

2 December 2021

Dear practitioner,

Outcome from consultation on proposed supplementary standard - risk management principles for oral health during the COVID-19 pandemic

The Dental Council (the Council) issued a consultation on a proposed supplementary standard to the Infection Prevention and Control (IPC) Practice Standard, titled: *Risk management principles for oral health during the COVID-19 pandemic*, to apply when providing oral health services under the Aotearoa New Zealand COVID-19 protection framework and other government, national or regional restrictions.

Outcome

The Council carefully considered the submission feedback received. In determining the appropriate measures, the Council took an on-balance approach to:

- protect patients' rights as defined in the Code of Health and Disability Services Consumers' Rights
- reflect Ministry of Health position statements on vaccination and testing
- achieve ongoing access to oral health care
- protect the health and safety of oral health practitioners, staff, patients and public—within the overall context of limiting COVID-19 transmission.

In response to the main concerns raised, the Council has made the following changes to the proposed COVID-19 supplementary standard:

- removed the moderate risk category
- linked to the removal of moderate risk category, removed:
 - the vaccination question from the risk assessment
 - the different room and stand down requirements for multi chair clinics
- for the low risk category, removed the requirement for an apron over the outer-protective clothing, or changing outer protective clothing between patients
- updated the patient risk assessment questions to include suggestions from the Ministry of Health based on their public health response experiences, and other submitter comments
- expanded commentary on risk assessment when planning care for unvaccinated patients
- introduced reference to rapid antigen testing.

The final *Supplementary standard - Risk management principles for oral health during the COVID-19 pandemic* is now available on our [website](#), for implementation on the introduction of the new protection framework on 11:59pm, 2 December 2021.

Submissions

The response to the consultation was excellent, with a total of 145 submissions received. The Council thanks all those who responded —especially within the condensed timeframe. Your feedback is valued.

The Council considered and responded to the following two main areas of concern from submissions:

1. The moderate risk category of patients (no COVID risk factors, but unvaccinated), in particular:
 - The need or not for a distinction to be made between patients who are vaccinated and unvaccinated, given the fact that asymptomatic or pre-symptomatic individuals can belong to either group and potentially transmit the virus.
 - The impact of the moderate risk group (no COVID risk, unvaccinated) on provision of services for children under 12 years of age with P2/N95's and stand down times required for all patients (not linked to AGPs as currently).
 - The double standard created by not requiring stand down times to be observed in multi chair clinics where children under the age of 12 are treated but requiring them for single rooms when children of the same age are treated.
 - The Ministry of Health has published a position statement on routine pre-consultation testing of unvaccinated individuals in healthcare settings.
2. The requirement to change short sleeve protective clothing after seeing a low or moderate risk patient, or alternatively wear a plastic apron over it and change that.

Other updates were made, where considered appropriate, to clarify or more clearly articulate requirements.

Implementation

We encourage practitioners to familiarise themselves with the updated [COVID-19 supplement to the IPC practice standard](#), and apply the new requirements as soon as practical.

These are minimum standards. As reflected in the document:

- All oral health care providers must continually develop their understanding of COVID-19, and exercise their professional judgement in applying new knowledge and strategies for reducing COVID-19 transmission risk.
- Practitioners need to assess the risk to their own safety and that of their staff, and implement appropriate evidence-based infection control measures commensurate with the level of that risk. Apply discretion to raise or lower patient risk depending on the results of patient testing, screening, level of community transmission or other relevant risk factors. The level of the protection framework that applies in your area indicates the extent and risk of community transmission in the region.

If you have any further comments or questions, please do not hesitate to email us at inquiries@dcnz.org.nz.

Yours sincerely



Andrew Gray
Chair



Marie Warner
Chief Executive