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Page 2: Your information

**Q1**

Your details

First name	frederik
Surname	dean
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:

I understand much of the draft but would you please clarify:

a patient who declines to reveal their vax status - tx as moderate risk ?

HVE and rubber dam use appear to be separate IPC measures in draft - when is rubber dam use mandated? for low, mod or high pts ?

plastic aprons: are these required for operative tx only or also for exams ? if the latter what will be the environmental and service provision impact ? how many aprons are available in nz right now ?

this will be a living document - how will user feedback be incorporated into it ?

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