

2025

**Public Health Agency Guideline Updates for Board of Health
Review and Approval**

November 6th, 2025



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Executive Summary

This document outlines the 2025 updates to the agency’s operational guidelines which focuses on improving clarity, uniformity, and overall functionality. Key revisions include the adoption of a new standardized template, the consolidation and renumbering of guidelines, and the reclassification of certain documents as Standard Operating Procedures (SOPs) to more accurately reflect their purpose.

The guidelines have undergone an internal and committee review. In accordance with the North Carolina Local Health Department Accreditation requirements and in compliance with Public Health’s Guideline on Policies and Procedures, approval from the Board of Health is now being requested to finalize the 2025 guideline update process.

Background

North Carolina Local Health Department Accreditation Benchmark 37 states: “The local board of health shall assure development, implementation, and evaluation of local health services and programs to protect and promote the public’s health.” Within this benchmark, Activity 37.2 specifies: “The local board of health shall approve policies for the administration of local public health programs.”

Division Directors are required to annually review their assigned agency guidelines and make necessary updates. The most recent comprehensive review was completed in September 2025. The updated guidelines, along with any changes, were submitted to the Health and Human Services Advisory Committee for review on September 24, 2025.

Following this review, the division is required to seek approval of the agency’s guidelines from the Board of Commissioners, acting as the Guilford County Board of Health. This structured review and approval process ensures consistent policy oversight and compliance with statutory requirements.

Summary of Changes

Notable changes for 2025 include a comprehensive update of our agency guidelines aimed at improving transparency and consistency. As part of this effort:

- Several guidelines were consolidated to simplify the framework.
- A new standardized template was adopted
- Guidelines were renumbered for better organization.
- Multiple guidelines were reclassified as Standard Operating Procedures (SOPs) to more accurately reflect their intended function.
- All references to “Public Health” have been updated to Guilford County Department of Health and Human Services—Public Health Division.

To support transparency and ease of reference, a revised Table of Contents showing both the original and updated guideline numbers has been included (Appendix A). No significant changes were made to most of the guideline content (see Appendix B for details). The updates focused primarily on formatting, organization, and classification to enhance clarity and consistency, without altering the content or intent of the original guidelines.

Exception – Community Outreach HE-02:

This guideline was updated to provide a more comprehensive framework for the planning, implementation, and delivery of outreach and mobile unit services. The revision supports the agency’s mission to reduce health disparities, promote early detection, and enhance the safety of staff.

Review and Approval Process

The updated agency guidelines underwent a thorough review process to ensure accuracy and alignment with organizational goals.

1. Internal review by Division Directors.
2. Oversight and approval from the Executive Team.
3. Review and recommendations from the Health and Human Services Advisory Committee.

These reviews were completed in September 2025. As the final step in the process, the division now requests approval of the updated guidelines from the Board of Health

Next Steps

Once approved, the updated guidelines will be distributed to all Public Health staff members for review and implementation. To ensure ongoing relevance and compliance, the guidelines will undergo a formal review and approval process by the Board of Health every two years.

Appendix A

Table of Contents

Guideline Name	Number	Previous Number
ADMINISTRATION		
Policy and Procedures	AD-01	A-12
Organizational Structure	AD-02	A-3
Research Study	AD-03	A-10
Nursing Directors' Committee	AD-04	A-5
Physically Disabled Clients	AD-05	C-13
Title VI LEPT Compliance	AD-06	C-17
Standing Orders	AD-07	C-19
Vaccination Requirements	AD-08	G-22, G-23
GENERAL		
Breastfeeding Friendly Workplace	GEN-01	B-3
Breastfeeding Friendly Site	GEN-02	B-4
No Tobacco Use	GEN-03	G-16
Safe Surrender	GEN-04	A-13
Patient Dress Code	GEN-05	C-11
FINANCE/BUSINESS		
Billing and Collection	FIN-01	E-19/E-20
Purchasing	FIN-02	E-5/E-12/E-17
Compliance Plan	FIN-03	E-10
Eligibility Determination	FIN-04	E-11
COMMUNICATION		
Public Health Information Dissemination	COM-01	I-7

Media Coordination*	COM-02	M-1
IT/EQUIPMENT		
Data Systems Review and Maintenance	IT-01	A-18
Computer Security Guideline	IT-02	A-15
Equipment Assigned to Staff	IT-03	G-25
Technology Purchase	IT-04	E-21
ENVIRONMENTAL HEALTH		
EH Quality Assurance/Improvement Process	EH-01	EH-01
Regulations and Standards Definitions	EH-02	EH-02
Environmental Health Complaint/Enforcement	EH-03	EH-03
Equipment Verification and Maintenance	EH-04	EH-04
Enforcement of Complaints of Rules, Laws, and Ordinances	EH-05	EH-05
Construction, Abandonment and Fee Structure of Monitoring Wells	EH-06	EH HERA-04
PHARMACY		
Pharmacy Services	PHA-01	C-1
340B Drugs	PHA-02	C-20
Administration and Dispensing of Naloxone	PHA-03	C-21
LAB		
Scope of Services and Labs Used by GCDPH	LAB-01	C-14
Collection/Submission Clinical Lab Specimen	LAB-02	C-12
Transportation of Lab Specimens	LAB-03	C-9
Bio-Hazardous Waste Management	LAB-04	B-2
CLINICAL SERVICES		
HIV Antibody Counseling/Testing	CS-01	C-3
HEALTH EDUCATION/OUTREACH		
School Contraceptive Policy	HE-01	H-2

Community Outreach Policy	HE-02	H-4
HIPAA/AGENCY RECORDS		
HIPAA Compliance Policy	HIP-01	F-16/ F-17/F-18
Vital Records	HIP-02	F-6
Confidentiality	HIP-03	F-1
Release of Information	HIP-04	F-2/F-7
Informed Consent	HIP-05	F-8
Electronic Medical Records	HIP-06	F-15
STAFF DEVELOPMENT		
Cultural Competency	SD-01	G-27
Non-Discrimination	SD-02	G-26
Performance Evaluation & Annual Review of Position Description	SD-03	G-33
Staff Licenses, Certifications and Listings	SD-04	G-18
Staff Competencies	SD-05	K-19
QUALITY IMPROVEMENT		
Quality Improvement Process	QI-01	I-8
Equipment Quality Control	QI-02	I-1

Appendix B

Guideline Number	Guideline Name	2024 Guideline	2025 Guideline
AD-01 (A-12)	Policy and Procedures		Added Definition: <u>Standard Operating Procedure (SOP):</u> is a set of step-by-step instructions that outline how to perform a routine task or activity. They are designed to ensure consistency, efficiency, and quality in how tasks are carried out.
AD-03 (A-10)	Research Study		Added Procedures, Legal Authority, and Appendix/ Appendices - Researchers must ensure all materials (e.g., surveys, brochures) are culturally sensitive and linguistically appropriate for Guilford County residents. Materials must be reviewed and approved before dissemination. - Periodic updates on the research study's progress shall be provided to the Health Director and Advisory Board, ensuring accountability. - Research records must comply with the NC Records Retention and Disposition Schedules to ensure proper documentation and preservation. <i>Administrative Enhancements:</i>

			- Digital Submissions: Streamline the process by integrating an online application system for research proposals - Compensation Plans: Researchers must provide a detailed plan for compensating community participants (financial or non-financial). - Community Engagement: Proposals must include a plan for community involvement in defining the research problem, gathering data, and disseminating findings. Legal Authority: • Health Insurance Portability and Accountability Act (HIPAA) – Privacy Rule Privacy HHS.gov • NC General Statutes. General Statute Chapters - North Carolina General Assembly Appendix/Appendices A. NC Records Retention and Disposition Schedule. General Records Schedule: Local Government B. NC Administrative Codes. OAH - NCAC - Browsing C. US DHHS, Office for Human Research Protections (OHRP) website located at https://www.hhs.gov/ohrp/index.html D. Code of Federal Regulations, Title 21 – Food and Drugs, Volume 1, Chapter I – Food and Drug Administration (FDA), DHHS, Subchapter A – General, Part 50 – Protection of Human Subjects
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			https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=50
AD-06 (C-17)	Title VI LEPT Compliance	Legal Authority: Federal Law -Title VI Appendix 7.1 Title VI Statement of Compliance 7.2 Section 1557 of the Affordable Care Act (see more below) 7.3 Informed Consent for Use of Interpretive Services, English and Spanish 7.4 LEP Compliance Notice for GCDPH	Added/Updated Legal Authority - Federal Law -Title VI Civil Rights Division Title VI of the Civil Rights Act of 1964 - Section 1557 https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html Appendix/Appendices: A. Title VI Statement of Compliance B. Section 1557 of the Affordable Care Act C. Informed Consent for Use of Interpretive Services, English and Spanish D. Limited English Proficiency Compliance Notice E. LEP Title VI Act Program Compliance
GEN-04 (A-13)	Safe Surrender	Guideline The Guilford County DHHS, Division of Public Health staff, shall comply with the Agency’s recommendations regarding the Safe Surrender or Abandonment of a newborn infant less than seven days of age. The recommendations are based on the North Carolina General Statute 7B-500	Guideline The Guilford County Department of Health and Human Services—Public Health Division staff shall comply with the Agency’s recommendations regarding the Safe Surrender or Abandonment of a newborn infant less than thirty days of age and shows no signs of abuse or neglect. <i>The recommendations are based on the North Carolina General Statute Article 5A, section 6.2.(a)</i> Added Sections to Procedure

		Legal Authority North Carolina General Statute 7B-500 (a) References Incident Report Form Safe Surrender Question Form	- Only law enforcement or a DSS worker can take temporary custody of the child if the following is true: • If the surrendered infant is reasonably believed to be over 30 days old • The infant shows signs of abuse or neglect • There is reason to believe the surrendering individual was not the parent of the infant • At the time the infant surrendered, there was reason to believe the parent intended to return for the infant - Employee shall provide the surrendering parent with written information created by the Department of Health and Human Services, Division of Social Services (G.S. 7B-528; Appendix C – see attached brochure) Added/Updated Legal Authority: • North Carolina General Statute Article 5A, 7B section 6.2.(a) Chapter 7B - Article 5A • Safe Surrender GS Law p31 Appendix/Appendices: A. Incident Report Form Incident Report Form 2024.doc B. Safe Surrender Health Info Form C. Safe Surrender Parent Brochure
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EH-06 (HERA-04)	Construction, Abandonment and Fee Structure of Monitoring Wells	Definitions: Health Director: The Director of the Guilford County Department of Health and Human Services or his/her authorized representative. Application: The Health Director shall review the application to construct a monitoring well, air injection well, air sparging well, or recovery well. The application must contain the following information: The groundwater remediation permit shall be generated using the following guidelines: The first three digits shall be issued in sequential order beginning with 001, 002, etc.	Added Definitions: <u>HERA Team:</u> Health and Environmental Risk Assessment Supervisor and/or Toxic and Health Hazard Specialists. <u>Responsible Party:</u> Person(s) or entity that through testing of the contamination site are determined to be the responsible party for the contamination. <u>Small Business:</u> A business that is independently owned and operated with fewer than 500 employees Application: The application to construct a monitoring well will be reviewed by a HERA team member. The application must contain the following information: The groundwater remediation permit shall be generated utilizing the following identification guidelines: For the client identifier we will be using the customer ID# followed by the number of monitoring wells that are on the contamination site. For example, customer ID# 123456-5 (5 is the number of monitoring wells on site).
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		The last two digits shall be the year of issue (for example: 001-96 shall be the first permit issued in 1996). The last alpha sequence shall be designated as MW for monitoring well, AI for air injection well, AS for air sparging well, or RW for recovery well. The alpha listing will be followed by the total number of wells being permitted (for example: 001-96-MW4-RW3 shall indicate the first permit issued in 1996 for four monitoring wells and three recovery wells). Upon receipt of an application for the addition of wells to a previously permitted site, the Health Director shall amend the groundwater remediation permit to reflect the total number of wells on the site. An amended groundwater remediation permit shall be issued to the well owner.	Upon receipt of an application for the addition of wells to a previously permitted site, the HERA monitoring well database shall be amended to reflect the total number of wells and the number of wells specific to the contamination site. Notification shall be made to well owner. New Section added to Fees: For new sites there will be a fee for wells that are constructed within the property boundaries of where the contamination originated. The initial well fees will be based on the following: • Small businesses will pay an initial well fee of \$600 and an additional \$60 for every well drilled within the property boundaries of where the contamination occurred
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		Revisions: A revised groundwater remediation permit will be issued to the well owner and the groundwater remediation permit database updated to reflect the revision.	• All other businesses will pay an initial well fee of \$850 and an additional \$60 for every well drilled within the property boundaries of where the contamination occurred Once the initial well fees are paid for the current fiscal year (FY) an annual fee will be assessed in Oct of the following FY in the amount of \$525 per site. This fee will be utilized for ongoing preventative and maintenance activities. The HERA Monitoring Well Database will then be updated to reflect payment. Revisions or Site Closures: A revised groundwater remediation permit will be issued to the well owner and the HERA Monitoring Well Database updated to reflect the revision. If all the wells have been abandoned and records have been received and confirmed by a field inspection, then a certificate of completion must be placed in the groundwater remediation permit file, and the permit will be terminated only after all fees have been paid.
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		Records: The Health Director will maintain a file containing copies of the application, the groundwater remediation permit and all subsequent revisions thereof, records of construction and abandonment of all permitted wells, and permit termination. The file will also contain copies of all notes, correspondence, and other documentation related to all monitoring wells, air injection wells, air sparging wells, or recovery wells covered by the groundwater remediation permit.	The HERA Monitoring Well database will then be updated, and the site closed. Records: HERA will maintain the state USTID database. HERA will also maintain the Guilford County Monitoring Well Database for billing and records of all permits, correspondence, notes, well abandonment, site closures and any other relevant information to the site.

HIP-06 (F-15)	Electronic Medical Records		Added <u>HITECH Rule</u> - It is part of the American Recovery and Reinvestment Act of 2009 that incentivized the meaningful use of EHRs and strengthened the privacy and security provisions of HIPAA - Patients have rights to obtain access reports to show who accessed their electronic protected health information (e-PHI), both authorized and unauthorized. - Business Associates and subcontractors are held responsible for following the HIPAA Rule. BA is any person who creates, receives, maintains, or transmits PHI on behalf of a covered entity. (data storage organization) - Breach notification process requires notification process to the patient/client, Public Health Director, Communication Manager, law enforcement and media.
IT-02 (A-15)	Computer Security	Passwords should be a minimum of 8 digits and contain a combination of any 3 of the 4 below: • Upper case Alpha characters, • Lower Case Alpha characters, • Special characters	Passwords should be a minimum of 12 digits and contain • Upper case Alpha characters, • Lower Case Alpha characters, • Special characters • Numeric characters

		Numeric characters	
IT-04 (E-21)	Technology Purchase	Department of Public Health Technical Coordinator	Department of Health and Human Services-Technical Administrator
HE-02 (H-4)	Community Outreach	Guideline: To reduce health disparities and advance health equity, the Health Department provides prevention and Counseling, Testing and Referral Services (CTRS) among the high-risk population.	Updated Guideline Purpose To reduce health disparities and ensure health equity across all groups, and promote early detection, prevention, and management of communicable diseases, chronic diseases, and health risk factors through direct community outreach and mobile clinic services. Guideline This policy applies to all outreach and mobile clinic services provided by the Guilford County Department of Health and Human Services programs addressing: - Communicable disease testing and prevention - Vaccine administration - Primary care services - Cardiovascular and blood pressure screening - A1C (diabetes) screening - Women, Infants, and Children (WIC) services - Emergency response to public health threats

		Definitions: <u>Target Group:</u> Groups designated “in need” as identified by the agency/programs. Procedures: Staff Responsibilities: Locations for outreach should be determined in a systematic way. For example, if staff are targeting STI/HIV prevention and screening, they should determine where to outreach by reviewing disease morbidity maps for locations of high morbidity. Staff should examine other data, such as crime reports, observation of high-risk behaviors and disease line-listings from the state office. Staff should also consult with DIS at the Greensboro regional office and communicate with community-based organizations. Staff may also hear from current clients about groups or geographic areas that would benefit from testing. Scout out an area before you start outreach. Get to know the neighborhood and its leaders. Find out when people are out and available to talk. Sometimes they are better	Definitions: <u>Target Group:</u> Groups designated “in need” as identified by the agency/programs. Procedure - Outreach schedules must be approved by supervisors in advance. Staff should flex off their time or follow the instructions of their supervisor. - All staff must participate in annual training on safety protocols, bloodborne pathogens, client-centered counseling, and emergency procedures. - Supervisors must review post-outreach incident reports and provide debriefs when necessary. <i>Service Planning:</i> - Outreach sites must be chosen based on systematic data review, including morbidity mapping, risk behavior analysis, and consultation with community organizations and Disease Intervention Specialists (DIS). Utilization of the Health Surveillance Team is encouraged.
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	than others for outreach depending on the neighborhood. It is best to provide outreach consistently in the neighborhood you are targeting. Consistent outreach means a regular schedule (same day of the week, same time) for an extended period of time. For example, you may want to outreach in a particular neighborhood every Wednesday from 2:00 PM to 5:00 PM for six months and then re-evaluate whether you have made progress. Consistency builds community trust. You and your outreach partner should have a contingency plan for emergency and dangerous situations. Please refer to the safety policy for guidelines in developing the plan. The plan should be fully understood by both parties PRIOR to outreach. It's best to conduct outreach on someone's porch or in the streets. Approach people out in public where others can see you. If you are invited into someone's home, make sure you have an escape route. Never put yourself in a position where potential clients are blocking you from an entrance or exit, like a doorway. Be mindful of how doors open in case you must escape quickly or avoid being hit by someone answering the door. When waiting, stand diagonally so that you are less likely to fall if someone does hit you.	- Prioritize areas and groups with demonstrated health inequities or increased disease burdens. - Include DSS program referrals where applicable (e.g., food assistance, family support services). <i>Community Engagement:</i> - Perform neighborhood assessments before beginning outreach activities. - Maintain consistent presence in target communities to build trust (e.g., same day/time weekly for six months). - Respect local leaders, customs, and norms when planning events. <i>Safety Protocol:</i> - Outreach workers must travel in pairs or groups and inform supervisors of their schedules. - Always carry a charged cell phone for emergencies. - Prepare an emergency plan before all outreach efforts following the agency's safety policy.
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		Pay close attention to clients' actions. Always be aware of your surroundings. Walk away immediately if a situation becomes hostile or violent. Dress appropriately for the clients you are serving. Casual clothing is essential (jeans, T-shirts, etc.). Make sure you have comfortable shoes. Minimize jewelry and make up. Always bring a cell phone with you. Do not use your cell phone while on outreach unless necessary. This may cause suspicion in clients (that you are calling the police to report illegal activity) and could undermine clients' trust in you and could hurt your chances of providing outreach in that community in the future. If you must use your cell phone, try to do it in a private location, like your car. If you witness a medical emergency while on street outreach, call 911 on your cell phone immediately and stay with the person until the paramedics arrive. If you are trained in first aid and CPR, you should use your skills. If you are not, do not intervene. If you witness a fight, or people beginning to fight, or any type of violent situation, you	- Avoid homes; conduct services in public, visible areas (porches, sidewalks). - Immediately exit volatile or dangerous situations, report to supervisors. - Submit outreach schedules to the local police precinct as a precaution but minimize interaction with law enforcement unless necessary. - Staff should review the provided links (Appendix A, B, and C) prior to entering the community to assess safety by reviewing crime-related information associated with specific addresses. <i>Professional Conduct:</i> - Dress casually and appropriately for the environment (comfortable clothing, minimal jewelry). - Carry only necessary identification (driver's license, county ID). - Never carry valuables, packages, or accept money from clients. - Do not disrupt illegal activity; if observed, disengage immediately.
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	should leave the area immediately. Report the incident to your supervisor. Do not call the police unless you observe that someone has been harmed and needs medical attention. Do not interrupt any selling of sex or drugs or using of drugs. If you observe this behavior, walk away. Do not report the incident to the police. Do not go out alone in the evening, or after dark, even in familiar locations. Go out in pairs or groups whenever possible. If this is not possible, make sure a team member or supervisor knows your schedule and when you plan to return. If you are in danger, call the police immediately and then report to your supervisor. Send your outreach schedule to the police precinct office where you are outreaching. The police can know where you are and stay out of your way while you are on the street but also know where you are in case you need help. Do not interact with the police or anyone who represents law enforcement unless there is an emergency or they approach you. Doing so may undermine your reputation in the community and may jeopardize your chances	<i>Service Delivery Standards:</i> - Do not perform medical screenings or collect consent from individuals who are intoxicated or impaired. - Provide alternative referrals if immediate service cannot be ethically or safely rendered. - Follow the client-centered counseling model during STI/HIV screenings. - Follow bloodborne pathogens protocols for all blood sample collection. - Staff performing phlebotomy must carry an eyewash kit and bloodborne exposure protocols. <i>Medical Emergencies and Violence:</i> - Call 911 immediately if you witness a medical emergency. - Stay with the client until professional help arrives, only providing aid within the scope of personal training.
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	of outreaching in that community in the future. If the police approach you, show your badge and explain the nature of your business (I am with the Guilford County Department of Public Health and I am providing educational information about STIs,” etc.). Report this to your supervisor when you return. If you are brought in for questioning by the police, call your supervisor immediately and he or she will meet you at the police station. When providing screenings for health conditions on outreach, never test someone who is intoxicated or high. People in this condition cannot give informed consent for the tests they are receiving. Simply explain that you can provide the test at another time when they are able to give consent. You can provide referral cards to convenient locations for other places that offer the testing. If the person is still adamant about testing and escalating the situation, walk away. Do not carry valuables with you; only carry your driver’s license and county identification. Do not accept money or packages from clients. Packages could contain drugs, other	- Avoid physical intervention in fights or altercations; prioritize personal safety. Appendix/Appendices: A. https://p2c.highpointnc.gov/EventMap B. https://communitycrimemap.com/ C. https://guilfordcountysheriff.policetocitizen.com/Home
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		illegal material, or money and could be considered a bribe. When providing STI testing or risk reduction counseling, follow the guidelines for client centered counseling. Follow the blood borne pathogens policy when collecting blood samples in the field. Staff who provide phlebotomy on outreach are required to always carry eyewash kits in their cars. Always carry a copy of the bloodborne pathogen exposure protocol in your car. <u>Appendix/Appendices:</u> None	
SD-04 (G-33)	Performance Evaluations and Annual Review of Position Description	Appendix	Definition Added • <u>Job Analysis Questionnaire (JAQ)</u> – a document that describes the general tasks, or other related duties and responsibilities of a position. Written position descriptions are descriptions of what is expected of the employee and how it relates to the position’s duties and responsibilities. Qualifications refer to the education, skills and training needed by an individual in the position. Appendix - Updated

		Guilford County Job Description Format	• JAQ Template
SD-05 (K-19)	Staff Competencies	Purpose: It is the purpose of Guilford County DHHS-Public Health- that all staff are competent to fulfill their assigned responsibilities as outlined in the JERS (Job Evaluation Rating System/position description) Appendix 7.1 JERS Form	Purpose It is the purpose of Guilford County DHHS-Public Health Division- that all staff are competent to fulfill their assigned responsibilities as outlined in the JAQ (Job Analysis Questionnaire). Appendix/Appendices - Replaced A. JAQ Template
QI-02 (I-1)	Equipment Quality Control	Procedure: Appropriate Staff Maintains documentation of calibration by a certified medical equipment quality control/maintenance vendor. Each division should prepare a yearly schedule for all staff that use blood pressure equipment, outlining dates for annual sphygmomanometer checks. Ensure all blood pressure units will be serviced at a minimum annually. A log will be kept by appropriate staff. Maintains a file of results of the completed equipment quality assurance checks.	Added/Updated Procedure: Maintenance - Each department is responsible for ensuring that the equipment they use is properly maintained. - Designated staff member in each program should oversee the coordination of calibration and maintenance services. - Maintain documentation or proof of calibration and maintenance performed by a certified medical equipment quality control and maintenance vendor.

		Nursing and Non-Licensed Staff: Requests annual visit from medical equipment maintenance vendor. Evaluates equipment for damage and replaces any damaged equipment immediately. Administrative Officer-Clinical Services All digital blood pressure machines will be serviced annually by Southeastern Medical Equipment. A log will be kept in the Administrative Officer's office. Appendix: None	- Ensure that all equipment is maintained or calibrated at least annually or according to the manufacturer's recommendations - Assess equipment for damage and promptly replaces any damaged items <i>Cleaning and Disinfecting</i> - Equipment must be cleaned and disinfected regularly, or after each use. (See Appendix E) - Use only approved cleaning and disinfecting agents compatible with the equipment. - Follow manufacturer instructions to prevent damage during cleaning and disinfection. - Logs must be kept for cleaning/disinfection activities. - Trash and biohazard materials must be disposed of properly and in accordance with regulations Appendix/Appendices A. Clinical Guidelines Cleaning Clinical Areas C-10 B. Dental Guidelines Preventative Maintenance Overview M-1A C. Lab Guidelines Preventative Maintenance G-20 D. WIC Guidelines Procedure for Checking in and Cleaning Breast pumps
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			E. Disinfection and Sterilization Guideline Infection Control CDC
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