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

|  |
| --- |
| **Health and Wellness Program Compliance Assessment TOOL****Medical Assessor Packet** |
| Job Corps Center |  |
| Dates of HWPCA |  |
| Medical Assessor |  |
| **Center Information** |
| Center Operator |  |
| Center Contracted OBS |  |
| Center Current OBS |  |
| Regional Office |  |
| Regional Office COR |  |
| Prior HWPCA | Month year |
| **Contacted and Reviewed During HWPCA** |
| Center Director  |  |
| Deputy Center Director |  |
| Title or Delete line |  |
| Title or Delete line |  |
| Health and Wellness Director |  |
| Staff Nurse  |  |
| Staff Nurse  |  |
| Center Physician  |  |
| Nurse Practitioner / Physician Assistant (Delete line) |  |
| Center Dentist |  |
| Dental Hygienist |  |
| Dental Assistant |  |
| Clerk |  |
| Residential  |  |
| Title or Delete line |  |
| Title or Delete line |  |
| Title or Delete line |  |
| Individual Interviews | LIST SIDs  |
| Student Health Records (SHRs) | LIST **ALL** SIDs for MEDICAL ASSESSOR |

**Additional center notes** (e.g. non-res center, whole building closure -- if needed):

**Additional discipline notes** (e.g. staff member death, specific facility issue – if needed):

|  |  |  |  |
| --- | --- | --- | --- |
| PRH Materials Reviewed | Reviewed | Co-Assessor Reviewed | Not Received  |
| Bloodborne Pathogen Plan | [ ]  Date approved:[ ]  Issue found |[ ] [ ]
| Emergency Action Plan (PIN 22-16) | [ ]  Date approved:[ ]  Issue found |[ ] [ ]
| Nurse, pharmacy, and other state practice acts for compliance | [ ]  On File[ ]  Issue found |[ ] [ ]
| Medication Management Standard Operating Procedures (SOPs) (3) | [ ]  Date approved:[ ]  Issue found |[ ] [ ]
| HWC Staffing Standard Operating Procedure (SOP) (1) | [ ]  Date approved:[ ]  Issue found |[ ] [ ]
| CLIA certificate | [ ]  Expiration date:[ ]  Issue found |[ ] [ ]
| Controlled substances log | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Spore testing log | [ ]  On file[ ]  Issue found |[ ] [ ]
| MSWR phone contact | [ ]  On file[ ]  Issue found |[ ] [ ]
| Refrigerator temperature monitoring log | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Sharps exposure log | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| HIPAA disclosures log | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Dental appointment book | [ ]  Received |[ ] [ ]
| Dental Unit Water Line Testing Log | [ ]  Received |[ ] [ ]
| H&W Staff Licenses or Certifications for Professional Practice | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Clinician Registration to prescribe (DEA) | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| H&W Subcontractor Liability insurance | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| H&W Staff Waivers, if applicable | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Staff roster – All center staff, positions included, and directory | [ ]  Received |[ ] [ ]
| Staff training records  | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Health Care Guidelines (HCGs) signed & on file:* Treatment Guidelines (TGs)
* Symptomatic Management Guidelines (SMGs)
* Personal Authorizations
* RO Approval Memo
 | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| SIRs for prior 12 months | [ ]  Received |[ ] [ ]
| Health Services Utilization Reports (from Humanitas) | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Quarterly Alcohol Summary (past year) (from Humanitas) | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Annual Program Description (past year) (from Humanitas) | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Student handbook | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Recreational schedule | [ ]  Received |[ ] [ ]
| Cafeteria monthly menu  | [ ]  Received |[ ] [ ]
| HEALs assessment (Making the Grade)  | [ ]  Received |[ ] [ ]
| TUPP tobacco cessation materials & other educational materials  | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| TEAP center-kept statistics for the prior 12 months  | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| BAC Breathalyzer, manufacture guide, and calibration information | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Health and wellness student feedback  | [ ]  Received |[ ] [ ]
| Continuous quality improvement (CQI) studies | [ ]  Received |[ ] [ ]
| National Student Satisfaction Survey | [ ]  Received |[ ] [x]

**PRH 2.3, R2. Health & Wellness Program**

**The Job Corps Health History Form is annotated and signed by the nurses and medical provider.**

[ ]  Yes

[ ]  No

Notes (describe finding and include SIDs and #/# for %):

**Entrance physical examinations are comprehensive and are provided within the timeframe required by the PRH.**

[ ]  Yes

[ ]  No – exam not comprehensive

[ ]  No – exams not timely

[ ]  No – glasses/contacts issue (b1&b2)

Notes (describe finding and include SIDs and #/# for %):

**Active, on-going chronic care management occurring and documented (b3).**

[ ]  Yes

[ ]  No

Notes (describe finding and include SIDs and #/# for %):

**Laboratory testing meets PRH requirements.**

[ ]  Yes

[ ]  No

CLIA waiver certificate expiration date (finding for 2.3 R2(c)+R13(d) if none):

Notes (describe finding and include SIDs and #/# for %):

**Immunizations meets PRH requirements.**

[ ]  Yes meets

[ ]  Yes exceeds: ☐ Influenza available ☐ Covid available

 ☐ Other CDC-recommended vaccines available including:

[ ]  No

 Vaccine source (from APD and pre-questionnaire):

Notes (describe finding and include SIDs and #/# for %):

**PRH 2.3, R2. Health & Wellness Program**

**TB screening and management meets PRH requirements.**

[ ]  Yes

[ ]  No

Notes (describe finding and include SIDs and #/# for %):

**Daily Clinic includes (walk-ins and in-patient):**

[ ]  Yes. Both in-patient and walk-in

[ ]  No

HWChours of operation (In-patient unit):

 Walk-In hours:

Notes:

**Access to prescription meds.**

[ ]  Yes

[ ]  No

Notes (describe finding and include SIDs and #/# for %):

**Appointment in place and medical no-shows documented:**

[ ]  Yes

[ ]  No

Notes (describe finding and include SIDs and #/# for %):

**Off-Center referral system in place.**

[ ]  Yes

[ ]  No

Optometrist source (from APD and pre-questionnaire):

Notes (describe finding and include SIDs and #/# for %):

**PRH 2.3, R2. Health & Wellness Program**

**Emergency system in place**

[ ]  Yes

[ ]  No – Supply issue (See PRH 5.6, R2. Medical Equipment and Supplies)

CP/NP/PA Call Schedule:

Nurse call schedule:

EMS response time:

Closest ER in minutes (check APD):

Notes (describe finding and include SIDs and #/# for %):

**HIPAA requirements met**

[ ]  Yes. Forms 2-01 and 6-02 completed and signed

[ ]  No

Notes (describe finding and include SIDs and #/# for %):

**Number of Medical SHRs reviewed (full + specialized):**

**2.3, R3. Oral Health and Wellness Program**

**The OHWP focus is on early detection, diagnosis of oral health problems, basic oral health care, dental hygiene, and prevention/education**.

[ ]  Yes

[ ]  No

Education includes: ☐ Chairside ☐ Classroom ☐ Other ☐ None (finding)

Notes (describe finding):

**DRI completed and on PE form as required**.

[ ]  Yes

[ ]  No

Who conducts the DRI: ☐ Dental Assistant ☐ Dental Hygienist ☐ Nurses. ☐ Dentist

Personal authorizations available: ☐ Yes ☐ No (finding)

Notes (describe finding including SIDs and #/# for %):

**The Elective Oral Exam includes:**

[ ]  X-rays – HIPAA compliant. [ ]  Priority classification [ ]  Treatment plan

[ ]  All sections of JC-approved form completed

[ ]  No. Not currently being done

No shows recorded for EOE in SHRs: [ ]  Yes [ ]  No (finding)

Notes (describe finding including SIDs and #/# for %):

**Dental Treatment includes:**

[ ]  Restorations [ ]  Extraction of pathological teeth

[ ]  Root canal therapy on anterior/other strategic teeth treatment plan

[ ]  Replacement of missing upper anterior teeth with a removable prosthesis

[ ]  Dental hygiene treatment for periodontal disease

[ ]  Basic oral health care by priority classification

[ ]  No. Not currenting being done

No shows for treatment appointments documented in SHRs: [ ]  Yes [ ]  No (finding)

Notes (describe finding including SIDs and #/# for %):

**2.3, R3. Oral Health and Wellness Program**

**Off-Center referral system in place.**

[ ]  Yes

[ ]  No

Basic health services beyond expertise referred to:

Notes (describe finding):

**Center follows orthodontic policies and procedures.**

[ ]  Yes

[ ]  No

Notes (describe finding and include SIDs):

**Number of Dental SHRs reviewed (full + specialized):**

**OHWP Other PRH Areas (Duplicates)**

**2.3 R17 Communicable Disease and Infection Control**

**Autoclave spore testing frequency**: ☐ Weekly ☐ Other:

Notes (describe finding):

Procedure for handling failed autoclave spore tests:

**OHWP follows infection control measures as mandated by state and federal** **law and recommended by CDC guidelines** ([Infection Prevention Practices in Dental Settings](https://www.cdc.gov/dental-infection-control/hcp/summary/index.html)).

☐ Yes

☐ No

 OWCP adheres to CDC [Dental Unit Water Quality](https://www.cdc.gov/dental-infection-control/hcp/summary/dental-unit-water-quality.html) guidelines (waterlines tested):

 ☐ Yes passing tests. DWL testing frequency:

 ☐ Yes. Tests not passing (finding – reach out to Pam)

 ☐ No (Not done finding)

Notes (describe finding):

**5.6, R2. Medical Equipment and Supplies**

**OHWP has supplies to provide basic health services (**and all equipment is functional**):**

☐ Yes

☐ No

Dental facility x-ray has current certification (or reg) with state: [ ]  Yes [ ]  No (finding)

Notes (describe need for new equipment/supplies OR needed repairs that hinder required basic oral health services):

**2.3 R7 Family Planning Program**

**FPP has an assigned coordinator.**

[ ]  Yes. Who is it?:

[ ]  No

**The FPP includes:**

[ ]  Counseling. [ ]  Health promotion activities

[ ]  Medical services, including birth control

Contraception products available on-center: [ ]  Oral Contraceptive Pills [ ]  DepoProvera

 [ ]  Condoms [ ]  Patch [ ]  Ring [ ]  Implant [ ]  IUD. [ ]  EC

Contraception products available off-center: [ ]  Oral Contraceptive Pills [ ]  DepoProvera

[ ]  Condoms [ ]  Patch [ ]  Ring [ ]  Implant. [ ]  IUD

Notes (describe finding including SIDs and #/# for %):

**Center follow all PRH requirements for pregnant students (access, leave, termination, transportation, gestational record)**

☐ Yes ☐ No

Any pregnant student on center? ☐ Yes ☐ No

Any in the last year? ☐ Yes ☐ No

Notes (describe finding including SIDs and #/# for %):

**Center follows minor laws for family planning and pregnancy**

☐ Yes ☐ No

 Minor state law for family planning services:

 Minor state law for pregnancy:

Notes (describe finding including SIDs):

**2.3 R8 HIV/AIDS**

**HIV testing occurs for:**

[ ]  New students [ ]  Possible symptoms [ ]  Reasonable suspicion

[ ]  New STI [ ]  Upon request

Notes (describe finding including SIDs and #/# for %):

**National lab used**: ☐ Yes ☐ No

**Pre-test counseling done as required** (PRH Form 2-02):

 [ ]  Yes [ ]  No

Notes (describe finding including SIDs and #/# for %):

**Post-test counseling done as required** (PRH Form 2-02) – *14 days for negative results & 24 hours for positive results with CP & CMHC*:

 [ ]  Yes [ ]  No

Notes (describe finding including SIDs and #/# for %):

**HIV positive students are engaged in case management**

 [ ]  Yes [ ]  No

 Off-center services available at:

Notes (describe finding including SIDs and #/# for %):

**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 on the PE form & Clearance done annually**

 [ ]  Yes [ ]  No

Notes (describe finding including SIDs and #/# for %):

**Center reports CPR-trained person present at contact, rigorous sport events, and boxing:**

 [ ]  Yes [ ]  No

**Reported emergency transport available**:

 [ ]  Yes [ ]  No

| **2.3, R11 Basic Health Services Provided by Job Corps Centers** |
| --- |

**Basic health services in** [**Exhibit 2-4**](https://prh.jobcorps.gov/Exhibits/Forms/AllItems.aspx) **provided**:

 [ ]  Yes [ ]  No

Notes (describe finding including SIDs and #/# for %):

**Center does not pay for health-related costs incurred when student is on leave or pass**:

 [ ]  Yes [ ]  No

Notes (describe finding including SIDs and #/# for %):

**2.3, R12. Health and Medical Costs Exceeding Basic Health ServicesProvided by Job Corps Centers**

**Center assists students with finding 3rd party insurance beyond services in Exhibit 2-**4.

[ ]  Yes [ ]  No

If student has 3rd party insurance, copy of card filed in SHR: [ ]  Yes [ ]  No

**MSWRs are utilized** – See 6.2 R5.

 [ ]  Yes [ ]  No

**2.3, R13. Professional Standards of Care *Shared by Both Assessors* - MEDICAL**

**H&W Credentials (kept on file in HWC):**

| **HWC Staff Credentials**  |
| --- |
| **Position** | **Name** | **Credential including expiration** | **Professional Liability Insurance *(Subcontractors)*** |
| CenterPhysician |  | StateLicense/Credential No. & expiration |  | [ ]  Center employee |
| DEA License No. & expiration |  |
| NP or PA |  | StateLicense/Credential No. & expiration |  | [ ]  Center employee |
| DEA License No. & expiration |  |
| Approved waiver? [ ]  Yes [ ]  No[ ]  Meets PRH (aka N/A) |
| HWD |  | StateLicense/Credential No. & expiration |  | [ ]  Center employee |
| Nurse RN,LPN |  | StateLicense/Credential No. & expiration |  | [ ]  Center employee |
| Nurse RN, LPN |  | StateLicense/Credential No. & expiration |  | [ ]  Center employee |
| Nurse RN, LPN |  | StateLicense/Credential No. & expiration |  | [ ]  Center employee |
| CenterDentist |  | StateLicense/Credential No. & expiration |  | [ ]  Center employee |
| DEA License No. & expiration |  |
| DentalHygienist |  | StateLicense/Credential No. & expiration |  | [ ]  Center employee |
| DentalAssistant |  | Meets state requirements?[ ]  Yes [ ]  No | [ ]  Center employee |
| CMHC |  |  | [ ]  Center employee |
| Approved waiver? [ ]  Yes [ ]  No[ ]  Meets PRH (aka N/A) |
| CMHC 2 |  |  | [ ]  Center employee |
| Approved waiver? [ ]  Yes [x]  No[ ]  Meets PRH (aka N/A) |
| TEAP Specialist |  |  | [ ]  Center employee |
| Approved waiver? [ ]  Yes [ ]  No[ ]  Meets PRH (aka N/A) |
| TEAP Specialist 2 |  |  | [ ]  Center employee |
| Approved waiver? [ ]  Yes [ ]  No[ ]  Meets PRH (aka N/A) |
|  |  |  |  |  |
|  |  |  |  |  |

**2.3, R13. Professional Standards of Care Shared by Both Assessors; medical write up**

**Proper Documentation Observed for**:

[ ]  Medications

[ ]  Treatment & Follow Up

[ ]  All providers on SF-600

[ ]  Problem List

[ ]  Reports from off-center referrals (or documented attempts)

[ ]  **Labs**

Notes (describe finding including SIDs and #/# for %):

**Follows current standards of care when providing health services and treating illnesses and injuries**:

 [ ]  Yes [ ]  No

Scope of practice met regulations met: ☐ Yes ☐ No – finding for R13(d)+practice act

 State Supervision requirements for Nurses:

 State Supervision requirements for NP/PA:

Center follows supervision requirements: [ ]  Yes [ ]  No– finding for R13(d)+practice act

Confidentiality issues observed or reported: [ ]  Yes [ ]  No– finding for R13(d)+HIPAA

 Other standard of care issue if applicable:

Notes (describe finding including SIDs where applicable):

**2.3, R14. Medication Management**

**The center complies with all state and federal regulations**.

[ ]  Yes [ ]  No

**What are the eprescibing laws in the state?**

Notes (describe finding):

**The center complies with Appendix 203** – complete tables:

| **Appendix 203 Checklist – OTC Meds** |
| --- |
| 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 |

| **Appendix 203 Checklist – Prescribed Non-controlled Medications** |
| --- |
| Does the center follow the applicable state eprescribing law? | ☐ Yes ☐ No  |
| Determine who can prescribe, dispense and administer  |
| CP/NP/PA is comfortable -- ☐ refilling ☐ bridging ☐ initiating -- psychotropics  |
| CP/NP/PA collaborates with CMHC (**ALIGN WITH 2.3 R4**) | [ ]  Yes [ ]  No |
| Case conference monthly between HWD (designee) and the prescriber to determine adherence, side effects and efficacy? | [ ]  Yes [ ]  No |
| Document prescription and administration. MAR must match prescription.  | [ ]  Yes [ ]  No |
| Meds dispensed in HWC during what times: |
| File monthly MARs in SHR.  | [ ]  Yes [ ]  No |
| 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.  | [ ]  Yes [ ]  No |
| Errors 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.  | [ ]  Yes [ ]  No |
| How are medications secure outside of the HWC? |
| Who has keys to the lockboxes or access to medications? |
| Who observes afterhours medications?  |
| Document on MOR and file in SHR weekly.  | [ ]  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 |

| **Appendix 203 Checklist – Prescribed Controlled Substances** |
| --- |
| 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.  | [ ]  Yes [ ]  No  |
| LOG 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. If any errors notify prescriber, HWD, CD and document in SHR.  | [ ]  Yes [ ]  No  |
| Errors reported to RO and regional nurse specialist? | [ ]  Yes [ ]  No |
| Inventory/reconcile controlled meds weekly by two staff.  |  [ ]  Yes [ ]  No |
| Report miscounts to RO and regional nurse specialist? | [ ]  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.  | [ ]  Yes [ ]  No |
| Document on CMOR and file in SHR weekly.  |  |
| 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 clearly documented by the Center Physician/NP/PA in the student’s health record and include an explanation as to why the decision was made**

[ ]  Yes

[ ]  No

Notes (describe finding including SIDs where applicable):

**Immunization waivers for medical and/or religious reasons. Such a waiver must be clearly documented by the center physician in the student’s health record and include an explanation as to why the decision was made**.

[ ]  Yes

[ ]  No

Notes (describe finding including SIDs where applicable):

**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

**Biological monitoring of autoclave done**:

[ ]  Weekly [ ]  Other:

**Follow Federal and state guidelines for infection control.**

[ ]  Yes [ ]  No

Notes (describe finding including SIDs where applicable):

**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

**5.1, R3. SOPs**

**Approved OTC SOP**

[ ]  Yes. Date of Approval:

[ ]  No

**Approved Prescribed Meds SOP w/lockboxes**

[ ]  Yes. Date of Approval:

[ ]  No

**Approved Controlled Substances SOP w/lockboxes**

[ ]  Yes. Date of Approval:

[ ]  No

**Approved Staffing SOP**

[ ]  Yes. Date of Approval:

[ ]  No

**Center procedures in line with SOPs (**finding if not& no add description to template):

[ ]  Yes [ ]  No

**Contract center SOP submitted as updated** (or new contract award)

[ ]  Yes [ ]  No

**USFS SOPs submitted annually by June 1st**

[ ]  Yes [ ]  No

Notes (describe finding):

**5.1 R23. Bloodborne Pathogens Plan (BPP)**

**The Regional Nurse Specialist last approved the BPP**:

**The BBP has been approved since last contract award or done as needed** (*thus contains the minimum requirements as reviewed & approved by RNS as required*).

[ ]  Yes [ ]  No

**5.2 R3 Health Services Staffing**

Contracted OBS:

Latest Staff Survey Shared: [ ]  Yes [ ]  No

|  |
| --- |
| **Exhibit 5-5 Required Staffing Hours Table**  |
| **Position** | **Total****Hours/Week** | **PRH Staffing****Hours/Week**  | **Variance** |
| HWD  |  |  |  |
| Nursing Staff* RN (# hrs/wk)
* LPN (# hrs/wk)
 |  |  |  |
| Center Physician (# hrs/wk)Nurse Practitioner (# hrs/wk)Physician Assistant (# hrs/wk) |  |  |  |
| On-Center Dentist (# hrs/wk) |  |  |  |
| On-Center Dental Hygienist (# hrs/wk) |  |  |  |
| On-Center Dental Assistant (# hrs/wk) |  |  |  |
| CMHCCMHC 2 (# hrs/wk) |  |  |  |
| TEAP SpecialistTEAP Specialist 2 (# hrs/wk) |  |  |  |
| Clerical Support |  |  |  |

**Staffing deficiencies:** [ ]  Yes [ ]  No (finding)

 If NOT completed in Pre-Questionnaire – Staff schedule on center for record-keeping:

 HWD:

CP (NP/PA):

 Dentist:

 Dental Hygienist

 Dental Assistant

 CMHC

 TEAP

 Clerk:

**5.2 R5 Staff Qualifications**

**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

**If applicable: NP is medical director**

[ ]  Yes [ ]  No

**If yes, there is annual NO waiver:**

[ ]  Yes Date of Approval:

[ ]  No

**5.6, R2. Medical Equipment and Supplies**

**Center provides equip. and supplies for basic health services**:

[ ]  Yes [ ]  No

AED on center (PIN 22-16):

[ ]  Yes. Location(s):

[ ]  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:

|  |
| --- |
| **Grab and Go Emergency 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 |  |  |

OHWP has supplies to provide basic health services (See OHWP Section):

 ☐ Yes ☐ No

Dental facility x-ray tested and has current certification or registration) with state:

[ ]  Yes [ ]  No

Notes (describe finding for ANY equipment and supply):

**Center reports to purchase from JC dental list**:

[ ]  Yes [ ]  No

Notes (describe finding):

**Center reports to purchase in bulk and from GSA whenever** **possible**:

[ ]  Yes [ ]  No

Notes (describe finding):

**6.2, R5. Med Separations – *Shared by co-assessor*; write up in BEHAVIORAL**

# SHRs reviewed by medical assessor:

# SHRs reviewed by behavioral health assessor:

**Medical - MSWR as last resort, not in lieu of RA/RM/AAS**:

[ ]  Yes [ ]  No

**Medical - MSWR based on medical determination**:

[ ]  Yes [ ]  No

**Medical - MSWR provided before regular med. separation** (MSFC):

[ ]  Yes [ ]  No

**Medical - HCNA/Form 2-05 done in cases of HCNA with refusal (no consent):**

[ ]  Yes [ ]  No

*Behavioral health – DTA.*

**Medical - Documentation present**:

[ ]  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

**Medical - Contacted monthly on MSWR**:

[ ]  Yes. *Note: This can be log outside of SHR as PRH doesn’t say documented in SHR*

[ ]  No

**Medical - Extensions only by RO**:

[ ]  Yes occurred [ ]  Yes would reportedly happen; no examples in prior year

[ ]  No center has/will not request from RO

Notes (describe finding(s)) incl. SIDs and #/# for %)::