



29th November 2021

Dental Council of New Zealand

Consultations Committee

PO Box 10-448

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New Zealand

via Email: consultations@denz.org.nz

RE: Consultation on proposed supplement to the IPC practice standard: Supplementary risk management principles for oral health during COVID-19 pandemic

The Australian and New Zealand Society of Paediatric Dentistry (ANZSPD) NZ Branch would like to thank the DCNZ for the opportunity to provide feedback to the question raised in the DCNZ consultation.

Q1. 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.

The ANZSPD (NZ Branch) has reviewed the proposal and wishes to advise that **we do not** support the proposed draft supplement to the IPC practice standard. We all recognise the need for enhanced safety standards including our bundle of protection, PPE and IPC; however, the risk management principles fail to take in to account the needs of Aotearoa New Zealand's children.

It is our view that the proposed stand down requirements create a barrier to accessing care for those tamariki with highest needs, further fuelling existing inequities and inequalities, in particular for tamariki under 12 years of age (0-12 years)¹ who are currently not eligible for vaccination in Aotearoa New Zealand but whose oral health needs cannot be met within the Community Oral Health Services (COHS).

Most children have routine dental care in the Community Oral Health Service. The Hospital Dental Service and private specialist paediatric dental practices across New Zealand are responsible for providing specialist oral health care services to large numbers of children with high needs, and some adults with special needs; these needs prevent them from accessing oral health services in the community for various reasons.

Furthermore, each year thousands of children are referred to general dental practitioners in private practice through the Special Dental Benefit Scheme or Community Dental Agreement or publicly-funded Sedation Scheme, because it is not possible to have their oral health needs met within the COHS. Most children between 12-18-years of age have their oral health needs met with a private dental practitioner in the community.

The proposed stand down requirements will result in longer wait times to see a specialist or dentist within the hospital setting, cause significant delays and limit the number of children with high needs receiving care in the community with their local dentist or paediatric dental specialist. This can only result in increasing the number of children being referred to hospitals that are not equipped to cope with the additional demand.

All of this results in barriers to accessing care for children, and especially for those with the greatest needs, whose oral health needs cannot be met within the COHS.

The current proposal also contradicts the current framework set within the tertiary hospitals wherein asymptomatic unvaccinated children under 12 years of age (0-12 years) are considered as low risk or otherwise managed through a 'Green pathway' within the hospital for various consultation and surgical procedures under General Anaesthesia or Outpatients.

The society would like the Council to consider the following:

1. The society urges the DCNZ to review and amend the stand down requirements for asymptomatic unvaccinated children under 12 years of age (0-12 years) whose oral health needs cannot be met within the COHS or multi chair clinics. Also it is important to note that not all COHS settings are multi chair clinics as we understand some may have individual surgeries. A pragmatic way would be to consider treating all asymptomatic unvaccinated children under 12 years (0-12 years) through the low risk transmission pathway similar to the multi chair clinics proposal (page 9). This would also allow the proposed practice standard to be aligned within the current hospital framework when considering risk management for asymptomatic unvaccinated children under 12 years of age (0-12 years) in the planning up to preventable hospital dental admissions.
2. The current proposal requires oral health practitioners to know the vaccination status of patients for the oral health team to plan to effectively manage the risk of COVID-19 transmission. However the government has made it clear that people are not required to show their My Vaccine Pass as proof of vaccination at health and disability services². The proposal needs to be amended to provide clarity for oral health practitioners on this matter.
3. Children under 12 years of age (0-12 years) are accompanied by a support person or caregiver. The proposal for support people to be low risk would result in a barrier for certain groups of children where the only primary caregiver may not be vaccinated.

ANZSPD urges the Council to review and amend the proposal through an equity and child-centred³ lens, and provide guidance where all oral health practitioners can safely meet the proposed safety standards within a health system where they can provide oral health for all during the COVID-19 pandemic. The current proposal disadvantages children (0-12 years of

age), in particular those with high needs whose oral health needs cannot be met within the COHS.

The ANZSPD (NZ Branch) would like to take this opportunity to thank and acknowledge the ongoing guidance, commitment and professional support being offered to the dental profession during the COVID-19 pandemic.

References:

1. <https://journal.nzma.org.nz/journal-articles/severe-early-childhood-caries-a-modern-neglected-epidemic>
2. <https://covid19.govt.nz/covid-19-vaccines/covid-19-vaccination-certificates/my-vaccine-pass/#about-my-vaccine-pass>
3. <https://www.occ.org.nz/assets/Being-Child-Centred-Nov-2017.pdf>

Yours sincerely



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