

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
San Bernardino District Office
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San Bernardino, CA 92401
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Inspection #: 1507598
Inspection Dates: 12/09/2020 – 06/30/21
Issuance Date: 06/30/21
CSHO ID: Q7179
Optional Report #:

**Citation and Notification of Penalty**

Company Name: Riverside County Behavioral Health Department

Establishment DBA:

and its successors

Inspection Site: 1297 W. Hobson Way
Blythe, CA 92225

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

§5199. Aerosol Transmissible Diseases.

T8CCR5199(c) Aerosol Transmissible Diseases Exposure Control Plan.

(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:

(1) The employer shall designate a person as the administrator who will be responsible for the establishment, implementation and maintenance of effective written infection control procedures to control the risk of transmission of aerosol transmissible diseases. The administrator shall have the authority to perform this function and shall be knowledgeable in infection control principles as they apply specifically to the facility, service or operation. The administrator shall also identify in writing the job categories in which employees have occupational exposure to ATDs. When the administrator is not on site, there shall be a designated person with full authority to act on his or her behalf. The infection control procedures shall include procedures for the cleaning and disinfection of work areas, vehicles, and equipment that may become contaminated with ATPs and pose an infection risk to employees. The written procedures shall be available at the worksite.

(2) The employer shall establish, implement, and maintain effective written source control procedures. For fixed health care and correctional facilities, and in other facilities, services, and operations to the extent reasonably practicable, these procedures shall incorporate the recommendations contained in the Respiratory Hygiene/Cough Etiquette in Health Care Settings. These procedures shall include the method of informing persons with whom employees will have contact of the employer's source control measures.

(3) The employer shall establish, implement, and maintain effective written procedures for the screening and referral of cases and suspected cases of AirIDs to appropriate facilities.

(A) Transfers shall occur within 5 hours of the identification of the case or suspected case, unless:

(1) the initial encounter with the case or suspected case occurs after 3:30 p.m. and prior to 7 a.m., in which event the employer shall ensure that transfer occurs no later than 11:00 a.m.; or

(2) the employer has contacted the local health officer, determined that there is no facility that can provide appropriate AII, and complied with all of the conditions in (e)(5)(B)2.; or

(3) the case meets the conditions of either of the exceptions to subsection (e)(5)(B).

(B) When screening is provided by persons who are not health care providers, the employer shall meet the requirements of this section by establishing criteria and procedures for referral of persons to a health care provider for further evaluation within the timeframes in subsection (c)(3)(A). Referrals shall be provided to persons who do any of the following:

1. Have a cough for more than three weeks that is not explained by non-infectious conditions.
2. Exhibit signs and symptoms of a flu-like illness during March through October, the months outside of the typical period for seasonal influenza, or exhibit these signs and symptoms for a period longer than two weeks at any time during the year. These signs and symptoms generally include combinations of the following: coughing and other respiratory symptoms, fever, sweating, chills, muscle aches, weakness and malaise.
3. State that they have a transmissible respiratory disease, excluding the common cold and seasonal influenza.
4. State that they have been exposed to an infectious ATD case, other than seasonal influenza.

NOTES to subsection (c)(3):

1. Seasonal influenza does not require referral.

2. Appendix F contains sample criteria for screening that may be adopted by employers in non-medical settings for the purpose of meeting the requirements of this subsection.

(4) The employer shall establish, implement, and maintain effective written procedures to communicate with employees, other employers, and the local health officer regarding the suspected or diagnosed infectious disease status of referred patients. These shall include procedures to receive information from the facility to which patients were referred and to provide necessary infection control information to employees who were exposed to the referred person.

(5) The employer shall establish, implement and maintain effective written procedures to reduce the risk of transmission of aerosol transmissible disease, to the extent feasible, during the period the person requiring referral is in the facility or is in contact with employees. In addition to source control measures, these procedures shall include, to the extent feasible:

(A) placement of the person requiring referral in a separate room or area;

(B) provision of separate ventilation or filtration in the room or area; and

(C) employee use of respiratory protection when entering the room or area in which the person requiring referral is located, if that person is not compliant with source control measures. Respirator use shall meet the requirements of subsection (g) and Section 5144, Respiratory Protection, of these orders.

EXCEPTION to subsection (c)(5)(C): Law enforcement or corrections personnel who transport a person requiring referral in a vehicle need not use respiratory protection if all of the following conditions are met:

i. A solid partition separates the passenger area from the area where employees are located;

ii. The employer implements written procedures that specify the conditions of operation, including the operation of windows and fans;

iii. The employer tests (e.g., by the use of smoke tubes) the airflow in a representative vehicle (of the same model, year of manufacture, and partition design) under the specified conditions of operation, and finds that there is no detectable airflow from the passenger compartment to the employee area;

iv. The employer records the results of the tests and maintains the results in accordance with subsection (j)(3)(F); and

v. The person performing the test is knowledgeable about the assessment of ventilation systems.

(6) The employer shall establish a system of medical services for employees which meets the following requirements:

(A) The employer shall make available to all health care workers with occupational exposure all vaccinations recommended by the CDPH as listed in Appendix E in accordance with subsection (h). These vaccinations shall be provided by a PLHCP at a reasonable time and place for the employee.

(B) The employer shall develop, implement, and maintain effective written procedures for exposure incidents in accordance with subsections (h)(6) through (h)(9).

(C) The employer shall establish, implement, and maintain an effective surveillance program for LTBI in accordance with subsections (h)(3) and (h)(4).

(D) The employer shall establish, implement, and maintain effective procedures for providing vaccinations against seasonal influenza to all employees with occupational exposure, in accordance with subsection (h)(10).

EXCEPTION to subsection (c)(6)(D): Seasonal influenza vaccine shall be provided during the period designated by the CDC for administration and need not be provided outside of those periods.

(7) Employers shall ensure that all employees with occupational exposure participate in a training program. Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter. Additional training shall be provided when there are changes in the workplace or when there are changes in procedures that could affect worker exposure to ATPs. The person conducting the training shall be knowledgeable in the subject matter covered by the training program as it relates to the workplace. Training material appropriate in content and vocabulary to the educational level, literacy, and language of employees shall be used. This training shall include:

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

(B) Screening methods and criteria for persons who require referral;

(C) The employer's source control measures and how these measures will be communicated to persons the employees contact;

(D) The employer's procedures for making referrals in accordance with subsection (c)(3);

(E) The employer's procedures for temporary risk reduction measures prior to transfer;

(F) Training in accordance with subsection (g) and Section 5144 of these orders, when respiratory protection is used;

(G) The employer's medical services procedures in accordance with subsection (h), the methods of reporting exposure incidents, and the employer's procedures for providing employees with post-exposure evaluation;

(H) Information on vaccines the employer will make available, including the seasonal influenza vaccine. For each vaccine, this information shall include the efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(I) How employees can access the employer's written procedures and how employees can participate in reviewing the effectiveness of the employer's procedures in accordance with subsection (c)(8); and

(J) An opportunity for interactive questions and answers with a person who is knowledgeable in the subject matter as it relates to the workplace that the training addresses and who is also knowledgeable in the employer's infection control procedures. Training not given in person shall provide for interactive questions to be answered within 24 hours by a knowledgeable person.

(8) The employer shall ensure that the infection control procedures are reviewed at least annually by the administrator and by employees regarding the effectiveness of the program in their respective work areas, and that deficiencies found are corrected.

(9) The employer shall establish and maintain training records, vaccination records, records of exposure incidents, and records of inspection, testing, and maintenance of non-disposable engineering controls, in accordance with subsection (j). If the employer utilizes respirators, the employer shall maintain records of implementation of the Respiratory Protection Program in accordance with Section 5144, Respiratory Protection, of these orders.

Prior to and during the course of the inspection, including but not limited to, on December 9, 2020 the employer failed to establish, implement and maintain an effective aerosol transmissible diseases exposure control plan in that:

Instance 1:

The employer did not designate an administrator who will be responsible for the establishment, implementation and maintenance of effective written infection control procedures to control the risk of transmission of aerosol transmissible diseases. The written procedures were not available at the worksite

Instance 2:

The employer did not establish, implement, and maintain effective written source control procedures and did not incorporate the recommendations contained in the Respiratory Hygiene/Cough Etiquette in Health Care Settings. [5199(c)(2)]

Instance 3:

The employer did not establish, implement, and maintain effective written procedures for the screening and referral of cases and suspected cases of AirlDs to appropriate facilities. [5199(c)(3)].

Instance 4:

The employer did not establish, implement, and maintain effective written procedures to communicate with employees, other employers, and the local health officer regarding the suspected or diagnosed infectious disease status of referred patients, including procedures to receive information from the facility to which patients were referred and to provide necessary infection control information to employees who were exposed to the referred person. [3205(c)(4)].

Instance 5:

The employer did not establish, implement, and maintain effective written procedures to reduce the risk of transmission of aerosol transmissible disease, to the extent feasible, during the period the person requiring referral is in the facility or is in contact with employees, including but not limited to source control measures, placement of the person requiring referral in a separate room or area, provision of separate ventilation or filtration in the room or area, and employee use of respiratory protection when entering the room or area in which the person requiring referral is located. [3205(c)(5)]

Instance 6:

The employer failed to effectively establish a system of medical services for employees which meets the requirements of this subsection. [5199(c)(6)]

Instance 7:

The employer failed to ensure that all employees with occupational exposure participated in a training program at the time of initial assignment to tasks where occupational exposure may take place, annually, and when there are changes in the workplace or procedures that could affect worker exposure to ATPs in accordance with (A) through (I) of this subsection. [5199(c)(7)]

Instance 8:

The employer failed to effectively ensure that the infection control procedures are reviewed at least annually by the administrator and by employees regarding the effectiveness of the program in their respective work areas, and that deficiencies found are corrected. [5199(c)(8)]

Instance 9: The employer failed to establish and maintain training records, vaccination records, records of exposure incidents, and records of inspection, testing, and maintenance of non-disposable engineering controls, in accordance with subsection (j) and records of implementation of the Respiratory Protection Program in accordance with Section 5144, Respiratory Protection, of these orders. [5199(c)(9)]

Date By Which Violation Must be Abated:

July 7, 2021

Proposed Penalty:

\$6750.00

Rubin Carr / Michael Loupe
Compliance Officer / District Manager