

June 2, 2021

White House Office of Management and Budget
Office of Information and Regulatory Affairs
725 17th Street NW
Washington, DC 20503

Re: OSHA Emergency Temporary Standard—COVID-19 (RIN 1218-AD36)

To Whom It May Concern:

On behalf of our 162,000 members, we would like to thank you for meeting with us on June 1, 2021 to discuss the impact that the Occupational Safety and Health Administration's draft Emergency Temporary Standard on COVID-19 may have on dental offices and their staffs. As we mentioned, there does not appear to be a grave danger of being exposed to COVID-19 in dental settings, particularly as the pandemic is decelerating.

Dentists have demonstrated exceptionally low monthly incidence of COVID-19 despite several regional and national spikes during the study periods. The COVID-19 infection rate was just 2.6 percent for dentists and 3.9 percent for dental hygienists, in November 2020 and October 2020, respectively.¹⁻² We would note that those data were collected before the COVID-19 vaccines were available.

Since that time, 87.5 percent of dentists have been fully vaccinated and another 5.3 percent have received at least one dose.³ To a lesser extent, 70 percent of dental hygienists have been fully vaccinated and another 7 percent have received at least one dose.⁴ There are currently no data documenting the infection or vaccination rates for dental assistants.

Throughout the pandemic, dentists have looked to the ADA for guidance about how to safely treat patients and protect office staff. We have responded by developing workplace guidance, offering training webinars, securing and distributing personal protective equipment, and more. Among other things, the ADA has:

- Developed a dental office hazard assessment checklist modeled after OSHA's Hazard Identification and Assessment.
- Produced fact sheets and frequently asked questions about OSHA and Centers for Disease Control and Prevention guidelines.
- Secured 4.5 million KN95 face masks from the national stockpile and distributed them to dentists in states where masks were in low supply.
- Produced mask and face shield guidelines, N95 respirator fit and seal check guidance, and tips to avoid counterfeits.
- Offered guidance on providing point-of-care testing at dental offices.
- Furnished guidance to minimize the risk of exposure when the recommended personal protective equipment has been in shortage.

- Developed guidance for high- and low-exposure staff to take when a patient reports a positive COVID-19 test after their dental appointment.
- Offered a flowchart, risk assessment, and strategies for self-quarantine and returning to work if a staff member or someone in their household tests positive for COVID-19.
- Furnished a guide for handling patients who refuse to wear a face mask, whether because of disability or a personal choice.
- Shared state-by-state updates on procedure requirements and/or restrictions for dentists.
- Produced informational webinars on vaccine efficacy, targeted toward addressing vaccine hesitancy concerns amongst both patients and staff.

As you continue deliberating over the impact an emergency temporary standard will have on so many industries, we urge you to keep in mind the remarkably low incidence of COVID-19 in dental offices. The data suggest that requiring substantial new infection controls—such as rerouting ventilation systems and making other capital improvements—will have little (if any) notable impact on dental office workers or the patients they serve.

Again, thank you for allowing us to share our perspective about OSHA's draft emergency temporary standard and COVID-19 in dental settings. If you have any questions, please contact Mr. Robert J. Burns at 202-789-5176 or burnsr@ada.org. Additional information is available at [ADA.org/coronavirus](https://ada.org/coronavirus).

Sincerely,



Daniel J. Klemmedson, D.D.S., M.D.
President



Kathleen T. O'Loughlin, D.M.D., M.P.H.
Executive Director

DJK:KTO:rjb

¹ Araujo MWB, Estrich CG, Mikkelson M, et al. COVID-2019 among dentists in the United States: A 6-month longitudinal report of accumulative prevalence and incidence. *J Am Dent Assoc.* June 2021; 152(6):425-433.

² Estrich CG, Gurenlian JR, Battrell A, et al. COVID-19 Prevalence and Related Practices among Dental Hygienists in the United States. *J Dent Hygiene.* February 2021; 95(1):6-16.

³ ADA Science and Research Institute and ADA Health Policy Institute, COVID-19 Health and Infection Control Practices Among Dentists, as of May 4, 2021.

⁴ ADA Science and Research Institute, ADA Health Policy Institute, and ADHA, COVID-19 Health and Infection Control Practices Among Dental Hygienists, as of June 1, 2021.