

Page 2: Your information

Q1

Your details

City/town

First name Matthew

Surname Tonkin

Email

Q2 other (please specify):
Filtration 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 Respondent skipped this question

Please add your Dental Council Person ID registration number

Page 5: Please provide your feedback by responding to the following question

Q5 No

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.

## Consultation on supplementary risk management principles for oral health during the COVID-19 pandemic

## Q6

Please share any comments you have below:

The recommendations are vague and lack industry specialist comment and knowledge.

While I agree that there is no substitution for fresh air, the adoption of negative air pressure will be problematic for some practices both in speed of deployment and execution. No defined standard exists for the extraction of air in your standard with no descriptive advice on how this will be certified and checked in an on going manner. There also exists an ethical reason to make sure that the discharge of potentially virus laden air is treated in a manner that removes risk for those located around a dental practice i.e. HEPA filtered.

Finally Portable HEPA filtration. The Ministry of Health both in New Zealand and around the world, including MIQ facilities currently accept that using a portable HEPA purifier constitutes air changes in a defined space. The air in a room is changed i.e. purified and circulated within the room. This would not create positive pressure as it uses only the air that exists in a room currently.

UV-C sterilization is currently not used in any DHBs in New Zealand in rooms that use HEPA filtration. UV-C light has a dwell time which is currently unknown for COVID19, however it is known for COV2, this dwell time is 8min for 90% effective deactivation of the virus (M. Buonanno et al, Nature. (2020)10:10285) . The inclusion of this as an expectable form of air purification is problematic as the virus may not be deactivated.