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August 20, 2021

Honorable James Frederick
U. S. Department of Labor
Occupational Safety and Health Administration (OSHA)
200 Constitution Avenue, NW
Washington, D.C. 20210

Re: Docket No. OSHA–2020–0004 COVID-19 Emergency Temporary Standard (ETS)

Dear Acting Administrator Frederick,

On behalf of our 40,000 members, the Academy of General Dentistry (AGD) is pleased to comment on the OSHA ETS. AGD dentists provide a full range of dental care to patients across the country. Our priority is and always has been the safety and health of our dental team and patients. Early in the pandemic, the dental community instituted strict procedures using a hierarchy of controls to keep COVID-19 symptomatic or COVID-19 positive patients out of their practices. Prescreening patients, dental team members, vendors, and anyone entering dental practices has been paramount to ensuring the safety of dental practices in this country.

The ETS was issued to protect health care personnel from occupational exposure where COVID-19 is anticipated in settings where people with COVID-19 are reasonably expected to be present. A proposed rule of this significance, length, and depth requires careful assessment from multiple stakeholders. The AGD thanks you for extending the comment period from 30 days to 60 days to provide organizations more time to formulate responses to the interim final rule.

Also, most importantly, the AGD is very appreciative that OSHA staff drafted and allowed exceptions to the interim final rule. Most dentists' offices will qualify for these exceptions to the rule by continued careful prescreening to keep COVID-19 out of their practices.

Permanence of the Rule

An OSHA communication distributed on August 13, 2021 updated guidance on [Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace](#). This communication allows for a monthly assessment of the health care ETS.

OSHA has invited comments on whether the interim final rule should become a permanent rule; the AGD does not support that action and instead favors an approach that is both more flexible and more responsive. Nations around the world are still experiencing the global pandemic of COVID-19 and we hope that the disease will dissipate at some juncture in the future. When that occurs, all of the measures currently employed may no longer be necessary.

The federal government should build in flexibility into the regulatory structure for a time when the disease wanes. During the past several decades, undoing regulatory final rules has proven to be exceedingly problematic and a very lengthy and labor intensive process.

Federal Health Care Partners

If businesses are to keep COVID-19 out of workplaces, federal, state, and local governments must work together. The AGD encourages improved coordination between federal health care and emergency services agencies. Federal health care guidance has changed frequently during the pandemic and sometimes has conflicted between agencies.

Vaccine development was demonstrably swift during Operation Warp Speed and is being deployed as a preventative measure. However, therapeutic options to treat COVID-19 have been severely lacking. Early in the pandemic the medical research community ran supercomputer programs to identify treatments to halt the cytokine or bradykinin storms. Unfortunately, many of the potential treatments were not pursued for various reasons, some seemingly political or profit based motives. Some COVID-19 clinical trials were designed so that the therapeutic dosage was at 4-5 times the recommended consumption for humans, leading to a predictable outcome. Americans realize that the novel coronavirus is anticipated to remain circulating in society for years to come. Therapeutics that can treat early stage disease must be a priority for the federal government to ensure that patients do not require hospitalization.

The National Institutes of Health (NIH) must broaden their research portfolio to fund clinical studies on all aspects of the effects of the SARS-CoV-2 virus, including the effectiveness of different types of masks, carbon dioxide levels after lengthy mask wearing, variant transmissibility, etc.

Federal agencies should offer transparency on the adverse events, antibody dependent enhancement cases, and fatalities associated with therapeutics and COVID-19 vaccines issued emergency use authorizations (EUA). Long term data should be collected on all therapies associated with COVID-19. Agencies should update that information in press briefings on a weekly basis to aid in informed decision making for clinicians and patients.

The AGD thanks you again for extending the comment period and allowing exceptions to the ETS. AGD stands ready to partner with you and serve as resource to OSHA and other federal agencies. Should you have any questions, please contact Daniel J. Buksa, JD, Associate Executive Director, Public Affairs, by phone at (312) 440-4328 or via email at daniel.buksa@agd.org.

Sincerely,



Bruce Cassis, D.D.S. MAGD
President
Academy of General Dentistry



Myron (Mike) Bromberg, D.D.S.
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