



Page 2: Your information

Q1

Your details

First name	JOANNA
Surname	PEDLOW
City/town	[REDACTED]
Email	[REDACTED]

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

[REDACTED]

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:

Thank you for the opportunity to comment on the proposal which I do not fully support.

I own and work in an exclusively child and adolescent dental practice in Christchurch providing care to many children from low income families who carry a high burden of dental disease in our unfluoridated community.

The majority of our patients are unvaccinated being 12 and under and considered in the proposal as moderate risk necessitating a stand down period after every encounter as we have single chair treatment rooms.

Many of our encounters are very short visits and this will reduce the numbers seen in the practice and will reduce delivery of care to vulnerable children leading to increased inequalities in oral health.

I propose the exceptions made for multi chair clinics in the proposal be carried over to single chair treatment rooms for unvaccinated 12 and under children which is arguably safer anyway.

The support person for all patients is required to be low risk and the administrative management of this within the practice will be challenging.
