



Page 2: Your information

Q1

Your details

First name	Emma
Surname	Garrett
City/town	[REDACTED]
Email	[REDACTED]

Q2

Your submission is in the capacity as

other (please specify):
Practice Manager

Page 3: Name of company/organisation

Q3

Name of company/organisation

Respondent skipped this question

Page 4: Your Person ID number

Q4

Please add your Dental Council Person ID registration number

Respondent skipped this question

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 would like to make a suggestion that the information regarding changing scrub tops after each patient (or use a plastic apron) is removed for low-risk patients, as I don't feel as though there is a need for this at this stage.
