|  |
| --- |
| **Health and Wellness Program Compliance Assessment TOOL****Medical Assessor Packet** |
| Center Address:Center Phone: |
| HWD: HWD Phone: | Center Director:CD Phone: |
| Project Manager:PM Phone: | Current Contractor: Contract Start Date: (current)CAP completed (if applicable):[ ]  Yes [ ]  No  |
| Size of Center  Contract OBS (#):  Current OBS (#):  |  Type of Center:[ ]  Residential[ ]  Non-residential |
| Total Staff:   | Essential Staff:  |
| Focus Group Students Attendance (#): | Individual Student Interviewed (#): |
| Student Health Records Reviewed (#) Breakdown:Assessor 1 full:Assessor 2 specialized:Assessor 2 full:Assessor 2 specialized: MSWR: | SHR Total (both assessors):*Humanitas rules:*1. *Each assessor reviews 5 full SHRs (10 total combined)*
2. *Joint total is 30 files or as close to as possible*
 |
| Additional Notes: |

*\*Keep copy of tool for at least 2 years following HWPCA*

|  |  |  |  |
| --- | --- | --- | --- |
| Documents and Materials Checklist | Received | Not Received  | Notes |
| Key information for wellness staff and subcontractors* Certifications
* License for professional practice
* Certification in professional practice
* Registration to prescribe (DEA, state CSR)
* Liability insurance
* Sub-contracts and invoices
* Waivers, if applicable
* Schedule on center
 | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |  |
| Health Care Guidelines (HCGs)  |[ ] [ ]   |
| Treatment Guidelines (TGs) |[ ] [ ]   |
| Symptomatic Management Guidelines (SMGs) |[ ] [ ]   |
| Personal Authorizations  |[ ] [ ]   |
| Bloodborne Pathogen Plan |[ ] [ ]  Date approved: |
| Emergency Action Plan (PIN 22-16) |[ ] [ ]  Date approved: |
| Staff roster – All center staff, positions included, and directory |[ ] [ ]   |
| Staff training records from HR Manager prior to HWPCA (completed ​[Staff Training Rec​ords](https://supportservices.jobcorps.gov/health/Documents/PCA/HWPCA_StaffTrainingRecords_Dec2022.docx)) | [ ]  | [ ]  |  |
| Nurse, pharmacy, and other state practice acts for compliance |[ ] [ ]   |
| Medication Management Standard Operating Procedures (SOPs) (3) |[ ] [ ]   |
| Regional Approval Memos for Medication Management SOPs (3) |[ ] [ ]  Date approved: |
| HWC Staffing Standard Operating Procedure (SOP) (1) |[ ] [ ]   |
| Regional Approval Memo for HWC Staffing SOP (1) |[ ] [ ]  Date approved: |
| Health-related Center Operating Procedures (COPs/SOPs) |[ ] [ ]   |
| Memoranda of Understandings (MOUs) and partnership information  |[ ] [ ]   |
| Reports* Health Services Utilization Reports (electronic with CN 22-02)
* Quarterly Alcohol Summary (past year)
* Annual Program Description (past year)
* National Student Satisfaction Survey
* Assessments (most recent corporate and self-review)
 | [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ]  |  |
| CLIA certificate |[ ] [ ]   |
| Controlled substances log |[ ] [ ]   |
| List of students on medications:* Total # prescribed medications
* # psychotropic
* # Controlled substances
 |[ ] [ ]   |
| CA-1/injury log |[ ] [ ]   |
| Spore testing log |[ ] [ ]   |
| MSWR phone contact |[ ] [ ]   |
| Refrigerator temperature monitoring log |[ ] [ ]   |
| Sharps exposure log |[ ] [ ]   |
| HIPAA disclosures log |[ ] [ ]   |
| Dental appointment book |[ ] [ ]   |
| SIRs – ALL printed for 12 months including non-medical  |[ ] [ ]   |
| Student handbook |[ ] [ ]   |
| Recreational schedule |[ ] [ ]   |
| Cafeteria monthly menu  |[ ] [ ]   |
| HEALs assessment (Making the Grade)  |[ ] [ ]   |
| TUPP tobacco cessation materials & other educational materials  |[ ] [ ]   |
| TEAP center-kept statistics for the prior 12 months  |[ ] [ ]   |
| BAC Breathalyzer, manufacture guide, and calibration information |[ ] [ ]   |
| Meeting minutes * HEALs
* HWC staff
* Other
 | [ ] [ ] [ ]  | [ ] [ ] [ ]  |  |
| Health and wellness student surveys  |[ ] [ ]   |
| Continuous quality improvement (CQI) studies |[ ] [ ]   |

| **2.3, R2. Health and Wellness Program** |
| --- |
| HWC hours: | HWC scheduled open (walk-in) hours if have [ ]  Yes [ ]  No  |
| # of nurses:[ ]  HWD [ ]  FT RN #: \_\_\_\_\_\_\_ [ ]  PT RN #: \_\_\_\_[ ]  FT LPN#: \_\_\_\_\_\_ [ ]  PT LPN #: \_\_\_\_ *\*LVNs in some states* | Medical clerk: [ ]  Part-time [ ]  Full-time [ ]  None |
| Nurse on-center schedule:[ ]  Meets PRH  |
| State Nurse Supervision Requirements reportedly met:[ ]  Yes [ ]  No   | Staff on-call coverage schedule: [ ]  HWD only [ ]  HWD and RN(s) rotate[ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| HWD tenure on center: | CP/NP/PA tenure on center: |
| CP/NP/PA on-center schedule:[ ]  Meets PRH |
| CP/NP/PA participation in Applicant File Review (AFR): [ ]  Yes [ ]  No  | CP/NP/PA & psychotropic medication prescriptions[ ]  Prescribe new [ ]  Refill [ ]  Bridge [ ]  Will not prescribe  |
| CP/NP/PA collab. with CMHC for psych meds [ ]  Yes [ ]  No  | Physical exams completed w/in 14 days (%):  |
| Vaccine source:  | Problem list in SHRs updated regularly:[ ]  Yes [ ]  No  |
| Chronic care management in SHRs:[ ]  Yes [ ]  No  | Vision and hearing as required:[ ]  Yes [ ]  No. # not completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Optical provider:Location:  | Time to receive appt and glasses: |
| Health History Annotated and signed as required:[ ]  Yes [ ]  No:Staff not signing form: & # not completed with alert questions marked *(if applicable)*:   | Physical Exams include all components:[ ]  Yes [ ]  No. What not completed:  |
| Valid CLIA certificate:  [ ]  Yes. Exp. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  No | Non-CP/NP/PA visits (% of daily OBS):  |
| HIPAA requirements followed:[ ]  Yes [ ]  No. What not completed:   | Appointment system in place:[ ]  Yes [ ]  No |
| Access to prescription meds:[ ]  Yes [ ]  No | Off-center specialists for referrals: |
| EMS response time: | Hospital: |
| HWC cleaned by:[ ]  Maintenance [ ]  HWC Staff [ ]  Students | # of exam rooms:Sick bays: [ ]  Yes [ ]  No# supply rooms:# offices: |
| High quality documentation observed in SHRs for:☐ Acute care management ☐ Chronic care ☐ Follow up ☐ Separations ☐ Reports from off-center referrals ☐ Medication management ☐ HIPAA; copy sent to guardians |
| Best practices:  |
| Additional Notes and Findings (including center-specific health challenges): |
| Concerns Found: |

| **2.3, R3. Oral Health and Wellness Program** |
| --- |
| OHWP emphasis on:☐ Early detection ☐ Diagnosis of OH problems ☐ Basic OH care ☐ Oral Hygiene ☐ Prevention/Education  |
| Dental facility location: [ ]  On-Center [ ]  Off-Center. Location:  | Subcontractor(s) information: |
| Dentist schedule:[ ]  Meets PRH | Dentist tenure on center: |
| Hygienist schedule:[ ]  Meets PRH | Hygienist tenure on center: |
| Dental assistant schedule:[ ]  Meets PRH | Dental assistant schedule: |
| Education conducted:[ ]  Chair-side by:[ ]  CPP by:[ ]  Other:  |
| # chair of operatory: | Office space with computer access:[ ]  Yes [ ]  No |
| DRIs conducted by:[ ]  Dental assistant [ ]  Dental hygienist[ ]  Nurses [ ]  Dentist [ ]  CP/NP/PA | Personal authorizations to do DRI available for:[ ]  Dental assistant [ ]  Dental hygienist[ ]  Nurses |
| DRIs documented on PE form:[ ]  Yes [ ]  No | Oral Exam form fully completed (inc. carries risk assessment):[ ]  Yes [ ]  No |
| Priority classification documented:[ ]  Yes [ ]  No | X-ray secured in SHRs:[ ]  Yes [ ]  No |
| Informed Consent to Treatment form signed:  [ ]  Yes [ ]  No | Oral surgeon that complicated 3rd moral extractions referred to: |
| All basic OH are provided (Exhibit 6-4):[ ]  Yes [ ]  No | Dental appt book available for review:[ ]  Yes [ ]  No |
| Treatment scheduled according to priority classification:[ ]  Yes [ ]  No | # of students who received an elective oral exam in last year *(from utilization data*):  |
| Average length of time from student entering program and receiving an oral examination: | Number of students classified as Priority 1 or 2 at time of HWPCA (#): |
| Average length of time between exam and treatment:  | Approximate % of students receiving dental hygiene services: |
| # students seen per week for diagnosis (dentist):   | # students seen per week for hygiene (hygienist): |
| # students seen per week for treatment (dentist): | % appointments failed: |
| Other emergency provider and distance from center: |
| No-shows and refusals documented:[ ]  Yes [ ]  No  | No-shows rescheduled by which staff member: |
| # of off-center referrals in last year: | # of MSWRs in last year:*Note – check MSWR table to confirm* |
| Average no-show rate (%): | Orthodontic care not provided on center[ ]  Yes [ ]  No |
| Participation on monthly OH calls by dentist:  [ ]  Yes. How many: [ ]  No | Part. on monthly OH calls by hygienist or assistant:  [ ]  Yes. How many: [ ]  No |
| Need for new equipment/supplies or repair **that hinder required basic oral health services**: *Notes:*1. *Confirm with dental staff that need rises to level of concern in the report*
 |
| Autoclave spore testing frequency: [ ]  Weekly [ ]  Other:  | X-ray equipment registered/certified in state:[ ]  Yes [ ]  No |
| High quality documentation observed in SHRs for:[ ]  Consent for exams [ ]  Informed Consent for treatment [ ]  Treatment plans [ ]  Follow up [ ]  Reports from off-center referrals [ ]  Separations |
| Best practices:  |
| Additional Notes and Findings (including Center-specific health challenges): |
| Concerns Found: |

| **2.3, R7. Family Planning Program** |
| --- |
| FPP includes:☐ Education ☐ Health Promotion Activities ☐ Counseling ☐ Medical services |
| Family Planning coordinator: | Education is provided:[ ]  During CPP [ ]  Other |
| Health Promotion Activities include: | Counseling is provided:[ ]  During exam [ ]  Other |
| Contraception products available on-center:[ ]  Oral Contraceptive Pills [ ]  DepoProvera [ ]  Condoms [ ]  Patch [ ]  Ring [ ]  Implant [ ]  IUD [ ]  EC |
| Off center providers:Contraception products available off-center:[ ]  Oral Contraceptive Pills [ ]  DepoProvera [ ]  Condoms [ ]  Patch [ ]  Ring [ ]  Implant [ ]  IUD |
| Center follow all PRH requirements for pregnant students (leave, termination, transportation, gestational record)[ ]  Yes [ ]  No | Prenatal providers include: |
| MSWR only when can participate in JC[ ]  Yes [ ]  No | State law provide privacy for minors for family planning and pregnancy:[ ]  Yes [ ]  No |
| Center follows state laws:[ ]  Yes [ ]  No | # of females in last year: |
| # students pregnant prior to admission: | # students pregnant after admission: |
| Average female OBS: | Pregnancy rate based on average female OBS: |
| # pregnant students on center at time of HW PCA: | Additional community partners: |
| Additional Notes and Findings: |
| Concerns Found: |

| **2.3, R8. HIV/AIDS** |
| --- |
| HIV testing done for: As part of the cursory medical examination **(all student)**[ ]  Yes [ ]  No | HIV testing done for: If a student exhibits signs and/or symptoms of a possible AIDS-related condition [ ]  Yes [ ]  No |
| HIV testing done for: Upon reasonable suspicion of exposure[ ]  Yes [ ]  No | HIV testing done for: When student is diagnosed with a newly contracted STI [ ]  Yes [ ]  No |
| HIV testing done for: Upon student request and after CP consultation[ ]  Yes [ ]  No | Pre-test counseling done as required (Form 2-02):[ ]  Yes [ ]  No |
| Post-test counseling done as required:[ ]  Yes[ ]  No. *Note details below in additional notes.* | HIV+ post-test counseling includes CMHC at notification: [ ]  Yes [ ]  No |
| Community services and partners: | # HIV+ students on center: Referral sources for new diagnoses: |
| Additional Notes and Findings: |
| Concerns Found: |

| **2.3, R10. Health Aspects of Sports** |
| --- |
| All students involved in organized contact or rigorous sports are medically cleared by the CP/NP/PA prior to participating[ ]  Yes [ ]  No | Clearance documented on PE Form:[ ]  Yes [ ]  No |
| Clearance done annually:[ ]  Yes [ ]  No | CPR-trained person present at contact or rigorous sport events:[ ]  Yes [ ]  No |
| Emergency transport available:[ ]  Yes [ ]  No |  |
| Additional Notes and Findings: |
| Concerns Found: |

| **2.3, R11 Basic Health Services Provided by Job Corps Centers** |
| --- |
| Basic health services in Exhibit 6-4 provided:[ ]  Yes [ ]  No | Center does not pay for health-related costs incurred when student is on leave or pass:[ ]  Yes [ ]  No  |
| Additional Notes and Findings: |
| Concerns Found: |

| **2.3, R12. Health and Medical Costs Exceeding Basic Health ServicesProvided by Job Corps Centers** |
| --- |
| If student has 3rd party insurance, copy of card filed in SHR:[ ]  Yes [ ]  No  |
| Additional Notes and Findings: |
| Concerns Found: |

| **2.3, R13. Professional Standards of Care Shared by Both Assessors; medical write up** |
| --- |
| Credentials on center (from completed table below):[ ]  Yes [ ]  No | State Practice Acts in HWC: [ ]  Nurse [ ]  Pharmacy [ ]  Other(s): [ ]  None kept on center  |
|  Pre-signed release form in SHRs (PIN 14-33)  [ ]  Yes [ ]  No |  Best practice that labs are signed by students[ ]  Yes [ ]  No |
| Proper Documentation Observed for:[ ]  Medications [ ]  Treatment [ ]  Labs [ ]  Follow up [ ]  All providers on SF-600 [ ]  Chronic care management [ ]  Problem List[ ]  Reports from off-center referrals  |
| Confidentially Issues Observed for: [ ]  Student Working in HWC [ ]  Passes that indicate provider [ ]  Records kept outside HWC[ ]  Other:  |
| Additional Notes and Findings: |
| Concerns Found: |

| **Lois’s Staff Credentials Tool**  |
| --- |
| **Position** | **Name** | **State****License No. & expiration**  | **DEA License No. & expiration** | **Liability****Insurance** | **Approved Waiver***if applicable* |
| CenterPhysician |  |  |  |  |  |
| NP or PA |  |  |  |  | [ ]  Yes[ ]  No |
| HWD |  |  |  |  |  |
| Nurse RN, LPN |  |  |  |  |  |
| Nurse RN, LPN |  |  |  |  |  |
| Nurse RN, LPN |  |  |  |  |  |
| CMHC |  |  |  |  | [ ]  Yes[ ]  No |
| TEAP Specialist |  |  |  |  | [ ]  Yes[ ]  No |
| CenterDentist |  |  |  |  | [ ]  Yes[ ]  No |
| DentalHygienist |  |  |  |  | [ ]  Yes[ ]  No |
| DentalAssistant |  |  |  |  |  |
| Medical Clerk |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

| **2.3, R14. Medication Management** |
| --- |
| What are the eprescibing laws in the state?  | Does the center follow the applicable state eprescribing law?[ ]  Yes [ ]  No  |
| Center reports compliance with additional state pharmacy and practice acts:[ ]  Yes [ ]  No  | Center follows Appendix 203 (see checklist on next pages):[ ]  Yes [ ]  No  |
|  Center has 3 approved SOPs  [ ]  Yes [ ]  No |  Center procedures follow their approved SOPs  [ ]  Yes [ ]  No |
| Prescriptions ordered in unit doses:[ ]  Yes [ ]  No. Type: | Meds dispensed in HWC during what times: |
| Center uses lockboxes:[ ]  Yes [ ]  No  | Lockbox locations: |
| If not using lockboxes, what are after-hour med policies? | Is a security camera in place in the lockbox room?[ ]  Yes [ ]  No, then What makes lockbox location secure? |
| Who has keys to the lockboxes? | Which staff observe afterhours meds? |
| How many days of non-controlled stock is stored in the lockbox (#)? | Is water immediately available for students to visibly take their meds by lockboxes?[ ]  Yes [ ]  No |
| Students given meds for weekend pass[ ]  Yes [ ]  No | MARs are filled in SHRs monthly[ ]  Yes [ ]  No |
| # of total students on meds Subcategories: # of students on psy meds:# on controlled meds: | Controlled substances all psychostimulants for ADHD[ ]  Yes [ ]  No |
| Documentation for monthly case management:[ ]  Yes [ ]  No | OTCs available:[ ]  Dorms [ ]  Trades [ ]  Classrooms [ ]  Rec [ ]  Other: |
| OTC sign-out sheet sent back weekly:[ ]  Yes [ ]  No | Center in compliance with all state and fed regulations for controlled substances:[ ]  Yes [ ]  No |
| Stock controlled substances kept on center:[ ]  Yes [ ]  No | Controlled substances double-locked:[ ]  Yes [ ]  No |
| Controlled substances count is done weekly:[ ]  Yes [ ]  No | Controlled substances count is done by 2 nurses:[ ]  Yes [ ]  No |
| Accurate count observed during H&W PCA:[ ]  Yes [ ]  No |  |
| Additional Notes and Findings: |
| Concerns Found: |

| **Gary’s Appendix 203 Checklist – OTC Meds** |
| --- |
| Date of approval for OTC SOP (Month Year): |
| OTCs in HWC? |  [ ]  Yes [ ]  No |
| Train/authorize non-health staff to access OTC meds in lockboxes for students? | [ ]  Yes [ ]  No |
| Outside HWC, store in first aid lockboxes & available to students in single does packaging? | [ ]  Yes [ ]  No |
| Document on sign-out sheet in box with student’s name, med name, and student/staff signature and return to HWC weekly for restocking and recording in SHR? | [ ]  Yes [ ]  No |
| Report abuse by student to HWC ASAP? | [ ]  Yes [ ]  No |

| **Gary’s Appendix 203 Checklist – Prescribed Non-controlled Medications** |
| --- |
| Date of approval for prescribed non-controlled SOP (Month Year) **with lockboxes**: |
| Determine who can prescribe, dispense and administer  |
| Case conference monthly between HWD (designee) and the prescriber to determine adherence, side effects and efficacy? | [ ]  Yes [ ]  No |
| Document prescription and administration. File monthly MARs in SHR. MAR must match prescription. CP/NP/PA must review & approve outside prescriptions? | [ ]  Yes [ ]  No |
| Ensure correct student, right dose & proper route. Any errors notify prescriber, HWD, CD and document in SHR. Report to RO and regional nurse specialist? | [ ]  Yes [ ]  No |
| Provide student with consumer information required by state? | [ ]  Yes [ ]  No |
| Handling, packaging and administration observation must be in accord with state requirements for after-hours observation of self-administration for trained/authorized non-health staff. Document on MOR and file in SHR weekly. Center specific policies in SOP? | [ ]  Yes [ ]  No |
| Four self-managed meds are asthma inhalers, insulin, Epi Pens and BCPs? | [ ]  Yes [ ]  No |
| Dispose of meds in compliance of laws? | [ ]  Yes [ ]  No |
| Send meds home with students upon leaving. If HWC closed, promptly mail as permitted by state(s)? | [ ]  Yes [ ]  No |

| **Gary’s Appendix 203 Checklist – Prescribed Controlled Substances** |
| --- |
| Date of approval for controlled substances SOP (Month Year) **with lockboxes**: |
| Purchase, store & administer per 21CFR Part 1300. Have a med LOG and own or CP’s DEA registration? |  [ ]  Yes [ ]  No |
| Limit use and stock only small supply of meds that are prescribed by CP, DDS/DMD or psychiatrist? | [ ]  Yes [ ]  No |
| No routine stocking of Schedule II, except for specific student and only one month supply? | [ ]  Yes [ ]  No |
| Case conference monthly between HWD (designee) and the prescriber to determine adherence, side effects and efficacy? | [ ]  Yes [ ]  No |
| CP/NP/PA must review & approve outside prescriptions? | [ ]  Yes [ ]  No |
| Schedule II, III & IV under double lock in secured area of HWC. Limit access to dispensers/administers? | [ ]  Yes [ ]  No |
| Two staff receive/sign for meds, noting med name, dosage, amount and date on LOG? | [ ]  Yes [ ]  No |
| Maintain LOG for Schedule II, III & IV meds. When dispense/administer, note date, time, med & dose and nurse signs. Maintain in locked area for meds? | [ ]  Yes [ ]  No |
| Document prescription and administration. File monthly CMARs in SHR. CMAR must match prescription? | [ ]  Yes [ ]  No |
| Provide student with consumer information required by state? | [ ]  Yes [ ]  No |
| Ensure correct student, right dose & proper route. Any errors notify prescriber, HWD, CD and document in SHR. Report to RO and regional nurse specialist? | [ ]  Yes [ ]  No |
| Inventory/reconcile meds weekly by two staff. Report miscounts to RO and regional nurse specialist[[1]](#footnote-2)? |  [ ]  Yes [ ]  No |
| Handling, packaging and administration observation must be in accord with state requirements for after-hours observation of self-administration for trained/authorized non-health staff. Document on CMOR and file in SHR weekly. Center specific policies in SOP? | [ ]  Yes [ ]  No |
| Dispose of meds in compliance of law. Dispose documented on LOG and signed by two staff? | [ ]  Yes [ ]  No |
| Send meds home with students upon leaving. If HWC closed, promptly mail as permitted by state(s)? | [ ]  Yes [ ]  No |

| **2.3, R15. Waivers** |
| --- |
| Waivers are documented in SHR when requested:[ ]  Yes [ ]  No  |
| Additional Notes and Findings: |
| Concerns Found: |

| **2.3, R17. Communicable Disease and Infection Control**  |
| --- |
| Report cases of communicable disease to state health department:[ ]  Yes [ ]  No | Follow CDC guidelines for disease management & use protective measures[ ]  Yes [ ]  No  |
| Bloodborne Pathogen Approval Date: | Biological monitoring of autoclave done:[ ]  Weekly [ ]  Other: |
| Additional Notes and Findings: |
| Concerns Found |

| **2.3, R18. Inventory Records** |
| --- |
| Maintain records on the dispensing, inventory, and disposal of medical and dental supplies and pharmaceutical (ask to view records; might be in procurement):[ ]  Yes [ ]  No  |
| Additional Notes and Findings: |
| Concerns Found: |

|  |
| --- |
| **5.1, R3. SOPs & Plans** |
|  Approved Prescribed Meds SOP w/lockboxes [ ]  Yes. Date of Approval:[ ]  No  | Approved Controlled Substances SOP w/lockboxes[ ]  Yes. Date of Approval:[ ]  No  |
|  Approved OTC SOP[ ]  Yes. Date of Approval:[ ]  No  | Approved Staffing SOP[ ]  Yes. Date of Approval:[ ]  No  |
| Center procedures in line with SOP:[ ]  Yes [ ]  No   |  Contract center SOP submitted as updated[ ]  Yes [ ]  No  |
| USFS SOPs submitted annually as required [ ]  Yes [ ]  No  |
| Additional Notes and Findings: |
| Concerns Found: |

| **5.2, R3. Health Services Staffing - Section Shared by Both Assessors; medical write up** |
| --- |
| Are there any vacancies currently[ ]  No[ ]  Yes: | Scope of practice met regulations met:[ ]  Yes [ ]  No |
| Following Staffing SOP:[ ]  Yes [ ]  No | Supervision requirements met:[ ]  Yes [ ]  No |
| New hires since last H&W assessment include: |
| Additional Notes and Findings: |
| Concerns Found: |

The table below summarizes HWC staffing at the center based upon a contracted onboard strength of \_\_\_\_\_\_ students.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Total****Hours/Week** | **PRH Staffing****Hours/Week** | **Variance** |  |
| HWD  |  |  |  |
| Nursing Staff |  |  |  |
| CP/NP/PA |  |  |  |
| Dentist  |  |  |  |
| Dental Hygienist |  |  |  |
| Dental Assistant |  |  |  |
| CMHC |  |  |  |
| TEAP Specialist |  |  |  |
| Clerical Support |  |  |  |

|  |
| --- |
| **5.2, R5. Staff Qualifications - Section Shared by Both Assessors; behavioral writes up** |
| If applicable:NP/PA hrs more than 2 hrs/100 students/wk[ ]  Yes [ ]  No If yes, there is one-time NO waiver:[ ]  Yes Date of Approval:[ ]  No  | **OR** *(if applicable)* | If applicable:NP is medical director[ ]  Yes [ ]  No If yes, there is **annual** NO waiver:[ ]  Yes Date of Approval:[ ]  No  |
| HWC staff all meet minimum qualifications in Exhibit 5-3:[ ]  Yes [ ]  No  |
| If applicable (work with Behavioral assessor):CMHC does not meet minimum qualification & has one-time NO waiver: [ ]  Yes Date of Approval:[ ]  No CMHC credential:  | If applicable (work with Behavioral assessor):TEAP sp. does not meet minimum qualification & has one-year NO waiver: [ ]  Yes Date of Approval:[ ]  No TEAP credential: Supervision provided by (if applicable):  |
| Additional Notes and Findings: |
| Concerns Found: |

| **5.6, R2. Medical Equipment and Supplies**  |
| --- |
| Center provides equip. and supplies for basic and emergency services:[ ]  Yes [ ]  No | AED on center (PIN 22-16):[ ]  Yes. Location(s): [ ]  No  |
| Grab and Go Kits in **BOTH** Security and HWC [ ]  Yes [ ]  No |
| Narcan available on center (PIN 22-16)[ ]  HWC G&G kit [ ]  Safety G&G kit (24/7) [ ]  Each dorm [ ]  Recreation[ ]  Academic and trade buildings/areas. [ ]  Portable kit for transportation vehicles[ ]  Other: |
| Dental facility x-ray tested and certified (or registered) with state:[ ]  Yes [ ]  No | Center purchases in bulk whenever possible:[ ]  Yes [ ]  No |
| Additional Notes and Findings: |
| Concerns Found |

| **6.2, R5. Med Separations – Shared by co-assessor; write up in medical** |
| --- |
| SHRs reviewed by lead assessor: | SHRs reviewed by co-assessor: |
| MSWR as last resort, not in lieu of RA/RM/AAS, and based on medical determination:[ ]  Yes [ ]  No | MSWR provided before regular med. separation (MSFC):[ ]  Yes [ ]  No |
| HCNA/Form 2-05 done in cases of no consent:[ ]  Yes [ ]  No | DTA/Form 2-05 done in all cases of DT to others:[ ]  Yes [ ]  No |
| Documentation present – *see new MSWR SHR tool*:[ ]  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 [ ]  Medical expectations to return |
| Contacted monthly on MSWR:[ ]  Yes. *Note: This can be log outside of SHR as PRH doesn’t say documented in SHR* [ ]  No |
| Additional Notes and Findings: |
| Concerns Found: |

The table below summarizes medical separations that occurred between Month 1 or 15, Year and DATE.

|  |
| --- |
| **Medical Separations** |
| Reason | MSWR/MSFC Status |
| Total No.MSWRs | No. Pending | No. Returned | No. Separated/MSFC |
| Pregnancy  |  |  |  |  |
| Medical Illness |  |  |  |  |
| Mental Health |  |  |  |  |
| Drugs and/or ETOH |  |  |  |  |
| Injuries |  |  |  |  |
| Oral Health |  |  |  |  |
| Other (list codes) |  |  |  |  |
| **Total** |  |  |  |  |

**Jason’s Awesome Grab and Go Checklist**

All emergency response equipment and supplies must be readily accessible 24/7/365. Contents should be inspected monthly, including medication expiration dates and the oxygen tank gauges

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Equipment Item** | **Yes**  | **No** | **Equipment Item** | **Yes**  | **No** |
| Automated external defibrillator (AED) – may be located separately from “grab and go” kits |  |  | Glucometer |  |  |
| Oximeter |  |  |
| Oxygen source |  |  |
| Ambu bag with oral airways |  |  | Stretcher/backboard |  |  |

|  |  |  |
| --- | --- | --- |
| **Medication Item**  | **Yes** | **No** |
| Albuterol HFA inhaler |  |  |
| Adult aspirin, 325 mg – chew one tablet for an adult |  |  |
| Injectable epinephrine (EpiPen and/or injectable Adrenaline)Injectable diphenhydramine (Benadryl), 50 mg *(optional)* |  |  |
| Intranasal naloxone (Narcan); PIN 22-16 |  |  |
| Oral glucose source Glucagon *(optional)* |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supply Item** | **Yes** | **No** | **Supply Item** | **Yes** | **No** |
| Ace wraps |  |  | Gauze roll bandages (Kling)  |  |  |
| Bandages  |  |  | Needles/syringes  |  |  |
| Blood pressure cuff |  |  | Stethoscope |  |  |
| Eye irrigation bottle  |  |  | Tape |  |  |
| Eye patches |  |  | Tourniquet  |  |  |
| Gauze pads |  |  | Tweezers |  |  |

|  |  |  |
| --- | --- | --- |
| **PPE Item** | **Yes** | **No** |
| Gloves (non-latex)  |  |  |
| Face masks |  |  |
| Gowns |  |  |

1. Note – ask behavioral assessor if about med-related SIRs [↑](#footnote-ref-2)