

OCCUPATIONAL SAFETY AND HEALTH STANDARDS BOARD

In the Matter of:

July 13, 2021)
OSH Standards Board)
COVID-19 Prevention)
Subcommittee Meeting)
_____)

STATE OF CALIFORNIA

OCCUPATIONAL SAFETY AND HEALTH STANDARDS BOARD

REMOTE VIA ZOOM

TUESDAY, JULY 13, 2021

10:00 A.M.

Reported by:

Elise Hicks

APPEARANCES

SUBCOMMITTEE MEMBERS

Chris Laszcz-Davis, Chair, Subcommittee Chair and Management Representative on the Board
Nola Kennedy, Public Member on the Board and Liaison for the Subcommittee to the Division
Laura Stock, Occupational Safety Representative on the Board

BOARD STAFF PRESENT AT OSHSB OFFICE IN SACRAMENTO:

Michael Manieri, Principal Safety Engineer
Autumn Gonzalez, Chief Counsel
Sarah Money, Executive Assistant
Michael Nelmidia, Senior Safety Engineer
Jennifer Bailey, Senior Safety Engineer

BOARD STAFF ATTENDING VIA WEBEX AND/OR TELECONFERENCE:

Lara Paskins, Staff Services Manager
Amalia Neidhardt, Senior Safety Engineer

IT:

Brian Monroe
John Roensch
Maya Morsi
John Gotcher

ALSO PRESENT

Eric Berg, Deputy Chief of Health, Cal/OSHA

PUBLIC COMMENT

Elizabeth Treanor, Phylmar Regulatory Roundtable
Bruce Wick, Housing Contractors of California
Kevin Bland, Ogletree Deakins, Western Steel Association, California Framing Contractors
Association, and Residential Contractors Association
Helen Cleary, Phylmar Regulatory Roundtable
Rob Moutrie, California Chamber of Commerce
Dan Leacox, Leacox & Associates
Len Welsh, Ironworkers Management Progressive Action Management Trust, Western Steel
Council, California Hotel and Lodging Association, Grower-Shipper Association of Central
California
Bryan Little, California Farm Bureau
Anne Katten, California Rural Assistance Foundation
Brian Mello, Associated General Contractors of California
Pam Ragland, AAAP, Association of Autistic, ADHA, and Special Needs Kids
Michael Miiller, California Association of Winegrape Growers

APPEARANCES (Con't.)

Asha Sharma, Pesticide Action Network
Stephen Knight, Worksafe
Eddie Sanchez, SoCalCOSH
Cassie Hilaski, Nibbi Brothers General Contractors

1 P R O C E E D I N G S

2 10:01 A.M.

3 TUESDAY, JULY 13, 2021

4 CHAIR LASZCZ-DAVIS: Good morning. This Subcommittee
5 meeting of the Occupational Safety and Health Standards Board is now
6 called to order. I am Chris Laszcz-Davis, Subcommittee Chair and
7 Management Representative on the Board. And the other Board Members
8 present today for this Subcommittee are Ms. Nola Kennedy, Public
9 Member on the Board and Liaison for the Subcommittee to the Division,
10 Ms. Laura Stock, Occupational Safety Representative on the Board.

11 Also present from our Staff for today's meeting are Mr.
12 Michael Manieri, Principal Safety Engineer, Ms. Autumn Gonzalez, Legal
13 Counsel, Ms. Sarah Money, Executive Assistant, and Mr. Michael Nelmidia
14 and Ms. Jennifer Bailey, Senior Safety Engineers, who are providing our
15 technical support. Supporting the meeting remotely are Ms. Lara
16 Paskins, Staff Services Manager, and Ms. Amalia Neidhardt, Senior Safety
17 Engineer, who is providing support to Ms. Kennedy and providing
18 translation services for our commenters who are native Spanish speakers.

19 Via teleconference, we joined today by Dr. Paul Papanek,
20 Cal/OSHA Medical Unit, and Mr. Eric Berg, Deputy Chief of Health,
21 representing the Division of Occupational Safety and Health.

22 At this time, we ask those of you participating in the WebEx
23 videoconference to please email your name and contact information to
24 oshsb@dir.ca.gov, which will become a part of the official record of

1 today's proceedings. While supplying your information is not required, it
2 is appreciated.

3 Today's agenda and other materials related to today's
4 proceedings are posted on the OSHA website.

5 In accordance with Executive Orders N-29-20 and N-33-20,
6 today's Subcommittee meeting is being conducted via teleconference
7 with an optional video component.

8 This meeting is also being live broadcast via video and audio
9 stream in both English and Spanish. Links to these non-interactive live
10 broadcasts can be accessed via the What's New section at the top of the
11 main page of the OSHSB website.

12 We have limited capabilities for managing participation
13 during the public comment period, so we're asking everyone who is not
14 speaking to place their phones on mute and wait to un-mute until they're
15 called to speak. Those who are unable to do so will be removed from the
16 meeting to avoid disrupting the proceedings.

17 As reflected on the agenda, today's meeting consists of two
18 parts. First, we will hold a business meeting for the Subcommittee to
19 conduct its business. And during this buildings meeting there will be an
20 opportunity for the Subcommittee to receive public comments. These
21 comments are to be confined to the Revised COVID-19 Emergency
22 Temporary Standard, or ETS, recently adopted by the Board. Please be
23 aware that the Board is capping the public comment period to 30 minutes
24 so that the Board may hear from as many members of the public as is
25 feasible. During the public comment period, please listen for your name

1 and an invitation to speak before addressing the Board. And, please,
2 remember to mute your phone or computer after commenting.

3 Board Staff can be contacted by email at oshsb@dir.ca.gov,
4 or via phone at (916) 274-5721 to be placed in the comment queue. If
5 you experience a busy signal or are routed to voicemail, please hang up
6 and call again.

7 After the business meeting is concluded, we will conduct the
8 second part of our meeting which consists of Subcommittee
9 considerations and deliberations, if needed. For our commenters who are
10 native Spanish speakers, we are working with Ms. Amalia Neidhardt to
11 provide a translation of their statements into English for the Board.

12 And at this time, Ms. Neidhardt will provide instructions to
13 the Spanish-speaking commenters so they are aware of the public
14 comment process for today's meeting.

15 (Whereupon, instructions are translated for Spanish-speaking
16 participants by Ms. Neidhardt and not transcribed.)

17 MS. NEIDHARDT: Chris, you are muted.

18 CHAIR LASZCZ-DAVIS: Thank you. Thank you, Ms. Neidhardt.

19 At this time, I'd like to take a moment just to address the
20 purpose of this Subcommittee. We've had a number of inquires as to
21 what our efforts will entail, who we are, and what we're not. So if I
22 might just share a few thoughts with you?

23 The COVID-19 Prevention Subcommittee is an advisory body
24 whose goal it is to inform the drafting of the next update to the
25 emergency regulations to the benefit of the Board, the Division, and the

1 regulated public.

2 As you well know, the COVID pandemic is unprecedented in
3 our lifetime. And providing reasonable and enforceable regulations that
4 serve our workers and employers, truly, is one of the most challenging
5 efforts this Board has faced. The Subcommittee's job is to dig deep into
6 the pressing questions Board Members have, to research the most
7 effective opportunities for possible updates, and to consider new
8 information as it develops.

9 Over the past 18 months, the world's been confronted with
10 an emergency of unprecedented magnitude. And regulating in the
11 environment has demanded working at a pace that's been incredibly
12 difficult within our existing legal framework and with our existing
13 resources, but it's been necessary. And as we look towards the next
14 stage in this process and how we can continue to adapt (indiscernible)
15 tools that are foundational to this Board's mission, education,
16 engagement, and transparency. And we're redoubling our efforts in that
17 vein.

18 This Subcommittee is not a replacement for the Division, its
19 able Staff, or the traditional interactive advisory committee process the
20 Board embraces. Our work is simply a complementary addition,
21 leveraging the skills each of the Subcommittee Members bring to inform,
22 to advocate, and to provide transparency for our stakeholders and the
23 public at large. And as we continue to build this plane we're flying, I
24 want to thank you all for your participation, your engagement, and your
25 dedication to developing the best possible solution for California.

1 And with that said, I'd like to move forward with our business
2 meeting agenda items, so thank you for allowing me those few minutes
3 just to set the stage.

4 Ms. Kennedy, we're moving into the business meeting at this
5 time and the Subcommittee Liaison briefing. So Ms. Kennedy, will you
6 please brief the Subcommittee?

7 BOARD MEMBER KENNEDY: Great. Thank you, Chris.

8 So since our last Subcommittee meeting, I have attended
9 four different meetings, one of those was with the Board staff alone, and
10 then I've had three meetings with the Division and with members of the
11 Board staff with those meetings also.

12 At the first meeting with the Board staff, we basically just
13 met to establish the connections between the Subcommittee Liaison, me,
14 and the Board staff and the Division. Amalia Neidhardt is going to be my
15 primary point of contact. Mike Manieri will, of course, be handling the
16 business end of it. And then Eric Berg is going to be our primary contact
17 at the Division, although we've already met with several other people
18 from the Division as well.

19 Of the three Division meetings, the very first one, it was
20 served -- that meeting sort of served to outline procedures for our
21 meetings and how we will share information. We also had a preliminary
22 discussion about COVID pandemic metrics. And the Board staff -- I'm
23 sorry, and the Division provided the Board staff with contacts at CDPH
24 that could provide us with information about outbreak data. At that
25 time, also, we confirmed with the Division that they will continue the

1 advisory committee process for the continuation of this ETS.

2 At our second meeting, we started to dig in a little bit and
3 we looked at the five questions that were raised by the Subcommittee at
4 our June 21st meeting and we decided to focus on two of those initially,
5 and the first of those was benchmarking and to look at what other states
6 are doing. And Amalia Neidhardt is heading up that effort and she'll
7 provide a briefing on that.

8 And then we also decided we wanted to investigate metrics
9 that could be useful in deciding when workplace restrictions can be
10 loosened or tightened with regard to the pandemic. And infectious
11 disease physicians from Cal/OSHA were brought into that -- well, they
12 weren't brought into that meeting, they were requested to provide
13 information.

14 And then at the third meeting with the Division, there were
15 presentations on the outbreak data from CDPH. And at this time, I'd
16 really like to thank Dr. Amy Heinzerling from CDPH, and CDPH in general.
17 They responded very quickly and provided the data to us and with, really,
18 very little turnaround, and that's much appreciated.

19 And then we also had a presentation on the use of potential
20 metrics that could be used. And thank you to Dr. Paul Papanek for those
21 insights. And you will be briefed on that, as well, later in this meeting.

22 And that's it for me.

23 Oh, you're still muted, Chris.

24 CHAIR LASZCZ-DAVIS: Sorry about that. Thank you very
25 much for that, Nola. That was a nice briefing. You've had your share of

1 meetings so far in the last couple of weeks.

2 Let me turn this over to Ms. Amalia Neidhardt. I'm
3 wondering if you could brief the Subcommittee at this point?

4 MS. NEIDHARDT: Yes. Esteemed Members of the COVID-19
5 Prevention Subcommittee, at the June 21st COVID-19 Prevention
6 Subcommittee meeting, members of the Subcommittee expressed interest
7 in reviewing COVID-19 workplace outbreak data and learning about
8 preventive measures taken by other states in response to COVID-19. This
9 briefing will highlight the findings in regards to the following, A, a
10 COVID-19 workplace outbreak data, and B, actions taken by other states
11 in response to COVID-19.

12 Findings related to COVID-19 workplace outbreak data.
13 Board staff spoke with Dr. Amy Heinzerling, Public Health Medical Officer
14 with the California Department of Public Health, CDPH, to ascertain that
15 COVID-19 outbreaks have outbreaks have occurred in California
16 workplaces in the last few months. We are grateful to CDPH to providing
17 this outbreak data, especially the two graphs displayed. Thank you, John.

18 The first graph that you see there is the data includes
19 COVID-19 outbreaks with date of onset from January 1st to May 31st,
20 2021 reported to CDPH by local Health Departments as of June 21st,
21 2021, so you have January, February, March, April, and May 2021.
22 Outbreaks are categorized by date of onset as reported to CDPH by the
23 local Health Departments. Because of reporting delays, additional
24 outbreaks may have occurred during this time period, particularly in the
25 most recent months, that have not yet been reported to CDPH.

1 Outbreaks across all industries, including healthcare
2 industries, are included in this data. The CDPH outbreak data includes
3 workers and nonworkers, such as in residents and congregate settings, or
4 both, in the outbreak-associated case counts.

5 John, could you -- can we switch to the second graph please?
6 Thank you.

7 So what you see in the second graph is the top industries.
8 Again, outbreaks were observed in all industries but these are the top
9 industries. And what you see in January, on the very left graph, you see
10 that hospitals, grocery stores, elementary and secondary schools, nursing
11 care facilities, restaurants and other food services, residential care
12 facilities which is the orange, and then these, for instance, will be one of
13 the examples where they might have workers and nonworkers, meaning
14 residents, and then public safety.

15 You see how it's progressing or it's coming down towards all the
16 way to May.

17 Now, for instance, one thing to point is here you will see
18 elementary schools and secondary schools being different in April and
19 May. But keep in mind, not all schools or secondary schools were open
20 that the beginning of this year.

21 Thank you, John. We can go back to the other one, back to
22 the first one. Thank you.

23 As the data indicates, although the number of outbreaks
24 reported to CDPH was lower in May than at the beginning of the year,
25 there were still over 200 outbreaks in May.

1 In addition to the CDPH outbreak data, staff reviewed
2 COVID-19 outbreak data posted on certain county websites in a recent
3 news article to critically appraise the availability of workplace outbreak
4 data. In essence, workplace outbreaks have occurred in residential
5 congregate facilities, medical offices, agricultural settings, restaurants,
6 K-12 and higher education, manufacturing, like food processing,
7 warehouse and distribution facilities, transit, retail, including grocery
8 and department stores, jail and police departments, communications, and
9 construction. Data available from the months of March, April, and May
10 show that outbreaks were still occurring in workplaces.

11 Not every county within the state of California posts
12 workplace outbreak numbers on its website. And some counties report
13 outbreaks to CDPH after their investigation has been completed,
14 contributing to reporting delays.

15 Workplace outbreak data posted in California state or county
16 websites has several limitations. It does not reflect real-time counts as
17 some positive cases might have been missed. Some counties do not post
18 workplace outbreaks. And other counties remove from their listings any
19 outbreaks that have met their criteria for closure. Some data may
20 include both workers and nonworkers in the outbreak-associated case
21 counts.

22 Information posted by some of the counties that list
23 workplace outbreaks on their website is limited and is not uniform. Since
24 some counties do not show the date of the outbreak, others do not post
25 information for specific sectors, and others aggregate the data over a 13-

1 month accumulative period since March 2020.

2 There is a lag time between the date of the actual outbreak
3 and the date the outbreak is reported to CDPH as some counties do not
4 report outbreaks to CDPH until after they have completed their
5 investigation, which can be a long time after the outbreak. These
6 limitations make the available outbreak data unsuitable for a standalone
7 COVID-19 regulatory trigger. Taken in context with other indicators
8 available about the virus, like positivity rate or vaccination rate, it
9 remains useful for informing future regulatory (indiscernible) issues.

10 Thank you, John. We remove that graph.

11 Now, actions taken by other states in response to COVID-19.

12 BOARD MEMBER STOCK: One second, Amalia.

13 MS. NEIDHARDT: Yes.

14 BOARD MEMBER STOCK: I'm just wondering --

15 MS. NEIDHARDT: Yes, Laura.

16 BOARD MEMBER STOCK: -- whether we can ask any
17 questions during your presentation? Because I have some questions
18 about what you just presented before we go on to the issue of other
19 states. Is this --

20 MS. NEIDHARDT: Of course.

21 BOARD MEMBER STOCK: -- the right time to do it or would it
22 better to wait until your completely (indiscernible)?

23 MR. MANIERI: Laura, you may ask questions.

24 BOARD MEMBER STOCK: Okay, just on this section, because
25 it seems like --

1 MR. MANIERI: Sure. Sure.

2 BOARD MEMBER STOCK: -- there's two different questions
3 you're answering.

4 BOARD MEMBER STOCK: Um-hmm.

5 MS. NEIDHARDT: Absolutely.

6 BOARD MEMBER STOCK: Okay. So thank you for that. That
7 was really, really useful information.

8 And so a couple of things that were notable, and then you
9 went on to acknowledge that yourself, is it's frustrating how so much --
10 so many limitations with this data. And I think a lot of people and I have
11 seen that reported in local newspaper stories and just exactly what you
12 confirmed, that there's tremendous variation in terms of what local
13 public health departments and county public health departments report
14 and when. Some do. Some don't. Some post. Some don't. And it's
15 unfortunate because I think the intent of, you know, recent legislation is
16 to really, you know, have that be a source that's more useful.

17 And I think the other concern I know that a lot of people
18 have raised is that even when the data is reported, it's reported by
19 industry and not by facility or company. And that, also, is something that
20 I think would be really, really useful.

21 So I'm wondering if -- I mean, so as you say, it's a reason not
22 to rely exclusively on this. But it also feels like, you know, maybe is
23 there some way that the Division or the Board could work with CDPH and
24 local public health and county public health departments to improve the
25 quality of the data, either to kind of get more uniform reporting to really

14

1 address what you've just identified about how some people report that
2 don't report until after they've investigated at some -- so I'm just
3 wondering if -- do you have any thoughts about what could be done to
4 make that data more useful and more complete?

5 MS. NEIDHARDT: Laura, you have a very good question. My
6 recommendation will be to, perhaps, if the Subcommittee is interested,
7 invite Dr. Amy or someone from CDPH to present; right? Because they
8 are the ones that have more direct contact with the counties, the local
9 health departments; right? Also, I will defer. Perhaps the Division might
10 have some input on that.

11 What I was able to see is exactly what you were pointing
12 out. For instance, a news article was able to get, from the Public Release
13 Act [sic] or -- right, they were able to get access to be able to see the
14 type of industries where the outbreaks are, right, located. And that was
15 very useful information but that wasn't posted on the counties, so I
16 concur with your observations.

17 BOARD MEMBER STOCK: Yeah.

18 MS. NEIDHARDT: But I think what you're asking, I think it
19 will be best to have someone else, also, from the Department of Public
20 Health to provide input since they're the ones that have more direct
21 contact with the local health departments.

22 BOARD MEMBER STOCK: Yeah. I mean, maybe that's
23 something we could just, you know, Chris, put on a future agenda to dig
24 into this more because it feels like, you know, this question of data and
25 where it comes from, there's just such a long chain from our employers

1 reporting the data that they're supposed to, to the local public health
2 departments. Are those departments reporting it to CDPH? Is CDPH
3 posting it? Is it -- you know, are they posting -- you know, is there
4 uniformity? And then is there a possibility to try to get information
5 available by company and not just industry? So there's a whole chain of
6 places where this can both work or not work or break down.

7 So maybe I think your suggestion is good. And that may be
8 some very concrete, you know, recommendations we might be able to
9 make after further briefing from the Department of Public Health people
10 involved in that to try to see how we could improve that system so it
11 really is useful because it's such critical information.

12 And then the last -- and the last thing I might say is it would
13 be good if we put this on next -- on our next meeting agenda to invite
14 those other folks in to talk more about it. Obviously, June is a really
15 important month. June is the point where some restrictions will roll back
16 and the mask mandates were, you know, for vaccinated were rolled back.
17 And so it would be great to be able to, you know, as soon as we can get
18 some June data to see what's happened in that, you know, month where
19 some changes occurred, so maybe that could be something we could ask
20 for as well. But as you mentioned, there is often a lag, so how up to date
21 the data is, is another issue.

22 But thank you, Amalia. That was really, really helpful.

23 And Chris, if we could just put that in the next agenda, that
24 would be great.

25 CHAIR LASZCZ-DAVIS: Yeah. Amalia, just a question to

1 dovetail.

2 I know we've got a lot of background noise.

3 MS. NEIDHARDT: Yes.

4 CHAIR LASZCZ-DAVIS: And is that me?

5 MR. GOTCHER: Right now it's Laura, but earlier you probably
6 noticed I muted you once, so it's a little bit of you and Laura.

7 CHAIR LASZCZ-DAVIS: Okay. Sorry about that. Okay.

8 I wonder if I might ask Amalia just a real quick question?

9 Often times, we don't have a full complement of data to
10 make observations from, you know, observations that we could really
11 hang our hats on. Give the data that CDPH has offered us, what does
12 that tell you? What is the storyline as you see that data? Is it better
13 tracking? Is it better public information on COVID? Is it vaccinations?
14 Any observations you'd like to make? I mean, you've been in this
15 business a long time.

16 MS. NEIDHARDT: I can tell you my personal observation. I
17 saw two particular things that are very important.

18 One is that CDPH has more access to the data than any of us
19 could do if we go to the counties; right? So I do think that they are a
20 very good resource to be able to bring in their input because exactly
21 what Laura was saying, every single county, there were some counties
22 that were specifically spelling out right there on their website that in the
23 months where there were very high numbers of outbreaks, they didn't
24 have the resources or the staff to be able to investigate every single
25 outbreak; right?

1 So they're being, I want to say, blunt or honest in some of
2 those months; right? And I think that that will be important for us to
3 know because they have direct contacts, CDPH, with the local health
4 departments that we lack. Perhaps the Division can provide input on this
5 as well. That's why I thought it would be very important.

6 And then the second one is that news article that was posted
7 on the Silicon Valley News, that one, because of the Public Release Act,
8 they were able to look at the different industries. So if we look at the
9 graph that CDPH has very kindly and graciously shared with us, they
10 shared with us the top industries, but in that news article what I saw is
11 some counties would actually be able to give you the workplace
12 outbreaks with larger numbers all the way up to May. And that's where I
13 saw that would be critical as well.

14 I mean, I think that that's -- currently, the outbreak data
15 that we have, I'm assuming, is anything that is reported three-year-old and
16 above; right? But the large outbreaks, I saw in that news article there
17 were some distribution facilities that had larger outbreaks with -- that
18 occurred in May. And I think that that will be, also, a good piece of
19 information to have. That's my opinion. That's what I can tell you from
20 the two things that I noticed.

21 It's important for me to point out that I learned a lot
22 through these reviews. Again, when you go to the counties, you will see,
23 like for instance, L.A. County, they post right there that as soon as they
24 close the case they remove the outbreak number. And I thought that was
25 important to know; right? Because it would be misleading if we didn't

1 have that piece of information; right?

2 And then other counties, like for instance, Nevada, and
3 there was one more, I can't think of it right now, that they had aggregate
4 data, they aggregated for March of 2020. And I wanted to be able to
5 present to Subcommittee something from this year. I think what Laura
6 asked, at that point, about June will have been critical. But because of
7 the delay in getting that data, we didn't want to present something
8 (indiscernible) have been even more lag, right, and we would have even
9 more difference.

10 But again, I think CDPH will be an excellent source of getting
11 this information. That's my opinion. Hopefully, I answered our question,
12 Chris. And then Eric can step in if I missed something from the Division's
13 point.

14 CHAIR LASZCZ-DAVIS: Eric, do you have anything to add to
15 that?

16 I can't tell if he's trying to get on or not.

17 MR. BERG: Sorry. I was on mute. I apologize.

18 CHAIR LASZCZ-DAVIS: Okay.

19 MR. BERG: Amalia presented some very valuable information
20 on the outbreak data and it, you know, showed a continuous decline to
21 219 outbreaks in May. And CDPH has updated their data --

22 MR. MANIERI: Excuse me.

23 MR. BERG: -- through June 29th.

24 MR. MANIERI: Eric?

25 MR. BERG: Yeah?

1 MR. MANIERI: Your volume is pretty low. If you can
2 increase your volume?

3 MR. BERG: Okay.

4 MR. MANIERI: Yeah.

5 MR. BERG: Let me go to that setting.

6 MR. MANIERI: Thank you.

7 MR. BERG: Okay. Is that better?

8 CHAIR LASZCZ-DAVIS: Just a little.

9 MR. MANIERI: All right. Great. Yeah.

10 MR. BERG: Okay. I might have to switch microphones. I'll
11 try to speak loudly.

12 Amalia provided very valuable information on workplace
13 outbreaks as reported by CDPH and it showed a continuous decline
14 through May, and 219 outbreaks in May. CDPH has updated that data
15 through June 29th. In the last 30 days there were 381 outbreaks, a
16 substantial increase from May, and with 5,436 cases. And during my
17 briefing, I can provide some other stats but I thought that was important
18 to add to that graph that Amalia showed.

19 BOARD MEMBER STOCK: Eric, could you say what industries
20 those -- when you -- in June? Is there anything more you can provide on
21 that?

22 MR. BERG: Well, it lists -- there's about 250 different rows
23 breaking up the different industries, so I cannot summarize that on the
24 fly.

25 CHAIR LASZCZ-DAVIS: Okay.

1 MR. BERG: Paul Papanek has done some extensive research,
2 Dr. Paul Papanek, he's a medical doctor, with Cal/OSHA, with the
3 Cal/OSHA Medical Unit. And he's been doing research and working with
4 CDPH and has been meeting regularly with CDPH. Myself and the
5 Cal/OSHA Medical Unit meet regularly with CDPH. And so he's been
6 doing further research working with CDPH. And, unfortunately, Paul had
7 an emergency this morning, so he won't be able to speak this morning,
8 but can speak next week at the July 20th meeting.

9 MS. NEIDHARDT: You're muted, Chris. Sorry.

10 BOARD MEMBER STOCK: Chris, you're muted.

11 MR. MANIERI: Yeah, Chris, you're muted there. Yeah, we're
12 still not hearing you.

13 BOARD MEMBER STOCK: Could it be something on your
14 headphones, Chris, that mutes?

15 MR. GOTCHER: Oh, it looks like you're muted on the WebEx
16 right now but you were un-muted just a second ago. Okay. That should
17 be working.

18 MS. NEIDHARDT: Perhaps try raising the volume and then
19 maybe that can help.

20 MR. MANIERI: Usually, yeah, you can just toggle back and
21 forth.

22 MR. GOTCHER: Yeah. If it's --

23 MR. BLAND: Just an observation. She took her headphones
24 off, so it may be something to do with her connectivity because when she
25 had her headphones, we could hear.

1 MR. GOTCHER: Yeah, I can see. You should be able to talk
2 now, Chris. Do you want to --

3 MS. NEIDHARDT: Oh. We can hear you now.

4 CHAIR LASZCZ-DAVIS: Can you hear me now?

5 MR. MANIERI: Yes.

6 MR. BERG: Yes. Great.

7 CHAIR LASZCZ-DAVIS: Oh, Lord, thank you. Thank you.

8 Well, you know, clearly what I'm hearing is, it started with
9 Laura's suggestion to include the leveraging of CDPH data at one of our
10 next Subcommittee meetings, so -- and I think that's a worthy
11 recommendation. And it sounds like we need to mine that and leverage
12 that appropriately.

13 With that, what I'd like to do now is move this over to -- and
14 thank you for that, both Amalia and Eric. I would like to --

15 MS. NEIDHARDT: Sorry to interrupt this. Can I say the
16 second part of the briefing? I'm sorry.

17 CHAIR LASZCZ-DAVIS: Go ahead.

18 MS. NEIDHARDT: Okay. Sorry. Item two, actions taken by
19 other states in response to COVID-19. Occupational Safety and Health
20 websites from 15 states were reviewed to learn about their specific
21 preventive measures with regards to COVID-19 prevention. It is
22 important to note that the data from these websites is changing daily and
23 the following information was gathered from June 22 to June 29, 2021.

24 Of the 15 states reviewed, three states implemented COVID-
25 19 restrictions through a standard, Virginia, Oregon, and Michigan, and

1 nine states, Washington, Rhode Island, Nevada, New Jersey, Minnesota,
2 Massachusetts, Illinois, Pennsylvania, and North Carolina through a
3 declaration of emergency or executive order. Two more states were
4 considering adopting a COVID-19 regulation, Maryland and New York.
5 And one state, Kentucky, passed a new law that prevented Kentucky OSHA
6 from adopting a stricter regulation than the federal standard.

7 Most of the states reviewed have already lifted their
8 workplace restrictions and are encouraging employers to follow CDC
9 guidelines for fully vaccinated people. Along these lines, the State of
10 Oregon, which had adopted a permanent rule, wants to have their face
11 coverings and physical distance restrictions lifted on June 30th, 2021 per
12 a new Oregon's Governor Executive Order.

13 The State of Michigan repealed their Emergency Temporary
14 Standard, or ETS, on May 24th, 2021, except for healthcare, in alignment
15 with the mandatory OSHA COVID-19 Emergency Temporary Standard
16 applicable to healthcare workplaces.

17 The State of Virginia held an emergency electronic meeting
18 on June 29th, 2021 to determine whether there was a continuous need
19 for a standard.

20 One distinction is North Carolina where the use of face
21 masks was extended by executive order to give experts enough time to
22 analyze data and trends until July 17th.

23 As for determining when to repeal all or part of the rules,
24 Oregon OSHA proposed meeting with their stakeholders to review
25 indicators, such as infection rates, including COVID-19 variants,

1 vaccination rates, test positivity rates, severity of hospitalizations, and
2 fatalities. Executive orders were issued by the Governor in guidance by
3 the Oregon Health Authority and the Center for Disease Control.

4 With regards to benchmarks or metrics, the State of New
5 Jersey announced that the lifting of restrictions was due to having
6 achieved, across the state, their COVID-19 benchmarks, including
7 achieving a vaccination rate of 70 percent of their adult population as of
8 June 18th, and significant decreases in new COVID-19 cases,
9 hospitalizations, (indiscernible) positivity rates and rates of transmission,
10 helping to justify the state's reopening steps.

11 New Jersey does stress that where an employer is unable to
12 determine the individual's vaccination status or the individual is not fully
13 vaccinated, employers must continue to require those employees to wear
14 masks and practice social distancing indoors.

15 In addition to New Jersey, other states, such as Nevada,
16 Washington, and Rhode Island, require employees to wear masks and
17 provide social distancing where employers are unable to determine the
18 individual's vaccination status, or when the employee does not provide
19 proof that they are fully vaccinated, or does not sign a document
20 attesting to their status.

21 As per CDC, there are some exceptions where masks are
22 always required, such as when using transportation or while entering
23 transportation hubs.

24 In conclusion, as previously stated, based on the
25 interpretation of the research data referenced, while outbreaks are

1 occurring, workplace outbreak data posted in the California state or
2 county websites has several limitations. While Federal OSHA's COVID-19
3 Emergency Temporary Standard became effective on June 21st, 2021,
4 there is currently no uniform national approach among states, and
5 several of them encourage employers to follow CDC guidelines for fully
6 vaccinated employees.

7 These charts and diagrams are available upon request. You
8 can send an email to our website.

9 And that's it. Thank you. Any questions on the second part?

10 CHAIR LASZCZ-DAVIS: Any questions for Amalia?

11 MR. BERG: I had a question. I thought New York was the
12 first state to set a permanent infectious disease standard?

13 MS. NEIDHARDT: At the time that I reviewed -- you have a
14 good point, Eric. At the time I reviewed they were still considering, so I
15 didn't update it, so if it's already been passed and adopted by the
16 Governor, I'm sorry.

17 MR. BERG: Okay. Maybe we can talk about that next week, I
18 assume.

19 MS. NEIDHARDT: Thank you.

20 CHAIR LASZCZ-DAVIS: All right. Laura? Nola? Okay.

21 And thank you. Thank you very much for that, Amalia.

22 And now let's move on over to Dr. Papanek and Eric Berg.

23 Could you please brief the Subcommittee?

24 MR. BERG: All right. Thank you very much.

25 As I mentioned earlier, Dr. Papanek had an emergency and

1 can't make this meeting but he'll be at the next meeting, but I'll give a
2 brief update on some of the statistics.

3 COVID-19 test positivity rates declined substantially from
4 around --

5 MR. MANIERI: Yeah. Excuse me, Eric. Hold on here.

6 MR. BERG: Still can't hear me?

7 MR. MANIERI: Yeah. You're going to need to increase your
8 volume or speak louder. It's --

9 MR. BERG: Yeah. My input --

10 MR. MANIERI: -- barely audible.

11 MR. BERG: -- my input volume is at max on my Cisco
12 settings, so I'm not sure what else to change.

13 MR. MANIERI: Yeah. You'll have to speak up louder, or get
14 closer to your mike, or try and overcome it.

15 MR. BERG: Yeah. My mike's in my mouth as it is.

16 MR. MANIERI: Oh.

17 MR. BERG: I'll talk as loud as I can.

18 MR. MANIERI: (Indiscernible.)

19 MR. BERG: Let me see. It worked before. Let me see what's
20 wrong. Well, I'll just try to talk loud.

21 MR. MANIERI: Okay. Thank you.

22 MR. BERG: COVID-19 test positivity rates declined
23 substantially from around 15 percent in early January to 0.7 percent in
24 early June. Since early June, positivity rates have steadily increased from
25 0.7 percent to 2.6 percent, a nearly fourfold increase. The case rate per

1 100,000 follows similar trends, down to about two cases per 100,000 in
2 early June to up to about 3.7 cases per 100,000 currently.

3 Approximately 60 percent of the eligible Californians are
4 fully vaccinated but vaccination progress has slowed considerably from
5 well over 300,000 doses per day at its high to less than 60,000 doses per
6 day currently. And next week the Cal/OSHA Medical Unit will provide
7 more details on different metrics that could be used.

8 And as I mentioned earlier, the June 29th CDPH outbreak
9 data showed 381 outbreaks in the last 30 days, and 5,436 cases. And that
10 compares to 219 cases -- oh, sorry, 219 outbreaks in May, so a
11 substantial increase in June from May to June.

12 And we are reviewing the data with the Cal/OSHA Medical
13 Unit. The Cal/OSHA Medical Unit is staffed with medical doctors with
14 expertise in occupational medicine and occupational health. The
15 Cal/OSHA Medical Unit and myself meet regularly and frequently with
16 CDPH. Our most experienced medical doctor with Cal/OSHA is Dr.
17 Papanek. Dr. Papanek is board certified in occupational medicine and
18 extremely knowledgeable on community and occupational transmission of
19 COVID-19. He has been involved in a number of outbreak investigations
20 and is closely following reported workplace outbreaks of the Delta
21 variant and possible vaccine breakthrough.

22 Dr. Papanek was scheduled to speak to you before the Board
23 today but, unfortunately, had a last-minute emergency and is not
24 available. He will provide his details and statement next week on July
25 20th.

1 Thank you. That's all I have.

2 CHAIR LASZCZ-DAVIS: Thank you very much, Eric.

3 Laura, Nola, any thoughts, comments?

4 BOARD MEMBER STOCK: Yeah.

5 Oh, Nola, were you going to say something? Go ahead. No?

6 Thank you, Eric. You know, that's really, really important
7 information. I look forward to more details on that because, obviously,
8 that's sort of the wrong direction. And in particular, I was glad to hear
9 you at the end because I'm very curious. I mean, obviously, I'm curious
10 about where we can glean what kinds of industries that is occurring in.
11 So to the extent that that can be gathered, that would be great. I see it's
12 challenging right now.

13 Also the -- you know, what you say he can talk about, which
14 is to what extent do we know that those outbreaks are in places that
15 have more unvaccinated or vaccine breakthroughs? I mean, again, in my
16 mind, of course, it reinforces the critical importance of knowing who is
17 vaccinated and who isn't in order to determine what kind of protections
18 need to be put in place. So, yeah, if -- you know, hopefully in his, we'll
19 be able to hear more particularly, again, his findings on vaccination
20 status, as well as on company or industry where those outbreaks are
21 occurring. But thank you for that report.

22 MR. BERG: Okay. Yeah. I'll ask him to provide that data
23 and, also, on the Delta variant and --

24 BOARD MEMBER STOCK: Yeah.

25 MR. BERG: -- it's reduced the vaccine's effectivity. The data

1 that I discussed with Paul shows that the vaccine is still very effective in
2 preventing people from getting seriously ill with the Delta variant, but is
3 a little bit reduced effectivity as far as preventing infections with lower
4 severity symptoms.

5 CHAIR LASZCZ-DAVIS: Well, thank you very much for that,
6 Eric.

7 Okay, Nola, Laura, anything further?

8 Well, what I'd like to do now is shift gears again and let's
9 proceed with the public comment period. Anyone who wishes to address
10 the Board regarding the revised COVID-19 Emergency Temporary
11 Standard, or ETS, recently adopted by the Board is invited to comment.

12 Mr. Gotcher, do we have any commenters in the queue?

13 MR. GOTCHER: Our first commenters are Bruce Wick, Kevin
14 Bland, and Helen Cleary with, first, Bruce Wick from the Housing
15 Contractors of California.

16 MR. MANIERI: Excuse me, John. This is Mike Manieri.

17 Just to all the commenters, just a quick reminder to speak
18 loudly and slowly for the benefit of the translators and the other
19 listeners, and to, if you could, check your volume levels to make sure
20 you're broadcasting adequately. If there's a problem with hearing you,
21 I'll let you know.

22 Thank you.

23 MR. WICK: Thank you, Mr. Manieri. Bruce Wick, Housing
24 Contractors of California. Is my volume okay, John?

25 MR. GOTCHER: Sounds great.

1 MR. MANIERI: Sounds good.

2 MR. WICK: Okay. Thanks. I hope to clarify an issue that
3 appears controversial for reasons I don't understand. We do need data
4 and information to make informed sound decisions. And as has been
5 already said, rarely is any single data set all that is needed. And even
6 the best data needs to be tempered or analyzed.

7 You know, we've heard about outbreaks today. None of us
8 would say, because outbreaks include reporting of non employees, let's
9 disregard it. We temper it with that understanding and the other issues
10 that have already been discussed about outbreaks. We use that data and
11 information. It's helpful. But we appear to want to exclude Workers'
12 Comp data, which is usually the most relevant. It is from employees who
13 are getting medical treatment for an occupational issue.

14 Last meeting, two things were said that I want to give a
15 fuller picture about. Cynthia Rice said a 2015 study identified an
16 underreporting problem for Workers' Comp claims. I've been working on
17 underreporting in Workers' Comp since 2005. We've made a lot of
18 progress. And since 2015, we've done a lot. Workers' Comp insurers, it's
19 now clear, any industrial injury, medical treatment is given -- that
20 information is given to the employer's claims adjustor. Those adjustors
21 are licensed by the state. Their adjustment agency is audited by the
22 Division of Workers' Comp to do the right thing.

23 And Cory Friedman said employees need to apply to
24 Workers' Comp claims. That's rarely ever the case. Normally, the claims
25 adjustor reaches out, it's their duty, to tell the employee what their

1 benefits available to them are. If they have lost time, the adjustor and
2 the employer prepare that information. And employee can apply for
3 Workers' Comp but only if they refuse medical treatment, they're given a
4 form, it's like the medical treatment is readily available, so that data is
5 clear on the CWCI website. It's relevant data.

6 And I'm just at a loss why we're not continually and
7 consistently bringing that in, along with the outbreaks, along with the
8 other information. It's really helpful. I'd like to see both this
9 Subcommittee and the Board utilize that data and the Division present
10 that data on a consistent basis, because it will really help inform us.

11 Thank you.

12 MR. GOTCHER: Our next commenter is Kevin Bland from
13 Ogletree Deakins representing CFCA, WSC, RCA.

14 MS. BLAND: Good morning everyone. Thank you for the
15 opportunity this morning.

16 Actually, you know, we get on this list to give comments
17 early on, not exactly knowing what the discussion is going to be until at
18 the moment. There's a lot of data presented and we appreciate the data.
19 And as Bruce Wick pointed out, it takes a little bit of digging and
20 comparison.

21 And so for my comment today, I haven't had an opportunity
22 to review. I just know what I just heard. Some of the information was
23 put on the screen, Eric's wasn't, but a lot of numbers thrown out there.
24 So I'm not really able to comment and dig into that on the spot for this.

25 So what I'm hoping is a request that we can have, if there's

1 going to be a bunch of data and a bunch of information that's going to be
2 presented on the agency, get that in advance so that we can vet it a little
3 bit, take a look at it, dig into it to get, you know, a good, clear, precise
4 comment on that.

5 And so that's really my comment. I'm hoping that maybe we
6 can adjust a little bit of how these go. With these, I appreciate the
7 transparency of inviting us to these discussions, but it makes it difficult
8 to have a discussion whenever it's someone goes, then another group
9 goes, and then we got -- we have to comment on it. And a lot of us have
10 constituency that -- of different experts and folks that we consult with.
11 We can't do that in the five or ten minutes in between the presentation
12 from the staff and our comment period. So I would just ask for some
13 means in which to be able to address that in the future or, as we have
14 done in many cases, to reach consensus and goals on what we want to do,
15 more of a dialogue-type process, as opposed to just presentations that
16 aren't really a discussion.

17 So I appreciate the opportunity. Thank you.

18 MR. MANIERI: Kevin Bland, Mike Manieri. Just a reminder
19 that the next meeting on July 20th, you'll have an opportunity, as will
20 everyone, actually, to revisit and further comment on the data that
21 you've heard today, so just a reminder.

22 MS. BLAND: And to that, I appreciate that, Michael. To that
23 extent, is all the information and the data that's been presented going to
24 be available, like online or sent out to the folks that showed up today, in
25 some form or fashion with the supporting information of that data?

1 MR. MANIERI: Kevin, due to ADA issues, that would require
2 a request from yourselves for that information to us.

3 MS. BLAND: Okay. Do you need that in writing or can I just
4 make it orally now? I request it.

5 MR. MANIERI: Yeah. Use the OSHSB website.

6 MS. BLAND: Sure.

7 MR. MANIERI: Send a quick email to us with the request.

8 All right. Thank you.

9 MR. MANIERI: Okay? Yeah. You're welcome. Thank you.

10 MR. GOTCHER: Our next commenters are Helen Cleary, Rob
11 Moutrie, and Dan Leacox, with next, Helen Cleary from the Phylmar
12 Regulatory Roundtable.

13 MS. CLEARY: Good morning everybody. Thank you.

14 Yeah, obviously, I can't comment on the data today. I do
15 want to say thank you for presenting that and all the information on the
16 benchmarking in states. It was really helpful. You know, PRR has been
17 tracking that, as well, what's happening in other states. And I think it's,
18 you know, a good indication of how the nation is moving, so we
19 appreciate that.

20 As far as the data, you know, I understand that we can't look
21 specifically at one aspect of that, you know, this is -- we do need a full
22 picture of it, but I don't want to discount any of it either. You know, if
23 we need to, let's consider statistical variants for data sets, if it's needed,
24 determine acceptable buffers. We didn't have data when this started.
25 We made decisions based on hypothesis and what we knew. So we now

1 have it and I'm glad to see that we're going to use it to help drive some
2 of these decisions.

3 Despite that, I wanted to share a couple -- some feedback
4 from PRR members. We had a task force meeting last week about kind of
5 where they are and I thought it might be helpful.

6 So vaccination numbers, the numbers are really high. We
7 polled members last week, 14 responded they're still getting their data.
8 But interestingly enough, four members reported that 80 percent of their
9 workforce is vaccinated, two were at 80 to 85 percent, and three
10 reported they're over 90 percent.

11 So kind of based on those numbers and what we've been
12 saying all along, you know, we'd like to work towards a performance-
13 based approach on what we're going to do next and the mitigation that
14 considers vaccination rates, community spread, and industry. Industry
15 plays a major role in risk. We saw that today in the charts that you
16 showed. Let's dive into --

17 MR. GOTCHER: Thirty seconds.

18 MS. CLEARY: -- what is happening in the industries. We had
19 that industry guidance to start and it was a really, really great help to
20 members, and so we'd like to return to that.

21 Finally, I just want to mentioned, KN95s got brought up
22 quite a bit from our members. We have a huge abundance of KN95s.
23 Members have thousands of them because they stocked up when they
24 weren't available and when KN95s were allowed to be used. We
25 understand that they're not available -- they can't be used now. But you

1 know, members asked, can we consider how to use and repurpose these
2 resources? Because they don't want to throw them away.

3 So I just want to plant that, put that out there, that we have
4 these resources, we don't want to waste them, so how can we utilize
5 them? A lot of them came from the state, as well, and so they brought
6 that up as a concern. And I thought it was interesting and I wanted to
7 share with the Subcommittee and with the Board.

8 So thank you for your time today and for what you're doing.
9 I appreciate it.

10 MR. BERG: Is it okay if I address the KN95 issue really
11 quickly?

12 Yeah, you can use the KN95s as face coverings. Obviously,
13 they're not respirators, but they can be used as face coverings. They
14 comply with the code.

15 MS. CLEARY: Yeah, and that's what they're doing which is
16 helpful. But they still have, literally, thousands in stock that they can't
17 keep in stock when they also are stocking N95s for backup. So they need
18 to move them out and they don't want to throw them away. So just if
19 you have other suggestions of how to use them, or if we can share them
20 with other communities that might need them, you know, they would like
21 to donate them. So you know, if we could talk about how to do that and
22 repurpose them, you know, that's just something that we were
23 discussing.

24 MR. BERG: Okay. We can talk offline if you like.

25 MS. CLEARY: Okay. Thank you.

1 MR. GOTCHER: Our next commenter is Rob Moutrie from the
2 California Chamber of Commerce.

3 MR. MOUTRIE: Morning everyone. Thank you for the time.
4 Can you hear me all right? Perfect. Thank you for the nods.

5 MR. GOTCHER: Yes, we can.

6 MR. MOUTRIE: So a couple of quick issues.

7 One, I echo Kevin's kind of expression that having the data
8 in some form that we can look at, you know, such that we can react to it
9 in a systematic way, if not at this meeting, then at the next meeting,
10 would be appreciated so that we can kind of get a sense. And as Kevin
11 noted, one of the issues we have is that we have members who we'd love
12 to reach back to and talk to and, you know, get a sense from. But if --
13 you know, as issues move quickly, it's hard for us to provide the
14 systematic feedback we'd like to, which we can in, you know, in an
15 advisory committee or in a slower setting.

16 Statistically, I wanted to really thank Eric and Amalia for
17 sharing the data. I think it's helpful. And I think, generally, the focus is
18 on the right issue, which is isolating exactly when data changes; right?
19 Like, you know, what change -- I would love to know, I don't know if we
20 have it, kind of what single change has happened around what events.
21 You know, as vaccine prevalence rose, how did that affect statistics? Or
22 as Eric pointed out, how does the June change affect statistics? That
23 will, obviously, be a critical question for us.

24 One limitation I did hear in the data, I think, is that, you
25 know, same limitation we've had throughout. Separating when a change

1 in the data is due to workplaces is really hard; right? The June 15th
2 change was not only -- or June 17th change, I should say, was not only
3 the change of the Board but also changed existing CDPH guidance
4 statewide. Thank you.

5 MR. MANIERI: Excuse me, Rob. Yeah. Sorry. Mike Manieri.
6 Could you slow down please, just a little bit.

7 MR. MOUTRIE: Sorry. Yes.

8 MR. MANIERI: Yeah. Yeah.

9 MR. MOUTRIE: Just concerned about my timing. I will try.

10 MR. MANIERI: Thank you.

11 MR. MOUTRIE: So, obviously, isolating the difference in
12 what changes related to workplace, changes made by Cal/OSHA, and what
13 changes were elsewhere is something I think we should keep in mind as
14 we look at data going forward and finding causation because, obviously,
15 that's difficult.

16 The last point I'll make is I appreciate the focus on
17 benchmarking in Amalia's discussion and, specifically, looking at what
18 those were which was, of course, the direction of the Subcommittee. My
19 macro thought going forward is I would hope that we can try to --

20 MR. GOTCHER: Thirty seconds.

21 MR. MOUTRIE: -- keep as focused as we can on specific
22 questions, because I'm sure we've all been there; right? Broad
23 discussions tend to spiral or get off track. And I think staying really
24 focused on one or two topics for two meetings, or something to that
25 effect, is the way the Subcommittee would be most effective in those

1 topics. So I would just hope that we can keep comments focused on what
2 those benchmarks might be for a meeting or two, and then look at
3 changes.

4 Thank you for your time.

5 MR. GOTCHER: Next commenters are Dan Leacox, Len Welch,
6 and Bryan Little, with next, Dan Leacox from Leacox and Associates.

7 MR. LEACOX: I will -- Good morning everybody. I will pass
8 on my comments or, actually, I'll defer my time to Len Welsh, who
9 follows.

10 MR. GOTCHER: Okay. Our next commenter is Len Welsh,
11 representing himself, the Ironworkers Management Progressive Action
12 Management Trust Impact, the Western Steel Council, the California
13 Hotel and Lodging Association, and the Grower-Shipper Association of
14 Central California.

15 MR. WELSH: Thank you. Good morning everybody. Can you
16 hear me okay?

17 MR. GOTCHER: Yes, we can.

18 MR. WELSH: And thank you, Dan, for -- I think, thank you for
19 ceding your time. A couple things I wanted to point out.

20 It looks to me like this rulemaking, from the beginning, has
21 happened in the absence of really looking at where enforcement
22 resources should be directed. I think the Standards Board staff
23 evaluation, in the beginning, took a little bit of a look at this issue.

24 My point is that, first of all, I see a lot of very good
25 employers leading the pack in terms of getting people vaccinated, and

1 you know, turning on a dime when new instructions have been given out,
2 getting cited as if they're criminals. I mean, a lot of them get serious
3 citations.

4 And I think what needs to happen is a look at how many
5 employers out there are just looking for the information so they can do
6 what's best for their employees? I would wager that, by far and away,
7 the majority of employers are in that category. There are some out there
8 who are, you know, basically criminals and needed to be targeted.

9 But in terms of, you know, a reg and how it's enforced, I
10 think adoption of any change in the regs should be done in connection
11 with looking at how Cal/OSHA is going about enforcing, how it's going
12 about providing assistance, information, that kind of thing. It could
13 really help to give us a clear picture of what's working and what's not.

14 And we also should be looking at what kind of compliance is
15 going on out there, not what kind of enforcement, what kind of
16 compliance, what employers do because they're trying to do deal with
17 the hazard. And keep in mind, all of them have an incentive to keep
18 people healthy because, if they're not, they don't have a worker and they
19 can't get the work done or make any money.

20 I want to, actually, echo everything that has been said
21 before me so far from the commenters, especially Bruce Wick's comment
22 about Workers' Compensation.

23 The other thing I think not enough attention is being paid to
24 in terms of how to weave into the standard is vaccination progress. And
25 even the issue of if a certain percentage of employees are vaccinated and

1 the rest are not, and vaccinations are perfectly available for free and
2 conveniently and people choose not to get vaccinated, is that still the
3 employers responsibility or is it, perhaps, the person who chooses not to
4 get vaccinated? We should, to be accommodating people who don't want
5 to get vaccinated, unless there's a medical reason not to, which is quite
6 rare, frankly.

7 We need to be pushing vaccination. We need to be fighting
8 the myth out there that there's something dangerous about getting
9 vaccinated or that they're not effective. They're highly effective. And
10 we need to be joining in all of the push the Governor can put out there to
11 get people vaccinated and recognize the value we get from vaccinations.

12 That's all I have. Thank you.

13 MR. GOTCHER: Our next commenters are Bryan Little, Anne
14 Katten, and Brian Mello, with next, Bryan Little from the California Farm
15 Bureau.

16 MR. LITTLE: Here we go. Other than echoing many of the
17 comments offered by my colleagues, particularly (indiscernible) said a
18 moment ago.

19 MR. MANIERI: Hello? Yeah. Hi, it's Mike Manieri. We can't
20 hear you. You'll have to -- Bryan, if you could increase your volume,
21 check your volume levels.

22 MR. LITTLE: I have my microphone turned up as far as it will
23 go. Rather than trying to offer a comment at this time and try to straight
24 out those technical issues, I'd like to associate myself with what several
25 others have said before me, particularly Len Welsh and Bruce, so thank

1 you.

2 MR. GOTCHER: Okay. Our next commenter is Anne Katten
3 from the CRLA Foundation.

4 MS. KATTEN: Hi. Good morning. This is Anne Katten from
5 California Rural Legal Assistance Foundation.

6 We strongly support vaccination, of course, and we're
7 working to get the vaccine to farmworkers in remote rural areas where
8 vaccination rates are still lagging. We're also, however, every concerned
9 that the ETS may be relying too much on vaccination. These concerns are
10 based on increasing evidence that the breakthrough infections are more
11 common than previously thought, coupled with the risk of infection
12 spreading in areas where vaccination rates are still low, and among
13 children who can't yet be vaccinated, and among those who are
14 immunocompromised or otherwise can't be effectively vaccinated.

15 We're also very concerned about the data just reported on
16 increase in workplace outbreaks since the ETS was relaxed.

17 I greatly appreciate the work of the Subcommittee and
18 Cal/OSHA scrutinizing recent data on outbreaks in workplaces. But I'm
19 very concerned about the lack of housing and transportation data in
20 these reports and urge you to look, to seek out and scrutinize data from
21 housing, especially including -- because some of the workers who have
22 come from other countries, they're not allowed to have been vaccinated
23 with other vaccines that may be less effective. So it's very important to
24 look at that data.

25 Also, it's very important to recognize the very wide rate in

1 vaccinations rates between counties, that a high average vaccination rate
2 obscures.

3 MR. GOTCHER: Thirty seconds.

4 MS. KATTEN: Okay. So the ETS is needed as long as there
5 are any counties with low vaccination rates, and until children can be
6 vaccinated.

7 We also urge you to begin work on a permanent infection
8 disease standard as soon as possible.

9 Thank you.

10 MR. GOTCHER: Our next commenters are Brian Mello, Pam
11 Ragland, and Michael Miiller, with next, Brian Mello from the Associated
12 General Contractors of California.

13 MR. MELLO: Thank you. Good morning. Can you guys hear
14 me?

15 MR. MANIERI: Yes.

16 MR. GOTCHER: Yes, we can.

17 MR. MELLO: Perfect. My name is Brian Mello. I'm the
18 Health and Safety Manager for the Associated General Contractors or
19 California. AGC is a member-driven organization with around 1,000
20 companies statewide specializing in commercial construction. We are it
21 now, but AGC of California urges the COVID-19 Subcommittee to continue
22 to consider the different options available.

23 As we saw, some industries have higher outbreaks than
24 others. That's extremely important information to continue to analyze.
25 It is our suggestion that all actions the Subcommittee takes while

1 working with the Division to create an enforceable standard be tailored
2 to categories of industries, as is the case with existing wage orders and is
3 mirrored in construction-specific safety standards. In doing so, we are
4 mindful that prior to the Cal/OSHA Standards Board passing the
5 November 30th ETS, our members had an obligation under Title 8,
6 Subchapter 4, Construction Safety Orders, subsection 1511, that states,
7 “No worker shall be required or knowingly permitted to work in an unsafe
8 place.”

9 The Emergency Temporary Standard process has shown to be
10 inefficient when dealing with continually changing guidance and updated
11 science. AGC of California suggests that the COVID-19 Subcommittee
12 work with the Division in order to establish a process that will be
13 efficient and allow for updates and changes based on sound data,
14 research, and changing guidance.

15 Finally, address the safety orders by industry, much like
16 Subchapter 4, Construction Safety Orders. Since the initial adoption,
17 Cal/OSHA has yet to address some of the issues within construction that
18 arise from the Emergency Temporary Standards. AGC of California
19 suggests that the Subcommittee --

20 MR. GOTCHER: Thirty seconds.

21 MR. MELLO: -- work with the Division to update FAQs,
22 address general questions, but also address industry-specific questions,
23 such as that of the multi-employer environment in construction. Each
24 industry is unique but all covered by a blanket regulation that creates
25 unique circumstances and situations that may need to be addressed by

1 industry rather than general Q&A.

2 Thank you.

3 MR. MANIERI: Yes. Hi. Yes. If I may interrupt? This is
4 Mike Manieri.

5 John, how many more individuals do we have in the queue
6 wishing to comment?

7 MR. GOTCHER: We have six --

8 MR. MANIERI: Six?

9 MR. GOTCHER: -- or seven. Yeah.

10 MR. MANIERI: All right. We are very close, if not at, the 30
11 minutes.

12 So the question now becomes, to Chris Davis, whether she
13 would like to entertain the six commenters or cap off at 30 minutes at
14 this -- as we hit the 30-minute mark?

15 CHAIR LASZCZ-DAVIS: You know, let's entertain the six --
16 let's consider entertaining the comments of the six --

17 MR. MANIERI: All right. All right.

18 CHAIR LASZCZ-DAVIS: -- but then we cap off.

19 MR. MANIERI: Okay. Thank you.

20 MR. GOTCHER: Okay. Our next commenter is Pam Ragland
21 from the Association of Autistic, ADHD, and Special Needs Kids. Pam
22 Ragland, are you with us? And if you dialed in you will need to --

23 MS. RAGLAND: There you go.

24 MR. GOTCHER: Okay.

25 MS. RAGLAND: Can you hear me now? Sorry. I got muted

1 somehow. Okay. So thank you so much for hearing me.

2 I'm an expert in metrics. I implemented metrics in Fortune
3 100 companies, and I spent ten years in healthcare. So with that
4 background, I've taken a lot of look at this data. And I also echo, it
5 would be great to get it ahead of time. I think Underground Act, you
6 might need to look into that. We might need to publish that.

7 So from the start, what I looked at with the data was
8 skewed, and this is across the entire country, with the way the data was
9 done, the deaths were definitely skewed.

10 Then we began looking at the cases instead of the deaths.
11 And we've changed the standard of the PCR test multiple times, so I put
12 this forward to say including the last change that made it much more
13 difficult to identify a case on January 20th. So we're not looking at
14 apples to apples. We're looking at all kinds of things.

15 The public -- I did a Public Records Act request in Orange
16 County. They're using state data. So I think we've got a lot of
17 inconsistency in this data, so I'm going to throw that out there.
18 California is now adjusting the deaths, also, so this is harder to rely on,
19 as much as 25 percent difference. So we have that, along with
20 additional, now, mask studies showing that the masks really are not only
21 doing anything, but they're actually causing harm and further spread. So
22 I'm concerned about this whole focus on the masks. And you know, I
23 support a lot of students that can't wear the masks, they've been
24 discriminated against. They're suffering physically, emotionally.

25 MR. MANIERI: Excuse me please.

1 MS. RAGLAND: Yeah. Yeah.

2 MR. MANIERI: Excuse me. If I may --

3 MS. RAGLAND: Yeah.

4 MR. MANIERI: -- interrupt? It's Mike Manieri.

5 MS. RAGLAND: Yes?

6 MR. MANIERI: Could you please slow down, please? Thank
7 you.

8 MS. RAGLAND: Oh, yes. I'm sorry.

9 MR. MANIERI: Yes. Thank you.

10 MS. RAGLAND: I'm trying to squeeze in --

11 MR. MANIERI: Thank you.

12 MS. RAGLAND: -- all my time and get feedback into you
13 guys.

14 So I'm very concerned about this whole focus on the
15 vaccines, the masks, the -- maybe data that's not consistent. And I would
16 like to just encourage the Committee to ask this question: Why are we
17 not focusing on people that already have antibodies to COVID that may
18 be immune and using that as a key indicator? Because, first of all, some
19 of the studies show 47 percent of the children have already had it. In
20 California, the AMA data shows zero deaths from COVID in our zero to 17,
21 all the way up to May 6th cumulative data, so we don't really have a
22 problem there.

23 But we have a group that may be actually furthering our
24 immunity. And I think we just might want to reconsider our whole
25 approach to trying to get us back into what we want to call normal that

1 may be a bit more of a win-win. So I want to throw that out there.

2 And then, also, just recognizing that this continued focus on
3 vaccines and masking that some of the OSHA experts actually say are
4 spreading the virus is concerning because people that have already had
5 COVID are experiencing worse results with the vaccine. And just this
6 week, they added 2,000 deaths to the count on the VAERS database.
7 So -- and there was also a Lancet study showing that they were 0.8
8 percent effective.

9 So I think we really just need to revisit the whole entire
10 thing, looking at the data, looking at what we're doing with it, but also
11 the science around all of it.

12 So thank you for hearing my comment.

13 MR. GOTCHER: Our next commenters are Michael Miiller,
14 Asha, and Stephen Knight, with next, Michael Miiller from the California
15 Association of Wine Grape Growers.

16 MR. MIILLER: Good morning, Board and Members. Thank
17 you for your time. Can you hear me?

18 MR. GOTCHER: Yes, we can.

19 MR. MIILLER: Sorry. I heard somebody else talking at the
20 same time. I'll be very, very brief. Thank you for your time in putting
21 this together. This is a really important conversation that we're having.

22 I want to associate myself in the conversation with the
23 comments from Kevin Bland, Rob Moutrie, Helen Clearly, Dan Leacox, and
24 Len Welsh. The data presented today was very helpful but I want to
25 focus on two pieces of data that are needed and ask that the

1 Subcommittee make this a priority. These two, I think, data points are
2 essential to our conversation moving forward.

3 We need workplace exposure data. Data showing whether
4 workers contracted COVID-19 at work is important. If you have an
5 outbreak, however outbreak is defined, we have to remember that we're
6 dealing with a community-spread virus, so we need to know where the
7 employees contracted COVID. Otherwise, outbreak data is almost
8 meaningless.

9 Additionally, we need to know what is causing rates to go up
10 and down. It seems to me that vaccines are clearly the most important
11 variable here. If we don't know what's causing the rates to change, that
12 data is also almost meaningless. So we need those two pieces of data.

13 And absent looking at the entire picture, this whole
14 conversation kind of reminds me of a childhood lesson I was taught in
15 probably third or fourth grade. You might remember this. This is a
16 lesson where a group of people are blindfolded and asked to touch the
17 various parts of an elephant, but only part, you can only touch one part,
18 and then make a determination about what they felt, the ear, the tusk,
19 the hide. Any of those alone may cause a conclusion different from the
20 fact that they all touched an elephant.

21 We need to know, what is the elephant here? Absent the
22 elephant in the room, we really don't know what we're dealing with.

23 So thank you very much for your time.

24 MR. GOTCHER: Our next commenter is Asha from the
25 Pesticide Action Network.

1 MS. SHARMA: Thank you. My name is Asha Sharma,
2 commenting on behalf of Pesticide Action Network.

3 First of all, thank you for the opportunity to comment. And I
4 would like to echo the comments of my colleague, Anne Katten, who
5 spoke earlier. We are submitting public comment to ensure that worker
6 health, particularly in our case in the food and agriculture industry, is
7 prioritized. We strongly urge that any further relaxing of the protections
8 found in the ETS is delayed and that certain standards, like universal
9 mask wearing, are reimplemented until herd immunity is reached at a
10 county level and dangers from new variants and the new increase in
11 outbreaks just reported are addressed.

12 In particular, new variants are lowering the effectiveness
13 of vaccines by more than 30 percent by some studies. And COVID-19
14 cases are increasing throughout California. There is also a wide variation
15 of vaccine rates. And many farmworker and food and agriculture workers
16 live in counties that have significantly lower than average vaccine rates
17 and access is a challenge.

18 We recommend that standards are not further loosened until
19 the following has occurred, until young children can be vaccinated, until
20 low worksite outbreaks are reported, until all counties in California reach
21 a floor rate of vaccination, rather than basing decisions on an average
22 vaccination rate that masks variation between counties, and until we
23 have a better understanding of new variants, like the Delta variant, that
24 are evading immunity from vaccinations.

25 Ultimately, we also would like to see a permanent standard

1 that includes a performance-based approach to prepare us for changes in
2 our current pandemic, and also future ones. And we request that the
3 public health COVID outbreak data, like the data presented today, is
4 reported by location and company name, so that resources can be better
5 targeted in the future.

6 Thank you.

7 MR. GOTCHER: Our next commenters are Stephen Knight,
8 Eddie Sanchez, and Cassie Hilaski, with next, Stephen Knight from
9 Worksafe.

10 MR. KNIGHT: Thank you. Stephen Knight with Worksafe. I
11 want to thank the staff and Committee Members for all of your amazing
12 work over the last couple months.

13 I heard a lot of agreement today and at the last
14 Subcommittee. We need to make decisions to ensure safe workplaces
15 based on science.

16 I'm thinking this morning about the voices of workers not
17 being heard this morning amid the heavy presence from so many business
18 voices who can afford to attend these kind of meetings. I realize that's
19 nothing new.

20 The Subcommittee should address surge response, vaccine --
21 vaccination verification, employer provision of N95s for vulnerable
22 workers, and masks, outdoor workers -- for outdoor workers who can't
23 physically distance.

24 I want to echo and underscore the comments of my
25 colleagues with Pesticide Action Network and CRLA Foundation. This

1 Subcommittee's focus on developing metrics is welcome, it's great to see
2 the data, and there's just still a lot to learn about how to move forward
3 in this new era of risk management.

4 We do need that data on what's happening in our
5 workplaces, including complaints filed by workers, including information
6 on compliance, as somebody mentioned earlier, and the citations. Even
7 knowing how limited Cal/OSHA's ability has been to respond, the COVID
8 citations issued by Cal/OSHA tell a different story than the one we're
9 often hearing, that the vast majority of California business's are always
10 trying to do their best for their workers and the rest are criminals.
11 That's just not a correct dichotomy. And a review of those citations can
12 paint that story.

13 Clearly, falling numbers are very encouraging. But we
14 expect better performance against the virus at certain times of year. And
15 we have to make policy based on year-round threat. June and July may
16 not be representative of November or January.

17 Thank you so much.

18 MR. GOTCHER: Our next commenter is Eddie Sanchez from
19 SoCalCOSH.

20 MR. SANCHEZ: Hi everyone. My name is Eddie Sanchez with
21 the Southern California Coalition for Occupational Safety and Health,
22 SoCalCOSH. We're a nonprofit organization based in Southern California
23 and we advocate for safe, healthy, and secure workplaces for low-wage
24 immigrant workers of color. We're here in support of strengthening the
25 COVID-19 Emergency Temporary Standard.

1 I want to thank the Committee and Staff and everyone for
2 your work on this process and for considering the comments today.

3 I want to echo the points that were made earlier on the
4 currently increasing cases. We are seeing the Delta variant spread with
5 data still in research on transmission from vaccinated hosts and data still
6 maturing on vaccinations against the variants. Additionally, many
7 workers do not have information, nor the high-road employers who would
8 encourage vaccinations that could conflict with work time.

9 I want to ask that the next version of the ETS language
10 include triggers for protections to address the new waves of cases,
11 include measures to address gaps and risks from vaccination self-
12 attestation, and eventually achieve a permanent standard for COVID in
13 the workplace.

14 I want to thank you, again, Committee and Staff for your
15 time and consideration and your work on this effort. And we know you'll
16 make the best decisions to protect workers and working-class families.

17 Thank you.

18 MR. GOTCHER: Our final commenter is Cassie Hilaski from
19 Nibbi Brothers General Contractors.

20 MS. HILASKI: Can you hear me?

21 MR. MANIERI: Yes.

22 MS. HILASKI: Yes? Okay. So very short and sweet today.

23 First of all, thank you, Committee, for your work and all the
24 extra meetings you've had to attend. I'm very happy to hear that the
25 Subcommittee is going to focus on defining metrics that would need to be

1 reached in order for us to be able to sunset the ETS.

2 I have two quick questions.

3 One, once the metrics are decided upon and then met,
4 what's the actual process or timeline for the ETS to be rescinded, i.e.
5 how much time is needed between the metrics being met and a proposal
6 being in front of the Board for a vote?

7 And then second, in relation to the data, how is outbreak
8 being defined? I could assume that the definition being used is
9 Cal/OSHA's but I don't want to assume, so I think it would be good to
10 have that clarified for how outbreak is -- what that actually means.

11 And that is it for me. Thank you very much.

12 MR. MANIERI: Excuse me, Mike --

13 MR. GOTCHER: And there are no --

14 MR. MANIERI: Yes, John --

15 MR. GOTCHER: -- further --

16 MR. MANIERI: -- one moment. Mike Manieri.

17 Amalia, would you like to -- do you have any thoughts on
18 Cassie's question? Would you like to respond to it?

19 MS. NEIDHARDT: Yes. The outbreaks, my understanding is
20 they're anything over two.

21 So, Eric, you can correct me.

22 MR. BERG: Yeah, I think that's correct. CDPH has a
23 definition of outbreak posted on their -- on one of their pages, and I
24 think it's the same as Cal/OSHA, just three cases.

25 MR. MANIERI: Did you -- is Cassie still there?

1 Did you hear that, Cassie? She's still on mute.

2 MS. HILASKI: Yes, I heard that. So it sounds like --

3 MR. MANIERI: Oh, okay.

4 MS. HILASKI: -- we're using CDPH's definition.

5 MR. MANIERI: Yeah. Right.

6 MS. HILASKI: Thank you.

7 MR. MANIERI: Um-hmm. Okay.

8 And just one thing I'll interject here, because Kevin Bland
9 brought it up, again, requests for further information on any of the data,
10 and so forth, need to be in writing to the oshsb@dir.ca.gov website.
11 Send your requests for that information. Be specific as to what specific
12 data you wish and we will respond.

13 Thank you. That's all I have to say on that.

14 CHAIR LASZCZ-DAVIS: Well, thank you very much, Mike.

15 And thank you, everybody, for your testimony. We
16 appreciate the feedback and really try to work off of it as we continue
17 our deliberations.

18 At this point in time what I'd like to do is open this up to the
19 Subcommittee as to whether or not there are any specific items you want
20 to discuss right now before we move into identifying future
21 Subcommittee agenda items? Nola? Laura?

22 BOARD MEMBER STOCK: Nola, did you? I have a few
23 comments but I wanted to give you a chance to go first.

24 BOARD MEMBER KENNEDY: No. Go ahead, Laura. I can see
25 you chomping at the bit.

1 BOARD MEMBER STOCK: No, I'm not chomping, I just want
2 to, you know --

3 CHAIR LASZCZ-DAVIS: Come on you guys. Let's just --

4 BOARD MEMBER STOCK: Yeah. Yeah. So a couple of things.
5 Thank you for the testimony. And a couple of things. And a couple of
6 things. And maybe this does, a little bit, stray into future agenda items,
7 so maybe you'll combine my comments on that.

8 So there's a couple of new datapoints that people raised.
9 And I think, you know, in the sense that we're spending some of our early
10 meetings or these initial meetings on looking at the data, and I know
11 we're going to have further presentations next time from CDPH, but I just
12 wanted to highlight a few of the things that people said and that I would
13 encourage us to include.

14 One is I do think we should be including the housing and
15 transportation data. And I wonder if we can look and see if there's a way
16 to capture, you know, where outbreaks are occurring or issues that are
17 occurring in those settings. And that's particular in an area where some
18 protections were rolled back, so I think it's important to really be
19 monitoring that, so I just want to second that.

20 I also wonder if one of our initial upcoming meetings in the
21 near future we can look at, I think this was on our original list, Cal/OSHA
22 complaints, just to follow-up on what we can learn from where those
23 complaints are happening and the citations, so that we can get a better
24 picture of what's actually happening in the workplace there? So I want
25 to second that and ask that that could be included in future reports.

1 I wanted to just make a few comments on the Workers' Comp
2 issue that Bruce and others raised. I mean, I think there's no reason not
3 to take a look at that Workers' Comp data. I think, remember at our last
4 meeting, we actually -- somebody from, I think it was from the Board,
5 actually, or from -- maybe it was from the Governor's Office, so I'm
6 forgetting who, specifically addressed and reinforced the sense, which I
7 share, also, that Workers' Comp data, while it can give us some picture,
8 is going to give a very incomplete picture, that even though there are
9 rules that are -- where employers have to provide claim forms, and claims
10 administrators have to consider it, we know from what we've heard from
11 many workers, and I know from a lot of the work we've done over the
12 years in my non-Board role, that they're -- many, many workers are afraid
13 to report, many, many workers are unaware that COVID is something that
14 gives them the ability to report. So I think there's a lot of information
15 about the limitation of looking at Cal/OSHA -- at Workers' Comp data.
16 And I think we heard that reinforced by a presentation at one of our
17 recent Board meetings.

18 That said, you know, I think there's no reason not to take a
19 look at what we see there. And in my opinion, that would be sort of the
20 tip of the iceberg in terms of exposure and cases. But I'll just make that
21 comment on Workers' Comp.

22 And then the last thing I do want to say as a future agenda
23 item, well, two future agenda items, I would like to look more at the
24 vaccine verification issue. Though I agree that, you know, that should
25 not be our only intervention. And I think it would be great to figure out

1 how we can assess the impact of other protections that were rolled back,
2 such as physical distancing, I also do think that vaccinations are really
3 important. And I know that a lot of concerns have been expressed, and I
4 share them, about whether or not we are really requiring clear vaccine
5 verifications.

6 So I would like to -- you know, maybe that's something,
7 Nola, you can discuss in some of your liaison role to see, what are we
8 hearing? You know, how is it being presented in the FAQ? And is there
9 further clarification that could be provided? And now, also, you know,
10 even just reading the -- something, you know, various articles in the
11 paper just today where people, various public health experts, as
12 editorials are really calling for the critical importance of being able to
13 clearly understand who's vaccinated and without isn't. So I'd really -- if
14 we could devote some of our Subcommittee meeting to really digging into
15 vaccine verification, that would be a future agenda item I'd like to
16 highlight.

17 And then, lastly, the issue of the steps we need to take now
18 to begin the process of developing a permanent infectious disease
19 standard. And I totally understand the workload that the Division is
20 experiencing right now and so, you know, want to be respectful of that.
21 And maybe there are some initial steps we can take at one of these
22 upcoming meetings to try to begin to start discussing what the elements
23 of a performance-based infectious disease standard could look like, what
24 might we be able to draw on from the ATD standard, et cetera? So I just
25 would like to highlight that as one of our future agenda items.

1 Thank you.

2 CHAIR LASZCZ-DAVIS: Nola?

3 BOARD MEMBER KENNEDY: Yeah. I would have mentioned
4 almost everything that Laura mentioned, as well, so I won't repeat it.

5 The other thing I wanted to add is I think we have -- well, I'll
6 attribute it to all of our hopeful natures, but we -- I think we tend to be
7 focusing on looking at metrics that we can use to identify a time to either
8 relax or release the restrictions in workplaces. I do think it's important,
9 especially as we move into developing an infectious disease standard,
10 that we keep in mind that we need to also have an eye on metrics and
11 triggers for when we need to implement such restrictions. And you know,
12 I don't really know if that's a primary focus right now but I do want to
13 keep it in the back of our minds as we move forward.

14 CHAIR LASZCZ-DAVIS: And I think I'd like to share just, you
15 know, just a few thoughts on the heels of both of your comments.

16 This, actually, has been a good discussion, but I will tell --
17 will share with the attendees that we weren't quite sure how this first
18 meeting would run. So the fact that we didn't have information posted is
19 no great surprise. We think that we'd learn a few things and at that
20 point, really, address the process moving forward. So we will get better
21 as we move forward. Trust us on that count for sure.

22 What I heard, there was a lot of discussion around metrics.
23 And I know, Laura, you raised a couple of issues that I know we need to
24 deal with. I'm almost inclined to say, let's just defer, just for a meeting
25 or two. I think we need to dig into the metrics piece a bit more.

1 I heard a call for more refined CDPH data, the use of
2 Workers' Comp data, the workplace versus community data to whatever
3 extent that is available, data by location, industry, inclusion of housing
4 and transportation.

5 And you know, a question had come up that we can gather
6 all the data we want, we're never going to get to standard deviation
7 data. Often times, you have pools of data that come together and you
8 have to make an informed decision based upon what you have, so none of
9 this would be flawless. But I think taken together, I think we can come
10 up with opinions and directions that will allow us to provide the guidance
11 necessary for California workplaces.

12 One thing that I think we really need to get at, and I'm not
13 sure how best to do this, is the causes for the increases and decreases. I
14 did ask Amalia earlier on what her observations might have been as to
15 causes. We've had no discussion as to why the shifts, whether up or
16 down, or maybe we don't have enough information. I think that's
17 important.

18 We had at least one commenter talk about a focus on
19 Cal/OSHA education, compliance, complaints, and enforcement. To the
20 extent that we have information and data on that, I think that would be
21 additive to this collection of metrics that we've been discussing.

22 And those are just my comments, just really a more robust
23 discussion. I think we've got a little more digging to do on metrics so
24 that they serve us the way that we need to look and observe them so that
25 we can provide the guidance necessary and the advice to the Standards

1 Board, the Division, and the public. Just a thought.

2 So with that, we're at a point now -- and I know we've
3 proposed a couple of agenda items, and I don't -- I won't list them for
4 you now but I think we can deliberate as to what our next agenda on the
5 20th will look like. And with that, I will share with you that the next
6 Subcommittee meeting is scheduled for July 20th via teleconference and
7 videoconference. Do, please, visit our website and join our mailing list
8 to receive the latest updates. We really do thank you for your
9 attendance today.

10 And their being no further business to attend to, this
11 meeting is adjourned.

12 Nola? Laura?

13 BOARD MEMBER KENNEDY: No, it's actually Nola. I'm sorry.

14 I guess, before we adjourn, I would like to, maybe not, I
15 mean -- I'm getting some background. I don't know who it is. Anyway, so
16 the next meeting, July 20th, is only a week away. I don't know that in a
17 week's time we can take on a whole lot that's new to look into and
18 present at the July 20th meeting. I think we'll get some direction,
19 probably, from the Thursday meeting to then give us more direction at
20 the July 20th meeting. But I wanted to review the five points that we
21 brought up at our initial meeting on June 21st which were
22 benchmarking -- and I'm going to mention them briefly, benchmarking
23 metrics, vaccine verification, complaints and inspections by Cal/OSHA
24 since the ETS, and what does the end game look like? So those are sort
25 of the five issues we had brought up at our initial meeting.

1 Working with the Division and the Board staff, we elected to
2 focus on the first two for the benchmarking and metrics. You know,
3 depending on what happens on Thursday, I don't think we have a lot of
4 time to do much except, maybe, dig a little deeper on benchmarking and
5 metrics before the July 20th meeting.

6 So I would like some -- I guess to clarify what should be on
7 the agenda for July 20th.

8 BOARD MEMBER STOCK: Well, one thing, I think, we heard
9 from Eric, and correct me if I'm wrong, is that the doctor from the
10 Division that was going to be presenting today, who was called away, will
11 be presenting. So I think that's going to be, you know, clearly, you know,
12 he's going to answer some of those questions, so I think we have that for
13 sure. And I guess it would be -- you know, there's a few other things we
14 talked about, like the, you know, citation data and things like that.

15 And I guess I would ask the Division, because it is -- you're
16 right, Nola, it's only a week away and we don't want to -- you know, we
17 want to give people the time they need to capture some of the things
18 that we're now saying we're interested in. So maybe Eric or Amalia could
19 comment on what they think of some of the new things they might be
20 able to gather by the 20th or whether some of those things would have to
21 be for the following meeting.

22 BOARD MEMBER KENNEDY: Okay. Well, I can work with
23 them on that but --

24 BOARD MEMBER STOCK: Yeah.

25 BOARD MEMBER KENNEDY: Yeah. And then, like I said, I

1 think maybe our Thursday meeting with the full Board, and when they
2 respond to the briefing, we might get something else.

3 CHAIR LASZCZ-DAVIS: You know, this is our first meeting,
4 and so we're learning how to move through this. Again, I think it's been
5 a good meeting. We realize we've got some gaps in informational
6 elements. And I think we'll bridge them, given the timing and resources
7 available.

8 And I mean I do have to say, you know, my -- I'm grateful to
9 the Division for all the additional work that's being done, you know, to
10 gather this information. I'm mean, this is way beyond what I would call
11 standard operating procedure but everybody's stepping forward and
12 that's heartwarming, so thank you.

13 So is this a wrap at this point? All right. Well, thank you
14 everybody. And we'll see you next time.

15 (The Board meeting concluded at 11:37 a.m.)

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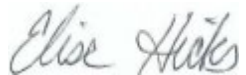
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