

**2020  
CAL/OSHA  
TRAINING FOR ACTION!!**

Presented by  
SUPERIOR OFFICE SAFETY

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**CURRENT CE REQUIREMENTS  
CA DENTAL PROFESSIONALS**

**Dental Board of California**

- Biennial Infection Control  
Title 16, Sec. 1005
- Biennial California Dental  
Practice Act  
Title 16, Sec. 1016-1017
- Biennial CPR - BLS  
Basic Life Support from  
American Heart Assoc. or  
American Red Cross

**Cal/OSHA**

- Annual Bloodborne  
Pathogen Training, Title 8,  
Sec 5193
- Initial, Ongoing Hazard  
Communication Training  
Title 8, Sec 5194
- Annual Injury Illness  
Prevention Plan Training  
Title 8, Sec 3203 & SB198
- Annual Ergonomics  
Training Title 8, Sec 5110  
(Only applies to office personnel after  
more than one identical injuries from the  
identical work activity)

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**OSHA STANDARD DUTY  
CLAUSE**

**EMPLOYER**

- \* Each Employer Shall  
(must) Furnish to Each  
Employee a Place of  
Employment Which is  
Free from Recognized  
Hazards that are  
Causing or Likely to  
Cause Death or Serious  
Physical Harm

**EMPLOYEE**

- \* Each Employee  
Shall (must)  
Comply with  
Occupational  
Safety and  
Health Standards

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**CAL/OSHA**

*Cal-OSHA is the State Branch of  
Federal OSHA.*

*Cal-OSHA is Responsible for  
Enforcing California Laws and  
Regulations Pertaining to  
Workplace Health and Safety and for  
Providing Assistance to  
Employers and Employees*

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**JOB-SITE  
HAZARD ASSESSMENTS**

**Cal/OSHA Requires  
“Periodic”  
Job Hazard Assessments to  
Identify and Correct Hazards  
in Our Workplace.**

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**CAL/OSHA CONSULTATION**

**All Consultative Services by  
CAL/OSHA are Provided Free of  
Charge in California**

**1-800-963-9424**

**Answers Employee and Employer Questions  
Regarding Interpretation of the Law, through  
Telephone Support, Publications and  
Educational Outreach.**

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## **CAL/OSHA ENFORCEMENT**

Cal/OSHA has Jurisdiction over Every Place of Employment in California to Enforce Cal/OSHA Regulations.

Cal/OSHA dispatches Inspectors from District Offices in Response to:

- A Complaint about an Occupational Safety and Health hazard,
- A Report of an Industrial Accident,
- Periodic inspections

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## **AUTHORITY FOR INSPECTIONS**

- \* To Enforce Standards, OSHA is Authorized to Conduct Workplace Inspections.
- \* To Enter Without Delay and at Reasonable Times, any Facility Where Work is Performed by an Employee or Employer.
- \* Inspect and Investigate During Regular Working Hours.

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## **INSPECTION PROCESS**

- \* Confidential Employee Interviews
- \* Records Review
- \* Closing Conference
- \* Inspector reports finding to Cal/OSHA Area Director who Determines Citations/Penalties
- \* Employer Must Post Copy of Each Citation at or near a Place of Violation for 3 days or Until Violation is Abated, Whichever is Longer.

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## **INJURY AND ILLNESS PREVENTION PLAN**

- \* STANDARD – Title 8, Sec 3203
- \* 7/1/1991, “Every Employer Shall, at a Minimum, Establish, Implement and Maintain an Effective Injury and Illness Prevention Plan”.
- \* Training on IIPP – Initially and Annually
- \* No Federal Standard comparable!!!
- \* Lack of IIPP most cited violation in General Industry

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## **CDA'S Regulatory Compliance Manual INJURY AND ILLNESS PREVENTION PLAN**

CDA Members

<http://www.cda.org/member-resources/practice-support>

Download, Personalize and Tailor to Your Practice  
OR

Purchase CDA Regulatory Compliance Manual Binder

~ Top Tab - Members Benefits

~ Right Tab - Regulatory Compliance

~ Right Tab - Regulatory Compliance Manual

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## **REQUIRED BY BLOODBORNE PATHOGEN STANDARD**

- \* Written Exposure Control Plan
  - Exposure Determination for All Staff
  - Methods of Compliance for Staff
  - Hepatitis B Vaccine
  - Post-Exposure Evaluation and Follow-up
  - Engineering and Work Practice Controls
  - Storage and disposal of “Medical Waste”

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## Modes of Transmission of Bloodborne Pathogens

- \* Direct contact with blood or body fluids
- \* Indirect contact with a contaminated instrument or surface
- \* Contact of mucosa of the eyes, nose, or mouth with droplets or spatter
- \* Inhalation of airborne microorganisms

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## Transmission of Bloodborne Pathogens

Bloodborne viruses such as hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV)

- \* Are transmissible in health care settings
- \* Can produce chronic infection
- \* Are often carried by persons unaware of their infection

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## UNIVERSAL PRECAUTIONS

UNIVERSAL PRECAUTIONS is an approach to infection control according to which all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, HCV and other Bloodborne pathogens.

UNIVERSAL PRECAUTIONS SHALL BE PRACTICED ON ALL PATIENTS!

UNIVERSAL PRECAUTIONS ARE DETERMINED BY PROCEDURE, NOT BY PATIENT!

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## Standard Precautions

- \* Apply to all patients
- \* Integrate and expand Universal Precautions to include organisms spread by blood and also
  - \* Body fluids, secretions, and excretions except sweat, whether or not they contain blood
  - \* Non-intact (broken) skin
  - \* Mucous membranes

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## Elements of Standard Precautions

- \* Handwashing
- \* Use of gloves, masks, eye protection, and fluid-resistant gowns
- \* Patient care equipment
- \* Environmental surfaces
- \* Injury prevention

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## Hepatitis B Vaccine

Hepatitis B Vaccine shall be made available within 10 working days of initial assignments to employees who have occupational exposure.

Provide access to qualified healthcare professionals for administration and follow-up testing

Test for anti-HBs 1 to 2 months after 3rd dose

Unless the employee has previously received the complete vaccination series.

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### WHEN CAN DENTAL TREATMENT RESUME?

- \* Infectious TB is unlikely and another diagnosis is made that explains the syndrome  
Or
- \* Patient has 3 consecutive negative AFB sputum smear results, and
- \* Patient has received standard antituberculosis treatment (minimum of 2 weeks), and
- \* Patient has demonstrated clinical improvement

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### Aerosol Transmissible Diseases/Pathogens

- \* Title 8 Sec. 5199 Effective 8/5/09
- \* IIPP includes a written procedure for screening patients for ATD that is current with CDC guidelines for Infection Control in the dental setting and is performed before treatment.
- \* Aerosol generating treatment will not be performed if patient has suspected or identified ATD.

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### TYPES OF PPE

- \* Gloves – Medical Exam, Sterile Surgical, Heavy-Duty Chemical Resistant Gloves,
- \* Body Protection - Fluid Resistant Gowns Or Lab Coats – Long Sleeved, Closed At The Neck, Below The Knee
- \* Face Shields, Safety Goggles, Personal Eye Wear With Side Shields
- \* Surgical Face Masks (Also Need To Be “Appropriate”) and Shields

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### PERSONAL PROTECTIVE EQUIPMENT

- PPE Is Determined By Procedure And The Degree Of Exposure Anticipated
- \* Written Work Practices Should Specify What PPE Is To Be Worn For Procedures. (IIPP)
  - \* Appropriate PPE Is Provided To Employees At No Cost And Should Be Available In Necessary Sizes
  - \* Employer Is Responsible To Provide, Maintain, Replace, Launder PPE
  - \* All PPE is to be removed before leaving the work area.
  - \* Wearing “Appropriate” PPE Should Be A Condition Of Employment.

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### MEDICAL WASTE Management Program

- \* Contaminated Sharps
- \* Pharmaceutical waste
- \* Items that drip or flake blood when compressed
- \* Teeth - when deemed infectious-without restorations
- \* Human surgery tissues
- \* Medical waste does not contain hazardous waste

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### CARPULES PHARMACEUTICAL WASTE

- EMPTY CARPULES – DISPOSE IN GENERAL TRASH
- CARPULES – WITH SOLUTION – PHARMACEUTICAL WASTE – MAIL BACK OR PICK UP
- CARPULES WITH VISIBLE BLOOD – DISPOSE IN SHARPS CONTAINER

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## MEDICAL WASTE STORAGE

- \* Biohazard Waste
- \* 7 days (>20 lbs. monthly)
- \* 30 days (<20 lbs. monthly, kept above 0\*)
- \* 90 days (<20 lbs. monthly, kept below 0\*)
- \* Pharmaceutical Waste - Leak proof container labeled with "Incineration Only"
- \* 90 days (> 10 lbs. yr.)
- \* 1 year (< 10 lbs. yr.)

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## HAZARD COMMUNICATION STANDARD

- \* Develop and Maintain a Written Hazard Communication Plan
- \* Consolidate a list of hazardous chemicals and materials used in the workplace
- \* Properly label all hazardous materials in the workplace
- \* Train exposed/potentially exposed employees on workplace chemical hazards and safe chemical handling
- \* Effective 12/1/13 – Train all staff on new GHS

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## HAZARDOUS SUBSTANCES

### Entry Routes:

- \* Skin contact (absorption)
- \* Inhalation (vapors, particles)
- \* Ingestion
- \* Injection

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## PROPOSITION 65

1991 – CCR – Title 8, Section 5194, Subsection 5194(b)6  
"Safe Drinking Water and Toxic Enforcement"

Prop 65 applies to all businesses employing ten or more (full-time and part time) employees!!!

PROPOSITION 65 requires the governor to publish a list of chemicals known to the State of California to cause cancer, birth defects, or reproductive harm.

Prop 65 also requires that businesses provide a clear and reasonable warning before knowingly and intentionally exposing anyone to a listed chemical.

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## PROPOSITION 65

Proposition 65 only applies to your practice if:

1. You have 10 or more employees.  
Employees defined: definition of employee is very broad and encompasses part-time and full-time personnel. Also personnel who provide limited services such as janitors, bookkeepers, gardeners, etc.
2. Prop 65 chemicals are used within the practice.
3. Prop 65 has private enforcement to help enforce the law.  
Private groups and individuals acting in the public's interest can also initiate cases.

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## HAZARDOUS WASTES

In a dental practice,

- Used photographic fixer
- Used cold sterile solutions
- Dental amalgam (contact or scrap), Evacuation System traps and canisters
- Formaldehyde
- X-ray system cleaners containing chromium

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## Hazardous Waste Storage

Generate Less Than 27 Gallons In 90 Days,  
And Less Than 55 Gal. In One Year,  
Hazardous Waste Storage Is Up To One Year  
From Date Storage Began.

Generate 27 Gallon Or More In 90 Days, Hazardous  
Waste Storage Is No More than 90 Days.

Each Waste Should Be Stored In Separate Waste  
Container And Waste Container Shall be labeled  
With The Date Waste Storage Began In That  
Container.

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## CLEAN WATER ACT

EPA FINAL RULING ON 12/15/2016  
AMALGAM SEPARATORS

EPA Set New Treatment Standards  
to Reduce Discharges of Mercury  
from Dental Offices into  
Publicly Owned Treatment Works, (POTWs)  
Owned by the State or Municipality

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## MERCURY DISCHARGES

Key FACTS about Dental Clinics and Mercury:

- \* Dental clinics are the main source of mercury discharges
- \* Dentists discharge approximately 5.1 tons of mercury each year to POTWs;
- \* Mercury-containing Amalgam wastes find their way into the environment when new fillings are placed or old mercury-containing fillings are drilled out and waste amalgam materials that are flushed into chair-side drains enter the wastewater stream.

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## EXEMPTIONS!!

- \* Dentists who Practice in:
  - \* ~ Oral Pathology
  - \* ~ Oral and Maxillofacial Radiology
  - \* ~ Oral and Maxillofacial Surgery
  - \* ~ Orthodontics
  - \* ~ Periodontics
  - \* ~ Prosthodontics
  - \* ~ Dentists who do not place Amalgam and Only Remove Amalgam in Unplanned or Emergency Situations (estimated at less than 5% of removals)
- \* ~ Mobile Dental Units

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## AMALGAM WASTE

Types of Amalgam Waste:

- \* 1. Clean Scraps of Amalgam
- \* 2. Chairside Traps, Filters, and Screens
- \* 3. Teeth with Amalgam
- \* 3. Contact Amalgam
- \* 4. Amalgam Separator Waste Cartridges

Collect and store clean amalgam scraps in Dry, Airtight Container for Pick-Up or Mail-In Disposal Program  
Log all Amalgam Waste Disposals and Treatment on Office Hazardous Waste Treatment Log.

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## SAFETY CULTURE TRAINING FOR ACTION

- \* Safety Must Come From Top Management To Be Effective.
- \* Injury And Illness Plan Is A Required Communication And Training Tool For All Staff.
- \* Hazards Assessments Must Be Performed "Periodically" And Hazards Corrected.
- \* Universal And Standard Precautions Practiced On Every Patient.

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