



Page 2: Your information

Q1

Your details

First name

Gill

Surname

Bird

City/town

[Redacted]

Email

[Redacted]

Q2

dental therapist

Your submission is in the capacity as

Page 3: Name of company/organisation

Q3

Respondent skipped this question

Name of company/organisation

Page 4: Your Person ID number

Q4

Please add your Dental Council Person ID registration number

[Redacted]

Page 5: Please provide your feedback by responding to the following question

Q5

No

Do you support the proposed Supplementary risk management principles for oral health during the COVID-19 pandemic? If you do not support the draft, please share your concerns, reasons for your view, and proposed alternatives if you have any.

Q6

Please share any comments you have below:

There is not enough time to implement testing of n95 masks for COHS, we won't be able to work on any children under 12 after Friday
