

Dear Sir/Madam:

Firstly, thank-you for the opportunity to provide feedback on this supplement.

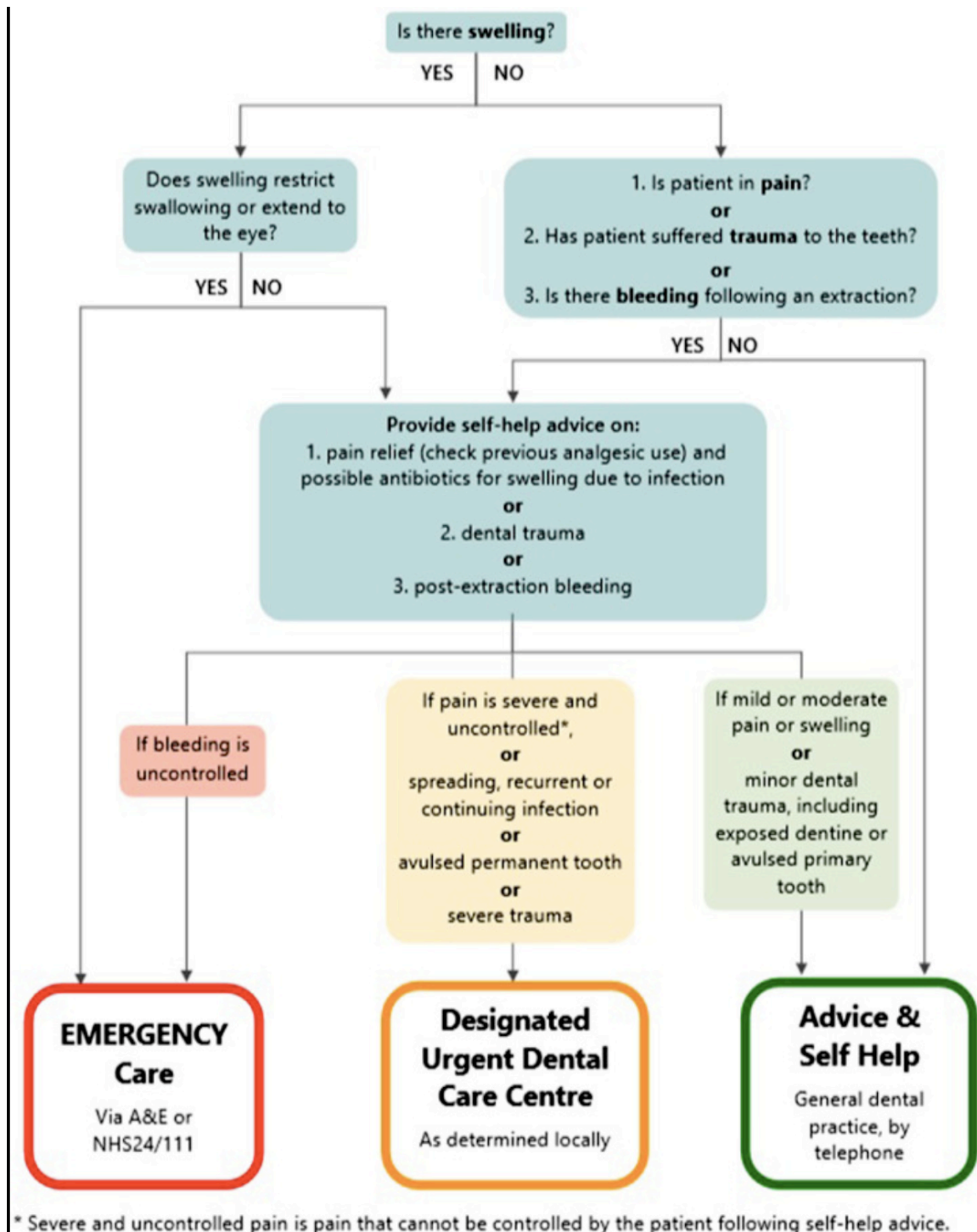
It is noted that under the traffic light system currently close contact businesses in New Zealand require a Covid Vaccine pass in order to operate under Orange or Red settings.<sup>1)</sup> I.e., the clients are vaccinated. I propose that a lot of elective dentistry is in the same category. As we are constantly managing risks, under Green setting we are not so worried about the relatively low risk. Meanwhile, under the Orange and Red settings, we wish to have the option to decline elective treatment to the unvaccinated.

The statement: “The Dental Council has an expectation that oral health practitioners will not refuse to treat those who are unvaccinated.”

If Covid 19 is in the community, (especially Delta or Omicron) Dentistry, Oral Surgery, and ENT are noted to be extremely high risk of transmission areas. At the levels of Orange or Red under the traffic light system we don't expect to treat the unvaccinated. We consider we are at much higher risk of contracting Covid-19 than a hairdresser, given what we do.

The majority of procedures in the above areas in Dentistry, ENT and Oral Surgery are elective. The actual emergency services of these areas: I.e serious infections are exceedingly limited.

The above areas (Dentistry) were included in the “Non-essential” work areas that were included in the lockdowns that New Zealand experienced recently. It is proposed the below triage system from the below paper is utilised.<sup>2)</sup>



As such, I consider that there ought to be a line drawn between elective and emergency health services.

Ie, the line drawn recently during lockdowns was for emergency care only. This was done to lessen risk of spread of Covid-19. I consider that this should again be drawn between emergency and elective procedures for those choosing to remain unvaccinated to lessen the risk of Covid-19 spread.

*“The Dental Council has an expectation that oral health practitioners will not refuse to treat those who are unvaccinated.”*

I have immunocompromised family and I consider the above statement leaves no room for my own rights to a safe workplace if implemented.

Vaccinated individuals could show their (Valid six-monthly) Covid 19 pass, Non-vaccinated individuals represent an unacceptably high risk to a lot of health care practitioners. For the unvaccinated, we would expect a (well-documented) PCR test not more than 48 hours prior to the appointment be the accepted level of care.

Please change the term “fully-vaccinated” to “active-vaccination status” ie, currently this means within the last six-months for the Pfizer vaccine that is mainly funded in New Zealand currently.

Also, the recent changes to those under age 12 don't seem to make any sense. With the abandonment of room cleaning etc. There is concern children act as viral vectors/carriers. Ie these people can act as spreaders of Covid-19 and our staff will be the ones who get Covid-19 full blown. This is unacceptable and irresponsible I say.

If health care providers contract Covid-19, we cannot care for anyone else.

Sincerely,

A handwritten signature in blue ink, appearing to read 'H. Milmine', with a stylized, cursive script.

Dr. Hamish Milmine BDS, DCLinDent

## REFERENCES

- 1)  
COVID19.GOV.NZ/ALERT-LEVELS-AND-UPDATES/COVID-19-PROTECTION-FRAMEWORK
- 2)  
“DENTISTRY AND THE COVID-19 OUTBREAK”  
INT DENT J  
2021 OCT;71(5):358-368  
DOI: 10.1016/J.IDENTJ.2020.12.010 EPUB 2020 DEC 19
- 3)  
“EFFECTIVENESS OF THE PFIZER-BIONTECH AND OXFORD-ASTRAZENICA VACCINES ON COVID-19 RELATED SYMPTOMS, HOSPITAL ADMISSIONS, AND MORTALITY IN OLDER ADULTS IN ENGLAND: TEST NEGATIVE CASE-CONTROL STUDY”  
BMJ 2021 MAY 13;373:1088  
DOI:10.1136/BMJ.N1088