PLANNED PARENTHOOD OF INDIANA AND KENTUCKY

421 S. COLLEGE AVENUE

BLOOMINGTON, INDIANA

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011117	A. BUILDING: _____ B. WING _____	03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF INDIANA AND KENTUCI	421 S COLLEGE AVE BLOOMINGTON, IN 47403

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T 000	INITIAL COMMENTS This visit was for a State licensure survey. Dates of survey: 3/14/18 to 3/15/18 Facility #011117 QA: 3/21/18	T 000		
T 026	410 IAC 26-4-1 GOVERNING BODY 410 IAC 26-4-1(c)(3) (c) The governing body shall do the following: (3) Review, at least every six (6) months, reports of management operations, including, but not limited to, the following: (A) Quality assessment and improvement program. (B) Patient services provided. (C) Results attained. (D) Recommendations made. (E) Actions taken. (F) Follow-up. This RULE is not met as evidenced by: Based on document review and interview, the governing body (GB) failed to review quality assessment and performance improvement (QAPI) program reports at least every 6 months during 4 quarters of calendar year 2017. Findings include: 1. Review of GB Board Meeting minutes dated	T 026		

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T 026	Continued From page 1 11/28/2017, 8/26/2017, 5/31/2017, 3/22//2017 and 1/25/2017 lacked documentation of review of QAPI reports by the GB. 2. On 3/15/18 at approximately 3:00pm, A1, Vice President of Patient Services, indicated review of QAPI program reports did not show in GB meeting minutes and the facility had no other documentation of the GB having reviewed QAPI reports within the 4 quarters of the 2017 calendar year.	T 026		
T 118	410 IAC 26-7-1 MEDICAL RECORDS 410 IAC 26-7-1(b)(3) (b) A medical record must be maintained with documentation of service rendered for each surgical abortion patient of the clinic as follows: (3) The clinic shall use a system of author identification and record maintenance that: (A) ensures the integrity of the authentication; and (B) protects the security of all record entries. Each entry must be authenticated in accordance with the clinic and medical staff policies. This RULE is not met as evidenced by: Based on document review and interview, the facility failed to follow their policy/procedure for medical record documentation for 20 of 30 closed medical records (MR) reviewed. Findings:	T 118		

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T 118	Continued From page 2 1. Policy/procedure 5.2, Administrative Chapter 5: Medical Records, Documentation, and Reporting Requirements, revised/reapproved 3/2017 indicated on page 3-4: "III. Documentation must be performed in accordance with accepted professional standards and any applicable laws/regulations. It must...F. Be signed with the full name of the signer including credentials for licensed staff and titles for non-licensed staff". 2. Review of patient 1's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 3/8/18 at 0750 hours. 3. Review of patient 2's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 3/8/18 at 0740 hours. 4. Review of patient 3's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 3/8/18 at 0940 hours. 5. Review of patient 4's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 2/22/18 at 0730 hours. 6. Review of patient 5's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 2/22/18 at 0900 hours. 7. Review of patient 6's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 2/08/18 at 0820 hours.	T 118		

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T 118	Continued From page 3 8. Review of patient 7's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 2/08/18 at 1000 hours. 9. Review of patient 9's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 2/01/18 at 1000 hours. 10. Review of patient 10's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 1/25/18 at 1000 hours. 11. Review of patient 14's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 12/14/17 at 1330 hours. 12. Review of patient 16's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 12/07/17 at 1330 hours. 13. Review of patient 17's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 11/30/17 at 0730 hours. 14. Review of patient 18's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 11/16/17 at 1230 hours. 15. Review of patient 19's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 09/21/17 at 1028 hours.	T 118		

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T 118	Continued From page 4 16. Review of patient 20's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 08/31/17 at 0822 hours. 17. Review of patient 21's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 08/24/17 at 1120 hours. 18. Review of patient 22's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 08/10/17 at 1033 hours. 19. Review of patient 28's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 04/20/17 at 0820 hours. 20. Review of patient 29's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 04/12/17 at 1410 hours. 21. Review of patient 30's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 03/30/17 at 0842 hours 22. On 3/15/18 at approximately 1200 hours, staff N1 (Director of Clinical Operations) was interviewed and confirmed patient 1, 2, 3, 4, 5, 6, 7, 9, 10, 14, 16, 17, 18, 19, 20, 21, 22, 28, 29 and 30's MR lacked documentation of a medical staff provider's signature and confirmed the medical staff provider is required to authenticate medical record documentation per his/her signature. Staff N1 confirmed staff should follow policy/procedure for medical records documentation.	T 118		

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T 184	410 IAC 26-10-1 PATIENT CARE AND NURSING SERVICES 410 IAC 26-10-1(a)(1) (a) All patient care services must: (1) meet the needs of the patient, within the scope of the service offered, in accordance with acceptable standards of practice; This RULE is not met as evidenced by: Based on document review and interview, the facility failed to follow their policy/procedure for recovery area assessment criteria for 6 of 22 closed medical records (MR) reviewed. Findings: 1. Policy/procedure 18.1.2, Recovery Area Assessment Criteria, revised/reapproved 6/2016 indicated on page 2 indicated: "1. A. Patients receiving minimal or no sedation who are post surgical abortion....must assess the following at initiation of recovery and then at least every 15 minutes during the recovery process until discharge. Blood pressure, respiratory rate, pulse (a minimum of 2 sets)." 2. Review of patient 5, 6, 7, 18, 19 and 22's MR lacked documentation of assessment of 2 complete sets of vital signs to include blood pressure, respiratory rate and pulse at initiation of recovery. 3. On 3/14/18 at approximately 1430 hours, staff N1 (Director of Clinical Operations) was interviewed and confirmed patient 5, 6, 7, 18, 19 and 22's MR lacked documentation of	T 184		

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T 184	Continued From page 6 assessment of 2 complete sets of vital signs to include blood pressure, respiratory rate and pulse. Staff N1 confirmed staff failed to complete assessment at initiation of recovery as written per facility policy.	T 184		
T 206	410 IAC 26-11-1 INFECTION CONTROL PROGRAM 410 IAC 26-11-1(a)(1) (a) The clinic must do the following: (1) Provide a safe and healthful environment that minimizes infection exposure and risk to the following: (A) Patients. (B) Health care workers. (C) Persons who accompany patients. This RULE is not met as evidenced by: Based on document review, observation and interview the facility failed to provide a safe and healthful environment that minimizes infection exposure and risk to patients and health care workers for 1 of 3 (Lab) areas toured. Findings include: 1. Review of PPINK (Planned Parenthood Indiana Kentucky) Infection Control Manual &OSHA Risk Exposure Plan, revised/reviewed 04/2017 indicated: A. page 19: "Standard precautions are OSHA's required method of control to protect staff from exposure to all human blood, certain human body fluids and other potentially infectious material (OPIM). In using Standard Precautions,	T 206		

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T 206	Continued From page 7 we assume that all human blood and OPIM be treated as if known to be infectious for hepatitis B virus, HIV, or other blood borne pathogens regardless of the perceived "low risk" of a patient. In the health care setting, standard precautions apply to all patients regardless if you suspect or do not suspect they may be contagious". B. page 20: "Soiled patient care equipment: Handle in a manner that prevents transfer of microorganisms to others and to the environment". 2. While on tour of facility on 3/15/18 at approximately 1400 hours, accompanied by staff N2 (Center Manager), 4 bottles of medications including 1 bottle of ibuprofen 800 mg 100 tablets, 1 bottle of metronidazole 500 mg 50 tablets and 2 bottles of azithrozycin 250 mg 30 tablets, were found on the countertop in the lab room along with supplies for specimen processing of labs including Rh and pregnancy testing. 3. Staff N2 (Center Manager) was interviewed on 3/15/18 at approximately 1415 hours and confirmed staff set the above-mentioned medication bottles on the countertop for easy access to administer to patients. Staff N2 confirmed the countertop is also used as workspace for processing lab specimens including urine and blood for Rh and pregnancy testing. Staff N2 confirmed staff should observe standard precautions. Staff N2 confirmed processing lab specimens utilizing urine and blood samples on the same countertop which patient medications are placed may result in exposure to potentially infectious material.	T 206		

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T 214	Continued From page 8	T 214		
T 214	410 IAC 26-11-1 INFECTION CONTROL PROGRAM 410 IAC 26-11-1(c) (c) The clinic must designate a person qualified by training or experience as responsible for the following: (1) Ongoing infection control activities. (2) The development and implementation of policies governing control of infections and communicable diseases. This RULE is not met as evidenced by: Based on document interview the facility failed to designate a person qualified by training or experience as responsible for facility infection control activities. Findings include: 1. Staff N3 (Director of Clinical Services) was interviewed on 3/15/18 at approximately 1300 hours and confirmed the facility did not have a person designated responsible for facility infection control activities.	T 214		
T 232	410 IAC 26-11-1 INFECTION CONTROL PROGRAM 410 IAC 26-11-1(e)(2)(E) (e) The clinic must establish a committee to monitor and guide the infection control program in the clinic as follows: (2) The infection control committee responsibilities must include, but are not limited	T 232		

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T 232	Continued From page 9 to, the following: (E) Reviewing and recommending changes in procedures, policies, and programs that are pertinent to infection control. These include, but are not limited to, the following: (i) Sanitation, including proper disposal of removed tissue. (ii) Universal precautions, including infectious waste management. (iii) Cleaning, disinfection, and sterilization. (iv) Aseptic technique, invasive procedures, and equipment usage. (v) Reuse of disposables. (vi) A system for handling patients with communicable diseases. (vii) A system, which complies with state and federal law, to monitor the immune status of health care workers exposed to communicable diseases. (viii) An employee health program to determine the communicable disease history of new personnel as well as an ongoing program for current personnel as required by state and federal agencies. (ix) Requirements for personal hygiene and attire that meet acceptable standards of practice. (x) A program of linen management. This RULE is not met as evidenced by: Based on document review and interview, the facility failed to follow the facility's infection control	T 232		

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T 232	Continued From page 10 policies and procedures (P&P) for housekeeping services for 5 of 7 personnel files reviewed (S1, S2, S3, S4 and S6). Findings include: 1. Review of facility policies and procedures of the Infection Control Manual & OSHA (Occupational Safety and Health Administration) Risk Exposure Plan, Revised 04/2017, indicated the following: Housekeeping Services. In all health centers daily cleaning and decontamination of the exam rooms, labs and equipment is done by trained staff... 2. Review of personnel files for S1, S2, S3, S4 and S6 lacked documentation of daily cleaning and decontamination training. 3. On 3/15/18 at approximately 2:00pm, A1, Vice President of Patient Services, indicated that the contracted housekeeping service did not clean or decontaminate exam rooms, laboratories or equipment. A1 further indicated that those processes are performed by staff members and that any staff member, including S1, S2, S3, S4, S5, S6 and S7, could perform those duties. A1 verified lack of documentation of housekeeping/cleaning and decontamination training for S1, S2, S3, S4 and S6 and indicated that S5, date of hire 11/6/17, was still in orientation.	T 232		
T 322	410 IAC 26-16-1 PHARMECEUTICAL SERVICES 410 IAC 26-16-1(3)(A) The clinic must provide drugs and biologicals in a	T 322		

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T 322	Continued From page 11 safe and effective manner in accordance with accepted professional practice. The clinic must have the following: (3) Written policies and procedures developed, implemented, maintained, and made available to personnel, including, but not limited to, the following: (A) Drug: (i) handling; (ii) storing; (iii) labeling; (iv) dispensing; and (v) administration according to established clinic policies and acceptable standards of practice. This RULE is not met as evidenced by: Based on document review, observation and interview, the facility failed to follow its policy/procedure for expired medications & unauthorized access to medications for 1 facility. Findings include: 1. Review of policy/procedure PS_15, Pharmaceuticals in the Health Centers, revised/reviewed 2/15/18 indicated the following: All medications, except controlled substances, will be stored in locked areas away from patient access; only licensed staff may access medications unless under the direct supervision of a licensed provider. All expired medication must be tracked on the Expired Medication Log - the log is available on	T 322		

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T 322	Continued From page 12 the Health Center Resources Drive; expired medications should be disposed of immediately in each health center's expired medication bin; this must be stored in a locked area away from patient access. 2. On 3/15/18 between 11:00am and 12:00pm, during facility tour, in the presence of A6, Facility Manager, in room #8, the recovery room, inside the medication storage refrigerator were 2 vials Promethazine 25mg/ml observed with a manufacturer expiration date of 10/2017. 3. On 3/15/18 at approximately 11:45am, A6 indicated the expired Promethazine should have been discarded and should not be in the patient medication refrigerator. 4. While on tour of facility on 3/15/18 at approximately 1400 hours, accompanied by staff N2 (Center Manager), 4 bottles of medications including 1 bottle of Ibuprofen 800 mg 100 tablets, 1 bottle of metronidazole 500 mg 50 tablets and 2 bottles of azithrozycin 250 mg 30 tablets, were found unsecured located on the countertop in the lab room. 5. While on tour of facility on 3/15/18 at approximately 1430 hours, accompanied by staff N2, a medication refrigerator was observed to be unlocked and contained medications for patient administration that unauthorized individuals could have access to. 6. Staff N2 (Center Manager) was interviewed on 3/15/18 at approximately 1430 hours and confirmed staff placed the above-mentioned medication bottles on the countertop in the lab room for ease of access to administer to patients. Staff N2 confirmed the medications located on	T 322		

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T 322	Continued From page 13 the countertop of the lab room were unsecured and potentially accessible to unauthorized individuals. Staff N2 confirmed the medication refrigerator located in the recovery area was unlocked and contained medications for administration to patients.	T 322		
T 404	410 IAC 26-17-3 PHYS. PLANT,MAINT.,EQUIP.,ENVIR.,SAFETY 410 IAC 26-17-3(2) The condition of the physical plant and the overall clinic environment must be developed and maintained in such a manner that the safety and well-being of patients is assured as follows: (2) No condition may be created or maintained that may result in a hazard to: (A) patients; (B) authorized visitors; or (C) employees. This RULE is not met as evidenced by: Based on observation and interview, the facility created a condition that may have resulted in a hazard to patients, visitors or employees in 1 instance for 1 facility. Findings include: 1. On 3/15/18 at approximately 12:00pm, during facility tour, in the presence of A6, Facility Manager, and A1, Vice President of Patient Services, the following was observed: In an office (indicated to be the area of medical gas storage), on the floor, leaned up against a desk was an	T 404		

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T 404	Continued From page 14 unsecured green oxygen cylinder tank. 2. On 3/15/18 at approximately 12:00pm, A1 verified that the oxygen tank was unsecured, could create a source of potential hazard to patients, visitors or employees and should be stored in a secured manner and location.	T 404		
T 414	410 IAC 26-17-4 PHYS. PLANT,MAINT.,EQUIP.,ENVIR.,SAFETY 410 IAC 26-17-4(1) All patient care equipment must be in good working order and regularly serviced and maintained as follows: (1) All patient care equipment must be on a documented maintenance schedule of appropriate frequency in accordance with one (1) of the following: (A) Acceptable standards of practice. (B) The manufacturer ' s recommended maintenance schedule. This RULE is not met as evidenced by: Based on document review and interview, the facility failed to ensure 6 of 8 pieces/types of patient care equipment (defibrillator, emergency call system, recovery chairs, vacuum units, examine tables, and procedure tables) were on a documented maintenance schedule in accordance with acceptable standards or the manufacturer's recommendations. Findings include:	T 414		

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T 414	Continued From page 15 1. Review of the policy titled Equipment Maintenance, March 24, 2017 (review/revise/approve/effective not noted), indicated the following: Ensure that required inspections, testing and maintenance is performed in accordance with the required Federal and State laws, regulations, guidelines, standards and manufacturer's recommendations. 2. Review of the manufacturer manual recommendations for maintenance indicated the following: A. Zoll AED Plus Defibrillator/AED (automated external defibrillator): Inspect frequently, as necessary. Use the following maintenance checklist when you periodically check your AED. Check the following: (included, but was not limited to) Is the unit clean, undamaged, free of excessive wear? Are there any crack or loose parts? Batteries within expiration date. Replace if expired. B. No manuals for the emergency call code system or exam lights were provided. Unable to determine manufacturer recommendations or acceptable standards. C. Champion "Passage" Recliner/recovery room chairs: General Maintenance and Care of Chairs, included the following: Periodically, check that the hinge fasteners, latch mount, release mount and back mount fasteners are secure. We suggest monthly, then tailor to our (sic) findings. D. Cabot Medical, Berkley Vacuum Curettage System: Maintenance. Check the float ball mechanism within the safety trap periodically. Replace filter when it becomes soiled or clogged. E. Midmark Ritter, exam table(s): Preventive Maintenance: Periodically inspect the following areas: Power cord. All fasteners. All mechanical functions. Periodically lubricate the following:	T 414		

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T 414	Continued From page 16 Back hinge. Footrest slide. Have an authorized service technician inspect your table every six month. F. Midmark Universal Procedures Table Procedure table: Scheduled Maintenance: Interval: Weekly: Visually inspect components for damage. Semi-Annually: Check all mechanical functions. Table shrouds should move smoothly. Replace any missing or illegible labels. All fasteners must be present and fastened securely. Inspect power cord and all wiring. Be sure all electrical connections are tight. 3. Review of preventive maintenance (PM) documentation indicated the following for patient care equipment as follows: A. Defibrillator/AED: Maintenance Checks logs lacked documentation of what was checked or done. Unable to determine checks/maintenance was in accordance with manufacturer recommendations. B. Emergency call code system: Maintenance check logs indicated the following: Date Performed, 11/19 (2017), "Telephone Intercom System", "IT working on them". Date Performed 3/5/18, "Telephone Intercom System" - "Does not work". C. Biomedical engineering and internal PM documents lacked documentation of PM on the recliners/recovery room chairs. D. Biomedical engineering document dated 5/2/17, titled Annual Equipment Maintenance lacked documentation of PM for vacuum unit(s). Document of PM for a suction unit lacked documentation of what tasks were performed. Internal Equipment Maintenance Check logs lacked documentation of vacuum unit(s), listed Suction Machines, but lacked documentation of what tasks/checks were performed.	T 414		

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T 414	Continued From page 17 E. Biomedical engineering document dated 5/2/17, titled Annual Equipment Maintenance lacked documentation of every 6 month PM and lacked documentation of tasks performed for PM of exam tables. F. Biomedical engineering document dated 5/2/17, titled Annual Equipment Maintenance lacked documentation of PM for procedure table(s). Internal Maintenance check logs lacked documentation of PM for procedure table(s). 4. A. On 3/14/18 between approximately 12:45pm and 2:00pm, the following was indicated in interview: A1, Vice President of Patient Services, indicated the clinic utilized a phone system as the emergency call code system. B. On 3/15/18 between approximately 12:30pm and 2:00pm, the following was indicated in interview: A3, Director of Clinical Operations, indicated any PM done on equipment in the clinic would be documented on the biomedical engineering form titled Annual Equipment Maintenance or the internal form titled Equipment Maintenance Checks. A3 verified that the forms lacked documentation of PM tasks were performed.	T 414		

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T 000	INITIAL COMMENTS This visit was for a State licensure survey. Dates of survey: 3/14/18 to 3/15/18 Facility #011117 QA: 3/21/18	T 000		
T 026	410 IAC 26-4-1 GOVERNING BODY 410 IAC 26-4-1(c)(3) (c) The governing body shall do the following: (3) Review, at least every six (6) months, reports of management operations, including, but not limited to, the following: (A) Quality assessment and improvement program. (B) Patient services provided. (C) Results attained. (D) Recommendations made. (E) Actions taken. (F) Follow-up. This RULE is not met as evidenced by: Based on document review and interview, the governing body (GB) failed to review quality assessment and performance improvement (QAPI) program reports at least every 6 months during 4 quarters of calendar year 2017. Findings include: 1. Review of GB Board Meeting minutes dated	T 026		7/1/18

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T 026	Continued From page 1 11/28/2017, 8/26/2017, 5/31/2017, 3/22//2017 and 1/25/2017 lacked documentation of review of QAPI reports by the GB. 2. On 3/15/18 at approximately 3:00pm, A1, Vice President of Patient Services, indicated review of QAPI program reports did not show in GB meeting minutes and the facility had no other documentation of the GB having reviewed QAPI reports within the 4 quarters of the 2017 calendar year.	T 026		
T 118	410 IAC 26-7-1 MEDICAL RECORDS 410 IAC 26-7-1(b)(3) (b) A medical record must be maintained with documentation of service rendered for each surgical abortion patient of the clinic as follows: (3) The clinic shall use a system of author identification and record maintenance that: (A) ensures the integrity of the authentication; and (B) protects the security of all record entries. Each entry must be authenticated in accordance with the clinic and medical staff policies. This RULE is not met as evidenced by: Based on document review and interview, the facility failed to follow their policy/procedure for medical record documentation for 20 of 30 closed medical records (MR) reviewed. Findings:	T 118		7/1/18

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T 118	Continued From page 2 1. Policy/procedure 5.2, Administrative Chapter 5: Medical Records, Documentation, and Reporting Requirements, revised/reapproved 3/2017 indicated on page 3-4: "III. Documentation must be performed in accordance with accepted professional standards and any applicable laws/regulations. It must...F. Be signed with the full name of the signer including credentials for licensed staff and titles for non-licensed staff". 2. Review of patient 1's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 3/8/18 at 0750 hours. 3. Review of patient 2's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 3/8/18 at 0740 hours. 4. Review of patient 3's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 3/8/18 at 0940 hours. 5. Review of patient 4's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 2/22/18 at 0730 hours. 6. Review of patient 5's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 2/22/18 at 0900 hours. 7. Review of patient 6's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 2/08/18 at 0820 hours.	T 118		

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T 118	Continued From page 3 8. Review of patient 7's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 2/08/18 at 1000 hours. 9. Review of patient 9's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 2/01/18 at 1000 hours. 10. Review of patient 10's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 1/25/18 at 1000 hours. 11. Review of patient 14's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 12/14/17 at 1330 hours. 12. Review of patient 16's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 12/07/17 at 1330 hours. 13. Review of patient 17's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 11/30/17 at 0730 hours. 14. Review of patient 18's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 11/16/17 at 1230 hours. 15. Review of patient 19's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 09/21/17 at 1028 hours.	T 118		

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T 118	Continued From page 4 16. Review of patient 20's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 08/31/17 at 0822 hours. 17. Review of patient 21's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 08/24/17 at 1120 hours. 18. Review of patient 22's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 08/10/17 at 1033 hours. 19. Review of patient 28's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 04/20/17 at 0820 hours. 20. Review of patient 29's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 04/12/17 at 1410 hours. 21. Review of patient 30's MR lacked documentation of authentification signature of medical staff D1 for Visit Summary note dated 03/30/17 at 0842 hours 22. On 3/15/18 at approximately 1200 hours, staff N1 (Director of Clinical Operations) was interviewed and confirmed patient 1, 2, 3, 4, 5, 6, 7, 9, 10, 14, 16, 17, 18, 19, 20, 21, 22, 28, 29 and 30's MR lacked documentation of a medical staff provider's signature and confirmed the medical staff provider is required to authenticate medical record documentation per his/her signature. Staff N1 confirmed staff should follow policy/procedure for medical records documentation.	T 118		

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T 184	410 IAC 26-10-1 PATIENT CARE AND NURSING SERVICES 410 IAC 26-10-1(a)(1) (a) All patient care services must: (1) meet the needs of the patient, within the scope of the service offered, in accordance with acceptable standards of practice; This RULE is not met as evidenced by: Based on document review and interview, the facility failed to follow their policy/procedure for recovery area assessment criteria for 6 of 22 closed medical records (MR) reviewed. Findings: 1. Policy/procedure 18.1.2, Recovery Area Assessment Criteria, revised/reapproved 6/2016 indicated on page 2 indicated: "1. A. Patients receiving minimal or no sedation who are post surgical abortion....must assess the following at initiation of recovery and then at least every 15 minutes during the recovery process until discharge. Blood pressure, respiratory rate, pulse (a minimum of 2 sets)." 2. Review of patient 5, 6, 7, 18, 19 and 22's MR lacked documentation of assessment of 2 complete sets of vital signs to include blood pressure, respiratory rate and pulse at initiation of recovery. 3. On 3/14/18 at approximately 1430 hours, staff N1 (Director of Clinical Operations) was interviewed and confirmed patient 5, 6, 7, 18, 19 and 22's MR lacked documentation of	T 184		6/1/18

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T 184	Continued From page 6 assessment of 2 complete sets of vital signs to include blood pressure, respiratory rate and pulse. Staff N1 confirmed staff failed to complete assessment at initiation of recovery as written per facility policy.	T 184		
T 206	410 IAC 26-11-1 INFECTION CONTROL PROGRAM 410 IAC 26-11-1(a)(1) (a) The clinic must do the following: (1) Provide a safe and healthful environment that minimizes infection exposure and risk to the following: (A) Patients. (B) Health care workers. (C) Persons who accompany patients. This RULE is not met as evidenced by: Based on document review, observation and interview the facility failed to provide a safe and healthful environment that minimizes infection exposure and risk to patients and health care workers for 1 of 3 (Lab) areas toured. Findings include: 1. Review of PPINK (Planned Parenthood Indiana Kentucky) Infection Control Manual &OSHA Risk Exposure Plan, revised/reviewed 04/2017 indicated: A. page 19: "Standard precautions are OSHA's required method of control to protect staff from exposure to all human blood, certain human body fluids and other potentially infectious material (OPIM). In using Standard Precautions,	T 206		5/14/18

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T 206	Continued From page 7 we assume that all human blood and OPIM be treated as if known to be infectious for hepatitis B virus, HIV, or other blood borne pathogens regardless of the perceived "low risk" of a patient. In the health care setting, standard precautions apply to all patients regardless if you suspect or do not suspect they may be contagious". B. page 20: "Soiled patient care equipment: Handle in a manner that prevents transfer of microorganisms to others and to the environment". 2. While on tour of facility on 3/15/18 at approximately 1400 hours, accompanied by staff N2 (Center Manager), 4 bottles of medications including 1 bottle of Ibuprofen 800 mg 100 tablets, 1 bottle of metronidazole 500 mg 50 tablets and 2 bottles of azithrozycin 250 mg 30 tablets, were found on the countertop in the lab room along with supplies for specimen processing of labs including Rh and pregnancy testing. 3. Staff N2 (Center Manager) was interviewed on 3/15/18 at approximately 1415 hours and confirmed staff set the above-mentioned medication bottles on the countertop for easy access to administer to patients. Staff N2 confirmed the countertop is also used as workspace for processing lab specimens including urine and blood for Rh and pregnancy testing. Staff N2 confirmed staff should observe standard precautions. Staff N2 confirmed processing lab specimens utilizing urine and blood samples on the same countertop which patient medications are placed may result in exposure to potentially infectious material.	T 206		

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T 214	Continued From page 8	T 214		
T 214	410 IAC 26-11-1 INFECTION CONTROL PROGRAM 410 IAC 26-11-1(c) (c) The clinic must designate a person qualified by training or experience as responsible for the following: (1) Ongoing infection control activities. (2) The development and implementation of policies governing control of infections and communicable diseases. This RULE is not met as evidenced by: Based on document interview the facility failed to designate a person qualified by training or experience as responsible for facility infection control activities. Findings include: 1. Staff N3 (Director of Clinical Services) was interviewed on 3/15/18 at approximately 1300 hours and confirmed the facility did not have a person designated responsible for facility infection control activities.	T 214		6/1/18
T 232	410 IAC 26-11-1 INFECTION CONTROL PROGRAM 410 IAC 26-11-1(e)(2)(E) (e) The clinic must establish a committee to monitor and guide the infection control program in the clinic as follows: (2) The infection control committee responsibilities must include, but are not limited	T 232		6/1/18

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T 232	Continued From page 9 to, the following: (E) Reviewing and recommending changes in procedures, policies, and programs that are pertinent to infection control. These include, but are not limited to, the following: (i) Sanitation, including proper disposal of removed tissue. (ii) Universal precautions, including infectious waste management. (iii) Cleaning, disinfection, and sterilization. (iv) Aseptic technique, invasive procedures, and equipment usage. (v) Reuse of disposables. (vi) A system for handling patients with communicable diseases. (vii) A system, which complies with state and federal law, to monitor the immune status of health care workers exposed to communicable diseases. (viii) An employee health program to determine the communicable disease history of new personnel as well as an ongoing program for current personnel as required by state and federal agencies. (ix) Requirements for personal hygiene and attire that meet acceptable standards of practice. (x) A program of linen management. This RULE is not met as evidenced by: Based on document review and interview, the facility failed to follow the facility's infection control	T 232		

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T 232	Continued From page 10 policies and procedures (P&P) for housekeeping services for 5 of 7 personnel files reviewed (S1, S2, S3, S4 and S6). Findings include: 1. Review of facility policies and procedures of the Infection Control Manual & OSHA (Occupational Safety and Health Administration) Risk Exposure Plan, Revised 04/2017, indicated the following: Housekeeping Services. In all health centers daily cleaning and decontamination of the exam rooms, labs and equipment is done by trained staff... 2. Review of personnel files for S1, S2, S3, S4 and S6 lacked documentation of daily cleaning and decontamination training. 3. On 3/15/18 at approximately 2:00pm, A1, Vice President of Patient Services, indicated that the contracted housekeeping service did not clean or decontaminate exam rooms, laboratories or equipment. A1 further indicated that those processes are performed by staff members and that any staff member, including S1, S2, S3, S4, S5, S6 and S7, could perform those duties. A1 verified lack of documentation of housekeeping/cleaning and decontamination training for S1, S2, S3, S4 and S6 and indicated that S5, date of hire 11/6/17, was still in orientation.	T 232		
T 322	410 IAC 26-16-1 PHARMECEUTICAL SERVICES 410 IAC 26-16-1(3)(A) The clinic must provide drugs and biologicals in a	T 322		5/14/18

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	011117	A. BUILDING: _____ B. WING _____	03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF INDIANA AND KENTUCI	421 S COLLEGE AVE BLOOMINGTON, IN 47403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 322	Continued From page 11 safe and effective manner in accordance with accepted professional practice. The clinic must have the following: (3) Written policies and procedures developed, implemented, maintained, and made available to personnel, including, but not limited to, the following: (A) Drug: (i) handling; (ii) storing; (iii) labeling; (iv) dispensing; and (v) administration according to established clinic policies and acceptable standards of practice. This RULE is not met as evidenced by: Based on document review, observation and interview, the facility failed to follow its policy/procedure for expired medications & unauthorized access to medications for 1 facility. Findings include: 1. Review of policy/procedure PS_15, Pharmaceuticals in the Health Centers, revised/reviewed 2/15/18 indicated the following: All medications, except controlled substances, will be stored in locked areas away from patient access; only licensed staff may access medications unless under the direct supervision of a licensed provider. All expired medication must be tracked on the Expired Medication Log - the log is available on	T 322		

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T 322	Continued From page 12 the Health Center Resources Drive; expired medications should be disposed of immediately in each health center's expired medication bin; this must be stored in a locked area away from patient access. 2. On 3/15/18 between 11:00am and 12:00pm, during facility tour, in the presence of A6, Facility Manager, in room #8, the recovery room, inside the medication storage refrigerator were 2 vials Promethazine 25mg/ml observed with a manufacturer expiration date of 10/2017. 3. On 3/15/18 at approximately 11:45am, A6 indicated the expired Promethazine should have been discarded and should not be in the patient medication refrigerator. 4. While on tour of facility on 3/15/18 at approximately 1400 hours, accompanied by staff N2 (Center Manager), 4 bottles of medications including 1 bottle of Ibuprofen 800 mg 100 tablets, 1 bottle of metronidazole 500 mg 50 tablets and 2 bottles of azithrozycin 250 mg 30 tablets, were found unsecured located on the countertop in the lab room. 5. While on tour of facility on 3/15/18 at approximately 1430 hours, accompanied by staff N2, a medication refrigerator was observed to be unlocked and contained medications for patient administration that unauthorized individuals could have access to. 6. Staff N2 (Center Manager) was interviewed on 3/15/18 at approximately 1430 hours and confirmed staff placed the above-mentioned medication bottles on the countertop in the lab room for ease of access to administer to patients. Staff N2 confirmed the medications located on	T 322		

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T 322	Continued From page 13 the countertop of the lab room were unsecured and potentially accessible to unauthorized individuals. Staff N2 confirmed the medication refrigerator located in the recovery area was unlocked and contained medications for administration to patients.	T 322		
T 404	410 IAC 26-17-3 PHYS. PLANT,MAINT.,EQUIP.,ENVIR.,SAFETY 410 IAC 26-17-3(2) The condition of the physical plant and the overall clinic environment must be developed and maintained in such a manner that the safety and well-being of patients is assured as follows: (2) No condition may be created or maintained that may result in a hazard to: (A) patients; (B) authorized visitors; or (C) employees. This RULE is not met as evidenced by: Based on observation and interview, the facility created a condition that may have resulted in a hazard to patients, visitors or employees in 1 instance for 1 facility. Findings include: 1. On 3/15/18 at approximately 12:00pm, during facility tour, in the presence of A6, Facility Manager, and A1, Vice President of Patient Services, the following was observed: In an office (indicated to be the area of medical gas storage), on the floor, leaned up against a desk was an	T 404		8/1/18

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T 404	Continued From page 14 unsecured green oxygen cylinder tank. 2. On 3/15/18 at approximately 12:00pm, A1 verified that the oxygen tank was unsecured, could create a source of potential hazard to patients, visitors or employees and should be stored in a secured manner and location.	T 404		
T 414	410 IAC 26-17-4 PHYS. PLANT,MAINT.,EQUIP.,ENVIR.,SAFETY 410 IAC 26-17-4(1) All patient care equipment must be in good working order and regularly serviced and maintained as follows: (1) All patient care equipment must be on a documented maintenance schedule of appropriate frequency in accordance with one (1) of the following: (A) Acceptable standards of practice. (B) The manufacturer ' s recommended maintenance schedule. This RULE is not met as evidenced by: Based on document review and interview, the facility failed to ensure 6 of 8 pieces/types of patient care equipment (defibrillator, emergency call system, recovery chairs, vacuum units, examine tables, and procedure tables) were on a documented maintenance schedule in accordance with acceptable standards or the manufacturer's recommendations. Findings include:	T 414		7/1/18

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T 414	Continued From page 15 1. Review of the policy titled Equipment Maintenance, March 24, 2017 (review/revise/approve/effective not noted), indicated the following: Ensure that required inspections, testing and maintenance is performed in accordance with the required Federal and State laws, regulations, guidelines, standards and manufacturer's recommendations. 2, Review of the manufacturer manual recommendations for maintenance indicated the following: A. Zoll AED Plus Defibrillator/AED (automated external defibrillator): Inspect frequently, as necessary. Use the following maintenance checklist when you periodically check your AED. Check the following: (included, but was not limited to) Is the unit clean, undamaged, free of excessive wear? Are there any crack or loose parts? Batteries within expiration date. Replace if expired. B. No manuals for the emergency call code system or exam lights were provided. Unable to determine manufacturer recommendations or acceptable standards. C. Champion "Passage" Recliner/recovery room chairs: General Maintenance and Care of Chairs, included the following: Periodically, check that the hinge fasteners, latch mount, release mount and back mount fasteners are secure. We suggest monthly, then tailor to our (sic) findings. D. Cabot Medical, Berkley Vacuum Curettage System: Maintenance. Check the float ball mechanism within the safety trap periodically. Replace filter when it becomes soiled or clogged. E. Midmark Ritter, exam table(s): Preventive Maintenance: Periodically inspect the following areas: Power cord. All fasteners. All mechanical functions. Periodically lubricate the following:	T 414		

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T 414	Continued From page 16 Back hinge. Footrest slide. Have an authorized service technician inspect your table every six month. F. Midmark Universal Procedures Table Procedure table: Scheduled Maintenance: Interval: Weekly: Visually inspect components for damage. Semi-Annually: Check all mechanical functions. Table shrouds should move smoothly. Replace any missing or illegible labels. All fasteners must be present and fastened securely. Inspect power cord and all wiring. Be sure all electrical connections are tight. 3. Review of preventive maintenance (PM) documentation indicated the following for patient care equipment as follows: A. Defibrillator/AED: Maintenance Checks logs lacked documentation of what was checked or done. Unable to determine checks/maintenance was in accordance with manufacturer recommendations. B. Emergency call code system: Maintenance check logs indicated the following: Date Performed, 11/19 (2017), "Telephone Intercom System", "IT working on them". Date Performed 3/5/18, "Telephone Intercom System" - "Does not work". C. Biomedical engineering and internal PM documents lacked documentation of PM on the recliners/recovery room chairs. D. Biomedical engineering document dated 5/2/17, titled Annual Equipment Maintenance lacked documentation of PM for vacuum unit(s). Document of PM for a suction unit lacked documentation of what tasks were performed. Internal Equipment Maintenance Check logs lacked documentation of vacuum unit(s), listed Suction Machines, but lacked documentation of what tasks/checks were performed.	T 414		

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T 414	Continued From page 17 E. Biomedical engineering document dated 5/2/17, titled Annual Equipment Maintenance lacked documentation of every 6 month PM and lacked documentation of tasks performed for PM of exam tables. F. Biomedical engineering document dated 5/2/17, titled Annual Equipment Maintenance lacked documentation of PM for procedure table(s). Internal Maintenance check logs lacked documentation of PM for procedure table(s). 4. A. On 3/14/18 between approximately 12:45pm and 2:00pm, the following was indicated in interview: A1, Vice President of Patient Services, indicated the clinic utilized a phone system as the emergency call code system. B. On 3/15/18 between approximately 12:30pm and 2:00pm, the following was indicated in interview: A3, Director of Clinical Operations, indicated any PM done on equipment in the clinic would be documented on the biomedical engineering form titled Annual Equipment Maintenance or the internal form titled Equipment Maintenance Checks. A3 verified that the forms lacked documentation of PM tasks were performed.	T 414		

Amended and restated
November 29, 2017

BYLAWS
of
PLANNED PARENTHOOD OF INDIANA AND KENTUCKY, INC.

ARTICLE I

Board of Directors

Section 1.1 Members. Planned Parenthood of Indiana and Kentucky, Inc. (the "Corporation") does not have members.

Section 1.2. Duties and Qualifications. The business and affairs of the Corporation shall be managed by the Board of Directors. The Board shall have the powers and responsibilities set forth in the Indiana Nonprofit Corporation Act of 1991, as amended (the "Act") and all laws supplemental thereto in order to carry out the spirit and intent of the law and the Corporation's purposes as set forth in the Articles of Incorporation. Board membership shall be representative of the various regions, populations and diversity of the area served by the Corporation. No employee of Planned Parenthood Federation of America or its affiliates shall be eligible to serve as a director or other elected officer of the Corporation. Only elected members of the Board of Directors shall be voting members of the Board of Directors.

Section 1.3. Additional Duties. In addition to the powers and duties conferred and imposed by law or elsewhere in these bylaws, the Board of Directors shall:

a) Provide leadership and oversight of all affairs of the Corporation.
b) Assume ultimate responsibility for the financial wellbeing of the Corporation and act upon the annual budget.
c) Ensure proper plans and structures are in place to support a strong risk/quality management and compliance program.

d) Oversee the Corporation's compliance with legal requirements of the Corporation's federal tax-exempt status; review the activities of the Corporation in order that the Corporation shall not attempt to influence legislation except to the extent permitted by Section 501 or any succeeding or related section of the Internal Revenue Code; and the Corporation shall not participate or intervene in any political campaign of any candidate for public office;
e) Appoint, evaluate annually and determine the compensation of the President/Chief Executive Officer.
f) Make personal contributions to the Corporation and participate in fundraising activities of the Corporation.

g) Develop and approve a strategic plan for the Corporation, including long-range goals and priorities.
h) Ensure the Board's own effective composition and functioning.
i) Act as a voice and advocate for the mission and objectives of the Corporation.
j) Conduct the business of the organization in compliance with the Bylaws, and as appropriate, review and revise the Bylaws.

Section 1.4. Number, Term, and Election. The Board of Directors shall consist of a minimum of fifteen (15) directors and a maximum of thirty-five (35) directors with the exact number of directors specified from time to time by resolution of the Board of Directors.

a) Directors shall be elected to two (3)-year terms by the following process. At least thirty (30) days prior to the annual meeting of directors, a slate of proposed directors shall be established by the Governance Committee and presented to the Board of Directors in the form of a proposed ballot. The proposed ballot shall provide an opportunity for the directors to nominate additional directors. The election of directors shall take place at the annual meeting of the Board of Directors. Directors not able to attend this meeting may request an absentee ballot from the Secretary, provided such request is made at least three (3) days prior to the meeting and the completed ballot is returned to the President prior to the meeting. Those candidates receiving a plurality of the vote of the directors for each position shall be elected to the Board of Directors. Any tie shall be resolved by means of a run-off vote between those who tied. Those elected shall take office upon adjournment of the meeting.

b) Incumbent directors shall be eligible for re-election; provided, however, that no director may hold office for more than two (2) consecutive terms. The term limit referenced in the preceding sentence shall not apply to board officers, who shall be permitted to remain on the board for one (1) additional year after the end of their terms as officers. Individuals serving as Chairperson-Elect shall be designated directors and, as such, shall be permitted to serve two (2) years in that position, followed by two (2) years as Chairperson and two (2) years as past Chairperson. Further, directors chosen for less than a three (3)-year term shall be eligible to serve two (2) additional full three (3)-year terms of office as above provided.

Section 1.5. Vacancies. Any vacancy among the directors caused by death, resignation, removal, increase in the number of directors or otherwise may be filled by a majority vote of the remaining members of the Board of Directors. The term of office of a director chosen to fill a vacancy shall expire at the later of the annual meeting at which the position would have been up for election had there been no vacancy, or at such time as a successor shall be duly elected and qualified.

Section 1.6. Composition of the Board. The Board of Directors shall work affirmatively to include diversity among its membership and does not discriminate in the election of its members

on the basis of gender, age, race, color, national origin, religion, sexual orientation, disability, level of education, income level, marital status, geographic area or any other dimension of diversity. No employee of PPFA, PPINK or any other affiliate may serve on the Board of Directors, hold an elective office or have voting privileges.

Section 1.7. Non-discrimination Clause. The Corporation does not discriminate in the election of its directors and officers on the basis of race, color, religion, sex, national origin, age, sexual orientation, disability, income or marital status.

Section 1.8. Resignation or Leave of Absence. Any director may resign at any time by giving written notice of such resignation to the Board of Directors, the Chairperson or the Secretary of the Corporation. A resignation is effective upon delivery unless the notice specifies a later effective date. The acceptance of a resignation shall not be necessary to make it effective. The Secretary shall promptly notify the Board of Directors of such resignation in each case. The Board of Directors by majority vote may grant a leave of absence of no more than twelve (12) months to an absent director.

Section 1.9. Removal. Any director may be removed by plurality vote of the directors.

Section 1.10. Honorary Membership. Honorary memberships to the Board of Directors may be designated at the discretion of the Board of Directors and awarded to persons who have made an outstanding contribution to the Corporation. Honorary members of the Board of Directors shall not be entitled to vote on matters that come before the Board of Directors.

Section 1.11. Annual Meeting. The annual meeting of the Board of Directors of the Corporation shall be held on the last Wednesday in November for the purpose of election of the officers of the Corporation and consideration of any other business which may be brought before the meeting. Notice shall be sent at least ten (10) days prior to the annual meeting to the usual business or residential address of the director as shown upon the records of the Corporation. If such meeting is not held as above provided, the election of officers may be held at any subsequent meeting of the Board of Directors specifically called in the manner set forth herein. The failure to hold an annual or regular meeting at a time stated in accordance with these Bylaws does not affect the validity of any corporate action or cause any forfeiture or dissolution of the Corporation. Annual meetings shall be held at the place specified in the notice of the meeting; otherwise, such meeting shall be held at the Corporation's principal office. At the annual meeting of the Board of Directors, the President and the Treasurer, or their designees, shall report on the activities and financial condition, respectively, of the Corporation.

Section 1.12. Other Meetings. Regular meetings of the Board of Directors may be held pursuant to a resolution of the board to such effect and shall be held on the date specified in such resolution. Special meetings of the Board of Directors may be held upon the call of and notice by the Chairperson, President or twenty percent (20%) of the Directors then in office, which

notice is not required to set forth the business to be conducted at such meeting. Notice of all special meetings of the Board of Directors shall be given at least twenty-four (24) hours before the meeting to the usual business or residence address or email address of the director as shown upon the records of the Corporation.

Section 1.13. Waiver of Notice of Meetings. A director may waive any required notice of an annual, regular or special meeting. The waiver must be in writing, signed by the director entitled to the notice, and filed with the minutes or corporate records. A director's attendance at or participation in a meeting waives any required notice to the director of the meeting unless the director at the beginning of the meeting, or promptly upon the director's arrival, objects to holding the meeting or transacting business at the meeting and does not vote for or assent to action taken at the meeting.

Section 1.14. Participation. A director or any member of a committee designated by the Board of Directors may participate in an annual, a regular or a special meeting of the Board of Directors by or through the use of any means of communication by which all persons participating may simultaneously hear each other during the meeting. A person participating by this means is considered to be present in person at the meeting.

Section 1.15. Quorum; Voting. One-half (1/2) of the directors in office when action is taken shall be necessary to constitute a quorum for the transaction of any business at a meeting of the Board of Directors. If a quorum is present when a vote is taken, the affirmative vote of a majority of the directors present when the act is taken shall be the act of the Board of Directors, unless the act of a greater number is required by law, the Articles of Incorporation or these Bylaws.

Section 1.16. Action by Consent. Any action required or permitted to be taken at any meeting of the Board of Directors or of any committee thereof may be taken without a meeting if the action is taken by all members of the Board of Directors or of such committee. The action must be evidenced by at least one (1) written consent describing the action to be taken, signed by each member of the Board of Directors or of such committee and included in the minutes or filed with the corporate records reflecting the action taken. A consent required by this section may be in an electronic format and may be signed electronically. Action taken under this Section is effective when the last member of the Board of Directors or of such committee signs the consent, unless the consent specifies a prior or subsequent effective date.

Section 1.17. Executive Committee. The Executive Committee shall consist of the Chairperson of the board, Secretary, Treasurer, the immediate past Chairperson of the board, the Chair-elect, the Governance Committee Chair, and one additional member elected by a majority of the Board of Directors. During intervals between meetings of the Board of Directors, the Executive Committee shall have and exercise all of the authority of the Board of Directors in the management of the Corporation, except where prohibited by law. In addition, at all times, including during meetings of the Board of Directors, the Executive Committee, to the extent

specified by the Board of Directors, may have and exercise the authority of the Board of Directors, except where prohibited by law. The Executive Committee shall cause minutes of its proceedings to be kept and filed with the minutes of the proceedings of the Board of Directors. Actions taken by the Executive Committee shall be presented for ratification at the next meeting of the Board of Directors as required. Meetings of the Executive Committee shall be held at the call of the Chairperson or any three (3) members of the Executive Committee. As much notice of the meeting as possible shall be given to all members of the Executive Committee, either orally or in writing, which may include notice via email or other electronic means. The Chairperson shall chair the Executive Committee, unless another chair is chosen by a majority of the members of the Executive Committee or appointed by the Board of Directors.

Section 1.18. Standing Committees

The Standing Committees shall be as follows:

1. Governance Committee
2. Finance Committee

The board Chair, in consultation with the Finance Committee Chair, shall name the members of the Finance Committee. Non-board members may serve on the Finance Committee.

Section 1.19. Governance Committee. The Governance Committee shall be responsible for preparing and presenting a slate of directors to fill expired terms and a slate of officers for vote by the Board of Directors at its annual meeting. In addition, the Governance Committee shall make recommendations for individuals to fill other vacancies on the Board of Directors to be elected at the annual meeting. The Governance Committee shall make every effort to assure appropriate representation of diversity within the service area of the Corporation. No member of the Governance Committee may serve more than three (3) consecutive years. The Committee shall include at least one person of color, and the board shall endeavor to include on the Committee others who reflect the affiliate's commitment to PPFA's Core Dimensions of Diversity and the civilian labor force data for its service area. The board shall strive to have similar representation among its officers and directors. The committee shall:

a) Recommend nominees for officers and directors;
b) Have responsibility for providing the orientation for all new board members;
c) Have responsibility for board development; and
d) Interpret and apply bylaws.

Section 1.20. Finance Committee. The Finance Committee shall be chaired by the Treasurer and shall have the following responsibilities:

a) Review and recommend to the board the general operating budgets and budget revisions as needed;

b) Review statements of operating income and expenditures;
c) Review the annual audit with the Corporation's auditors;
d) Review financial policies and guidelines and recommend revisions to the board;
e) Review key indicator and variance reports;
f) Make recommendations to strengthen the fiscal health of the Corporation; and
g) Serve as an advisor on other issues such as insurance and investments.

Section 1.21. Other Committees. The Board of Directors may from time to time create and appoint standing, special or other committees to undertake studies, make recommendations and carry on functions for the purpose of efficiently accomplishing the purposes of the Corporation. Each committee should include at least two (2) directors. The Board of Directors may also appoint advisory non-voting members to such committees who are not required to be directors. Committees, to the extent specified by the Board of Directors, may exercise the powers, functions or authority of the Board of Directors, except where prohibited by law; provided, however, that if a committee is to exercise board powers, functions, or authority, (a) all the persons serving on the committee must be directors, (b) there must be at least two (2) persons on the committee, and (c) the creation of the committee shall be by a majority of all directors in office when the action is taken.

Section 1.22. Community Action Partners. The board shall, from time to time, establish Community Action Partners in communities served by the Corporation (the "Primary Communities"). The board may disband a Community Action Partner group at any time, for any reason. The purpose of the Community Action Partners shall be to deal with issues of importance to the Corporation that are best handled at the local level of the Primary Community and which do not involve affiliate-wide governance of the Corporation. Community Action Partners shall be organized and overseen by a chairperson. Community Action Partners shall have such authority as shall, from time to time, be set by the Corporation, designed to assist the Corporation at the local level of the Primary Community in providing leadership in the areas of public affairs, education, marketing, local resource development, and local board development. In addition, the Community Action Partners shall advise the Board of Directors and officers regarding the needs of the Primary Communities and make recommendations for policy changes necessary to meet the unique needs of the Primary Communities.

Section 1.23. Records of Meetings. The action of the Board of Directors at any meeting with respect to action taken by any standing committee shall be recorded in the minutes of the Board of Directors meeting.

ARTICLE II

Officers

Section 2.1 Officers and Qualifications. The officers of the Corporation shall consist of a Chairperson, a Chairperson-Elect, a President, a Secretary, a Treasurer and such other officers as

the Board of Directors may, by resolution, designate from time to time. Any two (2) or more offices may be held by the same person except that the offices of President and Treasurer shall not be held by the same person.

Section 2.2. Terms of Office. The Chairperson, Chairperson-Elect, Secretary and Treasurer of the Corporation shall be members of the Board of Directors and shall be elected by the Board of Directors at its annual meeting. The preceding officers shall hold office for a term of two (2) years and until a successor shall be duly elected and qualified. The Board of Directors shall appoint the President/ Chief Executive Officer ("CEO") of the Corporation and determine his or her compensation.

Section 2.3. Vacancies. Whenever any vacancies shall occur in any of the offices of the Corporation for any reason, the same may be filled by the Board of Directors, and any officer so elected shall hold office until the expiration of the term of the officer causing the vacancy and until the officer's successor shall be duly elected and qualified.

Section 2.4. Removal. Any officer of the Corporation, with the exception of the President/CEO, may be removed, with or without cause, at any time by the Board of Directors. The Board of Directors may remove the President/CEO, with or without cause, by a majority vote of all of the directors then in office.

Section 2.5. Compensation. The Board of Directors may, by resolution, fix the compensation of such officers as, in its discretion, is deemed necessary, convenient or expedient for carrying out the purposes for which the Corporation is formed; provided, however, that officers shall be compensated, if at all, only for actual services performed on behalf of the Corporation.

ARTICLE III

Powers and Duties of Officers

Section 3.1. Chairperson. The Chairperson, if present, shall preside at all meetings of the Board of Directors and Executive Committee, shall provide leadership to the Board of Directors and shall perform such other duties as these Bylaws provide or as may be assigned by the Board of Directors. The Chairperson is a designated officer of the Corporation.

Section 3.2. Chairperson-Elect. The Chairperson-Elect shall exercise and perform all powers of, and perform duties incumbent upon, the Chairperson during the absence or disability of the Chairperson and shall exercise and perform such other powers and duties as these Bylaws, the Board of Directors or the Chairperson may prescribe. The Chairperson-Elect shall become the Chairperson at the end of the Chairperson's term. The Chairperson-Elect is a designated officer of the Corporation.

Section 3.3. President/CEO. The President/CEO has authority and is responsible for implementing board policies and all aspects of the Corporation's operations. The President/CEO or his or her designee shall report on the activities of the Corporation. The President/CEO is accountable for the Corporation's operations and is responsible for the hiring, compensation, termination and supervision of the staff and the management of the Corporation in accordance with policy as set forth by the Board of Directors, and shall report directly to the Board of Directors. The Board of Directors shall annually perform a written evaluation of the President/CEO.

Section 3.4. Secretary. The Secretary shall attend all meetings of the members and of the Board of Directors, and prepare, keep, or cause to be kept, a true and complete record and minutes of the proceedings of such meetings, and shall perform a like duty, when required, for all committees appointed by the Board of Directors. If required, the Secretary shall attest the execution by the Corporation of deeds, leases, agreements and other official documents. The Secretary shall attend to the giving and serving of all notices of the Corporation required by these Bylaws, shall have custody of the books (except books of account) and records of the Corporation, shall be responsible for authenticating records of the Corporation, and in general shall perform all duties pertaining to the office of Secretary and such other duties as these Bylaws, the Board of Directors, or an officer authorized by the board may prescribe.

Section 3.5. Treasurer. The Treasurer shall keep correct and complete records of account, showing accurately at all times the financial condition of the Corporation. The Treasurer shall have charge and custody of, and be responsible for, all funds, notes, securities and other valuables which may from time to time come into the possession of the Corporation and shall deposit, or cause to be deposited, all funds of the Corporation with such depositories as the Board of Directors shall designate. At each annual meeting of the members, the Treasurer, or the Treasurer's designee, shall report on the financial condition of the Corporation. The Treasurer shall serve as chairperson of the Finance Committee. The Treasurer, or the Treasurer's designee, shall furnish, at meetings of the Board of Directors or whenever requested, a statement of the financial condition of the Corporation, and in general shall perform all duties pertaining to the office of Treasurer.

ARTICLE IV

Financial Affairs

Section 4.1. Loans toIndividuals Associated with the Affiliate. The Corporation shall not lend money to or guarantee the obligations of any officer,director, employee or any other individual associated with the Corporation.

Section 4.2. Checks, Contracts, Etc. All checks, drafts, notes, bonds, bills of exchange and orders for the payment of money and other evidences of indebtedness in an amount greater than twenty thousand dollars ($20,000) shall, unless otherwise directed by the Board of Directors or required by law, be signed by any two (2) of the following: Chairperson, Chairperson-Elect, Secretary, Treasurer, President, or the President's designee, who shall be a member of the Corporation's senior leadership team and who shall be so designated in writing. All checks, drafts, notes, bonds, bills of exchange and orders for the payment of money and other evidences of indebtedness in an amount of twenty thousand dollars ($20,000) or less shall, unless otherwise directed by the Board of Directors or required by law, be signed by any one (1) of the above-mentioned persons. The Board of Directors may, however, designate officers or employees of the Corporation, other than those named above, who may, in the name of the Corporation, execute drafts, checks and orders for the payment of money in its behalf. The President or her/his designee, who shall be a member of the Corporation's senior leadership team and who shall be so designated in writing, is authorized to enter into contracts or execute and deliver instruments in the name of and on behalf of the Corporation, with the exception that contracts for the sale or purchase of real property and loans on behalf of or by the Corporation must be approved by the Board of Directors.

Section 4.3. Non-discrimination. The Corporation will not enter into any contract or other arrangement for the use of a facility that unlawfully discriminates in its membership policies or otherwise, whether written or in practice, on the basis of race, color, religion, sex, national origin, age, sexual orientation, disability, income, marital status, or other bases protected by applicable law.

Section 4.4. Investments. The Corporation shall have the right to retain all or any part of any securities or property acquired by it in whatever manner, and to invest and reinvest any funds held by it, according to the judgment of the Board of Directors.

Section 4.5. Audit. The books of the Corporation shall be audited annually by an independent certified public accountant appointed by the Board of Directors. The auditor's report shall be presented for consideration by the Board of Directors.

Section 4.6. Fiscal Year. The fiscal year of the Corporation shall begin on July 1 of each year and end on the immediately following June 30.

ARTICLE V

Miscellaneous

Section 5.1. Corporate Seal. The Corporation may, but need not, have a corporate seal. The form of any such corporate seal may be specified in a resolution of the Board of Directors. A corporate seal, however, shall not be required for any purpose, and its absence shall not invalidate any document or action.

Section 5.2. Execution of Contracts and Other Documents. In addition to Section 4.2, the Board of Directors may authorize any officer of the Corporation to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation, and such authority may be general or confined to a specific instance; and unless so authorized by the Board of Directors or the President, pursuant to Section 4.2, no officer, agent or employee shall have any power or authority to bind the Corporation by any contract or engagement, or to pledge its credit or render it liable peculiarly for any purpose or for any amount.

Section 5.3. Legal Counsel. The board shall approve legal counsel. Matters involving substantive changes in the Articles of Incorporation or Bylaws of the Corporation or subsequent amendments thereto shall be submitted to legal counsel for consideration and recommendation before consideration and adoption by the Board of Directors.

Section 5.4. Parliamentary Authority. Roberts' Rules of Order shall govern all meetings in all cases in which they are not inconsistent with these Bylaws or with any applicable statute of the State of Indiana.

Section 5.5. Indiana Nonprofit Corporation Act. The Corporation is a nonprofit corporation organized pursuant to the Act.

ARTICLE VI

Conflicts of Interest

Section 6.1. Purposes. The purpose of this Article IX is to protect the interest of the Corporation when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the Corporation.

Section 6.2. Definitions.

a) Interested Person. Any director, principal officer, or member of a committee with board-delegated powers who has a direct or indirect financial interest, as defined below, is an interested person.

b) Financial Interest. A person has a financial interest if the person has, directly or indirectly, through business, investment or family:

i. an ownership or investment interest in any entity with which the Corporation has a transaction or arrangement;

ii. a compensation arrangement with the Corporation or with any entity or individual with which the Corporation has a transaction or arrangement; or

iii. a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Corporation is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature.

Section 6.3. Procedures.

a) Duty to Disclose. In connection with any actual or possible conflict of interest, an interested person must disclose the existence and nature of his or her financial interest to the directors and members of committees with board-delegated powers considering the proposed transaction or arrangement.

b) Determining Whether a Conflict of Interest Exists. After disclosure of the financial interest, the interested person shall leave the board or committee meeting while the financial interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists by a two-thirds (2/3) vote.

c) Addressing the Conflict of Interest.

i. The chairperson of the board or committee may, if appropriate, appoint a third party or committee to investigate alternatives to the proposed transaction or arrangement.

ii. After exercising due diligence, the board or committee shall determine whether the Corporation can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest.

iii. If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the board or committee shall determine by a majority vote of the

disinterested directors whether the transaction or arrangement is in the Corporation's best interest and for its own benefit and whether the transaction is fair and reasonable to the Corporation and shall make its decision as to whether to enter into the transaction or arrangement in conformity with such determination.

(d) Violations of the Conflict of Interest Policy.

i. If the board or committee has reasonable cause to believe that an interested person has failed to disclose actual or possible conflicts of interest, it shall inform the interested person of the basis for such belief and afford the interested person an opportunity to explain the alleged failure to disclose.

ii. If, after hearing the response of the interested person and making such further investigation as may be warranted in the circumstances, the board or committee determines that the interested person has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Section 6.4. Records of Proceedings. The minutes of the board and all committees with board-delegated powers shall contain:

a) the names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the board's or committee's decision as to whether a conflict of interest in fact existed; and

b) the names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection therewith.

Section 6.5. Annual Statements. Each director, principal officer and member of a committee with board-delegated powers shall, at the beginning of each term to which the director, officer or member is elected, sign a statement which affirms that such person:

a) has received a copy of the conflict of interest policy;

b) has read and understands the policy;

c) has agreed to comply with the policy; and

d) understands that the Corporation is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Section 6.6. Periodic Reviews. To ensure that the Corporation operates in a manner consistent with its charitable purposes and that it does not engage in activities that could jeopardize its status as an organization exempt from federal income tax, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, assess whether compensation arrangements and benefits are reasonable and are the result of arm's-length bargaining.

Section 6.7. Use of Outside Experts. In conducting periodic reviews, the Corporation may, but need not, use outside advisors. If outside advisors are used, their use shall not relieve the board of its responsibility for ensuring that periodic reviews/audits are conducted.

ARTICLE VII

In the Event of Dissolution of the Affiliate and/or Termination of Affiliation with Planned Parenthood Federation of America, Inc.

Section 7.1. Dissolution or Affiliate Termination. If the affiliate is dissolved and/or affiliation with the Planned Parenthood Federation of America, Inc. is terminated, all requirements of the Standards of Affiliation in force at that time shall be complied with as to disposition of medical records of health center patients, notification of patients, discontinuation of use of the name "Planned Parenthood", etc. The Agency's assets may be retained by the Agency if it continues to be eligible under federal and state laws. If these requirements are not met, the assets shall be transferred at the option of the Planned Parenthood Federation of America's Board of Directors in accordance with applicable state and federal laws, either to PPFA or to another non-profit organization which fulfills such requirements. If the Agency is dissolved at a time when there is no PPFA, the Agency's Board of Directors shall distribute its assets to one or more tax-exempt organizations.

ARTICLE VIII

Amendments

Subject to law and the Articles of Incorporation, the power to make, alter, amend or repeal all or any part of these Bylaws is vested in the Board of Directors, which power shall be exercised by affirmative vote of two-thirds (2/3) of the directors then in office. The Board of Directors shall receive a written/electronic notice of the meeting at which the Bylaws will be amended and a copy of the proposed amendment at least ten (10) days prior to the date of the meeting at which the amendment will be considered.

Accepted & Ratified by Board of Directors:

By:
Signed:
Title: Chairperson

Date: November 29, 2017

AMENDED AND RESTATED ARTICLES OF INCORPORATION
OF
PLANNED PARENTHOOD OF INDIANA AND KENTUCKY, INC.

Planned Parenthood of Indiana and Kentucky, Inc. (the "Corporation") is governed by the applicable provisions of the Indiana Nonprofit Corporation Act of 1991, as amended (the "Act").

ARTICLE I

Name

The name of the Corporation is Planned Parenthood of Indiana and Kentucky, Inc.

ARTICLE II

Classification of Corporation

The Corporation is a public benefit corporation.

ARTICLE III

Purposes and Powers

Section 3.1 Purposes. The purposes for which the Corporation is formed are:

(a) To provide and promote education about reproductive health;

(b) To provide medical service in the area of reproductive health; and

(c) In furtherance of the aforesaid purposes, to transact any and all lawful business for which corporations may be incorporated under the Act, provided such business is not inconsistent with the Corporation being organized and operated exclusively for charitable purposes.

Section 3.2 Nonprofit Purposes.

(a) The Corporation is organized and operated exclusively for charitable purposes and its activities shall be conducted in such a manner that no part of its net earnings shall inure to the benefit of any member, director, officer or other private person, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered by a director, officer or employee, to pay principal and interest at a reasonable rate not exceeding current market rates on funds loaned or advanced by a director or officer and to make payments and distributions in furtherance of the purposes set forth in Section 3.1.

(b) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.

(c) Notwithstanding any other provision of these Articles of Incorporation, the Corporation shall not carry on any other activities not permitted to be carried on:

(i) By a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or corresponding provisions of any subsequent Federal tax laws, or

(ii) By a corporation, contributions to which are deductible under Section 170(c)(2), Section 2055(a)(2), or Section 2522(a)(2) of the Internal Revenue Code of 1986, as amended, or corresponding provisions of any subsequent Federal tax laws.

Section 3.3 Powers. Subject to any limitation or restriction imposed by the Act, any other law, or any other provisions of these Articles of Incorporation, the Corporation shall have the power:

(a) To do everything necessary, advisable or convenient for the accomplishment of any of the purposes hereinbefore set forth, or which shall at any time appear conducive to or expedient for the protection or benefit of the Corporation, and to do all of the things incidental thereto or connected therewith which are not forbidden by law; and

(b) To have, exercise and enjoy in furtherance of the purposes hereinbefore set forth all the general rights, privileges and powers granted to corporations by the Act, as now existing or hereafter amended, and by the common law.

Section 3.4 Limitations on Powers. If the Corporation is or becomes a private foundation (as defined in Section 509(a) of the Internal Revenue Code of 1986, as amended, or corresponding provisions of any subsequent Federal tax laws), the Corporation shall be subject to the following requirements:

(a) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the taxes on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1986, as amended, or corresponding provisions of any subsequent Federal tax laws.

(b) The Corporation shall not engage in any act of self-dealing that would subject any person to the taxes imposed on acts of self-dealing by Section 4941 of the Internal Revenue Code of 1986, as amended, or corresponding provisions of any subsequent Federal tax laws.

(c) The Corporation shall not retain any excess business holdings which would subject it to the taxes on excess business holdings imposed by Section 4943 of the Internal

Revenue Code of 1986, as amended, or corresponding provisions of any subsequent Federal tax laws.

(d) The Corporation shall not make any investments in such a manner as to subject it to the taxes on investments that jeopardize charitable purposes imposed by Section 4944 of the Internal Revenue Code of 1986, as amended, or corresponding provisions of any subsequent Federal tax laws.

(e) The Corporation shall not make any expenditures which would subject it to the taxes on taxable expenditures imposed by Section 4945 of the Internal Revenue Code of 1986, as amended, or corresponding provisions of any subsequent Federal tax laws.

ARTICLE IV

Distribution of Assets on Dissolution

In the event of the complete liquidation or dissolution of the Corporation, or the winding up of its affairs, the Board of Directors shall, after paying or making provision for the payment of all the liabilities of the Corporation, distribute all the assets of the Corporation exclusively for the purposes of the Corporation in such manner, or to such organization or organizations whose purposes are substantially the same as those of the Corporation and which, at the time of transfer, shall qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or corresponding provisions of any subsequent Federal tax laws, as the Board of Directors shall determine. Any such assets not so disposed of shall be disposed of by the Judge of the Circuit Court of Marion County, Indiana, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes. No director or officer of the Corporation, or any private individual, shall be entitled to share in the distribution of any of the assets of the Corporation on dissolution of the Corporation.

ARTICLE V

Term of Existence

The Corporation shall have perpetual existence.

ARTICLE VI

Registered Office and Registered Agent

Section 6.1 Registered Office and Registered Agent. The street address of the Corporation's registered office is 200 South Meridian Street, Suite 400, Indianapolis, IN 46225, and the name of the Corporation's registered agent at that office is Betty Cockrum.

Section 6.2 Principal Office. The post office address of the principal office of the

Corporation is 200 South Meridian Street, Suite 400, Indianapolis, IN 46225.

ARTICLE VII

Members

The Corporation does not have members.

ARTICLE VIII

Board of Directors

Section 8.1 Number and Term of Office. The number of directors shall be as specified in or fixed in accordance with the Bylaws of the Corporation; provided, however, that the minimum number of directors shall be nine (9). The term of office of a director shall be as specified in the Bylaws; provided, however, that the term of an elected director shall not exceed five (5) years. Directors may be elected for successive terms. Terms of office of directors may be staggered as specified in the Bylaws.

Section 8.2 Qualifications. Each director shall have such qualifications as may be specified from time to time in the Bylaws of the Corporation or as required by law.

ARTICLE IX

Indemnification

Section 9.1 Rights to Indemnification and Advancement of Expenses. The Corporation shall indemnify as a matter of right every person made a party to a proceeding because such person is or was:

(a) a member of the Board of Directors of the Corporation,

(b) an officer of the Corporation, or

(c) while a director or officer of the Corporation, serving at the Corporation's request as a director, officer, partner, trustee, employee or agent of another foreign or domestic corporation, partnership, joint venture, trust, employee benefit plan or other enterprise, whether for profit or not (each an "Indemnitee"), against all liability incurred by such person in connection with the proceeding; provided that it is determined in the specific case that indemnification of such person is permissible in the circumstances because such person has met the standard of conduct for indemnification specified in the Act. The Corporation shall pay for or reimburse the reasonable expenses incurred by an Indemnitee in connection with any such proceeding in advance of final disposition thereof in accordance with the procedures and subject to the conditions specified in the Act. The Corporation shall indemnify as a matter of right an Indemnitee who is wholly successful, on the merits or otherwise, in the defense of any such proceeding against reasonable expenses incurred by the person in connection with the proceeding

without the requirement of a determination as set forth in the first sentence of this paragraph.

Upon demand by a person for indemnification or advancement of expenses, as the case may be, the Corporation shall expeditiously determine whether the person is entitled thereto in accordance with this Article and the procedures specified in the Act.

The indemnification provided under this Article shall be applicable to any proceeding arising from acts or omissions occurring before or after the adoption of this Article.

Section 9.2 Other Rights Not Affected. It is the intent of this Article to provide indemnification to directors and officers to the fullest extent now or hereafter permitted by law consistent with the terms and conditions of this Article. Nothing contained in this Article shall limit or preclude the exercise of, or be deemed exclusive of, any right under the law, by contract or otherwise, relating to indemnification of or advancement of expenses to any person who is or was a director, officer, employee or agent of the Corporation, or the ability of the Corporation to otherwise indemnify or advance expenses to any such individual.

Notwithstanding any other provision of this Article, there shall be no indemnification with respect to matters as to which indemnification would result in inurement of net earnings of the Corporation "to the benefit of any private shareholder or individual" or an "excess benefit transaction" within the meaning of Sections 501(c)(3) or 4958 of the Internal Revenue Code of 1986, as amended, or similar provisions of any subsequent Federal tax laws.

Section 9.3 Definitions. For purposes of this Article:

(a) A person is considered to be serving an employee benefit plan at the Corporation's request if the person's duties to the Corporation also impose duties on, or otherwise involve services by, the person to the plan or to participants in or beneficiaries of the plan.

(b) The estate or personal representative of a person entitled to indemnification or advancement of expenses shall be entitled hereunder to indemnification and advancement of expenses to the same extent as the person.

(c) The term "expenses" includes all direct and indirect costs (including, without limitation, counsel fees, retainers, court costs, transcripts, fees of experts, witness fees, travel expenses, duplicating costs, printing and binding costs, telephone charges, postage, delivery service fees and all other disbursements or out-of-pocket expenses) actually incurred in connection with the investigation, defense, settlement or appeal of a proceeding or establishing or enforcing a right to indemnification under this Article, applicable law or otherwise.

(d) The term "liability" means the obligation to pay a judgment, settlement, penalty, fine, excise tax (including an excise tax assessed with respect to an employee benefit plan) or reasonable expenses incurred with respect to a proceeding.

(e) The term "party" includes an individual who was, is or is threatened to be made a

named defendant or respondent in a proceeding.

(f) The term "proceeding" means any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative and whether formal or informal.

Planned Parenthood of Indiana and Kentucky, Inc.

By:

Board Chair

This instrument was prepared by , Esq., Planned Parenthood of Indiana, 200 S. Meridian St., Suite 400, Indianapolis, IN 46225.

Continuing Education Reimbursement Request Form

Attach conference/training information to this form

Requestor's name: _____

Description of expense: _____ **Amount: $**_____ **Tax: $**_____

This request is ☐ **A reimbursement** ☐ **An advance-payment**

Requestor's signature: _____ **Date:** _____

Approval signature: _____ **Date:** _____

Remaining balance:_____

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* Please print in color *

HCA Onboarding Checklist

For Health Center Assistants (HCAs) in Family Planning or Abortion Health Centers

Name _____ **Hire Date** _____ **Primary Work Site**_____

Regional Trainer _____**Preceptor (if applicable)**_____ **HCM** _____

Windows/CALs (gives access to email): Username:_____ **Password:**_____

ADP (clocking in and out): Username:_____ **Password:**_____

NextGen (Electronic Medical Records):Username_____ **Password:**_____

Insurance: _____**CDD:** _____

Heath Center Back Line Phone #:_____

HR Contacts: , HR Generalist, 317-637-4155, , HR Director, 317-637-4395

HCAs working in a Health Center (HC) must shadow/work with an experienced HCA, HCM or Regional Trainer. After the new HCA has shadowed and has completed the check-off forms listed (including this form) by their 90 days of employment, he/she can start seeing patients under the supervision of the Regional Trainer or Health Center Manager (HCM).

It is required that the HCA orients to the content and visit type:

- Pregnancy Testing with Option Counseling
- Emergency Contraception
- Hormonal Contraception
- Preventive Care
- Infection Check w/Symptoms
- STI Screening
- IUC Insert/Removal
- Nexplanon Insert/Removal

- DMPA Visit
- Colposcopy (if available at site)
- HIV
- STI Treatment
- [illegible] Lab
- Medical [illegible] Abortion
- Surgical [illegible]
- [illegible]

*Orientation check-off items specific to an AB HCA are listed in different color. These check-offs are to be completed in addition to all other check-off listed. See tables below. *

Preceptor Initials in the box indicate that the trainee has completed readings or meets PPINK Standards	Date(s)	HCA Initials	Preceptor Initials
INITIAL ORIENTATION			
1. Review and sign job description			
2. Review dress code policy			
3. Review Annual Performance Review Procedure			
4. Copy CPR credentials, education and license			
5. Immunization records sent into HR			
6. TB form sent to HR			
7. Receipt of badge and proxy card			
8. Review on-site safety procedure and fire drill protocol including location of fire extinguisher, alarms, lights, emergency exits, ARMS Emergency Care Manual and ARMS Emergency Reference Guide			
9. Orient to ER medication cart, oxygen tank and Ambu bag			
10. Orient to health center equipment			

[illegible]

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Preceptor Initials in the box indicate that the trainee has completed readings or meets PPINK Standards	Date(s)	HCA Initials	Preceptor Initials
11. Orient with manager re: breaks & lunch breaks			
12. Read and Review Health Center Manuals: • Infection Control and OSHA Manual • Referral Manual • Laboratory and CLIA Manual			
13. Housekeeping duties			
14. Discuss appropriate funding regulations (Title X)			
15. Attend New Employee Orientation (NEO) Webinar			
16. Attend Front Office Training			
17. Attend Jumpstart			
18. Attend Back Office Training			
19. Attend AB Care Training			
BASIC COMPETENCIES			
1. Read Approved Abbreviations List in Medication Standards and Guidelines			
2. Read TCPC Tool Kit			
3. Read Medical Standards and Guidelines: Administrative Chapter 4: Consent, Informed Consent and Patient Education			
4. Orient regarding when and whom to ask for assistance "Who you gonna call?"			
5. Orient to Administrative Chapter 2: Clinical Services Table of Contents. Review Chapter headings and where to find information			
6. Orient to Clinical Chapter 1: Abortion Services Table of Contents. Review Chapter headings and where to find information			
7. Orient to patient complaints (Learnlink)			
8. Orient how to use copier, fax, scanner, phone			
9. Read Medical Standards and Guidelines: Administrative Chapter 5: Medical Records, Documentation, and Reporting Requirements			
HEALTH CENTER PROCESS:			
FRONT OFFICE			
1. Shadow check-in procedures: Walk-in (How to make appointment first)			
2. Shadow check-in procedures: Birth Control Start/STI check appointment			

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Preceptor Initials in the box indicate that the trainee has completed readings or meets PPINK Standards	Date(s)	HCA Initials	Preceptor Initials
3. Shadow check-out procedures			
4. Review Cockrum Compassionate Care fund protocol			
5. Review Justice Fund protocol			
6. Review All Options protocol			
7. Review Ryan LARC protocol			
8. Read all consent forms			
9. Read Demographic form			
10. Read Release of Information form (ROI)			
11. Review how to check insurance information			
12. Orient to procedure for documenting phone calls (Communication Template)			
13. Practice completing and entering CVR's in the system (funded sites only)			
a. Log-in system Bright Tree			
BACK OFFICE			
Orient with Preceptor regarding:			
1. General flow of rooms			
2. Clinician/HCA team work			
3. Attend IFHC HIV Training (Title X site only-depends on day/time)			
4. Basic rooming process, including welcoming the client, verifying name, reviewing med. history including Intimate Partner Violence, flagging allergies, & reviewing consent forms. (Intake)			
5. Review Lab logs- Autoclave, refrigerator, HSPT, HIV, UA & Quarterly maintenance and expired log			
6. Shadowed three to five times setting up a tray for an NP			
7. Read Medical Standards and Guidelines: Chapter 3: Components of Patient-Centered Communication			
8. Read Medical Standards and Guidelines: Clinical Chapter 11: Intimate Partner Violence			
9. Review Ryan Larc screening (participating HCs only)			
10. Shadow Reproductive Health Back Office Visits that pertain to HCA role with NP			
11. Read package directions for: • Pregnancy test • HIV test			

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Preceptor Initials in the box indicate that the trainee has completed readings or meets PPINK Standards	Date(s)	HCA Initials	Preceptor Initials
• Urispec			
SEXUALLY TRANSMITTED INFECTIONS/VAGINAL INFECTIONS			
1. Read Medical Standards and Guidelines: Clinical Chapter 9: Infections Section 1 and 2			
2. Role-play explaining infection /infestation scenario of patient with symptoms using Patient Education Sheet for reference. What it is, how to prevent it, medication/antibiotic treatments, and warning signs • Urinary Tract Infection (UTI) • Yeast Infection • Bacterial Vaginosis • Gonorrhea • Chlamydia • Trichomoniasis			
ABORTION SERVICES			
1. Review AB Patient Education Sheets and State Consents			
2. Shadow Pre-lab Visits			
3. Shadow MAB visits			
4. Shadow Justice Fund screening			
5. Shadow Surgical AB process (at another center if necessary) • Follow client through complete process			
6. Read Medical Standards and Guidelines: Clinical Chapter 1: Abortions			
7. Complete RH Testing Elden Card Training			
8. Complete HGB training and follow up training			
9. Read Terminated Pregnancy Report (TPR), review process			
10. Role play explaining RH status with a patient with Trainer or Preceptor			
11. Role play a LCM Session with an ambivalent patient with Trainer or Preceptor			
PREGNANCY OPTIONS COUNSELING			
1. Read Medical Standards and Guidelines: Clinical Chapter 14: Pregnancy Testing and Options Counseling			
2. Review PES 010			
3. Review pamphlet "What If I'm Pregnant"			

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Preceptor Initials in the box indicate that the trainee has completed readings or meets PPINK Standards	Date(s)	HCA Initials	Preceptor Initials
4. Review Adoption Information, including pamphlet with local adoption agency info on hand in clinic			
5. Role play pregnancy options counseling with Trainer or Mentor **Title X as well			
6. Shadow Pregnancy Test visits			
7. Perform Pregnancy Test Visit with Mentor observing. Talks to patient in an unbiased, non-directive, and non-judgmental manner; uses neutral terms Ask patient desired/expected result, how she feels about result, & gives opportunity to ask questions			
• Positive Visit # 1: Discuss all options. Risks, benefits, and alternatives of continuing or terminating pregnancy. Signs of abnormal pregnancy, hazards to void, prenatal vitamins, and pertinent pamphlets.			
• Negative Visit # 1: Discuss patient Reproductive Life Plan. If indicated: Offer Contraceptive visit, information on folic acid for the prevention of birth defects in future pregnancies, repeat EUPT, or clinician visit			
BIRTH CONTROL METHODS			
1. Read Medical Standards and Guidelines: Clinical Chapter 6: Contraception-Reversible			
2. Read Medical Standards and Guidelines: Clinical Chapter 7: Emergency Contraception			
3. Read Birth Control Methods (BCM) Patient Education and Informed Consent Forms			
4. Shadow IUC insertion/removal			
5. Shadow Implant insertion/removal			
6. Shadow Preventive Care			
7. Explain how to use BCMs to Mentor: Include: Maintenance, side effects, warning signs, risks of BCM			
• Combined Hormonal Contraceptives			
• Progestin Only Pills (POPs)			
• Patch			
• Ring			
• DMPA (Depo Provera)			
• Implant			

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Preceptor Initials in the box indicate that the trainee has completed readings or meets PPINK Standards	Date(s)	HCA Initials	Preceptor Initials
• Mirena			
• ParaGard			
• Skyla			
• Liletta			
• Kyleena			
• Emergency Contraception (EC)			
• Condoms			
• FAM			
LABORATORY			
1. Orient to Laboratory in Health Center			
2. Read Laboratory Manual and Infection Prevention OSHA Manual			
3. Review Lab Manual and general lab procedures used in the Health Center			
4. Demonstrate knowledge, understanding and correct application of Standard Precautions			
5. Review Dirty Catch Instructions. Role play with preceptor instructing patient how to collect dirty catch urine			
6. Label, log, fill out lab forms, and package specimen for GC and CT			
7. Review Clean Catch Instructions, role play with preceptor instructing patient how to collect clean catch			
8. Label, log, fill out lab forms and package specimen for urine culture			
HCA Next Gen Orientation Check-Off List **Preceptor Initials in the box indicate that the trainee has completed readings or meets PPINK Standards**	**Date(s)**	**HCA Initials**	**Preceptor Initials**
EPM			
1. Scheduling appointments			
2. Searching for patients			
3. Checking in a patient			
EHR Templates			
1. Sono			
2. IUC			
3. Nexplanon			

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HCA Next Gen Orientation Check-Off List Preceptor Initials in the box indicate that the trainee has completed readings or meets PPINK Standards	Date(s)	HCA Initials	Preceptor Initials
4. Colpo/Leep			
5. Communication			
6. Additional Notes			
7. Immunizations			
8. AB Intake			
9. AB Medication			
10. AB Surgical			
11. Post MAB			
12. Post SAB			
13. AB additional notes			
14. Lab Master			
Family Planning Templates			
12. HC-no exam (formerly HOPE)			
13. Annual Visit			
14. Vaginal Itching/Odor/Discharge			
15. Lesions, sores, Pelvic pain			
16. BCM change			
17. STI testing			
18. STI treatment			
19. HIV			
20. Pregnancy Testing			
21. IUC Insert/Removal			
22. Implant Insert/Removal			
AB Templates			
23. AB Intake			
24. Ultrasound			
25. AB Post			
26. SAB Post			
27. AB Surgical			
28. AB Med Abort			

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HCA Next Gen Orientation Check-Off List Preceptor Initials in the box indicate that the trainee has completed readings or meets PPINK Standards	Date(s)	HCA Initials	Preceptor Initials
29. AB Additional Notes			
HCA e-Learning CAL courses Check-Off List Preceptor Initials in the box indicate that the trainee has completed the CAL Curriculum assigned	**Date(s)**	**HCA Initials**	
Hostile Encounters			
Orientation to Family Planning			
Managing Suspicious Encounters			
Talking About Abortion modules 1-3			
A Safe Place			
Answering Tough Questions			
Acknowledging Emotions, Screening for Risks			
Infectious Prevention modules 1-3			
Blood Bourne Pathogens			
Clean and Sterile Techniques			
Cleaning, Disinfection, & Sterilization			
HIPAA 101 Protecting Patient Privacy			
HIPAA 102 Security Tips and Best Practices			
Enterprise Risk and Quality Management			
How to Measure Blood Pressure, Pulse and Respiratory Rates (back office staff)			
Safe Injection Techniques (back office staff)			
Orientation to the Abortion Pill modules 1-2			
Orientation to the Abortion Pill			
Patient Education and Consent for the Abortion Pill			
Performing Routine Laboratory Procedures in Compliance with CLIA			
IPV and Reproductive Coercion modules 1-3			
Intimate Partner Violence and Reproductive Coercion			
How to Screen for Intimate Partner Violence and Reproductive Coercion			
What To Do After Disclosure			
Preparing Medical Waste for Transportation and Disposal			
Evaluating Products of Conception after First Trimester Surgical Abortion (prior manager approval			

HCA e-Learning CAL courses Check-Off List Preceptor Initials in the box indicate that the trainee has completed the CAL Curriculum assigned	Date(s)	HCA Initials
required)-applicable for surgical sites only		
Introduction to Rh Factor		
Using Eldoncard for Rh Factor Testing		
Introduction to the Justice Fund		
Screening Patients for Justice Fund Eligibility		

Planned Parenthood

REQUIRED CHECK-OFF SHEETS Must be completed by licensed or trained staff: NP, MD, Regional Trainer, HCM, or Preceptor		
Use Check-Off Sheets below that are appropriate to the services that your Health Center provides:	**Date Completed**	**Date Sent in to HR**
Urine Dipstix (Urispec 4-way)		
Low Sensitivity Pregnancy		
High Sensitivity Pregnancy		
Hemoglobin (Stanbio HemoPoint H2 Photometer)		
Chemstat HIV		
Front Office		
Back Office		
Microgham Injection		
Recohin (Cefriaxone) Injection		
LCH		
Eldon Card Check-off (Must be checked off by Dr.)		
POC		
Surg Assist		
MAD		

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Additional CHECK-OFF SHEETS (if applicable) Must be completed by licensed or trained staff: NP				
Venipuncture				
Required Signatures	**Print Name**	**Staff Title**	**Initials**	**Signature**
New Health Center Assistant				
Regional Trainer/Preceptor				
Health Center Manager				

The check-off list below does not need to be completed in exact order. It is recommended that the CAL courses and manuals related to a patient visit are completed prior to shadowing that particular visit.

Resources

The following is a list of websites that can be used to answer infection prevention questions and review for updated information and trends.

Infection Prevention Resources	
www.aami.org	Association for the Advancement of Medical Instrumentation
www.aium.org	American Institute of Ultrasound in Medicine
www.aorn.org	Association of periOperative Registered Nurses
www.apic.org	Association for Professionals in Infection and Epidemiology
www.cdc.gov	Centers for Disease Control and Infection
www.nccc.ucsf.edu	UCSF Clinician Consultation Center
www.osha.gov	Occupational Safety and Health Administration
www.shea-online.org	Society of Healthcare Epidemiologists of America
www.theific.org	International Federation of Infection Control

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

SURVEYOR NOTES WORKSHEET

Facility Name: Planned Parenthood
Provider Number: 011117
Surveyor Name: Shannon Molianro, RN
Surveyor Number: 318651 **Discipline:** PHNS
Observation Dates: From 3/14/18 **To** 3/15/18

TAG/CONCERNS	DOCUMENTATION
3/14/18 0800	Pre Survey
0930	Travel to facility.
0945	Arrive @ facility.
1000	Entrance Conference.
1030	Review Closed MR's.
1500	~~EOR~~ Review P&P.
1530	Exit Facility / Travel to hotel.
1545	Arrive @ hotel.
3/15/18	
0915	Travel to facility
0930	Arrive @ facility
1000	Wait arrival of Staff
1015	Continue MR review
	Request copies MR.
1300	Infection Control Review
1400	Tour facility.
1530	Exit Conference.
1600	Exit facility / Travel to Station
1730	Arrive @ Station.

SIGN IN/ SIGN OUT
Abortion Clinic

NAME (PRINT)	SIGNATURE	TITLE (PRINT)
		VP of Patient Services
N3-		Dir of Clinical Services
N1-		Dir of Clinical Operations
		Clinical Health Mgr.
		HR Generalist
N2-		Center Manager
Medical Staff		
D1 =	, M.D	

09/02/2014

Indiana State Department of Health
Patient/Record Identifier Table

Name of abortion clinic: Planned Parenthood of IN and KY

Date of survey: 3/14/18 - 3/15/18

Type of survey: State Licensure

Patient's name or medical record number	Number assigned by surveyor to patient's name or medical record number
	1 Provider Note
	2 VS - Recovery / Proc
	3 "Screen Shot Med Admin VS.
	4 VS / Physician Note
	5 VS
	6 VS / Physician note
	7 VS / Physician Note
	8 VS
	9
	10
	11
	12
	13
	14 VS
	15
	16 Visit Summary
	17 Visit Summary
	18 " "
	19 " "
	20
	21 " "
	22 " "
	23
	24
	25
	26
	27
	28 " "
	29 " "
	30 " "

Screen Sho
Procedure - C
Med Admin
Visit Sum

ABORTION CLINIC MEDICAL RECORD REVIEW

	PT ID # 1	PT ID # 2	PT ID # 3	PT ID # 4	PT ID# 5	PT ID# 6	PT ID# 7	PT ID# 8	PT ID# 9	PT ID# 10
Patient identification to include:	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Name	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Age	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Address										
Procedures for surgical abortion must include preprocedure testing that includes:										
On-site proof of pregnancy as evidenced by a pregnancy test, a copy of a pregnancy test or an ultrasound	✓	✓	✓	✓	✓	✓	✓		✓	✓
Verification and documentation of gestational age	✓	✓	✓	✓	✓	✓	✓		✓	✓
Hematocrit or hemoglobin	✓	✓	✓	✓	✓	✓	✓		✓	✓
Rh typing	✓	✓	✓	✓	✓	✓	✓		✓	✓
Completion of the abortion documented by ultrasonography or other clinical means	NA ✓	✓	✓	✓	NA	✓	✓		✓	✓
Provision of follow-up examination and services	✓	✓	✓	✓		✓	✓		NA	✓
Preanesthesia evaluation within forty-eight (48) hours before a surgical abortion	NA	✓		M		✓	✓			
History and physical examination report to include:		✓	✓	✓	✓				✓	✓
Vital signs	✓	✓	✓	✓	✓	✓	✓		✓	✓
Allergies	✓	✓	✓	✓	✓	✓	✓		✓	✓
Any significant risk factors	✓	✓	✓	✓	✓	✓	✓		✓	✓
The date written	✓	✓	✓	✓	✓	✓	✓		✓	✓
Appropriate medical history	✓	✓	✓	✓	✓	✓	✓		✓	✓
Results of a physical examination	✓	✓	✓	✓	✓	✓	✓		✓	✓
Results of any diagnostic studies	✓	✓	✓	✓	✓	✓	✓		✓	✓
Results of any laboratory studies	✓	✓	✓	✓	✓	✓	✓		✓	✓
Any allergies and abnormal drug reactions	✓	✓	✓	✓		✓	✓		✓	✓
Entries related to anesthesia administration	NA	✓	✓	NA		✓	✓		✓	✓
Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1. State form 55320 (6-13) and 55321 (6-13)	✓	✓	✓	✓		✓	✓		✓	✓
A report describing techniques, findings, and tissue removed or altered.	✓	✓	✓	✓		✓	✓		✓	✓
Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient.	✓	✓	✓	✓	✓	✓	✓		✓	✓
Condition on discharge, disposition of the patient, and time of discharge.	✓	✓	✓		✓	✓	✓		✓	✓
Discharge entry to include instructions to the patient or patient's legal representative.	✓					✓				
Copy of the transfer form, if the patient was referred to a hospital or other facility.	NA	NA	NA	NA	NA		NA	NA	NA	NA
Copy of the terminated pregnancy report.	NA	NA	NA	NA	NA	✓	NA	NA	NA	NA
Copy of any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement.	NA	NA	NA	NA	NA		NA	NA	NA	NA
Discharge information to include:	✓	✓	✓	NA						
Signs and symptoms of possible complications	✓	✓	✓	✓	✓	✓	✓		✓	✓
Activities allowed and to be avoided	✓	✓	✓	✓	✓	✓	✓		✓	✓
Hygienic and other postdischarge procedures to be followed	✓	✓	✓	✓	✓	✓	✓		✓	✓
Clinic emergency phone numbers available on a twenty-four (24) hours basis	✓	✓	✓		✓	✓	✓		✓	✓
Follow-up appointment, if indicated	✓	✓	✓	✓	✓	✓	✓		✓	✓
Counseling regarding Rh typing		✓	✓	✓	✓	✓	✓		✓	✓
Administration of Rh immune globulin, if indicated – unless patient signs a waiver or other arrangements for administration are documented		NA	✓	✓	✓	✓	✓		✓	✓
Conscious sedation	NA	✓	✓	NA	NA	NA	NA	NA	NA	NA
Frequent monitoring for verbal responses	NA	✓	✓	NA	NA	NA	NA	NA	NA	NA
Monitoring for respiratory, cardiovascular and neurological effects of the drugs being used.	NA	✓	✓		✓		✓	✓	✓	✓
Postanesthetic evaluation for proper anesthesia recovery before discharge		✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56108 – Certification of Provision of Perinatal Hospice Information (Time of Abortion Consent Decision)	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56113 – Certification of Provision of Perinatal Hospice Information	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56114 – Disposition of Aborted Fetus	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56115 – Available Counseling after an Abortion										

ABORTION CLINIC MEDICAL RECORD REVIEW

	PT ID #	PT ID #	PT ID #	PT ID #	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#
	11	12	13	14	15	16	17	18	19	20
Patient identification to include:	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Name	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Age	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Address	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Procedures for surgical abortion must include preprocedure testing that includes:										
On-site proof of pregnancy as evidenced by a pregnancy test, a copy of a pregnancy test or an ultrasound	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Verification and documentation of gestational age	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hematocrit or hemoglobin	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rh typing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Completion of the abortion documented by ultrasonography or other clinical means	✓		NA	NA	✓	✓	NA	✓	✓	✓
Provision of follow-up examination and services	✓				✓		✓	✓	✓	✓
Preanesthesia evaluation within forty-eight (48) hours before a surgical abortion	✓	NA	NA	NA	NA	NA	NA	✓	✓	✓
History and physical examination report to include:										
Vital signs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Allergies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any significant risk factors	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The date written	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Appropriate medical history	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of a physical examination	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any diagnostic studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any laboratory studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any allergies and abnormal drug reactions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Entries related to anesthesia administration	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1. State form 55320 (6-13) and 55321 (6-13)	✓		✓	✓	✓	✓	✓	✓	✓	✓
A report describing techniques, findings, and tissue removed or altered.	✓				✓	✓			✓	
Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient. NO VISIT SUMMARY	✓	✓	✓	✓	✓	✓	✓			(NONE)
Condition on discharge, disposition of the patient, and time of discharge.	✓	✓	✓		✓	✓	✓	✓	✓	
Discharge entry to include instructions to the patient or patient's legal representative.	✓	✓	✓		✓	✓	✓	✓	✓	
Copy of the transfer form, if the patient was referred to a hospital or other facility.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Copy of the terminated pregnancy report.	✓	NA	NA	NA	NA	NA	NA	NA	NA	NA
Copy of any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement.					✓	✓	✓	✓	✓	✓
Discharge information to include:										
Signs and symptoms of possible complications	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Activities allowed and to be avoided	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hygienic and other postdischarge procedures to be followed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinic emergency phone numbers available on a twenty-four (24) hours basis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Follow-up appointment, if indicated	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Counseling regarding Rh typing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Administration of Rh immune globulin, if indicated – unless patient signs a waiver or other arrangements for administration are documented	NA	✓	✓	✓	✓	✓	✓	✓		✓
Conscious sedation	NA	NA	NA	NA	NA	NA	NA	NA	✓	✓
Frequent monitoring for verbal responses	NA	NA	NA	NA	NA	NA	NA	NA	✓	✓
Monitoring for respiratory, cardiovascular and neurological effects of the drugs being used.	NA	NA	NA	NA	NA	NA	NA			
Postanesthetic evaluation for proper anesthesia recovery before discharge		NA	NA	NA						
Form 56108 – Certification of Provision of Perinatal Hospice Information (Time of Abortion Consent Decision)	X	X	X	X	X	X	X	X	X	X
Form 56113 – Certification of Provision of Perinatal Hospice Information	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56114 – Disposition of Aborted Fetus	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56115 – Available Counseling after an Abortion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

~~Note~~ for Visit Summary
P+P

ABORTION CLINIC MEDICAL RECORD REVIEW

	PT ID #	PT ID #	PT ID #	PT ID #	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#
	21	22	23	24	25	26	27	28	29	30
Patient identification to include:	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Name	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Age	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Address										
Procedures for surgical abortion must include preprocedure testing that includes:	✓	✓								
On-site proof of pregnancy as evidenced by a pregnancy test, a copy of a pregnancy test or an ultrasound	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Verification and documentation of gestational age	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hematocrit or hemoglobin	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rh typing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Completion of the abortion documented by ultrasonography or other clinical means	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Provision of follow-up examination and services										
Preanesthesia evaluation within forty-eight (48) hours before a surgical abortion	NA	NA	NA	NA	✓	NA	✓	NA	NA	
History and physical examination report to include:	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vital signs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Allergies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any significant risk factors	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The date written	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Appropriate medical history	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of a physical examination	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any diagnostic studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any laboratory studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any allergies and abnormal drug reactions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Entries related to anesthesia administration										
Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1. State form 55320 (6-13) and 55321 (6-13)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A report describing techniques, findings, and tissue removed or altered.										
Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient.	○	○	NOT	✓	NONE	NONE	NONE	○	○	○
Condition on discharge, disposition of the patient, and time of discharge.										
Discharge entry to include instructions to the patient or patient's legal representative.	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Copy of the transfer form, if the patient was referred to a hospital or other facility.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Copy of the terminated pregnancy report.	✓	✓								
Copy of any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement.	✓	✓						✓		
Discharge information to include:	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Signs and symptoms of possible complications	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Activities allowed and to be avoided	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hygienic and other postdischarge procedures to be followed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinic emergency phone numbers available on a twenty-four (24) hours basis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Follow-up appointment, if indicated	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Counseling regarding Rh typing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Administration of Rh immune globulin, if indicated – unless patient signs a waiver or other arrangements for administration are documented	✓	✓	✓	✓	✓	✓	✓	✓		✓
Conscious sedation	✓					✓				
Frequent monitoring for verbal responses	✓	NA	NA	NA	✓	NA	NA	NA	NA	NA
Monitoring for respiratory, cardiovascular and neurological effects of the drugs being used.	✓	NA	NA	NA	✓	NA	NA	NA	NA	NA
Postanesthetic evaluation for proper anesthesia recovery before discharge										
Form 56108 – Certification of Provision of Perinatal Hospice Information (Time of Abortion Consent Decision)	X	X	X	X	X	X	Y	X	X	✓
Form 56113 – Certification of Provision of Perinatal Hospice Information	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56114 – Disposition of Aborted Fetus	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56115 – Available Counseling after an Abortion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Indiana State Department of Health
Personnel Document Review

Abortion Clinic: Planned Parenthood Date: 3/15/18 per P.P.

Name/Class	Prior Educ	Hire Date	Lic/ cert	Orient	In-service	CPR	Last eval	Competency	Phy Exam	Immun	PPD 2 step	Other Housekeeping
	✓	8/1/16	NA	✓	✓	10/19	✓	✓	N/A	✓	✓	Ø
	✓	2/29/16	NA	✓	✓	5/18	✓	✓	NA	✓	✓	Ø
	✓	8/1/16	10/19	✓	✓	11/18	✓	✓	N/A	✓	✓	Ø
	✓	4/27/15	NA	✓	✓	10/18	✓	✓	NA	✓	✓	Ø
	✓	11/6/17	NA	✓	✓	10/18	✓	✓	NA	✓	✓	In orient
	✓	3/16/99	NA	✓	✓	10/19	✓	✓	NA	✓	✓	Ø
	✓	6/5/17	NA	✓	✓	10/19	✓	✓	NA	✓	✓	✓

CLINIC Planned Parenthood — Indiana State Department of Health — STAFFING DATES 3/4/18 - 3/10/18

Survey Dates: _____ to _____

ONE WEEK STAFFING PATTERN WORKSHEET
FOR EACH CLINIC AREA

List FTE for all direct care nursing staff actually on duty for the dates shown.

Shift	Sunday			Monday HCAs			Tuesday HCAs			Wednesday HCAs			Thursday HCAs			Friday HCAs			Saturday		
	RN	LPN	O	RN	LPN	O	RN	LPN	O	RN	LPN	O	RN	LPN	O	RN	LPN	O	RN	LPN	O
Day	—			1	5	1	1	5	1	1	5	1	1	7	1	1	5	1	—		
Evening																					
Census		Ø																		Ø	

3/15/18

NURSING COMPLEMENT DATA

I
NURSING STAFF ASSIGNED TO DIRECT PATIENT CARE

			OTHER (SPECIFY)				
SHIFT	RN	LPN	HCAs	MD	Mngrs		
DAY	1		8	1	0		
EVENING							
TOTAL	1		8	1	1		

II
NURSING STAFF ASSIGNED TO INDIRECT PATIENT CARE

	NURSING ADMIN.			NSG. EDUC.		NSG. SUP.		
SHIFT	RN					RN	OTHER	UC
DAY								
EVENING								
TOTAL								

III
VACANCIES AND LEAVE OF ABSENCES

	VACANCIES (FTES)			LOA'S (FTES)		
SHIFT	RN	LPN	OTHER	RN	LPN	OTHER
DAY						
EVENING						
TOTAL						

IV
TOTAL COMPLEMENT

			OTHER				
SHIFT	RN	LPN					
DAY							
EVENING							
TOTAL							

1) Above is to be calculated in full-time equivalents (FTEs). Part IV totals is Obtained by adding parts I, II and III.

~~Clinic Director~~ — 3/15/18 Date — Sharon Molenaar Nurse Surveyor — 3/15/18 Date

Signature of Staff Physician — 3/15/18 Date

Pg 35-42

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

SURVEYOR NOTES WORKSHEET

Facility Name: Planned Parenthood
Provider Number: 01117
Observation Dates: From 3/14/18 **To** 3/15/18
Surveyor Name: Shannon Mollanro, RN
Surveyor Number: 318651 **Discipline:** PHNS

TAG/CONCERNS	DOCUMENTATION
3/14/18 1430	Confirmed MR# 5, 6, 7, 18, 19, 22 lacked documentation of VS (BP, RR, Pulse). Recovery room documentation.
3/15/18 1200	Confirmed provider should authenticate Visit Summary documentation. MR 1, 2, 3, 4, 5, 6, 7, 9, 10, 14, 16, 17, 18, 19, 20, 21, 22, 28, 29, 30 - Ø signature per provider.
3/15/18 1300	Confirmed the facility did not have an Infection Control officer. Confirmed the facility should have an Infection Control officer.
3/15/18 1415 Tour Lab Area	Confirmed medication bottles on countertop in lab. Said meds placed on counter for staff to access easily, ~~ee~~ and to administer to patients. Countertop is workspace for processing lab specimens - blood, urine - Rh + pregnancy tests. Lack of staff observing Standard Precautions. Processing labs on same countertop as processing labs. Potential for exposure to infectious material.
Tour - 3/15/18 1436 Recovery Room	Confirmed medication refrigerator unlocked contained meds that are administered to patients. Confirmed at time of tour a patient was seated in recliner located next to med refrigerator - unlocked.

Form CMS-807 (07/95)

ABORTION CLINIC NURSING TOUR

FACILITY Planned Parenthood SURVEYOR Shannon Malinaro

MED DIR. Dr. MANAGER _____ TOUR: DATE 3/15/18 TIME 1400

STAFFING: R.N. 1 LPN Ø Tech 7 Ratio: _____

Finger Stick Glucon Cards for RN

- ✓ Traffic pattern
- ✓ Dressing areas/staff/patients
- ✓ Adequate supplies/storage
- ✓ Clean utility
- ✓ Soiled utility
- ✓ Linen Storage
- ✓ Handwashing sinks/toilets
- ✓ preventive maintenance

NUMBER OF PROCEDURE ROOMS _____

PROCEDURE/ANESTHESIA/RECOVERY AREAS:

- ✓ Scrub area
- ✓ Dress code adherence
- ✓ Emergency call system
- ✓ Oxygen/humidifier bottles
- ✓ Resuscitation equipment
- ✓ Defibrillators (if IV Sedation is used)
- ✓ Cardiac Monitors (if IV Sedation is used)
- ✓ Pulse Oximeters (if IV Sedation is used)
- ✓ Suction Equipment (if IV Sedation is used)
- ✓ Other supplies/equipment specified by medical staff (if IV Sedation is used)
- ✓ IV equipment
- ✓ Anesthesia agents used
- ✓ Sharps disposal
- ✓ Medication and narcotic storage/drug areas/stock supplies

OTHER:

- ✓ Clean/dirty instrument/sterilization areas
- ✓ Sterilizers
- ✓ Chemical/biological indicators
- ✓ Waste disposal: All types

Ø dated

COMMENTS/INTERVIEWS: Ibuprofen 800 mg 100 tabs
Metronidazole 500mg 50 tabs
Azithromycin 250 mg 30 tabs (2 bottles)

Expired → Promethazine 25 mg/1 mL vial 10/17

Refrigerator in pt care area.

August 23, 2017

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to which includes , have been approved by the Board of Directors for as a Associate member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

SHOWCASE ELECTRIC LLC

EVERY PROJECT BECOMES OUR RESUME

2055 West Industrial Park
Drive Bloomington Indiana, 47404
812-345-1206

03/07/2018

This letter is in regards of the recent Annual Generator Service at 421 S College Ave, Bloomington, IN 47403, USA on Feburary 12th, 2018.

During the service the unit hit 530 amps, and sustained at 420 amps for one hour. The run hours for this unit was at 45.1, the battery voltage was at 13.8 and 13.9. The fuel level was full, the air filter and coolant were good. We replaced the engine oil and filter, along with the fuel filter. Load Bank test was successful and the unit preformed to the manufactures standards. There were no issues found with the unit at the time of inspection and service.

Owner

Planned Parenthood®
Care. No matter what.

200 South Meridian Street, Suite 400, Indianapolis, IN 46225
Mailing Address: P.O. Box 397, Indianapolis, IN 46206-0397
p: 317.637.4343 · f: 317.637.4344
www.ppink.org

Planned Parenthood of Indiana and Kentucky

November 30, 2017

To Whom It May Concern:

The State Department of Health requires Planned Parenthood of Indiana and Kentucky to provide an annual review of our housekeeping company. The Bloomington Planned Parenthood Center has provided the following review:

BKlean comes in once a week, over the weekend, to perform housekeeping services. Bill, the owner, is responsive to any concerns we have. We have fairly consistent issues with different aspects of the contract not being completed – missing mopping, the upstairs bathroom, etc. These issues are initially addressed fairly quickly but they tend to come back up as issues often.

Thank you for your service and for reviewing this feedback.

Kind Regards,

Director of Clinical Operations

From:
Sent: Friday, December 01, 2017 3:04 PM
To: '[redacted]@gmail.com'
Subject: Annual Review from Planned Parenthood
Attachments: BL_Housekeeping Review 2017.pdf

Hi Bill!

I hope this email finds you well. The Indiana State Department of Health requires that our center provide an "annual review" of our housekeeping services as a formality. I've attached Bloomington's 2017 review to this email. Please let me know if you have any questions and thank you for your time!

Planned Parenthood
Care, no matter what.
Planned Parenthood of Indiana and Kentucky

Director of Clinical Operations
Indianapolis
p: (317) 788-0398
f: (317) 860-4846

PPINK VENDOR REVIEW LOG
Bloomington Health Center
Year: 2017

Vendor		Quality Standards	Q1	Q2	Q3	Q4	Comments
SWI - Medical Waste Disposa	1	Pick up as scheduled	✓	✓	✓	✓	
	2	Replaces biohazard boxes on time.	✓	✓	✓	✓	
	3	Building is secure when vendor leaves.	✓	✓	✓	✓	
	4	Responds to problems in a timely manner	✓	✓	✓	✓	
Young Environmental Servcies - Pest Control	1	Keeps appointments	✓	✓	✓	✓	
	2	Responds to problems in a timely manner	✓	✓	✓	✓	
	3	Site is "bug free"	✓	✓	✓	✓	
	4	Site is "rodent free"	✓	✓	✓	✓	
Centratel - After Hours Call Service	1	Calls are answered and routed to nurses consistantly	✓	✓	✓	✓	
	2	Emails for each call are sent to RQM and Lead Clinician	✓	✓	✓	✓	
	3	Responds to problems within 24 hours	✓	✓	✓	✓	
	4	Calls are answered and routed to nurses correctly	✓	✓	✓	✓	
BN Kleen (Tegrete) - Housekeeping	1	Health center is cleaned every Saturday	✓	✓	✓	✓	
	2	Surfaces cleaned in accordance with PPINK protocol.	✓	✓	✓	✓	
	3	Surfaces cleaned using PPINK approved products	✓	✓	✓	✓	
	4	Vendor responds to problems in a timely manner	✓	✓	✓	✓	
K&R - Biomedical Preventative Maintenance	1	Routine annual visits made	✓	✓	✓	✓	*some repairs longer b/c of parts ordering
	2	Repair service on site within 24 hours of call for issues impacting clinic operations	✓	✓	✓	✓	
	3	All other repairs occur within one week	✓	✓	✓	✓	
	4	Inspection tag on all devices with next due date.	✓	✓	✓	✓	
	5	Annual PM doucmented per PPINK protocol	✓	✓	✓	✓	
Wilson Security - Security Service	1	Security guards arrive to work on time.	✓	✓	✓	✓	
	2	Security guards are dressed appropriately	✓	✓	✓	✓	
	3	Security guards perform required perimeter security checks	✓	✓	✓	✓	
	4	Security guards respond to security issues immediately	✓	✓	✓	✓	

Vendor		Quality Standards	Q1	Q2	Q3	Q4	Comments
Central Security - Security Service	1	Alarm system tested quarterly	✓	✓	✓	✓	
	2	All appropriate staff have access cards	✓	✓	✓	✓	
	3	Staff who have left agency have had codes deleted	✓	✓	✓	✓	
	4	Responds to problems within 24 hours	✓	✓	✓	✓	

CDD and LabCorp Laboratory Service	1	Lab results are sent to NextGen in a timely manner	✓	✓	✓	✓	
	2	Specimen pickup occurs as needed	✓	✓	✓	✓	
	3	Lab responds to questions or problems 48 hours	✓	✓	✓	✓	
	4	Supplies are provided as requested	✓	✓	✓	✓	
Commercial Service- HVAC Maintenance	1	Quarterly filter change completed	✓	✓	✓	✓	
	2	Semi-Annual inspections completed	✓	✓	✓	✓	
	3	Vendor responds to problems in 24 hours	✓	✓	✓	✓	
Indiana Oxygen - Oxygen Service	1	Supplies are provided as requested	✓	✓	✓	✓	-waiting for parts, callbacks
	2	Vendor responds to issues within 48 hours	—*	✓	✓	✓	
Sonogram Maintenance - GE	1	Annual inspection completed and documented	✓	✓	✓	✓	
	2	Vendor responds to problems in 24 hours	✓	✓	✓	✓	
Cummins Crosspoint - Generator	1	Annual inspection completed	✓	✓	✓	✓	
	2	Vendor responds to problems in 24 hours	✓	✓	✓	✓	
Brown Sprinkler Corporation - Fire Alarm and Sprinkler System	1	Annual inspection completed	✓	✓	✓	✓	
	2	Black flow preventers tested semi annually	✓	✓	✓	✓	
	3	Vendor responds to problems in 24 hours	✓	✓	✓	✓	

Planned Parenthood of Indiana & Kentucky Quarterly Vendor Review Log

PPINK Health Center: Bloomington

Year: Health Center Staff must print, initial and sign name when completing the vendor review log quarterly.

Vendor	Quality Standards	Q1	Q2	Q3	Q4	Comments
SWI- Specifi Waste Industries	Pick up as scheduled					
Medical Waste Disposal	Replaces biohazard boxes on time					
	Responds to a problem in a timely matter					
	Vendor Ability to Meet Requirements					
	Building secure when vendor leaves the premises					
Young Environmental Pest Services	**Quality Standards**	**Q1**	**Q2**	**Q3**	**Q4**	**Comments**
Pest Control	Keeps Appointments					
	Responds to problems in a timely manner					
	Health Center is "bug free"					
	Health Center is "rodent free"					
Centratel	**Quality Standards**	**Q1**	**Q2**	**Q3**	**Q4**	**Comments**
After hours call service	Calls are answered and routed to nurses correctly					
	Calls are answered and routed to nurses consistebily					
	Responds to issues in 24 hours					
	Emails for each call are sent to RGM & Director of Clinical Operations					
BN Kleen (Tegrele Provided)	**Quality Standards**	**Q1**	**Q2**	**Q3**	**Q4**	**Comments**
Housekeeping	Health center is cleaned every Saturday					
	Surfaces cleaned in accordance with PPINK protocol					
	Surfaces cleaned using PPINK approved products					
	Vendor responds to issues within a timely manner					
K&R Medical Equipment Repair Inc	**Quality Standards**	**Q1**	**Q2**	**Q3**	**Q4**	**Comments**
Preventative Maintanlence	Routine annual visits are made to health center					
	ervice on site in 24 hours of call for issues impacting clinic operations					
	Non-emergency repairs corrected within 7 days					
	Inspection tags on all devices with next inspection due date					
	Annual PM documented per PPINK protocol					
Wilson Security	**Quality Standards**	**Q1**	**Q2**	**Q3**	**Q4**	**Comments**
Security Services	Security guards arrive to work on time					
	Security guards are dressed appropriately					
	Security guards perform required perimeter security checks					
	Security guards respond to security issues immediately					
CSC-Central Security & Communications	**Quality Standards**	**Q1**	**Q2**	**Q3**	**Q4**	**Comments**
Security Services	Alarm system tested quarterly					
	All appropriate staff have password/passcode cards					
	Staff no longer employed by PPINK alarm codes deleted					
	Responds to issues in 24 hours					
CDD & LapCorp	**Quality Standards**	**Q1**	**Q2**	**Q3**	**Q4**	**Comments**
Laboratory Services	Lab results are sent to NextGen in a timely manner					
	Specimens pickup occurs as needed					
	Lab responds to questions or issues in 48 hours					
	Supplies are issued as requested					
Commercial Service	**Quality Standards**	**Q1**	**Q2**	**Q3**	**Q4**	**Comments**
HVAC- Maintenance	Inspects HVAC on an annual basis					
	Changes filters on a quarterly basis					
	Vendor responds to issues in 24 hours					
Indiana Oxygen	**Quality Standards**	**Q1**	**Q2**	**Q3**	**Q4**	**Comments**
Oxygen Services	Supplies are issued as requested					
	Vendor responds to issues in 24 hours					
Sonogram Maintanlence-GE	**Quality Standards**	**Q1**	**Q2**	**Q3**	**Q4**	**Comments**

	Annual inspection completed and documented					
	Vendor responds to issues in 24 hours					
Tegrele	**Quality Standards**	**Q1**	**Q2**	**Q3**	**Q4**	**Comments**
Generator	Annual inspection completed and documented					
	Vendor responds to issues 24 hours					
Koorsen	**Quality Standards**	**Q1**	**Q2**	**Q3**	**Q4**	**Comments**
Fire alarm & Sprinkler system	Annual inspection completed and documented					
	Back flow preventers tested semi-annually					
	Vendor responds to issues in 24 hours					

Health Center Staff documentation	**Printed Name**	**Signature**	**Initials**
Q1			
Q2			
Q3			
Q4			

PPINK.Revised 11/17

Planned Parenthood®
Care. No matter what.

200 South Meridian Street, Suite 400, Indianapolis, IN 46225
Mailing Address: P.O. Box 397, Indianapolis, IN 46206-0397
p: 317.637.4343 · f: 317.637.4344
www.ppink.org

Planned Parenthood of Indiana and Kentucky

February 26, 2018

Planned Parenthood of Indiana and Kentucky
421 S College Ave
Bloomington, IN 47403

Re: Backup Agreement for Monroe County

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation, or other medical need that requires hospitalization.

I have hospital privileges at IN. Documentation of my privileges is attached.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, contact me by calling my office at . In addition, my cell number has been shared with you. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

As per accepted medical standards, patients requiring emergency care should be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

August 23, 2017

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to , which includes , hospitals, & have been approved by the Board of Directors for , as a Associate member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

K & R Annual Equipment Maintenance

Health Center: Planned Parenthood Bloomington

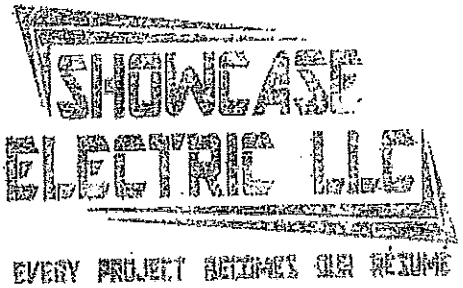
Technician: Roger Britton Date: 5/3/17

Family Planning Health Center

Item	Brand Name		Serial Number	Number units Inspected	Calibrated Yes/No	Maintenance Performed	Pass/ Fail
Autoclave	Riter Riter	Mil M4	6S00960 DM003305	2	270° 39.4-39.8 271° Yes 39.4-39.5		Pass
Blood Pressure Units	OMRON OMRON OMRON OMRON	HEM-712C BP710 BP785 HEM-712C BP742 HEM-712C	49315596 307195SMS 301304GBMTH KH147546 2011160780-HC	x6	No		Pass
Centrifuge	Clay Adams		562785C JJ#2960169	1	Timer 5 min Accurate / RPM 3776		Pass
Exam Lights	Ritter	Table w/A 152 Flow	Rm 6 Rm 4.5	3	No		Pass
Exam Tables	Ritter Ritter Ritter Ritter	223 223 224 75 examination	V15188523 V15181783 V4702378 Ritter Corp	4	No		Pass
Hemocue/Hemopoint	Hemo	Pt# 7442	2011-35-0027	1	No		Pass
suction unit	Ambulex	SU10	C961/C967	1	No		Pass
Incubator							
colposcope	Cooper	Surgical	F39776	1	No		Pass
Microscope	Unic -	Fifty-50	1053	1	No		Pass
Refrigerator	Haier Frigidaire Haier		Recovery Recovery Lab	3	No	cfc 3mc 50c	Pass
Scales	Health o Meter Detecto		401 400- Lab	2	Yes		Pass
	GE Logiq P3 GE Logiq P5 GE Logiq P8		H3ELD397 6008247WX6 9225J5SWX5	3			

K & R Medical Equipment
Phone: 317-783-0827
Phone: 317-865-4000
Fax: 317-865-4001
Email: rbgartner@iquest.net

Next Preventative Maintenance due: _____



2055 West Industrial Park
Drive Bloomington Indiana, 47404
812-345-1206

03/07/2018

This letter is in regards of the recent Annual Generator Service at 421 S College Ave, Bloomington, IN 47403, USA on Feburary 12th, 2018.

During the service the unit hit 530 amps, and sustained at 420 amps for one hour. The run hours for this unit was at 45.1, the battery voltage was at 13.8 and 13.9. The fuel level was full, the air filter and coolant were good. We replaced the engine oil and filter, along with the fuel filter. Load Bank test was successful and the unit preformed to the manufactures standards. There were no issues found with the unit at the time of inspection and service.

Owner

tegrete
formerly CARLSON BUILDING SERVICES

Invoice

BILL TO	SHIP TO
Planned Parenthood Indiana-Kentucky 200 S Meridian St. Suite 400 Indianapolis, IN 46225	

DATE	INVOICE NO.	P.O. NO.	TERMS	DUE DATE	SHIP DATE
1/15 2016	59760		Net 15	1/30/2016	1/15/2016

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
123	Bloomington - Annual Generator Maintenance	1	1,495.00	1,495.00
123	Georgetown - Annual Generator Maintenance	1	1,585.00	1,585.00

11274

0101 04 6230 1495.00

0101 15 6230 1585.00

M Shuler

Sales Tax	0.00
Total	3,080.00

4111 Mackenzie Court NE, Suite 100, St. Michael, MN 55376 (763)497-8020 (763)497-8564 fax
www.tegrete.com

3/14 @ 11:45 per A1 + A3 QMICC = IC only

PPINK Quality Management and Infection Control Committee

- Medical Director –
- Director of Clinical Services -
- Director of Clinical Operations –
- Risk and Quality Manager –
- Georgetown Health Center Manager – (Interim)
- Georgetown Infection Control Officer –
- Bloomington Health Center Manager –
- Bloomington Infection Control Officer –
- Lafayette Health Center Manager –
- Lafayette Infection Control Officer –
- Merrillville Health Center Manager – (Interim)
- Merrillville Infection Control Officer –
- Louisville Health Center Manager –
- Louisville Infection Control Officer –
- 2 additional staff, rotating – (Associate Medical Director), (Associate Medical Director)

PPINK Risk and Quality Management Committee

per A1 + A3 RQMC = Quality Committee

- VP Patient Services –
- VP Education and HR –
- VP Public Policy -
- Chief Financial Officer –
- Controller –
- Facilities Director –
- Risk and Quality Manager –
- HR Director –
- Director of Clinical Services –
- Director of Clinical Operations –
- IT Director –

Health Center Site Bloomington

I, (manager name) _____ have done these drills in real time with my staff. I attest that all staff at my site has demonstrated proficiency in fire emergencies, winter storm emergencies and emergency transfer situations.

Date 9/12/17

Staff signatures:

	Date 9.12.17
	Date
	Date
	Date
	Date
	Date
	Date
	Date
	Date
	Date
	Date
	Date
	Date
	Date
	Date

Please email, fax or scan to _____ @ppink.org or 317- 860-4846

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY BOARD OF DIRECTORS – 2018				
Name	**Phone**	**Fax**	**E-Mail**	

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY BOARD OF DIRECTORS – 2018				
Name	**Phone**	**Fax**	**E-Mail**	

MMWR

June 6, 2003 / 52(RR10);1-42

Please note: An erratum has been published for this article. To view the erratum, please click here.

Persons using assistive technology might not be able to fully access information in this file. For assistance, please send e-mail to: mmwrq@cdc.gov. Type 508 Accommodation and the title of the report in the subject line of e-mail.

Guidelines for Environmental Infection Control in Health-Care Facilities

Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)

Prepared by
Lynne Sehulster, Ph.D.[1]
Raymond Y.W. Chinn, M.D.[2]
[1]*Division of Healthcare Quality Promotion*
National Center for Infectious Diseases
[2]*HICPAC member*
Sharp Memorial Hospital
San Diego, California

The material in this report originated in the National Center for Infectious Diseases, James M. Hughes, M.D., Director; and the Division of Healthcare Quality Promotion, Steven L. Solomon, M.D., Acting Director.

Summary

The health-care facility environment is rarely implicated in disease transmission, except among patients who are immunocompromised. Nonetheless, inadvertent exposures to environmental pathogens (e.g., Aspergillus *spp. and* Legionella *spp.) or airborne pathogens (e.g.,* Mycobacterium tuberculosis *and varicella-zoster virus) can result in adverse patient outcomes and cause illness among health-care workers. Environmental infection-control strategies and engineering controls can effectively prevent these infections. The incidence of health-care–associated infections and pseudo-outbreaks can be minimized by 1) appropriate use of cleaners and disinfectants; 2) appropriate maintenance of medical equipment (e.g., automated endoscope reprocessors or hydrotherapy equipment); 3) adherence to water-quality standards for hemodialysis, and to ventilation standards for specialized care environments (e.g., airborne infection isolation rooms, protective environments, or operating rooms); and 4) prompt management of water intrusion into the facility. Routine environmental sampling is not usually advised, except for water quality determinations in hemodialysis settings and other situations where sampling is directed by epidemiologic principles, and results can be applied directly to infection-control decisions.*

This report reviews previous guidelines and strategies for preventing environment-associated infections in health-care facilities and offers recommendations. These include 1) evidence-based recommendations supported by studies; 2) requirements of federal agencies (e.g., Food and Drug Administration, U.S. Environmental Protection Agency, U.S. Department of Labor, Occupational Safety and Health Administration, and U.S. Department of Justice); 3) guidelines and standards from building and equipment professional organizations (e.g., American Institute of Architects, Association for the Advancement of Medical Instrumentation, and American Society of Heating, Refrigeration, and Air-Conditioning Engineers); 4) recommendations derived from scientific theory or rationale; and 5) experienced opinions based upon infection-control and engineering practices. The report also suggests a series of performance measurements as a means to evaluate infection-control efforts.

Introduction

Parameters of the Report

This report, which contains the complete list of recommendations with pertinent references, is Part II of *Guidelines for Environmental Infection Control in Health-Care Facilities.* The full four-part guidelines will be available on CDC's Division of Healthcare Quality Promotion (DHQP) website. Relative to previous CDC guidelines, this report

- revises multiple sections (e.g., cleaning and disinfection of environmental surfaces, environmental sampling, laundry and bedding, and regulated medical waste) from previous editions of CDC's *Guideline for Handwashing and Hospital Environmental Control*;
- incorporates discussions of air and water environmental concerns from CDC's *Guideline for Prevention of Nosocomial Pneumonia*;
- consolidates relevant environmental infection-control measures from other CDC guidelines; and
- includes two topics not addressed in previous CDC guidelines --- infection-control concerns related to animals in health-care facilities and water quality in hemodialysis settings.

In the full guidelines, Part I, Background Information: Environmental Infection Control in Health-Care Facilities, provides a comprehensive review of the relevant scientific literature. Attention is given to engineering and infection-control concerns during construction, demolition, renovation, and repair of health-care facilities. Use of an infection-control risk assessment is strongly supported before the start of these or any other activities expected to generate dust or water aerosols. Also reviewed in Part I are infection-control measures used to recover from catastrophic events (e.g., flooding, sewage spills, loss of electricity and ventilation, or disruption of water supply) and the limited effects of environmental surfaces, laundry, plants, animals, medical wastes, cloth furnishings, and carpeting on disease transmission in health-care facilities. Part III and Part IV of the full guidelines provide references (for the complete guideline) and appendices, respectively.

Part II (this report) contains recommendations for environmental infection control in health-care facilities, describing control measures for preventing infections associated with air, water, or other elements of the environment. These recommendations represent the views of different divisions within CDC's National Center for Infectious Diseases and the Healthcare Infection Control Practices Advisory Committee (HICPAC), a 12-member group that advises CDC on concerns related to the surveillance, prevention, and control of health-care--associated infections, primarily in U.S. health-care facilities. In 1999, HICPAC's infection-control focus was expanded from acute-care hospitals to all venues where health care is provided (e.g., outpatient surgical centers, urgent care centers, clinics, outpatient dialysis centers, physicians' offices, and skilled nursing facilities). The topics addressed in this report are applicable to the majority of health-care facilities in the United States. This report is intended for use primarily by infection-control practitioners, epidemiologists, employee health and safety personnel, engineers, facility managers, information systems professionals, administrators, environmental service professionals, and architects. Key recommendations include

- infection-control impact of ventilation system and water system performance;
- establishment of a multidisciplinary team to conduct infection-control risk assessment;
- use of dust-control procedures and barriers during construction, repair, renovation, or demolition;
- environmental infection-control measures for special areas with patients at high risk;
- use of airborne-particle sampling to monitor the effectiveness of air filtration and dust-control measures;
- procedures to prevent airborne contamination in operating rooms when infectious tuberculosis (TB) patients require surgery;
- guidance regarding appropriate indications for routine culturing of water as part of a comprehensive control program for legionellae;
- guidance for recovering from water-system disruptions, water leaks, and natural disasters (e.g., flooding);
- infection-control concepts for equipment using water from main lines (e.g., water systems for hemodialysis, ice machines, hydrotherapy equipment, dental unit water lines, and automated endoscope reprocessors);
- environmental surface cleaning and disinfection strategies with respect to antibiotic-resistant microorganisms;
- infection-control procedures for health-care laundry;
- use of animals in health care for activities and therapy;
- managing the presence of service animals in health-care facilities;
- infection-control strategies for when animals receive treatment in human health-care facilities; and
- a call to reinstate the practice of inactivating amplified cultures and stocks of microorganisms onsite during medical waste treatment.

Topics outside the scope of this report include 1) noninfectious adverse events (e.g., sick building syndrome), 2) environmental concerns in the home, 3) home health care, 4) terrorism, and 5) health-care--associated foodborne illness.

Wherever possible, the recommendations in this report are based on data from well-designed scientific studies. However, certain of these studies were conducted by using narrowly defined patient populations or specific health-care settings (e.g., hospitals versus long-term care facilities), making generalization of findings potentially problematic. Construction standards for hospitals or other health-care facilities may not apply to residential home-care units. Similarly, infection-control measures indicated for immunosuppressed patient care are usually not necessary in those facilities where such patients are not present.

Other recommendations were derived from knowledge gained during infectious disease investigations in health-care facilities, where successful termination of the outbreak was often the result of multiple interventions, the majority of which cannot be independently and rigorously evaluated. This is especially true for construction situations involving air or water.

Other recommendations were derived from empiric engineering concepts and may reflect industry standards rather than evidence-based conclusions. Where recommendations refer to guidance from the American Institute of Architects (AIA), the statements reflect standards intended for new construction or renovation. Existing structures and engineered systems are expected to be in continued compliance with those standards in effect at the time of construction or renovation.

Also, in the absence of scientific confirmation, certain infection-control recommendations that cannot be rigorously evaluated are based on strong theoretic rationale and suggestive evidence. Finally, certain recommendations are derived from existing federal regulations.

Performance Measurements

Infections caused by the microorganisms described in this guideline are rare events, and the effect of these recommendations on infection rates in a facility may not be readily measurable. Therefore, the following

steps to measure performance are suggested to evaluate these recommendations:

1. Document whether infection-control personnel are actively involved in all phases of a health-care facility's demolition, construction, and renovation. Activities should include performing a risk assessment of the necessary types of construction barriers, and daily monitoring and documenting of the presence of negative airflow within the construction zone or renovation area.
2. Monitor and document daily the negative airflow in All rooms and positive airflow in PE rooms, especially when patients are in these rooms.
3. Perform assays at least once a month by using standard quantitative methods for endotoxin in water used to reprocess hemodialyzers, and for heterotrophic and mesophilic bacteria in water used to prepare dialysate and for hemodialyzer reprocessing.
4. Evaluate possible environmental sources (e.g., water, laboratory solutions, or reagents) of specimen contamination when nontuberculous mycobacteria (NTM) of unlikely clinical importance are isolated from clinical cultures. If environmental contamination is found, eliminate the probable mechanisms.
5. Document policies to identify and respond to water damage. Such policies should result in either repair and drying of wet structural or porous materials within 72 hours, or removal of the wet material if drying is unlikely within 72 hours.

Updates to Previous Recommendations

Contributors to this report reviewed primarily English-language manuscripts identified from reference searches using the National Library of Medicine's MEDLINE, bibliographies of published articles, and infection-control textbooks. All the recommendations may not reflect the opinions of all reviewers. This report updates the following published guidelines and recommendations:

CDC. Guideline for handwashing and hospital environmental control. MMWR 1998;37(No. 24). Replaces sections on microbiologic sampling, laundry, infective waste, and housekeeping.

Tablan OC, Anderson LJ, Arden NH, et al., Hospital Infection Control Practices Advisory Committee. Guideline for prevention of nosocomial pneumonia. Infect Control Hosp Epidemiol 1994;15:587--627. Updates and expands environmental infection-control information for aspergillosis and Legionnaires disease; online version incorporates Appendices B, C, and D addressing environmental control and detection of Legionella spp.

CDC. Guidelines for preventing the transmission of *mycobacterium tuberculosis* in health-care facilities. MMWR 1994;43(No. RR13). Provides supplemental information on engineering controls.

CDC. Recommendations for preventing the spread of vancomycin resistance: recommendations of the Hospital Infection Control Practices Advisory Committee (HICPAC). MMWR 1995;44(No. RR12). Supplements environmental infection-control information from the section, Hospitals with Endemic VRE or Continued VRE Transmission.

Garner JS, Hospital Infection Control Practices Advisory Committee. Guideline for isolation precautions in hospitals. Infect Control Hosp Epidemiol 1996;17:53--80. Supplements and updates topics in Part II --- Recommendations for Isolation Precautions in Hospitals (linen and laundry, routine and terminal cleaning, airborne precautions).

Mangram AJ, Horan TC, Pearson ML, Silver LC, Jarvis WR, Hospital Infection Control Practices Advisory Committee. Guideline for prevention of surgical site infection. Infect Control Hosp Epidemiol 1999;4:250--78. Updates operating room ventilation and surface cleaning/disinfection recommendations from the section, Intraoperative Issues: Operating Room Environment.

U.S. Public Health Service, Infectious Diseases Society of America, Prevention of Opportunistic Infections Working Group. USPHS/IDSA guidelines for the prevention of opportunistic infections in persons infected

with human immunodeficiency virus. Infect Dis Obstet Gynecol 2002; 10:3--64. Supplements information regarding patient interaction with pets and animals in the home.

CDC, Infectious Diseases Society of America, American Society of Blood and Marrow Transplantation. Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients. Cytotherapy 2001;3:41--54. Supplements and updates the section, Hospital Infection Control.

Key Terms

Airborne infection isolation (AII) refers to the isolation of patients infected with organisms spread via airborne droplet nuclei <5 μm in diameter. This isolation area receives numerous air changes per hour (ACH) (≥12 ACH for new construction as of 2001; ≥6 ACH for construction before 2001), and is under negative pressure, such that the direction of the air flow is from the outside adjacent space (e.g., the corridor) into the room. The air in an AII room is preferably exhausted to the outside, but may be recirculated provided that the return air is filtered through a high-efficiency particulate air (HEPA) filter. The use of personal respiratory protection is also indicated for persons entering these rooms when caring for TB or smallpox patients and for staff who lack immunity to airborne viral diseases (e.g., measles or varicella zoster virus [VZV] infection).

Protective environment (PE) is a specialized patient-care area, usually in a hospital, with a positive air flow relative to the corridor (i.e., air flows from the room to the outside adjacent space). The combination of HEPA filtration, high numbers of air changes per hour (≥12 ACH), and minimal leakage of air into the room creates an environment that can safely accommodate patients who have undergone allogeneic hematopoietic stem cell transplant (HSCT).

Immunocompromised patients are those patients whose immune mechanisms are deficient because of immunologic disorders (e.g., human immunodeficiency virus [HIV] infection or congenital immune deficiency syndrome), chronic diseases (e.g., diabetes, cancer, emphysema, or cardiac failure), or immunosuppressive therapy (e.g., radiation, cytotoxic chemotherapy, anti-rejection medication, or steroids). Immunocompromised patients who are identified as high-risk patients have the greatest risk of infection caused by airborne or waterborne microorganisms. Patients in this subset include persons who are severely neutropenic for prolonged periods of time (i.e., an absolute neutrophil count [ANC] of ≤500 cells/mL), allogeneic HSCT patients, and those who have received the most intensive chemotherapy (e.g., childhood acute myelogenous leukemia patients).

Abbreviations

AAMI Association for the Advancement of Medical Instrumentation

ACH air changes per hour

AER automated endoscope reprocessor

AHJ authority having jurisdiction

AIA American Institute of Architects

AII airborne infection isolation

ANSI American National Standards Institute

ASHRAE American Society of Heating, Refrigeration, and Air-Conditioning Engineers

BMBL Biosafety in Microbiological and Biomedical Laboratories (CDC/National Institutes of Health)

CFR Code of Federal Regulations

CJD Creutzfeldt-Jakob disease

CPL compliance document (OSHA)

DFA direct fluorescence assay

DHHS U.S. Department of Health and Human Services

DOT U.S. Department of Transportation

EC environment of care

EPA U. S. Environmental Protection Agency

FDA U.S. Food and Drug Administration

HBV hepatitis B virus

HEPA high efficiency particulate air

HIV human immunodeficiency virus

HSCT hematopoietic stem cell transplant

HVAC heating, ventilation, air conditioning

ICRA infection-control risk assessment

JCAHO Joint Commission on Accreditation of Healthcare Organizations

NaOH sodium hydroxide

NTM nontuberculous mycobacteria

OSHA Occupational Safety and Health Administration

PE protective environment

PPE personal protective equipment

TB tuberculosis

USC United States Code

USDA U.S. Department of Agriculture

UV ultraviolet

UVGI ultraviolet germicidal irradiation

VHF viral hemorrhagic fever

VRE vancomycin-resistant *Enterococcus*

VRSA vancomycin-resistant *Staphylococcus aureus*

VZV varicella zoster virus

Recommendations for Environmental Infection Control in Health-Care Facilities

Rationale for Recommendations

As in previous CDC guidelines, each recommendation is categorized on the basis of existing scientific data, theoretic rationale, applicability, and possible economic effect. The recommendations are evidence-based wherever possible. However, certain recommendations are derived from empiric infection-control or engineering principles, theoretic rationale, or from experience gained from events that cannot be readily studied (e.g., floods).

The HICPAC system for categorizing recommendations has been modified to include a category for engineering standards and actions required by state or federal regulations. Guidelines and standards published by the AIA, American Society of Heating, Refrigeration, and Air-Conditioning Engineers (ASHRAE), and the Association for the Advancement of Medical Instrumentation (AAMI) form the basis of certain recommendations. These standards reflect a consensus of expert opinions and extensive consultation with agencies of the U.S. Department of Health and Human Services. Compliance with these standards is usually voluntary. However, state and federal governments often adopt these standards as regulations. For example, the standards from AIA regarding construction and design of new or renovated health-care facilities, have been adopted by reference by >40 states. Certain recommendations have two category ratings (e.g., Categories IA and IC or Categories IB and IC), indicating the recommendation is evidence-based as well as a standard or regulation.

Rating Categories

Recommendations are rated according to the following categories:

Category IA. Strongly recommended for implementation and strongly supported by well-designed experimental, clinical, or epidemiologic studies.

Category IB. Strongly recommended for implementation and supported by certain experimental, clinical, or epidemiologic studies and a strong theoretic rationale.

Category IC. Required by state or federal regulation, or representing an established association standard. (Note: Abbreviations for governing agencies and regulatory citations are listed where appropriate. Recommendations from regulations adopted at state levels are also noted. Recommendations from AIA guidelines cite the appropriate sections of the standards.)

Category II. Suggested for implementation and supported by suggestive clinical or epidemiologic studies, or a theoretic rationale.

Unresolved issue. No recommendation is offered. No consensus or insufficient evidence exists regarding efficacy.

Recommendations --- Air

I. Air-Handling Systems in Health-Care Facilities

A. Use AIA guidelines as minimum standards where state or local regulations are not in place for design and construction of ventilation systems in new or renovated health-care facilities. Ensure that existing structures continue to meet the specifications in effect at the time of construction (*1*). Category IC (AIA: 1.1.A, 5.4)

B. Monitor ventilation systems in accordance with engineers' and manufacturers' recommendations to ensure preventive engineering, optimal performance for removal of particulates, and elimination of excess moisture (*1--8*). Category IB, IC (AIA: 7.2, 7.31.D, 8.31.D, 9.31.D, 10.31.D, 11.31.D, Environmental Protection Agency [EPA] guidance)

1. Ensure that heating, ventilation, air conditioning (HVAC) filters are properly installed and maintained to prevent air leakages and dust overloads (*2,4,6,9*). Category IB
2. Monitor areas with special ventilation requirements (e.g., AII or PE) for ACH, filtration, and pressure differentials (*1,7,8,10--26*). Category IB, IC (AIA: 7.2.C7, 7.2.D6)

a. Develop and implement a maintenance schedule for ACH, pressure differentials, and filtration efficiencies by using facility-specific data as part of the multidisciplinary risk assessment. Take into account the age and reliability of the system.
b. Document these parameters, especially the pressure differentials.

3. Engineer humidity controls into the HVAC system and monitor the controls to ensure adequate moisture removal (*1*). Category IC (AIA: 7.31.D9)

a. Locate duct humidifiers upstream from the final filters.
b. Incorporate a water-removal mechanism into the system.
c. Locate all duct takeoffs sufficiently downstream from the humidifier so that moisture is completely absorbed.

4. Incorporate steam humidifiers, if possible, to reduce potential for microbial proliferation within the system, and avoid use of cool-mist humidifiers. Category II
5. Ensure that air intakes and exhaust outlets are located properly in construction of new facilities and renovation of existing facilities (*1,27*). Category IC (AIA: 7.31.D3, 8.31.D3, 9.31.D3, 10.31.D3, 11.31.D3)

a. Locate exhaust outlets >25 ft from air-intake systems.
b. Locate outdoor air intakes ≥6 ft above ground or ≥3 ft above roof level.
c. Locate exhaust outlets from contaminated areas above roof level to minimize recirculation of exhausted air.

6. Maintain air intakes and inspect filters periodically to ensure proper operation (*1,11--16,27*). Category IC (AIA: 7.31.D8)
7. Bag dust-filled filters immediately upon removal to prevent dispersion of dust and fungal spores during transport within the facility (*4,28*). Category IB

a. Seal or close the bag containing the discarded filter.
b. Discard spent filters as regular solid waste, regardless of the area from which they were removed (*28*).

8. Remove bird roosts and nests near air intakes to prevent mites and fungal spores from entering the ventilation system (*27,29,30*). Category IB
9. Prevent dust accumulation by cleaning air-duct grilles in accordance with facility-specific procedures and schedules and when rooms are not occupied by patients (*1,10--16*). Category IC, II (AIA: 7.31.D10)
10. Periodically measure output to monitor system function; clean ventilation ducts as part of routine HVAC maintenance to ensure optimum performance (*1,31,32*). Category IC, II (AIA: 7.31.D10)

C. Use portable, industrial-grade HEPA filter units capable of filtration rates in the range of 300--800 ft^3/min to augment removal of respirable particles as needed (*33*). Category II

1. Select portable HEPA filters that can recirculate all or nearly all of the room air and provide the equivalent of ≥12 ACH (*3-4*). Category II
2. Portable HEPA filter units placed in construction zones can be used later in patient-care areas, provided all internal and external surfaces are cleaned, and the filter replaced or its performance verified by appropriate particle testing. Category II
3. Situate portable HEPA units with the advice of facility engineers to ensure that all room air is filtered (*3-4*). Category II
4. Ensure that fresh-air requirements for the area are met (*33,35*). Category II

D. Follow appropriate procedures for use of areas with through-the-wall ventilation units (*1*). Category IC (AIA: 8.31.D1, 8.31.D8, 9.31.D23, 10.31.D18, 11.31.D15)

1. Do not use such areas as PE rooms (*1*). Category IC (AIA: 7.2.D3)
2. Do not use a room with a through-the-wall ventilation unit as an AII room unless it can be demonstrated that all required AII engineering controls are met (*1,3-4*). Category IC (AIA: 7.2.C3)

E. Conduct an infection-control risk assessment (ICRA) and provide an adequate number of AII and PE rooms (if required) or other areas to meet the needs of the patient population (*1,2,7,8,17,19, 20,3-4,36--43*). Category IA, IC (AIA: 7.2.C, 7.2.D)
F. When ultraviolet germicidal irradiation (UVGI) is used as a supplemental engineering control, install fixtures 1) on the wall near the ceiling or suspended from the ceiling as an upper air unit; 2) in the air-return duct of an AII area; or 3) in designated enclosed areas or booths for sputum induction (*3-4*). Category II
G. Seal windows in buildings with centralized HVAC systems, including PE areas (*1,3,44*). Category IB, IC (AIA: 7.2.D3)
H. Keep emergency doors and exits from PE rooms closed except during an emergency; equip emergency doors and exits with alarms. Category II
I. Develop a contingency plan for backup capacity in the event of a general power failure (*45*). Category IC (Joint Commission on Accreditation of Healthcare Organizations [JCAHO]: Environment of Care [EC] 1.4)

1. Emphasize restoration of appropriate air quality and ventilation conditions in AII rooms, PE rooms, operating rooms, emergency departments, and intensive care units (*1,45*). Category IC (AIA: 1.5.A1; JCAHO: EC 1.4)
2. Deploy infection-control procedures to protect occupants until power and systems functions are restored (*1,36,45*). Category IC (AIA: 5.1, 5.2; JCAHO: EC 1.4)

J. Do not shut down HVAC systems in patient-care areas exept for maintenance, repair, testing of emergency backup capacity, or new construction (*1,46*). Category IB, IC (AIA: 5.1, 5.2.B, C)

1. Coordinate HVAC system maintenance with infection-control staff and relocate immunocompromised patients if necessary (*1*). Category IC (AIA: 5.1, 5.2)
2. Provide backup emergency power and air-handling and pressurization systems to maintain filtration, constant ACH, and pressure differentials in PE rooms, AII rooms, operating rooms, and other critical-care areas (*1,37,47*). Category IC (AIA: 5.1, 5.2)
3. For areas not served by installed emergency ventilation and backup systems, use portable units and monitor ventilation parameters and patients in those areas (*33*). Category II
4. Coordinate system startups with infection-control staff to protect patients in PE rooms from bursts of fungal spores (*1,3,37,47*). Category IC (AIA: 5.1, 5.2)
5. Allow sufficient time for ACH to clean the air once the system is operational (Table 1) (*1,33*). Category IC (AIA: 5.1, 5.2)

K. HVAC systems serving offices and administrative areas may be shut down for energy conservation purposes, but the shutdown must not alter or adversely affect pressure differentials maintained in laboratories or critical-care areas with specific ventilation requirements (i.e., PE rooms, AII rooms, operating rooms). Category II

L. Whenever possible, avoid inactivating or shutting down the entire HVAC system, especially in acute-care facilities. Category II

M. Whenever feasible, design and install fixed backup ventilation systems for new or renovated construction of PE rooms, AII rooms, operating rooms, and other critical-care areas identified by ICRA (*1*). Category IC (AIA: 1.5.A1)

II. Construction, Renovation, Remediation, Repair, and Demolition

A. Establish a multidisciplinary team that includes infection-control staff to coordinate demolition, construction, and renovation projects and consider proactive preventive measures at the inception; produce and maintain summary statements of the team's activities (*1,9,11--16,38,48--51*). Category IB, IC (AIA: 5.1)

B. Educate both the construction team and health-care staff in immunocompromised patient-care areas regarding the airborne infection risks associated with construction projects, dispersal of fungal spores during such activities, and methods to control the dissemination of fungal spores (*11--16,27,50,52--56*). Category IB

C. Incorporate mandatory adherence agreements for infection control into construction contracts, with penalties for noncompliance and mechanisms to ensure timely correction of problems (*1,11,13--16,27,50*). Category IC (AIA: 5.1)

D. Establish and maintain surveillance for airborne environmental disease (e.g., aspergillosis) as appropriate during construction, renovation, repair, and demolition activities to ensure the health and safety of immunocompromised patients (*27,57--59*). Category IB

1. Using active surveillance, monitor for airborne infections in immunocompromised patients (*27,37,57,58*). Category IB
2. Periodically review the facility's microbiologic, histopathologic, and postmortem data to identify additional cases (*27,37,57,58*). Category IB
3. If cases of aspergillosis or other health-care--associated airborne fungal infections occur, aggressively pursue the diagnosis with tissue biopsies and cultures as feasible (*11,13--16,27,50,57--59*). Category IB

E. Implement infection-control measures relevant to construction, renovation, maintenance, demolition, and repair (*1,16,49,50,60*). Category IB, IC (AIA: 5.1, 5.2)

1. Before the project gets under way, perform an ICRA to define the scope of the activity and the need for barrier measures (*1,11,13--16,48--51,60*). Category IB, IC (AIA: 5.1)

a. Determine if immunocompromised patients may be at risk for exposure to fungal spores from dust generated during the project (*13--16,48,51*).
b. Develop a contingency plan to prevent such exposures (*13--16,48,51*).

2. Implement infection-control measures for external demolition and construction activities (*11,13--16,50,61;62*). Category IB

a. Determine if the facility can operate temporarily on recirculated air; if feasible, seal off adjacent air intakes.
b. If this is not possible or practical, check the low-efficiency (roughing) filter banks frequently and replace as needed to avoid buildup of particulates.
c. Seal windows and reduce wherever possible other sources of outside air intrusion (e.g., open doors in stairwells and corridors), especially in PE areas.

3. Avoid damaging the underground water system (i.e., buried pipes) to prevent soil and dust contamination of the water (*1,63*). Category IB, IC (AIA: 5.1)
4. Implement infection-control measures for internal construction activities (*1,11,13--16,48-- 50,64*). Category IB, IC (AIA: 5.1, 5.2)

a. Construct barriers to prevent dust from construction areas from entering patient-care areas; ensure that barriers are impermeable to fungal spores and in compliance with local fire codes (*1,45,48,49,55,64--66*).
b. Seal off and block return air vents if rigid barriers are used for containment (*1,16,50*).
c. Implement dust-control measures on surfaces and divert pedestrian traffic away from work zones (*1,48,49,64*).
d. Relocate patients whose rooms are adjacent to work zones, depending on their immune status, the scope of the project, the potential for generation of dust or water aerosols, and the methods used to control these aerosols (*1,64,65*).

5. Perform those engineering and work-site related infection-control measures as needed for internal construction, repairs, and renovations (*1,48,49,51,64,66*). Category IB, IC (AIA: 5.1, 5.2)

a. Ensure proper operation of the air-handling system in the affected area after erection of barriers and before the room or area is set to negative pressure (*39,47,50,64*). Category IB
b. Create and maintain negative air pressure in work zones adjacent to patient-care areas and ensure that required engineering controls are maintained (*1,48,49,51,64,66*).
c. Monitor negative airflow inside rigid barriers (*1,67*).
d. Monitor barriers and ensure integrity of the construction barriers; repair gaps or breaks in barrier joints (*1,65,66,68*).
e. Seal windows in work zones if practical; use window chutes for disposal of large pieces of debris as needed, but ensure that the negative pressure differential for the area is maintained (*1,13,48*).
f. Direct pedestrian traffic from construction zones away from patient-care areas to minimize dispersion of dust (*1,13--16,44,48--51,64*).
g. Provide construction crews with 1) designated entrances, corridors, and elevators wherever practical; 2) essential services (e.g., toilet facilities) and convenience services (e.g., vending machines); 3) protective clothing (e.g., coveralls, footgear, and headgear) for travel to patient-care areas; and 4) a space or anteroom for changing clothing and storing equipment (*1,11,13--16,50*).
h. Clean work zones and their entrances daily by 1) wet-wiping tools and tool carts before their removal from the work zone; 2) placing mats with tacky surfaces inside the entrance; and 3) covering debris and securing this covering before removing debris from the work zone (*1,11,13--16,50*).
i. In patient-care areas, for major repairs that include removal of ceiling tiles and disruption of the space above the false ceiling, use plastic sheets or prefabricated plastic units to contain dust; use a negative pressure system within this enclosure to remove dust; and either pass air through an industrial-grade, portable HEPA filter capable of filtration rates of 300--800 ft^3/min., or exhaust air directly to the outside (*16,50,64,67,69*).
j. Upon completion of the project, clean the work zone according to facility procedures, and install barrier curtains to contain dust and debris before removing rigid barriers (*1,11,13--16,48--50*).
k. Flush the water system to clear sediment from pipes to minimize waterborne microorganism proliferation (*1,63*).
l. Restore appropriate ACH, humidity, and pressure differential; clean or replace air filters; dispose of spent filters (*3,4,28,47*).

F. Use airborne-particle sampling as a tool to evaluate barrier integrity (*3,70*). Category II
G. Commission the HVAC system for newly constructed health-care facilities and renovated spaces before occupancy and use, with emphasis on ensuring proper ventilation for operating rooms, AII rooms, and PE areas (*1,70--72*). Category IC (AIA: 5.1; ASHRAE: 1-1996)
H. No recommendation is offered regarding routine microbiologic air sampling before, during, or after construction, or before or during occupancy of areas housing immunocompromised patients (*9,48,49,51,64,73,74*). Unresolved issue
I. If a case of health-care--acquired aspergillosis or other opportunistic environmental airborne fungal disease occurs during or immediately after construction, implement appropriate follow-up measures (*40,48,75--78*). Category IB

1. Review pressure-differential monitoring documentation to verify that pressure differentials in the construction zone and in PE rooms are appropriate for their settings (*1,40,78*). Category IB, IC (AIA: 5.1)
2. Implement corrective engineering measures to restore proper pressure differentials as needed (*1,40,78*). Category IB, IC (AIA: 5.1)
3. Conduct a prospective search for additional cases and intensify retrospective epidemiologic review of the hospital's medical and laboratory records (*27,48,76,79,80*). Category IB
4. If no epidemiologic evidence of ongoing transmission exists, continue routine maintenance in the area to prevent health-care--acquired fungal disease (*27,75*). Category IB

J. If no epidemiologic evidence exists of ongoing transmission of fungal disease, conduct an environmental assessment to find and eliminate the source (*11,13--16,27,44,49--51,60,81*). Category IB

1. Collect environmental samples from potential sources of airborne fungal spores, preferably by using a high-volume air sampler rather than settle plates (*2,4,11,13--16,27,44,49,50,64,65,81--86*). Category IB
2. If either an environmental source of airborne fungi or an engineering problem with filtration or pressure differentials is identified, promptly perform corrective measures to eliminate the source and route of entry (*49,60*). Category IB
3. Use an EPA-registered antifungal biocide (e.g., copper-8-quinolinolate) for decontaminating structural materials (*16,61,66,87*). Category IB
4. If an environmental source of airborne fungi is not identified, review infection-control measures, including engineering controls, to identify potential areas for correction or improvement (*88,89*). Category IB
5. If possible, perform molecular subtyping of *Aspergillus* spp. isolated from patients and the environment to compare their strain identities (*90--94*). Category II

K. If air-supply systems to high-risk areas (e.g., PE rooms) are not optimal, use portable, industrial-grade HEPA filters on a temporary basis until rooms with optimal air-handling systems become available (*1,13--16,27,50*). Category II

III. Infection Control and Ventilation Requirements for PE rooms

A. Minimize exposures of severely immunocompromised patients (e.g., solid-organ transplant patients or allogeneic neutropenic patients) to activities that might cause aerosolization of fungal spores (e.g., vacuuming or disruption of ceiling tiles) (*37,48,51,73*). Category IB
B. Minimize the length of time that immunocompromised patients in PE are outside their rooms for diagnostic procedures and other activities (*37,62*). Category IB
C. Provide respiratory protection for severely immunocompromised patients when they must leave PE for diagnostic procedures and other activities; consult the most recent revision of CDC's *Guideline for Prevention of Health-Care--Associated Pneumonia* for information regarding the appropriate type

of respiratory protection. (*27,37*). Category II

D. Incorporate ventilation engineering specifications and dust-controlling processes into the planning and construction of new PE units (Figure 1). Category IB, IC

1. Install central or point-of-use HEPA filters for supply (incoming) air (*1,2,27,48,56,70, 80,82,85,95--102*). Category IB, IC (AIA: 5.1, 5.2, 7.2.D)
2. Ensure that rooms are well-sealed by 1) properly constructing windows, doors, and intake and exhaust ports; 2) maintaining ceilings that are smooth and free of fissures, open joints, and crevices; 3) sealing walls above and below the ceiling; and 4) monitoring for leakage and making any necessary repairs (*1,27,44,100,101*). Category IB, IC (AIA: 7.2.D3)
3. Ventilate the room to maintain ≥12 ACH (*1,27,37,100,101,103*). Category IC (AIA: 7.2.D)
4. Locate air supply and exhaust grilles so that clean, filtered air enters from one side of the room, flows across the patient's bed, and exits from the opposite side of the room (*1,27,100,101*). Category IC (AIA: 7.31.D1)
5. Maintain positive room air pressure (≥2.5 Pa [0.01-inch water gauge]) in relation to the corridor (*1,3,27,100,101*). Category IB, IC (AIA: Table 7.2)
6. Maintain airflow patterns and monitor these on a daily basis by using permanently installed visual means of detecting airflow in new or renovated construction, or by using other visual methods (e.g., flutter strips or smoke tubes) in existing PE units. Document the monitoring results (*1,13*). Category IC (AIA: 7.2.D6)
7. Install self-closing devices on all room exit doors in PE rooms (*1*). Category IC (AIA: 7.2.D4)

E. Do not use laminar air flow systems in newly constructed PE rooms (*99,101*). Category II

F. Take measures to protect immunocompromised patients who would benefit from a PE room and who also have an airborne infectious disease (e.g., acute VZV infection or tuberculosis).

1. Ensure that the patient's room is designed to maintain positive pressure.
2. Use an anteroom to ensure appropriate air-balance relationships and provide independent exhaust of contaminated air to the outside, or place a HEPA filter in the exhaust duct if the return air must be recirculated (*1,100*) (Figure 2). Category IC (AIA: 7.2.D1, A7.2.D)
3. If an anteroom is not available, place the patient in AII and use portable, industrial-grade HEPA filters to enhance filtration of spores in the room (*33*). Category II

G. Maintain backup ventilation equipment (e.g., portable units for fans or filters) for emergency provision of required ventilation for PE areas and take immediate steps to restore the fixed ventilation system (*1,37,47*). Category IC (AIA: 5.1)

IV. Infection-Control and Ventilation Requirements for AII Rooms

A. Incorporate certain specifications into the planning and construction or renovation of AII units (*1,34,100,101,104*) (Figure 3). Category IB, IC

1. Maintain continuous negative air pressure (2.5 Pa [0.01 inch water gauge]) in relation to the air pressure in the corridor; monitor air pressure periodically, preferably daily, with audible manometers or smoke tubes at the door (for existing AII rooms), or with a permanently installed visual monitoring mechanism. Document the results of monitoring (*1,100,101*). Category IC (AIA: 7.2.C7, Table 7.2)
2. Ensure that rooms are well-sealed by properly constructing windows, doors, and air-intake and exhaust ports; when monitoring indicates air leakage, locate the leak and make necessary repairs (*1,99,100*). Category IB, IC (AIA: 7.2.C3)
3. Install self-closing devices on all AII room exit doors (*1*). Category IC (AIA: 7.2.C4)
4. Provide ventilation to ensure ≥12 ACH for renovated rooms and new rooms, and ≥6 ACH for existing AII rooms (*1,34,104*). Category IB, IC (AIA: Table 7.2)
5. Direct exhaust air to the outside, away from air-intake and populated areas. If this is not practical,

air from the room can be recirculated after passing through a HEPA filter (*1,34*).
Category IC (AIA: Table 7.2)

B. Where supplemental engineering controls for air cleaning are indicated from a risk assessment of the AII area, install UVGI units in the exhaust air ducts of the HVAC system to supplement HEPA filtration or install UVGI fixtures on or near the ceiling to irradiate upper room air (*34*). Category II

C. Implement environmental infection-control measures for persons with diagnosed or suspected airborne infectious diseases.

1. Use AII rooms for patients with or suspected of having an airborne infection who also require cough-inducing procedures, or use an enclosed booth that is engineered to provide 1) ≥12 ACH; 2) air supply and exhaust rate sufficient to maintain a 2.5 Pa (0.01-inch water gauge) negative pressure difference with respect to all surrounding spaces with an exhaust rate of ≥50 ft^3/min; and 3) air exhausted directly outside away from air intakes and traffic or exhausted after HEPA filtration before recirculation (*1,34,105--107*). Category IB, IC (AIA: 7.15.E, 7.31.D23, 9.10, Table 7.2)

2. Although airborne spread of viral hemorrhagic fever (VHF) has not been documented in a health-care setting, prudence dictates placing a VHF patient in an AII room, preferably with an anteroom, to reduce the risk of occupational exposure to aerosolized infectious material in blood, vomitus, liquid stool, and respiratory secretions present in large amounts during the end stage of a patient's illness (*108--110*). Category II

a. If an anteroom is not available, use portable, industrial-grade HEPA filters in the patient's room to provide additional ACH equivalents for removing airborne particulates.
b. Ensure that health-care workers wear face shields or goggles with appropriate respirators when entering the rooms of VHF patients with prominent cough, vomiting, diarrhea, or hemorrhage (*109*).

3. Place smallpox patients in negative pressure rooms at the onset of their illness, preferably using a room with an anteroom, if available (*36*). Category II

D. No recommendation is offered regarding negative pressure or isolation for patients with *Pneumocystis carinii* pneumonia (*111--113*). Unresolved issue.

E. Maintain backup ventilation equipment (e.g., portable units for fans or filters) for emergency provision of ventilation requirements for AII rooms, and take immediate steps to restore the fixed ventilation system (*1,34,47*). Category IC (AIA: 5.1)

V. Infection-Control and Ventilation Requirements for Operating Rooms

A. Implement environmental infection-control and ventilation measures for operating rooms.

1. Maintain positive-pressure ventilation with respect to corridors and adjacent areas (*1,114,115*). Category IB, IC (AIA: Table 7.2)
2. Maintain ≥15 ACH, of which ≥3 ACH should be fresh air (*1,116,117*). Category IC (AIA: Table 7.2)
3. Filter all recirculated and fresh air through the appropriate filters, providing 90% efficiency (dust-spot testing) at a minimum (*1,118*). Category IC (AIA: Table 7.3)
4. In rooms not engineered for horizontal laminar airflow, introduce air at the ceiling and exhaust air near the floor (*1,115,119*). Category IC (AIA: 7.31.D4)
5. Do not use ultraviolet (UV) lights to prevent surgical-site infections (*115,120--126*). Category IB
6. Keep operating room doors closed except for the passage of equipment, personnel, and patients, and limit entry to essential personnel (*127,128*). Category IB

B. Follow precautionary procedures for infectious TB patients who also require emergency surgery (*34,129,130*). Category IB, IC

1. Use an N95 respirator approved by the National Institute for Occupational Safety and Health without exhalation valves in the operating room (*129,131*). Category IC (Occupational Safety and Health Administration [OSHA]; 29 Code of Federal Regulations [CFR] 1910.134,139)
2. Intubate the patient in either the AII room or the operating room; if intubating the patient in the operating room, do not allow the doors to open until 99% of the airborne contaminants are removed (Table 1) (*34,117*). Category IB
3. When anesthetizing a patient with confirmed or suspected TB, place a bacterial filter between the anesthesia circuit and patient's airway to prevent contamination of anesthesia equipment or discharge of tubercle bacilli into the ambient air (*130,132*). Category IB
4. Extubate and allow the patient to recover in an AII room (*34,117*). Category IB
5. If the patient has to be extubated in the operating room, allow adequate time for ACH to clean 99% of airborne particles from the air (Table 1), because extubation is a cough-producing procedure (*34,117*). Category IB

C. Use portable, industrial-grade HEPA filters temporarily for supplemental air cleaning during intubation and extubation for TB patients who require surgery (*33,34,117*). Category II.

1. Position the units appropriately so that all room air passes through the filter; obtain engineering consultation to determine the appropriate placements (*34*). Category II
2. Switch the portable unit off during the surgical procedure. Category II
3. Provide fresh air as per ventilation standards for operating rooms: portable units do not meet the requirements for the number of fresh ACH (*1,33,133*). Category II

D. If possible, schedule TB patients as the last surgical cases of the day to maximize the time available for removal of airborne contamination. Category II
E. No recommendation is offered for performing orthopedic implant operations in rooms supplied with laminar airflow (*118,120*). Unresolved issue
F. Maintain backup ventilation equipment (e.g., portable units for fans or filters) for emergency ventilation of operating rooms, and take immediate steps to restore the fixed ventilation system (*1,47,131,134*). Category IB, IC (AIA: 5.1)

VI. Other Potential Infectious Aerosol Hazards in Health-Care Facilities

A. In settings where surgical lasers are used, wear appropriate personal protective equipment (PPE), including N95 or N100 respirators, to minimize exposure to laser plumes (*129,135,136*). Category IC (OSHA; 29 CFR 1910.134,139)
B. Use central wall suction units with in-line filters to evacuate minimal laser plumes (*135--138*). Category II
C. Use a mechanical smoke evacuation system with a high-efficiency filter to manage the generation of large amounts of laser plume, when ablating tissue infected with human papilloma virus (HPV) or performing procedures on a patient with extrapulmonary TB (*34,136,137,139--141*). Category II

Recommendations --- Water

I. Controlling the Spread of Waterborne Microorganisms

A. Practice hand hygiene to prevent the hand transfer of waterborne pathogens, and use barrier precautions (e.g., gloves) as defined by other guidelines (*36,142--146*). Category IA
B. Eliminate contaminated water or fluid environmental reservoirs (e.g., in equipment or solutions) wherever possible (*142,147*). Category IB

C. Clean and disinfect sinks and wash basins on a regular basis by using an EPA-registered product as set by facility policies. Category II

D. Evaluate for possible environmental sources (e.g., potable water [illegible] hen waterborne microorganisms (e.g., NTM) of unlikely clinical imp [illegible] al cultures (e.g., specimens collected aseptically from sterile sites [illegible] on after use of tap water in patient care) (*148--151*). Category IB

Water

E. Avoid placing decorative fountains and fish tanks in patient-care [illegible] fountain maintenance if decorative fountains are used in public [illegible] (*152*). Category IB

II. Routine Prevention of Waterborne Microbial Contamination Within the Distribution System

A. Maintain hot water temperature at the return at the highest temperature allowable by state regulations or codes, preferably ≥124°F (≥51°C), and maintain cold water temperature at <68°F (<20°C) (*7, 153*). Category IC (States; ASHRAE: 12:2000)

B. If the hot water temperature can be maintained at ≥124°F (≥51°C), explore engineering options (e.g., installing preset thermostatic valves in point-of-use fixtures) to help minimize the risk of scalding (*153*). Category II

C. When state regulations or codes do not allow hot water temperatures above the range of 105°F--120°F (40.6°C--49°C) for hospitals or 95°F--110°F (35°C--43.3°C) for nursing care facilities or when buildings cannot be retrofitted for thermostatic mixing valves, follow either of these alternative preventive measures to minimize the growth of *Legionella* spp. in water systems. Category II

1. Periodically increase the hot water temperature to ≥150°F (≥66°C) at the point of use (*153*). Category II
2. Alternatively, chlorinate the water and then flush it through the system (*153--155*). Category II

D. Maintain constant recirculation in hot-water distribution systems serving patient-care areas (*1*). Category IC (AIA: 7.31.E.3)

III. Remediation Strategies for Distribution System Repair or Emergencies

A. Whenever possible, disconnect the ice machine before planned water disruptions. Category II

B. Prepare a contingency plan to estimate water demands for the entire facility in advance of significant water disruptions (i.e., those expected to result in extensive and heavy microbial or chemical contamination of the potable water), sewage intrusion, or flooding (*45,156*). Category IC (JCAHO: EC 1.4)

C. When a significant water disruption or an emergency occurs, adhere to any advisory to boil water issued by the municipal water utility (*157*). Category IB, IC (Municipal order)

1. Alert patients, families, staff, and visitors not to consume water from drinking fountains, ice, or drinks made from municipal tap water, while the advisory is in effect, unless the water has been disinfected (e.g., by bringing to a rolling boil for ≥1 minute) (*157*). Category IB, IC (Municipal order)
2. After the advisory is lifted, run faucets and drinking fountains at full flow for ≥5minutes, or use high-temperature water flushing or chlorination (*153,157*). Category IC, II (Municipal order; ASHRAE: 12:2000)

D. Maintain a high level of surveillance for waterborne disease among patients after a boil water advisory is lifted. Category II

E. Corrective decontamination of the hot water system might be necessary after a disruption in service or a cross-connection with sewer lines has occurred.

cases are identified elsewhere in the facility, conduct a combined epidemiologic and environmental investigation to determine the source of *Legionella* spp. (*189,210*). Category IB

B. Implement culture strategies and potable water and fixture treatment measures in addition to those previous outlined (Water: V). Category II

1. Depending on state regulations on potable water temperature in public buildings (*216*), hospitals housing patients at high risk for health-care--associated legionellosis should either maintain heated water with a minimum return temperature of ≥124°F (≥51°C) and cold water at <68°F (<20°C), or chlorinate heated water to achieve 1--2 mg/L (1--2 ppm) of free residual chlorine at the tap (*153--155,165,167--169,217*). Category II
2. Periodic culturing for legionellae in potable water samples from HSCT or solid-organ transplant units can be performed as part of a comprehensive strategy to prevent Legionnaires disease in these units (*37,154,189,218*). Category II
3. No recommendation is offered regarding the optimal methodology (i.e., frequency or number of sites) for environmental surveillance cultures in HSCT or solid-organ transplant units. Unresolved issue
4. In areas with patients at risk, when *Legionella* spp. are not detectable in unit water, remove, clean, and disinfect shower heads and tap aerators monthly by using a chlorine-based, EPA-registered product. If an EPA-registered chlorine disinfectant is not available, use a chlorine bleach solution (500--615 ppm [1:100 v/v dilution]) (*153,187*). Category II

C. If *Legionella* spp. are determined to be present in the water of a transplant unit, implement certain measures until *Legionella* spp. are no longer detected by culture.

1. Decontaminate the water supply as outlined previously (Water: IV) (*27,37,153,164,210*). Category IB
2. Do not use water from the faucets in patient-care rooms to avoid creating infectious aerosols (*37,219*). Category IB
3. Restrict severely immunocompromised patients from taking showers (*37,219*). Category IB
4. Use water that is not contaminated with *Legionella* spp. for HSCT patients' sponge baths (*37,219*). Category IB
5. Provide patients with sterile water for tooth brushing, drinking, and for flushing nasogastric tubing during legionellosis outbreaks (*37,219*). Category IB

D. Do not use large-volume room air humidifiers that create aerosols (e.g., by Venturi principle, ultrasound, or spinning disk) unless they are subjected to high-level disinfection and filled only with sterile water (*27,37,201,220*). Category IB

VII. Cooling Towers and Evaporative Condensers

A. When planning construction of new health-care facilities, locate cooling towers so that the drift is directed away from the air-intake system, and design the towers to minimize the volume of aerosol drift (*153,203,221*). Category IC (ASHRAE 12-2000)
B. Implement infection-control procedures for operational cooling towers (*153,203,222*). Category IC (ASHRAE 12-2000)

1. Install drift eliminators (*153,203,222*). Category IC (ASHRAE 12-2000)
2. Use an effective EPA-registered biocide on a regular basis (*153*). Category IC (ASHRAE 12-2000)
3. Maintain towers according to manufacturers' recommendations, and keep detailed maintenance and infection-control records, including environmental test results from legionellosis outbreak investigations (*153*). Category IC (ASHRAE 12-2000)

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY
QUARTERLY EQUIPMENT MAINTENANCE CHECKS

Health Center Bloomington	Year 2018

Instructions: Routine equipment maintenance checks are performed by staff on a quarterly basis and recorded on this sheet. The date of the inspection performed by staff is noted along with the initials of the person conducting the inspection. If there are any service repair calls made on various equipment items throughout the year the Annual Equipment Maintenance Log is to be used.

Equipment	March	1st Quarter	June	2nd Quarter	September	3rd Quarter	December	4th Quarter
	Date Performed	Staff Initials	Date Performed	Staff Initials	Date Performed	Staff Initials	Date Performed	Staff Initials
AED	3/5/18							
Alarm/battery backup								
Autoclave(s)								
BP units								
Centrifuge								
Exam room lamp(s)								
Hemopoint								
Microscope								
Pulse Oximeter(s)								
Refrigerator(s)								
Suction machines								
Ultrasound Machine								
Wheelchair								
Telephone Intercom System	N/A	Does not work						

Health Center Manager Signature

__/__/_____
Date of Annual Review

PPINK Revised 0218

Health Center: Bloom

Year: ~~2016~~ 2017 em

EQUIPMENT MAINTENANCE CHECKS

Routine equipment maintenance checks are performed by staff on a quarterly basis and recorded on this sheet. The date of the inspection performed by staff is noted along with the initials of the person conducting the inspection. If there are any service repair calls made on various equipment items throughout the year K& R Annual Preventative Services Equipment Maintenance Log is to be used.

ITEM	1ST DATE Performed	Quarter STAFF Initials	2nd DATE Performed	Quarter STAFF Initials	3rd DATE Performed	Quarter STAFF Initials	4th DATE Performed	Quarter STAFF Initials
Refrigerator	4/30		7/25		9/17		11/19	
Centrifuge	4/30		7/25		9/17		11/19	
Hemopoint	4/30		7/25		9/17		11/19	
Incubator	N/A		~~N/A~~		—		—	
Autoclave	4/30		7/25		9/17		11/19	
BP units	4/30		7/25		9/17		11/19	
Oxygen tanks	4/30		7/25		9/17		11/19	
Nitrous tank	—		~~7/25~~		—		—	
Microscope	4/30		7/25		9/17		11/19	
Suction machines	4/30		7/25		9/17		11/19	
Alarm/battery backup	4/30		7/25		9/17		11/19	
Exam Room Lights	4/30		7/25		9/17		11/19	
Wheelchair	4/30		7/25		9/17		11/19	
Telephone Intercom System	4/30		7/25		9/17		11/19	

waiting for new one

IT working on them

City of Bloomington Fire
Fire Prevention Bureau
300 E 4TH ST
Bloomington, IN 47408

Date of Notice: March 9, 2018 **Inspection Date:** March 7, 2018

Planned Parenthood
421 S COLLEGE
Bloomington, IN 47402

Inspector: Johnson, Joseph M

605.3 Working spacing clearance 0

A working space of not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height shall be provided in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the working space shall not be less than the width of the equipment. No storage of any materials shall be located within the designated working space.

Exceptions:

1. Where other dimensions are required or allowed by NFPA 70.
2. Access openings into attics or under-floor areas which provide a minimum clear opening of 22 inches (559 mm) by 30 inches (762 mm).

Reinspection on or after: 04/09/2018

906.6 Unobstructed and unobscured. 0

"Portable fire extinguishers shall not be obstructed or obscured from view. In rooms or areas in which visual obstruction cannot be completely avoided, means shall be provided to indicate the locations of extinguishers."

Reinspection on or after: 04/09/2018

605.6 Un approved electrical conditions 0

Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.

In basement outlet covers missing.

Terminate electrical properly in basement

Reinspection on or after: 04/09/2018

City of Bloomington Fire
Fire Prevention Bureau
300 E 4TH ST
Bloomington, IN 47408

Date of Notice: March 9, 2018 **Inspection Date:** March 7, 2018

Planned Parenthood
421 S COLLEGE
Bloomington, IN 47402

Inspector: Johnson, Joseph M

0

109.5 See Notes

Remove abandoned stairs in basement
Replace missing sprinkler escutcheon in waiting room
Remove tape from smoke detector in entryway
Label door as Sprinkler Rise Room
Label doors as Fire Alarm Panel

Reinspection on or after: 04/09/2018

0

605.5 Extension cords

Extension cords and flexible cords shall not be a substitute for permanent wiring. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances.

Reinspection on or after: 04/09/2018

Notes:

City of Bloomington, Fire Department
Fire Prevention Bureau
Inspection Report/Violation Notice

Mark Kruzan, Mayor
Roger Kerr, Fire Chief

Bloomington Fire Department
P. O. Box 100
Bloomington, IN 47402

(812) 332-9763
(812) 349-3885 FAX
E-Mail: fire@bloomington.in.gov

LOCATION OF INSPECTION: 421 S College
NAME OF BUSINESS: Planned Parenthood
OWNER OF BUSINESS: Email @ppink.org
MAILING ADDRESS:
CITY: Bloomington STATE IN ZIP 47401
DAYTIME PHONE NUMBER: CONSTRUCTION TYPE
OCCUPANCY CLASSIFICATION: OCCUPANT LOAD:

☑ Routine Inspection ☐ Complaint Inspection ☐ Courtesy Inspection ☐ New Construction/Remodel Inspection

	Location	Complied
☑	Aisles	Ok
☑	Corridors	Ok
☑	Electrical Defects	Ok
☑	Electrical Extension Cords	Ok
☑	Exit Illumination	Ok
☑	Exits	Ok
☑	Exit Signs	Ok
☑	Fire Alarm System Serviced Need annual service. Please provide paperwork on site	Ok
☑	Fire Doors and Hardware	Ok
☑	Fire Extinguishers Serviced	Ok
☑	Fire Sprinkler System Serviced	Ok
☑	Flues	Ok
☑	Furnaces	Ok
☑	Occupant Load Posted	Ok
☑	Pressure Cylinders Chained	Na
☐	Restaurant Grease Hoods Serviced	Na
☐	Restaurant Grease Hoods Cleaned	Ok
☑	Storage	Ok
☑	Water Heaters	Na
☐	Fire Lane Marking	Na
☐	Fire Hydrants obstructed	Ok
☑	Knox Box	

Comments:
Fire alarm

All of the above violation must be corrected by _____ If you have any questions or concerns, contact the inspector listed below, weekdays 8:00 AM to 5:00 PM at the number listed.

Inspector
White copy file,

Acknowledge Receipt of Report
Yellow copy reinspection,

1/25/2017
Date
Pink copy to business

City of Bloomington Fire
Fire Prevention Bureau
300 E 4TH ST
Bloomington, IN 47408

Date of Notice: March 9, 2018

Inspection Date: March 7, 2018

Planned Parenthood
421 S COLLEGE
Bloomington, IN 47402

Inspector: Johnson, Joseph M

NOTICE OF FIRE & SAFETY VIOLATIONS: You are hereby notified that a Fire Inspection of your premises has been made. The following Fire Prevention Code Violoation(s) are listed on the attached page.

ORDER TO COMPLY: The violation(s) could be a peril to the life and safety of the occuppants and/or property. You are hereby notified to have the violation(s) eliminated within (30) days receipt of this notice.

COMPLIANCE: Notify this office when violation(s) have been compiled so a final inspection can be made.

RIGHT OF APPEAL: You have specific legal rights, including:
(1) The right to file a written petition for review of violations or orders issued within eighteen working days of the above date, to the State Fire Marshal, Department of Fire and Building Services, 420 West Washington Street, Suite E241, Indianapolis, Indiana 46204.

(2) The right to request an informal discussion of the orders or violations prior to filing a petition for review.

FAILURE TO COMPLY WITH ORDER: Failure to comply with this order by the times set may result in the following court action:
(1) Institution of suit for mandatory and injuctive relief in the enforcement of Indiana Code Chapter 22-14.
(2) Revocation or denial of a permit to operate your business.

_____
Local Fire Inspector

"SAVE LIVES THROUGH FIRE PREVENTION"

Code	Article	Division	Page

cabot medical

cabot medical

Operations Manual

BERKELEY™
VACUUM
CURETTAGE
SYSTEMS

CONTENTS

CONTENTS **Page**

Berkeley™ Vacuum Curettage Systems
Operations Manual
Cabot Medical Corporation
2021 Cabot Boulevard West
Langhorne, Pennsylvania 19047 U.S.A.

LIMITED WARRANTY

This LIMITED WARRANTY AND LIMITATION OF BUYER'S REMEDIES (the "LIMITATIONS") applies to the goods now being purchased by the Buyer. It is expressly understood that these LIMITATIONS constitute a material part of the Purchase Agreement, and that Cabot Medical Corporation ("Cabot") would not enter into the sale without Buyer's agreement to these LIMITATIONS.

BUYER ACKNOWLEDGES THAT IT IS A MERCHANT AND IS EXPERIENCED IN THE USE OF the items being purchased.

I. LIMITATION ON AND EXCLUSION OF EXPRESS WARRANTIES

A. Cabot makes no warranty, express or implied, with respect to the goods being purchased except as set forth in this paragraph (#I.A). Cabot warrants for a period of one (1) year from the date of shipment to the buyer (other than buyer for resale) that the goods shall be free from defects in material and workmanship when properly installed, maintained, handled and/or used for the intended purpose. The warranty applies only to the buyer (other than buyer for resale). The buyer (other than buyer for resale) must inspect this equipment within fourteen (14) days following receipt by the buyer and no claim for any defect then existing and discovered upon inspection shall be allowed unless made in writing to Cabot within a fourteen (14) day period. Any misuse, mishandling or modification of the equipment shall render this warranty null and void.

II. LIMITATION ON AND EXCLUSION OF IMPLIED WARRANTIES

The parties expressly agree that Cabot makes no IMPLIED WARRANTIES relating to the goods that Cabot expressly DISCLAIMS AND EXCLUDES all implied warranties, including but not limited to the IMPLIED WARRANTY OF MERCHANTABILITY and the IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE.

III. REPAIR OR REPLACEMENT

The Buyer's sole remedy, if the goods are found to be defective per paragraph (#I.A) above, shall be to have Cabot repair or, at Cabot's option, replace the defective parts without charge. Cabot reserves the right to make an examination and make the necessary repair/replacement in its own factory, at any authorized repair station, or at the Buyer's place of business. Any shipping charges incurred shall be prepaid by the Buyer. Any goods returned by Buyer for repair or replacement must be adequately protected for shipment by the Buyer and Cabot DISCLAIMS all responsibility to repair, replace or otherwise remedy goods injured during shipment. Cabot shall not, in any event, be liable for incidental or consequential damages, including but not limited to loss of income, loss of time, loss of sales, injury to personal property, liability of customer with respect to any other person, or for any other type or form of incidental or consequential damage or economic loss. This EXCLUSIVE REMEDY shall not be deemed to have failed of its essential purpose so long as Cabot is willing and able to repair or replace defective parts in the prescribed manner.

IV. BUYER'S ACKNOWLEDGEMENT

Buyer hereby agrees that neither Cabot nor its representatives have made any warranties, through writings, oral statements, conduct, samples, models, descriptions, promises, affirmations of fact or otherwise, and that there are no warranties except as provided explicitly in paragraph (#I.A) above.

Contact

Cabot Medical Corporation
Sales Administration Department
2021 Cabot Boulevard West
Langhorne, PA 19047 USA

Toll Free Line 800-523-5078

In Pennsylvania Call 215-752-8300

Berkeley™ Vacuum Curettage Systems have been designed to safely and rapidly evacuate the products of the first trimester of pregnancy. These systems enable a significant reduction in blood loss, myometrial damage and anesthesia requirement.

All Berkeley™ Vacuum Curettage Systems are equipped with a dual collection bottle system and a safety trap with automatic vacuum restriction. A high capacity, double diaphragm pump and vacuum system reaches optimum operating vacuum in about 5 seconds. The pump and motor are designed to require only minimal maintenance. Each VC system comes complete and ready to operate.

VC-2

The Berkeley™ VC-2 high performance model meets hospital operating room safety requirements and is designed for the ultimate in reliable service in a volume usage environment. The construction is rugged with stainless steel top, baked enamel sides and a protective rubber bumper. Rubber wheels are included for mobility and a storage compartment for convenience. A cord-wrap is provided on the back panel.

VC-5

The Berkeley™ VC-5 is a compact model designed for minimal space requirements and easy transport between facilities. The unit is equipped with carrying handles, mounted on rubber wheels, and easily rolls under tables or counters for storage. The stainless steel top and baked enamel sides are durable and easy to clean. A cord-wrap is provided on the back panel.

VC-7

The Berkeley™ VC-7 is designed to complement any clinical environment. Modern cabinet design features recessed collection bottles, a molded instrument tray on top and a storage compartment for supplies and accessories. Rubber wheels are included for mobility. The VC-7 is an extremely quiet operating model. A cord-wrap is provided on the back panel

All references to Berkeley™ Bio-Engineering are likewise a reference to Cabot Medical Corporation in the context of this publication

PREOPERATIVE ASSEMBLY

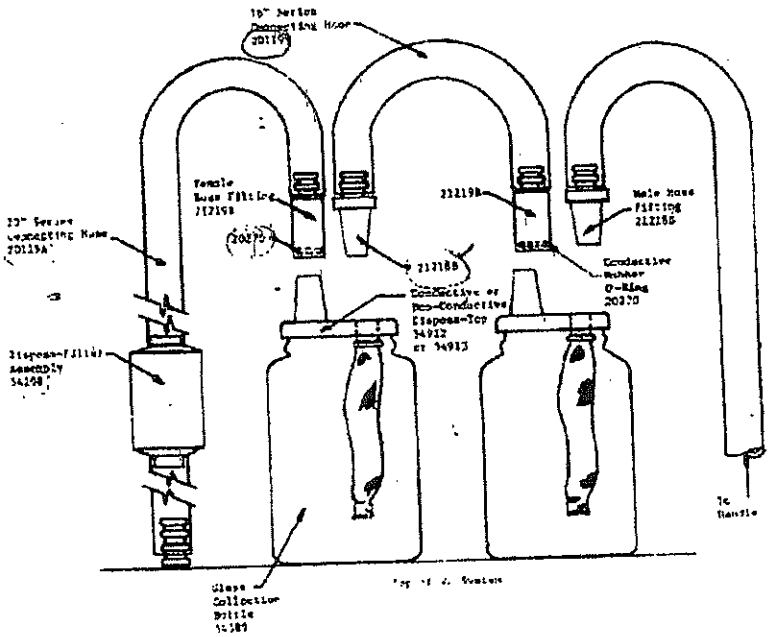
1. Open the shipping carton and remove the contents carefully, as some of the components are fragile. Collection bottles, hoses, and other accessories may be shipped in the unit's storage compartment or in a separate carton.
2. Verify that the line voltage rating shown on the back panel corresponds to the available power, either 115V AC 60 Hz, or 230V AC 50 Hz, and that the power receptacle to be used is grounded.
3. The VC-2 and VC-5 bottle holders must be attached to the top panel (VC-7 bottle holders are built-in).

   Insert the mounting screw — welded to the bottom of each bottle holder — into the top panel. Be sure that the secondary stabilizing post is inserted into the second hole on the top panel. Secure the mounting screws beneath the top panel using the lockwashers and wingnuts provided.
4. Place the collection bottles into the bottle holders and connect the tubing as shown in Collection System Hookup Diagram.
5. Select the appropriate Vacurette® and connect it to the collection tubing handle assembly.

   The VC System is now ready to operate.

"Vacurette"® is a registered trademark of Cabot Medical Corporation

PRELIMINARY INSTRUCTIONS



COLLECTION SYSTEM
HOOKUP DIAGRAM
FIG -- 2 10

- Disposa-Filter is NON-CONDUCTIVE and should NOT be used on systems operated in an explosive atmosphere. Disposa-Filter should be replaced whenever the filter becomes soiled or clogged. Operating the system with a clogged filter can lead to vacuum deficiency and possible overheating and permanent motor damage.
- The white Disposa-Top, P/N 54912, is NON-CONDUCTIVE and should NOT be used on systems operating in an explosive atmosphere. Use the black conductive Disposa-Top P/N 54913, when operating in an explosive atmosphere.

VACUUM OPERATION

The maximum attainable vacuum, with the vacuum adjust valve completely closed (fully clockwise), at sea level, is approximately 73 cm Hg. There is a reduction of vacuum by 2.6 cm Hg per 1,000 feet (8.5 mm Hg per 100 meters) of elevation above sea level.

The vacuum adjust knob is pre-set at the factory in the fully *clockwise* (closed) position for maximum vacuum. If a reduction in vacuum is desired, turn the knob *counterclockwise*. To determine the maximum vacuum level available at any particular setting, turn the unit on and observe the vacuum reading on the gauge while completely occluding the intake opening of the collection bottle.

Vacuum-tight connections are assured when the collection system tapered fittings are properly connected and maintained. Proper sealing will maintain a consistent vacuum level throughout the system.

Important: If, when the system is "off", the vacuum gauge indicates the collection system has residual vacuum, bleed off the vacuum by turning the vacuum adjust knob *counterclockwise* before turning the power "on" or the pump motor will not start.

Vacuum Check

Continuous vacuum is supplied to the Vacurette® tip while the pump and motor are in operation, unless otherwise controlled by the slip ring on the rotating handle of the collection tubing assembly. This slip ring is used to open and close the orifice on the handle. The orifice is left open when the operator does not want vacuum at the Vacurette® tip.

To determine the vacuum that is being generated, place a finger over the inlet at the end of the hose and handle system of the collection bottle. Continue to occlude the opening and observe the vacuum gauge until it stabilizes. The level shown on the gauge is the maximum vacuum level at the particular setting of the vacuum adjust knob. Turn the vacuum adjust knob *counterclockwise* to decrease vacuum, or *clockwise* to increase vacuum. Verify that the vacuum gauge has stabilized after each knob adjustment before applying the system in a procedure.

TROUBLESHOOTING

Overloads

Unless operating under conditions of very high ambient temperature and little or no ventilation, the motor should not overheat before one hour of continuous operation. Prolonged operation such as this is highly unlikely; nevertheless, the electric motor contains an internal thermal overload mechanism to protect against motor damage by shutting down the motor and pump if the motor begins to overheat. In the Model VC-2, the thermal overload protection is in the explosion proof switch.

When an overload occurs, the operator should turn the system power switch "Off", open the motor compartment door, and allow sufficient time for the motor to cool. The motor will start up again when its temperature has been reduced sufficiently. The motor is still too hot if it does not start up when the power switch is "On".

No Motor Function

If the motor does not function when the power is turned on and the motor is not potentially overheated, check the electrical connection at the wall socket. Examine the plug and cord for wear. Worn parts should be repaired or replaced. If no problem is apparent, open the motor compartment and check the connection between the power supply and the motor. Contact Cabot Medical Corporation Service Department for further assistance.

Insufficient Vacuum

If the motor functions, but the vacuum gauge indicates insufficient vacuum (vacuum level is below the green zone on the gauge), or if the vacuum gauge reads appropriately (in the green zone) but little or no vacuum is present at the Vacurette® tip, then there is either a leak or blockage within the collection system. The following troubleshooting procedure is recommended.

Step 1. Verify that the lack of vacuum is not caused by improper vacuum adjust knob setting. Turn the vacuum adjust knob clockwise until it stops. Read the vacuum gauge and fingercheck* suction at the Vacurette® tip. If the vacuum level is not adequate, go on to Step 2.

* Momentarily occluding the vacuum line or fitting with a finger to estimate the level of vacuum available at that particular point

cabot medical

TROUBLESHOOTING

Step 2. Examine the slip ring on the Vacurette® handle. If the ring is worn or marred, the handle should be replaced or repaired. Read the vacuum gauge and fingercheck suction at the Vacurette® tip. If the vacuum level is not adequate, go on to Step 3.

Step 3. The connection between the Vacurette® handle and the hose should be checked for cracks and leaks. If no problem seems to exist, disconnect the Vacurette® hose assembly at the inlet to the first collection bottle. Examine the O-Ring fitting and examine the Disposa-Top for wear. If either of these are worn, replace them. Read the vacuum gauge and fingercheck* suction at the bottle opening. If the vacuum level is not adequate, go on to Step 4.

Step 4. Repeat Step 3 to check out second collection bottle. If the vacuum level is still not adequate, go on to Step 5.

Step 5. Disconnect collection hose (or Disposa-Filter) at the inlet fitting on the top panel of the unit. Fingercheck this fitting and read the vacuum gauge. If the gauge reads maximum, the Disposa-Filter or hose should be replaced. If the vacuum is *not* at maximum level, proceed to Step 6.

Step 6. Open the upper and lower compartments of the unit. Check the continuity of the vacuum line between the second collection bottle and the pump. Inspect for kinks, leaks, and obstruction along the tubing, and at each fitting. Examine carefully the safety trap and its float ball. Liquid will collect in the trap if the collection bottles overflow. The float ball will rise to the roof of the jar and reduce the vacuum. Any fluid in the trap must be removed. The trap should be disassembled by unscrewing the trap jar. Discard contents. Clean jar and float ball thoroughly. Check trap body for blockage of port openings. If no cause for blockage is found, leakage may be suspected. Check jar for cracks and leaks, the gasket for wear, and the jar fitting for looseness. Replace any worn parts. The jar with float ball should be reassembled into the trap body. Check for firm jar seat against the trap body gasket to avoid leakage. Fingercheck the top panel inlet fitting again, reading the vacuum gauge. and if the vacuum level is still not satisfactory, go on to Step 7

TROUBLESHOOTING

Step 7. Disconnect the tubing at the inlet fitting to pump head #1. Attach a vacuum gauge known to be in good working condition to the pump head. If vacuum is appropriate according to this external gauge, then the pump is functioning well and the problem appears to be a faulty vacuum gauge in the top panel. The gauge should be replaced, the tubing reconnected at the inlet fitting to the pump head, and the vacuum level checked. If the external vacuum gauge did *not* indicate the appropriate vacuum level, then the pump requires service. If so, the entire unit may have to be returned to the factory for pump repair or replacement. Contact Cabot Medical Corporation Service Department for further information.

The VC-2 contains one further checkpoint in the troubleshooting sequence:

If the motor seems to be functioning, yet vacuum is still insufficient or non-existent, check the coupling between the motor and pump for cracks or breaks. If the coupling is not secure, it should be replaced. Contact Cabot Medical Service Department for assistance.

WARNING: Whenever operational difficulties are encountered and resolved, A THOROUGH TEST OF THE ENTIRE UNIT MUST BE MADE PRIOR TO BEGINNING ANOTHER SURGICAL PROCEDURE. Attach a Vacurette® and aspirate 100 to 200cc of water into the first collection bottle to verify the operating integrity of the VC System.

MAINTENANCE

- Check the float ball mechanism within the safety trap periodically. Whenever any liquid is present, the trap should be cleaned thoroughly with soap and water. Be sure the safety trap is dry before reinstalling it.
- Clean any soiled areas on the cabinet with a small amount of soap and water and a soft cloth or sponge.
- Replace Disposa-Filter when it becomes soiled or clogged.

NOTE: The pump and motor do not require lubrication. All moving parts are self-lubricating.

CONDUCTIVE HOSE STERILIZATION PROCEDURE

STEAM STERILIZATION

1. Immerse the hose in a medical grade detergent and water solution for ten (10) minutes.
2. Flush the hose thoroughly, first with cold tap water, then with distilled water.
3. Coil the hose loosely with the conductive stripe to the inside, and wrap the coil in a surgical wrap. Do *NOT* coil the tubing tightly, or allow it to kink; otherwise the hose may develop stress cracks and lose conductivity.
4. Autoclave at 250°F (121°C) for ten (10) minutes. Follow the autoclave manufacturer's instructions.

The hose will normally turn cloudy during the sterilization process. This cloudiness will disappear as the wrapped hose returns to room temperature.

CHEMICAL DISINFECTION

1. Immerse the hose in a medical grade detergent and water solution for ten (10) minutes.
2. Flush the hose thoroughly, first with cold tap water, then with distilled water.
3. Immerse the hose in cold sterilizing solution for at least thirty (30) minutes.
4. Flush the hose with sterile saline solution.

GAS STERILIZATION

1. Immerse the hose in a medical grade detergent and water solution for ten (10) minutes.
2. Flush the hose thoroughly, first with cold tap water, then with distilled water. Thoroughly wipe or air dry the hose prior to sterilization.
3. Coil the hose loosely with the conductive stripe to the inside, and wrap the hose using standard wrapping procedure.
4. Follow the sterilizer manufacturer's operating instructions, allowing a minimum of three (3) hours exposure time. A minimum of seven (7) days aeration time should be provided following sterilization to reduce ethylene oxide residues to acceptable limits.

Berkeley™ Vacuum Curettage Supplies and Accessories

cooper medical

A catalog containing complete descriptions and ordering information for Berkeley™ VC Systems accessories and supplies is available from Cooper Medical Corp. Some supplies are presented here.

VACURETTE ™
Semi-rigid vacuum aspiration curette with rounded tip, insert on depth marker, and tapered to fit Swivel Handle and Disposable Collection Set (10 per package)

Order No.	Size
21025	8mm Straight
21413	9mm Straight
21414	10mm Straight
21415	11mm Straight
21416	12mm Straight
21317	8mm Curved
21552	9mm Curved
21553	10mm Curved
21554	11mm Curved
21555	12mm Curved

VACURETTE ™ F TIP
Flexible (Karman sample type) vacuum aspiration curette with rounded tip, dual ports, insertion depth marker, and tapered to fit Swivel Handle and Disposable Collection Set. (10 per package)

Order No.	Size
21661	4mm
21662	5mm
21663	6mm
21664	7mm
21665	8mm

VACURETTE ™ F SET
Flexible Karman sample type vacuum aspiration curette with rounded F Tip, dual ports, depth marker, and tapered to fit Swivel Handle and Disposable Collection Set. Set includes 4 curettes in sizes 4 through 8 mm.

Order No.	Size
21661	4mm
21662	5mm
21663	6mm
21664	7mm
21665	8mm

DISPOSABLE GAUZE SACKS
Disposable gauze sacks for collecting tissue specimens for examination. Sacks are packaged in sterile pairs.

DISPOSABLE COLLECTION SET
Rotating vacuum flow-control handle with a slip ring for fingertip control, six feet (1.8 m) of vacuum tubing, and tapered fitting.
(10 per package)

Order No. 23116

DISPOSA-FILTER ASSEMBLY
Disposable filter system designed to prevent aspiration material from reaching the pump and motor of the VC system.
(10 per package)

Order No. 64298

DISPOSA-TOPS
Disposable or reusable plastic bottle tops for use with the Glass Collection Bottle (Order No. 64300). This Disposa-Top system is clean, comes ready to use with the Permeable Gauze Sack attached, and is simple to install and operate. Disposa-Tops are available in two styles: Non-Conductive (white or Conductive (black) to operate
(10 per package)

Order No.	
23112	Non-Conductive Disposa-Top
23113	Conductive Disposa-Top

GLASS COLLECTION BOTTLE
Glass Collection Bottle (1/2 gallon) with graduations to 1400 cc with a wide shoulder to minimize foaming. Designed to reduce the probability of overfilling. Universal screw cap fits Disposa-Tops or Sure-Seal Tops. Can also be used with the Trouble-Trap 64299

CONDUCTIVE HOSE, HANDLE, AND MALE FITTING ASSEMBLY
Metal swivel handle (Order No. 23127), nine foot (2.7 m) conductive hose (Order No. 213671), and male fitting (Order No. 212109). Designed for use with 8 to 12 mm Vacurettes and 4 to 8 mm Vacurette F Tips. Entire assembly is reusable.

Order No. 230268

CONDUCTIVE HOSE
Reusable conductive hose, nine feet (2.7 m) long and 1/8 inch (9.5 mm) inner diameter

Order No. 21397

METAL SWIVEL HANDLE ASSEMBLY
Metal swivel handle with slip ring for finger to vacuum control. Designed for use with 8 to 12 mm Vac-Inserts and 4 to 8 mm Vacurette F Tips.

Order No. 23127

SERIES CONNECTING HOSES
Between collection bottles, 16 inch (40 cm) non-conductive hose.

Order No. 23116

Between trap, 2 collection bottle and VC System, 20 inch (50 cm) conductive hose.

Order No. 201195

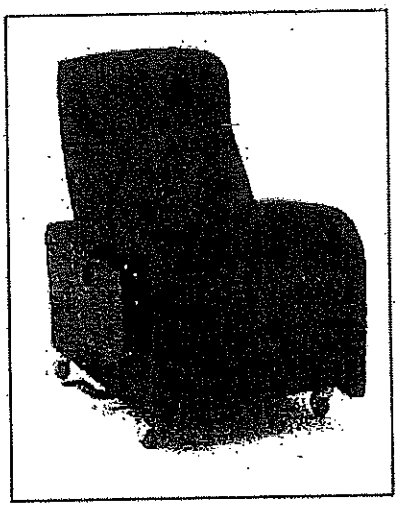
LAMICEL™ OSMOTIC CERVICAL DILATOR
A sterile, hygroscopic tent made of polyacrylonitrile fibers. Osmotic pressure causes controlled dilation of the cervical canal. Tent is to be used to assure easy entry of instruments and passage into the endocervical canal to the internal os. Tent can be left in place for 24 hours.
(10 per box)

Order No.	Size
[illegible]	3mm
[illegible]	4mm

C AMPION™

Quality Healthcare Seating Products

Operating Instructions and Service Manual



"PASSAGE" RECLINER

CONTENTS

GENERAL MAINTENANCE AND CARE OF CHAIRS

⚠WARNING: Place chair in a fully upright or a fully reclined position when cleaning or maintaining your chair. Your recliner has moving parts that create pinch points. This chair moves easily without a patient in the chair and may create pinch points when not in these positions.

⚠WARNING: You should NEVER clean or maintain your recliner with an occupant in the chair. The occupant is able to control the chair's position and may move the chair position unexpectedly, creating pinch points.

CAUTION: Occupants who wear or use new unwashed articles of clothing may create a permanent fabric dye stain on the vinyl surface of the chair. This is beyond our control and may not be covered by your warranty.

It is not necessary or recommended that moving parts of the chairs be lubricated. Keeping the chair clean is the main maintenance requirement.

It is recommended that the underside of the chairs be checked periodically for waste materials that have fallen under the chair.

The ease with which your recliner operates is controlled by the recline mechanism of your chair. The actuation setting from the factory is not adjustable.

If a part becomes worn or broken, see the sections entitled service and warranty for information.

Periodically, check that the hinge fasteners, latch mount, release mount and back mount fasteners are secure. (How often depends on the amount of use the option gets. We suggest monthly, and then tailor to our findings.)

Periodically, check the back mount brackets to verify they are securely latched in place. This can be done by pulling upward on the back. The back should not freely pull upwards off of the recline mechanism. If this occurs, firmly press the back down onto the recline mechanism and recheck that it is securely latched. (How often depends on the amount of use the option gets. We suggest monthly, and then tailor to your findings.) If it does not latch into place, discontinued the use of the chair and contact Champion Customer Service for replacement parts 800-998-8018.

GENERAL CLEANING PRECAUTIONS

⚠WARNING: When solvent type cleaners are being used, care should be exercised. KEEP AWAY from fire or flame and use in a well ventilated area.

CAUTION: High pressure wash or "hosing down" chairs is not recommended.

CAUTION: Use of vinyl "conditioners" or "protectants" is not recommended. Vinyl "conditioner" or "protectants" can cause plasticizers to migrate out of the vinyl causing it to become embrittled. This will prematurely age your vinyl and is not covered under warranty.

Some institutional cleaners or disinfectants may cause discoloration of the vinyl. Use of cleaners, other than those recommended by the vinyl manufacturer, is at the clinics own risk. **Follow the vinyl manufacturer's cleaning recommendations.** Certain medications may produce a metabolite in the patient's perspiration which can stain or discolor fabric. If you have any questions, please call Champion's Customer Service Department at 800-998-5018 with the serial number from your chair. The serial number can be found on the frame base, on the back, to the left hand side.

GENERAL CLEANING – VINYL

IMPORTANT: For specific cleaning instructions, please see manufacturer's cleaning instructions included in the Vinyl Cleaning Instructions..

Champion chairs are constructed of various vinyls; depending upon the customer's preference. Each vinyl manufacturer has a cleaning process that they endorse for their product. Each manufacturer produces their product with a protective finish to help keep staining agents from penetrating the vinyl and becoming a permanent stain. **It is always important to remove a spill as soon as possible after it happens, as this reduces the possibility that the stain will penetrate the protective coating and migrate into the vinyl, becoming a permanent stain.**

All manufacturers recommend a process of several different steps for cleaning their vinyl. It is especially important to use all steps, in order, when working on a complex spill (one that has several different potential staining agents).

BEGIN by cleaning with a non-abrasive, all purpose household cleaner using a soft cloth or damp sponge. Rinse with clean water.

Follow with solvent type cleaner using a soft bristle brush or soft cloth. Use at full strength. Follow with a clean water rinse and pat dry.

CAUTION: Limit use of strong active solvent cleaners per manufacturer's instructions; unlimited use may remove the protective finish on the material

NEXT use strong active solvent cleaners. This may be used with a soft cloth, **again limit use per manufacturer's instruction; unlimited use may remove the protective finish.** This cleaner should be followed with a clean water rinse.

GENERAL CLEANING – PLASTIC TABLE TOPS

CAUTION: Do not use strong solvents such as Picrin®. They will damage your table top. Champion does not recommend the product Goof-Off®

It is always easier to clean the table immediately after a spill. When the residue from a spill has dried on the table, a soft bristle brush may be used to help bring it back into solution. Rinse the surface with clean water. For residue that is not readily soluble in bleach and water, try hot water and dish washing liquid. Rinse and use absorbent material to remove as much liquid as possible. You may also try rubbing alcohol, applying a small amount of alcohol with a cloth, rubbing the dried on residue. It may take several applications to dissolve the residue. On any remaining material, you may try nail polish remover (acetone and water) with a soft cloth.

GENERAL INFECTION CONTROL – VINYL

Note: Infection control standards are the responsibility of the facility. Bleach solution recommendations from a vinyl manufacturer are not intended to supersede the facility's infection control standards. Information from the vinyl manufacturer is meant to establish an upper limit beyond which damage might occur.

⚠WARNING: NEVER mix ammonia, or a cleaner with ammonia, with bleach as dangerous compounds may result.

CAUTION: *Do not* use an iodine based solution since vinyl is an iodinophil material and will stain under this condition. If a solution other than a bleach solution is used and you are uncertain if it is iodine based, please test on a hidden portion (bottom back flap) of the vinyl.

All vinyl manufacturers recommend use of bleach and water as a disinfectant. For standards specific to your particular vinyl consult your vinyl cleaning instructions located in a separate file on this disk. For your disinfection standard consult your facility's standard. For maximum allowable bleach concentration consult information specific to the vinyl your chair is upholstered with per the manufacturer's cleaning instructions.

If you are using disinfection agents other than bleach and water; do not hesitate to call Champion's Customer Service for assistance in determining whether there may be any concerns about that agent and the vinyl that you have chosen.

For any upholstery that is not Champion approved, the facility is responsible for obtaining cleaning instructions on that specific covering. This would include all COM (Customers Own Material) or Custom vinyls.

If you do not know what vinyl your recliner is upholstered in, call Champion's Customer Service 800-998-5018 with the serial number of your chair to obtain assistance.

WARRANTY PROCEDURE

File a Warranty Claim

Calling customer service may institute a warranty claim. At that time you will be asked to provide:

- your name and facility name
- your phone, fax number, email address
- **the serial number of your product**, and
- the nature of your problem

Having the above information available at the time that you call will speed the process. In order to provide prompt accurate service it may be necessary to request further information about the chair function to accurately define the problem.

Warranty Coverage
Your coverage is per the Champion warranty. A copy of the current warranty was provided with this manual for your convenience. Please read this document.

Warranty Does Not Apply If

- Repairs have been made that were not authorized or under the direction of Champion Manufacturing, Inc.'s service department.
- Required repairs are due to normal wear and tear.
- Product has been abused, improperly used or maintained.
- Alterations have been made to the chair.
- Improper cleaning agents have been used.
- Repairs have been made with parts other than Genuine Champion repair parts.

Whether your claim is covered under warranty may not always be determined at the time of your call. Where the possibility of improper use exists, a determination will be made upon receipt of damaged components or product. In these cases components or product will be shipped with the express understanding that if damage is not covered by warranty **all costs are the responsibility of your facility.**

Note: Shipping charges are not covered under warranty with the exception of provable shipping damage.

SERVICE INFORMATION

The mission of the Service Department is to get your chair up and running as quickly as possible. It is critical that the Service Department know what product you have, and exactly what is wrong with the product. If you have questions or problems, you should never hesitate to call for assistance: 800-998-5018.

The most timely and cost effective way for your chair to be repaired is for the Service Department to work with your maintenance department or equipment technician.

Determining the Problem

What is wrong with the chair should be determined by troubleshooting. The Service Department will assist you with this by asking you questions about the chair function.

Serial Number

The chair serial number identifies the precise configuration of your chair; this is critical to receiving correct components and instructions. **This number is required to process your request.**

The serial number is located in the back of the chair on the lower left side on the label entitled Champion Manufacturing -Serial #xxxxxx.

PARTS IDENTIFICATION

To identify worn or damaged components please refer to appropriate product schematics.

To obtain repair part numbers refer to the parts listing key using the schematics page and item number.

Parts orders may be placed by using the convenient fax order form in this manual or by calling Customer Service 800-998-5018)

When placing an order by phone you will be asked to provide:

- your name and facility name
- your phone, fax number, email address
- the serial number of your product, and
- the nature of your problem

Having the above information available at the time you call will expedite the process. In order to provide prompt, accurate service it may be necessary to request further information about the chair function to accurately define the problem.

SERVICE PARTS FORM

Please duplicate form for use

Ship to:
Facility:_____
Address:_____
_____
City: _____ State_____ Zip_____
Telephone: (____) ____ / _____ Fax : (____) ____ / _____

Shipping instructions:
Ground: _____
3rd day: _____
2nd day: _____
Next day: _____

Reminder: if no shipping choice is made, the least expensive way will be used.

Bill to:
Facility:_____
Address:_____
_____
City:_____ State_____ Zip_____

Order placed by:
Name:_____
Phone: (____) ____ / _____ Ext.: _____
Email:_____

Purchase order #: _____
No order will be processed without a P.O. & SN number.

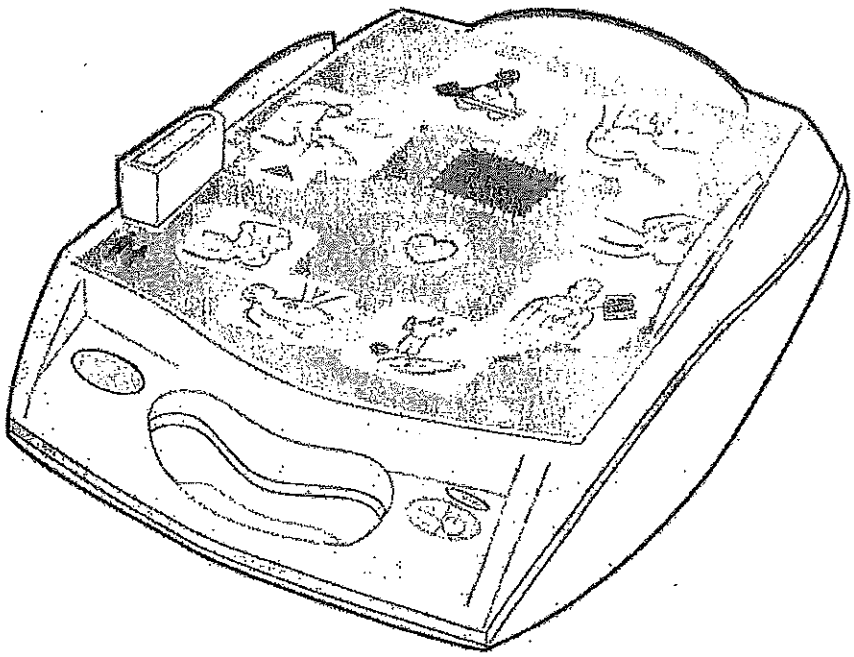
Model number: _____ Serial number: _____

Part number	Page no. / part no.	Quantity

Champion Manufacturing, Inc.

Fully Automatic

AED Plus Administrator's Guide



ZOLL®

REF 9650-0311-05 Rev. B

Maintenance and Troubleshooting

This section describes the following functions to maintain the Fully Automatic AED Plus:

- Maintaining the Fully Automatic AED Plus
- Cleaning the Fully Automatic AED Plus
- Optional Maintenance for Technical Professionals
- Troubleshooting

Maintaining the Fully Automatic AED Plus

- Inspect frequently, as necessary.
- Check for the green check (✓) showing that the Fully Automatic AED Plus is ready to use.
- Verify that electrodes are within their expiration date.
- Verify that batteries are within their expiration date.
- Verify that electrodes are pre-connected to the input connector.
- Verify that supplies are available for use (razor, mask, gloves, extra batteries.)

Maintenance Checklist

Use the following maintenance checklist when you periodically check your Fully Automatic AED Plus.

Table 4: Maintenance Checklist

Check the following	Pass	Fail
Is the unit clean, undamaged, free of excessive wear?	☐	☐
Are there any cracks or loose parts in the housing?	☐	☐
Verify electrodes are connected to the Fully Automatic AED Plus and sealed in their package. Replace if expired.	☐	☐
Are all cables free of cracks, cuts and exposed or broken wires?	☐	☐
Turn the Fully Automatic AED Plus on and off and verify the green check indicates ready for use.	☐	☐
Batteries within expiration date. Replace if expired.	☐	☐
Check for adequate supplies.	☐	☐

Cleaning the Fully Automatic AED Plus

- After each use, clean and disinfect the Fully Automatic AED Plus with a soft, damp cloth using 90% isopropyl alcohol, or soap and water, or chlorine bleach and water mixture (30 ml/liter water).
- Do not immerse any part of the Fully Automatic AED Plus in water.
- Do not use ketones (MEK, acetone, etc.) to clean the Fully Automatic AED Plus.
- Avoid using abrasives (e.g., paper towel) on the display window or IrDa port.
- Do not sterilize the Fully Automatic AED Plus.

Optional Maintenance for Technical Professionals

The Fully Automatic AED Plus automatically performs maintenance testing during periodic self tests. However, if a qualified technical professional wishes to test the Fully Automatic AED Plus further, the following checkout procedure can be followed:

1. Connect an Fully Automatic AED Plus Simulator/Tester (or equivalent) to the Fully Automatic AED Plus electrode-connector.
2. Power on the simulator and Fully Automatic AED Plus. Verify that all of the following occur:
   - The status indicator (located on the left side of the handle) initially displays a red "X" which changes to a green check (✓) within 4 to 5 seconds after the Fully Automatic AED Plus is turned-on.
   - All top panel user interface lights (LEDs) illuminate sequentially.
   - The Fully Automatic AED Plus issues the *UNIT OK* voice prompt within 5 seconds after power-up (and displays the message if equipped with an LCD).
   - If the Fully Automatic AED Plus has an LCD, the message "SHOCKS: 0" appears in the upper left corner and the elapsed time (since power-up) appears in the upper right corner of the screen.
3. Using the simulator, input a VF rhythm to the Fully Automatic AED Plus. Verify that after the Fully Automatic AED Plus proceeds through its sequence of victim assessment prompts, it:
   - analyzes the ECG rhythm
   - issues the *SHOCK ADVISED* voice prompt
   - charges the defibrillator
   - issues the *DON'T TOUCH PATIENT, ANALYZING* and *SHOCK WILL BE DELIVERED IN THREE (TWO), (ONE)* voice prompts
4. Verify that the shock tone is heard and that the Shock Indicator illuminates when the shock is automatically delivered.
5. Verify that the message "Shocks: 1" displays on LCD screen.

   NOTE This test checks the device's ability to defibrillate. It does not, however, verify that the correct defibrillation energy was delivered. A defibrillator analyzer should be used in place of the Fully Automatic AED Plus simulator/tester to verify the accuracy of the delivered energy.
6. Following shock delivery, verify that the Fully Automatic AED Plus issues the *START CPR* messages.
7. Activate the simulator's CPR function. Verify that the adaptive metronome begins to beep and that the following voice prompts/messages are issued within 60 seconds: *PUSH HARDER* followed by *GOOD COMPRESSIONS.*
8. After approximately two minutes of CPR, verify that the *STOP CPR* prompt is issued. Set the simulator to Normal Sinus Rhythm (NSR) and verify that a new ECG analysis begins.
9. Verify that a *NO SHOCK ADVISED* prompt is issued.
10. Turn the Fully Automatic AED Plus and Simulator off.

See "Preparing the Fully Automatic AED Plus for Use" on page 15 for instructions on placing the Fully Automatic AED Plus back into service.

Power Generation

Operator Manual

Generator Set

QSB7-G5 NR3 Engine with PowerCommand® 2.2 Control

DSGAA (Spec J-M)
DSGAB (Spec J-M)
DSGAC (Spec J-M)
DSGAD (Spec B-E)
DSGAE (Spec B-E)

California

Proposition 65 Warning

Diesel engine exhaust and some of its constituents are known to the State of California to cause cancer, birth defects, and other reproductive harm.

English
Original Instructions
4-2016
A041B438 (Issue 5)

MAINTENANCE ITEMS	Daily or after 8 Hours	Weekly or after 50 Hours	Monthly or after 100 Hours	Yearly or after 250 Hours	Yearly or after 500 Hours
1. Refer to Cummins Engine Owners Manual for maintenance information. 2. Check for oil, fuel, cooling and exhaust system leaks. Check exhaust system audibly and visually with set running and repair any leaks immediately. 3. Perform more often in dusty conditions. 4. Visually check belt for evidence of wear or slippage. Replace if hard or brittle. 5. Drain 1 cup or more of fuel to remove water and sediment. 6. If used for prime power application, refer to Cummins Engine Owners Manual for maintenance interval. 7. Contact an authorized service center for service. 8. Check leak detect switch in sub-base fuel tank, once a year or as required by safety code. Contact your authorized service center.					

6.3 Maintenance Procedures - Daily or When Refueling

Monitor fluid levels, oil pressure, and coolant temperature frequently. During operation, be alert for mechanical problems that could create unsafe or hazardous conditions. The following sections cover several areas that should be frequently inspected for continued safe operation.

Components that have guards against inadvertent touching must be visually inspected only. Do not remove the guards to do the inspection.

6.3.1 General Information

Preventative maintenance begins with day-to-day awareness of the condition of the generator set.

Before starting the generator set, check and look for:

- Oil and Coolant Levels
- Leaks
- Loose or damaged parts
- Worn or damaged belts
- Any change in engine noise or performance
- Generator set appearance

6.3.2 Engine Operation Report

The engine must be maintained in good mechanical condition if the operator is to obtain optimum satisfaction from its use. Running reports are necessary to enable programmed or emergency servicing to be carried out.

Comparison and intelligent interpretation of the running report, together with a practical follow-up action will eliminate most failures and emergency repairs.

Most engine problems give an early warning. Look and listen for changes in engine performance, sound, or appearance that can indicate service or repairs needed. Some engine changes to look for and report on are:

- Low lubricating-oil pressure
- Low power
- Abnormal water or oil temperature
- Unusual engine noise
- Excessive use of coolant, fuel or lubricating oil
- Any coolant, fuel, or lubricating oil leaks
- Misfire
- Unexplained frequency fluctuation
- Significant vibration
- Excessive white and/or black exhaust smoke

6.4 Cooling System

Loss of coolant can allow engine to overheat if it does not have protection of shutdown device. This can cause severe damage to the engine. Maintain coolant level for proper operation of high engine temperature shutdown system.

6.4.1 Coolant Level - Check

⚠ WARNING

Scalding

Do not remove the radiator cap from a hot engine. Failure to do so can result in personal injury from heated coolant spray or steam.

Wait until the temperature is below 50 °C (122 °F) before removing pressure cap. Remove filler cap slowly to release coolant system pressure.

⚠ CAUTION

Skin Infection

Avoid prolonged or repeated skin contact with antifreeze to prevent skin infections.

Comply with all local health and safety regulations/codes when handling or disposing of antifreeze.

⚠ CAUTION

Cold coolant.

Engine castings can be damaged.

Do not add cold coolant to a hot engine, allow the engine to cool to below 50 °C (122 °F) before adding coolant.

Never use a sealing additive to stop leaks in the coolant system. This can result in a blocked coolant system and inadequate coolant flow causing the engine to overheat.

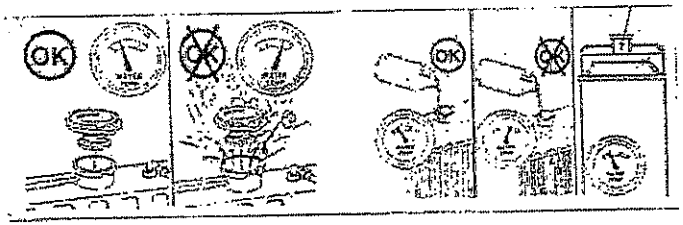


FIGURE 22. COOLANT LEVEL PROCEDURE

Coolant level must be checked daily. The standard coolant concentration is 50% Ethylene Glycol and water, this concentration must be maintained. Warranty claims for damage will be rejected if the incorrect mix of anti-freeze has been used. Consult your authorized distributor for the correct anti-freeze specifications and concentration for your operating conditions. The recommended antifreeze is Fleetguard® Compleat ES which is a low-silicate antifreeze, or its equivalent.

On applications that use a coolant recovery system, check to make sure the coolant is at the appropriate level on the coolant recovery tank dependant on engine temperature.

Fill the cooling system with coolant to the bottom of the fill neck in the radiator or expansion tank, with the coolant temperature at 50 °C (122 °F) or lower.

Some radiators have two fill necks, both of which must be filled. Refer to the generator set specific drawings supplied with the set.

6.4.2 Cooling Fan - Inspection

⚠ WARNING

Moving Parts

Moving parts can cause severe personal injury.

Use extreme caution around moving parts. All guards must be properly fastened to prevent unintended contact.

Never pull or pry on the fan, this can damage the fan blade(s) and cause fan failure.

A visual inspection of the cooling fan is required daily. Check for loose rivets or retaining bolts (1), for cracks (2), and bent or loose blades (3).

Do not operate the generator set with a damaged fan. Contact your authorized distributor for repair or replacement of a damaged fan.

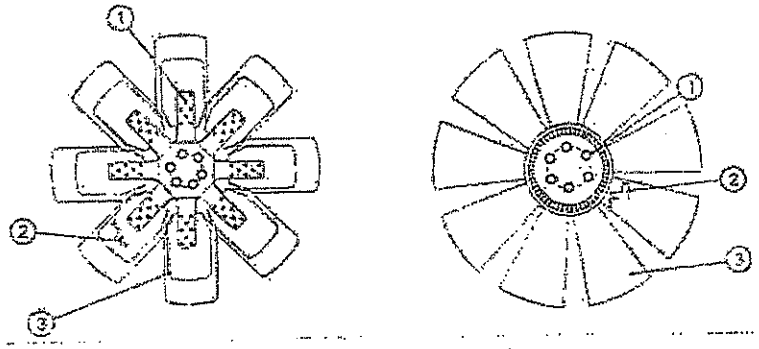


FIGURE 23. COOLING FAN INSPECTION

6.4.3 Drive Belt - Inspection

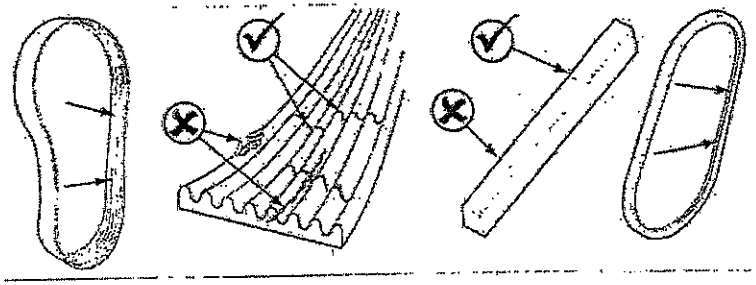


FIGURE 24. DRIVE BELT INSPECTION

Visually inspect the belt through the guarding.

Check for:

- Intersecting cracks. Small transverse (across the belt width) cracks are acceptable. Longitudinal (across belt length) cracks that intersect with transverse cracks are NOT acceptable.
- Frays or pieces of material missing.
- Glazed or cracked side walls.
- Uneven wear on sidewalls of belt.

NOTICE
Do not mix old and new V-belts on the same drive.

Contact your authorized distributor to have worn belts replaced.

Visually inspect sheaves through the guarding.

Check for:

- Damaged or worn grooves.
- Breaks on flanges of grooves.
- Frays or pieces of material missing.
- Glazed or cracked side walls.
- Uneven wear on sidewalls of belt.

NOTICE
V-Belts should never ride in the bottom of the groove. Damaged or worn grooves should not be used.

NOTICE
Keep foreign materials away from sheaves and belts as this may cause belt slip.

Contact your authorized distributor to have worn sheaves replaced.

6.4.4 Radiator - Check

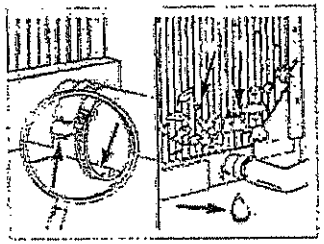


FIGURE 25. RADIATOR CHECK

Check for damaged hoses and loose and damaged hose clamps.

Inspect the exterior of the radiator (through the guarding) for obstructions. During the service life of a radiator a build up of foreign matter can obstruct the flow of air through the radiator cores, reducing the cooling capability. To maintain the efficiency of the radiator, the core will require cleaning.

Cleaning of the radiator core must only be undertaken by suitably trained and experienced service personnel.

6.5 Engine Oil - Level Check

⚠ WARNING
Hot Pressurized Liquid *Contact with hot liquid can cause severe burns.* *Crankcase pressure can blow out hot oil. Do not check the oil while the generator set is operating.*

⚠ CAUTION
Hazardous Liquid *Prolonged or repeated skin contact can cause severe personal injury.* *Avoid prolonged or repeated skin contact. Comply with all local health and safety regulations/codes during handling or disposal.*

NOTICE
Do not operate the engine with the oil level below the low mark or above the high mark. Overfilling can cause foaming or aeration of the oil while operation below the low mark may cause loss of oil pressure.

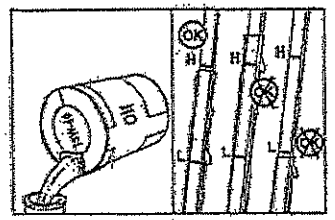


FIGURE 26. ENGINE OIL LEVEL CHECK

Check the engine oil level when the generator set is not running.

Never operate the engine with the oil level below the L (Low) mark, or above the H (High) mark. Wait at least fifteen minutes, after shutting off the engine, before checking the oil level. This allows time for the oil to drain back to the oil pan.

NOTICE
Use high-quality multi-viscosity lubricating oil such as Cummins Premium Blue® or its equivalent. Consult your authorized distributor for the correct lubricating oil specifications for your operating conditions.

6.6 Fuel System

⚠ WARNING

Combustible Liquid

Diesel fuel is a fire and explosion hazard which can cause severe personal injury or death.

Do not permit any open flame, or other ignitor near the fuel system, or in areas having ventilation.

⚠ WARNING

Combustible Liquid

Mixing gasoline or alcohol with diesel fuel is an explosion hazard which can result in severe personal injury or death.

Do not mix gasoline or alcohol with diesel fuels.

Engine fuel actuators can operate at voltages up to 140 volts DC.

Due to the precise tolerances of diesel injection systems, it is extremely important that the fuel be kept clean and free of dirt or water. Dirt or water in the system can cause severe damage to both the injection pump and the injection nozzles.

Use ASTM No. 2D fuel with a minimum Cetane number of 40. No. 2 diesel fuel gives the best economy and performance under most operating conditions. Fuels with Cetane numbers higher than 40 are often needed in high altitudes, or extremely low ambient temperatures, to prevent misfires and excessive smoke. Contact your authorized distributor for your operating conditions.

A diesel fuel to BS 2869:2010+A1:2011 (Fuel oils for agricultural, domestic, and industrial engine and boilers. Specification), conforming to the requirements and test methods of that specification would be an acceptable alternative to ASTM No. 2D.

6.6.1 Fuel Level

To avoid condensation problems, keep fuel supply tanks as full as possible by filling up each time the engine is used. Condensation (water) can cause clogging of the fuel filters as well as possible freezing problems. In addition, water mixing with the sulfur in the fuel forms acid which can corrode and damage engine parts.

6.6.2 Fuel/Water Separator Drain

Fuel/water separators provide protection for the engine fuel injection system, as water-free fuel supplies cannot be guaranteed.

Drain the water and sediment from the separator daily. The fuel filters can be inspected for collected water by checking the clear bowl at the bottom of each filter.

To drain the water:

1. Shut off the engine.
2. Place a suitable container under the fuel filter.
3. With the fuel supply valve closed, open the vent cap to break the airlock in the filter.
4. Turn the valve counterclockwise and the valve drops down about one inch (25 mm). Accumulated water will drain first. Drain the filter sump of water until clear fuel is visible.
5. When fuel begins to flow out of the drain, push the valve up and turn the valve clockwise to close the drain valve.
6. Before starting the engine, be sure to open the fuel supply valve.
7. If more than 2 oz (60 ml) is drained, refilling of the filter is required to prevent hard starting.

Do not over tighten the valve. Over tightening can damage the threads.

If more than 2 oz (60 ml) is drained, refilling of the filter is required to prevent hard starting.

The drained fluids must be disposed of in accordance with local environmental regulations.

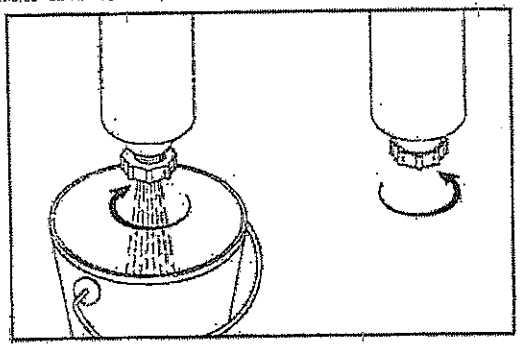
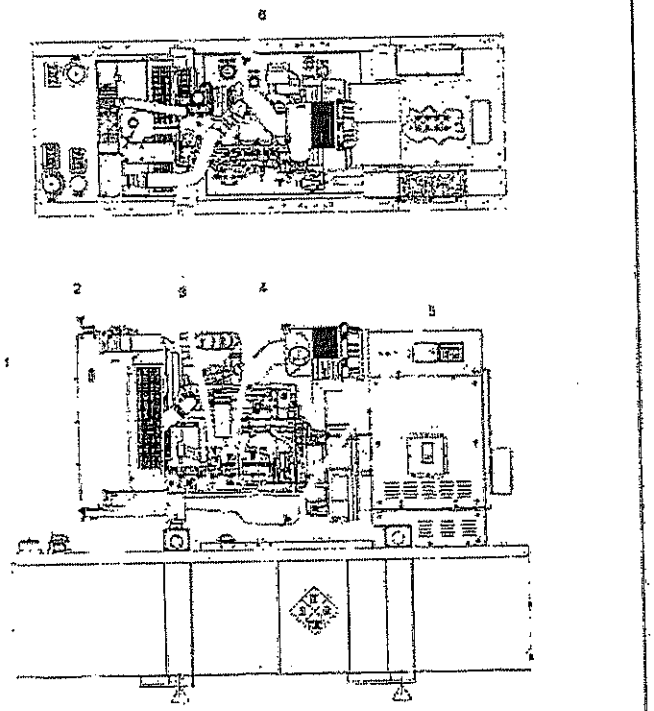


FIGURE 27. DRAINING THE FUEL/WATER SEPARATOR

6.7 Fluid Containment

The bedframe fluid containment area (if applicable) must be inspected at regular intervals and any liquid should be drained off and disposed of in accordance with local health and safety regulations. Failure to perform this action may result in spillage of liquids likely to contaminate the surrounding area.



1	Coolant Drain
2	Radiator Fill
3	Oil Fill
4	Oil Check
5	Oil Drain Plug
6	Containment Area

FIGURE 28. FLUID CONTAINMENT INSPECTION

Any other fluid containment area must also be checked and emptied, as above.

6.8 Hoses and Fuel Lines - Check

⚠ WARNING

Moving Parts.
Moving parts can cause severe personal injury.
Use extreme caution around moving parts. All guards must be properly fastened to prevent unintended contact.

⚠ WARNING

Hot Surfaces
Contact with the hot surfaces can cause severe burns.
Avoid contact with hot parts. Allow hot parts to completely cool.

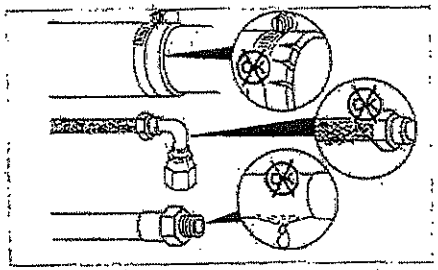


FIGURE 29. HOSES AND FUEL LINE INSPECTION

While the generator set is in operation, visually inspect the fuel lines, filters, and fittings for leaks. Check any flexible sections for cuts, cracks and abrasions and make sure they are not rubbing against anything that could cause breakage. If any leaks are detected, shut down the generator set (if possible). Contact your authorized distributor and have the leaks repaired immediately.

6.9 Air Intake System

The direct flow air cleaner consists of a primary filter and a secondary filter within the air cleaner housing. The air cleaner has been designed for a maximum restriction at 635 mm of H20 (25 in of H20), at which point the filter elements should be changed.

6.9.1 Air Cleaner Service Indicator

Check the air cleaner service indicator. If the gauge has crossed the red mark, replace the filter.

⚠ WARNING

Exhaust components become very hot when the generator set is in use and remain hot for a period of time after the generator set has been shut down. These components can cause severe personal injury or death from contact. Allow these components to cool completely before performing any maintenance tasks.

⚠ WARNING

Moving parts can cause severe personal injury or death. Use extreme caution around hot manifolds, moving parts, etc.

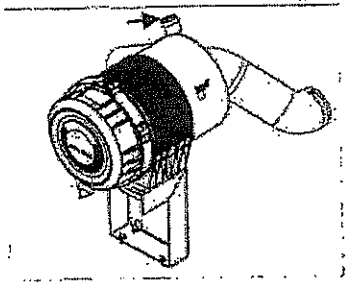


FIGURE 30. AIR CLEANER SERVICE INDICATOR

6.10 Exhaust System

⚠ WARNING

Hot Surfaces
Contact with the hot surfaces can cause severe burns.
Avoid contact with hot parts. Allow hot parts to completely cool.

⚠ WARNING

Moving Parts
Moving parts can cause severe personal injury.
Use extreme caution around moving parts. All guards must be properly fastened to prevent unintended contact.

⚠ WARNING

Toxic Gases
Substances in exhaust gases have been identified by some state and federal agencies to cause cancer or reproductive toxicity.
Do not breathe in or come into contact with exhaust gases.

While the generator set is in operation, inspect the entire exhaust system's quality and durability including the exhaust manifold, muffler, and exhaust pipe welded repowring guard ng and panels. Check for leaks at all connections, welds, gaskets and joints, and make sure that exhaust pipes are not heating surrounding areas excessively. If any leaks are detected, shut down the generator set til possible. Contact your authorized distributor and have the leaks repaired immediately

6.11 Generator Set Output - AC Electric System

Check the following while the generator set is operating

- Frequency: The generator set frequency should be stable and the reading should be the same as the generator set nameplate rating (50 Hz / 1500 RPM or 60 Hz / 1800 RPM).
- AC Voltage: At no load, the line-to-line voltage or voltages, should be the same as the generator set nameplate rating
- AC Amperes: At no load, the current readings should be zero. With a load applied, each line current should be similar.
- Panel Lamps: When the Operating Panel is first connected to the DC supply, the system runs a check, illuminating each of the indicator lamps in turn.

6.12 DC Electrical System

⚠ WARNING

Combustible Gases
Ignition of battery gases is a fire and explosion hazard which can cause severe personal injury or death.
Do not smoke, or switch the trouble light ON or OFF near a battery. Touch a grounded metal surface first before handling batteries to discharge static electricity. Stop the generator set and disconnect the battery charger before disconnecting battery cables. Using an insulated wrench, disconnect the negative (–) cable first and reconnect it last.

1. Check the harness connections. If any harness connections are damaged, contact your service representative.

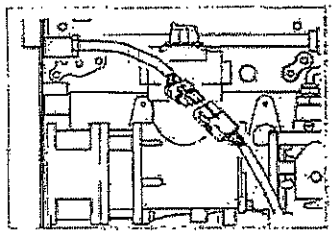


FIGURE 31. CHECK HARNESS CONNECTIONS

2. Check the terminals on the batteries for clean and tight connections. Loose or corroded connections create resistance, which can hinder starting. Clean and reconnect the battery cables if loose, using an insulated wrench. Always disconnect both ends of the negative battery cable. Reconnect one end of the cable to the negative battery terminal and the other end to ground. This will make sure that any arcing will be away from the battery and least likely to ignite explosive battery gases.
3. Check connections at the battery charging alternator.
4. Visually inspect the alternator belt to make sure it is not loose or cracked.

6.13 Batteries

Batteries are an essential part of any standby generator system. Roughly 90% of all generator failures are due to batteries.

It is important that batteries are stored, commissioned, and maintained as detailed here. Refer also to the Battery Manufacturer's instructions.

Always use correct handling techniques when moving or lifting batteries. Batteries can be heavy and may require more than one person to lift and a suitable trolley for transportation.

Batteries are usually supplied with the generator in 'dry-charged' form. In order to commission dry-charged lead-acid batteries, pre-mixed electrolyte of the correct type and specific gravity must be added to the cells of the battery.

Maintenance free batteries supplied with the generator need no maintenance for commissioning.

6.13.1 Storage

Batteries must be stored in a cool, dry, well-ventilated place, in the upright position, and with the vent caps securely in place.

Batteries must never be stacked on top of each other and must be protected from the floor by a wooden rack or suitably thick cardboard sheet.

6.13.2 Safety Precautions

Handling and proper use of batteries is not hazardous if the correct precautions are observed, and personnel are trained in their use.

6.13.2.1 General Precautions

⚠ WARNING

Combustible Gases
Ignition of battery gases is a fire and explosion hazard which can cause severe personal injury or death.
Laying tools or metal objects across the battery can cause arcing. Never lay tools or metal objects across the top of the battery.

- Use proper PPE. Do not wear jewelry. Remove any conductive items from pockets. These items can fall into equipment and result in a short circuit, which can cause shock or burning. Refer to local standards for PPE details (in the U.S. see NFPA 70).
- Keep batteries upright to prevent spillage. Electrolyte is a dilute sulphuric acid that is harmful to the skin and eyes.
- Use tools with insulated handles to help avoid the risk of electric shock.

6.13.2.2 Fire Hazard

During the charging of a battery, explosive gases are given off. Keep the battery area well ventilated and away from naked flames and sparks. Do not smoke.

- Before disconnecting a battery, isolate the utility powered battery charger (where fitted).
- To disconnect the battery, use an insulated wrench to disconnect the negative cable first.
- To connect the battery, use an insulated wrench to connect the negative cable last.

6.13.2.3 Fluid Hazard

⚠ WARNING

Toxic Hazard
Contact with electrolyte can cause severe personal injury.
Wear appropriate PPE when handling electrolyte: acid-proof protective apron, goggles and gloves. If electrolyte is splashed on the skin or in the eyes, flush the affected areas immediately with water and seek medical attention.

⚠ WARNING

Hazardous Liquid
Uncontrolled chemical reactions can cause severe chemical burns or death.
Never add undiluted sulfuric acid to a battery.

6.13.3 Battery Commissioning

Commissioning is to be undertaken by suitably trained and qualified service personnel only.

Lead-acid batteries supplied in dry-charged form are commissioned as follows:

- Pre-Commissioning Procedure
- Filling the Battery with Electrolyte
- Charging
- Fitting the Battery to the Generator Set

6.13.3.1 Pre-Commissioning Procedure

1. Check for any damage to the battery case or terminals, and make sure that the battery is clean and dry.
2. Remove the vent plugs and break any seals (if present), taking care not to damage the plates or separators. The funken seal will fall into the bottom of the chamber and do no harm.

6.13.3.2 Filling the Battery with Electrolyte

1. Fill each cell of the battery with dilute sulphuric acid (electrolyte) of the correct specific gravity (SG) according to the levels on the battery label (3.2 liters (2.2 gallons) per standard battery).

2. Filling must be completed in one step
3. Allow the battery to soak for ten to fifteen minutes. If the electrolyte level has fallen, it should be restored by adding electrolyte of the correct SG to the level given on the battery label.
4. After filling, place the battery on a commissioning charge at the 20 hour. Charging must take place before any load is placed on the battery.

Failure to give a commissioning charge may impair the charge capacity and life of the battery.

6.13.3.3 Charging - Commissioning

1. Charge the battery for a minimum of four hours to ensure the acid is sufficiently mixed within the battery. If the battery has been in storage, check the manufacturer's instructions - the charging period may need extending.
2. When the generator set is running, check the charge alternator output using an inductive ammeter.

6.13.3.4 Connecting the Battery to the Generator Set

A battery must not be fitted to a generator set without charge if the specific charge of the electrolyte has fallen below 1.240 during storage.

1. Secure the battery. Battery hold-down bolts must be tight, but not overtight.
2. Smear the terminals with petroleum jelly, if necessary.
3. Fit the vents firmly in position and ensure that the battery is clean and dry.
4. Verify correct polarity when connecting the battery to the set. Even momentary incorrect connection can cause damage to the electrical system.
5. Use an insulated wrench connect the positive generator cable first, followed by the negative cable. Terminal connections must be tight, but not overtight.

6.13.4 Battery Maintenance

⚠ WARNING

Combustible Gases

Ignition of battery gases is a fire and explosion hazard which can cause severe personal injury or death.

Do not smoke, or switch the trouble light ON or OFF near a battery. Touch a grounded metal surface first before touching batteries to discharge static electricity. Stop the generator set and disconnect the battery charger before disconnecting battery cables. Using an insulated wrench, disconnect the negative (-) cable first and reconnect it last.

To prevent dangerous arcing, always disconnect the negative (–) ground cable from the battery, using an insulated wrench before working on any parts of the electrical system or the engine. Before touching batteries, discharge static electricity from body by first touching a grounded metal surface.

Always disconnect a battery charger from its AC source before disconnecting the battery leads. Failure to do so can result in voltage spikes high enough to damage the DC control circuits of the generator set.

Maintenance-free batteries are sealed and do not require the addition of electrolyte. Some manufacturers of maintenance-free batteries provide an 'eye' or some visible means of telling when the battery is discharged or approaching the end of its useful life.

Batteries require attention at all times, even when not working. A battery will not last if it is neglected. Maintenance is carried out as follows:

1. Keep the battery and the battery area clean and dry. If fitted, make sure that the vent pans are securely screwed down, or pushed home.
2. To avoid contamination of the battery, clean it only when the vent plugs (if fitted) are in place.
3. Keep the battery terminals and connections free from corrosion by lightly coating them with petroleum jelly.
4. Secure the battery(s) to prevent movement and internal damage to plates.
5. Check the condition of the starting batteries. Refer to the Generator Set Maintenance table in Section 6.2 on page 66 for the maintenance interval.

6.13.4.1 Cleaning Batteries

⚠ WARNING

Toxic Hazard

Contact with electrolyte can cause severe personal injury.

Wear appropriate PPE when handling electrolyte: acid-proof protective apron, goggles and gloves. If electrolyte is splashed on the skin or in the eyes, flush the affected areas immediately with water and seek medical attention.

Prevent a build up of dirt or corrosion by wiping the batteries with a damp cloth. Use a solution consisting of 0.11 kg (¼ lb) of baking soda added to 0.95 liters (1 quart) of water to neutralize any possible acid. Be sure the vent plugs (if fitted) are tight to prevent any cleaning solution from entering the cells.

After cleaning, make sure the battery and surrounding areas are dry.

After making connections, coat the terminals with a light application of petroleum jelly to retard corrosion. Keep the battery terminals clean and tight. A loose connection can reduce battery standby time and cause battery loss.

6.13.4.2 Charging

When generator sets are used infrequently, batteries must be re-charged monthly to maintain a fully-charged condition.

Never allow a battery to become completely flat (fully discharged), or to stand in a discharged condition, or damage will result.

1. Do not put a flat battery into storage without first giving the battery a commissioning charge.

2. Batteries must be given a further charge every six months at the normal initial charge rate until the voltage ceases to rise.

6.13.4.3 Trickle/Boost Charging (Option)

The battery will automatically receive a trickle-charge from the battery charger (when switched ON) to prevent the battery from becoming discharged below its optimum charge level.

During trickle-charging, not all cells in the battery receive the same charge. Over a period of several months, this may affect battery performance. It is, therefore, good practice to give batteries a regular charge at their full rate to return all cells to full capacity. This is referred to as boost-charging, or equalized-charging.

If the charger is fitted with a **Boost Charge** switch, the **Boost** position should be selected at intervals detailed by the battery manufacturer (normally around every 6 months).

Batteries should not be left on Boost Charge for extended periods as this results in excessive water consumption and gassing, and may impair battery performance.

A boost charge not exceeding twice the bench charge rate may be used, providing that:

- The electrolyte temperature does not exceed 43 °C (109 °F).
- The battery volts do not reach 15 V (for a 12 V battery).

If either of these situations arises, reduce the charge rate to the normal bench rate. For tropical climates the temperature must not exceed 49 °C (120 °F).

The charge period should be extended:

- **To 8 hours if the battery has been in storage for three months or more at temperatures in excess of 30 °C (86 °F), or if humidity is above 80%.**
- **To 12 hours if the battery has been in storage for twelve months or more.**

At the end of the charging process, the electrolyte levels must be checked and restored if necessary by the addition of electrolyte of the correct SG. The vent caps must then be replaced.

Any further topping-up of the electrolyte must be made using distilled or de-ionized water.

6.13.5 Electrolyte - Specific Gravity and Temperature

Maintenance-free batteries are sealed and do not require the addition of electrolyte. Some manufacturers of maintenance-free batteries provide an 'eye' or other visible means of telling when the battery is discharged or approaching the end of its useful life.

6.13.5.1 Checking Electrolyte Level

Never add tap or well water and never allow the battery electrolyte to drop below the top of the plates, otherwise damage will occur.

Do not add water in freezing weather unless the engine will run long enough (2 to 3 hours) to make sure that water and electrolyte are thoroughly mixed.

Check the level of the electrolyte (acid and water solution) in the batteries at least every month or 100 hours of operation, whichever occurs first. Maintain the electrolyte to the levels indicated on the battery case. Add distilled water only and recharge. Replace the vent plugs once filling is completed.

If a cell level is low, check the case for leaks.

Keep the battery case clean and dry. An accumulation of moisture will lead to a more rapid discharge and battery failure.

6.13.5.2 Checking Specific Gravity Using a Hydrometer

Use a hydrometer to check the specific gravity (SG) of the electrolyte in each battery cell.

Hold the hydrometer vertically and take the reading.

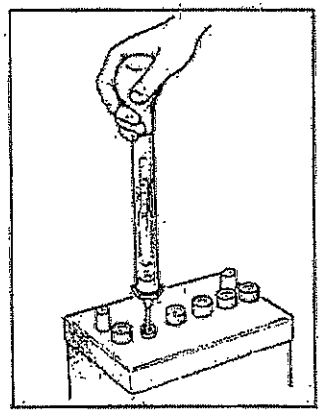


FIGURE 32. CHECKING SPECIFIC GRAVITY

6.13.5.3 Checking Specific Gravity Using an Acid Refractometer

Follow the instructions included with the refractometer. Obtain a small drop of liquid and place it under the clear plastic cover to check the specific gravity (SG) of the electrolyte in each battery cell.

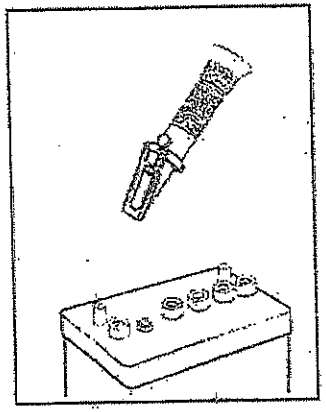


FIGURE 33. TYPICAL BATTERY ACID REFRACTOMETER

6.13.5.4 Specific Gravity Values for Batteries

A fully charged battery will have a corrected specific gravity (SG) of 1.260 at 25 °C (77 °F). Hold the hydrometer vertically and take the reading. Charge the battery if the reading is below 1.215.

TABLE 4. SPECIFIC GRAVITY

Temperature	For Filling New Cells	At End of Charge
Ambient temperature normally below 32 °C (90 °F)	1.270	1.270 – 1.290
Ambient Temperature frequently above 32 °C (90 °F)	1.240	1.240 – 1.260
Maximum permissible temperature of electrolyte during charge	45 °C (113 °F)	45 °C (113 °F)

Table 4 shows the specific gravity of electrolyte, corrected to 25 °C (77 °F). Correct the specific gravity reading for other temperatures by subtracting seven gravity points (0.007) for every 10 °C (18 °F) the electrolyte temperature is above 27 °C (80 °F). Apply the correction formula as follows:

1. For every 10 °C (18 °F) above 25 °C (77 °F), subtract 0.007 (7 points)
2. For every 10 °C (18 °F) below 25 °C (77 °F), add 0.007 (7 points)

For example: if the specific gravity at 25 °C (77 °F) is 1.260, then the specific gravity at 45 °C (59 °F) is 1.267.

6.13.6 Battery Replacement

⚠ WARNING

Combustible Liquid

Burning the battery may cause an explosion. Damage to the casing will release electrolytes which is harmful to the skin and eyes.

When disposing of a battery, do not mutilate or burn it. Comply with all local health and safety regulations/codes during handling or disposal.

Always replace the starting battery with the same number and type (e.g., vented, lead acid, maintenance free). Properly dispose of battery in accordance with local environment agency requirements.

Always use correct handling techniques to lift and move a battery.

6.13.7 Electrolyte Levels and Bench Charging Rates

The following table shows the electrolyte level expected at a range of bench charging rates.

TABLE 5. ELECTROLYTE LEVELS

Battery Type	Electrolyte Level Above Plates (mm)	Bench Charging Rate (A/hour)		Battery Type	Electrolyte Level Above Plates (mm)	Bench Charging Rate (A/hour)
1	8	3		325	8	28
7	8	3.5		327	8	11
15	8	4		328	8	28
16	8	4		329	8	20
17	8	9		332	8	25
35	8	3.5		333	8	11
36	8	3.5		386	8	6
37	8	4		404	8	7
38	8	4		414	8	20
46	8	6		415	8	20
47	8	3		471	8	15
48	8	4		484	8	25
49	8	4		501	8	8
50	8	4		511	8	10
65	8	5		521	8	12
67	8	7		531	8	13
68	8	7		541	8	16
69	8	7		543	8	16
70	8	7		991	8	14

Battery Type	Electrolyte Level Above Plates (mm)	Bench Charging Rate (A/hour)	Battery Type	Electrolyte Level Above Plates (mm)	Bench Charging Rate (A/hour)
71	8	6	602	8	9
72	8	8	612	8	9
73	8	6	635	16	12
74	9	7	643	16	9
75	8	7	644	16	12
77	8	4	645	16	9
78	12	5	646	16	8
83	8	3.5	647	16	12
84	8	4	648	16	12
85	8	5	649	16	9
90	12	7	655	16	12
91	8	6	656	16	12
92	12	5	663	16	9
93	8	6	664	16	9
97	8	6	665	16	9
154	4	3.5	676	8	6
175	8	7	678	16	9
191	6	6	701	8	15
221	8	6	702	8	20
222	8	12	703	8	25
279	8	6	711	8	15
312	8	14	712	8	20
313	8	14	713	8	25
315	8	14	721	8	15
319	8	14	722	8	20
320	8	14	732	8	15
321	8	14	733	8	20
322	8	14	769	8	45
324	8	20			

If not listed in the above table use the bench rate given in the catalog, or charge at a current equal to 10% of the nominal capacity at the twenty hour rate (Amperes/hour), or 5% of the reserve capacity in minutes.

Batteries of the 800 series should be prepared in accordance with the instructions supplied with each battery.

6.13.8 Battery Fault Finding

The following table shows some typical faults and their possible causes and remedies.

TABLE 6. FAULT FINDING

Symptom	Possible Fault	Remedy
Battery completely discharged	Poor battery terminal connection	Clean connections, replace and tighten.
	Charge alternator-alternator connection fault	Contact your nearest Cummins Power Generation distributor.
	Mains battery charger/ charger connections fault/ mains supply fault	Contact your nearest Cummins Power Generation distributor.
	Blown fuse	Contact your nearest Cummins Power Generation distributor.
	Battery fault	Contact your nearest Cummins Power Generation distributor.
	Newly installed battery shipped dry	Fill with electrolyte and give commissioning charge.
Battery low charge	Poor battery connection	Clean connections, reconnect and tighten securely.
	Charge alternator alternator connection fault	Contact your nearest Cummins Power Generation distributor.
	Mains battery charger/ charger connections fault.	Contact your nearest Cummins Power Generation distributor.
	Normally in set charge.	Contact your nearest Cummins Power Generation distributor.
	Battery fault	Contact your nearest Cummins Power Generation distributor.
Battery discharged	Charge alternator fault	Contact your nearest Cummins Power Generation distributor.
	Mains battery charge fault	Contact your nearest Cummins Power Generation distributor.
	Low battery acid level	Check the charger, it may not be shutting off when the charge is complete.
Battery terminals getting hot	Poor battery connection	Clean connections, reconnect and tighten securely.
		Contact your nearest Cummins Power Generation distributor.

7 Troubleshooting

Fault code information together with warning and shutdown information is provided in this section to assist in locating and identifying the possible causes of faults in the generator set system.

Refer also to the Operator's engine specific manual. The engine manual contains additional information regarding the running and care of the generator set as well as specific equipment instructions that may differ from the standard generator set.

7.1 Control System

The generator set control system continuously monitors engine sensors for abnormal conditions, such as low oil pressure and high coolant temperature. If any of these conditions occur, the control will light a yellow Warning lamp or a red Shutdown lamp and will display a message on the graphical display panel. In the event of an engine shutdown fault (red Shutdown LED), the control will stop the engine immediately.

7.2 Safety Considerations

⚠ WARNING

Hazardous Voltage
Contact with high voltages can cause severe electrical shock, burns, or death.
Make sure that only personnel who are trained and qualified to work on this equipment are allowed to operate the generator set and perform maintenance on it.

⚠ WARNING

Automated Machinery
Accidental or remote starting of the generator set can cause severe personal injury or death.
Make sure that the generator set can not be started accidentally or remotely before starting work on the generator.

⚠ WARNING

Combustible Gases
Ignition of battery gases is a fire and explosion hazard which can cause severe personal injury or death.
Do not smoke, or switch the trouble light ON or OFF near a battery. Touch a grounded metal surface first before touching batteries to discharge static electricity. Stop the generator set and disconnect the battery charger before disconnecting battery cables. Using an insulated wrench, disconnect the negative (–) cable first and reconnect it last.

⚠ CAUTION

Hazardous Voltage.
Contact with high voltages can cause severe electrical shock, burns, or death.
Isolate all external electrical supplies prior to access of the control panel. Internal components have live exposed terminations even when the generator set is not running.

⚠ CAUTION

Do not open the output box while the generator set is running as the isolator switch will cause the generator set to shut down. Keep the output box covers in place during troubleshooting.

⚠ CAUTION

Always disconnect a battery charger from its AC source before disconnecting the battery cables. Failure to do so can result in voltage spikes high enough to damage the DC control circuits of the generator set.

⚠ CAUTION

Ventilate the battery area before working on or near the battery. Wear goggles. Stop the generator set and disconnect the battery charger before disconnecting the battery cables using an insulated wrench. Disconnect the negative (–) cable first and reconnect it last.

All maintenance tasks must be assessed for health and safety risks, the preventative measures identified must be adhered. Accompaniment is required for tasks where the presence of someone else will add significantly to the safety of the task.

The installation of a generator set can be designed for remote starting. When troubleshooting a generator set that is shut down, make sure that the generator set cannot be accidentally re-started. Refer to the Locking the Generator Set Out of Service Section.

7.3 Fault Finding

⚠ WARNING

Electrical Generating Equipment
Incorrect operation and maintenance can result in severe personal injury or death
Make sure that only suitably trained and experienced service personnel perform electrical and/or mechanical service.

Review safety precautions listed within Chapter 1 on page 1 of this manual together with the documentation supplied with the generator set.

Should a fault condition occur during operation, follow the procedures in the following tables to locate and correct the problem. For any symptom not listed, contact your authorized distributor for assistance.

Before starting any fault finding, ensure that the following basic checks are carried out:

- All switches and controls are in their correct positions
- Fuel system is connected and fuel is available
- The lubricating oil level is correct
- The coolant level is correct
- The radiator matrix is free from obstruction
- The battery charge condition is satisfactory and the connections are secure
- The generator set electrical and alternator connections are secure
- The panel connections are secure

Planned Parenthood of Indiana and Kentucky

Clinical Privileging Form

_____ _____ **has been granted clinical privileges for the following service(s):**

- ☐ Abortion – Medication
- ☐ Abortion - Surgical
- ☐ Aspiration of Simple Breast Cyst
- ☐ Colposcopy
- ☐ Cryotherapy
- ☐ ECS
- ☐ Endometrial Biopsy
- ☐ Essure
- ☐ Hysteroscopy
- X IUD Insertion: Circle: **Paragard Mirena Skyla** Liletta
- ☐ LEEP
- ☐ Nexplanon Insertion
- ☐ Nexplanon Removal
- ☐ Recovery Area Supervision
- ☐ Sedation Administration
- ☐ Ultrasound - Performing
- ☐ Ultrasound – Interpretation
- ☐ Vasectomy
- ☐ Vulvar Biopsy
- ☐ Other: _____

Clinician has proven proficiency in the above activities, and is granted privileges as of this date.

Medical Director or Designee:

Date 3 / 15 / 16

I have read and understood Planned Parenthood of Indiana and Kentucky protocols as they apply to the services for which I am being granted privileges. I agree to practice in accordance with these protocols when I am caring for clients at Planned Parenthood of Indiana and Kentucky locations.

Clinician:

Date 3 / 15 / 2016

Planned Parenthood® of Indiana

Clinical Privileging Form

_____ **has been granted clinical privileges for the following service(s):**

- ☐ Abortion
- ☐ Surgical Female Sterilization
- ☐ Essure
- ☐ Male Sterilization
- ☐ Hysteroscopy
- ☐ LEEP
- ☐ Colposcopy
- ☐ Cryotherapy
- ☒ Endometrial Biopsy
- ☐ Vulvar Biopsy
- ☐ Fine Needle Biopsy
- ☐ IUD Insertion: Circle: Paragard Mirena
- ☐ Norplant Removal
- ☐ Ultrasound (Pregnancy)
- ☐ Ultrasound for IUD localization
- ☐ Ultrasound (GYN)
- ☐ Other: _____

Clinician has proven proficiency in the above activities, and is granted privileges as of this date.

Medical Director or Designee:

Date 12 / 2 / 2013

I have read and understood Planned Parenthood of Indiana protocols as they apply to the services for which I am being granted privileges. I agree to practice in accordance with these protocols when I am caring for clients at Planned Parenthood of Indiana locations.

Clinician: _____

Date ____/____/____

Planned Parenthood of Indiana

Clinical Privileging Form

_____ **has been granted clinical privileges for the following service(s):**

- ☐ Abortion
- ☐ Surgical Female Sterilization
- ☐ Essure
- ☐ Male Sterilization
- ☐ Hysteroscopy
- ☐ LEEP
- ☐ Colposcopy
- ☐ Cryotherapy
- ☐ Endometrial Biopsy
- ☐ Vulvar Biopsy
- ☐ Fine Needle Biopsy
- ☐ IUD Insertion: Circle: Paragard Mirena
- ☐ Norplant Removal
- ☐ Ultrasound (Pregnancy)
- ☐ Ultrasound for IUD localization
- ☐ Ultrasound (GYN)
- ☒ Other: Nexplanon

Clinician has proven proficiency in the above activities, and is granted privileges as of this date.

Medical Director or Designee:

Date 10/25/13

I have read and understood Planned Parenthood of Indiana protocols as they apply to the services for which I am being granted privileges. I agree to practice in accordance with these protocols when I am caring for clients at Planned Parenthood of Indiana locations.

Clinician:

Date 10/25/13

CLINICAL PRIVILEGING FORM

_has been granted clinical privileges for the following:

Date	Service	Signature of Medical Director or physician designee
_____	☐ Surgical Abortion	_____
_____	☐ Surgical Female Sterilization	_____
_____	☐ Essure	_____
_____	☐ Male Sterilization	_____
_____	☐ Hysteroscopy	_____
	☐ LEEP	—
	☑ Cryotherapy	
	☑ Colposcopy	
	☑ Endometrial Biopsy	
	☐ Vulvar Biopsy	
	☐ Fine Needle Biopsy	
	☑ IUD insertion	
	☐ Implanon insertion and removal	_____
_____	☐ Norplant removal	_____
_____	☐ Standard U/S (Abortion)	_____
_____	☐ Limited U/S (Abortion)	_____
_____	☐ Standard U/S (Pregnancy)	_____
_____	☐ Limited U/S (Pregnancy)	_____
_____	☐ Limited U/S for IUD localization	_____
_____	☐ Standard U/S (GYN)	_____
_____	☐ _____	_____
_____	☐ _____	_____
_____	☐ _____	_____

List any formal training clinician received for service(s) noted above:

Service	Year	Length of Training	Didactic component	Clinical Component
Colposcopy + Cryotherapy		1 wk for didactic + ~~clinical~~	Yes/no	Yes/no
			Yes/no	Yes/no
			Yes/no	Yes/no
			Yes/no	Yes/no
			Yes/no	Yes/no

I have read and understand PP Indiana protocol. I agree to practice in accordance with this protocol when I am caring for clients at Bloomington.

Clinician

7-20-09
Date

Planned Parenthood
Care. No matter what.
Planned Parenthood of Indiana and Kentucky

Employee: _____ Job Title: Nurse Practitioner

Status of Clinician: N Salaried I Per Diem Completion of New Hire Orientation Period

Overall Rating: _____ _____ Review Period: 4/19/2016

Name(s) of Evaluator(s): _____ Date of Last Evaluation: ____ ____ ____

1. PERFORMANCE FACTORS	SUPERIOR ACCOMPLISHMENT	EXCELLENT	FULLY COMPETENT	SOMETIMES BELOW EXPECTATIONS	UNSATISFACTORY
(THIS SECTION MAY BE COMPLETED BY CENTER MANAGER OR CLINICIAN EVALUATOR)					
1. Customer Satisfaction					
• Builds and maintains positive, quality relationships with customers.		X			
• Demonstrates respect for the individual needs and backgrounds of customers.		X			
• Demonstrates commitment to exceeding customer expectations at every opportunity.		X			
• Responds positively to customer concerns and demonstrates effective problem-solving skills.		X			
• Consistently interacts professionally with customers.		X			
• Demonstrates understanding that co-workers are customers and treats them accordingly.		X			
2. Attitude					
• Is flexible and open to new assignments, policies and procedures.			X		
• Accepts responsibility, suggestions and instructions with a positive attitude.		X			
• Maintains appropriate behavior in stressful situations.	X	X			
• Contributes constructively to the work team.		X			
3. Communication Skills					
• Delivers information to staff and clients in a well-organized and clear manner.			X		
• Assesses listener's degree of comprehension and clarifies as necessary.		X			
• Uses direct communication to resolve issues and problems.		X			
• Cooperates and works well with others.		X			
4. Initiative and Productivity					
• Able to work independently without specific or continual instruction.		X			
• Achieves the designated productivity goals.		X			
• Able to produce thorough, accurate work.		X			
• Is able to maintain busy clinic flow/produces a high volume of completed work.		X			
• Maintains punctual attendance.		X			
• Absences are excused and not excessive.		X			
5. Is responsible for pharmacy area/dispensing.					NA

NAME OF PERSON WHO COMPLETED ABOVE SECTION ____

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II. CLINICAL SKILLS	FULLY COMPETENT	NEEDS IMPROVEMENT	NOT TESTED
1. General			
a. Refers to current edition of affiliate protocols as needed.	K		
b. Introduces self to client:			
▫ Explains NP role as requested/appropriate.			
▫ Briefly orients client to procedures.			
c. History taking:			
▫ Reviews history thoroughly.			
▫ Elicits additional information in a concise manner.			
▫ Demonstrates organization in interviewing technique.			
▫ Completes thorough chart review.			
▫ Documents concisely with appropriate descriptive terminology.			
d. Prepares forms and other written materials in a legible and well-organized manner.			
e. Complete documentation in EHR were applicable			
2. Specimen Collection			
a. Uses proper technique to collect Pap/HPV test			
▫ Adequate sampling of endocervix with cytobrush/swab, as appropriate			
▫ Entire squamo-columnar junction sampled			
▫ Cells evenly applied to slide, fixed within 5 seconds (for slide-based Pap)			
▫ Liquid-based spatula and brush rinsed correctly and within 30 seconds to prevent fixation			
b. Uses good technique for wet mount preparation.			
▫ Properly handles specimen			
▫ Accurately identifies organisms			
▫ Disposes of specimen adequately			
c. Uses proper technique to collect GC/CT test			
3. Sexually Transmitted Infections (STI)			
▫ Sexual history is reviewed, including STI risk assessment			
▫ Appropriate screening is offered			
▫ Uses appropriate criteria for diagnosis			
▫ Appropriately treats and educates patient when above are diagnosed			
4. Clean Technique			
▫ Washes hands before and after each patient			
▫ Avoids contamination of "clean" hand throughout entire exam			
▫ Avoids contamination of "clean" inanimate objects during entire exam (supplies, table, lamp, self, chart, counters, lubricant, etc.)			
▫ Avoids contamination of clean parts of lab specimens (outside tubes, caps, pap, etc.)			
▫ Uses "inside out" technique for removing glove			
5. Specific Birth Control Methods			
a. Barrier Methods ▫ Direct observation ▫ Chart review ▫ Diaphragm ▫ FemCap			
▫ Chooses appropriate size			
▫ Provides instructions			
▫ Requests return demonstration when appropriate			
b. IUC Insertion ▫ Direct observation ▫ Chart review	Paragard	Mirena	
▫ Obtains appropriate informed consent documentation			
▫ Does bimanual prior to insertion			
▫ Explains procedure			
▫ Uses good technique in cleansing cervix			
▫ Applies tenaculum properly			
▫ Sounds uterus using good technique			
▫ Uses measurement obtained by sounding to measure expected depth of uterine cavity			
▫ Inserts IUC using manufacturer's instructions			

NA

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II. CLINICAL SKILLS (continued)	FULLY COMPETENT	NEEDS IMPROVEMENT	NOT TRAINED
c. Implants Direct observation Chart review Implanon Norplant (removal only)			
• Obtains appropriate informed consent documentation			
• Prior to insertion and removal, skin is prepped properly			
• Maintains sterile field during insertion			
• Follows manufacturer's instruction for insertion			
• Follows manufacturer's instruction for removal			
• For Norplant, in removal, incision is <5 mm			
• Implant(s) is removed without undue trauma			
• Clinician demonstrates competency in educating clients about removal			
d. Injectable - DMPA			
• Clinician demonstrates judgment in reviewing appropriateness of DMPA for client			
• Necessary chart review is complete prior to DMPA administration (LMP, PT, etc.)			
e. Combined Hormonal Contraceptives and POPs COCs Ring Patch POPs			
• Clinician demonstrates knowledge of various CHC/POP formulations, delivery systems, management of side effects, etc.			
• Clinician demonstrates judgment in assessing appropriateness for CHC/POPs			
6. GYN Services Direct observation Chart review			
• Appropriate history & education, as per protocol			
• Complete exam, identifies normal and abnormal findings			
• Appropriate diagnoses, treatment, , as per protocol			
7. Provision of Services Related to Pregnancy			
a. Family Planning Services			
• Sizes uterus accurately			
• Provides thorough post-AB assessment			
• Is able to discern normal vs. abnormal post-AB findings			
b. Prenatal			
• Obtains appropriate informed consent documentation			
• Recognizes/assesses deviations from normal			
• Clearly documents when there is deviation from normal			
• Utilizes protocol for high level vigilance with suspected PIH			
• Utilizes protocol for high level vigilance with suspected PTL			
• Recognizes need for consultation with delivery OB: refers when appropriate			
8. Men's Health Services Direct observation Chart review			
• Recognizes/assesses deviations from normal			
• Appropriately diagnoses and manages conditions in male patient, per protocol			
9. Provision of Services Related to Pregnancy Termination			
a. Obtains appropriate informed consent documentation as needed			
b. Explains procedures as performed			
c. Completes exam systematically and efficiently			
d. Accurately identifies normal and abnormal findings			
e. Assessment/Clinical Impression			
• Identifies risk factors for BCM chosen			
• Accurately interprets lab findings			
• Accurately interprets physical findings			
• Synthesizes information from history and physical to form assessment/clinical impression			
f. Management/Plan			
• Performs/orders lab tests per protocol with respect for individual needs and economy			
• Accurately provides BCM with respect for individual needs			
• Accurately provides medications based on assessment			
• Refers/recommends as appropriate per protocol and based on individual needs			

NA

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II. CLINICAL SKILLS (continued)	FULL COMPETENT	NEEDS IMPROVEMENT	N.O.

10. Proficiency Testing
Test type:
- Pregnancy Test
- Wet Mount (check applicable organisms)
  Clue | Trich | Yeast | Normal Epithelial |
- Micro urinalysis
- Semen sample
- Rh slide test
- Rapid HIV test

NA

11. Other specialty services

on 4/19/2016 - Assessed Colposcopy
- ✓ Knowledge of HPV
- ✓ explain HPV + procedure to patient
- ✓ knows squamo columnar junction
- ✓ Appropriate biopsy of cervix
- ✓ Biopsy technique
- ✓ Sensitive to patient
- ✓ Hemostasis

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Comments

LIST THE EMPLOYEE'S STRENGTHS AND/OR ACCOMPLISHMENTS:
Excellent knowledgebase in women's health

AREAS FOR IMPROVEMENT:

MEDICAL DIRECTOR'S COMMENTS:
Excellent NP
Expand colpo services in Bloomington
Good colposcopist

EMPLOYEE'S COMMENTS:

GOALS: (Optional)	SCHEDULED COMPLETION DATE
1.	
2.	
3.	

CLINICIAN EVALUATOR'S NAME	CLINICIAN EVALUATOR'S SIGNATURE	DATE 6-9-16
CENTER MANAGER'S NAME See	CENTER MANAGER'S SIGNATURE	DATE
DIRECTOR OF MEDICAL MGMT SIGNATURE	MEDICAL DIRECTOR SIGNATURE	DATE 6/9/2016
EMPLOYEE'S SIGNATURE		DATE 1-6-17

(Signature indicates acknowledgement of this review, not agreement.)

Rev 4/13

Planned Parenthood of Indiana and Kentucky (PPINK)
Performance Evaluation Form

Annual Evaluation 2017

Name Title Medical Director

Supervisor Date 12/15/2017

SCALE
5= outstanding
4= exceeds requirements
3= meets requirements
2= needs development
1= unacceptable
NA= not applicable

A. Quality of Work Performed

Position objectives and major responsibilities:

1. In conjunction with the VP of Patient Services and Director of Clinical Services, ensures implementation of medical policy and maintenance of medical program standards so that PPFA/FHC, ISDH, CLIA and any other state or federal guidelines are met and quality medical reproductive health services are given.	1 2 3 4 **5** N/A
2. In conjunction with the VP of Patient Services and Director of Clinical Services, approves and supervises clinicians at Planned Parenthood so that guidelines Are followed and high quality reproductive health care is given.	1 2 3 4 **5** N/A
3. Serves as one of agency Clinicians and meets all job duties as described in Physician job description.	1 2 3 4 **5** N/A
4. Works within agency in professional education and communication of medical aspects of the program.	1 2 3 4 **5** N/A
5. Serves as Physician Director of affiliate colposcopy program.	1 2 3 4 **5** N/A
6. Abide by PPINK's mission in performing job duties.	

B. Job Knowledge

r 1 r 2 P 3 r 4 r 5 r N/A

Possesses adequate knowledge, skills and experience to perform the duties of the position. Understands the purpose of the work unit and how position contributes to the overall mission of the organization. Maintains competency in essential areas.

C. Judgment & Decision Making

r 1 r 2 r 3 P 4 r 5 r N/A

Exercises logical thinking and foresees consequences of actions. Thoroughly obtains and analyzes facts. Utilizes resources to develop effective solutions. Uses available information in making decisions before consulting with supervisor.

D. Planning & Organizing

R 1 (2, - 3 r 4 r 5 r N/A

Plans time carefully and effectively. Establishes priorities and work sequences to coordinate efforts, maintain work flow and meet deadlines.

E. Motivation & Initiative

r 1 2 r 3 r 4 r 5 r N/A

Displays an interest in performance of tasks, including those above and beyond regular duties. Willingly accepts increasing responsibility and accountability. Makes recommendations and suggestions to improve operations.

F. Adaptability & Flexibility

r 1 r 2 P 3 r 4 ,- 5 r N/A

Adapts readily to new situations and changes in the workplace. Works well under pressure. Learns and functions well under widely different situations and circumstances.

G. Verbal & Written Communication

r 1 r 2 3 r 4 r 5 r N/A

Comprehends oral and written information, and clearly and effectively expresses self in the presentation of ideas. Responds clearly in a thoughtful, concise, and courteous manner. Develops written work in a logical and comprehensive manner.

I. Interpersonal Relations & Teamwork

r 1 r 2 r 3 P 4 r 5 r N/A

Establishes effective working relationships with co-workers, clients, and/or the public. Works cooperatively with others to achieve goals.

Planned Parenthood of Indiana and Kentucky
Performance Evaluation 2017

Employee Development Plan

This section is provided for the supervisor to comment on the evaluation, and to outline a plan that builds on the strengths, overcomes weaknesses, and develops The employee's potential. Space is provided for the employee to write comments, which provides the supervisor with feedback.

Employee's Major Strengths (filled out by supervisor):	**These strong points can be most effectively used by:** (filled out by both)
Excellent resource for Clinicians and Providers	
Commitment to evidence based medicine and provision of high quality clinical services.	Practices evidence-based medicine reviews medical records as necessary to ensure quality and safety are present or reviewed when not with clinicians.
Enthusiasm for PPINK.	is very committed to the mission of Planned Parenthood of Indiana and Kentucky.
Areas to be Developed (filled out by supervisor)	**These areas can be most effectively improved by:** (filled out by both)
Continue to support Patient Services on growing services and volume throughout the affiliate as we continue to maintain relevance in the market place.	
Continue to utilize Associate medical directors in covering tasks/audit medical and clinical support	Continue to define roles with Associate Medical Directors while defining responsibilities.

Employee Comments

Supervisor Comments: Thank you for being the Medical Director of PPINK. I look forward to working with you in the future as we work to improve the quality, services and experiences of both our patients, staff and providers.

Employee Signature: _____ Date: 12/19/17

Supervisor Signature: Date: 12/15/2017

Planned Parenthood of Indiana and Kentucky

Clinical Privileging Form

_____ **has been granted clinical privileges for the following service(s):**

- ☐ Abortion – Medication
- ☐ Abortion - Surgical
- ☐ Aspiration of Simple Breast Cyst
- ☐ Colposcopy
- ☐ Cryotherapy
- ☐ ECS
- ☐ Endometrial Biopsy
- ☐ Essure
- ☐ Hysteroscopy
- ☐ IUD Insertion: Circle: Paragard Mirena Skyla
- ☐ LEEP
- ☐ Nexplanon Insertion
- ☐ Nexplanon Removal
- ☐ Recovery Area Supervision
- ☐ Sedation Administration
- x Ultrasound - Performing
- x Ultrasound – Interpretation
- ☐ Vasectomy
- ☐ Vulvar Biopsy
- ☐ Other: _____

Clinician has proven proficiency in the above activities, and is granted privileges as of this date.

Medical Director or Designee:_____

Date 7/6/15

I have read and understood Planned Parenthood of Indiana and Kentucky protocols as they apply to the services for which I am being granted privileges. I agree to practice in accordance with these protocols when I am caring for clients at Planned Parenthood of Indiana and Kentucky locations.

Clinician: _____

Date 3/11/2015

12/29/2017

Planned Parenthood of Indiana and Kentucky
Physician Abortion Services Performance Review and Privileging

Physician:	
Reviewed By:	

Definitions of terms used to evaluate work in the following sections:

3 – Meets Expectations
2 – Needs Improvement
1 – Below Expectations

Clinical Review: Abortion Services

1.	Reviews history, lab and other findings. Refers out inappropriate patients.	1	2	(3)
2.	Provides counseling and education as needed.	1	2	(3)
3.	Establishes effective rapport with staff and patients.	1	2	(3)
4.	Completes accurate physician assessment, especially in relation to uterine sizing.	1	2	(3)
5.	Utilizes correct abortion technique.	1	2	(3)
6.	Demonstrates appropriate use of correct procedures and personal protective equipment.	1	2	(3)
7.	Performs accurate assessment of POC.	1	2	(3)
8.	Understands and practices in accordance with PPINK protocols.	1	2	(3)
9.	Accurately and thoroughly documents all findings.	1	2	(3)
10.	Refers for further evaluation as indicated.	1	2	(3)
11.	Determines appropriate plan for follow-up.	1	2	(3)
12.	Complication management	1	2	(3)
13.	Ultrasound – correct performance and interpretation	1	2	(3)

Administrative Review

1.	Customer orientation – understands, commits to and practices a market and customer oriented approach to health care delivery. Treats clients with respect and non-judgmentally. Clients are satisfied after an encounter with this provider.	1	2	(3)
2.	Attendance and Productivity – arrives on time and stays until all patients are discharged. Shows up reliably on scheduled dates.	1	2	(3)
3.	Relationship to Staff – treats support staff with courtesy and respect. Treats colleagues with respect. Is a "team player." Pleasant to work with.	1	2	(3)

Planned Parenthood of Indiana and Kentucky
Physician Abortion Services Performance Review and Privileging

Physician:	
Reviewed By:	

Definitions of terms used to evaluate work in the following sections:

3 – Meets Expectations
2 – Needs Improvement
1 – Below Expectations

Clinical Review: Abortion Services

1.	Reviews history, lab and other findings. Refers out inappropriate patients.	1	2	(3)
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5.	Utilizes correct abortion technique.	1	2	(3)
6.	Demonstrates appropriate use of correct procedures and personal protective equipment.	1	2	(3)
7.	Performs accurate assessment of POC.	1	2	(3)
8.	Understands and practices in accordance with PPINK protocols.	1	2	(3)
9.	Accurately and thoroughly documents all findings.	1	2	(3)
10.	Refers for further evaluation as indicated.	1	2	(3)
11.	Determines appropriate plan for follow-up.	1	2	(3)
12.	Complication management	1	2	(3)
13.	Ultrasound – correct performance and interpretation	1	2	(3)

Administrative Review

1.	Customer orientation – understands, commits to and practices a market and customer oriented approach to health care delivery. Treats clients with respect and non-judgmentally. Clients are satisfied after an encounter with this provider.	1	2	(3)
2.	Attendance and Productivity – arrives on time and stays until all patients are discharged. Shows up reliably on scheduled dates.	1	2	(3)
3.	Relationship to Staff – treats support staff with courtesy and respect. Treats colleagues with respect. Is a "team player." Pleasant to work with.	1	2	(3)

Planned Parenthood of Indiana and Kentucky

Clinical Privileging Form

_____ has been granted clinical privileges for the following service(s):

- ☐ Abortion – Medication
- ☐ Abortion - Surgical
- ☐ Aspiration of Simple Breast Cyst
- ☐ Colposcopy
- ☐ Cryotherapy
- ☐ ECS
- ☐ Endometrial Biopsy
- ☐ Essure
- ☐ Hysteroscopy
- ☐ IUD Insertion: Circle: Paragard Mirena Skyla
- ☐ LEEP
- ☐ Nexplanon Insertion
- ☐ Nexplanon Removal
- ☐ Recovery Area Supervision
- ☐ Sedation Administration
- x☐ Ultrasound - Performing
- x☐ Ultrasound – Interpretation
- ☐ Vasectomy
- ☐ Vulvar Biopsy
- ☐ Other: _____

Clinician has proven proficiency in the above activities, and is granted privileges as of this date _____

Medical Director or Designee:_

Date 3/6/15

I have read and understood Planned Parenthood of Indiana and Kentucky protocols as they apply to the services for which I am being granted privileges. I agree to practice in accordance with these protocols when I am caring for clients at Planned Parenthood of Indiana and Kentucky locations.

Clinician: _____

Date 3/2/15

Planned Parenthood of Indiana and Kentucky

Clinical Privileging Form

____ _____ **has been granted clinical privileges for the following service(s):**

- x Abortion – Medication
- x Abortion - Surgical
- ☐ Aspiration of Simple Breast Cyst
- ☐ Colposcopy
- ☐ Cryotherapy
- ☐ ECS
- ☐ Endometrial Biopsy
- ☐ Essure
- ☐ Hysteroscopy
- x IUD Insertion: Circle: (Paragard) (Mirena) (Skyla)
- ☐ LEEP
- x Nexplanon Insertion
- x Nexplanon Removal
- x Recovery Area Supervision
- x Sedation Administration
- x Ultrasound - Performing
- x Ultrasound – Interpretation
- ☐ Vasectomy
- ☐ Vulvar Biopsy
- ☐ Other: _____

Clinician has proven proficiency in the above activities and is granted privileges as of this date.

Medical Director or Designee _____

Date 3/31/15

_____ _____

I have read and understood Planned Parenthood of Indiana and Kentucky protocols as they apply to the services for which I am being granted privileges. I agree to practice in accordance with these protocols when I am caring for clients at Planned Parenthood of Indiana and Kentucky locations.

Clinician: _____

Date 3/31/2015

PLANNED PARENTHOOD OF INDIANA

CLINICAL PRIVILEGING FORM

has been granted clinical privileges for the following:

Original Date	Service	Signature of Medical Director or physician designee
	☑ Surgical Abortion ☐ LEEP ☐ Cryotherapy ☐ Colposcopy ☐ Endometrial Biopsy ☐ Vulvar Biopsy ☐ Fine Needle Biopsy ☐ IUD insertion and removal Other: ☐ _____ ☐ _____ (See also ultrasound privileging form)	

Review Date	Service	Signature of Medical Director or physician designee
June 09	Unchanged	

List any formal training clinician received for service(s) noted above:

Service	Year	Length of Training	Didactic component	Clinical Component
Surgical Ab		1 mo.	Yes/no	Yes/no
			Yes/no	Yes/no
			Yes/no	Yes/no
			Yes/no	Yes/no
			Yes/no	Yes/no

I have read and understand PLANNED PARENTHOOD OF INDIANA protocol. I agree to practice in accordance with this protocol when I am caring for clients at PLANNED PARENTHOOD OF INDIANA HEALTH CENTERS.

/Clinician

2/4/2010
Date

ıanned Parenthood of Indiana

Clinical Privileges to Perform Ultrasound

Name of person requesting privileges: _____
Previous experience or certifications in Ultrasound Services: 40 hr CME course 2001

Trainee initials below:

___ 1. I have successfully completed the CAPS Ultrasound CD training and/or passed the test. Date completed 10/14/09
___ 2. During proctoring, I performed approximately 58 (number) sonograms (if applicable). (in training residency)
___ 3. I am familiar with how to change the image characteristics on an ultrasound machine and basic troubleshooting techniques (enlarging, changing contrast).
___ 4. I am able to perform the items checked below.

- [x] Identify the uterus in pregnant and non-pregnant women
- [x] Obtain images of uterus in early pregnancy in longitudinal and transverse planes
- [x] Identify an intrauterine pregnancy
- [x] Identify embryonic (fetal) pole and measure CRL (know formula 42 plus largest CRL)
- [x] Identify gestational sac and measure mean sac size (know formula 30 plus mean gestational sac)
- [x] Identify characteristics of normal and abnormal gestational sac
- [x] Identify yolk sac
- [x] Identify cardiac activity
- [x] Identify multiple gestations (if seen during training)
- [x] Identify normal sonographic findings following abortion (thickness of endometrial stripe)
- [x] Identify BPD and measures BPD correctly
- [x] Assure that patients are informed of their option to view the ultrasound image and of their option to be informed if there is a multiple pregnancy
- [x] Able to document findings consistently and complete the ultrasound form correctly
- [x] Recognize when findings require evaluation by physician

If applicable:

- [ ] Proficiency in performing ultrasound to identify intrauterine IUC
  - [ ] Paragard IUC [ ] Mirena IUC
- [ ] Proficiency in interpreting location (intrauterine placement) of IUC
  - [ ] Paragard IUC [ ] Mirena IUC

Other Essential Proficiencies:

- [x] Provides appropriate patient information regarding procedure, its purpose and limitations
- [x] Queries/ acknowledges patient's feelings around abortion decision and the ultrasound imaging procedure.
- [x] Properly cleans, maintains equipment and disposes of contaminated supplies.

_____ _____
Signature of Trainee Date 10/14/09

The following staff person, _____, has been observed by the Program Director of Ultrasound Services or their designee, has proven proficiency in the above activities, and is granted privileges as below:

- [x] First-trimester ultrasound targeted for medication or surgical abortion services
  - [ ] Performance of ultrasound
  - [x] Interpretation of ultrasound

_____ 10/22/09
Signature: Ultrasound Program Director or designee Date

Medical Director
Title

Planned Parenthood of Indiana and Kentucky
Physician Abortion Services Performance Review and Privileging

Physician:	
Reviewed By:	

Definitions of terms used to evaluate work in the following sections:

3 – Meets Expectations
2 – Needs Improvement
1 – Below Expectations

Clinical Review: Abortion Services

1.	Reviews history, lab and other findings. Refers out inappropriate patients.	1	2	(3)
2.	Provides counseling and education as needed.	1	2	(3)
3.	Establishes effective rapport with staff and patients.	1	2	(3)
4.	Completes accurate physician assessment, especially in relation to uterine sizing.	1	2	(3)
5.	Utilizes correct abortion technique.	1	2	(3)
6.	Demonstrates appropriate use of correct procedures and personal protective equipment.	1	2	(3)
7.	Performs accurate assessment of POC.	1	2	(3)
8.	Understands and practices in accordance with PPINK protocols.	1	2	(3)
9.	Accurately and thoroughly documents all findings.	1	2	(3)
10.	Refers for further evaluation as indicated.	1	2	(3)
11.	Determines appropriate plan for follow-up.	1	2	(3)
12.	Complication management	1	2	(3)
13.	Ultrasound – correct performance and interpretation	1	2	(3)

Administrative Review

1.	Customer orientation – understands, commits to and practices a market and customer oriented approach to health care delivery. Treats clients with respect and non-judgmentally. Clients are satisfied after an encounter with this provider.	1	2	(3)
2.	Attendance and Productivity – arrives on time and stays until all patients are discharged. Shows up reliably on scheduled dates.	1	2	(3)
3.	Relationship to Staff – treats support staff with courtesy and respect. Treats colleagues with respect. Is a "team player." Pleasant to work with.	1	2	(3)

Abortion Services Review & Privileging

	Privileging
✓	Surgical abortion up to 13 weeks and 6 days
✓	Medical abortion up to 70 days
✓	First and second trimester ultrasound performance and interpretation

Other contributions and accomplishments or goals:

Evaluation Summary

Select rating for overall job performance; consider all of the work factions from all sections. Comments are required if the overall performance level is unsatisfactory. This is not an *average* of numeric ratings, but uses the same scale.

Overall Job Rating

Overall Score:

48/48

Signatures denote appraisal meeting has occurred.

oops

Signature: _____ Date: 11/16/17

associate

Medical Director Signature: _____ Date: 11/16/17

Ultrasound Program Director Signature: _____ Date: 2/21/18

Planned Parenthood of Indiana and Kentucky

Clinical Privileging Form

_____ **has been granted clinical privileges for the following service(s):**

- [X] Abortion – Medication
- [X] Abortion - Surgical
- [ ] Aspiration of Simple Breast Cyst
- [ ] Colposcopy
- [ ] Cryotherapy
- [ ] ECS
- [ ] Endometrial Biopsy
- [ ] Essure
- [ ] Hysteroscopy
- [X] IUD Insertion: Circle: Paragard Mirena Skyla LiLetta
- [ ] LEEP
- [X] Nexplanon Insertion
- [X] Nexplanon Removal
- [ ] Recovery Area Supervision
- [ ] Sedation Administration
- [X] Ultrasound - Performing > for abortion care
- [X] Ultrasound – Interpretation
- [ ] Vasectomy
- [ ] Vulvar Biopsy
- [ ] Other: _____

Clinician has proven proficiency in the above activities and is granted privileges as of this date.

Medical Director or Designee: ____

Date 7/11/16

_____
Medical Director of this service

I have read and understood Planned Parenthood of Indiana and Kentucky protocols as they apply to the services for which I am being granted privileges. I agree to practice in accordance with these protocols when I am caring for clients at Planned Parenthood of Indiana and Kentucky locations.

Clinician: ____

Date 2/8/17

PPMET CLINICAL PRIVILEGING FORM

has been granted clinical privileges for the following:

Date	Service	Signature of Medical Director or physician designee
	☐ Surgical Abortion	
	☐ Medication Abortion	
	☐ Colposcopy	
	☐ Endometrial Biopsy	
	☐ Vulvar Biopsy	
	☐ Mirena/Skyla Insertion	
	☐ Paragard Insertion	
	☐ IUC removal	
	☐ Implant Insertion	
	☐ Implant removal	
	☐ Limited U/S (Abortion) – perform	
	☐ Limited U/S (Abortion) – interpret	
	☐ Post Abortion U/S – perform	
	☐ Post Abortion U/S – interpret	
	☐ Limited U/S (Pregnancy) – perform	
	☐ Limited U/S (Pregnancy) – interpret	
	☐ Limited U/S for IUD localization	
	☐ IV Sedation	
	☐ _____	
	☐ _____	
	☐ _____	
	☐ _____	

List any formal training clinician received for service(s) noted above:

Service	Year	Length of Training	Didactic component	Clinical Component
			Yes/no	Yes/no
			Yes/no	Yes/no
			Yes/no	Yes/no
			Yes/no	Yes/no
			Yes/no	Yes/no

I have read and understand PPMET's protocols. I agree to practice in accordance with this protocol when I am caring for clients at PPMET.

Clinician

11/3/15
Date

Provider has read, understands, & meets the qualifications of the mife prescribers info & agreement.

From:
Sent: Thursday, March 15, 2018 2:23 PM
To:
Subject: Sent from Snipping Tool

CLASS DETAILS

Infection Prevention - 1. Blood Borne Pathogens

(ID, 00001062A)

Course description : This course covers elements of standard precaution needed to protect oneself, yourself, and other healthcare workers from blood borne pathogens, such as HIV and hepatitis. This course satisfies the needed OSHA training for blood borne pathogens. This course originally released on November 22, 2010. This course was last updated on June 24, 2015.

Class ID : **00001062C**
Web-Based

Language : English
Duration : 00:20

Attachments

No attachments present

ACTIVITIES

IP 1
Passing Score: 80

OTHER INFORMATION

PPFA Requirement: 13 OSHA Regulations

From:
Sent: Thursday, March 15, 2018 2:24 PM
To:
Subject: Sent from Snipping Tool

CLASS DETAILS

Infection Prevention - 2. Clean and Sterile Technique

(ID: 00001064A)

Course description: This course provides detailed instruction about infection prevention techniques, describing current procedures as well as defines asepsis and sterile techniques designed to eliminate harmful microorganisms. This course was originally published on November 22, 2010. This course was last updated on June 24, 2015.

Class ID: **00001064C**
Web-Based

Language: English
Duration: 00:20

Attachments >

ACTIVITIES

IP 2
Passing Score: 80

OTHER INFORMATION

PPFA Requirement: 13 OSHA Regulations

From:
Sent: Thursday, March 15, 2018 2:25 PM
To:
Subject: Sent from Snipping Tool

CLASS DETAILS

Infection Prevention - 3. Cleaning, Disinfection, & Sterilization

(ID 00001066A)

Course description : This course discusses cleaning, disinfection, and sterilization processes in detail. This course also [illegible] clean, disinfect, and sterilize the health center. This course was originally released on November 22, 2010. This course was last updated on December 24, 2015.

Class ID : **00001066C**
Web-Based

Language : English
Duration : 00:20

Attachments >

ACTIVITIES

IP 3
Passing Score: 80

OTHER INFORMATION

PPFA Requirement: 13 OSHA Regulations

CANCELLATION POLICY

Invacare® **9000 Series** Wheelchair

9000 SL

9000 XT

9000 XDT

9000XT Recliner

User Manual

EN

This manual MUST be given to the user of the product.

BEFORE using this product, read this manual and save for future reference.

INVACARE®

Yes, you can.

Replacing/Repairing Rear Wheel Tire/Tube

WARNING

Replacement of solid urethane tires is not recommended. If the solid urethane tire needs repaired, Invacare recommends replacing the complete wheel assembly.

Replacement of rear wheel tube must be performed by a qualified technician.

Replacing/Repairing Caster Tire/Tube

WARNING

Replacement of solid urethane or semi-pneumatic tires is not recommended. If the solid urethane or semi-pneumatic tires need replaced, Invacare recommends replacing complete caster assembly.

For pneumatic tires, replacement of the tire or tube must be performed by a qualified technician.

CAUTION

As with any vehicle, check the wheels and tires periodically for cracks and wear. Replace if damaged. Replace as recommended, refer to Replacing/Repairing Rear Wheel Tire/Tube on page 38 and Replacing/Repairing Caster Tire/Tube on page 38.

6. The rear wheels, casters and tires should be checked periodically for cracks and wear, and should be replaced by a qualified technician if damaged
7. Periodically adjust wheel locks in correlation to tire wear. Refer to Adjusting Patient-Operated Wheel Locks on page 66.

Tire wear is excessive if:

Pneumatic Tires - there is missing tread or the tires are bald.

Urethane Tires - there are cuts, surface defects or the tires are loose on the rims.

Rubber Tires - 30% or more of the tire has worn away.

Invacare recommends that tires and casters be replaced every five years.

8. Periodically check handrims to ensure they are secured to the rear wheels. If loose, have them tightened by a qualified technician.
9. Periodically check caster wheel bearings to make sure they are clean and free from moisture. Use a Teflon® lubricant if necessary.
10. Check upholstery for sagging, rips or tears.
11. Clean upholstery with mold soap and water
12. Hand grips should be checked monthly for wear/looseness/deterioration. Clean if desired. Replace if looseness or deterioration is found.

4 SAFETY INSPECTION/TROUBLESHOOTING

4.3 Maintenance

Maintenance Safety Precautions

WARNING

After any adjustments, repair or service and before use, make sure all attaching hardware is tightened securely. Otherwise injury or damage may result.

Replace any labels that are missing, worn, or torn. Refer to Label Locations on page 8 for a listing of the labels and their locations.

CAUTION

DO NOT overtighten hardware attaching to the frame. This could cause damage to the frame tubing.

Suggested Maintenance Procedures

1. Before using your 9000 Series wheelchair, make sure all nuts and bolts are tight.
2. Check all parts for damage or wear and replace.
3. Check all parts for proper adjustment.
4. 9000 SL/9000 XT ONLY - Keep quick-release axles free of dirt and lint to ensure positive locking and proper operation. Refer to Adjusting Quick-Release Axle on page 58.
5. 9000 SL/9000 XT ONLY - Oil quick-release axles at least once a month (3-in-1 oil® or equivalent).

WARNING

Do not use the wheelchair unless it has the proper tire pressure (p.s.i.).

DO NOT overinflate the tires. Failure to follow these suggestions may cause the tire to explode and cause bodily harm. The recommended tire pressure is listed on the sidewall of the tire.

4.2 Troubleshooting

Chair Veers Right/Left	Chair 3 Wheels	Sluggish Turn or Performance	Casters Flutter	Squeaks and Rattles	Looseness in Chair	Solutions
X	X	X	X			Check tires for correct and equal pressure
		X	X	X	X	Check for loose nuts and bolts.
X	X		X			Check caster headtube angle.
X	X					Check that rear wheels are equally spaced away from seat frame.

4 SAFETY INSPECTION/TROUBLESHOOTING

Inspect/Adjust Monthly

- ❑ Ensure that the wheelchair rolls straight (no excessive drag or pull to one side).
- ❑ Check that the wheel locks DO NOT interfere with tires when rolling.
- ❑ Check that the wheel lock pivot points are free of wear and looseness.
- ❑ Inspect seat and back for loose or broken hardware.
- ❑ Inspect seat positioning strap for any signs of wear. Ensure buckle latches. Verify hardware that attaches strap to frame is secure and undamaged. Replace if necessary.
- ❑ Inspect back cane hand grips for wear/looseness/deterioration.
- ❑ Adjust front casters/forks bearing system if wheel wobbles noticeably or binds to a stop.
- ❑ Ensure wheel bearings are clean and free of moisture.
- ❑ Check headtube locknuts for tightness.

Inspect/Adjust Periodically

- ❑ Inspect frame and crossbraces for loose or missing hardware.
- ❑ Inspect for bent frame or crossbraces.
- ❑ Check that wheel locks are easy to engage.
- ❑ Inspect seat and backs for rips and sagging.
- ❑ Check that there is no excessive side movement or binding in the rear wheels when lifted and spun.
- ❑ Inspect handrims for signs of rough edges or peeling.
- ❑ Adjust front casters/forks bearing system if wheel wobbles noticeably or binds to a stop.
- ❑ Inspect casters for cracks and wear.
- ❑ Ensure that casters are free of debris.
- ❑ Ensure wheel bearings are clean and free of moisture.
- ❑ Clean upholstery and armrests.
- ❑ Check that all labels are present and legible. Replace if necessary.

CAUTION

As with any vehicle, check the wheels and tires periodically for cracks and wear. Replace if damaged.

- ❑ If equipped, check that quick-release axles lock properly. Lubricate if necessary.
- ❑ Check that there is no excessive side movement or binding in the rear wheels when lifted and spun.
- ❑ Inspect rear wheels for cracked, bent or broken spokes.
- ❑ Ensure all spokes are uniformly tight.
- ❑ Inspect handrims for signs of rough edges or peeling.
- ❑ Inspect axle assembly for proper tension by spinning caster. Caster should come to a gradual stop.
- ❑ Adjust front casters/forks bearing system if wheel wobbles noticeably or binds to a stop.
- ❑ Ensure wheel bearings are clean and free of moisture.
- ❑ Check headtube locknuts for tightness.
- ❑ Inspect casters for cracks and wear.
- ❑ Inspect front casters for cracked, bent or broken spokes.
- ❑ Clean upholstery and armrests.

Inspect/Adjust Weekly

- ❑ Ensure that the wheel locks prevent the wheelchair from moving when engaged.
- ❑ Inspect tires for flat spots and wear.
- ❑ Check pneumatic tires for proper inflation.
- ❑ If equipped, check that quick-release axles lock properly. Lubricate if necessary.
- ❑ Inspect rear wheels for cracked, bent or broken spokes.
- ❑ Ensure all spokes are uniformly tight.
- ❑ Inspect axle assembly for proper tension by spinning caster. Caster should come to a gradual stop.
- ❑ Inspect front caster for cracked, bent or broken spokes.

4 Safety Inspection/troubleshooting

Every six months or as necessary, take your wheelchair to a qualified technician for a thorough inspection and servicing. Regular cleaning will reveal loose or worn parts and enhance the smooth operation of your wheelchair. To operate properly and safely, your wheelchair MUST be cared for just like any other vehicle. Routine maintenance will extend the life and efficiency of your wheelchair.

4.1 Safety Inspection Checklist

Initial adjustments should be made to suit your personal body structure and preference. Thereafter follow these maintenance procedures:

Inspect/Adjust Initially

- ❑ Ensure that the wheelchair rolls straight (no excessive drag or pull to one side).
- ❑ Inspect for loose or missing hardware on frame and crossbraces.
- ❑ Inspect for bent frame or crossbraces.
- ❑ Check that the wheel locks DO NOT interfere with tires when rolling.
- ❑ Check that the wheel lock pivot points are free of wear and looseness.
- ❑ Check that the wheel locks are easy to engage.
- ❑ Ensure that the wheel locks prevent the wheelchair from moving when engaged.
- ❑ Inspect the seat and back for rips and sagging.
- ❑ Inspect the seat and back for loose or broken hardware.
- ❑ Inspect the back cane hand grips for wear/looseness/deterioration.
- ❑ Inspect seat positioning strap for any signs of wear. Ensure buckle latches. Verify hardware that attaches strap to frame is secure and undamaged. Replace if necessary.
- ❑ Inspect tires for flat spots and wear.
- ❑ Check pneumatic tires for proper inflation.

Folding Hammock or Sling Seat Models

1. 9000 XT RECLINERS ONLY - Detach one end of the spreader bar from the side frame. Refer to Storing/Replacing Spreader Bar on page 75.
2. Swing footrest/legrest in locked position to the front of the wheelchair.
3. Pivot footplates upward to vertical position.
4. With both hands, grasp the middle of the seat upholstery at the front and back edge and lift up.
5. Continue to close the wheelchair by grasping the armrest furthest from you and pulling the armrest towards you.

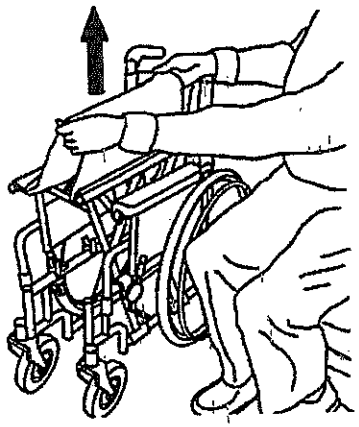


FIGURE 7 Folding Hammock or Sling Seat Models

Folding Solid-Seat Models

1. 9000 XT RECLINERS ONLY - Detach one end of the spreader bar from the side frame. Refer to Storing/Replacing Spreader Bar on page 75.
2. Swing footrest/legrest in locked position to the front of the wheelchair.
3. Pivot footplates upward to vertical position.
4. From behind the wheelchair, grasp the right hand edge of the solid seat.
5. Raise the seat to the hinged side.
6. With both hands, grasp the middle of the front and back edges of the solid folding seat and lift up until the wheelchair begins to close.
7. Continue to close the wheelchair by grasping the armrest furthest from you and pulling the armrest towards you.

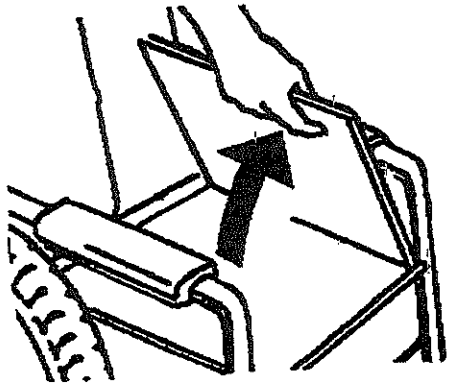
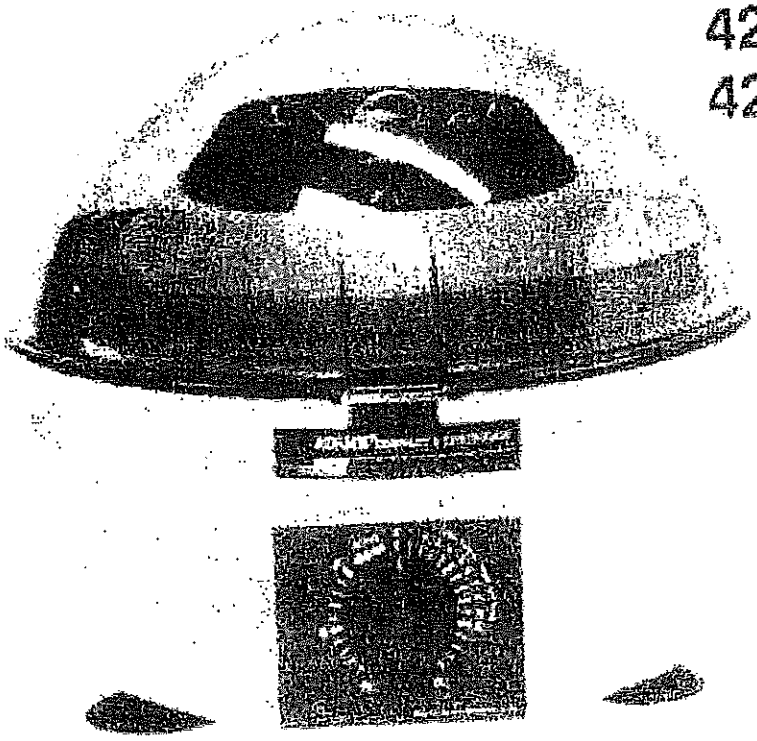


FIGURE 8 Folding Solid-Seat Models

CLAY ADAMS® Brand

Compact II Centrifuge

Model Nos.
420225
420227



OPERATOR'S MANUAL

BECTON DICKINSON

CLAY ADAMS® Brand
Compact II Centrifuge
Model Nos. 420225 and 420227

OPERATOR'S MANUAL

Becton Dickinson Primary Care Diagnostics
Becton Dickinson and Company
7 Loveton Circle, Sparks, MD 21152-0370

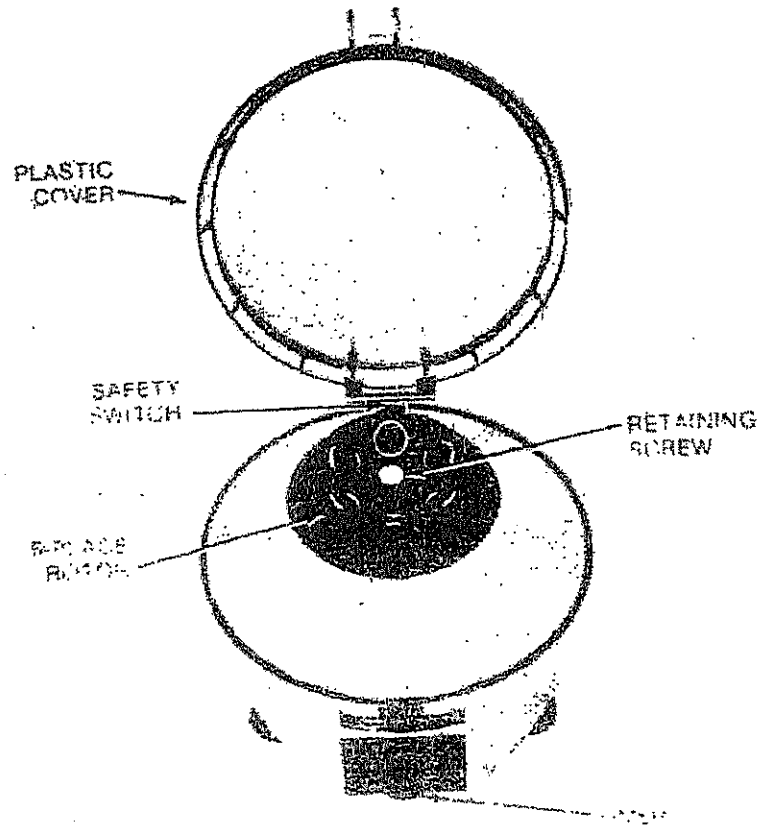
Reorder No. 42022512

CONTENTS

Section 1.
INTRODUCTION

1.1 INTENDED USE

The CLAY ADAMS® Brand Compact II Centrifuge (Figure 1-1) is a versatile, lightweight machine that incorporates an adjustable timer and safety cover, making it ideal for routine separation work in the physician's offices or other small laboratories. Relatively high speed (3200 rpm), combined with an angled rotor design that holds tubes at 37° from vertical, provides fast separation of materials of different densities and assures high deposition rates. Accessory adapters are supplied with the centrifuge to accommodate a variety of tubes including VACUTAINER® tubes with HEMOGARD™ closures.



1.2 DESCRIPTION

The Compact II Centrifuge consists of a brushless synchronous motor mounted to a high strength mold plastic or cast iron base plate, resting on three suction-type rubber feet to provide stability.

The angled rotor head is attached to the motor shaft by a drive ring and retaining screw. The head, when fitted with stainless steel shields, accommodates 6 tubes. A domed plastic cover encloses the rotor and actuates a safety interlock switch, which allows the motor to operate only when the cover is closed.

A mechanical escapement timer, electrically linked to a motor controller circuit, provides spin cycles of up to 30 minutes in 1 minute increments. A 'hold' position on the dial also permits the timer knob to be set for continuous operation.

Compact II Centrifuges are available in the following models. No. 420225 — 120 volts/60 Hz and No. 420227 — 220 volts/50 Hz.

1.3 SPECIFICATIONS

- Rotor: 6-place angled head.
- Motor: Synchronous, permanent split capacitor.
- Cover-actuated motor cutoff safety switch.
- Timer: mechanical, 30-minute adjustable in 1-minute increments, with continuous spin setting; accurate to ± 10% of dial setting. on/off electrical control of motor circuit.
- Speed: 3200 rpm, Model 420225
  2700 rpm, Model 420227
- Relative Centrifugal Force (RCF)*: 1163 x g, Model 420225
  828 x g, Model 420227
- Electrical:

Model	Volts	Freq.	Amp.
# 420225	120	60 Hz	1.5
# 420227	220	50 Hz	0.8

- Power Cord: 6 ft (1.83m) grounded cord with 3 prong plug.
- Dimensions — Front to back: 26.7 cm (10.5 in).
  Height open: 35.6 cm (14.5 in).
  closed: 21.6 cm (8.5 in).
- Weight: 5.8 kg (12.75 lb).

*at 10.2 cm radius, 15 mL tubes

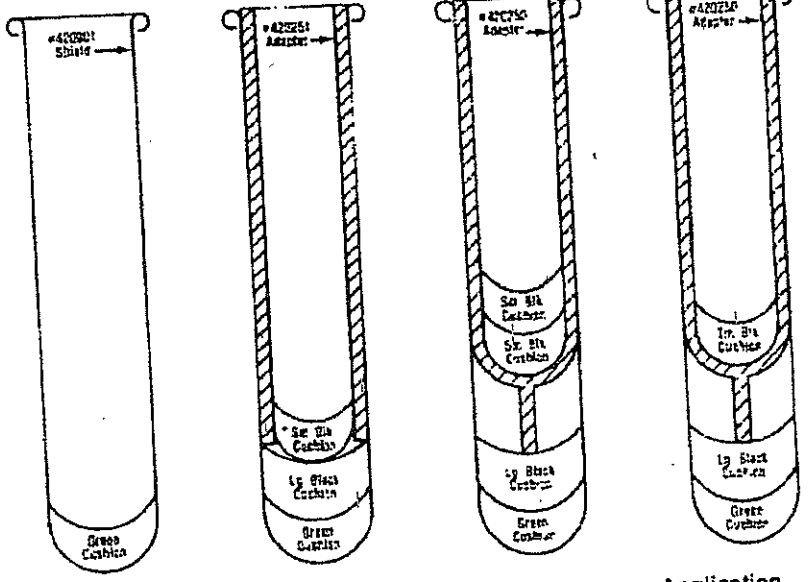
Section 2.
INSTALLATION

2.1 INCLUDED PARTS

Except for rotor shields and special tube adapters, the Compact II Centrifuge is shipped fully assembled. Each of the six stainless steel shields (Cat. No. 420901) contains a green cushion. **These shields must be inserted in the rotor head before use.**

Shield adapters and applications for use with various size tubes are shown in the table below. Reorder numbers for rotor accessories are listed in Section 5.4.

ACCESSORIES SUPPLIED AND APPLICATIONS FOR VARIOUS TUBE SIZES



Application

- 15 mL, 17 x 120mm glass tubes such as #420965 and 420972.
- 15 mL VACUTAINER Tubes.

Application

- 5 mL, 13 x 100mm tubes such as #420951 and 420976.
- 13 x 100mm VACUTAINER HEMOGARD Closure Tubes. * Use with one small black cushion for this tube.

Application

- For 2 mL VACUTAINER Tubes use **two** small black cushions.

Application

- For 12 x 75mm tubes such as #420962.
- For 13 x 75mm VACUTAINER HEMOGARD Closure Tubes.
- For 3 mL VACUTAINER Tubes use **one** small black cushion.

2.1 INCLUDED PARTS (continued)

The shields and rotor accessories contained in a labeled bag include the following:

- Stainless steel shield with installed green cushion — 6 each.
- Large black rubber cushion (#420994) — 6 each.
- Shield Adapter (#420250) — 6 each.
- Shield Adapter (#420251) — 6 each
- Small black rubber cushion — 6 each.

2.2 USE OF ROTOR ACCESSORIES

By using the rotor accessories according to the table on page 3, a variety of tube sizes may be centrifuged in the Compact II Centrifuge.

IMPORTANT: When using the cushions, always be sure they are fully seated and that each tube rests on the cushion and not on the upper rim of the shield or shield adapter.

2.3 POWER REQUIREMENTS

Connect the plug of the power cord to a grounded electrical receptacle rated for the voltage and frequency specified on the data plate of the centrifuge

CAUTION

To avoid equipment damage and electrical hazards, connect power cord only to a 3-wire grounded receptacle delivering voltage and frequency specified on data plate on bottom of centrifuge. When only a 2-wire receptacle is available have it replaced with properly grounded 3-wire receptacle by qualified service technician in accordance with National Electrical Code. Do not remove grounding prong from power cord. If extension cord is required, use only 3-wire grounded cord having proper voltage and current rating.

Section 3.
OPERATING INSTRUCTIONS

3.1 TEMPERATURE REQUIREMENTS

The Compact II is a general purpose centrifuge and is not recommended for the preparation of samples that require refrigerated processing. It is recommended that temperature of the operating environment be kept at 32° C (90° F) or lower. An idle period of 5 to 10 minutes between sequential runs, with the cover opened, is recommended to minimize temperature buildup.

3.2 SPEED VS TIME

The sedimentation of a sample is dependent upon the time and strength of the gravitational force (relative centrifugal force or RCF) to which the sample is subjected. Factors such as line voltage and motor load will alter the speed (RPM) of the centrifuge rotor and consequently alter the RCF. Centrifuge time can be extended to compensate for reduced RCF, thereby providing the required force-time product for proper sample preparation.

VACUTAINER® brand SST® Serum Separation Tubes specify 15 minutes spin at between 1000g and 1300g for proper separation. See Figure 3-1 for adjustments to spin time to achieve proper serum separation in SST Tubes.

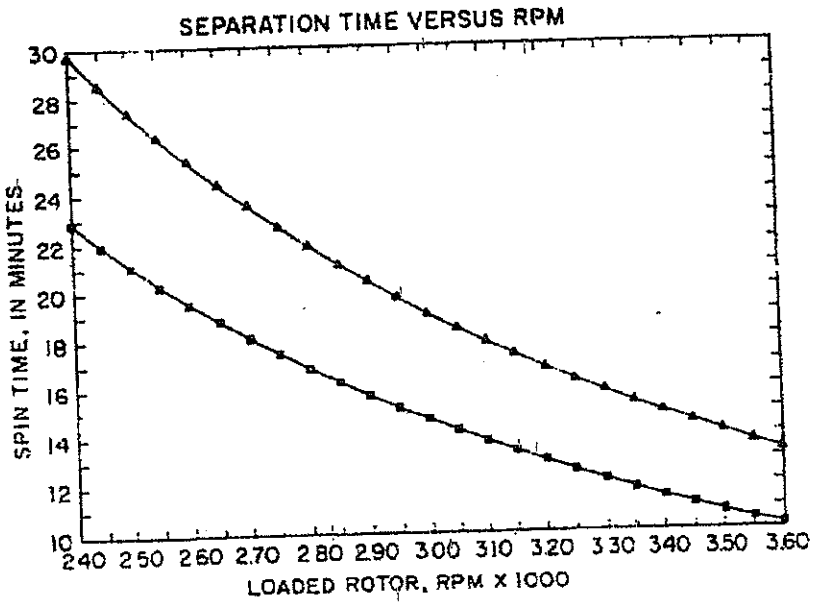


Figure 3-1 Spin Time Adjustment Curves for VACUTAINER® SST® Tubes

3.3 LOADING AND BALANCING ROTOR

For smooth operation and extended life of the centrifuge loads should be angularly distributed and balanced as evenly as possible

Note: Be sure all six shields are installed in the rotor head before inserting specimen tubes.

To balance the load, place tubes of equal weight opposite each other

When centrifuging an odd number of tubes, place a balance tube of equal weight opposite the odd tube.

CAUTION

To avoid equipment damage and possible injury, be sure balance [illegible] by placing tubes containing equal volumes [illegible] of a similar tube

3.4 STARTUP

With the tube loads balanced, close and latch the top cover. The centrifuge will not start unless the small, red button of the interlock switch near the cover hinge is depressed.

For spins up to 30 minutes: turn the rotary knob clockwise past the 5-minute dial mark, then turn the knob clockwise or counterclockwise to the desired time setting.

For spins greater than 30 minutes: turn the rotary knob counterclockwise until the knob stops in the HOLD position. *Note: In the HOLD position, the motor will start and remain on until the timer knob is manually turned clockwise to the OFF position.*

3.5 STOPPING

3.5.1 Automatic

When the timer clocks down to zero (knob reaches OFF position), a bell will ring and electrical power to the motor will shut off, causing the rotor head to coast to a stop.

3.5.2 Manual

In order to interrupt a timed spin cycle or to stop continuous centrifugation (from a HOLD setting), manually turn the rotary knob of the timer to the OFF position.

***Note:** Opening the top cover will cause the safety interlock switch to shut off power to the motor, however, this procedure is not recommended for stopping the spin cycle.* To avoid possible contact with the spinning rotor, **do not open the cover to stop the rotor.** Always turn the timer knob OFF and wait for the rotor to stop before unlatching and opening the cover.

3.6 PERIODIC INSPECTION OF ROTOR

WARNING

TO AVOID ELECTRICAL HAZARDS, THE CENTRIFUGE MUST BE UNPLUGGED PRIOR TO CLEANING, SERVICING, OR REMOVING THE ROTOR HEAD FOR ANY REASON.

Periodically inspect the rotor head for defects and signs of wear or stress that might impair its continued safe use. A thorough inspection requires removal of the rotor as follows: turn the head screw counterclockwise until unthreaded and lift the rotor from the motor drive and shaft.

Reinstall the rotor by placing it on the shaft and aligning the slot in the bottom of the rotor with the key in the motor drive (Figure 3-2).

Important: To ensure that the rotor is properly installed on the motor drive, use the head screw to hold the motor shaft stationary while turning the rotor until it drops into place, then tighten the head screw. The head screw must be firmly tightened prior to use. The rotor is correctly installed if clearance between the rotor and housing is approximately ⅞ inches maximum (Figure 3-2).

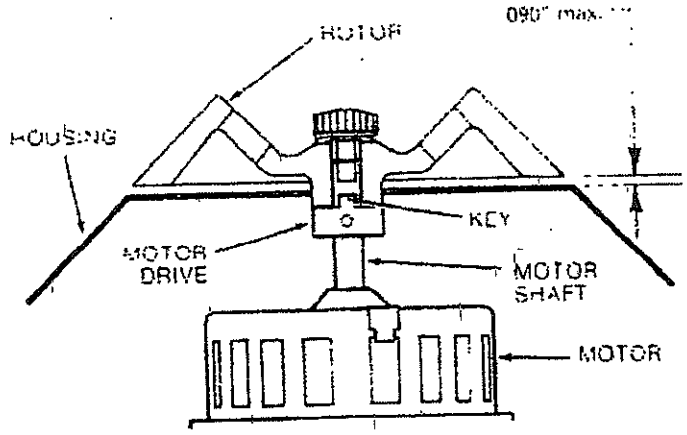


Figure 3-2. Cutaway View showing Correctly Installed Rotor

3.7 OPERATING PRECAUTIONS AND HAZARDS

To obtain properly centrifuged specimens and avoid damage or hazards, the following basic operating precautions should be carefully observed.

- **Electrical Safety**
  - ☐ Operate the Centrifuge only at the line voltage and frequency specified on the data plate and from a grounded electrical outlet only.
  - ☐ Unplug the power cord before attempting to clean, service or remove the rotor head for any reason.
  - ☐ If the power cord is damaged, have it replaced by a qualified service technician.
  - ☐ Never attempt to override the electrical safety switch of the Centrifuge.

- **Operating Precautions**
  - ☐ For smooth operation and long service life, always place tubes in the rotor shields in a balanced array.
  - ☐ For continued safety, periodically inspect the rotor as described in Section 3.6 of this manual.
  - ☐ Always close and latch the top cover before operating the Centrifuge.
- **Infectious Disease Protection**
  - ☐ Observe universal precautions when handling blood specimens and body fluids.
  - ☐ Always use protective laboratory gloves when working with blood.
  - ☐ Inspect tubes before centrifugation; cracked or scratched tubes should not be used.
  - ☐ Do not place the Centrifuge in a biological safety cabinet or other container, since the motor may produce strong air currents and turbulence which may disrupt the laminar air flow, or heat rise may affect the sample.
  - ☐ If a tube breaks in the Centrifuge, carefully remove broken glass with a hemostat or other device, using puncture-resistant utility gloves. Disinfect the Centrifuge as described in Section 5.2.2

Section 4.
SPEED AND TIMER CHECKS

4.1 CHECKING ROTOR SPEED

The ADAMS Compact II Centrifuge is a fixed speed machine, with a nominal speed rating of 3200 rpm at 120 V/60 Hz. Speed should be checked periodically with a non-contact tachometer, such as an ADAMS Photoelectric Tachometer, Cat. No. 425205.

Perform the check with rotor shields and tubes installed. If operated at 120 VAC, 60 Hz, the speed measurement should be between **3060 and 3400 rpm.*** If the electrical supply is satisfactory and speed is outside the above specification, the motor is most likely defective. See Section 5.3 for replacement parts.

See Section 1.3 for 220V Model 420227 specifications.

4.2 CHECKING TIMER ACCURACY

Periodically check the timer for accuracy against a stopwatch at 10-, 20-, and 30-minute settings. The timer should not differ from the stopwatch readings by more than ± 10%.

Repeat the check(s), if necessary, to eliminate the possibility of knob/dial setting or procedural errors. If the timer fails to shut off properly or is inaccurate, it should be replaced. See Sections 5.3 and 5.4 for replacement procedures and parts.

*Speed is line voltage and frequency dependent.

Section 5.
MAINTENANCE AND SERVICE

5.1 LUBRICATION

The Compact II Centrifuge contains sealed, permanently lubricated bearings. No oiling or maintenance of bearings is required for the life of the machine.

5.2 CLEANING

5.2.1 General Cleaning

WARNING

TO AVOID ELECTRICAL HAZARDS, THE CENTRIFUGE MUST BE UNPLUGGED PRIOR TO CLEANING, SERVICING, OR REMOVING THE ROTOR HEAD FOR ANY REASON

Use soap or a mild detergent and water to clean the cover, rotor, shields, and other parts of the centrifuge. (See below for special instructions on disinfecting the rotor and shields.) To prevent marring or scratching surface finishes, avoid the use of solvents or strong abrasives. Dry all surfaces with soft tissue or cloth.

5.2.2 Disinfecting Rotor, Shields and Adapters

To disinfect the rotor, remove it from the centrifuge as described in Section 3.4. Disinfect the rotor, shields, and adapters with a solution containing a 1:10 dilution of commercial sodium hypochlorite (5%). A 1:10 dilution can be prepared by adding one (1) part household bleach (e.g., CLOROX*) to nine (9) parts of water. Soak the rotor and other parts in the dilute bleach for at least ten (10) minutes to destroy the viral and bacterial contaminants.

After soaking in the dilute bleach solution specified above, completely immerse the parts in clean water. Rinse again under running water to remove all traces of the bleach.

Thoroughly dry shields and adapters, also dry the top and bottom surfaces of the rotor before re-installing. Oven-drying may be used, provided the temperature DOES NOT EXCEED 125°F (52°C).

IMPORTANT: The motor drive and head screw must be clean and dry before reassembling the rotor.

*Trademark of Clorox Company, Oakland, CA

5.2.3 Replacing Cover Seal Ring

a. Remove worn cover seal ring by prying it from groove of housing (Figure 5-1).

b. Scrape or rub off residual adhesive remaining in ring groove.

c. Apply a coating of cyanoacrylate adhesive (or equivalent) along bottom of groove.

d. Orient new ring as shown in Figure 5-1 and press firmly around circumference of groove. Make sure that open space between ends of ring is at rear of centrifuge.

e. Allow adhesive to dry before closing lid.

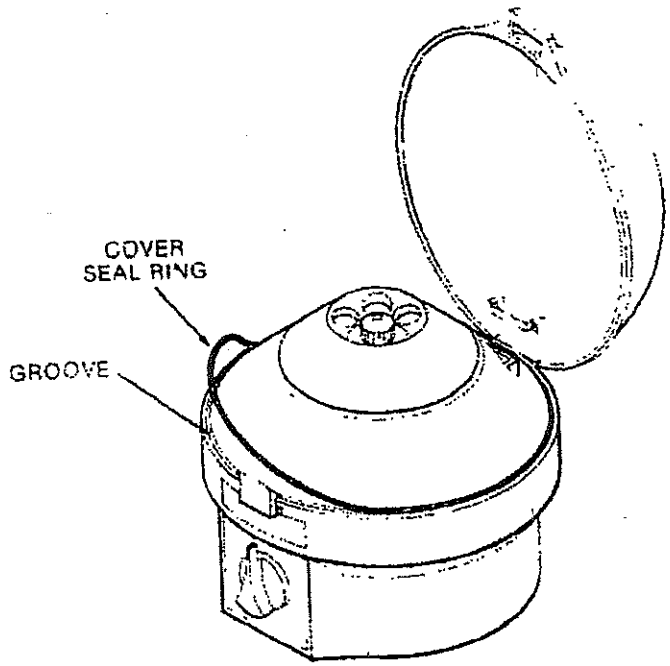


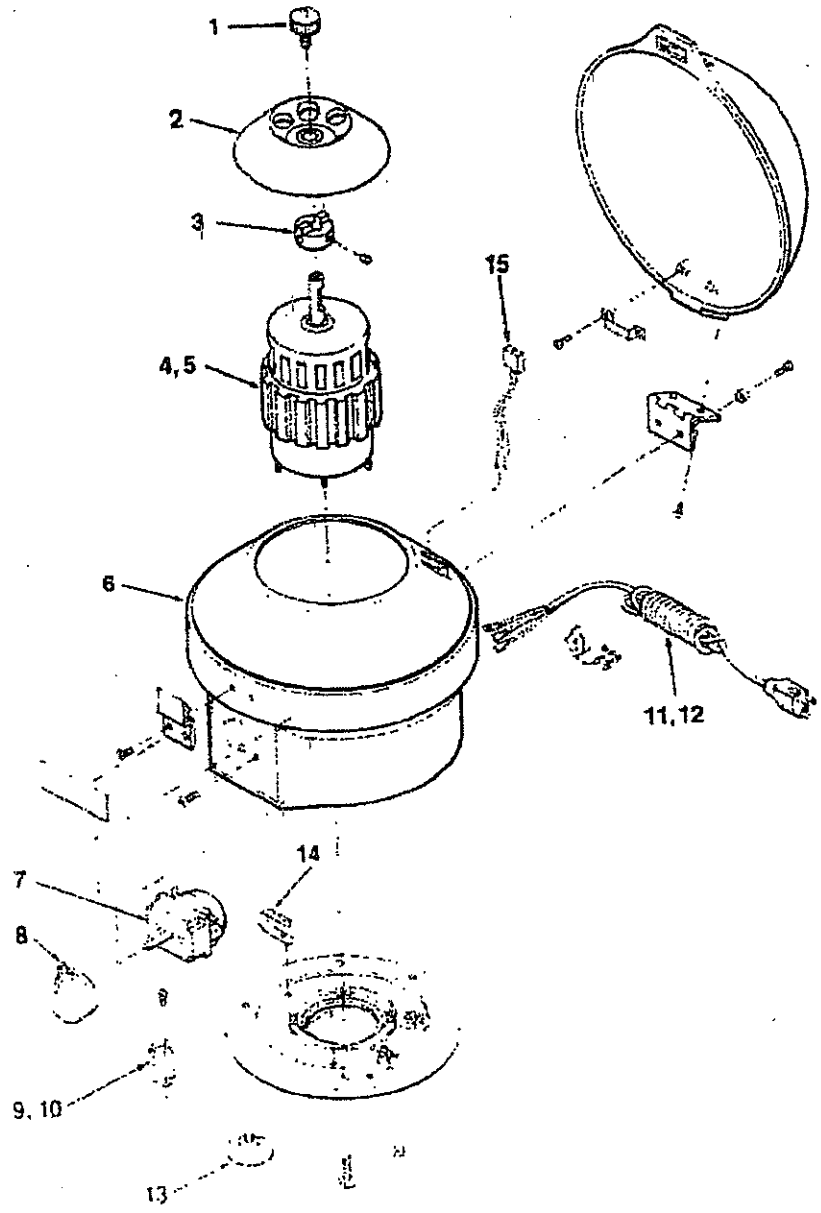
Figure 5-1. Cover Seal Ring.

5.3 REPLACEMENT PARTS LIST

Description	Reorder No.
• **Centrifuge** — See Item # in Figure 5-6	
1. Head Screw Assembly	42015103
2. Rotor Head (6 place)	42022502
3. Motor Drive*	42015102
4 Motor Assembly, Model 0225 (120 volts)*	42022501
5. Motor Assembly, Model 0227 (220 volts)*	42022701
6. Seal Ring	42022503
7 Timer*	42022505
8. Timer Knob	42022504
9. Capacitor, Model 0225 (120 volts)*	42022506
10. Capacitor, Model 0227 (220 volts)*	42022702
11. Power Cord Assy., Model 0225 (120 volts)*	42022509
12. Power Cord Assy., Model 0227 (220 volts)*	42022703
13 Rubber Feet (package of 3)	42000106
14 Wire Clamp (package of 3)	42022507
15. Safety Switch*	42022508

*For replacement, refer to authorized service center only

• **Rotor Accessories**	
Shield, Stainless with cushion (1)	420901
Rubber cushion, large, black (12 pk)	420944
Shield adapter (4 pk)	420250
Shield adapter (6 pk)	420251
Rubber cushion, small, black (4 pk)	420249



WARRANTY
CLAY ADAMS® Brand Compact II Centrifuge

Becton Dickinson Primary Care Diaganostics, (herein after referred to as Becton Dickinson), warrants the CLAY ADAMS Brand Compact II Centrifuge to be free from defects in workmanship and materials for a period of one (1) year from date of installation, provided the Centrifuge is operated in accordance with the Operator's Manual. During such period, Becton Dickinson agrees to replace or repair any parts which, in its sole judgment, are found to be defective, provided the Centrifuge has not been subjected to misuse or abuse. The warranty stated herein shall extend to the original consumer only and not to any subsequent consumer of the Centrifuge.

Becton Dickinson shall not be liable for any incidental or consequential damages. Becton Dickinson makes no other warranties, expressed or implied, except as stated herein.

For assistance in the United States,
call the Technical Service Department
at Becton Dickinson Primary Care Diagnostics:
1-800-631-8064

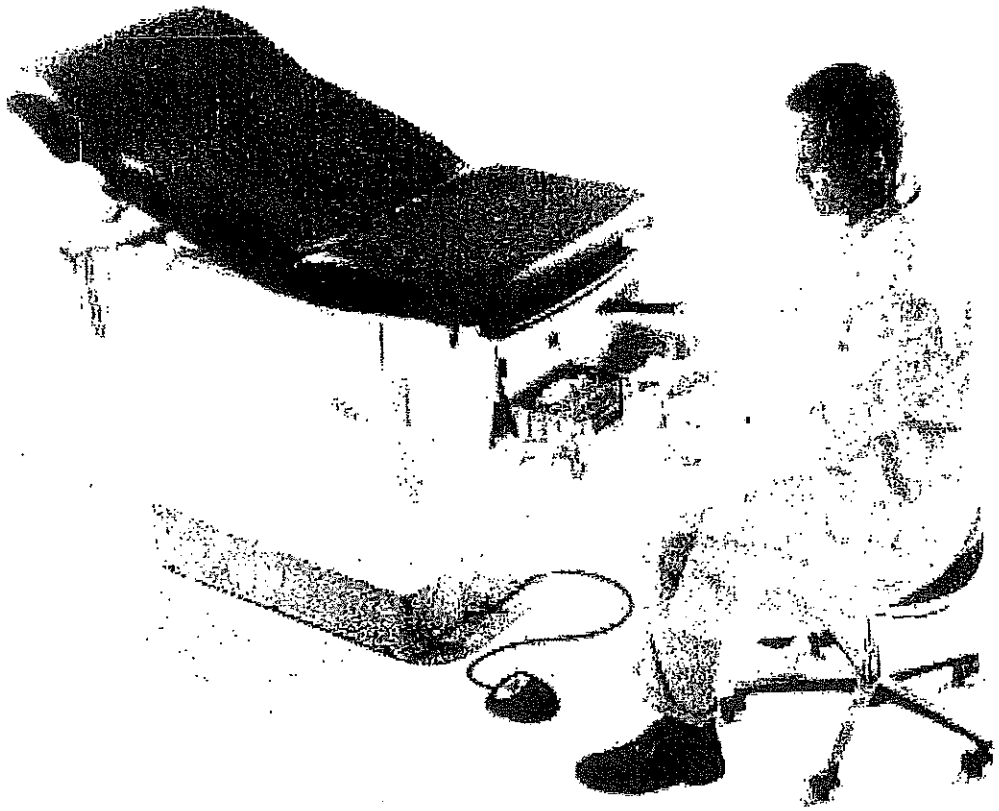
Becton Dickinson Primary Care Diagnostics
Becton Dickinson and Company
7 Loveton Circle
Sparks, MD 21152-0370

Manual No. 0275 300 089 [illegible]

222 / 223

Barrier-Free™ Examination Table

Ritter by MIDMARK



User's Guide

CE

003-1355-00 Rev. G (8/31/15)

Maintenance

Cleaning

Clean upholstery with 5% bleach/water solution.

Equipment Alert
The upholstery is resistant to most medicinal-type stains, but may be damaged by solvents and dyes. Immediately remove any fluids spilled on the upholstery.

Clean the table weekly, wiping the painted metal and plastic surfaces with a clean, soft cloth, and mild cleaners. Periodic applications of common furniture wax will ease cleaning and maintain the finished luster of the table.

Preventive Maintenance

Periodically inspect the following areas:

- Power cord should be free of cuts or other visible damage.
- All fasteners should be present and tightened securely.
- All mechanical functions should operate properly.

Periodically lubricate the following areas to maintain quiet, smooth, operation:

- Back hinge *(use light machine oil)*
- Footrest slide *(use household furniture wax)*

Have an authorized service technician inspect your table every six months.

Calling For Service

Note
Model / Serial Number information is required when calling for service.

Contact your Midmark Dealer, or log onto www.midmark.com to locate your nearest service provider. To contact Midmark directly:

1-800-Midmark (1-800-643-6275) or 937-526-3662
8:00 am until 5:00 pm. Monday through Friday (EST)
[excluding standard U.S. holidays]

Universal Procedures Table

Model Numbers:

230 -001 thru -004

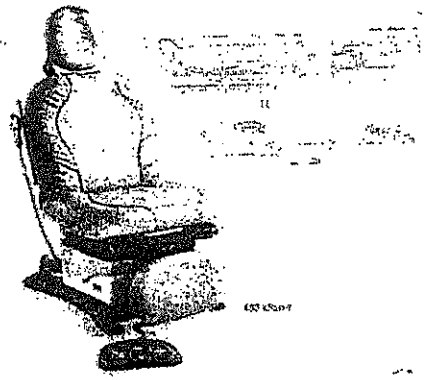
630 -001 thru -005

75 -019 thru -021

Some Models No Longer in Production
Parts Within May Not Be Applicable to Your Chair

MIDMARK

Service and Parts Manual



FOR USE BY MIDMARK TRAINED TECHNICIANS ONLY

Scheduled Maintenance Universal Procedures Table

Interval	Inspection or Service	Service, Adjust, Repair and / or Replace as Required (Refer to appropriate S&P or Quick Reference Guide)	230	630
Weekly	Cleaning	Clean upholstery with diluted bleach solution 10:1 (water:bleach)	X	X
		Wipe painted metal & plastic surfaces with a clean soft cloth and mild cleaner. (NOTE: Periodic application of common furniture wax will ease cleaning, and maintain the lustor of the surfaces).	X	X
	Obvious Damage	Visually inspect components for damage that could cause problems during operation or unsafe operation.	X	X
Semi-Annually	Mechanical Operation	Check all mechanical functions using the foot control. Repeat using the hand control when present.	X	X
		Table shrouds should move smoothly & quietly when base is raised & lowered. (NOTE: There are plastic glides on the shroud tabs. Missing glides may result in noisy operation.)	X	X
	Labels / Decals	Replace any missing or illegible labels.	X	X
	Hardware	All fasteners must be present and fastened securely.	X	X
	Electrical System	Inspect power cord and all wiring for damage.	X	X
		Be sure all electrical connections are tight.	X	X

Date of Service: ____/____/____

Location:

Service Technician:

Model:

Serial Number:

Warranty Information

SCOPE OF WARRANTY
Midmark Corporation ("Midmark") warrants to the original purchaser its new Alternate Care products and components (except for components not warranted under "Exclusions") manufactured by Midmark to be free from defects in material and workmanship under normal use and service. Midmark's obligation under this warranty is limited to the repair or replacement, at Midmark's option, of the parts or the products the defects of which are reported to Midmark within the applicable warranty period and which, upon examination by Midmark, prove to be defective.

APPLICABLE WARRANTY PERIOD
The applicable warranty period, measured from the date of delivery to the original user, shall be one (1) year for all warranted products and components.

EXCLUSIONS
This warranty does not cover and Midmark shall not be liable for the following: (1) repairs and replacements because of misuse, abuse, negligence, alteration, accident, freight damage, or tampering; (2) products which are not installed, used, and properly cleaned as required in the Midmark "Installation" and or "Installation / Operation Manual for the applicable product; (3) products considered to be of a consumable nature; (4) accessories or parts not manufactured by Midmark; (5) charges by anyone for adjustments, repairs, replacement parts, installation, or other work performed upon or in connection with such products which is not expressly authorized in writing in advance by Midmark.

EXCLUSIVE REMEDY
Midmark's only obligation under this warranty is the repair or replacement of defective parts. Midmark shall not be liable for any direct, special, indirect, incidental, exemplary, or consequential damages or delay, including, but not limited to, damages for loss of profits or loss of use.

NO AUTHORIZATION
No person or firm is authorized to create for Midmark any other obligation or liability in connection with the products.

THIS WARRANTY IS MIDMARK'S ONLY WARRANTY AND IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED. MIDMARK MAKES NO IMPLIED WARRANTIES OF ANY KIND INCLUDING ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE. THIS WARRANTY IS LIMITED TO THE REPAIR OR REPLACEMENT OF DEFECTIVE PARTS.

SF-1437 REV A1

Additional Information
Failure to follow the guidelines listed below will void the warranty and/or render the table unsafe for use

- If a malfunction is detected, do not use the table until necessary repairs are made
- Do not attempt to disassemble table, replace components, or perform adjustments unless you are a Midmark authorized service technician
- Do not use another manufacturer's parts to replace malfunctioning components. Use only Midmark replacement parts

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

SURVEYOR NOTES WORKSHEET

Facility Name: Planned Parenthood of IN + KY (PPINK) **Surveyor Name:** Trisha Goodwin
Provider Number: 011117 **Surveyor Number:** _____ **Discipline:** RN/NS
Observation Dates: From 3/14/18 **To** 3/15/18 B791 11

TAG/CONCERNS	DOCUMENTATION
(1.75) 0800	Load + Unload
0945	On site
1000	Entrance conference
	Wisc State lab & Hygiene + CDC
	AI states disappointed was no one since bill went through + visits will be surveyed 4 year + their facility type is set up as different from all others. Dep. surveyed annual hosp. + ASC surveys are the state standard. AI stated was in hospitals had one to a long time + was never surveyed as a yearly basis. - Augmentative from the get go even if surgeries offered
E.75	
1 per	4 persons @ table - laptops began their work + presented (+) M.C.
11:15	a stack of prepared documents. This surveyor asked for a 10 min conf. - team members S.M. - Granted
	AI staff re-entered Began socializing + conversation (candle). SM PHS asked for conversations to be held outside surveyor work area. Agreed 3 left 1 remained.
11:30	Others returned. Immediately. Beside me AI was typing fast + hard. - continuous distracting sight/sound.
12:45	After 1st req. for PI case review inventory list + PPK log AS brought at binder + stated all S/C in "there". When asked to show the worst list requested + addressed questions of other surveyor (x2)
2:00	Each req of A3 AI interrupted - ... of course I understand, sometimes in something of that nature. Most sentences are not allowed to be completed. - the thought is not complete nor the request.

Form CMS-807 (07/95)

SURVEYOR NOTES WORKSHEET

TAG/CONCERNS	DOCUMENTATION
7:00	= A3
	Corp-wide QA plan - look - down / dept
	Updated for 2018 - Vendor rev. - int A/RPA integ
∅	Quality Plan - Chapters on P+P's / A1
	Working Jan putting together
	Quality Assess Plan & spreadsheet (in computer)
	MRR audits - No attendance
	2018 plan was VS 2017 - ∅ PI measures
	Admits DIN show track down
(1)(5NA) 3:00	Lunch
5:00	Meeting
3/15/18	
(1)(7SA) 0815	Travel
1000	On site - Dr. rev - Hearing + protesters outside
11:00	Tour (not short
12:00	Dr. rev - Tour note
Per A3	Cold Temp of water P+P speaks to antibinding
	I.D. by ARMS.
	DIN have CDC - Policies etc DN get water Temps
	(Became a bit loud + stated we just DIN have)
2:47	Also indicated ∅ knowledge of needing a waiver for MR
	Admits Mgmt
1:00	ADM - Provide IC references for IC Binder / See
	list ASIC, AUR N Etc ∅ PM binder
1:15	Will not have rec. by Med Dir. for appointing 4
1:30	of MS members
1:35	A1 No training of cleaning or competency V's for staff -
1:40	A1 answered ? ∅ Mtgs w/ Med Dir (E w/ Kai ∅
	(one + done) ∅ Asst nearby Can ∅ Ec What or how they perform and to
1:45	NP's / AN - DN get appt'd / AN sign'd by Drs
	∅ NP: CBR - Not taught to have DFA ∅ stated A1
	∅ Become employ again A/T IS/H assigned
	Hosp under Letter
	Out Work Keep - DIN Dem pt Care teams

Form CMS-807 (07/95)

SURVEYOR NOTES WORKSHEET

TAG/CONCERNS	DOCUMENTATION
BA 5 sources on GB out/Exp	Ø Plan P+P ✓ 4Q rec
✓ Meds	P+P P+P + ~~[illegible]~~
PM GDN + PI Equip	P+P Grenades
Q Tank	Ø P+P / AI ≈ 25° 3/15
NW Station	✓ CDC temp Ø P+P — Ø standard formed for temp to be kept down
✓ IC Housekeeping training	P+P training
✓ MS important dates	Bylaws — copies — Train AH — P+P Rules
3:30	CJ Robin Lee — MS — sec. / Med Dir
	Letter - K Now submitted
	* D/N have to follow any IC only Fed
	- training for who is doing cleaning
	pg 51 S/HD P+P for cleaning, steril + disinfec
	✓ P+P ✓ & IC know dot what publ.
	✓ training show P+P for clean + PT proc. known + show training
	D/N ✓ competency
	all product is ? ask - show how IC dot "ped not app. for
	(duration) DT of proc. known. - Unble
3:00	Ab + AB indicated QA rec. D/N show GB mtg mins.
3:30	Exit conf.
(1.75) 4:00	Travel
5:45	Station

Date	Prep	Travel	Survey	Off-Site	Total
3/14/18	-75	2.75	5.75	—	9.25
3/15/18	—	2.75	6	—	8.75
3/19/18	—	—	—	1.25	1.25
3/20/18	—	—	—	10.25	10.25
	.75	5.5	11.75	11.5	29.5

Abortion Clinic
Administrative Document Request

List of credentialed staff for _____
List of non-nursing Personnel for _____

☐ Ownership—copy of articles of incorporation
☐ Quality assurance plan and documents to include all services/function/contracts
☐ List of contracts with scope and nature of services
☑ Constitution and bylaws of governing body (if applicable)
☐ Minutes of governing body (if applicable).
☐ Process for reporting health professionals
☐ Written policy addressing internal review of unusual occurrences and disasters

Medical Staff Rules including;
☐ Procedures for emergency, initial treatment, transfer
☐ History and physical
☐ Authentication of orders, who may take verbal orders
☐ Policy and procedure for communication with and timely response of physicians concerning a pt emergency
☐ Health care worker practice problems
☐ Physician Credentialing (if physician performs procedures): verify admitting privileges in writing **OR** a written agreement with another physician with admitting privileges. The document(s) must be present in the clinic.

Medical records policies including;
☐ Policies assuring documentation of care and services provided
☑ Policies for safeguarding records from sources of damage
☑ Maintenance of records for appropriate time frame
☐ Authentication and security of record
☑ Use of plain paper fax
☐ Confidentiality
☐ Release of information

Laundry policies
Dietary policies (if applicable)

Lab policies including;
☑ CLIA certificate or waived
☐ Quality control and QA policies for complexity of tests

Physical plant/ Safety policies including;
☐ Preventative maintenance policies/logs
☐ Repairs and electrical leakage checks
☑ Housekeeping and infectious waste policies
☐ Equipment inspection
☑ Vermin Control
☐ Building operations
☐ Chemical substance use/storage
☐ Surgical waste disposal
☐ General housekeeping
☑ Fire control plan AND Evidence of state or local fire inspection –
☐ Emergency/disaster preparedness

Facility Name PINK

Surveyor 33764 Date 3/14-15/18

ABORTION CLINIC
DOCUMENT REQUEST – CREDENTIAL FILE REVIEW

Not Kept in file (A1+A4)

Agmt Hosp. Plus

	MD#	MD Name	Appt/ Reappt	IN MD License	IN CSR	DEA Registra	Edu/Train Exper	Priv	CPR	Perf Rev
Started 5/1/16	1			✓	✓	✓	Bd cert ✓	✓ 2016	BLS	Ø #'s Cases
Impl.	2	Abbreviated Dec.		✓	✓	✓	FM ✓	2015	ACLS	Ø #'s
Contract 7/1/10	3			✓	✓	✓	OB ✓	2015	Ø	Ø #'s

	AH#	Allied Health Name/Title	Appt/ Reappt	IN License	IN CSR License	DEA Registra	Edu/Train Exper	Priv	CPR	Perf Rev
DOB 5/4/87			DNqgtqptl	✓	✓	( )	Ø		✓ BLS	2016
SVanille										

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Indiana State Department of Health

Abortion Clinic
Human Resources
Request Form

Personnel files should include:

- Prior education,
- position/title,
- date of hire,
- license/certification,
- initial orientation,
- in-servicing/education,
- job description,
- competencies
- current CPR status,
- most recent evaluation,
- physical exam/tests,
- two step PPD,
- Immunizations per facility policy.

PLEASE, Mark/label with tab on each of the above areas per file or have a staff member familiar with files available for review process. THANK YOU.

Others / Housekeeping — Center for Allied Learning
OSHA - IC - Suicide

Nursing:

1.
2. _____ See SM's Personnel Review
3. _____ & added Housekeeping / TG
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Ø Housekeeping Dept

Administration: Lab Housekeeping

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

QMICM's 4/13/17, 8/17/17, 11/9/17 ← NOT QA 3/14 2nd Data Review Summary = QA 2/16/17, 4/20/17

~~HOSPITAL~~ DOCUMENT REQUEST – QA/PI MONITORS

ABC

Facility Name PPINK

Surveyor Name Lisha Badesa Date 3/14/18

Services *Mark NA in Name of Contractor column, if not provided	Name of Contractor (If contract)	Monitor Y	Monitor N	Stand Y	Stand N	Report To GB Y	Report To GB N
~~Alcohol/Drug~~							
~~Ambulance Service~~							
Anesthesia Service	2017 10 MRs only	Y		Y			
MR audited consent 90%		Q (med bed)					
~~Animal Therapy~~							
~~Audiology~~							
~~Bariatric Service~~							
Bioengineering		✓		(N)			
		✓	N	Y	N		
Biohazard Waste Hauler		✓		N			
			N		N		
~~Blood Bank~~							
~~Burn Care Unit~~							
~~Cardiac Catheterization Lab~~							
~~Cardiac Thoracic Surgery~~							
~~Cardio/Pulmonary Therapy~~							
Central Sterile		Y			N		
~~Chemotherapy/ Oncology~~							
~~Chiropractic Service~~							
~~CT Scanner~~							
~~Dental Service~~							
~~Dietetic Service~~							
Discharge Planning		(			)		
		M					
~~Electroencephalography – EEG~~							
~~Electromyelography – EMG~~							
~~Emergency Dept (Dedicated) – ER~~							
~~Endoscopy~~							
~~Extracorporeal Shock Wave Lithotripsy~~							
~~Gerontological Specialty Service~~							
Housekeeping		✓		N		N	
Letter is cont 11/3/17 ex annual insp. – QA attended							
~~Hyperbaric Chamber~~							
~~ICU – Cardiac (non-surgical)~~							

Services *Mark NA in Name of Contractor column, if not provided	Name of Contractor (If contract)	Monitor Y	Monitor N	Stand Y	Stand N	Report To GB Y	Report To GB N
ICU/Medical Surgical							
ICU – Neonatal							
ICU – Pediatric							
ICU – Surgical							
Infection Control		Q			N		
		M					
~~Infusion Therapy~~							
Laboratory Service		✓		N		N	
CLIA Kh	RH Q O		N		N		
Laundry			N		N		
Maintenance			N		N		
~~Mammography~~							
~~Massage Therapy~~							
Medical Records			N		M		
					N		
Medication Errors F		M of attest					
~~MRI – Magnetic Resonance Imaging~~							
~~Neonatal Nursery~~							
~~Neurodiagnostic Therapy~~							
~~Neurosurgical Service~~							
~~Nuclear Medicine~~							
Nursing RF		?			?		
↳ in MR 2013 – SAB audit							
~~Obstetrics~~							
~~Occupational Therapy~~							
~~Opthalmic Surgery~~							
~~Optometry~~							
~~Organ Transplant (not Medicare certified)~~							
~~Orthopedic Surgery~~ Atlantica							
~~Outpatient Service~~							
~~Pediatrics~~							
~~PET Scanner~~							
Pharmacy	3/14 13@30						
Ø QA on pharm		M					

M = mention seen in V/Laparoscopic report

Q = mention seen in Quality Mgmt/IC minutes

HOSPITAL DOCUMENT REQUEST – QA/PI MONITORS

Facility Name PPINK

Surveyor Name _____ Date _____

Services *Mark NA in Name of Contractor column, if not provided	Name of Contractor (If contract)	Monitor Y	Monitor N	Stand Y	Stand N	Report To GB Y	Report To GB N
~~Physical Therapy~~							
~~PICC Line Service~~							
Post-Operative Recovery	SAB measure in MR sec						
Psychiatric – Adult Inpatient							
Psychiatric – Child/ Adolescent							
Psychiatric - Emergency							
Psychiatric - Forensic							
Psychiatric -Geriatric							
Psychiatric - Outpatient							
Psychology							
Psychology - Telepsychology							
Radiology - Diagnostic							
~~Radiology – Teleradiology~~							
~~Radiology -Therapeutic~~							
~~Reconstructive Surgery~~							
~~Rehab – Inpatient~~							
~~Rehab – Outpatient~~							
~~Renal Dialysis (Acute Inpatient)~~							
Reportable Events		M					
~~Respiratory Care~~							
Response to Patient Emergency		M					
Security	Ø stated monitor	M					
~~Sleep Lab~~							
~~Social Services~~							
~~Speech Pathology~~							
Surgical Service - Inpatient Abortion	SAB	M – Measures in MR audit					
~~Surgical Service~~ - Outpatient Non Sx Lab	MAB	M – MR audit					
~~Tissue Transplant~~							
~~Transcription~~							
~~Transplant Center (Medicare Certified)~~							

Services *Mark NA in Name of Contractor column, if not provided	Name Contractor (If contracted)	Monitor Y	Monitor N	Standard Y	Standard N	Report GB Y	Report GB N
~~Trauma Center (Designated)~~							
Ultrasound	US audit - D/W sgt shows						
Urgent Care Center Service			N		N		
Utilization Review	Ø MR reviewed						
Offsite/Other							
Complaints		M					
IR		M					

** Most recent calendar year, quarterly dates Gov Board reviewed QA activities

S (Service) dates – [illegible] = not included ① = Ø data or Standard

CS (Contract service) – [illegible]

Indiana State Department of Health
Personnel Document Review

Abortion Clinic: Planned Parenthood Date: 3/15/18 per P.

	Name/Class	Prior Educ	Hire Date	Lic/ cert	Orient	In-service	CPR	Last eval	Compe tency	Phy Exam	Immun	PPD 2 step	Other Housekeeping
S1		✓	5/1/16	NA	✓	✓	10/19	✓	✓	NA	✓	✓	ø
S2		✓	2/29/16	NA	✓	✓	5/18	✓	✓	NA	✓	✓	ø
S3		✓	8/1/16	10/19	✓	✓	11/18	✓	✓	NA	✓	✓	ø
S4		✓	9/27/15	NA	✓	✓	10/18	✓	✓	NA	✓	✓	ø
S5		✓	11/6/17	NA	✓	✓	10/18	✓	✓	NA	✓	✓	TB orient
S6		✓	3/16/98	NA	✓	✓	10/19	✓	✓	NA	✓	✓	ø
S7		✓	6/5/17	NA	✓	✓	10/19	✓	✓	NA	✓	✓	✓

Facility Name PP INK

Surveyor 33764 Date

Abortion Clinic
ASC DOCUMENT REQUEST – PHYSICAL PLANT WORKSHEET

EQUIPMENT

Type	Tag 1148 Maint Sched	Tag 1152 PM	Tag 1154 Triennial Review
Heating			
Ventilation			
Air Conditioning			
Emergency Generator	Manual B-W-S-A-K (A Each)	A 3/18 only	M ✓ (only post recall)
Smoke Detector			
Fire Alarm	A	A 1/31/18	

Type	Tag 1164 Maint Sched	Tag 1166 PM	Tag 1168 Electr Check	Tag 1168 Triennial Review
~~Anesthesia Machine~~			work to do	
~~Cardiac Monitor~~ Not req'd to do so				
Defibrillator		Y4 only V's 3/18		
Emerg Call Code Syst (Phone/Intercom)		Ø Y A1 3/18 = 12:47		Not P/U walk
~~Laser Device~~				
~~Overhead OR~~ Lights (Gooseneck) (Ref Chart)				Ø manual brought & addressed
~~Patient Stretcher~~ (Bed)				
~~Radiology Equipment~~				
Sterilizer x2		By Board (manual not provided)		
Suction Machine/Vacuum unit - per A		Yty use vacuum/procedures		
~~Surgical~~ Tables (Exam procedure tables)				
Wheelchair †				

~~Cauterizer~~ Ø

FIRE DRILLS Tag 1188

only 9/17 provided

	Quarter 1	2	3	4
Shift 1				
2				
3				

*Remember: ASCs usually have only 1 shift unless they are doing 23-hour stays

Per AS 3/15/18
C 100

ABORTION CLINIC ADMINISTRATIVE TOUR

FACILITY PPINK
SURVEYOR 33764

MED DIR _____ MANAGER _____ TOUR:
DATE 3-14/15-18 TIME 11^00 - 12^00

- ✓ Posting of license
- ✓ Pantry/nourishment area
- ✓ Janitor closet
- NA Housekeeping
- NA Preventative Maintenance
- ✓ Storage Areas
- NA Flammable agents
- (P) 12^00 ✓ Tank storage and secured – 1@2 green cylinders bound against wall All indicated needed secured
- ✓ Overall maintenance
- (P) 11^20 ✓ Adequate battery powered lighting and equipment – flame – O/N do any ✓'s – ø ppt door dly/wdly etc daily ambient
- ✓ Medical record storage
- ✓ Laundry Services
- ✓ Safety – stair rail to basement
- ✓ Lab area, as applicable – ø Ag for clean transport – K+H sanitizer around – ø Hg – Azithromycin 600 mg 250 mg ÷ 12 + 1 full unopened vial Ceftriaxone IBC 500 mg 1 gm 1/4 bottle, Metronidazole 500 1/2 bottle 1/4
- ✓ Chemical use and storage
- ✓ Refuse/infections waste
- (P) patient 11^45 Recovery room # 32 – Promethazine Exp 10/2017 25 mg/ml in fridge
- (P) E/P
- (P)

COMMENTS/INTERVIEWS: Pkg NW sticker attached PCC p 2 min ø T rec.d Very cold to touch Training Videos shown appl. – Doc O/N ✓ expiration – E on office Medical Waste

09/02/2014

SIGN IN/ SIGN OUT
Abortion Clinic

	NAME (PRINT)	SIGNATURE	TITLE (PRINT)
1			VP of Patient Services
2			C.Hou - Georgetown
3			Dir. of Clinical Services
4			Dir. of Clinical Operations
5			HR Generalist
6			Clinic Facility Manager