



Page 2: Your information

Q1

Your details

First name	Nicky
Surname	Francis
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:

Generally this is a sound document- however there are some inconsistencies and risk factors I can identify. These are:

Provide a medical mask for patient.

Suggest remove this clause - reasons:

1. Patients already must wear masks - changing their mask to our surgical mask adds more cross infection risk in the reception area.
2. By telling patients we will provide a mask is suggesting they can walk in without one until they get ours.
3. They are removing their mask while having treatment so any form of mask become irrelevant
4. Cost - additional costs to us again. For those not in private practice, medical masks currently are 3xs the Pre-COVID price, down from 10xs following the first lockdown

Stand down periods

Standardise these - reason:

1. This is too complicated and will require referring to paperwork or computers to confirm each time. Simplify it.
2. Having times vary will create us running late depending on what happens during treatment. When we run late, patients don't wait in their car, they come in to tell us they are still waiting - creating a crowded reception.

Under 12 no stand down

Remove this clause or make consistent with moderate risk adult patients.

Reason:

1. They are one and the same, regardless of age. They are classed as moderate risk on the flow chart and should be treated exactly the same as adults. We can't alter it on gender, race, disability, car they drive, so shouldn't for age!
2. DHBs should be no different in their protocol to private practice. This is clearly cost and time saving to benefit DHBs and their SDB patients. If it is safe for DHBs to have no stand down, it is therefore safe for private practices, especially as private practices generally have separate rooms and less support people in the room. I suggest this is not safe for DHB staff.

Refusal to treat unvaccinated patients.

Personally I accept that as a healthy, health care provider that I should see unvaccinated patients. However there are dentists and staff who are medically compromised or have whanau who are medically compromised. They should have the right to protect themselves and their family by refusing. You risk losing more team members and dentists with this strong wording "expectation that oral health practitioners will not refuse". Make it clearer that referral to another provider is acceptable.

There will be plenty of others who can offer treatment to non vax patients treatment. Look after these people who have genuine reasons.
