

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
Los Angeles District Office
320 West 4th Street, Room 820
Los Angeles, CA 90013
Phone: (213) 576-7451 Fax: (213) 576-7461

Inspection #: 1473654
Inspection Dates: 04/29/2020 - 09/25/2020
Issuance Date: 09/25/2020
CSHO ID: K7545
Optional Report #: 34-20



Citation and Notification of Penalty

Company Name: CHA Health Systems, Inc. / CHA Hollywood Medical Center, L.P.
Establishment DBA: CHA Hollywood Presbyterian Medical Center
and its successors
Inspection Site: 1300 N Vermont Ave
Los Angeles, CA 90027

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

California Code of Regulations, Title 8, Section 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.

Violation:

Employer failed to report to the Division the death of an employee on April 17, 2020 at Employer's worksite located at 1300 North Vermont Avenue, Los Angeles, California.

Date By Which Violation Must be Abated: **October 30, 2020**
Proposed Penalty: **\$5000.00**

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

California Code of Regulations, Title 8, Section §5199(d)(2). Aerosol Transmissible Diseases

(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.

(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.

Violation:

Prior to and during the course of the inspection, including, but not limited to, on April 29, 2020 the employer's written Aerosol Transmissible Disease Exposure Control Plan did not contain all the elements required by this section, including:

Instance one: The Aerosol Transmissible Disease Exposure Control Plan did not specify the personal protective equipment, other than respiratory protection, required for each operation or work area in which occupational exposure occurs.

Instance two: The Aerosol Transmissible Disease Exposure Control Plan did not specify 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.

Date By Which Violation Must be Abated: **October 30, 2020**
Proposed Penalty: **\$375.00**

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Establishment DBA: CHA Hollywood Presbyterian Medical Center
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Inspection Site: 1300 N Vermont Ave
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Citation 1 Item 3 Type of Violation: **General**

California Code of Regulations, Title 8, Section §5199(e)(1). Aerosol Transmissible Diseases.

(e) Engineering and Work Practice Controls, and Personal Protective Equipment.

(1) General. Employers shall use feasible engineering and work practice controls to minimize employee exposures to ATPs. Where engineering and work practice controls do not provide sufficient protection (e.g., when an employee enters an All room or area) the employer shall provide, and ensure that employees use, personal protective equipment, and shall provide respiratory protection in accordance with subsection (g) to control exposures to AirIPs.

(A) Work practices shall be implemented to prevent or minimize employee exposures to airborne, droplet, and contact transmission of aerosol transmissible pathogens (ATP), in accordance with Appendix A, and where not addressed by Appendix A, in accordance with the Guideline for Isolation Precautions. Droplet and contact precautions shall be in accordance with Guideline for Isolation Precautions. Airborne precautions shall be in accordance with Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings.

NOTE: These work practices may include, but are not limited to; handwashing and gloving procedures; the use of anterooms; and cleaning and disinfecting contaminated surfaces, articles and linens.

Violation:

Prior to and during the course of the inspection, including, but not limited to, on April 29, 2020 the Employer did not implement work practice controls and ensure use of personal protective equipment to minimize employee exposures to ATPs, in that:

Instance one: Employer did not provide eye protection to an employee, present during procedures performed by a Rapid Response Team on a suspected COVID-19 patient admitted to airborne isolation room 621A on April 3, 2020.

Instance two: Employer did not provide sufficient cleaning and disinfection products for health care personnel to adequately clean high touch areas and terminals as needed in Telemetry Unit 6th floor and COVID-19 Unit 4th South.

Instance three: Employer implemented a hook system outside the rooms in the COVID-19 Unit 4th South to hang gowns between uses during PPE shortages, which increased the potential for accidental unprotected contact with the dirty outer sides of the gowns.

Date By Which Violation Must be Abated:

October 30, 2020

Proposed Penalty:

\$935.00

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

California Code of Regulations, Title 8, Section §5199(i)(2)(D). Aerosol Transmissible Diseases

(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

Violation:

Prior to and during the course of the inspection, including, but not limited to, on March 24, 2020 the Employer did not provide training for a new swab collection procedure to an employee required to collect nasopharyngeal and oropharyngeal swabs from a suspected COVID-19 patient in Telemetry Unit 6th floor.

Date By Which Violation Must be Abated:	Corrected During Inspection
Proposed Penalty:	\$185.00

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

California Code of Regulations, Title 8, Section §5199(g)(2). Aerosol Transmissible Diseases.

(g) Respiratory Protection

(2) Each employer who has any employee whose occupational exposure is based on entering any of the work settings or performing any of the tasks described in subsection (g)(4) shall establish, implement and maintain an effective written respiratory protection program that meets the requirements of Section 5144 of these orders, except as provided in subsections (g)(5) and (g)(6).

Reference: Title 8 California Code of Regulations § 5199(g)(6)

6) Fit testing. (A) The employer shall perform either quantitative or qualitative fit tests in accordance with the procedures outlined in Appendix A of Section 5144, Respiratory Protection, of these orders. The fit test shall be performed on the same size, make, model and style of respirator as the employee will use. When quantitative fit testing is performed, the employer shall not permit an employee to wear a filtering facepiece respirator or other half-facepiece respirator, unless a minimum fit factor of one hundred (100) is obtained. When fit testing single use respirators, a new respirator shall be used for each employee. (B) The employer shall ensure that each employee who is assigned to use a filtering facepiece or other tight-fitting respirator passes a fit test: 1. At the time of initial fitting; 2. When a different size, make, model or style of respirator is used; and 3. At least annually thereafter.

Reference :Title 8 California Code of Regulations § 5144. Respiratory Protection.

(h) Maintenance and care of respirators. This subsection requires the employer to provide for the cleaning and disinfecting, storage, inspection, and repair of respirators used by employees.

(1) Cleaning and disinfecting. The employer shall provide each respirator user with a respirator that is clean, sanitary, and in good working order. The employer shall ensure that respirators are cleaned and disinfected using the procedures in Appendix B-2, or procedures recommended by the respirator manufacturer, provided that such procedures are of equivalent effectiveness.

Violation:

Prior to and during the course of the inspection, including, but not limited to, on July 30, 2020 the

Employer did not provide each health care worker employee working in close proximity and exposed to suspected COVID-19 or confirmed COVID-19 patients with a clean respirator at the start of their shift, in that:

Instance one: Employer instituted a reuse procedure where the N95 respirators were used for a 12 hour-day shift and then reused for another 12 hour-day shift occurring within a seven day period without disinfection.

Instance two: Employer allowed N95 respirators used by employees during aerosol generating procedures to be reused instead of being discarded.

Instance three: Prior to and during the course of the inspection, including, but not limited to, on April 29, 2020, the Employer failed to perform fit testing on employees, using the same make, model and style respirator for the employees intended use.

Date By Which Violation Must be Abated:	October 07, 2020
Proposed Penalty:	\$16875.00

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

California Code of Regulations, Title 8, Section §5199(g)(4). Aerosol Transmissible Diseases.

(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 AirID 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.

Violation:

Prior to and during the course of the inspection, including, but not limited to, on April 29, 2020 the Employer did not provide and ensure the use of appropriate respirators in the following situations:

Instance one: Employer did not provide and ensure the use of N95 respirator by employees when they entered into airborne infection isolation room 621A where a patient was under airborne isolation precautions on April 3, 2020.

Instance two: An employee present during a high hazard procedure (intubation) on a suspected COVID-19 patient under airborne isolation precautions in room 621A on April 3, 2020 wore an N95 respirator rather than the required powered air purifying respirator (PAPR).

Instance three: An employee present during a high hazard procedure (intubation) of a suspected

COVID-19 patient under airborne isolation precautions in room 621A on April 3, 2020 wore a surgical mask rather than the required powered air purifying respirator (PAPR).

Instance four: Employer provided isolation masks to employees in charge of providing direct care to suspected COVID-19 and positive COVID-19 patients rather than using N95 respirators or NIOSH approved respirators providing equivalent or greater protection.

Date By Which Violation Must be Abated:

October 07, 2020

Proposed Penalty:

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

California Code of Regulations, Title 8, Section §5199(h)(6). Aerosol Transmissible Diseases.

(6) Exposure Incidents.

(A) A health care provider, or the employer of a health care provider who determines that a person is an RATD case or suspected case shall report, or ensure that the health care provider reports, the case to the local health officer, in accordance with Title 17.

(B) In addition to the report required in subsection (h)(6)(A), the employer in the facility, service or operation that originates the report shall determine, to the extent that the information is available in the employer's records, whether the employee(s) of any other employer(s) may have had contact with the case or suspected case while performing activities within the scope of this section. The employer shall notify the other employer(s) within a timeframe that will both provide reasonable assurance that there will be adequate time for the employee to receive effective medical intervention to prevent disease or mitigate the disease course, and will also permit the prompt initiation of an investigation to identify exposed employees. In no case, shall the notification be longer than 72 hours after the report to the local health officer. The notification shall include the date, time, and nature of the potential exposure, and provide any other information that is necessary for the other employer(s) to evaluate the potential exposure of his or her employees. The notifying employer shall not provide the identity of the source patient to the other employers.

NOTE 1 to subsection (h)(6)(B): These employees may include, but are not limited to, paramedics, emergency medical technicians, emergency responders, home health care personnel, homeless shelter personnel, personnel at referring health care facilities or agencies, and corrections personnel.

NOTE 2 to subsection (h)(6)(B): Some diseases, such as meningococcal disease, require prompt prophylaxis of exposed individuals to prevent disease. Some diseases, such as varicella, have a limited window in which to administer vaccine to non-immune contacts. Exposure to some diseases may create a need to temporarily remove an employee from certain duties during a potential period of communicability. For other diseases such as tuberculosis there may not be a need for immediate medical intervention, however prompt follow up is important to the success of identifying exposed employees.

(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)(6)(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.

Violation:

Prior to and during the course of the inspection, including, but not limited to, on April 29, 2020 the Employer did not follow the procedures for exposure incidents outlined in this section, in that:

Instance one: On April 18, 2020, COVID-19 postmortem swab specimens were collected from an employee who passed away at Employer's work site on April 17, 2020. The COVID-19 postmortem swab specimens resulted in positive test results, received by Employer on May 1, 2020. Employer, as health care provider, did not report employee's COVID-19 test results to the local health officer (Los Angeles County Department of Public Health) within 72 hours

Instance two: On April 18, 2020, COVID-19 postmortem swab specimen were collected from an employee who passed away at employer's work site on April 17, 2020. Employer failed to notify other employees about their potential COVID-19 exposure.

Instance three: Employer did not notify all affected employees in the Employer's Telemetry Unit who may have been exposed to three asymptomatic patients who later tested positive for COVID-19 during March and April 2020

Instance four: Employer did not conduct an exposure analysis for employees exposure to employees who tested positive for COVID-19 between March and June 2020, and worked during their infectious period.

Date By Which Violation Must be Abated:

October 07, 2020

Proposed Penalty:

\$16875.00

Victor Copelan
Compliance Officer / District Manager