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Clinic Start of Day Checklist

#	Procedures	Initial When Complete	Notes
1	Check that Laptop PC is off/shut down - if not, follow the 'Close Application' & 'Shutdown Laptop' Procedures on the 'End of Day' Checklist		
2	Turn on the Laptop by Pushing the Power Button - for Dell Laptops, the Button is in the middle top of the keyboard		
3	Start the Applications by double clicking on the icon		
4	Phlebotomy		
5	Urine Collection		
6	Turn on the Datamax printer		
7	Straighten your room, if needed		
8	Give any unneeded materials that contain SP identifiers (from the previous day) to Coordinator to Shred		
9	Make sure that you have all of the equipment you need for the day. Inform the Coordinator if you are missing anything.		
9	File the logs from the previous day, if needed		
10	Prepare forms and logs, if needed		
11	Prepare the needles, tubes, bags, vials, etc., if needed		

Clinic End of Day Checklist

#	Procedures	Initial When Complete	Notes
1	Complete all work for the last SP		
2	Close Applications - Click the close button (x) in the upper-right corner of the session window		
3	CAPI		
4	CIDI		
5	ACASI		
6	Physical Exam (BP/BM)		
7	Shut down laptop - double-click on Start, then Shutdown, then OK		
8	Shred any unneeded materials that contain SP identifiers		
9	Prepare the room for the next day		
10	File the logs for that day		
11	Prepare the forms and logs for the next day		
12	Put away supplies, lock papers in the desk, etc.		
13	If any supplies are running short, inform the Coordinator		

NYC HANES Computer Application
Problem Log Sheet

If any errors occur with the NYC HANES applications, this form should be completely filled out and given to the Clinic Coordinator.

Clinic Coordinators should alert the Clinic Supervisor and send to the Central Office

Date: ___ / ___ / 2004

Clinic: Brooklyn   Bronx   Manhattan   Queens

SP ID:

        Gender: Male   Female

        Age: _____

Application identified with problem (circle all that apply):

Phlebotomy   Urine collection   CAPI   CIDI

ACASI   Body Measures   Blood Pressure

Clinic Coordinator   Other: _____

Detailed Description of Problem:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Item Request Form

Date	Clinic Name	Item Requested	How many do you have	When will you run out?	How many do you need?

NYC HANES Problem/Situation Report

Clinic_____   Date _____ Time _____

Clinic Coordinator Name _____

Staff in Clinic at time of event   Staff directly involved in event:

1.
2.
3.
4.
5.
6.
7.
8.

1.
2.
3.
4.
5.
6.
7.
8.

Type of Situation:
- ❑ Irate or frustrated SP
- ❑ Medical Emergency in Clinic
- ❑ Staff member felt unsafe due to actions of SP
- ❑ Argument or fight in clinic
- ❑ Other (please describe)_____

Description of what happened (include actions by SPs and actions taken by each staff member involved)

_____
_____
_____
_____
_____
_____
_____

End Result (How situation was resolved)
- ❑ Switched SP to another Health Technician
- ❑ Exam interrupted, SP checked out and SP left without further problems
- ❑ Security Called
- ❑ 911 Called
- ❑ Other _____

Further follow-up needed
- ❑ Follow up call to SP by Senior Staff
- ❑ Debriefing with Staff
- ❑ Other _____