

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
Santa Ana District Office
2 MacArthur Place, Suite 720
Santa Ana, CA 92707
Phone: (714) 558-4451 Fax: (714) 558-2035

Inspection #: 1487400
Inspection Dates: 08/10/2020 - 12/22/2020
Issuance Date: 12/22/2020
CSHO ID: J9223
Optional Report #: 006-21



Citation and Notification of Penalty

Company Name: Orange Coast Memorial Medical Center
Establishment DBA: MemorialCare Orange Coast Medical Center
and its successors
Inspection Site: 9920 Talbert Avenue
Fountain Valley, CA 92708

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

California Code of Regulations, Title 8, Section 342. 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.

Serious injury or illness is defined in section 330(h), Title 8, California Administrative Code.

Employer failed to immediately report to the Division the serious injury or illness suffered by an employee on or about April 8, 2020 in accordance with t8CCR 342(a).

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

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

California Code of Regulations, Title 8, Section 5193. 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:

8. An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments.

(D) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary as follows:

1. To reflect new or modified tasks and procedures which affect occupational exposure;
- 2.a. To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
- b. To document consideration and implementation of appropriate commercially available needleless systems and needle devices and sharps with engineered sharps injury protection;
3. To include new or revised employee positions with occupational exposure;
4. To review and evaluate the exposure incidents which occurred since the previous update; and
5. To review and respond to information indicating that the Exposure Control Plan is deficient in any area.

(E) Employees responsible for direct patient care. In addition to complying with subsections (c)(1)(B)6. and (c)(1)(B)8., the employer shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls, and shall document the solicitation in the Exposure Control Plan.

(F) The Exposure Control Plan shall be made available to the Chief or NIOSH or their respective designee upon request for examination and copying.

Instance 1

Prior to and during the course of the inspection, including, but not limited to, on August 10, 2020, the employer failed to ensure that the written Exposure Control Plan contained an effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments in accordance with t8CCR 5193(c)(1)(B)8.

Instance 2

Prior to and during the course of the inspection, including, but not limited to, on August 10, 2020, the employer failed to ensure that the written Exposure Control Plan (ECP) was reviewed and updated at least annually in accordance with t8CCR 5193(c)(1)(D).

Instance 3

Prior to and during the course of the inspection, including, but not limited to, on August 10, 2020, the employer failed to ensure that documentation of the solicitation of input from non-managerial employees was included in their Exposure Control Plan in accordance with t8CCR 5193(c)(1)(E).

In the Alternative

The employer failed to make their Exposure Control Plan available upon request in accordance with 5193(c)(1)(F) that included the elements required in t8CCR 5193(c)(1)(B)8., t8CCR 5193(c)(1)(D)., and t8CCR 5193(c)(1)(E).

Date By Which Violation Must be Abated:

January 27, 2021

Proposed Penalty:

\$700.00

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Inspection Site: 9920 Talbert Avenue
Fountain Valley, CA 92708

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

California Code of Regulations, Title 8, Section 5199. 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).

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

(A) The name(s) or title(s) of the person(s) responsible for administering the Plan. This person shall be knowledgeable in infection control principles and practices as they apply to the facility, service or operation.

(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.

(I) The procedures for employees and supervisors to follow in the event of an exposure incident, including how the employer will determine which employees had a significant exposure, in accordance with subsections (h)(6) through (h)(9).

(J) The procedures the employer will use to evaluate each exposure incident, to determine the cause, and to revise existing procedures to prevent future incidents.

(K) The procedures the employer will use to communicate with its employees and other employers regarding the suspected or confirmed infectious disease status of persons to whom employees are exposed in the course of their duties, in accordance with subsection (h).

(L) The procedures the employer will use to communicate with other employers regarding exposure incidents, including procedures for providing or receiving notification to and from health care providers about the disease status of referred or transferred patients, in accordance with subsection (h).

(M) The procedures the employer will use to ensure that there is an adequate supply of personal protective equipment and other equipment necessary to minimize employee exposure to ATPs, in normal operations and in foreseeable emergencies.

(O) The procedures the employer will use for recordkeeping, in accordance with subsection (j).

(P) An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed in their respective work areas or departments in accordance with subsection (d)(3).

(Q) Surge procedures. Employers of employees who are designated to provide services in surge conditions, and employers of employees who are designated to provide services to persons who have been contaminated as the result of a release of a biological agent as described in subsection (a)(1)(B), shall include procedures for these activities in the plan. The plan shall include work practices, decontamination facilities, and appropriate personal protective equipment and respiratory protection for such events. The procedures shall include how respiratory and personal protective equipment will be stockpiled, accessed or procured, and how the facility or operation will interact with the local and regional emergency plan.

(3) The ATD Plan shall be reviewed at least annually by the program administrator, and by employees regarding the effectiveness of the program in their respective work areas. Deficiencies found shall be corrected. The review(s) shall be documented in writing, in accordance with subsection (j)(3)(A).

Instance 1

Prior to and during the course of inspection, including but not limited to August 10, 2020, the employer failed to effectively establish written procedures in its Aerosol Transmissible Diseases Exposure Control Plan (ATD Plan) for subsections:

(A) Name and title of the person administering the plan;

(H) Procedures used to provide medical service including vaccine availability;

(I) Procedures for employees and supervisors in the event of exposure;

(J) Procedures to evaluate each exposure incident;

(K) Procedures to communicate suspected or confirmed infectious disease status;

(L) Procedures employer will use to communicate with other employees regarding exposure incidents, including providing or receiving notification to and from health care providers about the disease status of referred or transferred patients;

(M) Procedures to ensure an adequate supply of personal protective equipment (PPE) and equipment necessary to minimize employee exposure to ATPs;

(O) Procedures for record keeping;

(P) Effective procedure for obtaining active involvement of employees in reviewing and updating exposure control plan; and

(Q) Surge procedures, if designated to provide services in surge conditions shall provide a plan to include work practices, decontamination facilities and appropriate PPE, equipment and respiratory protection.

Instance 2

Prior to and during the course of inspection, including but not limited to August 10, 2020, the employer failed to ensure that the ATD Plan was reviewed at least annually by the program administrator, and by employees regarding the effectiveness of the program in their respective work and that the review(s) were documented in writing, documentation of annual review for August 6, 2018 was not received as requested during the inspection in accordance with subsection (j)(3)(A) [Reference: t8CCR 5199(d)(3)].

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

California Code of Regulations, Title 8, Section 5199. Aerosol Transmissible Diseases.

(g) Communication of Hazards to Employees.

(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.

Prior to and during the course of the inspection, the employer failed to provide a medical evaluation in accordance with Section 5144(e) for employees. A written recommendation was not obtained regarding an employee's ability to use the respirator from a Physician or other licensed health care professional (PLHCP) before the employee was fit tested or required to use the respirator.

[Reference: 5144(e) Medical evaluation. Using a respirator may place a physiological burden on employees that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the employee. Accordingly, this subsection specifies the minimum requirements for medical evaluation that employers must implement to determine the employee's ability to use a respirator.

(6) Medical determination. In determining the employee's ability to use a respirator, the employer shall:

(A) Obtain a written recommendation regarding the employee's ability to use the respirator from the PLHCP. The recommendation shall provide only the following information:

- 1. Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator;*
- 2. The need, if any, for follow-up medical evaluations; and*
- 3. A statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation.]*

Date By Which Violation Must be Abated: **January 27, 2021**
Proposed Penalty: **\$700.00**

/s/Frances Loke /s/Christine Hoffman
Compliance Officer / Senior Safety Engineer