|  |  |
| --- | --- |
| **Health and Wellness Program Compliance Assessment TOOL**  **Behavioral Assessor Packet** | |
| Center Address:  Center Phone: | |
| HWM:  HWM 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 |  |  |  |

| **Health and Wellness Pca STUDENT Focus Group questions** | |
| --- | --- |
| Center: | Date: |
| Number of Participants: | |
| Facilitator Name: | |
| **INTRODUCTION** | |
| *We are here as part of the Department of Labor assessment team to review the Health and Wellness Program. Job Corps is designed to serve students and so it is really important that we get honest feedback from you about what is going well on your center and what can be improved. We appreciate your willingness to meet with us and we want to cover some ground rules for this session:*   1. *This meeting is confidential. There will be nothing that will link you personally to feedback that you provide.* 2. *We are not asking you to reveal anything about your own personal health situation. We would like you to answer questions generally. If you would like to speak with us after this group about something specific, please stay after.* 3. *Often there are a range of views and opinions, and this is normal and ok. We ask that you are respectful of each others’ opinions, and we encourage you to express your opinion even if it does not appear that it is shared by others.* | |
| **QUESTION/RESPONSES** | |
| 1. Describe the different services provided at the Health and Wellness Center. | |
| 1. How are appointments for health services made? | |
| 1. How do you get medical assistance when the Health and Wellness Center is closed? | |
| 1. If you needed dental care, would you go to the Job Corps dentist or an outside dentist? Why? | |
| 1. This is a group participation question. How would you describe your health since coming to Job Corps – the same, better, or worse – than before you arrived? Raise your hands, how many has your health gotten    1. Better:    2. Same:    3. Worse: 2. Why has your health changed? *But DO NOT share your PHI. I am also available after the focus group to speak individually.* | |
| 1. Health care services are intended to be private–between you and staff with a need to know. How does that work on center? | |
| 1. If you had a problem on center like homesickness, drama, stress, etc., who would you go to for help? | |
| 1. Are you aware of the Job Corps Safety Hotline? Can anyone describe what that is?    1. *Are you aware of the national 988?* | |
| 1. What does TEAP stand for? How does the program work? | |
| 1. Are students able to bring drugs or alcohol on center? | |
| 1. Is the zero-tolerance (ZT) policy fairly enforced? | |
| 1. How many tobacco use areas are there? What is the center policy regarding use of different types of tobacco and vapes? How well is it enforced? | |
| 1. How safe do you and your friends feel at this Job Corps center? Using a scale from 1 to 5 with 1 meaning I do not feel safe on this center to 5 meaning I feel very safe on his center. | |
| 1. Are there programs on center that help you eat healthy and exercise? | |
| 1. Describe the medication policies on this center (OTC, HWC walk-in, afterhours). How do the medication lockboxes (mailboxes) work on this center? | |
| 1. Why do you think some students are leaving this Job Corps center without achieving their planned goals? | |
| 1. Would you refer your best friend or a family member to THIS Job Corps center if they needed educational and training services? Why or why not? If not THIS center, would you refer to another Job Corps center? | |
| ***Thank you for your feedback and comments. Do you have any questions for me? Once again, if you want to talk about something specific, please stay after.*** | |
| Comments/Observations: | |

| **2.3, R1. Student Intro** | |
| --- | --- |
| Student Handbook correct regarding HWC:  Yes  No. Describe below. | Staff who provides HWC orientation: |
| Orientation include an explanation of procedures/tests that are performed as part of the medical and oral exam, information on HIV and other sexually transmitted diseases safe sex practices, family planning services, TEAP services, mental health services, the importance of good health to obtain/maintain employment, and the Notice describing how medical information about students may be used, disclosed, and how students can get access to this information  Yes  No | |
| Additional Notes and Findings: | |
| Concerns Found: | |

| **2.3, R4. Mental Health and Wellness Program** | |
| --- | --- |
| CMHC credentials/professional licensure: | Approved waiver from national office:  Yes  No  Not Applicable |
| CMHC on-center schedule:  Meets PRH | CMHC tenure on center: |
| Any vacancies in the last year:  Yes. Length of time:    No | Details for any other CMHCs in the last year: |
| Intern Program  Yes. #:  No | If applicable, intern university and degree program:  Hours/week: |
| MHWP emphasis on:  ☐ Early identification and diagnosis  ☐ Basic MH care  ☐ MH promotion and education | EAP model includes:  ☐ Short-term counseling with employability focus  ☐ Referrals to center support groups  ☐ Crisis intervention |
| # students seen per week: | % appointments failed: |
| No-shows and refusals documented:  Yes  No | No-shows rescheduled by which staff member: |
| CMHC reviews applicant files:  Yes  No | CMHC conducts applicant interviews:  Yes  No |
| CMHC familiar with HCNA and DTA:  Yes  No | CMHC submitted denials in prior year:  Yes  No |
| SIFs reviewed within 1 week:  Yes  No. # out of # not reviewed: | Initial assessments for those referred & kept on MH caseload:  Yes  No |
| The initial assessments include key elements typically found in diagnostic assessments (e.g., mental status examination, treatment history, diagnostic impressions)  Yes  No | |
| If applicable only 🡪 When students are administered the (name of assessment) at entry or at the initial assessment, there is a clinical note interpreting the questionnaire and indicating whether follow-up services are needed  Yes  No | |
| Students assessed as safety risk are supervised until disposition:  Yes  No | CMHC involved in MSWR process  Yes  No |
| Thorough MSWR documentation  Yes  No | CMHC contacted for input for MSWR if not on-center:  Yes  No |
| CPP presentation includes:  ☐ MH services ☐ Adjustment to center ☐ Normalization of MH issues  ☐ Basic skills in identifying and responding to MH crises | |
| Center-wide event date(s): | Event description: |
| Recent staff training topics: | |
| # MH SHRs reviewed by assessor: | Consistent MHWP documentation observed  Yes  No. What not completed: |
| CMHC and TEAP collaborate  Yes  No | # students on psychotropic meds: |
| CMHC collaborate with CP/NP/PA, nurses for medication management  Yes  No | Case management meeting with counselor day: |
| Case management with counseling documented -   1. Meeting minutes:   Yes  No   1. SHRs:   Yes  No | CMHC supports counseling psycho-ed groups:  Yes  No |
| Psycho-educational group topics: | |
| Available for phone consultation:  Yes  No | Hospital used for mental health emergencies: |
| Off-center specialist(s) for referrals: | |
| Documented feedback loop  Yes  No: What missing: | Participation on monthly regional teleconference:  Yes  No |
| Best practices: | |
| Center-specific health challenges: | |
| Additional Notes and Findings: | |
| Concerns Found: | |

| **2.3, R5. TEAP** | |
| --- | --- |
| TEAP credentials/professional licensure: | Approved waiver from national office:  Yes  No  Not Applicable |
| TEAP sp. on-center schedule:  Meets PRH | TEAP sp. tenure on center: |
| Any vacancies in the last year:  Yes. Length of time:    No | Details for any other TEAP specialists in the last year: |
| TEAP emphasis on:  ☐ Prevention ☐ Education ☐ Identification of substance abuse problems  ☐ Relapse prevention ☐ Helping students to overcome barriers to employability | |
| TEAP sp. reviews applicant files:  Yes  No | # students placed on MSWR for substance abuse in the last year: |
| TEAP sp. involved in MSWR process:  Yes  No | If applicable, 6.2, R5 MSWR requirements met:  Yes  No |
| TEAP CPP presentation includes (PIN 22-16):  Role of synthetic opioids in overdose deaths and risk with use of any illicit drugs.  Signs of an opioid overdose, as outlined above, and response actions.  Naloxone/Narcan administration. All students must: Watch the Lifesaving Naloxone (cdc.gov) training video, or a video from the Narcan manufacturer or professional organization; or students may participate in an in-person training  Receive an electronic or hard copy of the CDC’s How and When to Use Naloxone for an Opioid Overdose  Center-specific Naloxone/Narcan protocols | |
| TEAP CDP presentation:  Yes. Description:  No | TEAP CTP presentation:  Yes. Description:  No |
| 3 Center-wide events held for all students in prior year:  Yes  No |  |
| Center-wide event 1 date: | Event 1 description: |
| Center-wide event 2 date: | Event 2 description: |
| Center-wide event 3 date: | Event 3 description: |
| Other center-wide events: | SIFs reviewed within 1 week:  Yes  No. # out of # not reviewed: |
| CRAFFT scored:  Yes  No | # of SIFs reviewed with elevated CRAFFT: |
| Formalized assessment measure used: | If no TEAP sp., who do UDS+ students initially meet with? TEAP/Student sign lab results |
| TEAP intervention includes:  # group sessions:  # individual sessions:  Other: | |
| Students restricted to center until 45-day test:  Yes  No | Intervention services well-documented:  Yes  No |
| Off-center specialist(s) for referrals: | |
| Relapse prevention comprehensive:  Yes  No | Weekly RP group:  Yes  No |
| RP integrated into intervention discussions:  Yes  No | Can students keep attended (continue) intervention after 45-day period:  Yes  No |
| *Note to assessor – for PY TEAP data use latest Approved National Report* | |
| UDS conducted by: | UDS supervised:  Yes  No |
| Chain of custody maintained:  Yes  No | Nationally-contracted lab used:  Yes  No |
| Bio-chemical testing done on random basis  Yes  No | Students immediately notified of UDS results/lab slip signed (*best practice*)?  Yes  No |
| In this state, who holds the decision-making authority regarding disclosure of drug testing results? | |
| Center follows state law  Yes  No | Staff that conduct breathalyzers: |
| Medical Breathalyzer type: | Date of last calibration: |
| Students w/ +breathalyzer maintained where: | Breathalyzer re-tests occur how often: |
| Breathalyzer results sent to HWC and in SHRs  Yes  No | Screenings prior to JCC entry:  Yes  No |
| Focus group – ZT policy fairly implemented:  Yes  No | % of staff trained in suspicious screening process |
| Suspicious screening form includes opioid-related symptoms:  Yes  No | TEAP sp. involved in suspicious screening process  Yes  No |
| Staff who makes decision about whether suspicious UDS will occur: | |
| 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: | |
| **Staff** Narcan training includes:  Locations of Narcan on centers.  Assurance that Narcan is safe and should be administered if there is any possibility of an opioid overdose.  Information on state Good Samaritan or Medical Amnesty Laws  Guidance on responding to a student who is unconscious or losing consciousness or otherwise exhibiting symptoms of an opioid overdose  Follow-up procedures to notify the applicable center staff after a medical emergency | |
| Participation on monthly regional teleconference:  Yes  No | Documentation of acceptable clinical quality:  Yes  No. Describe below |
| Quarterly alcohol reports submitted on time  Yes  No | If applicable, TEAP SOP date: |
| Best practices: | |
| Additional Notes and Findings (including Center-specific health challenges): | |
| Concerns Found: | |

| **2.3, R6. TUPP** | |
| --- | --- |
| TUPP coordinator: | |
| # tobacco use areas: | Tobacco use areas monitored:  Yes  No |
| Staff use tobacco on center  Yes  No | Education materials on cessation available:  Yes  No |
| Tobacco sold on center  Yes  No | Vapes or e-cigarettes allowed:  Yes  No |
| Focus group – policies fairly implemented:  Yes  No | Focus group – students observed using tobacco outside of designated areas receive incident report  Yes  No |
| State law for minors  Illegal to possess  Illegal to purchase  Illegal to use  Other. Describe: | |
| Minors identified by badge:  Yes  No | Minors identified on entry referred to TUPP:  Yes  No: |
| Minors using tobacco on-center referred to TUPP:  Yes  No | Formalized tobacco cessation program available:  Yes  No |
| Description of tobacco cessation program:  Materials used: | |
| # students who participated in TUPP: | # students who quit smoking: |
| NRP available:  Yes  No | TUPP documented in SHRs:  Yes  No |
| Additional Notes and Findings: | |
| Concerns Found: | |

| **2.3, R9. HEALs** | |
| --- | --- |
| HEALs coordinator: | |
| HEALs members:  HMW  Food Services Manager  Recreation Supervisor  TEAP Specialist  Residential Manager  Student(s) #:\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Dates of meetings in last year: | |
| Meeting minutes available (aka documentation of meetings)  Yes  No | Students informed of HEALs during orientation:  Yes  No |
| Healthy eating selections available:  Salad Bar  Vegetarian option  No sugar drinks/sodas  No fried foods  Nutritional Info posted  Fruit available  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Fitness activities available on center:  Weight room  Zumba/Dance  Yoga  Basketball  Bootcamp/HIIT classes  Walking/Run Club  Team Sports:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Center-wide HEALs activities during last year: | |
| WMP in SHRs  Yes  No | # students in WMP in last year: |
| Making the Grade score: | Making the Grade date: |
| Additional Notes and Findings: | |
| Concerns Found: | |

| **6.12, R5. Professional Standards of Care – Shared with Co-assessor; medical writes 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 |
| HWM |  |  |  |  |  |
| 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, R16. Health Care Guidelines** | |
| --- | --- |
| HCGs include latest revisions (last Mar. 2023)  Yes  No | |
| HCGs signed and approved by clinicians:  Yes  No | Submitted annually as required:  Yes.  No |
| RO/RNS approval date (Month, year): | |
| Additional Notes and Findings: | |
| Concerns Found: | |

| **2.3, R19. CQI** | |
| --- | --- |
| HWC surveys done in last year:  Yes  No | Regular chart audits occurring for follow up: |
| CQI activity/study done:  No  Yes. Describe: | |
| Additional Notes and Findings: | |
| Concerns Found: | |

| **5.1, R4 Reporting** | |
| --- | --- |
| APD submitted annually (due 8/15):  Yes  No. Last date submitted: | Health utilization stats submitted electronically for each month (CN 22-02):  Yes  No. Describe inaccuracies: |
| Quarterly alcohol reports submitted as required  Yes  No | Alcohol reports and SIRs align:  Yes  No |
| BBP approval date: | BBP submitted as required:  Yes  No |
| EAP approval date: | BBP submitted annually (PIN 22-16):  Yes  No |
| Additional Notes and Findings: | |
| Concerns Found: | |

| **5.2, R3. Health Services Staffing - Section Shared by Both Assessors; medical writes 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** |  |
| HSA **(if applicable)** |  |  |  |
| Nursing Staff |  |  |  |
| CP/NP/PA |  |  |  |
| Dentist |  |  |  |
| Dental Hygienist |  |  |  |
| Dental Assistant |  |  |  |
| CMHC |  |  |  |
| TEAP Specialist |  |  |  |
| Clerical Support |  |  |  |

**Section Shared by Both Assessors**

|  |  |  |
| --- | --- | --- |
| **5.2, R4. Staff Qualifications - Section Shared by Both Assessors; behavior 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 - CMHC does not meet minimum qualification & has one-time NO waiver:  Yes Date of Approval:  No  CMHC credential: | | If applicable -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: | | |

|  |
| --- |
| **5.2, R9. Staff Training Documentation** |
| Have center fill out ​[Staff Training Rec​ords](https://supportservices.jobcorps.gov/health/Documents/PCA/HWPCA_StaffTrainingRecords_Dec2022.docx) table |
| ***Obtain staff roster*** |
| Review PIN 22-16 for Narcan training component |
| 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); see 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 |  |  |