the research paper in a widely read peer-reviewed scientific journal, for example, the Medical Journal of Australia.
6. The research paper provides a brief overview of the history of water fluoridation in Australia and previous scientific research evaluating the effectiveness of water fluoridation.
7. Key findings of the proposed publication are:
  - a. Children in fluoridated Townsville had approximately 40 per cent lower decay experience in both their primary and permanent teeth compared with children in non-fluoridated areas.
  - b. A model based on the survey data showed that given equal fluoridation status amongst all children, Queensland's average decay experience would be reduced to that of Townsville children.
8. The primary conclusion of the paper is that these findings support the rationale for the extension of water fluoridation in Queensland as a population health measure.
9. The paper acknowledges that the study was supported by a research grant from the Queensland Government, with in-kind support by the (then) Health Services Districts and the Office of Chief Dental Officer (OCDO).

### Background

10. Following the Queensland Government's decision in 2007 to implement water fluoridation, the (then) Premier and Minister for Health decided that the oral health benefits to Queensland's population should be evaluated.
11. QCOHS was proposed for this purpose and the project commenced in 2009. QCOHS involved oral examinations and parental questionnaires for over 5,000 Queensland children aged from 5 to 14 years.

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Division/HHS	OCDO
File Ref No:	

12. Another proposed publication from QCOHS is the study report. A draft report was submitted to OCDO for review in November 2013 and draft findings were presented to DDG HSCI.
13. The final QCOHS report is expected from ARCPOH in the near future and OCDO will seek approval from the Minister for public release of the report.
14. A five year follow up of QCOHS is planned to be conducted to confirm the effectiveness of water fluoridation in preventing dental decay in Queensland children.

**Consultation**

15. Not applicable

**Financial implications**

16. There are no financial implications.

**Legal implications**

17. There are no legal implications.

**Attachments**

18. Attachment 1: Draft research paper "*Baseline evaluation of extension of water fluoridation in Queensland - a multilevel analysis*"  
Attachment 2: Funding agreement between Queensland Health and the University of Adelaide.

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Department RecFind No:	HC002719
Division/HHS	OCDO
File Ref No:	

**Recommendation**

That the Deputy Director-General, Health Service and Clinical Innovation Division

**Approve** a request from the University of Adelaide to submit a research paper for publication which evaluates the extension of water fluoridation in Queensland (see Attachment 1).

s.73

s.73

Deputy Director-General, Health Service and  
Clinical Innovation Division  
**11/03/2014**

Deputy Director-General, Health Service and Clinical Innovation Division **comments**


Cleared by: (SD/Dir)

s.73 s.73

s.73 s.73

Acting Chief Dental  
Officer

Acting Chief Dental  
Officer

Office of the Chief Dental  
Officer

Office of the Chief Dental  
Officer

3328 9271  
7 March 2014

s.73 s.73  
7 March 2014

# Baseline evaluation of extension of water fluoridation in Queensland-a multilevel analysis

## Authors

s.73  
s.73

Australian Research Centre for Population Oral Health  
The University of Adelaide, Australia

## CORRESPONDING AUTH

Associate Professor s.73  
ARCPOH, School of Dentistry  
The University of Adelaide  
Australia 5005  
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RTI RELEASE

## Abstract

**Background:** Water fluoridation was greatly extended in Queensland, Australia, across 2009–11. As the effectiveness of water fluoridation is frequently contested in public debate, a research program was commenced to inform the rationale for and the outcome of Queensland's water fluoridation program.

**Aims:** To estimate the effectiveness of water fluoridation in preventing caries and to predict changes in caries experience as a result of the extension of fluoridation in Queensland.

**Methods:** Queensland children were selected through a stratified random sample selection in 2009–2011. Oral epidemiological examinations provided individual-level outcomes: dmfs (among 5–8-year-olds) and DMFS (9–14-year-olds). Explanatory factors at the individual-level, school-level and area-level fluoridation status were derived. Data were weighted to represent the population. Three-level multilevel multivariable models were sequentially specified for negative binomial distribution of dmfs/DMFS to estimate rate ratios (RR). The effectiveness of area-level water fluoridation was evaluated in the full models controlling for other factors.

**Results:** Data from 2,214 5–8 year-olds and 3,186 9–14 year-olds from 207 schools in 16 areas were analysed. Queensland's average dmfs was 4.23 and DMFS 1.47. The lowest levels of dental caries experience were observed in long-term fluoridated Townsville, which served as a positive control. In bivariate associations, factors at three levels were associated with caries experience. In the full models, children in the fluoridated Townsville had significantly lower caries experience (RR for dmfs: 0.61 (95% CI: 0.44–0.82); RR for DMFS 0.60 (95% CI: 0.42–0.88)) compared with children in non-fluoridated areas. The full models also showed that given equal fluoridation status, the Queensland's average dmfs/DMFS scores would be reduced to that of Townsville children.

**Conclusion:** Comparison of caries experience of children at the time of the extension of water fluoridation in Queensland supported the rationale for this population health measure.



## Introduction

Water fluoridation was first implemented in Australia in 1953 in Beaconsfield, Tasmania (Crisp, 1968). Although it was a decade later for the first capital cities, Hobart and Canberra, to follow suit, water fluoridation has gone on to be the cornerstone of public health efforts to prevent dental caries (Spencer 1984; NHMRC 2007). By the 1970s approximately 2/3rds of Australians lived in an area with water fluoridation (Spencer 1984). That situation remained largely unchanged until the 2000 decade when New South Wales and Victoria actively pursued the extension of water fluoridation within each state (Armfield 2006). However, it was the decision in 2008 to mandate fluoridation in Queensland that moved Australia into almost complete coverage by fluoridation (Queensland Government 2008).

Early decisions on the implementation of water fluoridation were largely based on the international literature showing a dose-response association in ecological cross-sectional studies (Dean et al. 1941) and benefit in the prevention of dental caries for children in non-randomized controlled intervention before and after studies like the first such trial in Grand Rapids, Michigan, USA which commenced in 1945 (Dean et al. 1950). The expectation was that the caries experience of children in areas where fluoridation was implemented would decrease across time while it would remain unchanged in non-fluoridated areas. This is the negative comparison situation that has been the common study design in the research on the benefit of water fluoridation. However, once a country reaches the level of coverage seen in Australia over the last 30 years the negative comparison is less frequently available. There are few comparison non-fluoridated areas available because most areas will already be fluoridated. This alters the comparison available to a positive comparison, where children in a newly fluoridated area begin the comparison period with higher caries experience than that of an already fluoridated area, but across time those children's caries experience is hypothesized to decrease until it is similar to that of already fluoridated areas.

The requirement for evaluating the effectiveness of water fluoridation in a positive comparison scenario are that the newly fluoridated areas begins with higher caries experience than the already fluoridated area and that over time caries experience decreases in the newly fluoridated areas. Queensland had only one substantial sub-population with already existing fluoridation, the city of Townsville which was

fluoridated in 1965 (Videroni et al. 1976). Townsville, which is 4% of the Queensland population acts as a positive comparison at the commencement of water fluoridation for the rest of the state and across time. Across 2009–11 an increasing proportion of the Queensland population, including the most populous South-East areas, has been continuously receiving fluoridated water. This situation has created an opportunity to comprehensively evaluate the effectiveness of water fluoridation using a positive controlled before-and-after intervention design, which is one of the most important study designs where randomisation is not feasible or ethical.

Comparison of areas that are fluoridated and non-fluoridated is readily understood and is an appropriate starting point for assessments. However, such comparisons at the area-level are subject to confounding and effect modification. The most readily identified confounders are individual-level socio-demographic and economic status factors (Diez-Roux et al. 2000; Merlo et al. 2004; Diez Roux 2008). Prominent effect modifiers include individual-level extrinsic sugar's consumption (Rugg-Gunn and Hackett 1993; Marshall et al. 2003) and exposure to fluorides from other sources than the water supply (Slade et al. 2006; Do and Spencer 2007). Multi-level analysis has been identified as an analysis that allows assessment of the area-level association of water fluoridation as a population intervention while at the same time investigating the contribution of individual-level factors to between area differences. Such special analytic methods are appropriate to account for within-area correlations in individual-level health outcomes that persist after individual-level and area-level factors are taken into account (Goldstein et al. 2002; Diez Roux 2004). Multi-level analysis is highly appropriate for the area-level comparisons of caries experience at the beginning of the water fluoridation program in Queensland and provides a basis for prediction of the decrease in caries experience expected over time as children in formerly non-fluoridated areas reach full lifetime exposure to fluoridated water.

So the purpose of this study was to establish the baseline comparisons of caries experience in areas of Queensland that implemented fluoridation between 2009 and 2011 and the existing positive fluoridated comparison area of Townsville. The specific hypothesis was that child caries experience in the long-term fluoridated Townsville was better than the remaining areas of the state, controlling for socio-economic status, oral health behaviours such as tooth brushing and dental visiting and dietary risk factors. A further aim was to estimate levels of child caries experience of

Queensland children who will reach a full lifetime in newly fluoridated areas over the next decade and a half.

## **Materials and methods**

### **Study design and sample selection**

The Queensland Child Oral Health Survey (QCOHS) 2010-11 was a cross-sectional survey of the 5-14 year old population in Queensland. To draw a representative sample of children, a stratified 2-stage sample design was implemented.

Queensland was subdivided into 16 areas. Townsville was the only fluoridated area. Other areas were defined as all regions in Queensland including metropolitan areas, rural cities and rural towns that did not have water fluoridation in 2008, but were scheduled to be fluoridated by end 2011. Schools from the public, catholic and independent educational sectors were stratified into four socio-economic bands on the basis of their postcodes Socioeconomic Index for Areas (SEIFA) score and selected with a probability proportional to size of enrolment. School principals were approached to gain their school's participation. Schools that declined to participate were replaced, where possible, by another school from within the same stratum. A cluster of children was sampled from each selected school. Parents provided signed, informed consent for their child to participate. Data were weighted to adjust for varying probabilities of selection.

This project was reviewed and approved by the University of Adelaide Human Research Ethics Committee, the Queensland Health Human Research Ethics Committee and the three education sectors.

### **Data collection methods**

The primary outcome was dental caries experience measured as a count of decayed, missing or filled primary or permanent tooth surfaces (dmfs/DMFS). Dental caries experience was collected through oral epidemiological examinations by 21 dental examiners. Didactic and clinical training for the examination teams were conducted. Frequent refresher sessions were also provided. Examinations were held in fixed or mobile dental clinics under standardised conditions. Examinations were directly recorded onto specially designed MS Access database.

A parental questionnaire was used to collect socioeconomic status, oral health behaviours and practices and use of dental services. The highest level of education attainment of either parent was used to group children into three groups: school only; vocational training; and tertiary education. Annual household income was collected to group children into three groups: low (<\$60,000); medium (\$60,000–<\$120,000) and high (\$120,000+). Use of discretionary sources of fluoride, frequency of sugary drinks and use of dental services were also collected and included in the analysis.

### **Analytical plan**

The sampling design had a hierarchical structure that drove the analytical plan (Figure 1). Individual children (level 1) were nested within schools (level 2) which in turn were nested within areas (level 3). The primary outcome variables (dmfs/DMFS) were at the individual level. A number of factors such as socioeconomic status, oral health behaviours and practices and dental service use were at the individual level. School type was a school-level factor and fluoridation status was assigned as an area-level factor.

### **Multilevel models**

Three-level multivariable multilevel models were fitted for the primary outcome variables using multilevel software MLwiN version 2.28. Nonlinear estimation was used in the models with the distributional assumption for dmfs/DMFS scores as negative binomial because of skewness of these count variables (Preisser et al. 2012). The final estimation procedure in the models was the 2<sup>nd</sup> order predictive quasi-likelihood (PQL2), which is considered less biased than the 1<sup>st</sup> order marginal quasi-likelihood (MQL1) (Goldstein and Rasbash 1996).

A series of models was generated for each primary outcome. First, a reference model was generated with age and sex. Then, factors at each level were separately entered into the model to check for effect size and random variations. Further, factors at individual-, school- and area-level were sequentially entered into the models. To answer the research questions of this study, we present estimates of the reference model, models with the individual and school-level factors and full models with factors at all three levels.

The fixed effects were presented as rate ratios and 95% confidence intervals (95% CI) against the reference category of each factor. We estimated area-level residuals to

rank areas by level of caries experience with the Queensland averaged level of caries experience as reference. This ranking allows for investigating geographical differences in health (Merlo et al. 2005).

## Results

There were 2,214 children aged 5–8 years and 3,186 children aged 9–14 years included in the analysis (Table 1). Socio-demographic characteristics of the two age groups were similarly distributed. Less than 20% had ever used a fluoride supplement, but most began brushing their teeth with fluoridated toothpaste before 18 months of age. Over 70% of children were reported to be now brushing their teeth twice daily. The vast majority made their first dental visit between 3-5 years old. Some 11% of the younger age group reportedly had 4 or more sugary drinks a day while this proportion was over 19% in the older age group.

The average dmfs and DMFS were 4.23 and 1.47 surfaces in the respective age groups (Table 2). Dental caries experience varied across groups with different socioeconomic status and different oral health behaviours and practices. Factors at all three levels were associated with dental caries experience. Children of Indigenous identity, from households with low income, or with parental education at school level only, had higher caries experience than their respective counterparts. Health behaviours and practices were also associated with caries experience. Those who reportedly had 4 or more sugary drinks had about twice as much dental caries experience than those who had 1 or fewer sugary drink a day. Those who lived in fluoridated Townsville had significantly lower caries experience than their counterparts from non-fluoridated areas in the unadjusted comparisons.

There were significant variations at the area- and school-levels in caries experience of the primary dentition (dmfs) (Table 3). A number of individual-level factors were significantly associated with caries experience in the model with individual- and school-level factors and the full model. These were parental education, household income, age of commencement of fluoride toothpaste use and use of sugary drinks. In the full model, children who reportedly had 4 or more sugary drinks a day had 1.60 times the count of dmfs score than those who had 1 or fewer sugary drink a day. The school-level factor, school type, was significantly associated with caries experience in both models. The full model showed that water fluoridation status at the area level



was a significant factor in explaining variation in caries experience in the primary dentition. Children in fluoridated area had 0.61 times the count of dmfs compared with children in non-fluoridated areas.

Similar findings were observed in caries experience of the permanent dentition (Table 4). The individual-level factors associated with DMFS score were parental education, household income, brushing frequency and use of sugary drinks. A socioeconomic gradient in child oral health was observed with children from the low socioeconomic group experiencing poorer oral health than those from higher socioeconomic groups. The school-level factor was not statistically significant in explaining variation in permanent caries experience. Water fluoridation status at area level was associated with caries experience in the permanent dentition. Children in the fluoridated area had significantly lower rate (0.60) of caries than that among those from non-fluoridated areas.

The 16 areas of Queensland varied in the experience of dental caries in both primary (Figure 2a) and permanent dentitions (Figure 2b). The reference models showed that children in fluoridated Townsville had significantly a lower rate of caries (dmfs and DMFS) than the state average. The individual- and school-level factors could not explain that difference. The caries experience in Townsville children remained significantly below the state average with the difference even larger than that in the reference model. However, the full models showed that given equal fluoridation status across all areas, the Queensland average of caries experience would be at or slightly below the current level of caries experience observed in the Townsville children.

## **Discussion**

The findings of this study document the oral health disadvantage that Queensland children living in non-fluoridated areas experienced in comparison to the only long standing fluoridated area, Townsville. Therefore the results provide contemporary support for the decision mandate the fluoridation of water supplies across the State.

The strengths of these data are the population sampling strategy which ensured that the findings can represent the children of the whole State, the emphasis placed on the calibration of the examining teams and the high level of reliability of the oral health data collected. The strength of the analysis performed is that a range of confounding

or modifying factors at an individual- and school-level were available to use in an appropriate multi-level analysis.

The findings of this study are in concordance with research from the early 1990s that showed children who were continuous residents of Brisbane had considerably higher caries experience than their counterparts in Townsville (Slade et al. 1996). Not only did a higher percentage of Brisbane children have caries, their experience was also more severe. These findings were supported by data from across the 1990s in Queensland and South Australia showed that children without access to water fluoridation developed new caries at a higher rate over a three-year period than those who did have access (Spencer et al. 2008). Recently, research examining the interplay between sweetened beverage consumption and exposure to fluoridated water showed that in four states, including Queensland, children without the latter had less protection against the former, causing increased caries (Armfield et al. 2013).

While some limitations exist, such as self-reported nature of data on socioeconomic and health behavioural factors and cross-sectional nature of the data, the findings present strong evidence of effectiveness of water fluoridation in preventing dental caries in children.

This analysis predicts decreases in the caries experience of Queensland children in previously non-fluoridated areas to levels equal to or even slightly better than those observed in fluoridated Townsville when controlling for variation of individual- and school-level factors. The elimination of the disadvantage in oral health of children in previously non-fluoridated areas against the better oral health of children in fluoridated areas has not been frequently studied. One Australian report compared caries experience in the Blue Mountains in New South Wales, which fluoridated from 1992, to the Hawkesbury area, which had been fluoridated in 1968 (Evans et al. 2009). It found that caries experience among 5-8-year-old children in Hawkesbury remained almost unchanged from 1993 to 2003 (2.99 to 2.79 teeth per child), but across the same period in the Blue Mountains, caries experience fell from 4.22 to 2.48 affected teeth per child. Similarly, among 8-11-year-olds, caries experience in the Blue Mountains children fell from 2.21 to 1.73 teeth while that of the control group of Hawkesbury children remained unchanged (1.96 and 1.92 teeth). The analysis of this current study predicted similar falls in Queensland's recently fluoridated areas.



To conclude, the rationale of the recent extension of water fluoridation in Queensland has been strongly supported by findings of this analysis. Subsequent stages of the planned before-and-after comparative study design are planned to be conducted to confirm the effectiveness of water fluoridation in preventing dental caries in Queensland children.

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## References

- Armfield JM (2006). The extent of water fluoridation coverage in Australia. *Aust NZ J Public Health (letter)* **30**: 581–582.
- Armfield JM, Spencer AJ, Roberts-Thomson KF and Plastow K (2013). Water fluoridation and the association of sugar-sweetened beverage consumption and dental caries in Australian children. *Am J Public Health* **103**(3): 494-500.
- Dean HT, Arnold FA, Jr., Jay P and Knutson JW (1950). Studies on mass control of dental caries through fluoridation of the public water supply. *Public Health Rep* **65**(43): 1403-1408.
- Dean T, Jay P, Arnold F and Elvove E (1941). Domestic water and dental caries. *Public Health Reports* **56**(February): 365-381.
- Diez-Roux AV, Link BG and Northridge ME (2000). A multilevel analysis of income inequality and cardiovascular disease risk factors. *Soc Sci Med* **50**(5): 673-687.
- Diez Roux AV (2004). The study of group-level factors in epidemiology: rethinking variables, study designs, and analytical approaches. *Epidemiol Rev* **26**: 104-111.
- Diez Roux AV (2008). Next steps in understanding the multilevel determinants of health. *J Epidemiol Community Health* **62**(11): 957-959.
- Do LG and Spencer AJ (2007). Risk-benefit balance in the use of fluoride among young children. *J Dent Res* **86**(8): 723-728.
- Evans RW, Hsiao AC, Dennison PJ, Patterson A and Jalaludin B (2009). Water fluoridation in the Blue Mountains reduces risk of tooth decay. *Aust Dent J* **54**(4): 368-373.
- Goldstein H, Browne W and Rasbash J (2002). Multilevel modelling of medical data. *Stat Med* **21**(21): 3291-3315.
- Goldstein H and Rasbash J (1996). Improved Approximations for Multilevel Models with Binary Responses. *Journal of the Royal Statistical Society* **159**(3): 505-513.
- Marshall TA, Levy SM, Broffitt B, et al. (2003). Dental caries and beverage consumption in young children. *Pediatrics* **112**(3 Pt 1): e184-191.
- Merlo J, Asplund K, Lynch J, Rastam L and Dobson A (2004). Population effects on individual systolic blood pressure: a multilevel analysis of the World Health Organization MONICA Project. *Am J Epidemiol* **159**(12): 1168-1179.
- Merlo J, Chaix B, Yang M, Lynch J and Rastam L (2005). A brief conceptual tutorial of multilevel analysis in social epidemiology: linking the statistical concept of clustering to the idea of contextual phenomenon. *J Epidemiol Community Health* **59**(6): 443-449.
- NHMRC (2007). A systematic review of the efficacy and safety of fluoridation. Canberra, National Health and Research Council.
- Preisser JS, Stamm JW, Long DL and Kincade ME (2012). Review and recommendations for zero-inflated count regression modeling of dental caries indices in epidemiological studies. *Caries Res* **46**(4): 413-423.
- Queensland Government (2008). Water Fluoridation Act 2008. Brisbane, Queensland Government.
- Rugg-Gunn AJ and Hacket AF (1993). Nutrition and dental health. Oxford, Oxford University Press.
- Slade GD, Sanders AE, Bill CJ and Do LG (2006). Risk factors for dental caries in the five-year-old South Australian population. *Aust Dent J* **51**(2): 130-139.

- Slade GD, Spencer AJ, Davies MJ and Stewart JF (1996). Caries experience among children in fluoridated Townsville and unfluoridated Brisbane. *Aust N Z J Public Health* **20**(6): 623-629.
- Spencer AJ (1984). Time trends in exposure to optimally fluoridated water supplies among Australian adolescents. *Community Dent Oral Epidemiol* **12**(1): 1-4.
- Spencer AJ, Armfield JM and Slade GD (2008). Exposure to water fluoridation and caries increment. *Community Dent Health* **25**(1): 12-22.
- Videroni W, Sternberg GS and Davies GN (1976). Effect on caries experience of lifetime residents after 10 years of fluoridation in Townsville, Australia. *Community Dent Oral Epidemiol* **4**(6): 248-253.

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Table 1: Individual-, school- and area-level characteristics of the study sample of 5–8 and 9–14 year old children in Queensland

	<b>Primary dentition</b> Aged 5–8 years		<b>Permanent dentition</b> Aged 9–14 years	
<b>Individual factors</b>				
<b>Age, n; mean (SE)</b>	2214	6.5 (0.03)	3186	11.5 (0.10)
<b>Sex, n; w% (SE)</b>				
Male	1107	51.2 (1.3)	1618	51.5 (1.5)
Female	1107	48.8 (1.3)	1568	48.5 (1.5)
<b>Indigenous status, n; w% (SE)</b>				
Indigenous	135	5.2 (1.0)	175	4.9 (0.8)
Non-Indigenous	2079	94.8 (1.0)	3011	95.1 (0.8)
<b>Household income, n; w% (SE)</b>				
Low	657	33.1 (2.2)	1013	36.8 (1.6)
Medium	1026	45.9 (1.7)	1379	42.7 (1.3)
High	417	21.0 (1.6)	633	20.5 (1.4)
<b>Parental education, n; w% (SE)</b>				
School only	589	26.7 (1.9)	898	28.8 (1.4)
Vocational	449	20.8 (1.4)	640	20.0 (1.0)
University	1111	52.5 (2.2)	1544	51.2 (1.8)
<b>Brushing frequency, n; w% (SE)</b>				
<2times/day	603	26.9 (1.5)	854	27.0 (1.2)
2+ times/day	1576	73.4 (1.5)	2270	73.0 (1.2)
<b>Use F supplements, n; w% (SE)</b>				
Ever used	233	14.4 (1.1)	475	18.0 (1.0)
Never used	1973	85.6 (1.1)	2697	82.0 (1.0)
<b>Age first used F toothpaste, n; w% (SE)</b>				
Before or at 18 mos	1337	60.7 (1.6)	1773	56.7 (1.2)
19–30 mos	522	23.2 (1.1)	793	23.9 (1.0)
After 30 mos	355	16.1 (1.5)	620	19.4 (1.1)
<b>Age of first dental visit</b>				
First 2 years	393	20.2 (0.9)	586	20.2 (0.9)
Aged 3-5 years	1149	52.3 (1.4)	1863	52.3 (1.4)
Aged 6+ or never	649	27.5 (1.5)	689	27.5 (1.5)
<b>Sugary drinks</b>				
0-1 drinks/day	1398	64.0 (1.7)	1733	56.7 (1.2)
2-3 drinks/day	586	24.9 (1.2)	793	23.8 (0.9)
4+ drinks/day	230	11.0 (1.2)	620	19.4 (1.1)
<b>School-level factors</b>				
<b>School type</b>				
Public	1533	66.5 (4.7)	2085	64.8 (4.2)
Independent	442	19.2 (4.4)	680	19.1 (3.4)
Catholic	239	14.4 (3.8)	420	16.0 (3.7)
<b>Area-level factors</b>				
<b>Fluoridation status</b>				
Fluoridated	769	5.2 (0.7)	918	5.3 (0.6)
Non-fluoridated	1445	94.8 (0.7)	2268	94.7 (0.6)

W%: Weighted column percentage; SE: Standard error of estimates. A number of variables have missing cases.

Table 2: Distribution of primary and permanent dentition caries experience in the Queensland child population

	Primary dentition Aged 5–8 years		Permanent dentition Aged 9–14 years	
	Mean dmfs	95% CI	Mean DMFS	95% CI
<b>Total</b>	<b>4.23</b>	<b>3.73-4.74</b>	<b>1.47</b>	<b>1.29-1.66</b>
<b>Indigenous status</b>				
Indigenous	7.72	5.26-10.18	2.05	1.17-2.92
Non-Indigenous	4.04	3.59-4.48	1.44	1.27-1.62
<b>Household income</b>				
Low	5.83	5.08-6.59	1.73	1.46-2.00
Medium	3.49	2.78-4.20	1.35	1.11-1.58
High	2.99	2.29-3.69	1.13	0.84-1.42
<b>Parental education</b>				
School only	6.28	5.15-7.41	2.11	1.71-2.50
Vocational	3.66	2.78-4.55	1.29	1.04-1.53
University	3.33	2.83-3.83	1.13	0.95-1.31
<b>Brushing frequency</b>				
<2times/day	4.74	3.93-5.54	1.76	1.45-2.06
2+ times/day	3.95	3.44-4.46	1.34	1.14-1.54
<b>Use F supplements</b>				
Ever used	3.20	2.22-4.18	1.09	0.82-1.35
Never used	4.39	3.83-4.96	1.55	1.35-1.76
<b>Age first used F toothpaste</b>				
Before or at 18 mos	3.29	2.72-3.85	1.25	1.07-1.43
19–30 mos	4.58	3.53-5.64	1.56	1.25-1.87
After 30 mos	7.29	5.71-8.87	2.01	1.49-2.53
<b>Age of first dental visit</b>				
First 2 years	3.97	3.10-4.84	1.35	1.08-1.61
Aged 3-5 years	4.74	4.08-5.41	1.51	1.32-1.70
Aged 6+ or never	3.46	2.62-4.31	1.40	1.03-1.77
<b>Sugary drinks</b>				
0-1 drinks/day	3.43	2.85-4.02	1.19	1.03-1.35
2-3 drinks/day	4.91	4.13-5.69	1.59	1.30-1.88
4+ drinks/day	7.32	5.56-9.09	2.38	1.73-3.03
<b>School type</b>				
Public	4.74	4.07-5.41	1.58	1.34-1.82
Independent	3.45	2.21-4.70	1.18	0.87-1.48
Catholic	2.92	2.07-3.77	1.40	0.85-1.94
<b>Fluoridation status</b>				
Fluoridated	2.75	2.16-3.34	0.82	0.65-0.99
Non-fluoridated	4.31	3.79-4.84	1.51	1.31-1.71

dmfs: decayed, missing or filled primary tooth surfaces  
DMFS: decayed, missing or filled permanent tooth surfaces.  
Mean dmfs/DMFS adjusted for multilevel structure.

Table 3: Multilevel multivariable model for count of decayed, missing or filled primary tooth surfaces (dmfs) among children aged 5–8 years

	Reference model	Model with individual and school factors	Full model	Reference group
<b>Fixed effects</b>		<b>RR</b> 95% CI	<b>RR</b> 95% CI	<b>Reference group</b>
<b>Individual level factors</b>				
<b>Indigenous status</b>				
Indigenous		<b>1.37</b> (0.95-1.98)	<b>1.40</b> (0.97-2.03)	Non-Indigenous
<b>Household income</b>				
Low		<b>1.62</b> (1.24-2.12)*	<b>1.62</b> (1.24-2.11)*	High
Medium		<b>1.17</b> (0.92-1.47)	<b>1.17</b> (0.93-1.66)	
<b>Parental education</b>				
School only		<b>1.30</b> (1.05-1.62)*	<b>1.33</b> (1.07-1.66)*	University
Vocational		<b>1.09</b> (0.87-1.37)	<b>1.09</b> (0.87-1.36)	
<b>Brushing frequency</b>				
2+times/day		<b>0.84</b> (0.69-1.02)	<b>0.84</b> (0.69-1.02)	<2times/day
<b>F supplements use</b>				
Never used		<b>1.21</b> (0.91-1.61)	<b>1.24</b> (0.93-1.65)	Ever used
<b>Age first used F toothpaste</b>				
Before or at 18 mos		<b>0.78</b> (0.64-0.96)*	<b>0.79</b> (0.64-0.97)*	18-30 mos
After 30 mos		<b>1.28</b> (0.97-1.69)	<b>1.29</b> (0.98-1.71)	
<b>Age of first dental visit</b>				
First 2 years		<b>1.96</b> (1.50-2.57)*	<b>1.93</b> (1.47-2.53)*	After age 6 yrs or never
Aged 3-5 years		<b>1.79</b> (1.46-2.19)	<b>1.77</b> (1.44-2.17)	
<b>Sugary drinks</b>				
2-3 drinks/day		<b>1.43</b> (1.18-1.75)*	<b>1.43</b> (1.17-1.74)*	0-1 drinks/day
4+ drinks/day		<b>1.61</b> (1.19-2.18)*	<b>1.60</b> (1.18-2.16)*	
<b>School-level factors</b>				
<b>School type</b>				
Independent		<b>0.68</b> (0.54-0.86)*	<b>0.69</b> (0.55-0.86)*	Public
Catholic		<b>0.78</b> (0.58-1.04)	<b>0.74</b> (0.56-0.99)*	
<b>Area-level factors</b>				
<b>Fluoridation status</b>				
Fluoridated areas			<b>0.61</b> (0.44-0.82)*	Non-F areas
<b>Random coefficients, <math>\beta</math> (SE)</b>				
<b>Area level</b>	<b>0.047</b> (0.028)	<b>0.044</b> (0.022)	<b>0.025</b> (0.017)	
<b>School level</b>	<b>0.125</b> (0.029)	<b>0.004</b> (0.013)	<b>0.004</b> (0.017)	

Multilevel multivariable models for negative binomial distribution of count of dmfs.

\*: Statistically significant estimates.

Reference model: with Age and Sex only.

Other factors in the models: Age, Sex

RR: Rate Ratio; 95% CI: 95% confidence intervals.

Table 4: Multilevel multivariable model for count of decayed, missing or filled permanent tooth surfaces (DMFS) among children aged 9–14 years

	Reference model	Model with individual and school factors	Full model	Reference group
<b>Fixed effects</b>		<b>RR</b> (95% CI)	<b>RR</b> (95% CI)	
<b><u>Individual level factors</u></b>				
<b>Indigenous status, n; w% (SE)</b>				Non-Indigenous
Indigenous		<b>1.23</b> (0.87-1.73)	<b>1.22</b> (0.87-1.71)	
<b>Household income</b>				
Low		<b>1.20</b> (0.95-1.52)	<b>1.19</b> (0.94-1.51)	High
Medium		<b>1.02</b> (0.83-1.26)	<b>1.02</b> (0.83-1.26)	
<b>Parental education</b>				
School only		<b>1.33</b> (1.10-1.61)*	<b>1.33</b> (1.10-1.61)*	University
Vocational		<b>1.15</b> (0.94-1.41)	<b>1.15</b> (0.94-1.41)	
<b>Brushing frequency</b>				
2+times/day		<b>0.81</b> (0.68-0.97)*	<b>0.81</b> (0.68-0.97)*	<2 times/day
<b>F supplements use</b>				
Never used		<b>1.17</b> (0.94-1.47)	<b>1.18</b> (0.95-1.47)	Ever used
<b>F application</b>				
No		<b>0.81</b> (0.67-0.97)*	<b>0.81</b> (0.67-0.97)*	Yes
<b>Age first used F toothpaste</b>				
Before or at 18 mos		<b>0.89</b> (0.75-1.07)	<b>0.89</b> (0.74-1.07)	18-30 mos
After 30 mos		<b>1.24</b> (0.98-1.56)	<b>1.24</b> (0.98-1.56)	
<b>Age of first dental visit</b>				After age 6 yrs or never
First 2 years		<b>1.15</b> (0.89-1.49)	<b>1.15</b> (0.89-1.49)	
Aged 3-5 years		<b>1.14</b> (0.93-1.39)	<b>1.14</b> (0.93-1.39)	
<b>Sugary drinks</b>				
2-3 drinks/day		<b>1.05</b> (0.88-1.24)	<b>1.05</b> (0.88-1.24)	0-1 drinks/day
4+ drinks/day		<b>1.27</b> (1.00-1.62)*	<b>1.28</b> (1.00-1.63)*	
<b><u>School-level factors</u></b>				
<b>School type</b>				
Independent		<b>0.98</b> (0.77-1.24)	<b>0.97</b> (0.76-1.23)	Public
Catholic		<b>0.96</b> (0.71-1.30)	<b>0.95</b> (0.71-1.28)	
<b><u>Area-level factors</u></b>				
<b>Fluoridation status</b>				
Fluoridated			<b>0.60</b> (0.42-0.88)*	Non-fluoridated
<b>Random coefficients, <math>\beta</math> (SE)</b>				
<b>Area level</b>	<b>0.020</b> (0.021)	<b>0.052</b> (0.033)	<b>0.024</b> (0.022)	
<b>School level</b>	<b>0.235</b> (0.047)	<b>0.116</b> (0.043)	<b>0.115</b> (0.043)	

Multilevel multivariable models for negative binomial distribution of count of DMFS.

Reference model: with Age and Sex only.

Other factors in the models: Age and Sex.

RR: Rate Ratio; 95% CI: 95% confidence interval



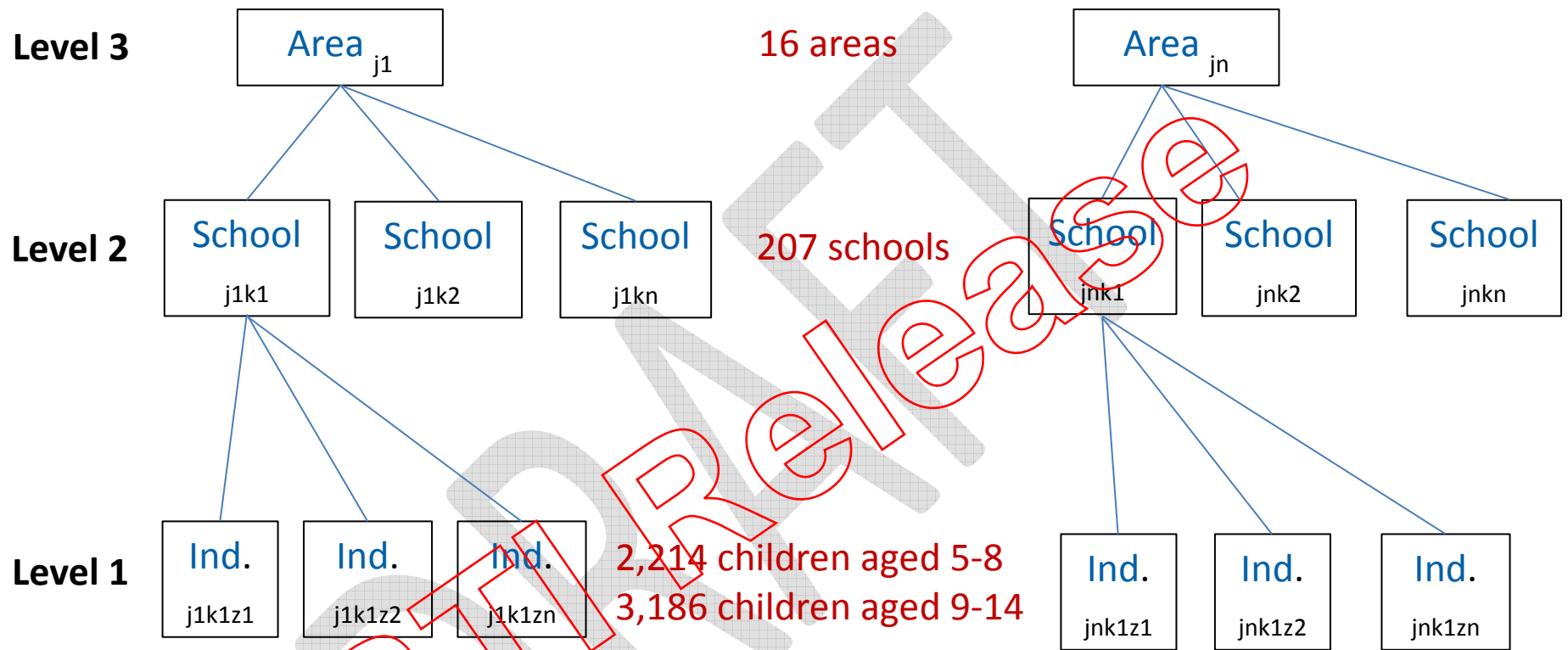
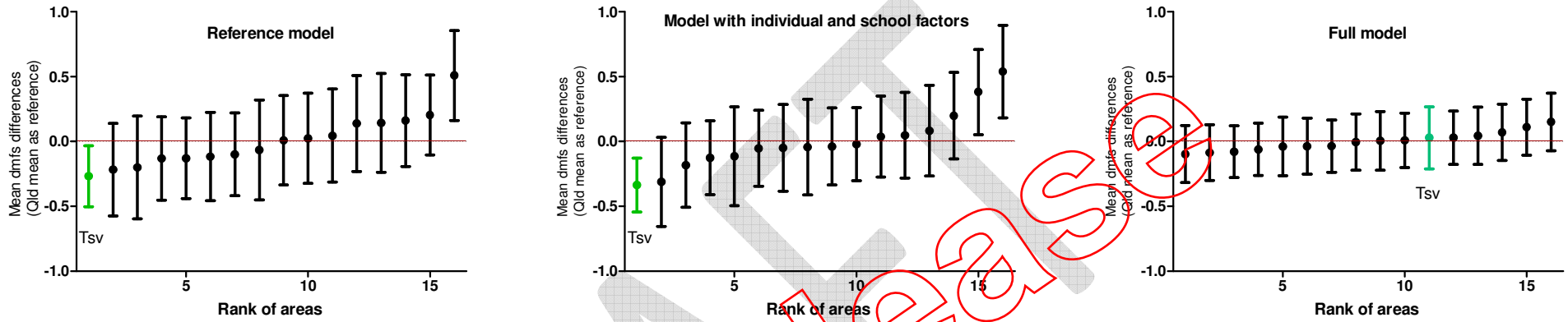
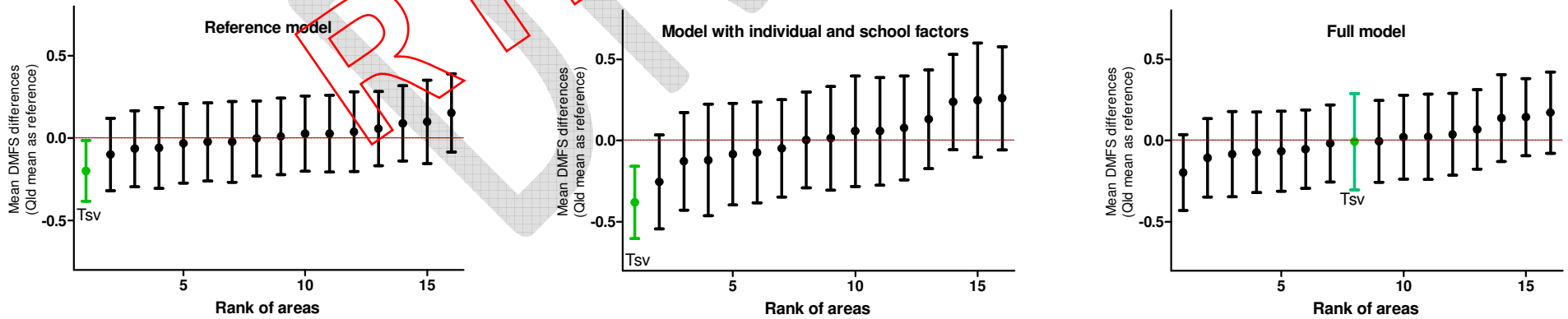


Figure 1: Sampling strategy and multilevel structure of the models



**Figure 2a:** Rank of the 16 areas relative to Queensland average of dental caries experience in the primary dentition predicted by models



**Figure 2b:** Rank of the 16 areas relative to Queensland average of dental caries experience in the permanent dentition predicted by models

**Queensland  
Government**

Queensland Health

**FUNDING AGREEMENT**

Between

**State of Queensland**  
(acting through Queensland Health)

and

**The University of Adelaide**

For the Term  
1 July 2009 to 30 June 2014

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RTI Release

THIS AGREEMENT is made this \_\_\_\_\_ day of \_\_\_\_\_ 2010.

**BETWEEN:**

State of Queensland, acting through Queensland Health, of 147-163 Charlotte Street, Brisbane in the State of Queensland ("Queensland Health")

**AND:**

The University of Adelaide c/- Australian Research Centre for Population Oral Health, School of Dentistry, The University of Adelaide of Level 1, 122 Frome Street, Adelaide in the State of South Australia ("the University")

**RECITALS:**

- A The parties intend to collaborate in a project involving three cross-sectional surveys of child oral health in Queensland. This Agreement will cover the first of the cross sectional surveys. Queensland Health has agreed to provide funding to the University for the first cross-sectional survey.
- B The activities undertaken by the University will support the strategic direction of the State as outlined in the State Strategic Plan 2006-2011.
- C The University agrees to accept the Funding on the terms and conditions of this Agreement.
- D The Funding is provided on the terms and conditions of this Agreement.

**THE PARTIES AGREE AS FOLLOWS:**

**1 INTERPRETATION**

- 1.1 In this Agreement unless the contrary intention appears, the following words and phrases will have the following meanings:

"Agreement" means this Agreement and any schedules attached to this Agreement.

"Budget" means the budget set out in Schedule 2.

"Commencement Date" means the date of execution of this Agreement by the parties and if not executed by the parties on the same date, means the later of the dates of execution.

"Confidential Information" means the information of the Discloser in whatever form that the Discloser designates as confidential, that is by its nature confidential, or which the Recipient knows or ought to know is confidential, and includes:

- (a) Personal Information held by the Discloser;
- (b) all dental and other records the Discloser creates and keeps in relation to survey participants including Survey Data;
- (c) information acquired by the Recipient in the course of discussions and negotiations between the parties or between the officers, employees or contractors of the parties;
- (d) all notes, calculations, memoranda, reports, documents, communications relating to, and copies of, the information specified in (a) to (c) ;
- (e) information comprising in or relating to any Intellectual Property rights (whether registered or unregistered) of the Discloser including any trade secrets, methodologies or know-how of the Discloser;
- (f) documents and information discussed or exchanged in dispute resolution pursuant to clause 28 of this Agreement;

but, except in the case of Personal Information, does not include information:

- (a) in the public domain as at the date of this Agreement;
- (b) that is or becomes generally available to the public other than as a result of a disclosure by the Recipient; or
- (c) that becomes available to the Recipient on a non-confidential basis from a source other than the Discloser which has represented to the Recipient that it is entitled to disclose such information.

**"Discloser"** means:

- (a) Queensland Health in respect of Queensland Health's Confidential Information;
- (b) the University in respect of University's Confidential Information.

**"Existing Project Material"** means any material that exists at the Commencement Date or is otherwise independently owned, licensed, created or developed by a party outside this Agreement.

**"Funding Particulars"** means the particulars for the Funding set out in Schedule 1.

**"Funds and Funding"** means the approved amount of funding set out in the Budget and which sets out the Schedule of Payments, to be provided by Queensland Health to the University under this Agreement and for removal of any doubt the budget estimates in the Research Plan shall not be applicable nor apply in this respect.

**"Intellectual Property"** or **"IP"** includes:

- (a) all copyright and neighbouring rights (including moral rights), and all rights in relation to inventions (including patents), plant varieties, registered and unregistered trade marks, registered designs, confidential information (including trade secrets and know-how) and circuit layouts, computer program or a right to apply or application for any of the foregoing and all other rights resulting from intellectual activity in the industrial, scientific, literary or artistic fields; and
- (b) all developments or improvements to, additions to or alterations to the Intellectual Property described in paragraph (a) above.

**"Member Organisation"** means research groups and units affiliated with the University who



participate and collaborate with the University in the Project.

**"Milestones"** means the Project milestones specified in the original Research Plan.

**"Moral Rights"** means moral rights as described in Part IX of the Copyright Act 1968 (Cth) and any analogous rights arising under statute that exist, or may come to exist, anywhere in the world.

**"New Project Material"** means any material that is created, written or otherwise brought into existence by or on behalf of the University in the course of undertaking the Project excluding the Reports, the Survey Data and any dental records of a survey participant which identifies that survey participant.

**"Periodic Financial Report"** means a periodic financial report as required by clause 6.11 (i).

**"Personal Information"** means information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

**"Project"** means the research undertaken by the University as specified in the Research Plan.

**"Publication"** means any conference paper, article for a journal, portion of a book, broadcast, or other means of disclosure, which may contain Confidential Information and includes reports on the findings from the University's analysis of the Survey Data (including as agency publications (for example, through the Australian Institute of Health and Welfare).

**"Recipient"** means:

- (a) the University in respect of Queensland Health's Confidential Information; and
- (b) Queensland Health in respect of the University's Confidential Information.

**"Reports"** means the reports referred to in clauses 6.11 to 6.13 of this Agreement.

**"Research Plan"** means the document outlining the core study including the study design, data management, collaboration, management and costs as set out in Schedule 3.

**"Survey Data"** means the data collected as part of the Project including the oral epidemiological examination information and the information obtained from the parents who have completed a questionnaire

**"Term"** means the period specified in the Funding Particulars.

- 1.2 A reference to a person includes a reference to corporations and other entities recognised by law.
- 1.3 The singular includes the plural and vice versa.
- 1.4 Words importing one gender include all other genders.
- 1.5 In this Agreement the index and the headings to the clauses have been inserted for convenience of reference only and are not intended to be part of or to affect the meaning or interpretation of any of the terms and conditions of this Agreement.

- 1.6 A reference to a statute, regulation, ordinance or by-law will be deemed to extend to all statutes, regulations, ordinances or by-laws amending, consolidation or replacing it.
- 1.7 Where a word or phrase is given a defined meaning, another part of speech or other grammatical form in respect of that word or phrase has a corresponding meaning.
- 1.8 A reference in this Agreement to 'dollars' or '\$' means dollars and all amounts payable under this Agreement are payable in Australian dollars.
- 1.9 Where the day on or by which any act, matter or thing is to be done under this Agreement is a Saturday, Sunday or public holiday in Queensland, the act, matter or thing may be done on the next business day in Queensland.
- 1.10 A reference to a clause or schedule is a reference to a clause or schedule to this Agreement and includes any amendments made in accordance with this Agreement.

## 2 PRECEDENCE

- 2.1 Unless the contrary intention is expressed, if there is an inconsistency between any of one or more of:

- (a) this Agreement;
- (b) a Schedule;
- (c) an annexure; and
- (d) a document expressly incorporated by reference in:
  - (i) this Agreement; or
  - (ii) a Schedule; or
  - (iii) an annexure.

the order of precedence between them will be the order listed above, this Agreement having the highest level of precedence.

## 3 TERM

- 3.1 This Agreement shall commence on the Commencement Date and continue for the Term, unless otherwise terminated in accordance with the provisions of this Agreement.

## 4 ACKNOWLEDGEMENT

- 4.1 Unless agreed to the contrary with Queensland Health, the University agrees and acknowledges that the provision of Funding pursuant to this Agreement does not replace or vary the terms of any other funding agreements or arrangements with Queensland Health.

## 5 PAYMENT OF FUNDS

- 5.1 In consideration of the University agreeing to collaborate in the Project, Queensland Health agrees to provide the Funding to the University in accordance with the Funding Particulars and on the terms and conditions of this Agreement.

- 5.2 Payment of the Funds shall be conditional upon the University complying with the terms and conditions of this Agreement including the obligations set out in Schedule 1 in relation to the Funding (for example outcome reporting)..
- 5.3 Queensland Health may withhold or suspend any payment in whole or in part until the University has complied with the terms and conditions of this Agreement.
- 5.4 Funds shall be paid to the University in accordance with the Funding Particulars. If the account into which the Funding is to be paid changes, the University must provide Queensland Health with details of the new account to ensure the Funding can be paid.

## 6 USE OF FUNDS & FINANCIAL RESPONSIBILITIES

- 6.1 The University must use the Funds solely for the Project and in accordance with the Budget and not for any other purpose.
- 6.2 The University must ensure that any interest earned on the Funds is applied by the University for the purpose of the Project and the provision of the Services in accordance with the Agreement.
- 6.3 If the University receives:
- (a) Project funding from sources other than Queensland Health; or
  - (b) Project funding from Queensland Health under a separate agreement from this Agreement;
- the University must not:
- (c) transfer amounts between the Funds and the other Project funding; or
  - (d) use the Funds for purposes for which the other Project funding was received.
- 6.4 The University must keep the Funds in an account with a recognised bank, building society or credit union.
- 6.5 The University must keep proper and complete books of account and administrative records relating to the Funds. Those records and books of account must make it possible to separately identify the receipt and expenditure of the Funds.
- 6.6 The University must keep all administrative records and books of account which relate directly or indirectly to the receipt and expenditure of the Funds for a minimum of 7 years.
- 6.7 The University must do all things necessary to ensure that:
- (a) all payments out of the Funds are correctly made and properly authorised;
  - (b) adequate control is maintained over the incurring of liabilities; and
  - (c) there is no misappropriation of, or dishonest dealings with, the Funds.

- 6.8 Any unspent Funds remaining at the expiry of the Term or upon the date of termination of this Agreement will be repayable to Queensland Health upon demand and will be recoverable as a debt due by Queensland Health from the University without further proof of debt being necessary. Queensland Health reserves the right to charge the University interest if the unspent Funds are not repaid to Queensland Health within the timeframe specified by Queensland Health.
- 6.9 Unless Queensland Health has provided its prior consent in writing, the University must not use the Funding, this Agreement or the Intellectual Property in the Reports as any form of security for the purpose of complying with form of loan, credit payment, obligation or other interest.
- 6.10 Queensland Health is not responsible for the provision of additional money to meet any expenditure in excess of the Funds. Queensland Health will not reimburse the University for any such expenditure.
- 6.11 The University must provide satisfactory financial reports, including certifications to Queensland Health as follows regarding the expenditure of the Funds:
- (i) Periodic Financial Reports in the form set out in Schedule 4 by 31 January and 31 July each year of the Term for the periods 1 July to 31 December and 1 January to 30 June respectively; and
- 6.12 The Periodic Financial Reports must contain a certification from the University that:
- (i) The financial statements have been recorded and reported in accordance with the University's financial practices; and
  - (ii) That the Funds were used for the purposes of the Project.
- 6.13 The University must also provide any other Reports relating to the Project and as otherwise reasonably requested by Queensland Health in accordance with the details, format and times as notified by Queensland Health from time to time including progress reports in the form specified in Schedule 6 by 30 September and 31 March in each year of the Term.
- 6.14 Queensland Health may require the University to provide more information in relation to the Reports.
- 7 ACKNOWLEDGEMENTS BY THE UNIVERSITY AND QUEENSLAND HEALTH**
- 7.1 In addition to any other obligations in this Agreement, Queensland Health and the University will provide the in kind contributions set out in the Schedule 5 of the Agreement.
- 7.2 The University acknowledges and agrees that it has examined and has understood the contents of all documentation provided by Queensland Health to the University prior to seeking the Funding.
- 7.3 The University acknowledges that there is no obligation on the part of Queensland Health to provide future funding, capital or recurrent, in respect of the Project unless Queensland Health in its absolute discretion, determines otherwise.

- 7.4 The University acknowledges that the Funding is the maximum amount of funds that will be provided under the Agreement.

## 8 MILESTONES

- 8.1 The University must meet the Milestones for the Project as specified in Schedule 1.

## 9 WARRANTIES

- 9.1 The University warrants and represents to Queensland Health that to the best of its knowledge at all times during the Term,
- (a) It has and will maintain throughout Term the insurance policies required under this Agreement;
  - (b) the University will comply, and will ensure that its Member Organisations comply, with all applicable laws and standards in conducting the Project;
  - (c) the University has full power and authority to enter into and give effect to this Agreement and to perform its obligations hereunder and all the steps required to authorise the execution and performance of this Agreement have been properly taken;
  - (d) this Agreement constitutes its legal, valid and binding obligations, and subject to any necessary stamping is enforceable in accordance with its terms;
  - (e) all authorisations required in connection with the performance by it of this Agreement have been obtained or effected and are in full force and effect, and there has been no material default by it in the performance of any of the terms and conditions of any of those authorisations;
  - (f) the execution, delivery and performance by it of this Agreement does not and will not violate:
    - (i) any authorisation, ruling, consent, judgement, order or decree of any governmental agency;
    - (ii) its constitution or other constituent documents
    - (iii) any encumbrance, undertaking or document which is binding upon it or on any of its assets;
  - (g) no additional authorisation, clearance, consent, approval, filing or registration with any court or government department, commission, agency or instrumentality is or will be necessary or required for the University to enter into and give effect to this Agreement;
  - (h) by entering into this Agreement and complying with any of its obligations under this Agreement the University is not and will not be in breach of any agreement or undertaking with any other person (whether written or otherwise) or any law or regulation of any country; and
  - (i) it shall obtain at its own cost all authorisations, licenses, approvals and consents necessary to perform its obligations under this Agreement.

## 10 CONFIDENTIALITY AND PRIVACY

10.1 Subject to clause 10.2, the Recipient must:

- (a) keep confidential and not allow, make or cause any public announcement or other disclosure of or in relation to any Confidential Information without the prior written consent of the Discloser, which consent may be given or withheld, or given with conditions, in the Discloser's sole discretion;
- (b) use, copy and retain the Confidential Information solely for the purpose of performance of this agreement (or as otherwise agreed) and in accordance with this clause 10;
- (c) without limiting clause 10.1(a) or (b), not:
  - (i) exploit any Confidential Information
  - (ii) use any Confidential Information for its own business purpose without the prior written consent of the Discloser; or
  - (iii) make copies in any format of the Confidential Information other than as permitted under this agreement without the prior written consent of the Discloser;
- (d) ensure that any third party to whom Confidential Information is disclosed as permitted by this clause 10 executes a confidentiality undertaking consistent with the terms in clause 10; and
- (e) on the expiry or termination of this Agreement promptly return to the other party or destroy at the direction of the other party (and certify such destruction) all Confidential Information of the other party then in the party's possession or under its control.

10.2 The obligations of each party under clause 10.1 do not apply to a disclosure or announcement to the extent that the disclosure or announcement is:

- (a) reasonably necessary to comply with any request, instruction, direction of the Queensland Government Minister for Health or any other Queensland Government requirement;
- (b) reasonably necessary to comply with any policies of Queensland Health;
- (c) required by law, provided that the Recipient notifies the Discloser prior to the disclosure required to enable the Discloser to seek a protective order or other appropriate remedy in respect of the confidential information;
- (d) information which is already in the public domain or is lawfully obtained by the party from sources other than under the Agreement;
- (e) to any bona fide professional adviser of the party;
- (f) required for the party to perform its obligations under this Agreement;
- (g) as required by any other law; or
- (h) made by the party with the prior written consent of the other party.

10.3 The University must comply with parts 2 and 3 of Chapter 2 of the *Information Privacy Act 2009* in relation to the discharge of its obligations under this Agreement as if the University was Queensland Health.



- 10.4 If the University collects or has access to Personal Information in order to undertake the Project the University must:
- (a) ensure that the Personal Information is protected against loss and against unauthorised access, use, modification, disclosure or other misuse;
  - (b) not use Personal Information other than for the purpose of undertaking the Project,, unless required or authorised by law;
  - (c) not disclose Personal Information without the consent of Queensland Health, unless required or authorised by law;
  - (d) ensure that only authorised personnel have access to Personal Information;
  - (e) immediately notify Queensland Health if the University becomes aware that a disclosure of Personal Information is or may be required or authorised by law;
  - (f) make its officers, employees and subcontractors aware of the University's obligations under this clause; and
  - (g) comply with such other privacy and security measures as Queensland Health reasonable advises the University in writing from time to time.
- 10.5 Queensland Health may require the University to obtain from its officers, employees and subcontractors a deed of privacy in a form acceptable to Queensland Health.
- 10.6 The University must immediately notify Queensland Health upon becoming aware of a breach of clause 10.3 or 10.4.

## 11 LIABILITY AND INDEMNITY

- 11.1 Each party shall indemnify the other, its officers and employees and keep them indemnified from and against any loss (but not including consequential loss), claim or damage (including, without limitation, reasonable costs) suffered, incurred or brought against the other party by a third party as a result of any wrongful or negligent act or omission in undertaking the Project or breach of this Agreement by the indemnifying party
- 11.2 The indemnities given by each party pursuant to clause 11.1 shall be reduced proportionately to the extent of contribution of the other party or any of its officers, employees, or representatives to any such loss claim or damage..

## 12 INSURANCE

- 12.1 The University must take out and maintain with a reputable insurer public liability and professional indemnity insurance which shall be appropriate to and sufficient to cover all liabilities of the University associated with the undertaking of the Project. The parties acknowledge that the University is a self insurer for workers compensation insurance and its self insurance is appropriate and sufficient to cover all workers compensation liabilities associated with the undertaking of the Project.
- 12.2 When requested to do so, the University must, within 7 days from the date of the request, supply evidence to Queensland Health of the currency of the insurance required by clause 12.1.



- 12.3 If the University fails to take out or maintain insurance as required by clause 12.1, Queensland Health may effect the necessary insurance and recover the amount of the insurance premium from the University as a debt due to Queensland Health without further proof of debt being necessary.

## 13 ACCESS

- 13.1 The University must allow unrestricted access by Queensland Health's officers and agents to the University's land, buildings and records to enable Queensland Health to:
- (a) carry out an audit or inspection of the University's books and records; and
  - (b) otherwise ascertain whether the University has complied with the terms and conditions of this Agreement (including but not limited to examining the performance of the Project and any outcomes of the Project).
- 13.2 Queensland Health will give at least (5) days notice to the University before exercising these access rights and will name any persons requested to be available for interview.
- 13.3 The University must co-operate and provide whatever assistance is necessary to enable Queensland Health to exercise its rights under clause 13.1 and the University must not obstruct or hinder Queensland Health in any way.
- 13.4 The Queensland Auditor-General or a delegate of the Queensland Auditor-General for the purpose of performing the Queensland Auditor-General's statutory functions, at reasonable times and on giving reasonable notice may require the University to provide records and information which is directly related to this Agreement.
- 13.5 Nothing in this clause 13 affects the obligations of the University to perform its obligations under this Agreement unless otherwise agreed between them.

## 14 PUBLICATION

- 14.1 If the University wishes to make a disclosure by means of a Publication, the University must have the prior consent in writing of Queensland Health, which consent may not be unreasonably withheld or delayed. The University shall submit to Queensland Health a draft version of the proposed Publication at least three (3) months prior to the date upon which it is intended the draft be submitted for Publication. Queensland Health shall respond within forty five (45) days of receiving the request in accordance with one of the following options in writing:
- (a) it shall provide its consent to the Publication;
  - (b) it shall provide its consent to the Publication subject to data being anonymised or Confidential Information being severed from the draft or such other amendment which in the opinion of the University is necessary;
  - (c) it shall request a delay in disclosure of the Publication; or
  - (d) it will not consent to the Publication as it reasonably believes that such Publication would harm or injure the interest that party may have in any Confidential Information.
- 14.2 The University agrees to comply with the decision of Queensland Health under this clause

- 14.3 Advertising campaigns and other promotional activities proposed by the University in relation to the Services require the prior approval of Queensland Health.
- 14.4 Without limitation to this clause, the University may not make any statement or issue any information, publication, document or article for publication concerning this Agreement in any media without the prior approval of Queensland Health.
- 14.5 Where approved, the contribution of Queensland Health must be acknowledged in any media or promotional activities in a format as agreed by Queensland Health.
- 14.6 The University must ensure that its staff and Member Organisations also comply with the provisions of this clause 14 and that they observe and comply with the same obligations as required of the University under this clause.

## 15 INTELLECTUAL PROPERTY

- 15.1 Intellectual Property Rights in:
- (a) all New Project Materials will, upon creation, vest in the University.
  - (b) Survey Data will, upon creation, vest in Queensland Health;
  - (c) all Reports will, upon creation, vest in Queensland Health and the University assigns such rights to Queensland Health.
- 15.2 Each party further agrees and shall ensure that its staff and contractors and students in the case of the University shall do all things and shall execute all documents necessary so that each party obtains such rights described in clause 16.1 without limitation or encumbrance.
- 15.3 Queensland Health grants to the University a perpetual royalty free, non-exclusive licence to the use and reproduce the Reports for the purposes of the performance of this Agreement and for the University's teaching, training and research purposes.
- 15.4 The University grants to Queensland Health a perpetual royalty free, irrevocable, non-exclusive licence to use, adapt and reproduce the New Project Materials for public health and governmental reporting purposes (excluding commercial purposes) associated with the operations of Queensland Health.
- 15.5 Queensland Health grants to the University a perpetual royalty free, non-exclusive licence to use and reproduce the Survey Data for the purposes of research and for the purposes of the performance of this Agreement and related purposes.
- 15.6 Each Party retains the Intellectual Property Rights to its Existing Project Materials and grants to the other Party a royalty free non-exclusive licence to use its Existing Project Materials for the purposes of performing this Agreement. The University grants to Queensland Health a perpetual, irrevocable, non-exclusive, royalty free licence to use adapt, and reproduce its Existing Project Material for public health and governmental reporting purposes (excluding commercial purposes).
- 15.7 The University shall use its best endeavours to obtain Moral Rights consents from its staff and contractors engaged in the creation of the New Project Materials in a form as contained in Schedule 7.

## 16 SURVEY DATA

- 16.1 The parties agree that the Survey Data will be contributed by the parties to the National Child Oral Health Survey and related projects.
- 16.2 The Survey Data will be collected by the parties during the course of the Project and the University will:
- (a) undertake quality control;
  - (b) prepare the data;
  - (c) manage the data
  - (d) undertake analysis of the data
  - (e) report and publish the data.
- 16.3 The University will provide Queensland Health access to the raw and cleansed Survey Data and will provide Queensland Health with the opportunity to participate in the Project.

## 17 BREACH & CONSEQUENCES OF BREACH

- 17.1 If the University fails to comply with any provision of this Agreement, and that failure is in the reasonable opinion of Queensland Health capable of being remedied, then Queensland Health must give the University a notice to remedy the failure within 14 days (or such other extended period of reasonable time as determined at the discretion of Queensland Health) from the date on which the notice is given.
- 17.2 If:
- (a) in the reasonable opinion of Queensland Health a breach by the University of a provision of this Agreement is not capable of being remedied;
  - (b) the University becomes insolvent or takes advantage of any insolvency laws or is unable to pay its debts when due;
  - (c) Queensland Health is satisfied that any statement made in the Research Plan is incomplete, incorrect, false or misleading in any way which would have affected the original decision to provide the Funding to the University; or
  - (d) the University has failed to comply with a notice under clause 17.1,
- then Queensland Health may immediately do anyone or more of the following:
- (e) suspend payment of any unpaid instalment of the Funds to the University (until further notice);
  - (f) increase the frequency of financial or performance reporting by the University;
  - (g) appoint a financial controller to monitor the expenditure of the Funds;
  - (h) appoint an auditor to conduct an audit or inspection; or
  - (i) terminate this Agreement.

- 17.3 If Queensland Health fails to comply with any provision of this Agreement, and that failure is in the reasonable opinion of the University capable of being remedied, then the University must give Queensland Health a notice to remedy the failure within 14 days (or such other extended period of reasonable time as determined at the discretion of the University) from the date on which the notice is given.
- 17.4 If:
- (a) In the reasonable opinion of the University a breach by Queensland Health of a provision of this Agreement is not capable of being remedied; or
  - (b) Queensland Health has failed to comply with a notice under clause 17.3,
- then the University may immediately terminate the Agreement.
- 17.5 Termination of this Agreement will not affect any claim or action either party may have against the other by reason of any antecedent breach of this Agreement and will not relieve either party of any obligation under this Agreement which is expressed to continue after termination.
- 17.6 If this Agreement is terminated pursuant to this clause 17 by either party:
- (a) Queensland Health will not be required to pay the University any outstanding amount of Funds except to the extent those Funds have been legally committed for expenditure by the University in accordance with this Agreement before the date of termination of this Agreement (written evidence will be required);
  - (b) Queensland Health will be entitled to recover from the University any part of the Funds which:
    - (i) Have not been legally committed for expenditure by the University in accordance with this Agreement before the date of termination of this Agreement (written evidence will be required); or
    - (ii) Has not been expended, in Queensland Health's reasonable opinion, in accordance with the terms and conditions of this Agreement.
- 17.7 The University will be required to pay any amount under clause 17.6 within 14 days of receiving a request to do so from Queensland Health. The relevant amount will be recoverable as a debt due by Queensland Health from the University without further proof of debt being necessary. Queensland Health reserves the right to charge the University interest if the amount is not repaid to Queensland Health within the timeframe specified by Queensland Health.
- 17.8 If this Agreement is terminated in accordance with this clause 17, the University must immediately take all available and reasonable steps to stop any further expenditure on the Project.
- 17.9 Queensland Health is not liable to pay compensation for any loss of prospective profits, financial loss or any loss of benefits that would have been received by the University had this Agreement not been terminated in accordance with clause 17 of this Agreement.

## 18 GST

18.1 In this clause:

"GST Amount" means the amount of GST on a Taxable Supply calculated at the rate of GST applicable at the time that the Taxable Supply is made;

"GST Law" means A *New Tax System (Goods and Services Tax) Act 1999 (Cth)*;

"ABN", "Adjustment Event", "Adjustment Note", "GST", "Recipient Created Adjustment Note", "Recipient Created Tax Invoice", "Tax Invoice" and "Taxable Supply" have the meanings given in the GST Law;

"RCTI" means Recipient Created Tax Invoice; and

"RCAN means Recipient Created Adjustment Note.

18.2 The Funds specified in this Agreement are GST exclusive.

18.3 Queensland Health must pay the GST Amount to the University in addition to the Funds at the same time as Queensland Health pays the Funds to the University.

18.4 Schedule 8 of this Agreement applies in relation to the payment of GST and RCTIs.

## 19 COSTS

19.1 Each party will pay its own legal costs for the preparation, execution and stamping of this Agreement, but Queensland Health will pay any stamp duty on this Agreement.

## 20 NOTICES

20.1 A notice, demand or other communication to be given or made by a party under this Agreement will be deemed to have been duly given to or made if it is delivered, or sent by prepaid registered post or by facsimile transmission addressed:

- (a) to the University at the address set out in the Funding Particulars
- (b) to Queensland Health at:

The Director  
 Community Services Unit  
 Health Services Purchasing and Logistics Branch  
 Queensland Health  
 GPO Box 48  
 Brisbane QLD 4001  
 Facsimile: (07) 3006 2767

20.2 Any notice served on the University will be deemed to have been validly served if it is sent to the address set out in Item 3 of the Funding Particulars.

## 21 WAIVER

21.1 A failure by a party to enforce a clause of this Agreement at any time will not constitute a

waiver of the clause and a clause will not be deemed to be waived unless the waiver is in writing and signed by the waiving party.

- 21.2 Any waiver by a party of a breach of a clause of this Agreement by the other party will not constitute a waiver of any subsequent breach of that clause or of any other clause.

## **22 SURVIVAL**

- 22.1 Clauses 6, 10 to 15 (inclusive) will survive termination of this Agreement.

## **23 ENTIRE AGREEMENT**

- 23.1 This Agreement contains everything that parties have agreed in relation to the subject matter it deals with. No party can rely on an earlier written document or anything said or done by or on behalf of another party before this Agreement was executed.

## **24 VARIATION**

- 24.1 This Agreement may be varied at any time by an agreement in writing executed by both parties.
- 24.2 It will be sufficient evidence of agreement to vary a schedule to this Agreement if the parties execute and date a document purporting to be a substitute schedule.

## **25 ASSIGNMENT**

- 25.1 This Agreement shall not be assigned or novated by the University without the prior written consent in writing of Queensland Health.

## **26 SEVERABILITY**

- 26.1 Where any provision of this Agreement is held to be void, illegal or unenforceable it may be severed from the Agreement without affecting the enforceability of the other provisions of the Agreement and the parties must attempt to replace that severed provision with a legally acceptable alternative provision that meets the parties' intended objectives in relation to the Project.

## **27 GOVERNING LAW**

- 27.1 This Agreement will be governed and constructed in accordance with the laws of Queensland and the parties submit to the jurisdiction of the courts of Queensland.

## **28 DISPUTE RESOLUTION**

- 28.1 Unless a party to this Agreement has complied with this clause, that party may not commence court proceedings or arbitration concerning any dispute between the parties arising from this Agreement (whether during the Term or after the termination of this



Agreement) except where that party seeks urgent interlocutory relief, in which case that party need not comply with this clause before referring this dispute to arbitration or commencing court proceedings concerning that dispute.

28.2 Where a dispute between the parties has arisen from this Agreement, a party claiming that a dispute has arisen must notify each other party to the dispute, specifying the nature of the dispute ("Dispute Notice"). The parties must negotiate in the utmost good faith and endeavour to reach agreement concerning the matter in dispute.

28.3 If the matter in dispute is not resolved pursuant to clause 28.2 within 10 days of the date the Dispute Notice is given, or such longer period as the parties may agree in writing, the parties must, within a further 10 days, or such longer period as the parties may agree in writing, negotiate in the utmost good faith and endeavour to reach agreement on a process for resolving the whole or part of the dispute through means other than court proceedings or arbitration and on:

- (a) the procedure and timetable for any exchange of documents and information relating to the dispute;
- (b) procedural rules and a timetable for the conduct of the selected mode of proceeding; and
- (c) a procedure for selection and compensation of any person who may be employed by the parties in endeavouring to resolve the dispute.

28.4 The parties acknowledge that the purpose of any exchange of documents or information or the making of any offer of settlement pursuant to this clause is to attempt to settle the dispute between parties.

28.5 After the expiration of the time period specified in clause 28.3 for agreement on a dispute resolution process, any party which has complied with the provisions of this clause may be notice in writing delivered to the other parties, terminate the dispute resolution process provided for in this clause and may then refer the dispute to arbitration or commence court proceedings concerning the dispute.

28.6 Where a dispute has been referred to arbitration pursuant to clause 28.5, the arbitrator is to be a person agreed upon between the parties or, failing agreement by the parties within 7 days of the giving of notice of the referral to arbitration, such person appointed by the President for the time being of the Queensland Law Society Incorporated. The arbitration must be conducted in accordance with the Rules for the Conduct of Commercial Arbitrations of the Institute of Arbitrators Australia and subject to those Rules, in accordance with the provisions of the *Commercial Arbitration Act 1990* (Qld).

## 29 RELATIONSHIP OF THE PARTIES

29.1 The University and any other persons engaged by the University in the performance of the Project will not be or be deemed to be in the service or employment of Queensland Health.

29.2 Nothing in this Agreement will evidence the relationship of any partnership or joint venture between the parties.



**30 NO PROPRIETARY INTERESTS**

- 30.1 All liabilities incurred by the University in undertaking the Project whether utilising the funds provided under this Agreement or not, shall remain liabilities of the University and none of such liabilities shall attach to Queensland Health.
- 30.2 All liabilities incurred by Queensland Health in undertaking the Project shall remain liabilities of Queensland Health and none of such liabilities shall attach to the University.

**31 EXECUTION OF SEPARATE COPIES**

- 31.1 The parties shall execute 2 copies of this Agreement, with each party retaining an original copy.

RTI Release

EXECUTED as an agreement

EXECUTED by The State of Queensland  
represented by Queensland Health  
by the Executive Director, Corporate Services in the  
presence of: ~~DEPUTY DIRECTOR GENERAL,~~

s.73  
s.73

s.73  
s.73

Deputy Director-General  
Corporate Services  
Name of Officer (print) 1685

Name of authorised person (print)

Name of authorised person (print)

Date: 9.6.10

LEAS

EXECUTED by The University of Adelaide  
by its duly appointed officer who warrants that  
they have the authority to sign on its behalf in the  
presence of:

s.73  
s.73

Witness

s.73  
s.73

DEPUTY VICE-CHANCELLOR AND  
VICE-PRESIDENT (RESEARCH)  
Name of Officer (print)

s.73  
s.73

Name of Witness (print)

Name of authorised person (print)

Name of authorised person (print)

Date: 1/6/10

## SCHEDULE 1

### (i) FUNDING PARTICULARS

<b>1. Funded University</b>	University of Adelaide
<b>2. University Contact Person</b>	s.73 s.73 Professor of Social and Preventive Dentistry
<b>3. University Address</b>	Australian Research Centre for Population Oral Health School of Dentistry Level 1, 122 Frome Street Adelaide SOUTH AUSTRALIA 5000
<b>4. University Telephone</b>	(08) 8303 5438
<b>5. University Facsimile</b>	(08) 8303 3070
<b>6. Purpose of the Funding (the Services)</b>	<p>The University through its Australian Research Centre for Population Oral Health (ARCPOH) will conduct an evaluation of the health gains resulting from the introduction of water fluoridation in Queensland.</p> <p>The Project which is more fully described in the Research Plan forms the first of three cross-sectional surveys and will be conducted between 2009 and 2014. Each study will be undertaken 5 years apart from the other.</p> <p>The Survey Data collected from this first cross-sectional survey will also constitute Queensland Health's contribution to the National Child Oral Health Survey.</p>
<b>7. Approved Funding (GST exclusive amount)</b>	\$821,200
<b>8. Period of Agreement</b>	1 July 2009 – 30 June 2014
<b>9. Payment Schedule</b>	Six monthly payments will be made upon signing of this Funding Agreement.
<b>10. Milestones</b>	Not applicable

<b>11. Financial Statement Requirements</b>	Six monthly financial reports – due 31 January and 31 July as per clause 6.11.
<b>12. Outcome Reporting (In addition to the financial reporting requirements set out in clause 6)</b>	Six monthly milestone reports due on 31 January and 31 July in the format provided in Schedule 6. Reports will include a description of the activity undertaken, issues arising and outcomes achieved in the format provided in Schedule 6 (or as agreed between the parties).  A report in the findings from the Project relating to the first cross-sectional survey will be submitted within 12 months of completion of the data collection.
<b>13. Queensland Health Contact Person</b>	<div style="border: 1px solid red; padding: 2px; display: inline-block;">s.73</div> s.73 Manager – Community Services Unit Health Services Purchasing and Logistics Branch
<b>14. Queensland Health Address</b>	Queensland Health GPO Box 48 BRISBANE QLD 4001
<b>15. Queensland Health Telephone</b>	(07) 3006 2815
<b>16. Queensland Health Facsimile</b>	(07) 3006 2767
<b>17. Queensland Health Email</b>	hspl-csu@health.qld.gov.au

RTI RELEASED

**SCHEDULE 2****BUDGET**

Six monthly payment	1 July 2009 to 30 June 2010	1 July 2010 to 30 June 2011	1 July 2011 to 30 June 2012	1 July 2012 to 30 June 2013	1 July 2013 to 30 June 2014
July	84,500	86,200	82,100	78,900	78,900
January	84,500	86,200	82,100	78,900	78,900
Total funding per year	\$169,000	\$172,400	\$164,200	\$157,800	\$157,800

These costs do not include any allowance for the Goods and Services Tax. Funds will be provided in biannual instalments in advance.

RTI Release

### SCHEDULE 3

#### RESEARCH PLAN

The Queensland Government has committed substantial resources to the expansion of water fluoridation throughout the State. The evidence base for fluoridation includes findings from studies conducted by the Australian Research Centre for Population Oral Health (ARCPOH) at the University of Adelaide in collaboration with Queensland Health showing that children in fluoridated Townsville had less dental decay than their counterparts in non-fluoridated Brisbane. The benefit of the extension of water fluoridation needs to be tested across a wider range of areas as Queensland. Such evidence is also valuable in informing the state and national policy. The National Health and Medical Research Council has recently recommended the fluoridation of all water supplies in Australia and the future evidence from Queensland will be important in documenting the benefits of water fluoridation in contemporary Australian Communities.

The Project being funded pursuant to this Agreement only relates to the contribution by the ARCPOH, specifically the consultancy for the survey which provides the specialist expertise for design and development, examiner training, quality control, data analysis and reporting.

This Agreement and the Funding provided under it by Queensland Health is intended to cover only the Baseline Data Collection Survey (2009-12) (as described in the University Research Plan) together with the analysis and reporting associated with that survey. Depending on timing, the Funding may also cover preparation for the Preliminary five-year evaluation (2014-16).

The Funding is not intended to cover the Preliminary five-year evaluation (2014-16) (other than as described above), the Comprehensive ten-year evaluation (2019-21) or the Nested validation Study as described in the University Research Plan.

RTI REQUEST

## SCHEDULE 4

## (I) FINANCIAL REPORT CERTIFICATION

Org Id:	3060	Organisation:	University of Adelaide
SP Id:	5122	Service Provider:	Australian Research Centre for Population Oral Health
Project Id:	51841	Project:	Evaluation of health gains resulting from Introduction of water fluoridation in Queensland

Please tick the period relevant to this financial report.

Period to 30 June

Period to 31 December

## SUMMARY OF FINANCIAL TRANSACTION

Operating Funding		One-off Payments	
Total Income To Date:	\$	Total Income To Date:	\$
Less Total Operating Expenditure:	\$	Less Total One-off Expenditure:	\$
Operating surplus/deficit:	\$	One-off surplus/deficit:	\$

## REASONS FOR SURPLUS/DEFICIT (Identify Operating and One-off separately)

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ABN:	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Effective from: ...../...../.....
GST Status:	Registered <input type="checkbox"/> (please tick)	Effective from: ...../...../.....
	Not Registered <input type="checkbox"/> (please tick)	

## We, hereby certify that:

- The information contained in the attached Financial Report reflects the financial performance of the project;
- Adequate internal control procedures exist in the recording, authorising payments, recording receipts and bank reconciliations;
- A full and complete set of financial records has been maintained;
- Funds have been used for the purposes for which they were provided;
- All terms and conditions of the Service Agreement have been complied with; and
- The undersigned are authorised to sign on behalf of the organisation.

Signature:		Signature:	
Print Full Name:		Print Full Name:	
Position:		Position:	
	(President / Chairperson)		(Treasurer / Secretary)
Date:	...../...../.....	Date:	...../...../.....

Please return this certification to:

Manager – Community Services Unit  
 Health Services Purchasing and Logistics Branch  
 Queensland Health  
 GPO Box 48  
 BRISBANE QLD 4001



## SCHEDULE 4

## (II) FINANCIAL REPORT

Org Id:	3060	Organisation:	University of Adelaide
SP Id:	5122	Service Provider:	Australian Research Centre for Population Oral Health
Project Id:	51841	Project:	Evaluation of health gains resulting from Introduction of water fluoridation in Queensland

Please note that this format is a guide only. An income and expenditure report from an Accounting Package (Eg. MYOB/Quickbooks) should be submitted where possible, but must be accompanied by the Certification page (see previous page). Please ensure that operating and one-off income and expenditure are clearly and separately identified.

RECEIPTS		
	Annual Allocation	Actual Income to Date / /
Queensland Health Operating Funds	\$	\$
Queensland Health One-off Funds		\$
Rollover surplus from previous financial year approved for one-off expenditure		\$
Interest earned on QH Funds		\$
Other Income		\$
<b>TOTAL INCOME TO DATE</b>		<b>\$</b>

EXPENDITURE		
Budget Items	Forecast Budget to Date	Actual (Cumulative) Expenditure to Date
<b>Direct Expenditure Eg: Salaries / on costs</b>		
<b>TOTAL (Direct Expenditure)</b>	<b>\$</b>	<b>\$</b>
<b>Indirect Expenditure Eg: Admin / Operating</b>		
<b>TOTAL (Indirect Expenditure)</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL OPERATING EXPENDITURE</b>		
<b>One-off Expenditure</b>		
<b>TOTAL ONE-OFF EXPENDITURE</b>		<b>\$</b>
<b>TOTAL EXPENDITURE TO DATE</b>		<b>\$</b>

**SCHEDULE 5****SPECIAL CONDITIONS****Queensland Health in kind support**

The studies will be managed by Office of the Chief Dental Officer, Queensland Health which will negotiate with schools, Health Service Districts and other stakeholders. The Office of the Chief Dental Officer, in liaison with Health Service District Oral health Services, will also provide resources for data collection and assessment of reliability, including personnel, mobile clinical facilities, equipment and consumables for examination teams, travel and accommodation costs for examination teams, and costs associated with mailing of questionnaires.

The Queensland Health, Office of the Chief Dental Officer will collaborate in sampling design and selection.

**ARCPOH responsibilities**

ARCPOH will be responsible for preparing the Project protocol, providing the sampling design and oversight of the sampling processes and conducting examiners' and recorders' training and calibration. ARCPOH will arrange and contribute to frequent clinical data quality control including reliability examinations by a gold standard examiner in the field. ARCPOH will provide data capture software for recording Survey data and a questionnaire for parental information. ARCPOH will prepare and manage all Survey data, analyse and report, including the preparation of Publications. Data from the Project will be provided to ARCPOH as the Queensland component of the National Child Oral Health Survey. This includes research proposals around the National Child Oral Health Survey such as the existing and possibly new NHMRC Project Grant applications.

RTI REQUEST

## SCHEDULE 6

**OUTCOME REPORT TO QUEENSLAND HEALTH**

**Project Title:** Evaluation of the health gains resulting from the introduction of water fluoridation in Queensland.

The outcomes achieved by the University of Adelaide under this funding agreement are as follows: (No more than one page)

1. Please summarise the original objectives of the funded project (as specified in the original research proposal).

2. Indicate the progress to date in achieving project milestones and deliverables (as specified in the original research proposal).

3. Have the timelines for the project changed? If yes, please provide details.

4. Has the direction of the project changed (from that specified in the original research proposal)? If so how?

5. If satisfactory progress towards achieving the project milestones and deliverables has not been achieved, please explain why this has occurred and how the issues are being addressed.

**SCHEDULE 7****CONSENT (MORAL RIGHTS)**

To the extent that I am author of the works described as new project materials created pursuant to a contract between State of Queensland (acting through the Queensland Health) and The University of Adelaide c/-Australian Research Centre for Population Oral Health, School of Dentistry ("the Work") and any moral rights in that Work vest in me, I give the following consent, in relation to the Work, to the State of Queensland acting through Queensland Health ("the Department"):

- (a) I agree that I may not be attributed as author of the Work; and
- (b) I agree that the Department may undertake the following types of acts or omissions in relation to the Work, whether occurring before or after the date of this consent:
  - (i) the alteration, amendment, deletion or modification of the Work; and
  - (ii) any dealing with, or changes to, the Work,

which might otherwise constitute an infringement of my moral rights.

\_\_\_\_\_  
(Individual author's name)

\_\_\_\_\_  
(Witness's name and address)

\_\_\_\_\_  
(Individual author's signature)

\_\_\_\_\_  
(Witness's signature)

Date:

**SCHEDULE 8**

**(I) RECIPIENT CREATED TAX INVOICE (RCTI) AGREEMENT**

University Name:	The University of Adelaide	
University ABN:	61-249-878-937	
University GST Status:	GST registered: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Effective from: 1/7/2010	If Yes, please certify the RCTI agreement below.
SP ID:	5122	

This is an agreement between Queensland Health (QH) and the University (whose name appears above) to enable QH to issue an RCTI in respect of the Funding Agreement to which this RCTI Agreement forms the Schedule (8) and particularly in respect of the Project described in Schedule 1 made to QH by the University.

University	Queensland Health
I, hereby, certify that	For and on behalf of Queensland Health, I hereby certify that:
1. the University is registered for GST, and	1. Queensland Health is registered for GST purposes and its ABN is 66 329 169 412;
2. the University agrees to be bound by the terms and conditions of the RCTI Agreement outlined on page 2.	2. Queensland Health agrees to be bound by the terms and conditions of the RCTI Agreement outlined on page 2.
Signature	Signature
Print full name:	Print full name:
Position	Position
Date:	Date:

## (II) RECIPIENT CREATED TAX INVOICE (RCTI) AGREEMENT

1. Queensland Health will issue RCTIs in respect of all Taxable Supplies made by the University to Queensland Health in return for the Funding from Queensland Health, and provide a copy to the University within twenty-eight (28) days.
2. The University must remit the GST amount(s) to the Australian Taxation Office as required by the GST Law.
3. Queensland Health will Issue Recipient Created Adjustment Notes (RCAN) in respect of any Adjustment Events that occur under this RCTI Agreement, and provide a copy to the University (within twenty-eight (28) days after one has been requested or when Queensland Health becomes aware of the adjustment event).
4. The University agrees not to Issue Tax Invoices or Adjustment Notes in respect of these same Taxable Supplies (if this were to occur, the University's Tax Invoice or Adjustment Note is not considered valid and the RCTI and/or RCAN takes precedence).
5. The University will notify Queensland Health immediately if it ceases to be registered for GST purposes, becomes aware of any reason for which its registration may be cancelled, or if it ceases to satisfy any of the RCTI requirements stated in the GST Law.
6. The University acknowledges that it cannot enter into an Agreement permitting Queensland Health to Issue a RCTI Agreement if it is not registered for GST, even if it is required to be registered.
7. The University will notify Queensland Health in writing if it wishes Queensland Health to no longer issue the RCTI and the cancellation of this Agreement for Queensland Health to issue the RCTI will not take effect until the advice of the cancellation has been received by Queensland Health.
8. The University will notify Queensland Health in writing immediately of any change to its GST status or ABN.
9. Queensland Health is registered for GST purposes and its ABN is 66 329 169 412. Queensland Health will notify the University if it ceases to be registered for GST purposes, becomes aware of any reason for which its registration may be cancelled, or if it ceases to satisfy any of the RCTI requirements stated in the GST Law.
10. If the amount of GST recovered from Queensland Health under this Agreement differs, for any reason, from the amount of GST paid or payable by the University to the Commissioner of Taxation, including by reason of:
  - a. an amendment to the GST Law;
  - b. the issue of or an alteration in a ruling or advice of the Commissioner of Taxation;
  - c. a refund of GST to the University in respect of any Taxable Supply made under this Agreement;
  - d. a decision of any tribunal or court; or
  - e. change in the registration status of the University, whether before or after a payment was made and/or an adjustment event occurred,

then, subject to obtaining written approval or instruction from Queensland Health, the difference in amounts will be paid by or to Queensland Health, as the case may be as soon as is reasonably practicable.

### SCHEDULE 9

#### BANKING DETAILS

#### EFT APPLICATION FORM ELECTRONIC DEPOSIT OF FUNDS

##### SECTION A – YOUR FINANCIAL INSTITUTION ACCOUNT DETAILS

I/We hereby agree that the/all payment/s is/are to be made to

University of Adelaide

by the way of direct deposit to the following account:

Name of Approved Financial Institution:

Bank SA



Institution/State/Branch Number:

[Redacted box]

(6 characters only)

Account number:

Account name:

[Redacted box]

Signature

[Redacted signature box with 's.73' written inside]

Name (please print):

C.F.O

Position:

Contact phone number:

216110 0883035805

##### SECTION B – CERTIFICATION BY YOUR FINANCIAL INSTITUTION

(University must ensure Section B is completed by their relevant Financial Institution e.g. Bank, Building Society etc)

The above account details have been verified and are correct:

Name of Institution:

BANKSA

Signature:

[Redacted signature box with 's.73' written inside]

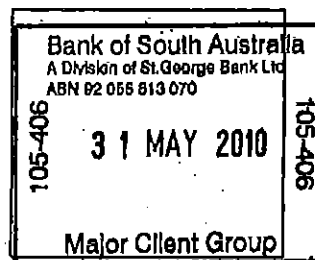
Name (please print):

Position:

Senior Account Executive

Date:

31 May 2010



BANK STAMP

##### SECTION C – FOR FORWARDING OF REMITTANCE ADVICE DETAILS

Address:	L7, 115 Grenfell St, Adelaide SA 5000
Fax number:	08 8303 4351



**From:** s.73 s.73 @adelaide.edu.au  
**To:** s.73 s.73 @health.qld.gov.au  
**Date:** 11/07/2013 2:24 pm  
**Subject:** RE: QCOHS

s.73

We are making good progress on the QCOHS report & an accompanying scientific paper on the effectiveness of water fluoridation. We need to firm up the timelines though to passing these documents on to you as drafts as outlined in our research grant agreement. Further we need to discuss the presentation of the key findings to people with Qld Health. The date you mentioned in your email of 23 July is a couple of weeks too early for us. Might it be possible to set a date somewhere around the second or third week of August? Who would we be providing the drafts to? And who would we be presenting to? For how long? To what depth? etc.

I tried to call you but didn't get through. Can you call me to discuss (h) 08-8357 1559 or (m) s.73

s.73

s.73

s.73

s.73

s.73

Emeritus Professor  
Australian Research Centre for Population Oral Health (ARCPHO)  
School of Dentistry  
THE UNIVERSITY OF ADELAIDE  
SOUTH AUSTRALIA 5005 AUSTRALIA  
Tel: +61 8 8313 5029 or 8313 5438 Fax: +61  
Email: s.73 s.73 @adelaide.edu.au <mailto:s.73 s.73 @adelaide.edu.au>  
Location/Street Address:  
Room 1.12, Level 1  
122 Frome Street  
ADELAIDE SA 5000

CRICOS Provider Number 00123M

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IMPORTANT: This message may contain confidential or legally privileged information. If you think it was sent to you by mistake, please delete all copies and advise the sender. For the purposes of the SPAM Act 2003, this email is authorised by The University of Adelaide.

Think green: read on the screen.

**From:** s.73 s.73 [mailto:s.73 s.73 @health.qld.gov.au]  
**Se**  
**To:** s.73 s.73  
**Cc:**  
**Subject:** RE: QCOHS

H s.73

Just a few thoughts regarding your recent email.  
We thought that perhaps 50 hard copies of the report would be good.  
Also, we were wondering if it would be possible to review the report before it is finalised?  
And when did you think you would be ready to present the report? and who would do this - you & s.73 We have a statewide directors' meeting in Brisbane on 22 & 23 July that may be a good opportunity depending on your timing.  
Finally, you mentioned about us co-authoring part of the report - when were you thinking of sending this to us? We wouldn't want to hold up the final report, so if there is work we can progress now, then perhaps we could discuss asap.

Thanks again  
kind regards

s.73

s.73

s.73 s.73

Director Oral Health Outcomes

Office the Chief Dental Officer  
Health Service and Clinical Innovation Division  
Department of Health  
p: 07 3131 6981  
m: s.73 s.73  
f: 783  
e: s.73 s.73 @health.qld.gov.au<mailto:s.73 s.73 @health.qld.gov.au>

>>> s.73 s.73 @adelaide.edu.au<mailto:s.73 s.73 @adelaide.edu.au>> 29/05/2013 2:30 pm  
>>

Hi s.73  
Hope you are well. I met s.73 the other day when he was down here for a fluoride meeting. The QCOHS report is moving fast. The results show that the data are of high quality, which is pleased to know given everyone's enormous effort. Several groups of people here are working on the report. We have also named you, s.73 s.73 to co-author some chapters in the report. You will be asked to contribute to the writing. I am thinking of printing hard copies of the report. We will have pdf copy of the report available as the main source but will probably need some hard copies as well. How many hard copies do you think your side would need?

s  
s.73 s.73

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From: s.73 s.73 @health.qld.gov.au]  
Se AM  
To s.73 s.73  
Cc s.73 s.73  
Subject: QCOHS

Hi s.73  
Sorry for the delay in getting back to you after your phone call last week. I discussed your suggestion with s.73 and he agreed that a presentation at the time of the release of the final report would be worthwhile, given that the results are likely to be consistent with preliminary findings, there is no need to present interim results earlier. He did suggest, however, that it might be a good idea to do a quick (15 min) presentation to the Minister's advisor, DG and/or Deputy DG, and then do a more detailed presentation to our office and

oral health directors.

Perhaps once you have a more precise idea of when the report will be finalised we can discuss dates/times.

Kind regards

s.73  
s.73

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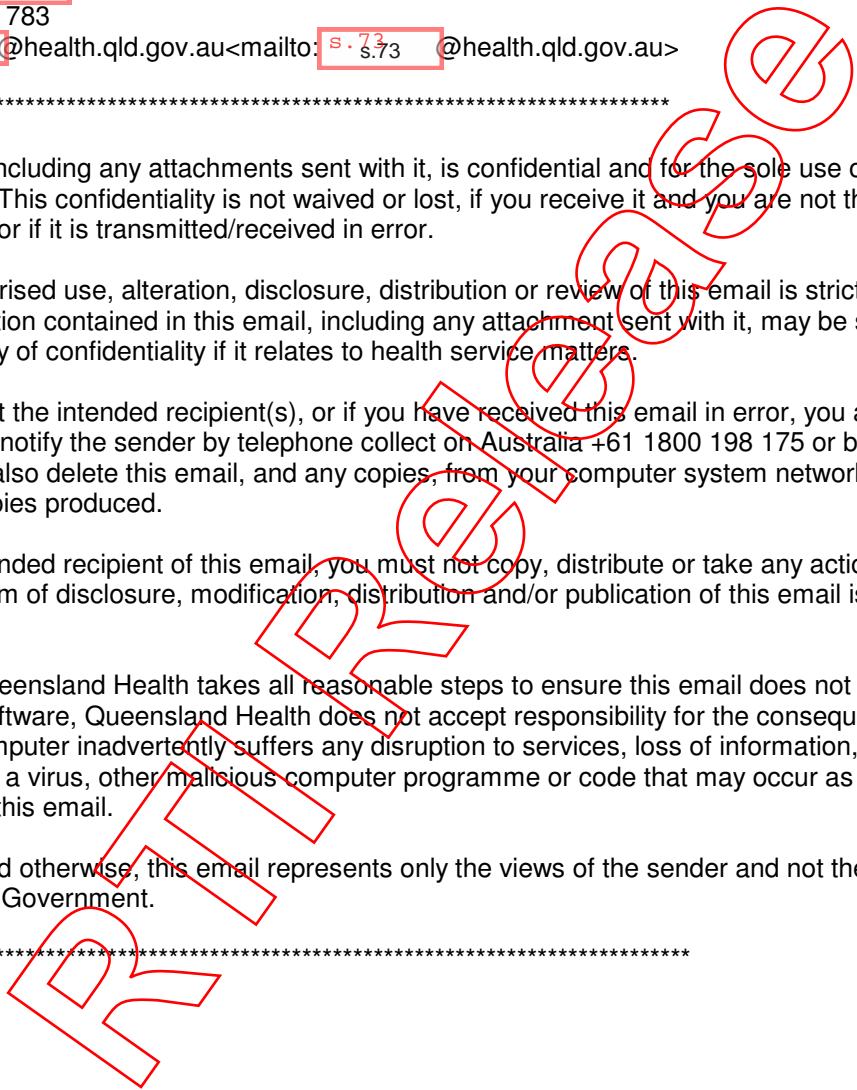
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**From:** s.73 s.73 <[redacted]@adelaide.edu.au>  
**To:** s.73 @adelaide.edu.au; s.73 @health.qld.gov.au  
**CC:** s.73 s.73 @health.qld.gov.au  
**Date:** 19/07/2013 4:25 pm  
**Subject:** RE: QCOHS report

s.73 s.73  
I checked with s.73 re his commitments in late August. Unfortunately the last week in August is the week when he is committed to attend an NHMRC Grant Review Panel in Canberra. The options seem to be the first week in September, Wed 5 or Thurs 6 September, or second to last week in August, Thurs 22 or Frid 23 August. However I prefer the September option.

s.73 s.73

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From: s.73 s.73 @health.qld.gov.au]  
Sent: Friday, 19 July 2013 2:43 PM  
To: s.73  
Cc: s.73  
Subject: QCOHS report

H s.73  
Good to speak with you today.  
As discussed, could you and Loc please give consideration to a suitable date to visit us in Brisbane to present the findings of the QCOHS report?  
At this stage, the last week in August would work well. As s.73 mentioned, we would appreciate if you could plan to provide 2 presentations - a 15-20 min key findings presentation to senior Department and Ministerial staff, and a longer (1 hour?) presentation for senior oral health staff.  
Thanks again for your update and efforts. We look forward to reading the report.

s.73  
s.73

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RTI Release