

Dear Sir/Madam

There are a few aspects I would like to point out in the practicality of the guidelines. In general, it is great to simplify it as you have..much more obtainable.

But...a few logistical problems with the following:

1. Changing your outer tunic (or creating an immense amount of plastic waste with an apron for each patient!!!!) with even low risk patients between each patient. Apart from the time due to the logistics of where you need to change (multiple surgeries/people using a single changing room and visible windows in surgery that therefore require the need for a changing room instead) Further, the amount of laundry and clothing needed is greatly increased.
Why does this have to occur if it has been stated that the risk with clothing has been perceived as lower than thought? Why does this have to occur when you allow a N95 mask to be worn for 4hours -a mask which is far more in the aerosol exposure line than your upper tunic/scrubs?
2. The stand down time of 30 minutes for medium risk patients with rooms with air flow of 1-5 or unknown. I work in a hospital environment. The type of patients we see (often Maori or pacific island who may be less vaccinated as stated at present, but also more in need for care), might fall under a medium risk often.

Firstly, if one only has to do an examination or review or consent and xrays, the stand down time will greatly reduce the amount of care we can deliver with already difficulty in providing care in reasonable time with a long waiting list and demand.

Secondly, if the air flow change becomes the focus, perhaps there should be a priority for additional funding for dental providers, especially in a hospital environment to make the air flow adequate to minimize the stand down times as soon as possible. It can totally be seen as part of "resurgence" of the hospital /health care provision! And then you will have to allow time to install, etc before such long stand down times in the guidelines are enforced.

3. The differentiation for multi chair clinics only and the conditions for under 12's are ridiculous....our COHS have single room surgeries, but now we have to treat them all as medium risk. The demand and provision for care is already strained, it will become impossible with room stand-down requirements of 30minutes in-between patients.
Why can the classification for all under 12's not be placed under this category, why is it singled out for multi chair clinics? It was obviously guided from a practicality aspect and therefore they are exempt. In reality, this compromises the single chair clinics now with their ability to provide care even though it has actually less risk than a multi-chair environment. The children are all mixing freely at school with no mask requirements and rooms are not stood down.
4. Even though the PCR testing is not mandatory in this guideline, it appears as if there is a move towards this 72hrs prior. The strain and cost implications on labs to do such testing and for multiple visits of one patient and given that we often see patients as emergency measures, will once again make it unpractical. To add this requirement to patients who struggle with transport and already perceived barriers in visiting a health setting/dental care, will once again move dental care provision in a negative direction. Ultimately it will give rise to an increased acute infection risk due to procrastination and increased costs to manage it. (theatre/IV antibiotics/admissions due to cellulitis/after hour emergency care)

5. The previous guidelines stated that prescription glasses with side clips can be worn. It appears as if it has changed in this guideline to a compulsory added screen over the glasses even for a low risk patient. One's vision is paramount in adequate patient care. With any screen over glasses, they end up fogging and limiting vision. Prescription glasses can be washed in between patients and with the side clips surely this can be added as an option with the bigger picture that we do have to see clearly to enable proper care.

Please consider the above prior to setting the guidelines.

Regards
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Hospital dentist