



September 30, 2025

Department of Industrial Relations  
Cal/OSHA Advisory Committee

**RE: Occupational Exposure to Plume in Health Care**

To Whom It May Concern:

On behalf of our 27,000 member dentists, the California Dental Association (CDA) appreciates the opportunity to review and comment on the proposed regulatory language regarding Cal/OSHA's draft Section 51XX, Occupational Exposure to Plume in Health Care.

CDA supports maintaining the current scope and application of the language as specified in subsection (a)(2), which limits rulemaking to hospital settings and ambulatory surgical centers (ASCs). However, CDA is concerned that subsection (a)(2), by referencing the Injury and Illness Prevention Program (IIPP), creates ambiguity that could subject dental practices to citation for plume exposure even though dental settings are not expressly included in the scope of the regulation.

We believe that additional standards for dentist offices regarding the evacuation of plume/surgical smoke generated during a dental procedure are unnecessary because existing IIPP and infection control standards already require hazard identification and abatement. CDA strongly encourages clarification that dental offices are excluded from this proposal due to the disproportionate burden to dental settings and the sufficiency of existing requirements.

**Disproportionate Burden in Dental Care Settings**

While hospitals and large Ambulatory Surgical Centers (ASCs) perform high-volume procedures where plume exposure is routine. Dental ASCs and practices use lasers and electrosurgical tools far less frequently. Examples include frenectomies, pulpotomies, and scaling and root planning for periodontal care ("deep cleaning"). Imposing hospital-level standards across the board could lead many dental facilities to eliminate procedures rather than invest in retrofits, directly reducing patient access to important treatments that support speech, nutrition, and oral health. Existing engineering controls, such as standard suction and high-volume evacuation, can achieve meaningful reductions in exposure without the need for costly retrofits.

**Integration with Existing Cal/OSHA Requirements**

All dental practices already operate under the IIPP requirement, which obligates employers to identify and control hazards, including plume. Instead of duplicating requirements, Cal/OSHA could direct smaller facilities to incorporate plume hazard

assessments into their IIPP, scaling the control measures appropriately. This approach aligns with Cal/OSHA's performance-based regulatory framework and avoids unnecessary duplication of existing worker protections.

### **Scalable Requirements**

CDA encourages that hospital and high-volume ASC standards should remain robust as proposed in these regulations. However, for low-volume settings, such as dental ASCs, performance-based standards should be permitted, allowing equivalent protective measures rather than mandating full structural retrofits. For example, allowing the use of high-volume evacuation and portable dental plume capture devices as compliant alternatives would protect staff while avoiding unintended consequences such as facility closures or elimination of services. This approach ensures employee safety is not compromised, while avoiding unintended consequences like elimination of valuable patient services.

CDA respectfully requests that Cal/OSHA clarify the scope of this rule to exclude dental practices and explicitly recognize the sufficiency of existing IIPP obligations. We further request that the regulation adopt scalable requirements for dental ASCs that reflect the wide variation in healthcare settings where plume-generating devices are used. Doing so will protect worker health while preserving patient access to necessary dental services.

Sincerely,

A handwritten signature in black ink that reads "Mary McCune". The signature is written in a cursive, flowing style.

Mary McCune  
Polic Director