

2022-2024 CD/STD Policy Review for **AA510**

County: _____ Date of Review: _____

Reviewer Name: _____

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|--|--|---|--|--|--|-------------------------------------|--|
| Policy Name CD Surveillance* | Current | CD RN Orientation | CD Course Completion | 2 RNs (lead and back up) | NCEDSS Workflows checked at least once daily | Annual Outreach to Providers | Recommendations/Comments <i>Recommend agency keep log of community outreach activities</i> |
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| Policy Name Infection Control | Current | Infection Control Position is designated within the policy | | Required training specified (.0206) | | Recommendations/Comments | |
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| Policy Name CD Investigation* | Current | At least 3 attempts for records/patient contact for LTFU | | Investigation procedure/steps outlined | | Recommendations/Comments | |
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| Policy Name NCEDSS Reporting* | Current | Security Statement | 2 Nurses with active access | 30 day reporting** | Notify state to deactivate account | Recommendations/Comments | |
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| Policy Name Human Rabies Risk Assessment and PEP | Current | Reference rabies manual or compendium | Human risk assessment by RN (or LPN with script) | Procedure for intra-agency or inter-agency notification/communication | Patient follow up procedure/steps outlined, esp. if no PEP at LHD | Recommendations/Comments | |
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| Required Information | List of New CD RNs, date of hire, and date of completion of CD Course | | New CD RNs date of completion for NCEDSS training | | Recommendations/Comments | | |
| | | | | | | | |

✓ = Present or Yes

○ = Not present or No

N/A = not applicable

*These policies may be separate or combined.

** 30 day reporting data – see table below

