

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 #: 1491523
Inspection Dates: 09/04/2020 - 05/14/2021
Issuance Date: 05/14/2021
CSHO ID: S0358
Optional Report #: 014-21



Citation and Notification of Penalty

Company Name: St. Joseph Health Northern CA LLC
Establishment DBA: Providence Santa Rosa Memorial Hospital
and its successors
Inspection Site: 1165 Montgomery Drive
Santa Rosa, CA 95405

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

Title 8 CCR Section 5199(g)(4). Aerosol Transmissible Diseases.

(g) Respiratory Protection.

(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:

- (B) Is present during the performance of procedures or services for an AirID case or suspected case;**
- (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;**

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

(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). (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 Division's inspection, including the time period from June 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 suspected or known cases infected with SARs-CoV-2, the novel pathogen which causes COVID-19, for employees working throughout the hospital, including but not limited to the One Center, in the following instances:.

Instance 1: Employees were not provided with NIOSH approved respirators at least as effective as an N95 filtering facepiece respirator when they were in the area where cases and suspected cases of COVID-19 were located, and during the performance of procedures or services for COVID-19 patients. {§5199(g)(3)(A)}

Instance 2: Employees were not provided with NIOSH approved respirators at least as effective as 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 or present during the performance of such procedures, on AirlD confirmed cases or suspected cases of COVID-19, including, but not limited to, cardiopulmonary resuscitation (CPR) and respiratory treatments. {§5199(g)(3)(B)}

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

**Corrected During Inspection
\$7200.00**

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

T8CCR 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.

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.

Prior to and during the course of the Division's inspection, the employer failed to effectively investigate exposure incidents occurring on or about August 2020 through September 2020, when it failed to notify employees who had significant exposures to suspect and confirmed COVID-19 cases, within 96 hours after becoming aware of the potential exposure.

Date By Which Violation Must be Abated: **Corrected During Inspection**
Proposed Penalty: **\$7200.00**

Kathy Lynn Garner
Compliance Officer / District Manager