



June 30, 2022

Mitchell Osterhout, EH&S Coordinator  
Trulieve Holyoke Holdings LLC  
7 N Bridge St  
Holyoke MA 01040

Re: Inspection #1572011

Dear Mr Osterhout:

On January 11, 2022, OSHA began an inspection at your facility located at 7 N Bridge St, Holyoke MA. The inspection revealed that employees in Flower Production were exposed to occupational quantities of whole and ground cannabis, and were not provided effective information and training on the hazards involved in the cannabis production and grinding process. On January 7, 2022, an employee died of occupational asthma due to exposure to ground cannabis. Although this is a relatively new industry, research has shown that employees are at risk for developing occupational allergies to these plants.<sup>1,2</sup> These allergies may involve:

- the upper airway, e.g., congestion and/or irritation of the nose
- the skin including irritation and/or hives
- asthma with cough, wheezing and shortness of breath

OSHA notes that management of occupational allergies is difficult, as cessation, rather than reduction, of exposure is often necessary.

After reviewing relevant facts pertaining to this case, OSHA will not issue Trulieve Holyoke Holdings LLC a citation at this time for not protecting employees from the hazards of exposure to ground cannabis, which is a hazard which would be addressed under the General Duty Clause of the OSH Act. However, in the interest of workplace safety and health, I recommend that you voluntarily take reasonable steps to address the issue.

Feasible methods to protect employees from the hazards of cannabis exposure include, but are not limited to:

1. Medical surveillance: A medical examination program for pre-placement, periodic, and termination examinations must be implemented under the direction of a healthcare provider with expertise in occupational allergy. Although OSHA cannot recommend specific providers, a physician on faculty at one of the tertiary-care medical centers in the Northeast, such as Harvard, the University of Massachusetts or Yale is recommended. Given the newness of the industry, this must be a surveillance program such that the examination results are analyzed to identify exposures and job titles that result in highest risk for allergic symptoms.

2. A Health Hazard Evaluation (HHE) performed by the National Institute for Occupational Safety and Health (NIOSH) would be valuable because NIOSH has experience with HHEs in the cannabis industry and can perform evaluations of workers, which include spirometry, and allergen testing. More information is provided at: <https://www.cdc.gov/niosh/hhe/default.html>
3. Job transfer options for allergic employees: The healthcare provider who directs the medical surveillance program should also be involved in the reasonable accommodation process for employees who develop occupational allergies.
4. Training: Employee training on the signs and symptoms of allergies involving the upper and/or lower respiratory tract (e.g., rhinitis [nasal congestion], asthma) and/or skin is essential. The need for medical evaluation should symptoms develop is also critical to emphasize. The healthcare provider who directs the medical surveillance program should also be involved in developing this training.
5. Exposure prevention: Grinder ventilation options include local exhaust and/or an isolated room to reduce exposure. Vacuuming with a vacuum with a HEPA filter would reduce exposure generated by sweeping the pre-roll/grinder room floor. Skin contact reduction may also be needed and could be guided by the findings of the medical screening program.
6. Emergency response team trained and certified in CPR and use of AEDs
7. Occupational allergies are work-related diseases, and workers' compensation issues must be addressed.

Feasible methods to protect employees from the hazards of combustible dust include, but are not limited to:

1. Determine whether the ground cannabis is a combustible dust.
2. For any material which is a combustible dust, use only equipment rated for combustible dust.
3. Because the cannabis dust is assumed to be a combustible dust, procure a vacuum that meets the requirements of NFPA 654 Section 8.4.3 to minimize the possibility of fire and/or explosion.

The above are recommended abatement measures to address the hazards of exposure to whole and ground cannabis at your workplace. Alternatively, you may institute other measures which would be equally effective in materially reducing or eliminating the hazard. OSHA makes available a free on-site consultation service that may identify other measures or, if you are not eligible for that service, we recommend you hire a consultant with expertise in the hazards of exposure to ground and whole cannabis.

The on-site consultants are free and do not in any way affect the enforcement activities of OSHA. On site consultants may be contacted at:

MA Department of Labor Standards  
On-Site Consultation Program  
Wall Experiment Station  
37 Shattuck Street  
Lawrence, MA 01843  
508-616-0461

To evaluate your efforts in reducing these hazards, please send me a letter detailing the actions you have taken, or plan to institute, to address our concerns by August 5, 2022. We will review the response and may follow up with you at a later date to evaluate any newly implemented or enhanced engineering controls, administrative controls, policies, procedures, training or other measures taken to address the hazards identified above.

We appreciate your attention to these areas of concern. If you have any questions, please feel free to contact the Springfield Area Office at 413-785-0123.

Sincerely,

Mary E Hoye  
Area Director

---

<sup>1</sup> Sack C, Ghodsian N, Jansen K, Silvey B, Simpson CD. Allergic and Respiratory Symptoms in Employees of Indoor Cannabis Grow Facilities. *Ann Work Expo Health*. 2020 Aug 6;64(7):754-764. doi: 10.1093/annweh/wxaa050. PMID: 32459852; PMCID: PMC7407609.

<sup>2</sup> Reeb-Whitaker C, LaSee CR, Bonauto DK. Surveillance of work-related asthma including the emergence of a cannabis-associated case series in Washington State. *J Asthma*. 2021 Aug 16:1-11. doi: 10.1080/02770903.2021.1955379. Epub ahead of print. PMID: 34288786.