



Page 2: Your information

Q1

Your details

First name

Alix

Surname

Stephen

City/town

[REDACTED]

Email

[REDACTED]

Q2

dentist or dental specialist

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:

Please reconsider the use of disposable aprons for every patient. This will have a significant environmental impact and the amount of waste generated per procedure with latest IC protocols has been astronomical. We should be aiming to reduce this, rather than increase.

Is there the possibility of having aprons that are re-usable instead? Or not required for low risk patients?

Thanks
