30th Medical Brigade PAM 1-201 COMMAND INSPECTION CHECKLIST		DATE OF INSPECTION	
FUNCTIONAL AREA/SUBORDINATE AREA: **COMBAT / OPERATIONAL STRESS CONTROL**	RATING	CHECKLIST EFF DATE: **1 OCTOBER 2004**	PAGE **1 OF 3**
INSPECTION OFFICE/AGENCY **CLINICAL OPERATIONS / MH**	UNIT	INSPECTOR'S NAME & PHONE NUMBER	

ITEM	YES	NO	NA
TASK: Provide mental health, and combat and operational stress control interventions & activities in a theater of operations. **CONDITIONS**: Given the mission of establishing and maintaining a combat and operational stress control program. **STANDARD**: IAW the below cited references			
1. REFERENCES: a. AR 40-66 Medical Record Administration & Health Care Documentation, 20 July 2004. b. AR 40-216 Neuropsychiatry & Mental health, 10 August 1984. c. AR 600-63 Army health promotion, 28 April 1996. d. DA PAM 600-70 Suicide Prevention. Guide to the Presentation of Suicide & Self-Destructive Behavior, 01 November 1985. e. DOD Instruction 6490.4 Requirements for Mental Health Evaluations of Members of the Armed Forces, 28 August 1997. f. DOD Directive 6490-1 Mental Health Evaluations of Members of the Armed Forces, 01 Oct 97. g. DOD Directive 6490-5 Combat Stress Control Programs, 23 Feb 99. h. MEDCOM Reg 40-38 Command Directed Mental Health Evaluations, 01 June 1999. i. FM 6-22.5 Combat Stress, June 2000. j. FM 8-51 (with Change 1) Combat Stress Control in a Theater of Operations, 30 Jan 98. k. FM 22-51 Leaders Manual for Combat Stress Control, 29 Sep 94. l. GTA 21-3-4 Battle Fatigue - Normal Common Signs: What to do for Self & Buddy, June 86. m. GTA 21-3-5 Battle Fatigue - Warning Signs: Leader Actions, June 1994. n. GTA 21-3-6 Battle Fatigue – Company Leader Actions & Prevention, June 1994. **2. PURPOSE**: To ensure CSC units have established and are maintaining a combat and operational stress control program; MH personnel in non-CSC units are providing COSC interventions and activities as applicable; all MH personnel are performing MH activities that meet standards of care. **3. SPECIFIC QUESTIONS**:			

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ITEM	YES	NO	NA
a. Are references (e), (f), and (j) on hand, or readily available?			
b. Are personnel familiar with the other references and aware of where to obtain them?			
c. Are leaders implementing steps as part of a risk assessment to prevent, recognize, and control combat/operational stress reactions in their own unit personnel?			
d. Have unit personnel been trained in recognizing and controlling combat / operational stress reactions?			
e. Does the unit use the most recent version of the Combat/Operational Stress Control-Workload and Activity Recording System Summary Report (COSC-WARS SR) to report COSC interventions & activities?			
f. Does the unit ensure clinical documentation (on PMD contacts) is placed in the soldier's Deployment Medical Record (DD Form 2766)?			
g. Does the unit perform a monthly sample chart review of each provider for chart completeness?			
h. Does the unit have a system for establishing case files during deployment? 1) Is there a system for safeguarding these files? (I.e. double-locked or at least not in immediate eyes-view) 2) Is there a plan to coordinate the transfer of files upon redeployment?			
i. Have providers attempted to use the electronic medical record?			
j. Are command-directed evaluations performed IAW references (e) and (f)?			
k. Are the unit MH providers familiar with Army Suicide Event Reports (ASER) and in compliance with reporting requirements?			
l. Are COSC/MH personnel who require clinical supervision receiving it?			
m. Are the credentials of the staff current and on file with the DCCS? 1) Are they appropriate to the current job? 2) Do all licensed providers have current BLS certification?			
n. Do personnel know who the UVA is, the SARC, and how to contact them?			
o. Is there a policy in place for 24-hour coverage?			
p. Is there a coordinated effort made between the different COSC/MH personnel on the FOBs? (i.e. Division MH, ASMC MH, CSC unit, CSH)			
q. Have COSC/MH personnel contacted the chaplains, medical personnel, leadership, and UVA/SARCs of supported units?			

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r. Are suicide prevention briefings based on current material?			
s. Is there a system in place to manage patients who require air evacuation and/or hospitalization?			
t. Are COSC/MH personnel aware of applicable BDE policies? (Documentation, sharing of information with Division MH, Team movement, Research/manuscript submission, care for civilians, etc)			
IN ADDITION TO THE ABOVE, THE FOLLOWING QUESTIONS PERTAIN TO THE COMBAT STRESS CONTROL UNIT:			
a. For each Team, does a minimum of 50% of the Team conduct outreach with supported units on a daily basis?			
b. Do members of the Fitness Team(s) conduct outreach regularly, as mission allows?			
c. Does the Restoration Program adhere to COSC principles IAW ref (j)?			
d. Are the needs of the supported units assessed prior to providing COSC interventions & activities?			
e. Has at least one person on each Team been trained in the proper use of the COSC-WARS SR form?			
f. For soldiers participating in a Restoration Program, does the unit make a notation of the dates and providing unit into the soldier's DD Form 2766?			
NOTES: _____ _____ _____ _____ _____ _____ _____ _____ VERIFICATION x_____ Unit POC Signature, Name, Rank, Date x_____ Inspector's Signature, Name, Rank, Date			