



Page 2: Your information

Q1

Your details

| | |
|------------|------------|
| First name | Rudi |
| Surname | Johnson |
| City/town | [REDACTED] |
| Email | [REDACTED] |

Q2

district health board

Your submission is in the capacity as

Page 3: Name of company/organisation

Q3

Name of company/organisation

Bay of Plenty District Health Board CDs and HDS

Page 4: Your Person ID number

Q4

Please add your Dental Council Person ID registration number

DD4088

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:

Overall, we agree with the draft document, however, we would like clarification on the following points:

1. Patient screening - for those aged 12yrs and under, they are currently ineligible for vaccination and therefore classified as moderate risk and would you consider identifying any possible additional screening / testing, which would enable them to potentially be classed as low risk
2. PPE - P2/N95 mask wearing during a session of 4hrs and can the masks be removed and then re-donned and re-used for subsequent patients? this would be a really helpful classification when seeing children <12yrs old for short procedures i.e. fluoride applications
- noted for low and moderate patients, then option of short-sleeved fluid resistant gown + plastic apron - again, this would be a really helpful classification when seeing children <12yrs old for short appointments e.g preschool exams while sitting parent
3. Room requirements - please can we have clarification for patients <12yrs who are moderate risk, seen in single surgery - does the stand down time apply?

thanks for your consideration.
