

Public Health Agency Guideline Changes

September, 2019

Policies and Procedures

Previous: Staff are informed of new policies and procedures by their direct supervisor.

NEW: Staff are notified of new or revised **agency guidelines** thorough an updated summary of Guideline edits disseminated by email indicating accessibility to the guidelines via the Intranet in One Place. The staff member will read each of the changed guidelines, policies, and procedures and indicate that they have done so on their annual Performance Appraisal by completing the [Statement of Understanding](#), and on a roster .

Emergency Action Plan

OLD: Fire drills and other emergency preparedness trainings will be held routinely.

NEW: A minimum of two annual fire drills will be scheduled in each Health Department facility per the North Carolina Fire Code. Staff will quickly clear other staff and clients of offices, restrooms, elevators, etc. and check that all persons in their physical area of responsibility have evacuated the building through designated routes. Check for closed doors. Note: Visitors/patients in wheelchairs or those unable to use the stairs to evacuate (physically handicapped) will be escorted to a Rescue Area at a designated stairwell. They will await rescue from the responding Fire Department there.

4.5 2 c: deleted "Bioterrorism Response Team" and replaced with Preparedness Manager

Added Appendix 5.15 "GC Emergency Action Plan" as reference (available on OnePlace)

Breastfeeding-Friendly Workplace

OLD: Public Health buildings are breastfeeding friendly establishments, and all required breastfeeding accessibilities are instituted.

NEW: A Place to Express Milk-a private room with a door that can be locked shall be available for employees to breastfeed or express milk. .Access to the locations is based on first come, first serve basis.

Pharmacy Services

OLD: The PH Pharmacy provides medications for clients as indicated.

NEW: PH Pharmacy services includes prescription medications for clients covered by Medicaid - (MFP, MCA, MPW, PO, MDO) and uninsured on a sliding fee scale. Pharmacy generate a prescription, either electronically or written, for medication(s) prescribed that is (are) to be filled by the on-site pharmacy. EACH prescription must indicate which clinic the individual was seen in and their payment/eligibility information for required tracking and documentation.

Collection/Submission Clinical Lab Specimens

OLD: Lab staff will follow established procedures for collecting blood samples.

NEW: When collecting blood samples, attention to safety is important for both staff and the client. Collection safety devices and other control measures are available and are to be used/followed at all times. When performing venipuncture, clients are to be positioned, so that if they faint, the likely hood of them hitting the ground is minimized. Clients should be positioned in phlebotomy chairs with safety arms or they should be asked to lie down before drawing blood. At no time, should blood collection be attempted from a patient setting in a chair that rolls or from patients setting up on the side of an exam bed.

NEW: Rapid Flu A/B Specimens:

Only the swab provided in the McKesson Consult Influenza A&B test kit should be used to collect specimens for flu testing. Specimens should be hand delivered to the lab without delay tested immediately after collection.

Scope of Services and Labs Used by GCDPH

Added Rapid Flu A/B
Added that Quest performs PAP testing
Removed PAP testing from Lab Corp

Billing and Collection

OLD: Eligibility for PH services will be based on the patients ability to pay; commercial pay arrangements; and individual declaration of ability to pay.

NEW: Primary Financial Classes or Client Account Types are as follows:

Free-STI Clients shall receive services at no out of pocket fees.

All Insurance STI, FP, Maternity, Immunizations, and Refugee clients shall be billed if have a valid insurance card.

Private Insurance- will be billed for STI services with Insurance Authorization forms signed. Clients have the right to decline Guilford County PH from billing their insurance for STI services.

Patient must sign an Insurance Decline form and the form will be saved in the patient's electronic chart. Per requirements of the State of NC, Guilford County will not charge patients for STD/STI services provided.

Collection: As required by law:

- All accounts \$50.00 or greater will go to North Carolina Debt Setoff
- All accounts \$25.00-\$49.99 will go to the contract collection agency

Technology Purchases

NEW: Key Associate: staff members assigned in each program area to assess technological needs and issues for simple resolution and assist staff as needed if a helpdesk ticket submission is needed. Submit work orders to the county IS Department for department required IS related tasks. Communicate information to their department areas as provided from IS Management. Attend IS

sponsored Key Associate meetings and communicate meeting summary to their identified department.

Text-messaging

UPDATE: For staff:

- a. Text Messages to remind clients of upcoming appointments shall be pre-made and meet HIPAA requirements. Automated text messaging will only be used for appointment reminders.

Medical and other Records Retention/Disposition Schedule

UPDATED: Guideline:

The Guilford County Department of Public Health (GCDPH) will follow the North Carolina Records Retention and Disposition Schedules for Counties and Municipalities issued by the North Carolina Department of Cultural Resources, Division of Historical Resources, Archives and Records Section, Government Records Branch. Last Issue was September 7, 2007. Amended November 7, 2014, March 31, 2015 and March 1, 2019. The department will also follow the guidance of the North Carolina Department of Health and Human Service Controller's Office. Last updated August 2018.

Schedule for Record Disposition

Immunization records	IN REGISTRY: Destroy 1 years after entry into NCIR	NOT IN REGISTRY: Destroy when the patient reaches age 90 and has not received services within the last 10 years if not entered into NCIR	DECEASED: Destroy 3 years after entry into NCIR or if not in NCIR, 10 years from the last date of service, whichever applies
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Agency Records Standards

(Added the Appended information from software CureMD)

1. Electronically signed by Ms. Graves, Glenda on Monday, April 1, 2019 at 03:54 PM
2. Appended By: Ms Adams Compliance, Tisha on 04/25/2019 at 04:48 PM
3. Attestation of Attending Supervision of Advanced Practice Provider (PA/NP): Evaluation and management procedures were performed by the Advanced Practice Provider under my supervision and collaboration. I have reviewed the Advanced Practice Provider's note and chart, and I agree with the management and plan. Guideline F11. Signed Off By Ms Adam Adams Compliance, Tisha on Thursday, April 25, 2019 at 04:52 PM

UPDATES: Agency Approved Abbreviations/Acronyms

CQI

Continuous Quality Improvement

DAT

Coombs test/Direct Antibody Test

DOD	Date of Delivery
FCI	Family Connects International
FNU	First Name Unknown
GRGI	Get Ready Guilford Initiative
Change HPRH to HPMC	High Point Medical Center Wake Forest Health Network
IDS	Integrated Data System
Remove MSWH	No longer a practice
OP	Occiput posterior fetal position
PPROM	Preterm Premature Rupture of Membranes
REMOVE RPWY	No longer a practice
CHANGE UNC Reg PHYS to	WFHN OBGYN-ELM
WFHN	Wake Forest Health Network
BMZ	Betamethasone
IOL	Induction of labor
NAS	Neonatal abstinence syndrome
THC	Tetrahydrocannabinol
CR	Crossroads (WIC Records system)
WFHNOB	Wake Forest Health Network Obstetrics and Gynecology
WFHNP	Wake Forest Health Network Pediatrics
Exp	Expire
VRPF	Voter Registration Preference Form (NC National Voter Registration)
LVM/lvm	Left voice message
RTF	Ready to Feed
PG/pg	Pregravid
PGW/pgw	Pregravid weight
F/up	Follow up
M/m	Months (e.g. delay solids until 6pm)
Pt	patient
OOC	Out of County

Employee Travel, Transportation, Allowances

Updated GC Travel and Transportation Guidelines, Feb 2019

Student Preceptor Guideline

UPDATE to move some requirements from college student to college faculty or administrators:

Supervisor/Preceptor/Staff Development Specialist may receive Immunization Records from Student and will verify that these are in accordance with the Guilford County Health Department's Immunization requirements for that work area (clinic, outreach in the community, environmental inspections, etc.)

Preceptor will verify with Staff Development Specialist that the student's immunity documentation meets the agency requirements.

Students will provide Guilford County Public Health with documentation of their immunity/immunization records as required.

Employee Name Tag

UPDATE: Purpose:

To provide guidance to DHHS-Public Health staff on proper utilization of the Employee Name Tag and actions to be taken in the event a name tag is lost.

Lost name tags must be replaced within ~~30~~ 5 days at employee's expense.

Influenza Vaccination for GCDPH Employees

OLD: Public Health staff are encouraged to receive an annual influenza vaccination. Staff may be required to sign a declination form if they decline the vaccination for any reason other than medical.

NEW: Purpose:

To establish a guideline and procedure to promote health in the community by reducing the occurrence of influenza in employees of the Guilford County Public Health Division, Department of Health and Human Services.

Guideline:

Health care workers and health care systems have an ethical and moral duty to protect vulnerable patients from transmissible diseases. Each year, influenza infection causes significant morbidity and mortality and adversely affects public health. Influenza-infected health care workers can transmit this deadly virus to their vulnerable patients. Influenza immunization of health care workers is recommended by the United States' Center for Disease Control (CDC) and is the standard of care. The US CDC, the Advisory Committee on Immunization Practices (ACIP) and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. health care workers get vaccinated annually against influenza.

Public Health will provide flu vaccinations to all requesting staff. Annual staff flu clinics will be scheduled for mass vaccination opportunities and for convenience. Staff may also receive their vaccine at their personal physician or other health care provider.

- 4.4 **Influenza Season**-An annual recurring time period (usually November 1 to March 1) of each calendar year), characterized by the prevalence of outbreaks of influenza

Consumer Concern

OLD: All divisions in public health will utilize the pre-printed yellow Client Feedback form to conduct quarterly customer concerns.

NEW: Programs/Division Affected:

All, except Environmental Health, which has its own procedure for handling consumer concerns.

(Env Health has created its own policy/procedure to document and address consumer concerns.)

Incident Report

Guilford County Department of Public Health documents all incidents occurring to patients, consumers, visitors, and employees during working hours in the Health Department facilities or other service sites. Incident reports are confidential and are to be maintained in the Health Director's office. All incident reports will be reviewed by the program managers, the Assistant Health Director, and the Health Director to assure appropriate response and for quality improvement purposes.

Communicable Disease Control Measures Referral

Additional References:

1. Daycare Manual – Guilford County Department of Public Health
2. Sexually Transmitted Disease Manual, North Carolina Communicable Disease Branch
3. North Carolina Tuberculosis Control Program Policy Manual
4. Epidemiology and Prevention of Vaccine-Preventable Diseases, 13th Ed., 2015 (2017 Supplement)
5. Control of Communicable Disease Manual 20th Ed. 2015, Heyman Abraham and Benenson

Continuing Education

Purpose: To provide guidance to employees and supervisors on the procedures implemented to meet continuing education requirements.

UPDATE: Added Form: **Post Educational Training Evaluation Briefing**

The purpose of this form is to document and record key information from external trainings or workshops attended by Public Health staff. In order to share new information with co-workers, staff in attendance will share key points and informational notes by use of this form. Summaries and reviews of the trainings in which we invest our time or talents are very important to our Continuous Quality Improvement processes.

UPDATE: CPR Training

Name: _____ Phone #: _____ Email: _____

Pick up: Date/Time: _____ Return: Date/Time: _____

Type of class: ☐ BLS HCP ☐ BLS Renewal ☐ HS FA ☐ HS FA CPR AED ☐ Friends & Family

Date of class: _____ Number of students: _____

Equipment	# needed	#checked out
Basic Buddy Infant Manikins (5)		
Simulaid Adult Manikins (8)/Infant (4)	Adult ___/Infant ___	
CPR Prompt Adult Manikins (12)/Infant (7)	Adult ___/Infant ___	
Prestan Feedback Manikins (8)		
Wrist Feedback Monitors (2)		
DVD - BLS for Health Care Providers	☐ check if needed	
DVD - BLS Renewal Course	☐ check if needed	
DVD - Heartsaver FA, CPR & AED	☐ check if needed	
DVD - Friends and Family	☐ check if needed	
DVD - CPR Anytime	☐ check if needed	
Pocket Masks/Blue One Way Valves	Adult ___/Infant ___	
Resuscitation Bags	Adult ___ /Infant ___	
AED Trainers (3)		
First Aid Training Kit (8)		
Training Gloves		

I have read the Training Center Policy and agree to pay the fines if equipment is returned late or not cleaned.

(Signature)

Send this form to: Lora Coffey, 1100 East Wendover Avenue, Greensboro, NC 27405

Hazard Communication

UPDATE: Guideline:

To provide a safe work environment and protect employees' health, the Guilford County Department of Health and Human Services - Public Health Division will comply with Occupational Safety and Health Administration Regulation 29CFR 1910.1200 regarding the communication of chemical hazards.

It is the responsibility of each work area to maintain an update and current safety data sheet for each hazardous material present in their work area. Guilford County has an online SDS system (SiteHawk) which maintains county-wide SDS information. From this system SDS information can be stored, updated and archived. In addition, labels and SDS printed documents can be obtained. Each work area should maintain an on-site manual with hard copies of SDS for materials used in their area.

It is the responsibility of each program director to designate a person(s) within their respective program to provide site specific and/or job specific training to employees prior to the employee performing a task involving a hazardous material or being placed in an area where hazardous material may be present. Documentation of site specific training meeting all the requirements shall be the responsibility of the designated person. This documentation will be provided to the supervisor of the employees trained. Copies of all training attendance rosters are to be sent to Staff Development, where they will be maintained centrally

Each division/program within the Health Department shall be responsible for compiling a comprehensive list of the hazardous materials used or stored within their work area. . . Each division shall review and update their hazardous materials list annually. In addition, the information stored on the County online SDS program SiteHawk is to be updated annually. SDS information for any material no longer used is to be removed or archived from the system.

Legal Authority

OSHA Regulations 29CFR 1910.1200

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10099&p_table=STANDARDS

UPDATE: First Aid Team

The First Aid Team responsibilities include:

Assure that EMS or internal **Advanced Provider of Care** has been notified as required.

Emergency Call for a First Aid Team or Advanced Provider of Care

- a. When an emergency is identified, there will be an overhead page of "First Responder" and the location.
- b. The First Aid Team will assess and treat the person per AHA Training. When injury to the head occurs, a "First Responder Nurse" will be called for assessment before the injured is released.
- c. If the emergency is beyond the scope of First Aid Team training, an advanced provider will be paged, "Advanced Provider Responder" to the location.
- d. If the advanced provider determines EMS is needed, EMS is called. The First Aid Team will then transfer care to EMS upon arrival.
- e. In the case of suspected cardiac arrest, the First Aid Team will call EMS, page for "Advanced Provider Responder," and begin CPR as trained. The First Aid Team will then transfer care to EMS upon arrival.
- f. At the 400 W. Market St. location, there is no advanced provider of care. If the emergency is beyond the scope of First Aid Team training, EMS is called.

This guideline/procedure will be reviewed by the First Aid Team and the Medical Director annually.

UPDATE: Vaccine Disaster Recovery Plan

Storage and Handling Guide – Information resource from the Centers for Disease Control (CDC) that provides guidance as to proper and mandated vaccine storage and handling Jan 2018 2019).

Vaccine must be moved in coolers with ice (frozen vaccines) or frozen water bottles (refrigerated vaccines). Coolers are generally kept in the same location as the vaccine storage units. . . Varicella, MMR, ~~Zostavax~~ Zoster vaccines, and Proquad must be packed separately with ice placed on all sides then moved to another freezer . . . Call Wake Forest Baptist Health – High Point Medical Center ~~UNC High Point Regional Hospital~~ (878-6048) to ask to store High Point location vaccines. Moses Cone, Wesley Long, Kindred Hospitals and ~~UNC High Point Regional Hospitals~~ Wake Forest Baptist Health – High Point Medical Center have agreed to temporarily store our vaccines in the event of an emergency. . .

The staff member who discovers a temporary storage problem should document . . . Also review the vaccine specific information in the CDC Vaccine Storage & Handling Guide. Jan 2018, 2019.