

DATE	DIARY SHEET CONTINUATION	INT.
1/1/13	MCH Request for informal conference	(EXEM.7(c))
2/4/13	Informal Conference Held - Negotiated a	(EXEM.7(c))
	40% penalty reduction - all abatements	(EXEM.7(c))
	were completed - see attached agreement	(EXEM.7(c))
	Forwarded for update and file	(EXEM.7(c))
3/5/13	MCH + Processed full penalty payment	(EXEM.7(c))
	of \$ 3060.00, Check # 045680 and closed	(EXEM.7(c))
	case in system	(EXEM.7(c))



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DATE	DIARY SHEET CONTINUATION	INT.
9/23/10	Received Sax request, signed, for inspection. — on 9/27/10, a plaintiff called, we did not get her Sax on 9/10 and 9/13. Printed out tax report. Also, CSHO called on Sept 21 to find out where the letter was. — Also called on this day to check on status of this case.	(EXEM. 7(c))
10/12	— opened inspection —	
10/17	— Back on site to continue inspection.	
10/23	Wrote to file — Spoke to Ms. Ruth Barnaby about case. Also, discussed plans for additional BOP training and for compliance w/ HB vaccination. — Ruth stated several ees still need training and they will not be scheduled to work unless they have training. — Also, cancelled future meeting by TDY anticipated for Staten Island Hurricane Sandy assignment.	(EXEM. 7(c))
10/29/13	Second class held via telephone 3:30 pm. — Attempted first at 1:45 pm.	(EXEM. 7(c))
1/29/13	Casefile reviewed — per. if for citation assembly and issuance	
1/29/13	citation issued	
1/29/13	adviser and contest date 2/21/13	

**US Department of Labor  
Occupational Safety and Health Administration**

**UN-PROGRAMMED ACTIVITY DIARY**

Pg \_\_\_\_ of \_\_\_\_

<b>Company:</b> Planned Parenthood of Delaware	<b>Fax Number:</b> 302-655-1907	<b>Un-programmed Activity Number:</b> 492910
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<b>DATE:</b>	<b>ACTION:</b>	<b>INITIALS:</b>
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08/09/12	Complaint received by M. 7(c)	(EXEM. 7(c))
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08/10/12	Phone and faxed to employer.	(EXEM. 7(c))
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8/17/12	Response received (i.e. (EXEM. 7(c))	(EXEM. 7(c))
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8/20/12	CSHA got response from (EXEM. 7(c))	(EXEM. 7(c))
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8/21/12	Evaluated responses. Recommended follow-up possible formal inspection.	(EXEM. 7(c))
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8/21/12	Response reviewed. send complainant satisfactory response letter and close possible formal inspection pending response received by complainant.	(EXEM. 7(c))
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8/21/12	No Complainant Address in file. Unable to send response.	(EXEM. 7(c))
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8/25/12	Complainant requested copy of employer response sent to (EXEM. 7(c)) via email. Letter and response emailed.	(EXEM. 7(c))
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8/26/12	Spoke to (EXEM. 7(c)) on phone.	(EXEM. 7(c))
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8/26/12	She allegedly placed blame on (EXEM. 7(c)) she will send response to complainant's request to OSHA.	(EXEM. 7(c))
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8/26/12	The complaint, forwarded a copy of OSHA's response to the results to (EXEM. 7(c))	(EXEM. 7(c))
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Also, called (EXEM. 7(c)) to call back. She intends to send us a written response today rebutting what the employer has stated.



**U.S. Department of Labor**  
Occupational Safety and Health Administration  
919 Market Street  
Suite 900  
Wilmington DE 19808  
Phone: 3025736518 Fax: 3025736532  
RID: 0317300



## Penalty Payment Report


Payment Report: **185794**  
Payment Report Date: **03/05/2013**

	Inspection Number	Establishment Name	Penalty Amount	Penalty Type
1	686658	Planned Parenthood of Delaware	\$3060.00	Violation Penalty Amount

**Batch Total: \$3060.00**

THIS DOCUMENT IS PRINTED ON A COLORED BACKGROUND. THE MICROFORM SIGNATURE LINE AND NUMBER THAT SLEED THROUGH THE MACHINE SHOULD NOT ACCEPT (PRESS) ALL FEATURES ARE VISIBLE. THE PAPER CONTAINS AN ARTIFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW.

(EXEM. 4)

 **Planned Parenthood**  
of Delaware  
625 Shipley Street  
Wilmington, Delaware 19801

62-8  
311

(EXEM. 4)

CHECK DATE	CHECK NO.
2/25/2013	(EXEM. 4)
CHECK AMOUNT	
\$* 3,060.00	

PLANNED PARENTHOOD

(EXEM. 4)

TO THE ORDER OF

OSHA Labor  
OSHA Administration  
919 N Market St Suite 900  
Wilmington, DE 19801

**RECEIVED**  
MAR - 5

AUTHORIZED SIGNATURE



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**U.S. DEPARTMENT OF LABOR  
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION**

In the Matter of:      Planned Parenthood of Delaware  
OSHA No. (s):        686658

**INFORMAL SETTLEMENT AGREEMENT**

The undersigned Employer and the undersigned Occupational Safety and Health Administration (OSHA), in the settlement of the above citation(s) and penalties which were issued on January 29, 2013, hereby agree as follows:

1. The Employer agrees to correct the violations as cited in the above citations or as amended below.
2. Respondent will pay the amended penalty of \$3,060.00, in full within thirty (30) days of the date of this Settlement Agreement. Payment will be made with a check payable to "OSHA Labor", and mailed to the Occupational Safety and Health Administration, Wilmington Area Office, Citizen's Bank Building, Suite 900, 919 N. Market Street, Wilmington, DE 19801.
3. OSHA agrees that the following citations and penalties are being amended as shown below:

Citation 1 Item 1 – Negotiated 40% Penalty Reduction, New Penalty  
\$2,550.00

Citation 2 Item 1 – Negotiated 40% Penalty Reduction, New Penalty  
\$510.00

**NEW PENALTY: \$3,060.00**

4. The employer, by signing this informal settlement agreement, hereby waives its rights to contest the above citation(s) and penalties, as amended in paragraph 3 of this agreement or where applicable agrees to withdraw its notice of contest.
5. The employer agrees to immediately post a copy of this Settlement Agreement in a prominent place at or near the location of the violation(s) referred to in paragraph 3 above. This Settlement Agreement must remain posted until the violations cited have been corrected, or for 3 working days (excluding weekends and Federal Holidays), whichever is longer.



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6. The employer shall comply with Section 11(c) of the OSH Act, 29 U.S.C. § 660(c), and shall not discharge or in any manner discriminate against any employee because the employee has exercised (or intends to exercise), on behalf of himself or others, any right afforded by the Act, including but not limited to filing an OSHA complaint, instituting a proceeding under or related to the Act, or testifying in a proceeding under or related to the Act.
7. The employer agrees to continue to comply with the applicable provisions of the Occupational Safety and Health Act of 1970, and the applicable safety and health standards promulgated pursuant to the Act.
8. Each party agrees to bear its/his own attorney's fees, costs and other expenses incurred by such party in connection with any stages of the above-referenced proceeding including, but not limited to, attorney's fees and costs which may be available under the Equal Access to Justice Act, as amended.
9. In accordance with 29 C.F.R. 1903.19(c), within ten (10) calendar days after the abatement date, Respondent shall certify to the Occupational Safety and Health Administration's ("OSHA") Wilmington Area Office that each citation has been abated.

Ruth Little - Barry  
For the Employer

2-6-2013

Date

Vincent P. Soss  
For the Occupational Safety and  
Health Administration  
Vincent P. Soss  
Area Director

2/6/2013

Date

#### NOTICE TO EMPLOYEES

The law gives you or your representatives the opportunity to object to any abatement date set for a violation if you believe the date to be unreasonable. Any contest to the abatement dates of the citations amended in paragraph 3 of this Settlement Agreement must be mailed to the U.S. Department of Labor, Wilmington Area OSHA Office, 919 N. Market Street, Suite 900, Wilmington, DE 19801, within 15 working days (excluding weekends and Federal Holidays) of the receipt by the Employer of this Settlement Agreement. You or your representative also have the right to object to any of the abatement dates set for violations, which were not amended, provided that the objection is mailed to the office shown above within the 15 working day period established by the original citation.

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MEMORANDUM TO: Myrna A. Butkovitz - OSHA Regional Counsel  
FROM: Vincent P. Soss, Area Director, Wilmington Area  
Office, Wilmington, DE

FILE NUMBER: 668658

CSHO ID: V6231

DATE: 2/6/13 TELEPHONE: YES: NO: ☒

COMPANY REPS: CHERI LEBEL ROYER - RISK MANAGER  
GLORIA JOHNSON V.P. MEDICAL SERVICES  
RUTH LITTLE BARNABY - PRESIDENT  
MARCY WILLIAMS - MANAGER SURGICAL SERVICES

UNION: N/A

OSHA REPS: VINCENT SOSS - AREA DIRECTOR

NOTES

Scope of Conference and all rights explained to Reps: ☒ Yes: No:

Contest Date: 2/21/13

CSHO was notified of any changes to the citation: ☒ Yes: No:

CSHO was provided with a copy of the amended citation: Yes: ☒ No:

Citation Number Abatelements Completed: ☒ Yes: No:

EMPLOYER DID NOT DISPUTE CITATIONS  
CLASSIFICATIONS OR ABATEMENTS. MAIN CONCERN  
WAS PENALTY - NEGOTIATED A 40%  
PENALTY REDUCTION. ABATEMENTS WERE  
COMPLETED AND DOCUMENTATION WAS  
PROVIDED TO SUPPORT.



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DATE: 2/1/2013

NOTICE OF INFORMAL CONFERENCE

An Informal Conference with: **Planned Parenthood of Delaware**  
Has been scheduled for: **February 6, 2013 at 10:00 am**

CSHO Instructions:

\_\_\_\_\_ Please attend the informal conference and discuss the case with me before the  
informal conference is held.

✓  
\_\_\_\_\_ You are not required to attend the informal conference. However, please review the  
case file and provide information to your supervisor concerning the inspection and  
citation(s). This information will be useful to whoever is conducting the informal  
conference.

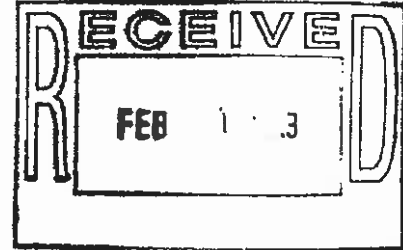
Vincent Soos  
SUPERVISOR'S SIGNATURE



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Planned Parenthood of Delaware

January 31, 2013



Area Director  
U.S. Department of Labor  
Occupational Safety and Health Administration  
919 Market St, Suite 900  
Wilmington, DE 19808

Re: Inspection Number: 686658

Dear Area Director,

This letter is written to request an informal conference to discuss issues related to the citation of Planned Parenthood of Delaware located at 625 N. Shipley Street, Wilmington, DE 19801.

Please inform me at your earliest convenience of the date, time and location of this conference. I will bring supporting documentation with me to the conference.

Sincerely,



Ruth Lytle-Barnaby  
President and CEO

RLB/lam



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**Planned Parenthood of Delaware**  
**OSHA – Infection Prevention & Workplace Safety**

**Signature Page**

Facilitator: Cheri Hellet-Bouyer

Date: \_\_\_\_\_

11/5/12

[illegible]

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(EXEM. 6)

24 pages  
pages 11-34



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(EXEM. 4)

10 pages  
pages 35- 44



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Of Delaware

# FAX

PLANNED PARENTHOOD OF DE 625 SHIPLEY STREET WILMINGTON, DE 19801

DATE: 8-17-12

PAGES FOLLOWING:

TO: Matt Dahms  
OSHA  
919 Market St, Suite 900  
Wilmington, DE 19808

PHONE: 302-573-6518

FAX: 302-533-6532

FROM: Cheri Lebel-Bayer  
Risk & Quality Mgr.

PHONE: 302-655-7296X1044

FAX: 302-655-1907.

RE: Complaint No. 492910  
Response

pages 1-10 attached.

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Attachment A

**CERTIFICATE OF POSTING  
OSHA NOTIFICATION OF ALLEGED HAZARD(S)**

Employer Name: Planned Parenthood Of Delaware  
Complaint Number: 492910

Date of Posting: 8-10-12

Date Copy Given to  
an Employee Representative: \_\_\_\_\_

On behalf of the employer, I certify that a copy of the complaint letter received from the Occupational Safety and Health Administration (OSHA) has been posted in a conspicuous place, where all affected employees will have notice, or near such location where the violation occurred, and such notice has been given to each authorized representative of affected employees, if any. This notice was or will be posted for a minimum of ten (10) days or until any hazardous conditions found are corrected.

Storia Boh  
Signature

VP of Medical Services  
Title

Planned Parenthood of Delaware  
Employer/Establishment name



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U.S. Department of Labor

Occupational Safety and Health Administration  
Wilmington, DE 0317300 Area Office  
919 Market Street  
Suite 900  
Wilmington, DE 19808  
Phone: (302) 573-6518 Fax: (302) 573-6532  
<http://www.osha.gov>



August 10, 2012

Gloria Johnson  
Planned Parenthood Of Delaware  
625 Shipley Street  
Wilmington, DE 19801

RE: OSHA Complaint No. 492910

Dear Employer:

On August 9, 2012 the Occupational Safety and Health Administration (OSHA) received a notice of alleged workplace hazard(s) at your worksite at:

625 Shipley Street  
Wilmington, DE 19801

We notified you, by telephone, of these alleged hazards on UNKNOWN. The specific nature of the alleged hazards are as follows:

Location:

Facility Wide

Hazard Description:

1. Employees are exposed to skin puncture from contaminated sharps.
2. Eating and drinking are allowed in work areas where there is a reasonable likelihood of occupational exposure.
3. Contaminated medical equipment is not decontaminated as necessary.
4. Employees exposed to potentially infectious materials are not provided with and / or required to wear appropriate personal protective equipment.
5. Contaminated personal protective equipment is not handled, cleaned and laundered as required by the OSHA Blood Borne Pathogen Standard (29 CFR 1910.1030).



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6. All equipment and working surfaces are not appropriately cleaned and decontaminated after contact with infectious materials.

7. Employees, covered by the OSHA Blood Borne Pathogen Standard (29 CFR 1910.1030), have not received sufficient training.

We have not determined whether the hazards, as alleged, exist at your workplace and we do not intend to conduct an inspection at this time. However, since allegations of violations and/or hazards have been made, we request that you immediately investigate the alleged conditions and make any necessary corrections or modifications. Please advise me in writing, no later than **UNKNOWN** of the results of your investigation and please provide us with your 9 digit employer ID number. You must provide supporting documentation of your findings, including any applicable measurements or monitoring results, and photographs/video which you believe would be helpful, as well as a description of any corrective action you have taken or are in the process of taking, including documentation of the corrected condition.

**If you fax your response an additional copy need not be sent by traditional mail.**

This letter is not a citation or a notification of proposed penalty which, according to the Occupational Safety and Health Act, may be issued only after an inspection or investigation of the workplace. It is our goal to assure that hazards are promptly identified and eliminated. Please take immediate corrective action where needed.

**If we do not receive a response from you by UNKNOWN indicating that appropriate action has been taken or that no hazard exists and why, an OSHA inspection will be conducted.** An inspection may include a review of the following: injury and illness records, hazard communication, personal protective equipment, emergency action or response, blood borne pathogens, confined space entry, lockout, and related safety and health issues.

Please note, however, that OSHA selects for inspection some cases where we have received letters in which employers have indicated satisfactory corrective action. This is to ensure that employers have actually taken the action stated in their letters.

If you need assistance to help resolve the issues of this complaint, the State of Delaware offers a free OSHA consultation service. If required, a consultant will visit your workplace and assess the validity of the complaint item(s). In addition, you will be provided with methods of correcting the hazard, if necessary. This service is provided on a priority basis to small, high hazard employers. To discuss or request their services, call the consultation project at the following address:

State of Delaware  
Occupational Safety and Health  
Delaware Department of Labor  
4425 North Market Street, 3<sup>rd</sup> Floor  
Wilmington, DE 19802



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Tel: 302-761-8200

You are requested to post a copy of this letter where it will be readily accessible for review by all of your employees and return a copy of the signed Certificate of Posting (Attachment A) to this office. In addition, you are requested to provide a copy of this letter and your response to it to a representative of any recognized employee union or safety committee if these are at your facility. Failure to do this may result in an on-site inspection. The complainant has been furnished a copy of this letter and will be advised of your response. Section 11(c) of the Occupational Safety and Health Act provides protection for employees against discrimination because of their involvement in protected safety and health activity.

If you have any questions regarding this matter, please contact the Wilmington Area Office at 919 N. Market Street, Suite 900, The Citizen's Bank Building, Wilmington, DE 19801. Your personal support and interest in the safety and health of your employees is appreciated.

Sincerely,

  
for Domenick Salvatore  
Area Director



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August 17, 2012

**Matt Dahms**  
Occupational Safety and Health Administration  
919 Market East, Suite 900  
Wilmington, DE 19808

**Re: Complaint # 492910**

Dear Mr. Dahms,

Thank you for giving us the opportunity to respond to your letter dated August 10, 2012, outlining a complaint you received. Our response and supporting documentation is included with this letter.

Employee and patient safety is a top priority for our organization, and we provide regularly scheduled audits and trainings, as well as additional trainings when indicated. Please be aware that the employee previously responsible for the surgical services oversight of OSHA standards including employee training and monitoring of compliance with such, as well as employee training and monitoring of compliance with our organizational policies relating to infection prevention, is no longer employed by Planned Parenthood of Delaware. We have since hired a new manager to provide this important oversight, and to provide adequate training in accordance with our infection control practices and Medical Standards and Guidelines.

If you have any additional questions or require additional documentation, please contact Gloria Johnson, Vice President of Medical Services at 302-655-7296, x1035; email [gjohnson@ppde.org](mailto:gjohnson@ppde.org).

Sincerely,

**Cheri Lebel-Boyer**  
Risk and Quality Manager  
Planned Parenthood of Delaware

Enc.

cc: **Gloria Johnson, Vice President of Medical Services**  
**Nanci Hoffman, President and CEO**



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Occupational Safety and Health Administration – Complaint # 492910 Response

1. Employees are exposed to skin puncture from contaminated sharps.

Response: Sharps containers are located in all patient examination rooms, the laboratory, and surgery centers. Sharp containers are monitored and emptied when the full Indicator is reached. Staff are trained in the handling and disposal of contaminated sharps upon hire and annually thereafter.

2. Eating and drinking are allowed in work areas where there is reasonable likelihood of occupational exposure.

Response: Employees are not permitted to eat or drink in any patient care or laboratory services areas. The Center Manager is monitoring this and will address violations as they arise with individual staff. Employees are provided with a lounge where they are able to take their breaks and eat meals.

3. Contaminated medical equipment is not de-contaminated as necessary.

Response: Contaminated medical equipment is disinfected and de-contaminated per standard. Autoclave devices are on-site. All staff are trained in the de-contamination process as per the Infection Prevention and OSHA training upon hire and annually thereafter.

4. Employees exposed to potentially infectious materials are not provided with and/or required to wear personal protective equipment.

Response: Employees are provided with latex gloves, face masks, face shields and gowns. Employees receive training on the use of personal protective equipment upon hire and annually thereafter. Employees are required to always utilize personal protective equipment whenever there is risk of exposure to potentially infectious material.

5. Contaminated personal protective equipment is not handled, cleaned and laundered as required by OSHA Blood Borne Pathogen Standard. (29 CFR 1910.1030.)

Response: All personal protective equipment is disposable. Contaminated personal protective equipment is disposed of per OSHA Blood Borne Pathogen Standard, in clearly marked containers in a designated area. Staff are trained in the disposal of contaminated personal protective equipment upon hire and annually thereafter.

6. All equipment and working surfaces are not appropriately cleaned and de-contaminated after contact with infectious materials.



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**Response: Staff are trained in appropriate cleaning and de-contamination procedures upon hire and annually thereafter.**

- 7. Employees covered by the OSHA Blood Borne Pathogen Standard (29 CFR 1910.1030.) have not received sufficient training.**

**Response: Employees are receive training on OSHA Blood Borne Pathogen Standard (29 CFR 1910.1030) upon hire and annually thereafter. Additionally, all employees were required to attend refresher training for Center for Affiliated Learning, Infection Prevention Modules 1, 2 and 3 on August 14, 2012. This training covers all of the above topics. Record of this training is attached. Additionally, 1:1 training is provided if an employee is observed to be in not in compliance with the policy/procedures relating to infection prevention and the OSHA standard.**

**Enclosed Supporting Documentation:**

- **Employee sign-in for OSHA Blood Borne Pathogen Standard (29 CFR 1910.1030.) training.**
- **A copy of Planned Parenthood of Delaware OSHA Manual.**
- **Employee sign-in for Center for Affiliated Learning: Infection, Prevention Modules 1, 2 and 3.**



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(EXEM. 6)

3 pages  
pages 53 - 55



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Of Delaware

FAX

PLANNED PARENTHOOD OF DE 625 SHIPLEY STREET WILMINGTON, DE 19801

DATE: 8-17-12

PAGES FOLLOWING: 10

TO: Matt Dahms

PHONE: 302-573-6518

OSTIA

919 Market St, Suite 900

FAX: 302-573-6532

Wilmington DE 19808

FROM: Cheri Lebel-Beyer  
— Risk & Quality Mgr.

PHONE: 302-655-7296 x1044

FAX: 302-655-1907

RE: Complaint # 402910  
Response

Pages 11-20 attached

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(EXEM. 6)

3 pages

pages 57 - 59



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(EXEM. 7(c))

1 page  
page 60



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# OSHA MANUAL

(Exposure Control, Bloodborne Pathogen, & Hazard Communication Plans)

*Revision Date: May 2012*

G:\ACTIVE MANUALS

1

Revision: May 2012



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## EXPOSURE CONTROL PLAN

All employees must understand the principles of federal legislation designed to reduce/eliminate health care worker's risk of exposure to infectious and harmful materials.

This plan will be followed by all staff members and clinicians working within Planned Parenthood of Delaware (PPDE) who may be potentially exposed to bloodborne pathogens. Failure to follow these procedures may result in disciplinary action, up to and including termination of employment.

### PURPOSE:

- To ensure compliance with: OSHA's Bloodborne Pathogen and Hazard Communication Standards and CDC's TB Prevention in Health Care Facilities Standards
- To eliminate or minimize employee exposure to bloodborne hazards.
- To demonstrate PPDE's continued commitment to providing a safe and healthy environment in which to deliver patient care.

### DEFINITIONS:

Blood- means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens - Pathogenic microorganisms that may be present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated - The presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

Decontamination - The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Engineering Controls - Controls such as sharps disposal containers, needless systems and sharps with engineered sharps injury protection that isolate or remove the bloodborne pathogens hazard from the workplace.

Engineered Sharps Injury Protection - A physical attribute built into a needle device used for withdrawing OPIM, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or a physical attribute built into any other type of needle device, or into a

non-needle sharp, which effectively reduces the risk of an exposure incident.

**Exposure Incident** - A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

**Other Potentially Infectious Materials (OPIM)**- Other potentially infectious materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Parenteral** - means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

**Regulated Waste**- means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Source Individual** - Any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee.

**Sterilize**- means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**Universal Precautions** - An approach to infection control which applies blood and body fluid precautions universally to all persons regardless of their presumed infection status. Emphasizes is placed on the use of barriers to prevent contact with blood and OPIM

**Work Practice Controls** - means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (i.e. prohibiting recapping of needles)

### **Bloodborne Pathogen Standard**

The Occupational Safety and Health Administration (OSHA) issued standards on Occupational Exposure to Bloodborne Pathogens in 1992. This standard is designed to protect health care workers who face a significant health risk of occupational exposure to bloodborne pathogens including hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

In compliance with this Standard PPDE:

1. has developed an exposure control plan that identifies employees with occupation exposure;
2. trains all employees on occupational risks and methods to reduce risk;
3. maintains records of employee training and medical evaluations;
4. uses warning labels and signs to identify hazards;
5. has implemented methods to comply with provisions for worker protection;
6. provides voluntary hepatitis B vaccine at no cost to employees;
7. provides medical evaluation after exposure incidents; and
8. maintains a copy of the standard at each agency site which is available for employee viewing

### **Exposure Determination**

An assessment of each employee's exposure risk has been made.

~~At PPDE, the following employees have been determined to have either direct or potential exposure to blood or other potentially infectious material.~~

- a. RNs
- b. LPNs
- c. Center Managers
- d. Health Center Assistants
- e. Clinicians (APN's, PA's)
- f. Physicians
- g. Volunteers/Interns

Job tasks which carry potential risk include:

#### Lab Functions

- o Venipuncture
- o Fingerstick
- o Urine testing
- o Wet Mounts
- o Handling of specimens
- o Handling & disposing of infectious waste

#### Clinical Procedures

- o Vaginal/rectal exam
- o Obtaining vaginal/cervical/penile specimens
- o Implanon® insertion/removal
- o IUD insertion/removal
- o Endometrial/vulvar biopsies
- o Diaphragm fitting
- o Intramuscular Injection
- o Suture removal
- o Surgical Abortions
- o Examining POC's
- o Vasectomy



- o Handling contaminated instruments
- o Handling/preparing cleaning solutions
- o Disposal of regulated medical waste; and
- o Any miscellaneous housekeeping tasks which involve medical waste, sharps or contaminated surfaces

TABLE 1 TO POST FOR STAFF:  
Exposure Determination by Task (from ARMS Infection Prevention Manual)

[illegible]



Planned Parenthood<sup>®</sup>  
Of Delaware

FAX

PLANNED PARENTHOOD OF DE 625 SHIPLEY STREET WILMINGTON, DE 19801

DATE: 8-17-12

PAGES FOLLOWING: 10

TO: Matt Dahms  
CSHA  
719 Market St, Suite 900  
Wilmington DE 19808

PHONE: 302-573-6518

FAX: 302-573-6532

FROM: Cheri Lebel-Bayer  
Risk & Quality Mgr.

PHONE: 302-655-7296 x1044

FAX: 302-655-1907

RE: Complaint # 402910  
Response

pages 21-30 attached.

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Sharps Container	Handwashing	Gloves Exam or Utility	Face Shield

[illegible]

**a. Human blood, blood components and products made from human blood;**



b. OPIM;

- o vaginal secretions;
- o amniotic fluid;
- o semen;
- o other body fluids VISIBLY contaminated with blood, such as saliva, sputum, urine, feces, or vomitus; and
- o situation where it is difficult or impossible to differentiate between body fluid types, those fluids shall be considered to be potentially infectious.

2. **Engineering Controls** are used to minimize or eliminate occupational exposures to bloodborne pathogens. The engineering controls outlined below are inspected, maintained, and reevaluated on a regular basis. These controls include, but are not limited to:

- a. sharps with engineering controls, such as needleless systems;
- b. needle devices and non-needle devices;
- c. mechanical pipettes;
- d. leakproof specimen containers used during collection, handling and storage;
- e. leakproof, puncture-resistant sharps containers with appropriate labels or color coding located in:
  - o exam rooms
  - o laboratory
  - o procedure rooms
- f. handwashing facilities, located in:
  - o patient exam rooms
  - o laboratories
  - o bathrooms

**Use of Needleless Systems, Needle Devices, Non-needle Sharps**

Needlestick injuries pose a serious risk to health care workers. It is commonly accepted that safety devices represent a very effective means of reducing potential staff injuries. Towards this means, PPDE has established a device selection work group, which includes direct caregivers and administration, to evaluate and select safer needles and other sharp devices for use within its facilities. The work group will use the ECRI's Needlestick-Prevention Device Evaluation Form as part of the evaluation process (Form 1334).

3. **Work Practice Controls/Procedures** have been implemented to minimize exposure to bloodborne pathogens. Specific infection control policies and procedures are in place and address work practices and procedures centered on the concept of standard precautions (See Infection Control Manual). The primary goal of these work practices is to minimize or eliminate exposure to blood and body fluids. The following is a summary of work practice controls in place at PPDE:

- ~~a.~~ Hands will be washed with soap and water before patient contact, after the removal of gloves or other personal protective equipment and immediately following contact or exposure to blood or OPIM. Workers are instructed in this procedure and know where the facilities are located.
- b. If handwashing facilities are not available, antiseptic towelettes or antiseptic hand cleanser and clean paper towels shall be provided for use until it is feasible to get to a handwashing facility.
- c. ~~Mucous membranes and eyes will be immediately flushed with water following exposure to blood or OPIM.~~
- d. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure.
- e. Food, drink, and oral medications will not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM may be present.
- f. All procedures involving blood or OPIM will be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets.
- g. Mouth pipetting/suctioning of blood or OPIM is prohibited. Instead mechanical pipettes are required to be used when appropriate.
- h. Specimens of blood or OPIM will be placed in containers that prevent leakage during collection, handling, processing, storage, transportation or shipping. Syringes containing blood or OPIM will not be transported with needles attached unless an engineered safety device is in place permanently shielding the needle.
- i. The container for storage, transport or shipping to outside of the facility will be appropriately labeled or color-coded with the legend "biohazard".
- j. Leakproof containers are used for all specimens in PPDE.
- k. If outside contamination of the primary container occurs, the primary container will be placed within a second container that prevents leakage during handling, processing, storage, transport or shipping and is properly labeled. If specimen could puncture the primary container, the primary container will be placed within the secondary container that is also puncture-resistant.
- l. Equipment that may become contaminated is inspected for blood or other

potentially infectious materials on a regular basis and decontaminated as necessary.

#### 4. Handling Contaminated Sharps:

- a. Contaminated needles and syringes and other sharps will not be bent, broken, recapped or otherwise manipulated and will be disposed of in rigid-walled disposable sharps containers.
- b. Disposable sharps will not be reused under any circumstances.
- c. Contaminated sharps will be immediately, or as soon as possible after use, disposed of in rigid puncture-resistant, leakproof containers which are appropriately labeled with the legend "biohazard."
- d. Sharps container seals must be leak resistant and difficult to reopen
- e. Sharps containers will be readily available and easily accessible for all situations in which sharps are used or can be anticipated to be found.
- f. Sharps containers will be maintained in the upright position and will be replaced when  $\frac{3}{4}$  full to avoid overfilling.
- g. Broken glassware that may be contaminated will not be picked up by hand but by mechanical means such as a brush and dustpan, tongs or forceps.

#### 5. Personal Protective Equipment (PPE)

Personal protective equipment is an essential component of a plan to reduce or eliminate exposure to bloodborne pathogens. Where the potential for occupational exposure exists, staff will be provided, at no cost to the employee, appropriate personal protective equipment such as gloves, gowns, aprons, laboratory coats, splash goggles, glasses, face shields, masks, mouthpieces, resuscitation bags, pocket masks, hoods, shoe covers, etc.

The following policies and procedures will be adhered to:

- a. Personal protective equipment will be used in conjunction with engineered controls and work practice controls.
- b. Employees will be provided training on the appropriate use of personal protective equipment.
- c. Appropriate PPE will not permit blood or OPIM to pass through (i.e. impervious gowns) or to reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use.
- d. PPE will be used when performing: examinations; colposcopies and biopsies; cryotherapy; abortions; vasectomies; phlebotomies; inserting and removing IUDs and Implanon®; handling blood, potentially infectious materials, contaminated surfaces, exam room/surgical suite trash, and cleaning instruments.
- e. PPE shall be removed prior to leaving the work area. Employees are

responsible for placing their PPE, after removal, in a designated area or container for storage, washing, decontamination or disposal.

- f. Masks or resuscitation bags will be used to perform CPR.
- g. Employees will wear gloves when it is reasonably anticipated that they will have hand contact with blood or OPIM, mucous membranes and non-intact skin when performing vascular access procedures and when handling or coming into contact with contaminated items or surfaces.
  - o Disposable latex and non-latex gloves in appropriate sizes are available for all housekeeping staff and other workers in the lab, exam rooms, housekeeping closets and utility room.
  - o Disposable gloves will be replaced, as soon as practical when contaminated, torn or punctured or when their ability to function as a barrier has been compromised.
  - o Disposable gloves will not be washed or decontaminated for reuse.
  - o Non-latex or powderless gloves, and other similar alternatives are available, to those employees who experience allergenic problems with the standard gloves
  - o Utility gloves must be worn when performing tasks involving harsh cleaners that can potentially compromise single-use gloves.
- h. Employees will wear masks in combination with eye protective devices, such as glasses with solid side pieces, goggles or face shields whenever splashes, spray or splatter of droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.
- i. Gowns, aprons or lab coats will be worn whenever the potential for exposure to blood or OPIM is likely.

#### **6. Cleaning and Decontaminating the Work Site**

- a. The clinic area will be maintained in a clean and sanitary manner.
- b. Workers are responsible for ensuring that equipment or surfaces are cleaned with an appropriate disinfectant and decontaminated as soon as possible after a spill or leakage occurs and at the end of the work shift.
  - o Spill kits are available in each location
  - o Gloves and other PPE are to be worn when appropriate for clean-up
  - o Soak up blood with paper towels or other absorbent material. If a large amount of blood is present dispose of in a red biohazard bag. Small amounts that will not drip or splash can be placed in a regular trash container.
  - o Apply a disinfectant that has a hepatitis B or tuberculocidal claim to

spill area. Follow label directions OR a one-tenth (1/10) dilution of bleach may also be used.

- o Wipe with paper towels or other absorbent material and dispose of in the regular trash.
- c. Workers are instructed never to pick up by hand any broken glassware that may be contaminated. A brush, dust pan, forceps and/or tongs are available for picking up broken glassware that may be contaminated. The implements used for these purposes are cleaned and decontaminated by autoclaving or soaking in appropriate EPA registered decontaminant (i.e. a one-tenth (1/10) dilution of bleach) if the glass container held any blood or other potentially infectious materials.
- d. Sharps containers at PPDE are closable, puncture and leakproof and are appropriately marked as Biohazard.

## 7. Medical Waste Disposal

All waste will be stored and disposed of in a manner consistent with OSHA's bloodborne pathogen standard and Delaware's regulated medical waste regulations.

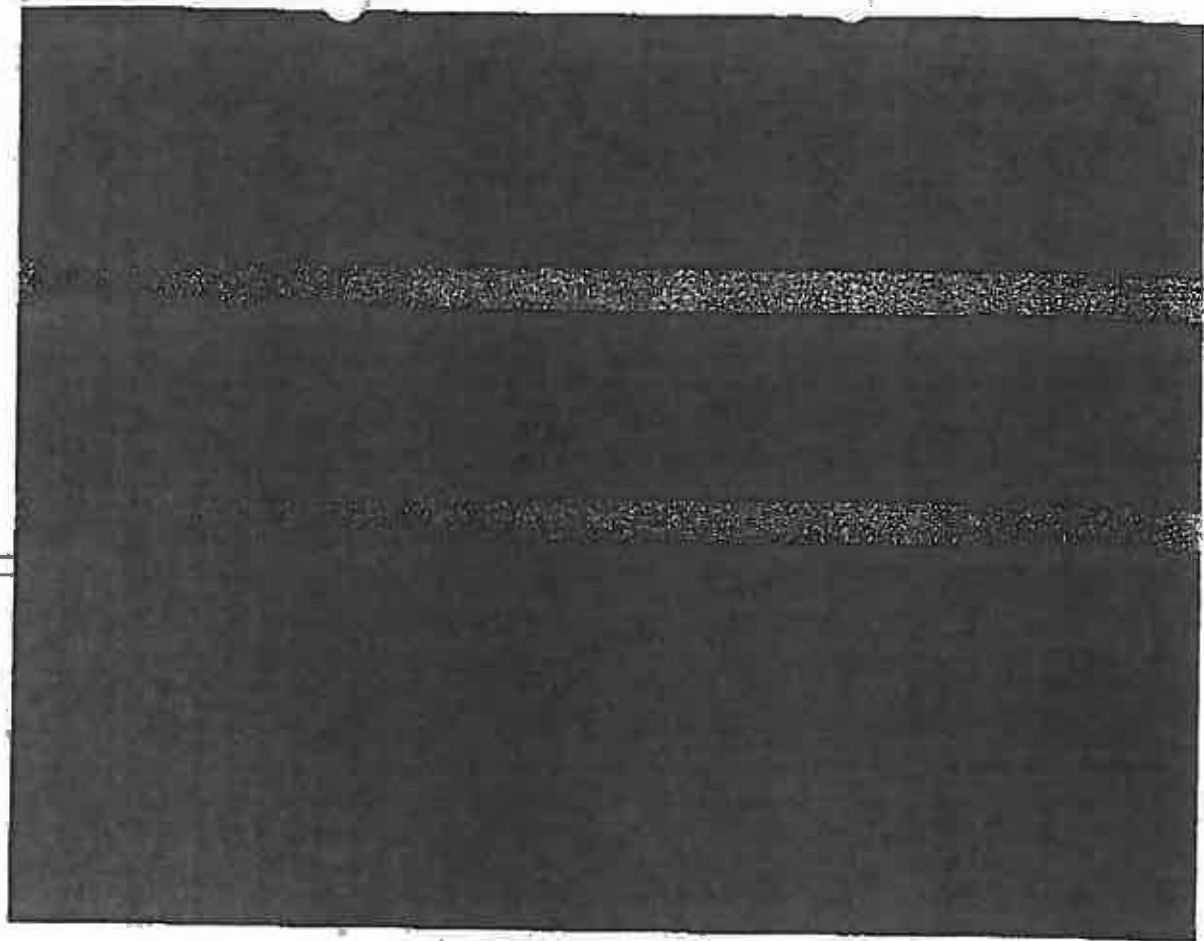
- a. Clear trash bags can be used for disposal of non-regulated waste. This includes all packaging materials and paper waste, paper towels, non-bloody gowns and gloves, non-bloody patient care items, drained intravenous (IV) bags and tubing, diapers and chux, sanitary pads, food, disposable cups and utensils.
- b. Sharps are discarded in containers that are:
  - Puncture-resistant
  - Sealable
  - Leak-proof if potential for fluid spill or leakage exists
  - Labeled with the appropriate biohazard warning label
  - Sealed and discarded when they become  $\frac{3}{4}$  full.
- c. "Sharps" include: hypodermic, intravenous or other medical needles, syringes with an attached needle or other sharps, scalpel blades, blood vials, slides and cover slips, syringes that have come in contact with blood or infectious agents.
- d. Blood collected in a tube and then is no longer needed, may be disposed in the tube and placed in the sharps container.
- e. Bloody fluids (e.g. bloody urine) may be discarded by carefully pouring it down a drain. Appropriate personal protective equipment must be worn to prevent splashing/aerosolized liquids. When possible it is preferable to close the container and place in an appropriate area for pick-up and disposal.

- f. Red bags are used for non-sharps, regulated medical waste, which includes:
- Discarded blood, products of blood and anything caked, soaked or dripping with blood. Blood bags and IV administration tubing filled with blood. Saturated material containing free-flowing blood, blood products or bloody body fluids (does not include urine or fecal materials, except if it is submitted for the diagnosis of infectious diseases).
  - Discarded serums, live or attenuated vaccines
  - Wastes, tissue, including POC
- g. Containers for Regulated Medical Waste (red bag waste) are located throughout the facility within easy access of employees and as close as possible to the source. Waste containers are maintained upright, covered, routinely replaced and not allowed to overfill.
- h. Contaminated laundry is handled as little as possible and is not sorted or rinsed where it is used.
- i. Whenever employees move containers of regulated waste from one area to another the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.
- j. Medical waste must be doubled-bagged in biohazard polyethylene bags before placing in biohazard cartons. Regular waste must not be disposed in biohazard bags/cartons. Likewise, biohazard waste must not be placed in regular waste disposal containers outside of buildings.
- k. Consistent with state regulations, an Infectious Waste Checklist (Form 1335) identifying the appropriate type of biohazard waste, must be included inside each biohazard waste box prior to sealing.

Waste Disposal Method (from the ARMS Infection Prevention Manual)







## **POST EXPOSURE PROGRAM**

### **Post-Exposure Procedure**

Procedure to be followed when there has been a needlestick and/or contamination by blood/body fluids is outlined below. Perform first aid procedures as needed:

1. Eye Injury
  - a. Do not rub or close eye(s) tightly
  - b. Do not rinse with hot water
  - c. Flush (irrigate) eye(s) with cool water using a mild flow for 15 minute while moving eyes in all directions.
2. Skin Exposure, needle stick injury, puncture or cut
  - a. Wash exposed skin with anti-bacterial soap and warm water for at least 3 minutes
  - b. Remove contaminated clothing
  - c. Report signs of infection, dryness, itching, pain, swelling or redness



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### **Post-Exposure Evaluation, Follow-up and Documentation**

In the case of an exposure incident at PPDE, the following procedures will be adhered to:

1. Exposed worker will immediately notify Center Manager who in turn will notify the Clinician on site, and the VP of Medical Services or designee.
2. The Center Manager will obtain the Occupational Exposure Checklist (Form 1103b) and use it as a procedure guide.
3. Do not dismiss the client who is the source of potentially infectious body fluids until speaking with the clinician or nurse as the client may need to have blood drawn in the office and a rapid HIV test may need to be performed.
4. An Occupational Exposure Incident Report (Form 1104) will be completed by the exposed worker with the Center Manager.
  - a. The original of the completed Occupational Exposure Incident Report (Form 1104) is given to the exposed worker, with a copy sent to the Human Resources Director (to be placed in the employee's personnel medical file.)
  - b. These forms must be received within 1-2 business days.
3. An OSHA Employee Exposure Evaluation and Follow-Up Form (Form 1105) is given to the employee to provide to the treating provider.
4. If the source patient is known, the patient (source individual) is informed that an incident has occurred:
  - a. Advise patient that she/he will be screened for Hepatitis, Syphilis and HIV at no expense. When the patient is already infected with Hepatitis B or C or HIV (seropositive), status need not be repeated. Testing for other bloodborne pathogens should still occur.
  - b. Patient should have a signed, appropriate consent form for lab work and HIV testing on record. Obtain one if not in then chart.
  - c. Test patient as follows: Hepatitis B surface antigen, Hepatitis C virus antibody, RPR, and HIV. Send all specimens as well as the employee to occupational health for testing.

*Note: If source client refuses consent for testing, notify VP and/or Director of Medical Services immediately. Title 16, Chapter 12, Section 1202 C-4 of the Delaware Code allows for involuntary testing in the case of HIV and/or potential exposure.*

5. The employee reporting accidental exposure to blood is offered, through referral, medical evaluation including evaluation of need for post exposure prophylactic (PEP) medications, as soon as possible after the exposure. This should occur within 1-2 hours but no longer then 36 hours after exposure.
  - a. The employee is referred to The Occupational Health Offices of Christiana Care Health System at Wilmington Hospital or the HCC Omega Building, Christiana,



Delaware; Bayhealth Medical Center, Dover; Milford Memorial Hospital, Milford; or Beebe Medical Center, Lewes, Del. All Occupational Health Offices are closed after 4 p.m. The Emergency Rooms at all above-name sites are equipped to handle the post exposure procedure.

- b. PPDE will absorb the full cost of medical evaluations, procedures, vaccines, and post-exposure prophylaxis at no cost to the employee. All required laboratory tests are done by an accredited laboratory, again at no cost to the worker.
  - c. If the employee declines evaluation and possible PEP, the center manager must have the exposed employee sign the Refusal to Accept Post Exposure Protocol (Form 1106) which is kept in the employee's medical chart with the incident report and supporting documentation for 30 years beyond the employee's termination of employment.
  - d. A written opinion (OSHA Employee Evaluation and Follow-up Form 1105) by the evaluating health care professional stating that the exposed employee has been informed of the results of the evaluation and about any exposure-related conditions that will need further evaluation and treatment. It will be included in the employee's confidential medical record. All other unrelated findings or diagnoses shall remain confidential and not be included in the written report.
6. Reporting of exposure incidents is done in the following order:
- Employee notifies Center Manager and licensed professional on-site, who notify
  - Director of Medical Services and VP of Medical Services who notify
  - Medical Director and CEO

### **Reporting and Documenting Sharps Injuries**

All of the reporting and documentation requirements described above must be done for sharps injuries, in addition to the information in this section

All sharps injuries will be recorded on the Employee Sharps Injury Sheet (Form 1110) and the site's Sharps Injury Log (Form 1107) within 1-2 working days of the date the incident was reported. The Sharps Injury log will be maintained for a minimum of five years. The Employee Sharps Injury Sheet will be forwarded in duplicate to the VP of Medical Services and include the following information:

1. Job classification of the exposed employee.
2. Date and time of the exposure incident
3. Type and brand of the sharp involved
4. A description of the exposure incident which must include:
  - a. Job classification of the exposed employee;
  - b. Department or work area where the exposure incident occurred;



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FAX

PLANNED PARENTHOOD OF DE 625 SHIPLEY STREET WILMINGTON, DE 19801

DATE: 8-17-12

PAGES FOLLOWING: ~~18~~ 7

TO: Math Dahms

PHONE: 302-573-6518

ESHA

919 Market St. Suite 900

FAX: 302-573-6532

Wilmington DE 19808

FROM: Cheri Lebel-Beyer  
Risk & Quality Mgr.

PHONE: 302-655-7296 x1044

FAX: 302-655-1907

RE: Complaint # 492910  
Response

pages 31-37 attached.

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- c. The procedure the exposed employee was performing at the time of the incident;
  - d. How the incident occurred;
  - e. The body part involved in the exposure incident;
  - f. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation, or after activation.
  - g. The employee's opinion whether any other engineering, administrative or work practice control could have prevented the injury.
5. A *Log of Work-Related Illness and Injury (OSHA's Form 300)* will be used to classify work-related injuries and to note the extent and severity of each case. When an incident occurs, the *Log* will be used to record specific details about what happened and how it happened. The *Log* will be completed by the VP of Medical Services/ Quality and Risk Management Manager. A separate *Log* will be kept for each site.
  6. A *Summary of Work-Related Injuries and Illnesses (OSHA's Form 300a)* will be completed by the VP of Medical Services/ Quality and Risk Management Manager showing the totals for the year of injuries and illnesses. A separate *Summary* will be kept for each site. The *Summary* will be posted at each site by February 1 of the year following the year covered by the form and will be kept posted until April 30 of that year.
  7. The *Log* and the *Summary* will be kept for 5 years following the year to which they pertain.

#### **Plan for Evaluation of Exposure Incidents**

The Medical Director and the VP of Medical Services will review all exposure incidents within 30 days of the incident using the procedure described below.

1. Review of incident forms completed:
  - Exposure Incident Report (Form 1104)
  - OSHA Employee Evaluation & Follow Up Form (Form 1105)
  - Employee Sharps Injury Sheet (Form 1110)
2. Written evaluation of the incident including:
  - suggestions for changes in facility procedures
  - detail on how facility changes will be implemented
3. Information about the exposure incident will be shared for additional evaluation by the Device Selection Work Group



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## **INFORMATION AND TRAINING**

All employees whose job descriptions put them at risk for occupational exposure to potentially infectious materials will receive information regarding infection control procedures (bloodborne pathogens and TB) and universal precautions. This will occur upon initial employment, annually thereafter, and when changes affect the employee's occupational exposure

1. Documentation of Training will include: date, topics covered, name and job titles of attendees, signature of attendees, and name and job title of trainer.
2. On-going education will be provided to employees concerning changes in infection prevention and control policies and procedures at least annually. Staff dealing with cleaning preparations containing hazardous substances will participate in an annual inservice program where the proper use and precautions for handling of materials will be reviewed.
3. Training records are maintained for 3 years from date of the training session.
4. All training records are available upon request to all workers or their representatives.

### **Bloodborne Pathogen Training**

The training program will contain, at a minimum:

1. information regarding bloodborne diseases including (HIV, HBV) and their modes of transmission
2. a copy and an explanation of the current OSHA Standard;
3. PPDE Exposure Control Plan with an explanation of plan and how an employee can obtain a copy
4. an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM including what constitutes an exposure incident;
5. methods of compliance;
6. personal protective equipment;
7. decontamination and sterilization procedures
8. Information on the hepatitis B vaccine, including efficacy, safety, method of administration, benefits of vaccination, and availability free of charge;
9. exposure incident, an explanation of the procedure to follow if an incident occurs;
10. post-exposure procedures and follow-up;
11. identifying biohazards, proper symbols, labels, color codes; and
12. question and answer period.



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### **Tuberculosis Prevention Program**

The transmission of TB is a recognized risk in health care facilities. CDC guidelines set standards for educating and training staff regarding TB risks and prevention measures. This agency has developed a TB Control Plan which includes information found in the Infection Prevention Manual along with the points listed below:

1. Designation of a TB Control Coordinator (VP Medical Services)
2. Completion of a risk assessment for the facility and specific occupational groups (Medical Director)
3. Protocols for prompt triage and appropriate management of infectious patients in the clinic
4. A TB screening program for staff
5. Education of staff regarding TB transmission and control measures will include:
  - a. the purpose, interpretation, and value of periodic skin testing
  - b. procedures and techniques to prevent nosocomial TB transmission including infection control and environmental techniques
  - c. the cause and transmission of TB
  - d. the distinction between TB disease and TB infection
  - e. the signs and symptoms of TB
  - f. the purpose of preventive therapy
  - g. the risk factors for TB disease development
  - h. the treatment of TB and the origin and prognosis of multi-drug resistant TB
  - i. the purpose of surveillance and the recommended follow-up of positive skin tests when applicable:
  - j. the engineering controls in use in the employee's work area
  - k. the purpose, proper selection, use and limitations of personal protective equipment

### **RECORDKEEPING**

The following procedures are in place at PPDE:

#### **Medical Records**

Confidential medical records are kept for all workers at risk of occupational exposure. Included in these records are:

1. Worker's name and social security number:
2. Hepatitis B vaccination status (including dates of vaccinations, records relating to employee's ability to receive the vaccine, and signed declination form, where applicable);
3. A copy of all examination and medical testing results, and follow procedures in the

event of an exposure incident; and

4. A copy of the information provided to the health care professional.

The confidential medical records are kept for at least 30 years after the person leaves employment or volunteer position. These records are maintained within the Administrative Offices of PPDE located at 625 Shipley St., Wilm, DE 19801 or off-site storage with Iron Mountain. If PPPE closes, it is understood that the employer must inform the Director of OSHA at least three months before disposing of the records.

Written permission from the workers is required for access to these medical records for purposes other than treatment, payment and operations. Access is limited to senior management for these purposes. HIPAA regulations do not cover personnel medical records.

Worker's medical records are available upon request by the Assistant Secretary and the Director of OSHA.

### **Training Records**

Records for the training of all workers at risk of occupational exposure are kept at PPDE for three years from the date of the training sessions and are available upon request to all workers or their representatives. Additionally, workers' training records are available upon request by the Assistant Secretary and the Director of OSHA. These records, documentation of training, include:

1. Dates of training sessions
2. Material covered
3. Names and qualifications of the trainers and names and job titles of the trainees



## **HAZARD COMMUNICATION PROGRAM**

OSHA Standard on Hazard Communication 1910.1200 (Right To Know) ensures that information necessary for the safe use, handling and storage of hazardous chemicals is provided to and made available to employees.

### **General Policy**

To ensure that information about the dangers of all hazardous chemicals used by Planned Parenthood of Delaware (PPDE) is known by all affected employees, the following hazardous information program has been established. Under this program, you will be informed of the contents of the OSHA Hazard Communications standard, the hazardous properties of chemicals with which you work, safe handling procedures and measures to take to protect yourself from these chemicals.

This program applies to all work operations in our company where you may be exposed to hazardous chemicals under normal working conditions or during an emergency situation. All work units of this company will participate in the Hazard Communication Program. Copies of the Hazard Communication Program are available in the health center and on the G drive in the Active Manuals folders for review by any interested employee.

The Risk & Quality Management Coordinator is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.

### **Container Labeling**

The Risk & Quality Management Coordinator will verify that all containers received for use will be clearly labeled as to the contents, note the appropriate hazard warning, and list the manufacturer's name and address.

Center Managers will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels marked with the identity and the appropriate hazard warning. For help with labeling, see Risk & Quality Management Coordinator.

PPDE uses red color coding and/or biohazard labels to mark all hazardous items. The following items do not require hazard labels/signs:

- o Containers of blood or blood products already labeled as to their contents and released for transfusion or other clinical use.
- o Individual containers, tubes and specimen cups of blood or OPIM placed in biohazard labeled bags or containers for storage, transport, shipment or disposal.
- o Primary specimen containers, as all staff are trained to use standard precautions when handling patient specimens.





The Risk & Quality Management Coordinator will review the company labelling procedures annually and will update labels as required.

#### **Material Safety Data Sheets (MSDSs)**

The Risk & Quality Management Coordinator is responsible for establishing and monitoring the company MSDS program. He/she will ensure that procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is communicated to affected employees. The procedure below will be followed when an MSDS is not received at the time of initial shipment:

- The individual receiving the shipment will notify the Risk & Quality Management Coordinator.
- The Risk & Quality Management Coordinator or a designee will contact the supplier and request the MSDS be emailed or faxed immediately.
- The new item will not be used until the MSDS is received.
- The Risk & Quality Management Coordinator is responsible for providing the MSDS to the location for inclusion in the binder.

Copies of MSDSs for all hazardous chemicals to which employees are exposed or are potentially exposed will be kept in a binder in the laboratory of the health centers and in the copy room for the Administrative offices.

MSDSs will be readily available to all employees during each work shift. If an MSDS is not available, contact the Risk & Quality Management Coordinator.

When revised MSDSs are received, the following procedures will be followed to replace old MSDSs:

- The Risk & Quality Management Coordinator or a designee will share the MSDS with all health centers with instructions to remove the previous sheet and place in an inactive folder.
- The VPMS or designee will replace the sheet for the Administrative office.

#### **Employee Training and Information**

Risk & Quality Management Coordinator is responsible for the Hazard Communication Program and will ensure that all program elements are carried out.

Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the hazard communication standard and this plan before starting work.

Each new employee will be informed and trained about the hazardous chemicals found in their work areas at the time of initial assignment and whenever a new hazard is introduced. This training includes:

- An overview of the OSHA hazard communication standard



- Inventory of chemicals used in the facility
- Labeling of containers
- Material Data Safety Sheets – where to locate them and how to read them
- Methods for communicating hazards and protective measures to employees and others

Prior to introducing a new chemical hazard into any section of this company, each employee in that section will be given information and training as outlined above for the new chemical hazard.

#### **Hazardous Non-Routine Tasks**

At the present time employees are not required to perform non-routine tasks that are hazardous.

#### **Informing Other Employers/Contractors**

It is the responsibility of Risk & Quality Management Coordinator to provide other employers and contractors with information about hazardous chemicals that their employees may be exposed to on a job site and suggested precautions for employees.

Other employers and contractors will be provided with MSDSs for hazardous chemicals generated by this affiliate's operations in the following manner:

- The Risk & Quality Management Coordinator provides the employer and contractor with a copy of the Hazard Communication policy and the location of the MSDSs.

In addition to providing a copy of an MSDS to other employers, other employers will be informed of necessary precautionary measures to protect employees exposed to operations performed by this affiliate. Also, other employers will be informed of the hazard labels used by the company.

#### **List of Hazardous Chemicals**

A list of all known hazardous chemicals used by our employees is attached to this plan (see Appendix A). This list includes the name of the chemical, the manufacturer, the work area in which the chemical is used, dates of use, and quantity used. Further information on each chemical may be obtained from the MSDSs, located in laboratory of the health centers or the copy room in Administration.

When new chemicals are received, this list is updated (including date the chemicals were introduced) within 30 days. The hazardous chemical inventory is compiled and maintained by the Risk & Quality Management Coordinator.

#### **Chemicals in Unlabeled Pipes**

PPDE does not have any chemical in unlabeled pipes in its facilities.

(EXEM. 7(d))

15 pages  
pages 86-100



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U.S. Department of Labor

Occupational Safety and Health Administration  
Wilmington, DE 0317300 Area Office  
919 Market Street  
Suite 900  
Wilmington, DE 19808  
Phone: (302) 573-6518 Fax: (302) 573-6532



Reply to the Attention of: Domenick Salvatore

September 5, 2012

(EX-1017)(9)  
RE: OSHA Complaint No. 492910

Dear (EX-1017)(9)

Planned Parenthood of Delaware has advised me that the hazards you complained about have been investigated. The employer has responded to the allegations and copies of the related documents are enclosed for your review.

With this information, OSHA feels the case can be closed on the grounds that the hazardous condition(s) have been corrected. If you do not agree that the hazards you complained about have been satisfactorily abated, please contact us within ten (10) business days of the date of this notification. If we do not hear from you within that time, we will assume that the hazards have been corrected and will take no further action with respect to this case.

Section 11(c) of the OSH Act provides protection for employees against discrimination because of their involvement in protected safety and health related activity. If you believe you are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with OSHA. You should file this complaint as soon as possible, since OSHA normally can accept only those complaints filed within 30 days of the alleged discriminatory action.

Your action on behalf of safety and health in the workplace is sincerely appreciated.

Respectfully,

(EX-1017)(9)  
/enclosure(s)



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Of Delaware

FAX

PLANNED PARENTHOOD OF DE 625 SHIPLEY STREET WILMINGTON, DE 19801

DATE: 8-17-12

PAGES FOLLOWING:

TO: Matt Dahms  
OSHA  
919 Market St, Suite 900  
Wilmington, DE 19808

PHONE: 302-573-6518

FAX: 302-583-6532

FROM: Cheri Lebel-Bayer  
Risk & Quality Mgr.

PHONE: 302-655-7296X1044

FAX: 302-655-1907.

RE: Complaint No. 492910  
Response

pages 1-10 attached.

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Attachment A

**CERTIFICATE OF POSTING  
OSHA NOTIFICATION OF ALLEGED HAZARD(S)**

Employer Name: Planned Parenthood Of Delaware  
Complaint Number: 492910

Date of Posting: 8-10-12

Date Copy Given to  
an Employee Representative: \_\_\_\_\_

On behalf of the employer, I certify that a copy of the complaint letter received from the Occupational Safety and Health Administration (OSHA) has been posted in a conspicuous place, where all affected employees will have notice, or near such location where the violation occurred, and such notice has been given to each authorized representative of affected employees, if any. This notice was or will be posted for a minimum of ten (10) days or until any hazardous conditions found are corrected.

Storia B. Johnson  
Signature

VP of Medical Services  
Title

Planned Parenthood of Delaware  
Employer/Establishment name



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U.S. Department of Labor

Occupational Safety and Health Administration  
Wilmington, DE 0317300 Area Office  
919 Market Street  
Suite 900  
Wilmington, DE 19808  
Phone: (302) 573-6518 Fax: (302) 573-6532  
<http://www.osha.gov>



August 10, 2012

Gloria Johnson  
Planned Parenthood Of Delaware  
625 Shipley Street  
Wilmington, DE 19801

RE: OSHA Complaint No. 492910

Dear Employer:

On August 9, 2012 the Occupational Safety and Health Administration (OSHA) received a notice of alleged workplace hazard(s) at your worksite at:

625 Shipley Street  
Wilmington, DE 19801

We notified you, by telephone, of these alleged hazards on UNKNOWN. The specific nature of the alleged hazards are as follows:

Location:

Facility Wide

Hazard Description:

1. Employees are exposed to skin puncture from contaminated sharps.
2. Eating and drinking are allowed in work areas where there is a reasonable likelihood of occupational exposure.
3. Contaminated medical equipment is not decontaminated as necessary.
4. Employees exposed to potentially infectious materials are not provided with and / or required to wear appropriate personal protective equipment.
5. Contaminated personal protective equipment is not handled, cleaned and laundered as required by the OSHA Blood Borne Pathogen Standard (29 CFR 1910.1030).



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6. All equipment and working surfaces are not appropriately cleaned and decontaminated after contact with infectious materials.

7. Employees, covered by the OSHA Blood Borne Pathogen Standard (29 CFR 1910.1030), have not received sufficient training.

We have not determined whether the hazards, as alleged, exist at your workplace and we do not intend to conduct an inspection at this time. However, since allegations of violations and/or hazards have been made, we request that you immediately investigate the alleged conditions and make any necessary corrections or modifications. Please advise me in writing, no later than **UNKNOWN** of the results of your investigation and please provide us with your 9 digit employer ID number. You must provide supporting documentation of your findings, including any applicable measurements or monitoring results, and photographs/video which you believe would be helpful, as well as a description of any corrective action you have taken or are in the process of taking, including documentation of the corrected condition.

If you fax your response an additional copy need not be sent by traditional mail.

This letter is not a citation or a notification of proposed penalty which, according to the Occupational Safety and Health Act, may be issued only after an inspection or investigation of the workplace. It is our goal to assure that hazards are promptly identified and eliminated. Please take immediate corrective action where needed.

If we do not receive a response from you by **UNKNOWN** indicating that appropriate action has been taken or that no hazard exists and why, an OSHA inspection will be conducted. An inspection may include a review of the following: injury and illness records, hazard communication, personal protective equipment, emergency action or response, blood borne pathogens, confined space entry, lockout, and related safety and health issues.

Please note, however, that OSHA selects for inspection some cases where we have received letters in which employers have indicated satisfactory corrective action. This is to ensure that employers have actually taken the action stated in their letters.

If you need assistance to help resolve the issues of this complaint, the State of Delaware offers a free OSHA consultation service. If required, a consultant will visit your workplace and assess the validity of the complaint item(s). In addition, you will be provided with methods of correcting the hazard, if necessary. This service is provided on a priority basis to small, high hazard employers. To discuss or request their services, call the consultation project at the following address:

State of Delaware  
Occupational Safety and Health  
Delaware Department of Labor  
4425 North Market Street, 3<sup>rd</sup> Floor  
Wilmington, DE 19802



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Tel: 302-761-8200

You are requested to post a copy of this letter where it will be readily accessible for review by all of your employees and return a copy of the signed Certificate of Posting (Attachment A) to this office. In addition, you are requested to provide a copy of this letter and your response to it to a representative of any recognized employee union or safety committee if these are at your facility. Failure to do this may result in an on-site inspection. The complainant has been furnished a copy of this letter and will be advised of your response. Section 11(c) of the Occupational Safety and Health Act provides protection for employees against discrimination because of their involvement in protected safety and health activity.

If you have any questions regarding this matter, please contact the Wilmington Area Office at 919 N. Market Street, Suite 900, The Citizen's Bank Building, Wilmington, DE 19801. Your personal support and interest in the safety and health of your employees is appreciated.

Sincerely,



*for* Domenick Salvatore  
Area Director



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August 17, 2012

Matt Dahms  
Occupational Safety and Health Administration  
919 Market East, Suite 900  
Wilmington, DE 19808

Re: Complaint # 492910

Dear Mr. Dahms,

Thank you for giving us the opportunity to respond to your letter dated August 10, 2012, outlining a complaint you received. Our response and supporting documentation is included with this letter.

Employee and patient safety is a top priority for our organization, and we provide regularly scheduled audits and trainings, as well as additional trainings when indicated. Please be aware that the employee previously responsible for the surgical services oversight of OSHA standards including employee training and monitoring of compliance with such, as well as employee training and monitoring of compliance with our organizational policies relating to infection prevention, is no longer employed by Planned Parenthood of Delaware. We have since hired a new manager to provide this important oversight, and to provide adequate training in accordance with our infection control practices and Medical Standards and Guidelines.

If you have any additional questions or require additional documentation, please contact Gloria Johnson, Vice President of Medical Services at 302-655-7296, x1035; email [gjohnson@ppde.org](mailto:gjohnson@ppde.org).

Sincerely,

Cheri Lebel-Boyer  
Risk and Quality Manager  
Planned Parenthood of Delaware

Enc.

cc: Gloria Johnson, Vice President of Medical Services  
Nanci Hoffman, President and CEO



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Occupational Safety and Health Administration – Complaint # 492910 Response

1. Employees are exposed to skin puncture from contaminated sharps.

Response: Sharps containers are located in all patient examination rooms, the laboratory, and surgery centers. Sharp containers are monitored and emptied when the full indicator is reached. Staff are trained in the handling and disposal of contaminated sharps upon hire and annually thereafter.

2. Eating and drinking are allowed in work areas where there is reasonable likelihood of occupational exposure.

Response: Employees are not permitted to eat or drink in any patient care or laboratory services areas. The Center Manager is monitoring this and will address violations as they arise with individual staff. Employees are provided with a lounge where they are able to take their breaks and eat meals.

3. Contaminated medical equipment is not de-contaminated as necessary.

Response: Contaminated medical equipment is disinfected and de-contaminated per standard. Autoclave devices are on-site. All staffed are trained in the de-contamination process as per the Infection Prevention and OSHA training upon hire and annually thereafter.

4. Employees exposed to potentially infectious materials are not provided with and/or required to Wear personal protective equipment.

Response: Employees are provided with latex gloves, face masks, face shields and gowns. Employees receive training on the use of personal protective equipment upon hire and annually thereafter. Employees are required to always utilize personal protective equipment whenever there is risk of exposure to potentially infectious material.

5. Contaminated personal protective equipment is not handled, cleaned and laundered as required by OSHA Blood Borne Pathogen Standard. (29 CFR 1910.1030.)

Response: All personal protective equipment is disposable. Contaminated personal protective equipment is disposed of per OSHA Blood Borne Pathogen Standard, in clearly marked containers in a designated area. Staff are trained in the disposal of contaminated personal protective equipment upon hire and annually thereafter.

6. All equipment and working surfaces are not appropriately cleaned and de-contaminated after contact with infectious materials.



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**Response:** Staff are trained in appropriate cleaning and de-contamination procedures upon hire and annually thereafter.

7. Employees covered by the OSHA Blood Borne Pathogen Standard (29 CFR 1910.1030.) have not received sufficient training.

**Response:** Employees are receive training on OSHA Blood Borne Pathogen Standard (29 CFR 1910.1030) upon hire and annually thereafter. Additionally, all employees were required to attend refresher training for Center for Affiliated Learning, Infection Prevention Modules 1, 2 and 3 on August 14, 2012. This training covers all of the above topics. Record of this training is attached. Additionally, 1:1 training is provided if an employee is observed to be in not in compliance with the policy/procedures relating to Infection prevention and the OSHA standard.

Enclosed Supporting Documentation:

- Employee sign-in for OSHA Blood Borne Pathogen Standard (29 CFR 1910.1030.) training.
- A copy of Planned Parenthood of Delaware OSHA Manual.
- Employee sign-in for Center for Affiliated Learning: Infection, Prevention Modules 1, 2 and 3.



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(EXEM. 6)

3 pages

pages 110 - 112



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FAX

PLANNED PARENTHOOD OF DE 625 SHIPLEY STREET WILMINGTON, DE 19801

DATE: 8-17-12

PAGES FOLLOWING: 10

TO: Matt Dahms

PHONE: 302-573-6518

CSHA

919 Market St. Suite 900

FAX: 302-573-6532

Wilmington DE 19808

FROM: Cheri Lebel-Bayer  
Risk & Quality Mgr.

PHONE: 302-655-7296 x1044

FAX: 302-655-1907

RE: Complaint # 402910  
Response

Pages 11-20 attached

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(EXEM. 6)

3 pages  
pages 114 - 116



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(EXEM 7(c))

1 page  
page 117



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# OSHA MANUAL

(Exposure Control, Bloodborne Pathogen, & Hazard Communication Plans)

*Revision Date: May 2012*

G:\ACTIVE MANUALS

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Revision: May 2012



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## EXPOSURE CONTROL PLAN

All employees must understand the principles of federal legislation designed to reduce/eliminate health care worker's risk of exposure to infectious and harmful materials.

This plan will be followed by all staff members and clinicians working within Planned Parenthood of Delaware (PPDE) who may be potentially exposed to bloodborne pathogens. Failure to follow these procedures may result in disciplinary action, up to and including termination of employment.

### PURPOSE:

- To ensure compliance with: OSHA's Bloodborne Pathogen and Hazard Communication Standards and CDC's TB Prevention in Health Care Facilities Standards
- To eliminate or minimize employee exposure to bloodborne hazards.
- To demonstrate PPDE's continued commitment to providing a safe and healthy environment in which to deliver patient care.

### DEFINITIONS:

**Blood-** means human blood, human blood components, and products made from human blood.

**Bloodborne Pathogens** - Pathogenic microorganisms that may be present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Contaminated** - The presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

**Decontamination** - The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

**Engineering Controls** - Controls such as sharps disposal containers, needless systems and sharps with engineered sharps injury protection that isolate or remove the bloodborne pathogens hazard from the workplace.

**Engineered Sharps Injury Protection** - A physical attribute built into a needle device used for withdrawing OPIM, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or a physical attribute built into any other type of needle device, or into a

non-needle sharp, which effectively reduces the risk of an exposure incident.

**Exposure Incident** - A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

**Other Potentially Infectious Materials (OPIM)**- Other potentially infectious materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Parenteral** - means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

**Regulated Waste**- means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Source Individual** - Any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee.

**Sterilize**- means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**Universal Precautions** - An approach to infection control which applies blood and body fluid precautions universally to all persons regardless of their presumed infection status. Emphasizes is placed on the use of barriers to prevent contact with blood and OPIM

**Work Practice Controls** - means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (i.e. prohibiting recapping of needles)

### Bloodborne Pathogen Standard

The Occupational Safety and Health Administration (OSHA) issued standards on Occupational Exposure to Bloodborne Pathogens in 1992. This standard is designed to protect health care workers who face a significant health risk of occupational exposure to bloodborne pathogens including hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

In compliance with this standard PPDE:

1. has developed an exposure control plan that identifies employees with occupation exposure;
2. trains all employees on occupational risks and methods to reduce risk;
3. maintains records of employee training and medical evaluations;
4. uses warning labels and signs to identify hazards;
5. has implemented methods to comply with provisions for worker protection;
6. provides voluntary hepatitis B vaccine at no cost to employees;
7. provides medical evaluation after exposure incidents; and
8. maintains a copy of the standard at each agency site which is available for employee viewing

### **Exposure Determination**

An assessment of each employee's exposure risk has been made.

At PPDE, the following employees have been determined to have either direct or potential exposure to blood or other potentially infectious material.

- a. RNs
- b. LPNs
- c. Center Managers
- d. Health Center Assistants
- e. Clinicians (APN's, PA's)
- f. Physicians
- g. Volunteers/Interns

Job tasks which carry potential risk include:

#### Lab Functions

- o Venipuncture
- o Fingerstick
- o Urine testing
- o Wet Mounts
- o Handling of specimens
- o Handling & disposing of infectious waste

#### Clinical Procedures

- o Vaginal/rectal exam
- o Obtaining vaginal/cervical/penile specimens
- o Implanon® insertion/removal
- o IUD insertion/removal
- o Endometrial/vulvar biopsies
- o Diaphragm fitting
- o Intramuscular Injection
- o Suture removal
- o Surgical Abortions
- o Examining POC's
- o Vasectomy



### Cleaning/Housekeeping

- o Handling contaminated instruments
- o Handling/preparing cleaning solutions
- o Disposal of regulated medical waste; and
- o Any miscellaneous housekeeping tasks which involve medical waste, sharps or contaminated surfaces

TABLE 3 TO POST FOR STAFF:  
Exposure Determination by Task (from ARMS Infection Prevention Manual)

[illegible]

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FAX

PLANNED PARENTHOOD OF DE 625 SHIPLEY STREET WILMINGTON, DE 19801

DATE: 8-17-12

PAGES FOLLOWING: 10

TO: Matt Dahms  
CSHA  
919 Market St. Suite 900  
Wilmington DE 19808

PHONE: 302-573-6518

FAX: 302-573-6532

FROM: Cheri Leibel-Bayer  
Risk & Quality Mgr.

PHONE: 302-655-7246 x1044

FAX: 302-655-1907

RE: Complaint # 402910  
Response

pages 21-30 attached.

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**TABLE 2 TO POST FOR STAFF:**  
**Protective Measures by Job Classifications**  
 (from the ARMS Infection Prevention Manual)

Job Classification	Sharps Container	Handwashing	Gloves Exam or Utility	Face Shield	Gown or Apron
Physician	Yes	Yes	Yes	Yes	Yes
Nurse Practitioner	Yes	Yes	Yes	Yes	Yes
Registered Nurse	Yes	Yes	Yes	Yes	Yes
Medical Assistant	Yes	Yes	Yes	Yes	Yes
Pharmacy Technician	Yes	Yes	Yes	Yes	Yes
Respiratory Therapist	Yes	Yes	Yes	Yes	Yes
Physical Therapist	Yes	Yes	Yes	Yes	Yes
Occupational Therapist	Yes	Yes	Yes	Yes	Yes
Speech Therapist	Yes	Yes	Yes	Yes	Yes
Behavioral Health	Yes	Yes	Yes	Yes	Yes
Medical Social Worker	Yes	Yes	Yes	Yes	Yes
Case Manager	Yes	Yes	Yes	Yes	Yes
Healthcare Worker	Yes	Yes	Yes	Yes	Yes
Environmental Services	Yes	Yes	Yes	Yes	Yes
Janitor	Yes	Yes	Yes	Yes	Yes
Security Guard	Yes	Yes	Yes	Yes	Yes
Receptionist	Yes	Yes	Yes	Yes	Yes
Administrative Staff	Yes	Yes	Yes	Yes	Yes
IT Support	Yes	Yes	Yes	Yes	Yes
Facilities Maintenance	Yes	Yes	Yes	Yes	Yes
Food Service	Yes	Yes	Yes	Yes	Yes
Housekeeping	Yes	Yes	Yes	Yes	Yes
Laundry	Yes	Yes	Yes	Yes	Yes
Linens	Yes	Yes	Yes	Yes	Yes
Transportation	Yes	Yes	Yes	Yes	Yes
Other	Yes	Yes	Yes	Yes	Yes

### Methods of Compliance

The VP of Medical Services in collaboration with the Director of Medical Services is responsible for implementing, evaluating, and monitoring compliance with these work practices.

1. **Universal blood and body fluid precautions** are observed in all patient care areas to prevent contact with blood and OPIM. The following body fluids are always treated as if infectious for HBV, HCV or HIV:
  - a. Human blood, blood components and products made from human blood

b. OPIM;

- o vaginal secretions;
- o amniotic fluid;
- o semen;
- o other body fluids VISIBLY contaminated with blood, such as saliva, sputum, urine, feces, or vomitus; and
- o situation where it is difficult or impossible to differentiate between body fluid types, those fluids shall be considered to be potentially infectious.

2. **Engineering Controls** are used to minimize or eliminate occupational exposures to bloodborne pathogens. The engineering controls outlined below are inspected, maintained, and reevaluated on a regular basis. These controls include, but are not limited to:

- a. sharps with engineering controls, such as needleless systems;
- b. needle devices and non-needle devices;
- c. mechanical pipettes;
- d. leakproof specimen containers used during collection, handling and storage;
- e. leakproof, puncture-resistant sharps containers with appropriate labels or color coding located in:
  - o exam rooms
  - o laboratory
  - o procedure rooms
- f. handwashing facilities, located in:
  - o patient exam rooms
  - o laboratories
  - o bathrooms

**Use of Needleless Systems, Needle Devices, Non-needle Sharps**

Needlestick injuries pose a serious risk to health care workers. It is commonly accepted that safety devices represent a very effective means of reducing potential staff injuries. Towards this means, PPDE has established a device selection work group, which includes direct caregivers and administration, to evaluate and select safer needles and other sharp devices for use within its facilities. The work group will use the ECRI's Needlestick-Prevention Device Evaluation Form as part of the evaluation process (Form 1334).



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3. **Work Practice Controls/Procedures** have been implemented to minimize exposure to bloodborne pathogens. Specific infection control policies and procedures are in place and address work practices and procedures centered on the concept of standard precautions (See Infection Control Manual). The primary goal of these work practices is to minimize or eliminate exposure to blood and body fluids. The following is a summary of work practice controls in place at PPDE:

- a. ~~Hands~~ will be washed with soap and water before patient contact, after the removal of gloves or other personal protective equipment and immediately following contact or exposure to blood or OPIM. Workers are instructed in this procedure and know where the facilities are located.
- b. If handwashing facilities are not available, antiseptic towelettes or antiseptic hand cleanser and clean paper towels shall be provided for use until it is feasible to get to a handwashing facility.
- c. ~~Mucous membranes and eyes~~ will be immediately flushed with water following exposure to blood or OPIM.
- d. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure.
- e. Food, drink, and oral medications will not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM may be present.
- f. All procedures involving blood or OPIM will be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets.
- g. Mouth pipetting/suctioning of blood or OPIM is prohibited, instead mechanical pipettes are required to be used when appropriate.
- h. Specimens of blood or OPIM will be placed in containers that prevent leakage during collection, handling, processing, storage, transportation or shipping. Syringes containing blood or OPIM will not be transported with needles attached unless an engineered safety device is in place permanently shielding the needle.
- i. The container for storage, transport or shipping to outside of the facility will be appropriately labeled or color-coded with the legend "biohazard".
- j. Leakproof containers are used for all specimens in PPDE.
- k. If outside contamination of the primary container occurs, the primary container will be placed within a second container that prevents leakage during handling, processing, storage, transport or shipping and is properly labeled. If specimen could puncture the primary container, the primary container will be placed within the secondary container that is also puncture-resistant.
- l. Equipment that may become contaminated is inspected for blood or OPIM.

potentially infectious materials on a regular basis and decontaminated as necessary.

#### 4. Handling Contaminated Sharps:

- a. Contaminated needles and syringes and other sharps will not be bent, broken, recapped or otherwise manipulated and will be disposed of in rigid-walled disposable sharps containers.
- b. Disposable sharps will not be reused under any circumstances.
- c. Contaminated sharps will be immediately, or as soon as possible after use, disposed of in rigid puncture-resistant, leakproof containers which are appropriately labeled with the legend "biohazard."
- d. Sharps container seals must be leak resistant and difficult to reopen
- e. Sharps containers will be readily available and easily accessible for all situations in which sharps are used or can be anticipated to be found.
- f. Sharps containers will be maintained in the upright position and will be replaced when  $\frac{3}{4}$  full to avoid overfilling.
- g. Broken glassware that may be contaminated will not be picked up by hand but by mechanical means such as a brush and dustpan, tongs or forceps.

#### 5. Personal Protective Equipment (PPE)

Personal protective equipment is an essential component of a plan to reduce or eliminate exposure to bloodborne pathogens. Where the potential for occupational exposure exists, staff will be provided, at no cost to the employee, appropriate personal protective equipment such as gloves, gowns, aprons, laboratory coats, splash goggles, glasses, face shields, masks, mouthpieces, resuscitation bags, pocket masks, hoods, shoe covers, etc.

The following policies and procedures will be adhered to:

- a. Personal protective equipment will be used in conjunction with engineered controls and work practice controls.
- b. Employees will be provided training on the appropriate use of personal protective equipment.
- c. Appropriate PPE will not permit blood or OPIM to pass through (i.e. impervious gowns) or to reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucus membranes under normal conditions of use.
- d. PPE will be used when performing: examinations; colposcopies and biopsies; cryotherapy; abortions; vasectomies; phlebotomies; inserting and removing IUDs and Implanon®; handling blood, potentially infectious materials, contaminated surfaces, exam room/surgical suite trash, and cleaning instruments.
- e. PPE shall be removed prior to leaving the work area. Employees are

responsible for placing their PPE, after removal, in a designated area or container for storage, washing, decontamination or disposal.

- f. Masks or resuscitation bags will be used to perform CPR.
- g. Employees will wear gloves when it is reasonably anticipated that they will have hand contact with blood or OPIM, mucous membranes and non-intact skin when performing vascular access procedures and when handling or coming into contact with contaminated items or surfaces.
  - o Disposable latex and non-latex gloves in appropriate sizes are available for all housekeeping staff and other workers in the lab, exam rooms, housekeeping closets and utility room.
  - o Disposable gloves will be replaced, as soon as practical when contaminated, torn or punctured or when their ability to function as a barrier has been compromised.
  - o Disposable gloves will not be washed or decontaminated for reuse.
  - o Non-latex or powderless gloves, and other similar alternatives are available, to those employees who experience allergenic problems with the standard gloves
  - o Utility gloves must be worn when performing tasks involving harsh cleaners that can potentially compromise single-use gloves.
- h. Employees will wear masks in combination with eye protective devices, such as glasses with solid side pieces, goggles or face shields whenever splashes, spray or splatter of droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.
- i. Gowns, aprons or lab coats will be worn whenever the potential for exposure to blood or OPIM is likely.

## 6. Cleaning and Decontaminating the Work Site

- a. The clinic area will be maintained in a clean and sanitary manner.
- b. Workers are responsible for ensuring that equipment or surfaces are cleaned with an appropriate disinfectant and decontaminated as soon as possible after a spill or leakage occurs and at the end of the work shift.
  - o Spill kits are available in each location
  - o Gloves and other PPE are to be worn when appropriate for clean-up
  - o Soak up blood with paper towels or other absorbent material. If a large amount of blood is present dispose of in a red biohazard bag. Small amounts that will not drip or splash can be placed in a regular trash container.
  - o Apply a disinfectant that has a hepatitis B or tuberculocidal claim to

spill area. Follow label directions OR a one-tenth (1/10) dilution of bleach may also be used.

- o Wipe with paper towels or other absorbent material and dispose of in the regular trash.
- c. Workers are instructed never to pick up by hand any broken glassware that may be contaminated. A brush, dust pan, forceps and/or tongs are available for picking up broken glassware that may be contaminated. The implements used for these purposes are cleaned and decontaminated by autoclaving or soaking in appropriate EPA registered decontaminant (i.e. a one-tenth (1/10) dilution of bleach) if the glass container held any blood or other potentially infectious materials.
- d. Sharps containers at PPDE are closable, puncture and leakproof and are appropriately marked as Biohazard.

## 7. Medical Waste Disposal

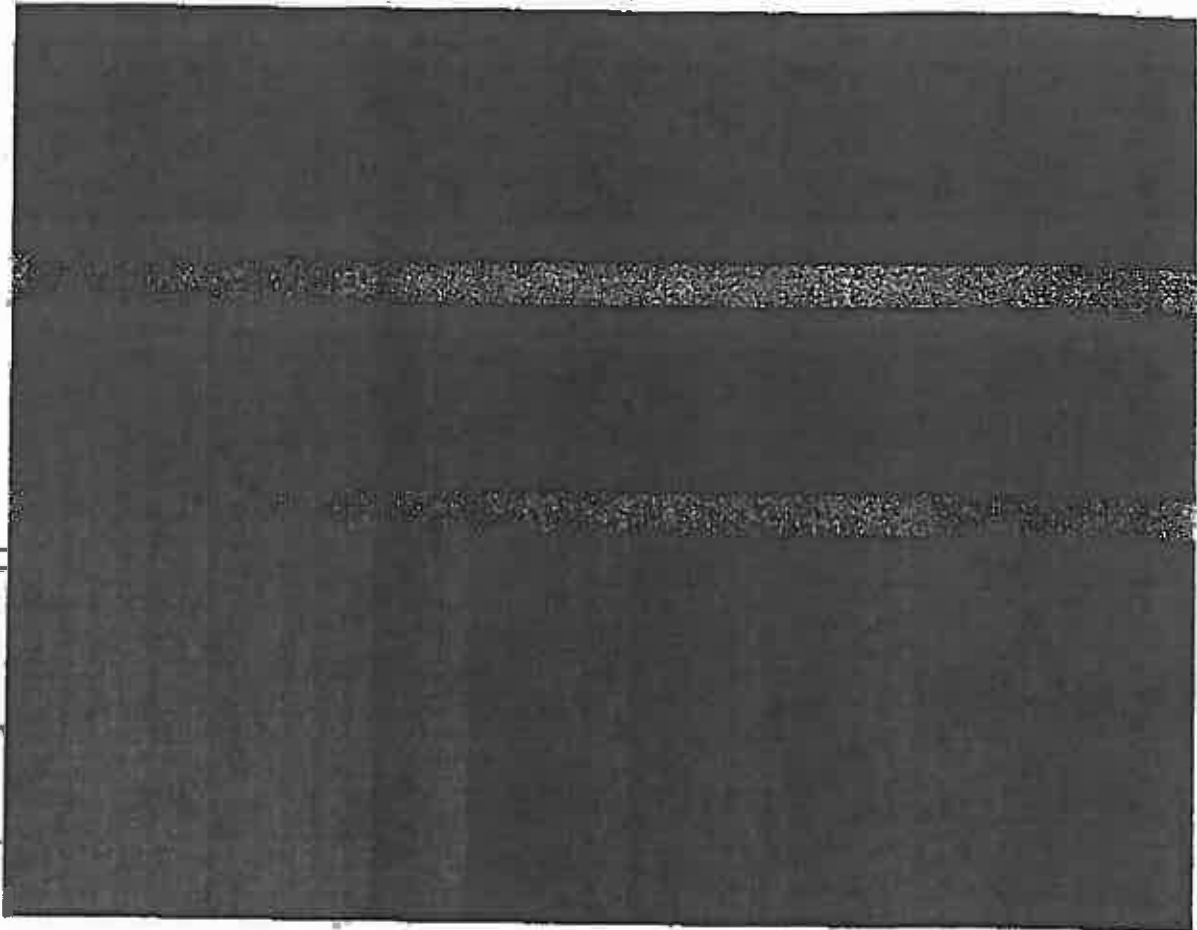
All waste will be stored and disposed of in a manner consistent with OSHA's bloodborne pathogen standard and Delaware's regulated medical waste regulations.

- a. Clear trash bags can be used for disposal of non-regulated waste. This includes all packaging materials and paper waste, paper towels, non-bloody gowns and gloves, non-bloody patient care items, drained intravenous (IV) bags and tubing, diapers and chux, sanitary pads, food, disposable cups and utensils.
- b. Sharps are discarded in containers that are:
  - Puncture-resistant
  - Sealable
  - Leak-proof if potential for fluid spill or leakage exists
  - Labeled with the appropriate biohazard warning label
  - Sealed and discarded when they become  $\frac{3}{4}$  full.
- c. "Sharps" include: hypodermic, intravenous or other medical needles, syringes with an attached needle or other sharps, scalpel blades, blood vials, slides and cover slips, syringes that have come in contact with blood or infectious agents.
- d. Blood collected in a tube and then is no longer needed, may be disposed in the tube and placed in the sharps container.
- e. Bloody fluids (e.g. bloody urine) may be discarded by carefully pouring it down a drain. Appropriate personal protective equipment must be worn to prevent splashing/aerosolized liquids. When possible it is preferable to close the container and place in an appropriate area for pick-up and disposal.

- f. Red bags are used for non-sharps, regulated medical waste, which includes:
- Discarded blood, products of blood and anything caked, soaked or dripping with blood. Blood bags and IV administration tubing filled with blood. Saturated material containing free-flowing blood, blood products or bloody body fluids (does not include urine or fecal materials, except if it is submitted for the diagnosis of infectious diseases).
  - Discarded serums, live or attenuated vaccines
  - Wastes, tissue, including POC
- g. Containers for Regulated Medical Waste (red bag waste) are located throughout the facility within easy access of employees and as close as possible to the source. Waste containers are maintained upright, covered, routinely replaced and not allowed to overfill.
- h. Contaminated laundry is handled as little as possible and is not sorted or rinsed where it is used.
- i. Whenever employees move containers of regulated waste from one area to another the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.
- j. Medical waste must be doubled-bagged in biohazard polyethylene bags before placing in biohazard cartons. Regular waste must not be disposed in biohazard bags/cartons. Likewise, biohazard waste must not be placed in regular waste disposal containers outside of buildings.
- k. Consistent with state regulations, an Infectious Waste Checklist (Form 1335) identifying the appropriate type of biohazard waste, must be included inside each biohazard waste box prior to sealing.

Waste Disposal Method (from the ARMS Infection Prevention Manual)





## **POST EXPOSURE PROGRAM**

### **Post-Exposure Procedure**

Procedure to be followed when there has been a needlestick and/or contamination by blood/body fluids is outlined below. Perform first aid procedures as needed:

1. **Eye Injury**
  - a. Do not rub or close eye(s) tightly
  - b. Do not rinse with hot water
  - c. Flush (Irrigate) eye(s) with cool water using a mild flow for 15 minute while moving eyes in all directions.
2. **Skin Exposure, needle stick injury, puncture or cut**
  - a. Wash exposed skin with anti-bacterial soap and warm water for at least 3 minutes
  - b. Remove contaminated clothing
  - c. Report signs of infection, dryness, itching, pain, swelling or redness



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### **Post-Exposure Evaluation, Follow-up and Documentation**

In the case of an exposure incident at PPDE, the following procedures will be adhered to:

1. Exposed worker will immediately notify Center Manager who in turn will notify the Clinician on site, and the VP of Medical Services or designee.
2. The Center Manager will obtain the Occupational Exposure Checklist (Form 1103b) and use it as a procedure guide.
3. Do not dismiss the client who is the source of potentially infectious body fluids until speaking with the clinician or nurse as the client may need to have blood drawn in the office and a rapid HIV test may need to be performed.
4. An Occupational Exposure Incident Report (Form 1104) will be completed by the exposed worker with the Center Manager.
  - a. The original of the completed Occupational Exposure Incident Report (Form 1104) is given to the exposed worker, with a copy sent to the Human Resources Director (to be placed in the employee's personnel medical file.)
  - b. These forms must be received within 1-2 business days.
3. An OSHA Employee Exposure Evaluation and Follow-Up Form (Form 1105) is given to the employee to provide to the treating provider.
4. If the source patient is known, the patient (source individual) is informed that an incident has occurred:
  - a. Advise patient that she/he will be screened for Hepatitis, Syphilis and HIV at no expense. When the patient is already infected with Hepatitis B or C or HIV (seropositive), status need not be repeated. Testing for other bloodborne pathogens should still occur.
  - b. Patient should have a signed, appropriate consent form for lab work and HIV testing on record. Obtain one if not in then chart.
  - c. Test patient as follows: Hepatitis B surface antigen, Hepatitis C virus antibody, RPR, and HIV. Send all specimens as well as the employee to occupational health for testing.

*Note: If source client refuses consent for testing, notify VP and/or Director of Medical Services immediately. Title 16, Chapter 12, Section 1202 C-4 of the Delaware Code allows for involuntary testing in the case of HIV and/or potential exposure.*

5. The employee reporting accidental exposure to blood is offered, through referral, medical evaluation including evaluation of need for post exposure prophylactic (PEP) medications, as soon as possible after the exposure. This should occur within 1-2 hours but no longer then 36 hours after exposure.
  - a. The employee is referred to The Occupational Health Offices of Christiana Care Health System at Wilmington Hospital or the HCC Omega Building, Christiana.

Delaware; Bayhealth Medical Center, Dover; Milford Memorial Hospital, Milford; or Beebe Medical Center, Lewes, Del. All Occupational Health Offices are closed after 4 p.m. The Emergency Rooms at all above-name sites are equipped to handle the post exposure procedure.

- b. PPDE will absorb the full cost of medical evaluations, procedures, vaccines, and post-exposure prophylaxis at no cost to the employee. All required laboratory tests are done by an accredited laboratory, again at no cost to the worker.
  - c. If the employee declines evaluation and possible PEP, the center manager must have the exposed employee sign the Refusal to Accept Post Exposure Protocol (Form 1106) which is kept in the employee's medical chart with the incident report and supporting documentation for 30 years beyond the employee's termination of employment.
  - d. A written opinion (OSHA Employee Evaluation and Follow-up Form 1105) by the evaluating health care professional stating that the exposed employee has been informed of the results of the evaluation and about any exposure-related conditions that will need further evaluation and treatment. It will be included in the employee's confidential medical record. All other unrelated findings or diagnoses shall remain confidential and not be included in the written report.
6. Reporting of exposure Incidents is done in the following order:
- Employee notifies Center Manager and licensed professional on-site, who notify
  - Director of Medical Services and VP of Medical Services who notify
  - Medical Director and CEO

#### **Reporting and Documenting Sharps Injuries**

All of the reporting and documentation requirements described above must be done for sharps injuries, in addition to the information in this section

All sharps injuries will be recorded on the Employee Sharps Injury Sheet (Form 1110) and the site's Sharps Injury Log (Form 1107) within 1-2 working days of the date the incident was reported. The Sharps Injury log will be maintained for a minimum of five years. The Employee Sharps Injury Sheet will be forwarded in duplicate to the VP of Medical Services and include the following information:

1. Job classification of the exposed employee.
2. Date and time of the exposure incident
3. Type and brand of the sharp involved
4. A description of the exposure incident which must include:
  - a. Job classification of the exposed employee;
  - b. Department or work area where the exposure incident occurred;







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FAX

PLANNED PARENTHOOD OF DE 625 SHIPLEY STREET WILMINGTON, DE 19801

DATE: 8-17-12

PAGES FOLLOWING: 7

TO: Matt Dahms

PHONE: 302-573-6518

ESHA

719 Market St. Suite 900

FAX: 302-573-6532

Wilmington DE 19808

FROM: Cheri Lebel-Bayer  
Risk & Quality Mgr.

PHONE: 302-655-7296 x1044  
FAX: 302-655-1907

RE: Complaint # 402910  
Response

pages 31-37 attached.

**CONFIDENTIALITY NOTICE:** This facsimile (this page and any accompanying page(s)) is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication, or the taking of any action in reliance on the contents of this information, may be strictly prohibited. If you have received this facsimile in error, please notify the sender by telephone (collect), and return the original message to us at the above address via the U.S. Postal Service. Thank you.



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- c. The procedure the exposed employee was performing at the time of the incident;
  - d. How the incident occurred;
  - e. The body part involved in the exposure incident;
  - f. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation, or after activation.
  - g. The employee's opinion whether any other engineering, administrative or work practice control could have prevented the injury.
5. A *Log of Work-Related Illness and Injury* (OSHA's Form 300) will be used to classify work-related injuries and to note the extent and severity of each case. When an incident occurs, the *Log* will be used to record specific details about what happened and how it happened. The *Log* will be completed by the VP of Medical Services/ Quality and Risk Management Manager. A separate *Log* will be kept for each site.
  6. A *Summary of Work-Related Injuries and Illnesses* (OSHA's Form 300a) will be completed by the VP of Medical Services/ Quality and Risk Management Manager showing the totals for the year of injuries and illnesses. A separate *Summary* will be kept for each site. The *Summary* will be posted at each site by February 1 of the year following the year covered by the form and will be kept posted until April 30 of that year.
  7. The *Log* and the *Summary* will be kept for 5 years following the year to which they pertain.

#### **Plan for Evaluation of Exposure Incidents**

The Medical Director and the VP of Medical Services will review all exposure incidents within 30 days of the incident using the procedure described below.

1. Review of Incident forms completed:
  - Exposure Incident Report (Form 1104)
  - OSHA Employee Evaluation & Follow Up Form (Form 1105)
  - Employee Sharps Injury Sheet (Form 1110)
2. Written evaluation of the incident including:
  - suggestions for changes in facility procedures
  - detail on how facility changes will be implemented
3. Information about the exposure incident will be shared for additional evaluation by the Device Selection Work Group



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## INFORMATION AND TRAINING

All employees whose job descriptions put them at risk for occupational exposure to potentially infectious materials will receive information regarding infection control procedures (bloodborne pathogens and TB) and universal precautions. This will occur upon initial employment, annually thereafter, and when changes affect the employee's occupational exposure

1. Documentation of Training will include: date, topics covered, name and job titles of attendees, signature of attendees, and name and job title of trainer.
2. On-going education will be provided to employees concerning changes in infection prevention and control policies and procedures at least annually. Staff dealing with cleaning preparations containing hazardous substances will participate in an annual inservice program where the proper use and precautions for handling of materials will be reviewed.
3. Training records are maintained for 3 years from date of the training session.
4. All training records are available upon request to all workers or their representatives.

### Bloodborne Pathogen Training

The training program will contain, at a minimum:

1. Information regarding bloodborne diseases including (HIV, HBV) and their modes of transmission
2. a copy and an explanation of the current OSHA Standard;
3. PPDE Exposure Control Plan with an explanation of plan and how an employee can obtain a copy
4. an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM including what constitutes an exposure incident;
5. methods of compliance;
6. personal protective equipment;
7. decontamination and sterilization procedures
8. information on the hepatitis B vaccine, including efficacy, safety, method of administration, benefits of vaccination, and availability free of charge;
9. exposure incident, an explanation of the procedure to follow if an incident occurs;
10. post-exposure procedures and follow-up;
11. identifying biohazards, proper symbols, labels, color codes; and
12. question and answer period.



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### **Tuberculosis Prevention Program**

The transmission of TB is a recognized risk in health care facilities. CDC guidelines set standards for educating and training staff regarding TB risks and prevention measures. This agency has developed a TB Control Plan which includes information found in the Infection Prevention Manual along with the points listed below:

1. Designation of a TB Control Coordinator (VP Medical Services)
2. Completion of a risk assessment for the facility and specific occupational groups (Medical Director)
3. Protocols for prompt triage and appropriate management of infectious patients in the clinic
4. A TB screening program for staff
5. Education of staff regarding TB transmission and control measures will include:
  - a. ~~the purpose, interpretation, and value of periodic skin testing~~
  - b. procedures and techniques to prevent nosocomial TB transmission including infection control and environmental techniques
  - c. the cause and transmission of TB
  - d. the distinction between TB disease and TB infection
  - e. the signs and symptoms of TB
  - f. the purpose of preventive therapy
  - g. the risk factors for TB disease development
  - h. the treatment of TB and the origin and prognosis of multi-drug resistant TB
  - i. the purpose of surveillance and the recommended follow-up of positive skin tests when applicable;
  - j. the engineering controls in use in the employee's work area
  - k. the purpose, proper selection, use and limitations of personal protective equipment

### **RECORDKEEPING**

The following procedures are in place at PPDE:

#### **Medical Records**

Confidential medical records are kept for all workers at risk of occupational exposure. Included in these records are:

1. Worker's name and social security number:
2. Hepatitis B vaccination status (including dates of vaccinations, records relating to employee's ability to receive the vaccine, and signed declination form, where applicable);
3. A copy of all examination and medical testing results, and follow procedures in the

event of an exposure incident; and

4. A copy of the information provided to the health care professional.

The confidential medical records are kept for at least 30 years after the person leaves employment or volunteer position. These records are maintained within the Administrative Offices of PPDE located at 625 Shipley St., Wilm, DE 19801 or off-site ~~storage with Iron Mountain~~. If PPPE closes, it is understood that the employer must inform the Director of OSHA at least three months before disposing of the records.

Written permission from the workers is required for access to these medical records for purposes other than treatment, payment and operations. Access is limited to senior management for these purposes. HIPAA regulations do not cover personnel medical records.

~~Worker's medical records are available upon request by the Assistant Secretary and the Director of OSHA.~~

### **Training Records**

Records for the training of all workers at risk of occupational exposure are kept at PPDE for three years from the date of the training sessions and are available upon request to all workers or their representatives. Additionally, workers' training records are available upon request by the Assistant Secretary and the Director of OSHA. These records, documentation of training, include:

1. Dates of training sessions
2. Material covered
3. Names and qualifications of the trainers and names and job titles of the trainees



## HAZARD COMMUNICATION PROGRAM

OSHA Standard on Hazard Communication 1910.1200 (Right To Know) ensures that information necessary for the safe use, handling and storage of hazardous chemicals is provided to and made available to employees.

### General Policy

To ensure that information about the dangers of all hazardous chemicals used by Planned Parenthood of Delaware (PPDE) is known by all affected employees, the following hazardous information program has been established. Under this program, you will be informed of the contents of the OSHA Hazard Communications standard, the hazardous properties of chemicals with which you work, safe handling procedures and measures to take to protect yourself from these chemicals.

This program applies to all work operations in our company where you may be exposed to hazardous chemicals under normal working conditions or during an emergency situation. All work units of this company will participate in the Hazard Communication Program. Copies of the Hazard Communication Program are available in the health center and on the G drive in the Active Manuals folders for review by any interested employee.

The Risk & Quality Management Coordinator is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.

### Container Labeling

The Risk & Quality Management Coordinator will verify that all containers received for use will be clearly labeled as to the contents, note the appropriate hazard warning, and list the manufacturer's name and address.

Center Managers will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels marked with the identity and the appropriate hazard warning. For help with labeling, see Risk & Quality Management Coordinator.

PPDE uses red color coding and/or biohazard labels to mark all hazardous items. The following items do not require hazard labels/signs:

- o Containers of blood or blood products already labeled as to their contents and released for transfusion or other clinical use.
- o Individual containers, tubes and specimen cups of blood or OPIM placed in biohazard labeled bags or containers for storage, transport, shipment or disposal.
- o Primary specimen containers, as all staff are trained to use standard precautions when handling patient specimens.



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The Risk & Quality Management Coordinator will review the company labeling procedures annually and will update labels as required.

#### **Material Safety Data Sheets (MSDSs)**

The Risk & Quality Management Coordinator is responsible for establishing and monitoring the company MSDS program. He/she will ensure that procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is communicated to affected employees. The procedure below will be followed when an MSDS is not received at the time of initial shipment:

- The individual receiving the shipment will notify the Risk & Quality Management Coordinator.
- The Risk & Quality Management Coordinator or a designee will contact the supplier and request the MSDS be emailed or faxed immediately.
- The new item will not be used until the MSDS is received.
- The Risk & Quality Management Coordinator is responsible for providing the MSDS to the location for inclusion in the binder.

Copies of MSDSs for all hazardous chemicals to which employees are exposed or are potentially exposed will be kept in a binder in the laboratory of the health centers and in the copy room for the Administrative offices.

MSDSs will be readily available to all employees during each work shift. If an MSDS is not available, contact the Risk & Quality Management Coordinator.

When revised MSDSs are received, the following procedures will be followed to replace old MSDSs:

- The Risk & Quality Management Coordinator or a designee will share the MSDS with all health centers with instructions to remove the previous sheet and place in an inactive folder.
- The VPMS or designee will replace the sheet for the Administrative office.

#### **Employee Training and Information**

Risk & Quality Management Coordinator is responsible for the Hazard Communication Program and will ensure that all program elements are carried out.

Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the hazard communication standard and this plan before starting work.

Each new employee will be informed and trained about the hazardous chemicals found in their work areas at the time of initial assignment and whenever a new hazard is introduced. This training includes:

- An overview of the OSHA hazard communication standard



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- Inventory of chemicals used in the facility
- Labelling of containers
- Material Data Safety Sheets – where to locate them and how to read them
- Methods for communicating hazards and protective measures to employees and others

Prior to introducing a new chemical hazard into any section of this company, each employee in that section will be given information and training as outlined above for the new chemical hazard.

#### **Hazardous Non-Routine Tasks**

At the present time employees are not required to perform non-routine tasks that are hazardous.

#### **Informing Other Employers/Contractors**

It is the responsibility of Risk & Quality Management Coordinator to provide other employers and contractors with information about hazardous chemicals that their employees may be exposed to on a job site and suggested precautions for employees.

Other employers and contractors will be provided with MSDSs for hazardous chemicals generated by this affiliate's operations in the following manner:

- The Risk & Quality Management Coordinator provides the employer and contractor with a copy of the Hazard Communication policy and the location of the MSDSs.

In addition to providing a copy of an MSDS to other employers, other employers will be informed of necessary precautionary measures to protect employees exposed to operations performed by this affiliate. Also, other employers will be informed of the hazard labels used by the company.

#### **List of Hazardous Chemicals**

A list of all known hazardous chemicals used by our employees is attached to this plan (see Appendix A). This list includes the name of the chemical, the manufacturer, the work area in which the chemical is used, dates of use, and quantity used. Further information on each chemical may be obtained from the MSDSs, located in laboratory of the health centers or the copy room in Administration.

When new chemicals are received, this list is updated (including date the chemicals were introduced) within 30 days. The hazardous chemical inventory is compiled and maintained by the Risk & Quality Management Coordinator.

#### **Chemicals In Unlabeled Pipes**

PPDE does not have any chemical in unlabeled pipes in its facilities.



\*\*\*\*\*  
\*\*\* RX REPORT \*\*\*  
\*\*\*\*\*

RECEPTION OK

TX/RX NO	5432
RECIPIENT ADDRESS	
DESTINATION ID	
ST. TIME	08/17 15:37
TIME USE	21'53
PGS.	41
RESULT	OK



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# Planned Parenthood & De Examination

2/20/12

- ① What about contaminated sharps collection? — Yes or no — ees used or were not exposed?
- ② Have there been incidents where ees were found eating?
- ③ What about overexposure of antiseptic?
- ④ Who and when are ees not wearing appropriate PPE?
- ⑤ What about sharps, no-disposable
- ⑥ — Are surfaces consistently being cleaned? as per universal precautions?
- ⑦ Training on antiseptic (other procedures)?



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# Fax

To: Gloria Johnson From: Matt Dahms  
Fax: 302-655-1907 Pages: (5)  
Phone: 302-655-7293 Date: 08-10-2012  
Re: Complaint # 492910 CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:



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**U.S. Department of Labor**

**Occupational Safety and Health Administration**  
Wilmington, DE 0317300 Area Office  
919 Market Street  
Suite 900  
Wilmington, DE 19808  
Phone: (302) 573-6518 Fax: (302) 573-6532  
<http://www.osha.gov>



August 10, 2012

Gloria Johnson  
Planned Parenthood Of Delaware  
625 Shipley Street  
Wilmington, DE 19801

RE: OSHA Complaint No. 492910

Dear Employer:

On August 9, 2012 the Occupational Safety and Health Administration (OSHA) received a notice of alleged workplace hazard(s) at your worksite at:

625 Shipley Street  
Wilmington, DE 19801

We notified you, by telephone, of these alleged hazards on UNKNOWN. The specific nature of the alleged hazards are as follows:

Location:

Facility Wide

Hazard Description:

1. Employees are exposed to skin puncture from contaminated sharps.
2. Eating and drinking are allowed in work areas where there is a reasonable likelihood of occupational exposure.
3. Contaminated medical equipment is not decontaminated as necessary.
4. Employees exposed to potentially infectious materials are not provided with and / or required to wear appropriate personal protective equipment.
5. Contaminated personal protective equipment is not handled, cleaned and laundered as required by the OSHA Blood Borne Pathogen Standard (29 CFR 1910.1030)



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6. All equipment and working surfaces are not appropriately cleaned and decontaminated after contact with infectious materials.

7. Employees, covered by the OSHA Blood Borne Pathogen Standard (29 CFR 1910.1030), have not received sufficient training.

We have not determined whether the hazards, as alleged, exist at your workplace and we do not intend to conduct an inspection at this time. However, since allegations of violations and/or hazards have been made, we request that you immediately investigate the alleged conditions and make any necessary corrections or modifications. Please advise me in writing, no later than UNKNOWN of the results of your investigation and please provide us with your 9 digit employer ID number. You must provide supporting documentation of your findings, including any applicable measurements or monitoring results, and photographs/video which you believe would be helpful, as well as a description of any corrective action you have taken or are in the process of taking, including documentation of the corrected condition.

**If you fax your response an additional copy need not be sent by traditional mail.**

This letter is not a citation or a notification of proposed penalty which, according to the Occupational Safety and Health Act, may be issued only after an inspection or investigation of the workplace. It is our goal to assure that hazards are promptly identified and eliminated. Please take immediate corrective action where needed.

**If we do not receive a response from you by UNKNOWN indicating that appropriate action has been taken or that no hazard exists and why, an OSHA inspection will be conducted.** An inspection may include a review of the following: injury and illness records, hazard communication, personal protective equipment, emergency action or response, blood borne pathogens, confined space entry, lockout, and related safety and health issues.

Please note, however, that OSHA selects for inspection some cases where we have received letters in which employers have indicated satisfactory corrective action. This is to ensure that employers have actually taken the action stated in their letters.

If you need assistance to help resolve the issues of this complaint, the State of Delaware offers a free OSHA consultation service. If required, a consultant will visit your workplace and assess the validity of the complaint item(s). In addition, you will be provided with methods of correcting the hazard, if necessary. This service is provided on a priority basis to small, high hazard employers. To discuss or request their services, call the consultation project at the following address:

State of Delaware  
Occupational Safety and Health  
Delaware Department of Labor  
4425 North Market Street, 3<sup>rd</sup> Floor  
Wilmington, DE 19802



Tel: 302-761-8200

You are requested to post a copy of this letter where it will be readily accessible for review by all of your employees and return a copy of the signed Certificate of Posting (Attachment A) to this office. In addition, you are requested to provide a copy of this letter and your response to it to a representative of any recognized employee union or safety committee if these are at your facility. Failure to do this may result in an on-site inspection. The complainant has been furnished a copy of this letter and will be advised of your response. Section 11(c) of the Occupational Safety and Health Act provides protection for employees against discrimination because of their involvement in protected safety and health activity.

If you have any questions regarding this matter, please contact the Wilmington Area Office at 919 N. Market Street, Suite 900, The Citizen's Bank Building, Wilmington, DE 19801. Your personal support and interest in the safety and health of your employees is appreciated.

Sincerely,

  
for Domenick Salvatore  
Area Director



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Attachment A

**CERTIFICATE OF POSTING  
OSHA NOTIFICATION OF ALLEGED HAZARD(S)**

Employer Name: Planned Parenthood Of Delaware  
Complaint Number: 492910

Date of Posting: \_\_\_\_\_

Date Copy Given to  
an Employee Representative: \_\_\_\_\_

On behalf of the employer, I certify that a copy of the complaint letter received from the Occupational Safety and Health Administration (OSHA) has been posted in a conspicuous place, where all affected employees will have notice, or near such location where the violation occurred, and such notice has been given to each authorized representative of affected employees, if any. This notice was or will be posted for a minimum of ten (10) days or until any hazardous conditions found are corrected.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employer/Establishment name



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\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 0872  
RECIPIENT ADDRESS 913026551907  
DESTINATION ID  
ST. TIME 08/10 13:35  
TIME USE 01'52  
PAGES SENT 5  
RESULT OK

815 N Market Street  
Suite 900  
Wilmington DE 19801-3319  
302 573 6518 (phone) 302 573 6532 (fax)

**DOL-OSHA**  
**Wilmington**

**Fax**

To: Gloria Johnson From: Matt Dahm  
Fax: 302-655-1907 Pages: (5)  
Phone: 302-655-7293 Date: 08-10-2012  
Re: Complaint # 492910 CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:



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**U.S. Department of Labor**  
Occupational Safety and Health Administration  
919 Market Street,  
Suite 900  
Wilmington, DE 19808  
Phone: 302-573-6518 Fax: 302-573-6532



## Citation and Notification of Penalty

**To:**  
Planned Parenthood of Delaware  
625 Shipley Street,  
Wilmington, DE 19801

**Inspection Number:** 686658  
**Inspection Date(s):** 10/12/2012 - 01/29/2013  
**Issuance Date:** 01/29/2013

**Inspection Site:**  
625 Shipley Street,  
Wilmington, DE 19801

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or within the date(s) for inspection was made unless otherwise indicated within the description of each violation.

This Citation and Notification of Penalty (this Citation) describes violations of the Occupational Safety and Health Act of 1970. The penalty(ies) listed herein is (are) based on these violations. You must abate the violations referred to in this Citation by the dates listed and pay the penalties proposed, unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Citation and Notification of Penalty you mail a notice of contest to the U.S. Department of Labor Area Office at the address shown above. Please refer to the enclosed booklet (OSHA 3000) which outlines your rights and responsibilities and which should be read in conjunction with this form. Issuance of this Citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless this Citation is affirmed by the Review Commission or a court.

**Posting** - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and Federal holidays), whichever is longer.

**Informal Conference** - An informal conference is not required. However, if you wish to have such a conference you may request one with the Area Director during the 15 working day contest period. During such an informal conference you may present any evidence or views which you believe would support an adjustment to the citation(s) and/or penalty(ies).

If you are considering a request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you must take care to schedule it early enough to allow time to contest after the informal conference, should you decide to do so. Please keep in mind that a written letter of intent to contest must be submitted to the Area Director within 15 working days of your receipt of this Citation. The running of this contest period is not interrupted by an informal conference.

If you decide to request an informal conference, please complete, remove and post the Notice to Employees next to this Citation and Notification of Penalty as soon as the time, date, and place of the informal conference have been determined. Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an informal settlement agreement which amicably resolves this matter without litigation or contest.

**Right to Contest** – You have the right to contest this Citation and Notification of Penalty. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations. Unless you inform the Area Director in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 15 working days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Occupational Safety and Health Review Commission and may not be reviewed by any court or agency.

**Penalty Payment** – Penalties are due within 15 working days of receipt of this notification unless contested. (See the enclosed booklet and the additional information provided related to the Debt Collection Act of 1982.) Make your check or money order payable to "DOL-OSHA". Please indicate the Inspection Number on the remittance.

OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

**Notification of Corrective Action** – For each violation which you do not contest, you must provide *abatement certification* to the Area Director of the OSHA office issuing the citation and identified above. This abatement certification is to be provided by letter within 10 calendar days after each abatement date. Abatement certification includes the date and method of abatement. If the citation indicates that the violation was corrected during the inspection, no abatement certification is required for that item. The abatement certification letter must be posted at the location where the violation appeared and the corrective action took place or employees must otherwise be effectively informed about abatement activities. A sample abatement certification letter is enclosed with this Citation. In addition, where the citation indicates that *abatement documentation* is necessary, evidence of the purchase or repair of equipment, photographs or video, receipts, training records, etc., verifying that abatement has occurred is required to be provided to the Area Director.

**Employer Discrimination Unlawful** – The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint no later than 30 days after the discrimination occurred with the U.S. Department of Labor Area Office at the address shown above.

**Employer Rights and Responsibilities** – The enclosed booklet (OSHA 3000) outlines additional employer rights and responsibilities and should be read in conjunction with this notification.

**Notice to Employees** – The law gives an employee or his/her representative the opportunity to object to any abatement date set for a violation if he/she believes the date to be unreasonable. The contest must be mailed to the U.S. Department of Labor Area Office at the address shown above and postmarked within 15 working days.



(excluding weekends and Federal holidays) of the receipt by the employer of this Citation and Notification of Penalty.

**Inspection Activity Data** – You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to these alleged violations will be posted when our system indicates that you have received this citation. You are encouraged to review the information concerning your establishment at [www.osha.gov](http://www.osha.gov). If you have any dispute with the accuracy of the information displayed, please contact this office.



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## NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with OSHA to discuss the citation(s) issued on 01/29/2013. The conference will be held at the OSHA office located at 919 Market Street, Suite 900, Wilmington, DE 19808 on \_\_\_\_\_ at \_\_\_\_\_. Employees and/or representatives of employees have a right to attend an informal conference.

## CERTIFICATION OF CORRECTIVE ACTION WORKSHEET

Inspection Number: 686658

Company Name: Planned Parenthood of Delaware  
Inspection Site: 625 Shipley Street, Wilmington, DE 19801  
Issuance Date: 01/29/2013

List the specific method of correction for each item on this citation in this package that does not read "Corrected During Inspection" and return to: **U.S. Department of Labor – Occupational Safety and Health Administration, 919 Market Street, Suite 900, Wilmington, DE 19808**

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

I certify that the information contained in this document is accurate and that the affected employees and their representatives have been informed of the abatement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_

Title \_\_\_\_\_

**NOTE: 29 USC 666(g)** whoever knowingly makes any false statements, representation or certification in any application, record, plan or other documents filed or required to be maintained pursuant to the Act shall, upon conviction, be punished by a fine of not more than \$10,000 or by imprisonment of not more than 6 months or both.

**POSTING:** A copy of completed Corrective Action Worksheet should be posted for employee review



**Citation and Notification of Penalty**

**Company Name:** Planned Parenthood of Delaware  
**Inspection Site:** 625 Shipley Street, Wilmington, DE 19801

---

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

29 CFR 1910.1030(g)(2)(ii)(A): The employer did not ensure that each employee with occupational exposure participated in a training program at the time of initial assignment to tasks where occupational exposure may take place:

a) 625 North Shipley Street, Wilmington, DE 19801 - Health care employees performing tasks such as assisting with medical procedures and handling specimens were not trained in accordance with this item. On or about October 18, 2012.

**ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM**

Date By Which Violation Must be Abated:  
Proposed Penalty:

02/16/2013  
\$4250.00



**Citation and Notification of Penalty**

**Company Name:** Planned Parenthood of Delaware  
**Inspection Site:** 625 Shipley Street, Wilmington, DE 19801

**Citation 2 Item 1**    Type of Violation: **Other-than-Serious**

29 CFR 1910.1030(d)(2)(i): Engineering and work practice controls were not used to eliminate or minimize employees exposure:

a) 625 North Shipley Street, Wilmington, DE 19801 - Employees were exposed to contaminated needles following the administration of multiple employee PPD Tests with standard, non-engineered tuberculin syringes. On or about May 23, 2012.

**ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM**

Date By Which Violation Must be Abated:  
Proposed Penalty:

02/04/2013  
\$850.00

*Vincent P. Soss*

Vincent P. Soss  
Area Director



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



U.S. Department of Labor  
Occupational Safety and Health Administration  
919 Market Street,  
Suite 900  
Wilmington, DE 19808  
Phone: 302-573-6518 Fax: 302-573-6532



## INVOICE / DEBT COLLECTION NOTICE

---

**Company Name:** Planned Parenthood of Delaware  
**Inspection Site:** 625 Shipley Street, Wilmington, DE 19801  
**Issuance Date:** 01/29/2013

<b>Summary of Penalties for Inspection Number</b>	<b>686658</b>
<b>Citation 1, Serious</b>	<b>\$4250.00</b>
<b>Citation 2, Other-than-Serious</b>	<b>\$850.00</b>
<b>TOTAL PROPOSED PENALTIES</b>	<b>\$5100.00</b>

---

To avoid additional charges, please remit payment promptly to this Area Office for the total amount of the uncontested penalties summarized above. Make your check or money order payable to: "DOL-OSHA". Please indicate OSHA's Inspection Number (indicated above) on the remittance.

OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions or conditions do not exist.

If a personal check is issued, it will be converted into an electronic fund transfer (EFT). This means that our bank will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will then usually occur within 24 hours and will be shown on your regular account statement. You will not receive your original check back. The bank will destroy your original check, but will keep a copy of it. If the EFT cannot be completed because of insufficient funds or closed account, the bank will attempt to make the transfer up to 2 times.

Pursuant to the Debt Collection Act of 1982 (Public Law 97-365) and regulations of the U.S. Department of Labor (29 CFR Part 20), the Occupational Safety and Health Administration is required to assess interest, delinquent charges, and administrative costs for the collection of delinquent penalty debts for violations of the Occupational Safety and Health Act.

**Interest:** Interest charges will be assessed at an annual rate determined by the Secretary of the Treasury on all

penalty debt amounts not paid within one month (30 calendar days) of the date on which the debt amount becomes due and payable (penalty due date). The current interest rate is one percent (1%). Interest will accrue from the date on which the penalty amounts (as proposed or adjusted) become a final order of the Occupational Safety and Health Review Commission (that is, 15 working days from your receipt of the Citation and Notification of Penalty), unless you file a notice of contest. Interest charges will be waived if the full amount owed is paid within 30 calendar days of the final order.

**Delinquent Charges:** A debt is considered delinquent if it has not been paid within one month (30 calendar days) of the penalty due date or if a satisfactory payment arrangement has not been made. If the debt remains delinquent for more than 90 calendar days, a delinquent charge of six percent (6%) per annum will be assessed accruing from the date that the debt became delinquent.

**Administrative Costs:** Agencies of the Department of Labor are required to assess additional charges for the recovery of delinquent debts. These additional charges are administrative costs incurred by the Agency in its attempt to collect an unpaid debt. Administrative costs will be assessed for demand letters sent in an attempt to collect the unpaid debt.

Vincent P. Soss

Vincent P. Soss  
Area Director

1/29/2013

Date



# U.S. Department of Labor - Occupational Safety and Health Administration

## Inspection Report

Tue Jan 29, 2013 14:31:56 PM

RID	CSHO ID	Supervisor ID	Inspection Number	Optional Report Number	Case Closed Date
0317300	(EXEM-17)(C)	F6766	686658		

Establishment Name		Planned Parenthood of Delaware		Doing Business As (DBA)			
Type of Business		Unknown		Primary NAICS		621410	
Site Address	625 Shipley Street WILMINGTON, DE, 19801	Site Phone	(302)-655-7293	Extn		Site FAX	
Business Address	625 Shipley Street WILMINGTON, DE, 19801	Business Phone	(302)-655-7293		Business FAX		
Mailing Address	625 Shipley Street WILMINGTON, DE, 19801	E-mail			Mobile Phone		
Site Activity		NAICS Inspected	621410		Days on Site	2	
Federal EIN		DUNS		Temporary or Fixed Site?	Fixed Site		

Entry	12-OCT-2012	01:15 PM	First Closing Conference	17-OCT-2012	02:45 PM
Opening Conference	12-OCT-2012	01:25 PM	Second Closing Conference	29-JAN-2013	03:30 PM
Walkaround	12-OCT-2012	01:45 PM	Exit	17-OCT-2012	03:15 PM

Inspection Initiating Type	Complaint		Secondary Type		
Other Initiating Type			Inspection Category		Health
Scope of Inspection	Partial		Reason No Inspection		
Sampling Performed?	N	SVEP	N	Explan. for No Insp.	
Federal Strategic Initiatives					
National Emphasis					
Local Emphasis					

Employed in Establishment	Walkaround?	Y	Advance Notice?	N
Covered By Inspection	Interviewed?	Y	Flag for Follow-up	N
Controlled By Employer	Union?	N	Reason for Follow-up	

Related Activity			
Activity Number	Activity Type	Satisfied	Establishment Name
492910	Complaint		Planned Parenthood of Delaware

Related Inspections	
Inspection Number	Establishment Name

000160

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Additional Codes			
Type	ID	Value	Description

Employer Representatives Contacted				
First Name	Last Name	Job Title	Participation	Interviewed?
Ruth	Lytle-Barnaby	President and CEO	Walk Around, Citation Mailed, Credentials, Opening Conference	Y
Marci	Williams	Surgical Services Ma	Walk Around, Credentials, Closing Conference, Opening Conference	Y
Cheri	Lebel-Boyer	Risk and Quality Man	Walk Around, Opening Conference	Y

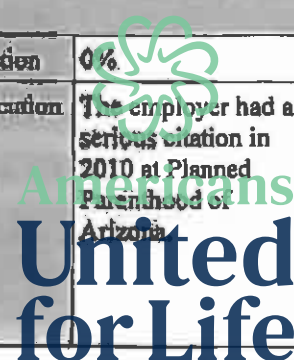
Union Information			
Union Rep First Name	Union Rep Last Name	Local	Union Name

Authorized Employee Representatives				
First Name	Last Name	Organization Name	Participation	Interviewed?

Other Persons Contacted				
First Name	Last Name	Relationship to Employer	Participation	Interviewed?

Additional Citation Mailing		
Attention First Name	Attention Last Name	Organization Name

Penalty Adjustment Factors					
Size Reduction	0%	Good Faith Reduction	15%	History Reduction	0%
Size Justification	1000 employees. No reduction as per the FOM.	Good Faith Justification	Employer has an acceptable S&H program with some evidence of minutes of employee safety and health meetings.	History Justification	The employer had a serious citation in 2010 at Planned Parenthood of Arizona.



CSHO Signature

Date

1/29/2013



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## SAFETY NARRATIVE

Inspection Number

686658

### COVERAGE INFORMATION

Planned Parenthood of Delaware has three locations in Delaware, including the Wilmington DE clinic. Planned Parenthood operates in all fifty States. Planned Parenthood provides of reproductive health care. There are more than 750 health centers nationwide.

### NATURE AND SCOPE

Check Applicable Boxes and Explain Findings:

☒ Complaint Items

#### Hazard Descriptions and Findings:

1. Employees are exposed to skin puncture from contaminated sharps.
  - *See attached citation related to engineering controls to eliminate or minimize employee exposure.*
2. Eating and drinking are allowed in work areas where there is a reasonable likelihood of occupational exposure.
  - This potentially hazardous condition was not substantiated during the course of this inspection. The employer established a policy to control this practice
3. Contaminated medical equipment is not decontaminated as necessary.
  - This potentially hazardous condition was not substantiated during the course of this inspection. The employer established decontamination procedures.
4. Employees exposed to potentially infectious materials are not provided with and / or required to wear appropriate personal protective equipment.
  - This potentially hazardous condition was not substantiated during the course of this inspection. Employees are expected to wear appropriate PPE based on an employer exposure assessment, and ample PPE is made available.
5. Contaminated personal protective equipment is not handled, cleaned and laundered as required by the OSHA Blood Borne Pathogen Standard (29 CFR 1910.1030).
  - This potentially hazardous condition was not substantiated during the course of this inspection. The employer established a policy for handling, cleaning, and laundering contaminated PPE.
6. All equipment and working surfaces are not appropriately cleaned and decontaminated after contact with infectious materials.
  - This potentially hazardous condition was not substantiated during the course of this inspection. Employees were instructed on "universal precautions" and site-specific cleaning and decontamination procedures related to blood borne pathogens.



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7. Employees, covered by the OSHA Blood Borne Pathogen Standard (29 CFR 1910.1030), have not received sufficient training.

• *See attached citation related to training of employees with risk of exposure to blood borne pathogens.*

#### **OPENING CONFERENCE NOTES:**

This inspection, including the opening conference was conducted as per the FOM. Planned Parenthood of Delaware recently went through management changes and did not have a President until recently. CSHO Loudon met the new President, Ms. Ruth Lytle-Barnaby, President and CEO, on the second day of this onsite inspection.

#### **RECORDKEEPING PROGRAMS**

The employer has recordkeeping programs related to 29 CFR 1910.1030, Blood Borne Pathogens.

#### **COMPLIANCE PROGRAMS**

See proposed citation for a violation related to engineering controls for needles / syringes.

#### **PERSONAL HYGIENE FACILITIES AND PRACTICES**

The Blood Borne Pathogen Standard as well as relevant PPE standards require personal hygiene practices. Employees utilize these hygienic practices including hand washing and the use of appropriate PPE.

#### **EXPOSURE CONTROL PLAN**

The employer's exposure control plan was reviewed and a copy is in the case file.

#### **EVALUATION OF SAFETY AND HEALTH PROGRAM FOR A GOOD FAITH REDUCTION**

The employer has an acceptable S&H program with some evidence of minutes of employee safety and health meetings. In addition, they have written programs such as a hazcom program, and relevant employee safety training records.

#### **CLOSING CONFERENCE NOTES**

Unusual circumstances were NOT encountered. There is not a union. The closing conference was held with Planned Parenthood of Delaware management.



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U.S. Department of Labor  
Occupational Safety and Health Administration

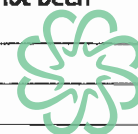
**Violation Worksheet**

Print Date : 01/29/2013

		<b>Inspection Number</b>		686658	
		<b>Opt. Insp. Number</b>			
<b>Establishment Name</b>	Planned Parenthood of Delaware				
<b>DBA Name</b>					
<b>Type Of Violation</b>	Serious	<b>Citation Number</b>	1	<b>Item/Group</b>	1 /
<b>Number Exposed</b>	10	<b>No. Instances</b>	1	<b>REC</b>	Complaint
<b>Special Enforcement?</b>			<b>Employer's Relationship to Hazard</b>	All	
<b>Standard</b>	1910.1030(g)(2)(ii)(A)				
<b>Substance Codes</b>			<b>Photo/Video Number</b>		
<b>Alleged Violation Description</b>	<p>29 CFR 1910.1030(g)(2)(ii)(A): The employer did not ensure that each employee with occupational exposure participated in a training program at the time of initial assignment to tasks where occupational exposure may take place:</p> <p>a) 625 North Shipley Street, Wilmington, DE 19801 - Health care employees performing tasks such as assisting with medical procedures and handling specimens were not trained in accordance with this item. On or about October 18, 2012.</p>				
<b>Recommended Abatement Action</b>					

**Penalty**

<b>Severity</b>	High		
<b>Severity Justification</b>	A BBP Infection can lead to death.		
<b>Probability</b>	Lesser		
<b>Probability Justification</b>	Employees are provided with PPE and significant exposure incidents have not been reported.		
<b>Gravity</b>	Moderate	<b>Size</b>	0%
<b>Gravity based Penalty</b>	5000.00	<b>Good Faith</b>	15%
<b>Num Times Repeated</b>		<b>History</b>	0%
<b>Multiplier</b>	1	<b>Quick Fix</b>	0%
<b>Calculated Penalty</b>	4250.00	<b>Proposed Penalty</b>	4250.00
<b>Proposed Penalty Justification:</b>	H/L serious citation with a 15% decrease for good faith.		



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### Abatement Details

<b>Days to Abate</b>	15 Cal Days	<b>Abatement Status</b>	
<b>User-entered Abatement Due Date</b>		<b>Date Abated</b>	
<b>Abatement Documentation Required?</b>	Yes	<b>Date Verified</b>	
<b>Abatement Completed Description:</b>			

### MultiStep Abatement

<b>Type/Other Type</b>	<b>Days to abate</b>	<b>User entered Abatement Due Date</b>	<b>Completed(status)</b>	<b>Verify Date</b>

### Employee Exposure

<b>Exposure Instance</b>	<b>Name and Address Telephone Numbers</b>	<b>Duration</b>	<b>Frequency</b>	<b>Proximity</b>
1				
1				
1				

20. **Instance Description:**      A. Hazard    B. Equipment    C. Location    D. Injury/Illness    E. Measurements

**a) Hazards-Operation/Condition-Accident:** a) Hazards-Operation/Condition-Accident: Health care employees performing tasks such as assisting with medical procedures and handling specimens were not trained in accordance with this item. Health care assistants (HCAs) are involved with room turnover, setting up patients, taking vital signs, assisting in gynecological exams, and handling and packaging specimens. The employer has reported exposure incidents in the past that are somewhat related to BBP training. (e.g., Clinicians at the Wilmington office need this training. On one occasion, an HCA was stuck by a unprotected contaminated i.v. needle inadvertently handed to this HCA by a clinician.)

See attached list depicting employee dates of hire, dates for initial & most recent BBP training, and dates of HBV vaccinations. Ten employees (entered on this list have not been trained as per the Standard.

**b) Equipment:** NA. Training is related to the proper handling of contaminated medical devices / equipment.

**c) Location:** Patient Rooms

**d) Injury/Illness (and Justifications for Severity and Probability):** HBV, HIV or other BBP from potentially



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Infectious material.

e) **Measurements:** NA.

**23. Employer Knowledge:** The employer is aware of this condition. The employer has an exposure control plan, which explains that training will occur upon initial employment, annually thereafter, and when changes affect the employee's occupational exposure. The employer has documented that other employees have received training as per the Standard in the past.

**24. Comments:**

**25. Other Employer Information:**



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(EXEM. 6)

2 pages

pages 168-169



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U.S. Department of Labor  
Occupational Safety and Health Administration

**Violation Worksheet**

Print Date : 01/29/2013

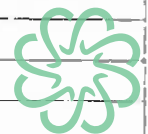
				<b>Inspection Number</b>		686658	
				<b>Opt. Insp. Number</b>			
<b>Establishment Name</b>	Planned Parenthood of Delaware						
<b>DBA Name</b>							
<b>Type Of Violation</b>	Other-than-Serious	<b>Citation Number</b>	2	<b>Item/Group</b>	1 /		
<b>Number Exposed</b>	1	<b>No. Instances</b>	1	<b>REC</b>	Complaint		
<b>Special Enforcement?</b>				<b>Employer's Relationship to Hazard</b>	All		
<b>Standard</b>	1910.1030(d)(2)(i)						
<b>Substance Codes</b>				<b>Photo/Video Number</b>			
<b>Alleged Violation Description</b>	<p>29 CFR 1910.1030(d)(2)(i): Engineering and work practice controls were not used to eliminate or minimize employees exposure:</p> <p>a) 625 North Shipley Street, Wilmington, DE 19801 - Employees were exposed to contaminated needles following the administration of multiple employee PPD Tests with standard, non-engineered tuberculin syringes. On or about May 23, 2012.</p>						
<b>Recommended Abatement Action</b>							

**Penalty**

<b>Severity</b>	Minimal		
<b>Severity Justification</b>			
<b>Probability</b>	Greater		
<b>Probability Justification</b>			
<b>Gravity</b>		<b>Size</b>	0%
<b>Gravity based Penalty</b>	1000.00	<b>Good Faith</b>	15%
<b>Num Times Repeated</b>		<b>History</b>	0%
<b>Multiplier</b>	1	<b>Quick Fix</b>	0%
<b>Calculated Penalty</b>	850.00	<b>Proposed Penalty</b>	850.00
<b>Proposed Penalty Justification:</b>	As per FOM guidance. In addition, approximately 12 different employees received injections with non-engineered syringes.		

**Abatement Details**

<b>Days to Abate</b>	1 Wkg Days	<b>Abatement Status</b>	
----------------------	------------	-------------------------	--



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<b>User-entered Abatement Due Date</b>		<b>Date Abated</b>	
<b>Abatement Documentation Required?</b>	Yes	<b>Date Verified</b>	
<b>Abatement Completed Description:</b>			

### MultiStep Abatement

<b>Type/Other Type</b>	<b>Days to abate</b>	<b>User entered Abatement Due Date</b>	<b>Completed(status)</b>	<b>Verify Date</b>

### Employee Exposure

<b>Exposure Instance</b>	<b>Name and Address Telephone Numbers</b>	<b>Duration</b>	<b>Frequency</b>	<b>Proximity</b>
1				

20. **Instance Description:** A. Hazard B. Equipment C. Location D. Injury/Illness E. Measurements

a) **Hazards-Operation/Condition-Accident:** Employees were exposed to contaminated needles following the administration of multiple employee PPD Tests with standard, non-engineered tuberculin syringes. On 5/23/12, multiple employees were given the PPD test via injection with a standard tuberculin syringe. The nurse practitioner, had the greatest risk for exposure because she administered the injections and handled the unprotected standard syringes.

b) **Equipment:** Tuberculin Syringes, PPD Test, Unprotected Needles.

c) **Location:** Wilmington DE Conference Room.

d) **Injury/Illness (and Justifications for Severity and Probability):** HIV, HBV or other potentially Infection BBP. Risk was great at the time. Incident took place more than six months ago.

e) **Measurements:** NA.

23. **Employer Knowledge:** On 10/17/12. Ms. Marci Williams, Surgical Services Manager, stated that she knew, prior to the administered injections, that the syringes were not the right ones. The supplier had told them that the safety engineered syringes were out of stock. Ms. Williams decided to have the standard syringes ordered regardless, just this one time. A meeting had been scheduled for about 12 employees and they needed the PPD test. It would have been inconvenient, according to Ms. Williams, to reschedule the meeting in order for proper syringes to be used. Ms. Marci assured CSHO that they knew not to do this on a regular basis, and that they knew they put the person ordering (and administering) the syringes "on the spot."

24. **Comments:**

25. **Other Employer Information:**

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From: Farrell, Shirley <sfarrell@ppde.org>  
Sent: Thursday, October 18, 2012 6:16 PM  
To: Louden, Timothy - OSHA  
Cc: Lytle-Barnaby, Ruth; Lebel-Boyer, Cheri  
Subject: TRAINING/HEP B AUDIT  
Attachments: Training Audit 10 12.xlsx

Importance: High

As you requested, I have attached our updated training and Hep B audit tool with complete dates except for Provato's Hep B—her documentation does not provide month/day/year format.

We know that several employees have completed their OSHA training but have not yet submitted their certificates because they've been waiting to submit other certificates all at once. As discussed with you at our meeting, employees have a deadline to submit certs by 10/24/12; we were unable to reach them today to obtain their OSHA certs. Employees have been told they will not be scheduled to work if the training is not completed by the deadline. May we send you an updated spreadsheet the middle of next week?

If you have any further questions about the information, please contact us.


Regards,  
Shirley Farrell

**Shirley H. Farrell, SPHR**  
*Human Resources Director*  
*Planned Parenthood of Delaware*  
625 Shipley Street  
Wilmington, DE 19801  
Phone: 302-655-7268 direct  
Phone: 302.655.7296 x1018  
Fax: 302.655.7234  
[www.ppdell.org](http://www.ppdell.org)

 **Planned Parenthood** | WE'RE HERE™



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(EXEM. 6)

6 pages  
pages 173 - 178



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**OCCUPATIONAL EXPOSURE CHECKLIST**  
(Manager's Responsibilities Following an Occupational Exposure Incident)

- ☐ Ensure local treatment of affected body area has taken place by clinician
- ☐ Call the local hospital and notify them of impending arrival for care and pertinent information regarding incident. (If applicable)
- ☐ Provide exposed employee with directions to hospital occupational health offices or emergency room depending on hour of the day. The exposed worker is informed that all costs are covered by PPDE, including evaluation, lab work, and post-exposure prophylaxis as indicated.
- ☐ Give exposed employee a copy of the OSHA Employee Exposure Evaluation and Follow-up Form to give to evaluating provider.
- ☐ Identify source individual and draw blood for HIV, Hepatitis B and C and RPR. (one purple top and one zebra)
- ☐ Advise client that she/he will be screened for Hepatitis B&C, Syphilis, and HIV at no expense to them.
- ☐ Obtain consent to test if none on file
- ☐ Notify the Director of Medical Services or designee.

**Forms to Complete**

- ☐ Give exposed employee the OSHA Employee Exposure Evaluation and Follow-up Form with return envelope to take to evaluating provider.
- ☐ Manager and employee must complete Occupational Exposure Incident Report in 1 –2 working days.
- ☐ Make two copies of form. Forward two copies to Director of Medical Services and Executive Assistant to the CEO. A copy will be placed in the employee's personnel medical file. Give original to exposed worker.
- ☐ If exposed worker refuses to receive evaluation, they must complete the Refusal to Accept Post Exposure Protocol. Forward this form to the VP of Medical Services for inclusion in the employee's personnel medical file.
- ☐ Give exposed employee a copy of the Sharps Employee Injury Log Sheet to complete and return to VP of Medical Services and VP of Administration within 1-2 working days.
- ☐ Complete Sharps Injury Log and store on-site.

**Employee is to complete this form involving an exposure due to a sharp.  
A copy of the complete form must be forwarded to Administration within 1-2 business days.**

<b>Employee Name:</b>	<b>Center:</b>
<b>Exposure Date:</b>	<b>Exposure Time:</b>

<b>Job Classification</b>	<b>Procedure Being Performed</b>
Center Manager Clinician Health Care Assistant Nurse Other: _____	<input type="checkbox"/> During use of sharp <input type="checkbox"/> After use and before disposal of sharp <input type="checkbox"/> During disposal of sharp <input type="checkbox"/> Other (Explain): _____
<b>Department or work area where exposure occurred:</b>	
<b>Description of the Exposure Incident:</b>	

<b>Affected Areas</b>	<b>Identify Sharp Involved</b>
Eyes Leg Torso Head Face Arm Other (Explain): _____	Type: Brand: Model:

Did the device being used have engineered sharps injury protection? ☐ Yes ☐ No ☐ Unsure

Was the protective mechanism activated? ☐ Yes ☐ No ☐ Partially

If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? ☐ Yes ☐ No Explain:

Do you have an opinion that any other engineering, administration or work practice control could have prevented the injury? ☐ Yes ☐ No Explain:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Employee Name:	Title:
Center:	DOB:
Source Name:	
Exposure Date:	Exposure Time:

Department or work area where exposure occurred:

Nature of the incident (use additional sheets if necessary):

Described the task(s) being performed at the time of the incident:

**Personal Protective Equipment (PPE)**

Were you wearing PPE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:
Did the PPE fail? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:
What materials were you exposed to?
What parts of your body were exposed?

**Puncture Wound**

Was this a puncture wound? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, What was the object? Where did it penetrate your body?	Were safer engineering devices in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain (none available, not applicable)

Exposure Control Plan followed? ☐ Yes ☐ No

Corrective Action Taken:
--------------------------

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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



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*This form must be retained for 30 years after termination of employment.*

## Post-Exposure Evaluation and Follow-up Form

In accordance with 29 CFR 1910, 1020, (f)(3), Bloodborne Pathogens Standard.

Confidential: MEDICAL RECORDS

Please provide this form to the evaluating healthcare professional before the evaluation.

Injured Employee's Name	Center
Incident Date	Route of Exposure
Description of Incident	

For the injured employee—please check the following that apply:

<input type="checkbox"/> Yes <input type="checkbox"/> No	I have had the Hepatitis B vaccination series.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I consent to baseline blood collection and HBV and HIV testing.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I do not consent to baseline blood collection.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I consent to a referral for HIV prophylaxis.

Signature

Date

The name/address and consent for the source individual:

Name	
Address	City, State, Zip
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have had the Hepatitis B vaccination series.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I consent to baseline blood collection and HBV and HIV testing.

Healthcare professional's written opinion:

After your evaluation of this employee, please assure the following information has been furnished to the employee. This information is confidential.

<input type="checkbox"/> Yes <input type="checkbox"/> No	The employee has been informed of the results of the evaluation for exposure to blood or other potentially infectious materials.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The employee has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis B vaccination is indicated.
<input type="checkbox"/> Yes <input type="checkbox"/> No	HIV prophylaxis is indicated.
<input type="checkbox"/> Yes <input type="checkbox"/> No	HIV prophylaxis is begun.

Healthcare Professional's Name

Healthcare Professional's Signature

Date



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**Cleaning/Housekeeping**

- Handling contaminated instruments
- Handling/preparing cleaning solutions
- Disposal of regulated medical waste; and
- Any miscellaneous housekeeping tasks which involve medical waste, sharps or contaminated surfaces

TABLE 1 TO POST FOR STAFF: Exposure Determination by Task (from ARMS Infection Prevention Manual)							
Job Classification	Exposure-Prone Tasks	Splash to face	Splash to body	Hand contact	Fluid/Blood	Other skin areas	Head
Procedure room staff; physician, Advanced Practice Clinician, nurse anesthetist, health care associate, clinical services trainer	Surgical procedures, assisting medical provider, administering anesthesia, insertion and removal of contraceptive implant	Yes	Yes	Yes	Yes	Yes	Yes
Recovery room nursing staff (RN, LPN, BC)	Storing/using IVs, checking vitals, perfusion checks, wiring in monitors, clean blood spills	No	No	Yes	Yes	Yes	No
Housekeeping staff, facilities staff	Cleaning exam/procedure rooms, other patient care areas Cleaning blood spills Handle/package infectious waste	No	No	Yes	Yes	Yes	No
Health care assistants Counselor	Room turnover, setting up patients, taking vital signs, assisting in gyn exams, handling and packaging specimens	No	No	No	No	No	No



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TABLE 2 TO POST FOR STAFF: Protective Measures by Job Classifications (from the ARMS Infection Prevention Manual)					
Job Classification	Sharps Container	Handwashing	Gloves Exam or Utility	Face Shield	Gown
Physician, clinician	In room	After removal of PPE	Exam/ utility		
Nursing staff	In area of use	After removal of PPE	Exam		
General assistant, surgical services, clinical services trainer, cleaning instruments and equipment, handling POC	No	After removal of PPE before personal activity	Exam/utility	Yes, if splash possible	Apron or Gown
Lab supervisor/ technician	In room	After removal of PPE, end of test, before personal activity	Exam	No, unless splash possible	Lab coat
Counselor, business manager, assistant business manager, business associate, center director	No	After removal of gloves, if needed	Yes, if handling contaminated materials	No	No

### Methods of Compliance

The VP of Medical Services in collaboration with the Director of Medical Services is responsible for implementing, evaluating, and monitoring compliance with these work practices.

1. **Universal blood and body fluid precautions** are observed in all patient care areas to prevent contact with blood and OPIM. The following body fluids are always treated as if infectious for HBV, HCV or HIV:
  - a. Human blood, blood components and products made from human blood





(EXEM. 4)

11 pages  
pages 185-195



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1:15

Wed 10/17/12

Cheri Lebel-bayer  
- Risk and Quality Manager.

Marci Williams  
- Surgical Services Manager

Gloria

R-R

Dr. Meyers is in Diner.

Cheri - Person (Lori Magno) -

Has 300 logs locked up in  
Cabinet. - Also needle stick  
logs. She will be back Monday  
after 2 wks gone.

Marci - T-beculin syringe  
up to 10 units. Last one  
administered was 5/23/12.

#

(32M7(c))



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She ordered the 1st set of  
did - it have so she said  
She will get for next date

1st set - about 15 syringes.

If we had to do  
again.

Training - lab, all staff  
meeting - CEO, Gloria,  
medical staff. - medical  
training. It was convenient  
to do everybody rather than  
send individually to clinic.  
It was easier we knew  
what to do on a regular  
basis and put her on the  
spot.

we only did it this one  
time because we had a lot  
of people. - Maybe it was  
old all  
state.

\* Documentation of post-exposure  
follow up for needle sticks.



weekly spine test - Pro  
- send out to copy to  
evaluation - and  
instruments added w/ test.

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Get me definitive letter.

ARMS

- Affiliate Risk Management.

(Ex. 1.7(d))

PPDE Device Eval. Group.

Italy - Health Cfr. Merge

(Ex. 1.7(d))

\*  
will  
close  
last time  
evaluation  
conducted

Form 1334

Form 1335

--- feedback  
note  
check it



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Reviewed by <sup>10/19</sup> Nancy Hoffman.



10/18/12

1:25

Gulcs  
of Phys

Marci Williams  
Surgical Services Manager

Ruth Lytle - Barnaby  
CEO for State of DE


Dr Cooke Meyers  
Medical Director for DE

Total es - (EXEM 4)  
Wilm, Newark, Dover

Planned Parenthood Federation  
of America - HQ in NY  
Federation sets the stds.  
made up of Affiliates.  
Guidelines operated under provided  
by Federation.

(EXEM 4) es (Part time, part time  
full time and some contracted  
physicians)

625 N. Shipley St.  
Wilm. DE 19804

  
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Merci is the Plant Manager.

Fed : I ~~am~~ <sup>am</sup> - they will get.

most of the work staff  
work in Dover

- ① Full indicator - there is  
sometimes a window or line  
to see level.

Training.

Employee Name	Date of
title.	Hire

Date of Initial and Most  
Recent Training.

Date H3U vaccine was  
administered and declarations/  
acceptance.

- ② Lage is in kitchen. Request  
to interview Merci.

Requested exposure control plan.

Just had accredited  
month ago. What I am saying  
is nothing. ~~nothing~~ we had no audits in

Marcy Hoffman -  
CEO. Retired.

Sherry  
Bauer  
Quality Pick  
Manager.

This week.

(3) Two autoclaves onsite. One  
constantly used. The other used  
depending on how busy they are.

(4) Lab coats are reusable because  
of expense. - Just face shields  
when staff is crushing instruments  
after surgery. Not necessary to  
use face shields for procedures.  
Dirty room - water fountains  
Surgical Sink.

(5) Blood Contaminator -  
tissue from surgery in  
addition to table cover and  
gloves. We have red and  
black bags.

Medical Assistant

Prep room, Central etc

Nurse (RN, LPN) -

patient w/ iv. or  
weds. Nurses monitor  
and technology.



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Waste is sucked through tubing into  
a 2 Liter jar - hose is attached to  
jar.

Disposable gloves (normal unless  
accidental leak  
in gloves)

Face shield (Minimal - Rarely  
blood - Pffric eye is  
across length away.)

Cover gown

- infrequently and ant is minimal

Scrubs. - infrequent and minimal  
EES would take time to clean.

Closed toe shoes. - infrequently.

6

- training.

7

Can Center may do post expos.

360 logs for three yrs.  
Sharp needle stick log.

Types of technology

Emulators are sharp  
cut check.



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Nurse Practitioner and administer  
1 B test

Tuesday or Wednesday.

Later in afternoon — for  
3 is best — Wednesday is  
the best day.

Push — after patients leave.

1:00 pm — Planned procedure  
16/17/12

on  
Phone  
12:30  
1/16/12



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U.S. Department of Labor  
Occupational Safety and Health Administration

Notice of Alleged Safety or Health Hazards

Thursday, August 09, 2012 01:50 PM

Complaint Number		492910	
Establishment Name	Planned Parenthood of Delaware		
Site Address	625 Shipley Street		
	WILMINGTON, DE 19801		
	Site Phone		Site FAX
Mailing Address	625 Shipley Street		
	WILMINGTON, DE 19801		
Management Official	Gloria Johnson	Telephone	3026557293
Type of Business	Reproductive Health Medical Provider		
Primary SIC		Primary NAICS	621410 - Family Planning Centers

**HAZARD DESCRIPTION/LOCATION.** Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

Location:

Facility Wide

Hazard Description:

1. Employees are exposed to skin puncture from contaminated sharps.
2. Eating and drinking are allowed in work areas where there is a reasonable likelihood of occupational exposure.
3. Contaminated medical equipment is not decontaminated as necessary.
4. Employees exposed to potentially infectious materials are not provided with and / or required to wear appropriate personal protective equipment.
5. Contaminated personal protective equipment is not handled, cleaned and laundered as required by the OSHA Blood Borne Pathogen Standard (29 CFR 1910.1030).
6. All equipment and working surfaces are not appropriately cleaned and decontaminated after contact with infectious materials.



7. Employees, covered by the OSHA Blood Borne Pathogen Standard (29 CFR 1910.1030), have not received sufficient training.



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<b>Source 1</b>	
<i>Has this condition been brought to the attention of:</i>	
<i>Please indicate Your Desire to Reveal Source:</i>	No
<i>The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form</i>	(Mark "X" in ONE) <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)
<i>Complainant Name</i>	(EXEM. 7(c)) <i>Telephone</i>
<i>Complainant Address</i>	
<i>Signature</i>	<i>Date</i>
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:	
<i>Organization Name:</i>	<i>Your Title:</i>



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**OFFICIAL USE ONLY:**

Identification	Reporting ID	0317300	Previous Activity	Opt. Number	
	Establishment Name Change?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Site Address Change?	Employer ID	City Code County Code
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Receipt Information	Received By	Send OSHA-7?	Date: 08/09/2012	Supervisor(s) Assigned
	louden.tim	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time: 10:15 AM	F6766

Industry & Ownership	Primary SIC	Primary NAICS	621410 - Family Planning Centers	Ownership	Private Sector
----------------------	-------------	---------------	----------------------------------	-----------	----------------

Complaint Evaluation	Evaluated By	Subject/Severity (Mark ALL that apply:)
		Discrimination:
		Complaint/Referral – Subject/Severity
		Safety :
		Health: Serious
	Is this a Valid Complaint?	
	Yes	
	Formality	
	Nonformal	
	Migrant Farmworker Camp? (Mark X if applicable)	



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<b>Complaint Action</b>	<b>Send Letter:</b>												
	a. <input type="checkbox"/> No Inspection – for Invalid Complaints <input type="checkbox"/> Too Vague or Unsubstantiated <input type="checkbox"/> Recent Inspection or Objective Evidence <input type="checkbox"/> Not in OSHA's Jurisdiction.	c. <input type="checkbox"/> OSHA – 7 Signature with Letter <input type="checkbox"/> Complete or <input type="checkbox"/> Partial d. <input type="checkbox"/> Nonformal Complaint Notification to Employer <input type="checkbox"/> Complainant notified <input type="checkbox"/> Explanation of 11(c)											
	b. <input type="checkbox"/> No Inspection – for Nonformal Complaints <input type="checkbox"/> No Imminent Danger or no Standard <input type="checkbox"/> No Direct Relation to S&H <input type="checkbox"/> Not Enough Information to Evaluate	e. <input type="checkbox"/> Complainant Notification with Letter d. <input type="checkbox"/> Name <b>not Revealed</b> <input type="checkbox"/> Explanation of 11(c) f. <input type="checkbox"/> Acknowledgment to Complainant (Optional) g. <input type="checkbox"/> Other (specify) _____											
	<table border="1"> <tr> <td>Date Letter Sent</td> <td></td> <td>Date Response Due (For letters c or d)</td> </tr> <tr> <td>Inspection Planned?</td> <td>If Yes, Priority</td> <td>If no, Reason:</td> </tr> <tr> <td>Transfer to (Name)</td> <td></td> <td>Transfer Date</td> </tr> <tr> <td colspan="3">Transfer To Category</td> </tr> </table>		Date Letter Sent		Date Response Due (For letters c or d)	Inspection Planned?	If Yes, Priority	If no, Reason:	Transfer to (Name)		Transfer Date	Transfer To Category	
Date Letter Sent		Date Response Due (For letters c or d)											
Inspection Planned?	If Yes, Priority	If no, Reason:											
Transfer to (Name)		Transfer Date											
Transfer To Category													

Strategic Initiatives	
National Emphasis	
Local Emphasis	

Optional Information			
Type	ID	Value	Description

Close  
Complaint

Comments:



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(EXEM.7(d))

50 pages

pages 209-258



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(EXEM.7(d)

*44 pages*

*pages 259- 262*



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U.S. Department of Labor



intranet.osha.gov

Labornet

RegionNet

Search:

on Intranet

Advanced Search

## Establishment Search Inspection Detail -- OSHA View

<b>Inspection: 314075169 - Planned Parenthood Arizona Inc.</b>	
<b>Office: Arizona Phoenix Sfty</b>	
Nr: 314075169 Report ID: 0950411 Open: 01/06/2010	
Planned Parenthood Arizona Inc. 610 Alma School Rd. Chandler, AZ 85224 SIC: 8093/Specialty Outpatient Clinics, Nec NAICS: 621410/Family Planning Centers	Nr Employees: Nr Controlled: Union Status: NonUnion
Inspection Type: Unprog Rel Scope: Complete Ownership: Private Safety/Health: Health Opt Report Nr: 0158	Employees Covered: Advance Notice: Hours Spent: 14.0 Close Conference: 01/11/2010 Close Case: 02/06/2010
Optional Information: Type ID Value N 20 PIF 1/25/10	
Related Activity: Type ID Date Safety Health Referral 201988250 01/05/2010 Yes	

	Violation Summary					
	Serious	Willful	Repeat	Other	Unclass	Total
Initial Violations	1					1
Current Violations	1					1
Initial Penalty	225.00					225.00
Current Penalty	225.00					225.00
FTA Amount						

Violation Items										
ID	Type	Standard	Issuance	Abate	AC	Curr\$	Init\$	Fta\$	Contest	LastEvent
1. 01001	Serious	19101030 D04 IIIA2	01/15/2010	01/21/2010	X	225	225	0		-

<b>Payment and Administrative Actions</b>				
<b>Penalty Debt Collection</b>				
Due Date: 02/11/2010				
Empr Phone: 480-814-1479				
<b>Payments -- 225.00/ 0.00</b>				
163 Nr	Type	Date	Penalty	FTA Origin Balance
902059815	Payment	02/06/2010	225.00	



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Inspection: 312354327 - Planned Parenthood Golden Gate

<b>Office: Ca Oakland</b>	
Nr: 312354327 Report ID: 0950614 Open: 11/07/2008	
Planned Parenthood Golden Gate 482 W Macarthur Blvd. Oakland , CA 94609 SIC: 8099/Health and Allied Services, Nec NAICS: 621410/Family Planning Centers	Nr Employees: Nr Controlled: Union Status: NonUnion
Inspection Type: Complaint Scope: Partial Ownership: Private Safety/Health: Health Opt Report Nr: 027-09	Employees Covered: Advance Notice Hours Spent: 11.0 Close Conference: 11/19/2008 Close Case: 11/19/2008
Optional Information: Type ID Value S 14 COMP WEST INS.	
Related Activity: Type ID Date Safety Health Complaint 206470817 11/03/2008 Yes	

<b>Inspection: 310400122 - Planned Parenthood Health Systems, Inc.</b>	
<b>Office: Nc Winston-Salem</b>	
Nr: 310400122 Report ID: 0453720 Open: 02/05/2007	
Planned Parenthood Health Systems, Inc. 3000 Maplewood Ave #112 Winston-Salem , NC 27103 SIC: 8011/Offices & Clinics of Medical Doctors NAICS: 621493/Freestanding Ambulatory Surgical and Emergency Centers	Nr Employees: Nr Controlled: Union Status: NonUnion
Inspection Type: Planned Scope: Complete Ownership: Private Safety/Health: Health Planning Guide: Health-Manufacturing Opt Report Nr: 045-07	Employees Covered: Advance Notice: Hours Spent: 15.5 Close Conference: 02/05/2007 Close Case: 02/26/2007
Optional Information: Type ID Value S 01 NA S 02 56-1282557 S 03 15 HOURS S 05 V ON 2.7.7 S 10 2-12-07 GREEN CARD RECEIVED	

	Violation Summary					
	Serious	Willful	Repeat	Other	Unclass	Total
Initial Violations	1			1		2
Current Violations	1			1		2
Initial Penalty	188.00					188.00
Current Penalty	188.00					188.00
FTA Amount						



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Violation Items									
ID	Type	Standard	Issuance	Abate	AC Curr\$	Init\$	Fta\$	Contest	LastEvent
1. <u>01001A</u>	Serious	19100304 F04	02/09/2007	03/08/2007	X	188	188	0	-
2. <u>01001B</u>	Serious	19100305 G01 IIIA	02/09/2007	02/14/2007	I	0	0	0	-
3. <u>02001</u>	Other	19100157 E02	02/09/2007	03/08/2007	X	0	0	0	-

Payment and Administrative Actions				
Empr Phone: 336-768-2980				
Payments -- 188.00/ 0.00				
163 Nr	Type	Date	Penalty	FTA OrigIn Balance
508046638	Payment	02/23/2007	188.00	

<b>Inspection: 307742387 - Planned Parenthood of MI Se Deroy Medical Ctr</b>	
<b>Office: Michigan Safety Gen</b>	
Nr: 307742387 Report ID: 0552652 Open: 02/27/2006	
Planned Parenthood of MI Se Deroy Medical Ctr 3135 Woodward Ave Detroit , MI 48201 SIC: 8093/Specialty Outpatient Clinics, Nec NAICS: 621410/Family Planning Centers	Nr Employees: Nr Controlled: Union Status: NonUnion
Inspection Type: Complaint Scope: Partial Ownership: Private Safety/Health: Health Planning Guide: Health-Manufacturing	Employees Covered: Advance Notice: Hours Spent: 56.0 Close Conference: 03/22/2006 Close Case: 04/13/2006
Optional Information: Type ID Value S 04 MI DEPT OF COMMUNITY HEALTH S 11 21 S 12 15%	
Related Activity: Type	ID Date Safety Health
Complai nt	205789233 02/10/2006 Yes

	Violation Summary					
	Serious	Willful	Repeat	Other	Unclass	Total
Initial Violations				1		1
Current Violations				1		1
Initial Penalty						
Current Penalty						
FTA Amount						

Violation Items									
ID	Type	Standard	Issuance	Abate	AC Curr\$	Init\$	Fta\$	Contest	LastEvent
1. <u>01001</u>	Other	4082211302 F	03/29/2006	04/04/2006	X	0	0	0	-

Payment and Administrative Actions
Empr Phone: 313-831-7776



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Occupational Safety & Health Administration  
200 Constitution Avenue, NW  
Washington, DC 20210



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# DEPARTMENT OF HEALTH AND SOCIAL SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		PROVIDER IDENTIFICATION NUMBER		MULTIPLE CONSTRUCTION		DATE SURVEY COMPLETED	
				A. BUILDING			
				B. WING			
						9/5/2014	
NAME OF PROVIDER				STREET ADDRESS, CITY, STATE, ZIP CODE			
Planned Parenthood of Delaware				625 North Shipley Street Wilmington, DE 19801			
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION DATE
000	<p>INITIAL COMMENTS</p> <p>An unannounced complaint survey, which ended on 9/5/14, was conducted at Planned Parenthood of Delaware – Wilmington Office. Survey activities included patient record review, policy and procedure review, staff interviews and review of other documents.</p> <p>The complaint against this Facility That Performs Invasive Medical Procedures was not substantiated and no deficiencies were identified.</p>						



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**DELAWARE HEALTH  
AND SOCIAL SERVICES**

**DIVISION OF PUBLIC HEALTH**

OFFICE OF HEALTH FACILITIES LICENSING & CERTIFICATION

September 16, 2014

Ruth Lytle-Barnaby  
Planned Parenthood of Delaware  
625 North Shipley Street  
Wilmington, DE 19801

Dear Ms. Lytle-Barnaby:

This correspondence addresses a survey recently completed by the Office of Health Facilities Licensing and Certification (OHFLC), Division of Public Health (DPH), Department of Health and Social Services (DHSS) at Planned Parenthood of Delaware. Please read this correspondence carefully.

Authority

**16 Del. C., §122(3)y**

This section of the Delaware Code permits the DHSS to establish standards for safe and sanitary conditions in a facility at which any invasive medical procedure is performed. It also permits the DHSS to investigate and inspect any such facility for unsafe or unsanitary conditions upon receipt of a complaint by a patient or a facility employee.

Survey Summary

A complaint survey was conducted at Planned Parenthood of Delaware's Wilmington office ending on September 5, 2014. The complaint was unsubstantiated and no state deficiencies were identified. Enclosed is the Statement of Deficiencies (2567) for your file.



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