29th November 2021

Dental Council of New Zealand
Consultations Committee
PO Box 10-448
Wellington, NZ
6143
via Email: consultations@dcnz.org.nz

Dear Colleagues,

RE: Consultation on the proposed supplement to the IPC practice standard: Supplementary risk management principles for oral health during COVID-19 pandemic

Thank you for the opportunity to provide a submission about this important matter. Thank you also for the work you are doing in a challenging and ever-changing era, and for the guidance you have provided to date.

Q1. 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.

I **do not** support the supplementary risk management principles for oral health. My reasons are listed below, with my proposals/solutions in italics.

A. My key concern is that there needs to be more consideration that protects and promotes the rights of children to access appropriate and timely health care.

   I propose that Council recruits a member charged with advocating for children, or alternatively consults with the Specialists in Paediatric Dentistry in New Zealand group, or the Office of the Commissioner for Children, in future when considering issues that affect children.

The Office of the Children's Commissioner document "Being Child-Centred" 2017[1] states that "Children… …depend on and are major users of many services, but they often have little say in the policies and services that affect them", and "being child-centred is about recognising the needs, rights and views of children in the work of our organisations". Although the framework for being child-centred is anchored in the context of child protection and is based on the United Nations Convention on the Rights of the Child, all aspects are pertinent to health. These aspects include the core concepts that children **are provided for, are protected from harm, and that they participate in decisions** relating to them, so their voices must be heard to inform those charged with their advocacy.

B. It appears that the risk management principals may have limited their consideration of children to those who access care through the Community Oral Health Service (COHS) or large open-plan clinics in teaching institutions. The principles fail to

[1] https://www.occ.org.nz/assets/Being-Child-Centred-Nov-2017.pdf

consider the needs of children who access care through private specialist paediatric practices, non-specialist general dental practices, and hospital dental services for children. All of these clinical spaces may not be multi-chair. All of these providers extend invaluable support for the COHS upon referral, and manage severe acute problems expediently. They are an essential, but often forgotten, part of New Zealand's child oral health care.

It appears to make no sense for children to be treated differently in a multi-chair clinic than in a single chair, or double chair setting. Indeed, it potentially presents higher risk to children when they are seen in large clinics and open spaces because of the heightened possibility of shared direct and indirect contact with other people. This also limits care for those with highest need, as these are the children least likely to be able to be cared for in the COHS

I propose therefore that children in families who are considered "low risk" according to the screening tool are also considered to be low risk regardless of the chair numbers of the clinic in which they are treated. Council must take into consideration the neediest children who access oral health care in private practices and hospitals, and remove the need for stand downs in those spaces.

C. When the principles mention multi-chair clinics, if it is their intention that this relates to COHS and teaching institutes then *this should be stated* for greater transparency. Additionally, if this is their intention, they should specify that they mean multi-chair facilities *exclusively for children*. I do not think that it is appropriate for children to be treated alongside adults in multi-chair facilities. The reason for this is again to protect children because they are an unvaccinated group, and must be able to access a dental facility without passing through, or being treated in an area where an adult patient with moderate to high risk may be present.

I propose therefore that children must be able to access a dental facility without passing through, or being treated in, an health care area where an adult patient with moderate to high risk may be present.

D. The changes to PPE requirements are welcome; however, I would like to challenge the need for a plastic disposable apron over a fluid resistant over gown. What evidence is there that this improves infection prevention and control? The use of launderable fluid resistant gowns seems sensible to reduce waste entering landfill. If short-sleeved fluid resistant gowns are worn over scrubs only in the clinic area, and changed after each session, I contend that the addition of a plastic apron is unnecessary.

I propose that there is no need for an additional plastic apron, over fluid resistant gown (when that gown is worn only in the clinical area and over appropriate scrubs or other uniform) when treating low risk patients.

E. Ventilation proposals – *Please would Council explore the role and responsibility of landlords when dental practices are leased with regard to ventilation requirements.*

F. While the proposed document mentions that children from the age of 5 years are likely to be offered vaccination against Covid 19 in the near future, the under-5s will likely remain unvaccinated for some time. Early childhood caries is an enormous problem in New Zealand. Very young children are often some of the most challenging to treat and will therefore be likely to present with specialists and in hospitals. Considering them in a moderate risk category jeopardises their access to care, as it makes it more costly; PPE requirements and stand downs come at a price.

   I propose that this is an opportunity for an increased commitment to enhance prevention of dental caries for all children, and in particular pre-schoolers. To this end, there could be by a link in the Council document to a document containing current best-practice prevention of caries guidelines for children. A link to an antibiotic stewardship document would also be beneficial..

Thank you very much for considering my proposals, and once again for all of your hard work to guide dental practitioners in New Zealand.

Kind regards

Dorothy Boyd
Specialist in Paediatric Dentistry