

Suzanne Bornman

From: Consultations
Subject: FW: Response: Consultation on proposed risk management principles for oral health during COVID-19 pandemic

Dear Mark

Thank you for the opportunity to respond to this consultation.

As you will appreciate, we were given an extremely short period to respond in the middle of what has been extremely busy clinical weeks.

Please find attached a quickly prepared response. Apologies for the lack of proper structure and the unformatted nature of the attached document. I hope you're able to extract my core concerns with regards to the draft proposal.

Kind regards,

Dr. Raquel Bastos *B.D.S*

Dunedin Dental Limited

3rd Floor, 169 Princes Street

Central City, Dunedin - 9016

Ph.: (03) 477 4829



As a health provider, my primary objection to the Dental Council's proposed Supplement to the IPC Practice standard, is that it appears to infringe the Consumers Rights under the Health and Disability Commissioner (Code of Health and Disability Service Consumers' right) Regulations 1996.

Right 2 - Right to freedom from discrimination, coercion, harassment, and exploitation.

Patients will be discriminated by their vaccine status since it leads to different patient management.

If patients decline to present a valid My Vaccine Pass, they would be deemed moderate risk, and trigger a different approach on how their appointment would be handled at the practice, this will lead to discriminatory treatment by vaccine status.

To require a non-clinical staff to check vaccine status, in the public setting of a reception often witnessed by other patients, would be a breach of the New Zealand Dental Council Standards Framework of Oral Health Practitioners (which requires oral health providers to protect patient records, so information is not revealed to unauthorised staff, patients or members of the public). A patient's vaccine status is part of their medical history information and is protected under the Standards Framework of Oral Health Practitioners.

As an Oral Health provider, patient's COVID-19 vaccine status will be added to my medical history taking, nonetheless, this will be taken in the private setting of the surgery as would all other information pertaining to the patient's medical history.

My suggestion of a more accurate risk assessment would be the use of RAT (rapid antigen Testing) at home prior to a dental appointment. If the patient tests positive at home, they would cancel their appointment ahead of time and isolate themselves. Both of which would reduce the risk of exposure at the practice but also reduce further community spread of Covid-19. This would provide a better management of public health risks while protecting the privacy of the patient's medical history.

More importantly, the presentation of a valid My Vaccine Pass as proposed under the draft guideline is unlawful when reviewed against the government's COVID-19 response.

Under the current government COVID-19 response (<https://www.business.govt.nz/news/requiring-my-vaccine-passes-for-entry/>) Some businesses are prohibited from asking for My Vaccine Passes. These include supermarkets, pharmacies, **all health and disability services**, social services, food banks, petrol stations and public transport (excluding air-travel).

Other considerations:

Double standards – it is a conflicting standard to consider under 12 years old as low risk out of convenience and technicality (the lack of vaccination option). This approach defeats the purpose of the proposed guideline that aims to mitigate COVID-19 infection risks. These patients would be considered moderate risk in any other circumstance since they would be unable to present a valid My Vaccine Pass.

Requirements for Plastic Aprons – as highlighted on the draft document itself, there's "*a greater understanding of the spread of the COVID-19 virus – such as lower risk fomite transmission than previously thought*". I believe the requirement to wear a **plastic** apron, and to change these after every patient (in some cases more than 15x per day) would only increase the chance of exposure to contaminants. There must be an underlining confidence that as Dental providers, we are fully trained and already operate in an environment where universal infection control standard precautions are second nature. Clinicians should be able to discern the appropriate level of protective equipment following proper risk assessment. Notwithstanding, there will be an

unnecessary increase of plastic waste with the requirement of plastic apron regardless of the procedure.

Providing medical mask to every patient on entry and exiting the practice. These items have been in low supply, will the Ministry of Health consider supplying these to dental practices? Please provide clarity on whether this applies only in case patients arrive at the practice not wearing their own mask, or will medical masks be the only acceptable type allowed for patients under the proposed guidelines?

Risk assessment by Vaccination status. The proposed guideline would be weak in reducing risks of infection based on patients' vaccination status. Asymptomatic infection is of greater concern. The proposed guideline would assume vaccinated yet asymptomatic COVID-19 positive patients to be low-risk patients, when in fact, they will be active spreaders of the virus.