



Page 2: Your information

Q1

Your details

First name	Linda
Surname	Tuck
City/town	[REDACTED]
Email	[REDACTED]

Q2

district health board

Your submission is in the capacity as

Page 3: Name of company/organisation

Q3

Name of company/organisation

Taranaki DHB

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

Yes

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:

The additional requirements will certainly make staff, families and patients feel more safe in dental facilities, however it will put more pressure on already struggling government-funded services.

- Will DCNZ advise MOH that flow on impact may be DHB's will not meet performance measures?
 - What will happen for those who are unable to meet all requirements by the date?
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