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Page 2: Your information

**Q1**

Your details

First name	Donna
Surname	Lim
City/town	[REDACTED]
Email	[REDACTED]

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**Q2** dentist or dental specialist

Your submission is in the capacity as

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Page 3: Name of company/organisation

**Q3** Respondent skipped this question

Name of company/organisation

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Page 4: Your Person ID number

**Q4**

Please add your Dental Council Person ID registration number

[REDACTED]

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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.

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**Q6**

Please share any comments you have below:

1. Would rapid antigen testing be considered as part of the risk assessment for the future, when it becomes available in NZ
  2. I have concerns about the recommendations for large mutli chair open space clinic and suggested ventilation changes. We operate in a large open space clinic and to implement possible changes (if it becomes the standard) is going to be quite difficult.
  3. The PPE guidelines are much clearer and less ambiguous- thank you!
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