

July 31, 2014

Dr. Marissa Levine  
State Health Commissioner  
Office of Licensure and Certification  
9960 Mayland Drive  
Suite 401  
Henrico, VA 23233

Re: PPMW-Falls Church Health Center Variance Request

Dear Commissioner Levine:

Pursuant to 12 VAC 5-412-80, and in light of the "Guidance Document: Granting of a Temporary Variance to Regulations for the Licensure of Abortion Facilities" provided by Virginia Department of Health Office of Licensure and Certification (effective October 25, 2012), the undersigned submits this letter as a request for temporary variances to certain provisions of the Virginia Administrative Code Regulations for the Licensure of Abortion Facilities (12 VAC 5-412), which incorporate by reference portions of the 2010 *Guidelines for Design and Construction of Health Care Facilities* of the Facilities Guidelines Institute ("2010 FGI Guidelines"). Planned Parenthood of Metropolitan Washington, DC ("PPMW") operates the PPMW Falls Church Health Center ("PPMW-FC"). These requests are all being made with regard to PPMW-FC, located at 303 S. Maple Avenue Suite 300, Falls Church, VA 22046. This letter will also include an update on the planned construction work that is scheduled to be completed by August 26, 2014 and is designed to bring PPMW-FC into compliance with the above regulations, save those provisions for which we are seeking variances herein.

At PPMW, patient safety is our top priority and we are committed to ensuring the safety of our patients as we provide them the care that they need. We work every day to make sure women receive the high-quality health care they need in a safe, respectful environment. Ensuring the health and safety of our patients is central to PPMW's mission, and fundamental to every person who works at PPMW. PPMW health centers have rigorous standards and training for staff as well as emergency plans in place because women's safety is our first priority. Our health centers are subject to various forms of stringent accreditation from well-respected organizations. In Virginia, the PPMW-FC's lab must receive CLIA accreditation, and all of PPMW's health centers must pass the rigorous accreditation process of Planned Parenthood Federation of America, which they recently did. Further, PPMW-FC was licensed by the Virginia Department of Health after an extensive inspection that produced minimal findings which were all completely corrected. PPMW's rigorous medical standards and guidelines are based on the recommendations of the Centers for Disease Control and Prevention (CDC), U.S. Preventive Services Task Force, and the American College of Obstetricians and Gynecologists.

Abortion is a very low-risk, safe procedure. Data, including from the CDC, shows that abortion has over a 99% safety record, and studies show women experience complications less than 1% of the time. Because of this safety record, and the professionalism and expertise of our staff, it is exceedingly rare that PPMW-FC has an emergency situation that requires transport to a hospital. In the rare instances

where such transfers have been necessary, PPMW-FC emergency response systems were highly effective, preserving the safety and health of the patient throughout their treatment.

PPMW has commissioned construction work in its current, leased facility, scheduled to be completed by August 26, 2014, which is designed to bring PPMW-FC into compliance with the 2010 FGI Guideline requirements for which it is not seeking a variance herein. It is important to note that PPMW-FC currently rents its space and PPMW does not own the building. Thus, these repairs will have limited utility only during PPMW-FC's tenure in the building and will be of extremely limited investment value for the facility and funds that could be spent directly on patient care are instead going to make these changes for the health center's temporary home. The following is a list of the planned construction:

\*2010 FGI Guidelines § 3.1-3.2.4.2. PPMW-FC's Treatment Room had a clear floor area of 118 square feet. Construction work will remove 2 square feet of countertop making available 120 square feet of clear area. This will cost \$1000.

\*2010 FGI Guidelines § 3.1-3.2.3.3, 3.6.5.2, 4.1.2.3, 7.2.2.8, 8.4.3.2. PPMW-FC's hand-washing sinks in the Treatment Room did not meet the sink area and countertop surface requirements. The Unisex Toilet did not meet the sink area requirement and the Lab sink, did not meet the countertop surface requirement. Construction work will enlarge the sink basins from 108-114 square inches to 144 square inches. All necessary sink countertops will also be converted to solid surface material. This will cost \$2500.

\*2010 FGI Guidelines § 3.1-8.2.1., 8.2.1.1, 8.2.1.2, 8.2.4.1. PPMW-FC did not meet these HVAC-related requirements because it did not have an air handler that provided outside air to meet the makeup air requirement. Construction work will install an outside air handler on the roof that will supply 2 air exchanges per hour of outside air. This will cost \$7,500-\$12,500.

\*2010 FGI Guidelines § 3.1-8.3.2.3. Ground-fault circuit interrupters are used at PPMW-FC, and additional GFCI's will be installed where receptacles are within six feet of a sink. This will cost \$250/outlet, or likely \$2500.

\*2010 FGI Guidelines § 3.1-8.4.2.5. In order to comply with the 2010 FGI Guidelines' requirements, laminar flow anti-splash devices will be installed on all relevant faucets. This will cost \$50.

\*2010 FGI Guidelines § 3.1-8.6.1. An automatic fire alarm system with smoke activation devices that is regularly maintained already exists in the building. There are two manual fire alarm pull stations in the outside hallway. Fire drills are done regularly and the staff is trained in fire safety. In addition, construction work will install one additional manual fire alarm in the health center, in the waiting room. This will cost \$750 for a total of \$19,500 spent on this construction, which is 88% of the FY '13 net revenue of PPMW-FC.

In addition to the planned construction, PPMW's plan for long term compliance with the specific regulations for which it is seeking temporary variances is to move to a new PPMW-owned building that has been made compliant with the current FGI Guidelines. PPMW will not have finalized a building sale by the end of the two-year post-licensure period (August 26, 2014) and the target for this move is within 3 years (August 2017) and certainly by the end of that year. PPMW has engaged healthcare architects at

Baskervill to create the new compliant building, and they have been scouting prospective buildings. We continue to actively search for the right building and opportunity where we are certain we will be able to include all needed elements of the health center so as to fully comply with the current FGI Guidelines' requirements.

In order to bridge this gap period before PPMW-FC is located in a fully compliant, PPMW-owned building and while PPMW-FC remains in a year-to-year lease at its current location, PPMW is applying for temporary variances to three requirements. During this gap period, PPMW will continue to protect and ensure patient safety as its first and foremost objective.

PPMW requests temporary variances to the following provisions of the 2010 FGI Guidelines:

### **1. Hand-washing Station in the Recovery Room**

**Specific Regulation:** PPMW-FC requests a temporary variance from 12 VAC 5-412-370 in relation to the hand-washing station requirements for the nurse station and medication distribution station as stated in the 2010 FGI Guidelines. Chapter 3.1 of the FGI Guidelines requires a hand-washing station to be present at the nurse station and medication distribution station. *See* 2010 FGI Guidelines § 3.1-3.6.5.1 ("Hand-washing stations shall be provided in each room where hands-on patient care is provided."), 3.6.6.2 ("Medication Distribution Station may be part of the nurse station and shall include the following: 'Sink'"). This issue was not cited in the Statement of Deficiencies.

**Impractical Hardship Unique to the Facility:** PPMW-FC requests a variance to the Nurse Station hand-washing station requirement as the existing placement of the hand-washing station in the Unisex Toilet meets the purpose of the requirement and poses no risk to public health or safety, and renovations to install a hand-washing sink in the Recovery Room would be extremely costly and unduly burdensome. PPMW-FC's Nurse Station, Medication Distribution Station and the Nourishment Area are all located in the Recovery Room. The Recovery Room does not have a hand-washing station in the room itself, and the hand-washing station for those support areas is instead located in the Unisex Toilet, which is directly adjacent to the Recovery Room and only several feet away from the patients' chairs. The Unisex Toilet door opens directly to the Recovery Room and it is easily accessible to patients and staff who need to wash their hands.

It would impose an impractical hardship unique to the facility to require PPMW-FC to comply with this hand-washing station requirement as renovations would be difficult and costly and would install a sink where there are already several within a 6 foot radius. Renovations to install a sink in the Recovery Room would cost the health center an estimated \$2,500. This represents 11% of the FY '13 net revenue of PPMW-FC.

**How patient safety, patient care, and services offered will not be adversely affected if variance granted:** PPMW-FC's existing hand-washing station setup adequately protects patient and staff health, safety, and comfort for the services provided at PPMW-FC. PPMW-FC has been providing abortion with an excellent safety record since it started providing the service in the 1990's. To the extent that the relevant hand-washing requirements are rooted in concerns for infection control, PPMW-FC has already taken many affirmative steps to ensure patient and staff safety in this specific regard. The Unisex Toilet

hand-washing station is several feet away from the patients' chairs in the Recovery Room and the Nurse Station, and is easily accessible for all who need it. Further, in the Recovery Room itself, just next to the Nurse Station, there is a hand sanitizing dispenser that is also provided to meet the intent of the regulation and maintain infection control. Further, on the other side of a closet, several feet from the Recovery Room, there is another hand-washing station in the Patient Toilet. These two toilets and the hand sanitizing dispenser effectively maintain patient safety and comfort and will continue to do so for the duration of the temporary variance.

**Proposed alternatives to meet regulation's purpose that will ensure the protection and well-being of patients:**

As discussed above, PPMW-FC has an excellent safety record, and will continue to take steps to ensure that patients are adequately protected. Patient safety is more than adequately guaranteed by the existing hand-washing station setup. The Unisex Toilet is adjacent to the patients' chairs, and the hand sanitizing dispenser is available in the room itself. While PPMW-FC's setup is slightly different than is envisioned by the regulation, it absolutely achieves the intent of this provision, which is to ensure that patients and staff at Nurse Station, Medication Distribution Station and Nourishment Area are able to wash and clean their hands as needed.

## **2. Floor Drain in the Regulated Waste Storage Space**

**Specific Regulation:** PPMW-FC requests a temporary variance from 12 VAC 5-412-370 in relation to the requirements for regulated waste storage spaces as stated in the 2010 FGI Guidelines. Chapter 3.1 of the FGI Guidelines requires that a regulated medical waste storage space have a floor drain. See 2010 FGI Guidelines § 3.1-5.4.1.3(1) ("If provided, regulated medical waste or infectious waste storage spaces shall have a floor drain.") This issue was not cited in the Statement of Deficiencies.

**Impractical Hardship Unique to the Facility:** PPMW-FC requests a variance to the regulated medical waste storage space requirement as the functional program does not require a floor drain because liquid waste is not stored in that storage space, the existing medical waste storage setup poses no risk to public health or safety, and renovations to install a floor drain in the Bio-Hazard Room would be extremely costly and unduly burdensome. PPMW-FC has a regulated medical waste storage space, the Bio-Hazard Room, which meets the other requirements of this provision but lacks a floor drain. PPMW-FC stores its medical waste in Redbags in a sealed freezer in the Bio-Hazard Room until the day of removal, which occurs on a weekly basis. Redbags are bags specifically designed to store bio-hazard waste and they are made of very thick, non-punctureable material. On the day of removal, the Redbags are removed from the freezer by the waste management company, which places them in a box lined with another Redbag and removed from the premises for incineration. The medical waste is never stored directly on the floor and the medical waste is always solid and securely enclosed in the Redbags while it is in the Bio-Hazard Room and thus there is no possibility of spillage.

It would impose an impractical hardship unique to the facility to require PPMW-FC to comply with this floor drain requirement as renovations would be onerous and costly and would install a floor drain where one was not necessary. Renovations to install a floor drain in the Bio-Hazard Room would cost the health center an estimated \$5,000. This represents 23% of the FY '13 net revenue of PPMW-FC. Also, installation of a floor drain in a leased facility would be a particularly hardship unique to the PPMW-FC in that it is housed in a leased facility, which would mean that any modifications to the

structure would require landlord approval and be of extremely limited investment value for the facility. Further, since PPMW-FC is on an upper floor of the facility, it will be impossible to install the drain without disturbing the activities of the tenants on the lower floors and removing the ceiling of the tenant directly below in order to do the necessary work.

**How patient safety, patient care, and services offered will not be adversely affected if variance granted:** PPMW-FC's existing setup adequately protects patient and staff health, safety, and comfort for the services provided at PPMW-FC. PPMW-FC has been providing abortion and a wide range of other reproductive health care with an excellent safety record since the 1990's. To the extent that the relevant floor drain requirements are rooted in concerns about the risk of patient or staff exposure to biohazardous material, PPMW-FC has already taken many affirmative steps to ensure patient and staff safety in this specific regard. PPMW-FC stores its medical waste in Redbags in a sealed freezer in the Bio-Hazard Room until the day of removal, which occurs on a weekly basis. On the day of removal, the Redbags are removed from the freezer by the waste management company, which places them in a box lined with another Redbag and removed from the premises for incineration. The medical waste is never stored directly on the floor and the medical waste is always solid and securely enclosed in the Redbags while it is in the Bio-Hazard Room and thus there is no possibility of spillage. Floor drains are necessary to protect patient and staff safety when a regulated medical waste storage space must handle large amounts of liquid waste. This is not the case at PPMW-FC. Further, architects at Baskervill advise that it is inappropriate for PPMW-FC to install a floor drain to protect patient safety, given its functional program. The floor drain requirement is not a relevant requirement for PPMW-FC in order to protect patient safety and comfort. The absence of the floor drain does not affect patient or staff safety, and PPMW-FC's functional program, which ensures medical waste is stored off the floor and removed in solid form, does not require it.

**Proposed alternatives to meet regulation's purpose that will ensure the protection and well-being of patients:** As discussed above, PPMW-FC has an excellent safety record, and will continue to take steps to ensure that patients and staff are adequately protected from exposure to medical waste. Such waste remains in solid form in a freezer and then stored on a shelf before it is retrieved by our waste management company. If a spill of medical waste happened to occur, PPMW-FC would respond to it with the same rigorous cleaning process that it uses when a spill of medical waste (such as blood) occurs outside the Bio-Hazard room, making sure that anything soiled is Redbagged, and using the aggressive cleaning solutions and/or appropriate absorbent materials that are usually used.

### **3. Corridor Width Requirements**

**Specific Regulation:** PPMW-FC requests a temporary variance from 12 VAC 5-412-370 in relation to the public corridor width requirements as stated in the 2010 FGI Guidelines. Both Chapters 3.1 and 3.7 of the FGI Guidelines require public corridors in outpatient facilities to be a minimum width of five feet. *See* 2010 FGI Guidelines § 3.1-7.2.2.1(1) ("Public corridors shall have a minimum width of 5 feet (1.52 meters)."); § 3.7-7.2.2.1(1) ("Public corridors shall have a minimum width of 5 feet (1.52 meters).").

**Impractical Hardship Unique to the Facility:** PPMW-FC requests a variance to the public corridor width requirement as the public corridors already meet the Virginia Construction Code and NFPA 101 Life Safety Code egress corridor requirements, the existing corridor width poses no risk to public health

or safety, and renovations to expand the public corridors would be extremely costly and unduly burdensome.

The front two corridors, which lead from the Waiting Room to the Treatment Room and the Recovery area, are 4'4" (52"), and 4' (48"). The vast majority of the time that patients are using corridors at PPMW-FC, they are using these corridors. There are two additional very short corridors that are 3'8" (44"), and 4' (48") that are used rarely by patients, one that leads to an additional phlebotomy station used for family planning (abortion-related phlebotomy is done in the Treatment Room), the outside hall, the lab and an additional patient bathroom, and the other leads back to the waiting room. None of the public corridors meet the 2010 FGI Guidelines 5' (60") requirement.

However, PPMW-FC's public corridors, which are 44-52 inches wide, do meet the 2009 Edition of the Virginia Construction Code § 1018.2 requirements for egress, which requires 44 inches. These public corridors also already meet the stringent standards set in the FPA 101 Life Safety Code Ch. 20.2.3.2, which, in its standards for new ambulatory health care occupancies, states that "[t]he clear width of any corridor or passageway required for exit access shall be not less than 44 inches."

It would impose an impractical hardship unique to the facility to require PPMW-FC to comply with the minimum corridor requirements of Chapters 3.1 and 3.7 of the 2010 FGI Guidelines as renovations would be extremely onerous and likely result in an inability to continue to provide services at the facility. Renovations to change all of the corridors would cost the health center an estimated \$50,000. This represents 226% of the FY '13 net revenue of PPMW-FC. Given the fixed footprint of the facility, such renovations would render the existing exam rooms so small as to render them impractical for providing patient care. The 4' corridor runs between the outer wall with windows and the Treatment Room and other exam rooms. Because the outer wall offers no room for expansion, it is impossible to widen the corridor without taking away clear floor area from the Treatment Room as there are no alternatives to add that space back in. Thus, widening the corridor would force the Treatment Room out of compliance with the minimum square footage requirements. Further, while it would be possible to widen the short back corridors, this would remove much needed space from the support areas, such as the Lab and Bio-Hazard Rooms, and make them significantly less functional, especially the Lab. This would be a particularly extreme hardship unique to PPMW-FC in that it is housed in a leased facility, which would mean that any significant modifications to the structure would require landlord approval and be of extremely limited investment value for the facility.

**How patient safety, patient care, and services offered will not be adversely affected if variance**

**granted:** PPMW-FC's existing corridors adequately protect patient safety, patient care, and services. PPMW-FC has been providing abortion and a wide range of other reproductive health care with an excellent safety record since the 1990's. According to architects at Baskervill, the primary purpose of corridor width requirements is fire safety and the safe emergency evacuation of patients. PPMW-FC already meets the Virginia Construction Code and NFPA 101 Life Safety Code public corridor width standards and the architects at Baskervill note that, given the current corridors' occupancy load rating, PPMW-FC's corridors could handle over 100 occupants if necessary, based on Section 1005 of the 2009 Edition of the Virginia Construction Code. PPMW-FC rarely has more than 20 people in the waiting room, and almost always has fewer than 20 people inside the health center itself, including staff.

PPMW-FC has taken many additional affirmative steps to ensure patient and staff safety in situations involving fire and emergency evacuation. The Falls Church Fire Marshall certified that there were no Fire Prevention Code violations on April 13, 2012, and noted that the "assessment of egress access" was found to be satisfactory after we had a conversation with him about whether the corridor width was adequate for the safe evacuation of a patient with a medical emergency. There is a direct line from the Recovery Room to the Treatment Room and back to the front entrance using the wider front two corridors. PPMW-FC staff participates in emergency care drills monthly to maintain their skills, and fire drills are done quarterly. The staff have received recent trainings on fire safety and the use of fire extinguishers as part of their fire drills, the most recent of which was on June 26, 2014. An automatic fire alarm system with smoke activation devices that is regularly maintained already exists in the building. There are two manual fire alarm pull stations in the outside hallway. In addition, construction work will install one additional manual fire alarm in the health center, in the Waiting Room. Finally, there has been only one emergency transfer in the last 3.5 years. Of approximately\* 13,206 individual patient visits since January 2011, only .008% of them resulted in an emergency transfer to a hospital. In the one emergency transfer, PPMW-FC staff followed its written protocol and called the ambulance, which arrived very quickly, and transferred the patient smoothly and without incident. Thus, PPMW-FC is confident that its existing corridors would adequately protect staff and patients during a fire evacuation or emergency evacuation of a patient.

\*This is an approximate number, an exact number will soon be available and will be sent as a follow-up.

**Proposed alternatives to meet regulation's purpose that will ensure the protection and well-being of patients:** As discussed above, PPMW-FC has an excellent safety record, and will continue to take steps to ensure that patients are adequately protected. The staff, already trained in fire safety, will continue to receive refresher training on this subject. PPMW-FC additionally has emergency policies and procedures in place that will remain in effect and continue to be reviewed regularly. Staff will continue to have trainings on these topics.

We sincerely thank the Department for its consideration of these requests and reiterate our strong interest in providing high quality, safe care to all of patients. We will follow up with additional documentation to support this letter. Should you have any questions or require any additional information, please do not hesitate to contact Noah Mamber at [noah.mamber@ppmw.org](mailto:noah.mamber@ppmw.org).

Sincerely,

Dr. Laura Meyers  
President and CEO

Planned Parenthood of Metropolitan Washington

8/1/14

Date



Signature

Noah Mamber, Esq.

Public and Legislative Affairs Manager

Planned Parenthood of Metropolitan Washington

8/1/14

Date



Signature





## Fire Alarm Systems Inspection Report

.Property Being Inspected: 3300 N. Fairfax dr  
.Property Address: Arlington VA  
.Date of Inspection: 11-27-2012  
.Inspection Performed By: Bad Purkey  
.Central Station Monitoring Company: N/a

.Inspection #:  
.County: Fairfax  
.Last Inspection Date: N/a  
.Last Inspected By:  
.Phone Number:

### Control Equipment - Panel Function

		Y	N/A	N
1	All alarms received?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	All circuits supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Ground fault indication tested successfully?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Power supply tested successfully?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Fuses - Rating verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Interfaced equipment connections tested successfully?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	All lamps and LEDs operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Secondary power supply tested successfully?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Annunciator panel is operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Signaling Appliances And Circuits

		Y	N/A	N
10	# Horn/Strobes <u>16</u> Tested successfully?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	# Speakers _____ Was voice clear?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Other <u>16 Bell</u> Tested successfully?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	# Horns _____ Tested successfully?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Is sound level at least 15 db above ambient noise level?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	# Strobes _____ Tested successfully?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	# Lights _____ Tested successfully?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Other _____ Tested successfully?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	100% of all signaling devices tested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Alarm Initiating Devices And Circuits

		Y	N/A	N
20	# Manual stations <u>1</u> Tested successfully?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	# Flow switches <u>2</u> Tested successfully?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	# Smoke detectors <u>1</u> Tested successfully?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	All smoke detectors cleaned using an approved method?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	# Duct smoke detectors <u>2</u> Tested successfully?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Duct smoke detectors successfully shut down AHUs on alarm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Duct smoke detectors tied into fire alarm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	# Heat detectors <u>0</u> Tested successfully?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	Sprinkler tamper switch reports to panel properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Pressure switches _____ Tested successfully?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31	100% of all initiating devices tested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(All "NO" answers to be explained.)

.Inspector's Initial

BP

.Owners/Designated Rep. Initial

.Date 11-27-2012

Property Address: Arlington VA

### Auxiliary Functions/Interfaced Equipment

		Y	N/A	N
32	Startup pressurization operation successful?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33	All door lock releases tested successfully?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34	All door releases tied into fire alarm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	Elevator recall tested successfully?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	HVAC shutdown operated successfully?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37	Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Batteries

Date on batteries:

		Y	N/A	N
38	Batteries tested successfully?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Charger operating properly?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Central Station Monitoring

		Y	N/A	N
40	Is system monitored by central station?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41	If so, were alarm/flow, tamper/supervisory, and trouble signals received by central station?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Central (Monitoring) Station Name: N/a

Phone Number: N/a

### ADDITIONAL COMMENTS:

The person completing this report attests to the truthfulness and accuracy of the information contained herein.

(All "NO" answers to be explained.)

Inspector's Initial

BP

Owners/Designated Rep. Initial

Date: 11-27-2012



# CITY OF FALLS CHURCH

## CITY OF FALLS CHURCH

### FIRE MARSHAL

300 PARK AVENUE

FALLS CHURCH, VA 22046

Phone: (703) 248-5058 Fax: (703) 248-5158

Email: tpolera@fallschurchva.gov



## Fire Prevention Code Invoice

BUSINESS NAME <u>PLANNED PARENTHOOD</u>	BUSINESS PHONE <u>703 533 5656</u>	DATE <u>4/13/2012</u>
ADDRESS <u>303 S. <del>W</del> MAPLE AVE #300 FALLS CHURCH, VA 22046</u>		SUB-ADDRESS NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>
MANAGER - OWNER NAME	EMAIL	EMERGENCY

### PERMIT FEES:

Assembly or Education facilities: 51-500 persons ☐ \$ 85 , 501 or greater persons ☐ \$ 170  
Home Day Care Permit Inspections ☐ \$ 35 (No Inspection Fee)

\$ N/A

**INSPECTION FEE:** Hourly Rate = \$ 130 Minimum \$ 65  
Quarterly charge after the 1st 1/2 hour & all re-inspections = \$ 32.50  
OCCUPANCYS WITH FIRE PROTECTION SYSTEMS ARE  
REQUIRED TO HAVE AN ANNUAL INSPECTION CHARGED  
AT THE HOURLY INSPECTION RATE.

Date - Hours  
4/13 - 5

Total Time  
5 HRS.

\$65.00

- ☐ Assembly or Educational Facility,  
☒ Occupancy with Fire Protection System:  
☐ Hood System ☐ Fire Alarm ☐ Sprinkler ☐ Standpipe ☐ Fire Pump

**NON-COMPLIANCE (3<sup>rd</sup> Visit):** Hourly Rate =  
This includes operating without a paid permit, (over 30 days late)  
☐ Faulty / Nuisance Fire Alarms (Three within 30 days)

TOTAL

\$65.00

The applicant hereby accepts full responsibility for the adherence to all requirements of the Virginia Statewide Fire Prevention Code and the City of Falls Church Fire Prevention Code pertaining to the above application.

Signature of Applicant

Date:

4/13/12

### Mail payment to:

City of Falls Church

Fire Marshal's Office

300 Park Avenue, G2 East

Falls Church, VA 22046

Make checks or money order payable to:

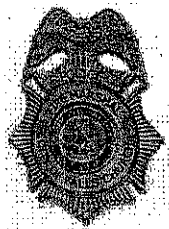
"Treasurer, City of Falls Church"

Office Use:	Date Payment Received	Permit Number <u>N/A</u>	Violations Found: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Check Number	Occupancy Load	Use Group	Knox Box: YES <input type="checkbox"/> NO <input type="checkbox"/>
Last Hood Test	Company Performing Test <u>N/A</u>	Phone:	



**CITY OF FALLS CHURCH  
FIRE MARSHAL**

300 PARK AVENUE  
FALLS CHURCH, VA 22046  
Phone: (703) 248-5058 Fax: (703) 248-5158  
Email: FireMarshal@fallschurchva.gov



**April 19, 2012**

**To:** , Planned Parenthood of Metropolitan Washington, DC

**RE:** Inspection - 303 S. Maple Ave. #300

This is to serve notice that a fire safety inspection was performed at the above location on April 13. No fire code violations were observed at the time of the inspection. This includes an assessment of egress access and discharges which were found to be satisfactory. The building is equipped with a fire alarm system that is subject to an annual inspection. Additional questions may be directed to the City of Falls Church Fire Marshal at FireMarshal@fallschurchva.gov or calling (703) 248-5058.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Polera".

Tom Polera, CFI  
City Fire Official

*Exclude from FOIA per Cole & VA 2.2-3705.2(c3) + (c4)*

## 2013/2014 Training/Drill Schedule

Month	Training FP & AB	Resource	Non-Medical Drill FP & AB	Resource	Medical ER Drill / FP Medical ER Drill / AB	Resource FP Resource AB
October	1. Consents/CLIC's 2. Cultural Competency & Language Line	1. MMSG Sec I-B-1 2. CLAS Manual	Bomb – evacuation of center	PPMW Security Manual	Anaphylaxis	ARMS ER Manual
November	1. Referral and Follow-up procedures & responsibilities 2. MMSG Manual	1. MMSG Sec I-A-3 & Follow-up Manuals 2. Review Manual (TOC)	Fire	PPMW Security Manual	Allergic Reaction Minor	ARMS ER Manual
December	1. Parental Involvement & Confidentiality 2. Trafficking	1. MMSG Sec I-B-1 (minors) 2. CAL	Hostile Encounter	PPMW Security Manual	Minor/Minor Allergic Reactions	ARMS ER Manual
January	1. Child Abuse, Sexual Coercion & Mandatory Reporting 2. Managing Offensive and Suspicious Calls and Visitors	1. The CAL 2. MMSG Sec II-D-3 3. Resource Binder 1. The CAL 2. Resource Binder	Severe Weather Snow Tree	Security Manual Center Manager	Cardiopulmonary Arrest Pulmonary and Anesthetic Fluid Embolism, DIC, and CPR	ARMS ER Manual
February	1. Child Abuse, Sexual Coercion & Mandatory Reporting 2. Managing Offensive and Suspicious Calls and Visitors	1. The CAL 2. Resource Binder	Robbery, Break-In, Theft, or Vandalism Fire	PPMW Security Manual	Review ER Cart (drill form not required)	ARMS ER Manual
March	1. Lab Manual and Logs 2. CLIA	1. Lab Manual 2. Lab Logs 3. ROM Log 4. CLIA Report (Non Waived Centers)	Hazardous Spills	Lab Manual	Evacuation Drill and Respiratory Depression (Narcotic reversal)	ARMS ER Manual
April	1. OSHA/MSDS/Hazard Communication	1. Review MSDS Manual 2. Review Lab Manual 3. Health and Safety Annual OSHA Training Tool	Utility Outage Fire	Security Manual	Shock	ARMS ER Manual
May	1. Pharmacy Safety & Recall 2. Inventory	1. MMSG Sec I-A-2			Hemorrhage/Hypovolemic Shock/hypotension	ARMS ER Manual
June	1. HIPAA Manual 2. Notice of HI Privacy Practices 3. Chart Release Authorization	1. HIPAA Manual 2. CAL			Hemorrhage, Hypovolemia, and Shock	ARMS ER Manual
July	1. Cash Handling Policy 2. Network interruption	1. Center Business Operations Manual		Security Manual	Review ER Cart (drill form not required)	ARMS ER Manual
August	1. ABC/Safer Sex/HIV Message 2. Giving Positive Results	1. MMSG 2. CDC Website	Bomb	Security	Anesthesia Reaction	ARMS ER Manual
September	1. Domestic Violence 2. Resource Directory	1. MMSG Sec II-D-1 (Utilize Community Resource) 2. Review PPMW's electronic Resource Directory	Fire		Seizure	ARMS ER Manual
All Staff Day – To Be Announced	Customer Service Diversity in the work place including LGBTQ				Syncope	ARMS ER Manual
					Syncope and Vasovagal Reaction	ARMS ER Manual
					Vagal Responses	ARMS ER Manual
					Uterine Atony and Uterine Perforation	ARMS ER Manual
					Upper Respiratory Obstruction	ARMS ER Manual
					Respiratory Depression and Asthma	ARMS ER Manual

Exclude from FOIA per Code of VA

2.2-3/05.2(g)  
(u)

**Family Planning and Surgical Services  
Monthly Operational/Facility Survey  
(Center Managers)**

Medical Center: Falls Church

Month/Year: June /2014

Operations / Forms / Results (Family Planning and Surgical Services)				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Daily reconciliation forms, MasterCard/Visa batch reports, and deposit slips, have been submitted to accounting on a weekly basis.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Cash drops have been completed according to the cash handling policy and procedure.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Billing edits must be addressed within 48hrs of receiving them
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Justice Funds claims and DC Abortion Fund vouchers have been submitted along with patient charge sheets at the end of the business day.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	End of the monthly inventory balances have been submitted to finance
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	All received invoices have been entered into the Rose Workflow for the month
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Monthly medical/office supplies have been ordered as necessary
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Productivity reports have been entered for the entire month
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Incidences reports have been submitted that occurred in the month
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	HIV stats have been submitted to the Director of Patient Services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	IPP stats have been entered onto the monthly log on the S:drive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Lab results are filed in patient charts within three <b>OPEN</b> business days of receiving
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Scheduling templates have been entered into Nextgen making 2mos in total
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Patient satisfaction surveys for the pervious month have been mailed to the admin office
Financial Logs / Forms / Results (Specific to Abortion Services)				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	All provider timesheets have been forwarded to the Director of Patient Services along with back up documentation for the previous month.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Medication Abortion log has been reviewed and letters have been sent to patients according to policy and procedure
<b>Notes:</b>				

Staff Meetings/Trainings/Drills/Audits				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Monthly staff meeting was conducted and meeting minutes are attached
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Staff meeting agenda and minutes have been added to the staff communication log to reference if necessary. Meeting minutes must be signed by all staff to acknowledge their understanding of what was covered in the meeting.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		All Staff communication memos have been reviewed and signed by all staff. Memos should be maintained in the communication log to reference if necessary.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Appropriate trainings are done each month as designated per PPMW Training/Drill Schedule. <b>Indicate training:</b> Seizure, Syncope, and Vasovagal Reaction
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	All new health center staff have been offered the initial Hepatitis B vaccination within 10 days of hire
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Ensure that all new medical center staff have completed PPMW <b>New Employee Orientation Checklist</b> and <b>Lab Skills Checklist</b> , including OSHA / Infection prevention training
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Appropriate non-medical emergency drills are done during staff meetings as designated per PPMW Training/Drill Schedule. <b>HIPAA Manual, Notice of Privacy Practices</b> <b>Indicate drill:</b> Chart Release Authorization, Consents, CILCs, Utility Outage, Fire Drill
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Scheduled audit was completed and an improvement plan was submitted if applicable. <b>Indicate audit:</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	90 day reviews, and yearly performance evaluations are completed and sent to H/R.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	All medications and medical supplies have been checked for expiration and removed from the shelf if expired: Task completed by: <u>Each Staff HRA's</u> Date Completed <u>6/27/14</u>
<b>Notes:</b>				

Exclude from POIA Per Code VA 2,2-3705,2(3)+(4)

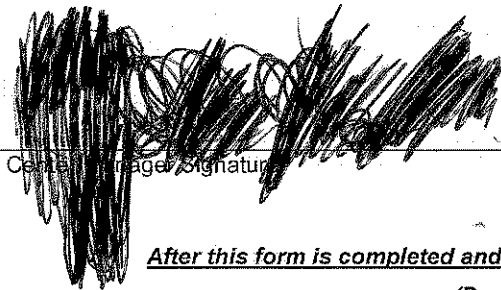
Facility Inspection				
Yes	No	N/A	Center fire extinguishers mounted in a clear visible area and initialed/dated on a monthly basis.	
Yes	No	N/A	Emergency evacuation plans posted throughout the center.	
Yes	No	N/A	Patient information of any type is secured in the medical records room at the close of business.	
Yes	No	N/A	Adequate lighting exists inside and outside of the building.	
Yes	No	N/A	Sidewalks, driveways, stairs and parking lots free of hazards, potholes and debris.	
Yes	No	N/A	Exit doors are clear, accessible and lit.	
Yes	No	N/A	Center free of electrical hazards and outlets have child safe covers.	
Yes	No	N/A	Landscaping maintained.	
Yes	No	N/A	Signage visible and in good condition.	
Yes	No	N/A	Exterior surfaces of the building in good condition	
Yes	No	N/A	PPMW housekeeping protocols are practiced.	
Yes	No	N/A	Emergency phones numbers are current and routinely updated and are available at every phone.	
Yes	No	N/A	All monthly compliance forms are completed and signed.	
<b>Notes:</b>				

**An Improvement Plan must be written for all "No" responses**

(All issues noted on the Monthly Operations/Facility Survey must be addressed with individual staff members (if applicable) and discussed at next Center Staff meeting with all staff.)

☒ No Improvement Plan needed

Comments:



Center Manager Signature

Date 7/17/14

**After this form is completed and signed, send electronically to the Director of Patient Services**  
**(Due by the 5<sup>th</sup> of the following month)**

**Family Planning and Surgical Services**  
**Monthly Operational/Facility Survey**  
(Center Managers)

Medical Center: Falls Church

Month/Year: 04/2014

<b>Operations / Forms / Results</b> (Family Planning and Surgical Services)			
<u>Yes</u>	No	N/A	Daily reconciliation forms, MasterCard/Visa batch reports, and deposit slips, have been submitted to accounting on a weekly basis.
<u>Yes</u>	No	N/A	Cash drops have been completed according to the cash handling policy and procedure.
<u>Yes</u>	No	N/A	Billing edits must be addressed within 48hrs of receiving them
<u>Yes</u>	No	N/A	Justice Funds claims and DC Abortion Fund vouchers have been submitted along with patient charge sheets at the end of the business day.
<u>Yes</u>	No	N/A	End of the monthly inventory balances have been submitted to finance
<u>Yes</u>	No	N/A	All received invoices have been entered into the Rose Workflow for the month
<u>Yes</u>	No	N/A	Monthly medical/office supplies have been ordered as necessary
<u>Yes</u>	No	N/A	Productivity reports have been entered for the entire month
<u>Yes</u>	No	N/A	Incidences reports have been submitted that occurred in the month
<u>Yes</u>	No	N/A	HIV stats have been submitted to the Director of Patient Services
<u>Yes</u>	No	N/A	IPP stats have been entered onto the monthly log on the S:drive
<u>Yes</u>	No	N/A	Lab results are filed in patient charts within three <b>OPEN</b> business days of receiving (scanned)
<u>Yes</u>	No	N/A	Scheduling templates have been entered into Nextgen making 2mos in total
<u>Yes</u>	No	N/A	Patient satisfaction surveys for the pervious month have been mailed to the admin office
<b>Financial Logs / Forms / Results</b> (Specific to Abortion Services)			
<u>Yes</u>	No	N/A	All provider timesheets have been forwarded to the Director of Patient Services along with back up documentation for the previous month.
<u>Yes</u>	No	N/A	Medication Abortion log has been reviewed and letters have been sent to patients according to policy and procedure
<b>Notes:</b>			

<b>Staff Meetings/Trainings/Drills/Audits</b>			
<u>Yes</u>	No	N/A	Monthly staff meeting was conducted and meeting minutes are attached
<u>Yes</u>	No	N/A	Staff meeting agenda and minutes have been added to the staff communication log to reference if necessary. Meeting minutes must be signed by all staff to acknowledge their understanding of what was covered in the meeting.
<u>Yes</u>			All Staff communication memos have been reviewed and signed by all staff. Memos should be maintained in the communication log to reference if necessary.
<u>Yes</u>	No	N/A	Appropriate trainings are done each month as designated per PPMW Training/Drill Schedule. <b>Indicate training:</b> Hemorrhage / Hypovolemic shock / hypotension
<u>Yes</u>	No	N/A	All new health center staff have been offered the initial Hepatitis B vaccination within 10 days of hire
<u>Yes</u>	No	N/A	Ensure that all new medical center staff have completed PPMW <u>New Employee Orientation Checklist</u> and <u>Lab Skills Checklist</u> , including OSHA / Infection prevention training
<u>Yes</u>	No	N/A	Appropriate non-medical emergency drills are done during staff meetings as designated per PPMW Training/Drill Schedule. <b>Indicate drill:</b> Hazardous Spills, Robbery, Break-Ins, Theft, Vandalism, <u>Fire Drill</u>
<u>Yes</u>	No	N/A	Scheduled audit was completed and an improvement plan was submitted if applicable. <b>Indicate audit:</b> IUC, Nexplanon
<u>Yes</u>	No	N/A	90 day reviews, and yearly performance evaluations are completed and sent to H/R.



Excluded from FOIA per Col. N/A  
2.2-3905.2(3)  
104

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	All medications and medical supplies have been checked for expiration and removed from the shelf if expired: Task completed by: <u>All staff</u> Date Completed <u>4/25</u>
<b>Notes:</b>			

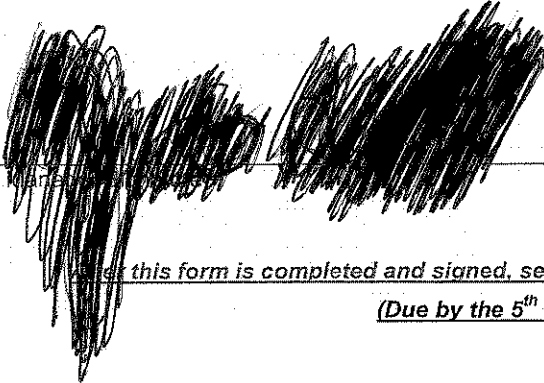
Facility Inspection			
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	Center fire extinguishers mounted in a clear visible area and initialed/dated on a monthly basis.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	Emergency evacuation plans posted throughout the center.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	Patient information of any type is secured in the medical records room at the close of business.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	Adequate lighting exists inside and outside of the building.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	Sidewalks, driveways, stairs and parking lots free of hazards, potholes and debris.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	Exit doors are clear, accessible and lit.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	Center free of electrical hazards and outlets have child safe covers.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	Landscaping maintained.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	Signage visible and in good condition.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	Exterior surfaces of the building in good condition
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	PPMW housekeeping protocols are practiced.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	Emergency phones numbers are current and routinely updated and are available at every phone.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	All monthly compliance forms are completed and signed.
<b>Notes:</b>			

**An Improvement Plan must be written for all "No" responses**

(All issues noted on the Monthly Operations/Facility Survey must be addressed with individual staff members (if applicable) and discussed at next Center Staff meeting with all staff.)

☒ No Improvement Plan needed

Comments:



Center Name

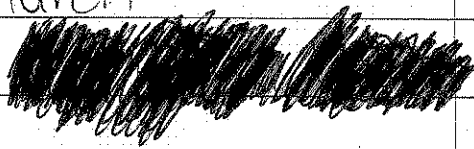
Date

4/30/14

After this form is completed and signed, send electronically to the Director of Patient Services  
(Due by the 5<sup>th</sup> of the following month)

Excluded from FOIA per CDC dVA  
2.2-3705.2(3)(iv)

### FIRE EMERGENCY EVACUATION DRILL


DATE: 11/21/13 TIME: 4:30  
CENTER: Falls Church  
DESIGNATED LOCATION: 

Evacuation procedures followed:	YES	NO
Person in charge notified of Emergency	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fire Department notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Patients and visitors escorted to safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Doors, windows, files locked	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neighboring Offices notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff convenes at Safe Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative office notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>
After "ALL CLEAR", Staff re-enters center	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Incident report completed, if indicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Improvement plan, if indicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### Drill Review/Recommendations

#### Evacuation Kit Includes:

- Cell Phone
- Flashlight
- Keys

Center Manager Signature: 

Date: 11/21/13

## TYPES OF EMERGENCIES OR INCIDENTS

There are various types of emergencies or incidents which will require you to put your plan in place. Some emergencies may require you to evacuate your location immediately, while others require you to stay in place. It is important that you review and practice your plan in the event of any type of emergency.

The following pages identify the most common emergencies and incidents that may occur and procedures that you should follow.

### FIRE EMERGENCY

A fire may or may not include visible flames or strong odors of burning. The appropriate emergency action is for persons to evacuate the building quickly and safely; Activate 9-1-1.

#### IMMEDIATE ACTION

1. Person discovering the fire:
  - A. Extinguish the fire only if you can do so safely and quickly.
  - B. Use the Pull, Aim, Squeeze, Sweep (PASS) method and make sure you remain safe, keep yourself between the fire and the nearest exit.
    - After the fire is extinguished, call 9-1-1 and building security (if applicable).
    - Make sure to close doors and activate building fire alarm.
  - C. If the fire cannot be extinguished:
    - Confine the fire by closing all doors.
    - Pull the nearest fire alarm.
    - Call 9-1-1.
    - Alert building security if applicable.
    - Alert other occupants.
    - Meet fire department personnel when they arrive.
    - Get out and stay out of building.
- II. Building occupants should:
  - A. Close doors to your immediate area.
  - B. **EVACUATE** the building by the nearest exit. Assist others in exiting the building.
  - C. **DO NOT** use elevators.
  - D. Avoid smoke filled areas.
  - E. Proceed to the designated meeting area and remain there until accounted for. Do not return inside the building until instructed to by emergency personnel.



# Planned Parenthood® of Metropolitan Washington DC, Inc.

Emergency Procedures  
Planned Parenthood of Metropolitan Washington  
Falls Church Site

## FIRE PROCEDURE

The first person aware of the fire will make an assessment, if the fire is small and containable she will attempt to extinguish it with the fire extinguisher.

Fire extinguishers are located:

If the fire is not containable, follow the emergency procedure.

First: **NOTIFY EMERGENCY SERVICES** by calling 911

Second: **NOTIFY STAFF** by pulling the fire alarm

Third: **GET YOURSELF AND THE PATIENTS TO SAFETY**, evacuate the building

When Evacuating remember:

- Turn off the computers, if possible.
- Take the appointment books with you.
- Close as many doors as possible as you leave.
- Check the bathrooms and exam rooms to assure that patients are being evacuated as well.

**NOTIFY:** The Center Manager, Security Manager, and PPMW Administrative Office about the fire.

## **FIRE**

### **Visible Fire:**

- If appropriate, use fire extinguisher to put fire out. If not, call 911.
- Evacuate patients. Evacuation routes are posted in all rooms of center.
- Have designated staff close windows and files. Staff tasks should be assigned during a staff fire drill included in the non-medical drills.

### **Observe or smell smoke:**

- Follow the procedures listed above.

### **Fire Survival Tips:**

- Crawl to the door on your hands and knees. Smoke and gases collect near the ceiling first.
- Feel the door before opening it. If it's cool, brace yourself against it, turn your face away and open it carefully. Slam the door if you notice any smoke or heat.
- Use an alternate exit if the door is hot or smoke is seeping in. Never use an elevator.
- Don't jump unless it is your last resort, especially if you are two or more stories above the ground.
- Signal for help by waving a light colored article if you can't escape. If you must open a window, make sure all the doors are closed.
- Stop, drop, and roll if your clothes catch fire. Do not run. If someone else's clothes are on fire, smother the flames with a blanket, rug, etc. If none is readily available, roll the person on the ground or floor.
- Never re-enter a burning building and do not let anyone else do so.
- In case of fire the center meeting place is: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

## FIRE EMERGENCY EVACUATION DRILL

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

CENTER: \_\_\_\_\_

DESIGNATED LOCATION: \_\_\_\_\_

Evacuation procedures followed:	YES	NO
Person in charge notified of Emergency		
Fire Department notified		
Patients and visitors escorted to safety		
Doors, windows, files locked		
Neighboring Offices notified		
Staff convenes at Safe Site		
Administrative office notified		
After "ALL CLEAR", Staff re-enters center		
Incident report completed, if indicated		
Improvement plan, if indicated		

### Drill Review/Recommendations

### Evacuation Kit Includes:

- Cell Phone
- Flashlight
- Keys

Center Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **FIRE EMERGENCY EVACUATION DRILL**

### **Absent Employees**

<b>Staff Name (Print)</b>	<b>Title</b>	<b>Signature</b>	<b>Date that all handouts, PowerPoints, Minutes &amp; Evacuation Drill reviewed</b>

## Hospital Transfer Procedure Quick Reference Guide

### Task Assignments for Staff:

Duty:	Responsibility of:
Start appropriate emergency measures: oxygen, airway, management, CPR, etc.	Trained licensed staff
Call ambulance service or 911 to request services, and give them directions to center with instructions as to where to enter.	Center Manager
Notify staff by preexisting code of emergency and emergency location.	Medical staff or Center Manager
Monitor and record vital signs.	Medical staff
Reassure and support client.	Medical staff
Complete emergency transfer form.	Licensed staff
Copy client record and emergency form.	Designated front desk staff
Notify Medical Director, Director of Patient Services, COO, and others as per affiliate procedure.	Center Manager or licensed staff
Notify hospital/emergency room of impending transfer.	Licensed staff or designated staff
Notify those accompanying client of transfer. Reassure them, and arrange or direct their trip to the hospital.	Designated staff
Inform waiting clients of delay and reschedule as necessary.	Center Manager or designee



Releasing any of the pages noted "Excluded from FOIA" will compromise PPMW's security of divo  
Protected  
Info



**Planned Parenthood**  
Of Metropolitan Washington, DC

☐ Egypt ☒ Falls Church ☐ Gaithersburg ☐ Schumacher Clinic ☐ Schumacher Admin ☐ Silver Spring

**Incident Report**

NOT PART OF MEDICAL RECORD - FORWARD PROMPTLY  
TO SUPERVISOR

Type or Print Clearly

Location of Incident FC CLINIC

Date of Incident 09/30/11

Affected Person (s) \_\_\_\_\_

☒ Patient MR # \_\_\_\_\_

☐ Visitor

☐ Employee

☐ Other

Witnesses: \_\_\_\_\_

**For Admin use only**

ARMS Occurrence ☐ Yes ☐ No

CAPS Adverse Event ☐ Yes ☐ No

Security Occurrence ☐ Yes ☐ No

Workers Comp ☐ Yes ☐ No

HIPAA Report ☐ Yes ☐ No

Today's Date 09/30/11

Time of Incident 1245

First Person on Scene \_\_\_\_\_

Person (s) notified EMS

☐ Police

☐ Fire Department

☒ Ambulance

☒ Other PTIS SPOUSE

**Incident Related to:**

☒ Medical Services

☐ Personal Injury

☐ Building & Physical Property

☐ General Liability

☐ Security

☐ HR

☐ Theft

☐ Picketers

☐ Controlled substances

☐ Other (Explain) \_\_\_\_\_

Narrative: Describe what happened, condition of person before and after the incident & any other pertinent details.

SEE PROGRESS NOTE AND EMER TRANSFER FORM

For more space use other side

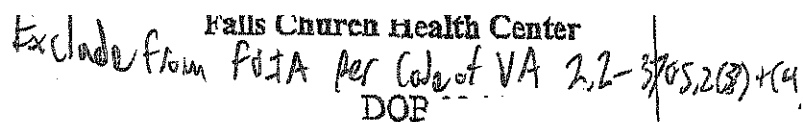




FOIA per  
Cole of VA  
22-3905,2  
(3) & (4)

DOB

PPMW 113  
July 2009



PPMW 113  
July 2009