



Page 2: Your information

Q1

Your details

First name	Aleksandra
Surname	Mark
City/town	[REDACTED]
Email	[REDACTED]

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

[REDACTED]

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:

Strictly following suggested guidelines will have a negative impact on the dental surgeries and will affect patients (especially from low social economic areas) who require dental treatments in Nelson Marlborough region.

According to the guideline, stand down time is required for only high and moderate risk patients irrespective of the care provided. We have a number of patients that required only examination and X-rays , oral health certificate consultations , dry socket treatments ,suture removals ,patients with dry mouth ,ulcers and patients that just require WINZ quote which only required from 5-15minutes appointments that doesn't generate any aerosol and stand down time is not practical. This guideline will lead to dis balance between availability of appointments and cost associated with prolonged appointments which some of the patients won't be able to afford it.

We would appreciate if you take this into consideration before your final decision.
