

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 #: 1505915
Inspection Dates: 12/10/2020 - 05/26/2021
Issuance Date: 05/26/2021
CSHO ID: D9666
Optional Report #: 023-21

**Citation and Notification of Penalty**

Company Name: MFI Recovery Center
Establishment DBA:
and its successors
Inspection Site: 17270 Roosevelt Street
Riverside, CA 92508

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

California Code of Regulations, Title 8 § 14300.4: Recording Criteria.

(a) Basic requirement. Each employer required by this article to keep records of fatalities, injuries, and illnesses must record each fatality, injury and illness that:

- (1) Is work-related; and
- (2) Is a new case; and
- (3) Meets one or more of the general recording criteria of Section 14300.7 or the application to specific cases of Section 14300.8 through Section 14300.12.

VIOLATION:

Prior to and during the course of investigation, including but not limited to, on December 10, 2020, the employer did not record work-related injuries, meeting the general recording criteria of Section 14300.7, for the following employees working at 17270 Roosevelt Avenue, Riverside, CA on its Cal/OSHA Log 300 as required by this section:

- (1) Employee with days away from work for a COVID 19 related illness on or about June 16, 2020**
- (2) Employee with days away from work for a COVID 19 related illness on or about June 22, 2020**
- (3) Employee with days away from work for a COVID 19 related illness on or about July 1, 2020**
- (4) Employee with days away from work for a COVID 19 related illness on or about July 5, 2020**
- (5) Employee with days away from work for a COVID 19 related illness on or about November 18, 2020**
- (6) Employee with days away from work for a COVID 19 related illness on or about November 18, 2020**
- (7) Employee with days away from work for a COVID 19 related illness on or about November 18, 2020**
- (8) Employee with days away from work for a COVID 19 related illness on or about November 18, 2020**

- (9) Employee with days away from work for a COVID 19 related illness on or about November 23, 2020
- (10) Employee with days away from work for a COVID 19 related illness on or about November 25, 2020
- (11) Employee with days away from work for a COVID 19 related illness on or about December 5, 2020
- (12) Employee with days away from work for a COVID 19 related illness on or about December 5, 2020
- (13) Employee with days away from work for a COVID 19 related illness on or about December 10, 2020
- (14) Employee with days away from work for a COVID 19 related illness on or about December 14, 2020

Date By Which Violation Must be Abated:	July 01, 2021
Proposed Penalty:	\$375.00

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Citation and Notification of Penalty

Company Name: MFI Recovery Center
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Inspection Site: 17270 Roosevelt Street
 Riverside, CA 92508

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

California Code of Regulations, Title 8 §5199(c)(1). Aerosol Transmissible Diseases.

(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.

VIOLATION:

Prior to and during the course of the inspection, including, but not limited to, on December 10, 2020, the employer's ATD written infection control procedures did not identify in writing the job categories in which employees have occupational exposure to ATDs.

Date By Which Violation Must be Abated:
Proposed Penalty:

July 01, 2021
\$375.00

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**Citation and Notification of Penalty**

Company Name: MFI Recovery Center

Establishment DBA:

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Inspection Site: 17270 Roosevelt Street
Riverside, CA 92508

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

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

(c)(1) Exposure Control Plan.

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

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

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

(C) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees

in accordance with Section 3204(e).

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

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

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

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

VIOLATION:

Prior to and during the course of the inspection, including but not limited to, on December 10, 2020, the employer did not establish, implement and maintain an effective Exposure Control Plan (ECP) in accordance with this section.

Instance 1

The written ECP did not include an exposure determination required by subsection (c)(3). [5193(c)(1)(B)1.]

Instance 2

The written ECP did not include a schedule and methods of implementation for Methods of Compliance as required by subsection (d) and/or Communication of Hazards to Employees as required by subsection (g). [5193(c)(1)(B)2.]

Instance 3

The written ECP did not include an effective procedure for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents. [5193(c)(1)(B)5.]

Instance 4

The written ECP did not include an effective procedure for identifying currently available engineering controls, and selecting such controls, where appropriate, for the procedures performed by employees in their respective work areas or departments. [5193(c)(1)(B)6.]

Instance 5

The written ECP did not include an effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments. [5193(c)(1)(B)8.]

Instance 6

The written ECP was not reviewed and updated at least annually. [5193(c)(1)(D)]

Date By Which Violation Must be Abated:

June 08, 2021

Proposed Penalty:

\$16875.00

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

California Code of Regulations, Title 8 §5199(c)(3). Aerosol Transmissible Diseases.

(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:

(3) The employer shall establish, implement, and maintain effective written procedures for the screening and referral of cases and suspected cases of AirlDs 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 All, 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.

Ref. 5199(e)(5)(B):

(e) Engineering and Work Practice Controls, and Personal Protective Equipment.

(5) AirID cases or suspected cases shall be identified, and except in field operations and in settings where home health care or home-based hospice care is being provided, these individuals shall be:
(B) Placed in an All room or area or transferred to a facility with All rooms or areas. The employer shall ensure that this placement or transfer is effected in a timely manner.

1. Transfers within facility. Transfers to airborne infection isolation rooms or areas within the facility shall occur within 5 hours of identification. If there is no All room or area available within this time, the employer shall transfer the individual to another suitable facility in accordance with subsection (e)(5)(B)2.

2. Transfers to other facilities. Transfers to other facilities shall occur within 5 hours of identification, unless the employer documents, at the end of the 5-hour period, and at least every 24 hours thereafter, each of the following:

a. The employer has contacted the local health officer.

b. There is no All room or area available within that jurisdiction.

c. Reasonable efforts have been made to contact establishments outside of that jurisdiction, as provided in the Plan.

d. All applicable measures recommended by the local health officer or the Infection Control PLHCP have been implemented.

e. All employees who enter the room or area housing the individual are provided with, and use, appropriate personal protective equipment and respiratory protection in accordance with subsection (g) and Section 5144, Respiratory Protection of these orders.

EXCEPTIONS to subsection (e)(5)(B):

(1) Where the treating physician determines that transfer would be detrimental to a patient's condition, the patient need not be transferred. In that case the facility shall ensure that employees use respiratory protection when entering the room or area housing the individual. The patient's condition shall be reviewed at least every 24 hours to determine if transfer is safe, and the determination shall be recorded as described in the Plan in accordance with (d)(2)(G). Once transfer is determined to be safe, transfer must be made within the time period set forth in subsection (e)(5)(B).

(2) Where it is not feasible to provide All rooms or areas to individuals suspected or confirmed to be infected with or carriers of novel or unknown ATPs, the employer shall provide other effective control measures to reduce the risk of transmission to employees, which shall include the use of respiratory protection in accordance with subsection (g) and Section 5144, Respiratory Protection of these orders.

VIOLATION:

Prior to and during the course of the inspection, including but not limited to, on December 10, 2020, the employer housed cases or suspected cases of COVID-19, an airborne infectious disease caused by the novel pathogen SARs-CoV-2, without meeting the conditions of either exception to section 5199(e)(5)(B).

Date By Which Violation Must be Abated:

June 08, 2021

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

California Code of Regulations, Title 8 §5199(c)(5)(C). Aerosol Transmissible Diseases.

(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:

(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:

(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.

Ref: T8 CCR § 5199 (g) Respiratory Protection.

(g) Respiratory Protection.

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

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

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

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

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

aerosolized pathogens;

- (D) Is working in an area occupied by an AirlD case or suspected case, during decontamination procedures after the person has left the area and as required by subsection (e)(5)(D)9;
- (E) Is working in a residence where an AirlD case or suspected case is known to be present;
- (F) Is present during the performance of aerosol generating procedures on cadavers that are suspected of, or confirmed as, being infected with aerosol transmissible pathogens;
- (G) Is performing a task for which the Biosafety Plan or Exposure Control Plan requires the use of respirators; or
- (H) Transports an AirlD case or suspected case within the facility or in an enclosed vehicle (e.g., van, car, ambulance or helicopter) when the patient is not masked.

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

(6) Fit testing.

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

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

1. At the time of initial fitting;
2. When a different size, make, model or style of respirator is used; and
3. At least annually thereafter.

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

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

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

VIOLATION:

Prior to and during the course of the inspection, including but not limited to December 10, 2020, the employer did not establish, implement and maintain effective written procedures to reduce the risk of transmission of aerosol transmissible diseases, to the extent feasible, during the period that suspected and/or confirmed COVID-19 cases were in the facility or in contact with employees. The employer failed to ensure that respiratory protection used to protect employees when entering the room(s) or

area(s) in which the suspect or confirmed COVID-19 case are located, where those cases are not compliant with source control measures, met the requirements of subsection (g) of these orders and Section 5144, in the following instances:

Instance 1

The employer failed to establish, implement, and maintain an effective written respiratory program that meets the requirements of Section 5144 of these orders. [5199(g)(2)];

Instance 2

The employer failed to provide and ensure employees used a respirator selected in accordance with subsection (g)(3) and Section 5144 when employees were present during the performance of procedures or services for AirlD cases, including known cases of a person infected with SARs-CoV-2, the novel pathogen which causes COVID-19. [5199(g)(4)(B)];

Instance 3

The employer failed to provide medical evaluations, in accordance with Section 5144(e) of these orders, to determine the employee's ability to use a respirator before each employee is fit tested or required to use a respirator. [5199(g)(5)];

Instance 4

The employer failed to ensure that employees required to use N95 filtering facepiece respirators or other tight-fitting respirators were fit tested in accordance with Appendix A of Section 5144 of these orders, prior to their initial use of the respirator [5199(g)(6)];

Instance 5

The employer failed to ensure that each employee who uses N95 filtering facepiece or other tight-fitting respirator is provided with initial training in accordance with section 5144 of these orders. [5199(g)(7)]

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

**June 08, 2021
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Citation 5 Item 1 Type of Violation: **Serious**

California Code of Regulations, Title 8 §5199(c)(6). Aerosol Transmissible Diseases.

(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:

(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.

Reference:

California Code of Regulations, Title 8, Section 5199(h)(6) through (h)(9) §5199. Aerosol Transmissible Diseases.

(h) Medical Services.

(6) Exposure Incidents

(A) A health care provider, or the employer of a health care provider who determines that a person is an RATD case or suspected case shall report, or ensure that the health care provider reports, the case to the local health officer, in accordance with Title 17.

(B) In addition to the report required in subsection (h)(6)(A), the employer in the facility, service or operation that originates the report shall determine, to the extent that the information is available in the employer's records, whether the employee(s) of any other employer(s) may have had contact with the case or suspected case while performing activities within the scope of this section. The employer shall notify the other employer(s) within a timeframe that will both provide reasonable assurance that there will be adequate time for the employee to receive effective medical intervention to prevent disease or mitigate the disease course, and will also permit the prompt initiation of an investigation to identify exposed employees. In no case, shall the notification be longer than 72 hours after the report to the local health officer. The notification shall include the date, time, and nature of the potential exposure, and provide any other information that is necessary for the other employer(s) to evaluate the potential exposure of his or her employees. The notifying employer shall not provide the identity of the source patient to the other employers.

NOTE 1 to subsection (h)(6)(B): These employees may include, but are not limited to, paramedics, emergency medical technicians, emergency responders, home health care personnel, homeless shelter personnel, personnel at referring health care facilities or agencies, and corrections personnel.

NOTE 2 to subsection (h)(6)(B): Some diseases, such as meningococcal disease, require prompt prophylaxis of exposed individuals to prevent disease. Some diseases, such as varicella, have a limited window in which to administer vaccine to non-immune contacts. Exposure to some diseases may create a need to temporarily remove an employee from certain duties during a potential period of communicability. For other diseases such as tuberculosis there may not be a need for immediate medical intervention, however prompt follow up is important to the success of identifying exposed employees.

(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).

5. Determine, to the extent that the information is available in the employer's records, whether employees of any other employers may have been exposed to the case or material. The employer shall notify these other employers within a time frame that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 72 hours of becoming aware of the exposure incident of the nature, date, and time of the exposure, and shall provide the contact information for the diagnosing PLHCP. The notifying employer shall not provide the identity of the source patient to other employers.

(7) Information provided to the Physician or Other Licensed Health Care Professional.

(A) Each employer shall ensure that all PLHCPs responsible for making determinations and performing procedures as part of the medical services program are provided a copy of this standard and applicable public health guidelines. For respirator medical evaluations, the employer shall provide information regarding the type of respiratory protection used, a description of the work effort required, any special environmental conditions that exist (e.g., heat, confined space entry), additional requirements for protective clothing and equipment, and the duration and frequency of respirator use.

(B) Each employer shall ensure that the PLHCP who evaluates an employee after an exposure incident is provided the following information:

1. A description of the exposed employee's duties as they relate to the exposure incident;
2. The circumstances under which the exposure incident occurred;
3. Any available diagnostic test results, including drug susceptibility pattern or other information relating to the source of exposure that could assist in the medical management of the employee; and
4. All of the employer's medical records for the employee that are relevant to the management of the employee, including tuberculin skin test results and other relevant tests for ATP infections, vaccination status, and determinations of immunity.

(8) Precautionary removal recommendation from the physician or other licensed health care professional.

(A) Each employer who provides a post-exposure evaluation in accordance with this Section, or an evaluation of an employee's TB conversion in accordance with subsection (h)(3) shall request from the PLHCP an opinion regarding whether precautionary removal from the employee's regular assignment is necessary to prevent spread of the disease agent by the employee and what type of alternate work assignment may be provided. The employer shall request that the PLHCP convey to the employer any recommendation for precautionary removal immediately via phone or fax and that the PLHCP document the recommendation in the written opinion as required in subsection (h)(9).

(B) Where the PLHCP recommends precautionary removal, or where the local health officer recommends precautionary removal, the employer shall maintain until the employee is determined to be noninfectious, the employee's earnings, seniority, and all other employee rights and benefits, including the employee's right to his or her former job status, as if the employee had not been removed from his or her job or otherwise medically limited.

(9) Written opinion from the physician or other licensed health care professional.

(A) Each employer shall obtain, and provide the employee with a copy of, the written opinion of the

PLHCP within 15 working days of the completion of all medical evaluations required by this section.
(B) For respirator use, the physician's opinion shall have the content required by Section 5144(e)(6) of these orders.

(C) For TB conversions and all RATD and ATP-L exposure incidents, the written opinion shall be limited to the following information:

1. The employee's TB test status or applicable RATD test status for the exposure of concern;
 2. The employee's infectivity status;
 3. A statement that the employee has been informed of the results of the medical evaluation and has been offered any applicable vaccinations, prophylaxis, or treatment;
 4. A statement that the employee has been told about any medical conditions resulting from exposure to TB, other RATD, or ATP-L that require further evaluation or treatment and that the employee has been informed of treatment options; and
 5. Any recommendations for precautionary removal from the employee's regular assignment.
- (D) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(10) The employer shall make available seasonal influenza vaccine to all employees with occupational exposure. The employer shall ensure that each employee who declines to accept the seasonal influenza vaccine signs the statement in Appendix C2.

EXCEPTION 1 to subsection (h)(10): Seasonal influenza vaccine shall be provided during the period designated by the CDC for administration, and need not be provided outside of those periods.

EXCEPTION 2 to subsection (h)(10): In lieu of the statement in Appendix C2, the employer may utilize an influenza vaccine declination statement acceptable to the CDPH in accordance with Health and Safety Code Section 1288.7.

VIOLATION:

Prior to and during the course of the inspection, including but limited to, on December 10, 2020, the employer failed to develop, implement, and/or maintain effective written procedures for employee exposure incidents in accordance with T8 CCR Section 5199 subsections (h)(6) through (h)(9) in the following ways:

Instance 1

The employer failed to develop a written procedure for employee exposure incidents in accordance with T8 CCR Section 5199 subsections (h)(6) through (h)(9).

Instance 2

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

Instance 3

The employer did not notify employees who had a significant exposure to confirmed COVID-19 cases, within 96 hours of becoming aware of the potential exposure. [5199(h)(6)(C)(2).]

Instance 4

The employer failed to provide post-exposure medical evaluations as soon as feasible to all employees who had significant exposure to confirmed COVID-19 cases. [5199(h)(6)(C)(3).]

Instance 5

The employer did not obtain from a PLHCP a recommendation regarding precautionary removal of the employee and employees who had a significant exposure to confirmed COVID-19 cases in accordance with subsection (h)(8), or a written opinion in accordance with subsection (h)(9). 5199(h)(6)(C)(4).]

Date By Which Violation Must be Abated:
Proposed Penalty:

June 08, 2021
\$16875.00

Stephanie Winn / Michael Loupe
Compliance Officer / District Manager