Dear Blaine,

Thank you for your query.

The position reached related to the low risk practising requirements were mostly driven by the epidemiological status of COVID-19 in NZ under level 2. Particularly the low case numbers of COVID-19 positive patients, 94% recovery, and very low community transmission. On this premise the risk of community transmission was considered very low. This position by our clinical advisory committee was confirmed by the Infectious Diseases Experts from the Ministry of Health National Health Coordination Centre. They also approved the guidelines, and had special interest in our PPE and room requirements.

The PPE requirements were also considered in the overall context of the [NZ MOH](https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-personal-protective-equipment-workers/personal-protective-equipment-use-health-care) and WHO PPE recommendations for healthcare workers, and were not out of step.

The NZ dentistry IPC principles, that include PPE, is defined in the Council’s [infection prevention and control practice standard](https://dcnz.org.nz/assets/Uploads/Practice-standards/Infection-prevention-and-control-practice-standard.pdf).

On balance, based on the low number of COVID-19 positive patients with low community transmission, upfront triage of confirmed or suspected COVID-19 patients, strong IPC principles in place for dental practices that include appropriate PPE - we considered it risk-proportional to return to normal dental IPC practices, with some additional patient and practice management measures as detailed in the guidelines.

Some of these include:

* COVID-19 screening of patients when making an appointment and on arrival
* Scheduling of patients to limit contact with others, particularly at-risk patients
* When in common areas of practice for short times, 2m social distancing apply
* Emphasises on hand hygiene for patients, and sneezing and coughing etiquette
* Increased general cleaning of contact surfaces in high touch areas in common rooms
* When generating aerosol: use of HVE, dental dam and pre-procedural mouth rinse wherever possible
* Overall slow-down approach in practice, to allow sufficient time for decontamination and patient management
* Increased focus on staff health – if unwell, stay home.

Trust this provide you with the information required.

Regards,

Suzanne

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