



**POLICY AND PROCEDURE MANUAL  
FOR PUBLIC HEALTH NURSE  
TRAINING**

**2024**

**Office of Nursing**

Revised 6-10-24

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## INTRODUCTION TO NURSE PROTOCOL AND TRAINING

The nurse protocol legislation (O. C. G. A. § 43-34-23) enacted in 1989, authorizes Registered Professional Nurses (RNs) and Advanced Practice Registered Nurses (APRNs) who are agents or employees of a county board of health or the Georgia Department of Public Health (DPH), and who are adequately prepared, to perform certain delegated medical acts under the authority of nurse protocol. Since the passage of this important legislation, DPH has provided direction and guidance for public health nursing practice and training under nurse protocol.

The Standard Nurse Protocols for Registered Professional Nurses in Public Health were developed to serve populations in women's health, children's health, as well as populations affected by sexually transmitted disease, HIV/AIDS, tuberculosis, hypertension, diabetes, and other infectious diseases. RNs and APRNs who are agents or employees of a County Board of Health or the Georgia DPH are among those authorized to practice under nurse protocol (O.C.G.A. § 43-34-23). Under this authority, a physician may delegate the performance of certain medical acts to RNs and APRNs to order and dispense dangerous drugs, order medical treatments and/or diagnostic studies for more than 100 health conditions outlined in the nurse protocol manual. The delegated medical acts must be performed by the RN or APRN in accordance with a current nurse protocol, which has been signed by the RN or APRN and the delegating physician, and in accordance with a drug dispensing procedure. The RN or APRN practicing under a nurse protocol agreement must comply with all rules and regulations established by the Georgia Board of Nursing and the Georgia Pharmacy Board. Additionally, to function under nurse protocol, nurses must complete specialized training, which includes core competencies and programmatic training requirements, to ensure nurses are adequately trained and competent to provide quality care consistent with nurse protocols.

## PURPOSE OF POLICY AND PROCEDURE MANUAL FOR PUBLIC HEALTH NURSE TRAINING

The Office of Nursing (OON) publishes The Policy and Procedure Manual for Public Health Nurse Training, in collaboration with DPH programs, as a companion to the Standard Nurse Protocols to detail the required self-study, didactic, and preceptorship clinical training components that a nurse must complete prior to providing care within specific public health programs and functioning under a nurse protocol. Additionally, annual training requirements are provided within the manual to ensure that each nurse remains up to date on evidence-based practices and develops proficiency in the delivery of quality care consistent with the standards of the nurse protocol agreement.

The Policy and Procedure Manual for Public Health Nurse Training includes both the general orientation (**i.e., core competencies**) requirements for all new **public health nurses** (PHNs) as well as **the** focused clinical orientation and training necessary to function under specific **nurse** protocols (**e.g.**, STD, Women's Health, etc.). The "initial required" and "annual required" training practice standards are used to document the training completed by a PHN as part of the necessary preparation, and ongoing education, for practicing under nurse protocol.

The OON has the responsibility to coordinate training and practice standards in accordance with the most current research and evidence-based practice identified by subject matter experts in each program. The OON will review and update the Policy and Procedure Manual for Public Health Nurse Training at least annually to ensure consistency with best practices and standards of care within nurse protocols.

## **DOCUMENTATION OF TRAINING AND PROFESSIONAL DEVELOPMENT**

Prior to the PHN functioning under a nurse protocol, there should be written documentation that the nurse has received the training, preparation and/or orientation relative to each medical act authorized by the specific nurse protocol and can competently perform such acts. Documentation may include certificates of completion, supervisory notes, orientation plans, direct observation of clinical performance, skills checklist(s) and/or performance appraisal(s). It is the responsibility of each individual RN and APRN to complete and remain up to date on all required trainings included in this manual maintain documentation of trainings, and provide certificates of completion to their supervisor. Documentation of training completion required to practice under any nurse protocols should be maintained by the individual nurse and on file at either the district office or by the County Nurse Manager or supervisor.

**NOTE: Programmatic training for APRNs** working under a standard nurse protocol for RNs **or APRNs** should be individualized as much as possible according to their scope of practice, background, and experience as assessed at the district level.

For an APRN practicing with prescriptive authority through the Composite Medical Board, guidance specific to their practice and supervision is available in the appendix of the Standard Nurse Protocols for Registered Professional Nurses in Public Health.

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# **Policy and Procedure Manual for Public Health Nurse Training**

## **Core Competency Standards and Training**

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## CORE COMPETENCIES FOR PUBLIC HEALTH NURSES

Core competencies outlined in the table below are required for all RNs and APRNs. The core competency requirements ensure that **public health nurses** are prepared and competent to provide quality care under the authority of nurse protocol statute and include standard expectations for **nursing** practice, health equity, 340B, and emergency preparedness.

RNs and APRNs not practicing under the nurse protocol statute may omit core competencies 1- 4.

NOTE: In an emergency or disaster response, it may be required for the RN or APRN to complete just-in-time training for additional or new nurse protocols and drug dispensing procedures.

## PROFESSIONAL LICENSURE

Each RN and APRN must be currently licensed/authorized by the Georgia Board of Nursing. Documentation shall include verification of an active license(s) through the [GA Board of Nursing](#). **APRNs must also maintain active certification for their nurse practitioner specialty.**

## FORMAT

NOTE: Underlined content throughout the document are hyperlinks to the electronic version. Bold font represents recent revisions in the manual.

## CORE COMPETENCIES FOR PUBLIC HEALTH NURSES

Core Competencies	Comments	Course Duration	Date Completed and Initials
<i>NOTE: Complete initially unless indicated</i>			
1. Review <a href="#">Nurse Protocol Statute (O.C.G.A. § 43-34-23)</a> . <a href="#">Georgia Composite Medical Board O.C.G.A. Article 2. Medical Practice. Delegation of authority to registered nurses</a> . (O.C.G.A. § 43-34-23 begins on page 20)	Objective: understand the foundation of PHN practice in Georgia.	30 mins	
2. Review the following sections in the Standard Nurse Protocols for Registered Professional Nurses in Public Health-2024: <ul style="list-style-type: none"> <li>• Guidelines and Requirements for Nurse Protocols</li> <li>• Orientation, Training, and Quality Assurance for Nurse Protocols</li> <li>• Drug Dispensing Procedure</li> </ul>	Objective: understand the foundation of PHN practice in Georgia.	1 hour	
3. Complete <a href="#">Nurse Protocol 101: Orientation to Nurse Protocol</a> .	Description: a brief training that provides an overview of information related to Nurse Protocol Statute and PHN's roles and responsibilities.	45 mins	
4. Read DPH <a href="#">Confidentiality of Personal Health Information and Compliance with HIPAA Policy</a> .  Complete <a href="#">DPH HIPAA Training</a> .  Complete initially and annually.	Description: Course covers the fundamentals of privacy and security that are mandated in the federal Health Insurance Portability and Accountability Act (HIPAA).  Documentation of annual district HIPAA training can take the place of annual DPH course completion.	90 mins	

<p>5. Review <a href="#">Dispensing of Medications under Authority of a Nurse Protocol. Rules and Regulations of the State of Georgia website. Rules of Georgia State Board of Pharmacy. Chapter 480-30.</a></p>	<p>Description: Georgia rules and regulations as it relates to the dispensing of medications: definitions, general requirements, labeling, packaging, storage, inspection of records, and submission of dispensing procedure for board review.</p>	<p>30 mins</p>	
<p>6. Review <a href="#">DPH Policy Bloodborne Pathogen Occupational Exposure Control and Response for Public Health Workers.</a></p> <p>Read <a href="#">Attachment A: Workplace Safety Guidelines to Protect Public Health Employees and Patients from Exposure to Bloodborne Pathogens.</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Review OSHA BBP Standards.</a></li> <li>• Complete the following courses: <ul style="list-style-type: none"> <li>○ <a href="#">Basics of the OSHA Bloodborne Pathogen Standard for the Healthcare Setting</a></li> <li>○ <a href="#">Basic Infection Prevention in the Ambulatory Care Setting: Personal Protective Equipment and Safe Surfaces</a></li> </ul> </li> </ul> <p>Read <a href="#">Attachment B: Occupational Post-Exposure Prophylaxis (oPEP)</a></p> <ul style="list-style-type: none"> <li>• Complete <a href="#">the National HIV Curriculum: Module 5, Lesson 3: Occupational Postexposure Prophylaxis</a> and successfully pass</li> </ul>	<p>Description:</p> <ul style="list-style-type: none"> <li>• to reduce occupational risk of exposure to infectious disease and to protect patients and the community by preventing or limiting the transmission of infection.</li> <li>• describe GA DPH guidelines and recommendations for the dispensing of oPEP.</li> </ul>	<p>6 hours</p>	



<p>the question bank with a minimum score of 80%.</p> <p>Complete initially and annually.</p>			
<p>7. Complete CDC Laboratory Training: <a href="#">Packing and Shipping Dangerous Goods: What the Laboratory Staff Must Know</a>.</p>	<p>Objective: to provide training on packing and shipping Division 6.2 infectious substances. It is intended for public health and clinical laboratory staff involved in any step of the packing or transport process of patient samples or cultures.</p>	<p>2 hours</p>	
<p>8. Complete the <a href="#">Ready, Set, Test! Webinar</a>.</p> <p>Review the <a href="#">DPH CLIA Toolkit (2019)</a> and personnel competency assessment form for non-waived tests.</p> <p>You may also access the CLIA Toolkit and personnel competency assessment form within the Teams CLIA Workgroup <a href="#">HERE</a>.</p>	<p>Objective: all personnel performing laboratory testing are required to meet the <a href="#">Centers for Medicare &amp; Medicaid Services (CMS) Rules and Regulations requirements of personnel competency</a>. The CLIA toolkit offers guidance on the standards, requirements, and processes involved in being and staying in compliance with CMS &amp; CLIA Rules and Regulations. Certification and appropriate training for nursing personnel is determined at the district level based on compliance with and type of CLIA certification.</p>	<p>1 hour</p>	
<p>9. Review the <a href="#">DPH Policy for Mandatory Reporting of Suspected Child Abuse</a>.</p> <p>Review the following 2022 Georgia Codes:</p> <ul style="list-style-type: none"> <li>• <a href="#">O.C.G.A § 19-7-5 Reporting of Child Abuse</a></li> <li>• <a href="#">O.C.G.A. § 16-6-3 Statutory Rape</a></li> <li>• <a href="#">O.C.G.A. § 16-6-22 Incest</a></li> <li>• <a href="#">O.C.G.A § 16-12-100 Sexual Exploitation of Children</a></li> <li>• <a href="#">O.C.G.A § 31-7-9 Nonaccidental Injuries to Patients</a></li> </ul>	<p>Description: public health employees are mandated reporters of suspected child abuse under the Georgia Child Abuse Reporting Law O.C.G.A. §19-7-5 and are required to report suspected child abuse, which includes sexual abuse or sexual exploitation, according to the DPH Policy for Mandatory Reporting of Suspected Child Abuse.</p> <p>Objectives:</p> <ul style="list-style-type: none"> <li>• Describe the mandated reporter's role in reporting suspected abuse and neglect.</li> </ul>	<p>4 hours</p>	

<ul style="list-style-type: none"> <li>• <a href="#">O.C.G.A. § 30-5-4 Disabled Adults and Elder Persons: Reporting of Need for Protective Services</a></li> </ul> <p>Complete the webinar: <u>Mandated Reporters: Critical Links in Protecting Children in Georgia</u>.</p> <p>Complete initially and annually.</p>	<ul style="list-style-type: none"> <li>• Identify physical and behavioral indicators of the legally recognized types of abuse and neglect in Georgia.</li> <li>• Identify which groups of children may be at higher risk of being abused or neglected.</li> <li>• Describe the steps necessary to report suspected abuse or neglect.</li> </ul>		
<p>10. Complete <a href="#">Human Trafficking Awareness Training</a>.</p> <p>Complete initially and annually.</p>	<p>Objectives: provides an overview of human trafficking and sex trafficking, along with key indicators.</p>	<p>30 mins</p>	
<p>11. <b>Motivational Interviewing for Behavior Change.</b></p> <p>Read <u><a href="#">Change Talk: Introduction to Motivational Interviewing Learners Takeaways</a></u></p> <p>Optional: Change Talk: Childhood Obesity Role-Play Simulation</p> <p>Mobile app available at <u><a href="#">Google Play</a></u> and <u><a href="#">Apple iTunes</a></u> stores</p>	<p><b>Objectives: Change Talk is a simulation where you learn motivational interviewing techniques and practice them in simulated conversations with virtual parents and children. In these conversations, you play the role of a healthcare professional and explore ways to build motivation for change around topics relating to childhood obesity, such as sugar-sweetened beverages, breastfeeding, and picky eaters. Lessons learned are transferable to other areas of behavior changes, such as smoking cessations, and exercise.</b></p>	<p><b>45 mins</b></p>	

<p>12. Complete Health Equity training: <a href="#">Making Your Health Department More Culturally Competent</a>.</p>	<p>Objective: gain knowledge, strategies, and techniques to sensitively, efficiently, and professionally communicate with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences.</p>	<p>90 mins</p>	
<p>13. Complete Cultural Competency Training in the Care of LGBTQ Patients- <a href="#">LGBTQ Essentials: Foundations of Care</a>.</p> <p>Review <a href="#">Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff</a>.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> <li>• Define foundational terminology</li> <li>• Acknowledge health disparities of LGBTQ people</li> <li>• Apply frameworks of care for working with LGBTQ people</li> <li>• Methods to incorporate best practices</li> </ul>	<p>90 mins</p>	
<p>14. Complete the following <a href="#">340B University OnDemand</a> trainings:</p> <ul style="list-style-type: none"> <li>• <a href="#">Introduction to the 340B Drug Pricing Program</a></li> <li>• <a href="#">Eligibility Overview- Grantee (RW HIV, STD, and TB)</a></li> <li>• <a href="#">Compliance Cornerstones</a></li> </ul> <p>Review the <a href="#">340B Patient Definition</a>.</p> <p>Complete initially and annually</p>	<p><i>Executive Leadership Team (ELT) should additionally complete:</i></p> <ul style="list-style-type: none"> <li>• <a href="#">340B for the C-Suite</a></li> <li>• <a href="#">Managing Physical Clinic Inventory</a></li> <li>• <a href="#">340B Stakeholder Perspectives</a></li> <li>• <a href="#">340B Pricing</a></li> <li>• <a href="#">340B and Medicaid</a></li> <li>• <a href="#">HRSA's Medicaid Exclusion File</a></li> <li>• <a href="#">Audit Process and Preparedness</a></li> <li>• Review <a href="#">340B Tools for Grantees (STD, RY, TB)</a>. <ul style="list-style-type: none"> <li>○ Grantee- Getting Started in 340B Checklist</li> <li>○ Medicaid Exclusion File Checklist</li> <li>○ 340B Oversight Best Practices Dashboard</li> </ul> </li> </ul>	<p>Nurses: 1 hour and 10 mins</p> <p>ELT: 5 hours</p>	

	<ul style="list-style-type: none"> <li>○ Grantees- Title X Family Planning Sample Policy and Procedure Manual</li> <li>○ Self-Audit: Policy and Procedure</li> <li>○ HRSA Audits of Entities</li> </ul> <p><i>If a contract pharmacy arrangement is utilized, the ELT should also complete the following:</i></p> <ul style="list-style-type: none"> <li>● <u>340B Drug Delivery Models</u></li> <li>● <u>Contract Pharmacy</u></li> <li>● <u>Entity-Owned Pharmacy</u></li> <li>● <u>Review 340B Tools for Grantees (STD, RY, TB)</u> <ul style="list-style-type: none"> <li>○ Contract Pharmacy Medicaid Carve-In Checklist</li> <li>○ Self-Audit: Contract Pharmacy</li> </ul> </li> </ul>		
<p>15. Basic Life Support (BLS) for the healthcare professional.</p> <p>Must maintain certification.</p>	<p>Description: A BLS course trains participants to promptly recognize several life-threatening emergencies, give high-quality chest compressions, deliver appropriate ventilations, and provide early use of an AED.</p>	<p>4 hours</p>	
<p>16. Emergency Response Policies, Procedures, and Protocols.</p> <p>Read Standard Nurse Protocol for Allergic Reaction and Acute Anaphylaxis Protocol and Appendixes, along with the following appendix guidelines:</p> <ul style="list-style-type: none"> <li>● Procedure for Emergency Kits/Carts</li> <li>● Emergency Cart Checklist</li> <li>● Procedure for Reviewing Emergency Protocols and Procedures</li> </ul>	<p>Objectives:</p> <ol style="list-style-type: none"> <li>a. the nurse will verbalize his or her role in emergency drills and in emergency situations</li> <li>b. the nurse will locate emergency exits, emergency kit/cart, oxygen tank, AED, and supplies that may be used in an emergency</li> <li>c. the nurse will demonstrate correct usage of phone system</li> </ol>		

<ul style="list-style-type: none"> <li>• Emergency Checklist for Clinics</li> <li>• Evaluation Tool for Practice Drill</li> </ul> <p>Review with your supervisor: role in an emergency, location of emergency supplies (e.g., emergency kit, oxygen tank, AED, ambu bag, gloves, sharps, etc.), use of phone system, map of facility with emergency exits, and monthly emergency cart checklist.</p> <p>Participate in an emergency drill initially and annually to include an infant, child, and adult.</p> <p>Read Standard Nurse Protocol for Suspected Opioid Overdose and review Attachment A: Opioid Overdose Record.</p> <p>Complete <a href="#">Responding to Suspected Opioid Overdose training</a>. Password: phvideo</p>	<ul style="list-style-type: none"> <li>d. the nurse will demonstrate correct use of the allergic reaction/anaphylaxis record form</li> <li>e. the nurse will verbalize side effects, mechanism of action, administration techniques, and contraindications to epinephrine and diphenhydramine</li> <li>f. the nurse will identify symptoms indicative of an opioid overdose and steps to take in the event of an emergency.</li> </ul>		
<p>17. View the <a href="#">Applied Phlebotomy Video: Basic Venipuncture</a></p>	<p>Objectives:</p> <ul style="list-style-type: none"> <li>• Demonstrate the performance of a basic venipuncture procedure.</li> <li>• Collect samples without risking injury.</li> <li>• Minimize collector-induced errors that alter results.</li> </ul>	43 mins	
<p>18. Complete Online <a href="#">TB Update and Skin Test Certification Course</a> (complete skills validation under supervision after online course requirements are fulfilled)</p>	<p>Objectives:</p> <ul style="list-style-type: none"> <li>• Identify 3 factors that can influence TB transmission.</li> <li>• Explain the difference between LTBI and active TB disease</li> </ul>	6 hours	

<p>OR</p> <p>TB Update &amp; Tuberculin Skin Test (TST) Certification Workshop provided by State TB Office/District TB Coordinator/Certified Instructor. Contact District TB Coordinator or State Office Nurse. Access <a href="#">training schedule and registration forms</a>.</p>	<ul style="list-style-type: none"> <li>• Recognize and list the symptoms of pulmonary TB</li> <li>• List 5 steps for TB screening</li> <li>• Demonstrate the proper method of TST administration, measurement of induration and interpretation of results.</li> </ul>		
<p>19. Complete the Georgia HIV Counseling, Testing, and Linkage Course. Register for the course <a href="#">here</a>.</p> <p>To complete course registration, you will need your INSTI certificate number. You may complete courses to obtain an INSTI number <a href="#">here</a>.</p>	<p>Description: the HIV Counseling, Testing, and Linkage Course is a blended style training that encompasses independent learning modules from the <a href="#">Georgia Public Health Academy-Disease &amp; Health Knowledge Base</a> and DPH Office of HIV AIDS.</p> <p>After completing the registration form, you will receive a confirmation email within 10-14 days before your HIV Counseling, Testing, and Linkage Course date. The email will contain:</p> <ol style="list-style-type: none"> <li>1. Prerequisite self-study modules and assessments to complete prior to the course.</li> <li>2. The virtual link to the course or physical address of training location.</li> </ol> <p>Objective: an introduction to basic HIV concepts and to prepare staff to conduct HIV counseling, testing, and linkage in an effective and culturally sensitive manner both in clinical settings and in communities.</p>	<p>30 mins (self-study modules)</p> <p>2-day (virtual): 5-hour classes each day</p>	

## EMERGENCY PREPAREDNESS

PHNs play an essential role in emergency preparedness, planning and response. It is important that PHNs understand their role and how it fits into Emergency Preparedness within their district. Each district has an emergency preparedness training team, who in conjunction with district nursing leadership, may customize how and when these trainings are offered for PHNs. The checklist below is a guide to ensure emergency preparedness competency for every PHN.

Core Competency Expectation	Comments/Notes	Course Duration	Date Completed and Initials
<p>EP 101: Work with District Nursing Leadership and Emergency Coordinator to learn PHN roles and responsibilities during an emergency relevant to: Mass Care Emergency Support Function 6 and 8, Non-Pharmaceutical Countermeasures (e.g., Isolation and Quarantine), and Continuity of Operations.</p> <p>Have an up-to-date Family Readiness Plan. Visit <a href="https://www.ready.gov">Ready.gov</a> to create your plan.</p>	<ol style="list-style-type: none"> <li>1. Gather supplies/equipment consistent with the family readiness plan.</li> <li>2. Describe methods for enhancing personal resilience, including physical and mental health and well-being, as part of disaster preparation and planning.</li> </ol>	N/A	
<p>EP 102: Describe PHN role in disaster preparedness and response in a general population shelter.</p> <p>Complete the <a href="#">Mass Shelter Training</a>.</p>	<ol style="list-style-type: none"> <li>1. Describe the PHN role in disaster preparedness and response.</li> <li>2. Identify authoritative sources for obtaining and sharing information during a mass care event.</li> <li>3. Explain principles of crisis and emergency risk communication to meet the needs of shelter populations.</li> <li>4. Develop a plan for ensuring appropriate documentation and confidentiality of care.</li> </ol>	3.5 hours	
<p>EP 103: Participate in emergency preparedness drills, exercises, or</p>	<p>Demonstrate the role of the PHN in an emergency or disaster response to include:</p> <ul style="list-style-type: none"> <li>• Basic therapeutic interventions</li> </ul>	Varies	

<p>preparedness planning efforts when indicated by District Leadership.</p>	<ul style="list-style-type: none"> <li>• Basic first aid skills and procedures</li> <li>• Safe dispensation of medications and/or administration of vaccines</li> <li>• Appropriate use of personal protection and safety equipment.</li> </ul>		
<p>EP 105: Complete the Georgia National Incident Management System (NIMS) training requirements based on your Public Health position. See graph below.</p>	<ol style="list-style-type: none"> <li>1. Understand the concepts and principles of NIMS.</li> <li>2. Describe the NIMS management characteristics that are the foundation of the ICS.</li> </ol>	<p>Varies</p>	



**Georgia National Incident Management System (NIMS) Training Guidelines – ICS Trainings for PHNs:** The Department of Homeland Security requires that all public safety agencies that request federal grant funds use the NIMS. Developed by communications and disaster experts, the system provides a systematic structure that enables communication and coordination among agencies that don't typically work together outside of an emergency. All PHNs should be familiar with the incident command structure and basic terminology used during disasters. Nurses who interface with the command center and are more likely to be decision-makers in disasters may require advanced application of ICS to perform their duties. The chart below reflects the position-specific training through [FEMA Emergency Management Institute](#).

		*§ IS-800.D: <a href="#">National Response Framework, an Introduction</a>
		*† IS-700.B: <a href="#">An Introduction to the National Incident Management System</a>
		‡ IS-200.C: <a href="#">Basic Incident Command System for Initial Response</a>
	† IS-100.C: <a href="#">Introduction to the Incident Command System</a>	† IS-100.C: <a href="#">Introduction to the Incident Command System</a>
<b>Baseline</b>	<b>All PHNs</b>	<b>Nursing Leadership</b>

\* Complete in accordance with District Emergency Preparedness ICS NIMS requirements.

† For IS-100.C and IS-700.B, training certificates dated **June 25, 2018** to present are valid. The nurse will need to complete the required training once more if the certificate was issued prior to **June 25, 2018**.

‡ For IS-200.C, training certificates dated **March 11, 2019** to present are valid. The nurse will need to complete the required training once more if the certificate was issued prior to **March 11, 2019**.

§ For IS-800.D, training certificates dated **May 6, 2020** to present are valid. The nurse will need to complete training once more if the certificate was issued prior to **May 6, 2020**.

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# **Policy and Procedure Manual for Public Health Nurse Training**

## **Program Standards and Training**

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## PROGRAM STANDARDS AND TRAINING FOR PUBLIC HEALTH NURSES

Program training requirements outlined in the table below are required for the public health nurse (PHN) to practice under the specific program nurse protocols (e.g., Child Health, Sexually Transmitted Disease, Tuberculosis, Women’s Health, etc.). Once the PHN completes the initial training requirements and preceptorship within a specific program (e.g., immunizations) and demonstrates the competency to provide safe and knowledgeable care, the nurse may begin to practice independently within that program. The training path, with a detailed priority and schedule for programmatic training, should be customized for the individual PHN to fit the unique needs at the local and district level and would be guided by the County Nurse Manager, District Nursing Director, and/or District Health Director. A sample [Outline of Initial Program Standards and Training for PHNs](#) is provided in this manual as Attachment A to demonstrate a priority approach to training completion. An [Outline of Annual Standards and Training for Public Health Nurses](#) is also provided in this manual as Attachment B.

NOTE: PHNs are not required to complete training and preceptorship for all programs in public health if there are specific programs that are not indicated for that individual PHN per the local and district direction (e.g., Child Health, HIV, etc.).

Completion of a Health Assessment course is required for **registered** nurses to practice in an expanded role in public health. Before a nurse may work under nurse protocol, a PHN must provide written documentation, such as a transcript, to verify completion of a Health Assessment course. If a Health Assessment course **was not included in the registered nurse’s nursing** program, they must complete the Health Assessment course provided by the DPH Office of Nursing (OON) or a Health Assessment course **at a college or university** within one year from **the** date of hire. To ensure competency after completion of the Health Assessment course provided by the OON or a **nursing** program, nurses must complete a Health Assessment clinical preceptorship. Due to the timing of different programmatic training opportunities, nurses may begin initial programmatic clinical training course requirements or take the Health Assessment course concurrently with other training requirements (e.g., Women’s Health Exam and Issues Affecting Women Through the Ages). Documentation of completion of a Health Assessment course must be on file for all nurses.

### GUIDANCE FOR PRECEPTORSHIP

The purpose of a supervised preceptorship is to observe and validate clinical competency prior to independently practicing under nurse protocol. A preceptor should be a top performer (RN or APRN) with proven proficiency of skills and able to discern competency of the nurse who is in training. If at any time a nurse should need a review of their **clinical skills or** competency, the observation of performance should be performed by a qualified preceptor.

Preceptorship forms for the insertion and removal of the contraceptive implant and intrauterine devices are provided as Attachment D: [Women’s Health Preceptorship Forms](#).

NOTE: It is understood that nurses are hired with a variety of education and practice experiences. Therefore, the duration of a preceptorship may vary based on the nurse's determined level of competency. However, there shall be documentation that the nurse satisfactorily meets all programmatic training requirements as noted in this manual and successfully performs the required clinical skills prior to signing the nurse protocol(s) agreement and practicing under nurse protocol(s).

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## **GUIDANCE FOR PEER REVIEW**

Peer review is a process to assess and evaluate a clinician's work with a patient or group of patients by a clinician in the same field who has similar training, experience, and expertise. An APRN, when available, or an experienced RN practicing under nurse protocol should observe a RN performing in the field for review. If the nurse is an APRN, the review should be provided by another APRN or a physician. If the pool of practitioners is too small within the district, external peer reviewers may be utilized to meet this standard.

The major components of a peer review include observation, feedback, and strategizing. Direct observation of the clinician gives the peer reviewer genuine and detailed information needed to direct and support the clinician's skills. Feedback and strategizing create an interactive environment in which skill enhancement develops from the open dialogue between the clinician and the peer reviewer as does case conferencing and chart review. These methods aid the clinician in creating solutions for improving performance with the support of the peer reviewer.

Annual assessment of clinical skills by peer, supervisor, or physician are required of each PHN as follows:

1. The first 2 years of practice.
2. On an as needed basis dependent upon satisfactory performance in the first 2 years and ongoing satisfactory performance in the clinical area as supported by patient satisfaction, peer chart review and/or case conferencing.
3. Direct observation should continue if the PHN fails to demonstrate satisfactory performance in the first two years or other concerns are raised that, in the judgment of the District Nursing Director or County Nurse Manager, require the process to continue.
4. Annual peer chart review is required and maintained if the PHN practices in a program area.

A sample of the [Peer Review Tool for the RN and APRN in Public Health](#), along with guidance for completing each section, are listed as Attachment C in this manual. The Peer Review Tool may be used as a standard document or adapted locally. It can be applied more frequently than indicated above if a need arises (e.g., ensure improvements in competency or change of job assignment).

**CHILD HEALTH**

*NOTE: Required trainings to complete Form 3300 (CH 108, CH 110, CH 111, & CH 202), scoliosis screening (CH 203), and to collect labs for newborn screening (CH 102) or lead poisoning (CH 103) may be completed independently without completion of all Child Health trainings if nurse will not perform well check visits.*

Learning Expectations – Initial Training	Comments/Notes	Course Duration	Date Completed and Initials
Self-Study			
The nurse must complete the following prior to practicing under nurse protocol:			
<b>CH 101:</b> Review <a href="#">Georgia Department of Public Health, Children’s Health Programs and Services</a> .	Objective: nurses will be familiar with various Children’s Health Programs: <ul style="list-style-type: none"> <li>• Babies Can’t Wait</li> <li>• Children 1<sup>st</sup></li> <li>• Children’s Medical Services</li> <li>• Early Hearing Detection &amp; Intervention (EHDI)</li> <li>• Georgia Autism Initiative</li> <li>• Newborn Screening (NBS)</li> </ul>	1 hour	
<b>CH 102:</b> View the <a href="#">DPH Newborn Screening Specimen Collection video</a> .  <a href="#">Review the newborn screening resources to include frequently used forms, educational materials, and program overview</a> .	Objectives: nurses will review <b>the Newborn Screening (NBS) resources and view</b> the video and be able to collect adequate NBS specimens. <b>This section also covers information on frequently asked questions, educational materials, and provides an overview of the NBS program in Georgia.</b>	2 hours	

<p><b>CH 103: <a href="#">Lead Poisoning</a></b></p> <p>Review <a href="#">DPH Healthy Homes and Lead Poisoning Prevention Resources</a>:</p> <ul style="list-style-type: none"> <li>• Case Management Guidelines</li> <li>• Recommended Medical and Case Management Actions and Retest Chart</li> </ul> <p>Review the <a href="#">CDC’s article Blood Lead Levels in Children</a> and the ‘Additional Resources’ noted within the article.</p> <p>Watch the following videos:</p> <ul style="list-style-type: none"> <li>• <a href="#">Mission Unleaded: How to Test Children for Lead with Maximum Accuracy</a></li> <li>• <a href="#">Reduce the Risk: Preventing Childhood Lead Poisoning in Georgia</a></li> </ul>	<p>Description: this section includes information on guidelines in screening, reporting, and managing blood levels in children.</p> <p>Objectives:</p> <p>a) Perform adequate lead blood screening.</p> <p>b) Educate parents on ways to reduce or eliminate dangerous lead sources in the environment.</p>	<p>1.5 hours</p>	
<p><b>CH 104: Review Lexicomp/ Pediatric and Neonatal Lexi-Drugs sections to learn more about medications used within the Child Health Nurse Protocols:</b></p> <ul style="list-style-type: none"> <li>• Dosing</li> <li>• Administration</li> <li>• Pharmacologic</li> <li>• Adverse Reactions</li> <li>• Warnings &amp; Precautions</li> <li>• Interactions</li> <li>• Patient Education</li> </ul> <p>Contact DPH’s Office of Pharmacy to assist with specific medication questions.</p>	<p>Objective: nurses will be familiar with the classification, dosage, routes of administrations, and side effects of medications used to treat conditions in the child health <b>nurse</b> protocols.</p>	<p>1 hour</p>	

<p><b>CH 105:</b> Review the <b>Department of Community Health’s <a href="#">EPSDT Services – Health Check Program Manual</a></b>.</p> <p><b><a href="#">Review the American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care: Periodicity Schedule</a></b>.</p>	<p>Objectives: nurses will be able to:</p> <p>a) List all the components required for a health check service.</p> <p>b) Know how to adequately perform a health check visit based on the various components.</p>	<p>2.5 hours</p>	
<p><b>CH 106:</b> Complete <a href="#">Bright Futures Training</a>.</p> <p>Review the following in the <a href="#">Bright Futures Tool and Resource Kit, 2nd Edition</a>:</p> <ul style="list-style-type: none"> <li>• Previsit Questionnaires</li> <li>• Documentation Forms</li> <li>• Parent &amp; Educational Handouts</li> </ul>	<p>Objectives:</p> <p>a) Identify the AAP recommended services required to be performed from newborn to adolescence</p> <p>b) Utilize the tools found within the Bright Futures guidelines to perform services adequately.</p>	<p>3 hours</p>	
<p><b>CH 107:</b> Review HemoCue Hemoglobin Procedure package insert for your individual district. Example: <a href="#">HemoCue Hb 801 System: Operating Manual</a></p>	<p>Objective: Nurses will be able to adequately perform a HemoCue hemoglobin test</p>	<p>10 mins</p>	
<p><b>CH 108:</b> Review <a href="#">Georgia DPH Form 3300: Certificate of Vision, Hearing, Dental, and Nutrition Screening</a>.</p>	<p>Objective: Nurse will familiarize self with form to review components that are needed to complete a screening certificate.</p>	<p>30 mins</p>	
<p><b>CH 109:</b> Complete <a href="#">Modified Checklist for Autism in Toddlers – Revised Follow-up (MCHAT-R/F) Screening Tool Training</a>.</p>	<p>Description: Reviews early screening for autism, use of the M-CHAT R/F screening tool, and referral for further evaluation.</p>	<p>1 hour</p>	
<p><b>CH 110:</b> <a href="#">Complete Hearing Screening Training</a> to include the following:</p>	<p>Description: reviews importance of early identification of hearing loss, implications of hearing loss, how to complete a hearing screening in a PH clinic setting for different age</p>	<p>3 hours</p>	

<p>a) <a href="#">Newborn Hearing Screening Training Curriculum, 2020</a> b) <a href="#">Review “Guidelines for Georgia Public Health Hearing Screening by Audiometer Training Manual”</a></p>	<p>groups, and instruction on how to refer to audiology for further testing if the hearing screening is not passed.</p>		
<p><b>CH 111:</b> Complete <a href="#">Oral Health Screening and other Oral Health Considerations for the School Nurse and the PHN.</a></p>	<p>Description: reviews normal oral structure, common dental problems and how to complete the dental section of form 3300.</p>	<p>1 hour</p>	
<p><b>CH 112:</b> Complete <a href="#">Dyslipidemia Screening in Children and Iron Deficiency Anemia in Children Protocol Training</a></p>	<p>Description: this course gives an overview of iron deficiency anemia and dyslipidemia and discusses causes, treatment, and management.</p>	<p>2 hours</p>	
<p><b>CH 113:</b> Review <a href="#">Safe Sleep Educational Flip Chart</a></p>	<p><b>Description: provides an overview of the components of safe sleep and how to educate parents and families.</b></p>	<p><b>15 mins</b></p>	
<p><b>DIDACTIC / CLASSROOM TRAINING COURSES (prerequisite self-study courses)</b></p>	<p><b>Comments/Notes</b></p>	<p><b>Course Duration</b></p>	<p><b>Date Completed and Initials</b></p>
<p><b>CH 201:</b> <a href="#">Attend Ages and Stages Questionnaire</a> provided by certified ASQ-3 and ASQ:SE Trainer.</p> <p><i>State office paid training on hold due to budget cuts. District can elect to provide locally via district funding if desired. Contact MCH for ASQ trainer information.</i></p> <p><b>Contact the ASQ trainer in your district to coordinate training. If you need assistance identifying a trainer, email <a href="mailto:Melanie.Morris2@dph.ga.gov">Melanie.Morris2@dph.ga.gov</a>.</b></p>	<p>Description: tool used to assess psychomotor, neuro and emotional development of children ranging in age from newborn to six years.</p>	<p>8 hours</p>	
<p><b>CH 202:</b> Complete <a href="#">Vision Screening Part 1.</a></p>	<p>Description: course reviews common eye problems, how to conduct a vision</p>	<p>3 hours</p>	



<p>If the district utilizes PlusOptix or Welch Allyn photo screeners, also complete <a href="#">Vision Screening Part 2</a>.</p> <p>Complete the <a href="#">Vision Screening Training Procedures Validation Form</a> with a PH nurse who has a current certification.</p>	<p>screening in a PH office setting, and instruction on how to complete a vision screen using charts and automated vision screeners.</p>		
<p><b>CH 203:</b> View <a href="#">CHOA's Curve Checks: Introduction to Scoliosis Screening</a> video.</p> <p>Review <a href="#">CHOA's Scoliosis Screening Reference Guide</a>.</p>	<p>Objectives: to adequately perform a scoliosis screening and identify children with abnormal curvatures of the spine.</p>	<p>1 hour</p>	
<p><b>CH 204:</b> View the <a href="#">Pediatric Physical Exam Training Videos: Infant &amp; Early Childhood and Middle Childhood &amp; Adolescent</a>.</p>	<p>Description: provides knowledge and skills to assess and document findings on pediatric and adolescent population.</p>	<p>3 hours</p>	
<p><b>Preceptorship (prerequisites: self-study and didactic courses)</b></p>	<p><b>Comments/Notes</b></p>	<p><b>Date Completed and Initials</b></p>	
<p>A preceptor will observe the nurse performing the clinical procedures noted below, as indicated, for the following age groups:</p> <ul style="list-style-type: none"> <li>• Infants (less than 1 year old)</li> <li>• Toddlers (1 year through 2 years of age)</li> <li>• Preschool and school-age children (3 years through 10 years of age)</li> <li>• Adolescent (11 through 19 years of age)</li> </ul>			
<p>1. Complete History (family, personal, social developmental, and medications)</p>			
<p>2. Physical Assessment</p>			
<p>3. Hearing and Vision Screening</p>			
<p>4. Newborn Screening for Metabolic and Sickle Cell Disorders, as indicated &amp; age appropriate.</p>			

5. Lead Screening		
6. Dental Examination		
7. Immunization		
8. Scoliosis Screening		
9. Ages and Stages Questionnaires		
10. Nutrition Screening		
11. Hemoglobin Screening		
<b>Learning Expectations – Annual Training</b> The nurse must complete the following annually while practicing under nurse protocol:	<b>Comments/Notes</b>	<b>Date Completed and Initials</b>
<b>Self-study</b>		
Review Children’s Health policies and procedures manuals and nurse protocols.		
<b>Didactic/Classroom Training</b>		
Participate in at least one Children’s Health training.		
<b>Clinical/Peer Review</b>		
The supervisor or peer shall observe the nurse’s performance during a well-check visit, to include health assessment, work-up, and client counseling, with an infant, child, and adolescent for at least the first two years of practice or as indicated thereafter.		

**DIABETES**

<b>Learning Expectations – Initial Training</b>	<b>Comments/Notes</b>	<b>Course Duration</b>	<b>Date Completed and Initials</b>
NOTE: The nurse must complete the following training prior to practicing under nurse protocol.			
<b>Self-Study</b>			
<b>DM 101:</b> Review Georgia DPH – <a href="#">Diabetes website</a>	Objectives: nurses will understand the disease burden of diabetes in Georgia and locate statistics on diabetes in Georgia to assist them in working with patients.	10 mins	
<b>DM 102:</b> Review U.S. Preventive Services Task Force – <a href="#">Prediabetes and Type 2 Diabetes Mellitus: Screening</a>	Objective: nurses will identify patients who should be screened for type 2 diabetes.	10 mins	
<b>DM 103:</b> Review Georgia DPH – Standard Nurse Protocol for Diabetes Mellitus in Adults	Objective: nurses will describe the process and guidelines for managing Type 2 diabetes.	1 hour	
<b>DM 104:</b> Complete <a href="#">Pharmacology for Diabetes</a> webinar.	Objective: nurses will identify appropriate medications used in the treatment of diabetes.	1 hour	
<b>DM 105:</b> Read <a href="#">Standards of Medical Care in Diabetes-2023</a> , <i>Diabetes Care 2023</i> ; 46 (Suppl. 1): S5-S9.	Objective: nurses will utilize standards of care for type 2 diabetes management.	30 mins	
<b>DM 106:</b> Complete <a href="#">Diabetes Self-Management and Education (DSME) Webinar</a>	Objective: nurses will identify and refer patients to DSME program.	33 mins	
<b>DM 107:</b> Review <a href="#">Cholesterol Management Guide for Health Care Practitioners</a>	<b>Objective: nurse will describe the process and guidelines for cholesterol management.</b>	<b>1 hour</b>	

Didactic/Classroom Training	Comments/Notes	Course Duration	Date Completed and Initials
<p><b>DM 201:</b> View <a href="#">Physical Examination Training</a> video.</p>	<p>Objectives: nurses will understand the components and clinical skills involved in the physical assessment, ECG placement, and obtaining an accurate blood pressure measurement.</p>	30 mins	
<p><b>DM 202:</b> Attend the <a href="#">Hypertension and Diabetes Nurse Protocol Workshop</a>.</p> <p>Emails regarding workshop offerings are sent out as workshops are available (approximately 3 times per year).</p> <p>Registration and course schedule will be posted on Exceed.</p>	<p>Objectives:</p> <ul style="list-style-type: none"> <li>a) nurses will be able to list the risk factors, diagnosis, and complications of diabetes.</li> <li>b) nurses will be able to differentiate primary and secondary hypertension.</li> <li>c) nurses will be able to collaborate with the delegating physician to provide care for patients with diabetes and hypertension including pharmacologic and non-pharmacologic management.</li> </ul>	<b>16 hours</b>	
Preceptorship (prerequisite all self-study and didactic courses)	Comments/Notes	Date Completed and Initials	
<p>The nurse must demonstrate competency in physical assessment and management of at least 3 patients. This includes the following: chief complaint, history of presenting illness, complete history (e.g., medical, surgical, and social), review preventative services</p>	<p>The extent and duration of the preceptorship will vary according to the competency of each individual nurse.</p>		

<p>(e.g., mammogram, pap smear, immunizations), complete physical exam, counseling, and motivational interviewing, performing or ordering lab tests as indicated, client education, and ordering or dispensing medications under nurse protocol.</p>	<p>The three patient visits should comprise of at least a:</p> <ol style="list-style-type: none"> <li>1) New patient visit,</li> <li>2) Follow-up visit, and</li> <li>3) Medication refill visit</li> </ol>	
<p><b>Clinical/Peer Review</b></p>	<p><b>Comments/Notes</b></p>	<p><b>Date Completed and Initials</b></p>
<p>A supervisor or peer shall review the nurse providing complete diabetes-related care including chief complaint, history of present illness, medical history, surgical history, social history, preventive services (e.g., mammogram, pap smear, colorectal screening, and immunizations), complete physical exam, counseling and motivational interviewing, lab work, and ordering/dispensing/administering medications under protocol for at least the first two years of practice or as indicated thereafter.</p>		

## Human Immunodeficiency Virus (HIV)

HIV disease management is rapidly evolving. PHNs are expected to utilize the most up-to-date HIV-related guidelines such as U.S. Department of Health and Human Resources, Stanford University HIV Drug Resistance Database, and AIDS Education and Training Center as they become available.

*NOTE: Trainings are required only for PHNs that will provide HIV management and treatment to individuals living with HIV.*

Learning Expectations – Initial Training	Comments/Notes	Course Duration	Date Completed and Initials
Self-study			
<p><b>HIV 101:</b> Review the U.S. Department of Health and Human Services (DHHS) <a href="#">Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV</a>:</p> <ul style="list-style-type: none"> <li>• <a href="#">What’s New in the Guidelines</a></li> <li>• <a href="#">Introduction</a></li> <li>• <a href="#">Baseline Evaluation</a></li> <li>• <a href="#">Laboratory Testing for Initial Assessment and Follow-up</a></li> <li>• <a href="#">Viral Load and CD4 Monitoring</a></li> <li>• <a href="#">Drug-Resistance Testing</a></li> <li>• <a href="#">Co-receptor Tropism Assays</a></li> <li>• <a href="#">HLA-B* 5701 Screening</a></li> <li>• <a href="#">Treatment Goals</a></li> <li>• <a href="#">Initiation of Antiretroviral Therapy</a></li> <li>• <a href="#">Antiretroviral Drugs, Regimens, Components Not Recommended</a></li> <li>• <a href="#">Management of Treatment-Experienced Patient</a></li> </ul>	<p>Description: Core medical services provided in Ryan White funded clinics must be consistent with DHHS Clinical Guidelines for the Treatment of HIV, as well as other pertinent clinical and professional standards. The DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents’ primary goal is to provide HIV care practitioners with recommendations that are based on current knowledge of the antiretroviral (ARV) drugs that are used to treat adults and adolescents with HIV in the United States. Because the science of HIV evolves rapidly, the availability of new agents and new clinical data may change therapeutic options and preferences. The Panel frequently updates the guidelines and PHNs are expected to maintain current knowledge of DHHS Guidelines</p>	2 hours	

<ul style="list-style-type: none"> <li>• <a href="#">Considerations for Antiretroviral Use in Patients with Coinfections</a></li> <li>• <a href="#">Adherence</a></li> <li>• <a href="#">Adverse Effects of ARV</a></li> <li>• <a href="#">Drug-Drug Interactions</a></li> </ul>	<p>Objective: Introduce the PHN to the DHHS Guidelines related to HIV Antiretroviral Therapy (ART).</p>		
<p><b>HIV 102:</b> Review the DHHS <a href="#">Guidelines for the Prevention and Treatment of Opportunistic Infections (OIs) in Adults and Adolescents with HIV</a>:</p> <ul style="list-style-type: none"> <li>• <a href="#">What's New</a></li> <li>• <a href="#">Introduction</a></li> <li>• <a href="#">Candidiasis (Mucocutaneous)</a></li> <li>• <a href="#">Herpes Simplex Virus</a></li> <li>• <b><a href="#">Mpox</a></b></li> <li>• <a href="#">Pneumocystis Pneumonia</a></li> <li>• <a href="#">Toxoplasma gondii Encephalitis</a></li> <li>• <a href="#">Varicella-Zoster Virus Disease</a></li> <li>• <a href="#">Immunizations for Preventable Diseases in Adults and Adolescents Living with HIV</a></li> <li>• <a href="#">Tables 1 through 8</a></li> </ul>	<p>Description: provides guidance to HIV care practitioners on the optimal prevention and management of HIV-related OIs. PHNs are expected to maintain current knowledge of updates to the guidelines.</p>	<p>2 hours</p>	
<p><b>HIV 103:</b> Complete the following <a href="#">AETC National HIV Curriculum Lessons and Question Bank</a> for each Lesson, including CE quiz:</p> <ol style="list-style-type: none"> <li>a. <a href="#">Basic HIV Primary Care Overview</a> <ul style="list-style-type: none"> <li>• Lesson 1 – Initial Evaluation</li> <li>• Lesson 2 – Oral Manifestations</li> <li>• Lesson 3 – Cutaneous Manifestations</li> </ul> </li> </ol>	<p>Description: Comprehensive educational self-study courses to introduce a PHN to basic HIV/AIDS: screening, diagnosis, primary care, ART, and co-occurring conditions.</p> <p>Objectives: It is the goal of the National HIV Curriculum to provide ongoing, up-to-date information</p>	<p>38 hours</p>	

<ul style="list-style-type: none"> <li>• Lesson 4 – Immunizations in Adults</li> <li>• Lesson 5 – Primary Care Management</li> </ul> <p>b. <a href="#">Antiretroviral Therapy Overview</a></p> <ul style="list-style-type: none"> <li>• Lesson 1 – Antiretroviral Medications and Initial Therapy</li> <li>• Lesson 2 – Adverse Effects of Antiretroviral Medications</li> <li>• Lesson 3 – Drug Interactions with Antiretroviral Therapy Medications</li> <li>• Lesson 4 – Switching or Simplifying Antiretroviral Therapy Medications</li> <li>• Lesson 5 – Evaluation and Management of Virologic Failure</li> </ul> <p>c. <a href="#">Co-occurring Conditions Overview</a></p> <ul style="list-style-type: none"> <li>• Lesson 1 – Latent Tuberculosis Infection</li> <li>• Lesson 2 – Opportunistic Infections: Prevention</li> <li>• Lesson 4 – Sexually Transmitted Infections</li> <li>• Lesson 5 – Hepatitis B Coinfection</li> <li>• Lesson 6 – Hepatitis C Coinfection</li> </ul>	<p>needed to meet core competency knowledge for HIV prevention, screening, diagnosis, and ongoing treatment and care to healthcare providers in the United States.</p> <p>Learners are required to join the GA-DPH Division of Clinical and Medical Services HIV Unit, National HIV Curriculum group. For information on how to join contact the Office of HIV/AIDS:</p> <p>Nurse Consultant: <a href="mailto:sandra.metcalf@dph.ga.gov">sandra.metcalf@dph.ga.gov</a></p>		
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<b>Didactic/Classroom</b>	<b>Prerequisite: Completion of all self-study courses is highly recommended.</b>		
<p><u>HIV 201</u>: Complete one of the following courses on Adult HIV Course:</p> <ul style="list-style-type: none"> <li>• <a href="#">IAS-USA HIV 101: Fundamentals of HIV Medicine, Initiation of Antiretroviral Therapy, and Primary Care for People with HIV.</a></li> <li>• GA DPH, HIV Update/Nurse Protocol Training</li> <li>• Or an equivalent training which includes an introduction to the following topics:               <ol style="list-style-type: none"> <li>a. HIV pathogenesis and acute infection</li> <li>b. Antiretroviral therapy and viral resistance</li> <li>c. Symptomatic HIV and opportunistic infections</li> <li>d. Primary care recommendations for persons with HIV</li> <li>e. Medical complications in HIV management.</li> </ol> </li> </ul>	<p>Description: Comprehensive course to introduce a PHN to core principles of HIV management, including pathogenesis of HIV infection, mechanism of action of antiretroviral drugs, initiating antiretroviral therapy, and primary care for persons with HIV.</p> <p>Objectives: Learners will be able to describe:</p> <ul style="list-style-type: none"> <li>• Events of early HIV infection</li> <li>• Laboratory markers following HIV acquisition</li> <li>• Basic mechanisms of antiretroviral therapy</li> <li>• Antiretroviral regimens based on patient parameters</li> <li>• Primary care recommendations for persons with HIV</li> </ul>	2 - 8 hours	
<b>Preceptorship</b>			
<p>Preceptor will ensure a skilled clinician (HIV prescribing provider or RN with experience practicing under Adult with HIV Nurse Protocols) provides guidance and observes the nurse utilizing protocols to evaluate, assess, order labs/treatments/medications, educate/counsel, follow-up, and consult/refer as appropriate. The nurse must demonstrate competencies for all components of Adult with HIV Nurse Protocols to be used. The number of observations may vary based upon the evaluation of the nurse's competency and performance.</p>			

Learning Expectations – Annual Training	Comments/Notes	Date Completed and Initials
1. Review Adult with HIV Standard Nurse Protocols.		
2. Review the DHHS Clinical Guideline Updates on <a href="#">Use of ARVs</a> and <a href="#">Prevention and Treatment of OIs</a> .		
3. Annually obtain a minimum of 15 contact hours of HIV-related continuing education (self-study or didactic/classroom), including HIV-related medication updates.  Suggested resources include: <ul style="list-style-type: none"> <li>• <a href="#">AIDS Education and Training Center</a></li> <li>• <a href="#">National HIV Curriculum</a></li> <li>• <a href="#">International Antiviral Society-USA</a></li> <li>• Georgia DPH</li> </ul>	All continuing education contact hours must be approved by a state board of nursing, the American Nurses Credentialing Center, the Association of Nurses in AIDS Care, or the American Academy of Nurse Practitioners. Offerings less than 30 minutes duration (0.5 contact hours) are not accepted as continuing education.	
Clinical / Peer Review		
A skilled clinician (HIV prescribing provider or RN/APRN with experience practicing under Adult with HIV Nurse Protocols) shall observe the nurse’s performance and competency of all components of Adult with HIV Nurse Protocols for at least the first two years of practice or as indicated thereafter.		
Annual chart review (minimum 10% of encounters) by a skilled clinician (HIV prescribing provider or RN/APRN with experience practicing under Adult with HIV Nurse Protocols) to assess appropriate usage and documentation of Adult with HIV Nurse Protocols.		

**HYPERTENSION**

Learning Expectations – Initial Training	Comments/Notes	Course Duration	Date Completed and Initials
<b>HTN101:</b> Review Georgia DPH – <a href="#">High Blood Pressure Control</a>	Objectives: nurses will understand the disease burden of high blood pressure in Georgia and locate statistics on high blood pressure to assist them in working with patients.	10 mins	
<b>HTN 102:</b> Review U.S. Preventive Services Task Force: <a href="#">Hypertension in Adults: Screening</a> .	Objectives: nurses will be able to define normal and abnormal blood pressure results, and identify clients who should be screened for hypertension.	10 mins	
<b>HTN 103:</b> Complete <a href="#">Blood Pressure Fundamentals: Teachings &amp; Tools for Correct Blood Pressure Management</a> .	Objective: nurses will be able to accurately measure blood pressure	75 mins	
<b>HTN 104:</b> Read Georgia DPH – Standard Nurse Protocol Nurse Protocol for Primary Hypertension in Adults	Objective: nurses will learn the process and guidelines for managing hypertension.	1 hour	
<b>HTN 105:</b> Read the <a href="#">Eighth Joint National Committee (JNC 8) Guidelines for the Management of Hypertension in Adults</a> .	Objective: nurses will utilize standards of care for hypertension management.	15 mins	
<b>HTN 106:</b> Complete <a href="#">Pharmacology for Hypertension</a> webinar.	Objective: nurses will identify medications used in the treatment of hypertension	30 mins	
<b>DM 107:</b> Review <a href="#">Cholesterol Management Guide for Health Care Practitioners</a>	<b>Objective: nurse will describe the process and guidelines for cholesterol management.</b>	1 hour	
Didactic/Classroom Training	Comments/Notes	Course Duration	Date Completed and Initials

<p><b>HTN 201:</b> View <a href="#">Physical Examination Training</a> video.</p>	<p>Objectives: nurses will understand the components and clinical skills involved in the physical assessment, ECG placement, and obtaining an accurate blood pressure measurement.</p>	<p>1 hour</p>	
<p><b>HTN 202:</b> Attend the <a href="#">Hypertension and Diabetes Nurse Protocol Workshop</a></p> <p>Emails regarding workshop offerings are sent out as workshops are available (approximately 3 times per year)</p> <p>Registration and course schedule will be posted on Exceed.</p>	<p>Objectives:</p> <ol style="list-style-type: none"> <li>1. Nurses will be able to list the risk factors, diagnosis, and complications of diabetes.</li> <li>2. Nurses will be able to differentiate primary and secondary hypertension.</li> </ol> <p>Nurses will be able to collaborate with the delegating physician to provide care for diabetes and hypertension patients including pharmacologic and non-pharmacologic management.</p>	<p><b>16 hours</b></p>	
<p><b>Preceptorship (prerequisite all self-study and didactic courses)</b></p>	<p><b>Comments/Notes</b></p>	<p><b>Date Completed and Initials</b></p>	
<p><b>The nurse must demonstrate competency in physical assessment and management of at least 3 patients. This includes the following: chief complaint, history of presenting illness, complete history (e.g., medical, surgical, and social), review preventative services (e.g., mammogram, pap smear, immunizations), complete physical exam, counseling and motivational interviewing, performing or ordering lab tests as indicated, client</b></p>	<p><b>The extent and duration of the preceptorship will vary according to the competency of each individual nurse.</b></p> <p><b>The three patient visits should comprise of at least a:</b></p> <ol style="list-style-type: none"> <li><b>1) New patient visit,</b></li> <li><b>2) Follow-up visit, and</b></li> <li><b>3) Medication refill visit</b></li> </ol>		

<p><b>education, and ordering or dispensing mediations under nurse protocol.</b></p>			
<p><b>Clinical/Peer Review</b></p>	<p><b>Comments/Notes</b></p>		<p><b>Date Completed and Initials</b></p>
<p>A supervisor or peer shall review the nurse providing complete hypertension related care including chief complaint, history of present illness, medical history, surgical history, social history, preventive services (e.g., mammogram, pap smear, colorectal screening, and immunizations), complete physical exam, counseling and motivational interviewing, lab work, and ordering/dispensing/administering medications under protocol for at least the first two years of practice or as indicated thereafter.</p>			

## IMMUNIZATION

The DPH Georgia Immunization Program produces the [Georgia Immunization Program \(GIP\) Manual](#) based on the Advisory Committee on Immunization Practices recommendations that outline the policies and procedures for administering vaccines by RNs. All public health locations that provide vaccine services will utilize the current edition of the GIP Manual.

Learning Expectations – Initial Training	Comments/Notes	Course Duration	Date Completed and Initials
<p><b>IM 101:</b> Epidemiology and Prevention of Vaccine-Preventable Diseases</p> <p>View <a href="#">CDC Pink Book webinar series</a></p> <p>Review resources:</p> <ul style="list-style-type: none"> <li>• <a href="#">Pink Book Epidemiology &amp; Prevention of Vaccine Preventable Diseases-CDC</a></li> <li>• <a href="#">General Best Practice Guidelines for Immunization</a></li> <li>• <a href="#">Manual for the Surveillance &amp; Reporting of Vaccine Preventable Diseases Manual, CDC</a></li> <li>• Vaccine Preventable Disease Fact Sheets (<a href="#">GIP Manual</a>: Chapter 6)</li> <li>• <a href="#">Vaccine Preventable Diseases-DPH</a></li> </ul>	<p>Objectives: Nurses will be to:</p> <ol style="list-style-type: none"> <li>describe the difference between active and passive immunity</li> <li>locate resources regarding vaccine preventable diseases and vaccines that prevent them, and</li> <li>locate resources relevant to current immunization practice.</li> </ol>	24 hours	
<p><b>IM 102:</b> Vaccines for Children (VFC) Program</p> <p>Complete the trainings:</p> <ul style="list-style-type: none"> <li>• <a href="#">You Call the Shots: VFC</a></li> <li>• <a href="#">You Call the Shots: Vaccine Storage and Handling</a></li> </ul> <p>Review resources:</p>	<p>Description: The VFC program helps provide vaccines to children whose parents or guardians may not be able to afford them. This helps ensure that all children have a better chance of getting their recommended vaccinations on schedule.</p> <p>Objectives: To describe VFC program requirements, billing practices, provider roles</p>	3 hours	

<ul style="list-style-type: none"> <li>• <a href="#">VFC Information for Providers</a></li> <li>• VFC Routine and Emergency Vaccine Handling Plans (<b>GIP Manual</b>: Chapter 9)</li> <li>• <a href="#">Vaccine Storage and Handling Toolkit</a>, CDC</li> </ul>	<p>and responsibilities, and vaccine management practices.</p>		
<p><b>IM 103:</b> Vaccine Administration:</p> <ul style="list-style-type: none"> <li>• Complete <a href="#">You Call the Shots: Vaccine Administration</a>.</li> <li>• Review <a href="#">How to Administer Intramuscular and Subcutaneous Vaccine Injections</a>.</li> </ul>	<p>Objectives: Nurses will be able to define steps for proper vaccine administration, understand the recommended sites for age-appropriate vaccine administration, and describe best practices to prevent vaccine administration errors.</p>	<p>1.25 hours</p>	
<p><b>IM 104:</b> Travel Vaccines Trainings: <i>only complete if applicable per your Health District.</i></p> <ul style="list-style-type: none"> <li>• Complete <a href="#">Yellow Fever Vaccine: Information for Health Care Professional Advising Travelers (Module 1 and 2)</a></li> <li>• Review <a href="#">Travel Vaccines: Training and Resources</a>.</li> </ul>	<p>Objectives: Nurse will be able to</p> <ol style="list-style-type: none"> <li>identify how the yellow fever virus is transmitted</li> <li>identify precautions and contraindications to administration of the yellow fever vaccine</li> <li>describe the information needed to conduct a pre-travel consultation about yellow fever vaccination.</li> </ol>	<p>2.5 hours</p>	
<p><b>IM 105a:</b> COVID-19 Vaccines</p> <ul style="list-style-type: none"> <li>• Complete <a href="#">COVID-19 Vaccine Training Modules</a>.</li> <li>• Review <a href="#">CDC COVID-19 Vaccine Reference Materials</a>.</li> </ul>	<p>Objectives: Nurse will describe</p> <ol style="list-style-type: none"> <li>vaccine safety, development, and Emergency Use Authorization</li> <li>storage and handling, vaccine preparation, administration, and documentation and reporting procedures for COVID-19 vaccines.</li> </ol>	<p><b>1 hour</b></p>	
<p><b>IM 105b:</b> Just-in-Time Immunization Training for Temporary Staff During a Public Health Emergency</p> <p>Option 1: Public Health Training Guide:</p>	<p>Description: Immunization training is required for temporary staff who will administer vaccines during a public health emergency (RNs, LPNs, APRNs, EMS providers, and students).</p> <p>Two training options are available:</p>	<p>Option 1:  <b>6 hours</b></p>	

<ul style="list-style-type: none"> <li>• Complete <a href="#">You Call the Shots: Understanding the Basics: General Best Practice Guidelines on Immunization</a></li> <li>• Complete <a href="#">You Call the Shots: Vaccine Storage and Handling</a></li> <li>• Complete <a href="#">You Call the Shots: Vaccine Administration</a></li> <li>• Complete <a href="#">COVID-19 Vaccine Training Modules</a>, if applicable</li> <li>• View <b>Mpox</b> Education, Testing, &amp; Vaccination Training, if applicable             <ul style="list-style-type: none"> <li>○ <a href="#">DPH Mpox Training on Webex</a>. Password: m7QYWYG24b2</li> </ul> </li> <li>• View <a href="#">How to administer a JYNNEOS vaccine intradermally - YouTube</a></li> <li>• Complete <a href="#">You Call the Shots: Vaccine Specific Training</a> (e.g., Meningococcal, MMR, Varicella- if applicable)</li> <li>• Review <a href="#">Georgia Registry of Immunization Transactions &amp; Services (GRITS)</a></li> <li>• Access <a href="#">Vaccine Information Statements</a></li> <li>• Review <a href="#">Vaccine Adverse Event Reporting System (GIP Manual: Chapter 4)</a></li> <li>• Complete preceptorship <a href="#">immunization clinical skills checklist (GIP Manual: Chapter 13)</a> with a minimum of two observed administration techniques (e.g., intradermal, subcutaneous, intramuscular) per age group, as indicated.</li> </ul> <p>Option 2: Just-in-Time Training Guide:</p> <ul style="list-style-type: none"> <li>• Complete <a href="#">EZIZ Lesson: Preparing Vaccines</a></li> <li>• Complete <a href="#">EZIZ Lesson: Administering Vaccines</a></li> </ul>	<ul style="list-style-type: none"> <li>• The Public Health Training Guide is the vaccine training requirements that should be used for temporary staff to the extent possible. It includes comprehensive training which is important for staff who may not have been administering vaccinations in their previous practice settings.</li> <li>• The Just-in-Time Training Guide includes a more streamlined training option when there are time constraints or past vaccine experience, and training are factors.</li> </ul>	<p>Option 2: <b>3 hours</b></p>	
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<ul style="list-style-type: none"> <li>• Complete <a href="#">EZIZ Lesson: Storing Vaccines</a></li> <li>• Complete <a href="#">COVID-19 Vaccine Training Modules</a>, if applicable</li> <li>• View Mpx Education, Testing, &amp; Vaccination Training, if applicable             <ul style="list-style-type: none"> <li>○ <a href="#">DPH Mpx Training on Webex</a>. Password: m7QYWyG24b2</li> </ul> </li> <li>• View <a href="#">How to administer a JYNNEOS vaccine intradermally - YouTube</a></li> <li>• Complete preceptorship to include documentation of <a href="#">immunization clinical skills checklist (GIP Manual: Chapter 13)</a> with a minimum of two observed administration techniques (e.g., intradermal, subcutaneous, intramuscular) per age group, as indicated.</li> </ul>			
<p><b>IM 106:</b> Review the following immunization forms, reports, &amp; records:</p> <ol style="list-style-type: none"> <li>a. <a href="#">GRITS</a>:             <ul style="list-style-type: none"> <li>• Patient Immunization Record: Access and query for an existing immunization record to determine current immunization status and need for vaccination</li> <li>• Coverage Reports (e.g., childhood, adolescents, adults)</li> </ul> </li> <li>b. <a href="#">Vaccine Information Statements</a></li> <li>c. Forms for childcare and school attendance             <ul style="list-style-type: none"> <li>• Certificate of Immunization (Form 3231)</li> <li>• Religious Objection (Form 2208)</li> <li>• Requirements of School/ Child Care Law (<a href="#">GIP Manual</a>: Chapter 5)</li> </ul> </li> <li>d. VFC Provider Agreement (<a href="#">GIP Manual</a>: Chapter 9)</li> </ol>	<p>Objective: Nurses will be able to:</p> <ol style="list-style-type: none"> <li>a. access and utilize immunization related forms, reports, and records</li> <li>b. accurately document vaccines in GRITS and print certificates of immunization</li> <li>c. describe documentation and reporting procedures for vaccine adverse events</li> </ol> <p>Georgia Immunization Program “On-Call”: (404)657-3158 or DPH-Immunization@dph.ga.gov</p>	16 hours	

<p>e. <a href="#">Eligibility Criteria for Vaccines Supplied by the GIP</a></p> <p>f. Informed Consent (<a href="#">GIP Manual</a>: Chapter 3)</p> <p>g. <a href="#">Vaccine Adverse Event Reporting System (GIP Manual</a>: Chapter 4)</p> <p>h. Recall of Patients/ Moved or Gone Elsewhere (<a href="#">GIP Manual</a>: Chapter 8)</p> <p>i. Notifiable Disease Reports (<a href="#">GIP Manual</a>: Chapter 6)</p> <p>j. <a href="#">Immigration Form</a>: USCIS <a href="#">Form I-693</a></p> <p>k. <a href="#">Immunization Quality Improvement for Providers (IQIP)</a>.</p> <ul style="list-style-type: none"> <li>• The State Immunization Regional Consultant will schedule an immunization QI plan with the health district.</li> </ul> <p>l. <a href="#">Refugee Health Program-DPH</a></p>			
<b>DIDACTIC/CLASSROOM</b>			
<p><b>IM 201:</b> Attend a training session on: GA Requirements for School and Child Care Attendance</p> <p>May be provided by a district “trainer” or Immunization Regional Consultant.</p>	<p>Objectives: to describe Georgia immunization law &amp; DPH rules and regulations for Georgia immunization certificates and describe standards for issuing and filing certificates of immunization.</p>	1.5 hours	
<b>Preceptorship/Clinical: The extent and duration may vary according to the needs of each nurse.</b>			
<p>There shall be documentation that the nurse can satisfactorily perform the required clinical skills on the <a href="#">immunization clinical skills checklist (GIP Manual: Chapter 13)</a> and that the preceptor has observed the required encounters prior to the nurse being allowed to administer vaccines without direct supervision. The minimum number of observed encounters should be two per age group indicated (infants, children/adolescents, and adults).</p>			

Learning Expectations – Annual Training	Comments/Notes	Date Completed and Initials
<p>Complete the following annually:</p> <ul style="list-style-type: none"> <li>• <u>You Call the Shots: Vaccine Administration</u></li> <li>• <u>You Call the Shots: Vaccine Storage and Handling</u></li> <li>• <u>You Call the Shots: VFC</u></li> <li>• Review <u>Recommended Immunization Schedule</u> for children, adolescents, and adults:               <ul style="list-style-type: none"> <li>○ Attend a GIP review of the schedule update or view: <a href="#">Updates on the current Child/Adolescent and Adult Immunization Schedule Webinar</a></li> </ul> </li> <li>• Review Georgia Requirements for School and Childcare Attendance (updates will be communicated annually).</li> <li>• Review any updates to <u>CDC’s COVID-19 Vaccine Training Modules</u>, if applicable.</li> <li>• Review <u>Travel Vaccines: Training and Resources</u>, if applicable.</li> </ul>	<p>4 hours</p>	
Clinical/Peer Review		
<p>The supervisor or peer shall observe the nurse’s performance and competency with vaccine preparation and administration (following the immunization skills checklist) for each age group indicated for at least the first two years of practice or as indicated thereafter.</p>		

**NON-OCCUPATIONAL POST-EXPOSURE PROPHYLAXIS (nPEP) USE IN THE PREVENTION OF SEXUALLY TRANSMITTED DISEASES AND BLOODBORNE PATHOGENS**

*NOTE: Required trainings only for nurses providing care to clients under the nPEP protocol.*

<b>Learning Expectations – Initial Training</b>	<b>Comments/Notes</b>	<b>Course Duration</b>	<b>Date Completed and Initials</b>
<b>Self-Study <u>EXCEED</u></b>			
<p>The nurse must complete the following prior to practicing under nurse protocol:</p>			
<p><b>PP 101:</b> Read the Standard Nurse Protocol for nPEP Use in the Prevention of Sexually Transmitted Diseases and BloodBorne Pathogens. Complete initially and annually.</p>	GA DPH guidelines and standards for nurses practicing under the nPEP protocol.	2 hours	
<p><b>PP 102:</b> Complete the <a href="#">National HIV Curriculum Module 5 (Prevention of HIV), Lesson 4: nPEP</a> and successfully pass the question bank with a minimum score of 80%. If questions arise in signing up for this group, contact:  <ul style="list-style-type: none"> <li>• Sandra Metcalf: <a href="mailto:Sandra.metcalf@dph.ga.gov">Sandra.metcalf@dph.ga.gov</a></li> </ul>           Sign up for the GA-DPH Division of Clinical &amp; Medical Services: HIV Unit when completing Module 5, Lesson 4.</p>	Description of the module and objectives are provided at the beginning of the module.	8 hours	
<p><b>PP103: View the <a href="#">nPEP Update Webinar</a>.</b> Password: jYWABj5b</p>	Objectives: outline the current Georgia STI landscape, describe HIV prevention modalities & potential barriers to access, and summarize nPEP.	2 hours	

## OTHER INFECTIOUS DISEASES

Learning Expectations – Initial and Annual Training	Comments/Notes	Course Duration	Date Completed and Initials
<p><b>OID 101:</b> Review the laboratory services that the nurse would collect specimens for contained within the Georgia Public Health <a href="#">Laboratory Services A-Z Index</a>. Examples include <a href="#">chlamydia and gonorrhea nucleic acid amplification test</a> and <a href="#">herpes simplex virus 1 and 2</a>.</p> <p>Read <a href="#">Pertussis: Specimen Collection and Shipping Instructions</a>.</p>	<p>Objectives: The nurse will demonstrate proper technique for collecting, packaging, and shipping <b>specimens to the Georgia Public Health Laboratory</b>.</p> <p>The nurse will understand the proper <b>technique for specimen collection utilizing</b> nasopharyngeal swabs.</p>	30 mins	
<p><b>OID 102:</b> Watch <a href="#">Stool Specimen Collection</a> video.</p> <p>View client instruction sheet: <a href="#">How to Collect a Stool Specimen for the Health Department</a>.</p>	<p>Objective: the nurse will educate patients on proper collection technique.</p> <p>NOTE: these resources were not created by DPH but the instructions on specimen collection are accurate.</p>	5 mins	
<p><b>OID 103:</b> Watch <a href="#">Nasopharyngeal swab specimen collection</a> video.</p>	<p>Objective: the nurse will demonstrate correct collection technique.</p>	4 mins, 12 secs	
<p><b>OID 105:</b> Watch <a href="#">Penicillin IM Administration</a> video.</p>	<p>Objective: the nurse will demonstrate correct IM injection technique in the dorsogluteal muscle.</p>	2 mins, 33 secs	
<p><b>OID 106:</b> Surveillance of Vaccine Preventable Diseases (VPD) Course – view the recording and associated files: <a href="#">Session I and II available on CDC website</a></p>	<p>Objectives: discuss VPD surveillance and case identification; describe case definitions and clinical descriptions; list the pathogen-specific laboratory test(s) for surveillance.</p>	3 hours	

**PRE-EXPOSURE PROPHYLAXIS (PrEP) USE IN THE PREVENTION OF HIV**

*NOTE: Required trainings only for nurses providing care to clients under the PrEP protocol.*

Learning Expectations – Initial Training	Comments/Notes	Course Duration	Date Completed and Initials
Self-Study <u>EXCEED</u>			
<p>The nurse must complete the following prior to practicing under nurse protocol:</p> <p><b>PR 101:</b> Read the Standard Nurse Protocol for PrEP Use in the Prevention of HIV. Complete initially and annually.</p>	GA DPH guidelines and standards for nurses practicing under the PrEP protocol.	2 hours	
<p><b>PR 102:</b> Complete the <a href="#">National HIV Curriculum Module 5 (Prevention of HIV), Lesson 5: PrEP</a> and successfully pass the question bank with a minimum score of 80% If questions arise in signing up for this group, contact:</p> <ul style="list-style-type: none"> <li>• Sandra Metcalf: <a href="mailto:Sandra.metcalf@dph.ga.gov">Sandra.metcalf@dph.ga.gov</a></li> </ul> <p>Sign up for the GA-DPH Division of Clinical &amp; Medical Services HIV Unit when completing <a href="#">Module 5, Lesson 5</a>.</p>	Description of the module and objectives are provided at the beginning of the module.	8 hours	
<p><b>PR 103 (prerequisites PR 101 and PR 102):</b> View the 2023 <a href="#">DPH PrEP Training for Clinicians</a>.</p> <p>Complete initially and annually.</p>	<b>Objectives: understand the indications for PrEP, review FDA-approved PrEP medications, discuss initial assessment and follow-up, and demystify doxy-PEP.</b>	1.5 hours	

**PREPARTICIPATION PHYSICAL EVALUATION FOR SPORTS PHYSICALS APRN PROTOCOL**

Learning Expectations – Initial Training	Comments/Notes	Course Duration	Date Completed and Initials
<p>The APRN must complete the following prior to practicing under nurse protocol:</p>			
<b>Self-Study</b>			
<p>Read the following required articles and resources:</p> <ul style="list-style-type: none"> <li>• <a href="#">American Academy of Family Physicians (AAFP): The Preparticipation Sports Evaluation (2021)</a></li> <li>• <a href="#">UpToDate- Sports participation in children and adolescents: The preparticipation sports evaluation</a></li> <li>• <a href="#">UpToDate- Approach to the infant or child with a cardiac murmur</a></li> <li>• <a href="#">NIH Sports Physicals</a></li> </ul> <p>Optional resource:</p> <ul style="list-style-type: none"> <li>• <a href="#">American College of Sports Medicine: Preparticipation Physical Evaluation (PPE) Monograph, 5th Edition</a></li> </ul>	<p><b>Description:</b> The APRN will review the purpose of the sports physical along with the essential components in a routine preparticipation physical evaluation.</p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• Review the targeted medical and family history components of a preparticipation physical evaluation for sports physicals</li> <li>• Evaluate the components of a focused cardiovascular and musculoskeletal physical exam</li> <li>• Assess cardiac murmurs in children</li> <li>• Review expected and abnormal findings in a preparticipation physical evaluation</li> </ul>	2 hours	

## SEXUALLY TRANSMITTED DISEASE (STD)

Learning Expectations – Initial Training	Comments/Notes	Course Duration	Date Completed and Initials
<p><b>STD 101:</b> Read the Standard Nurse Protocols for Sexually Transmitted Infections.</p> <p>Review the following resources on pharmacology:</p> <ul style="list-style-type: none"> <li>• Nursing 2022 Drug Handbook Forty Edition</li> <li>• Davis's Drug Guide for Nurses 17th Edition</li> <li>• Epocrates</li> <li>• UpToDate</li> </ul>	<p>Objective: Nurses will understand the pharmacology of medications used in the treatment of STDs.</p>	8 hours	
<p><b>STD 102: Complete the following <a href="#">National STD Curriculum Lessons</a> and applicable question bank:</b></p> <ul style="list-style-type: none"> <li>• Chlamydia</li> <li>• Gonorrhea</li> <li>• Syphilis</li> <li>• HSV</li> <li>• HPV</li> <li>• PID</li> <li>• Vaginitis</li> <li>• <b>Mpox</b></li> </ul>	<p>Objectives:</p> <ul style="list-style-type: none"> <li>• Summarize the epidemiology and discuss the clinical manifestations.</li> <li>• Compare the common laboratory diagnostic methods used to diagnose.</li> <li>• State routine screening recommendations.</li> <li>• List the CDC recommended treatment regimens.</li> </ul>	<b>8 hours</b>	
<p><b>STD 103:</b> Complete the following STD Training Module from the <a href="#">APHL Learning Center</a>:</p>	<p>Objectives:</p> <ul style="list-style-type: none"> <li>• Summarize the background and history of syphilis.</li> </ul>	1 hour and 30 mins	



<p>1. <a href="#">Overview of Syphilis Diagnostics</a>:</p> <ul style="list-style-type: none"> <li>• Background and History</li> <li>• Serologic Assays and Algorithms</li> <li>• Syphilis Serology Case Studies</li> </ul> <p>The nurse must first create an account with APHL using the link below to sign-in and enroll in the required training:</p> <p><a href="https://www.aphl.org/Pages/createaccount.aspx">https://www.aphl.org/Pages/createaccount.aspx</a></p>	<ul style="list-style-type: none"> <li>• <b>Understand syphilis diagnostic testing.</b></li> <li>• Review traditional and reverse syphilis algorithms.</li> <li>• Provide an overview of the serologic assays, algorithms, and considerations for choosing the correct algorithm.</li> </ul>		
<p>STD 104: Complete University of Washington hepatitis B (HBV) and hepatitis C (HCV) online training.</p> <p>Complete the following lesson on <a href="#">hepatitis B</a>:</p> <ul style="list-style-type: none"> <li>• <a href="#">HBV Screening, Testing, and Diagnosis</a></li> </ul> <p>Complete lesson 3 and 4 within the <a href="#">Screening and Diagnosis of Hepatitis C Infection</a> module:</p> <ul style="list-style-type: none"> <li>• Lesson 3: <a href="#">Hepatitis C Diagnostic Testing</a></li> <li>• Lesson 4: <a href="#">Counseling for Prevention of HCV Transmission</a></li> </ul>	<p>Objectives:</p> <ul style="list-style-type: none"> <li>• Details the groups considered at priority for HBV testing, the recommended screening and diagnostic tests, and how to interpret HBV diagnostic test results.</li> <li>• Describes screening and supplemental tests used for diagnosing HCV infection.</li> <li>• Reviews how to interpret HCV test results correctly.</li> <li>• Discusses best practices for communicating meaning of HCV test results to persons who undergo testing.</li> <li>• Discusses appropriate counseling to prevent HCV transmission.</li> </ul>	<p>2 hours</p>	

<p><b>STD 105: View 2023 DPH <a href="#">Clinician Training on Sexually Transmitted Infections</a>.</b></p>	<p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• Describe the epidemiology of STIs in the US and GA.</li> <li>• Name common organisms that cause STIs.</li> <li>• Recognize common STIs based on syndromic features.</li> <li>• Describe the diagnostic approach to the most common STIs.</li> <li>• Identify first-line therapy for the most common STIs.</li> <li>• Consider mpox on your differential.</li> </ul>	<p><b>2 hours</b></p>	
<p><b>STD 106: View the 2023 DPH <a href="#">Clinician Training on Syphilis</a></b></p>	<p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• Review stages and clinical manifestations of syphilis.</li> <li>• Describe serologic diagnostic workup and limitations.</li> <li>• Review treatment and discuss approach to penicillin “allergies”.</li> <li>• Consider nuances of follow-up after syphilis diagnosis and treatment.</li> <li>• Consider special situations: pregnancy, congenital syphilis.</li> </ul>	<p><b>2 hours</b></p>	
<p><b>STD 107: <a href="#">STD 101</a></b></p> <ul style="list-style-type: none"> <li>• Day 1: Microsoft Teams WH 101: Women’s Health Exam (virtual)</li> <li>• Day 2: Microsoft Teams STD 101 (virtual)</li> </ul>	<p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• Describe how to take a sexual history.</li> <li>• List the diagnostic methods used to diagnose.</li> <li>• Summarize the intent of the 340B program.</li> <li>• Discuss the use of STD Approval Codes</li> </ul>	<p><b>3 days</b></p>	

<ul style="list-style-type: none"> <li>Day 3: In-Person Clinical Skills Practicum</li> </ul>	<ul style="list-style-type: none"> <li>Review the screening criteria for chlamydia and gonorrhea for different client populations.</li> </ul>		
<b>Preceptorship (prerequisite all self-study and didactic courses)</b>		<b>Comment/Notes</b>	<b>Date Completed and Initials</b>
<p>The nurse must demonstrate competency in physical assessment and management of at least 10 patients to include male and female patients. This includes the following: complete history, focused STD exam, performing or ordering lab tests as indicated, demonstrating knowledge of proper infection control procedures while handling specimens, patient management, patient education, ordering/dispensing/administering drugs, and documentation. The extent and duration of the preceptorship will vary per the competency of the individual nurse.</p>			
<b>Learning Expectations – Annual Training</b>		<b>Comment/Notes</b>	<b>Date Completed and Initials</b>
Review the Standard Nurse Protocols for Sexually Transmitted Infections.			
Every 2 years, participate in a webinar or training containing STD related content (e.g., Georgia DPH/Southeast STI/HIV Update, <a href="#">National STD Curriculum Modules</a> , Syphilis Case Management course, in-service programs or professional conferences).			
<b>Clinical/ Peer Review</b>		<b>Comment/Notes</b>	<b>Date/Initials</b>
A supervisor/peer must observe the nurse in performing a complete history, focused STD exam, performing/ordering laboratory tests, ordering/dispensing/administering drugs, etc. for at least the first two years of practice or as indicated thereafter.			

## TUBERCULOSIS (TB)

Learning Expectations – Initial Training The nurse must complete the following prior to practicing under nurse protocol:	Comments/Notes	Course Duration	Date Completed and Initials
Self-Study			
<b>TB 101:</b> Complete <a href="#">CDC’s Tuberculosis 101 for Healthcare workers</a> .	Series of TB educational modules.	1-2 hours	
<b>TB 102:</b> Complete <a href="#">CDC’s Core Curriculum on TB: What the Clinician Should Know</a> and/or <a href="#">CDC’s Self-Study Modules on TB</a> .	Series of TB educational modules.	6-8 hours	
<b>TB 103:</b> Review <a href="#">Georgia TB Program Policy and Procedure Manual</a> , current edition.	Objectives: Describes the GA DPH TB program procedures, policies, guidelines and recommendations to support TB program services.	6 hours	
<b>TB 104:</b> Review <a href="#">Georgia TB Reference Guide</a> , current edition.  (The <i>Georgia TB Reference Guide</i> is now available as an app for IOS and Android in the <a href="#">Apple</a> or <a href="#">Google Play Store</a> ).	Objectives: Describes GA DPH TB Program mission and objectives. Provides TB information on screening and evaluation of clients for TB or latent TB infection (LTBI) with treatment goals and objectives towards completion of evaluation and adequate treatment.	3 hours	

Didactic/Classroom Training	Comments/Notes	Course Duration	Date Completed and Initials
<p><b>TB 201:</b> Complete one of the following courses:</p> <p>Online <a href="#">TB Update and Skin Test Certification Course</a> (complete skills validation under supervision after online course requirements are fulfilled)</p> <p style="text-align: center;">OR</p> <p>TB Update &amp; Tuberculin Skin Test (TST) Certification Workshop provided by State TB Office/District TB Coordinator/Certified Instructor. Contact District TB Coordinator or State Office Nurse.</p>	<p>Objectives:</p> <ol style="list-style-type: none"> <li>1. Identify 3 factors that can influence TB transmission.</li> <li>2. Explain the difference between LTBI and active TB disease.</li> <li>3. Recognize and list the symptoms of pulmonary TB.</li> <li>4. List 5 steps for TB screening.</li> <li>5. Demonstrate the proper method of TST administration, measurement of induration and interpretation of results.</li> </ol>	6 hours	
<p><b>TB 202:</b> TB program updates (to include medication updates) provided by State, District or local staff.</p>	<p>Description: DPH TB program provides support to District TB program through real time evaluation of patient's treatment progress, contact investigations, and Directly Observed Therapy (DOT) and Video Directly Observed Therapy (VDOT) towards achieving stated GA TB mission.</p>	1 – 2 hours	
<p><b>TB 203:</b> Complete one of the following courses:</p> <p>DPH <a href="#">TB Case Management Training</a></p> <p style="text-align: center;">OR</p>	<ol style="list-style-type: none"> <li>1. Define and outline the goals of case management.</li> <li>2. Relates the tasks of case management to the National TB Indicator goals.</li> <li>3. Summarize the process of patient assessment, medical evaluation and treatment plan.</li> </ol>	8 hours  OR  32 hours	

<p>Southeastern National TB Center (<b>SNTC</b>) <a href="#">TB Case Management Course</a> (offered several times a year)</p>	<ol style="list-style-type: none"> <li>4. Compare the initial phase and continuation phase of TB treatment.</li> <li>5. Perform DOT Dose Counting to ensure adequate completion of treatment.</li> <li>6. Formulate a case management plan for a case study.</li> </ol>		
<p><b>TB 204:</b> TB Contact Investigation class (once initially).  <b>Please ensure completion of TB self-study modules (CDC) 6 and 8.</b>  <b>SNTC with CDC in final development of online course offering – projected to be available summer of 2024.</b></p>	<p>Objectives:</p> <ol style="list-style-type: none"> <li>1. Identify 6 index case characteristics used in determining the priority of an investigation.</li> <li>2. List 4 factors used to decide the priority of a contact.</li> <li>3. Discuss the time frame in which high and medium priority contacts should be screened.</li> <li>4. Demonstrate open-ended questions.</li> </ol>	8 hours	
<p><b>TB 205:</b> Complete <a href="#">TB DOT Training</a> (includes VDOT):  <i>NOTE: Before taking this course, you must have first completed TB 101 and TB 201.</i></p>	<p>Objectives:</p> <ol style="list-style-type: none"> <li>1. Understand the purpose of DOT.</li> <li>2. State the responsibilities, as well as limitations, of the DOT provider.</li> <li>3. List common side effects of frequently used TB medications, as well as adverse side effects that must be reported immediately to the case manager.</li> <li>4. Verbalize the procedure for patients who fail to show for their DOT appointments.</li> <li>5. Follow the appropriate infection control guidelines for each patient.</li> </ol>	2 hours	

Preceptorship	Comments/Notes	Date Completed and Initials
<p>1. After attending the TB Update of Skin Test Certification Course, complete the Skills Validation component of the Skin Test Certification documented by supervisor and returned to the State TB Office at <a href="mailto:TBNurse@dph.ga.gov">TBNurse@dph.ga.gov</a>.</p>	<p>Objectives: A certificate would be issued after completion of the TB Update of Skin Test Certification Course and the participant demonstrates mastery and competence in the placement, reading, and analysis of tuberculin skin testing.</p>	2 hours
<p>2. Nurse observes preceptor in clinical setting followed by the preceptor observing the nurse perform TB services of initial and ongoing health assessment (to include TB screening), initial and monthly evaluation of LTBI and active TB cases, ordering &amp; dispensing and/or administration of drugs, patient education/counseling, DOT &amp; contact investigation as available in the county.</p>	<p>The extent and duration of the preceptorship will vary per the competency of the individual nurse.</p>	4 – 8 hours
<p><b>Learning Expectations – Annual Training</b> The nurse must complete the following annually or as otherwise indicated while practicing under nurse protocol:</p>	<p><b>Comments/Notes</b></p>	<p><b>Date Completed and Initials</b></p>

<p>Annually, a certified supervisor or peer shall observe the nurse performing one TST placement and one TST reading to maintain proficiency.</p>		
<p>An annual peer chart review performed by a supervisor or peer with experience practicing under TB protocols to assess appropriate usage and documentation of TB protocols.</p>	<p>Objectives:                  Provides real time evaluation of TB cases and suspects, in collaboration with District's TB staff, with respect to patient's treatment progress, contact investigation and DOT to meet GA stated recommendations.</p>	<p>3 – 4 hours</p>
<b>Clinical/ Peer Review</b>		
<p>Observe and review the nurse performing TB services such as initial &amp; 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 DOT or VDOT for at least the first two years of practice or as indicated thereafter.</p>		



**WOMEN’S HEALTH/FAMILY PLANNING**

*See end of document for APRN requirements\**

Learning Expectations – Initial Training	Comments/Notes	Course Duration	Date Completed and Initials
The nurse must complete the following prior to practicing under nurse protocol:			
<b>Self-Study</b>			
<p><b>WH101:</b> Read the following chapters in Hatcher, Robert, <i>Contraceptive Technology</i> (current edition):</p> <ul style="list-style-type: none"> <li>• Choosing a Contraceptive: Efficacy, Safety and Personal Considerations</li> <li>• Fertility Awareness-Based Methods</li> <li>• Pregnancy Testing and Assessment of Early Normal and Abnormal Pregnancy</li> </ul>	Description and objectives: Introduction to the availability of contraceptive methods (including hormonal and nonhormonal options) and pregnancy testing to expand the understanding of the PHN. The nurse will be able to understand the basic concepts of pregnancy testing and describe the efficacy of contraceptive methods from least effective to most effective.	1 hour & 15 mins	
<p><b>WH 102:</b> Read <a href="#">Georgia Family Planning Program Services Manual</a> (current edition).</p>	Description and objectives: Introduction to the Georgia Family Planning Program (including the program’s goals, principles, and priorities) to increase the knowledge of the PHN. At the completion of the training, the nurse will be able to list the primary goal of the Georgia Family Planning Program and identify core services provided.	1 hour	
<p><b>WH 103:</b> Read <a href="#">BCCP Policy and Procedure Manual</a></p>	Description and objectives: Summary of the Georgia BCCP Program including a review of the available clinical services for breast and cervical assessment. At the completion of the	3 hours	

	training, the nurse will be able to explain the routine cervical cancer screening criteria and describe normal versus abnormal clinical breast exam findings.		
<p><b>WH104:</b> Review the following CDC Contraceptive Guidance for Health Care Providers:</p> <ul style="list-style-type: none"> <li>• <a href="#">Providing Quality Family Planning Services</a></li> <li>• <a href="#">U.S. Medical Eligibility Criteria for Contraceptive Use, 2016</a></li> <li>• <a href="#">U.S. Selected Practice Recommendations for Contraceptive Use, 2016</a></li> </ul>	Description and objectives: Introduction to the concepts of contraceptive guidance using evidence-based recommendations and the relation of those concepts to PHN practice. The nurse will be able to discuss the components of a Women’s Health assessment and the use of contraceptive methods in patients with identified health risks or medical conditions.	4 hours	
<p><b>WH105:</b> Review Georgia laws regarding minors and reproductive health services (contraception; pregnancy related care; abortion; STD and HIV care; drug and alcohol care).</p> <ul style="list-style-type: none"> <li>• <a href="#">Minors Access to Contraceptive Services</a></li> <li>• <a href="#">O.C.G.A. § 31-9-2</a></li> </ul>	Description and objectives: Overview of Georgia laws regarding minors and the relation of those laws to the delivery of Women’s Health clinical services. The nurse will be able to explain a minor’s access to Women’s Health services.	15 mins	
<p><b>WH106:</b> Complete <a href="#">SOAR to Health and Wellness Human Trafficking Training</a></p> <p style="text-align: center;"><b>OR</b></p> <p><a href="#">CHOA: The Fundamentals of Child Sex Trafficking</a></p>	<p>Description: The webinars address how to know when someone is a victim of human trafficking and the best ways to respond to her/him.</p> <p>Objectives: Recognize the signs of a human trafficking victim and describe the steps to take to assist victims of human trafficking.</p>	1.5 hours	

<p><b><u>WH 107: Contraceptive Methods Review and Patient Centered Counseling</u></b></p> <ul style="list-style-type: none"> <li>To successfully complete this training, the nurse must view each module in its entirety.</li> </ul>	<p><b>Description and objectives: This training consists of 12 topics providing detailed information related to contraceptive methods and patient counseling.</b></p>	<p><b>7 hours &amp; 15 minutes</b></p>	
<p><b>WH 108: Optional virtual training for <u>APRNs only</u>:</b></p> <ul style="list-style-type: none"> <li><b><u>DPH Office of Nursing Nexplanon Removal Training</u></b></li> </ul>	<p><b>Objectives: This virtual recorded training is provided for APRNs that may wish to gain clinical pearls and additional experience with contraceptive implant removal techniques.</b></p>	<p><b>1.5- 2 hours</b></p>	
<p><b>Didactic/ Classroom Training (recommend all self-study trainings completed as a prerequisite)</b></p>	<p><b>Comments/Notes</b></p>	<p><b>Course Duration</b></p>	<p><b>Date Completed and Initials</b></p>
<p><b><u>WH 201: The Women’s Health Exam and Issues Affecting Women through the Ages:</u></b></p> <ul style="list-style-type: none"> <li>Day 1: Microsoft Teams WH 101: Women’s Health Exam (virtual)</li> <li>Day 2: Microsoft Teams STD 101 (virtual)</li> <li>Day 3: In-person Clinical Skills Practicum</li> </ul>	<p>Description and objectives: Nurses will be able to identify two physical assessment techniques for each body system assessed as part of the Women’s Health Assessment. The nurse will correctly demonstrate, through return demonstration using MammaCare breast model and Pelvic Mentor device, the correct technique and skill for correctly completing a clinical breast exam and pelvic exam.</p>	<p>3 days</p>	
<p><b>Preceptorship (prerequisite all self-study and didactic courses)</b></p>	<p><b>Comments/Notes</b></p>	<p><b>Date Completed and Initials</b></p>	
<p>The nurse must demonstrate competency in physical assessment and management of at least 10 patients. This includes the following: complete history, breast and pelvic exam,</p>	<p>The extent and duration of the preceptorship will vary according to the competency of each individual nurse.</p>		

<p>performing or ordering lab tests as indicated, enrollment in the breast and cervical cancer program (BCCP), client management, client education, dispensing contraceptive methods and documentation.</p> <p><b>The preceptorship forms for Nexplanon insertion/removal and IUD insertion/removal are included in <a href="#">Attachment D: Women’s Health Preceptorship Forms</a>.</b></p>		
<p><b>Learning Expectations – Annual Training</b></p> <p>The nurse must complete the following annually or as otherwise indicated while practicing under nurse protocol:</p>	<p><b>Comments/Notes</b></p>	<p><b>Date Completed and Initials</b></p>
<p><b>Self-Study</b></p>		
<p>Remain current Women’s Health policies and procedures manuals and nurse protocols:</p> <ul style="list-style-type: none"> <li>• Review Women’s Health Nurse Protocol.</li> <li>• Review <a href="#">Family Planning Manual</a>.</li> <li>• Review <a href="#">BCCP Policy and Procedure Manual</a>.</li> </ul>		
<p><b>Didactic / Classroom Training</b></p>		
<p>Participate in at least one training per year on Women’s Health services by webinar, e-learning (archived webinars, online courses, self-paced learning modules), professional</p>		

conferences, in-service programs, or training conducted by Medical Consultant or designated trainer.		
<b>Clinical/ Peer Review</b>		
A supervisor or peer must observe the RN or APRN in performing a complete history, physical assessment, laboratory tests (as indicated), and contraceptive management for at least the first two years of practice or as indicated thereafter.		

\*APRNs providing services to family planning patients should complete the following self-study areas: Chapters in Hatcher/*Contraceptive Technology*, GA Family Planning Services Manual, BCCP **Policy and Procedure Manual**, GA Laws regarding minors, human trafficking, STD Protocols, CDC Contraceptive Guidance for Health Care Professionals (3 documents), **WH 107 - Contraceptive Methods Review and Patient Centered Counseling**. 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., The Women's Health Exam class, STD self-study, STD classes, breast and pelvic exams) and the need for observed exams.

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# **Policy and Procedure Manual for Public Health Nurse Training**

## **Attachments**

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## Attachment A: Outline of Initial Program Standards and Training for Public Health Nurses (example)

### I. Required for PHNs Providing any of the Following Services: 32.25 hours

- a. Dispensing Medications: [340B University OnDemand](#) Trainings (Introduction to Program, Eligibility Overview, & Compliance Cornerstones): 1.25 hours
- b. Tuberculin Skin Test Certification: 7 hours
  - i. Complete [CDC's TB 101 for Healthcare Workers](#): 1-2 hours
  - ii. Complete [TB Update and Skin Test Certification](#): 6 hours
- c. Scoliosis Screening (Form 4400): 1 hours
  - iii. View [CHOA's Curve Checks: Introduction to Scoliosis Screening](#) video: 1 hour
- d. [Newborn Screening Specimen Collection](#): 2 hours
- e. [Lead Poisoning Screening](#): 1.5 hours
- f. Vision, Hearing, Dental, and Nutrition Screening (Form 3300): 7.5 hours
  - iv. Review [GA DPH Form 3300](#): 0.5 hours
  - v. Complete [Hearing Screening Training](#): 3 hours
  - vi. Complete [Oral Health Screening and other Oral Health Considerations for the School Nurse and the PHN](#): 1 hour
  - vii. Complete [Vision Screening Part 1](#) and [Validation Form](#): 3 hours
- g. HIV Counseling, Testing, & Linkage Course: [two-day \(5 hours per day\) virtual or in-person course](#): 10 hours

### II. Training Required to Practice Under Protocols:

- a. Immunization
  - i. Self-study: **46.75 hours**
    1. Epidemiology and Prevention of Vaccine-Preventable Diseases- View [CDC Pink Book webinar series](#) and resources: 24 hours
    2. Complete You Call the Shots trainings: [Vaccines for Children](#) and [Vaccine Storage and Handling](#): 3 hours
    3. Complete [You Call the Shots: Vaccine Administration](#) and review [How to Administer Intramuscular and Subcutaneous Vaccine Injections](#): 1.25 hours
    4. Complete [COVID-19 Vaccine Training Modules](#) and review [CDC reference materials](#): 1 hour
    5. View [DPH Mpox Training on Webex](#): Password- m7QYWYG24b2: 1 hour
    6. View [How to administer a JYNNEOS vaccine intradermally - YouTube](#): 3 mins
    7. Review [Immunization Program forms, reports, and records](#): 16 hours
    8. Attend a GA Requirements for School and Child Care Attendance training session: 1.5 hours

- ii. Preceptorship: Complete the [immunization clinical skills checklist \(GIP Manual: Chapter 13\)](#): a minimum of two observed immunization encounters per age group (e.g., infants, children, and adults)
- b. Women's Health
  - i. Self-study: **23 hours**
    - 1. Read Hatcher, Robert, *Contraceptive Technology* (current edition): 1.25 hours
    - 2. Read [Georgia Family Planning Services Manual](#): 1 hour
    - 3. Read [BCCP Policy and Procedure Manual](#): 3 hours
    - 4. Review [CDC Contraceptive Guidance for Health Care Providers](#): 4 hours
    - 5. Read Standard Nurse Protocols for Women's Health: 6.5 hours
    - 6. [WH 107: Contraceptive Methods Review and Patient Centered Counseling](#): 7 hours & 15 mins
  - ii. Didactic: 24 hours (16 hours via Teams; 8 hours in-person)
    - 1. [Women's Health Course and STD 101 Workshop](#)
      - a. Day 1: Microsoft Teams WH 101: Women's Health Exam (virtual)
      - b. Day 2: Microsoft Teams STD 101 (virtual)
      - c. Day 3: In-person Clinical Skills Practicum
  - iii. Preceptorship:
    - 1. Nurses must demonstrate competency in physical assessment and management of at least 10 patients including breast and pelvic exams, microscopic assessment, and contraceptive management.
- c. Sexually Transmitted Infections
  - i. Self-study: **23.5 hours**
    - 1. Read the Standard Nurse Protocols for Sexually Transmitted Infections and review the [pharmacology of STD Drugs resources](#): 8 hours
    - 2. Complete the [National STD Curriculum Lessons and question bank](#): 8 hours
    - 3. Complete the [Overview of Syphilis Diagnostics](#) training module from the [APHL Learning Center](#): 1 hour and 30 mins
    - 4. Complete [hepatitis B](#) and [hepatitis C](#) (lessons 3 & 4) trainings: 2 hours
    - 5. View DPH [STI](#) and [Syphilis](#) Clinician Trainings: 4 hours



- ii. Didactic: [STD 101 Workshop](#) (details noted above in Women's Health section)
- iii. Preceptorship
  1. Nurses must demonstrate competency of at least 10 patients, men and women, including physical assessment, specimen collection, microscopic assessment, and diagnostic assessment.
- d. Tuberculosis

*NOTE: Required trainings for nurses involved in case investigation and management.*

  - i. Self-study: **18 hours**
    1. Complete [CDC's Core Curriculum on TB: What the Clinician Should Know](#) and/or [CDC's Self-Study Modules on TB](#): 6-8 hours
    2. Review [Georgia TB Program Policy and Procedure Manual](#): 6 hours
    3. Review [Georgia TB Reference Guide](#): 3 hours
    4. Read Standard Nurse Protocols for Tuberculosis: 2 hours
  - ii. Didactic: **7.5 hours**
    1. Complete a [TB Case Management Training](#): 3.5 hours
    2. Complete a [TB Contact Investigation and Directly Observed Therapy Training](#): 8 hours
    3. Complete [TB DOT Training](#): 2 hours
  - iii. Preceptorship
    1. Preceptor observes the nurse performing TB services of initial and ongoing health assessment (to include TB screening), initial and monthly evaluation of LTBI and active TB cases, ordering & dispensing and/or administration of drugs, patient education/counseling, DOT & contact investigation as available in the county.
- e. Hypertension
  - i. Self-study: **4.5 hours**
    1. Review [DPH – High Blood Pressure Control](#): 0.25 hours
    2. Review [Hypertension in Adults: Screening](#): 0.25 hours
    3. Complete [Blood Pressure Fundamentals: Teachings & Tools for Correct Blood Pressure Management](#): 1.25 hours
    4. Read Standard Nurse Protocol Nurse Protocol for Primary Hypertension in Adults: 1 hour
    5. Read the [Eighth Joint National Committee \(JNC 8\) Guidelines for the Management of Hypertension in Adults](#): 0.25 hours

6. Complete [Pharmacology for Hypertension](#) webinar: 0.5 hours
7. **Review [Cholesterol Management Guide for Health Care Practitioners: 1 hour](#)**
- ii. Didactic: **12.5 hours**
  1. DM/HTN 201: [View Physical Exam Video](#): 1 hour
  2. DM/HTN 202: Attend the HTN and Diabetes Nurse Protocol Workshop: **16 hours**
- f. Diabetes
  - i. Self-study: **4.5 hours**
    1. Review DPH – [Diabetes website](#): 0.25 hours
    2. Review [Prediabetes and Type 2 Diabetes Mellitus: Screening](#): 0.25 hours
    3. Read Standard Nurse Protocol for Diabetes Mellitus in Adults: 1 hour
    4. Complete [Pharmacology for Diabetes](#) webinar: 1 hours
    5. Read [Standards of Medical Care in Diabetes- 2021, Diabetes Care 2023; 46 \(Suppl. 1\): S5-S9](#): 0.5 hours
    6. Complete [Diabetes Self-Management Education](#) webinar: 0.5 hours
    7. **Review [Cholesterol Management Guide for Health Care Practitioners: 1 hour](#)**
  - ii. Didactic: *As noted above in Hypertension*
- g. Child Health

*NOTE: Required trainings for nurses performing well-check visits.*

  - i. Self-study: **10.75 hours**
    1. Review [Georgia Department of Public Health, Children’s Health Programs and Services](#): 1 hour
    2. Review pharmacology of drugs listed in Child Health Nurse Protocols: 1 hour
    3. Review the [EPSDT Services – Health Check Program Manual](#): 2.5 hours
    4. Complete [Bright Futures Training](#): 3 hours
    5. Review HemoCue Hemoglobin package insert used in your district: 0.25 hours
    6. Complete [Modified Checklist for Autism in Toddlers – Revised Screening Tool Training](#): 1 hour
    7. Complete [Dyslipidemia & Iron Deficiency Anemia in Children Protocol Training](#): 2 hours
  - ii. Didactic: **11 hours**
    1. [Attend Ages and Stages Questionnaire](#) provided by certified trainer: 8 hours
    2. View the [Pediatric Physical Exam Training Videos: Infant & Early Childhood and Middle Childhood & Adolescent](#): 3 hours

- iii. Preceptorship:
  - 1. Age-appropriate physical assessment checkoffs should be completed for all nurses who will be providing health checks for infants and children.
- h. Pre-exposure Prophylaxis (PrEP)
  - i. Self-study: **11.5 hours**
    - 1. Read the Standard Nurse Protocol for PrEP Use in the Prevention of HIV: 2 hours
    - 2. Complete the [National HIV Curriculum Module 5 \(Prevention of HIV\), Lesson 5: PrEP](#) and question bank: 8 hours
    - 3. View the [DPH PrEP Training for Clinicians](#): 1.5 hours
  - i. Non-occupational Post-Exposure Prophylaxis (nPEP)
    - i. Self-study: **12 hours**
      - 1. Read the Standard Nurse Protocol for nPEP Use in the Prevention of Sexually Transmitted Diseases and BloodBorne Pathogens: 2 hours
      - 2. Complete the [National HIV Curriculum Module 5 \(Prevention of HIV\), Lesson 4: nPEP](#) and question bank: 8 hours
      - 3. View the [nPEP Update Webinar: Password: jYWABj5b](#): 2 hours
- j. HIV

*NOTE: Required trainings for nurses involved in HIV management.*

  - i. Self-study: **50 hours**
    - 1. Review the DHHS [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV](#): 2 hours
    - 2. Review the DHHS [Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV](#): 2 hours
    - 3. Complete the following [AETC National HIV Curriculum Course Lessons and question bank](#): 38 hours
      - a. [Basic HIV Primary Care Overview](#) (Lessons 1-5)
      - b. [Antiretroviral Therapy Overview](#) (Lessons 1-5)
      - c. [Co-Occurring Conditions Overview](#) (Lessons 1-2, 4-6)
    - 4. Complete [IAS-USA HIV 101: Fundamentals of HIV Medicine, Initiation of Antiretroviral Therapy, and Primary Care for People With HIV](#): 2 hours
    - 5. Read the Adults with HIV Standard Nurse Protocols: 6 hours

## Attachment B: Outline of Annual Standards and Training for Public Health Nurses

### I. Core Competencies:

- a. Bloodborne Pathogen Training: 6 hours
  - i. Review [Bloodborne Pathogen Occupational Exposure Policy](#)
  - ii. Review [Workplace Safety Guidelines](#) and [OSHA BBP Standards](#)
    - 1. Complete [Basics of the OSHA Bloodborne Pathogen Standard for the Healthcare Setting](#)
    - 2. Complete [Basic Infection Prevention in the Ambulatory Care Setting: Personal Protective Equipment and Safe Surfaces](#)
  - iii. Review [Occupational Post-Exposure Prophylaxis](#) Guidelines
    - 1. Complete [the National HIV Curriculum: Module 5, Lesson 3: Occupational Postexposure Prophylaxis](#)
- b. Mandatory Reporting of Suspected Child Abuse: 4 hours
  - i. Review the [DPH Policy for Mandatory Reporting of Suspected Child Abuse](#) and [2022 Georgia Codes](#).
  - ii. [Complete Mandated Reporters: Critical Links in Protecting Children in Georgia](#)
- c. HIPAA Training: 1 hour and 30 minutes
  - i. Review DPH [Confidentiality of Personal Health Information and Compliance with HIPAA Policy](#)
  - ii. Complete [DPH HIPAA Training](#)
- d. [Human Trafficking Awareness Training](#): 0.5 hours
- e. Dispensing Medications: [340B University OnDemand](#) Trainings (Introduction to Program, Eligibility Overview, & Compliance Cornerstones): 1.25 hours
- f. Emergency Response Policies, Procedures and Protocols
  - i. Participate in an emergency drill in clinic.
  - ii. Maintain up-to-date BLS certification (every two years)

### II. Required for PHNs Providing the following Service:

- a. Tuberculin Skin Test
  - i. Annual Peer Review
    - 1. Nurse must perform 1 TST placement and 1 TST reading under the supervision of the supervisor or peer each year.

- b. Vision Screening (Form 3300): Effective July 2021, re-certification is not necessary unless there is a lapse of 3 years or more in providing vision screening services, there are changes to vision screening guidelines, or a new screening device or process is added.

## II. Training Required to Practice Under Protocols:

### a. Immunization

#### i. Self-study: **7.5 hours**

1. Complete You Call the Shots trainings: [Vaccines for Children](#), [Vaccine Storage and Handling](#), and [Vaccine Administration](#): 4 hours
2. Review [Recommended Immunization Schedule](#) for children, adolescents, and adults: 2 hours
  - a. Attend a GIP review of the schedule update or view an on-demand webinar: [Current Issues in Immunization Webinar- Updates on the current Child/Adolescent and Adult Immunization Schedule](#)
3. Review Georgia Requirements for School and Childcare Attendance (assessment guidance and updates will be communicated annually).
4. Review any updates to [CDC's COVID-19 Vaccine Training Modules](#), if applicable: **1 hour**
5. Review [Travel Vaccines: Training and Resources](#), if applicable: 0.5 hours

#### ii. Peer Review:

1. The supervisor or peer must observe the nurse during an immunization encounter with an infant, child or adolescent, and adult) for at least the first two years of practice or as indicated thereafter.

### b. Women's Health

#### i. Self-study: **10.5 hours**

1. Review Standard Nurse Protocols for Women's Health: 6.5 hours
2. Review [Georgia Family Planning Services Manual](#): 1 hour
3. Review [BCCP Policy and Procedure Manual](#): 3 hours
4. Participate in at least one training per year on Women's Health services by webinar, e-learning (archived webinars, online courses, self-paced learning modules), professional conferences, in-service programs, or training conducted by Medical Consultant or designated trainer.

#### ii. Peer Review:

1. The supervisor or peer must observe the nurse in performing a complete history, physical assessment, laboratory tests (as indicated), and contraceptive management for at least the first two years of practice or as indicated thereafter.

c. Sexually Transmitted Infections

i. Self-study: **6 hours**

1. Review the Standard Nurse Protocols for Sexually Transmitted Infections: 6 hours
2. Every 2 years participate in a webinar or training containing STD related content. For example: Georgia DPH/Southeast STI/HIV Update, [National STD Curriculum Modules](#), Syphilis Case Management course, in-service programs or professional conferences.

ii. Peer Review:

1. The supervisor or peer must observe the nurse in performing a complete history, physical assessment, laboratory tests (as indicated), and management plan for at least the first two years of practice or as indicated thereafter.

d. Tuberculosis

*NOTE: Required trainings for nurses involved in case investigation and management.*

i. Self-study: **11 hours**

1. Review Standard Nurse Protocols for Tuberculosis: 2 hours
2. Review [Georgia TB Program Policy and Procedure Manual](#): 6 hours
3. Review [Georgia TB Reference Guide](#): 3 hours

ii. Peer Review:

1. Supervisor or peer must 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 DOT or VDOT for at least the first two years of practice or as indicated thereafter.

e. Hypertension

i. Self-study: **1.0 hours**

1. Review Standard Nurse Protocol Nurse Protocol for Primary Hypertension in Adults: 1 hour

ii. Peer Review:

1. The supervisor or peer must observe the nurse in performing a complete history, physical assessment, laboratory tests (as indicated), and management plan for at least the first two years of practice or as indicated thereafter.

f. Diabetes

i. Self-study: **1.0 hours**

1. Review Standard Nurse Protocol for Diabetes Mellitus in Adults: 1 hour
- ii. Peer Review:
  1. The supervisor or peer must observe the nurse in performing a complete history, physical assessment, laboratory tests (as indicated), and management plan for at least the first two years of practice or as indicated thereafter.
- g. Child Health

*NOTE: Required trainings for nurses performing well-check visits.*

  - i. Self-study: **7 hours**
    1. Review [Georgia Department of Public Health, Children's Health Programs and Services](#): 1 hour
    2. Review Child Health Nurse Protocols: 1 hour
    3. Review the [EPSDT Services – Health Check Program Manual](#): 2.5 hours
    4. Participate in at least one Children's Health training: 2.5 hours
  - ii. Peer Review
    1. The supervisor or peer shall observe the nurse's performance during a well-check visit, to include health assessment, work-up, and client counseling, with an infant, a child, and an adolescent for at least the first two years of practice or as indicated thereafter.
- h. Pre-exposure Prophylaxis (PrEP)
  - i. Self-study: **3.5 hours**
    1. Review the Standard Nurse Protocol for PrEP Use in the Prevention of HIV: 2 hours
    2. View the [DPH PrEP Training for Clinicians](#): 1.5 hours
- i. Non-occupational Post-Exposure Prophylaxis (nPEP)
  - ii. Self-study: **2 hours**
    1. Review the Standard Nurse Protocol for nPEP Use in the Prevention of Sexually Transmitted Diseases and BloodBorne Pathogens: 2 hours
- j. HIV

*NOTE: Required trainings for nurses involved in HIV management.*

  - i. Self-study: **50 hours**
    1. Review the Adults with HIV Standard Nurse Protocols: 6 hours
    2. Review the DHHS [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV](#): 2 hours

3. Review the DHHS [Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV](#): 2 hours
  4. Annually obtain a minimum of 15 contact hours of HIV-related continuing education (self-study or didactic/classroom), including HIV-related medication updates. Suggested resources include:
    - a. [AIDS Education and Training Center](#)
    - b. [National HIV Curriculum](#)
    - c. [International Antiviral Society-USA](#)
    - d. Georgia DPH
- ii. Peer Review
1. The supervisor or peer must observe the nurse in performing a complete history, physical assessment, laboratory tests (as indicated), and management plan for at least the first two years of practice or as indicated thereafter.



**ATTACHMENT C: PEER REVIEW TOOL FOR THE REGISTERED NURSE AND ADVANCED PRACTICE REGISTERED NURSE IN PUBLIC HEALTH**

<b>Peer feedback for (RN/APRN name):</b>
<b>Peer Reviewer Name:</b>
<b>Program for Review:</b>
<b>Review Date:</b>

**DIRECTIONS**

- Peer Reviewer indicates “A, B, C, or D” as appropriate in the last column of each row
- Peer Reviewers should support their views with specific and objective comments
- Additional information for each section of the tool is available below.

**Review tool:**

**A = Excellent performance**

**B = Meets the standard of care**

**C = Needs improvement in a specific aspect of clinical skills or knowledge**

**D = Does not meet the standard of care and needs an improvement plan**

<b>Peer Review of Clinical Skills &amp; Knowledge</b>				
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>Peer Reviewer should designate appropriate level below</b>
<b>Patient #:</b>				
Initial Interaction demonstrates appropriate interpersonal skills				
Ascertains Health History and pertinent Family History				
Performs Physical Exams				

Performs Laboratory Assessment	
Assessment, Diagnosis, and Determines Management Plan	
Implements Management Plan	
Provides Appropriate, Patient-Centered Counseling and Education	
Documentation is appropriate	

**Please provide your input regarding opportunities for personal and/or professional growth:**

**Specific and objective comments:**

**Signature of RN/APRN & date:**

**Signature of peer reviewer & date:**

## **ADDITIONAL INFORMATION FOR COMPLETING THE PEER REVIEW**

### **INITIAL INTERACTION**

- Cordially greets patient
- Introduces self and observer
- Is wearing a clearly visible I.D. badge
- Assesses reason for visit
- Determines chief complaint
- Ascertains description of symptoms

### **OBTAINS HEALTH HISTORY**

- General medical health and family history
- Childhood and adult illnesses
- Psychosocial
- Injuries
- Hospitalizations and operations
- Allergies and medications
- Immunizations
- Social History
- Diet
- Sexual History
- Females: Reproductive history/contraception use/current pregnancy status

### **PERFORMS PHYSICAL EXAM**

Based on chief complaint –could be a comprehensive physical exam or focused exam.

### **PERFORMS LABORATORY ASSESSMENT**

- Orders medically necessary tests
- Orders appropriate screening tests
- Collects/labels specimens correctly
- Uses infection control precautions/procedures
- Uses microscope correctly
- Uses other equipment correctly

### **DETERMINES ASSESSMENT/DIAGNOSIS AND DEVELOPS TREATMENT PLAN**

- Identifies specific problems
- Determines the correct assessment/diagnosis based on history and clinical findings
- Involves patient in developing treatment plan
- Develops treatment plan consistent with programmatic standards and nurse protocols

### **IMPLEMENTS TREATMENT PLAN**

- Orders/dispenses medication with correct labeling and record-keeping
- Administers medication/immunization(s) consistent with programmatic standards and Nurse Protocols
- Consults with physicians/other health care providers as indicated per Nurse Protocol
- Makes appropriate referrals per Nurse Protocols
- Schedules follow-up visits as indicated per Nurse Protocols

### **PROVIDES APPROPRIATE PATIENT-CENTERED COUNSELING AND EDUCATION**

- Informs patient of assessment/diagnosis
- Gives risk-reduction messages
- Gives medication and other treatment as indicated
- Provides other appropriate written materials
- Ascertains patient's understanding of information provided
- Invites questions from patient
- Uses simple terminology to give appropriate answers

### **DEMONSTRATES APPROPRIATE INTERPERSONAL SKILLS**

Reviewer should comment on the clinician's interpersonal skills demonstrated during any part(s) of the interaction with patient.

### **PRODUCES APPROPRIATE DOCUMENTATION:**

Medical record is thoroughly completed

- Writing is legible
- Medical record is signed
- Signed consent forms are included with record Utilizes standard abbreviations, acronyms, symbols and dosage

## EVALUATION OF THE PEER REVIEW PROCESS BY THE RN/APRN IN PUBLIC HEALTH

**Date:** \_\_\_\_\_ **Name of Peer Reviewer:** \_\_\_\_\_

**Name of RN/APRN Reviewed:** \_\_\_\_\_

Instructions: This is a tool for evaluating the peer reviewer and process. Please rate the characteristics of your peer reviewer using the Likert Scale and questions below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Objective and Fair	1	2	3	4	5
2. Resourceful/knowledgeable	1	2	3	4	5
3. Communicated effectively	1	2	3	4	5
4. Supportive	1	2	3	4	5
5. Respectful	1	2	3	4	5
6. Listened to my comments/concerns	1	2	3	4	5
7. Patient	1	2	3	4	5
8. Demonstrated understanding of the clinician role	1	2	3	4	5

Did you receive information from the peer review about your performance that you found helpful? \_\_\_ Yes \_\_\_ No

Did the peer reviewer suggest resources to you that will aid in improving your job performance? \_\_\_ Yes \_\_\_ No

What aspects of the peer review do you feel will benefit your job performance?

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Please make any suggestions for improvement in the evaluation approach of the peer reviewer.

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# **Attachment D: Women's Health Preceptorship Forms**

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## **NEXPLANON INSERTION: PUBLIC HEALTH NURSE PRECEPTORSHIP**

Nurse (RN/APRN): \_\_\_\_\_ County Health Department: \_\_\_\_\_

Preceptor (APRN): \_\_\_\_\_

Procedure	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
Patient desires Nexplanon & health history does not reveal an unacceptable health risk.								
Patient counseled on benefits, risks, side effects, & warning signs of Nexplanon.								
Consent form reviewed and signed.								
Set up supplies. Using aseptic technique, insert Nexplanon according to Organon's directions and <a href="#">package insert</a> .								
Post insertion instructions and User Insertion Card provided.								
Complete the Contraceptive Implant Placement procedure note.								

The signatures below signify that the nurse has completed the Organon Clinical Training Program for Nexplanon, has read the Standard Nurse Protocol for Contraceptive Implant Insertion, has successfully inserted a minimum of five (5) Nexplanons, under supervision of a trained APRN preceptor, and has received protocols to perform Nexplanon insertions independently.

Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_

District Health Director/Delegating Physician: \_\_\_\_\_ Date: \_\_\_\_\_



## **NEXPLANON REMOVAL: PUBLIC HEALTH NURSE PRECEPTORSHIP**

Nurse (RN/APRN): \_\_\_\_\_ County Health Department: \_\_\_\_\_

Preceptor (APRN): \_\_\_\_\_

Procedure	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
Patient desires removal of Nexplanon. Patient history reviewed.								
Patient counseled on contraceptive options post implant removal.								
Consent form reviewed and signed.								
Gather and set up supplies. Using sterile technique, Nexplanon is removed according to Organon's directions and <a href="#">package insert</a> .								
Post removal instructions provided, and initiate new contraceptive method, if desired.								
Complete the Nexplanon removal procedure note/documentation.								

The signatures below signify that the nurse has completed the Organon Clinical Training Program for Nexplanon, has read the Standard Nurse Protocol for Contraceptive Implant Removal, has successfully removed a minimum of five (5) Nexplanons, under supervision of a trained APRN preceptor, and has received protocols to perform Nexplanon removals independently.

Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_

District Health Director/Delegating Physician: \_\_\_\_\_ Date: \_\_\_\_\_

# LEVONORGESTREL INTRAUTERINE DEVICE INSERTION: APRN PRECEPTORSHIP

Nurse (APRN): \_\_\_\_\_ County Health Department: \_\_\_\_\_

Preceptor (APRN): \_\_\_\_\_

Procedure	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
Patient desires insertion of a levonorgestrel-releasing IUD (e.g., Skyla, Kyleena, Mirena, or Liletta) & health history does not reveal a contraindication.								
Patient counseled on benefits, risks, side effects, & warning signs of IUD.								
Consent form reviewed and signed.								
Set up supplies. Using sterile technique, insert levonorgestrel IUD according to manufacturer's package insert.								
Post insertion instructions and IUD reminder card provided.								
Complete the levonorgestrel IUD insertion procedure note.								

The signatures below signify that the Advanced Practice Registered Nurse (APRN) has completed the manufacturer's insertion training, if applicable, has read the Standard APRN Protocol for Levonorgestrel IUD Insertion, and has successfully inserted a minimum of five (5) levonorgestrel IUDs under supervision of a trained APRN preceptor.

Nurse (APRN): \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor (APRN): \_\_\_\_\_ Date: \_\_\_\_\_

# NON-HORMONAL INTRAUTERINE DEVICE INSERTION: APRN PRECEPTORSHIP

Nurse (APRN): \_\_\_\_\_ County Health Department: \_\_\_\_\_

Preceptor (APRN): \_\_\_\_\_

Procedure	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
Patient desires insertion of a non-hormonal IUD (i.e., Paragard) & health history does not reveal a contraindication.								
Patient counseled on benefits, risks, side effects, & warning signs of IUD.								
Consent form reviewed and signed.								
Set up supplies. Using sterile technique, insert the non-hormonal IUD according to manufacturer's <a href="#">package insert</a> .								
Post insertion instructions and IUD reminder card provided.								
Complete the non-hormonal IUD insertion procedure note.								

The signatures below signify that the Advanced Practice Registered Nurse (APRN) has completed the [manufacturer's insertion training](#), has read the Standard APRN Protocol for IUD Insertion: Copper T380A, and has successfully inserted a minimum of five (5) Paragard IUDs under supervision of a trained APRN preceptor.

Nurse (APRN): \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor (APRN): \_\_\_\_\_ Date: \_\_\_\_\_

## **INTRAUTERINE DEVICE (IUD) REMOVAL: APRN PRECEPTORSHIP**

Nurse (APRN): \_\_\_\_\_ County Health Department: \_\_\_\_\_

Preceptor (APRN): \_\_\_\_\_

Procedure	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
Patient desires IUD removal & health history and diagnostics does not reveal a need for referral (e.g., positive pregnancy result).								
Patient counseled on birth control method options and initiate method after successful IUD removal, if appropriate.								
Consent form reviewed and signed.								
Set up supplies. Using aseptic technique, remove IUD according APRN protocol for IUD Removal.								
Post removal counseling provided.								
Complete the IUD removal procedure note.								

The signatures below signify that the Advanced Practice Registered Nurse (APRN) has completed the manufacturer's removal training, or viewed the manufacturer's training video on removal, has read the Standard APRN Protocol for IUD Removal and IUD Complication and Actions, and has successfully removed a minimum of five (5) IUDs under supervision of a trained APRN preceptor.

Nurse (APRN): \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor (APRN): \_\_\_\_\_ Date: \_\_\_\_\_

## Women's Health

### Colposcopy and Endometrial Biopsy Preceptorship

The American Society for Colposcopy and Cervical Pathology (ASCCP) Comprehensive Colposcopy Course notes that, “after successfully completing the course, participants are expected to partake in a hands-on mentored performance training as required for credentialing in new procedures by their home institutions, as this course alone will not prepare participants for independent practice”. The guidance listed in this document will include requirements noted in the previous [ASCCP Colposcopy Mentorship Program \(2017\)](#).

The information contained in this document provides guidance on the minimum required colposcopy preceptorship requirements for nurse practitioners or Certified Nurse Midwives who will utilize the DPH APRN Nurse Protocol for Colposcopy. For the remainder of this document, the term “APRN” refers to Nurse Practitioners or Certified Nurse Midwives who will follow preceptorship requirements to provide clinical care under direction of the DPH APRN Protocol for Colposcopy. There will be additional information and preceptorship requirements for the APRN Protocol for Endometrial Biopsy.

Per the DPH Women's Health Advanced Practice Registered Nurse (APRN) Colposcopy Nurse Protocol, only a Nurse Practitioner or Certified Nurse Midwife (NP/CNM) provider who has completed an approved course on colposcopy, the associated preceptorship for colposcopy with a clinician experienced in colposcopy, and has successfully completed the DPH colposcopy preceptorship is eligible to follow the Standard APRN Protocol for Colposcopy. Documentation of approved colposcopy course completion/certificate and DPH colposcopy preceptorship completion must be on file in the NP/CNM's personnel folder. The delegating physician for the protocol must be available to be reached for emergency treatment and backup in each clinic where colposcopy and endometrial biopsy is performed.

The ASCCP Comprehensive Colposcopy Course does not include separate training on completion of endometrial biopsy. Per ASCCP Guidelines, the completion of an endometrial biopsy – in conjunction with colposcopy – may be a clinical recommendation based on some pap smear results. If APRNs trained in colposcopy will complete endometrial biopsy – then that APRN must also document completion of additional trainings for completion of endometrial biopsy – as well as a separate endometrial biopsy preceptorship with a preceptor (APRN or MD) skilled in completing colposcopy and endometrial biopsy. If the APRN completes the colposcopy preceptorship but does not complete the separate endometrial biopsy preceptorship, then that APRN may not utilize the separate APRN endometrial biopsy protocol and must refer patients who need colposcopy with endometrial biopsy to another provider who may complete endometrial biopsy at the time of colposcopy. The endometrial biopsy preceptorship will occur in conjunction with the colposcopy preceptorship – if the preceptor is a clinician skilled in completing colposcopy and endometrial biopsy.

The preceptor or preceptors (APRN or MD) for the colposcopy preceptorship portion must be clinicians experienced in colposcopy. To enhance the learning environment and impact of feedback, a limited number of preceptors should be utilized during the preceptorship.

The preceptor or preceptors (APRN or MD) for the endometrial biopsy preceptorship portion must be clinicians experienced in completing colposcopy and endometrial biopsy.

To successfully complete the colposcopy preceptorship, the APRN must:

- Complete an approved colposcopy course before beginning the preceptorship with a clinician (APRN or MD) experienced in colposcopy.
- The preceptorship should be completed within 12 months of completing the approved colposcopy course. If the preceptorship has not been completed within 24 months after completion of the approved colposcopy course, the APRN must retake the approved colposcopy course before beginning the preceptorship – or the District may contact the DPH Office of Nursing for additional guidance. If the District chooses to contact the DPH Office of Nursing regarding an APRN who may not complete the colposcopy preceptorship within 24 months after completion of the approved colposcopy course, this contact should be made with several months left before the 24-month time.
- Perform and document a minimum of 25 consecutive colposcopic examinations on women with cytology results of ASC/AGC or more severe to achieve a basic level of proficiency as determined by the preceptor. It is required that the APRN will perform colposcopic exams under the direct supervision of the preceptor, to include:
  - identification of the transformation zone,
  - detection of the presence and extent of the most severe lesion(s) of the cervix,
  - selection of the biopsy site(s) on the cervix, and
  - collection of biopsy specimen(s),
  - appropriate documentation of colposcopic findings,
  - identify and biopsy 5 high-grade cervical cases [e.g., HSIL on biopsy (CIN 2,3)],
  - 12 cervical biopsies, and
  - 4 endocervical curettages (ECC by curette, not brush) with adequate cellularity for diagnosis.
  - Preceptor will directly observe each colposcopic examination and confirm preceptee's identification of the transformation zone, detection of the presence and extent of the most severe lesion(s) of the cervix, selection of the biopsy site(s), and collection of biopsy specimen(s).

To successfully complete the endometrial biopsy preceptorship, the APRN must:

- Have a preceptor who is skilled in completing colposcopy with endometrial biopsy.
- Complete an approved colposcopy course before beginning the preceptorship with a clinician (APRN or MD) experienced in colposcopy and endometrial biopsy.
- Before beginning the endometrial biopsy preceptorship, the APRN must complete the following trainings:
  - <https://www.ncbi.nlm.nih.gov/books/NBK541135/>
  - <https://www.statpearls.com/nursepractitioner/ce/activity/94713/?specialty=specialty>

- <https://www.aafp.org/pubs/afp/issues/2020/0501/p551.html>
- Perform and document a minimum of 5 endometrial biopsies - in conjunction with colposcopic examination on women where ASCCP guidelines/nurse protocol recommend completion of an endometrial biopsy as part of colposcopy - to achieve a basic level of proficiency as determined by the preceptor.
- Preceptor will directly observe each endometrial biopsy and confirm preceptee's skill in correctly completing the endometrial biopsy procedure.

After completion of the endometrial biopsy and/or colposcopy preceptorship requirements, the primary preceptor (in consultation with other preceptors if more than one preceptor assisted in the preceptorship) must complete the APRN Colposcopy Preceptorship Final Evaluation Form to determine if the APRN has successfully completed all preceptorship requirements and demonstrates competency in completing colposcopies.

Once all requirements for preceptorship have been completed, the APRN must be rated satisfactorily by the primary preceptor in all evaluation areas listed on the APRN Colposcopy Preceptorship Final Evaluation Form to ensure competency in completing colposcopies. If the endometrial biopsy preceptorship was not completed, this evaluation component may be noted as "not applicable". If the APRN is not rated satisfactorily in all areas of the APRN Colposcopy Preceptorship Final Evaluation Form, the primary preceptor may require the completion of an additional 5-10 colposcopy exams. After completion of additional colposcopy exams, the APRN must be rated satisfactorily by the primary preceptor in all evaluation areas listed on the APRN Colposcopy Preceptorship Final Evaluation Form to ensure competency in completing colposcopies. If the APRN is not rated satisfactorily in all areas after extension of the preceptorship, the district should contact the DPH Office of Nursing to discuss the preceptorship progress and to advise on additional training.

After successful completion of the preceptorship, the APRN is required to complete and pass the separate ASCCP "Colposcopy Mentorship Program Examination" before beginning independent practice following APRN protocol. A copy of test results must be maintained in the APRN's personnel folder. The ASCCP "Colposcopy Mentorship Program Examination" must be taken within two years of completing a comprehensive colposcopy course. To request the examination, the APRN should contact ASCCP at [info@asccp.org](mailto:info@asccp.org) and request approval to take the "Colposcopy Mentorship Program Examination."

APRN (Preceptee): \_\_\_\_\_ County Health Department: \_\_\_\_\_

Preceptor (APRN or MD): \_\_\_\_\_

Preceptor (APRN or MD): \_\_\_\_\_

Preceptorship Start Date: \_\_\_\_\_ Preceptorship End Date: \_\_\_\_\_

Number of colposcopies completed	Date	Record Number	Reason for Colposcopy	Colposcopic Impression	Was cervical biopsy or ECC completed?	Was Endometrial Biopsy completed? – <i>(only if required per protocol/ ASCCP Guidelines and preceptor skilled in completing endometrial biopsy)</i>	Cervical Biopsy Results	Management Plan	Preceptor Initials
1.									
2.									
3.									
4.									



Number of colposcopies completed	Date	Record Number	Reason for Colposcopy	Colposcopic Impression	Was cervical biopsy or ECC completed?	Was Endometrial Biopsy completed? – <i>(only if required per protocol/ ASCCP Guidelines and preceptor skilled in completing endometrial biopsy)</i>	Cervical Biopsy Results	Management Plan	Preceptor Initials
5.									
6.									
7.									
8.									
9.									
10.									

Number of colposcopies completed	Date	Record Number	Reason for Colposcopy	Colposcopic Impression	Was cervical biopsy or ECC completed?	Was Endometrial Biopsy completed? – <i>(only if required per protocol/ ASCCP Guidelines <u>and</u> preceptor skilled in completing endometrial biopsy)</i>	Cervical Biopsy Results	Management Plan	Preceptor Initials
11.									
12.									
13.									
14.									
15.									
16.									

Number of colposcopies completed	Date	Record Number	Reason for Colposcopy	Colposcopic Impression	Was cervical biopsy or ECC completed?	Was Endometrial Biopsy completed? – <i>(only if required per protocol/ ASCCP Guidelines <u>and</u> preceptor skilled in completing endometrial biopsy)</i>	Cervical Biopsy Results	Management Plan	Preceptor Initials
17.									
18.									
19.									
20.									
21.									
22.									

Number of colposcopies completed	Date	Record Number	Reason for Colposcopy	Colposcopic Impression	Was cervical biopsy or ECC completed?	Was Endometrial Biopsy completed? – <i>(only if required per protocol/ ASCCP Guidelines and preceptor skilled in completing endometrial biopsy)</i>	Cervical Biopsy Results	Management Plan	Preceptor Initials
23.									
24.									
25.									
26.									
27.									
28.									

Number of colposcopies completed	Date	Record Number	Reason for Colposcopy	Colposcopic Impression	Was cervical biopsy or ECC completed?	Was Endometrial Biopsy completed? – <i>(only if required per protocol/ ASCCP Guidelines and preceptor skilled in completing endometrial biopsy)</i>	Cervical Biopsy Results	Management Plan	Preceptor Initials
29.									
30.									
31.									
32.									
33.									
34.									

Number of colposcopies completed	Date	Record Number	Reason for Colposcopy	Colposcopic Impression	Was cervical biopsy or ECC completed?	Was Endometrial Biopsy completed? – <i>(only if required per protocol/ ASCCP Guidelines and preceptor skilled in completing endometrial biopsy)</i>	Cervical Biopsy Results	Management Plan	Preceptor Initials
35.									
36.									
37.									
44.									
45.									
46.									

Number of colposcopies completed	Date	Record Number	Reason for Colposcopy	Colposcopic Impression	Was cervical biopsy or ECC completed?	Was Endometrial Biopsy completed? – <i>(only if required per protocol/ ASCCP Guidelines and preceptor skilled in completing endometrial biopsy)</i>	Cervical Biopsy Results	Management Plan	Preceptor Initials
47.									
48.									
49.									
50.									

**APRN Colposcopy Preceptorship Final Evaluation Form**

APRN (Preceptee): \_\_\_\_\_ County Health Department: \_\_\_\_\_

Preceptor (APRN or MD): \_\_\_\_\_

Preceptorship Start Date: \_\_\_\_\_ Preceptorship End Date: \_\_\_\_\_

	SATISFACTORY	NOT APPLICABLE	UNSATISFACTORY/NEEDS IMPROVEMENT
1. Able to complete thorough patient history and determine that colposcopy is needed per protocol and/or ASCCP guidelines and that no contraindications are present.			
2. Patients counseled on colposcopy procedure.			
3. Consent form reviewed and signed.			
4. Colposcopy exam to include: <ul style="list-style-type: none"> <li>• Maintain clean technique</li> <li>• Focus colposcope and complete thorough colposcopy examination</li> <li>• Identify squamocolumnar junction</li> </ul>			



<ul style="list-style-type: none"> <li>• Identify cervical lesions for biopsy</li> <li>• Complete cervical biopsy and endocervical curettage – with hemostasis obtained</li> <li>• Identify lesions (vaginal and vulvar) which need referral for biopsy</li> <li>• Determine treatment plan based on ASCCP guidelines and/or protocol (referral/consultation)</li> </ul>			
<p>5. Document complete visit information in medical record: history, colposcopy exam findings, and follow-up.</p>			
<p>6. Performing endometrial biopsy – with colposcopy (<i>if indicated per protocol/ ASCCP guidelines and preceptor is skilled in completing colposcopy and endometrial biopsy.</i>) <i>If endometrial biopsy preceptorship not completed, note “not applicable.”</i></p>			

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Did APRN successfully complete Colposcopy Preceptorship?\*** Yes  No

Primary Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If no, the primary preceptor must inform the APRN's supervisor and the District Nursing Director. The primary preceptor must inform the APRN that the preceptorship was not successfully completed and the APRN may not sign nurse protocol nor complete colposcopy examinations independently.*

\*If yes, the APRN and primary preceptor will review and sign understanding of the following statement:

The signatures below signify that the Nurse Practitioner or Certified Nurse Midwife (NP/CNM) provider has successfully completed an approved course on colposcopy, the associated colposcopy preceptorship – with all requirements as noted in this document - with a clinician experienced in completing colposcopy, was rated satisfactory in all areas of the APRN Colposcopy Preceptorship Final Evaluation Form (endometrial biopsy may be marked not applicable), and successfully passed the ASCCP Colposcopy Mentorship Program Examination. Documentation of course completion/certificate, preceptorship completion, and ASCCP Colposcopy Mentorship Program Examination competency test results must be on file in the APRN's personnel folder. The delegating physician for the protocol must be available to be reached for emergency treatment and backup in each clinic where colposcopy biopsy is performed. In addition, the signatures below note the APRN has read the Standard APRN Protocol for Colposcopy and has received a copy of this protocol. If the APRN did not complete required trainings and preceptorship for endometrial biopsy (as outlined in the DPH colposcopy preceptorship forms) and the APRN endometrial biopsy protocol requires completion of endometrial biopsy at the time of colposcopy, the APRN may not complete endometrial biopsy in conjunction with colposcopy and must refer those patients to another provider who may complete endometrial biopsy at the time of colposcopy.

APRN/Preceptee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Health Director/Delegating Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Did APRN successfully complete Endometrial Biopsy Preceptorship?\*** Yes  No  Not Applicable

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*If no, the primary preceptor must inform the APRN's supervisor and the District Nursing Director. The primary preceptor must inform the APRN that the endometrial biopsy preceptorship was not successfully completed and the APRN may not sign nurse protocol nor complete endometrial biopsies independently.*

*\*\*If yes, the APRN and primary preceptor will review and sign understanding of the following statement:*

The signatures below signify that the Nurse Practitioner or Certified Nurse Midwife (NP/CNM) provider has successfully completed an approved course on colposcopy, the DPH colposcopy preceptorship, the associated endometrial biopsy preceptorship – with all requirements as noted in this document - with a clinician experienced in completing colposcopy and endometrial biopsy, was rated satisfactory in all areas of the APRN Colposcopy Preceptorship Final Evaluation Form (including endometrial biopsy), and successfully passed the ASCCP Colposcopy Mentorship Program Examination. Documentation of course completion/certificate, preceptorship completion, and ASCCP Colposcopy Mentorship Program Examination competency test results must be on file in the APRN's personnel folder. The delegating physician for the protocol must be available to be reached for emergency treatment and backup in each clinic where colposcopy and endometrial biopsy is performed. In addition, the signatures below note the APRN has read the Standard APRN Protocol for Endometrial Biopsy and has received a copy of this protocol.

APRN/Preceptee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Health Director/Delegating Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_