I welcome the opportunity of providing feedback the draft Infection Prevention and Control Practice Standard Supplement as there have been limited formal avenues to engage with respect the various COVID-19 Level guidelines provided in the past. I note the intention to consult on the changes to ventilation and air purification requirements in the future and given that this has been flagged at this stage I anticipate a longer consultation period would be available for this.

I welcome the concept and intent of providing sustained guidance on working in the 'living with COVID-19' environment and reducing the need for regular changes and updates.

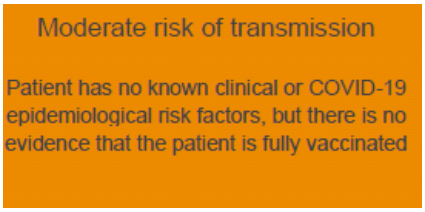
The 'move away' from the focus on AGP's as being the principle risk in dental practice is welcomed and reflects the increasing body of evidence to support this.

The absence of discussion or inclusion with respect the use of rapid antigen testing (RAT) is a gap in this document as it is anticipated RAT will become an important element in managing risk in the medium term. It is understood that the policy and protocols around RAT are still under development however I believe this should be flagged up as a likely future inclusion our management of patients.

It is recognised that the intent is to have an encompassing standard to cover the entire country for all alert levels / contingencies. This seems to be inconsistent with the current Ministry of Health and government approach to this with a 'graduated response' to the local situation based on a range of factors. Consideration should be given to developing a Practice Standard that embraces a localised risk approach.

The submission includes some minor formatting when changes you may consider along with more substantive suggestions.

Patient characterisation of moderate risk of transmission (page 7).



The inclusion of patients who are not fully vaccinated as being of moderate risk in terms of the transmission of COVID-19 implies that those who are fully vaccinated do not present the same transmission risk as the unvaccinated. I am not sure the science support this. With vaccination rates nearing 90% it is likely that the greatest proportion of patients who have COVID-19 will be fully vaccinated. Vaccination status is important, but in the context of high immunisation rates, vaccination status does not define the patient group who present proportionally the greatest cross-infection risk in the dental practice setting.

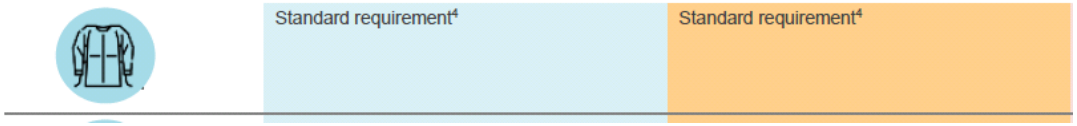
This guideline seems at odds with the recent Ministry of Health guidance on pre-consultation testing of unvaccinated individuals (25 Nov 21) which states that patient vaccination status must not unnecessarily restricted patient access to health care. Placing all unvaccinated patients, irrespective of their individual risk, in the moderate risk category unnecessarily restricts access to health services, particularly for children. The access it restricted because of the specified patient management, room, PPE and stand-down requirements.

The medium risk group should be removed from the Practice Standard, leaving low and high risk only.

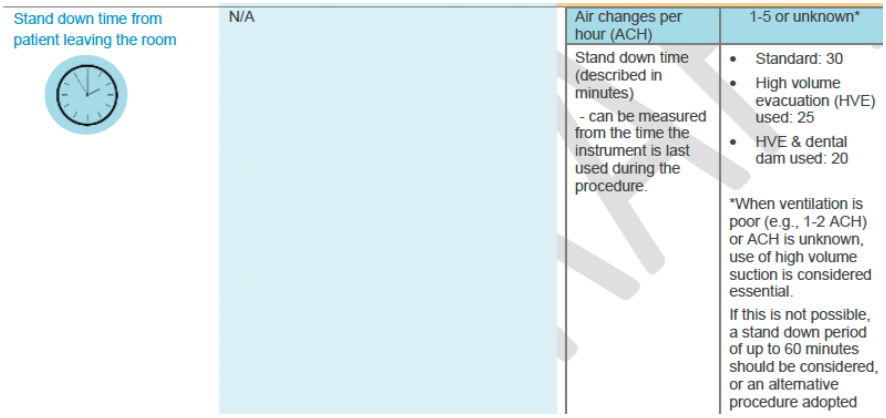
If the Dental Council elects to proceed with the medium risk category

- Schedule the patient to minimise face-to-face interaction with others (e.g., end-of-session, end-of-day)
- Provide medical mask for the patient on entering and exiting the practice

The principal risk in the context of minimising face-to-face interactions is not about the clinical session (where staff will be wearing appropriate PPE) it's about transit to and from the treatment room where the patient may be near or pass by 'unprotected' people. It is suggested that this is clarified.



The requirement to wear a new gown for each patient when this is long-sleeved is excessive. In the absence of contamination, for example following a non-operative consultation, the requirement to change the gown is unnecessary. In this context the long-sleeved element does not constitute a substantive cross infection risk for these categories (low and medium risk) of patient. It is appropriate to change the long-sleeve down after exposure to unknown or high risk. It is notable that a N95/P2 respirator can be used in sessional basis (provided it is not contaminated etc) yet a long-sleeved gown requires replacement. There are significant waste (ecological) implications for this requirement.



The requirement for a stand-down period for all of the moderate risk patients (as defined) is not practical and will significantly impact the delivery of services particularly for those clinical environments that are 'single room'. It is notable that this requirement is specifically excluded from multi-chair clinics on the basis of 'barriers to access care', this is incongruous as the same barriers exist with the limitations placed on the use of single rooms. In the worst case scenario for example a 15 minute consultation will consume 45 minutes of treatment room time.

The room stand-down requirements as stipulated are inconsistent with at least two of the principle references used to support this Practice Standard.

UK Public Health England Guidance. (2021, September 29). *COVID-19: Infection prevention and control dental appendix.* https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infectionprevention-and-control/covid-19-infection-prevention-and-control-dental-appendix

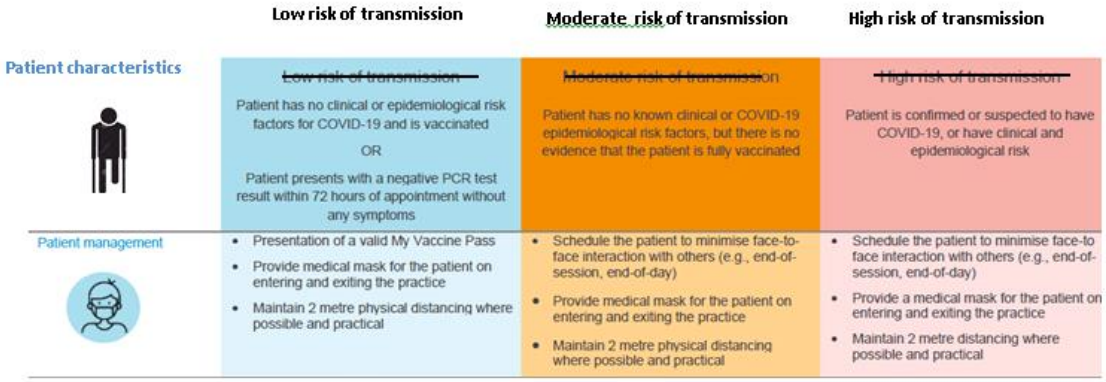
SDCEP Scottish Dental Clinical Effectiveness Programme. (2020, September 25). *Mitigation of aerosol generating procedures in dentistry. A rapid review.*

Text change suggestions

Page 2 *The Dental Council has an expectation that oral health practitioners will not refuse to treat* patients because they ~~*those who*~~ *are unvaccinated. Under the Code of Health and Disability Service Consumers' Rights, patients have the right to freedom from discrimination, to be treated with respect, and the right to services of an appropriate standard; which may include referral.*

Comment: You may choose not to treat a patient who is unvaccinated for a reason unrelated to their vaccination status. The change is intended to be clear that you cannot refuse care because the patient is unvaccinated.

Page 7 Figure formatting. Consider removing the column headings from within the top box as these imply that the patient characteristics are about 'transmission'. Perhaps include a 'Patient characteristic' heading in the first column.



Page 9 To alleviate this, for ~~MODERATE risk~~ patients under 12 years of age for multi chair clinics ONLY:
Comment: Given that children under 12 are ineligible for vaccination all children under 12 years of age are moderate risk.

Concluding comments

I am of the view that the 'moderate risk' patient group should be removed from these guidelines. If this category remains I believe existing inequities will be further exacerbated with increasing adverse dental health outcomes Māori, Pacific Island and vulnerable patients.

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