

## **PROVIDER EDUCATION FORM**

Date:_		Nurse Reviewer:
Provid	er(s):	
Addres	ss:	
Contac	ct:	Title: Phone:
Critica	l element	s are underlined below.
YES	NO	
		Doors/aisles egress (escape) accessible.
		Airway management: oxygen delivery system, bulb syringe, nasal cannula or mask, Ambu bag (age appropriate) emergency medication management supplies/dosage chart/emergency log.
		Only qualified/trained personnel retrieve, prepare or administer medications.
		Physician review and follow-up of referral/consultation reports and diagnostic test results.
		Office practice procedures allow timely provision and tracking (written/electronic log) of internal and external reports, consult, and diagnostic test results.
		Drugs being dispensed to patients only by authorized persons.
		Drugs and vaccines are prepared and drawn only prior to administration.
		Personnel protective equipment (PPE) is readily available for staff use.
		Needle stick safety precautions are practiced on site.
		Blood, other potentially infectious materials and regulated wastes are placed in appropriate leak-proof, labeled containers for collection, handling, processing storage, transport or shipping.
		Cold Chemical Sterilization- Staff demonstrate/verbalize, necessary steps/process to ensure sterility and/or high level disinfection to ensure its sterility/disinfection of equipment and documented on cold chemical log
		<u>Cold Chemical Sterilization – Appropriate PPE is available, exposure control plan, MSDS and cleanup instructions, in the event of a cold chemical sterilant spill.</u>
		Autoclave- Spore testing of autoclave/steam sterilizer with documented results (at least monthly).
		Autoclave – Management of positive mechanical, chemical and/or biological indicators of the sterilization process.
		Autoclave – Sterilized packages are labeled with sterilization date, load identification information and documented on autoclave log.

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		Site staff trained and information available on fire prevention safety and medical emergencies.
		Calibration of all equipment (stickers or invoice), with company name, date and technician's initials.
		Office personnel are wearing a nametag with name and title (with at least 18 point font).
		Staff Training (see staff education training checklist).
		EPA approved disinfecting solution used daily and documented daily on cleaning log.
		Check for expired drugs/samples (inventory log), vacutainers, biologicals and culturettes checked with monthly log.
		Medical Records
		Primary language and interpreter services needed (any language other than English) are documented.
		Ongoing problems/conditions listed on problem/medication list.
		Advanced Health Care Directive information offered (ages 18 and older) and reviewed every 5 years.
		Staying Healthy Assessment (SHA) completed within 120 days of enrollment.
		SHA completed within 120 days of enrollment and periodically with each comprehensive well visit.
		Dental assessment and referral given beginning at age 12 months.
		Documentation of dental home, dental varnish and fluoride.
		Blood lead assessment and testing as appropriate.
		Pediatric/adult/OB preventive care standards.
		Immunization/VIS/CAIR.
		Other:
Nurse	Reviewer	s Comments:
	_	eceiving education and/or forms regarding above-mentioned subjects, as indicated by check marks and written eady completed, the corrective Action Plan (CAP) will be completed along with evidence of corrections as needed.
l agree	to implei	ment these requirements in our facility by CAP due date.
Provid	er/design	ee signature, title Date