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Douglas L. Parker, Director
Occupational Safety Health Administration (OSHA)
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, D.C. 20210

Occupational Exposure to COVID-19 in Healthcare Settings-Docket No.: OSHA-2020-0004

Dear Mr. Parker:

On behalf of our 40,000 members, the Academy of General Dentistry (AGD) is pleased to offer additional comments on the reopening of the OSHA Emergency Temporary Standard (ETS) solicitation for input. 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.

OSHA has invited comments on whether the interim final rule should become a permanent rule; the AGD does not support that action. The AGD recommends that you withdraw the interim rule as there is not a scientific foundation to support the rule going into final status.

Absent that action, we strongly recommend against removing the exemption for ambulatory surgical centers such as dentists' offices. Dental offices have demonstrated an exceptional infection control safety record; we are not aware of any peer-reviewed journal articles that document the spread of COVID-19 in dental offices.

Significant Risk/ Grave Danger

The OSHA proposed rule stated that the COVID-19 pandemic posed a "grave danger" to human health under Section 6(c) of the Occupational Safety and Health (OSH) ACT. OSHA is currently proposing to amend the rule to a finding of "significant risk" under Section 6(b). Some epidemiologists' determinations in peer-reviewed publications do not support those findings. The infection fatality rate for the virus SARS-CoV-2 is low and poses almost no serious health threat to people under 60 years of age and patients without co-morbidities.¹ COVID-19 is a very curable

¹ Ioannidis JPA, Axfors C, Contopoulos-Ioannidis DG. Population-level COVID-19 mortality risk for non-elderly individuals overall and for non-elderly individuals without underlying diseases in pandemic epicenters. *Environ Res.* 2020 Sep;188:109890.

respiratory illness that should be treated early in the disease progression with a variety of medications.²

Evolution of SARS-CoV-2 into a Second Novel Strain

Researchers have found that the SARS-CoV-2 is similar to other coronaviruses such as MERS and SARS-CoV.³ Early treatment advocated by some physicians was based on the findings that zinc ionospheres block replication of viruses in a cell culture.^{4,5,6} The AGD does not support a federal approach that would allow for a variation of the SARS-CoV-2 virus to be considered to be a distinct genetic drift and thereby designated a new novel coronavirus. In fact, that is not supported by the Centers for Disease Control and Prevention (CDC) website, “Viruses like SARS-CoV-2 continuously evolve as changes in the genetic code (genetic mutations) occur during replication of the genome. A lineage is a genetically closely related group of virus variants derived from a common ancestor.”⁷

Federal Health Care Partner Coordination

AGD agrees that it is a worthy endeavor to align government agencies and that guidance should not be conflicting. Notwithstanding, science has continued to evolve during the COVID-19 pandemic. Recommendations should be evidence-based determinations generated from peer-reviewed published data. AGD recognizes the current controversies in using face masks and requests flexibility in alternative personal protective equipment (PPE) combinations based upon clinical judgment of the licensee in their jurisdiction of practice.

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. 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.

² Turk C, Turk S, Malkan, UY, Haznedaroglu C. Three critical clinicobiological phases of the human SARS-associated coronavirus infections. *Eur Rev Med Pharmacol Sci* 2020 Aug;24(16):8606-8620.

³ Shah VK, Fimal P, Alam A, Ganguly D, Chattopadhyaya S. Overview of Immune Response During SARS-CoV-2 Infection: Lessons from the Past. *Front Immunol* 2020 Aug 7;11:1949.

⁴ Te Velthuis AJ, van den Worm, SHE, Sims AC, Baric RS, Snijder EJ, van Hemer MJ. Zn(2+) inhibits coronavirus and arterivirus RNA polymerase activity in vitro and zinc ionospheres block the replication of these viruses in cell culture. *PLoS Pathog.* 2010 Nov 4;6(11):e1001176.

⁵ Prasad AS, Fitzgerald JT, Bao B, Beck FW, Chandrasekar PH. Duration of symptoms and plasma cytokine levels in patients with the common cold treated with zinc acetate. A randomized, double-blind placebo-controlled trial. *Ann Intern Med* 2000 Aug 15;133(4):245-52.

⁶ McCullough, PA, et. al. Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection. *Am J Med.* 2021 Jan; 134(1): 16–22.

⁷ CDC SARS-CoV-2 Variant Classifications and Definitions. December 1, 2021 [SARS-CoV-2 Variant Classifications and Definitions \(cdc.gov\)](https://www.cdc.gov/media/releases/2021/s211201-sars-cov-2-variant-classifications.html) Accessed April 17, 2022.

Federal agencies should offer transparency on the adverse events, antibody dependent enhancement cases, and fatalities associated with therapeutics and COVID-19 vaccines issued with emergency use authorizations (EUA) and approvals. 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.

Conclusion

The AGD thanks OSHA for soliciting input into the proposed rule “Occupational Exposure to COVID-19 in Healthcare Settings.” 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 if you have questions or would like to discuss our comments in greater detail.

Sincerely,



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