

A **36 year old male employee** contracted **COVID-19** while working as a direct support professional in a home where two adults with intellectual disabilities lived. The employer provides day to day living assistance to individuals with developmental disabilities at their residences.

The victim was as a Direct Support Professional where he cared for and provided day to day living assistance to two individuals, with varying degrees of intellectual and developmental disabilities. The duties included administering medications, cleaning, personal hygiene tasks, laundry, and transportation to appointments and shopping trips. Care was provided around-the-clock, and he was typically the sole caretaker for the day shift. He reported for work at the residence the two individuals shared.

On Sunday, August 29, an employee reported that one of the supported persons was not feeling well, coughing, and was experiencing a low-grade temperature. The employer's staff nurse attempted to have the supported person seen at a local physician's office. The office would not see the person without first being tested for COVID. The nurse called the community hospital and made an appointment; however, an appointment time was not available until Tuesday, August 31.

The victim reported to work as normal and worked his scheduled shift on Monday, August 30. The supported person was being monitored for worsening symptoms, awaiting the test appointment. Employer statements and interviews indicated that employees were only required to wear face coverings or cloth facemasks, no additional PPE was required even though the supported person was reported with symptoms. No additional engineering controls or practices were implemented to limit or help mitigate exposure.

Upon arrival to work on Tuesday, the victim was notified of the COVID test appointment for the supported person. The victim transported the two roommates in the provided fleet vehicle to the community hospital for testing. Both supported persons rode in the back seat. The employer stated the supported persons would not consent to wearing masks and that they could not require it. The nurse stated that she told the victim to make sure he wore his face covering or facemask, and they were readily available at the home for employee use.

After the COVID test, the victim drove to the company office to drop off the testing paperwork and proceeded back to the home which took approximately 33 minutes with no stops. The vehicle was not equipped with any barriers to limit or reduce exposure. Additionally, there were no engineering controls or ventilation efforts made in the home to help mitigate and reduce airborne contaminants of the vector employee exhibiting symptoms.

On the day following the test, September 2, the victim returned to the residence where he was reported as contacting the employer to ask for relief from duty as he was not feeling well. The same day, the results from the supported person's test were confirmed positive for COVID-19. Early the next morning the victim proceeded to the community hospital with shortness of breath and was admitted for signs and symptoms related to COVID pneumonia, acute hypoxic respiratory failure. Results of the admission

testing were positive for COVID-19. The victim, who remained hospitalized, subsequently passed away on September 11, 2021 from illnesses including COVID-19 pneumonia.

**Citation(s) as Originally Issued**

A complete inspection was conducted at the accident scene. Some of the items cited may not directly relate to the fatality.

**Citation 1 Item 1**

**Type of Violation: Serious**

**\$4500**

**TCA 50-3-105(1):** The employer did not furnish employment and a place of employment which were free from recognized hazards that were causing or likely to cause death or serious physical harm to employees, in that employees worked in close proximity to persons symptomatic for SARS-CoV-2, the virus that causes the Coronavirus Disease 2019 (COVID-2019).

The employer did not implement timely and effective work practice controls to ensure that employees at risk for COVID-19 infection were protected from frequent or prolonged contact through the use of personal protective equipment, barriers, and social distancing.

