

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
San Bernardino District Office
464 West 4th Street, Suite 332
San Bernardino, CA 92401
Phone: (909) 383-4321 Fax: (909) 383-6789

Inspection #: 1505655
Inspection Dates: 12/04/2020 - 07/16/2021
Issuance Date: 07/16/2021
CSHO ID: D9666
Optional Report #: 021-21

**Citation and Notification of Penalty**

Company Name: California Department of Corrections and Rehabilitation - California Institution for Women

Establishment DBA:

and its successors

Inspection Site: 16756 Chino Corona Road
Corona, CA 92880

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

California Code of Regulations, Title 8, 5199(d) (1), Aerosol Transmissible Diseases
(d) Aerosol Transmissible Diseases Exposure Control Plan.

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

REFERENCE:

California Code of Regulations, Title 8, 5199(d) (2), Aerosol Transmissible Diseases
(2) The Plan shall contain all of the following elements:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

VIOLATION:

Prior to and during the course of the inspection, including, but not limited to, on December 4, 2020, the employer did not establish, implement and maintain effective written procedures to reduce the risk of transmission of aerosol transmissible disease. Aerosol transmissible disease control elements not effectively addressed by the employer, through exclusion of the element or inclusion of an element in a manner inconsistent with the requirements of the standard included, but not limited to:

Instance 1:

Employer's ATD exposure control plan failed to contain the methods of implementation under 5199(d)(2)(E) in that the plan did not meet the following requirements:

a. The plan's personal protective equipment (PPE) and respiratory protection requirements, including the COVID-19 Required PPE Checklist, are inconsistent and they fail to state that PAPRs, or respirator providing equivalent or higher level protection, are required when employees are present during the performance of high hazard procedures on AirlD cases or suspected cases. [ref. 5199(e)(1), ref. 5199(g)(3)]

b. The plan lacked procedures for employees to review the employer's determination that use of powered air purifying respirators (PAPRs) for certain high hazard procedures would interfere with the successful completion of the required task or tasks. [ref. 5199(g)(3)(B)]

c. The plan's provisions for medical services and exposure incidents are inadequate in that the plan places responsibility for the decision to return to work following an exposure incident on the employee and their personal physician, rather than on a designated PLHCP. [ref. 5199(h)(8)(A)]

d. The plan's provisions regarding employee medical records misstate the requirement that such records be provided upon request to the subject employee, anyone having the written consent of the subject employee, the local health officer, authorized representatives of the Chief of the Division of Occupational Safety and Health (DOSH), and NIOSH in accordance with Title 8, section 3204. [ref. 5199(j)(4)(C)]

e. The employer failed to include effective procedures to ensure that engineering controls, including airborne infection isolation rooms will be maintained. The program does not include procedures regarding how the ventilation systems for onsite airborne infection isolation rooms Correctional Treatment Center Rooms 1301, 1302, 1303, and 1304 (negative pressure rooms) will be inspected, operated, tested, and maintained to ensure that they provide the required protection.

Instance 2:

The employer failed to include procedures the employer will use to evaluate each exposure incident, to determine the cause, and to revise existing procedures to prevent future incidents. [ref. 5199(d)(2)(J)]

Instance 3:

The employer failed to include procedures the employer will use to communicate with its employees and other employers regarding the suspected or confirmed infectious disease status of persons to whom employees are exposed in the course of their duties, in accordance with subsection (h). [ref. 5199(d)(2)(K)]

Instance 4:

The employer failed to include procedures the employer will use to communicate with other employers regarding exposure incidents, including procedures for providing or receiving notification to and from health care providers about the disease status of referred or transferred patients, in accordance with subsection (h). [ref. 5199(d)(2)(L)]

Instance 5:

The employer did not develop and implement effective procedures for the active involvement of employees in reviewing and updating the Aerosol Transmissible Diseases Exposure Control Plan with respect to the procedures performed in their respective work areas or departments. [ref. 5199(d)(2)(P)]

Instance 6:

The employer failed to include worksite specific surge procedures, including work practices, engineering controls, temporary isolation facilities, decontamination facilities, stockpiling of respiratory equipment and PPE, and how the facility will interact with the local and regional emergency plan. [ref. 5199(d)(2)(Q)]

Date By Which Violation Must be Abated:

July 28, 2021

Proposed Penalty:

\$22950.00

State of California

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Corona, CA 92880

Citation 2 Item 1 Type of Violation: **Serious**

California Code of Regulations, Title 8, 5199(h)(6)(C), Aerosol Transmissible Diseases
(h) Medical Services.

(6) Exposure Incidents.

(C) Each employer who becomes aware that his or her employees may have been exposed to an RATD case or suspected case, or to an exposure incident involving an ATP-L shall do all of the following:

1. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 72 hours following, as applicable, the employer's report to the local health officer or the receipt of notification from another employer or the local health officer, conduct an analysis of the exposure scenario to determine which employees had significant exposures. This analysis shall be conducted by an individual knowledgeable in the mechanisms of exposure to ATPs or ATPs-L, and shall record the names and any other employee identifier used in the workplace of persons who were included in the analysis. The analysis shall also record the basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure or because a PLHCP determined that the employee is immune to the infection in accordance with applicable public health guidelines. The exposure analysis shall be made available to the local health officer upon request. The name of the person making the determination, and the identity of any PLHCP or local health officer consulted in making the determination shall be recorded.

2. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 96 hours of becoming aware of the potential exposure, notify employees who had significant exposures of the date, time, and nature of the exposure.

3. As soon as feasible, provide post-exposure medical evaluation to all employees who had a significant exposure. The evaluation shall be conducted by a PLHCP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis and treatment. For M. tuberculosis, and for other pathogens where recommended by applicable public health guidelines, this shall include testing of the isolate from the source individual or material for drug susceptibility, unless the PLHCP determines that it is not feasible.

4. Obtain from the PLHCP a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9).

VIOLATION:

Prior to and during the course of the inspection, including but not limited to December 4, 2020, the employer failed to adequately investigate and provide follow up for exposure incidents of cases of employees who were confirmed with COVID-19, in the following instances:

Instance 1: The employer failed to conduct an effective exposure analysis to determine whether any employees had significant exposure to the employees confirmed with COVID-19. [ref. 5199(h)(6)(C)(1)]

Instance 2: The employer failed to provide a post-exposure medical evaluation to all employees who had a significant exposure to an employee confirmed with COVID-19. [ref. 5199(h)(6)(C)(3)]

Instance 3: The employer failed to obtain from a PLHCP a recommendation regarding precautionary removal of the employees confirmed with COVID-19 and employees who had a significant exposure to the employees confirmed with COVID-19 in accordance with subsection (h)(8), or a written opinion in accordance with subsection (h)(9). [ref. 5199(h)(6)(C)(4)]

**Date By Which Violation Must be Abated:
Proposed Penalty:**

**July 28, 2021
\$19125.00**

Stephanie Winn / Michael Loupe
Compliance Officer / District Manager