**SOPs and COPs**

*SOPs and Plans that are required in PRH.*

|  |  |  |
| --- | --- | --- |
| **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.*

|  |  |  |
| --- | --- | --- |
| **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 |