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Page 2: Your information

**Q1**

Your details

First name	Laura
Surname	Lee
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:

Is this one and only guideline/framework for ALL traffic light systems? Same applies for green as well as red? That means basically no change about how we treat patients between levels as most will continue to use vaccine certificate. Should there be more significant level of protection in Red light system compared to green such as negative pressure for all low/medium/high risk patients etc?

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