Pre-Program Compliance Assessment Questions

Please provide responses to the following questions **1 week prior** to the health specialists’ arrival on center for the Health & Wellness Program Compliance Assessment (HWPCA). **Responses should be typed.**

#### The purpose of the HWPCA is to verify and clarify compliance with PRH requirements and applicable laws, as well as to highlight program qualities and strengths

# HEALTH AND WELLNESS DIRECTOR

Pre-Program Compliance Assessment Questions

|  |  |
| --- | --- |
| **HWD Name** |  |
| **Phone number** |  |
| **E-mail** |  |
| **Date of Hire** |  |
| **Number of years/months in position** |  |
| **See table below for nursing schedule on center (days/hours)** | |

Note: Please send copies of the 4 approved H&W SOPs via email to the assessors prior to the assessment.

**Health and Wellness & Auxiliary Programs**

1. Describe your intake process. Include day of week students arrive and frequency of new inputs. What day is the introduction given and by whom? What day is the entry physical exam conducted?
2. List which clinicians are on call after hours.
3. List medication, vaccination, and medical supply providers.

Medication:

Vaccine:

Supply:

Dental:

Other:

1. Is the Center a VFC provider?

☐ Yes ☐ No

1. Where are the Grab-Go-Kits located on center?

HWC  Safety  Other:

1. Where is Narcan located on your center ([PI 22-16](https://supportservices.jobcorps.gov/health/Pages/PINotices.aspx))?

HWC G&G kit  Safety G&G kit (24/7)  Each dorm  Recreation

Academic and trade buildings/areas.  Portable kit for transportation vehicles

Other

1. List all referral sources or community partners:
   1. Medical specialists:
   2. Urgent care:
   3. Hospital/emergency room:
   4. Optometrist:
   5. Dental specialists:
   6. Mental health specialists (long-term therapy):
   7. Psychiatric hospital:
   8. Substance abuse specialists:
   9. HIV/AIDs specialists:
   10. Family planning specialists and/or OB-GYNs:
   11. Other:
2. What is the EMS response time to center?
3. List the number of treatment rooms, offices, supply areas, and the dental suite. How many chairs, offices, supply rooms are in the dental suite?
4. Describe how the HWC facility is cleaned and include who conducts the cleanings.
5. Does the HWC utilize students for WBL?

☐ Yes ☐ No

1. Do you attend the HWD teleconference calls?

☐ Yes ☐ No

1. Describe how HIV pre- and post- counseling is completed. When is the post-test counseling provided?
2. Is sports clearance done annually?

☐ Yes ☐ No

1. Does the center regularly conduct chart audits, student surveys, and Continuous Quality Improvement (CQI) activities.

☐ Yes ☐ No

**Medication Management**

1. Please complete the table below

|  |  |
| --- | --- |
| 1. Total number of students on daily prescription meds (*on date completing form*) |  |
| 1. Number of students on psychotropic medications |  |
| 1. Number of students on controlled substances |  |
| 1. How many days of medication are placed in the students’ Lockboxes |  |
| 1. Day(s) are the MORs and CMORs returned to HWC |  |

1. Describe the center’s process for how medications are inventoried when students arrive on center. Include how medications are handled when students arrive after hours when the HWC is closed.
2. Explain where the Lockboxes are located. Is there additional security? What days and times are the Lockboxes accessible to the students?
3. Date of approval by the Regional Office for the 3 medication SOPs.
4. Describe the various processes for documenting prescription administered in the HWC and those self-administered outside in the HWC.
5. Describe the various processes for documenting OTC medications administered in the HWC and those self-administered outside in the HWC.
6. Describe the monthly case conference for those on daily medications including which providers participate, when it typically occurs, and where documentation is found.
7. List all locations where OTC medications/supplies available outside the HWC.
8. Explain the scope of practice for LPN/LVNs regarding administering medication in your State.
9. Describe how do you prepare students on daily meds for transition at separation.

**MSWR**

1. Are all HWC staff trained per PRH Exhibit 5-4 (PRH CN 22-02) in MSWRs and Direct Threat?

☐ Yes ☐ No

1. If a student is separated due to direct threat, is Form 2-04 (DTA) always completed?

☐ Yes ☐ No. Why not:

1. MSWR documentation includes (check all that apply):

The clinical assessment by the qualified health professional for separation, including current symptoms/behaviors and functional impairments and a diagnostic code

Individualized treatment instructions  Student consent  Referral source(s)

Transportation details.  Dates of separation and return to center

1. If student consent is not obtained, in cases of health care need, is Form 2-05 (HCNA) completed?

☐ Yes ☐ No. Why not:

1. Are students on MSWR contacted monthly and this is documented?

☐ Yes ☐ No

**HWC Staffing**

1. Please complete the table below

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Position** | **Hours/Week** | **License/**  **Credential** | **Days/Times on Center** | **Month/Year of Hire** | **Vacancy Period in Last 12 Months** | **Name of Subcontractor or Staffing Agency (if applicable)** |
| HWD |  |  |  |  | ☐ No  ☐ Yes. Dates: |  |
| Staff Nurse |  |  |  |  | ☐ No  ☐ Yes. Dates: |  |
| Staff Nurse (add more rows to table if need) |  |  |  |  | ☐ No  ☐ Yes. Dates: |  |
| Center Physician |  |  |  |  | ☐ No  ☐ Yes. Dates: |  |
| NP |  |  |  |  | ☐ No  ☐ Yes. Dates: |  |
| PA |  |  |  |  | ☐ No  ☐ Yes. Dates: |  |
| Center Dentist |  |  |  |  | ☐ No  ☐ Yes. Dates: |  |
| Dental Hygienist |  |  |  |  | ☐ No  ☐ Yes. Dates: |  |
| Dental Assistant |  |  |  |  | ☐ No  ☐ Yes. Dates: |  |
| CMHC |  |  |  |  | ☐ No  ☐ Yes. Dates: |  |
| CMHC |  |  |  |  | ☐ No  ☐ Yes. Dates: |  |
| TEAP Specialist |  |  |  |  | ☐ No  ☐ Yes. Dates: |  |
| TEAP Specialist |  |  |  |  | ☐ No  ☐ Yes. Dates: |  |
| Clerical Support |  |  |  |  | ☐ No  ☐ Yes. Dates: |  |