STATE OF CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

2.

SPECIAL ORDER

CA Department of Corrections & Rehabilitation - Folsom Prison

1. Office: Cal/OSHA Enforcement

2424 Arden Way, Suite 165 SAcramento, CA 95825

3. Page ___1 of ___4

P.O. Box 910 Folsom, CA 95763					4. Special Order Number113		
	L			Folsom State Prison	n. 300 Prison Rd		
5. A		or investigation of a place of olsom, CA	6: E	Poh Canahy			
-				conducted by	Boo Scheny		
		May 1 ,20_ s 6305 and 6308 for unsafe			in accordance with Californing that inspection or invest		
6a. Item No.	No. of Instances	7. Basis of Special Order L.C. Provision	8. Sp	ecial Order		t date by which al Order must be vith	
1		L.C. Section 6401	See attached	d pages 2, 3, and 4.	Novemb	per 30, 2007	
	Signature	Safety Eng Roberts Industrial Hygie	nohy	Signature	District Manager		
working da The emplo Sacramen	ays, whichever is lo oyer has 15 working nto, CA 95833, of his	thereof shall be prominently posted uponger.	n receipt by the employer at or near the	ne California Occupational Safety and	escribed above until said condition(s) is/a d Health Appeals Board, 2520 Venture O er of the Appeals Board not subject to revi	aks Way Suite 300,	

An employee, or his or her representative, may contest in writing to the California Occupational Safety and Health Appeals Board the reasonableness of the date by which this order must be complied with within 15 working days from the date of issuance of the Special Order. If the unsafe condition(s) described above is/are not corrected or any action or provision of this Order is not complied with as directed in this Special Order within the period of time set forth by the Division of Occupational Safety and Health, the Division may issue a citatio . for violation of the special order and may assume a monetary penalty and/or in some instances, may bring a prosecution for a misdemeanor.

District

1

T5112

044-07 Optional Report No 309370435

CAL/OSHA FORM 1 Report No.

11.

The Division of Occupational Safety and Health (Division), in enforcing occupational safety and health standards and orders and special orders may declare and prescribe what safety devices, safeguards, or other means or methods of protection are well adapted to render the employees of every employment and place of employment safe as required by law or lawful order.

The Division has determined that employees of the California Department of Corrections and Rehabilitation (CDCR) may be exposed to the hazard of infection with Methicillin Resistant Staphylococcus Aureus (MRSA) in the course of their work activities. These employees may be at risk of serious occupational illness if appropriate measures are not taken to reduce the risk of infection and to provide early and appropriate treatment.

The purpose of the special order is to ensure that CDCR develops and implements a program to address MRSA infection (MRSA Program) in Folsom Prison, to include all of the following elements*:

1. Written Program

- A. Based upon the recommendations of a person qualified in infection control practice, CDCR shall develop and implement a written MRSA Program to control the risk of occupational MRSA infection to employees, and to reduce transmission of MRSA in the prison setting. A copy of the MRSA Program shall be maintained in the facility, and shall be made available upon request to all employees, their representatives, representatives of the Division, the California Department of Public Health, and the National Institute for Occupational Safety and Health.
- B. The written MRSA Program shall include all of the following elements:
 - 1. The title of the management official responsible for the overall effective implementation of the program (Program Administrator).
 - 2. Identification of work activities, assignments, and locations in which employees may be at risk of contracting MRSA infection.
 - 3. A description of control measures to reduce the risk of transmission in non-health care areas of the facility.
 - 4. A description of infection control measures for health care operations.
 - 5. The procedures for providing effective training to employees.
 - The procedures for ensuring prompt reporting of possible MRSA infections by employees and for providing employees with appropriate referrals and treatment.
 - 7. The procedures for recording skin and soft tissue infections among employees.
 - 8. The policies and procedures that will be used to assure effective implementation of the program.
 - 9. The procedures for annual evaluation of the program by the management official responsible for implementation of the program
 - 10. The procedures that will be used to involve employees and their representatives in the annual evaluation of the program in their work areas or assignments.
- Control Measures. The MRSA Program shall include control measures that will be used to reduce the risk of MRSA transmission, including all of the following:
 - A. Methods and schedule for cleaning and disinfection of surfaces and materials that may be contaminated with MRSA, including the appropriate handling of laundry.
 - B. Provision of, and access to, hand hygiene facilities or materials.

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- C. Use of gloves or other personal protective equipment when employees are likely to contact potentially infectious body fluids, including wound secretions.
- D. Procedures to reduce the transmission of infection from and between inmates, including the following:
 - Initial and periodic training of inmates regarding MRSA, including recognition of skin and soft tissue infections, the modes of transmission, and the importance of proper wound care.
 - Prompt access to appropriate medical care, wound coverings, hygiene facilities and materials, and facilities for the disposal of contaminated materials for inmates with skin and soft tissue infections.
 - 3. Establishment of a system of surveillance that is consistent with medical confidentiality requirements to record the occurrence of skin and soft tissue infections among the inmate population, and to conduct follow-up investigations to determine whether there is a need for further action to reduce the risk of infection to employees.
 - 4. Appropriate placement or medical isolation for inmates determined to be at high risk of transmission.
- 3. Infection control plan for health care operations. The CDCR shall develop and implement an infection control plan, including contact precautions for MRSA infections, in health care operations. The plan shall be consistent with recommendations of the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health. This shall include initial and annual training of all health care staff on the facility's infection control plan.

4. Training

- A. The employer shall provide effective training regarding the control of MRSA transmission to each employee who:
 - 1. Has direct contact with the facility population.
 - 2. Performs disinfection or cleaning activities in areas that may be contaminated with infectious materials.
 - Handles or may otherwise be exposed to materials or wastes that may contain MRSA, including contaminated laundry, and locker room surfaces.
 - 4. Supervises employees who are in any of the above categories.
 - 5. The CDCR determines is at risk of acquiring occupational MRSA infection.
- B. This training shall be provided at the time of the implementation of the written program, at the time of an employee's initial assignment to a task or area that is included in this special order, and at least every 12 months thereafter. This training may be combined with other infection control training.
- C. This training shall include all of the following elements:
 - A description of MRSA infection, including a general description of the modes of transmission, the importance of early recognition of skin and soft tissue infections, and how such infections should be treated.
 - A description of CDCR's MRSA Program, and how it will be specifically
 implemented in the employee's work area or assignment. This shall include the
 names of the management officials responsible for its implementation, and how
 employees can participate in its review.
 - A description of control measures that will be used in the employee's work area or assignment. As applicable, this shall include access to hygiene facilities, gloves, and methods of disinfection or disposal of contaminated areas or materials.

- 4. Recognition of skin and soft tissue infections, and how inmates can be referred to facility medical personnel for evaluation and treatment.
- 5. The importance of employees' reporting their skin and soft tissue infections, and the mechanism for reporting these infections to the appropriate person in the facility. This training shall include information on how medical records will be maintained as confidential in accordance with 8 CCR 3204 (Access to Employee Exposure and Medical Records), 8 CCR 14300 et seq (Employer Records of Occupational Injury or Illness) and element 5C below.
- The importance of obtaining timely and effective treatment for skin and soft tissue infections, and the precautions that should be taken to avoid transmission of MRSA.
- A summary of the previous year's infection surveillance report (see element 5C below).
- Surveillance of employee skin and soft tissue infections. The employer shall implement effective
 procedures for the recording of employee skin and soft tissue infections. These procedures shall
 be in accordance with Title 8, California Code of Regulations, 8 CCR 14300, et seq.
 - A. The employer shall implement procedures in accordance with 8 CCR 3203 (Injury and Illness Prevention Program) to investigate each case of occupational illness, including skin and soft tissue infections.
 - B. If the investigation discovers potential sources of infection that require additional control measures, the CDCR shall implement those measures in a timely manner, in accordance with 8 CCR 3203.
 - C. At least annually, the Program Administrator shall prepare an infection surveillance report that includes the numbers and types of employee skin and soft tissue infections by work assignment and work area. This report shall not include the individual names or other personal identification of employees.
- 6. Program Review. The employer shall implement procedures to review the effectiveness of the program at least annually, and to update the plan as necessary. The review shall include a review of the medical surveillance report. The review procedures shall include the active involvement of employees in their work area.
- 7. Recordkeeping. Records of program implementation shall be maintained in accordance with 8 CCR 3203. The program and all records of implementation, except for employee medical records, shall be made available to employees, their representatives, representatives of the Division and of the California Department of Public Health, and the National Institute for Occupational Safety and Health. Employee medical records shall be maintained and made available in accordance with 8 CCR 3204. Records of occupational illnesses shall be maintained and made available in accordance with 8 CCR 14300, et seq.
- * All regulation section numbers refer to Title 8, California Code of Regulations.

State of California Division of Occupational Safety and Health Cal/OSHA District Office 2424 Arden Way, Suite 165 Sacramento, CA 95825 Phone: (916) 263-2800 Fax: (916) 263-2798



Citation and Notification of Penalty

To:

CA Corrections & Rehabilitation - Folsom Prison

and its successors P.O. Box 910

Folsom, CA 95763

Inspection Site: 300 Prison Rd Represa, CA 95671 Inspection Number: 309370435 Inspection Date(s): 05/01/2007 10/29/2007 10/30/2007

Issuance Date: CSHO ID:

T5112 Optional Report #: 044-07 Reporting ID: 0950621

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

This Citation and Notification of Penalty (hereinafter Citation) is being issued in accordance with California Labor Code Section 6317 for violations that were found during the inspection/investigation. This Citation or a copy must be prominently posted upon receipt by the employer at or near the location of each violation until the violative condition is corrected or for three working days, whichever is longer. Violations of Title 8 of the California Code of Regulations or of the California Labor Code may result in some instances in prosecution for a misdemeanor.

YOU HAVE A RIGHT to contest this Citation and Notification of Penalty by filing an appeal with the Occupational Safety and Health Appeals Board. To initiate your appeal, you must contact the Appeals Board, in writing or by telephone, within 15 working days from the date of receipt of this Citation. If you miss the 15 working day deadline to appeal, the Citation and Notification of Penalty becomes a final order of the Appeals Board, not subject to review by any court or agency.

Informal Conference - You may request an informal conference with the Manager of the District Office which issued the Citation within 10 working days after receipt of the Citation. However, if the citation is appealed, you may request an informal conference at any time prior to the day of the hearing. Employers are encouraged to schedule a conference at the earliest possible time to assure an expeditious resolution of any issues. At the informal conference, you may discuss the existence of the alleged violation, classification of the violation, abatement date or proposed penalty.

Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an agreement which resolves this matter without litigation or contest.

APPEAL RIGHTS

The Occupational Safety and Health Appeals Board (Appeals Board) consists of three members appointed by the Governor. The Appeals Board is a separate entity from the Division of Occupational Safety and Health (Division) and employs experienced attorneys as administrative law judges to hear appeals fairly and impartially. To initiate an appeal from a Citation and Notification of Penalty, you must contact the Appeals Board, in writing or by telephone, within 15 working days from the date of receipt of a Citation. After you have initiated your appeal, you must then file a completed appeal form with the Appeals Board, at the address listed below, for each contested citation. Failure to file a completed appeal form with the Appeals Board may result in dismissal of the appeal. Appeal forms are available from district offices of the Division, or from the Appeals Board:

Occupational Safety and Health Appeals Board 2520 Venture Oaks Way, Suite 300 Sacramento, CA 95833 Telephone: (916) 274-5751 Fax: (916) 274-5785

If the Citation you are appealing alleges more than one item, you must specify on the appeal form which items you are appealing. You must also attach to the appeal form a legible copy of the Citation you are appealing.

Among the specific grounds for an appeal are the following: the safety order was not violated, the classification of the alleged violation (e.g., serious, repeat, willful) is incorrect, the abatement requirements are unreasonable or the proposed penalty is unreasonable.

Important: You must notify the Appeals Board, not the Division, of your intent to appeal within 15 working days from the date of receipt of the Citation. Otherwise, the Citation and Notification of Penalty becomes a final order of the Appeals Board not subject to review by any court or agency. An informal conference with the Division does not constitute an appeal and does not stay the 15 working day appeal period. If you have any questions concerning your appeal rights, call the Appeals Board, (916) 274-5751.

PENALTY PAYMENT OPTIONS

Penalties are due within 15 working days of receipt of this Citation and Notification of Penalty unless contested. If you are appealing any item of the citation, remittance is still due on all items that are not appealed. Enclosed for your use is a Penalty Remittance Form for payment.

If you are paying by credit card (MasterCard and Visa), please have the Penalty Remittance Form on-hand when you are ready to make your payment. The company name, index code, reporting ID, and Citation number(s) will be required in order to ensure that the payment is accurately posted to your account. Please go to www.dir.ca.gov/dosh to access the secure payment processing site.

If you are paying by check, return one copy of the Citation, along with the Notice of Proposed Penalties Sheet and the Penalty Remittance Form and mail to:

Department of Industrial Relations Cashier, Accounting Office P. O. Box 420603 San Francisco, CA 94142-0603

CAL/OSHA does not agree to any restrictions, conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

NOTIFICATION OF CORRECTIVE ACTION

For violations which you do not contest, you should notify the Division of Occupational Safety and Health promptly by letter that you have taken appropriate corrective action within the time frame set forth on this Citation and Notification of Penalty. Please inform the District Office listed on the Citation by submitting the CAL/OSHA Form 160 and/or 161 with the abatement steps you have taken and the date the violation was abated, together with adequate supporting documentation, e.g., drawings or photographs of corrected conditions, purchase/work orders related to abatement actions, air sampling results, etc. The adjusted penalty for serious and general violations has already been reduced by 50% on the presumption that the employer will correct the violations by the abatement date." If the CAL/OSHA Form 161 is not received in the District Office within 10 days following the abatement date, the abatement credit is revoked, causing the penalty to double.

Note: Return the CAL/OSHA Form 160/161 to the District Office listed on the Citation and as shown below:

Division of Occupational Safety and Health 2424 Arden Way, Suite 165 Sacramento, CA 95825 Telephone: (916) 263-2800

EMPLOYEE RIGHTS

Employer Discrimination Unlawful - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under Labor Code Section 6310 or 6311. An employee who believes that he/she has been discriminated against may file a complaint no later than six (6) months after the discrimination occurred with the Division of Labor Standards Enforcement.

Employee Appeals - An employee or authorized employee's representative may, within 15 working days of the issuance of a citation, special order, or order to take special action, appeal to the Occupational Safety and Health Appeals Board the reasonableness of the period of time fixed by the Division of Occupational Safety and Health (Division) for abatement. An employee appeal may be filed with the Appeals Board or with the Division. No particular format is necessary to initiate the appeal, but the notice of appeal must be in writing.

If an Employee Appeal is filed with the Division, the Division shall note on the face of the document the date of receipt, include any envelope or other proof of the date of mailing, and promptly transmit the document to the Appeals Board. The Division shall, no later than 10 working days from receipt of the Employee Appeal, file with the Appeals Board and serve on each party a clear and concise statement of the reasons why the abatement period prescribed by it is reasonable.

Employee Appeal Forms are available from the Appeals Board, or from a District Office of the Division.

Employees Participation in Informal Conference. Affected employees or their representatives may notify the District Manager that they wish to attend the informal conference. If the employer objects, a separate informal conference will be held.

DISABILITY ACCOMMODATION

Disability accommodation is available upon request. Any person with a disability requiring an accommodation, auxiliary aid or service, or a modification of policies or procedures to ensure effective communication and access to the programs of the Division of Occupational Safety and Health, should contact the Disability Accommodation Coordinator at the local district office or the Statewide Disability Accommodation Coordinator at 1-866-326-1616 (toll free). The Statewide Coordinator can also be reached through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).

Accommodations can include modifications of policies or procedures or provision of auxiliary aids or services. Accommodations include, but are not limited to, an Assistive Listening System (ALS), a Computer-Aided Transcription System or Communication Access Realtime Translation (CART), a sign-language interpreter, documents in Braille, large print or on computer disk, and audio cassette recording. Accommodation requests should be made as soon as possible. Requests for an ALS or CART should be made no later than five (5) days before the hearing or conference.

Division of Occupational Safety and Health RID 0950621 Index 4021 2424 Arden Way, Suite 165 Sacramento, CA 95825

Phone: (916) 263-2800 Fax: (916) 263-2798

Inspection Number: 309370435

Inspection Dates: 05/01/2007 - 10/29/2007

Issuance Date: 10/30/2007

CSHO ID: T5112

Optional Inspection Nbr: 044-07



Citation and Notification of Penalty

Company Name:

CA Corrections & Rehabilitation - Folsom Prison

Inspection Site:

300 Prison Rd, Represa, CA 95671

Citation 1 Item 1 Type of Violation: Regulatory

T8 CCR 342(a): Reporting Work-Connected Fatalities and Serious Injuries. (a) Every employer shall report immediately by telephone or telegraph to the nearest District Office of 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.

Immediately means as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.

Violations:

The employer did not report two employees with work-connected serious illnesses to the Division.

- 1. A Medical Unit Correctional Officer reported a staph infection beginning on 6/16/6 and was hospitalized for treatment from 6/19/6 to 6/22/6 and again from 9/8/6 to 9/11/6.
- 2. A Correctional Officer at Visiting reported a staph infection beginning on 7/30/6 and was hospitalized for treatment from 8/6/6 to 8/13/6 and again from 8/27/6 to 8/30/6.

The serious illnesses were reported to the employer's Return to Work Coordinator, entered on the employer's Log of Work-Related Injuries and Illnesses, but not reported to the employer's Fire Chief who normally calls the Division about serious injuries and illnesses.

Date By Which Violation Must be Abated: Proposed Penalty:

10/31/2007

Division of Occupational Safety and Health RID 0950621 Index 4021 2424 Arden Way, Suite 165 Sacramento, CA 95825 Inspection Number: 309370435

Inspection Dates: 05/01/2007 - 10/29/2007

Issuance Date: 10/30/2007

CSHO ID: T5112

Optional Inspection Nbr: 044-07



Citation and Notification of Penalty

Phone: (916) 263-2800 Fax: (916) 263-2798

Company Name:

CA Corrections & Rehabilitation - Folsom Prison

Inspection Site:

300 Prison Rd, Represa, CA 95671

Citation 1 Item 2 Type of Violation: General

T8 CCR 3203(a)(5): 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: (5) Include a procedure to investigate occupational injury or occupational illness.

Violations:

The employer did not investigate any of eight cases of employees with Methicillin-Resistant Staphylococcus Aureus (MRSA) or Staphylococcus Aureus (SA), occupational injuries, occurring between June 2006 and the start of this inspection.

The eight cases were reported to the Return to Work Coordinator and listed on the employer's OSHA's Form 300, Log of Work-Related Injuries and Illnesses, for 2006 & 2007.

The employer did not follow its established investigation procedures in these eight cases like it does for all other injuries.

Date By Which Violation Must be Abated: Proposed Penalty:

12/03/2007 \$ 750.00

Division of Occupational Safety and Health RID 0950621 Index 4021 2424 Arden Way, Suite 165 Sacramento, CA 95825 Inspection Number: 309370435

Inspection Dates: 05/01/2007 - 10/29/2007

Issuance Date: 10/30/2007

CSHO ID: T5112

Optional Inspection Nbr: 044-07



Phone: (916) 263-2800 Fax: (916) 263-2798 Citation and Notification of Penalty

Company Name: CA

CA Corrections & Rehabilitation - Folsom Prison

Inspection Site:

300 Prison Rd, Represa, CA 95671

Citation 2 Item 1 Type of Violation: Serious

T8 CCR 3203(a)(6): 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: (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:

Violations:

The employer did not take timely and effective corrective actions to address the hazard of MRSA, a recognized hazard in corrections environments. Such actions include, but are not limited to: instituting disinfection procedures for hands, surfaces, and materials; reducing transmission from and between inmates; and isolating those who are contagious.

The employer further did not take timely corrective action in any of eight cases of MRSA or SA beginning in June 2006 through the start of this inspection.

Date By Which Violation Must be Abated: Proposed Penalty:

12/03/2007 \$ 6750.00

Division of Occupational Safety and Health RID 0950621 Index 4021 2424 Arden Way, Suite 165 Sacramento, CA 95825 Inspection Number: 309370435

Inspection Dates: 05/01/2007 - 10/29/2007

Issuance Date:

10/30/2007

CSHO ID: T5112

Optional Inspection Nbr: 044-07



Citation and Notification of Penalty

Phone: (916) 263-2800 Fax: (916) 263-2798

Company Name: CA Corrections & R

CA Corrections & Rehabilitation - Folsom Prison

Inspection Site:

300 Prison Rd, Represa, CA 95671

Citation 3 Item 1 Type of Violation: Serious

T8 CCR 3203(a)(7)(E): (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: (7) Provide training and instruction: (E) Whenever the employer is made aware of a new or previously unrecognized hazard.

Violations:

The employer did not provide training to employees on how to handle MRSA or SA infections or reduce the spread of the infection.

The employer became aware of MRSA and SA cases beginning in June 2006 and did not provide timely and effective training to the employees before the start of this inspection in May 2007.

Date By Which Violation Must be Abated:

12/03/2007

Proposed Penalty:

\$ 8435.00

Compliance Officer/District Manager

Bob Senchy

State of California Division of Occupational Safety and Health Cal/OSHA District Office 2424 Arden Way, Suite 165 Sacramento, CA 95825

Phone: (916) 263-2800 Fax (916) 263-2798

NOTICE OF PROPOSED PENALTIES

Company Name:

CA Corrections & Rehabilitation - Folsom Prison

Inspection Site: Mailing Address: 300 Prison Rd, Represa, CA 95671 P.O. Box 910, Folsom, CA 95763

Issuance Date:

10/30/2007

Reporting ID:

0950621

Index Code:

4021

Summary of Penalties for Inspection Number 309370435

 Citation 1, General
 = \$ 5750.00

 Citation 2, Serious
 = \$ 6750.00

 Citation 3, Serious
 = \$ 8435.00

 TOTAL PROPOSED PENALTIES
 = \$ 20935.00

Penalties are due within 15 working days of receipt of this notification unless contested. If you are appealing any item of this citation, remittance is still due on all items that are not appealed. Enclosed for your use is a Penalty Remittance Form.

If you are paying by credit (MasterCard and Visa): Please have this form on-hand when you are ready to make your payment. The company name, index code, reporting ID, and Citation number(s) will be required to ensure that the payment is accurately posted to your account. Please go to www.dir.ca.gov/dosh to access the secure payment processing site.

If you are paying by check: Mail this Notice of Proposed Penalties, the Penalty Remittance Form, along with a copy of the Citation and Notification of Penalty to:

DEPARTMENT OF INDUSTRIAL RELATIONS

CASHIER, ACCOUNTING OFFICE

P. O. BOX 420603

SAN FRANCISCO, CA 94142-0603