

**State of California**

Department of Industrial Relations  
Division of Occupational Safety and Health  
Fremont District Office  
39141 Civic Center Drive, Suite 310  
Fremont, CA 94538  
Phone: (510) 794-2521 Fax: (510) 794-3889

**Inspection #:** 1492139  
**Inspection Dates:** 09/02/2020 - 05/25/2021  
**Issuance Date:** 05/26/2021  
**CSHO ID:** J1598  
**Optional Report #:** 005-21



**Citation and Notification of Penalty**

**Company Name:** Watsonville Community Hospital  
**Establishment DBA:** and its successors  
**Inspection Site:** 75 Nielson St.  
Watsonville, CA 95076

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

**Title 8 CCR Section 342(a). Reporting Work-Connected 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 the serious illness suffered by an employee who was hospitalized due to COVID-19 on or about August 15, 2020.

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

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**Inspection Site:** 75 Nielson St.  
Watsonville, CA 95076

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

**Title 8 CCR 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).**

**Reference (d)(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.**

**(B) A list of all job classifications in which employees have occupational exposure.**

**(C) A list of all high hazard procedures performed in the facility, service or operation, and the job classifications and operations in which employees are exposed to those procedures.**

**(D) A list of all assignments or tasks requiring personal or respiratory protection.**

**(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.**

**(F) A description of the source control measures to be implemented in the facility, service or operation, and the method of informing people entering the work setting of the source control measures.**

**(G) The procedures the employer will use to identify, temporarily isolate, and refer or transfer AirID cases or suspected cases to All rooms, areas or facilities. These procedures shall include the methods the employer will use to limit employee exposure to these persons during periods when they**

are not in airborne infection isolation rooms or areas. These procedures shall also include the methods the employer will use to document medical decisions not to transfer patients in need of All in accordance with subsection (e)(5)(B).

(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.

(N) The procedures the employer will use to provide initial and annual training in accordance with subsection (i) to employees in job categories identified in subsection (d)(2)(B).

(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.

Prior to and during the course of the inspection, the employer failed to establish, implement and maintain an effective written Aerosol Transmissible Disease Exposure Control Plan (Plan) specific to its operations for those employees with occupational exposure to aerosol transmissible disease pathogens and containing all of the following elements:

Instance 1: The Plan failed to include a list of all high hazard procedures performed at the facility for the job classifications and operations in which employees are exposed to those procedures. [(d)(2)(C)]

Instance 2: The Plan failed to identify and list all assignments or tasks requiring the use of personal protective equipment or respirators. [(d)(2)(D)]

Instance 3: The Plan had inadequate procedures for source control measures to be implemented in the facility while transporting patients. [(d)(2)(F)]

Instance 4: The Plan was incomplete in procedures the employer will use to document medical decisions not to transfer patients in need of an airborne infection isolation room as required by subsection (e)(5)(B). [(d)(2)(G)]

Instance 5: The Plan was incomplete in procedures the employer will use to address exposure follow-up for other ATDs, vaccinations available to health care workers, and document the lack of availability of vaccines. [(d)(2)(H)]

Instance 6: The Plan failed to include procedures on how the employer will 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. [(d)(2)(L)]

Instance 7: The Plan did not include procedures for obtaining the active involvement of employees in reviewing and updating the Plan. [(d)(2)(P)]

**Date By Which Violation Must be Abated:**

**July 01, 2021**

**Proposed Penalty:**

**\$935.00**

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**Citation and Notification of Penalty**

**Company Name:** Watsonville Community Hospital  
**Establishment DBA:**

and its successors

**Inspection Site:** 75 Nielson St.  
Watsonville, CA 95076

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

**Title 8 CCR Section 5199(e)(1)(A). 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.**

Prior to and during the course of the inspection, including, but not limited to, March 2020 through December 2020, the employer failed to implement work practices to prevent or minimize employee exposure to airborne transmission of a novel aerosol transmissible pathogen (ATP) by not implementing an effective screening procedure for employees entering their facility to assess for signs and symptoms of SARs-CoV-2 (the virus causing COVID-19) and excluding those employees from the workplace.

**Date By Which Violation Must be Abated:**  
**Proposed Penalty:**

**Corrected During Inspection**  
**\$8435.00**

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

**Title 8 CCR Section 5199(g). Aerosol Transmissible Diseases.**

**(g) Respiratory Protection.**

**(1) Respirators provided for compliance with this section shall be approved by NIOSH for the purpose for which they are used.**

**(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.**

**[Reference T8 CCR§5199 (g)(3)(B)**

**(g) Respiratory Protection.**

**(3) Respirator selection.**

**(A) Where respirator use is required for protection against potentially infectious aerosols and is not required to meet the requirements of subsections (g)(3)(B) or (g)(3)(C), the employer shall provide a respirator that is at least as effective as an N95 filtering facepiece respirator, unless the employer's evaluation of respiratory hazards determines that a more protective respirator is necessary, in which**

case the more protective respirator shall be provided.

**(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).]**

Prior to and during the course of the inspection, from March 2020 through December 2020, 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, 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, in the following instances:

Instance 1: The employer failed to ensure employees were provided and used a respirator that is at least as effective as an N95 filtering facepiece respirator when employees were exposed to suspected and confirmed COVID-19 cases in the Critical Care Unit, Medical Surge and Telemetry 3rd Floor Unit. [5199(g)(3)(A)]

Instance 2: The employer failed to provide and ensure that employees used powered air purifying respirators, or respirators providing equivalent or greater protection, when performing an intubation, a high hazard procedure, on a positive COVID-19 case in the Critical Care Unit in October 2020. [5199(g)(4)(B&D)].

Instance 3: The employer failed to provide and ensure the use of NIOSH approved respirators by requiring employees in the Critical Care Unit to use powered air purifying respirators (PAPRs) that were defective with large visible holes in them, while performing an intubation during the month of October 2020. [5199(g)(1)]

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

**Title 8 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 occurring in the Critical Care Unit, Medical Surge and Telemetry Units, to notify employees who had significant exposures to COVID-19 cases and suspected cases, and to provide post-exposure medical services to those employees, in the following instances:

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 5 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, 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 which causes COVID-19, in the following instances:

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 surgical masks 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 all employees, who are required to use N95 respirators, on its use, how to properly don/doff, and methods of decontaminating or disposing of respirators. [5199(i)(4)(G), (I) & 5144(k)]

**Date By Which Violation Must be Abated:**  
**Proposed Penalty:**

**Corrected During Inspection**  
**\$8435.00**

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Kelly Tatum  
Compliance Officer / District Manager