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May 4, 2020

Loren Sweatt, Acting Assistant Secretary  
Occupational Safety & Health Administration  
200 Constitution Avenue, NW  
Room Number N3626  
Washington, D.C. 20210

Dear Acting Assistant Secretary Sweatt:

The Academy of General Dentistry (AGD) represents 39,000 general dentists who provide the full range of dental care to patients across the country. On, April 23, 2020, the AGD respectfully requested active participation in ongoing discussions, deliberations and development of guidance for dental facilities as America reopens.

As of May 1, 2020 at 11:40 AM CT, the U.S. had 1,070,620 known COVID-19 cases, while 63,023 patients have died. It is unknown how many positive COVID-19 patients are circulating in the U.S. The best thing we can give health officials is reasonable data from which to draw conclusions and make decisions. Moreover, guessing about a patient's infectious state is not a sound approach to treatment.

The OSHA guidance for *Dentistry Workers and Employers*<sup>1</sup> released on or about May 1, 2020, omits any mention of testing as a reliable means to differentiate between COVID-19 positive patients and COVID-19 negative patients. The AGD has been advocating for point-of-care testing at dental offices and has supported discretionary authority to conduct testing for COVID-19 as well as screening asymptomatic persons prior to care. Testing is expanding to pharmacies, with discretionary authority being permitted by HHS. Clearly, testing is the most scientific manner to screen patients for COVID-19. Identification of COVID-19 positive patients, before treatment begins, will significantly reduce risks to dentists, their staff and other patients.

Under the “**Elimination**” headline, the OSHA guidance states, “Only patients needing urgent and emergency procedures should be seen during the pandemic.” At present, it is unclear when this pandemic will end. As you are aware, some states have already begun treating non-emergent dental cases. The AGD understands the rigorous review process required to produce federal guidelines. Given the fluid nature of this evolving pandemic, many guidelines become outdated only hours after publication. The AGD respectfully suggests substantially altering this guidance or removing it entirely.

As a matter of public health, current guidelines have created a compelling access to care issue for the nation. Consequently, this has generated a backlog of unmet oral health needs. Given the current requirement of social distancing and additional infection control measures necessary in non-treatment areas between patients, scheduling and treatment of these existing needs will require months to address.

Under the heading of “**Well Patients,**” the guidance is prescriptive for *dental procedures that may or are known to generate aerosols* in determining that “*NIOISH-certified, disposable N95 filtering facepiece*

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<sup>1</sup> U.S. Department of Labor, Occupational Safety and Health Administration. Dentistry Workers and Employers Guidance for Dentistry Workers and Employers. [Guidance for Dentistry Workers and Employers](#).



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*respirator or better.*<sup>2</sup> United States hospitals and the entire U.S. healthcare system is experiencing difficulty obtaining N95 masks. While there is general agreement that respiratory masks should be used for aerosol generating procedures (AGP's), confusion exists regarding the definition of AGP's in dentistry and precisely which procedures fall under this heading. In fact, during this pandemic recommendations for PPE have been influenced by the availability of adequate masks, gloves, gowns and goggles rather than the science for their use. A reasonable alternative to an N95 mask (or respirator) is a face shield and surgical mask. With the absence of scientific data (acknowledged by the CDC on their website<sup>2</sup>) at this time, the AGD vigorously urges that the guidance be amended to allow alternative PPE combinations based upon clinical judgment of the licensee in their jurisdiction of practice.

Dentistry has a strong record of leading in infection control, as it did during the HIV/AIDS crisis. Dentists manage blood borne and other contagious respiratory infectious diseases effectively in dental offices with adherence to recommended standard precautions. In point of fact, the outbreaks of COVID-19 have been in medical facilities (nursing homes) and not in dental practices.

Again, we respectfully request that the AGD be included in all future conversations pertaining to the re-opening of dental facilities in the U.S. We request that guidance be reasonable and attainable with the recognition that all health care facilities and personnel assume a small amount of risk until this infectious disease is eradicated. Thank you very much for your consideration.

Please do not hesitate to contact me directly or Mr. Pat O'Connor at [patoconnor@kentoconnor.com](mailto:patoconnor@kentoconnor.com)  
Academy of General Dentistry, Chief Lobbyist.

Sincerely,

A handwritten signature in cursive script that reads 'Connie L. White, DDS, FAGD'.

Connie L. White, DDS, FAGD

AGD President

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<sup>2</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>