

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
Los Angeles District Office
320 West 4th Street, Room 820
Los Angeles, CA 90013
Phone: (213) 576-7451 Fax: (213) 576-7461

Inspection #: 1472265
Inspection Dates: 04/13/2020 -
10/09/2020
Issuance Date: 10/09/2020
CSHO ID: P5111
Optional Report #: 031-20



Citation and Notification of Penalty

Company Name: Los Angeles County Department of Health Services, Correctional Health Services
Establishment DBA: and its successors
Inspection Site: 450 Bauchet Street
Los Angeles, CA 90012

Citation 1 Item 1 Type of Violation: **General**

California Code of Regulations, Title 8 § 5199. Aerosol Transmissible Diseases.

(e)(2) The employer shall develop and implement effective written decontamination procedures, including appropriate engineering controls, for the cleaning and decontamination of work areas, vehicles, personal protective equipment, and other equipment.

Violation:

Prior to and during the course of the inspection, including but not limited to April 13, 2020, the employer did not develop and implement effective written decontamination procedures for the cleaning and decontamination of work areas and equipment including but not limited to vital sign monitoring devices, blood pressure cuffs, pulse oximeters and other clinical equipment.

Date By Which Violation Must be Abated: November 13, 2020
Proposed Penalty: \$935.00

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Establishment DBA:

and its successors

Inspection Site: 450 Bauchet Street
 Los Angeles, CA 90012

Citation 2 Item 1 Type of Violation: **Repeat Regulatory**

California Code of Regulations, Title 8 § 342. Reporting Work-Connected Fatalities and Serious Injuries.

(a) Every employer shall report immediately to the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment. The report shall be made by the telephone or through a specified online mechanism established by the Division for this purpose. Until the division has made such a mechanism available, the report may be made by telephone or email.

Immediately means as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.

Serious injury or illness is defined in section 330(h), Title 8, California Administrative Code.

Violation:

Prior to and during the course of the inspection, including but not limited to April 13, 2020, the employer did not immediately report by telephone or telegraph to the nearest District Office of the Division of Occupational Safety and Health, a serious work-related injury suffered by an employee working at the jobsite located at 450 Bauchet Street in Los Angeles, California.

The Los Angeles County Department of Health Services was previously cited for a repeat violation of this occupational safety and health standard or its equivalent standard (Reporting Work-Connected

Fatalities and Serious Injuries), which was contained in OSHA inspection number 1118805, citation number 1, item number 1, and was affirmed as a final order on 10/05/2016, with respect to a workplace located at 1983 Marengo Street, Los Angeles, CA 90033.

Date By Which Violation Must be Abated:

November 13, 2020

Proposed Penalty:

\$20000.00

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**Citation and Notification of Penalty**

Company Name: Los Angeles County Department of Health Services, Correctional Health Services
Establishment DBA: and its successors
Inspection Site: 450 Bauchet Street
Los Angeles, CA 90012

Citation 3 Item 1 Type of Violation: **Serious**

California Code of Regulations, Title 8 § 5193. Bloodborne Pathogens.

(c)(1) Exposure Control Plan.

(A) Each employer having an employee(s) with occupational exposure as defined by subsection (b) of this section shall establish, implement and maintain an effective Exposure Control Plan which is designed to eliminate or minimize employee exposure and which is also consistent with Section 3203.

(B) The Exposure Control Plan shall be in writing and shall contain at least the following elements:

1. The exposure determination required by subsection (c)(3);
2. The schedule and method of implementation for each of the applicable subsections: (d) Methods of Compliance, (e) HIV, HBV and HCV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard;
3. The procedure for the evaluation of circumstances surrounding exposure incidents as required by subsection (f)(3)(A).
4. An effective procedure for gathering the information required by the Sharps Injury Log.
5. An effective procedure for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the Sharps Injury Log;
6. An effective procedure for identifying currently available engineering controls, and selecting such controls, where appropriate, for the procedures performed by employees in their respective work areas or departments;
7. An effective procedure for documenting patient safety determinations made pursuant to Exception 2. of subsection (d)(3)(A); and
8. An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments.

(C) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with Section 3204(e).

(D) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary as follows:

1. To reflect new or modified tasks and procedures which affect occupational exposure;
- 2.a. To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
- b. To document consideration and implementation of appropriate commercially available needleless systems and needle devices and sharps with engineered sharps injury protection;
3. To include new or revised employee positions with occupational exposure;
4. To review and evaluate the exposure incidents which occurred since the previous update; and
5. To review and respond to information indicating that the Exposure Control Plan is deficient in any area.

(E) Employees responsible for direct patient care. In addition to complying with subsections (c)(1)(B)6. and (c)(1)(B)8., the employer shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls, and shall document the solicitation in the Exposure Control Plan.

(F) The Exposure Control Plan shall be made available to the Chief or NIOSH or their respective designee upon request for examination and copying.

Violation:

Prior to and during the course of the inspection, including but not limited to April 13, 2020, the employer did not establish, implement and maintain an effective Exposure Control Plan (ECP) in accordance with this section.

Instance 1: The written ECP did not include an exposure determination in accordance with subsection (c)(1)(B)(1).

Instance 2: The written ECP did not include a schedule and methods of implementation for Methods of Compliance and/or Communication of Hazards to Employees, in accordance with subsection (c)(1)(B)(2).

Instance 3: The written ECP did not include an effective procedure for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents in accordance with subsection (c)(1)(B)(5).

Instance 4: The written ECP did not include an effective procedure for identifying currently available engineering controls, and selecting such controls, where appropriate, for the procedures performed by employees in their respective work areas or departments, in accordance with subsection (c)(1)(B)(6).

Instance 5: The written ECP did not include an effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments, in accordance with subsection (c)(1)(B)(8).

Instance 6: The written ECP was not reviewed and updated at least annually in accordance with subsection (c)(1)(D).

Date By Which Violation Must be Abated:
Proposed Penalty:

Corrected During Inspection
\$8435.00

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**Citation and Notification of Penalty**

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Los Angeles, CA 90012

Citation 4 Item 1 Type of Violation: **Serious**

California Code of Regulations, Title 8 § 5193. Bloodborne Pathogens.

(g)(2) Information and Training.

(A) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(B) Training shall be provided as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place;
2. At least annually thereafter.

(C) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(D) Annual training for all employees shall be provided within one year of their previous training.

(E) Employers shall provide additional training when changes, such as introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(F) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(G) The training program shall contain at a minimum the following elements:

1. Copy and Explanation of Standard. An accessible copy of the regulatory text of this standard and an explanation of its contents;
2. Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;
4. Employer's Exposure Control Plan. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
5. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
6. Methods of Compliance. An explanation of the use and limitations of methods that will prevent or

reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;

7. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

8. Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;

9. Hepatitis B Vaccination. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

10. Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;

11. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log;

12. Post-Exposure Evaluation and Follow-Up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

13. Signs and Labels. An explanation of the signs and labels and/or color coding required by subsection (g)(1); and

14. Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.

(H) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

Violation:

Prior to and during the course of the inspection, including but not limited to April 13, 2020, the employer did not ensure employees with occupational exposure to bloodborne pathogens participate in a training program meeting the minimum requirements of this section.

Instance 1: The bloodborne pathogens training did not include the minimum required elements, including but not limited to a copy and explanation of this standard, an explanation of the employer's exposure control plan, risk identification, and methods of compliance, in accordance with (g)(2)(G) of this standard.

Instance 2: Bloodborne pathogen training, as required in this standard, was not provided at the time of initial assignment and at least annually thereafter, in accordance with (g)(2)(B).

Date By Which Violation Must be Abated:

October 21, 2020

Proposed Penalty:

\$16875.00

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Citation 5 Item 1 Type of Violation: **Serious**

California Code of Regulations, Title 8 § 5199. Aerosol Transmissible Diseases.

(d) Aerosol Transmissible Diseases Exposure Control Plan.

(1) The employer shall establish, implement, and maintain an effective, written ATD Exposure Control Plan (Plan) which is specific to the work place or operation(s), and which contains all of the elements in subsection (d)(2).

(2) The Plan shall contain all of the following elements:

(A) The name(s) or title(s) of the person(s) responsible for administering the Plan. This person shall be knowledgeable in infection control principles and practices as they apply to the facility, service or operation.

(B) A list of all job classifications in which employees have occupational exposure.

(C) A list of all high hazard procedures performed in the facility, service or operation, and the job classifications and operations in which employees are exposed to those procedures.

(D) A list of all assignments or tasks requiring personal or respiratory protection.

(E) The methods of implementation of subsections (e), (g), (h), (i) and (j) as they apply to that facility, service or work operation. Specific control measures shall be listed for each operation or work area in which occupational exposure occurs. These measures shall include applicable engineering and work practice controls, cleaning and decontamination procedures, and personal protective equipment and respiratory protection. In establishments where the Plan pertains to laboratory operations, it also shall contain the methods of implementation for subsection (f), unless those operations are included in a Biosafety Plan.

(F) A description of the source control measures to be implemented in the facility, service or operation, and the method of informing people entering the work setting of the source control measures.

(G) The procedures the employer will use to identify, temporarily isolate, and refer or transfer AirID cases or suspected cases to All rooms, areas or facilities. These procedures shall include the methods the employer will use to limit employee exposure to these persons during periods when they are not in airborne infection isolation rooms or areas. These procedures shall also include the methods the employer will use to document medical decisions not to transfer patients in need of All in

accordance with subsection (e)(5)(B).

(H) The procedures the employer will use to provide medical services, including recommended vaccinations and follow-up, as required in subsection (h). This shall include the procedures the employer will use to document the lack of availability of a recommended vaccine.

(I) The procedures for employees and supervisors to follow in the event of an exposure incident, including how the employer will determine which employees had a significant exposure, in accordance with subsections (h)(6) through (h)(9).

(J) The procedures the employer will use to evaluate each exposure incident, to determine the cause, and to revise existing procedures to prevent future incidents.

(K) The procedures the employer will use to communicate with its employees and other employers regarding the suspected or confirmed infectious disease status of persons to whom employees are exposed in the course of their duties, in accordance with subsection (h).

(L) The procedures the employer will use to communicate with other employers regarding exposure incidents, including procedures for providing or receiving notification to and from health care providers about the disease status of referred or transferred patients, in accordance with subsection (h).

(M) The procedures the employer will use to ensure that there is an adequate supply of personal protective equipment and other equipment necessary to minimize employee exposure to ATPs, in normal operations and in foreseeable emergencies.

(N) The procedures the employer will use to provide initial and annual training in accordance with subsection (i) to employees in job categories identified in subsection (d)(2)(B).

(O) The procedures the employer will use for recordkeeping, in accordance with subsection (j).

(P) An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed in their respective work areas or departments in accordance with subsection (d)(3).

(Q) Surge procedures. Employers of employees who are designated to provide services in surge conditions, and employers of employees who are designated to provide services to persons who have been contaminated as the result of a release of a biological agent as described in subsection (a)(1)(B), shall include procedures for these activities in the plan. The plan shall include work practices, decontamination facilities, and appropriate personal protective equipment and respiratory protection for such events. The procedures shall include how respiratory and personal protective equipment will be stockpiled, accessed or procured, and how the facility or operation will interact with the local and regional emergency plan.

(3) The ATD Plan shall be reviewed at least annually by the program administrator, and by employees regarding the effectiveness of the program in their respective work areas. Deficiencies found shall be corrected. The review(s) shall be documented in writing, in accordance with subsection (j)(3)(A).

(4) The Plan shall be made available to employees, employee representatives, the Chief and NIOSH for examination and copying, in accordance with subsection (j)(4).

Violation:

Prior to and during the course of the inspection, including but not limited to April 13, 2020, the employer did not establish, implement, and maintain an effective, written Aerosol Transmissible Disease (ATD) Exposure Control Plan in accordance with this Section.

Instance 1: The employer's written procedures for aerosol transmissible diseases did not include a list of all job classifications in which employees have occupational exposure in accordance with subsection (d)(2)(B).

Instance 2: The employer's written procedures for aerosol transmissible diseases did not include a list of all high hazard procedures performed in the facility, service or operation, and the job classifications and operations in which employees are exposed to those procedures in accordance with subsection (d)(2)(C).

Instance 3: The employer's written procedures for aerosol transmissible diseases did not include the methods of implementation of engineering and work practice controls in accordance with subsection (d)(2)(E).

Instance 4: The employer's written procedures for aerosol transmissible diseases did not include an effective procedure for obtaining the active involvement of employees in reviewing and updating the procedures in accordance with subsection (d)(2)(P).

Instance 5: The employer's written procedures for aerosol transmissible diseases was not reviewed at least annually in accordance with (d)(3).

Date By Which Violation Must be Abated:	Corrected During Inspection
Proposed Penalty:	\$8435.00

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Citation 6 Item 1 Type of Violation: **Serious**

California Code of Regulations, Title 8 § 5199. Aerosol Transmissible Diseases.

(g) Respiratory Protection.

(1) Respirators provided for compliance with this section shall be approved by NIOSH for the purpose for which they are used.

(2) Each employer who has any employee whose occupational exposure is based on entering any of the work settings or performing any of the tasks described in subsection (g)(4) shall establish, implement and maintain an effective written respiratory protection program that meets the requirements of Section 5144 of these orders, except as provided in subsections (g)(5) and (g)(6).

(3) Respirator selection.

(A) Where respirator use is required for protection against potentially infectious aerosols and is not required to meet the requirements of subsections (g)(3)(B) or (g)(3)(C), the employer shall provide a respirator that is at least as effective as an N95 filtering facepiece respirator, unless the employer's evaluation of respiratory hazards determines that a more protective respirator is necessary, in which case the more protective respirator shall be provided.

(B) Effective September 1, 2010, the employer shall provide a powered air purifying respirator (PAPR) with a High Efficiency Particulate Air (HEPA) filter(s), or a respirator providing equivalent or greater protection, to employees who perform high hazard procedures on AirID cases or suspected cases and to employees who perform high hazard procedures on cadavers potentially infected with ATPs, unless the employer determines that this use would interfere with the successful performance of the required task or tasks. This determination shall be documented in accordance with the ATD Plan and shall be reviewed by the employer and employees at least annually in accordance with subsection (d)(3).

(C) Respirators used in laboratory operations to protect against infectious aerosols shall be selected in accordance with the risk assessment and biosafety plan, in accordance with subsection (f).

(D) Where respirators are necessary to protect the user from other hazards, including the uncontrolled release of microbiological spores, or exposure to chemical or radiologic agents, respirator selection shall also be made in accordance with Sections 5144, Respiratory Protection, and 5192, Hazardous Waste and Emergency Response Operations, of these orders, as applicable.

(4) The employer shall provide, and ensure that employees use, a respirator selected in accordance with subsection (g)(3) and Section 5144 when the employee:

(A) Enters an All room or area in use for All;

(B) Is present during the performance of procedures or services for an AirID case or suspected case;

(C) Repairs, replaces, or maintains air systems or equipment that may contain or generate aerosolized pathogens;

(D) Is working in an area occupied by an AirID case or suspected case, during decontamination procedures after the person has left the area and as required by subsection (e)(5)(D)9;

(E) Is working in a residence where an AirID case or suspected case is known to be present;

(F) Is present during the performance of aerosol generating procedures on cadavers that are suspected of, or confirmed as, being infected with aerosol transmissible pathogens;

(G) Is performing a task for which the Biosafety Plan or Exposure Control Plan requires the use of respirators; or

(H) Transports an AirID case or suspected case within the facility or in an enclosed vehicle (e.g., van, car, ambulance or helicopter) when the patient is not masked.

(5) Medical evaluation: The employer shall provide a medical evaluation, in accordance with Section 5144(e) of these orders, to determine the employee's ability to use a respirator before the employee is fit tested or required to use the respirator. For employees who use respirators solely for compliance with subsections (g)(3)(A) and (g)(3)(B), the alternate questionnaire in Appendix B may be used.

(6) Fit testing.

(A) The employer shall perform either quantitative or qualitative fit tests in accordance with the procedures outlined in Appendix A of Section 5144, Respiratory Protection, of these orders. The fit test shall be performed on the same size, make, model and style of respirator as the employee will use. When quantitative fit testing is performed, the employer shall not permit an employee to wear a filtering facepiece respirator or other half-facepiece respirator, unless a minimum fit factor of one hundred (100) is obtained. When fit testing single use respirators, a new respirator shall be used for each employee.

(B) The employer shall ensure that each employee who is assigned to use a filtering facepiece or other tight-fitting respirator passes a fit test:

1. At the time of initial fitting;

2. When a different size, make, model or style of respirator is used; and

3. At least annually thereafter.

(C) The employer shall conduct an additional fit test when the employee reports, or the employer, PLHCP, supervisor, or program administrator makes visual observations of changes in the employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

(D) If, after passing a fit test, the employee subsequently notifies the employer, program administrator, supervisor, or PLHCP that the fit of the respirator is unacceptable, the employee shall be given a reasonable opportunity to select a different respirator facepiece and to be retested.

(7) The employer shall ensure that each respirator user is provided with initial and annual training in accordance with Section 5144, Respiratory Protection of these orders.

Violation:

Prior to and during the course of the inspection, including but not limited to April 13, 2020, the employer provided respirators for compliance with the Aerosol Transmissible Diseases standard without meeting the requirements of Section 5144, Respiratory Protection.

Instance 1: The employer did not establish, implement and maintain an effective written respiratory protection program, meeting the requirements of Section 5144, in accordance with subsection (g)(2) of this order.

Instance 2: The employer did not ensure that each employee who is assigned to use a filtering facepiece or other tight-fitting respirator passes a fit test, at the time of initial fitting, when a different size, make, model or style of respirator is used, and at least annually thereafter, in accordance with subsection (g)(6)(B) of this order.

Instance 3: The employer did not ensure that each respirator user was provided with initial and annual training, meeting the requirements of Section 5144, in accordance with subsection (g)(7) of this order.

Date By Which Violation Must be Abated:
Proposed Penalty:

October 21, 2020
\$16875.00

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Citation 7 Item 1 Type of Violation: **Serious**

California Code of Regulations, Title 8 § 5199. Aerosol Transmissible Diseases.

(i) Training.

(1) Employers shall ensure that all employees with occupational exposure participate in a training program.

(2) Employers shall provide training as follows:

(A) At the time of initial assignment to tasks where occupational exposure may take place;

(B) At least annually thereafter, not to exceed 12 months from the previous training;

(C) For employees who have received training on aerosol transmissible diseases in the year preceding the effective date of the standard, only training with respect to the provisions of the standard that were not included previously need to be provided.

(D) When changes, such as introduction of new engineering or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure or control measures. The additional training may be limited to addressing the new exposures or control measures.

(3) Training material appropriate in content and vocabulary to the educational level, literacy, and language of employees shall be used.

(4) The training program shall contain at a minimum the following elements:

(A) An accessible copy of the regulatory text of this standard and an explanation of its contents.

(B) A general explanation of ATDs including the signs and symptoms of ATDs that require further medical evaluation.

(C) An explanation of the modes of transmission of ATPs or ATPs-L and applicable source control procedures.

(D) An explanation of the employer's ATD Exposure Control Plan and/or Biosafety Plan, and the means by which the employee can obtain a copy of the written plan and how they can provide input as to its effectiveness.

(E) An explanation of the appropriate methods for recognizing tasks and other activities that may expose the employee to ATPs or ATPs-L.

(F) An explanation of the use and limitations of methods that will prevent or reduce exposure to ATPs or ATPs-L including appropriate engineering and work practice controls, decontamination and

disinfection procedures, and personal and respiratory protective equipment.

(G) An explanation of the basis for selection of personal protective equipment, its uses and limitations, and the types, proper use, location, removal, handling, cleaning, decontamination and disposal of the items of personal protective equipment employees will use.

(H) A description of the employer's TB surveillance procedures, including the information that persons who are immune-compromised may have a false negative test for LTBI.

(I) Training meeting the requirements of Section 5144(k) of these orders for employees whose assignment includes the use of a respirator.

Violation:

Prior to and during the course of the inspection, including but not limited to April 13, 2020, the employer did not ensure that employees with occupational exposure to aerosol transmissible diseases at Twin Towers clinical facilities, participate in a training program meeting the minimum requirements of this standard.

Date By Which Violation Must be Abated:

October 21, 2020

Proposed Penalty:

\$16875.00

Victor Copelan
Compliance Officer / District Manager