

**DISTRICT 2 PUBLIC HEALTH
2017
HEALTH DEPARTMENT GUIDELINES FOR STAFF**

I acknowledge that I have read, understand, and have had the opportunity to ask questions regarding the guidelines listed below. I agree that as a District 2 employee, I will follow the guidelines as stated.

_____ Name	_____ Date	_____ County Health Department
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_____ Supervisor	_____ Date
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| • Acceptable Abbreviations D2 | 5/2017 |
| • Animal Bites | 5/2017 |
| • Procedure for Reporting Adverse/Non-Clinical Incidents | 5/2017 |
| • Hepatitis A Contact Sheet | 5/2017 |
| • Interpretation of Hepatitis B Serologic Test Results | 5/2017 |
| • Perinatal Hepatitis B Testing | 5/2017 |
| • Hepatitis C Testing | 5/2017 |
| • Rapid Hepatitis C Testing | 5/2017 |
| • Mandatory Reporting of Child Abuse (Memo) | 5/2017 |
| • Mandatory Reporting of Child Abuse State Policy | 5/2017 |
| • Procedure for Reporting Child Abuse in District 2 | 5/2017 |
| • Statutory Rape Reference Sheet | 5/2017 |
| • Reporting Adult Abuse | 5/2017 |
| • Temporary Health Care Placement Decision Maker for An Adult Act | 5/2017 |
| • Notification of Persons Exposed to Venereal Disease | 5/2017 |
| • Pediatric Vital Signs – Using the BP Tables | 5/2017 |
| • QUEST Testing: Follow – Up Procedure and requesting a test | 5/2017 |
| • General Lab Testing Follow – Up Procedure | 5/2017 |
| • Safe Patient Care in Public Health Settings Policy | 5/2017 |
| • Protocol for Transporting Dangerous Drugs | 5/2017 |
| • Workman’s Comp Employee Incident Report | 5/2017 |
| • Guidelines for Standard Precautions & Blood Borne Pathogens
Occupational Exposure Control | 5/2017 |
| • Guidance for Dealing with Suspicious Letters, Packages, and Unknown
Substances | 5/2017 |
| • GA Board of Nursing Continuing Education Options | 5/2017 |