Citation and Notification of Penalty

Company Name: Alta Bates Summit Medical Center
Inspection Site: 350 Hawthorne Avenue, Oakland, CA 94609

Citation 1 Item 1 Type of Violation: General

T8 CCR 5199 (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 workplace 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.

(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 AirID 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 AII 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).

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.
(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.

At the establishment: The employer operates a full-scale hospital and medical facility where employees have occupational exposure to aerosol transmissible diseases, including those listed in Appendix A of Section 5199. The employer has various written policies that cover aspects of the required written Aerosol Transmissible Diseases Exposure Control Plan (ATD-ECP), but the employer did not have a single, integrated and comprehensive ATD-ECP containing all elements required by the standard. The employer's existing written plans do not address the required topic specified in subsection 5199 (d)(2)(Q); and only partially address the required topics specified in subsections 5199 (d)(2)(B), (C), (D), (E), (G), (L), (M) and (P).

Date By Which Violation Must be Abated: 05/22/2010
Proposed Penalty: $675.00
Citation and Notification of Penalty

Company Name: Alta Bates Summit Medical Center
Inspection Site: 350 Hawthorne Avenue, Oakland, CA 94609

Citation 1 Item 2 Type of Violation: General

T8 CCR 5199 (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.

(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.

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.
(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.

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.
At the establishment: The employer operates a full-scale hospital and medical facility where employees have occupational exposure to aerosol transmissible diseases, including those listed in Appendix A of Section 5199. The employer has conducted and documented training with employees on various topics specified in Section 5199. However, the employer had not conducted and documented employee training addressing the required topics specified in subsections 5199 (i)(4)(A), (D) and (L); and training has only partially addressed the topic in subsection 5199 (i)(4)(E).

Date By Which Violation Must be Abated: 05/22/2010
Proposed Penalty: $ 675.00
Citation and Notification of Penalty

Company Name: Alta Bates Summit Medical Center
Inspection Site: 350 Hawthorne Avenue, Oakland, CA 94609

Citation 1 Item 3 Type of Violation: General

T8 CCR (h)(7) - Information provided to the Physician or Other Licensed Health Care Professional.

(A) Each employer shall ensure that all PLHCPs responsible for making determinations and performing procedures as part of the medical services program are provided a copy of this standard and applicable public health guidelines. For respirator medical evaluations, the employer shall provide information regarding the type of respiratory protection used, a description of the work effort required, any special environmental conditions that exist (e.g., heat, confined space entry), additional requirements for protective clothing and equipment, and the duration and frequency of respirator use.

(B) Each employer shall ensure that the PLHCP who evaluates an employee after an exposure incident is provided the following information:

1. A description of the exposed employee’s duties as they relate to the exposure incident;
2. The circumstances under which the exposure incident occurred;
3. Any available diagnostic test results, including drug susceptibility pattern or other information relating to the source of exposure that could assist in the medical management of the employee; and
4. All of the employer’s medical records for the employee that are relevant to the management of the employee, including tuberculin skin test results and other relevant tests for ATP infections, vaccination status, and determinations of immunity.

At the establishment: The employer operates a full-scale hospital and medical facility where employees have occupational exposure to aerosol transmissible diseases, including those listed in Appendix A of Section 5199. On December 3, 2009, employees working in the Emergency Department were exposed to a patient who had bacterial meningitis. One employee, respiratory therapist SS, contracted the disease following his treatment of this patient, and was himself treated in the emergency room and Intensive Care Unit of John Muir-Mt. Diablo hospital.

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.
The employer did not provide the physician and other licensed health care professionals treating the ill employee at John Muir-Mt. Diablo hospital with the information and documents specified in the subsection above.

Date By Which Violation Must be Abated: 05/22/2010
Proposed Penalty: $505.00
Citation and Notification of Penalty

Company Name: Alta Bates Summit Medical Center
Inspection Site: 350 Hawthorne Avenue, Oakland, CA 94609

Citation 1 Item 4 Type of Violation: General

T8 CCR 5199 (h)(9) - Written opinion from the physician or other licensed health care professional.

(A) Each employer shall obtain, and provide the employee with a copy of, the written opinion of the PLHCP within 15 working days of the completion of all medical evaluations required by this section.

(B) For respirator use, the physician’s opinion shall have the content required by Section 5144(e)(6) of these orders.

(C) For TB conversions and all RATD and ATP-L exposure incidents, the written opinion shall be limited to the following information:

1. The employee’s TB test status or applicable RATD test status for the exposure of concern;
2. The employee’s infectivity status;
3. A statement that the employee has been informed of the results of the medical evaluation and has been offered any applicable vaccinations, prophylaxis, or treatment;
4. A statement that the employee has been told about any medical conditions resulting from exposure to TB, other RATD, or ATP-L that require further evaluation or treatment and that the employee has been informed of treatment options; and
5. Any recommendations for precautionary removal from the employee’s regular assignment.

(D) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

At the establishment: The employer operates a full-scale hospital and medical facility where employees have occupational exposure to aerosol transmissible diseases, including those listed in Appendix A of Section 5199. On December 3, 2009, employees working in the Emergency Department were exposed to a patient who had bacterial meningitis. One employee, respiratory therapist SS, contracted the disease following his treatment of...

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.
this patient, and was himself treated at the emergency room and Intensive Care Unit of John Muir-Mt. Diablo hospital.

The employer did not obtain and provide to exposed therapist SS a copy of the treating physician’s written opinion as required by the subsection above.

Date By Which Violation Must be Abated: 05/10/2010
Proposed Penalty: $ 505.00
Citation 1 Item 5 Type of Violation: General

T8 CCR 5199 (g) - Respiratory Protection

(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.

Exception to subsection (g)(6)(B)3: Until January 1, 2014, employers may increase the interval for repeat fit testing to no more than two years for employees who do not perform high hazard procedures and are not using respirators for protection against laboratory generated aerosols. Employers shall provide to each employee who is not fit-tested within the previous 12 months a respirator fit-test screening that includes the information in Appendix G, and that obtains a response to the questions included in Appendix G. As of January 1, 2015, an employee who uses a respirator under this section shall have been fit-tested within the previous 12 months.

(C) The employer shall conduct an additional fit test when the employee reports, or the employer, PLHCP, supervisor, or program administrator makes visual observations of changes in the employee’s physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.
(D) If, after passing a fit test, the employee subsequently notifies the employer, program administrator, supervisor, or PLHCP that the fit of the respirator is unacceptable, the employee shall be given a reasonable opportunity to select a different respirator facepiece and to be retested.

At the establishment: The employer has provided, and employees have used, tight-fitting, half-face respirators (model N95) to protect employees against airborne contaminants and diseases. The employer has a written Respiratory Protection Program that calls for fit-testing of employees prior to the assignment and use of tight-fitting respirators.

On the day this inspection was opened (1/5/2010), at least three (3) employees working in the Emergency Department had not been fit-tested to use N95 respirators in the 12-month period prior to this inspection. Annual fit-testing is required by this subsection and by Section 5144 (f).

Date By Which Violation Must be Abated: 04/25/2010
Proposed Penalty: $ 675.00
Citation and Notification of Penalty

Company Name: Alta Bates Summit Medical Center
Inspection Site: 350 Hawthorne Avenue, Oakland, CA 94609

Citation 1 Item 6 Type of Violation: Regulatory

T8 CCR 3203 (b)(2) - Records of the steps taken to implement and maintain the Injury and Illness prevention Program shall include documentation of safety and health training required by subsection (a)(7) for each employee, including employee name or other identifier, training dates, type(s) of training, and training providers. This documentation shall be maintained for at least one (1) year.

At the establishment: The employer has an active payroll greater than 11 employees and has been in business in California for more than one year. The employer has a written Injury and Illness Prevention Program (IIPP) that calls for documentation of all employee training. The employer has created an electronic data base for recording employee training.

The records generated by this data base -- at least for the annual "Health and Safety SIM" and for respirator use training -- do not include all four components required by the subsection. Some records are missing the date of the training and others are missing the identity of the instructor.

Date By Which Violation Must be Abated: 05/22/2010
Proposed Penalty: $450.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.
Citation and Notification of Penalty

Company Name: Alta Bates Summit Medical Center  
Inspection Site: 350 Hawthorne Avenue, Oakland, CA 94609

Citation Item 7 Type of Violation: Regulatory

T8 CCR 342 (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 the place of employment or in connection with any employment.

Immediately means as soon as practically possible but no 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 [now titled the California Code of Regulations].

At the establishment: On December 3, 2009, employees working in the Emergency Department were exposed to a patient with bacterial meningitis. On December 10, 2009, at 22:45 hours, a respiratory therapist employee (SS) was admitted to John Muir-Mt. Diablo hospital’s emergency room and Intensive Care Unit for treatment of meningitis contracted at the employer’s ED.

On December 11, 2009, at 07:02 hours, the employer had knowledge that therapist SS had been admitted to John Muir-Mt. Diablo’s emergency room and Intensive Care Unit. On December 15, 2009, at 15:02 hours -- more than four days after the employee’s admission to the hospital -- the employer reported the hospitalization to the Division. The employee spent a total of 11 days in the hospital before his release.

Date By Which Violation Must be Abated: 04/23/2010
Proposed Penalty: $ 5000.00
Citation and Notification of Penalty

Company Name: Alta Bates Summit Medical Center
Inspection Site: 350 Hawthorne Avenue, Oakland, CA 94609

Citation 2 Item 1 Type of Violation: Accident-Related Serious

T8 CCR 5199 (h) - Medical Services.

(1) Each employer who has any employee with occupational exposure shall provide the employee with medical services for tuberculosis and other ATDs, and infection with ATPs and ATPs-L, in accordance with applicable public health guidelines, for the type of work setting and disease. When an employer is also acting as the evaluating health care professional, the employer shall advise the employee following an exposure incident that the employee may refuse to consent to vaccination, post-exposure evaluation and follow-up from the employer-health care professional. When consent is refused, the employer immediately shall make available a confidential vaccination, medical evaluation or follow-up from a PLHCP other than the exposed employee’s employer.

(2) Medical services, including vaccinations, tests, examinations, evaluations, determinations, procedures, and medical management and follow-up, shall be:

(A) Performed by or under the supervision of a PLHCP;

(B) Provided according to applicable public health guidelines; and

(C) Provided in a manner that ensures the confidentiality of employees and patients. Test results and other information regarding exposure incidents and TB conversions shall be provided without providing the name of the source individual.

(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:

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.

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.
Company Name: Alta Bates Summit Medical Center
Inspection Site: 350 Hawthorne Avenue, Oakland, CA 94609

At the establishment: On December 3, 2009, employees working in the Emergency Department were exposed to a patient with bacterial meningitis. One employee, respiratory therapist SS, contracted the disease following his treatment of this patient.

The employer did not provide any medical treatment of therapist SS after the employer was notified of the diagnosis of suspect meningococcal disease on Friday, December 4th, and notified of confirmed Neisseria Meningitidis on Sunday, December 6th. The ill employee eventually took himself to another hospital on Thursday, December 10th, where he was admitted to the emergency room and then the Intensive Care Unit of John Muir-Mt. Diablo hospital for treatment of bacterial meningitis.

Date By Which Violation Must be Abated: 04/23/2010
Proposed Penalty: $18000.00
Company Name: Alta Bates Summit Medical Center  
Inspection Site: 350 Hawthorne Avenue, Oakland, CA 94609  

Citation 3 Item 1 Type of Violation: Willful Regulatory  

T8 CCR 5199 (h) - Medical Services.  

(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.  

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.
At the establishment: The employer operates a full-scale hospital and medical facility where employees have occupational exposure to aerosol transmissible diseases, including those listed in Appendix A of Section 5199. On December 3, 2009, the employer’s Emergency Department received a patient with signs and symptoms of meningococcal disease. The employer performed tests on the patient’s blood and cerebrospinal fluid. Laboratory results indicating suspect meningococcal infection were known to the employer on Friday, December 4, 2009, at 09:30 hours. Confirmation of Neisseria Meningitidis infection was known to the employer on Sunday, December 6, 2009, at 09:30 hours.

Title 17, Section 2500, requires the employer to report both suspect and confirmed meningococcal diseases to the Local Health Authority "immediately by telephone." The employer did not report this case to the Alameda County Public Health Department until Monday, December 7, 2009, at 14:10 hours, more than 78 hours after receipt of the suspect case information and more than 28 hours after receipt of the confirmed case information.

Title 8, Section 5199 requires employers to report aerosol transmissible disease cases to the employers of other exposed, or potentially exposed, employees "within a reasonable time frame" so that these employers can perform "effective medical intervention to prevent disease or mitigate the disease course."

The employer did not notify American Medical Response ambulance service of possible exposure to its employees until Monday, December 7, 2009, after 14:10 hours, more than 78 hours after receipt of the suspect case information and more than 28 hours after receipt of the confirmed case information.

The employer never notified the Oakland Fire Department or the Oakland Police Department, although the employer had information from the ambulance company’s "Pre-Hospital Care Report," a copy of which is in the patient’s medical records, that both police and fire department employees were present when the patient was first encountered.

In addition to the December 2009 incident, the employer has failed to report in a timely manner at least three other cases:

(1) For patient IN (MR#1416927), the employer had laboratory results indicating a suspect meningococcal infection case on December 4, 2009, at 12:04 hours. Confirmation of the Neisseria Meningitidis case was known to the employer on December 6, 2009, at 18:45 hours. The report to the Contra Costa County Public Health Department was not made until December 7, 2009, more than 72 hours after the suspect case was known to the employer;

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.
(2) For patient QC (MR#1411047), the employer had laboratory results confirming active tuberculosis on September 20, 2009. The employer did not notify American Medical Response ambulance service, whose employees brought the patient to the hospital, until November 2, 2009, 42 days after the laboratory report was known to the employer;

(3) For patient BJ (MR#1398614), the employer had laboratory results confirming viral meningitis on December 27, 2009. The employer did not report the meningitis case to the Alameda County Public Health Department until January 8, 2010, 12 days after the meningitis case was known to the employer.

Date By Which Violation Must be Abated: 04/23/2010
Proposed Penalty: $ 5000.00
Citation 4 Item 1 Type of Violation: Willful Serious

T8 CCR 5199 (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.

At the establishment: The employer operates a full-scale hospital and medical facility where employees have occupational exposure to aerosol transmissible diseases, including those listed in Appendix A of Section 5199. On December 3, 2009, the employer’s Emergency Department received a patient with signs and symptoms of meningococcal infection. At least 10 employees worked directly on, or in close proximity, to the patient during his stay in the Emergency Department.
The employer performed tests on the patient’s blood and cerebrospinal fluid. Laboratory results indicating suspect meningococcal infection were known to the employer on Friday, December 4, 2009, at 09:30 hours. Confirmation of Neisseria Meningitidis infection was known to the employer on Sunday, December 6, 2009, at 09:30 hours.

The employer did not conduct an exposure analysis of potentially exposed employees until Friday, December 11, 2009, at 11:15 hours. In fact, the employer’s Infection Control/Prevention and Employee Health departments closed their case files on this patient on Monday, December 7, 2009, without conducting any exposure analysis of Emergency Department employees exposed to this patient.

The employer did not initiate an actual exposure analysis until after two secondary cases of Neisseria Meningitidis arising from this index patient occurred. One secondary case was an Oakland Police Department officer who first contacted the index case at his residence; and the second secondary case was a Respiratory Therapist who assisted in intubating the index case at the employer’s Emergency Department.

The employer’s employee exposure analysis was also incomplete was well as untimely. Two employees in the employer’s Radiology Department were not captured by the exposure analysis until Tuesday, December 15, 2009, four days after the start of the analysis.

In total, the employer did not initiate the employee exposure analysis until 93 hours after the notifying the local health authority, and did not complete the analysis until 180 hours after notification of the local health authority.

Moreover, the Acting Charge Nurse in the Emergency Department on December 3, 2009, who was present in Room X/Y when the patient was first admitted and treated in the Emergency Department, was never captured by the employer’s exposure analysis, and was never triaged and offered medical evaluation and treatment. Medical evaluation and treatment of exposed employees are required by subsections 5199 (h)(6)(C)3. and 4.

In addition to this December 2009 case, the employer failed to conduct a timely employee exposure analysis in at least two other cases:

(1) For patient GP (MR#0500919), the employer had laboratory results confirming Neisseria Meningitidis infection on October 30, 2009. The employer did not complete the exposure analysis of potentially
exposed employees until November 5, 2009, more than 144 hours after the case was reported to the local health authority.

(2) For patient IN (MR#1416927), the employer had laboratory results confirming Neisseria Meningitidis infection on December 6, 2009. On December 9, 2009, a staff member of the Infection Control/Prevention department wrote the department manager "patient [was] placed in precautions in the Emergency Department and transferred to the floor in precautions -- so no exposure there." But, as with the index case in this inspection, an actual exposure analysis of potentially exposed employees was deemed unnecessary and, in this case, none was ever conducted.

Date By Which Violation Must be Abated: 04/23/2010
Proposed Penalty: $70000.00

Enforcement Officer/Nicholas Gleiter, District Manager