



Page 2: Your information

Q1

Your details

First name	Suzannah
Surname	Malcolm
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:

I largely support the proposed guidelines but would like further clarification and criteria to assess "clinical" and "epidemiological" risk factors. For example, would someone living in a suburb of concern during a localised spike considered to have "epidemiological risk factors"? What about asymptomatic covid positive vaccinated patients (breakthrough cases) going forward? Although these statistically would be rare, given the high exposure risk for dental staff, especially if treated as "low risk" with minimal PPE used, would it not be prudent to have salivary screening testing advisable for all patients having hygienist visits and AGPs? Also, if launderable short sleeve gowns still require use of a plastic apron to be changed between every patient, this may be more cost effective than long sleeved disposable gowns, but is it really any better in reducing waste from an environmental perspective? Also, if an under 12 year old (ie. Medium risk patient) requires treatment, the accompanying adult needs to be low risk (ie. vaccinated). How will this work if there is a trauma case (child) and an unvaccinated parent does not have 72 hours to organise a PCR test as it is an emergency? This would present a barrier to care for under 12s. Would it not be better to allow unvaccinated parents provided they remain masked and/or do an instant salivary test? What about status of vaccinated patients who have had alternative vaccines overseas which are not currently showing on "my vaccine pass" and will dentists be legally entitled to ask for proof of vaccination (vaccine pass) or have to take the patient's word for it? There may be patients in pain presenting as emergencies that may play down any mild covid symptoms in order to seek relief of pain, effectively putting a "high risk" patient into the "low risk" category. Routine fast saliva test screening and N95 masks for all aerosol generating procedures would cover the unsymptomatic covid positive vaccinated patients, those who do not declare mild symptoms which would otherwise put them into a high risk category, and the under 12s. Clarification on the ability to use air conditioning AGPs would also be useful.
