

CARL LEVIN  
MICHIGAN

6-20-2190

COMMITTEES:  
ARMED SERVICES  
GOVERNMENTAL AFFAIRS  
SMALL BUSINESS

## United States Senate

WASHINGTON, D.C. 20510

October 24, 1989

DEC 1 1989

Mrs. Jackie Demesme  
U. S. Department of Labor  
200 Constitution Avenue, N. W.  
Washington, D.C. 20210

OSHA CCU  
44752

Dear Mrs. Demesme:

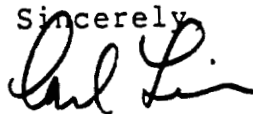
I understand that a member of my staff, Kirsten Erickson, has been in contact with you concerning OSHA's proposed standard on blood-borne infectious diseases.

Enclosed is correspondence from several Michigan constituents on this issue. I would appreciate your consideration of their concerns. As I have already responded to these constituents, a reply from OSHA is not necessary. I do, however, want you to be aware of the points they have raised.

Thank you for your cooperation.

Best wishes.

Sincerely,



Carl Levin

CL/mvj  
Enclosure

620-2190 A

Keith A. Jameson, D.D.S.

1426 HUDSON ROAD  
HILLSDALE, MICHIGAN 49242

OFFICE PHONE: (517) 437-733

October 10, 1989

Senator Carl Levin  
Russell Building  
Washington, D.C. 20510

Dear Senator Levin:

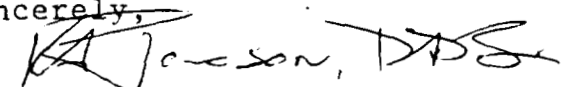
As a concerned dentist and citizen, I am writing to express my concern over pending OSHA regulations to reduce occupational exposure to bloodborne pathogens. I agree wholeheartedly with the goal. However, several of the guidelines will prove excessive and costly. The American Dental Association's estimate of the compliance of OSHA's proposed regulations would be in excess of \$500 million annually to your constituents.

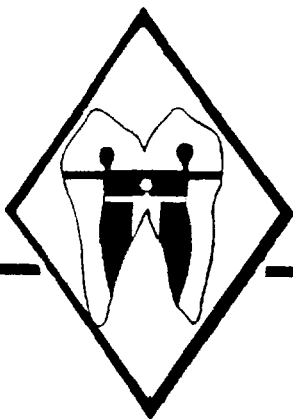
With that in mind, several points warrant mentioning: Current infection control guidelines used by dentists and promulgated by the ADA have proven effective in preventing transmission of infectious diseases. The professional judgement of the dentist should be honored in regard to clinic attire and facial shields (especially in the case of pediatric patients). Prohibiting needle recapping will increase handling of sharp syringe tips, as opposed to now available safe, recapping methods. And, finally, the proposed regulations would increase significantly the cost of dental care, without appreciably increasing employee protection.

While the threat of transmission of AIDS and other infectious diseases is certainly a concern, let us not over-react to the situation, realizing that no real transmission threat through dentistry has been demonstrated, and realizing the exorbitant cost to the public.

Thank you for your time.

Sincerely,

  
Keith A. Jameson, D.D.S.



## Thompson-Schroyer, D.D.S., P.C.

COSMETIC DENTISTRY - TMJ - ORTHODONTICS - GENERAL FAMILY DENTISTRY - CROWN AND BRIDGE

201 N. RIVERSIDE AVENUE, SAINT CLAIR, MICHIGAN 48079

Telephone (313) 329-2289

October 13, 1989

The Honorable Carl Levin  
The United States Senate  
Washington, D.C. 20510

Dear Senator Levin,

I am writing in regards to the need, scope and cost of the proposed OSHA regulations for dental practices. The pending OSHA regulation includes procedures and practices which I believe are excessive and costly. These unnecessary expenses will have direct and adverse impact upon the cost of dental care for all segments of the population and consequently upon access to care. The dental profession's commitment to maintaining a safe clinical environment for all members of the dental team and the patients we serve has been quite evident by our record.

Please give the following issues your consideration:

1. Infection control guidelines currently in use by dentists and promulgated by the ADA for the last ten years have proved effective in preventing transmissions of AIDS and other infectious diseases.
2. There are no known instances of dental hygienist or assistants having acquired HIV infection from occupational exposure in the dental office. Only one possible case has been reported of a dentist becoming infected with the AIDS virus as a result of patient contact. For that case, it was determined that the dentist had not been consistent in his use of barrier techniques.
3. OSHA's proposed regulations were stimulated by concerns with infection control procedures in institutions such as hospitals. Many of the proposed requirements may be designed based on these concerns but they are inappropriate for dental offices.
4. The OSHA proposal includes a requirement that dentist use head protection, shoe covers and face shields or other full eye protection. These requirements are unnecessary given the nature of dental practice, and, in the case of face shields, can distort a dentist's vision. Eye protection using glasses and mask are already utilized by the

majority of practicing dentist. Shoe protection, head covers, etc. are unnecessary and could bring about other unforeseen problems.

5. Similarly, dentist should not be required to use fluid resistant gowns for all procedures. The decision to use them should be left to the professional judgment of the dentist.

6. Professional judgment of the dentist also is an important point overall, which the OSHA proposal fails to recognize. For example, the pediatric dentist needs flexibility to decide whether the four-year old child in the dental chair will be overly frightened by a face mask, goggles, and other protective garb.

7. OSHA estimates that 11-14 cases of HIV infection will be discovered annually. Past experiences indicate this number is very high. However, using these OSHA figures, the estimates are that eight MILLION dollars would be spent on testing for each HIV positive case that is identified. The virtual nonexistence of office transmitted HIV infection makes this requirement unnecessary and unduly burdensome on the employee as well as the employer.

8. The proposed prohibition of needle recapping is inappropriate for dentistry, which does not use disposable syringes. It will, in all likelihood, increase the risk of needlestick injuries for dental staff. Numerous devices are currently available for safe recapping or sheathing of needles.

9. OSHA would require dentist to retain their employees' medical records for 30 years beyond their time of employment. This is unrealistic.

10. Again, it should be emphasized that the dental profession is committed to assuring a safe office environment. Reasonable standards already have been developed to accomplish this. The additional infection control requirements proposed by OSHA would not appreciably increase employee protection but would have a significant, inflationary impact on the cost of dental care.

I share the same concerns of OSHA, our government and health care institutions to abate the perpetuation of AIDS, HIV, and all contagious diseases. However, I feel we should examine the facts and answer some questions.

1. How many Americans have contracted AIDS through a dental office?

a. If so, was it because of improper sterilization technique, or because failure of the individual to follow proper procedure.

2. Same for HIV.

I feel we will find our techniques are already adequate and any additional mechanization is strictly a special interest concern.

Sincerely,



Gary D. Schroyer, DDS

6202190C

JEFFREY S. SMITH, D.D.S., M.S.  
PRACTICE LIMITED TO PERIODONTICS

PRAIRIE PROFESSIONAL BUILDING  
3181 PRAIRIE STREET  
GRANDVILLE, MICHIGAN 49418  
531-1554

September 29, 1989

Dear Senator Levin:

I am writing you this letter due to my concern over how the proposed OSHA infection control regulations will adversely affect the cost and delivery of dental care in this country.

The stated purpose of OSHA rule is to reduce occupational exposure to hepatitis B, HIV infection, and other bloodborne pathogens. I endorse this objective. A number of the proposed requirements are in fact recommended by the American Dental Association. This should be recognized. However, the pending OSHA regulation also includes procedures and practices which I believe are excessive and costly. The ADA analysis of the expanded infection control requirements proposed by OSHA indicates a total annual compliance cost for dentistry in excess of \$500 million. This unnecessary expense will have a direct and adverse impact upon the cost of dental care for all segments of the population and consequently upon access to care.

Bearing this in mind, I would like to bring several points to your attention.

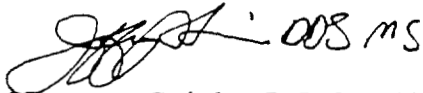
1. Infection control guidelines currently in use by dentists and promulgated by the ADA for the last ten years have proved effective in preventing transmissions of AIDS and other infectious diseases.
2. There are no known instances of dental hygienists or assistants having acquired HIV infection from occupational exposure in the dental office. Only one possible case has been reported of a dentist becoming infected with the AIDS virus as a result of patient contact. For that case, it was determined that the dentist had not been consistent in his use of barrier techniques.
3. OSHA's proposed regulations were stimulated by concerns with infection control procedures in institutions such as hospitals. Many of the proposed requirements may be designed based on these concerns but they are inappropriate for dental offices.
4. The OSHA proposal includes a requirement that dentists use head protection, shoe covers and face shields or other full eye protection. These requirements are unnecessary given the nature of dental practice, and in the case of face shields, can distort a dentist's vision.
5. Similarly dentists should not be required to use fluid resistant gowns for all procedures. The decision to use them should be left to the professional judgment of the dentist.
6. Professional judgment of the dentist also is an important point overall, which the OSHA proposals fails to recognize. For example, the pediatric dentist needs flexibility to decide whether the four-year old child in the dental chair will be overly frightened by a face mask, goggles, and other protective garb.

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8. The proposed prohibition of needle recapping is inappropriate for dentistry, which does not use disposable syringes. It will, in all likelihood, increase the risk of needlestick injuries for dental staff. Numerous devices are currently available for safe recapping or sheathing of needles.
9. OSHA would require dentist to retain their employees' medical records for 30 years beyond their time of employment. This is unrealistic.
10. Again it should be emphasized that the dental profession is committed to assuring a safe office environment. Reasonable standards already have been developed to accomplish this. The additional infection control requirements proposed by OSHA would not appreciably increase employee protection but would have a significant, inflationary impact on the cost of dental care.

Dear Senator Levin:

Thank you for your attention in this matter. If I can be of assistance in answering any questions or comments you have about the impact of the proposed OSHA regulations on dentistry, I would like to hear from you.

Sincerely,

Handwritten signature of Jeffrey S. Smith in cursive script, followed by the initials "JSS MS".

Jeffrey S. Smith, D.D.S., M.S.  
3181 Prairie, S.W.  
Grandville, MI. 49418

*Gary H. Dwight, D.D.S., M.S.*

PRACTICE LIMITED TO  
ORAL & MAXILLOFACIAL SURGERY

C-20-2110D

1400 EAST MICHIGAN AVENUE  
LANSING, MICHIGAN 48912  
TELEPHONE: (517) 487-5064

October 12, 1989

The Honorable Carl Levin  
The United States Senate  
Washington, D.C. 20510

Dear Senator Levin:

It has come to my attention that OSHA is considering implementation of rules impacting on dental care in the United States relating to exercising control over infection control procedures in the dental office. Your help is needed immediately to prevent these rules from becoming law. It has become clear for many years that there has been a concern in the dental profession about the possible transmission of various infectious agents, particularly Hepatitis B and HIV infection. The dental profession and I in particular have been very concerned about this and have taken many steps in order to reduce this risk.

Many of the proposals in the OSHA recommendation are heartily endorsed and should be implemented. However, the pending OSHA regulation included many practices and procedures which are not only excessive but extraordinarily costly. Their proposal as to cost is totally unrelated to what the actual costs will be. At this point it becomes very clear that it is important to realize that infection control guidelines currently in use by dentists and promulgated by the ADA have proven effective in preventing the transmission of AIDS and other infectious diseases. In fact, there is only one case of a dentist known to have AIDS for which the mode of transmission is uncertain. There are no known instances of dentists or assistants or nurses passing infection to patients.

OSHA rules were essentially stimulated by concern over infection control situations in institutions. However, these procedures are inappropriate in a dental office setting. They include proposals that dentists use shoe covers and face shields which are totally inappropriate to the provision of quality dental care. They restrict the dentists vision which is critical to providing quality dental care. It is important to realize that many of the other procedures they have proposed are also not appropriate for all procedures. Fluid resistant gowns are not necessary for many procedures and are extremely costly.

It is important to realize that as professionals we are highly trained in the area of infection control particularly as younger dentists graduate from school. Their decision as to what is appropriate based on professional training should be used to guide the dentist. It is also extremely important to realize that different situations and different psychological needs demand different care.

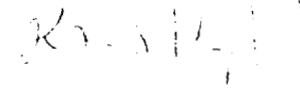
It has been estimated that based on OSHA costs that it might be possible to diagnose 11-14 cases per year of HIV infection if these procedures were all accomplished. Based on their cost figures it is estimated that it would cost approximately 8 million dollars to identify each of these cases. The fact that transmission is nonexistent in the dental office makes this not only unnecessary, but absurd.

The proposed prohibition of needle recapping is inappropriate for dentistry which does not use disposable syringes. It does and in fact would in my office significantly increase the risk of needle stick injuries for the dental staff. OSHA cannot understand this because they do not understand dentistry. It is currently possible to cap these needles without complication and at the same time protect employees.

OSHA also requests that dentists retain their employee records for 30 years beyond the time of the employment. This is highly unrealistic as most dentists will either be dead or not in practice at that point.

In closing it should be emphasized that the profession and myself in particular as Chairman of the Michigan Dental Association Ethics Committee are committed to providing a safe office environment both for staff and patients. Reasonable standards have accomplished this goal. This incredibly naive approach by OSHA is unwarranted and stupid. I would sincerely hope that you will be able to help in preventing it from becoming law.

Sincerely,



Gary H. Dwight, D.D.S., M.S.  
Chairman of Michigan Society of Oral and Maxillofacial Surgeons  
Insurance Committee

to



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6-20-2190 E  
RONALD P. MARION, D.D.S., P.C.

October 3, 1989

Dear Senator Levin,

I urge you to oppose the excessive requirements proposed by OSHA as it applies to dental offices. I believe the cost will place dental treatment out of range of many people. It will eliminate federally and state assisted dental care for the indigent unless a great increase of money is approved to cover increased costs of OSHA's rules.

Cost is not the main reason I suggest you oppose OSHA's rules. I believe the A.D.A. guidelines for disease prevention have proven to be effective in preventing transmission of all infectious diseases. The history of dental office safety has been excellent and should be allowed to function undisturbed.

Some of OSHA's proposals, e.g. head and shoe covers, and face shields, will not work well for a dental office. Fluid resistant gowns for all procedures is unrealistic and prohibitive.

Since dental offices do not use disposable syringes-needles capping is handled differently and is essential. It can be handled in a perfectly safe manner and therefore is a useless rule.

Keeping employee health records for 30 years is also an unrealistic rule.

Please oppose OSHA's rules and consider the realistic methods that are used by dentistry to continue our present record of safety in preventing the spread of infectious diseases.

Sincerely,

*R. P. Marion*  
R. P. Marion, D.D.S.