**SOPs and COPs**

*SOPs and Plans that are required in PRH.*

|  |  |  |
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| **SOP or Plan Title**  | **Date Approved by Regional Office** | **Does the SOP or Plan accurately reflect the center’s procedures?** |
| HWC Staffing |  | [ ]  Yes [ ]  No |
| OTC Medications  |  | [ ]  Yes [ ]  No |
| Prescribed Non-Controlled Medications |  | [ ]  Yes [ ]  No |
| Controlled Substances |  | [ ]  Yes [ ]  No |
| Bloodborne Pathogen Plan |  | [ ]  Yes [ ]  No |

*COPs are the center’s documented procedures that are not required, but centers might have.*

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| **COP Title**  | **Date Approved**  | **Does the COP accurately reflect the center’s procedures?** |
| Emergency  |  | [ ]  Yes [ ]  No |
| MHWP |  | [ ]  Yes [ ]  No |
| Mental Health Emergency  |  | [ ]  Yes [ ]  No |
| TEAP |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |