Department of Industrial Relations

Division of Occupational Safety and Health

Foster City District Office 1065 East Hillsdale Blvd, Suite 110

Foster City, CA 94404

Phone: (650) 573-3812 Fax: (650) 573-3817

Inspection #: 1475605

Inspection Dates: 05/14/2020 - 11/13/2020

 Issuance Date:
 11/13/2020

 CSHO ID:
 C8043

 Optional Report #:
 031-20



Citation and Notification of Penalty

Company Name: Kaiser Foundation Hospitals Redwood City Medical Center

Establishment DBA:

and its successors

Inspection Site: 1100 Veterans Blvd

Redwood City, CA 94063

<u>Citation 1 Item 1</u> Type of Violation: **Regulatory**

Title 8 CCR Section 342(a). Reporting Work-Connected Fatalities and Serious Injuries.

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.

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.

Serious injury or illness is defined in section 330(h), Title 8, California Administrative Code. {Ref Title 8 Section 330(h) Serious injury or illness means any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone.}

The Employer failed to immediately report to the Division of Occupational Safety and Health the serious illness suffered by an employee who was hospitalized with COVID-19 for about two days starting on or about April 7, 2020.

Date By Which Violation Must be Abated:

Corrected During Inspection \$5000.00

Proposed Penalty:

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Establishment DBA:

and its successors

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Citation 1 Item 2 Type of Violation: Regulatory

T8 CCR Section 14300.4(a). Recording Criteria.

- (a) Basic requirement. Each employer required by this article to keep records of fatalities, injuries, and illnesses must record each fatality, injury and illness that:
- (1) Is work-related; and
- (2) Is a new case; and
- (3) Meets one or more of the general recording criteria of Section 14300.7 or the application to specific cases of Section 14300.8 through Section 14300.12.

Prior to and during the course of inspection, the Employer failed to record a COVID-19 illness of an employee that resulted in hospitalization and days away from work on and around April 7, 2020, on the Cal/OSHA Form 300.

Date By Which Violation Must be Abated: December 11, 2020 **Proposed Penalty:** \$375.00

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Establishment DBA:

and its successors

Inspection Site: 1100 Veterans Blvd

Redwood City, CA 94063

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

Title 8 Section §5199(d)(1). Aerosol Transmissible Diseases.

- (d) Aerosol Transmissible Diseases Exposure Control Plan.
- (1) The employer shall establish, implement, and maintain an effective, written ATD Exposure Control Plan (Plan) which is specific to the work place or operation(s), and which contains all of the elements in subsection (d)(2).

REF: §5199(d)(2)(E)

- (d) Aerosol Transmissible Diseases Exposure Control Plan.
- (2) The Plan shall contain all of the following elements:
- (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.

Prior to and during the course of inspection, including but not limited to May 14, 2020, the employer failed to effectively implement its specific control measures in its aerosol transmissible disease exposure plan, in that the employer did not provide adequate disinfecting supplies applicable to its cleaning and decontamination procedures for staff exposed to SARS-CoV-2 (the virus causing COVID-19).

Date By Which Violation Must be Abated: Proposed Penalty:

Corrected During Inspection \$560.00

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<u>Citation and Notification of Penalty</u>

Company Name: Kaiser Foundation Hospitals Redwood City Medical Center

Establishment DBA:

and its successors

Inspection Site: 1100 Veterans Blvd

Redwood City, CA 94063

<u>Citation 2 Item 1</u> Type of Violation: **Serious**

Title 8 §5199(g)(4). Aerosol Transmissible Diseases

- (g) Respiratory Protection.
- (4) The employer shall provide, and ensure that employees use, a respirator selected in accordance with subsection (g)(3) and Section 5144 when the employee:
- (A) Enters an All room or area in use for All;
- (B) Is present during the performance of procedures or services for an AirID case or suspected case;
- (C) Repairs, replaces, or maintains air systems or equipment that may contain or generate aerosolized pathogens;
- (D) Is working in an area occupied by an AirlD case or suspected case, during decontamination procedures after the person has left the area and as required by subsection (e)(5)(D)9;
- (E) Is working in a residence where an 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.

Prior to and during the course of inspection, the employer failed to provide, and to ensure that employees used, a respirator selected in accordance with subsection (g)(3) and Section 5144 when

employees were present during the performance of procedures or services for a suspected or known case of a person infected with SARs-CoV-2, and/or working in an area with a suspected or known case of a person infected with SARs-CoV-2, the novel pathogen which causes COVID-19.

Instance 1: During the period of May 2020, employees who worked in the 6 North Unit were not provided with the correct respirator sizes selected in accordance with subsection (g)(3) and section 5144, when assigned tasks requiring respiratory protection as per subsection (g)(4). [T8 CCR §5144(d)(1)(D)]

Instance 2: Employees in the 6 North Unit were not provided with NIOSH-approved respirators at least as effective as an N95 filtering facepiece respirator when they were in the area where cases and suspected cases of COVID-19 were located, and during the performance of procedures or services for COVID-19 patients, including, but not limited to, manipulation of oxygen masks. [T8 CCR §5199(g)(4)(A)&(B)]

Date By Which Violation Must be Abated:
Proposed Penalty:

November 30, 2020 \$6750.00

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<u>Citation and Notification of Penalty</u>

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Inspection Site: 1100 Veterans Blvd

Redwood City, CA 94063

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

Title 8 §5199(h)(6)(C). Aerosol Transmissible Diseases.

- (h) Medical Services.
- (6) Exposure Incidents.
- (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 $(h)(\delta)(B)$, 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 inspection, the employer failed to investigate an exposure incident that occurred in the Emergency Department on and about April 7, 2020, to notify employees who had significant exposures to a COVID-19 case, including notifying other employers of the employees, and to provide them with post-exposure medical services.

Instance 1) Employer failed to conduct an exposure analysis to determine whether any employees had significant exposures to a fellow employee who was a confirmed case of COVID-19. [5199(h)(6)(C)1]

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

Instance 3) The employer did not provide post-exposure medical evaluation to all employees who had a significant exposure to a fellow employee who was a confirmed case of COVID-19, as soon as feasible. [5199(h)(6)(C)3]

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

Date By Which Violation Must be Abated:

Proposed Penalty:

November 30, 2020
\$13500.00

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

Title 8 §5199(i). Aerosol Transmissible Disease.

- (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. EXCEPTION: Research and production laboratories do not need to include training on surveillance for LTBI if M. tuberculosis containing materials are not reasonably anticipated to be present in the laboratory.
- (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, the employer failed to provide the required training in accordance with this subsection to employees in the 6 North Unit with occupational exposure to aerosol transmissible pathogens (ATP), specifically the novel pathogen SARs-CoV2, the virus which causes COVID-19.

Instance 1: The employer failed to train employees of all the modes of transmission of the novel pathogen SARs-CoV-2, including transmission through the inhalation of aerosols, and the appropriate source controls for preventing COVID-19 as an airborne infection disease. [5199(i)(4)(C)].

Instance 2: The employer failed to train employees of an effective method for recognizing the airborne hazards from specific tasks and other activities which generate exposure by inhalation of aerosols containing the novel pathogen SARs-CoV-2. [5199(i)(4)(E)]

Instance 3: The employer failed to train employees of the limitations of the employer's "droplet" precautions for preventing exposure to the novel pathogen SARs-CoV-2. Employees were not informed that the medical (surgical) masks would not protect them against inhalation of infectious aerosols, and NIOSH certified respirators were necessary to protect against these exposures. [5199(i)(4)(F)&(G)]

Date By Which Violation Must be Abated: Proposed Penalty:	November 30, 202 \$13500.0
	Barbara Kim Compliance Officer / District Manager