

Cal/OSHA Update

CIHC 2008

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Program Initiatives

- Len confirmed as chief
- Focus on abatement
 - This is the value Cal/OSHA brings to each workplace
 - Often can and should be abated within the inspection process
- Penalty Structure
- Multi-Employer

Health Initiatives

- Aerosol Transmissible Diseases
- Diacetyl
- PELs
- Heat Illness
- Concrete/silica

And a few other things

- MRSA
- Wildfire smoke
- SF6 and lab hoods
- Flu vaccine fixed conventional needles

Our State Program: Fluvirin

- 9/08 Novartis sent 3 million prefilled flu vaccine syringes with fixed conventional needles to U.S.
- CDPH IZ branch alerted Cal/OSHA and Occ. Health Branch
- Novartis replaced public health doses and offered exchange to all other CA customers;



Diacetyl

- Proposal is being reviewed by Standards Board staff
- Expect to be published Spring 2009
- Application
 - flavoring manufacturing
 - certain other places of employment if employee develops fixed obstructive disease
- Most aspects trigger at 1% diacetyl
- Contact Mike Horowitz (510)286-7009

PELs

- Package based on 2005 committee (prior to new HEAC procedures) is being reviewed by Board staff, expected publication Spring 2009
- Includes 1-Bromopropane, Coal dust, Nickel & compounds, Ozone, Refractory ceramic fiber, and others
- HEAC meetings on-going, one scheduled for 12/16/2008 in Oakland, 9:30
- Contact: Bob Barish (510)286-7001

Heat Illness

<u>CY05</u>	<u>CY06</u>	<u>CY07</u>	<u>CY 08**</u>	
39	234	1018	2066	Inspections coded S18
9	158	490	735	Inspections w/3395 cit
2	136	614	1060	#viol 3395
\$7,085	\$535,140	\$822,990	\$1,733,216	penalties to date

3395 Violations

<u>CY05</u>	<u>CY06</u>	<u>CY07</u>	<u>CY08**</u>	<u>Section</u>	<u>Description</u>
2	76	178	240	3395 E01	Employee training
0	38	310	604	3395 E03	Written Program
0	10	28	43	3395 E02	Supervisor training
0	8	50	121	3395 D	Access to shade
0	4	48	52	3395 C	Provision of water
2	136	614	1060		Total

Concrete/Silica

- New Section 1530.1 effective 10/22/2008
- Requires engineering controls for dust generating operations on concrete or masonry (with some exceptions)
- Exception if employer can show is below PEL, emergencies and some rooftop
- Training

Methicillin-resistant Staphylococcus aureus (MRSA)

- Several investigations of CA-MRSA in corrections and other settings
- One fatality investigation of MRSA pneumonia
- Special orders issued to CDCR
- Recently reached agreement in principle to joint and voluntary agreement covering all CDCR facilities

The ATD Standards



Why ATD standards

- Existing aerosol transmissible diseases such as TB – health care workers, corrections still at increased risk
- Experience of Canada and Asia with SARS
- Planning for pandemic flu and other surge events
- Incidents of laboratory transmission and near misses and Increased research on BSL 3 and above
- Bovine TB, avian flu and other zoonoses

Why can't we just adopt CDC guidelines?

- CDC Guidelines aren't enforceable
 - Nonmandatory language
 - Lots of recommendations
- CDC makes recommendations based on public health concerns and what they consider effective use of resources for population goals

The Current Project

- Early 1990's Cal/OSHA worked on draft TB standard
- 1994 Fed/OSHA announced rulemaking so CA dropped
- 2003 Feds dropped TB, put TB resp under general industry
- 2004 CA equivalent, health care er's and ee's asked to develop rule

Who was involved

Bob Nakamura, Senior Safety Engineer, co-author, collaborator, and co-conspirator

Mike Horowitz, Steve Smith, Tom Mitchell (OSHSB), Len Welsh, Bill Krycia, Jack Oudiz and others in Cal/OSHA

John Decker, Max Kiefer and others in NIOSH

Vickie Wells, Lilly Kaneshige, Jennifer McNary, Barbara Materna, Adam Wolfe, and lots of other IHs

California TB controllers Association and California Conference of Local Health Officers

California APIC coordinating council

SEIU, CNA, CPF, IAEP, AFL-CIO and other unions

CMA, CDA, ANA, BSAFE and other professional associations

CHA, CAHF, PEPA, and other industry associations

CDFR, CDPH, CDCR, and other state and local agencies

UC faculty including M Jackson, R Harrison and M Nicas

Basic issues

- Which diseases
 - Airborne and droplet
 - Severity?
- Which work settings, employees
- Control methods
 - High hazard procedures
 - Referring employers
 - Labs
 - Non-health care

Underlying Principles

- Work with the existing public health systems
 - Local Health Officers, disease reporting, case definitions
 - Immunization recommendations, follow-up for exposure incidents
- Identify those measures that are necessary to prevent or mitigate employee exposure

Which diseases?

- Infection control professionals distinguish between diseases primarily spread by:
 - larger droplets (near field) >5 microns (droplet precautions)
 - Small droplets, droplet nuclei, dusts containing the pathogen (airborne isolation)
- Not congruent with IH approach to aerosols
- There is evidence for an “airborne route” for many diseases
 - E.g Roy CJ, Milton DK NEJM 350;17 April 22, 2004

Basic Concepts

- Early identification and broad source control measures (respiratory hygiene)
- Track HICPAC recommendations for specific diseases and precautions
 - A compromise from an aerosol science
 - Novel and Unknown pathogens
- Facilities that provide services to “airborne infectious” disease cases must have engineering controls, respirators, etc.

Other Important Concepts

- Vaccination
- Exposure Incident – exposure to reportable ATD case (Title 17), without precautions.
- Precautionary Removal – an employee is NOT sick, but is required by infection control to be removed from the workplace during a possible incubation period
- Novel or Unknown Pathogen – e.g. SARS in 2003

“One example was the debate during SARS over whether SARS was transmitted by large droplets or through airborne particles. The point is not who was right and who was wrong in this debate. When it comes to worker safety in hospitals, we should not be driven by the scientific dogma of yesterday or even the scientific dogma of today. We should be driven by the precautionary principle that reasonable steps to reduce risk should not await scientific certainty.” SARS

Commission Final Report, Volume 3, p. 1157



"CRACKER SCHMACKER!...POLLY WANNA GAS MASK!!"

Zoonotics – Section 5199.1

- Applies to any place where employees are exposed to animals, or their products or wastes
- Under normal circumstances address under IIPP (Section 3203), PPE and sanitation regulations

Zoonotic Disease: Exposures to Infected Animals

- 3 levels of risk lead to increased protection
- Increased precautions for wildlife when alert issued by DFG, USDO I
- Increased precautions on farms etc. when movement restriction or quarantine issued by CDFA or USDA
- Hazwoper style precautions for eradication and disposal operations for infected animals





What's Next for ATD Standards

- Public hearing was in August
- We expect to publish a 15 day notice on 5199 by the end of February and a 15 day notice on 5199.1 by the end of March
 - This includes a response to comments and starts a 15 day written comment period
- The Board must vote within one year of publication of the notice.
- Contact me (510)286-7006 or Bob (510)286-7005

Find Cal/OSHA on the Web

- Standards Board Proposed Regulations:
<http://www.dir.ca.gov/oshsb/proposedregulations.html>
- Advisory committee webpage:
 - http://www.dir.ca.gov/dosh/DoshReg/advisory_committee.html
- Cal/OSHA regulations:
 - <http://www.dir.ca.gov/samples/search/query.htm>