



POLICY AND PROCEDURE MANUAL FOR PUBLIC HEALTH NURSE TRAINING

2025

Office of Nursing

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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 and children's health, as well as populations affected by sexually transmitted **infections**, 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 **current** 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., Child Health, 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 current 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.

Policy and Procedure Manual for Public Health Nurse Training

Core Competency Standards and Training

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 Nurse Protocol Statute (O.C.G.A. § 43-34-23). Georgia Composite Medical Board O.C.G.A. Article 2. Medical Practice. Delegation of authority to registered nurses.	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- 2025 : - Guidelines and Requirements for Nurse Protocols - Orientation, Training, and Quality Assurance for Nurse Protocols - Drug Dispensing Procedure	Objective: understand the foundation of PHN practice in Georgia.	1 hour	
3. Complete Nurse Protocol 101: Orientation to Nurse Protocol.	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 Confidentiality of Personal Health Information and Compliance with HIPAA Policy. Complete DPH HIPAA Training. 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	

5. Review 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.	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.	30 mins	
6. Review DPH Policy Bloodborne Pathogen Occupational Exposure Control and Response for Public Health Workers to include review of the Workplace Safety Guidelines to Protect Public Health Employees and Patients from Exposure to Bloodborne Pathogens and Occupational Post-Exposure Prophylaxis. Review OSHA BBP Standards and complete the following courses: • Basics of the OSHA Bloodborne Pathogen Standard for the Healthcare Setting • Basic Infection Prevention in the Ambulatory Care Setting: Personal Protective Equipment and Safe Surfaces Complete the National HIV Curriculum: Module 5, Lesson 3: Occupational Postexposure Prophylaxis and successfully pass the question bank with a minimum score of 80%.	Description: • to reduce occupational risk of exposure to infectious disease and to protect patients and the community by preventing or limiting the transmission of infection. • describe GA DPH guidelines and recommendations for the dispensing of oPEP.	6 hours	

Complete initially and annually.			
7. Complete CDC OneLab REACH Laboratory Training: Packing and Shipping Dangerous Goods: What the Laboratory Staff Must Know .	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.	2 hours	
8. Complete the Ready, Set, Test! Webinar . Review the DPH CLIA Toolkit (2019) and personnel competency assessment form for non-waived tests.	Objective: all personnel performing laboratory testing are required to meet the Centers for Medicare & Medicaid Services (CMS) Rules and Regulations requirements of personnel competency . The CLIA toolkit offers guidance on the standards, requirements, and processes involved in being and staying in compliance with CMS & 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.	1 hour	
9. Review the DPH Policy for Mandatory Reporting of Suspected Child Abuse . Review the following 2024 Georgia Codes: • O.C.G.A § 19-7-5 Reporting of Child Abuse • O.C.G.A. § 16-6-3 Statutory Rape • O.C.G.A. § 16-6-22 Incest • O.C.G.A § 16-12-100 Sexual Exploitation of Children • O.C.G.A § 31-7-9 Nonaccidental Injuries to Patients	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. Objectives: • Describe the mandated reporter's role in reporting suspected abuse and neglect.	4 hours	

• O.C.G.A. § 30-5-4 Disabled Adults and Elder Persons: Reporting of Need for Protective Services Complete the webinar: <u>Mandated Reporters: Critical Links in Protecting Children in Georgia</u>. Complete initially and annually.	• Identify physical and behavioral indicators of the legally recognized types of abuse and neglect in Georgia. • Identify which groups of children may be at higher risk of being abused or neglected. • Describe the steps necessary to report suspected abuse or neglect.		
10. Complete Human Trafficking Awareness Training. Complete initially and annually.	Objectives: provides an overview of human trafficking and sex trafficking, along with key indicators.	30 mins	
11. Motivational Interviewing for Behavior Change. Read <u>Change Talk: Introduction to Motivational Interviewing Learners Takeaways</u>	Objectives: Motivational interviewing (MI) allows healthcare professionals to guide patients in recognizing their own reasons for change, which can motivate them to commit to plans for change. Using MI, providers can guide patients in addressing obstacles to change and creating their own change plan they're motivated to follow.	30 mins	

12. Complete Health Equity training: Making Your Health Department More Culturally Competent.	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.	90 mins	
13. Complete Cultural Competency Training in the Care of LGBTQ Patients- LGBTQ Essentials: Foundations of Care. Review Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff.	Objectives: • Define foundational terminology • Acknowledge health disparities of LGBTQ people • Apply frameworks of care for working with LGBTQ people • Methods to incorporate best practices	90 mins	
14. Complete the following 340B University OnDemand trainings under Core Curriculum: • Introduction to the 340B Drug Pricing Program • Eligibility Overview- Grantee (RW HIV, STD, and TB) • Compliance Cornerstones Review the 340B Patient Definition. Complete initially and annually	<i>Executive Leadership Team (ELT) should additionally complete:</i> • 340B for the C-Suite • Managing Physical Clinic Inventory • 340B Stakeholder Perspectives • 340B Pricing • 340B and Medicaid • HRSA's Medicaid Exclusion File • Audit Process and Preparedness • Review 340B Tools for Grantees (STD, RY, TB). ○ Grantee- Getting Started in 340B Checklist ○ Medicaid Exclusion File Checklist ○ 340B Oversight Best Practices Dashboard	Nurses: 1 hour and 10 mins ELT: 5 hours	

	○ Grantees- Title X Family Planning Sample Policy and Procedure Manual ○ Self-Audit: Policy and Procedure ○ HRSA Audits of Entities <i>If a contract pharmacy arrangement is utilized, the ELT should also complete the following:</i> ● 340B Drug Delivery Models ● Contract Pharmacy ● Entity-Owned Pharmacy ● Review <u>340B Tools for Grantees (STD, RY, TB)</u> ○ Contract Pharmacy Medicaid Carve-In Checklist ○ Self-Audit: Contract Pharmacy		
15. Basic Life Support (BLS) for the healthcare professional. Must maintain certification.	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.	4 hours	
16. Emergency Response Policies, Procedures, and Protocols. Read Standard Nurse Protocol for Allergic Reaction and Acute Anaphylaxis Protocol and Appendixes, along with the following appendix guidelines: ● Procedure for Emergency Kits/Carts ● Emergency Cart Checklist ● Procedure for Reviewing Emergency Protocols and Procedures	Objectives: a. the nurse will verbalize his or her role in emergency drills and in emergency situations b. the nurse will locate emergency exits, emergency kit/cart, oxygen tank, AED, and supplies that may be used in an emergency c. the nurse will demonstrate correct usage of phone system		

• Emergency Checklist for Clinics • Evaluation Tool for Practice Drill 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. Participate in an emergency drill initially and annually to include an infant, child, and adult. Read Standard Nurse Protocol for Suspected Opioid Overdose and review Attachment A: Opioid Overdose Record. Complete Responding to Suspected Opioid Overdose training. Password: phvideo	d. the nurse will demonstrate correct use of the allergic reaction/anaphylaxis record form e. the nurse will verbalize side effects, mechanism of action, administration techniques, and contraindications to epinephrine and diphenhydramine f. the nurse will identify symptoms indicative of an opioid overdose and steps to take in the event of an emergency.		
17. View the Applied Phlebotomy Video: Basic Venipuncture	Objectives: • Demonstrate the performance of a basic venipuncture procedure. • Collect samples without risking injury. • Minimize collector-induced errors that alter results.	43 mins	
18. Complete Online TB Update and Skin Test Certification Course (complete skills validation under supervision after online course requirements are fulfilled)	Objectives: • Identify 3 factors that can influence TB transmission. • Explain the difference between LTBI and active TB disease	6 hours	

OR TB Update & 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 training schedule and registration forms.	• Recognize and list the symptoms of pulmonary TB • List 5 steps for TB screening • Demonstrate the proper method of TST administration, measurement of induration and interpretation of results.		
19. Complete the Georgia HIV Counseling, Testing, and Linkage Course. Register for the course here. To complete course registration, you will need your INSTI certificate number. You may complete courses to obtain an INSTI number here.	Description: the HIV Counseling, Testing, and Linkage Course is a blended style training that encompasses independent learning modules from the Georgia Public Health Academy-Disease & Health Knowledge Base and DPH Office of HIV AIDS. 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: 1. Prerequisite self-study modules and assessments to complete prior to the course. 2. The virtual link to the course or physical address of training location. 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.	30 mins (self-study modules) 2-day (virtual): 5-hour classes each day	

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
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. Have an up-to-date Family Readiness Plan. Visit Ready.gov to create your plan.	1. Gather supplies/equipment consistent with the family readiness plan. 2. Describe methods for enhancing personal resilience, including physical and mental health and well-being, as part of disaster preparation and planning.	N/A	
EP 102: Describe PHN role in disaster preparedness and response in a general population shelter. Complete the Mass Shelter Training.	1. Describe the PHN role in disaster preparedness and response. 2. Identify authoritative sources for obtaining and sharing information during a mass care event. 3. Explain principles of crisis and emergency risk communication to meet the needs of shelter populations. 4. Develop a plan for ensuring appropriate documentation and confidentiality of care.	3.5 hours	
EP 103: Participate in emergency preparedness drills, exercises, or	Demonstrate the role of the PHN in an emergency or disaster response to include: • Basic therapeutic interventions	Varies	

preparedness planning efforts when indicated by District Leadership.	• Basic first aid skills and procedures • Safe dispensation of medications and/or administration of vaccines • Appropriate use of personal protection and safety equipment.		
EP 105: Complete the Georgia National Incident Management System (NIMS) training requirements based on your Public Health position. See graph below.	1. Understand the concepts and principles of NIMS. 2. Describe the NIMS management characteristics that are the foundation of the ICS.	Varies	

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: National Response Framework, an Introduction
		*† IS-700.B: An Introduction to the National Incident Management System
		± IS-200.C: Basic Incident Command System for Initial Response
	† IS-100.C: Introduction to the Incident Command System	† IS-100.C: Introduction to the Incident Command System
Baseline	All PHNs	Nursing Leadership

* 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.

Policy and Procedure Manual for Public Health Nurse Training

Program Standards and Training

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).

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), **head lice evaluation and treatment (CH 114)**, 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 The nurse must complete the following prior to practicing under nurse protocol: Self-Study	Comments/Notes	Course Duration	Date Completed and Initials
CH 101: Review Georgia Department of Public Health, Children's Health Programs and Services.	Objective: nurses will be familiar with various Children's Health Programs: • Babies Can't Wait • Children 1st • Children's Medical Services • Early Hearing Detection & Intervention (EHDI) • Georgia Autism Initiative • Newborn Screening (NBS)	1 hour	
CH 102: Review the Newborn Screening Policy & Procedure Manual and watch the DPH Newborn Screening Training video	Objectives: nurses will review the NBS manual/video and be able to collect adequate NBS specimens. This section also covers information on blood screening, hearing , and critical congenital heart disease (CCHD).	2 hours	
CH 103: Lead Poisoning Review DPH Healthy Homes and Lead Poisoning Prevention Resources: • Case Management Guidelines	Description: this section includes information on guidelines in screening, reporting and managing blood levels in children. Objectives: a) Perform adequate lead blood screening.	1.5 hours	

- Recommended Medical and Case Management Actions and Retest Chart Review the CDC article Testing for Lead Poisoning in Children and the 'Additional Resources' noted within the article. Watch the following videos: Mission Unleaded: How to Test Children for Lead with Maximum Accuracy Reduce the Risk: Preventing Childhood Lead Poisoning in Georgia	Educate parents on ways to reduce or eliminate dangerous lead sources in the environment.		
CH 104: Review Lexicomp to learn more about medications. Note: Contact DPH's Office of Pharmacy to assist with specific drug questions. Review Lexicomp / Pediatric and Neonatal Lexi-Drugs sections: - Dosing - Administration - Pharmacologic Category - Adverse Reactions - Warnings & Precautions - Interactions - Patient Education	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 protocols.	1 hour	
CH 105: Review DCH's "EPSDT Services – Health Check Program Manual" and AAP's Bright Futures Periodicity Schedule	Objectives: nurses will be able to:	2.5 hours	

	a) List all the components required for a health check service. b) Demonstrate how to adequately perform a health check visit based on the various components.		
CH 106: Complete Bright Futures Training. Review the following in the Bright Futures Tool and Resource Kit, 2nd Edition: • Previsit Questionnaires • Documentation Forms • Parent & Educational Handouts	Objectives: a) Identify the AAP recommended services required to be performed from newborn to adolescence b) Utilize the tools found within the Bright Futures guidelines to perform services adequately.	3 hours	
CH 107: Review HemoCue Hemoglobin Procedure package insert for your individual district. Example: HemoCue Hb 801 System: Operating Manual	Objective: Nurses will be able to adequately perform a HemoCue hemoglobin test	10 mins	
CH 108: Review Georgia DPH Form 3300: Certificate of Vision, Hearing, Dental, and Nutrition Screening.	Objective: Nurse will familiarize self with form to review components that are needed to complete a screening certificate.	30 mins	
CH 109: Complete Autism Screening: Knowledge, Skills, and Family Conversations Training	Description: Reviews early signs of autism in children birth – 3 years, using the M-CHAT Revised Follow up screener, and engaging in conversations about autism with families (with a specific emphasis on cultural and linguistic diversity) for Public Health coordinators and related provider's autism knowledge and self-efficacy.	3 hours	

CH 110: Complete Hearing Screening Training to include the following: a) Newborn Hearing Screening Training b) Pediatric Hearing Screening Training c) NCHAM Newborn Hearing Screening Curriculum (optional, as there will be a cost associated effective April 1, 2025.)	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 groups, and instruction on how to refer to audiology for further testing if the hearing screening is not passed. Complete the Moodle Course/Certificate version.	3 hours	
CH 111: Complete Oral Health Screening and other Oral Health Considerations for the School Nurse and the PHN.	Description: reviews normal oral structure, common dental problems and how to complete the dental section of form 3300.	1 hour	
CH 112: Complete Dyslipidemia Screening in Children and Iron Deficiency Anemia in Children Protocol Training	Description: this course gives an overview of iron deficiency anemia and dyslipidemia and discusses causes, treatment and management.	2 hours	
CH 113: Review Safe Sleep Educational Flip Chart	Description: this resource provides an overview of the components of safe sleep and how to educate a family about it.	15 minutes	
CH 114: Head Lice Evaluation and Treatment Watch video: How to Treat Head Lice by the American Academy of Dermatology Association Review CDC How to Examine for Head Lice Read clinical report on Head Lice by the American Academy of Pediatrics (2022)	Objectives: Review resources on how to properly detect, manage, and treat head lice with 1st line and alternative treatment options. Learn tips on preventing and managing the spread of head lice.	30 minutes	

DIDACTIC / CLASSROOM TRAINING COURSES (prerequisite self-study courses)	Comments/Notes	Course Duration	Date Completed and Initials
CH 201: Attend Ages and Stages Questionnaire provided by certified ASQ-3 and ASQ:SE Trainer. Contact the ASQ trainer in your district (see contact list below) to coordinate training. If there is no one in your district listed, please email Melanie.Morris2@dph.ga.gov to assist. <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>	Description: tool used to assess psychomotor, neuro and emotional development of children ranging in age from newborn to six years.	8 hours	
CH 202: Complete Vision Screening Part 1. If the district utilizes PlusOptix or Welch Allyn photo screeners, also complete Vision Screening Part 2. Complete the Vision Screening Training Procedures Validation Form with a PH nurse who has a current certification.	Description: course reviews common eye problems, how to conduct a vision screening in a PH office setting, and instruction on how to complete a vision screen using charts and automated vision screeners.	3 hours	
CH 203: View CHOA's Curve Checks: Introduction to Scoliosis Screening video. Review CHOA's Scoliosis Screening Reference Guide.	Objectives: to adequately perform a scoliosis screening and identify children with abnormal curvatures of the spine.	1 hour	
CH 204: View the Pediatric Physical Exam Training Videos: Infant & Early Childhood and Middle Childhood & Adolescent.	Description: provides knowledge and skills to assess and document findings on pediatric and adolescent population.	3 hours	

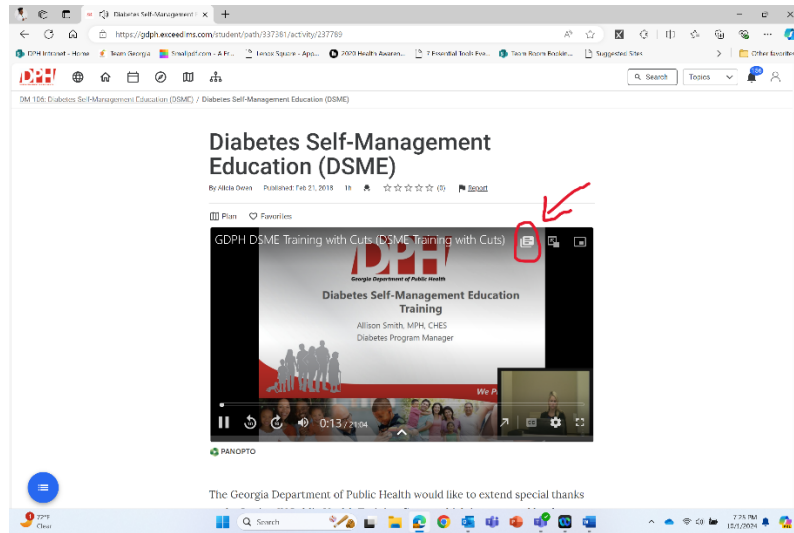
Preceptorship (prerequisites: self-study and didactic courses)	Comments/Notes	Date Completed and Initials
A preceptor will observe the nurse performing the clinical procedures noted below, as indicated, for the following age groups: • Infants (less than 1 year old) • Toddlers (1 year through 2 years of age) • Preschool and school-age children (3 years through 10 years of age) • Adolescent (11 through 19 years of age)		
1. Complete History (family, personal, social developmental, and medications)		
2. Physical Assessment		
3. Hearing and Vision Screening		
4. Newborn Screening for Metabolic and Sickle Cell Disorders, as indicated & age appropriate.		
5. Lead Screening		
6. Dental Examination		
7. Immunization		
8. Scoliosis Screening		
9. Ages and Stages Questionnaires		
10. Nutrition Screening		
11. Hemoglobin Screening		
Learning Expectations – Annual Training The nurse must complete the following annually while practicing under nurse protocol:	Comments/Notes	Date Completed and Initials

Self-study		
Review Children's Health policies and procedures manuals and nurse protocols.		
Didactic/Classroom Training		
Participate in at least one Children's Health training.		
Clinical/Peer Review		
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

Learning Expectations – Initial Training NOTE: The nurse must complete the following training prior to practicing under nurse protocol.	Comments/Notes	Course Duration	Date Completed and Initials
Self-Study			
DM 101: Review Georgia DPH – Diabetes website	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	
DM 102: Review U.S. Preventive Services Task Force – Prediabetes and Type 2 Diabetes Mellitus: Screening	Objective: nurses will identify patients who should be screened for type 2 diabetes.	10 mins	
DM 103: 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	
DM 104: Complete Pharmacology for Diabetes webinar.	Objective: nurses will identify appropriate medications used in the treatment of diabetes.	1 hour	
DM 105: Read Standards of Medical Care in Diabetes-2023 , Diabetes Care 2023; 46 (Suppl. 1): S5-S9.	Objective: nurses will utilize standards of care for type 2 diabetes management.	30 mins	
DM 106: Complete Diabetes Self-Management and Education (DSME) Webinar Once you press play, please press “show next stream” button for video to play without the spinning. See screenshot below with red circle and arrow. You can also hover over the video while it is spinning, for the options to pop up in	Objective: nurses will identify and refer patients to DSME program.	33 mins	

the top right corner for you to select the “show next stream” button as well.



DM 107: Review [AHA Guideline on the Management of Blood Cholesterol](#)

Objective: nurse will describe the process and guidelines for cholesterol management.

1 hour

Didactic/Classroom Training	Comments/Notes	Course Duration	Date Completed and Initials
DM 201: View Physical Examination Training video.	Objectives: nurses will understand the components and clinical skills involved in the physical assessment, ECG placement, and obtaining an accurate blood pressure measurement.	30 mins	
DM 202: Attend the Hypertension and Diabetes Nurse Protocol Workshop . Emails regarding workshop offerings are sent out as workshops are available (approximately 3 times per year). Registration and course schedule will be posted on Exceed.	Objectives: a) nurses will be able to list the risk factors, diagnosis, and complications of diabetes. b) nurses will be able to differentiate primary and secondary hypertension. 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.	16 hours	
Preceptorship (prerequisite all self-study and didactic courses)	Comments/Notes	Date Completed and Initials	

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 education, and ordering or dispensing medications under nurse protocol.	The extent and duration of the preceptorship will vary according to the competency of each individual nurse. The three patient visits should comprise of at least a: 1) New patient visit, 2) Follow-up visit, and 3) Medication refill visit	
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Clinical/Peer Review	Comments/Notes	Date Completed and Initials
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.		

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 Self-study	Comments/Notes	Course Duration	Date Completed and Initials
HIV 101: Review the U.S. Department of Health and Human Services (DHHS) Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV: • What's New in the Guidelines • Introduction • Baseline Evaluation • Laboratory Testing for Initial Assessment and Follow-up • Viral Load and CD4 Monitoring • Drug-Resistance Testing • Co-receptor Tropism Assays • HLA-B* 5701 Screening • Treatment Goals • Initiation of Antiretroviral Therapy • Antiretroviral Drugs, Regimens, Components Not Recommended • Management of Treatment Experienced Patient	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	2 hours	

• Considerations for Antiretroviral Use in Patients with Coinfections • Adherence • Adverse Effects of ARV • Drug-Drug Interactions	Objective: Introduce the PHN to the DHHS Guidelines related to HIV Antiretroviral Therapy (ART).		
HIV 102: Review the DHHS Guidelines for the Prevention and Treatment of Opportunistic Infections (OIs) in Adults and Adolescents with HIV: • What's New • Introduction • Candidiasis (Mucocutaneous) • Herpes Simplex Virus • Mpox • Pneumocystis Pneumonia • Toxoplasma gondii Encephalitis • Varicella-Zoster Virus Disease • Immunizations for Preventable Diseases in Adults and Adolescents Living with HIV • Tables 1 through 8	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.	2 hours	
HIV 103: Complete the following AETC National HIV Curriculum Lessons and Question Bank for each Lesson, including CE quiz: a. Basic HIV Primary Care Overview • Lesson 1 – Initial Evaluation • Lesson 2 – Oral Manifestations • Lesson 3 – Cutaneous Manifestations	Description: Comprehensive educational self-study courses to introduce a PHN to basic HIV/AIDS: screening, diagnosis, primary care, ART, and co-occurring conditions. Objectives: It is the goal of the National HIV Curriculum to provide ongoing, up-to-date information	38 hours	

• Lesson 4 – Immunizations in Adults • Lesson 5 – Primary Care Management b. Antiretroviral Therapy Overview • Lesson 1 – Antiretroviral Medications and Initial Therapy • Lesson 2 – Adverse Effects of Antiretroviral Medications • Lesson 3 – Drug Interactions with Antiretroviral Therapy Medications • Lesson 4 – Switching or Simplifying Antiretroviral Therapy Medications • Lesson 5 – Evaluation and Management of Virologic Failure c. Co-occurring Conditions Overview • Lesson 1 – Latent Tuberculosis Infection • Lesson 2 – Opportunistic Infections: Prevention • Lesson 4 – Sexually Transmitted Infections • Lesson 5 – Hepatitis B Coinfection • Lesson 6 – Hepatitis C Coinfection	needed to meet core competency knowledge for HIV prevention, screening, diagnosis, and ongoing treatment and care to healthcare providers in the United States. 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: Nurse Consultant: sandra.metcalf@dph.ga.gov		
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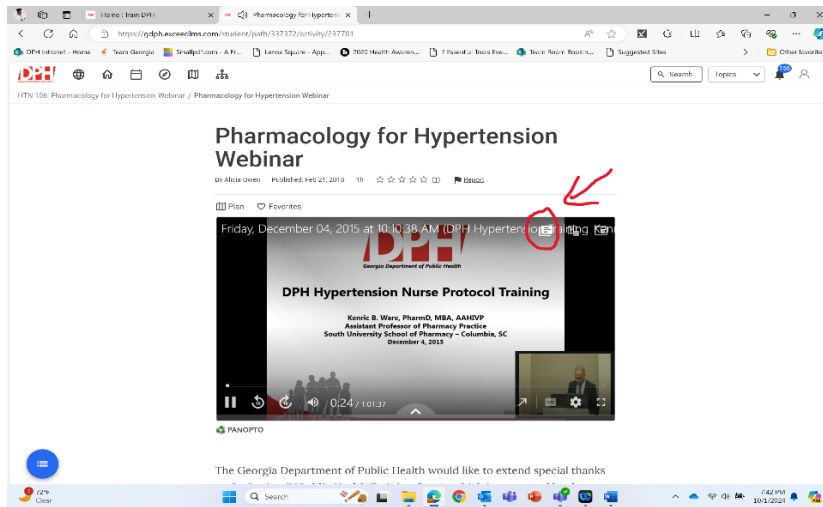
Didactic/Classroom	Prerequisite: Completion of all self-study courses is highly recommended.		
<u>HIV 201</u>: Complete one of the following courses on Adult HIV Course: • IAS-USA HIV 101: Fundamentals of HIV Medicine, Initiation of Antiretroviral Therapy, and Primary Care for People with HIV. • GA DPH, HIV Update/Nurse Protocol Training • Or an equivalent training which includes an introduction to the following topics: a. HIV pathogenesis and acute infection b. Antiretroviral therapy and viral resistance c. Symptomatic HIV and opportunistic infections d. Primary care recommendations for persons with HIV e. Medical complications in HIV management.	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. Objectives: Learners will be able to describe: • Events of early HIV infection • Laboratory markers following HIV acquisition • Basic mechanisms of antiretroviral therapy • Antiretroviral regimens based on patient parameters • Primary care recommendations for persons with HIV	2 - 8 hours	
Preceptorship			
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.			

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 Use of ARVs and Prevention and Treatment of OIs .		
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: • AIDS Education and Training Center • National HIV Curriculum • International Antiviral Society-USA • Georgia DPH	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
HTN101: Review Georgia DPH – High Blood Pressure Control	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	
HTN 102: Review U.S. Preventive Services Task Force: Hypertension in Adults: Screening .	Objectives: nurses will be able to define normal and abnormal blood pressure results, and identify clients who should be screened for hypertension.	10 mins	
HTN 103: Complete Blood Pressure Fundamentals: Teachings & Tools for Correct Blood Pressure Management .	Objective: nurses will be able to accurately measure blood pressure	75 mins	
HTN 104: 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	
HTN 105: Read the Eighth Joint National Committee (JNC 8) Guidelines for the Management of Hypertension in Adults .	Objective: nurses will utilize standards of care for hypertension management.	15 mins	
HTN 106: Complete Pharmacology for Hypertension webinar. Once you press play, please press “show next stream” button for video to play without the	Objective: nurses will identify medications used in the treatment of hypertension	30 mins	

spinning. See screenshot below with red circle and arrow. You can also hover over the video while it is spinning, for the options to pop up in the top right corner for you to select the “show next stream” button as well.



DM 107: Review [AHA Guideline on the Management of Blood Cholesterol](#)

Objective: nurse will describe the process and guidelines for cholesterol management.

1 hour

Didactic/Classroom Training

Comments/Notes

**Course
Duration**

**Date
Completed
and Initials**

HTN 201: View Physical Examination Training video.	Objectives: nurses will understand the components and clinical skills involved in the physical assessment, ECG placement, and obtaining an accurate blood pressure measurement.	1 hour	
HTN 202: Attend the Hypertension and Diabetes Nurse Protocol Workshop Emails regarding workshop offerings are sent out as workshops are available (approximately 3 times per year) Registration and course schedule will be posted on Exceed.	Objectives: 1. Nurses will be able to list the risk factors, diagnosis, and complications of diabetes. 2. Nurses will be able to differentiate primary and secondary hypertension. Nurses will be able to collaborate with the delegating physician to provide care for diabetes and hypertension patients including pharmacologic and non-pharmacologic management.	16 hours	
Preceptorship (prerequisite all self-study and didactic courses)	Comments/Notes		Date Completed and Initials
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	The extent and duration of the preceptorship will vary according to the competency of each individual nurse. The three patient visits should comprise of at least a: 1) New patient visit, 2) Follow-up visit, and 3) Medication refill visit		

education, and ordering or dispensing mediations under nurse protocol.			
Clinical/Peer Review	Comments/Notes		Date Completed and Initials
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.			

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 [on PHIL](#).

Learning Expectations – Initial Training	Comments/Notes	Course Duration	Date Completed and Initials
IM 101: Epidemiology and Prevention of Vaccine-Preventable Diseases Review Pink Book webinar series Review resources: • Pink Book Epidemiology & Prevention of Vaccine Preventable Diseases-CDC • General Best Practice Guidelines for Immunization • Manual for the Surveillance & Reporting of Vaccine Preventable Diseases Manual, CDC • Vaccine Preventable Disease Fact Sheets (GIP Manual: Chapter 6) • Vaccine Preventable Diseases-DPH	Objectives: Nurses will be to: - describe the difference between active and passive immunity - locate resources regarding vaccine preventable diseases and vaccines that prevent them, and - locate resources relevant to current immunization practice.	24 hours	
IM 102: Vaccines for Children (VFC) Program Complete Required VFC trainings: • You Call the Shots: VFC • You Call the Shots: Vaccine Storage and Handling Review resources:	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. Objectives: To describe VFC program requirements, billing practices, provider roles	3 hours	

• VFC Information for Providers • VFC Routine and Emergency Vaccine Handling Plans (GIP Manual: Chapter 9) • Vaccine Storage and Handling Toolkit, CDC	and responsibilities, and vaccine management practices.		
IM 103: Vaccine Administration: • Complete You Call the Shots: Vaccine Administration. • Review How to Administer Intramuscular and Subcutaneous Vaccine Injections.	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.	1.25 hours	
IM 104: Travel Vaccines Trainings: <i>only complete if applicable per your Health District.</i> • Complete Yellow Fever Vaccine: Information for Health Care Professional Advising Travelers (Module 1 and 2) • Review Travel Vaccines: Training and Resources.	Objectives: Nurse will be able to - identify how the yellow fever virus is transmitted - identify precautions and contraindications to administration of the yellow fever vaccine - describe the information needed to conduct a pre-travel consultation about yellow fever vaccination.	2.5 hours	
IM 105a: COVID-19 Vaccines • Complete COVID-19 Vaccine Training Modules. • Review CDC COVID-19 Vaccine Reference Materials.	Objectives: Nurse will describe - vaccine safety, development, and Emergency Use Authorization - storage and handling, vaccine preparation, administration, and documentation and reporting procedures for COVID-19 vaccines.	1 hour	
IM 105b: Just-in-Time Immunization Training for Temporary Staff During a Public Health Emergency Option 1: Public Health Training Guide:	Description: Immunization training is required for temporary staff who will administer vaccines during a public health emergency (RNs, LPNs, APRNs, EMS providers, and students). Two training options are available:	Option 1: 6 hours	

• Complete You Call the Shots: Understanding the Basics: General Best Practice Guidelines on Immunization • Complete You Call the Shots: Vaccine Storage and Handling • Complete You Call the Shots: Vaccine Administration • Complete COVID-19 Vaccine Training Modules, • View Mpox Education, Testing, & Vaccination Training, if applicable ◦ DPH Mpox Training on Webex. Password: m7QYWYG24b2 • View How to administer a JYNNEOS vaccine intradermally - YouTube • Complete You Call the Shots: Vaccine Specific Training (e.g., Meningococcal, MMR, Varicella- if applicable) • Review Georgia Registry of Immunization Transactions & Services (GRITS) • Access Vaccine Information Statements • Review Vaccine Adverse Event Reporting System (GIP Manual: Chapter 4) • Complete preceptorship immunization clinical skills checklist (GIP Manual: Chapter 13) with a minimum of two observed administration techniques (e.g., intradermal, subcutaneous, intramuscular) per age group, as indicated. Option 2: Just-in-Time Training Guide: • Complete EZIZ Lesson: Preparing Vaccines • Complete EZIZ Lesson: Administering Vaccines	• 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. • 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.	Option 2: 3 hours	
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• Complete EZIZ Lesson: Storing Vaccines • Complete COVID-19 Vaccine Training Modules, • View Mpox Education, Testing, & Vaccination Training, if applicable ◦ DPH Mpox Training on Webex. Password: m7QYWYG24b2 • View How to administer a JYNNEOS vaccine intradermally - YouTube • Complete preceptorship to include documentation of immunization clinical skills checklist (GIP Manual: Chapter 13) with a minimum of two observed administration techniques (e.g., intradermal, subcutaneous, intramuscular) per age group, as indicated.			
IM 106: Review the following immunization forms, reports, & records: GRITS: • Patient Immunization Record: Access and query for an existing immunization record to determine current immunization status and need for vaccination • Coverage Reports (e.g., childhood, adolescents, adults) Vaccine Information Statements - Forms for childcare and school attendance • Certificate of Immunization (Form 3231) • Religious Objection (Form 2208) • Requirements of School/ Child Care Law (GIP Manual: Chapter 5) - VFC Provider Agreement (GIP Manual: Chapter 9)	Objective: Nurses will be able to: - access and utilize immunization related forms, reports, and records - accurately document vaccines in GRITS and print certificates of immunization - describe documentation and reporting procedures for vaccine adverse events Georgia Immunization Program “On-Call”: (404)657-3158 or DPH-Immunization@dph.ga.gov	16 hours	

e. Eligibility Criteria for Vaccines Supplied by the GIP f. Informed Consent (GIP Manual: Chapter 3) g. Vaccine Adverse Event Reporting System (GIP Manual: Chapter 4) h. Recall of Patients/ Moved or Gone Elsewhere (GIP Manual: Chapter 8) i. Notifiable Disease Reports (GIP Manual: Chapter 6) j. Immigration Form: USCIS Form I-693 k. Immunization Quality Improvement for Providers (IQIP). • The State Immunization Regional Consultant will schedule an immunization QI plan with the health district. l. Refugee Health Program-DPH			
DIDACTIC/CLASSROOM			
IM 201: Attend a training session on: GA Requirements for School and Child Care Attendance May be provided by a district “trainer” or Immunization Regional Consultant.	Objectives: to describe Georgia immunization law & DPH rules and regulations for Georgia immunization certificates and describe standards for issuing and filing certificates of immunization.	1.5 hours	
Preceptorship/Clinical: The extent and duration may vary according to the needs of each nurse.			
There shall be documentation that the nurse can satisfactorily perform the required clinical skills on the immunization clinical skills checklist (GIP Manual: Chapter 13) 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).			

Learning Expectations – Annual Training	Comments/Notes	Date Completed and Initials
Complete the following annually: • <u>You Call the Shots: Vaccine Administration</u> • <u>You Call the Shots: Vaccine Storage and Handling</u> • <u>You Call the Shots: VFC</u> • Review <u>Recommended Immunization Schedule</u> for children, adolescents, and adults: ○ Attend a GIP review of the schedule update or view: Updates on the current Child/Adolescent and Adult Immunization Schedule Webinar • Review Georgia Requirements for School and Childcare Attendance (updates will be communicated annually). • Review any updates to CDC’s COVID-19 Vaccine Training Modules, if applicable. • Review <u>Travel Vaccines: Training and Resources</u>, if applicable.	4 hours	
Clinical/Peer Review		
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.		

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.

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 <u>EXCEED</u>			
PP 101: Read the Standard Nurse Protocol for nPEP Use in the Prevention of Sexually Transmitted Diseases and BloodBorne Pathogens. Complete initially and annually.	GA DPH guidelines and standards for nurses practicing under the nPEP protocol.	2 hours	
PP 102: Complete the National HIV Curriculum Module 5 (Prevention of HIV), Lesson 4: nPEP and successfully pass the question bank with a minimum score of 80%. If questions arise in signing up for this group, contact: Sandra Metcalf: Sandra.metcalf@dph.ga.gov or Sarah Pair: Sarah.Pair@dph.ga.gov Sign up for the GA-DPH Division of Clinical & Medical Services: HIV Unit when completing Module 5, Lesson 4.	Description of the module and objectives are provided at the beginning of the module.	8 hours	
PP103: View the nPEP Update Webinar . Password: jYWABj5b	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
OID 101: Review the laboratory services that the nurse would collect specimens for contained within the Georgia Public Health Laboratory Services A-Z Index. Examples include chlamydia and gonorrhea nucleic acid amplification test and herpes simplex virus 1 and 2. Read Pertussis: Specimen Collection and Shipping Instructions.	Objectives: The nurse will demonstrate proper technique for collecting, packaging, and shipping specimens to the Georgia Public Health Laboratory. The nurse will understand the proper technique for specimen collection utilizing nasopharyngeal swabs.	30 mins	
OID 102: Watch Stool Specimen Collection video. View client instruction sheet: How to Collect a Stool Specimen for the Health Department.	Objective: the nurse will educate patients on proper collection technique. NOTE: these resources were not created by DPH but the instructions on specimen collection are accurate.	5 mins	
OID 103: Watch Nasopharyngeal swab specimen collection video.	Objective: the nurse will demonstrate correct collection technique.	4 mins, 12 secs	
OID 104: Manual for the Surveillance of Vaccine Preventable Diseases (VPD) – Review chapters 6, 7, 8, and 10 Table of Contents Manual for the Surveillance of Vaccine-Preventable Diseases CDC	Objectives: discuss VPD surveillance and case identification; describe case definitions and clinical descriptions; list the pathogen-specific laboratory test(s) for surveillance.	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 The nurse must complete the following prior to practicing under nurse protocol:	Comments/Notes	Course Duration	Date Completed and Initials
Self-Study <u>EXCEED</u>			
PR 101: Read the Standard Nurse Protocol for PrEP Use in the Prevention of HIV. Complete initially and annually.	GA DPH guidelines and standards for nurses practicing under the PrEP protocol.	2 hours	
PR 102: Complete the National HIV Curriculum Module 5 (Prevention of HIV), Lesson 5: PrEP and successfully pass the question bank with a minimum score of 80% If questions arise in signing up for this group, contact: • Sandra Metcalf: Sandra.metcalf@dph.ga.gov or • Sarah Pair: Sarah.pair@dph.ga.gov Sign up for the GA-DPH Division of Clinical & Medical Services HIV Unit when completing Module 5, Lesson 5 .	Description of the module and objectives are provided at the beginning of the module.	8 hours	
PR 103 (prerequisites PR 101 and PR 102): View the 2023 DPH PrEP Training for Clinicians . Complete initially and annually.	Objectives: understand the indications for PrEP, review FDA-approved PrEP medications, discuss initial assessment and follow-up, and demystify doxy-PEP.	1.5 hours	

PREPARTICIPATION PHYSICAL EVALUATION FOR SPORTS PHYSICALS APRN PROTOCOL

Learning Expectations – Initial Training The APRN must complete the following prior to practicing under nurse protocol:	Comments/Notes	Course Duration	Date Completed and Initials
Self-Study			
Read the following required articles and resources: • American Academy of Family Physicians (AAFP): The Preparticipation Sports Evaluation (2021) • UpToDate- Sports participation in children and adolescents: The preparticipation sports evaluation • UpToDate- Approach to the infant or child with a cardiac murmur • NIH Sports Physicals Optional resource: • American College of Sports Medicine: Preparticipation Physical Evaluation (PPE) Monograph, 5th Edition	Description: The APRN will review the purpose of the sports physical along with the essential components in a routine preparticipation physical evaluation. Objectives: • Review the targeted medical and family history components of a preparticipation physical evaluation for sports physicals • Evaluate the components of a focused cardiovascular and musculoskeletal physical exam • Assess cardiac murmurs in children • Review expected and abnormal findings in a preparticipation physical evaluation	2 hours	

SEXUALLY TRANSMITTED INFECTION (STI)

Learning Expectations – Initial Training	Comments/Notes	Course Duration	Date Completed and Initials
STD 101: Read the Standard Nurse Protocols for Sexually Transmitted Infections. Review the following resources on pharmacology: • Nursing 2022 Drug Handbook Forty Edition • Davis's Drug Guide for Nurses 17th Edition • Epocrates • UpToDate	Objective: Nurses will understand the pharmacology of medications used in the treatment of STIs.	8 hours	
STD 102: Complete the following National STD Curriculum Lessons and applicable question bank: • Chlamydia • Gonorrhea • Syphilis • HSV • HPV • PID • Vaginitis • Mpox	Objectives: • Summarize the epidemiology and discuss the clinical manifestations. • Compare the common laboratory diagnostic methods used to diagnose. • State routine screening recommendations. • List the CDC recommended treatment regimens.	8 hours	
STD 103: Complete the following STI Training Module from the APHL Learning Center:	Objectives: • Summarize the background and history of syphilis.	1 hour and 30 mins	

1. <u>Overview of Syphilis Diagnostics:</u> • Background and History • Serologic Assays and Algorithms • Syphilis Serology Case Studies The nurse must first create an account with APHL using the link below to sign-in and enroll in the required training: https://www.aphl.org/Pages/createaccount.aspx	• Understand syphilis diagnostic testing. • Review traditional and reverse syphilis algorithms. • Provide an overview of the serologic assays, algorithms, and considerations for choosing the correct algorithm.		
STD 104: Complete University of Washington hepatitis B (HBV) and hepatitis C (HCV) online training. Complete the following lesson on <u>hepatitis B:</u> • <u>HBV Screening, Testing, and Diagnosis</u> Complete lesson 3 and 4 within the <u>Screening and Diagnosis of Hepatitis C Infection</u> module: • Lesson 3: <u>Hepatitis C Diagnostic Testing</u> • Lesson 4: <u>Counseling for Prevention of HCV Transmission</u>	Objectives: • Details the groups considered at priority for HBV testing, the recommended screening and diagnostic tests, and how to interpret HBV diagnostic test results. • Describes screening and supplemental tests used for diagnosing HCV infection. • Reviews how to interpret HCV test results correctly. • Discusses best practices for communicating meaning of HCV test results to persons who undergo testing. • Discusses appropriate counseling to prevent HCV transmission.	2 hours	

STD 105: View 2023 DPH Clinician Training on Sexually Transmitted Infections.	Objectives: • Describe the epidemiology of STIs in the US and GA. • Name common organisms that cause STIs. • Recognize common STIs based on syndromic features. • Describe the diagnostic approach to the most common STIs. • Identify first-line therapy for the most common STIs. • Consider mpox on your differential.	2 hours	
STD 106: View the 2023 DPH Clinician Training on Syphilis	Objectives: • Review stages and clinical manifestations of syphilis. • Describe serologic diagnostic workup and limitations. • Review treatment and discuss approach to penicillin “allergies”. • Consider nuances of follow-up after syphilis diagnosis and treatment. • Consider special situations: pregnancy, congenital syphilis.	2 hours	
STD 107: STD 101 • Day 1: Microsoft Teams WH 101: Women’s Health Exam (virtual) • Day 2: Microsoft Teams STD 101 (virtual)	Objectives: • Describe how to take a sexual history. • List the diagnostic methods used to diagnose. • Summarize the intent of the 340B program. • Discuss the use of STD Approval Codes	3 days	

Day 3: In-Person Clinical Skills Practicum	Review the screening criteria for chlamydia and gonorrhea for different client populations.		
Preceptorship (prerequisite all self-study and didactic courses)		Comment/Notes	Date Completed and Initials
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.			
Learning Expectations – Annual Training		Comment/Notes	Date Completed and Initials
Review the Standard Nurse Protocols for Sexually Transmitted Infections.			
Every 2 years, participate in a webinar or training containing STI related content (e.g., Georgia DPH/Southeast STI/HIV Update, National STD Curriculum Modules , Syphilis Case Management course, in-service programs or professional conferences).			
Clinical/ Peer Review		Comment/Notes	Date/Initials
A supervisor/peer must observe the nurse in performing a complete history, focused STI 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: Self-Study	Comments/Notes	Course Duration	Date Completed and Initials
TB 101: Complete CDC’s Tuberculosis 101 for Healthcare workers .	Series of TB educational modules.	1-2 hours	
TB 102: Complete CDC’s Core Curriculum on TB: What the Clinician Should Know and/or CDC’s Self-Study Modules on TB .	Series of TB educational modules.	6-8 hours	
TB 103: Review Georgia TB Program Policy and Procedure Manual , current edition.	Objectives: Describes the GA DPH TB program procedures, policies, guidelines and recommendations to support TB program services.	6 hours	
TB 104: Review Georgia TB Reference Guide , current edition. (The <i>Georgia TB Reference Guide</i> is now available as an app for IOS and Android in the Apple or Google Play Store).	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
TB 201: Complete one of the following courses: Online TB Update and Skin Test Certification Course on EXCEED (complete skills validation under supervision after online course requirements are fulfilled) OR TB Update & Tuberculin Skin Test (TST) Certification Workshop provided by State TB Office/District TB Coordinator/Certified Instructor. Contact District TB Coordinator or State Office Nurse.	Objectives: 1. Identify 3 factors that can influence TB transmission. 2. Explain the difference between LTBI and active TB disease. 3. Recognize and list the symptoms of pulmonary TB. 4. List 5 steps for TB screening. 5. Demonstrate the proper method of TST administration, measurement of induration and interpretation of results.	6 hours	
TB 202: TB program updates (to include medication updates) provided by State, District or local staff.	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.	1 – 2 hours	
TB 203: TB Contact Investigation Southeastern National TB Center (SNTC) Fundamentals of TB Contact Investigation (offered several times a year). This training includes four sessions that are held virtually and live.	Objectives: 1. Identify 6 index case characteristics used in determining the priority of an investigation. 2. List 4 factors used to decide the priority of a contact. 3. Discuss the time frame in which high and	6 hours (1.5 hours per live session)	

Participants must attend all four live courses and complete 80% of each live session. Please ensure completion of TB self-study modules (CDC) 6 and 8. Training information available at https://sntc.medicine.ufl.edu/RTMCCProducts.aspx	medium priority contacts should be screened. 4. Demonstrate open-ended questions. 5. Determine when to initiate an investigation and review the infectious period.		
TB 204: Complete one of the following courses: DPH TB 204 TB Case Management Training on EXCEED OR SNTC TB Case Management Course (offered several times a year)	1. Define and outline the goals of case management. 2. Relates the tasks of case management to the National TB Indicator goals. 3. Summarize the process of patient assessment, medical evaluation and treatment plan. 4. Compare the initial phase and continuation phase of TB treatment. 5. Perform DOT Dose Counting to ensure adequate completion of treatment. 6. Formulate a case management plan for a case study.	8 hours OR 32 hours	

TB 205: Complete TB DOT Training (includes VDOT) on EXCEED: <i>NOTE: Before taking this course, you must have first completed TB 101 and TB 201.</i>	Objectives: 1. Understand the purpose of DOT. 2. State the responsibilities, as well as limitations, of the DOT provider. 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. 4. Verbalize the procedure for patients who fail to show for their DOT appointments. 5. Follow the appropriate infection control guidelines for each patient.	2 hours	
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Preceptorship	Comments/Notes	Date Completed and Initials
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 TBNurse@dph.ga.gov.	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.	2 hours

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 & dispensing and/or administration of drugs, patient education/counseling, DOT & contact investigation as available in the county.	The extent and duration of the preceptorship will vary per the competency of the individual nurse.	4 – 8 hours
Learning Expectations – Annual Training The nurse must complete the following annually or as otherwise indicated while practicing under nurse protocol:	Comments/Notes	Date Completed and Initials

Annually, a certified supervisor or peer shall observe the nurse performing one TST placement and one TST reading to maintain proficiency.		
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.	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.	3 – 4 hours
Clinical/ Peer Review		
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.		

WOMEN'S HEALTH/FAMILY PLANNING

See end of document for APRN requirements*

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			
WH101: Read the following sections or chapters in Cason, Patty, Contraceptive Technology (current edition): • Effectiveness, Safety, and Comparative Side Effects • Fertility Awareness-Based Methods • Pregnancy Tests for Human Chorionic Gonadotropin (hCG)	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	
WH 102: Read Georgia Family Planning Program Services Manual (current edition).	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	
WH 103: Read BCCP Policy and Procedure Manual	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.		
WH104: Review the following CDC Contraceptive Guidance for Health Care Providers: • Providing Quality Family Planning Services • U.S. Medical Eligibility Criteria for Contraceptive Use, 2024 • U.S. Selected Practice Recommendations for Contraceptive Use, 2024	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	
WH105: Review Georgia laws regarding minors and reproductive health services (contraception; pregnancy related care; abortion; STD and HIV care; drug and alcohol care). • Minors Access to Contraceptive Services • O.C.G.A. § 31-9-2	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	
WH106: Complete SOAR to Health and Wellness Human Trafficking Training OR CHOA: The Fundamentals of Child Sex Trafficking	Description: The webinars address how to know when someone is a victim of human trafficking and the best ways to respond to her/him. Objectives: Recognize the signs of a human trafficking victim and describe the steps to take to assist victims of human trafficking.	1.5 hours	

WH 107: Contraceptive Methods Review and Patient Centered Counseling To successfully complete this training, the nurse must view each module in its entirety.	Description and objectives: This training consists of 12 topics providing detailed information related to contraceptive methods and patient counseling.	7 hours & 15 minutes	
WH 108: Optional virtual training for <u>APRNs only</u>: DPH Office of Nursing Nexplanon Removal Training	Objectives: This virtual recorded training is provided for APRNs that may wish to gain clinical pearls and additional experience with contraceptive implant removal techniques.	1.5- 2 hours	
Didactic/ Classroom Training (recommend all self-study trainings completed as a prerequisite)	Comments/Notes	Course Duration	Date Completed and Initials
WH 201: The Women's Health Exam and Issues Affecting Women through the Ages: - Day 1: Microsoft Teams WH 101: Women's Health Exam (virtual) - Day 2: Microsoft Teams STD 101 (virtual) - Day 3: In-person Clinical Skills Practicum	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.	3 days	
Preceptorship (prerequisite all self-study and didactic courses)	Comments/Notes		Date Completed and Initials
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,	The extent and duration of the preceptorship will vary according to the competency of each individual nurse.		

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. The preceptorship forms for Nexplanon insertion/removal and IUD insertion/removal are included in <u>Attachment D: Women's Health Preceptorship Forms</u> .		
Learning Expectations – Annual Training The nurse must complete the following annually or as otherwise indicated while practicing under nurse protocol:	Comments/Notes	Date Completed and Initials
Self-Study		
Remain current Women's Health policies and procedures manuals and nurse protocols: • Review Women's Health Nurse Protocol. • Review Family Planning Manual. • Review BCCP Policy and Procedure Manual.		
Didactic / Classroom Training		
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.		
Clinical/ Peer Review		
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: **Sections or** chapters in **Cason/Contraceptive Technology**, **Georgia** 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, **WH 108: Optional virtual training for APRNs only**. 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.

Policy and Procedure Manual for Public Health Nurse Training

Attachments

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 Bookwebinar 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 **Cason, Patty**, *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 [TB Contact Investigation](#) Training: 6 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 [AHA Guideline on the Management of Blood Cholesterol](#): 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- 2023, Diabetes Care 2023; 46 \(Suppl. 1\): S5-S9](#): 0.5 hours
 6. Complete [Diabetes Self-Management Education](#) webinar: 0.5 hours
 7. Review [AHA Guideline on the Management of Blood Cholesterol](#): 1 hour
 - ii. Didactic: *As noted above in Hypertension*
- g. Child Health

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

 - i. Self-study: **12.75 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 [Autism Screening: Knowledge, Skills, and Family Conversations](#): 3 hours
 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](#) and included Occupational Post-Exposure Prophylaxis Guidelines
 - 1. Complete [the National HIV Curriculum: Module 5, Lesson 3: Occupational Postexposure Prophylaxis](#)
 - ii. Review [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](#)
- b. Mandatory Reporting of Suspected Child Abuse: 4 hours
 - i. Review the [DPH Policy for Mandatory Reporting of Suspected Child Abuse](#) and [2023 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

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

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

Peer Review of Clinical Skills & Knowledge				
A	B	C	D	Peer Reviewer should designate appropriate level below
Patient #:				
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?

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

Attachment D: Women's Health Preceptorship Forms

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 package insert .								
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 package insert .								
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 package insert .								
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 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 <u>and</u> 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? – (only if required per protocol/ ASCCP Guidelines <u>and</u> preceptor skilled in completing endometrial biopsy)	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? – (only if required per protocol/ ASCCP Guidelines <u>and</u> preceptor skilled in completing endometrial biopsy)	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 <u>and</u> 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 <u>and</u> 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 <u>and</u> 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 <u>and</u> 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: • Maintain clean technique • Focus colposcope and complete thorough colposcopy examination • Identify squamocolumnar junction			

• Identify cervical lesions for biopsy • Complete cervical biopsy and endocervical curettage – with hemostasis obtained • Identify lesions (vaginal and vulvar) which need referral for biopsy • Determine treatment plan based on ASCCP guidelines and/or protocol (referral/consultation)			
5. Document complete visit information in medical record: history, colposcopy exam findings, and follow-up.			
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>			

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: _____