County/District:

Accreditation Status: Initial Date: _____Re-Accreditation Date: _____ CD Regional Nurse Consultant _____ Date of Annual Review _____

Part A: Annual review of all staff in the health department who have a defined role for CD Investigation and Reporting.

Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$ User? Last Log In://	CD COURSE Completed? Currently enrolled? Enroll next session?	Review of NC ED\$\$ Activity (\$pecific to Individual)
Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$ User? Last Log In://	CD COURSE Completed? Currently enrolled? Enroll next session?	Review of NC ED\$\$ Activity (\$pecific to Individual)
Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$ User? Last Log In://	CD COURSE Completed? Currently enrolled? Enroll next session?	Review of NC ED\$\$ Activity (\$pecific to Individual)

County/District:

Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$ User? Last Log In: //	CD COURSE Completed? Currently enrolled? Enroll next session?	Review of NC ED\$\$ Activity (\$pecific to Individual)
Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$ User? Last Log In://	CD COURSE Completed? Currently enrolled? Enroll next session?	Review of NC ED\$\$ Activity (\$pecific to Individual)
Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$ User? Last Log In://	CD COURSE Completed? Currently enrolled? Enroll next session?	Review of NC ED\$\$ Activity (\$pecific to Individual)

County/District:

Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$ User? Last Log In:/	CD COURSE Completed? Currently enrolled? Enroll next session?	Review of NC ED\$\$ Activity (\$pecific to Individual)
Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$	CD COURSE Completed? Currently enrolled? Enroll next session?	Review of NC ED\$\$ Activity (\$pecific to Individual)
Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$ User? Last Log In://	CD COURSE Completed? Currently enrolled? Enroll next session?	Review of NC ED\$\$ Activity (\$pecific to Individual)

County/District:

Accreditation Status: Initial Date: _____ Re-Accreditation Date: _____ CD Regional Nurse Consultant _____ Date of Annual Review _____

Part B: Agreement Addendum Assessment AA 510/536/541

Agreement Addenda Criteria FY 2011-12 Communicable Disease Branch - #510/ #536 / #541	Yeş	No	Comment\$/Monitoring \$ource
(510) Within one (1) month of receiving notification of a reportable communicable disease or condition, the LHD will assure that investigation and reporting to the NC DPH via NC EDSS is complete.			Monitored Via NC EDSS Reporting
(510) LHD must have a minimum of two staff who have attended and completed DPH provided NC EDSS training. No training is do be done internally by LHD staff.			Document in Part A
(510) LHD must have a minimum of two staff members who are currently "active users" (i.e., the ability to log into system has not been deactivated.			Document in Part A
(510) LHD must delegate oversight responsibility to a <u>nurse</u> who will be responsible for regularly monitoring all STD and other CD disease events via regular review of NC EDSS events and workflows. This nurse must be trained in NC EDSS, and be knowledgeable of the 2011 NC Communicable Disease Manual and the 2011 NC Sexually Transmitted Disease Manual.			Document name of nurse with oversight responsibility here and provide email address and work telephone:
(510) LHD agrees to monitor and manage workflows in a timely manner (optimally, on a daily basis).			Monitored via NC EDSS Review by CD Nurse Consultant
(510) LHD agrees to enter into NC EDSS, in a timely manner, all paper laboratory reports and physician reports it receives. Reports for patients outside the jurisdiction of the LHD should be entered into NC EDSS then transferred electronically to the appropriate jurisdiction. (Reports will not be mailed, faxed or e-mailed.)			Monitored via NC EDSS Review by CD Nurse Consultant

County/District:

Agreement Addenda Criteria FY 2011-12 Communicable Disease Branch - #510/ #536 / #541	Yeş	No	Comment\$/Monitoring Source
(510) Sharing NC EDSS user account information such as user name and password is strictly prohibited. Every NC EDSS user must have his/her own account. Every user must have a functioning LHD email account so he/she may receive system updates distributed via email.			Monitored via NC EDSS Review by CD Nurse Consultant
(510) LHD agrees to notify DPH immediately when a user no longer needs access to NC EDSS, either through attrition or transfer to a position unrelated to CD or STD surveillance. DPH reserves the right to disable the accounts of users who are unable to demonstrate competency using NC EDSS software.			Monitored via NC EDSS Review by CD Nurse Consultant
(510) LHD agrees to develop and implement a policy incorporating all of the aforementioned items. Policy will be electronically available to Regional Communicable Disease Nurse Consultant upon request.			Annual review: LHD to provide consultant with copy of policy. Sample policy can be found in NC Communicable Disease Manual
 (536/541) All LHDs will have policies and procedures electronically available that address the following areas of STD Program Services: 1. HIV/STD Community Level Surveillance, Investigation, Prevention, and Control 2. Clinical Service Staffing 3. Clinical Service Staff Qualifications 4. Examination, Testing, Treatment, Counseling and Referral NC EDSS Reporting 			Annual Review: LHD to provide consultant with copy of policy. Sample policy can be found in NC Communicable Disease Manual and the NC STD Public health Program Manual
(541) Client-centered counseling based on the State Counseling, Testing, and Referral (CTR) Curriculum must remain available for clients who are HIV positive, or for any other client who requests this service. Each health department should have at least two people trained at all times to meet service delivery needs. All health department staff providing positive HIV test results to clients must attend the CD Branch- sponsored CTR training.			Document names of staff with CTR training & responsibility here:
(536) Among clients of family planning clinics, the proportion of women with positive chlamydia trachomatis (CT) tests who are treated within 14 and 30 days of the date of specimen collection.			Monitored Via NC EDSS Reporting

County/District:

Accreditation Status: Initial Date: _____ Re-Accreditation Date: _____ CD Regional Nurse Consultant _____ Date of Annual Review _____

Part C: Screening Tool for STD Clinical Services in lieu of Monitoring Visit for Potential Quality of Service Issue

Agreement Addenda Criteria FY 2011-12 Communicable Disease Branch - #536 / #541	Yes	No	Comments/Monitoring Source (Directly observed or discussed with LHD staff on Annual Review)
Use of 2010 CDC STD Treatment Guidelines			
Standing Orders in NC Board of Nursing format			
Access to care within 1 workday			
Stat Gram stain capacity if required			
Stat qualitative serologic tests for syphilis if required			
 Prenatal Services in LHDs: syphilis, gonorrhea & Chlamydia at 1st prenatal visit all pregnant women tested for syphilis between 28-30 weeks & delivery pregnant women under 25 years of age & under shall be tested for Chlamydia & gonorrhea in the 3rd trimester or at deliver if not tested during 3rd trimester 			
 HIV testing and pregnancy: Offer all clients HIV testing at 1st prenatal visit Attending physician will test pregnant woman for HIV unless client refuses (If at L&D there is no record of HIV testing during current pregnancy, physician informs the client that HIV testing will be done.) 			
HIV/STD Services are offered at no cost to the client. Exceptions: Asymptomatic clients who request screening for non-reportable diseases; clients who receive follow up treatment of warts after diagnosis is established; clients requesting testing not offered by the state.			

County/District:

Accreditation Status: Initial Date: _____ Re-Accreditation Date: _____ CD Regional Nurse Consultant _____ Date of Annual Review _____

Extension of Part A if needed:

Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$ User? Last Log In://	CD COURSE	Review of NC ED\$\$ Activity (\$pecific to Individual)
Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$ User? Last Log In://	CD COURSE	Review of NC ED\$\$ Activity (\$pecific to Individual)
Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$ User? Last Log In:/	CD COURSE Completed? Currently enrolled? Enroll next session?	Review of NC ED\$\$ Activity (\$pecific to Individual)

County/District:

Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$ User? Last Log In://	CD COURSE	Review of NC ED\$\$ Activity (\$pecific to Individual)
Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$ User? Last Log In://	CD COURSE Completed? Currently enrolled? Enroll next session?	Review of NC ED\$\$ Activity (\$pecific to Individual)
Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$	CD COURSE Completed? Currently enrolled? Enroll next session?	Review of NC ED\$\$ Activity (\$pecific to Individual)

County/District:

Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$ User? Last Log In: //	CD COURSE Completed? Currently enrolled? Enroll next session?	Review of NC ED\$\$ Activity (\$pecific to Individual)
Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$ User? Last Log In://	CD COURSE Completed? Currently enrolled? Enroll next session?	Review of NC ED\$\$ Activity (\$pecific to Individual)
Name: Title: Telephone: E Mail:	Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify	NC ED\$\$ User? Last Log In://	CD COURSE Completed? Currently enrolled? Enroll next session?	Review of NC ED\$\$ Activity (\$pecific to Individual)