|  |  |
| --- | --- |
| **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* |
| Center  Physician |  |  |  |  |  |
| NP or PA |  |  |  |  | Yes  No |
| HWD |  |  |  |  |  |
| Nurse  RN, LPN |  |  |  |  |  |
| Nurse  RN, LPN |  |  |  |  |  |
| Nurse  RN, LPN |  |  |  |  |  |
| CMHC |  |  |  |  | Yes  No |
| TEAP Specialist |  |  |  |  | Yes  No |
| Center  Dentist |  |  |  |  | Yes  No |
| Dental  Hygienist |  |  |  |  | Yes  No |
| Dental  Assistant |  |  |  |  |  |
| 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)