

July 26, 2021

U.S. Department of Labor
Occupational Safety and Health Administration
200 Constitution Avenue, NW
Washington, D.C. 20210

Re: Docket No. OSHA-2020-0004—COVID-19 Emergency Temporary Standard

To Whom It May Concern:

On behalf of our 162,000 members, we are pleased to comment on the Occupational Safety and Health Administration's emergency temporary standard to protect health care personnel from occupational exposure to COVID-19 in settings where infected individuals are reasonably expected to be present. We offer these comments in response to your Federal Register notice of June 21, 2021.

We commend OSHA for taking a deliberative and highly collaborative approach to developing its emergency temporary standard, which exempts most dental offices. The rule affirms what we have known for some time: Substantial new infection controls—such as rerouting ventilation systems and requiring other capital improvements—would have little (if any) impact on an industry with already exceptionally low infection rates.

Throughout the pandemic, dental offices have demonstrated exceptionally low monthly incidence of COVID-19 despite several regional and national spikes.¹⁻² This is due, in part, to dentists adhering to the Centers for Disease Control and Prevention's pre-pandemic infection control guidelines for dentistry, and subsequent CDC guidance to help dental offices navigate COVID-19.

Dentists have also consistently looked to the ADA for guidance about how to safely treat patients and protect office staff during the pandemic. The ADA has responded by producing dental-specific technical guidance, including a dental office hazard assessment checklist, point-of-care testing guidance, mask and face shield guidance, self-quarantine and return-to-work strategies, and more.

Most recently, we published a new Update to Office Procedures During COVID-19 to help dentists better understand the emergency temporary standard. While most dental offices are exempt, we are still advising dentists to conduct routine office hazard assessments (factoring in local considerations), pre-appointment and onsite screenings, and adjust safety protocols as needed (based on the latest science-based information).

Again, we commend OSHA for taking a deliberative and highly collaborative approach to developing its emergency temporary standard. 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.

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Sincerely,

/s/

/s/

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

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

DJK:KTO:rbj

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.