

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
American Canyon District Office
3419 Broadway Street Ste H8
American Canyon, CA 94503
Phone: (707) 649-3700 Fax: (707) 649-3712

Inspection #: 1476882
Inspection Dates: 06/01/2020 - 12/11/2020
Issuance Date: 12/11/2020
CSHO ID: S0358
Optional Report #: 046-20



Citation and Notification of Penalty

Company Name: NorthBay Medical Center
Establishment DBA: and its successors
Inspection Site: 1200 B. Gale Wilson Boulevard
Fairfield, CA 94533

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

T8 CCR Section 342(a). Reporting Work-Connected Fatalities and Serious Injuries.

(a) 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.

The employer failed to immediately report to the Division the serious illness suffered by several employees who were hospitalized with COVID-19 in the following instances:

Instance 1: An employee who was hospitalized with COVID-19 for about 15 days starting on or about February 24, 2020.

Instance 2: An employee who was hospitalized with COVID-19 for about 8 days starting on or about March 3, 2020.

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

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

Title 8 CCR § 5199(g). Aerosol Transmissible Diseases.**(g) Respiratory Protection.****(3) Respirator selection.**

(B) Effective September 1, 2010, the employer shall provide a powered air purifying respirator (PAPR) with a High Efficiency Particulate Air (HEPA) filter(s), or a respirator providing equivalent or greater protection, to employees who perform high hazard procedures on AirID cases or suspected cases and to employees who perform high hazard procedures on cadavers potentially infected with ATPs, unless the employer determines that this use would interfere with the successful performance of the required task or tasks. This determination shall be documented in accordance with the ATD Plan and shall be reviewed by the employer and employees at least annually in accordance with subsection (d)(3). (B) Effective September 1, 2010, the employer shall provide a powered air purifying respirator (PAPR) with a High Efficiency Particulate Air (HEPA) filter(s), or a respirator providing equivalent or greater protection, to employees who perform high hazard procedures on AirID cases or suspected cases and to employees who perform high hazard procedures on cadavers potentially infected with ATPs, unless the employer determines that this use would interfere with the successful performance of the required task or tasks. This determination shall be documented in accordance with the ATD Plan and shall be reviewed by the employer and employees at least annually in accordance with subsection (d)(3).

(D) Where respirators are necessary to protect the user from other hazards, including the uncontrolled release of microbiological spores, or exposure to chemical or radiologic agents, respirator selection shall also be made in accordance with Sections 5144, Respiratory Protection, and 5192, Hazardous Waste and Emergency Response Operations, of these orders, as applicable

Prior to and during the course of the inspection, including but not limited to on June 1, 2020, the employer failed to provide, and to ensure that employees in the Emergency Department and ICU used a respirator selected in accordance with subsection (g)(3) and 5144 when employees were present during the performance of procedures or services, and/or working in an area where a suspected or known case of a person infected with SARs-CoV-2, the novel pathogen which causes

COVID-19, in the following instances:

Instance 1: Employees were not provided with NIOSH approved respirators at least as effective as an N95 filtering facepiece respirator while in the area where cases and suspected case of COVID-19 were located. [5199(g)(4)]

Instance 2: Employees were not provided with a powered air purifying respirator (PAPR) with a High Efficiency Particulate Air filter, or a respirator providing equivalent or greater protection, while performing high hazard procedures on suspect or known COVID-19 cases, including intubation, deep suctioning and nebulizer breathing treatments. [5199(g)(3)(B)]

Date By Which Violation Must be Abated:
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Citation 3 Item 1 Type of Violation: **Serious**

T8 CCR Section 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

Prior to and during the course of the inspection, the employer failed to investigate exposure incidents in the Emergency Department in February 2020; failed to notify employees who had significant exposures to suspect and confirmed COVID-19 cases; and failed to provide post-exposure medical services to those employees.

Instance 1: The employer failed to conduct an exposure analysis, including the determination of which employees had a significant exposure. {§5199 (h)(6)(C)1.}

Instance 2: The employer failed to notify employees with significant exposures in a reasonable timeframe, in any case no longer than 96 hours after becoming aware of the potential exposure, of

the date, time and nature of the exposure. {§5199 (h)(6)(C)2.}

Instance 3: The employer failed to provide post-exposure medical evaluation to all employees who had a significant exposure. {§5199 (h)(6)(C)3.}

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

Title 8 CCR Section 5199(i.) 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.

(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.

(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.

Prior to and during the course of the inspection, including but not limited to, June 1, 2020, the employer failed to provide the required training in accordance with this subsection to employees with occupational exposure to aerosol transmissible pathogens (ATP), specifically the novel pathogen SARS-CoV-2, the virus that 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 infectious 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 contact and droplet precautions for preventing exposure to the novel pathogen SARS-CoV-2. Employees were not informed that 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)]

Instance 4: The employer failed to train employees on the required control measures for high hazard procedures on cases and suspected cases of airborne infectious diseases, including but not limited to COVID-19. Employees were not trained that these procedures must be performed in an airborne infection isolation room unless one is not available and the treating physician determines that delay would be detrimental to the patient (ref 5199(e)(5)(C)). Employees were also not trained that all employees present for those procedures must use a powered air purifying respirator (PAPR), or a respirator providing equivalent or greater protection, unless the use of the PAPR would interfere with the successful completion of the task or tasks (ref 5199(g)(3)(B)) [5199(i)(4)A, F, and G]

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Kathy Lynn Garner
Compliance Officer / District Manager