

Editorial

OSHA—as the pendulum swings

By going too far, the Occupational Safety and Health Administration (OSHA) has lost the support, the trust, and the cooperation of the profession necessary for a successful bloodborne pathogens standard program. What began as an effort to improve office infection control procedures for the protection of all—office personnel as well as patients—has become an uncontrollable monster. It is time for the pendulum to swing back to a reasonable, realistic, yet still safe standard.

International readers undoubtedly have experienced similar governmental controls over certain aspects of dental practice. In the United States, OSHA has the power to enter any dental office, unannounced, to inspect for violations of its bloodborne pathogens standard. Some provisions of the standard are so inflexible that they essentially ensure noncompliance. Noncompliance, however, can result in heavy fines.

Clearly, the profession was far too slow to adopt modern infection control procedures—measures that our colleagues in medicine had been using for many years. This relates particularly to the use of gloves, masks, and eye protection. While some in the profession still argue that there is no evidence to support the use of gloves and masks, many practitioners agree that they now feel more “comfortable” wearing gloves and masks when treating patients. So there is something to be said for regulation in the face of intractable resistance to changes that will benefit all.

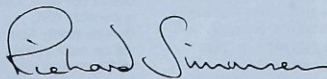
Reasonable and supportable demands for infection-control standards would have been welcomed and accepted by the profession. Instead, OSHA has invoked some unreasonable standards and has followed up with strong-arm enforcement for noncompliance—methods that smack of the kind of governmental interference in life that many abhor.

By so doing, OSHA has lost the support of the practicing dentists in the United States. It is perfectly rational to demand that gloves and masks be worn—but to demand in the same breath that all clinical clothing of all employees be washed on-site in the office or by a professional cleaning service is totally unrealistic for the small, single practitioner in a rural dental office. The same holds true for the impractical waste removal regulations.

In 1991 the American Dental Association (ADA) filed a lawsuit challenging certain parts of the bloodborne pathogens standard. In addition to the infamous “no-home-laundry” provision, challenged were the provisions that define saliva as an infectious material; that require dentists to obtain waivers from employees who refuse hepatitis B vaccinations; and that require dentists to keep records of such vaccinations for the duration of employment plus 30 years.

While some bureaucratic control over important public health measures is necessary, such attempted controls will fail without the good will and explicit compliance of the participants. The ADA is protecting its members' interests in challenging OSHA. It is to be hoped that the outcome will be a more realistic set of standards that adequately protect the public health while not infringing on the rights of freedom of choice for practitioners in matters where the public health is not at stake.

Let the pendulum swing back, at least a little.



Richard J. Simonsen
Editor-in-Chief