

**SECTION 2.4**  
**FACILITY AND EMERGENCY MANAGEMENT**

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**FACILITY**

Family planning clinics should be:

- Geographically accessible to the population served and along public transportation routes (if applicable).
- Available at times convenient to those seeking services. To assure access to care, clinics are strongly encouraged to offer evening or weekend hours. Efforts should also be made to provide care for walk-in clients.
- **Adequate to provide necessary services.**
- Designed to ensure client comfort and confidentiality.
  - There should be adequate space for private consultation and interviews (to protect client confidentiality).
  - Traffic flow through the clinic is such that unnecessary embarrassment to the client is avoided and staff can function efficiently.
  - There should be adequate bathrooms, changing areas, and exam areas.
- **Designed to enhance workflow.**
- A smoke and drug-free environment [Public Law 103-227 and Appendix C to 45 CFR 76].

Family planning clinics must be:

- In compliance with applicable standards established by the federal, state and local governments (e.g., local fire, building and licensing codes).
- Accessible to visitors and clients **with disabilities [45 CFR Part 84.4]**. Including:
  - Entrance ramps that are clearly marked and accessible
  - Toilets accessible to the handicapped
  - Handicapped parking

(Program Guidelines 6.4, p.9)

**SECTION 2.4  
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**POLICY ON PURCHASE OF PAP SMEARS BY DELEGATE AGENCIES**

Delegate agencies must use a cytology laboratory which is Clinical Laboratory Improvement Amendments (CLIA) or College of American Pathologists (CAP) certified. Cytology labs must report using the Bethesda system.

If a delegate agency wishes to use a lab unknown to the CDPHE **Family Planning Program**, it is the responsibility of the delegate agency to confirm the laboratory's certification status and inquire about quality assurance practices, in an effort to assure quality of service. **Additionally, the lab must have the capability and be willing to submit the required pap test data by January 15<sup>th</sup> for the previous year annually.**

**The number of clients who receive a Pap test, the number of Pap tests done, the number of Pap tests with ASC or higher, and the number of Pap tests with HSIL or higher are reported annually by the CDPHE Family Planning Program in the Title X Family Planning Annual Report. Data for all family planning clinic sites related to the number of clients who receive a Pap test and the number of Pap tests done is collected in IRIS. The data for the abnormal Pap results must be able to be collected from the laboratories each clinic site sends their Pap tests to or from the clinic site itself.**

**The Office of Populations Affairs uses this data to monitor compliance with legislative mandates and assess early cancer detection and health promotion activities in Title X clinics.**

**EMERGENCY MANAGEMENT**

All facilities should meet applicable standards for the management of emergencies established by the Federal, state, and local government (**e.g., local fire, building, and licensing codes**).

All agencies **and clinics** must have written plans and procedures for the management of emergencies or disasters. Staff **must** have completed training and understand their roles in an emergency or natural disaster. This must be a delegate-, agency- or county-specific policy. (Program Guidelines 6.4, p.9) [29 CFR 1910.38]

Fire evacuation routes **must** be prominently posted **and staff must be able to identify emergency escape routes**. [29 CFR 1910.37]

Exits **must** be recognizable and free from barriers. [29 CFR 1910.37]

**ANNUAL DRILLS**

All agencies should conduct drills for medical emergencies, fire, bomb threats, and bioterrorism on an annual basis, and keep documentation of **these drills on file**. Local consultation can usually be obtained from the local fire and/or police departments.

**SECTION 2.4  
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**EMERGENCY SERVICES**

Non-Medical

- *Fire*
  - Know where the exits are. Post a diagram(s) in a highly visible clinic area showing location of exits and fire extinguishers.
  - **Staff should** know where fire extinguishers are and how to use them.
    - **The United States Department of Labor - Occupational Safety and health Administration provides a webpage on “Extinguisher Basics” at [http://www.osha.gov/SLTC/etools/evacuation/portable\\_about.html](http://www.osha.gov/SLTC/etools/evacuation/portable_about.html) including the following:**
      - **Fire and extinguisher operation**
      - **Types of fire extinguishers**
    - Local consultation can usually be obtained from the Fire Department.
- *Bombs/Terrorism*
  - **Agencies** should have a policy in place regarding how to deal with bomb threats **or acts of terrorism**.
  - This policy should address whom to notify, what to do with clients in the clinic, evacuation of the building, etc.
  - Local consultation can usually be obtained from the Fire and/or Police Department.

Medical

- Each site must have arrangements for provision of services for emergencies that may arise outside of clinic hours, i.e., complications of contraceptive methods. (Program Guidelines 7.3, p. 15)
  - Display emergency number(s) **outside** family planning offices, **in a place where clients can see the information when the building is closed. This information should be posted in both English and Spanish.**
  - At the time of initiation of a contraceptive method (hormonal, IUD, sterilization), the client should be given the emergency phone number and the procedure to follow in case of a contraceptive-related medical emergency occurring outside of clinic hours.
- Payment for Emergency Services- While the **agency** should help the client find potential resources for reimbursement of the referral provider; the **agency** itself is not responsible for the cost of this care.
- Reports of emergency services provided to clients outside the **agency** must be obtained by the **agency**, initialed and filed in the client's record.

\* For medical emergencies that arise within the clinic, please refer to Section 2.15-Medical Emergencies in the Nursing Manual.