



PROVIDER INFORMATION NOTICE (PIN)

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Population Health Management 1000 S. Fremont Ave. Bldg. A-9 East, 6th Floor Alhambra, CA 91803-8859 Tel: (626) 525-5789

My Health LA Anna Gorman Director of Community Partnerships & Programs

To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

PIN: 20 – 01 (Revised)
TITLE: New Dental Requirements for Fiscal Year 20-21 MHLA Dental Site Review - AMALGAM SEPARATOR AND EYEWASH COMPLIANCE
DATE: February 18, 2020

This is to provide notification that MHLA will review compliance with the following new requirements for the MHLA Dental Site Review, Fiscal Year 2020-21 (July 1, 2020-June 30, 2021).

Amalgam Separator

- Community Partner provides:
- Copy of the "One-time compliance report" (Desk monitoring review)
- Evidence of installed amalgam separators compliant with the International Organization for Standardization (ISO) 11143 2008 standard (On-site visit)

Authority: Under the new Environmental Protection Agency (EPA) rule, dental offices nationwide that place and/or remove dental amalgam and that discharge to a publicly owned treatment works (POTW) must submit a one-time compliance report, and must comply with specific best management practices for amalgam waste. For more information, visit: https://www.ada.org/en/publications/ada-news/2017-archive/june/epa-reinstates-final-rule-on-amalgam-separators

Eyewash

- Community Partner provides evidence (written logs) that eyewash equipment is activated at least monthly (On-site visit).

Note: MHLA requires logs with names, signatures-or legend-- and dates.

Authority: California Code of Regulations, Title 8, Section §5162. Emergency Eyewash and Shower Equipment, (e) Maintenance. Plumbed eyewash equipment shall be activated at least monthly to flush the line and to verify proper operation. Other units shall be maintained in accordance with the manufacturer's instructions. For more information, visit: https://www.dir.ca.gov/title8/5162.html

MHLA OVERSIGHT

MHLA will monitor Community Partners for compliance with the above-mentioned elements through desk monitoring reviews and on-site visits. Community Partners are to provide MHLA with any requested corrective action over findings identified and MHLA will conduct corrective action follow-up, as necessary.

www.dhs.lacounty.gov



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If you have any questions or require additional information regarding this notification, please contact Konita Wilks, DDS at (562) 385-7255, or Lori Malinbaum, DDS, at (626) 525-5217.



Anna Gorman
Director of Community Partnerships and Programs

Attachments.

ADA American Dental Association®

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Current

Issue

EPA reinstates final rule on amalgam separators

June 12, 2017

By Jennifer Garvin

Washington — The Environmental Protection Agency June 9 issued a final rule governing the management of dental amalgam discharges into sewer systems.

In December 2016, the EPA issued a final rule requiring most dental offices nationwide to install amalgam separators but withdrew the rule following the White House's Jan. 20 memorandum ordering federal agencies to freeze all new or pending regulations. The rule will be effective July 14 and compliance for most dentists will be July 14, 2020.

The ADA, which worked with the EPA for several years on the final rule, commended the agency for what it considers "a fair and reasonable approach to the management of dental amalgam waste."

"The ADA shares the EPA's goal of ensuring that dental amalgam waste is captured so that it may be recycled," said ADA President Gary L. Roberts in a statement. "We believe this new rule — which is a federal standard — is preferable to a patchwork of rules and regulations across various states and localities.

The rule includes reasonable exemptions, a phase-in period for existing dental offices and considerations for dental practices that have already installed the devices. As of July 14, 2017, new dental offices which discharge dental amalgam must comply immediately with the standards in this rule.

The final rule closely follows the ADA's best management practices and incorporates three: requiring use of separators; prohibiting providers from flushing waste amalgam, such as from traps or filters, down a drain; and prohibiting the use of bleach or chlorine-containing cleaners that may lead to the dissolution of solid mercury when cleaning chair-side traps and vacuum lines. The new rule also meets the nine principles established by the ADA House of Delegates as a condition for ADA support for a national rule.

Additional highlights of the rule include:

- Dentists who practice in oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, and prosthodontics are exempt from the rule.
- Dentists who do not place amalgam and only remove amalgam in unplanned or emergency situations (estimated at less than 5 percent of removals) are also exempt.
- Mobile dental units are exempt.
- Dentists who already have separators are grandfathered for 10 years.

Although less than 1 percent of mercury released to the environment from man-made sources comes from dentistry, the ADA has encouraged dental offices to follow its Best Management Practices for Amalgam Waste to help reduce discharges of used amalgam into dental office wastewater. In 2009, the Association amended its best management practices to include the use of amalgam separators that comply with ANSI/ADA Standard 108 for Amalgam Separators, which takes into consideration the standards developed by the International Organization for Standardization, a worldwide federation of national standards bodies.

The ADA will develop practical resources to aid member dentists with questions they may have regarding compliance. In addition, ADA Business Resources has partnered with HealthFirst, a vendor that offers ADA member dentists special pricing on an amalgam separator device that will meet the federal regulatory requirements along with recycling services.

For more information, visit [ADA.org/RecycleAmalgam](https://ada.org/RecycleAmalgam).

[Click here](#) to read an unofficial version of the final rule.

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Subchapter 7. General Industry Safety Orders

Group 16. Control of Hazardous Substances

Article 109. Hazardous Substances and Processes

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§5162. Emergency Eyewash and Shower Equipment.

- (a) Plumbed or self-contained eyewash or eye/facewash equipment which meets the requirements of sections 5, 7, or 9 of ANSI Z358.1-1981, Emergency Eyewash and Shower Equipment, incorporated herein by this reference, shall be provided at all work areas where, during routine operations or foreseeable emergencies, the eyes of an employee may come into contact with a substance which can cause corrosion, severe irritation or permanent tissue damage or which is toxic by absorption. Water hoses, sink faucets, or showers are not acceptable eyewash facilities. Personal eyewash units or drench hoses which meet the requirements of section 6 or 8 of ANSI Z358.1-1981, hereby incorporated by reference, may support plumbed or self-contained units but shall not be used in lieu of them.
- (b) An emergency shower which meets the requirements of section 4 or 9 of ANSI Z358.1-1981, incorporated herein by reference, shall be provided at all work areas where, during routine operations or foreseeable emergencies, area of the body may come into contact with a substance which is corrosive or severely irritating to the skin or which is toxic by skin absorption.
- (c) Location. Emergency eyewash facilities and deluge showers shall be in accessible locations that require no more than 10 seconds for the injured person to reach. If both an eyewash and shower are needed, they shall be located so that both can be used at the same time by one person. The area of the eyewash and shower equipment shall be maintained free of items which obstruct their use.
- (d) Performance. Plumbed and self-contained eyewash and shower equipment shall supply potable water at the flow rates and time durations specified in ANSI Z358.1-1981. The control valve shall be designed so that the water flow remains on without requiring the use of the operator's hands, and so that the valve remains activated until intentionally shut off for all but hand-held drench hoses. Personal eyewash units shall deliver potable water or other eye-flushing solution approved by the consulting physician.

(e) Maintenance. Plumbed eyewash and shower equipment shall be activated at least monthly to flush the line and to verify proper operation. Other units shall be maintained in accordance with the manufacturer's instructions.

NOTE: See section 5185 of the General Industry Safety Orders when the hazard involves the changing and charging of storage batteries. See article 6 of the Unfired Pressure Vessel Safety Orders when the hazard involves anhydrous ammonia.

Note: Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code.

HISTORY

1. Amendment filed 12-10-87; operative 1-9-88 (Register 87, No. 51).
2. Change without regulatory effect of subsection (a) filed 4-26-90 pursuant to section 100, Title 1, California Code of Regulations (Register 90, No. 22).
3. Editorial correction of subsection (a) (Register 2010, No. 34).

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