



Page 2: Your information

Q1

Your details

First name	Chanae
Surname	Ihimaera
City/town	[REDACTED]
Email	[REDACTED]

Q2

Ministry of Health

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

Respondent skipped this question

Please add your Dental Council Person ID registration number

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:

DHB community hub and mobile clinics may need more time to ensure they meet ventilation requirements
