




Page 2: Your information

Q1

Your details

First name	Jennifer
Surname	Norris
City/town	
Email	

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



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:

As a practitioner who works with children only, there is limited information on this patient group. It appears all children will be classed as moderate risk which presents significant challenges in managing their care in a community setting. The guidelines only include multi chair facilities which would mean differences in care across a region often presenting further difficulties and barriers to care for those in rural communities. As a proportion of children require management under general anaesthesia, stand down times and additional requirements could mean increased wait times for this young population
Thank you
