



Page 2: Your information

Q1

Your details

First name	Linda
Surname	Hwang
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

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:

We need more guidance on who is considered a "close contact" of the COVID19 case. What are the rules when one of the staff/clinicians become a close contact? Do they have to self-isolate? For how long?

What happens if a patient we saw later turns out to be covid positive (but at the time of appointment they were deemed low risk as per the guideline)? Is the practice required to shut down and undergo a deep clean? Or we are ok to carry on as per usual unless one of us return a positive result?
