



March 28, 2022

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

Re: Docket No. OSHA-2020-0004

To Whom It May Concern:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), the professional association that represents more than 9,000 oral and maxillofacial surgeons (OMSs) in the United States, we are pleased to provide comment on the Occupational Safety and Health Administration's Emergency Temporary Standard in response to the March 23, 2022, Federal Register notice. We commend OSHA for its efforts throughout the pandemic to ensure safe conditions for our nation's workers and the particular concern the agency has shown for our nation's healthcare personnel.

OMSs are surgically and medically trained dental specialists who treat conditions, defects, injuries and esthetic aspects of the mouth, teeth, jaws, neck and face. After earning a dental degree from an accredited four-year dental school, OMSs complete a minimum of four years of hospital-based oral and maxillofacial surgery residency training, which includes rotations in such areas as general surgery, anesthesia and clinical research. As the surgical branch of dentistry, our members provided frontline response to address the needs of emergent dental patients during the pandemic.

Throughout the pandemic, our goal has been to ensure that dental patients are treated outside of the emergency room so our nation's hospitals are free to respond to pandemic patients. These dental emergencies – which can be life threatening if left untreated – include treatment of facial trauma, dental pain, abscesses and other pathology, as well as dental treatment required prior to critical medical procedures. To treat these conditions, OMSs must work in close proximity to patients and perform aerosol-generating procedures.

Early in the pandemic, the uncertainty surrounding how SARS-CoV-2 spread forced most dental practices – including OMS offices – to temporarily close. As we all learned more about the virus, we were able to implement protocols that would protect not only our patients but our healthcare staff. This allowed us to transition from the use of respirators – such as N95 masks – when treating all patients, to strategic use based on patient vaccination status, clinical pre-operative testing and community transmission rates.

A recent study from the Ohio State University ([Attachment 1](#)) supported this recommendation, concluding that “when infection control measures are used, such as preoperative mouth rinses and intraoral high-volume evacuation, dental treatment is not a factor in increasing the risk for transmission of SARS-CoV-2 in asymptomatic patients and that standard infection control practices are sufficiently capable of protecting personnel and patients from exposure to potential pathogens.”¹ Due to this and other similar studies that indicate dental aerosolizing procedures are not at risk, AAOMS believes that rather than utilizing respirators, the use of fluid resistant masks or mask covers, eye protection and face shields provides adequate protection for the treatment of asymptomatic patients in the dental and OMS office. AAOMS urges OSHA to consider this study’s findings and our position when finalizing the emergency temporary standard and transitioning it to a permanent regulation.

On behalf of AAOMS, thank you for your consideration. For questions or additional information, please contact Sandy Guenther, manager of state government affairs and advocacy engagement at 800-822-6637, ext. 4388 or sguenther@aaoms.org.

Sincerely,

A handwritten signature in black ink that reads "J. David Johnson Jr., DDS". The signature is written in a cursive style with a large, stylized initial "J".

J. David Johnson Jr., DDS
AAOMS President

¹ Meethil AP, Saraswat S, Chaudhary PP, Dabdoub SM, Kumar PS. Sources of SARS-CoV-2 and Other Microorganisms in Dental Aerosols. *Journal of Dental Research*. 2021;100(8):817-823.
doi:10.1177/00220345211015948