

Q. 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.

A.

It needs further refinement please. I do not support it in the draft stage because it does not take into consideration the variable physical and mental health and safety needs¹ of the front-line (non-hospital based) clinicians that are offering oral health services in this pandemic to the public. It does not consider the variation in patient demographics nor the health risk factors of patients, front line clinicians and staff. It also does not provide clear directive under the NZOHS hierarchy of controls². It does not factor in that different communities of the country will have variable active cases or vaccination rates at any given time that could affect their risk mitigation strategies.

Dentistry is a very close contact profession, more so than hairdressers, barbers and general medical practitioners. But they can still ask their clients to wear masks while working on them unlike dentists and hygienists. Heavy reliance for dentistry on screening questions alone whose answers are based on patient's perception of their symptoms and vaccination status, I believe is premature. We are in an evolving pandemic situation where there are asymptomatic carriers, proven breakthrough infections and waning immunity over a short period of time³ in a community with variance in co-morbidities.

Please refer to how the Australian Dental Association (Victorian branch) informs the public of what to expect of dental practices and their varying Covid-19 policies⁴. It gives practitioners options depending on their own health risk factors and patient demographics. It also mentions antigen rapid testing. Discussions with Ministry of Health to allow this for dentistry should have already been actioned for New Zealand. Antigen Rapid Testing needs to be considered to be incorporated in our risk mitigation protocol as an option to help further reduce the environmental burden of PPE. Re-useable respirators should be encouraged over disposable n95/P2 for the same reason too. Some reference perhaps should also be given to any/if future cancer causing potential of UV-C and its effects on ozone accumulation in the environment^{5,11}.

According to health and safety NZOHS^{2,6} 'hierarchy of controls' – 'to minimise risk' comes second: (substitute, isolate, implement engineering controls). And PPE comes fourth. Ventilation and Filtration needs to form a part of the risk assessment and priority must be

given to this first (eg implement engineering controls) and then only PPE requirements should be based around that. Especially so where practices with 4-6 surgery rooms are operational all at the same time and we are expected to see both the vaccinated and the unvaccinated at the same premise with common ventilation and reception areas. It becomes difficult logistically managing staggered appointment books in a confined space.

Attached is a proposed table^{7,8,9,10,11} (adapted from DCNZ draft table) that takes into further consideration the physical and mental health and safety of front-line practitioners in terms of what they may consider to be low, medium, high, very high risk transmission to them. This more cautious approach in risk criteria factors also respects patients that may be either too young to be vaccinated or the elderly with various co-morbidities or the immunocompromised. It also takes into consideration any existing health risk factors of clinicians and staff. It encourages improvement in ventilation and filtration with the incentive of reducing fallow time and PPE needs. This encouragement will result in quicker implementation while dental council decides and consults on future mandates around ventilation. It takes into consideration the 'minimisation' aspect of NZOHS hierarchy of controls with ventilation and filtration guidelines^{7,8} to help decide the appropriate level of PPE. And it is all on one much more simplified table that could be printed and put on our surgery walls for quick and easy reference in this pandemic. It flows on logically from what is already being done in Alert Level 3 areas without creating further confusion. There is room to add Antigen Rapid Testing at any stage. And this simplification will encourage adherence to the guidelines more.

Thank you for your consideration.

References:

1.

The legislation isn't just about safety

- All businesses in New Zealand have an obligation under the Health and Safety at Work Act 2015 to:

To ensure the health and safety of workers and others within their workplace as a result of the work undertaken

- Health includes physical and mental health

2.



3.

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00648-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00648-4/fulltext)

4.

<https://adavb.org/oral-health/dental-care-during-COVID-19>

5.

<https://iuva.org/resources/covid-19/Far%20UV-C%20Radiation-%20Current%20State-of%20Knowledge.pdf>

6.

Webinar on 'Work -related health- Dental Practices. NZOSH. 24/11/2021 hosted by NZDA

7.

<https://www.nature.com/articles/s41415-021-3369-1>

8.

<https://jida.ie/ventilation-and-sars-cov-2-in-dentistry/>

9.

DCNZ Draft Consultation on proposed risk management principles for oral health during COVID-10 pandemic

10.

<https://www.iqair.com/support/guides-manuals/healthpro-series-10.9>.

11.

<https://surgicallycleanair.com/product/jade/>

PPE	Low Risk of Transmission	Moderate Risk of Transmission	High Risk of Transmission	Very High Risk of Transmission
	Patient has no clinical or epidemiological risk factors for COVID-19 AND Patient presents with a negative PCR test result within 72 hours of appointment without any symptoms	Patient has no clinical or epidemiological risk factors for COVID-19 AND The patient is vaccinated (vaccine pass valid 6 months) Use NZ PASS VERIFER APP	Patient has no clinical or epidemiological risk factors for COVID-19 BUT There is no evidence that the patient is fully vaccinated	Patient is confirmed or suspected to have COVID-19, or to have clinical and/or epidemiological risk
	If ACH 10+ in surgery room with Hospital Grade HEPA Filter +/- UVC (achieved with portable units or by engaging mechanical engineer)	If ACH 10+ in surgery room with Hospital Grade HEPA Filter +/- UVC (achieved with portable units or by engaging mechanical engineer)	If ACH 10+ in surgery room with Hospital Grade HEPA Filter +/- UVC (achieved with portable units or by engaging mechanical engineer)	If ACH 10+ in surgery room with Hospital Grade HEPA Filter +/- UVC (achieved with portable units or by engaging mechanical engineer) EMERGENCY TREATMENT ONLY unless AIIR room
GLOVES	Standard requirement	Standard requirement	Standard requirement	Standard requirement
GOWN	Standard requirement	Standard requirement	Long sleeve, fluid resistant gown	Long sleeve, fluid resistant gown
EYES	Safety Glasses that have side protection, or goggles or full face shield	Safety Glasses that have side protection, or goggles or full face shield	Safety Glasses that have side protection, or goggles or full face shield	Safety Glasses that have side protection, or goggles or full face shield
MASK	At minimum , medical/surgical mask Level IIR	At minimum , medical/surgical mask Level IIR	P2/N95 single use	P2/N95 single use
FALLOW TIME	0	0	10 mins (HVE) Consider Rubber Dam isolation	10 mins (HVE) Consider Rubber Dam isolation
	If ACH <10:	If ACH <10:	If ACH <10:	If ACH <10:
GLOVES	Standard requirement	Standard requirement	Standard requirement	Delay/ Refer/ Pain Management Analgesics/Antibiotics
GOWN	Standard requirement	Long sleeve, fluid resistant gown	Long sleeve, fluid resistant gown	
EYES	Safety Glasses that have side protection, or goggles or full face shield	Safety Glasses that have side protection, or goggles or full face shield	Safety Glasses that have side protection, or goggles or full face shield	
MASK	At minimum , medical/surgical mask Level IIR	P2/N95	P2/N95 single use	
FALLOW TIME	0	30 mins (HVE) Consider Rubber Dam isolation	30 mins (HVE) Consider Rubber Dam isolation	