

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
American Canyon District Office
3419 Broadway Street Ste H8
American Canyon, CA 94503
Phone: (707) 649-3700 Fax: (707) 649-3712

Inspection #: 1480866
Inspection Dates: 06/24/2020 - 01/29/2021
Issuance Date: 02/01/2021
CSHO ID: W6628
Optional Report #: 021-20



Citation and Notification of Penalty

Company Name: State of California, Department of Corrections & Rehabilitation
Establishment DBA: San Quentin State Prison
and its successors
Inspection Site: 1 Main Street
San Quentin, CA 94964

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

T8 CCR Section 342(a). Reporting Work-Connected Fatalities and Serious Injuries.

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

The employer failed to immediately report to the Division every serious illness or death of employees due to COVID-19 illness in the following instances:

Instance 1: An employee hospitalized for 7 days with COVID-19 starting on or about July 8, 2020.

Instance 2: An employee hospitalized for more than 24hours with COVID-19 starting on or about June 23, 2020.

Instance 3: An employee hospitalized for 4 days with COVID-19 starting on or about June 30, 2020.

Instance 4: An employee hospitalized for 3 days with COVID-19 starting on or about June 20, 2020.

Instance 5: An employee hospitalized for 6 days with COVID-19 starting on or about June 30, 2020.

Date By Which Violation Must be Abated: **Corrected During Inspection**
Proposed Penalty: **\$5000.00**

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
American Canyon District Office
3419 Broadway Street Ste H8
American Canyon, CA 94503
Phone: (707) 649-3700 Fax: (707) 649-3712

Inspection #: 1480866
Inspection Dates: 06/24/2020 - 01/29/2021
Issuance Date: 02/01/2021
CSHO ID: W6628
Optional Report #: 021-20

**Citation and Notification of Penalty**

Company Name: State of California, Department of Corrections & Rehabilitation
Establishment DBA: San Quentin State Prison
and its successors
Inspection Site: 1 Main Street
San Quentin, CA 94964

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

T8 CCR Section 3203(a). Injury and Illness Prevention Program.

(a) Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (Program). The Program shall be in writing and, shall, at a minimum:

(4) Include procedures for identifying and evaluating work place hazards including scheduled periodic inspections to identify unsafe conditions and work practices.

(6) Include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures in a timely manner based on the severity of the hazard:

(A) When observed or discovered; and,

(B) When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided the necessary safeguards.

Prior to and during the course of the inspection including, but not limited to June 24, 2020, the employer failed implement an effective Injury and Illness Prevention Program in that it did not identify or correct the hazard posed when custody and nursing staff were exposed to unsafe patient handling conditions in the following instances:

Instance 1: Correctional officers and medical staff were required to move non-ambulatory patients down the stairs in the West, East, and South Block housing units by stretcher.

Instance 2: In the Carson unit, there was not enough room in the stairwell room for four correctional officers to carry an inmate on a stretcher down the stairs, and thus non-ambulatory patients could

not be safely moved between floors.

Instance 3: Broken elevators in the CHSB medical building rendered it unsafe to move non-ambulatory patients from upper floors.

Date By Which Violation Must be Abated:
Proposed Penalty:

February 25, 2021
\$1910.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
American Canyon District Office
3419 Broadway Street Ste H8
American Canyon, CA 94503
Phone: (707) 649-3700 Fax: (707) 649-3712

Inspection #: 1480866
Inspection Dates: 06/24/2020 - 01/29/2021
Issuance Date: 02/01/2021
CSHO ID: W6628
Optional Report #: 021-20



Citation and Notification of Penalty

Company Name: State of California, Department of Corrections & Rehabilitation
Establishment DBA: San Quentin State Prison
and its successors
Inspection Site: 1 Main Street
San Quentin, CA 94964

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

T8 CCR Section 3225(a). Maintenance and Access to Exits.

(a) Exits shall be so located and arranged that they are readily accessible at all times. Where exits are not immediately accessible from an open floor area, safe and continuous passageways, aisles, or corridors leading directly to every exit and so arranged as to provide convenient access for each occupant to at least two exits by separate ways of travel shall be maintained, except as a single exit or limited dead ends are permitted by other provisions of these regulations.

(1) Every required exit shall be maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.

(2) Where exits are not immediately accessible from an open floor area, safe and continuous passageways, aisles, or corridors leading directly to every exit and so arranged as to provide convenient access for each occupant to at least two exits by separate ways of travel shall be maintained, except as a single exit or limited dead ends are permitted by other provisions of these regulations.

Prior to and during the course of the inspection including, but not limited to June 24, 2020, Employer failed to ensure locked exits in the PIA alternative care site were readily accessible at all times in that correctional staff were unavailable to unlock the exits for healthcare staff leaving the facility.

Date By Which Violation Must be Abated: Corrected During Inspection
Proposed Penalty: \$475.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
American Canyon District Office
3419 Broadway Street Ste H8
American Canyon, CA 94503
Phone: (707) 649-3700 Fax: (707) 649-3712

Inspection #: 1480866
Inspection Dates: 06/24/2020 - 01/29/2021
Issuance Date: 02/01/2021
CSHO ID: W6628
Optional Report #: 021-20



Citation and Notification of Penalty

Company Name: State of California, Department of Corrections & Rehabilitation
Establishment DBA: San Quentin State Prison
and its successors
Inspection Site: 1 Main Street
San Quentin, CA 94964

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

T8 CCR Section 3366(d). Washing Facilities.

(d) Each lavatory shall be provided with running water and suitable cleansing agents. The water shall be available at temperatures of at least 85° F in those instances where:

- (1) Substances regulated as carcinogens in these orders are used; or**
- (2) Skin contact may occur with substances designated skin (S) in section 5155.**

Prior to and during the course of the inspection including, but not limited to July 17, 2020 the employer failed to ensure that suitable cleansing agents were provided in the employee restroom in the inmate canteen.

Date By Which Violation Must be Abated:	March 19, 2021
Proposed Penalty:	\$475.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
American Canyon District Office
3419 Broadway Street Ste H8
American Canyon, CA 94503
Phone: (707) 649-3700 Fax: (707) 649-3712

Inspection #: 1480866
Inspection Dates: 06/24/2020 - 01/29/2021
Issuance Date: 02/01/2021
CSHO ID: W6628
Optional Report #: 021-20

**Citation and Notification of Penalty**

Company Name: State of California, Department of Corrections & Rehabilitation
Establishment DBA: San Quentin State Prison
and its successors
Inspection Site: 1 Main Street
San Quentin, CA 94964

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

T8 CCR Section 5199(f). Aerosol Transmissible Diseases.

(f) Laboratories.

(2) The biological safety officer shall perform a risk assessment in accordance with the methodology included in Section II of the BMBL for each agent and procedure involving the handling of ATPs-L. The biosafety officer shall record the safe practices required for each evaluated agent/procedure in the Biosafety Plan.

(3) The employer shall implement feasible engineering and work practice controls, in accordance with the risk assessment performed in subsection (f)(2), to minimize employee exposures to ATPs-L. Where exposure still remains after the institution of engineering and work practice controls, the employer shall provide, and ensure that employees use, personal protective equipment and, where necessary to control exposure, respiratory protection. Control measures shall be consistent with the recommendations in BMBL.

(4) Biosafety Plan (BSP). The employer shall establish, implement, and maintain an effective written Biosafety Plan to minimize employee exposures to ATPs-L that may be transmitted by laboratory aerosols. The BSP may be incorporated into an existing Exposure Control Plan for bloodborne pathogens or an ATD Exposure Control Plan as described in subsection (d), and shall do all of the following:

(A) Identify a biological safety officer(s) with the necessary knowledge, authority and responsibility for implementing the BSP.

(B) Include a list of all job classifications in which all or some employees have occupational exposure, and a list of all tasks and procedures in which employees have occupational exposure.

(C) Include a list of ATPs-L known or reasonably expected to be present in laboratory materials and

the applicable biosafety measures.

(D) Include a requirement that all incoming materials containing ATPs-L are to be treated as containing the virulent or wild-type pathogen, until procedures have been conducted at the laboratory to verify that a pathogen has been deactivated or attenuated.

(E) Identify and describe the use of engineering controls, including containment equipment and procedures, to be used to minimize exposure to infectious or potentially infectious laboratory aerosols.

(F) Establish safe handling procedures and prohibit practices, such as sniffing in vitro cultures, that may increase employee exposure to infectious agents.

(G) Establish effective decontamination and disinfection procedures for laboratory surfaces and equipment.

(H) Identify and describe the use of the appropriate personal protective equipment to be used to minimize exposure to infectious or potentially infectious laboratory aerosols.

(I) Identify any operations or conditions in which respiratory protection will be required. The use of respiratory protection shall be in accordance with subsection (g) and Section 5144 of these orders.

(J) Establish emergency procedures for uncontrolled releases within the laboratory facility and untreated releases outside the laboratory facility. These procedures shall include effective means of reporting such incidents to the local health officer.

(K) Include a medical services program consistent with subsection (h), including the provision of all vaccinations as recommended by applicable public health guidelines for the specific laboratory operations, and the methods for providing investigation and medical follow up for exposure incidents (laboratory).

(L) Include procedures for communication of hazards and employee training that complies with subsection (i). This shall include training in the employer's Biosafety Plan and emergency procedures.

(M) Include an effective procedure for obtaining the active involvement of employees in reviewing and updating the Biosafety Plan with respect to the procedures performed by employees in their respective work areas or departments on an annual (or more frequent) basis.

(N) Include procedures for the biological safety officer(s) to review plans for facility design and construction that will affect the control measures for ATPs-L.

(O) Include procedures for inspection of laboratory facilities, including an audit of biosafety procedures. These inspections shall be performed at least annually. Hazards found during the inspection, and actions taken to correct hazards, shall be recorded.

(5) Recordkeeping shall be in accordance with subsection (j).

Prior to and during the course of the inspection including, but not limited to June 24, 2020 the employer failed to establish, implement, and maintain a written biosafety plan for employees working in the clinical laboratory in the CLSB building who perform centrifugation and other AGPs, which included all of the following elements as required by this subsection:

1. The employer's plan failed to identify the biological safety officer, and lacked spill procedures, procedures for testing and maintenance of the eyewash station, and procedures for safe centrifugation. [REF: 5199(f)(1), (3)]

2. The following elements were missing from the employer's plan document(s): [REF: 5199(f)(4) (A), (B), (C), (D), (E), (F), (G), (I), (J), (K), (L), (M), (N), (O)]

a. The employer's plan lacked a list of all job classifications in which all or some employees have occupational exposure, and a list of all tasks and procedures in which employees have occupational exposure. [REF: 5199 (f)(4)(A) & (B)]

b. The employer's plan lacked a list of aerosol transmissible pathogens-laboratory (ATPs-L) known or reasonably expected to be present in laboratory materials and the applicable biosafety measures. [5199 (f)(4)(C)]

c. The employer's plan did not identify and describe the use of engineering controls, including containment equipment and procedures, to be used to minimize exposure to infectious or potentially infectious laboratory aerosols. (i.e., centrifuge) [5199 (f)(4)(E)]

d. The employer's plan lacked safe handling procedure and prohibited practices that may increase employee exposure to infectious agents. [5199 (f)(4)(F)]

e. The employer's plan lacked decontamination and disinfection procedures for laboratory surfaces and equipment in that written spill procedures were not available to address leaking patient specimens containing SARS-CoV-2, the virus that causes COVID-19 disease. [5199 (f)(4)(G)]

f. The employer's plan failed to identify any operations or conditions in the laboratory for which respiratory protection will be required. [5199 (f)(4)(I)]

g. The employer's plan lacked emergency procedures for uncontrolled releases within the laboratory facility and untreated releases outside the laboratory facility including procedures for reporting such incidents to the local health officer. [5199 (f)(4)(J)]

i. The employer plan lacked a medical services program to addressing immunizations for laboratory staff in its exposure control plan [5199 (f)(4)(K)]

j. The employer's plan lacked procedures for communication of hazards and employee training that complies with subsection (i) in that:

(1) The plan failed to indicate the biological safety level.

(2) The employer's spill plans were not posted.

(3) The employer failed to communicate the laboratory's entry and exit procedure.

(4) The employer failed to communicate the restriction of access to the laboratory work area. [REF: 5199 (f)(4)(L)]

k. The employer's plan lacked effective procedures for obtaining the active involvement of employees in reviewing and updating the Biosafety Plan [REF: 5199 (f)(4)(M)]

- l. The employer's plan lacked procedures for the biological safety officer(s) to review procedures for facility design and construction that will affect the control measures for ATPs-L. [REF: 5199 (f)(4)(N)]
- m. The employer's plan lacked procedures for the annual inspection of laboratory facilities, including an audit of biosafety procedures. [REF: 5199 (f)(4)(O)]
- n. The employer's plan lacked recordkeeping procedures for records related to the implementation of its Biosafety Procedures, in accordance with subsection (j). [REF: 5199(f)(5)]
3. The employer's plan failed to identify the biological safety officer, lacked a list of job classifications, did not have spill procedures, procedures for testing, and maintenance of the eyewash station, and procedures for safe centrifugation.

Date By Which Violation Must be Abated:
Proposed Penalty:

March 19, 2021
\$475.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
American Canyon District Office
3419 Broadway Street Ste H8
American Canyon, CA 94503
Phone: (707) 649-3700 Fax: (707) 649-3712

Inspection #: 1480866
Inspection Dates: 06/24/2020 - 01/29/2021
Issuance Date: 02/01/2021
CSHO ID: W6628
Optional Report #: 021-20



Citation and Notification of Penalty

Company Name: State of California, Department of Corrections & Rehabilitation
Establishment DBA: San Quentin State Prison
and its successors
Inspection Site: 1 Main Street
San Quentin, CA 94964

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

T8 CCR Section 3395(c). Heat Illness Prevention Program. Provision of Water.

(c) Provision of water. Employees shall have access to potable drinking water meeting the requirements of Sections 1524, 3363, and 3457, as applicable, including but not limited to the requirements that it be fresh, pure, suitably cool, and provided to employees free of charge. The water shall be located as close as practicable to the areas where employees are working. Where drinking water is not plumbed or otherwise continuously supplied, it shall be provided in sufficient quantity at the beginning of the work shift to provide one quart per employee per hour for drinking for the entire shift. Employers may begin the shift with smaller quantities of water if they have effective procedures for replenishment during the shift as needed to allow employees to drink one quart or more per hour. The frequent drinking of water, as described in subsection (h)(1)(C), shall be encouraged.

Prior to and during the course of inspection including, but not limited to August 7, 2020 the employer failed to provide access to potable water as close as practicable to a dental employee working outdoors at an employee COVID-19 screening checkpoint on August 7, 2020.

Date By Which Violation Must be Abated:	Corrected During Inspection
Proposed Penalty:	\$5735.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
American Canyon District Office
3419 Broadway Street Ste H8
American Canyon, CA 94503
Phone: (707) 649-3700 Fax: (707) 649-3712

Inspection #: 1480866
Inspection Dates: 06/24/2020 - 01/29/2021
Issuance Date: 02/01/2021
CSHO ID: W6628
Optional Report #: 021-20



Citation and Notification of Penalty

Company Name: State of California, Department of Corrections & Rehabilitation
Establishment DBA: San Quentin State Prison
and its successors
Inspection Site: 1 Main Street
San Quentin, CA 94964

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

T8 CCR Section 5162(c). Emergency Eyewash and Shower Equipment.

(c) Location. Emergency eyewash facilities and deluge showers shall be in accessible locations that require no more than 10 seconds for the injured person to reach. If both an eyewash and shower are needed, they shall be located so that both can be used at the same time by one person. The area of the eyewash and shower equipment shall be maintained free of items which obstruct their use.

Prior to and during the course of the inspection including, but not limited to July 7, 2020, the employer failed to ensure that an eyewash in the CHSB laboratory remained free of items, which would obstruct its use for employees using Cell Block 64 and Sani-Guard 24-7 disinfectants.

Date By Which Violation Must be Abated:	Corrected During Inspection
Proposed Penalty:	\$5735.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
American Canyon District Office
3419 Broadway Street Ste H8
American Canyon, CA 94503
Phone: (707) 649-3700 Fax: (707) 649-3712

Inspection #: 1480866
Inspection Dates: 06/24/2020 - 01/29/2021
Issuance Date: 02/01/2021
CSHO ID: W6628
Optional Report #: 021-20

**Citation and Notification of Penalty**

Company Name: State of California, Department of Corrections & Rehabilitation
Establishment DBA: San Quentin State Prison
and its successors
Inspection Site: 1 Main Street
San Quentin, CA 94964

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

T8 CCR Section 5193(c)(1)(B). Bloodborne Pathogens.**(c) Exposure Response, Prevention and Control.****(1) Exposure Control Plan.****(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;**

Prior to and during the course of inspection, including but not limited to June 24, 2020 the employer failed to establish, implement, and maintain an effective exposure control plan for employees exposed to blood or other potentially infectious materials (OPIM) working in the CLSB clinical laboratory while processing human specimens. The employer's exposure control plan failed to contain the following elements:

1. Written procedures describing the disposal procedures for laboratory waste. [REF: 5193 (c)(1)(B)(2)]
2. Written procedures describing the employer's procedures for restricting access to the laboratory. [REF: 5193(c)(1)(B)(2)]
3. The employer's plan failed to describe procedures for maintaining access to, testing, and methods of implementation for maintaining a readily available eyewash. [REF: 5193(1)(B)(2)]

4. The employer's biosafety plan did not describe procedures for the safe handling and disposal of sharps including broken glass and plastic. [REF: 5193(c)(1)(B)(2) ref 5193(d)]

5. The employer's exposure control plan failed to describe procedures for the safe use of centrifuges. [REF: 5193(c)(1)(B)(2)]

Date By Which Violation Must be Abated:
Proposed Penalty:

March 19, 2021
\$11475.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
American Canyon District Office
3419 Broadway Street Ste H8
American Canyon, CA 94503
Phone: (707) 649-3700 Fax: (707) 649-3712

Inspection #: 1480866
Inspection Dates: 06/24/2020 - 01/29/2021
Issuance Date: 02/01/2021
CSHO ID: W6628
Optional Report #: 021-20

**Citation and Notification of Penalty**

Company Name: State of California, Department of Corrections & Rehabilitation
Establishment DBA: San Quentin State Prison
and its successors
Inspection Site: 1 Main Street
San Quentin, CA 94964

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

T8 CCR Section 5193(d). Bloodborne Pathogens.**(d) Methods of Compliance.****(4) Personal Protective Equipment.**

(A) Provision. Where occupational exposure remains after institution of engineering and work practice controls, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time, which the protective equipment will be used.

(H) Masks, Eye Protection, Face Shields, and Respirators.

1. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. These requirements are in addition to the provisions of Section 3382.

2. Where respiratory protection is used, the provisions of Sections 5144 and 5147 are required as applicable.

Prior to and during the course of the inspection, the employer failed to ensure that all custody staff exposed to the SARS-CoV-2 virus were supplied with fluid-resistant PPE in the following instances:

Instance 1: Face shield and gowns as required by 5193 in the Donner unit before July 3, 2020.

Instance 2: The dental unit did not have gowns in the month of June 2020 to protect against blood and other potentially infectious materials (OPIM) encountered during dental procedures.

Date By Which Violation Must be Abated:
Proposed Penalty:

Corrected During Inspection
\$7650.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
American Canyon District Office
3419 Broadway Street Ste H8
American Canyon, CA 94503
Phone: (707) 649-3700 Fax: (707) 649-3712

Inspection #: 1480866
Inspection Dates: 06/24/2020 - 01/29/2021
Issuance Date: 02/01/2021
CSHO ID: W6628
Optional Report #: 021-20

**Citation and Notification of Penalty**

Company Name: State of California, Department of Corrections & Rehabilitation
Establishment DBA: San Quentin State Prison
and its successors
Inspection Site: 1 Main Street
San Quentin, CA 94964

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

T8 CCR 5199(d)(2). Aerosol Transmissible Diseases.

(d) Aerosol Transmissible Diseases Exposure Control Plan.

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

(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.

(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.

Prior to and during the course of the inspection including, but not limited to June 24, 2020, the employer failed to establish, implement, and maintain an effective ATD exposure control plan in the

following instances:

Instance 1: The employer's work practice controls to minimize exposure to ATP in that the employer's screening procedures were ineffective. [REF: 5199 (d)(2)(E) ref (e)(1)]

- a. When allowing COVID positive staff to complete their workshifts.
- b. When allowing staff working in the administrative building, gun towers, and wall gun posts to circumvent the COVID screening stations.

Instance 2: The employer failed to offer the required vaccines for all healthcare workers including, but not limited to measles, mumps, rubella, varicella, influenza, and pertussis for employees who were:

- a. Supervising the inmates in outside hospitals who were infected with SARS-CoV-2, the virus that causes COVID-19.
- b. Supervising inmates in the dental unit during aerosol-generating procedures on confirmed or suspect COVID-19 cases.
- c. Supervising inmates in the CHSB medical unit during transport, medical procedures, and psychiatric observations.
- d. Escorting healthcare workers for patient evaluations, medication provision, and emergency medical responses to the inmate housing tiers that held symptomatic inmates who were suspected or confirmed COVID-19 cases. [REF: 5199 (d)(2)(h) ref (h)(5)]

Instance 3: The employer failed to ensure that Airborne Infection Isolation rooms were operational to treat COVID positive patients. [REF: 5199 (d)(2)(E) ref (e)(5)(D)]

Instance 4: Employer failed to effectively investigate absentees for COVID-19 illness. [REF: 5199(d)(2)(J)]

Instance 5: Employer's ATD exposure control plan failed to contain the methods of implementation of subsections 5199 (e), (g), (h), (i) and (j) in that:

- a. The plan fails to identify the line of authority for administering the plan in different operations, such as custody and CCHCS. [5199(d)(2)(A)]
- b. The plan's definition of "occupational exposure" is incomplete, in that it omits the portion that applies to correctional facilities. [5199(d)(2)(B), ref. 5199(a)(1)(E)]
- c. The plan's list of job categories with occupational exposure is incomplete and omits jobs such as kitchen and transport staff who have contact with or are routinely within exposure range of the inmate population. [5199(d)(2)(B)]
- d. The plan lacks an effective procedure for obtaining the active involvement of employees and reviewing and updating the plan with respect to procedures performed in their respective work areas in accordance with 5199(d)(3).
- e. The plan fails to address how other employers, including contractors, will be informed about

infectious disease hazards and exposure incidents as required by 5199(d)(2)(K) and (L) and (e)(3).

f. The plan fails to set forth with specificity Employer's surge procedure, 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. [5199(d)(2)(Q)]

g. The plan's personal protective equipment (PPE) requirements, including the PPE matrix, are incomplete, inconsistent, and inadequate, and they fail to state which tasks require N95, PAPR, or higher-level protection. [5199(e)(1), ref. 5199(g)(3).]

h. The plan states that "Engineering and Work Practice Controls and PPE" are "N/A," even for standard precautions required under Title 8, section 5193 for blood-borne pathogens. [5199(e)(1)]

i. The plan fails to specify whether airborne infection isolation rooms (AIIR) are present, used, or tested as required. [5199(e)(5)]

j. The plan fails to specify provisions for the transfer of airborne infectious disease cases to suitable facilities when Employer does not have an AIIR available. [5199(e)(5)(B)]

k. The plan lacks effective decontamination procedures and engineering controls for the cleaning and decontamination of vehicles used to transport patients with suspect or confirmed airborne infectious diseases or blood-borne pathogens. [5199(e)(1)(C), 5199(e)(5)(2), ref. 5193]

l. The plan's list of high-hazard procedures is incomplete. [5199(e)(5)(C)]

m. The plan fails to specify the high-hazard tasks that powered air-purifying respirators (PAPRs) would interfere with and the reasons for that interference, and it fails to provide for employee annual review in accordance with 5199(d)(3). [5199(g)(3)(B)]

n. The plan lacks a provision to provide vaccines to employees within 10 working days of their initial assignment to a position with occupational exposure. [5199(h)(5)(A)]

o. The plan fails to identify which employees will be considered "health care workers" to whom vaccines must be made available, such as CCHCS, custody, facility, and PIA employees, including inmates. [5199(h)(5)]

p. The plan's provisions for medical services and exposure incidents are inadequate in that:

i. The exposure-incident provisions do not start with developing a list of all potentially infected employees, as required by 5199(h)(6), and they do not specify how exposure investigations will include the facility population, contractor employees, and employees of CDCR and CCHCS.

ii. 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.

iii. The plan fails to explain how information about precautionary removal, and post-exposure follow-up and evaluation might be provided to an employee's personal physician.

iv. The plan lacks provisions for investigations of tuberculous conversions, and records of those investigations.

q. The plan fails to address specifically how the training required by 5199(i) will include:

i. material appropriate in content and vocabulary to the educational level, literacy, and language of employees [5199(i)(3)], or

ii. an opportunity for interactive questions and answers with a person who is knowledgeable in the subject matter of the training as it relates to Employer's workplace and ATD exposure control plan. [5199(i)(5)].

r. The plan fails to state how recordkeeping requirements of 5199(k), including access to records, will be implemented. [5199(k)]

s. 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, the Chief of the Division of Occupational Safety and Health, and NIOSH in accordance with Title 8, section 3204. [5199(j)(4)(C)]

Instance 6: The employer's work practices for isolation, quarantine, and infection control procedures were ineffective in that the employer failed to dedicate staffing in accordance with public health guidance and assigned employees to work in housing units with COVID-19 cases and in housing units without COVID cases. [REF: 5199(d)(2)(G) refers to (e)(5)(B) or (e)(1)] CLASSIFICATION: WILLFUL

Instance 7: The employer transferred suspect and confirmed cases between housing units. CLASSIFICATION: WILLFUL

Instance 8: The employer failed to isolate inmates transferred from CIM in closed door cells. CLASSIFICATION: WILLFUL

Instance 9: The employer's isolation and quarantine procedures were ineffective during the employer's operation of mental health groups and the exercise yard program for inmates without isolating suspect or confirmed COVID-19 cases. [REF: 5199 (e)(1) or (d)(2)(G)] CLASSIFICATION: WILLFUL

Date By Which Violation Must be Abated:

March 19, 2021

Proposed Penalty:

\$90000.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
American Canyon District Office
3419 Broadway Street Ste H8
American Canyon, CA 94503
Phone: (707) 649-3700 Fax: (707) 649-3712

Inspection #: 1480866
Inspection Dates: 06/24/2020 - 01/29/2021
Issuance Date: 02/01/2021
CSHO ID: W6628
Optional Report #: 021-20

**Citation and Notification of Penalty**

Company Name: State of California, Department of Corrections & Rehabilitation
Establishment DBA: San Quentin State Prison
and its successors
Inspection Site: 1 Main Street
San Quentin, CA 94964

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

T8 CCR Section 5199(e). Aerosol Transmissible Diseases.

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

(1) General. Employers shall use feasible engineering and work practice controls to minimize employee exposures to ATPs. Where engineering and work practice controls do not provide sufficient protection (e.g., when an employee enters an All room or area) the employer shall provide, and ensure that employees use, personal protective equipment, and shall provide respiratory protection in accordance with subsection (g) to control exposures to AirIPs.

(A) Work practices shall be implemented to prevent or minimize employee exposures to airborne, droplet, and contact transmission of aerosol transmissible pathogens (ATP), in accordance with Appendix A, and where not addressed by Appendix A, in accordance with the Guideline for Isolation Precautions. Droplet and contact precautions shall be in accordance with Guideline for Isolation Precautions. Airborne precautions shall be in accordance with Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings.

(B) Each employer shall implement written source control procedures. For fixed health care and correctional facilities, and in field operations to the extent that it is reasonably practicable, these procedures shall incorporate the recommendations contained in the Respiratory Hygiene/Cough Etiquette in Health Care Settings. The procedures shall include methods to inform individuals entering the facility, being transported by employees, or otherwise in close contact with employees, of the source control practices implemented by the employer.

(C) Employers shall develop and implement engineering and work practice controls to protect employees who operate, use, or maintain vehicles that transport persons who are ATD cases or suspected cases. The employer shall give consideration to implementing barriers and air handling systems, where feasible. Employers shall document the results and the basis for the results of their

consideration process. These control measures shall be included in the annual review of the Plan, in accordance with subsection (d)(3).

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

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

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.

Prior to and during the course of the inspection including, but not limited to June 24, 2020, the employer failed to implement work practice controls and/or provide and ensure use of personal protective equipment, to prevent or minimize employee exposures to airborne, droplet, and contact transmission of aerosol transmissible pathogens such as SARS-CoV-2, the virus that causes COVID-19, in the following instances:

Instance 1: The employer's screening procedures were ineffective in excluding COVID positive employees from their work assignments. [REF: 5199(e)(1)(A)]

Instance 2: The employer failed to provide fluid-resistant body coverings to all employees working in the housing units with direct exposure to droplets generated by inmates and employees infected with SARS-CoV-2. [5199(e)(1)(A)]

Instance 3: The employer failed to provide face shields or equivalent eye protection to all employees with occupational exposure to inmates infected with SARS-CoV-2. [5199(e)(1)(A)]

Instance 4: The employer failed to ensure there is an adequate supply of latex and nitrile gloves in the main kitchen for custody staff supervising and working with inmate workers. [5199(e)(1)(A)]

Instance 5: The employer failed to implement effective written procedures for maintaining physical distancing for correctional counselors in the trailers and in the union representatives office. [5199(e)(1)]

Instance 6: The employer failed to maintain compliance with source control procedures in order to protect employees in that:

a. Employees and inmates were observed without face coverings while getting haircuts on July 3rd, in the employee gym on July 10th, on the exercise yard on July 10th, and at the CLSB entrance on or about June 24. [REF: 5199 (e)(1)(B)]

b. The employer failed to provide an adequate supply of disinfectant in the employee gymnasium. [REF: 5199(e)(2)]

c. Inmate workers were required to travel between infected housing units to assigned work locations, in the main kitchen, and warden's administrative building, potentially exposing staff to the SARS-CoV-2 virus. [REF: 5199(e)(1)(B) & (e)(5)(B)(1)]

d. The employer ran industrial fans in infected housing units including, but not limited to South and North Block.

e. The employer failed to establish written procedures for disinfection of shared items including, mandown bags, keys, handcuffs and phones circulated in the housing units [REF: 5199(e)(2)]

f. The employer failed to effectively restrict the movement of infected inmates by isolating suspected and confirmed COVID-19 cases. Inmates were taken from infected tiers and mixed with inmates from non-infected tiers in the exercise yard [REF: (e)(1)(B) & (e)(5)(B)(1)]

g. On July 7, 2020, the employer failed to ensure that nursing staff responding to emergency calls in the west block housing unit effectively implemented the employer's doffing procedures. [REF: 5199(e)(2) and (i)(4)(g)]

Instance 7: The employer permitted employees in the dental unit to perform aerosol-generating procedures on COVID-positive inmates without restricting access to the operatory. [REF: 5199(e)(5)(C)]

Instance 8: The employer failed to establish and implement procedures for cohorting convalescent COVID-19 positive employees with COVID positive inmates in accordance with CDPH guidance. [REF: 5199(e)(1)] CLASSIFICATION: WILLFUL

Instance 9: Dental Management permitted employees to perform aerosol-generating procedures on COVID positive inmates without using effective engineering controls to prevent the spread of SARs-CoV-2. CLASSIFICATION: WILLFUL

Date By Which Violation Must be Abated:
Proposed Penalty:

February 16, 2021
\$90000.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
American Canyon District Office
3419 Broadway Street Ste H8
American Canyon, CA 94503
Phone: (707) 649-3700 Fax: (707) 649-3712

Inspection #: 1480866
Inspection Dates: 06/24/2020 - 01/29/2021
Issuance Date: 02/01/2021
CSHO ID: W6628
Optional Report #: 021-20

**Citation and Notification of Penalty**

Company Name: State of California, Department of Corrections & Rehabilitation
Establishment DBA: San Quentin State Prison
and its successors
Inspection Site: 1 Main Street
San Quentin, CA 94964

Citation 8 Item 1 Type of Violation: **Willful-Serious**

T8 CCR Section 5199(g). Respiratory Protection.

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

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

(3) Respirator selection.

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) The employer shall not require or permit respirator use when an employee is operating a helicopter or other vehicle and the respirator may interfere with the safe operation of that vehicle. When employees do not use respirators, the employer shall provide other means of protection such as barriers or source control measures, where feasible.

(2) Law enforcement or corrections personnel who transport an airborne infectious disease case or suspected case 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 (for example 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 and maintains the results, in accordance with subsection (j)(3)(F); and

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

(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.**

Reference 5144(c) Respiratory protection program.

This subsection requires the employer to develop and implement a written respiratory protection program with required worksite-specific procedures and elements for required respirator use.

Prior to and during the course of the inspection including, but not limited to June 24, 2020, the employer failed to establish, implement and maintain its respiratory protection procedures for its employees with occupational exposure to pathogens such as SARS-CoV-2, the virus that causes COVID-19, in the following instances:

Instance 1: The employer failed to provide and ensure that employees used respirators at least as effective as the N95 when exposed to suspect and confirmed COVID-19 cases.

a. Custody staff, mail room, and correctional counselors working in inmate housing units were allowed to wear face coverings. [REF: 5199(g)(3) & (4)]

b. Custody staff were not required to wear respirators, but allowed to wear face coverings during the inter- & intra-facility transfer of inmates arriving from CIM to the housing units. [REF: 5199(g)(4)(H)]

c. Custody staff were not required to wear respirators, but allowed to wear face coverings while working in the CLSB [REF: 5199(g)(4)(B or (D))]

d. On July 3, 2020, custody staff were allowed to wear face coverings while during an intra-facility transfer with an unmasked inmate on a cart to CLSB.

Instance 2: The employer failed to make PAPRs available and ensure their use in the following

instances:

- a. During high hazard procedures in the dental unit on suspected and confirmed COVID-19 cases.
- b. For employees with conditions which medically contraindicate use of N95 respirators
- c. For employees with facial hair on or before July 7, 2020. [REF: 5199(g)(2) ref. 5144(e)(6)] & (g)(1)(A)]

Instance 3: The employer failed to properly store N95 respirators on medical transport vehicles. [REF: 5199(g)(2) ref. 5144(h)(2)]

Instance 4: The employer failed to fit test all staff with occupational exposure risk to suspect and confirmed COVID-19 cases.

Instance 5: The employer failed to provide medical evaluations for all employees needing respirators who have occupational exposure to suspect and confirmed COVID-19 cases. [REF: 5199(g)(5), ref. 5144(e)(6)(B)]

Instance 6: The employer failed to maintain records of fit testing for all employees with occupational exposure risk to SARS-CoV-2, the virus that cause COVID-19. [REF: 5199(g)(2) ref. 5199(j)(3)(G)]

Instance 7: The employer permitted employees in the dental unit to perform aerosol-generating procedures on COVID positive inmates without using PAPRs or equivalent respiratory protection. [REF: 5199(g)(4)(B) to (g)(3)] CLASSIFICATION: WILLFUL

Date By Which Violation Must be Abated:
Proposed Penalty:

June 15, 2021
\$90000.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
American Canyon District Office
3419 Broadway Street Ste H8
American Canyon, CA 94503
Phone: (707) 649-3700 Fax: (707) 649-3712

Inspection #: 1480866
Inspection Dates: 06/24/2020 - 01/29/2021
Issuance Date: 02/01/2021
CSHO ID: W6628
Optional Report #: 021-20

**Citation and Notification of Penalty**

Company Name: State of California, Department of Corrections & Rehabilitation
Establishment DBA: San Quentin State Prison
and its successors
Inspection Site: 1 Main Street
San Quentin, CA 94964

Citation 9 Item 1 Type of Violation: **Willful-Serious**

T8 CCR Section 5199(h). Aerosol Transmissible Diseases.**(h) Medical Services.**

(1) Each employer who has any employee with occupational exposure shall provide the employee with medical services for tuberculosis and other ATDs, and infection with ATPs and ATPs-L, in accordance with applicable public health guidelines, for the type of work setting and disease. When an employer is also acting as the evaluating health care professional, the employer shall advise the employee following an exposure incident that the employee may refuse to consent to vaccination, post-exposure evaluation and follow-up from the employer-health care professional. When consent is refused, the employer immediately shall make available a confidential vaccination, medical evaluation or follow-up from a PLHCP other than the exposed employee's employer.

(2) Medical services, including vaccinations, tests, examinations, evaluations, determinations, procedures, and medical management and follow-up, shall be:

(A) Performed by or under the supervision of a PLHCP;

(B) Provided according to applicable public health guidelines; and

(5) The employer shall make available to all susceptible health care workers with occupational exposure all vaccine doses listed in Appendix E. Employees in laboratory operations outside of health care settings, and within the scope of subsection (f), shall be provided with vaccines in accordance with the BMBL for the specific laboratory operations. The requirements in subsection (h)(5) will become effective on September 1, 2010.

(A) Recommended vaccinations shall be made available to all employees who have occupational exposure after the employee has received the training required in subsection (c) or (i) and within 10 working days of initial assignment unless:

1. The employee has previously received the recommended vaccination(s) and is not due to receive another vaccination dose; or
2. A PLHCP has determined that the employee is immune in accordance with applicable public health guidelines; or
3. The vaccine(s) is contraindicated for medical reasons.

(B) The employer shall make additional vaccine doses available to employees within 120 days of the issuance of new applicable public health guidelines recommending the additional dose.

(C) The employer shall not make participation in a prescreening serology program a prerequisite for receiving a vaccine, unless applicable public health guidelines recommend this prescreening prior to administration of the vaccine.

(D) If the employee initially declines a vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the employer shall make the vaccination available in accordance with subsection (h)(5)(A) within 10 working days of receiving a written request from the employee.

(E) The employer shall ensure that employees who decline to accept a recommended and offered vaccination sign the statement in Appendix C1 for each declined vaccine.

(F) The employer shall request the PLHCP administering a vaccination or determining immunity to provide only the following information to the employer:

1. The employee's name and employee identifier.
2. The date of the vaccine dose or determination of immunity.
3. Whether the employee is immune to the disease, and whether there are any specific restrictions on the employee's exposure or ability to receive vaccine.
4. Whether an additional vaccination dose is required, and if so, the date the additional vaccination dose should be provided.

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.

(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.

Prior to and during the course of the inspection including, but not limited to June 24, 2020, the employer failed to provide medical services in accordance with applicable public health guidance in the following instances:

Instance 1: The employer failed to ensure employees exposed to suspect and confirmed COVID-19 patients were notified, tested, and referred to a PLHCP in accordance with applicable public health

guidance for identification, education, quarantine, and tracking. [REF: 5199 (h) (6), (7), (8), & (9)]

Instance 2: The employer failed to make testing for the SARS-CoV-2 virus readily available for surveillance and following exposure incidents. [REF: 5199(h)(6)(C)(3)] [5199(h)(2) ref (h)(8)]

Instance 3: Employer failed to conduct exposure investigations in accordance with CDPH guidance. [REF: 5199 (h)(6)-(9)] CLASSIFICATION: WILLFUL

Instance 4: Employer failed to isolate and quarantine inmates and employees exposed to suspect and confirmed COVID-19 cases in accordance with public health guidelines. [REF: 5199 (h)(6)] CLASSIFICATION: WILLFUL

Instance 5: Employer failed to designate a PLHCP to write exclusion and return-to-work orders before employees were exposed to SARS-CoV-2, the virus that causes COVID-19 disease. [REF: 5199 (h)(8) ref 5199 (d)(4)(h) or (d)(4)(i)] CLASSIFICATION: WILLFUL

Instance 6: The employer failed to provide centralized surveillance testing for the SARS-CoV-2 virus, the virus that causes COVID-19 disease, for the employees with an occupational exposure risk in May and June in accordance with public health guidelines. [REF: 5199 h)(6)-(9)] CLASSIFICATION: WILLFUL

Date By Which Violation Must be Abated:

February 16, 2021

Proposed Penalty:

\$90000.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
American Canyon District Office
3419 Broadway Street Ste H8
American Canyon, CA 94503
Phone: (707) 649-3700 Fax: (707) 649-3712

Inspection #: 1480866
Inspection Dates: 06/24/2020 - 01/29/2021
Issuance Date: 02/01/2021
CSHO ID: W6628
Optional Report #: 021-20

**Citation and Notification of Penalty**

Company Name: State of California, Department of Corrections & Rehabilitation
Establishment DBA: San Quentin State Prison
and its successors
Inspection Site: 1 Main Street
San Quentin, CA 94964

Citation 10 Item 1 Type of Violation: **Serious**

T8 CCR Section 5199(i). Aerosol Transmissible Diseases.**(i) Training.**

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

(2) Employers shall provide training as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(J) Information on the vaccines made available by the employer, including information on their efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available, and post-exposure evaluation.

(L) Information on the employer's surge plan as it pertains to the duties that employees will perform. As applicable, this training shall cover the plan for surge receiving and treatment of patients, patient isolation procedures, surge procedures for handling of specimens, including specimens from persons who may have been contaminated as the result of a release of a biological agent, how to access supplies needed for the response including personal protective equipment and respirators, decontamination facilities and procedures, and how to coordinate with emergency response personnel from other agencies

(5) Every training program shall include an opportunity for interactive questions and answers with a person who is knowledgeable in the subject matter of the training as it relates to the workplace that the training addresses and who is also knowledgeable in the employer's ATD exposure control or biosafety plan. Training not given in person shall fulfill all the subject matter requirements of subsections (i)(4) and shall provide for interactive questions to be answered within 24 hours by a knowledgeable person as described above.

Prior to and during the course of the inspection including, but not limited to June 24, 2020, the

employer failed to ensure that employees with occupational exposure to aerosol transmissible diseases such as COVID-19, were effectively trained in the following instances:

Instance 1: Employees did not receive additional training on the new aerosol transmissible disease COVID-19-specific risk assessment and procedures. [REF: 5199(d)(2)(D) ref (i)(4)E]

Instance 2: The employer failed to distribute the communicable disease course to the custody staff with an occupational exposure risk to the SARs-CoV-2 virus and other ATPs.[REF: 5199(i) ref. 3203(a)(7)]

Instance 3: The employer failed to train all employees on the use of the N95 respirator and the limitations of face coverings. [REF: 5199 (i) (4)(G), (I) & 5144(k)]

Date By Which Violation Must be Abated:
Proposed Penalty:

March 19, 2021
\$22950.00

Channing Sheets Kathy Garner
Compliance Officer / District Manager