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Page 2: Your information

**Q1**

Your details

First name	Derek
Surname	Gray
City/town	██████████
Email	██

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**Q2** dentist or dental specialist

Your submission is in the capacity as

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Page 3: Name of company/organisation

**Q3** Respondent skipped this question

Name of company/organisation

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Page 4: Your Person ID number

**Q4**  
Please add your Dental Council Person ID registration number



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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.

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**Q6**

Please share any comments you have below:

The statement that "Stand down time is required for only high and moderate risk patients, irrespective of the care provided" is at variance with both the NHS guideline cited in Acknowledgements and the SDCEP rapid review also cited. The UK approach is very clear that a room stand down period is only required after a very limited range of Aerosol Generating Procedures (AGPs) - there is simply no justification for room stand down when no AGP has been performed.

The guidelines as they stand will have significant negative dental public health outcomes which will disproportionately affect Maori and vulnerable children who are more at risk of dental caries across Nelson Marlborough. This is because all of our high risk children are seen for 6 monthly, 15 minute fluoride varnish appointments. According to the guidelines, because children cannot be vaccinated they will all now be considered Moderate Risk necessitating a 15 minute appointment followed by a 25 minute room stand-down period. As Clinical Director, I will have to suspend our entire Fluoride Varnish program because our DHB simply doesn't have the clinic capacity for this approach and I will have to re-prioritise the clinic time I have away from prevention and into treatment. Similarly, all our other non-AGP appointments will also need room stand down periods and this makes no sense. For example a 15 minute appointment to place a rubber separator ring (a very low risk, non AGP procedure) will now need a 45 minute booking as will the appointment for the subsequent Hall Crown.

Ironically, if we were in a DHB with multi-chair clinics there is an exemption within the new guidance regarding the need for room stand-down. DHBs like ours with single clinics will be severely disadvantaged and experience rapidly growing arrears - perversely there is now an incentive to create more of the less safe multi-chair clinics.

I would also suggest that the requirement to change a fabric gown, wear and plastic apron or full length single use gown is also not required for non-AGP procedures. There is a huge environmental impact from this decision which has no clinical justification.

The new guideline fails to link to the MoH traffic light system which has varying responses, based on local rates of Covid-19 community transmission – instead it represents a one size fits all national approach and appears to be out of step with the Ministry of Health. This will result in an unjustifiably cautious approach being taken in areas of New Zealand when there is no community transmission (both now and in the future when the pandemic begins to wane).

As a dental public health specialist I am extremely concerned about the unintended consequences this practice standard will have both for children and adults, as private practitioners are forced to pass on the costs relating to unjustified room stand down periods in particular.

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