# Quality Assurance/Quality Improvement for Public Health Nursing Practice Manual

# Standards and Tools

Last revision: March 2015

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# QUALITY ASSURANCE/QUALITY IMPROVEMENT FOR PUBLIC HEALTH NURSING PRACTICE

## INTRODUCTION

Every two years, the Department of Public Health reviews, revises, and updates the standard nurse protocols to be consistent with the most current research and technology, as well as best practices. The standard nurse protocols were written for more than **75** health conditions that require public health nurses to order and dispense drugs, medical treatments, or diagnostic studies. The standard nurse protocols were developed to serve populations in women's health, children's health, as well as populations affected by sexually transmitted disease, HIV/AIDS, tuberculosis, and infectious disease. Each nurse protocol is reviewed by a clinical team. The team is comprised of, at a minimum, the state office program nurse, state pharmacy director/designee, physician/medical specialist and public health nurses in clinical practice. Representatives from nutrition, immunizations, and laboratory are included as needed. The state office program nurse assures that the clinical team reviews the nurse protocols for their respective program and assists in drafting revisions and/or new nurse protocols at least biannually. The Office of Nursing coordinates the ongoing review process across all programs and manages the development and distribution of new and/or revised nurse protocols.

## PURPOSE

The following document is a tool for conducting QA/QI reviews of public health nursing practice. A review of quality provides an opportunity to identify excellence in practice, as well as opportunities for improvement. QA/QI for public health nursing practice promotes consistency in practice across statewide programs. QA/QI reviews may be conducted by public health staff from the county, district and/or state level. The QA/QI training standards which are delineated in Section IV serve two purposes. This section may be used as part of the overall review of quality in a public health setting. It may also be used to document the training completed by an individual RN as part of the preparation for practicing under nurse protocol.

## SECTION I — LEADERSHIP

| EXPECTATIONS | Documentation | | | COMMENTS |
|---|---|---|---|---|
| | Yes | No | Incomplete | |
| 1. Provide written evidence that Public Health Nurse Leaders define, review, clarify, reinforce, and communicate the leadership competencies and performance measurement criteria to staff (e.g. meeting minutes, memoranda, E-mail). | | | | |
| 2. The Public Health Nurse Leader's performance should be measured in the following areas (See Tab 11).<br>• Organizational Theory<br>• Performance Standards<br>• Shared Vision<br>• Legal and Political Systems<br>• Ethical Standards | | | | |
| 3. As part of the site visit, a dialogue session is conducted with staff regarding the leadership competencies. (See Tab 11 – Leadership Competency Measurement Tool) | | | | |

## SECTION II — CUSTOMER SATISFACTION

| EXPECTATIONS | Documentation | | | COMMENTS |
|---|---|---|---|---|
| | Yes | No | Incomplete | |
| 1. Customer satisfaction surveys are conducted at each site at least once annually (See Tab 6 of QA/QI manual for guidelines for developing customer satisfaction surveys). | | | | |
| 2. A written summary of the results of the customer satisfaction surveys, which were conducted during the previous year, has been compiled and made available to the County Board of Health, staff and customers. | | | | |
| 3. Provide written summary of the interventions that are planned and/or being implemented, which reinforce the trends in positive responses to the surveys. | | | | |
| 4. Provide written summary of the interventions that are planned and/or being implemented to improve the trends in negative responses to the surveys. | | | | |

Nurse or Site: _____ Date: _____

## SECTION III — CULTURAL COMPETENCIES

| EXPECTATIONS | Documentation: Yes | No | Incomplete | COMMENTS |
|---|---|---|---|---|
| 1. Each nurse has received training in cultural diversity and/or cultural competency every two years. | | | | |
| 2. There is evidence that staff adequately performs the following:<br><br>a. Utilizes appropriate methods for interacting sensitively, effectively and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences.<br><br>b. Identifies the role of cultural, social and behavioral factors in determining the delivery of public health services.<br><br>c. Develops and adapts approaches to problems that take into account cultural differences.<br><br>**Note:** See Tab 12 of manual for complete list of Cultural Competency Skills and Training Resources for Cultural Competence. | | | | |

## SECTION IV — CREDENTIALING

| EXPECTATIONS | Documentation: Yes | No | Incomplete | COMMENTS |
|---|---|---|---|---|
| 1. **Professional Licensure.** | | | | |
| Each Registered Professional Nurse (RN) and each Advanced Practice Registered Nurse (APRN) practicing under nurse protocol is currently licensed/authorized by the Georgia Board of Nursing. Documentation shall include verification of license(s) through the Internet *(*www.sos.state.ga.us*)*. A hard copy of the Internet verification should be documented in the supervisory personnel file prior to employment and at least once annually thereafter. | | | | |
| 2. **Scope of Practice.** | | | | |
| The nurse protocols are consistent with the Department of Public Health's Scope of Practice Guidelines for Expanded Role RNs and Advanced Practice Registered Nurses. | | | | |
| 3a**. Academic Preparation for RNs without BSN:** | | | | |
| Written documentation, such as a transcript, which verifies completion of a health assessment/physical assessment course at the baccalaureate level, must be on file. | | | | |
| 3b**. Academic Preparation for RNs with BSN:** | | | | |
| Written documentation, such as a transcript, which verifies completion of a health assessment/physical assessment course at the baccalaureate level, must be on file. | | | | |
| 4a. **Clinical Preceptorship for RNs without BSN:** | | | | |
| Prior to practicing under nurse protocols, written documentation of completion of a health assessment clinical preceptorship and competency demonstration must be on file. | | | | |
| 4b. **Clinical Preceptorship for RNs with BSN:** | | | | |
| Prior to practicing under nurse protocols, written documentation that a health assessment clinical preceptorship was completed must be on file. This may be part of the baccalaureate education program. If not, the RN must complete a baseline assessment of clinical skills and, if necessary, a clinical preceptorship with competency demonstration to assure clinical competency. | | | | |

**CREDENTIALING,** continued

| EXPECTATIONS | Documentation Yes | No | Incomplete | COMMENTS |
|---|---|---|---|---|
| 4c. **Clinical Preceptorship/Peer Review for APRNs:** | | | | |
| Prior to practicing under nurse protocols, written documentation of a peer review of clinical skills must be on file. | | | | |
| 5. **Statutory Authority to Practice Under Nurse Protocol:** | | | | |
| a. Initial **Required Core Training** Requirements: Prior to practicing under nurse protocols, each RN and Advanced Practice Registered Nurse must read and understand each of the following: | | | | |
| 1) Nurse Protocol Statute (O.C.G.A. § 43-34-23). | | | | |
| 2) Rules of Georgia Board of Nursing: Chapter 410-11, Use of Nurse Protocols Authorized by O.C.G.A. § 43-34-23 by Registered Nurses in Specific Settings. | | | | |
| 3) Rules of Georgia State Board of Pharmacy: Chapter 30-480, Dispensing of Drugs under Authority of Job Description or Nurse Protocol. | | | | |
| 4) Department of Public Health Document, *Guidelines for RNs Practicing Under Nurse Protocol* (section 3 of *Standard Nurse Protocols for Registered Professional Nurses in Public Health*). | | | | |
| 5) Achieve at least 80% on the State Public Health "Quiz on Nurse Protocol Statute" (available from the Department of Public Health, Office of Nursing). If unsuccessful on first attempt, may repeat quiz once after a brief review of initial quiz results. | | | | |
| 6) DPH Quality Assurance Quality Improvement Manual for Public Health Nursing Practice (available from the Department of Public Health, Office of Nursing). | | | | |
| 7) The Drug Dispensing Procedure, the document that establishes the appropriate manner under which drugs may be dispensed pursuant to the Nurse Protocol Statute (O.C.G.A. § 43-34-23). | | | | |
| 8) Introductory pharmacology training on drugs used in practice under Nurse Protocols to include: action, side effects, dosage, contraindications, and teaching. | | | | |
| 9) **Current edition of the nurse protocol(s) the nurse is/are practicing** | | | | |

| | | | | |
|---|---|---|---|---|
| **under.** | | | | |
| 10) **Department of Public Health *Guidelines for Standard Precautions and Bloodborne Pathogen Occupational Exposure Control*, February 2015 http://dphphil.org/division-health-protection** | | | | |
| 11) **Georgia Public Health Laboratory Packaging and Shipping and Training course. Only applicable for nursing staff who are packaging and shipping clinical specimens. http://learning-development.dph.ga.gov/Saba/Web/Cloud** | | | | |
| 12) **Cultural Competency (**https://ccnm.thinkculturalhealth.hhs.gov/ ) | | | | |
| **6. INITIAL REQUIRED CORE DIDACTIC/CLASSROOM TRAINING:** | | | | |
| **a. Cultural Competency (**https://ccnm.thinkculturalhealth.hhs.gov/ ) | | | | |
| **b. Adult and Adolescent Immunization Training arranged through District Immunization Coordinator** | | | | |
| **c. Mandatory Reporting of Child Abuse and Neglect Training.** | | | | |
| **d. Health Insurance Portability and Accountability (HIPAA) http://learning-development.dph.ga.gov/Saba/Web/Cloud** | | | | |
| **e. HIV Counseling/Testing provided by DPH, HIV Office, HIV Training Consultant** | | | | |
| **f. CPR/BLS** | | | | |
| **g.TST Certification** | | | | |

**CREDENTIALING,** continued

| EXPECTATIONS | Documentation: Yes | No | Incomplete | COMMENTS |
|---|---|---|---|---|
| b. **After the Initial Required Core training requirements are completed,** each RN and Advanced Practice Registered Nurse practicing under Nurse Protocol **is required to document annual reviews of the following:** | | | | |
| 1) Nurse Protocol Statute (O.C.G.A. § 43-34-23). | | | | |
| 2) Rules of Georgia Board of Nursing: Chapter 410-11, Use of Nurse Protocols Authorized by O.C.G.A. § 43-34-23 by Registered Nurses in Specific Settings. | | | | |
| 3) Rules of Georgia State Board of Pharmacy: Chapter 30-480, Dispensing of Drugs under Authority of Job Description or Nurse Protocol. | | | | |
| 4) Department of Public Health Document, *Guidelines for RNs Practicing Under Nurse Protocol* (section 3 of *Standard Nurse Protocols for Registered Professional Nurses in Public Health*). | | | | |
| 5) The Drug Dispensing Procedure, the document that establishes the appropriate manner under which drugs may be dispensed pursuant to the nurse protocol Statute (O.C.G.A. § 43-34-23). | | | | |
| 6) Physical assessment peer reviews appropriate for designated or assigned ages, sexes and populations, including history, physical exam, counseling, lab, ordering, dispensing, and administration of medications and treatments. | | | | |
| 7) Pharmacology update for drugs used in practice under nurse protocols. | | | | |
| 8) Achieve at least 80% on the State Public Health "Quiz on Nurse Protocol Statute" (available from the Department of Public Health, Office of Nursing). If unsuccessful on first attempt, may repeat quiz once after a brief review of initial quiz results. | | | | |
| 9) **Department of Public Health, *Guidelines for Standard Precautions and Bloodborne Pathogen Occupational Exposure Control*, February 2015 http://dphphil.org/division-health-protection** | | | | |
| 10) DPH Quality Assurance Quality Improvement Manual for Public Health Nursing Practice (available from the Department of Public Health, Office of Nursing). | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | 11) **Georgia Public Health Laboratory Packaging and Shipping Course (every 2 years). Only applicable for nursing staff who are packaging and shipping clinical specimens. http://learning-development.dph.ga.gov/Saba/Web/Cloud** | | | | |
| 7. | **After the Initial Required Core Self-Study and Didactic/Classroom are completed, each RN and APRN practicing under Nurse Protocol is required to document annual reviews or as specified of the following while practicing under nurse protocol:** | | | | |
| | **a. Didactic/Classroom Training:** | | | | |

**CREDENTIALING,** continued

| | | Documentation | | | |
|---|---|---|---|---|---|
| | **EXPECTATIONS** | **Yes** | **No** | **Incomplete** | **COMMENTS** |
| | 1) Adult and Adolescent Immunization Training arranged through District Immunization Coordinator. | | | | |
| | 2) **CPR/BLS (as required for current certification)** | | | | |
| | *3)* **Mandatory Reporting of Child Abuse and Neglect Training.** | | | | |
| | 4) **Health Insurance Portability and Accountability (HIPAA) http://learning-development.dph.ga.gov/Saba/Web/Cloud** | | | | |
| | 5) **TST Recertification (every 2 years).** | | | | |
| | 6) **Cultural Competency Training (every two years). (**https://ccnm.thinkculturalhealth.hhs.gov/ ) | | | | |

Nurse or Site: _____ Date: _____

## TRAINING/EDUCATION FOR THE FOLLOWING NURSE PROTOCOL(S):

## CHILD HEALTH

**NOTE**: This section may be used to review an individual nurse's training and preparation for practicing under nurse protocol. A copy may be placed in the nurse's personnel/supervisory file. It may also be used to review the training and preparation of a group of nurses who are practicing under nurse protocol.

| | DOCUMENTATION | | |
|---|---|---|---|
| **EXPECTATIONS** | **Yes** | **No** | **COMMENTS** |
| **INITIAL REQUIRED TRAINING**<br>**The nurse must complete the following prior to practicing under nurse protocol:** | | | |
| **A. SELF-STUDY (Nurse is to review the following):** | | | |
| 1. Georgia **Department** of Public Health, Maternal and Child Health Programs. **http://dph.georgia.gov/maternal-and-child-health-section** | | | |
| 2. *Georgia Immunization Program Manual and Advisory Committee on Immunization Practices Recommendations.* www.cdc.gov/vaccines/pubs/ACIP-list.htm | | | |
| 3. *Preschool Vision Screening for Healthcare Professionals*. American Academy of Pediatrics (current). | | | |
| 4. Georgia **Department** of Public Health **Hearing Screening Program** Guidelines (current) (when available)**. *Performing Preventive Services: A Bright Futures Handbook,* American Academy of Pediatrics, 2010, pp. 129-136. Available at: http://brightfutures.aap.org/** | | | |

| EXPECTATIONS | DOCUMENTATION Yes | No | COMMENTS |
|---|---|---|---|
| 5. ***Scoliosis Screening Manual, Training Program for Healthcare Professionals*** (current)**, available free from** Children's Healthcare of Atlanta **404-785-6753** **marylou.oliver@choa.org** | | | |

**CHILD HEALTH,** continued

| EXPECTATIONS | DOCUMENTATION Yes | No | COMMENTS |
|---|---|---|---|
| 6. *Screening Young Children for Lead Poisoning,* CDC (current). http://www.cdc.gov/nceh/lead/publications/screening.htm | | | |
| 7. *Policies and Procedures for Health Check Services, Part II,* Division of Medical Assistance (current). **https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/tabId/52/Default.aspx** | | | |
| 8. Review pharmacology of drugs used to treat child health conditions listed in Child Health Nurse Protocols. | | | |
| 9. Georgia Newborn Screening Program. **http://dph.georgia.gov/newborn-screening-nbs** | | | |
| 10. Universal Newborn Hearing Screening and Intervention Program. **http://dph.georgia.gov/universal-newborn-hearing-screening-unhsi** | | | |
| 11. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* American Academy of Pediatrics (current edition). | | | |
| 12. Bright Futures Tool and Resource Kit online**,** available **on Saba.** | | | |
| 13. HemoCue Hemoglobin Procedure (Attachment A, B). | | | |
| 14. **"The Silent Epidemic: Lead Poisoning" – PowerPoint presentation available from Georgia Childhood Lead Poisoning Prevention Program.** | | | |

| EXPECTATIONS | DOCUMENTATION Yes | No | COMMENTS |
|---|---|---|---|
| **B. DIDACTIC/CLASSROOM TRAINING COMPLETED:** | | | |
| 1. Epidemiology & Prevention of Vaccine Preventable Disease Workshop – CDC. **http://www.cdc.gov/vaccines/ed/courses.htm** | | | |
| 2. Ages and Stages Questionnaires (ASQ-3 and ASQ:SE) **provided by certified ASQ-3 and ASQ:SE Trainer** | | | |

**CHILD HEALTH,** continued

| EXPECTATIONS | DOCUMENTATION Yes | No | COMMENTS |
|---|---|---|---|
| 3. Vision Screening of Children **Three Years of Age and Older, available on Saba.** | | | |
| 4. Hearing Screening of Children provided by State Office, District Coordinator or certified instructor. | | | |
| **C. PRECEPTORSHIP/CLINICAL:** | | | |
| 1. The extent and duration of the preceptorship/clinical may vary according to the needs of each individual nurse. However, there shall be documentation that the nurse can satisfactorily perform the required clinical skills prior to signing the nurse protocol(s) and practicing under nurse protocol. | | | |
| a) A nurse will observe the preceptor performing clinical procedures on infants **(less than 1 year old)**, toddlers **(1 year through 2 years of age)**, **preschool and** school-age children **(3 years through 10 years of age)** and adolescents **(11 through 19 years of age)**. | | | |
| b) A preceptor will observe the nurse performing clinical procedures on infants **(less than 1 year old),** toddlers **(1 year through 2 years of age)**, **preschool and** school-age children **(3 years through 10 years of age)** and | | | |

| | | | |
|---|---|---|---|
| adolescents **(11 through 19 years of age)**. | | | |
| **D.** Child Health Procedures should include, but not be limited to, the following **(as applies to items below, include when procedures are age-appropriately indicated)**: | | | |
| 1. Complete History (family, personal, social development and medication). | | | |
| 2. Physical Assessment. | | | |
| 3. Hearing Screening. | | | |
| 4. **Skills Validation component of Vision Screening of Children Three Years of Age and Older is completed and current MCH Certificate of Completion on file.** | | | |
| 5. Newborn Screening for Metabolic and Sickle Cell Disorders **(include when indicated to be performed in public health and how to find screening results).** | | | |
| 6. Lead Screening. | | | |
| 7. Dental Examination. | | | |
| 8. Immunization. | | | |
| 9. Scoliosis Screening. | | | |
| 10. Ages and Stages Questionnaires (ASQ-3 and ASQ:SE). | | | |
| 11. Nutrition Screening. | | | |
| 12. Hemoglobin Screening. | | | |

CHILD HEALTH, **continued** _____

| EXPECTATIONS | DOCUMENTATION Yes | No | COMMENTS |
|---|---|---|---|
| **E. HAVE ACCESS TO REFERENCE MATERIALS:** | | | |
| 1. Ongoing access to current reference materials in initial training. | | | |
| 2. Nurse Protocols for Child Health, (current). | | | |
| 3. *Control of Communicable Diseases Manual,* Heymann, D., (current edition). | | | |
| 4. *Red Book-Report of Committee on Infectious Diseases*, American Academy of Pediatrics (current edition). | | | |
| 5. Georgia WIC Program Procedures Manual (current edition). | | | |
| 6. *Pediatrics Dosage Handbook*, Taketomo, C.K., Hodding, J.H., Kraus, D.M. **(current edition)** O**R** other current pharmacology/medication references, such as Lexi-Comp Drug Information, available at www.lexi.com/online (for districts who have purchased subscriptions). | | | |
| 7. *The Epidemiology & Prevention of Vaccine Preventable Disease "Pink Book"* CDC (current edition). | | | |
| 8. Georgia Tuberculosis Program Policy and Procedure Manual, (current edition). www.health.state.ga.us/**programs/**tb**/publications.asp** | | | |
| 9. **J.R. Hagan, J.S. Shaw, P. Duncan, (eds.), American Academy of Pediatrics, *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition. Pocket Guide.* Elk Grove Village, IL, 2008. Available at: http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html** | | | |

**CHILD HEALTH,** continued

| EXPECTATIONS | DOCUMENTATION Yes | No | COMMENTS |
|---|---|---|---|
| **ANNUAL REQUIRED TRAINING**<br>**The nurse must complete the following annually or as otherwise indicated while practicing under nurse protocol:** | | | |
| **A. SELF-STUDY:** | | | |
| 1. **Annual review of nurse protocols for Child Health, with special attention to any revisions and pharmacology of any new drugs.** | | | |
| 2. **Remain current on policies and procedures/manuals regarding Child Health services, including but not limited to Health Check, developmental screening, immunization and Advisory Committee on Immunization Practices Recommendations, TB, nutrition/WIC, child abuse/neglect, vision, hearing, metabolic, sickle cell, scoliosis, lead screenings and Maternal and Child Health Programs.** | | | |
| **B. DIDACTIC/CLASSROOM TRAINING:** | | | |
| 1. **Participation in at least one training per year to remain current on policies and procedures concerning Child Health such as Health Check, immunization, TB, nutrition/WIC, breastfeeding, child abuse, universal newborn hearing screening, newborn metabolic and sickle cell screening, Children 1st, and Children and Youth with Special Needs.** | | | |
| 2. **Complete every two years, Vision Screening of Children Three Years of Age and Older, available on Saba.** | | | |

**CHILD HEALTH,** continued

| EXPECTATIONS | DOCUMENTATION Yes | DOCUMENTATION No | COMMENTS |
|---|---|---|---|
| **C. CLINICAL/PEER REVIEW:** | | | |
| 1. **Annual peer reviews are required. The District Nursing Director, County Nurse Manager, and/or Nursing Supervisor shall have the discretion to determine which program areas are appropriate for annual peer review based on the following criteria:** | | | |
| a) **Predominate program of practice for each PHN** | | | |
| b) **PHN recently assigned to a different program area** | | | |
| c) **Significant changes in program policies** | | | |
| 2. **On an annual basis, the supervisor or peer shall observe and review the nurses' satisfactory performance of one infant (less than one year old), one child (one year through 10 years old) and one adolescent (11 years through 19 years old) health assessment, work-up and client counseling session.** | | | |
| 3. **Every two years, skills validation component of Vision Screening of Children Three Years of Age and Older is completed and current Maternal and Child Health Certificate of Completion on file.** | | | |

***Attachment A***

# HemoCue® Hemoglobin Procedure

**HemoCue Hemoglobin Procedure**
**Standard Operating Procedure Template**
(Rev 611 8/03)

This document is provided as a convenient tool when developing a standard operating procedure (SOP) for your institution. It follows the NCCLS guidelines on format and content. Simply modify the document to meet your institution's requirements or paste appropriate passages into your current procedures. We hope you will find this a helpful tool in your on-going Quality Assurance efforts.

To remove this message, simply click anywhere in the highlighted box and press "Delete".

## PURPOSE

The HemoCue Hemoglobin System is used for the quantitative determination of hemoglobin in blood using a specially designed photometer, HemoCue Hemoglobin Photometer, and specially designed microcuvettes, HemoCue Hemoglobin Microcuvettes.

The quantitative hemoglobin determination is indicated as a general fundamental test in acute as well as elective care. The test is used in assessing the status of a patient in such clinical situations as hemorrhage, hemolysis, dehydration and other shifts in plasma volume - and for verifying the results of transfusion or treatment of other deficiency states such as malnutrition.

## PRINCIPLE

The hemoglobin concentration in blood is determined as azidemethemoglobin utilizing a microcuvette with a dry reagent system and a dual wavelength photometer. The erythrocyte membranes are disintegrated by sodium deoxycholate, releasing the hemoglobin. Sodium nitrite converts the hemoglobin iron from the ferrous to the ferric state to form methemoglobin, which then combines with sodium azide to form azidemethemoglobin. Measurements are taken at 570nm and 880nm; the latter to correct for turbidity.

## SAMPLE COLLECTION AND PREPARATION

No special patient preparation is required. Capillary, (e.g., fingerstick), venous or arterial blood may be used. Use EDTA, heparin or heparin-fluoride as anticoagulants, preferably in solid form to avoid dilutional effects. Samples collected with the recommended anticoagulants must be used within 24 hours. All specimens must be allowed to come to room temperature before use. Specimens should be mixed by gentle inversion at least ten times prior to use, especially if stored for an extended length of time.

## EQUIPMENT, REAGENTS, AND SUPPLIES

HemoCue® Hemoglobin Photometer
HemoCue® Hemoglobin
HemoCue® Hemoglobin
Liquid controls (optional - store according to manufacturer's specifications)
Blood lancets, needles, syringes, blood-collection tubes
Gloves
Disinfecting solution
Gauze or lint-free tissue
Hydrophobic material such as Parafilm®

## PROCEDURE

Gloves should be worn at all times during the testing procedure and all appropriate laboratory safety guidelines should be followed.

### A. Start Up Procedure

1. Turn the photometer on using the switch in the back. The display screen should read "Hb."
2. Pull the cuvette holder out to the loading position, which will be noted by a distinct stop. After about fifteen seconds the screen will display "READY" with three flashing dashes.
3. The photometer is now ready to perform a measurement.

### B. Quality Control

**Control Cuvette**
The control cuvette must be checked each day of use, prior to patient testing.

1. Place the red control cuvette into the cuvette holder and push the holder into the measuring position.
2. A reading will appear after approximately 10-1 5 seconds. Compare this value to the assigned value on the control cuvette card. This reading should be within _+ 0.3 g/dL of the assigned value. Record this value in an appropriate log.
3. **If this value does not fall within the established range, follow local policy for failed quality control, prior to performing any patient testing.**

   Note: If using the QC Cuvette Holder, (product # 1301 53), follow the instructions for use in the product package insert.

## Liquid Quality Control

1. Commercial liquid quality controls may be used to assure proper hnctioning of the entire system. Follow the manufacturer's procedure for storage and handling.
2. Dispense a drop of control onto a hydrophobic surface and follow steps 8-12 of the capillary testing procedure. Note: Some control products require a "waiting period" prior to inserting the cuvette into the analyzer for measurement. Follow the directions in the package insert for the control product.
3. Record the results in a quality control log.
4. **If the results do not fall within the established range, follow local policy for failed quality control prior to performing any patient testing.**

## C. Patient and Specimen Testing

### Capillary Testing – Finger

1. The hand should be warm and relaxed. It is a good idea to heat cold hands in warm water before sampling to increase the blood circulation. The patient's fingers should be straight but not tense, to avoid stasis. For best results, use the middle or ring finger for sampling. Avoid fingers with rings for sampling.
2. Remove a cuvette from the vial and recap the vial immediately.
3. Clean the puncture site with alcohol. Wipe off the alcohol with a clean, dry lint free wipe or allow it to air dry completely.
4. Using your thumb, lightly press the finger from the top of the distal knuckle to the tip. This stimulates the blood flow towards the sampling point.
5. Position the lancet device so that the puncture will be made across the whorls (lines) of the fingerprint. Press the lancet firmly against the finger prior to activating the lancet to aid in obtaining a good sample.
6. While maintaining gentle pressure on the tip of the finger, perform the stick off- center on the fingertip. Discard the lancet in an approved container.
7. Using a dry gauze or other lint free tissue, wipe away the first two or three large drops of blood, applying light pressure as needed again until another drop of blood appears. This stimulates blood flow and lessens the likelihood of a dilutional effect by interstitial fluid. Avoid "milking of the finger."
8. Make sure that the drop of blood is big enough to fill the cuvette completely. Hold the cuvette at the "wing" end and introduce the cuvette tip into the middle of the drop of blood. Fill the cuvette in one continuous process. Do not refill a partially filled cuvette.
9. Wipe off any excess blood from the outside of the cuvette using a clean, lint free tissue, taking care not to touch the opened end of the cuvette.
10. Visually inspect the cuvette for air bubbles in the optical eye. If bubbles are present in the optical eye, discard the cuvette.
11. The filled cuvette should be analyzed immediately and at the latest 10 minutes after it has been filled. Filled cuvettes are to be kept in the horizontal position. Place the filled cuvette into the cuvette holder and gently slide the holder into the measuring position.

12. The result will be displayed within 60 seconds.
13. Pull the cuvette holder out to the loading position. Remove the cuvette and discard it in an appropriate biohazard container.
14. Turn the power switch to "off' at the conclusion of all testing for the day.

**Venous or Arterial Specimen from Vacuum Tubes**

1. Obtain a specimen according to established procedure. A fresh, well-mixed anticoagulated blood is to be used. Samples stored up to 24 hours at 2-8OC (35-46°F) may be used but must be allowed to come to room temperature prior to testing.
2. Mix the sample by gently inverting ten times.
3. Dispense a drop of blood onto a hydrophobic surface.
4. Proceed as in Steps 8-14 of the capillary sampling instructions.

**Venous or Arterial Specimen from Syringes**

NOTE: It is very important to test the sample immediately to avoid potentially erroneous results due to coagulation or separation of the specimen.

1. Pull back the plunger slightly and mix the blood by inverting the syringe 8-10 times.
2. While holding gauze over the end of the syringe slowly push the plunger until a few drops of blood have been expelled. This will prime the syringe by removing any air bubbles in the tip.
3. Dispense a drop of blood onto a hydrophobic surface.
4. Proceed as in Steps 8-14 of the capillary sampling instructions.

## D. Maintenance

No preventative maintenance is needed for the electronic components of the photometer.

1. **Cuvette Holder**
   - The cuvette holder should be removed at the end of each day of use for cleaning. Alcohol or mild soap solution may be used. It may also be autoclaved. It is important that the holder is completely dry before being replaced in the photometer.

2. **Photometer**
   - The exterior of the photometer may be cleaned as necessary with alcohol or a mild soap solution.

3. **Optronic Unit**
   - Call HemoCue Technical Service for instructions. Have the serial number of the photometer available.

## E. Procedural Notes

1. Microcuvettes are stored at room temperature, away from any direct heat source. The vial should be kept tightly capped and cuvettes should be removed as needed for testing just prior to use. Unopened cuvettes have a shelf life of two (2) years from the date of manufacture. The expiration date is printed on each vial. Vials of cuvettes that have been opened are stable for three (3) months if the cap is kept on tightly between use. When opening a new vial, label with the date opened.
2. The HemoCue® Hemoglobin photometer corrects for turbidity in specimens and therefore might produce lower results than those expected for other hemoglobin instruments that do not have this correction feature. Therefore, only controls that are assayed for the HemoCue® Hemoglobin system are recommended.
3. Results above 25.6gm/dl will be displayed as ERROR 999 or ERROR HHH. Refer to the Trouble Shooting Guide in the Operating Manual for interpretations of other error codes.

## F. Limitations of the Procedure

Values above 23.5gldL must be confirmed using a suitable laboratory method. Sulfhemoglobin is not measured with this method.

## G. Normal Values

Normal values should be established for the patient population being tested. Normal values used by local hospitals, etc. may be acceptable for use.

## H. Problem Solving

Refer to the "Troubleshooting" section of the Operating Manual if problems arise. If problems persist, contact your Regional Distributor or HemoCue Inc., Technical Service at 1-800-426-7256 for more detailed instruction.

## I. References

HemoCue Blood Hemoglobin Photometer Operating Manual (980922)
HemoCue Blood Hemoglobin Microcuvette Package Insert (990503)
Darcie and Lewis, Practical Hematology, 9th edition, 1-1 -2001

For additional information please contact:
HemoCue, Inc.
Attention: Technical Service
40 Empire Drive
Lake Forest, CA 92630
800-426-7256

## HemoCue® Hemoglobin System Maintenance Log

Photometer Serial Number_____

| DATE | PROBLEM | CORRECTIVE ACTION | INITIALS |
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## HemoCue® Hemoglobin System Maintenance Log

**Begin a new log with each new lot number of microcuvettes**

Photometer Serial Number_____Control Cuvette Target_____±0.3g/dL

| Microcuvettes | Lot Number | Mfg. Expiration Date | Date Opened |
|---|---|---|---|

| Liquid Controls | Range | Lot Number | Mfg. Exp. Date | Date Opened |
|---|---|---|---|---|
| Level 1 | ± g/dL | | | |
| Level 2 | ± g/dL | | | |
| Level 3 | ± g/dL | | | |

| Date | Time | Control Cuvette Value | Liquid Control Values | | | If control values are out of range, note corrective action taken. | Maintenance Dates | | Init. |
|---|---|---|---|---|---|---|---|---|---|
| | | | Level 1 | Level 2 | Level 3 | | Cleaned | Battery Change | |
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Date:_____ Reviewed by:_____

Comments:_____

***Attachment B***

## HemoCue® Hb 201⁺ Procedure Template

### PURPOSE

The HemoCue Hb 201⁺ System is used for the quantitative determination of hemoglobin in blood using a specially designed analyzer, HemoCue Hb 201⁺, and specially designed HemoCue Hb 201 Micro-cuvettes.

The quantitative hemoglobin determination is indicated as a general fundamental test in acute as well as elective care. The test is used in assessing the status of a patient in such clinical situations as hemorrhage, hemolysis, dehydration and other shifts in plasma volume - and for verifying the results of transfusion or treatment of other deficiency states such as malnutrition. The assay of hemoglobin is also used as part of a general health screen e.g., for prospective blood donors and in the assessment of womens' and childrens' health.

### PRINCIPLE

The hemoglobin concentration in blood is determined as azidemethemoglobin utilizing a microcuvette with a dry reagent system and a dual wavelength photometer. The erythrocyte membranes are disintegrated by sodium deoxycholate, releasing the hemoglobin. Sodium nitrite converts the hemoglobin iron from the ferrous to the ferric state to form methemoglobin, which then combines with sodium azide to form azidemethemoglobin. Measurements are taken at 570nm and 880nm; the latter to correct for turbidity.

### SAMPLE COLLECTION AND PREPARATION

No special patient preparation is required. Capillary (e.g., fingerstick), venous or arterial blood may be used. Appropriate anticoagulants in solid form (e.g., EDTA, heparin or hepardfluoride) may be used. Mix all anticoagulated samples thoroughly on a mechanical mixer for at least two minutes or invert the tube 8-10 times by hand. Alternatively, follow the local recommendations. Hemoglobin remains unchanged for days provided that the blood does not become infected. If the specimen has been stored in the refrigerator, it will be viscid and the blood should be allowed to warm up to room temperature before mixing.

### EQUIPMENT, REAGENTS, AND SUPPLIES

HemoCue Hb 201⁺ Analyzer
HemoCue Hb 201 Microcuvettes (store at room temperature)
Liquid controls (optional - store according to manufacturer's specifications)
Blood lancets, needles, syringes, blood-collection tubes
Gloves
Disinfecting solution
Lint-free tissue such as Celltork or gauze
Hydrophobic material such as Parafilm®

## PROCEDURE

Gloves should be worn at all times during the testing procedure and all appropriate laboratory safety guidelines should be followed.

### A. Start Up Procedure

1. Pull the cuvette holder out to the loading position. Press and hold the left button until the display is activated (all symbols appear on the display).
2. The display shows the version number of the program, after which it will show "⌛" and "Hb". During this time the analyzer will automatically verify the performance of the optronic unit by performing an automatic SELFTEST.
3. After 10 seconds, the display will show 3 flashing dashes and the HemoCue symbol. This indicates that the HemoCue Hb 201$^+$ analyzer has passed the SELFTEST and is ready for use. If the SELFTEST fails, an error code will be displayed.

### B. Quality Control

**SELFTEST**
The HemoCue Hb 201$^+$ analyzer has an internal electronic "SELFTEST". Every time the analyzer is turned on, it will automatically verify the performance of the optronic unit of the analyzer. This test is performed every second hour if the analyzer remains switched on.

**Liquid Quality Control**
If use of liquid control material is required by local or other regulations, contact HemoCue, Inc. for control information. Follow the manufacturer's procedure for storage and handling of the control material.

1. The analyzer should be in the "ready" mode prior to filling the cuvette.
2. Dispense a drop of control onto a hydrophobic surface and follow Steps 9-16 of the Capillary Testing - Finger section. Note: Some control products require a "waiting period" prior to inserting the cuvette into the analyzer for measurement. Follow the directions in the package insert for the control product.
3. Record the results on a quality control log.
4. **If the results do not fall within the established range, follow local policy for failed quality control prior to performing any patient testing.**

### C. Patient and Specimen Testing

**Capillary Testing – Finger**
1. To perform a test using capillary blood, the cuvette holder should be in its loading position. The display will show three flashing dashes and the HemoCue symbol.
2. The hand should be warm and relaxed. Heating the hand with warm water, or by some other means, is a good idea to increase the blood circulation. The patient's fingers should be straight but not tense, to avoid stasis. It is best to use the middle or ring finger for sampling, but fingers with rings should be avoided due to the chance of decreased circulation.

3. Remove a cuvette from the vial or the individually wrapped package. Recap the vial immediately.
4. Clean the finger with alcohol or a suitable disinfectant. Then wipe dry with a clean, dry lint-free wipe or allow it to air dry completely.
5. Using gentle pressure, rock your thumb from the top of the patient's distal knuckle to the fingertip. This stimulates the blood flow towards the sampling point.
6. Press the lancet firmly against the finger prior to activating the lancet to aid in obtaining a good sample.
7. While maintaining gentle pressure on the tip of the finger, perform the stick off-center on the fingertip. Discard the lancet in an approved container.
8. Using a dry gauze or other lint-free tissue, wipe away the first two or three large drops of blood, applying light pressure as needed again until another drop of blood appears. This stimulates blood flow and lessens the likelihood of a dilutional effect by interstitial fluid. Avoid "milking of the finger".
9. Make sure that the drop of blood is big enough to fill the cuvette completely. Hold the cuvette opposite the filling end and introduce the cuvette tip into the middle of the drop of blood. Fill the cuvette in one continuous process. Do not refill a partially filled cuvette.
10. Wipe off any excess blood from the outside of the cuvette using a clean, lint-free tissue, taking care not to touch the open end of the cuvette.
11. Visually inspect the cuvette for air bubbles in the optical eye. If bubbles are present in the optical eye, the cuvette should be discarded and a new sample taken for analysis. (Small air bubbles around the edge do not influence the result).
12. The filled cuvette should be analyzed immediately, or at the latest, 10 minutes after it has been filled. Place the filled cuvette into the cuvette holder and gently slide the holder into the measuring position.
13. During the measurement, "⌛" and three fixed dashes will be shown on the display.
14. The result will be displayed within 15 to 60 seconds and will remain on the display as long as the cuvette holder is in the measuring position. When operating on battery power, the analyzer will automatically turn off after approximately five minutes.
15. Pull the cuvette holder out to the loading position. Remove the cuvette and discard it in an appropriate biohazard container, following local procedures for disposal.
16. When the display shows three flashing dashes and the HemoCue symbol, the analyzer is ready for the next measurement.

**Venous or Arterial Specimen from Vacuum Tubes**

1. Obtain a specimen according to established procedure. A fresh, well-mixed anticoagulated blood sample is to be used. Samples stored at 2-8OC (35-46°F) may be used but must be allowed to come to room temperature prior to testing.
2. Mix the sample on a mechanical mixer for at least 2 minutes or gently invert by hand 8 to 10 times.
3. Dispense a drop of blood onto a hydrophobic surface.
4. Proceed as in Steps 9-16 of the Capillary Testing - Finger section.

**Venous or Arterial Specimen from Syringes**

NOTE: It is very important to test the sample immediately to avoid potentially erroneous results due to coagulation or separation of the specimen.

1. Obtain a specimen according to established procedure.
2. Mix the syringe according to local procedure.
3. Dispense a drop of blood onto a hydrophobic surface.
4. Proceed as in Steps 9-16 of the Capillary Testing - Finger section.

## D. Maintenance

No preventative maintenance is needed for the electronic components of the photometer.

1. **Cuvette Holder**
   - The cuvette holder should be cleaned after each day of use.
     a. Check that the analyzer is turned off (the display should be blank).
     b. Pull the cuvette holder out to the loading position. Using a pointed object or your fingertip, carehlly press the small catch in the upper right hand comer of the cuvette holder.
     c. While pressing the catch, carefblly rotate the cuvette holder to the left as far as possible.
     d. Clean the cuvette holder with alcohol or a mild detergent and allow to dry completely before replacing it in the analyzer.

2. **Photometer**
   - The exterior of the photometer may be cleaned as necessary with alcohol or a mild soap solution.

3. **Optronic Unit**
   - The optronic unit should be cleaned as directed in the Troubleshooting Guide of the HemoCue Hb $201^{+}$ Operating Manual. See the instructions in the Maintenance section of the Operating Manual or call HemoCue, Inc. Technical Support.

## E. Procedural Notes

1. Microcuvettes are stored at room temperature, away from any direct heat source. The vial should be kept tightly capped and cuvettes should be removed as needed for testing just prior to use. Unopened cuvettes have a shelf life of two (2) years from the date of manufacture. The expiration date is printed on each vial. Vials of cuvettes that have been opened are stable for three (3) months if the cap is kept on tightly between uses and stored correctly. When opening a new vial, label with the date opened. "The individually packed microcuvettes are stable until the expiration date printed on each package".
2. The HemoCue Hb 201$^+$ analyzer corrects for turbidity in specimens, and therefore might produce lower results than those expected for other hemoglobin instruments that do not have this correction feature. Therefore, if required, only controls that are assayed for the HemoCue Hb 201$^+$ system should be used.
3. Results above 25.6gJdL will be displayed as HHH. Refer to the Troubleshooting Guide in the Operating Manual for interpretations of other error codes.

## F. Limitations of the Procedure

Values above 23.5gldL must be confirmed using a suitable laboratory method.
Sulfhemoglobin is not measured with this method.
Carboxyhemoglobin levels up to 10% do not interfere with the system.

## G. Normal Values

Normal values should be established for the patient population being tested. Normal values used by local hospitals, etc. may be acceptable for use.

## H. Problem Solving

Refer to the "Troubleshooting" section of the Operating Manual if problems arise. If problems persist, contact HemoCue Inc., Technical Support at 1-800-426-7256 for more detailed instruction.

## I. References

HemoCue Hb 201$^+$ Operating Manual (050523)
HemoCue Hb 201$^+$ Microcuvette Package Insert (050523)

For additional information please contact:
HemoCue, Inc.
Attention: Technical Support
40 Empire Drive
Lake Forest, CA 92630
800-426-7256

## HemoCue® Hb 201+ System Maintenance Log

Analyzer Serial Number_____

| DATE | PROBLEM | CORRECTIVE ACTION | INITIALS |
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## HemoCue® Hb 201+ Quality Control Log

**Begin a new log with each new lot number of microcuvettes**

Analyzer Serial Number_____

| Microcuvettes | Lot Number | Mfg. Expiration Date | Date Opened |
|---|---|---|---|

| Liquid Controls | Range | Lot Number | Mfg. Exp. Date | Date Opened |
|---|---|---|---|---|
| Level 1 | ± g/dL | | | |
| Level 2 | ± g/dL | | | |
| Level 3 | ± g/dL | | | |

| Date | Time | Control Cuvette Value | Liquid Control Values | | | If control values are out of range, note corrective action taken. | Maintenance Dates | | Init. |
|---|---|---|---|---|---|---|---|---|---|
| | | | Level 1 | Level 2 | Level 3 | | Cleaned | Battery Change | |
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Date:_____ Reviewed by:_____

Comments:_____

Nurse or Site: _____ Date: _____

**TRAINING/EDUCATION FOR THE FOLLOWING NURSE PROTOCOL(S):**

**HIV/AIDS RELATED**

**NOTE**: This section may be used to review an individual nurse's training and preparation for practicing under nurse protocol. A copy may be placed in the nurse's personnel/supervisory file. It may also be used to review the training and preparation of a group of nurses who are practicing under nurse protocol.

| | DOCUMENTATION | | |
|---|---|---|---|
| **EXPECTATIONS** | **Yes** | **No** | **COMMENTS** |
| INITIALREQUIRED TRAINING: The nurse must complete the following prior to practicing under nurse protocol: | | | |
| **A.** SELF-STUDY (Nurse is to read the following documents): | | | |
| 1. HRSA Guide for HIV/AIDS Clinical Care, current edition. (NOTE: Required for APRNS, recommended for RNs) | | | |
| 2. Georgia DPH, HIV Office, Medical Guidelines for the Care of HIV-infected Adults and Adolescents (current edition). | | | |
| 3. CDC Self-Study STD Modules for Clinicians (pre-requisite for STD 101 face-to-face) available online at **http://www2a.cdc.gov/stdtraining/self-study/** | | | |

**HIV/AIDS RELATED,** continued

| EXPECTATIONS | DOCUMENTATION Yes | DOCUMENTATION No | COMMENTS |
|---|---|---|---|
| 2. Successful completion of the following HIV Web Study, Case-Based Modules available online at http://depts.washington.edu/hivaids/ (or completion of the one-day didactic training "HIV/AIDS Nurse Protocol Training" by the HIV Office listed below in Didactic/Classroom Training). | | | |
| ○ Dermatologic Manifestations – Case 1: Herpes Simplex Virus Infection**.** | | | |
| ○ Dermatologic Manifestations – Case 4: Varicella Zoster Virus. | | | |
| ○ Oral Manifestations – Case 1: Oral Candidiasis. | | | |
| ○ Opportunistic Infections: Prophylaxis – Case 1: Prophylaxis for *Pneumocystis* Pneumonia. | | | |
| ○ Opportunistic Infections: Prophylaxis – Case 2: Prophylaxis for *Toxoplasma* Encephalitis. | | | |
| ○ Opportunistic Infections: Prophylaxis – Case 3: Prophylaxis for *Mycobacterium avium* complex. | | | |
| ○ Opportunistic Infections: Treatment – Case 6: A 37-Year-Old Migrant Worker with Diarrhea. | | | |
| ○ Antiretroviral Rx - Case 1: Indications for Initiating Antiretroviral Therapy. | | | |
| ○ Antiretroviral Rx - Case 2: Antiretroviral Regimens. | | | |
| ○ Antiretroviral Rx - Case 3: Laboratory Monitoring after Initiating Antiretroviral Therapy. | | | |

**HIV/AIDS RELATED,** continued

| EXPECTATIONS | DOCUMENTATION Yes | DOCUMENTATION No | COMMENTS |
|---|---|---|---|
| 3. **Successful review of the following materials and webinars (or completion of the two-day didactic training "Overview of Adult HIV Care for New Clinicians" or an equivalent training as listed below in Didactic/Classroom Training). A live course is preferred if available.** | | | |
| ○ **Overview of Adult HIV Care for New Clinicians powerpoint slide presentations - http://www.seatec.emory.edu/documents/training/overviewppts.pdf** | | | |
| ○ **Reducing Perinatal Transmission: Orientation to Adult HIV Care – http://www.youtube.com/watch?v=IhkuOyD6zFY** | | | |
| ○ **HIV and Oral Health (Review the first two powerpoints in Module 3 and all of Module 4) - http://www.aidsetc.org/aidsetc?page=et-04-04** | | | |
| ○ **ABC's of Hepatitis: Orientation to Adult HIV Care – http://www.youtube.com/watch?v=xnG2BcPHio0** | | | |
| ○ **Cultural Competence: Orientation to Adult HIV Care - http://www.youtube.com/watch?v=n9RqnFX5xXI** | | | |
| ○ **Improving Retention to Care Strategies for HIV-infected Patients: Orientation to Adult HIV Care – http://www.youtube.com/watch?v=86dyAtTAe0Q** | | | |

**HIV/AIDS RELATED,** continued

| EXPECTATIONS | DOCUMENTATION Yes | No | COMMENTS |
|---|---|---|---|
| **B. DIDACTIC/CLASSROOM TRAINING:** | | | |
| 1. **Overview of Adult HIV Care for New Clinicians**, a 2-day overview course by the Southeast AIDS Training and Education Center (SEATEC), or an equivalent training **or review of the materials listed under Self-Study. A live course is preferred if available.** | | | |
| *Training must include an introduction to the following topics:* | | | |
| ○ ***HIV emerging trends, pathogenesis and acute infection*** | | | |
| ○ ***Interpreting HIV diagnostic testing*** | | | |
| ○ *Recognition of HIV at all stages of infection* | | | |
| ○ *Antiretroviral therapy and viral resistance* | | | |
| ○ *Symptomatic HIV/AIDS and opportunistic infections* | | | |
| ○ *Medical Complications in HIV management* | | | |
| ○ *HIV and Oral Health* | | | |
| ○ *Women, pregnancy, and perinatal prevention* | | | |
| ○ ***Viral hepatitis co-infections*** | | | |
| ○ *Mental health and substance abuse issues and HIV* | | | |
| 2. HIV/AIDS Nurse Protocol Training, a 1-day course on the 10 GA Public Health HIV/AIDS nurse protocols by the HIV Office (or successful completion of the HIV Web Study, Case-Based Modules listed above under Self-Study). | | | |
| 3. **STD 101 or STD Intensive course coordinated through the STD/HIV Prevention Training Center at Johns Hopkins.** | | | |
| **C. PRECEPTORSHIP:** | | | |
| **1.** The extent and duration of the preceptorship/clinical may vary according to the needs of each individual nurse. However, | | | |

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| there shall be documentation that the nurse could satisfactorily perform the required clinical skills prior to signing the nurse protocol(s) and practicing under nurse protocol. | | | |
| a) Complete HIV/AIDS clinic orientation with supervisor, peer and support physician. | | | |
| **2.** Nurse will observe preceptor utilizing protocol to assess, evaluate, educate and order medications as appropriate for HIV-infected clients. | | | |
| **3.** Preceptor will observe nurse utilizing protocol to assess, evaluate, educate and order medications as appropriate for HIV-infected clients. | | | |
| **D. ACCESS TO REFERENCE MATERIALS:** | | | |
| 1. Bartlett, J.G. and Gallant, J.E., *The Medical Management of HIV Infection*, John Hopkins University, Department of Infectious Diseases (current edition). | | | |
| 2. The latest versions of the US Department of Health and Human Services (DHHS) HIV-related Guidelines, which are considered "living documents," are available online on the *AIDSinfo* website at http://www.aidsinfo.nih.gov/ including:. | | | |
| ○ *Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents.* | | | |
| ○ *Recommendations for the Use of Antiretroviral Drugs in Pregnant Women Infected with HIV-1 for Maternal Health and for Reducing Perinatal HIV-1 Transmission in the United States.* | | | |
| ○ *Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents* | | | |
| 3. Georgia Immunization Program Manual (current edition). | | | |
| 4. Jean R. Anderson (ed.), *A Guide to the Clinical Care of Women with HIV*, HRSA/HAB, Rockville, Maryland (current edition). | | | |
| 5. An approved, current edition drug reference, including alternative/herbal therapies or online access to drug references may include: | | | |

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|---|---|---|---|
| ○ HIV InSite, Antiretroviral Management, http://hivinsite.ucsf.edu/InSite?page=Treatment | | | |
| ○ Lexi-Comp Drug Information, available at www.lexi.com/online (for Districts who have purchased subscriptions). | | | |
| ○ Medscape, http://www.medscape.com/ | | | |
| 6. Laboratory reference book or online access to references. | | | |

**HIV/AIDS RELATED,** continued

| EXPECTATIONS | DOCUMENTATION Yes | DOCUMENTATION No | COMMENTS |
|---|---|---|---|
| **REQUIRED ANNUAL TRAINING:** **The nurse must complete the following annually or as otherwise indicated while practicing under nurse protocol:** | | | |
| **A. SELF-STUDY: (Nurse is to read the following documents):** | | | |
| **1. Review HIV/AIDS Related Protocols for updates and changes** | | | |
| 4. HRSA Guide for HIV/AIDS Clinical Care, current edition. (NOTE: Required for APRNS, recommended for RNs). | | | |
| 3. Georgia DPH, HIV Office, Medical Guidelines for the Care of HIV-infected Adults and Adolescents (current edition). | | | |
| **B. DIDACTIC/CLASSROOM TRAINING:** | | | |
| 1. Annually, receive a minimum of 10 contact hours of HIV/AIDS education through any method (Must include HIV/AIDS-related medication update/pharmacology). | | | |
| **C. CLINICAL/PEER REVIEW:** | | | |
| 1. Annual peer reviews are required. The District Nursing Director, County Nurse Manager, and/or Nursing Supervisor shall have the discretion to determine which program areas are appropriate for annual peer review based on the following criteria: | | | |
| ○ Predominate program of practice for each PHN. | | | |
| ○ PHN recently assigned to a different program area. | | | |
| ○ Significant changes in program policies. | | | |
| 2. Annual assessment of nurse utilizing protocol to assess, evaluate, educate and order medications as appropriate for HIV-infected clients by peer, supervisor or physician. | | | |
| 3. Annual chart review by supervisor or physician to assess appropriate usage and documentation of protocol. | | | |
| **D. ACCESS TO REFERENCE MATERIALS:** | | | |
| 7. Bartlett, J.G. and Gallant, J.E., *The Medical Management of HIV Infection*, John Hopkins University, Department of | | | |

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|---|---|---|---|
| Infectious Diseases (current edition). | | | |
| 8. The latest versions of the US Department of Health and Human Services (DHHS) HIV-related Guidelines, which are considered "living documents," are available online on the *AIDSinfo* website at http://www.aidsinfo.nih.gov/ including:. | | | |
| ○ *Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents.* | | | |
| ○ *Recommendations for the Use of Antiretroviral Drugs in Pregnant Women Infected with HIV-1 for Maternal Health and for Reducing Perinatal HIV-1 Transmission in the United States.* | | | |
| ○ *Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents* | | | |
| 9. Georgia Immunization Program Manual (current edition). | | | |
| 10. Jean R. Anderson (ed.), *A Guide to the Clinical Care of Women with HIV*, HRSA/HAB, Rockville, Maryland (current edition). | | | |
| 11. An approved, current edition drug reference, including alternative/herbal therapies or online access to drug references may include: | | | |
| ○ HIV InSite, Antiretroviral Management, http://hivinsite.ucsf.edu/InSite?page=Treatment | | | |
| ○ Lexi-Comp Drug Information, available at www.lexi.com/online (for Districts who have purchased subscriptions). | | | |
| ○ Medscape, http://www.medscape.com/ | | | |
| 12. Laboratory reference book or online access to references. | | | |

**Last revision for Section V Training/Education for the Sexually Transmitted Diseases Nurse Protocol: October 2015**

Nurse or Site: _____ Date: _____

## SECTION V — TRAINING/EDUCATION FOR THE FOLLOWING NURSE PROTOCOL(S):

## SEXUALLY TRANSMITTED DISEASES

**NOTE**: This section may be used to review an individual nurse's training and preparation for practicing under nurse protocol. A copy may be placed in the nurse's personnel/**supervisory** file. It may also be used to review the training and preparation of a group of nurses who are practicing under nurse protocol.

| | DOCUMENTATION | | |
|---|---|---|---|
| **EXPECTATIONS** | **Yes** | **No** | **COMMENTS** |
| **INITIAL REQUIRED TRAINING:**<br>**The nurse must complete the following prior to practicing under nurse protocol:** | | | |
| **A. SELF-STUDY (Nurse is to read the following documents):** | | | |
| 1. Pharmacology of drugs used to treat STDs. | | | |
| 2. *A Guide to Physical Examination,* Barbara Bates, M.D. (or similar text) –examination of male and female genitalia, anus/rectum. | | | |
| 3. Female and male STD exam videos (These were sent to each District). | | | |
| 4. Current Georgia STD Manual – Clinical Section (current manual). | | | |
| 5. **The University of Alabama at Birmingham Modules (pre-requisite for STD 101 face-to-face) (12.25 CNE/CME) (http://www.cecentral.com/node/932).**<br>• **Basic HIV**<br>• **Chlamydia and Gonorrhea**<br>• **Non-STD Dermatological Manifestations** | | | |

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|---|---|---|---|
| • **Hepatitis**<br>• **HSV**<br>• **Sexual Health Framework**<br>• **The Male/Female Exam and Sexual History**<br>• **Syphilis**<br>• **Urethritis and Cervicitis**<br>• **Vaginitis** | | | |
| 6. Gen-Probe CT/GC Collection Training Video | | ` | |
| 7. STD CT/GC Rectal and Oral Collection Training Power Point | | | |
| | | | |

| | DOCUMENTATION | | |
|---|---|---|---|
| **EXPECTATIONS** | **Yes** | **No** | **COMMENTS** |
| **B. DIDACTIC/CLASSROOM TRAINING:** | | | . |
| 1. Use and Care of the Microscope, Wet Mounts and Gram Stains and Darkfield.<br>a) In districts with dark field microscopes, Microscopy course approved by STD Unit (when available)**.** | | | |
| 2. STD 101 or an STD Intensive course coordinated through the Alabama/North Carolina STD/HIV Prevention Training Center, or equivalent must be approved by the by the STD Unit (when available). | | | |
| 3. Hepatitis A to E, or equivalent (when available). **http://www.cdc.gov/hepatitis/Resources/Professionals/Training/Serology/training.htm** | | | |
| **C. PRECEPTORSHIP/CLINICAL:** | | | |
| 1. The extent and duration of the preceptorship/clinical may vary according to the needs of each individual nurse. However, there shall be documentation that the nurse could satisfactorily perform the required clinical skills prior to | | | |

| | | | |
|---|---|---|---|
| signing the nurse protocol(s) and practicing under nurse protocol. | | | |
| a) The preceptor assures that the nurse observes and performs a physical exam on both male and female clients (e.g., symptomatic and asymptomatic, positive screening tests, STD exposure). | | | |
| | **DOCUMENTATION** | | |
| **EXPECTATIONS** | **Yes** | **No** | **COMMENTS** |
| b) The preceptor assures that the nurse observes and performs all laboratory tests for which he/she is responsible; demonstrating knowledge of Clinical Laboratory Improvement Amendments requirements and proper infection control procedures while handling specimens (e.g., wet mount, gram stain, dark field exam, HIV, HSV-I, HSV-II, RPR, Chlamydia and Gonorrhea Specimen Collection). | | | |
| c) Preceptor observes the nurse ordering/ dispensing/administering drugs. | | | |

| | | | |
|---|---|---|---|
| | **DOCUMENTATION** | | |
| **EXPECTATIONS** | **Yes** | **No** | **COMMENTS** |
| **D. HAVE ACCESS TO REFERENCE MATERIALS:** | | | |
| 1. **Websites:** | | | |
| a) **http://dph.georgia.gov/immunization-schedules** | | | |
| b) **http://www.cdc.gov/std/treatment/.** | | | |
| 2. **Manuals:** | | | |
| a) Microscopy for Public Health Nurses Manual (copy received when course was completed) | | | |
| b) CDC STD Treatment Guidelines (most current version available at **http://www.cdc.gov/std/treatment/**). | | | |

| | | | |
|---|---|---|---|
| c) **Guidelines for Standard Precautions and Bloodborne Pathogen Occupational Exposure Control, http://www.dphphil.org/sites/default/files/DPH%20Guidelines%20for%20Standard%20Precautions%20and%20Bloodborne%20Pathogen_Approved.pdf** | | | |
| d) **Georgia Immunization Program Manual Chapter 7 Hepatitis Section (current edition) http://dph.georgia.gov/sites/dph.georgia.gov/files/Immunizations/Publications-GA-Imm-Manual-Complete.pdf** | | | |
| e) STD Program Operation Manual (current edition). | | | |
| f) *Standard Nurse Protocols for Registered Professional Nurses in Public Health* (current edition). | | | |

| EXPECTATIONS | DOCUMENTATION Yes | DOCUMENTATION No | COMMENTS |
|---|---|---|---|

**ANNUAL REQUIRED TRAINING:**
**The nurse must complete the following annually or as otherwise indicated while practicing under nurse protocol:**

| | | | |
|---|---|---|---|
| A. **SELF-STUDY (Nurse is to read the following documents):** | | | |
| 1. Annual review of nurse protocols for STD, with special attention to any revisions and pharmacology updates. | | | |
| 2. Keep abreast of updates to the STD Manual and the Hepatitis, Adolescent & Adult Sections of the Georgia Immunization Program Manual and ACIP | | | |
| B. **DIDACTIC/CLASSROOM TRAINING:** | | | |
| 1. Every 1-2 years, participate in a webinar or attend a training containing STD related content. For example: CDC STD Modules, STD Update, Syphilis Case Management course, in-service programs or professional conferences. | | | |
| C. **CLINICAL/PEER REVIEW:** | | | |
| 1. Annual peer reviews are required. The District Nursing | | | |

| | | | | |
|---|---|---|---|---|
| | Director, County Nurse Manager, and/or Nursing Supervisor shall have the discretion to determine which program areas are appropriate for annual peer review based on the following criteria: | | | |
| | a) Predominate program of practice for each PHN. | | | |
| | b) PHN recently assigned to a different program area. | | | |
| | c) Significantly changes in program services. | | | |
| 2. | Annually, a supervisor or peer shall observe and review the nurse providing complete STD-related care to at least one male and female client, including history, physical exam, counseling, completing lab work, and ordering/dispensing/administering drugs. | | | |

Nurse or Site: _____ Date: _____

## TRAINING/EDUCATION FOR THE FOLLOWING NURSE PROTOCOL(S):

## TUBERCULOSIS

**NOTE**: This section may be used to review an individual nurse's training and preparation for practicing under nurse protocol. A copy may be placed in the nurse's personnel/**supervisory** file.

| | DOCUMENTATION | | |
|---|---|---|---|
| **EXPECTATIONS** | **YES** | **NO** | **COMMENTS** |
| **INITIAL REQUIRED TRAINING: The nurse must complete the following prior to practicing under nurse protocol:** | | | |
| A. **SELF-STUDY (The nurse is to review and complete the following):** | | | |
| 1. View the CDC Webinar TB 101 for Health Care Workers at http://www.cdc.gov/tb/publications/webcourseswebinars/default.htm . This should be viewed initially and does not need to be repeated unless deemed necessary by the district. | | | |
| 2. *Georgia TB Policy and Procedure Manual*, 2012 or current edition. Located at http://dph.georgia.gov/sites/dph.georgia.gov/files/TB-P%26P2012.pdf | | | |
| 3. *CDC Effective TB Interviewing for Contact Investigation: Self-Study Modules, 2006 at* http://www.cdc.gov/tb/publications/guidestoolkits/Interviewing/selfstudy/default.htm. These modules should be completed initially and does not need to be repeated unless deemed necessary by the district. | | | |
| 4. *Georgia Tuberculosis Reference Guide, 2013* or current edition. Located at http://dph.georgia.gov/tb-publications-reports-manuals-and-guidelines | | | |

| EXPECTATIONS | DOCUMENTATION YES | NO | COMMENTS |
|---|---|---|---|
| | | | |
| 5. NTCA/NTNC *Tuberculosis Nursing: A Comprehensive Guide to Patient Care, 2nd Edition* or current edition. Each district health office and each county health department was sent a copy in 2012. Additional copies may be purchased by contacting the National TB Controllers Association at http://tbcontrollers.org/. | | | |
| 6. *Georgia Program Evaluation Guidelines, 2012* or current edition. Located at http://dph.georgia.gov/tb-publications-reports-manuals-and-guidelines | | | |
| B. **DIDACTIC/CLASSROOM TRAINING:** | | | |
| 1. TB Protocol Training by District TB Coordinator or state office. | | | |
| **C. PRECEPTORSHIP/CLINICAL:** | | | |
| 1. Following the completion of the required self-study and didactic components of the training, an additional supervised preceptorship is required. The extent and duration of the preceptorship/clinical may vary according to the needs of each individual nurse. However, there shall be documentation that the nurse could satisfactorily perform the required clinical skills prior to signing the nurse protocol(s) and practicing under nurse protocol. | | | |
| a) Demonstrates proper infection control measures with infectious clients and collecting sputum. Performs appropriate process for tracking benchmarks and communicating with the district contact physician, transmission of client information to physician, district TB Coordinator and state office TB Program. | | | |
| b) Performs appropriate laboratory tests, (e.g., sputum specimen collection, AST/ALT, CBC with platelets, bilirubin, glucose, hepatitis B antibody, hepatitis C profile, serum uric acid, serum creatinine, alkaline phosphotase, hemoglobin A1C, pregnancy test, IGRA) and clinical procedures (e.g., blood pressure, hearing test, vision acuity and color discrimination test). | | | |
| c) Performs a complete initial evaluation and monthly evaluation of a person with active TB disease demonstrating appropriate case management for adherence to treatment regimen and completion of treatment within | | | |

| EXPECTATIONS | DOCUMENTATION YES | NO | COMMENTS |
|---|---|---|---|
| guidelines. Performs appropriate contact investigation interview with client. Demonstrates proper steps of contact investigation to assign priority to contacts and completely evaluate contacts. Starts infected contacts on treatment and demonstrates appropriate case management for adherence to treatment regimen and completion of treatment within guidelines. | | | |
| d) Performs a complete initial evaluation and a monthly evaluation of a person with latent TB infection (LTBI) demonstrating appropriate case management for adherence to treatment regimen and completion of treatment within guidelines. | | | |
| e) Orders and dispenses medications. Performs directly observed therapy (DOT). Provides appropriate patient education and counseling for the client to identify and self-report adverse reactions to medications immediately. | | | |
| f) Ongoing chart reviews and consultation by the District TB Coordinator, Contract Physician and/or the State Office. | | | |

| EXPECTATIONS | | | |
|---|---|---|---|
| **ANNUAL REQUIREDTRAINING: The nurse must complete the following annually or as otherwise indicated while practicing under nurse protocol:** | | | |
| A. **SELF-STUDY (The nurse is to review and complete the following):** | | | |
| 1. ***Georgia TB Policy and Procedure Manual*, 2014 or current edition. Located at http://dph.georgia.gov/tb-publications-reports-manuals-and-guidelines.** | | | |
| 2. ***NTCA/NTNC Tuberculosis Nursing: A Comprehensive Guide to Patient Care, 2nd Edition* or current edition. Each district health office and each county health department was sent a copy in 2014. Additional copies may be purchased by contacting the National TB Controllers Association at http://tbcontrollers.org/ .** | | | |
| 3. ***Georgia Program Evaluation Guidelines, 2012* or current edition. Located at http://dph.georgia.gov/tb-publications-reports-manuals-and-guidelines.** | | | |

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|---|---|---|---|
| | | | |
| 4. **Complete one TB self-study activity or review one TB webinar promoted by the District TB Coordinator.** | | | |
| B. **DIDATIC/CLASSROOM TRAINING:** | | | |
| 1. **TB Protocol Training by District TB Coordinator or state office.** | | | |
| 2. **Depending on TB burden in the county, the nurse's TB duties, and the District TB Coordinator's recommendations, the nurse will complete one or more of the following courses every one-three years:**<br>a. **TB Contact Investigation**<br>b. **TB Case Management**<br>c. **TB Update/conference offered by the State TB Program**<br>d. **A course offered by the Southeast National TB Center (SNTC)**<br>e. **The National TB Controllers/National TB Nurses Annual Conference**<br>f. **Complete one TB self-study activity or view one TB webinar promoted by the District TB Coordinator or State TB Program** | | | |
| C. **CLINICAL/PEER REVIEW:** | | | |
| 1. Annual peer reviews are required. The District Nursing Director, County Nurse Manager, and/or Nursing Supervisor shall have the discretion to determine which program areas are appropriate for annual peer review based on the following criteria: | | | |
| o Predominate program of practice for each PHN | | | |
| o PHN recently assigned to a different program area | | | |
| o Significant changes in program policies | | | |
| 2. Annually, a supervisor or peer shall observe and review the nurse performing TB services such as initial & ongoing health assessment to include TB screening, initial or monthly evaluation of LTBI and active TB cases, contact investigation, ordering and dispensing and/or administration of drugs, patient education/counseling and Directly Observed Therapy (DOT) as available in the county. | | | |
| D. **HAVE ACCESS TO REFERENCE MATERIALS:** | | | |

| | | | |
|---|---|---|---|
| 1. *Nurse Protocols for Registered Professional Nurses in Public Health, current edition.* Located at http://dph.georgia.gov/nurse-protocols | | | |
| 2. *Georgia Tuberculosis Reference Guide, current edition.* Located on the TB web pages at http://dph.georgia.gov/tb-publications-reports-manuals-and-guidelines. | | | |
| 3. NTCA, NTNC. *Tuberculosis Nursing: A Comprehensive Guide to Patient Care, Second Edition.2011.* Each district health office and each county health department was sent a copy in 2012. Additional copies may be purchased by contacting the National TB Controllers Association at http://tbcontrollers.org/. | | | |
| 4. CDC's Interactive Core Curriculum on Tuberculosis: What Clinicians Should Know, current edition – available in print, CD-ROM or web based at http://www.cdc.gov/tb/. | | | |
| 5. The latest versions of the CDC/ATS Guidelines, which are considered "living documents" and are available in print or online at the GDPH website at http://dph.georgia.gov/tb-publications-reports-manuals-and-guidelines | | | |
| 6. CDC Division of Tuberculosis Elimination website at http://www.cdc.gov/tb/: | | | |
| •ATS, CDC, IDSA. "Treatment of Tuberculosis" (*MMWR* 2003;52[No. RR-11]). Available at: http://www.cdc.gov/mmwr/PDF/rr/rr5211.pdf | | | |
| •CDC, NTCA. "Guidelines for the Investigation of Contacts of Persons witH Infectious Tuberculosis: Recommendations from the National Tuberculosis Controllers Association and CDC" (*MMWR* 2005;54 [No. RR-15]). Available at: http://www.cdc.gov/mmwr/pdf/rr/rr5415.pdf | | | |
| •"Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Healthcare Settings, 2005" (*MMWR* 2005;54[No. RR-17]). Available at: CDC. "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection" (*MMWR* 2000;49[No. RR-6]). Available at: http://www.cdc.gov/mmwr/PDF/rr/rr4906.pdf http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf | | | |

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|---|---|---|---|
| •ATS, CDC, IDSA. "Controlling Tuberculosis in the United States Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America" (*MMWR* 2005;54[No. RR-12]). Available at: http://www.cdc.gov/MMWR/PDF/rr/rr5412.pdf | | | |
| •ATS, CDC, IDSA. "Diagnostic Standards and Classification Of Tuberculosis in Adults and Children" (Am J Respir Crit Care Med 2000;161[4 Pt 1]). Available at: http://www.thoracic.org/statements/resources/archive/tbadult1- 20.pdf | | | |
| •Recommendations for Use of an Isoniazid–Rifapentine Regimen with Direct Observation to Treat Latent *Mycobacterium tuberculosis* Infection *MMWR* 2011;60:1650–1653. Available at http://www.cdc.gov/tb/publications/guidelines/Treatment.htm | | | |
| 6. CDC Video, *Mantoux Tuberculin Skin Test*, 2003 or current Version available in DVD or podcast from CDC at http://www.cdc.gov/tb/education/Mantoux/default.htm | | | |
| 7. Purnell, L.D. and Paulanka, B. J. Transcultural Healthcare: A Culturally Competent Approach, F.A. Davis Co., 1988 or current edition | | | |
| 8. Rom, W.N. and Garay S., *Tuberculosis,* 2nd Ed., Little, Brown and Company (Inc.), 2004 or current edition. | | | |
| 9. Georgia *TB Program Policy and Procedure Manual*, 2014, or current Edition | | | |
| 10. Georgia *TB Program Evaluation Guidelines*, 2012, or current edition | | | |
| 11. *Georgia Immunization Program Manual and Advisory Committee on Immunization Practices (ACIP) Recommendations.* www.cdc.gov/vaccines/pubs/ACIP-list.htm | | | |
| 12. Georgia laws regarding reporting, evaluation & court ordered treatment Official Code of Georgia Annotated (O.C.G.A.) Sections 31-2-1, 31-12-2, 31-12-4, and 31-14 Rules and Regulations: Department of Human Services, Public Health Tuberculosis Control, Chapter 290-5-16 | | | |
| 13. CDC "Self-Study Modules 1-9" Available at http://www.cdc.gov/tb/education/ssmodules/default.htm | | | |

**Last revision for Section V Training/Education for the Women's Health Nurse Protocol: August 2015**

Nurse or Site: _____ Date: _____

## SECTION V — TRAINING/EDUCATION FOR THE FOLLOWING NURSE PROTOCOL(S):

## WOMEN'S HEALTH/FAMILY PLANNING

NOTE: This section may be used to review an individual nurse's training and preparation for practicing under nurse protocol. A copy may be placed in the nurse's personnel/supervisory file. It may also be used to review the training and preparation of a group of nurses who are practicing under nurse protocol. APRNs providing services to family planning patients should complete the following self-study areas of this section: Hatcher/CT text, GA Family Planning Manual, Providing Quality Family Planning Services, GA laws, human trafficking, BCCP Manual, STD Protocols, and Contraceptive Technology I & II. The APRN's specialty certification as well as the APRN's education, professional experience and clinical skills will determine the need for other training/education (e.g., STD self-study, STD classes, breast and pelvic exams) or the need for observed exams.

| | DOCUMENTATION | | |
|---|---|---|---|
| **EXPECTATIONS** | **Yes** | **No** | **COMMENTS** |
| **INITIAL REQUIRED TRAINING:** **The nurse must complete the following prior to practicing under nurse protocol:** | | | |
| **A. SELF-STUDY (Nurse is to read the following documents or complete the following training)** | | | |
| 1. Hatcher, Robert, *Contraceptive Technology* (current edition) Chapters on Choosing a Contraceptive: Efficacy, Safety and Personal Considerations; U.S. Medical Eligibility Criteria; Fertility Awareness-Based Methods and Pregnancy Testing and Assessment (pages 651-668) | | | |
| 2. Georgia's Family Planning Services Manual (current edition) | | | |
| 3. Providing Quality Family Planning Services **http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf** | | | |

**WOMEN'S HEALTH/FAMILY PLANNING,** continued

| EXPECTATIONS | DOCUMENTATION Yes | DOCUMENTATION No | COMMENTS |
|---|---|---|---|
| 4. Georgia laws regarding minors and the following: contraception; pregnancy related care; abortion; STD and HIV care; drug and alcohol care and mental health care<br>www.gachd.org/Minor's Rights to Confidential.pdf<br>http://www.guttmacher.org/statecenter/spibs/spib_MACS.pdf<br>www.gcapp.org/youth | | | |
| 5. Georgia laws regarding statutory rape, incest, sexual, exploitation of children and child abuse.<br>Official Code of Georgia Annotated<br>*O.C.G.A. § 16-6-3 Statutory Rape*<br>*O.C.G.A. § 16-6-22 Incest*<br>*O.C.G.A § 16-12-100 Sexual Exploitation of Children*<br>*O.C.G.A § 19-7-5 Reporting of Child Abuse* | | | |
| 6. Human Trafficking - choose one of the trainings below<br><br>1. National Human Trafficking Resource Center<br>https://traffickingresourcecenter.org/nhtrc-hhs-online-trainings<br><br>2. Child Sex Trafficking Webinar Series<br>http://www.choa.org/csecwebinars<br><br>3. Tapestri<br>http://www.tapestri.org/programs/anti-human-trafficking-program/<br><br>4. Family Planning National Training Centers<br>http://www.fpntc.org/training-and-resources/webinar-recording-human-trafficing-in-the-family-planning-setting | | | |
| 7. Contraceptive Technology I (on Saba) | | | |

| | | | |
|---|---|---|---|
| 8. Contraceptive Technology II (on Saba)<br>CT II should be completed three-six months after completion of the preceptorship. If all other required training has been completed, the nurse may practice under Women's Health Protocols while CT II is being completed. | | | |
| 9. BCCP Manual, Sections III and IV(current edition) | | | |
| 10. STD Required Initial Training | | | |
| 11. LARC First (Contraceptive CHOICE project resource center)<br>http://www.larcfirst.com/ (view in Google Chrome) | | | |

**WOMEN'S HEALTH/FAMILY PLANNING,** continued

| EXPECTATIONS | DOCUMENTATION Yes | DOCUMENTATION No | COMMENTS |
|---|---|---|---|
| **B. DIDACTIC/CLASSROOM TRAINING:** | | | |
| 1. The Women's Health Exam and Issues Affecting Women through the Ages (formerly Breast and Pelvic Training) Contact Barbara Crane. | | | |
| 2. STD Required Initial Training or academic course (based upon funding) | | | |
| 3. HIV Counseling and Testing Course (Core Requirement) | | | |
| **C. PRECEPTORSHIP:** | | | |
| 1. Preceptorship must be supervised by an Advanced Practice Registered Nurse (APRN), where available or an experienced ERN who has completed a BSN level Health Assessment Course (ERN preceptor determined by an APRN or supervisor). | | | |
| 2. Preceptor Name: | | | |
| 3. Following the completion of the required self-study and didactic components of the training, an additional supervised preceptorship is required. **A minimum of 15 initial and annual physical exams (additional exams if does not demonstrate competency). Exams must include breast and pelvic exams and must be observed.** The extent and duration of the preceptorship will vary according to the competency of each individual nurse. | | | |
| 4. The preceptor observes the nurse in obtaining a complete history, performing physical assessment, client management, client education, dispensing contraceptive methods and documentation. | | | |
| 5. Preceptor observes the nurse performing appropriate laboratory tests (e.g., Pap smear, specimen collection for wet mount and STD tests, hematocrit/hemoglobin, urine dip, pregnancy test, gram stain (optional), blood pressure and any other lab tests related to Family Planning services). | | | |

**WOMEN'S HEALTH/FAMILY PLANNING,** continued

| EXPECTATIONS | DOCUMENTATION | | COMMENTS |
|---|---|---|---|
| | Yes | No | |
| **ANNUAL REQUIRED TRAINING:**<br>**The nurse must complete the following annually or as otherwise indicated if practicing under nurse protocol:** | | | |
| **D. SELF-STUDY:** | | | |
| 1. Hatcher, Robert, *Contraceptive Technology* (current edition) (chapters or sections as determined annually by Family Planning Program) | | | |
| 2. Any program related policy, procedure, manual or guideline updates/revisions as determined by Family Planning Program | | | |
| **E. ADDITIONAL TRAINING (SELF-STUDY OR CLASSROOM):** | | | |
| 1. Annual update provided by the program's Medical Consultant (via DPH's Learning Management System) or other webinar, E-learning (archived webinars, on-line courses, self-paced learning modules) as determined annually by the Family Planning Program | | | |
| 2. Mandatory Reporting of Child Abuse and Neglect (Core Requirement) | | | |
| **F. CLINICAL/PEER REVIEW:** | | | |
| 1. Annual peer reviews are required. The District Nursing Director, County Nurse Manager, and/or Nursing Supervisor shall have the discretion to determine which program areas are appropriate for annual peer review based on the following criteria: | | | |
| ○ Predominate program of practice for each PHN | | | |
| ○ PHN recently assigned to a different program area | | | |
| ○ Significant changes in program policies | | | |

| | | | |
|---|---|---|---|
| 2. An APRN, where available, or an experienced ERN who has completed a BSN Level Health Assessment Course (ERN preceptor determined by an APRN or supervisor) must observe the RN perform a complete history, physical assessment including laboratory test and contraceptive management on at least three clients each year. | | | |
| **G. ACCESS TO REFERENCES:** | | | |
| 1. Current Pharmacology references | | | |
| 2. Current Physical assessment references (Ex. Seidel, Henry. Mosby's Guide to Physical Assessment 7th Edition). | | | |
| 3. Resources on herbs and dietary supplements http://ods.od.nih.gov/factsheets/DietarySupplements-HealthProfessional/ http://www.mayoclinic.com/health/drug-information/DrugHerbIndex | | | |
| 4. Hatcher, Robert, *Contraceptive Technology* (current edition) | | | |
| 5. Zieman, Mimi and Hatcher, Robert*, Managing Contraception on the Go* (current edition) | | | |
| 6. *Joellen Hawkins et al., Protocols for Nurse Practitioners in Gynecologic Settings* (current edition) | | | |

Nurse or Site: _____ Date: _____

## SECTION VI — TRAINING/EDUCATION FOR DRUG DISPENSING AND ORDERING:

4. NOTE: This section may be used to review an individual RN's training for practicing under nurse protocol. A copy may be placed in the RN's personnel supervisory file. It may also be used to review the training and preparation of a group of RNs who are practicing under nurse protocol.

| | DOCUMENTATION | | |
|---|---|---|---|
| **EXPECTATIONS** | **Yes** | **No** | **COMMENTS** |
| **STANDARD NURSE PROTOCOLS:** Are consistent with the Nurse Protocols for Registered Professional Nurses in Public Health with respect to: | | | |
| A. Clinical and laboratory diagnostic criteria. | | | |
| B. Drugs and therapeutic criteria. | | | |
| **NOTE**: Any variances in A and B above will be reviewed for acceptable quality by the District QA/QI Team. | | | |
| Are available upon request in the setting where the RN/APRN functions under nurse protocols. | | | |
| Bear a current review date. | | | |
| Are signed by the licensed delegating physician(s). | | | |
| Are signed by the RN/APRN practicing under the protocol(s). | | | |
| Specify parameters under which delegated medical acts may be performed. | | | |
| Include a schedule for annual review of patient records by the delegating physician(s). | | | |

**DRUG DISPENSING AND ORDERING,** continued

| EXPECTATIONS | DOCUMENTATION Yes | No | COMMENTS |
|---|---|---|---|
| Are reviewed, revised or updated annually. | | | |
| Include a provision for immediate consultation with the delegating physician(s) or designee. | | | |
| **DRUG ORDERS MUST MEET THE FOLLOWING CRITERIA:** | | | |
| Based on authority **of the Nurse Protocol Statute.** | | | |
| Fully documented in chart: (Example: Metronidazole 500 mg 1 tablet p.o. bid x 7 days, dispensed 14 tablets) as follows: | | | |
| 1. Patient name. | | | |
| 2. Generic name or actual brand name of drug. | | | |
| 3. Strength of drug. | | | |
| 4. Dose. | | | |
| 5. Dosage form. | | | |
| 6. Route of administration. | | | |
| 7. Frequency. | | | |
| 8. Duration of therapy. | | | |
| 9. Quantity dispensed/provided. | | | |
| 10. Date Ordered. | | | |
| 11. Signature of RN/APRN who ordered the drug. | | | |

**DRUG DISPENSING AND ORDERING,** continued

| | DOCUMENTATION | | |
|---|---|---|---|
| **EXPECTATIONS** | **Yes** | **No** | **COMMENTS** |
| Drugs ordered by an RN/APRN in accordance with a nurse protocol and require a patient assessment at each visit (i.e., term “refill” not used). | | | |
| Drugs ordered and dispensed in accordance with a nurse protocol are documented on a "Drug Dispensing Sign Out Sheet" or equivalent electronic document and signed by the ordering RN/APRN and thus, dispensing under authority of nurse protocol statute. The RN/APRN who is authorized under nurse protocol to order the drug is the same RN/APRN who dispenses the drug. | | | |
| A policy and procedure is in place to assure that when drug order(s) are written by an RN/APRN under authority of nurse protocol statute, it is communicated verbally or otherwise communicated to the public health pharmacist (RPh) or the non-public health RPh that the drug order is not a written prescription from the RN/APRN. | | | |
| Drug orders written by a physician and dispensed by a physician are documented on a "Drug Dispensing Sign Out Sheet" or equivalent electronic document and signed by the physician ordering and dispensing the drug. | | | |
| Drug orders written by a physician and dispensed by a RPh or written by a physician and dispensed by a physician are clearly distinguishable from drugs ordered and dispensed by the RN/APRN under authority of the nurse protocol statute. | | | |

**DRUG DISPENSING AND ORDERING,** continued

| EXPECTATIONS | DOCUMENTATION Yes | No | COMMENTS |
|---|---|---|---|
| **INFORMATION ON DRUG LABEL AND COMPONENTS OF PATIENT COUNSELING ARE IN ACCORDANCE WITH DRUG DISPENSING PROCEDURE** | | | |
| Name, address and phone number of the health district/health department or health center. | | | |
| Date and identifying number (at a minimum, 3 digit county code). | | | |
| Full name of patient. | | | |
| Name of drug (brand, if actual brand name, or generic) and strength. | | | |
| Directions for use to patient (Example: Take 1 tablet by mouth twice a day, at 8 am and 8pm). | | | |
| Name of RN/APRN or delegating physician or initials “DPH”. | | | |
| Expiration date of drug. | | | |
| Patient received counseling on drugs in accordance with Drug Dispensing Procedure. | | | |
| Counseling on drugs is documented. | | | |
| Written drug information was provided as an adjunct to counseling. | | | |
| **PRESCRIPTION PADS** | | | |
| Blank prescription pads are stored at the health dept/center for MD use. | | | |
| If yes, these prescription pads are secured when not in use by MD. | | | |
| **DRUG SAMPLES** | | | |
| If drug samples stored/provided at this site: | | | |
| Since there is no legal authority for RN/APRNs working under the nurse protocol statute to possess and distribute drug samples, there should be a policy and procedure for handling drug samples, which is signed by a pharmacist and physician in accordance with the State Drug Dispensing Procedure. | | | |

## SECTION VII — CLINICAL PRACTICE:

| EXPECTATIONS | Yes | No | Incomplete | COMMENTS |
|---|---|---|---|---|
| Each RN is informed during orientation that clinical competencies are evaluated and documented at least annually and more frequently as indicated (e.g., competency improvement, change of job assignment).<br><br>Direct observation of RN clinical competencies are documented on the following forms at least annually or more frequently as indicated (e.g., competency improvement, change of job assignment):<br>▪ RNs – Clinical Competencies Checklist (see Attachment A).<br><br>The delegating physician will conduct record reviews for **all RNs and APRNs practicing** under the Nurse Protocol **Statute** at least annually. **Ideally, it is preferred that record reviews be completed on a quarterly basis throughout each year in order to identify strengths and opportunities for improvement in a timely manner.**<br><br>Each RN is responsible for documenting professional growth and development activities at least annually (e.g., workshops, seminars, community/professional meetings, education, research, and reading). | | | | |

## SECTION VIII — MANAGEMENT OF ADVERSE DRUG REACTIONS:

| EXPECTATIONS | Documentation | | | COMMENTS |
|---|---|---|---|---|
| | Yes | No | Incomplete | |
| A. Clinic site has most current written nurse protocol(s) for managing anaphylactic (allergic) reactions and/or blood-drawing. | | | | |
| B. Clinic site has appropriate emergency equipment and supplies are readily available as determined in the Guidelines for Emergency Kits/Carts in Public Health Clinic Sites in the Nurse Protocol Manual. | | | | |
| C. Clinic site has an emergency alert communication system that is known by all staff. | | | | |
| D. Clinic site has posted local emergency telephone numbers, (i.e., EMS, hospital, etc.) for easy access. | | | | |
| E. Clinic has posted Georgia Poison Center telephone number for easy access**.** | | | | |
| F. Each RN has participated in training updates as needed and in mock emergency drills at least once a year and there must be at least one annual mock emergency drill which includes infants, toddlers, children and adults. | | | | |
| G. One person (designee) coordinates training and scheduling, implementation and evaluation of the mock emergency drills. | | | | |
| H. Copies of records on anaphylactic reactions are distributed as follows: | | | | |
| 1. Sent with patient to emergency room, if applicable; | | | | |
| 2. Retained by the clinic for patient record; and | | | | |
| 3. Sent to District Office with incident report. | | | | |
| I. Review of emergency preparedness for drug reaction is conducted at least once annually. | | | | |

## SECTION IX — CLINICAL OPERATIONS – STANDARDS & MEASURES:

| EXPECTATIONS | Documentation | | | COMMENTS |
|---|---|---|---|---|
| | Yes | No | Incomplete | |
| A. An evaluation of clinic operations, including efficiency, should be completed every two years utilizing one of the following methodologies: | | | | |
| 1. Patient Flow Analysis (PFA)<br>2. Clinic Operations Review *(see Guidelines and Form in Clinic Operations Section of QA/QI Manual.)*<br>3. Other: A tool with content similar to either of the above tools. | | | | |
| B. The results of the review of clinic operations have been shared and discussed with staff. | | | | |
| C. Interventions are planned and/or implemented to support the positive findings from the evaluation of clinic operations. | | | | |
| D. Interventions are planned and/or implemented to improve clinic activity. | | | | |

## SECTION X — POPULATION HEALTH:

| EXPECTATIONS | Documentation Yes | No | Incomplete | COMMENTS |
|---|---|---|---|---|
| A. There is evidence that a population health training needs assessment has been conducted with the nursing staff to identify the knowledge and skills necessary for population health nursing practice for the next three to five years. | | | | |
| B. A plan has been developed to use the Population Health Competency Measurement Tool (Tab 14) in order to address the identified population health training needs. The plan may be a separate document or a component of a professional staff development plan or a workforce development plan. | | | | |

## SITE VISIT REPORT SUMMARY

## FINDINGS: STRENGTHS

## FINDINGS: CHALLENGES

## SITE VISIT REPORT SUMMARY

## FINDINGS: OPPORTUNITIES FOR IMPROVEMENT

## RECOMMENDATIONS:

**ATTACHMENT A**

## PEER REVIEW TOOL FOR THE REGISTERED NURSE IN PUBLIC HEALTH

Clinic Site: _____ Nurse: _____ Date: _____ Time: _____

Reviewer: _____ Program/Type of Client Visit: _____

To assure the quality of **patient** services, this form is used to record the findings from observations of an RN's performance. For each line, mark under the number that most closely fits the consistency of the nurse's performance with programmatic standards and nurse protocols. Comments must be specific and objective.

**Rating Code: 1 = Unsatisfactory 2 = Needs some improvement 3 = Satisfactory 4 = Not Applicable**

| **STANDARDS** | **PATIENT** #1 | | | | **PATIENT** #2 | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **THE NURSE** | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | COMMENTS |
| **Initial Interaction:** | | | | | | | | | |
| 1. Cordially greets client | | | | | | | | | |
| 2. Introduces self and observer | | | | | | | | | |
| 3. Is wearing a clearly visible I.D. badge | | | | | | | | | |
| 4. Determines reason for visit | | | | | | | | | |
| 5. Determines reason for chief complaint | | | | | | | | | |
| 6. Ascertains description of symptoms | | | | | | | | | |
| **Ascertains Health History:** | | | | | | | | | |
| 1. General Health | | | | | | | | | |
| 2. Childhood Health | | | | | | | | | |
| 3. Adult Illnesses | | | | | | | | | |
| 4. Psychosocial | | | | | | | | | |
| 5. Injuries | | | | | | | | | |
| 6. Operations | | | | | | | | | |

**Rating Code: 1 = Unsatisfactory 2 = Needs some improvement 3 = Satisfactory 4 = Not Applicable**

| STANDARDS | PATIENT #1 | | | | PATIENT #2 | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | COMMENTS |
| 7. Hospitalizations | | | | | | | | | |
| **Ascertains Pertinent Family History:** | | | | | | | | | |
| **Determines Current Health Status / Practices:** | | | | | | | | | |
| 1. Allergies | | | | | | | | | |
| 2. Immunizations | | | | | | | | | |
| 3. Risky Behaviors | | | | | | | | | |
| 4. Medications | | | | | | | | | |
| 5. Diet | | | | | | | | | |
| 6. Sexual Activity | | | | | | | | | |
| 7. Review of Systems | | | | | | | | | |
| Females:<br>8. Reproductive history/ contraception/ current | | | | | | | | | |
| **Performs Physical Examination:** | | | | | | | | | |
| 1. Skin | | | | | | | | | |
| 2. Head | | | | | | | | | |
| 3. Eyes | | | | | | | | | |
| 4. Ears | | | | | | | | | |
| 5. Nose | | | | | | | | | |
| 6. Mouth | | | | | | | | | |
| 7. Neck | | | | | | | | | |
| 8. Lymph Nodes | | | | | | | | | |
| 9. Thorax and Lungs | | | | | | | | | |
| 10. Cardiovascular | | | | | | | | | |
| 11. Breasts | | | | | | | | | |
| 12. Abdomen | | | | | | | | | |
| 13. Genitalia | | | | | | | | | |
| 14. Rectum | | | | | | | | | |

**Rating Code: 1 = Unsatisfactory 2 = Needs some improvement 3 = Satisfactory 4 = Not Applicable**

| **STANDARDS** | **PATIENT** #1 | | | | **PATIENT** #2 | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | COMMENTS |
| 15. Peripheral Vascular | | | | | | | | | |
| 16. Musculoskeletal | | | | | | | | | |
| 17. Neurological | | | | | | | | | |
| 18. Mental Status | | | | | | | | | |
| 19. Vital Signs | | | | | | | | | |
| 20. Appropriately drapes / exposes client during | | | | | | | | | |
| **Performs Laboratory Assessment:** | | | | | | | | | |
| 1. Orders medically necessary tests | | | | | | | | | |
| 2. Orders appropriate screening tests | | | | | | | | | |
| 3. Collects/labels specimens correctly | | | | | | | | | |
| 4. Uses infection control precautions / | | | | | | | | | |
| 5. Uses microscope correctly | | | | | | | | | |
| 6. Uses other equipment correctly | | | | | | | | | |
| **Determines Assessment / Diagnosis and Develops Management Plan** | | | | | | | | | |
| 1. Identifies specific problems | | | | | | | | | |
| 2. Makes the correct assessment based on history and clinical findings | | | | | | | | | |
| 3. Develops treatment plan consistent with programmatic standards and nurse protocols | | | | | | | | | |
| 4. Involves client in developing plan of care | | | | | | | | | |
| **Implements Management Plan** | | | | | | | | | |
| 1. Orders/administers medication; administers immunization(s), consistent with programmatic standards & nurse protocols | | | | | | | | | |
| 2. Dispenses medication with correct labeling | | | | | | | | | |

**Rating Code: 1 = Unsatisfactory 2 = Needs some improvement 3 = Satisfactory 4 = Not Applicable**

| **STANDARDS** | **PATIENT** #1 | | | | **PATIENT** #2 | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | COMMENTS |
| 3. Consults with physicians/ other health care providers as indicated | | | | | | | | | |
| 4. Makes appropriate referrals | | | | | | | | | |
| 5. Schedules follow up visits as indicated | | | | | | | | | |
| **Provides Appropriate, Client-Centered Counseling and Education** | | | | | | | | | |
| 1. Informs client of assessment/diagnosis | | | | | | | | | |
| 2. Gives risk-reduction messages | | | | | | | | | |
| 3. Gives medication and other treatment | | | | | | | | | |
| 4. Provides other appropriate written materials | | | | | | | | | |
| 5. Ascertains client's understanding of | | | | | | | | | |
| 6. Invites questions from client | | | | | | | | | |
| 7. Uses simple terminology to give appropriate | | | | | | | | | |
| **Demonstrates appropriate interpersonal skills.** | | | | | | | | | |
| 1. Reviewer should comment on the Clinician's interpersonal skills demonstrated during any part(s) of the interaction with client. | | | | | | | | | |
| **Produces appropriate documentation:** | | | | | | | | | |
| 1. Medical record is thoroughly completed | | | | | | | | | |
| 2. Writing is legible | | | | | | | | | |
| 3. Medical record is signed | | | | | | | | | |
| 4. Signed consent forms are included with record | | | | | | | | | |
| **5.** Utilizes standard abbreviations, acronyms, symbols and dosage designations as adopted by the Health District and as required by the State Standard Abbreviations Policy. | | | | | | | | | |

**Rating Code: 1 = Unsatisfactory 2 = Needs some improvement 3 = Satisfactory 4 = Not Applicable**

| **STANDARDS** | **PATIENT** #1 | **PATIENT** #2 | |
|---|---|---|---|
| 6. Other: (specify) See Tab 8 – Clinical Record Documentation Standards. | | | |
| Date and Time: | **Date:** | **Time:** | |

| | |
|---|---|
| Feedback/ Strategizing: | |
| Follow-up Plan: | |

**Signature of Reviewer:** _____ **Signature of Clinician:** _____

**Date:** _____ **Date:** _____