



County of Los Angeles Department of Public Health

University Affiliation Manual

**County of Los Angeles
Department of Public Health
Public Health Nursing**

University Affiliation Manual

**© COUNTY OF LOS ANGELES ♦ DEPARTMENT OF PUBLIC HEALTH
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Introduction

Los Angeles County Department of Public Health (LACDPH) Public Health Nursing Administration's Education and Professional Development Unit in collaboration with the University Affiliation Subcommittee has developed the University Affiliation Manual. This manual provides a framework for the nursing student clinical rotations and serves as a guide for Student Liaisons, Public Health Nurses, University Faculty, Nursing Management and Student Nurses.

The manual consists of 7 sections. Each section outlines the basic roles and responsibilities of the collaborative partner. Forms specific to each role are included in the appropriate section. An appendix is located in the back of the manual for information that is shared by more than one role. Section 1 describes the Policies and Procedures for Affiliating Students.

It is our hope that Student Nurses will have a rewarding and successful experience rotating through LACDPH and will contribute to the Department's quest in promoting the well-being of communities by promoting health and preventing disease, disability, and premature death among all residents of Los Angeles County.

Acknowledgements

The Manual is a joint collaborative effort between Public Health Nursing Administration and the members of the University Affiliation Subcommittee. A special thanks to the following individuals for their contributions:

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**Los Angeles County Department of Public Health
Public Health Nursing
University Affiliation Subcommittee**

History

The University Affiliation Subcommittee was established in 2003 to strengthen the collaboration between nursing programs and Public Health departments and to enhance the clinical experience of BSN and MSN students.

Mission

To provide professional growth opportunities that promotes excellence in the knowledge and skills of Public Health Nursing staff and University Affiliated students which will improve the number of healthy people in healthy communities.

Vision

A skilled and professional workforce that will enhance the overall effectiveness of care delivery to the various populations of interest served.

Section

1

Affiliating Students Policy

**County of Los Angeles • Department of Public Health
Nursing Administration**

AFFILIATING STUDENTS POLICIES AND PROCEDURES

Subject: Nursing Student Clinical Rotations
Revision Date: February 2009

Purpose:

To outline the roles and responsibilities of Public Health Nursing, Student Liaisons, Nurse Managers, Clinical Nursing Instructors, Affiliating Universities, and Student Nurses related to nursing student clinical rotations.

Philosophy Statement:

Department of Public Health (DPH) Nursing Administration encourages the affiliation of students in field and clinical areas. By providing field and clinical nursing experiences under appropriate supervision, students gain valuable knowledge, insight, and skill in population-based practice. In turn, the students through their contact with nursing staff, foster a spirit of inquiry, support population-based practice, and provide opportunities for staff to share their expertise.

Policy Statements:

1. A contract (written affiliation agreement) between the Affiliating University and DPH Nursing Administration will be in existence before students participate in clinical experiences.
 - a. If a contract is in the process of being negotiated, the Registered Nurse (RN) student may participate in clinical experiences if they sign in as a “specialist without compensation” (SWOC) through the DPH Office of Human Resources.
 1. **Exception:** Dependent upon course content, clinical objectives and with approval of Public Health Nursing Administration, licensed nurses (RNs) can sign in as SWOCs (even though no contract is in progress) and function within the scope of their licensure.
2. Requests for student placement must be submitted to Public Health Nursing Administration, in writing, by May 15 for the following school year.
3. Affiliating students, under the supervision of University Faculty, and SWOCs with a license, are expected to follow the nursing policies and procedures of DPH in regards to medication administration, documentation, and all treatments and procedures rendered to clients and adhere to pertinent HIPAA regulations.

4. The Public Health Nurse responsible for the client will co-sign or note the following student documentation:
 - a. PHN Assessment Form.
 - b. Any documentation in the chart or epidemiologic investigation form including STD forms.
 - c. Any other documentation of a critical nature (e.g., change in client's condition, etc.).
5. Student Nurses with one or more of the following behaviors will be referred to the university for counseling/discipline and will not be allowed to return to any clinical site within DPH:
 - a. Disregard for policies or procedures which caused (or had the potential to cause) harm to clients, staff, or visitors.
 - b. Client neglect or abuse.
 - c. Failure to report an act by self or others which caused (or had the potential to cause) harm to clients, staff, or visitors.
6. **Effective January 2008**, all students and faculty must be security screened via **Live Scan** and photographed for an identification badge **three weeks prior** to their first day with LACDPH. LACDPH does not accept Live Scans from any outside agency. The Live Scan must be done through LACDPH's Office of Human Resources. The students and faculty will receive their ID badges during the first day of orientation. If this process has not been completed by the first day at the District or Program site, the student/instructor will not be allowed to begin their Public Health rotation until the process has been completed. There will be no exceptions to this policy. Once the student has completed their rotation through LACDPH, they must submit their ID badge to the Student Liaison on the last day at the Public Health facility. Live Scan forms can be obtained through Public Health Nursing Administration.
7. Students and Faculty will provide Public Health Nursing Administration with the required documentation (see item III) prior to beginning an affiliation each semester.
8. For students enrolled in programs leading to licensure and PHN certification, the Affiliating University's Faculty must be available to students at all times.
Exception: SWOCs may work under their own RN license, but must be assigned to a DPH Public Health Nurse.
9. In the event of a work action or strike, clinical rotations will be suspended until resolution occurs.
10. An annual meeting will be held between the Dean/Director or a designee(s) of the education program or university of nursing and Public Health Nursing Administration. At the meeting, there will be an opportunity to discuss the clinical and/or managerial learning experiences available to students, as well as recommendations from the faculty regarding opportunities for improving the Student Nurse experience in DPH. This meeting will be scheduled once a year in the Spring.

RESPONSIBILITIES AND REQUIREMENTS:

I. Responsibilities of Nursing Management

- A. Nursing Management for each DPH area is responsible for care given to clients by all nursing staff, including students. **Note:** Nursing Management may appoint a designee (e.g., Supervisor, Student Liaison) to coordinate student activities. Nursing Management's roles and responsibilities include but are not limited to the following:
1. Nursing Management or designee will acquaint staff with student objectives for the clinical rotation.
 2. Nursing Management will ensure all student assignments are retained as part of the public health nurse's caseload.
 3. Nursing Management will provide the Faculty with a copy of the Community Health Services' (CHS) or Program's Performance Measures.
 4. Nursing Management or designee will review the Performance Measures with the Faculty to decide on potential projects.
 5. Nursing Management will provide computer access to Faculty and will allow staff to monitor computer access of assigned students.
 6. If the Student Liaison is absent or not available, then the following staff in the order below assumes the role and responsibilities:
 - 1st - Back-up Student Liaison
 - 2nd - Public Health Nursing Supervisor
 - 3rd - Nurse Manager

II. Responsibilities of Affiliating University Faculty

- A. Affiliating University Faculty are responsible for the student's performance in providing competent nursing care. Affiliating University Faculty roles and responsibilities include but are not limited to the following:
1. Faculty is responsible for ensuring that students follow DPH Policies and Procedures in providing client care.
 2. Students and Faculty must wear the Los Angeles County issued identification badge and their university identification badge per University policy which includes his or her name and title, and the name of the university at all times.
 3. Lab coats must be worn while in client care areas (not in the field).

4. Faculty is responsible for the performance and conduct of the student. Faculty provides appropriate clinical supervision based upon the student's competencies.
5. Faculty must communicate with Nursing Management or designee about student activities including assignments, condition of clients and community projects.
6. Problems concerning students' performance are to be discussed with Nursing Management or with the designee and the Affiliating University Faculty. Unresolved problems are to be referred to LACDPH Nursing Administration for follow-up and resolution.
7. Faculty is to be aware of the CHS or Program Performance Measures and plan projects accordingly.
8. FIT testing is no longer required. Students cannot go out on smear-positive tuberculosis (TB) cases.
9. Faculty is responsible for checking student competency in administering TB skin tests (TST) and TB medication.
10. If Faculty is ill or unavailable on a clinical date and a substitute is not available, then he/she must cancel the clinical date and notify Nursing Management and Student Liaison/s.
11. Faculty are encouraged to do pre- and post-conferences off-site if his/her assigned clinical site does not have rooms to accommodate this. Conferences can be held outside of Public Health facilities (e.g. on campus, via university website, library). Contact Public Health Nursing Administration 1-2 months prior to the start of rotation if a Public Health facility is requested for pre- and/or post-conference.
12. If students worked on a community project, students and Faculty should provide an end-of-term presentation to staff.

III. Requirements of Affiliating University

A. Faculty Credentials

Each University is required to provide Faculty credentials to LACDPH Nursing Administration with the following documentation before the conclusion of the second week. Faculty will only need to submit credentials one time to LACDPH Nursing Administration. Renewal cards for licenses must be submitted before the expiration date:

1. A copy of current Registered Nurse license.
2. A copy of Public Health Nurse Certificate.
3. A copy of current CPR Healthcare Provider-Level Card.
4. A copy of the current University and/or individual malpractice insurance face sheet which denotes coverage within the parameters of the affiliation agreement.
5. A copy of current California Driver's License.
6. A copy of current car insurance policy.
7. Documentation of health clearance including (with specific dates):
 - a. A physical examination within the past year performed by a Medical Doctor (MD), Doctor of Osteopathy (DO), Nurse Practitioner (NP) or Physician's Assistant (PA).

Note: Physical exams performed by a Doctor of Chiropractic Medicine or Nurse Midwife are not acceptable.

- b. Proof of a negative TB skin test (TST) within the past year. If history of positive TST, need proof of negative chest x-ray (CXR) within past two years. If currently exhibiting signs and symptoms of TB, a recent CXR (within six months) is required.
 - c. Proof of MMR immunization or positive rubella titers.
 - d. Proof of varicella vaccination or positive serological tests for the disease.
 - e. Proof of hepatitis B series completion, a positive titer, or an annual signed waiver.
 - f. A statement from an MD, DO, NP, or PA that there are no major health problems or physical limitations that would prevent or interfere with performance of affiliation responsibilities, and that the Faculty does not have any communicable diseases. Faculty can also use form provided by LACDPH Nursing Administration to give to his/her MD, DO, NP, or PA to complete.
- Note:** Faculty who are employed with LACDPH are exempt from this requirement.

8. Evidence of having passed the Los Angeles County Medication Calculation Examination (MCE). The MCE must be completed prior to the beginning of the clinical rotation. Once the Faculty passes the MCE, he/she does not need to take it again. Faculty have two attempts to pass the MCE. Faculty who do not pass within two attempts cannot teach in LACDPH.
9. Evidence of having passed the Health Insurance Portability and Accountability Act (HIPAA) on-line module (see Appendix D).
10. The University must provide LACDPH Nursing Administration a completed "Requirements for Practice in Clinical Facilities" validating that each student and each Faculty has the required health and legal clearance (as outlined above) rather than providing copies of the health record. Form must be signed and dated by the Instructor.

Note: This must be done within two weeks of the clinical rotation or students will not be allowed to practice in the any of the DPH facilities.

11. Four weeks prior to the start of clinical rotations, Faculty must make initial contact with Nursing Management or designee and/or with the Student Liaison of the assigned clinical site. Review the course syllabus/outline with Nursing Management and Student Liaison and highlight any projects the students need to complete.

Note: This will allow the clinical site time to prepare for the students.

12. Faculty will discuss with Nursing Management any limitations on the students according to University protocol and the rationale for the limitation.

Note: If the University does not want students in the field without a public health nurse, rationale must be provided.

13. Faculty will ensure that all students begin and end their day at the assigned Clinical site.

14. Faculty will review and co-sign all student documentation.

15. Faculty will ensure that students attempt to complete a "PHN Assessment Form" for each case.

B. The Dean/Director of the University must provide on University letterhead information regarding the following:

1. Faculty's date of hire.
2. Date the Faculty's I-9 form was signed (if hired prior to implementation of I-9 requirement, this must be stated in the letter).
3. Date of last performance evaluation (Faculty must be rated as competent). If the University does not require an annual performance evaluation, the Dean/Director must state this in a letter and verify the Faculty's competence.

C. Faculty Substitution

1. If a substitute Faculty provides clinical supervision, he/she will notify LACDPH Nursing Administration of the substitution immediately upon arrival.
2. If there is no evidence of the substitute Faculty having passed the County's Medication Calculation Examination, the nursing students may not administer medications during the time they are supervised by the substitute Faculty.
3. Substitute Faculty will be oriented at the clinical site by the Student Liaison. This will consist of orientation to safety and infection control information, as well as other pertinent policies and procedures.
4. If a substitute Faculty will work at LACDPH more than ONE day, the Faculty will need to complete the MCE, Live Scan and ID Badge Process. A Visitor's Badge can be obtained from the health center/program.

D. Student Group Information

1. The Affiliating University is responsible for providing the following information about each student group:
 - a. List of all Student Nurses for that quarter/semester or year and their clinical assignments.
 - b. Copy of current clinical objectives.
 - c. Individual health clearance documentation ("Requirements for Practice in Clinical Facilities" form – Refer to Section 5-4 of this manual).
 - d. Faculty validation of each student's competency. This can be documented on the "Requirements for Practice in Clinical Facilities" form and is done by either a skills lab prior to the rotation or by successful completion of the previous clinical rotation.

- e. University's validation of each student's competency in TST placement and TB/CD medication administration. This can be documented on "Requirements for Practice in Clinical Facilities" form and is done by either a skills lab prior to the rotation or by successful completion of the previous clinical rotation.

Note: If any student is repeating the clinical rotation, the Faculty must provide the information in writing, along with the specific objectives and plan for clinical supervision.

- f. Validation that each student has a current CPR Healthcare Provider-Level status with expiration date. This can be included on the "Requirements for Practice in Clinical Facilities" form.

E. Faculty Orientation

1. Prior to the beginning of the clinical rotation, the Faculty should contact the Nurse Manager of their assigned clinical site and arrange an orientation to familiarize him or herself to the unit. Faculty orientation will include all of the components listed in section F below.
2. Returning Faculty is expected to schedule a meeting with Nursing Management or designee 4 weeks prior to the student rotation. The purpose of the meeting is to confirm plans and to review any recent changes in policies and procedures or performance indicators.
3. Faculty must attend the Faculty and Student Liaison Meeting as scheduled by LACDPH Nursing Administration. Meetings are usually held three times a year before the beginning of the semester (Winter/Spring, Summer, Fall).

F. Student Orientation

1. The Affiliating Faculty in collaboration with the Student Liaison is responsible for orienting students to the facility. This orientation must include:
 - a. CPR, fire, disaster, hazard communication, earthquake preparedness, bomb threats, electrical safety, prevention of slips and falls, reporting of unsafe conditions and other components of the safety program.
 - b. Introduction to staff.
 - c. Physical layout of health center.
 - d. Location of equipment.
 - e. Routine clinic operations.

- f. How/where assignments will be received.
- g. Documentation procedures.
- h. Resource manuals (including Public Health Nursing Practice Manual, safety, and infection control manuals).
- i. Infection control procedures.

G. Student Clinical Evaluations

- 1. The Faculty is responsible for ensuring that students complete an evaluation of their clinical rotation with LACDPH.
- 2. The completed evaluations are summarized by the Student Liaison and then forwarded to LACDPH Nursing Administration for review and filing.

IV. Student Assignments

A. Public Health Nursing Administration Responsibilities

- 1. Coordinate and schedule nursing student rotations of Affiliating Universities.
- 2. Confirm student rotation requests with Nursing Management and Affiliating Universities.
- 3. Coordinate and conduct nursing student orientations.
- 4. Maintain Affiliating University files.
- 5. Ensure that all documentation required by licensing regulations is on file prior to the first day of the rotation.
- 6. Ascertain the maximum number of students for each clinical site.
- 7. Participate in University advisory committees.
- 8. Provide information regarding students to accrediting agencies.
- 9. Follow up on the status of University contracts and submit monitoring reports to DPH Contracts and Grants Division.
- 10. Notify appropriate divisions regarding student clinical rotations (e.g., Student Liaisons and Nursing Management).
- 11. Request parking permits from appropriate Department/Service as needed.

12. Ensure that all students and instructors have completed the Live Scan process and are cleared by DPH Human Resources.
13. Provide HIPAA module and test sheets on-line for Faculty and Students to take.

B. Student Liaison Responsibilities

1. Inform Public Health Nurses (PHNs) of student arrival.
2. Arrange to review CHS/Program specifics with Faculty and Student Nurses.
3. Notify Faculty if off-site accommodations are required for the students for pre- and post-conferences.
4. Attend the University Affiliation Subcommittee meetings.
5. Provide Faculty with contact information of community-based organizations (CBOs) (e.g., missions, jails) to allow for alternative student experiences.
6. Facilitate student rotations through the clinics within the health center where the clinical group is assigned.
7. Provide Student Nurses with the “Student Nurse Evaluation of Public Health Rotation” form to complete at the conclusion of the clinical rotation.
8. Complete “Student Liaison Summary” to summarize the results of “Student Nurse Evaluation of Public Health Rotation” and forward the summary to Nursing Management and LACDPH Nursing Administration.
9. Provide resources for Faculty and Student Nurses who request additional activities to enhance their Public Health Nursing experience.
10. Act as a resource person for PHNs and Student Nurses.
11. If the Student Liaison is absent or not available, then the following staff in the order below assumes the role and responsibilities:
 - 1st – Back-up Student Liaison
 - 2nd – Public Health Nursing Supervisor
 - 3rd – Nurse Manager
12. CHS and Programs should use the forms contained in this manual. However, programs may create their own forms with approval from Nursing Administration.

C. Faculty Responsibilities – See Section 5-1 Responsibilities of Affiliated University Faculty

D. Public Health Nurse Responsibilities

1. Provide support and learning experiences for the Student Nurse(s) assigned to him/her.
2. PHN must provide a minimum of three face-to-face interactions with clients before the Student Nurse can go on home visits by him/herself. Student Nurses are then expected to visit clients independently.
3. Maintain a professional relationship with assigned Student Nurse(s) at all times.
4. Review assigned cases with Student Nurse(s) on each clinical day or leave a detailed note if the PHN will be absent.
5. Review and co-sign student documentation on every assigned case after Faculty has co-signed.
6. Inform the Student Liaison if he/she will be absent.
7. Each PHN is responsible for the care of his/her assigned clients, including clients whose case is given to a Student Nurse.

E. Student Responsibilities

1. Adhere to University and LACDPH policies and procedures. Complete the Live Scan process through DPH. Students whose background check is incompatible with LACDPH protocols cannot do their public health rotation with Los Angeles County.
2. Inform the PHN of breaks and meals.
3. Inform PHN of days not in clinic.
4. Obtain and provide report on assigned client event(s) to responsible public health nurse.
5. Adhere to LACDPH policies regarding use of the Public Health Library including:
 - a. Use of periodicals and journals only in the library.
 - b. Payment of fees for photocopying
 - c. Maintaining a quiet environment.
6. Evidence of having passed the Health Insurance Portability and Accountability Act (HIPAA) on-line module.

7. Place TST and administer medications or injections with PHN or Clinic RN after being checked off with Faculty. Faculty does not need to be present after student is checked off.
8. Complete and maintain the Student Activity Log with PHN for each clinical date. Original log should be turned in to the Faculty at the end of the clinical rotation.

F. Student Visits Outside of Clinical hours

1. Unlicensed students may not provide client care without Faculty at the primary assigned clinical site.
2. Licensed students assigned to a PHN may observe/provide client care and interview patients in accordance with pre-established objectives under the direction of the PHN/designee and with the agreement of the Nurse Manager.
3. Student Nurses will be allowed to read a client medical record without Faculty on the premises under the following conditions:
 - a. The student will report his/her presence and purpose of visit to Nursing Management or Public Health Nursing Supervisor.
 - b. The student must wear the LACDPH issued identification badge and their University badge per University policy at all times.
 - c. The student must wear a lab coat (or nursing uniform if lab coat unavailable) while in clinic areas. Lab coats or uniforms should not be worn in the field.
 - d. The student may not be accompanied by others except for other nursing students currently participating in the same clinical rotation.
 - e. The student will read the medical record for assigned patients only. The student maintains confidentiality of all clinical information in reference to the assigned health center patient.
 - f. The University assumes legal responsibility, including Worker's Compensation, while students are participating in clinical rotations.
 - g. Student visits are not permitted after the clinical rotation is over.

V. Student Injuries:

- A. Students should report any injury or exposure to his/her instructor immediately.
- B. Student and Faculty should adhere to their school policy regarding injuries sustained during clinical hours.
- C. Student Nurses who need *immediate* medical attention due to an injury sustained during their clinical rotation will be taken to the nearest hospital via ambulance. Per affiliate agreement, DPH Facilities and/or Programs to which the Affiliate's instructors and students are assigned will provide emergency health care to the instructors and students as required while in the facility, to the extent staff and equipment are available to provide such care. DPH facilities and/or Programs will not be required to furnish any instructor or student with non-emergency medical care for an illness or injury.
- D. For minor injuries that do not necessitate immediate medical attention, students will be referred their private physician or university health office.
- E. Follow-up care should be arranged according to University policies.
- F. The PHN is not responsible for students injured in his/her vehicle when traveling to and from a site visit. The student will be referred to an emergency hospital if immediate medical care is needed. All steps previously mentioned above should be followed. Faculty and Nursing Administration should be notified as soon as the accident occurs for further instructions. The PHN can give the student the County of Los Angeles Notice of Self Insurance Form (See **Appendix J**).
- G. Nursing Management must also follow Event Notification procedures (see Section VI below).

VI. Event Notification:

- A. Any event which may pose a liability risk to the County such as an accident, adverse patient reaction, attempted/actual assault, or injury in which a student nurse is involved must be reported immediately to the Nursing Management/Student Liaison and Public Health Nursing Supervisor.
 - 1. The Student, Faculty and Nursing Management will follow LACDPH policy and procedures:
 - Accident/Injury Reporting (DPH Policy No. 920)
 - Incidents Involving Potential Claims Against the County (DHS Policy No. 311)

2. A report of the event should be entered into the Patient Safety Net (PSN) system within 72 hours (see DHS Policy No.311).
 3. Nursing Management should consult with the LACDPH Nursing Administration for follow-up of serious, “life-threatening” events.
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Section

2

**For Nurse Managers and
Public Health Nursing Supervisors**

NURSING MANAGEMENT ROLES AND RESPONSIBILITIES

Nursing Management for each Public Health Area is responsible for care given to clients by all nursing staff, including students.

Note: Nursing Management may appoint a designee (e.g., Supervisor, Student Liaison) to coordinate student activities.

Nursing Management's roles and responsibilities include but are not limited to the following:

1. Nursing Management or designee will acquaint staff with student objectives for the clinical rotation.
2. Nursing Management will ensure all student assignments are retained as part of the public health nurse's caseload.
3. Nursing Management will provide the Faculty with a copy of the Community Health Services (CHS) or Program Performance Measures.
4. Nursing Management or designee will review the Performance Measures with the Faculty to decide on potential projects.
5. Nursing Management will provide computer access to Faculty and will allow staff to monitor computer access with assigned students.
6. Nursing Administration will provide Student and Faculty the Health Insurance Portability and Accountability Act (HIPAA) module on-line.
7. If the Student Liaison is absent or not available, then the following staff in the order below assumes the role and responsibilities:
 - 1st - Back-up Student Liaison
 - 2nd - Public Health Nursing Supervisor
 - 3rd - Nurse Manager

NURSING MANAGEMENT CHECKLIST

Prior to Clinical Rotation

- Faculty should contact you four weeks prior to the start of clinical rotations to arrange a meeting regarding the nursing students. At this initial meeting, review the County's expectations of the clinical instructor (i.e., the instructor must be at a Public Health facility when students are present, the instructor must also co-sign all student documentation)
- Explain how the students will be rotated through the program, and how students will be paired with PHNs.

Students will be assigned to one PHN, but can go out with other PHNs that have interesting cases. PHN must provide a minimum of three face-to-face interactions with clients before the Student Nurse can go on home visits by him/herself. Student Nurses are then expected to visit clients independently.

- Inform and coordinate staff in anticipation of the students. Staff should be made aware of their duty to guide the Student Nurses.
- Ensure that PHNs are aware that their participation with students will be reflected in their annual Performance Evaluation.
- Identify need for educating PHNs regarding students to ensure that professional development is established.

During the Clinical Rotation

- Periodically check in with the Student Liaison and Faculty to ensure expectations are being met.

NURSING MANAGEMENT LETTERS & CERTIFICATE OF APPRECIATION

PURPOSE

Nursing Management is highly encouraged to acknowledge the work of their Student Liaisons by presenting them with a Letter of Appreciation and/or a Certificate of Appreciation. The role of a Student Liaison is tedious and such efforts deserve recognition.

PROCEDURE

The “**Beginning**” letter should be distributed to the PHNs prior to the start of the clinical rotation to prepare them for the upcoming student rotation.

The “**End**” letter should be distributed to the PHNs once the rotation has ended. A copy of the letters should also be submitted to the PHN’s supervisor for consideration during Performance Evaluations. The letters can be modified as appropriate.

Refer to **Appendix A** for samples of the following documents:

1. Letters of Appreciation
 - a. ‘Beginning’ Letter
 - b. ‘End’ Letter
2. Certificate of Appreciation

CHS/PROGRAM EVALUATION OF CLINICAL ROTATION

PURPOSE

Evaluate the clinical rotation and Faculty at the assigned CHS Area/Program. Completion of the evaluations will assist LACDPH Nursing Administration and Universities in improving clinical assignments and experiences for Student Nurses.

PROCEDURE

- Refer to **Appendix H** for the “CHS/Program Evaluation of Clinical Rotation” form.
- Student Liaisons should obtain feedback from PHNs and Nursing Management when completing this form. One evaluation form should be completed for each rotation.
- If desired, make a copy for your CHS/Program records (this is optional and up to the discretion of Nursing Management or Program Specialists).
- Once completed, send via County Mail to this address on the last day of clinical:

ATTN: Education and Professional Development Unit
LA County Department of Public Health
Nursing Administration
241 N. Figueroa, Room 347
Los Angeles, CA 90012

- This evaluation is not to be given to the instructors. If the instructor is interested in receiving the information, please refer her/him to Nursing Administration.

Section

3

For Student Liaisons

Section 3 is to be used by Student Liaisons at Los Angeles County Department of Public Health facilities that receive student nurses for Community/Public Health Nursing clinical rotations.

STUDENT LIAISON ROLES AND RESPONSIBILITIES

The Student Liaison or designee for each Public Health area is responsible for orienting Student Nurses and Faculty to his/her specific unit and coordinating the student rotation. The Student Liaison's roles and responsibilities include but are not limited to the following:

1. Inform PHNs of student arrival.
2. Arrange to review CHS /Program specifics with Faculty and Student Nurses.
3. Notify Faculty if off-site accommodations are required for the students for pre- and post-conferences.
4. Attend the University Affiliation Subcommittee meetings.
5. Provide Faculty with contact information of community-based organizations (CBOs) (e.g., missions, jails) to allow for alternative student experiences.
6. Facilitate student rotations through the clinics within the health center where the clinical group is assigned.
7. Provide Faculty with the 'Student Nurse Evaluation of Public Health Rotation' form to complete at the conclusion of the clinical rotation.
8. Complete "Student Liaison Summary" (refer to 3-9 through 3-10 for instructions) to summarize the results of the "Student Nurse Evaluation of Public Health Rotation," and forward the summary to Nursing Management and LACDPH Nursing Administration.
8. Provide resources for Faculty and Student Nurses who request additional activities to enhance their Public Health Nursing experience.
9. Act as a resource person for PHNs and Student Nurses.
10. If the Student Liaison is absent or not available, then the following staff in the order below assumes the role and responsibilities:
 - 1st - Backup Student Liaison
 - 2nd - Public Health Nursing Supervisor
 - 3rd - Nurse Manager
11. CHS and Programs should use the forms in this manual. However programs may create their own forms with approval from Nursing Administration.

STUDENT LIAISON CHECKLIST

Prior to Clinical Rotation

- Inform and coordinate PHNs in anticipation of the students. Staff should be made aware of their duty to guide Student Nurses.
- Distribute “Beginning” letters to the PHNs (see Appendix A). The letter should outline the student objectives, the clinical rotation schedule, and all other relevant student information. Also, PHNs should keep a student folder in which to place cases and any supporting documents that will be needed during visits conducted by the students.
- Arrange for speakers for the first day of the clinical rotation to present information if not done by Nursing Administration.

During the Clinical Rotation

- Participate in the wrap-up session between the students and clinical instructor at the end of each clinical day as necessary.

After the Clinical Rotation

- Send letter of appreciation (“End” Letter—see Appendix A) to each PHN at the conclusion of the student rotation. A copy of the letter should also be submitted to the PHN’s supervisor for consideration during Performance Evaluations. The letters can be modified as appropriate.

LETTERS AND CERTIFICATE OF APPRECIATION

PURPOSE

Student Liaisons are encouraged to acknowledge the work of the PHNs and the contribution they make for Public Health Nursing overall.

PROCEDURE

The “**Beginning**” letter should be distributed to the PHNs prior to the start of the clinical rotation to prepare them for the upcoming student rotation.

The “**End**” letter should be distributed to the PHNs once the rotation has ended. A copy of the letters should also be submitted to the PHN’s supervisor for consideration during Performance Evaluations. The letters can be modified as appropriate.

Refer to **Appendix A** for samples of the following documents:

1. Letter of Appreciation
 - a. ‘Beginning’ Letter
 - b. ‘End’ Letter
2. Certificate of Appreciation

HIPAA SELF-LEARNING MODULE

PURPOSE

The **Health Insurance Portability and Accountability Act (HIPAA) module** is now available on-line for students and faculty to view. All students and faculty must view the module and complete the test by the Second week of clinical rotations. Faculty with a passing score do not need to repeat the module.

PROCEDURE

Refer to **Appendix D** for instructions to access the module on-line. A copy of the module (without the notes) and test sheet is included.

INSTRUCTIONAL POSTERS

PURPOSE

To provide students with a reference tool that will serve as a guide for case investigations, documentation, and completion of the assessment tool. Student Liaisons are responsible for storing the instructional posters in a safe place to prevent damage so they can be used again.

PROCEDURE

Refer to **Appendix B** to view the following instructional posters:

1. Acute Communicable Diseases Control (ACDC)
 - a. Hepatitis B Case
 - b. Outbreak in Healthcare Facility
 - c. Individual Case
 - d. Outbreak in Non-Healthcare Facility
2. Lead Poisoning
3. Newborn Screening
4. Nursing Process and Documentation
5. PHN Assessment Tool
6. Sexually Transmitted Disease (STD)
7. Sudden Infant Death Syndrome (SIDS)
8. Tuberculosis (TB)
 - a. Cases and Suspects
 - b. Contact Follow-up: Individual
 - c. Source Case Finding in a Documented Converter

STUDENT LIAISONS SAMPLE STUDENT PACKET

PURPOSE

Student Liaisons are encouraged to create a **Student Packet** to give to students on the first day at the clinical site to orient them to the assigned CHS/Program. Each Health Center or Program should modify the packet to meet the needs of his/her own facility.

PROCEDURE

Refer to **Appendix C** to view the contents of a Sample Student Packet. A Student Packet should at a minimum contain the following essential documents:

- Los Angeles County Public Health Nursing Mission and Vision
- Code of Ethics and Dress Code Policy
- SPA Map and District Profiles
- Reportable Diseases
- Fire Safety and Evacuation Plan
- Priority Lists and TB Matrix
- Child and Adult Abuse Reporting
- Field Safety
- Health Center/Program Contact Numbers
- Health Services Referrals

CHS/PROGRAM EVALUATION OF CLINICAL ROTATION

PURPOSE

The purpose of this evaluation is to evaluate the clinical rotation and Faculty at the assigned CHS/Program. Completion of the evaluations will assist Los Angeles County Public Health Nursing Administration and Universities in improving clinical assignments and experiences for future nursing students.

PROCEDURE

- Refer to **Appendix H** for the “CHS/Program Evaluation of Clinical Rotation” form.
- Student Liaisons should obtain feedback from PHNs and nursing management when completing this form. One evaluation form should be completed for each rotation.
- If desired, make a copy for your CHS/Program records (this is optional and up to the discretion of Nursing Management or Program Specialists).
- Once completed, send via County Mail to this address on the last day of clinical:

ATTN: Education and Professional Development Unit
Public Health Nursing Administration
241 N. Figueroa, Room 347
Los Angeles, CA 90012

- This evaluation is not to be given to the instructors. If the instructor is interested in receiving the information, please refer her/him to Nursing Administration.

STUDENT NURSE EVALUATION FORM

PURPOSE

To provide written feedback that will assist LACDPH staff and Public Health Nursing Office of Education and Professional Development in evaluating and improving the effectiveness of the learning experience in the public health setting.

PROCEDURE

- Refer to **Appendix F** for the Student Nurse Evaluation Form and the Summary of the Student Nurse Evaluation Forms.
- Students will complete the evaluation form at the end of their rotation and return it to the Student Liaison.
- Student Liaison will summarize the collected evaluations and send the summary to Nursing Administration no later than one month after the last day of the clinical rotation. See next page for Summary Instructions and Example.

**INSTRUCTIONS - STUDENT LIAISON SUMMARY:
STUDENT NURSE EVALUATION OF
PUBLIC HEALTH ROTATION**

PURPOSE

To summarize the written feedback that will assist LACDPH staff and Public Health Nursing Office of Education and Professional Development in evaluating and improving the effectiveness of the learning experience in the public health setting.

PROCEDURE

1. Refer to the **Student Nurse Evaluation of Public Health Rotation Form in Appendix F.**
2. Refer to the example of template used to summarize Student Nurse Evaluation.
3. Type or print legibly using black ink.
4. All Student Liaisons are required to distribute the evaluations to students on the last day of the clinical rotation. Liaisons are then responsible for collecting, summarizing, and faxing or mailing the summary to the Education and Professional Development Unit no later than two weeks after the completion of the rotation.

a. Header and Footer

1. On top left-hand corner of page, type the name of your health center/program (e.g., Central Health Center).
2. On top right-hand corner of page, type the semester/quarter and year of rotation (e.g., Fall 2007).
3. Title - Type '**Summary: Student Nurse Evaluation of Public Health Rotation.**'
4. Underneath Title, type 'Name of University' and 'Name of Instructor.'
5. Underneath B2, type the 'Name of the Student Liaison/s.'

b. Section 1: Areas to be evaluated

1. Total the numbers selected for each of the 11 items.

c. Section 2, Questions 1 – 3

1. Type all comments for each question.

d. Section 2, Question 4

1. Total the numbers selected for each of the 4 items.

e. Section 2, Questions 5 – 8

1. Total the numbers selected for Yes, No and Unsure.
2. Type all comments for each question.

**SAMPLE STUDENT NURSE EVALUATION OF
 PUBLIC HEALTH ROTATION**

'Name of University' - 'Name of Instructor'

SECTION 1

| Areas Evaluated | Strongly Agree (5) | Agree (4) | Disagree (3) | Strongly Disagree (2) | N/A (1) |
|---|-------------------------------|----------------------|-------------------------|----------------------------------|--------------------|
| 1. Resources (people/services) in facility available, accessible and appropriate | 5 | 7 | | | |
| 2. PH setting/s assist with the fulfillment of course objectives | 2 | 8 | 1 | | |
| 3. Number and types of clients were suitable for my learning needs | 2 | 3 | 6 | | |
| 4. Principles of safety were explained by field staff | 3 | 7 | | | |
| 5. PH Nursing staff exhibited professional behavior toward students | 6 | 5 | | | |
| 6. PH Nursing staff exhibited professional behavior toward clients | 5 | 6 | | | |
| 7. Other members of the health team demonstrated professional behavior toward clients | 3 | 6 | | | |
| 8. PH Nursing staff worked collaboratively with students | 3 | 8 | | | |
| 9. Other members of the health team were willing to work w/students | 3 | 6 | | | |

(Page 1 of 3)

| | | | | | |
|--|---|---|---|--|--|
| 10. Space was provided for meetings, charting and research | 5 | 5 | 1 | | |
| 11. Environment was conducive to learning | 3 | 8 | | | |

SECTION 2

1. Describe a positive public health nursing experience

| |
|---------------------|
| Write comments here |
|---------------------|

2. Were your clinical objectives met during this rotation? If not, please explain.

Yes: 5 No: 6 (comments see below)

| |
|---------------------|
| Write comments here |
|---------------------|

3. What advice would you give your peers in the next rotation to help them make the most of their clinical experience?

| |
|---------------------|
| Write comments here |
|---------------------|

4. How would you rate your increase in knowledge/skills in the following areas:

| | None (0) | Somewhat (1) | Good (2) | Very Good (3) | Excellent (4) |
|---|-------------|-----------------|-------------|------------------|------------------|
| Working with community groups | | | 4 | 5 | 1 |
| Community assessment | | | 1 | 7 | 2 |
| Advocating to help meet community needs | | | 4 | 5 | 1 |

(Page 2 of 3)

| | | | | | |
|---|--|---|---|---|---|
| Advocating to help meet community needs | | | 4 | 5 | 1 |
| Communicating with vulnerable populations | | 1 | 5 | 3 | 1 |

5. Do you plan to pursue a career in the public health field?

Yes: 6 No: 1 Unsure: 4

Write comments here

6. Would you like to receive information regarding Public Health. If so, please write your name and home address or email address.

Yes: 6 No: 3 Unsure: 2

Write comments here

7. Has this rotation influenced your decision to enter Public Health Nursing?

Yes: 6 No: 2 Unsure: 1

Write comments here

8. Comments/suggestions to improve clinical learning experience.

Write comments here

NOTE: NO STUDENTS WERE LVNs or RNs

Section

4

For Public Health Nurses

PUBLIC HEALTH NURSES ROLES AND RESPONSIBILITIES

Each PHN is responsible for the care of his/her assigned clients, including clients whose case is given to students. The PHN's roles and responsibilities include but are not limited to the following:

1. Provide support and learning experiences for the Student Nurse(s) assigned to him/her. PHN must provide a minimum of three face-to-face interactions with clients before the can go out on home visits by him/herself. Student Nurses are then expected to visit clients independently.
2. Maintain a professional relationship with assigned Student Nurse(s) at all times.
3. Review assigned cases with Student Nurse(s) on each clinical day or leave a detailed note if the PHN will be absent.
4. Review and co-sign student documentation on every assigned case after Faculty has co-signed.
5. Inform the Student Liaison if he/she will be absent.
6. Each PHN is responsible for the care of his/her assigned clients, including clients whose case is given to a Student Nurse.

**PUBLIC HEALTH NURSES
SELF-DIRECTED LEARNING MODULE
FOR MENTORS**

PURPOSE

The Public Health Nurses' Self-Directed Learning Module is a basic tool to prepare PHNs to facilitate student learning while demonstrating sound knowledge of PHN practice.

COURSE OBJECTIVES

Upon completion of this module, the learner will be able to:

1. Identify the duty of PHNs to guide Student Nurses.
2. Understand the rights of the PHN and Student Nurse.
3. Demonstrate sound knowledge of PHN practice.

PROCEDURE

Refer to **Appendix E** to view the Self-Directed Learning Module.

PHN Self-Directed Learning Module Evaluation

Thank you for your participation in enhancing the future of public health nursing! This survey will serve as an important tool in improving the Learning Module. Your input is greatly valued and appreciated.

| <i>Section 1: Content and Flow of Presentation</i> | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Does not Apply |
|---|----------------|-------|----------------------------|----------|-------------------|----------------|
| 1. The information presented was useful for my role as a PHN. | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. The presentation gave me new information/ideas. | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. The presentation was well-organized. | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. The length of the module was appropriate for the training needs. | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. The use of graphics (pictures, tables, etc.) was effective. | 5 | 4 | 3 | 2 | 1 | N/A |

Comments: _____

| <i>Section 2: Learning Module Logistics</i> | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Does not Apply |
|--|----------------|-------|----------------------------|----------|-------------------|----------------|
| 6. This "self-directed" form of training was useful. | 5 | 4 | 3 | 2 | 1 | N/A |
| 7. I prefer this type of training over an in-person presentation or in-service. | 5 | 4 | 3 | 2 | 1 | N/A |
| 8. I did not experience any technical problems with the self-directed learning module. | 5 | 4 | 3 | 2 | 1 | N/A |

Comments: _____

| <i>Section 2: Learning Module Logistics</i> | | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Does not Apply |
|---|---|----------------|-------|----------------------------|----------|-------------------|----------------|
| 9. | The desired outcomes were met. | 5 | 4 | 3 | 2 | 1 | N/A |
| 10. | I feel more prepared to perform my function as a result of this training. | 5 | 4 | 3 | 2 | 1 | N/A |

1. How would you rate your overall training experience today?

Excellent Good Fair Poor

Comments: _____

2. List the 2 most pertinent pieces of information you learned from the training today. Please describe why they were important to you:

1st: _____

2nd: _____

3. Any information missing from this training that would have been helpful?

4. Any other comments or suggestions for improvement?

***Please return this form to the Director of Education and Professional Development Unit. Fax (213) 250-0612. Thank you!**

HIPAA SELF-LEARNING MODULE

PURPOSE

The **Health Insurance Portability and Accountability Act (HIPAA) module** is now available on-line for students and faculty to view. All students and faculty must view the module and complete the test by the Second week of clinical rotations. Faculty with a passing score do not need to repeat the module.

PROCEDURE

Refer to **Appendix D** for instructions to access the module on-line. A copy of the module (without the notes) and test sheet is included.

INSTRUCTIONAL POSTERS

PURPOSE

To provide the students with a reference tool for case investigations, documentation and in the completion of the assessment tool. Student Liaisons are responsible for storing these posters in a safe place to prevent damage so they can be used again.

PROCEDURE

Refer to **Appendix B** to view the following posters:

1. Acute Communicable Diseases Control (ACDC)
 - a. Hepatitis B Case
 - b. Outbreak in Healthcare Facility
 - c. Individual Case
 - d. Outbreak in Non-Healthcare Facility
2. Lead Poisoning
3. Newborn Screening
4. Nursing Process and Documentation
5. PHN Assessment Tool
6. Sexually Transmitted Disease (STD)
7. Sudden Infant Death Syndrome (SIDS)
8. Tuberculosis (TB)
 - a. Cases and Suspects
 - b. Contact Follow-up: Individual
 - c. Source Case Finding in a Documented Converter

STUDENT LIAISONS SAMPLE STUDENT PACKET

PURPOSE

Student Liaisons are encouraged to create a **Student Packet** to give to students on the first day at the clinical site to orient them to the assigned CHS/Program. Each Health Center or Program should modify the packet to meet the needs of his/her own facility.

PROCEDURE

Refer to **Appendix C** to view the contents of a Sample Student Packet. A Student Packet should contain at least these essential forms:

- Los Angeles County Public Health Nursing Mission & Vision
- Code of Ethics & Dress Code Policy
- SPA Map & District Profiles
- Reportable Diseases
- Fire Safety & Evacuation Plan
- Priority Lists & TB Matrix
- Child and Adult Abuse Reporting
- Field Safety
- Health Center/Program Contact Numbers
- Health Services Referrals

INSTRUCTIONS: STUDENT ACTIVITY LOG

PURPOSE

To trace the progress that the Student Nurse is making throughout the public health clinical rotation. The worksheet assists the Student Nurse in keeping track of the types of clinical experiences he/she had over the semester/quarter and helps the PHN ensure that the student is receiving a variety of cases.

The student is responsible for keeping this record and ensuring that it is filled out with the PHN every week. The student should have this information available at all times during the rotation. The original log should be turned in to the Faculty at the end of the clinical rotation.

PROCEDURE

Refer to **Appendix I** to view the Student Activity Log and instructions.

PUBLIC HEALTH NURSE EVALUATION OF STUDENT

PURPOSE

To evaluate the Student Nurse's performance during the public health nursing rotation at the assigned CHS or Program. Completion of the evaluations will assist LACDPH staff and the Public Health Nursing Office of Education & Professional Development in improving clinical assignments and experiences.

PROCEDURE

- Refer to **Appendix G** for the "PHN Evaluation of Student" form.
- Toward the end of the clinical rotation, Student Liaisons should distribute this evaluation to all PHNs. PHNs should fill out 1 per student.
- Student Liaisons collect evaluations from PHN once completed.
- If desired, make a copy for CHS Location/Program records (this is optional and up to the discretion of Nursing Management or Program Specialists).
- Give all original evaluations to the nursing instructor

Section

5

**For University Faculty/Clinical
Instructors**

CLINICAL INSTRUCTOR ROLES AND RESPONSIBILITIES

The Affiliating University Faculty is responsible for the student's performance in providing competent nursing care. Faculty roles and responsibilities include but are not limited to the following:

1. Faculty is responsible for ensuring that students follow the Department of Public Health Policies and Procedures in providing client care. Faculty must ensure that his/her students and self have successfully completed the HIPAA self-learning module and turned in the required test sheets to Nursing Administration.
2. Students and Faculty must wear the Los Angeles County issued identification badge and the university identification badge, which includes his or her name and title, and the name of the university at all times.
3. Lab coats must be worn while in client care areas (not in field). Faculty is responsible for the performance and conduct of the student. Faculty provides appropriate clinical supervision based upon students competencies.
4. Faculty must communicate with Nursing Management or designee about student activities including assignments, condition of clients and community projects.
5. Problems concerning students' performance are to be discussed with Nursing Management or designee and the Affiliating University's Faculty. Unresolved problems are to be referred to LACDPH Nursing Administration for follow-up and resolution.
6. Faculty is to be aware of the CHS or Program's Performance Measures and plan projects accordingly.
7. Faculty is responsible for checking student competency in administering Tuberculosis Skin Test (TST) and TB medication.
8. If Faculty is ill or unavailable on a clinical date and a substitute is not available, then he/she must cancel the clinical date and notify Nursing Management and the Student Liaison/s.
9. Faculty are encouraged to do pre- and post-conference off-site if his/her assigned clinical site does not have rooms to accommodate this. Conferences can be held outside of Public Health facilities (e.g. on campus, via university website, library). Contact Public Health Nursing Administration 1-2 months prior to the start of rotation if a Public Health facility is requested for pre- and/or post-conference.
10. If students worked on a community project, students and Faculty should provide an end-of-term presentation to staff.

EDUCATION AND PROFESSIONAL DEVELOPMENT UNIT EXPECTATIONS OF CLINICAL INSTRUCTORS

Prior to Clinical Rotation

- Instructor has completed and returned by deadline, Requirements of Practice and Clinical Facilities Form (Health Clearance).
- All required documents received by Nursing Education and Professional Development Unit.
- Review curriculum and expectations with Student Liaison.

During the Clinical Rotation

- Clinical instructor is prompt.
- Clinical instructor present and available at the facility during each session.
- Clinical instructor works in collaboration with Student Liaison to increase the significance of the students' clinical experience.
- Clinical instructor and liaison review performance indicators to ensure any project by students will benefit both the Program and the university.
- Provide student evaluation forms to PHNs or use the document provided by Los Angeles County Department of Public Health.

After the Clinical Rotation

- Submit Clinical Evaluations to Nursing Education and Professional Development Unit.

CLINICAL INSTRUCTOR CHECKLIST

CHS Location Address: _____
Nurse Manager/Phone#: _____ () _____ - _____
Student Liaison/Phone #: _____ () _____ - _____
First Day of Clinical Rotation (Day/Date): _____

Contact Nurse Manager & Student Liaison at least 4 weeks prior to first day of the clinical rotation*

Prior to Clinical Rotation

- Four weeks prior to the start of clinical rotations, make the initial contact with Nursing Management and the Student Liaison of your assigned clinical site. This will allow the clinical site time to prepare for the students.
- Provide a copy of the course syllabus/outline to Nursing Management and Student Liaison.
- Review the course syllabus/outline with Nursing Management and Student Liaison. Highlight any projects the students need to complete.
- Discuss with Nursing Management any limitations on the students according to the University protocol, and the rationale for the limitation. Please note that if your University does not want students to go out into the field alone, you will need to provide the rationale.
- Provide any evaluation forms that your University wants the PHNs to complete for the students.

During the Clinical Rotation

- Review and co-sign all student documentation. Ensure that the students identify their University when signing documentation.
- Ensure that students complete a "PHN Assessment Form" for each case.

**Allowing students out in the field alone will teach the students to be more autonomous, and provide them with a more true-to-life experience of public health nursing.

INSTRUCTIONS: REQUIREMENTS FOR PRACTICE IN CLINICAL FACILITIES

PURPOSE

To ensure that all students from affiliated nursing universities are competent and physically fit to perform the clinical objectives of their public health rotation.

POLICY

All clinical instructors from affiliated nursing universities are responsible for completing this form by the **second** week of clinical rotation. Form must be mailed/faxed to the Director of the Nursing Education and Professional Development Unit. Instructors who fail to complete the form by the required date will not be allowed to return to the clinical site with their students until it is received. Students who do not have the necessary items completed will not be able to continue their rotation until they can show proof of completion.

All information is kept confidential and will only be viewed by the Education & Professional Development Unit for the purposes mentioned above. All information will be stored in a locked cabinet.

PROCEDURE

- Use black ink and print legibly.
 - All dates should be written in this format (mm/dd/yy), i.e. 03/01/75. If the exact day is not known, then the month and year is acceptable
- A. **Student's Last Name & Student's First Name** - Write his/her first and last name in the spaces provided.
 - B. **Physical Examination Date** – Write the date of his/her last physical examination.
 - C. **Tuberculosis Clearance Date** – Write the date of the student's last tuberculosis skin test (if PPD negative) or chest x-ray (if PPD positive).
 - D. **Documentation of Immunity to Measles, Mumps and Rubella** – Write the date of laboratory evidence of measles, mumps or rubella immunity and/or dates of appropriate vaccination against measles, mumps & rubella.
 - E. **Documentation of Immunity to Varicella** – Write dates of appropriate vaccination against varicella. Serological tests are needed if person has had the disease. Do not write "disease" as this is not acceptable.

**INSTRUCTIONS: REQUIREMENTS FOR PRACTICE
IN CLINICAL FACILITIES**

- F. **Documentation of Hepatitis B Immunity** - Write dates of appropriate vaccination against Hepatitis B disease (administration of 3 dose series of Hepatitis B Vaccine at 0, 1, and 6 month intervals). Write date of titer if titer was drawn 1-2 months after dose #3.
- G. **Student Approved for Tuberculosis Skin Test (TST) Placement** – Write date student has physically demonstrated he/she can competently place a TST
- H. **Tuberculosis Medication Check-off** – Place a checkmark in this box if the student is knowledgeable of side effects and implications for use of tuberculosis (TB) medications (see list of TB medications given in Los Angeles County)
- I. **HIPAA Module Date** – Write date when instructor and each student completed the Health Insurance Portability and Accountability Act (HIPAA) self-learning module on-line.
- J. **BLS for Healthcare Providers Expiration Date** – Date of expiration of his/her CPR card
- K. **Live Scan Date** – On file with DPH HR. Please assure that each student has been Live scanned and has a county issued badge.
- L. **Malpractice Insurance Policy & Expiration Date** – Name of policy & expiration date. Attach a copy of the student’s insurance policy and/or the University’s Statement of Self-Insurance.
- M. **CA Driver’s License & Expiration Date**– Driver’s license number & date of expiration
- N. **Car Insurance Policy & Expiration Date** – Name of car insurance company & date of expiration. If expiration occurs before the semester/quarter ends, Faculty must submit the new expiration date to the Education & Professional Development Unit.
- O. **RN License & Expiration Date** – RN license number & date of expiration
- P. **Instructor** – Complete the same items for yourself in this row. Provide school copies of updated licenses, TST, annual physical exams, and insurance policies.

Tuberculosis medications given in Los Angeles County

County of Los Angeles

TBC Program Manual

Table 3-6. Drug-drug interactions

| Drug regimen includes | Serum lab tests | Other tests |
|--|--|--|
| Standard TB regimen INH, RIF, PZA, EMB | CBC, LFT**, blood urea nitrogen, creatinine, glucose, uric acid, HIV Ab [†] | Urinalysis, visual acuity, red-green color testing |
| Any anti-TB drug | CBC, glucose, HIV Ab [†] | Urinalysis |
| INH, RIF | CBC, LFT** | |
| PZA | LFT**, uric acid | |
| EMB | | Visual acuity, red-green color testing |
| Streptomycin, amikacin, capreomycin, kanamycin | Blood urea nitrogen, creatinine, serum electrolytes | Audiogram, vestibular testing |
| Ethionamide | LFT**, TSH | |
| PAS | LFT**, TSH | |
| Cycloserine | | Assess mental status |

See Appendix B for abbreviations used in this manual.

*LFT (liver function test) consist of the following individual tests: aspartate aminotransferase (AST), alanine minotransferase (ALT), alkaline phosphatase in adulst, and total bilirubin

HIV risk factors and requires a signed patient consent

Tuberculosis medications given in Los Angeles County

County of Los Angeles

TBC Program Manual

Table 3-6. Drug-drug interactions

| TB Drug | Drug effects and interactions |
|--|--|
| Isoniazid | Increases serum levels of: <ul style="list-style-type: none"> • Phenytoin • Carbamazepine • Primidone • Warfarin • Benzodiazepines • Corticosteroids • Acetaminophen Decreases serum levels of: <ul style="list-style-type: none"> • Ketoconazole |
| Rifampin | Decreases serum levels of: <ul style="list-style-type: none"> • Warfarin • Theophylline • Oral contraceptives, estrogens, progestins • Oral hypoglycemics (sulfanylureas) • Digitoxin • Phenytoin • Calcium channel blockers • Narcotics, methadone • Protease inhibitors (saquinavir, ritonavir, indinavir, nelfinavir) • Non-nucleoside reverse transcriptase inhibitors • Immunosuppressants (corticosteroids, cyclosporine, azathioprine, tacrolimus) • Quinidine • Disopyramide • Dapsone • Daloperidol • Barbiturates • Chloramphenicol • Clofibrate • Mexiletine Probenecid may increase rifampin serum levels. Halothane may increase hepatotoxicity of both drugs. Ketoconazole may decrease serum levels of both drugs. |
| Pyrazinamide | Interferes with Ketostix® and Acetest® urine tests, producing a pink-brown color |
| Ethambutol | Absorption of ethambutol is decreased when taken with aluminum salts |
| Streptomycin, amikacin, capreomycin, kanamycin | Interaction with neuromuscular-blocking agents |
| Ethionamide | Isoniazid and cycloserine may potentiate CNS effects |
| PAS | Decreases serum levels of digitoxin and increases serum levels of warfarin |
| Cycloserine | Isoniazid and alcohol may potentiate CNS effects |
| Ciprofloxacin and Levofloxacin | Products containing aluminum, magnesium, calcium, iron, zinc decrease quinolone concentrations and increase serum levels of theophylline |
| Rifabutin | Fluconazole and clarithromycin increase rifabutin serum levels. Rifabutin decreases serum levels of clarithromycin. |

HIPAA SELF-LEARNING MODULE

PURPOSE

The **Health Insurance Portability and Accountability Act (HIPAA) module** is now available on-line for students and faculty to view. All students and faculty must view the module and complete the test by the Second week of clinical rotations. Faculty with a passing score do not need to repeat the module.

PROCEDURE

*Refer to **Appendix D** for instructions to access the module on-line. A copy of the module (without the notes) and test sheet is included.

INSTRUCTIONAL POSTERS

PURPOSE

Provide the students with a reference tool to utilize for case investigations, documentation and in the completion of the assessment tool. Student Liaisons are responsible for storing these posters in a safe place to prevent damage so they can be used again.

PROCEDURE

Refer to **Appendix B** to view the following Posters:

1. Acute Communicable Diseases Control (ACDC)
 - a. Hepatitis B Case
 - b. Outbreak in Healthcare Facility
 - c. Individual Case
 - d. Outbreak in Non-Healthcare Facility
2. Lead Poisoning
3. Newborn Screening
4. Nursing Process and Documentation
5. PHN Assessment Tool
6. Sexually Transmitted Disease (STD)
7. Sudden Infant Death Syndrome (SIDS)
8. Tuberculosis (TB)
 - a. Cases and Suspects
 - b. Contact Follow-up: Individual
 - c. Source Case Finding in a Documented Converter

STUDENT LIAISONS SAMPLE STUDENT PACKET

PURPOSE

Student Liaisons are encouraged to create a Sample **Student Packet** to give to students on the first day at the clinical site to orientate them to the assigned health center/program. Each Health Center or Program should cater the forms to meet the needs of his/her own facility.

PROCEDURE

Refer to **Appendix C** to view the contents of a Sample Student Packet. A Student Packet should contain at least these essential forms:

- Los Angeles County Public Health Nursing Mission and Vision
- Code of Ethics and Dress Code Policy
- SPA Map and District Profiles
- Reportable Diseases
- Fire Safety and Evacuation Plan
- Priority for PHN Follow Up Lists and TB Matrix
- Child and Adult Abuse Reporting
- Field Safety
- Health Center/Program Numbers
- Health Services Referrals

INSTRUCTIONS: STUDENT ACTIVITY LOG

PURPOSE

This worksheet is meant to trace the progress that the nursing student is making throughout the public health clinical rotation. The worksheet assists the student to keep track of the types of clinical experiences he/she had over the semester/quarter and to help the PHN ensure that the student is receiving a variety of cases.

The student is responsible for keeping this record and ensuring that it is filled out with the PHN every week. The student should have this information available at all times during the rotation. The original log should be turned in to the Faculty at the end of the clinical rotation.

PROCEDURE

Refer to **Appendix I** to view the Student Activity Log and instructions.

PUBLIC HEALTH NURSE EVALUATION OF STUDENT

PURPOSE

Evaluate the nursing student's level of performance during their public health nursing rotation at the assigned clinical site or program. Completion of the evaluations will assist Los Angeles County Public Health staff and Public Health Nursing Office of Education & Professional Development in preparing other nursing students for future efforts in improving clinical assignments and experiences. **This form will be used by participating university affiliates who do not supply an evaluation form for the PHNs.**

PROCEDURE

- Refer to **Appendix G** for the "PHN Evaluation of PHN Student" form.
- Toward the end of the clinical rotation, student liaisons should distribute this evaluation to all PHNs. PHNs should fill out 1 per student.
- Student Liaisons collect evaluations from PHNs, once completed.
- If desired, make a copy for CHS Location/Program records (this is optional and up to the discretion of Nursing Management or Program Specialists).
- Give all original evaluations to the nursing instructor on the last day of clinical or before if the student needs interventions for success.

CHS/PROGRAM EVALUATION OF CLINICAL ROTATION

PURPOSE

Evaluate the clinical rotation and faculty at the assigned CHS/program. Completion of the evaluations will assist Los Angeles County Public Health Nursing Administration and Affiliate Universities in improving clinical assignments and experiences for future nursing students.

PROCEDURE

- Refer to **Appendix H** for the “CHS/Program Evaluation of Clinical Rotation” form
- Student Liasons should obtain feedback from PHNs and nursing management when completing this form. One evaluation form should be completed for each rotation.
- If desired, make a copy for your CHS/Program location records (this is optional and up to the discretion of Nursing Management or Program Specialists).
- Once completed, send via County Mail to this address on the last day of clinical:

ATTN: Affiliating Schools Coordinator
Public Health Nursing Administration
Education and Professional Development Unit
241 N. Figueroa, Room 347
Los Angeles, CA 90012

- This evaluation is not to be given to the instructors. If the instructor is interested in receiving the information, please refer her/him to Nursing Administration.



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN.
Chief Deputy Director

313 North Figueroa Street, Room 806
Los Angeles, California 90012
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MEDICAL CLEARANCE

I certify that I examined _____ on _____ and deem
Patient first & last name MM/DD/YY

he/she is healthy and physically capable to perform his/her duties as a clinical instructor.

Print - **Physician first & last name, Title** **Date**

Physician Signature

Street Address, City, State

Phone number

*Note: This medical clearance expires one year from the exam date.

Section

6

For Student Nurses

Section 6 is to be used by Student Nurses that rotate through Los Angeles County Department of Public Health facilities for Community/Public Health Nursing clinical rotations.

STUDENT NURSES ROLES AND RESPONSIBILITIES

The student is responsible for providing competent nursing care. The student's roles and responsibilities include but are not limited to the following:

1. Adhere to University and Los Angeles County Department of Public Health policies and procedures.
2. Students must wear the Los Angeles County issued identification badge and their university identification badge per University policy which includes his or her name and title, and the name of the university at all times.
3. Students must successfully complete the HIPAA self-learning module on-line and turn in required test sheets to Instructor.
4. Inform the PHN of break(s) and meals.
5. Inform the PHN of days not in clinic.
6. Obtain and provide report on assigned client event(s) to responsible public health nurse.
7. Adhere to Los Angeles County policies regarding use of the Medical Library including:
 - a. Use of periodicals and journals only in the library.
 - b. Payment of fees for photocopying.
 - c. Maintaining a quiet environment.
8. Place TST and administer medications (ex: Intramuscular/subcutaneous/intradermal injections) with PHN or Clinic RN after being checked off with Faculty. Faculty does not need to be present after student is checked off.
9. Nursing Management or designee will maintain copies of the daily sign-in form in files with staff census tract assignments.
10. Complete and maintain the Student Activity Log with the PHN for each clinical date. Original log should be turned in to the Faculty at the end of the clinical rotation.

INSTRUCTIONS: STUDENT ACTIVITY LOG

PURPOSE

This worksheet is designed to trace the progress that the nursing student is making throughout the public health clinical rotation. The worksheet assists the student to keep track of the types of clinical experiences he/she had over the semester/quarter and to help the PHN ensure that the student is receiving a variety of cases.

The student is responsible for keeping this record and ensuring that it is filled out with the PHN every week. The student should have this information available at all times during the rotation. The original log should be turned in to the Faculty at the end of the clinical rotation.

PROCEDURE

Refer to **Appendix I** to view the Student Activity Log and instructions for completing the form.

HIPAA SELF-LEARNING MODULE

PURPOSE

The **Health Insurance Portability and Accountability Act (HIPAA) module** is now available on-line for students and faculty to view. All students and faculty must view the module and complete the Test by the Second week of clinical rotations. Faculty with a passing score do not need to repeat the module.

PROCEDURE

Refer to **Appendix D** for instructions to access the module on-line. A copy of the module (without the notes) and test sheet is included.

INSTRUCTIONAL POSTERS

PURPOSE

To provide the students with a reference tool to utilize for case investigations, documentation and in the completion of the assessment tool. Student Liaisons are responsible for storing these posters in a safe place to prevent damage so they can be used again.

PROCEDURE

Refer to **Appendix B** to view the following Posters:

1. Acute Communicable Diseases Control (ACDC)
 - a. Hepatitis B Case
 - b. Outbreak in Healthcare Facility
 - c. Individual Case
 - d. Outbreak in Non-Healthcare Facility
2. Lead Poisoning
3. Newborn Screening
4. Nursing Process and Documentation
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6. Sexually Transmitted Disease (STD)
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8. Tuberculosis (TB)
 - a. Cases and Suspects
 - b. Contact Follow-up: Individual
 - c. Source Case Finding in a Documented Converter

STUDENT LIAISONS SAMPLE STUDENT PACKET

PURPOSE

Student Liaisons are encouraged to create a Sample **Student Packet** to give to students on the first day at the clinical site to orientate them to the assigned health center/program. Each Health Center or Program should cater the forms to meet the needs of his/her own facility.

PROCEDURE

Refer to **Appendix C** to view the contents of a Sample Student Packet. A Student Packet should contain at least these essential forms:

- Los Angeles County Public Health Nursing Mission & Vision
- Code of Ethics and Dress Code Policy
- SPA Map and District Profiles
- Reportable Diseases
- Fire Safety and Evacuation Plan
- Priority Lists and TB Matrix
- Child and Adult Abuse Reporting
- Field Safety
- Health Center/Program Numbers
- Health Services Referrals

STUDENT NURSE EVALUATION FORM

PURPOSE

Provide written feedback that will assist Los Angeles County Public Health staff and Public Health Nursing Office of Education and Professional Development in evaluating and improving the effectiveness of the learning experience in the public health setting.

PROCEDURE

- Refer to **Appendix F** for the Student Nurse Evaluation Form.
- Students will complete the evaluation form at the end of their rotation and return it to the Student Liaison.
- Student Liaison will summarize the collected evaluations and send the summary to Nursing Administration no later than one month after the last day of the clinical rotation.

PUBLIC HEALTH NURSE EVALUATION OF STUDENT

PURPOSE

Evaluate the nursing student's level of performance during their public health nursing rotation at the assigned clinical site or program. Completion of the evaluations will assist Los Angeles County Public Health staff and Public Health Nursing Office of Education and Professional Development in preparing other nursing students for future efforts in improving clinical assignments and experiences.

Note: This form will be used by participating University Affiliates who do not supply an evaluation form for the PHNs.

PROCEDURE

- Refer to **Appendix G** for the "PHN Evaluation of PHN Student" form.
- Toward the end of the clinical rotation, student liaisons should distribute this evaluation to all PHNs. PHNs should fill out 1 per student.
- Student Liaisons collect evaluations from PHNs, once completed.
- If desired, make a copy for CHS Location/Program records (this is optional and up to the discretion of Nursing Management or Program Specialists).
- Give all original evaluations to the nursing instructor on the last day of the clinical rotation or before if the student needs interventions for success.

Appendices

Section 7 includes forms, documents, modules and instructional posters not included in the other sections.

- Appendix A:** Letter of Appreciation
Certificate of Appreciation
- Appendix B:** Instructional Posters
- Appendix C:** Sample Student Packet
- Appendix D:** Health Insurance Portability and Accountability Act Self-Learning Module
- Appendix E:** PHN Self-Directed Learning Module for Mentors
- Appendix F:** Student Nurse Evaluation
Summary of Student Nurse Evaluation forms
- Appendix G:** Public Health Nurse Evaluation of Student
- Appendix H:** CHS/Program Evaluation of Clinical Rotation
- Appendix I:** Student Activity Log
- Appendix J:** County of Los Angeles Notice of Self-Insurance

APPENDIX A

Letters



TEMPLATE LETTER



“Beginning”

JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN
Chief Deputy Director

313 North Figueroa Street, Room 806
Los Angeles, California 90012
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Fifth District

(Please place on SPA letterhead)
(Date)

Dear (Name of Public Health Nurse/Student Liaison):

Thank you for volunteering to take/be a (Student Liaison) for the (name of university) students. Our objective is to enhance our profession as public health nurses by providing the students with a rewarding clinical experience. As a professional in this public health environment, it is essential that the students have an understanding of public health, more specifically Public Health Nursing. Taking this opportunity will not only impact the student's public health knowledge and perspective, but will also enhance your professional growth in Public Health Nursing.

You will be provided with the necessary tools that will assist you with guiding the (university/student) through this clinical rotation. The (indicate university) students clinical rotation day is every (indicate day of the week) beginning (indicate date) and concluding (indicate date). The students will have various assignments throughout, so please take time to review their schedules on their first clinical day with you.

(*For PHNs only): Please have cases prepared and ready for your student each day he/she is assigned to go into the field. Please review each case with your student verbally. If you are unable to do so, please include detailed instructions with your cases. In order to ensure that the student is receiving a breadth of Public Health Nursing experiences, please use the enclosed Student Mentoring Tool.

(*For PHNs only): Your assigned student is (indicate student's name). You will have an opportunity to meet with your student on (indicate date and time). He/she anticipates visiting the field with you on (indicate date and time). Please make yourself available to orientate your student to your desk, your cases and where you will place work in your absence. Please inform your student of any community outreaches that you have planned during his/her clinical experience. Your student folder is attached with information about your student.

Again, thank you for your involvement in the professional development of our future public health nurses.

Sincerely,
Student Liaison/Nursing Management

COUNTY OF LOS ANGELES • DEPARTMENT OF PUBLIC HEALTH

TEMPLATE LETTER



“End”

JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN.
Chief Deputy Director

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(Date)

Dear (Name of Public Health Nurse/Student Liaison):

It is with sincere gratitude that I write this letter of appreciation. You provided (university/student) with a great opportunity in which (he/she/the students) (was/were) able to develop (his/her/their) professional community/public health nursing assessment, diagnosis, outcome identification, planning, implementation, and evaluation skills. The time and effort you put into organizing (schhol/student)'s orientation and clinical experiences assisted (him/her/them) in gaining insight into the complexities and health needs of the community you serve.

Your involvement in the advancement of (university) student's education is truly valued. Your willingness to share your expertise in nursing with students has made their learning experience very valuable. It is my desire that you will continue to provide the same excellent experience to students in the future. I wish you good fortune in all that you pursue and thank you for all your assistance in the Public Health Nursing education of future nurses.

Sincerely,

Student Liaison/Nursing Management

County of Los Angeles Department of Public Health

Certificate of Appreciation

Presented to

EMPLOYEE NAME

Student Liaison/Public Health Nurse

**In Appreciation and Recognition of your
Outstanding Contributions to Nursing Students**



Jane Doe, Nurse Manager

John Smith, Area Health Officer

Date

Date

APPENDIX B:

Instructional Posters

ACDC: Hepatitis B Case



- Pertinent Healthy People 2010 Leading Health Indicators:**
- Environmental Quality
 - Immunization
 - Responsible Sexual Behavior
 - Access to Health Care
 - Mental Health

- Acute Hepatitis Case:**
- Discrete onset of symptoms
 - Jaundice or elevated aminotransferase levels
 - Appropriate lab test confirmation:
 - ❖ HBsAg positive and/or anti-HBcIgM positive (if done), and
 - ❖ Anti-HAV IgM negative (if done)

Assess

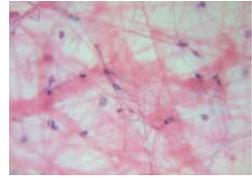
- Nursing Practice**
- Review referral when received from Public Health Nursing Supervisor (PHNS) and on the Nursing Practice Management System (NPMS). Document Date/Time/Signature on referral when received from PHNS.
 - Epidemiologic data to obtain and assess:
 - Ensure case has met both clinical and lab criteria.
 - Reason for medical visit leading to diagnosis; helpful to determine if case is acute or chronic.
 - Medical or dental tx within past 6 months.
 - Percutaneous exposure (self-report of suspected) of injections, tattooing, ear/body piercing, acupuncture, electrolysis, etc.
 - Transfusion of blood products; places, dates, lot numbers, manufacturer, & donor identification.
 - Blood, plasma, or organ donation in prior 6 months.
 - Occupational history, especially medical-dental personnel, workers or inmates in institutions, & those exposed to blood or blood products.
 - Sexual contact history (e.g., homosexual, bisexual, heterosexual with multiple partners) including contact with diagnosed case of viral hepatitis, jaundiced person or known HBsAg carrier during past 6 months.
 - Contact with or injection of contaminated blood; accidental inoculation by needle (lab), accidental splash into eye.
 - Patient or employee of a renal dialysis unit.
 - Diabetic patients with history of fingerpricks.
 - Resident of a long-term care facility.
 - For infant cases, HBV status of mother.

Diagnose

- Verify medical diagnosis and determine priority of action.
- Consider client's/contact's need for nursing interventions based on medical diagnosis.
- Consider client's/contact's need for nursing intervention to promote health, facilitate well-being, foster healing, alleviate suffering, and improve quality of life.

Identify Outcome

- Outcome Objective:**
- Prevent the spread of communicable diseases within families, communities, health facilities, or other sites.
- Nursing Practice:**
- Determine and document specific health needs/goals for client/contact situation.



Other References

- Health Education Materials
- Public Health Nursing Practice Manual
- ACDC Manual (B-73)
- Control of Communicable Disease Manual

Plan

Plan for the following Public Health Nursing Interventions:

- Disease and Health Event Investigation:**
 - Review ACDC Manual (B-73) for:
 - Symptoms
 - Incubation period
 - Source
 - Mode of transmission
 - Period of communicability
 - Specific treatment
 - Control measures
 - Obtain educational and resource materials.
 - Obtain specimen containers, if applicable.
 - Obtain referral information.
 - Elicit epidemiological data.
 - Relate case to time, place, person (when?, where?, who?).
 - Analyze probable causative factor (how?, why?).
 - Analyze actual/potential for spread of disease.
 - Take appropriate action in the event of sensitive occupation or situation (see B-73).
 - Provide instruction on appropriate specimen collection.
 - Institute appropriate control measures.
- Health Teaching/Counseling:**
 - Advise that disease may be transmitted by shared articles that become contaminated with blood (e.g., needles, syringes, razors, toothbrushes).
 - Advise that regular sexual partners may be at increased risk. Advise of need for HBIG and/or vaccine. Use of condoms may reduce the risk to sexual partners. A county sponsored vaccine program is available to age-qualified contacts.
 - Individuals at continued risk for acquiring hepatitis B infection (occupation, male homosexuals) should be recommended to receive hepatitis B vaccine if not immune.
 - Usage of HBIG based on exposure (type and time) and susceptibility.
 - Instruct sanitary disposal of blood and other body secretions.
 - Instruct patient that persons with a history of viral hepatitis are excluded from blood donor programs.
 - Advise case that HBsAg test should be repeated at 3 and 6 months. If still positive after 6 months, then the patient is considered a carrier and should be evaluated for the possibility of active liver disease.
- Referral and follow-up:**
 - Refer for treatment/prophylaxis if indicated:
 - Follow up with client(s) to determine if treatment/prophylaxis is taken as indicated.
 - Complete PHN Assessment form and make referrals as needed.
 - File Foodborne Illness Report (H-26) with district registrar if illness relates to a commercial establishment or product.
- Surveillance:**
 - Monitor case/contacts until cleared/closed.
 - Submit specimens as indicated by B-73.
- Other:**
 - Plan interventions needed to assist case/contact(s) with concerns identified in the PHN Assessment.

Implement

- PHN interventions are implemented as stated in the plan.
- Document all consultations, collaborations, interventions, and encounters with caretaker on the investigation forms and/or progress notes NPMS.

Evaluate

- Evaluate the effectiveness of interventions on the health of the client/contact(s); e.g. document client understands disease process and prevention of transmission.
- Determine and document action for non-adherent client/contact(s):
 - Consult with PHNS.
 - Refer for follow-up (see B-73) or submit for closure.
- Complete investigation forms:
 - Submit report within 5 working days or timeframe agreed upon in consultation with the PHNS.
 - Submit interim reports as needed until case is closed.
- Document in the NPMS:
 - File a copy of the PHN Assessment per PHN Assessment Form instructions.
- Evaluate client satisfaction:
 - Give client satisfaction form to the client/caregiver for completion and submission in a pre-addressed, stamped envelope.

ACDC: Individual Case



- Pertinent Healthy People 2010 Leading Health Indicators:**
- Environmental Quality
 - Immunization
 - Responsible Sexual Behavior
 - Access to Health Care
 - Mental Health

Assess

- Nursing Practice**
1. Review the Communicable Disease form/referral when received from Public Health Nursing Supervisor (PHNS) and on the Nursing Practice Management System (NPMS). Document Date/Time/Signature on referral when received from PHNS.
 2. Analyze report for:
 - a. Lab data
 - b. Information regarding sensitive occupation or situation
 - c. Disease
 - d. Symptoms
 - e. Date of onset
 - f. Incubation period
 - g. Source
 - h. Mode of transmission
 - i. Period of communicability
 - j. Specific treatment
 - k. Control Measures
 3. Assess case/contact(s) per PHN Assessment criteria.

Diagnose

1. Verify the medical diagnosis and determine the priority of action:
 - a. Review Section/page D1-D2 of the Public Health Nursing Practice Manual for priority per Acute Communicable Disease Control (ACDC) or determine the priority of action in consultation with the PHNS as needed. Document priority selected.
2. Consider the client's/contact's need for nursing interventions based on the medical diagnosis.
3. Consider the client's/contact's need for nursing intervention to promote health, facilitate well-being, foster healing, alleviate suffering, and improve quality of life.

Identify Outcomes

- Outcome Objective:**
1. Prevent the spread of communicable diseases within families, communities, health facilities, or other sites.
- Nursing Practice:**
1. Determine and document specific health needs/goals for client/contact situation.

Other References

- Health Education Materials
- Public Health Nursing Manual
- ACDC Manual (B-73)
- Control of Communicable Disease Manual

Plan

- Plan for the following Public Health Nursing Interventions:**
1. **Disease and Health Event Investigation:**
 - a. Review ACDC Manual (B-73) for:
 - Symptoms
 - Incubation period
 - Source
 - Mode of transmission
 - Period of communicability
 - Specific treatment
 - Control measures
 - b. Obtain educational and resource materials.
 - c. Obtain specimen containers if applicable.
 - d. Obtain referral information.
 - e. Elicit epidemiological data.
 - f. Relate case to time, place, person (when?, where?, who?).
 - g. Analyze probable causative factor (how?, why?).
 - h. Analyze actual/potential for spread of disease.
 - i. Take appropriate action in the event of sensitive occupation or situation (see B-73).
 - j. Provide instruction on appropriate specimen collection.
 - k. Institute appropriate control measures.
 2. **Health Teaching/Counseling:**
 - a. Educate the client and family regarding the symptoms, source, incubation period, mode of transmission, period of communicability and precautions needed to prevent the spread of infection per the B-73.
 - b. Educate client on proper specimen collection.
 - c. Discuss the need for case/contact(s) to have evaluation/clearance and explain procedures.
 - d. Assure client that confidentiality will be maintained.
 3. **Referral and Follow-up:**
 - a. Refer for treatment/prophylaxis if indicated:
 - Followup with client(s) to determine if treatment/prophylaxis is taken as indicated.
 - b. Make referrals as needed.
 4. **Surveillance:**
 - a. Monitor case/contacts until cleared/dosed.
 - b. Submit specimens as indicated.
 5. **Other:**
 - a. Plan interventions needed to assist case/contact(s) with concerns identified in the PHN Assessment.
 6. **Documentation:**
 - a. Document on epidemiological form.
 - b. Maintain desk card until closure on Hansen's cases/contacts and typhoid carries.
 - c. File Foodborne Illness Report (H-26) with the Morbidity Unit if illness relates to a commercial establishment or product.

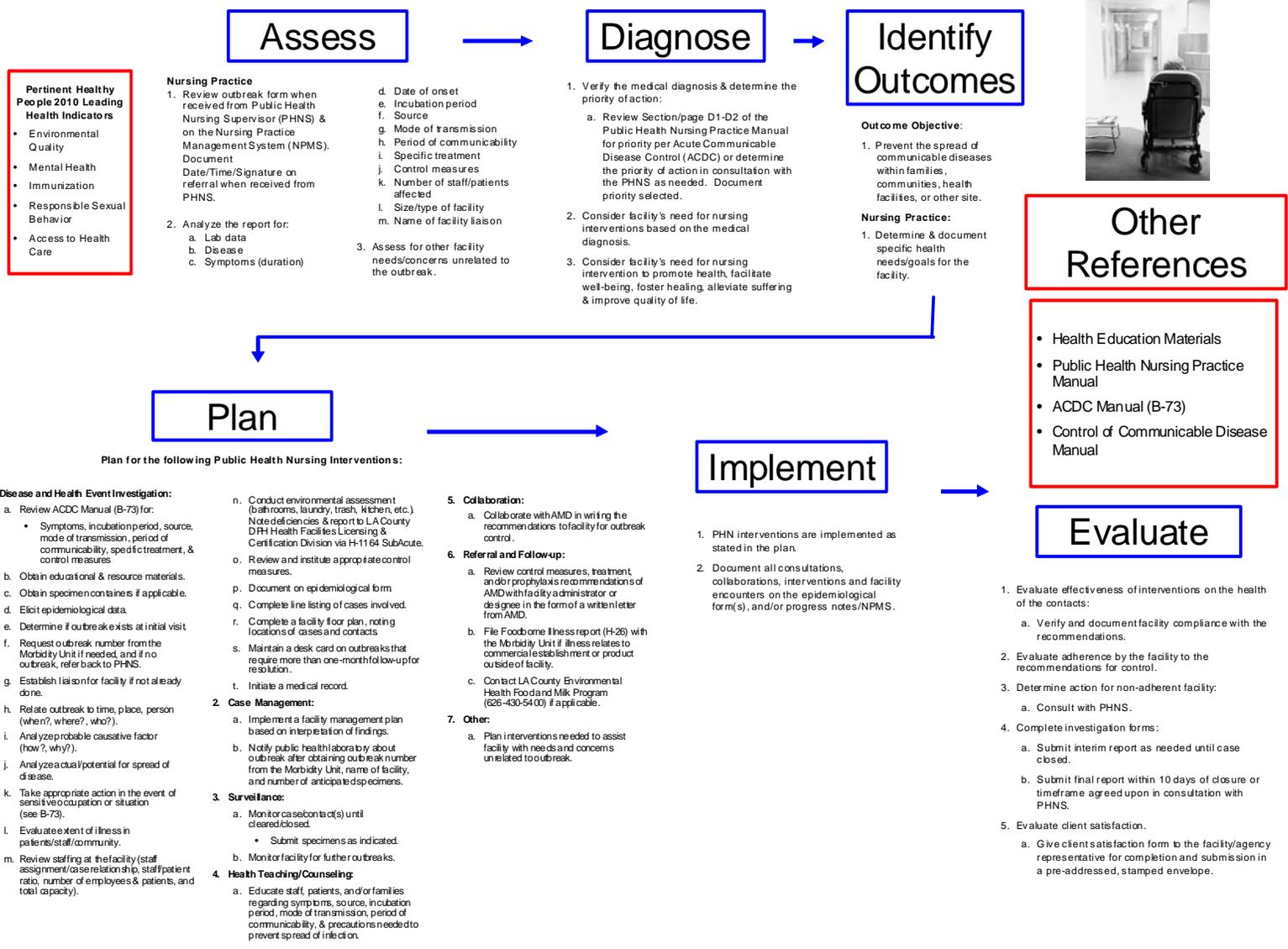
Implement

1. PHN Interventions are implemented as stated in the plan.
2. Document all consultations, collaborations, interventions and client/caretaker encounters on the epidemiological form(s) and/or progress notes/NPMS.

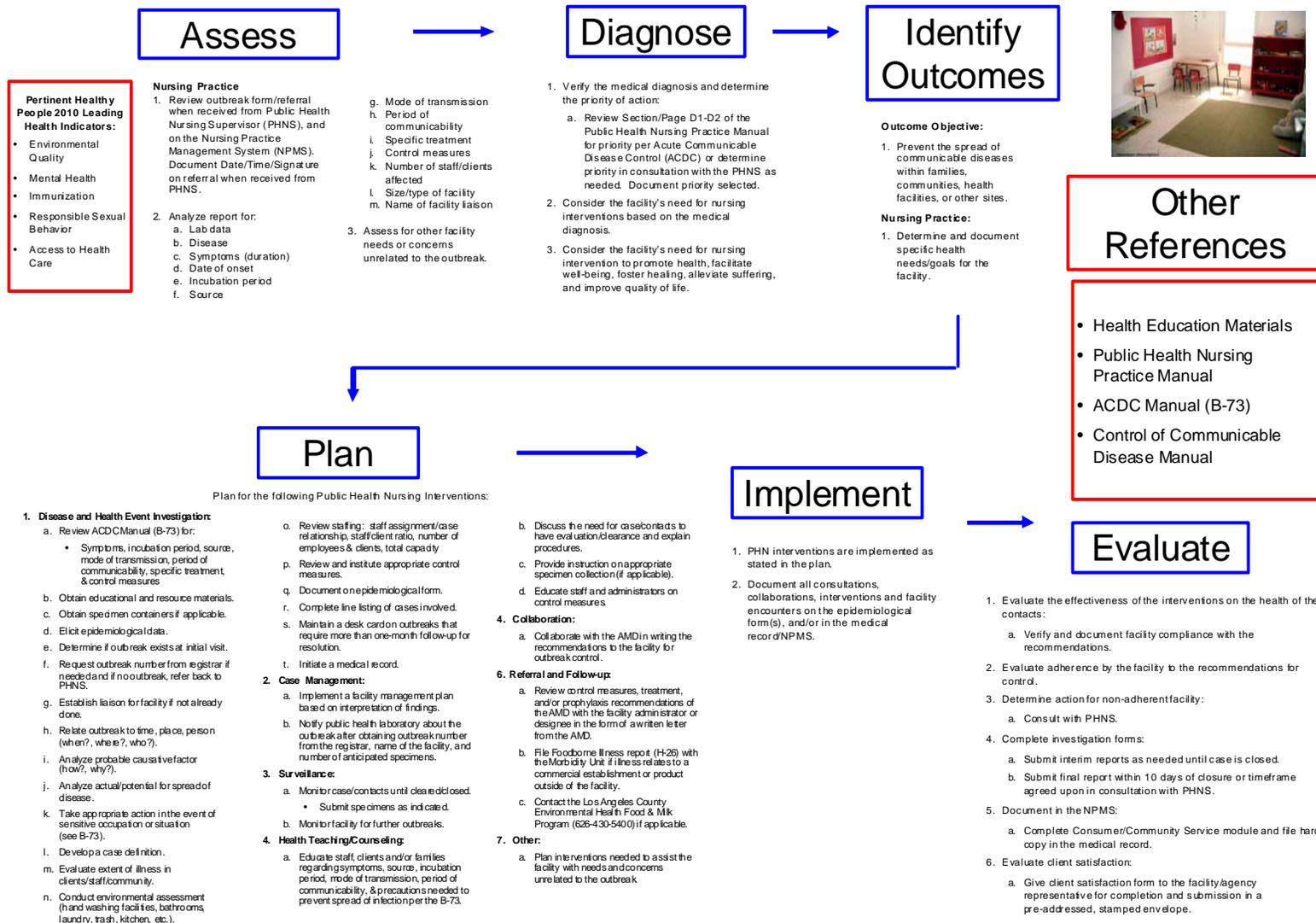
Evaluate

1. Evaluate the effectiveness of the interventions on the health of the client/contact(s); e.g. document client understands the disease process and prevention of transmission.
2. Determine and document action for non-adherent client/contact(s):
 - a. Consult with PHNS.
3. Complete investigation forms:
 - a. Submit report within 5 working days of closure or timeframe agreed upon in consultation with the PHNS.
 - b. Submit interim reports as needed until case is closed.
4. Document in the NPMS:
 - a. File a copy of the PHN Assessment per PHN Assessment Form instructions.
5. Evaluate client satisfaction:
 - a. Give client satisfaction form to the client/caregiver for completion and submission in a pre-addressed, stamped envelope.

ACDC: Outbreak in Healthcare Facility



ACDC: Outbreak in Non-Healthcare Facility



Lead Poisoning



Pertinent Healthy People 2010 Leading Health Indicators:

- Environmental Quality
- Access to Health Care

Assess

Diagnose

Identify Outcomes



Other References

- Health Education Materials
- Public Health Nursing Practice Manual
- Childhood Lead Poisoning Prevention Program

Nursing Practice

1. Review Lead Poisoning Case Management Reporting (CMR) form and Childhood Lead Poisoning Prevention Program (CLPPP) progress notes when received from Public Health Nursing Supervisor (PHNS) and on the Nursing Practice Management System (NPMS). Document Date/Time/Signature on referral when received from PHNS.
2. Analyze report for:
 - a. Laboratory results, Lead Poisoning Case Management Reporting (CMR) form and CLPPP Progress Notes
3. Assess case/family/caregiver and complete the forms related to:
 - a. Lead exposure and management per guidelines in the:
 - Lead Poisoning Follow-up form or Instructions/Appendix C (LPFF)
 - Management Guidelines for Childhood Lead Exposure by Blood Lead Levels (BLL Matrix)
 - MOU between Maternal Child & Adolescent Health Program, CLPPP, Environmental Health Services & Community Health Services

- Medi-Cal Outreach Questionnaire
 - Reminder/cover letter
4. Assess client and household per PHN Assessment criteria.
 5. Assess nutrition status of client with the client's caregiver using the CLPPP nutritional screening form "What does your child eat?"
 6. Assess client and household members for lead exposure per the CLPPP Progress Notes and the LPFF.

1. Verify the medical diagnosis & determine priority of action:
 - a. Review Section/page D3 of the Public Health Nursing Practice Manual for priority per CLPPP Matrix or determine the priority of action in consultation with the PHNS as needed. Document priority selected.
2. Consider client's/household members' need for nursing interventions based on possible or potential lead exposure and/or lead hazards.
3. Consider client's/household members' need for nursing intervention to promote health, facilitate well being, foster healing, alleviate suffering, and improve quality of life.

Outcome Objective:

1. Prevent and/or minimize risk factors associated with lead exposure by:
 - a. Identifying the lead exposure source
 - b. Interrupting pathway of the lead exposure
 - c. Ensuring a reduction in the elevated BLL
 - d. Reducing/eliminating the consequences

Nursing Practice:

1. Determine & document specific health needs/goals for client's/household members' situation.
 - a. Determine appropriate timelines for attainment of lead related outcomes according to the assessment and diagnosis (see Matrix & MOU).

Plan

Implement

Evaluate

Plan for the following Public Health Nursing Interventions:

1. **Health Teaching/Counseling:**
 - a. Educate client/household members/caregiver using lead awareness & health education materials included in the DPHN packet received w/referral.
 - b. Provide nutrition counseling based on assessment from nutritional screening form "What Does Your Child Eat?" and "My Pyramid Steps to a Healthier You" at www.mypyramid.gov
2. **Case Management:**
 - a. Provide nursing care per guidelines in Matrix & the MOU.
 - b. Maintain desk card until closure.
 - c. Coordinate re-testing of client every 4-6 weeks with the primary care provider (PCP).
 - d. Select growth chart by age and gender and plot height and weight.
 - e. Monitor medical management with primary care provider until case meets criteria for closure (see literature provided with case by CLPPP).
 - f. Obtain caregiver/client signatures for the DHS General Consent Form (H-521) and the DHS Release of Confidential Information Consent Form (H196).
 - g. Follow at-risk household members with elevated BLL per the same guidelines in the Matrix as for the client.
 - h. Open a medical record.
3. **Surveillance:**
 - a. Monitor adherent to recommended medical treatment.
 - b. Monitor client & at-risk household members until they meet closure definition.
 - c. Review BLL results of client & at-risk household members every 4-6 weeks.
 - d. Review with Registered Environmental Health Services Specialist (REHS) the progress of remediation, abatement or removal of lead source.

4. **Case Finding:**
 - a. Ensure that at-risk household members receive a BLL per guidelines in the Matrix.
5. **Consultation:**
 - a. Provide advice to PCP based on Matrix guidelines.
6. **Collaboration:**
 - a. Provide update (including BLLs) to CLPPP PHN every 3 months.
7. **Referral and Follow-up:**
 - a. Make referrals as needed based on assessment.
 - b. Follow-up with PCP on PHN & REHS recommendations in Appendix C.
 - c. Follow-up with PCP every 4-6 weeks to ensure client and at-risk household members are retested for BLL.
 - d. Consult with CLPPP-PHN for household members who have no PCP and no health care coverage.
 - e. Refer client and household members for health care coverage based on results on Medi-Cal Outreach questionnaire.
8. **Disease and Health Event Investigation:**
 - a. Provide disease and health event investigation per guidelines in LPFF & Appendix C, Matrix, MOU, & CLPPP Progress notes.
9. **Other:**
 - a. Plan interventions needed to assist client/household members with concerns identified in PHN Assessment.

1. PHN interventions are implemented as stated in the plan.
2. Document all consultations, collaborations, interventions, and encounters with caretaker on the investigation forms, and/or in the medical record/NPMS.

1. Evaluate effectiveness of interventions on the health of the client/household members; e.g. document client understands lead poisoning.
2. Determine action for non-adherent client/household member:
 - a. Consult with PHNS and CLPPP PHN.
3. Complete and submit investigation forms:
 - a. Submit initial documentation on LPFF (p.1-10), Appendix C, nutritional assessment "What Does Your Child Eat", growth chart and Medi-Cal Outreach Questionnaire to PHNS for review within 14 days of initial home visit or within the timeframe agreed upon with PHNS.
 - b. Fax initial documentation on the LPFF (p.1-10), Appendix C (p.1) to assigned REHS within 30 calendar days of initial DPHN home visit.
 - c. Submit original LPFF and Appendix C, nutritional assessment "What Does Your Child Eat", growth chart, client consent form, client release of information form, Medi-Cal Outreach Questionnaire, and PHN Assessment to assigned CLPPP PHN within 30 days of case closure.
 - d. Retain a copy of all forms for district medical record.
4. Document in NPMS:
 - a. File a copy of the PHN Assessment per PHN Assessment Form instructions.
5. Evaluate caregiver satisfaction:
 - a. Give clients satisfaction form to caregiver for completion and submission in a pre-addressed, stamped envelope.

Newborn Screening



Pertinent Healthy People 2010 Leading Health Indicators:
 • Access to Health Care

Nursing Practice

1. Review the Maternal, Child and Adolescent Health Programs (MCAH) forms and Newborn Screening Program referral notes when received from Public Health Nursing Supervisor (PHNS) and on the Nursing Practice Management System (NPMS). Document Date/Time/Signature on referral when received from PHNS.
2. Analyze report for:
 - a. Disease
 - b. Referral source
 - c. Reason for Referral:
 - a. Specimen: obtained too early, inadequate, or missing
 - b. Home birth
 - c. Reported as a presumptive positive for referred condition
 - d. Infant's Name, Date of Birth and Place of Birth
 - e. Mother's Name
3. Assess family/caregiver needs for further educational and resource information related to Newborn Screening.
4. Assess infant and household per PHN Assessment Criteria.

1. Verify the medical diagnosis/concern & determine priority of action:
 - a. Review Section/page D4 of the Public Health Nursing Practice Manual for priority per MCAH or determine the priority of action in consultation with the PHNS as needed. Document priority selected.
2. Consider infant's/caregiver's need for nursing intervention based on the medical diagnosis/concern.
3. Consider infant's/caregiver's need for nursing intervention to promote health, facilitate well being, foster healing, alleviate suffering, and improve quality of life.

Outcome Objective:

1. Prevent and/or minimize the risk factors associated with genetic, endocrine, and hemoglobin diseases for which screening is performed.

Nursing Practice:

1. Determine & document specific health needs/goals for infant's situation.



Other References

- Health Education Materials
- Public Health Nursing Practice Manual
- Maternal, Child, and Adolescent Health Programs (MCAH)



Plan for the following Public Health Nursing Interventions:

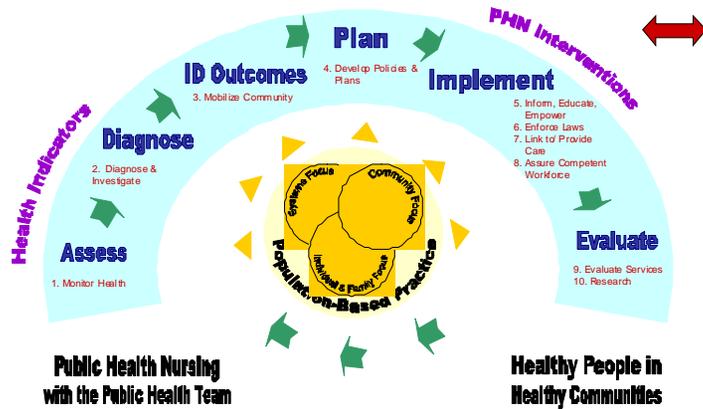
1. **Disease and Health Event Investigation:**
 - a. Obtain education and resource materials.
 - b. Obtain referral resource information to share with caregiver.
2. **Health Teaching/Counseling:**
 - a. Educate family regarding genetic, endocrine, and hemoglobin diseases for which screening was performed and the importance of early detection and proper treatment.
 - b. Provide family with educational/resource materials.
3. **Referral and Follow-up:**
 - a. Refer client for testing and treatment as requested in the referral.
4. **Other:**
 - a. Plan interventions needed to assist infant/caregiver/household with concerns identified in the PHN Assessment.

1. PHN interventions are implemented as stated in the plan:
 - a. Disease and Health Event Investigation
 - b. Health Teaching/Counseling
 - c. Referral and Follow-up
 - d. Other interventions as needed
2. Document all consultations, collaborations, interventions, and encounters with caretaker on the investigation forms, and/or progress notes/NPMS.

1. Evaluate the effectiveness of the interventions on the health of the infant/caregiver/household members; e.g. document caretaker's understanding of the newborn screening process:
 - a. Determine if the infant kept the appointment for testing and treatment (if indicated).
2. Determine and document action for non-adherent caregiver or if caregiver cannot be located:
 - a. Consult with PHNS and contact Newborn Screening Program Coordinator (213-639-6457) after two unsuccessful attempts to locate the client or to obtain compliance from the caretaker.
3. Complete investigation forms:
 - a. Submit the final report to PHNS for review and submit disposition report/referral to the Newborn Screening Area Service Center and the Newborn Screening Coordinator by fax and postal mail within 30 days of receipt of referral or within timeframe agreed upon in consultation with the PHNS.
4. Document in NPMS:
 - a. File a copy of the PHN Assessment per PHN Assessment Form instructions.
5. Evaluate caregiver satisfaction:
 - a. Give client satisfaction form to caregiver for completion and submission in a pre-addressed, stamped envelope.

Nursing Process

Public Health Nursing Practice Model



Further information:

- Public Health Nursing Practice Manual Section A
- Public Health Nursing's Public Site

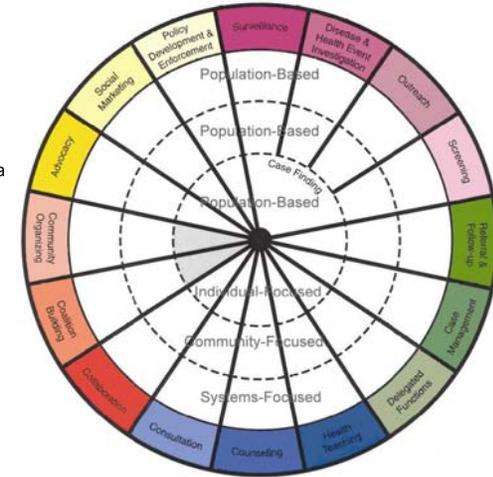
Documentation

Located at <http://go.phd.ladhs.org> or in County of Los Angeles Public Health Programs and Community Health Services Nursing Procedures Manual

- Documentation - Policy # 390.1 (<http://go.phd.ladhs.org>)
- Late Entry - Policy # 211 (Manual)
- Charting S.O.A.P. - Policy # 201 (Manual)
- Abbreviation - Policy # 109
- Prohibited abbreviations - Policy # 341

Minnesota DHS PHN Section's Intervention Wheel

- Assess :** Data collection: Subjective
Objective
Organize data
Validate data
Record data
Analyze data
- Diagnose:** Clinical judgment determined by data
Validity: Review and validate diagnosis
- ID Outcomes:** Establish goal
What would you like to see happen?
- Plan:** Intermediate objectives
Behavioral changes
- Implement:** Process objectives
Nursing actions using Minnesota Wheel
- Evaluate:** Ongoing process
Re-examine all steps



Further information:

- Minnesota Department of Health

S.O.A.P Charting

- S: Subjective Data**
Information provided by client, family or community worker.
- O: Objective Data**
Data obtained through observation, e.g. vital signs.
- A: Assessment**
Statement of diagnosis.
- P: Plan**
Plan for treatment, education, or referrals.

Sample Charting

- S:** 22y/o male w/ cough, SOB, hemoptysis.
- O:** Pt. Lives with family, B/P: 156/90. See H-513 of 10/20/03 exam.
- A:** Pt receptive to PHN visit and verbalized understanding of DOT Regime, TB class #, Smear positive.
- P:** Pt. educated on TB disease, transmission and prevention with emphasis on covering mouth with coughing. Patient reminded to wear mask at doctor appointments. Referral faxed to TBC for housing and food vouchers.

PHN Assessment Tool

Every attempt must be made to complete a home visit on every referral in order to do a complete assessment!!



Public Health Nursing Practice Manual

PHN ASSESSMENT FORM

Date Form Initiated: SPA District Program CT

Client's Last First Name: AKA Last First Name

Telephone: Home Work Other

Address: City Zip

Ethnicity/Race: Language

Source of Referral: Disease Control Health Line Other

Referral Type: ACD TB STD OB-HCF OB-GENE

LEAD AIDS ABUSE OTHER

PHN ASSESSMENT

| Family Member | Primary Care Health Coverage | Family Violence | Safety | Immunization | Healthy Habits |
|-------------------------------|---------------------------------|-----------------|----------------|--------------------|----------------------|
| # Declined | Primary Provider: No Yes | No Yes | Hazard: No Yes | Up-to-date: No Yes | Healthy diet: No Yes |
| DOB: self other | Health Coverage: No Yes | No Yes | No Yes | No Yes | Exercises: No Yes |
| Sex: Male Female | Type: Needs Dental Care? No Yes | No Susp | No Yes | No Yes | Smokes/Chews: No Yes |
| Other | Pregnant: EDD: No Yes | No Declined | No Declined | No Declined | Dependency? No Yes |
| Diabetic: No Yes | Diabetic: Asthma: No Yes | No Declined | No Declined | No Declined | Safer Sex: No Yes |
| Mental Health Concern: No Yes | Date: Declined | No Declined | No Declined | No Declined | Practices? No Yes |
| | | | | | Declined |

Encounter (circle) 1 2 3 4 date: Home Office Telephone Other

PLAN

Health Need Goal: _____

Health Need Goal: _____

Health Need Goal: _____

Health Need Goal: _____

1. Answer questions as presented.
2. Source of Referral: Where did referral come from? Disease control or other?
3. Referral Type: Select appropriate type.

1. Family member #1 will always be the referred client.
2. Each "family member" must be assessed even if family member is absent.
3. Individuals have the "right" to decline parts of, or the entire assessment interview.
4. Check appropriate boxes regarding client's medical history.
5. Family violence: Ask any client 12 years or older if they are concerned about family violence.
6. If PHN sees or suspects abuse, they are required to make a mandated written suspicious injury report to local police.
7. Healthy Habits: May assess children age 11 years or under according to his/her judgment.

1. Encounters: Any visit that relates to follow up of a health need/goal not related to the original referral is considered an encounter.
2. Only 4 encounters per form. If more encounters are needed, a chart must be opened.
3. Plan: Each problem identified in the assessment must have a health need/goal listed.
4. Needs may be identified by the PHN or client.

Action/Intervention

ACTION/INTERVENTION given:

| | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Day Care | <input type="checkbox"/> Family Planning | <input type="checkbox"/> Parenting Class | <input type="checkbox"/> Safer Sex Practice |
| <input type="checkbox"/> Building & Safety | <input type="checkbox"/> DCFS | <input type="checkbox"/> Food | <input type="checkbox"/> PCG | <input type="checkbox"/> Shelter/Housing |
| <input type="checkbox"/> CCS | <input type="checkbox"/> Dental Care | <input type="checkbox"/> Immunization | <input type="checkbox"/> Ped. Primary Care | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> CHDP | <input type="checkbox"/> DPSS | <input type="checkbox"/> Legal Aid | <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Drug/ETOH Tx | <input type="checkbox"/> NFP | <input type="checkbox"/> Prenatal Care | <input type="checkbox"/> Vision Care |
| <input type="checkbox"/> Comm. Disease | <input type="checkbox"/> Environ. Health | <input type="checkbox"/> Nutrition Counseling | <input type="checkbox"/> Regional Center | <input type="checkbox"/> WVC |

Counseling/Mental Health referral: _____

Family Violence referral: _____

Healthy Families worker at: _____ Medi-Cal worker at: _____

Medical Care at: _____ Public Health Clinic at: _____

Other: _____

Anticipatory Guidance Given About:

| | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> Back to Sleep | <input type="checkbox"/> Bottle Games | <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Folic Acid | <input type="checkbox"/> Nutrition Counseling |
| <input type="checkbox"/> Immunization | <input type="checkbox"/> Pre-Conception Counseling | <input type="checkbox"/> Safer Sex Practices | <input type="checkbox"/> Safety/Injury Prevention | <input type="checkbox"/> Smoking/Chem. Dep. |

Nutrition/Physical Activity Counseling/Referral: _____

Time: _____

Comments: _____

1. For each health need/goal, check off the action/intervention given or where client referred.
2. Anticipatory Guide: Check off any anticipatory guidance that the PHN gave the client.
 - a. Use this section to document advice that the PHN gave **not related to a health need/goal identified in the assessment**.

Disposition

DISPOSITION

On-going Level 1 intervention, next contact (date/purpose) _____

Close-Level 1

Level 2 intervention needed, next contact (date/purpose) _____

Close Individual/Family declines further service UTL other reason _____

Close moved within LA County jurisdiction (complete transfer section below) moved outside LA County jurisdiction transfer to _____

Client Satisfaction form given: Yes No

1. If the client requires more than four (4) encounters to assist with the identified health goal/needs, close Level 2 in NPMS and enter the date and purpose of the next encounter in the text box.
2. Open a medical record if applicable; print a copy of the PHN assessment and place the assessment in the miscellaneous section of the chart. Continue to document in the medical record progress notes.

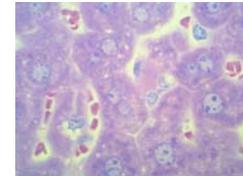
Sexually Transmitted Disease (STD)



Assess

Diagnose

Identify
Outcomes



Pertinent Healthy People 2010 Leading Health Indicators:

- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Access to Health Care

Nursing Practice

1. Review referral when received from Public Health Nursing Supervisor (PHNS) in Casewatch® and in the Nursing Practice Management System (NPMS). Document Date/Time/Signature on referral when received from PHNS.
2. Analyze report for:
 - a. Type of disease
 - b. Site of infection
 - c. Laboratory data
 - d. Age of client (If case is under 14 yrs of age a child abuse report should be completed in accordance with the Child Sexual Assault Reporting requirements)
 - e. Specific treatment
3. Conduct record search with STD program, if necessary.
4. Assess case/contact(s) per PHN assessment criteria

1. Verify the medical diagnosis and determine priority of action:
 - a. Review Section/page D5 of the Public Health Nursing Practice Manual for the priority per the STD program or determine priority of action in collaboration with the PHNS as needed. Document priority selected.
2. Consider the client's/contacts' need for nursing interventions based on the medical diagnosis.
3. Consider the client's/contacts' need for nursing intervention to promote health, facilitate well being, foster healing, alleviate suffering, and improve quality of life.

Outcome Objective:

1. Prevent the spread of sexually transmitted diseases in Los Angeles County.
2. Case and contacts are free of STD.

Nursing Practice:

1. Determine & document specific health needs/goals for client/contact situation:
 - a. Determine appropriate timeline for attainment of the outcomes according to the assessment and diagnoses.
 - b. Ensure the client's treatment is completed and partner(s) is referred for follow up as indicated.

Other References

- Health Education Materials
- Public Health Nursing Practice Manual
- Sexually Transmitted Diseases Program

Plan

Implement

Evaluate

Plan for the following Public Health Nursing Interventions:

1. Disease and Health Event Investigation

- a. Review:
 - Symptoms & incubation period
 - Source
 - Period of communicability
 - Specific treatment
 - Control measures
 - Sexually Transmitted Disease Procedure Manual
 - b. Obtain STD educational and resource materials.
 - c. Analyze actual/potential for spread of disease.
 - d. Determine psychological, socioeconomic, and cultural influences and attitudes.
 - e. Determine risk factors for infection/re-infection.
 - f. Client visit
 - Provide identification and explain the purpose of the visit to client
 - Secure private setting for interview
 - Ensure client confidentiality
 - Elicit epidemiological data
- 2. Health Teaching/Counseling:**
- a. Determine client's understanding of the disease, transmission, treatment and prevention.
 - b. Educate client regarding the STD using culturally sensitive and age appropriate information (verbal and written).
 - c. Provide risk reduction education and impact on fetus, if applicable.

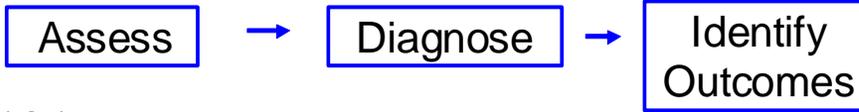
Suspected Child Abuse Cases:

- a. Explain the importance of medical evaluation of household members to the parent(s)/guardian(s), as indicated.
 - b. Explain the involvement of law enforcement and the Department of Children and Family Services (DCFS) in cases of suspected child abuse, if appropriate, using professional judgment.
- 3. Case Finding:**
- a. Interview client for contact(s).
 - b. Initiate appropriate form(s). Document on contact form:
 - Date of initial contact
 - Epidemiological data
 - Potential for spread of disease and re-infection
 - Education/counseling provided
 - Plan of action for case and susceptible contacts
 - c. Maintain a desk card on child abuse cases and those cases requiring more than one month of follow-up.
- 4. Referral and Follow-up:**
- a. Complete PHN Assessment and make referrals as needed.
 - b. Refer client/contact(s) for testing and treatment, if applicable.
- 5. Other:**
- a. Plan interventions needed to assist case/contact(s) with concerns identified in the PHN Assessment.

1. PHN interventions are implemented as stated in the plan.
2. Document all consultations, collaborations, interventions, and client encounters in Casewatch® field notes progress notes, and in the NPMS.

1. Evaluate effectiveness of interventions on the health of the client/contact(s); e.g. document client understands the disease process and prevention of transmission.
2. Determine and document client/contact(s) adherence:
 - a. Medical evaluation is obtained.
 - b. Treatment is completed.
3. Determine action for non-adherent client/contact(s):
 - a. Consult with PHNS.
4. Document in Casewatch®:
 - a. Disposition and close case within 14 days of receipt of referral or within timeframe agreed upon in consultation with PHNS.
5. Document in the NPMS:
 - a. File a copy of the PHN Assessment per the PHN Assessment Form instructions.
6. Evaluate client satisfaction:
 - a. Give client satisfaction form to the client for completion and submission in a pre-addressed, stamped envelope.

Sudden Infant Death Syndrome (SIDS)



- Pertinent Healthy People 2010 Leading Health Indicators:**
- Environmental Health
 - Mental Health
 - Injury and Violence
 - Access to Health Care
 - Tobacco Use
 - Substance Abuse

Nursing Practice

1. Review referral documents when received from Public Health Nursing Supervisor (PHNS) and on the Nursing Practice Management System (NPMS). Document Date/Time/Signature on referral when received from PHNS.
2. Analyze referral packet received from MCAH SIDS Coordinator.
3. Call MCAH SIDS Coordinator for further information.
4. Assess family needs for grief counseling:
 - a. Consider extended family, siblings and childcare provider.
5. Assess caregiver/household/provider per PHN Assessment criteria.

1. Verify the provisional medical diagnosis and determine the priority of action:
 - a. Review Section/page D6 of the Public Health Nursing Practice Manual for priority per Maternal, Child, & Adolescent Health (MCAH) or determine priority of action in consultation with the PHNS as needed. Document priority selected.
2. Consider caregiver/ household/ provider's need for nursing interventions based on the provisional medical diagnosis.
3. Consider caregiver/ household/ provider's need for nursing intervention to promote health, facilitate well being, foster healing, alleviate suffering, and improve quality of life.

Outcome Objective:

1. Prevent ineffective grieving

Nursing Practice:

1. Determine and document specific health needs/goals for the caregiver/household/provider situation.



Plan for the following Public Health Nursing Interventions:

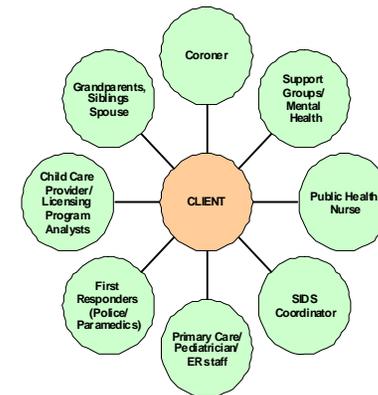
1. **Disease & Health Event Investigation:**
 - a. Interview caregiver using materials provided in the packet received from the MCAH SIDS coordinator including the Presumptive SIDS referral from LA County SIDS Program, Progress note from MCAH SIDS coordinator, SIDS reporting form from the Coroner's office, & Public Health Service Report.
2. **Health Teaching/Counseling:**
 - a. Educate caregiver/ household/ provider on current SIDS data & research using the SIDS education & information materials provided in the packet from the MCAH SIDS Coordinator.
3. **Referral & Follow-up:**
 - a. Refer caregiver/household/provider to support services and other agencies as needed using referral materials in packet from the MCAH SIDS Coordinator.
4. **Surveillance:**
 - a. Once initial investigation is completed, determine the need for ongoing PHN involvement based on professional judgment and consultation with PHNS and MCAH SIDS Coordinator.
5. **Other:**
 - a. Plan interventions needed to assist caregiver/household/provider with concerns identified in PHN Assessment.

1. PHN interventions are implemented as stated in the plan.
2. Document all consultations, collaborations, interventions, and caretaker encounters on the investigation forms and/or progress notes/NPMS.

1. Evaluate effectiveness of the interventions on the health of the caregiver/ household/ provider, e.g. document caregiver understands SIDS diagnosis process.
2. Determine and document action for the non-adherent caregiver:
 - a. Document when contact is not established or service is refused on the PHN Progress Note included in the packet from the MCAH SIDS Coordinator.
 - b. Consult with PHNS & MCAH SIDS Coordinator as needed.
3. Complete investigation forms:
 - a. Complete PH Services Report, Report of Contact, PHN Progress Note, and the SB 90 PHN Case Tracking Form and submit to MCAH SIDS Coordinator via PHNS within 2 weeks of initial referral.
4. Document in NPMS:
 - a. File a copy of the PHN Assessment per PHN Assessment Form instructions.
5. Evaluate client satisfaction:
 - a. Give client satisfaction form to the caregiver for completion and submission in a pre-addressed, stamped envelope.

Other References

- **Health Education Materials**
- **Public Health Nursing Practice Manual**
- **Maternal Child & Adolescent Health SIDS Program**
<http://apublichealth.org/mch/sids/sids.htm> (213) 639-6457
- **U.S. Department of Health and Human Services: Health Resources and Services Administration (HRSA)**
<http://www.hrsa.org/>; (800) 505-CRIB (2742), Fax (301) 984-1473
 - ❖ Booklet on selected resources for grieving parents, their families, friends, and other caregivers. Many free SIDS risk reduction resources
- **National Institutes of Health** <http://www.nichd.nih.gov/SIDS>
- **California SIDS Program** (800) 369-SIDS (7437)
www.californiasids.com
 - ❖ Grief and bereavement information under "support services"
- **First Candle/SIDS Alliance** (800) 221-SIDS (7437)
www.firstcandle.org
- **Resources for Families Experiencing a Loss:**
SIDS Foundation of Southern California Email: sidsfsc@aol.com, (310) 558-4511; Spanish Speaking (562) 233-7864



Tuberculosis (TB) Cases and Suspects



Pertinent Healthy People 2010 Leading Health Indicators:

- Substance abuse
- Responsible sexual behavior
- Mental health
- Environmental quality
- Access to health care
- Tobacco use

Assess

Nursing Practice

1. Review referral documents when received from the Public Health Nursing Supervisor (PHNS) and on the Nursing Practice Management System (NPMS). Document Date/Time/Signature on referral when received from PHNS.
2. Analyze report for:
 - a. Site of disease, Date of onset, Diagnosis, Source of referral (if under private provider care, contact provider prior to home visit if contact was not already made by TB Control), Tuberculin skin test results (TST) and BCG status, Chest X-ray results, Bacteriology/laboratory results (i.e. pathology report, CSF chemistry, etc), Any medical and/or previous TB history, Symptoms and probable communicability status, Medications for TB, Other medications, Living situation/psychosocial factors, Contact referral source if insufficient/incomplete information given and client is not currently hospitalized.
2. Assess case/household per PHN Assessment criteria.

Diagnose

1. Verify the medical diagnosis and determine the priority of action:
 - a. Review Section/page D7 of the Public Health Nursing Practice Manual for priority of action or determine the priority in consultation with the PHNS as needed. Document priority selected.
2. Consider the client's/household's need for nursing interventions based on the medical diagnosis.
3. Consider the client's/household's need for nursing intervention to promote health, facilitate well being, foster healing, alleviate suffering, and improve quality of life.

Identify Outcomes

Outcome Objectives:

1. Prevent the spread of TB within families, communities, health facilities, or other populations.
2. Cure the client of TB disease.

Nursing Practice:

1. Determine and document specific health needs/goals for client/contact situation.
 - a. Determine appropriate timeline for attainment of the outcomes according to the assessment and diagnoses and per the TB Control Program Manual 2003 (page 5-4 and 5-14).



Other References

- Health Education Materials
- Public Health Nursing Practice Manual
- LAC TB Control Manual

Plan

Plan for the following Public Health Nursing Interventions:

1. **Disease and Health Event Investigation:**
 - a. Review for:
 - Symptoms, Incubation period, Source, Mode of transmission, Period of communicability, Specific treatment, Control measures, & TB Control Program Manual 2003 Chapters 3 & 4
 - b. Obtain TB education and resource materials.
 - c. Elicit epidemiological data.
 - d. Determine onset of symptoms & current status of symptoms.
 - e. Analyze actual/potential spread of disease.
 - f. Determine probability of adherence & the impact of diagnosis on cultural beliefs.
 - g. Provide instruction on appropriate specimen collection.
 - h. Institute appropriate control measures if applicable.
 - i. Document all consultations, collaborations, interventions & client encounters in medical record.
2. **Case Finding**
 - a. Initiate contact investigation per Contact Investigation Standards in TB Control Program Manual 2003 (Appendix L).
 - b. Explain to the client that confidentiality will be safeguarded.
 - c. Administer TST, if applicable.
 - d. Refer contacts for evaluation/treatment, if applicable.
 - e. Initiate appropriate forms H-289 & H-304 if applicable.
 - f. Initiate source case finding for children who are Class 3/5.
3. **Health Teaching/Counseling**
 - a. Educate clients/contacts regarding disease process, necessary follow-up & medication prescribed.
 - b. Educate about TB and precautions needed to prevent spread of disease, if client is communicable.
4. **Referral and Follow-up**
 - a. Refer all contacts for evaluation and follow-up (e.g., provider), if applicable.
 - b. Refer client to community resources as needed according to identified needs.
 - c. If client born in Mexico, has family in Mexico, or may be visiting there, provide client the 'Cure TB' Binational Referral Program wallet card to facilitate continuity of care in the event of an unplanned trip/move.
5. **Case Management**
 - a. Notify public health center TB clinician/FMD of changes in status of client, if applicable.
 - b. Initiate PHN TB Class 3/5 Assessment Form, PHN Assessment in NPMS, H-304 if indicated & H-290 Registration.
 - c. Ensure client is reclassified as indicated within 3 months from the date referral was received.
6. **Surveillance**
 - a. Monitor adherence to home isolation & 'Patient Education Instructions for Home Isolation for Contagious Tuberculosis' H-3070, if applicable.
 - b. Monitor adherence to recommended medical treatment, if applicable.
 - c. Monitor client for complications & additional concerns until closure at least monthly & as necessary.
- d. Ensure client who is a TB3 completes the required treatment.
- e. Contact client by monthly home visit to ensure that client is following recommended management program unless otherwise approved by PHNS.
 - Assess for: Adherence with treatment (Count TB medication, if not on DOT), Date of last health provider/clinic visit, Current medications, Date of last refill (if private provider), Date of next healthcare provider/clinic appointment, Educational, psychosocial, & medical needs related to TB, Other non-TB related concerns, Document visit on monthly PHN TB Follow-up Form within 2 working days.
- f. Review chart within 2 working days after each clinic visit or within timeframe agreed upon with the PHNS for: Problems identified, Medication changes, Clinical orders, Sputum results, Drug susceptibility, DOT adherence, Diagnosis, & Closure.
- g. Contact client for broken chest clinic or DOT appointments.

Implement

1. PHN interventions are implemented as stated in the plan.
2. Document all consultations, collaborations, interventions, and client/caretaker encounters on the investigation forms, and/or in the medical record/NPMS.

Evaluate

1. Evaluate the effectiveness of the health of the client/contact(s); e.g. document client understands disease process & prevention of transmission.
2. Determine and document action for the non-adherent client and/or if client cannot be located:
 - a. Consult with the TB clinician for non-compliant clients.
 - b. Make 2 home visit attempts to verify client's residency. If client cannot be found, consult with the PHNS for review and recommendations.
 - c. Attempt to locate the client via postal clearance and by calling emergency numbers or other contact numbers listed in the client record.
 - d. If the client is referred for district PH follow-up, contact the assigned PH every 2 weeks until final disposition and document the client's status in the medical record.
 - e. If the client is referred for TBC PH follow-up and a Legal Order was initiated, contact the assigned TBC PH monthly until final disposition and document the client's status in the medical record.
3. Complete reporting forms:
 - a. Submit (H-290) registration within 14 days of receipt of the suspect referral or within timeframe agreed upon with the PHNS.
 - b. Ensure that the H-304 is disposed and submitted if indicated.
 - c. Submit TB Patient Clinical Summary (H-513) for closure within 7 days of closure or within timeframe agreed upon with the PHNS.
 - d. Ensure H-290 confirmation is submitted within 7 days of the final culture report from all sites within 7 days of clinical diagnosis or within timeframe agreed upon with the PHNS.
 - e. Ensure H-289 is submitted to TB Control after completion of initial screening process.
4. Assessment
 - a. Complete PHN TB Class 3/5 Assessment Form and PHN Assessment Form.
5. Evaluate client satisfaction:
 - a. Give client satisfaction form to client for completion & submission in a pre-addressed, stamped envelope.

Tuberculosis (TB) Contact Follow-up: Individual



Pertinent Healthy People 2010 Leading Health Indicators:

- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Environmental Quality
- Access to Health Care
- Tobacco Use

LTBI - TB infection, no disease

- Positive reaction to tuberculin skin test, negative bacteriologic studies (if done) and no clinical and/or radiographic evidence of tuberculosis. (LTBI Guidelines: TBC Manual 2003 page 2-6)
- Educate regarding TB infection and preventive measures.
- Offer INH preventive treatment for 6 or 9 months.
- Complete PHN Assessment and provide intervention per protocol.
- For SCF - follow the TB SCF Poster
- For Contact Investigation - follow the TB Contact Investigation Poster

Assess

- Nursing Practice**
1. Review referral documents when received from the Public Health Nursing Supervisor (PHNS) and on the Nursing Practice Management System (NPMS). Document Date/Time/Signature on referral when received from PHNS.
 2. Analyze report for:
 - a. Contact information (TST status, CXR results, Date of last contact to index case, any medical and/or previous TB history)
 - b. Status of source case and risk to transmit (high or low)
 - c. Site of disease, Date of Onset, Diagnosis
 - d. Source of referral - (if under private provider care, contact provider prior to home visit if contact was not already made by TB Control).
 - e. Tuberculin skin test (TST) results, BCG status, Chest X-ray results
 - f. Bacteriology/labatory results of index case
 - g. Any medical and/or previous TB history
 - h. Symptoms and probable communicability status
 - i. Medications for TB start date
 - j. Other medications
 - k. Number of persons potentially exposed
 - l. Description of site where exposure occurred, eg. high school
 - m. Living situation/social factors
 - n. Contact referral source if insufficient information given and client is not currently hospitalized.
 2. Assess contact/household per the PHN Assessment criteria.

Diagnose

1. Verify the medical diagnosis and determine the priority of action:
 - a. Review Section/page D7 of the Public Health Nursing Practice Manual and the Contact Investigation Standards in the TB Control Program Manual 2003 (Appendix L) or determine priority in consultation with the PHNS, as needed. Document priority selected.
2. Consider contact's/household's need for nursing interventions based on the medical diagnosis.
3. Consider contact's/household's need for nursing intervention to promote health, facilitate well being, foster healing, alleviate suffering, and improve quality of life

Identify Outcomes

- Outcome Objectives:**
1. Prevent the spread of TB within families, communities, health facilities, or other sites.
 2. Contacts are free of TB disease and/or infection.
- Nursing Practice:**
1. Determine specific outcome objectives for the contact's/household's situation:
 - a. Determine appropriate timelines for attainment of outcomes according to the assessment and diagnoses. (The Contact Investigation Standards in the TB Control Program Manual 2003 (Appendix L)



Other References

- LAC TB Control Manual
- Public Health Nursing Practice Manual
- Education Resource Materials

Plan

Plan for the following Public Health Nursing Interventions

1. **Disease and Health Event Investigation:**
 - a. Review symptoms, incubation period, source, mode of transmission, period of communicability, specific treatment, and control measures (TB Control Program Manual 2003 Ch. 3 & 4).
 - b. Obtain TB educational and resource materials.
 - c. Obtain TST supplies, as needed.
 - d. Review CHS Policy #201 Area Medical Director's authority over control of communicable disease in health districts. Consult with PMD/TB Clinician, contact facility/agency, determine the contact person, if indicated
 - e. Elicit epidemiological data from facility/agency or school district representative if applicable.
 - f. Determine onset of symptoms and current status of symptoms of index case.
 - g. Analyze actual/potential for spread of disease.
 - h. Assess environmental factors (e.g. indoor, poor ventilation, specific duties, size and location of worksite/classroom)
 - i. Determine impact of the diagnosis on cultural beliefs and psychosocial impact on contacts.
 - j. Assess barriers to adherence and medical history.
 - k. Assess the susceptibility of individual contacts (e.g. high-risk factors, age, HIV status, immunocompromising conditions, etc.).
 - l. Refer to Memo: School Contact Investigation (11-9-99), the Los Angeles Unified School District and Tuberculosis Control Procedure for Contact Investigation and Reporting Suspects and Confirmed Cases of TB (Students, Employees and Volunteers Grade K-12 Only) (8-4-99), and General Protocols for Follow up (8-4-99) for follow up of high- or low-risk contacts in schools.
 - m. Classify contact(s) as high or low risk to becoming infected and give follow-up priority to high risk.
 - n. Initiate a medical record for high-risk contacts.
2. **Case Finding:**
 - a. Initiate contact follow-up as per TB Contact Investigation Standards in the TB Control Program Manual 2003 (Appendix L)
 - b. Explain to contact that identity of index case is confidential.
 - c. Administer TST as indicated. Offer TST & chest X-ray as indicated for worksite and/or Industrial Contact Investigation.
 - d. Initiate appropriate forms: H-289 and H-304.
3. **Health Teaching/Counseling:**
 - a. Educate contact regarding disease process, precautions to prevent spread of disease, necessary follow-up and medication prescribed.
 - b. Educate regarding TB infection vs. TB disease.
4. **Referral and Follow-up:**
 - a. Refer contact to provider for evaluation and follow-up.
 - b. Refer contact to community resources according to identified needs.
 - c. If client was born in Mexico, has family in Mexico or may be visiting here, provide client the "Cure TB" Binational Referral Program wallet card to facilitate continuity of care in event of unplanned trip or move.
5. **Case Management:**
 - a. Maintain desk card on each high risk contact as determined by Area Nurse Manager.
 - b. Document interventions in the medical record.
6. **Surveillance:**
 - a. Monitor contact adherence to recommended medical treatment and appointments per TB Control Program Manual page 6-10.
7. **Other:**
 - a. Plan interventions needed to assist case/contact(s) with concerns identified in PHN Assessment.

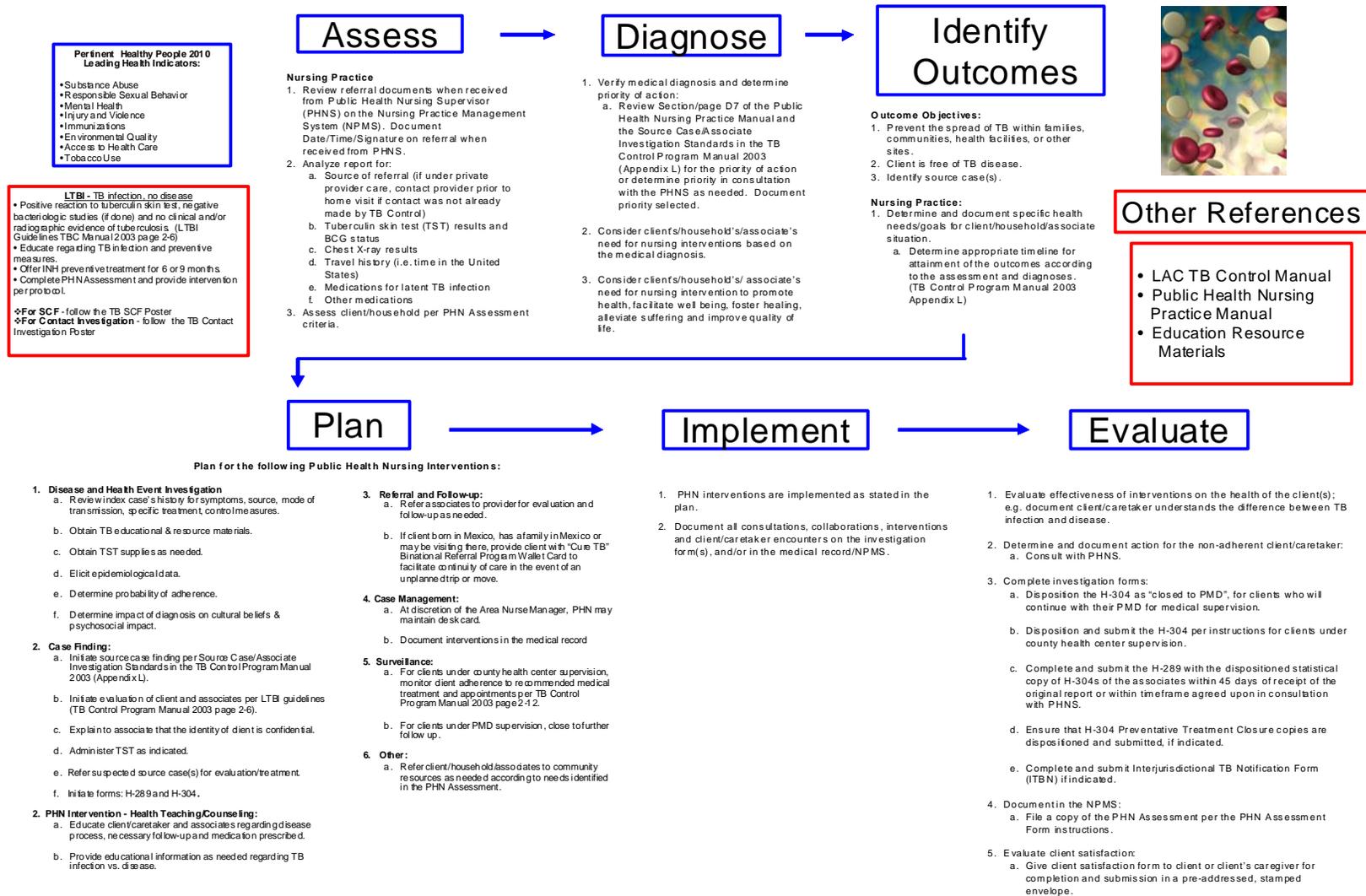
Implement

1. PHN interventions are implemented as stated in the plan.
2. Document all consultations, collaborations, interventions, and client/caretaker encounters on the investigation forms, and/or in the medical record/NPMS.

Evaluate

1. Evaluate the effectiveness of the interventions on the health of the contact(s); eg. document client/caretaker understands the disease process and prevention of transmission.
2. Determine and document action for the non-adherent contact.
 - a. Consult with PHNS & TB Clinician.
3. Complete investigation forms:
 - a. Submit as follows or within timeframe agreed upon in consultation with PHNS:
 - Higher risk contact with in public health nurse's district: submit within 30 days.
 - Lower risk contact with in public health nurse's district: submit within 45 days.
 - Higher risk contact outside of public health nurse's district: send a copy of the H-289 and the original H-304 to district of residence within 7 days.
 - Lower risk contact outside of public health nurse's district: send a copy of the H-289 and the original H-304 to district of residence within 14 days.
 - Higher risk contact outside of the jurisdiction of Los Angeles County Public Health: send a copy of the H-289 or Interjurisdictional TB Notification (ITBN) to TB Control Program within 7 days.
 - Lower risk contact outside of the jurisdiction of Los Angeles County Public Health: send a copy of the H-289 or Interjurisdictional TB Notification (ITBN) to the TB Control Program within 14 days
 - Ensure H-304 Preventative Treatment Closure is dispositioned & submitted if indicated.
4. Document in the NPMS.
 - a. File a copy of the PHN Assessment per the PHN Assessment Form instructions.
5. Evaluate client satisfaction.
 - a. Give client satisfaction form to the contact for completion and submission in a pre-addressed, stamped envelope.

Tuberculosis (TB) Source Case Finding in a Documented Converter



Perinent Healthy People 2010 Leading Health Indicators:

- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Immunizations
- Environmental Quality
- Access to Health Care
- Tobacco Use

LTI - TB infection, no disease

- Positive reaction to tuberculin skin test, negative bacteriologic studies (if done) and no clinical and/or radiographic evidence of tuberculosis (LTI Guidelines TBC Manual 2003 page 2-6)
- Educate regarding TB infection and preventive measures.
- Offer INH preventive treatment for 6 or 9 months
- Complete PHN Assessment and provide intervention per protocol.

♦For SCF - follow the TB SCF Poster
 ♦For Contact Investigation - follow the TB Contact Investigation Poster

Assess

- Nursing Practice**
1. Review referral documents when received from Public Health Nursing Supervisor (PHNS) on the Nursing Practice Management System (NPMS). Document Date/Time/Signature on referral when received from PHNS.
 2. Analyze report for:
 - a. Source of referral (if under private provider care, contact provider prior to home visit if contact was not already made by TB Control)
 - b. Tuberculin skin test (TST) results and BCG status
 - c. Chest X-ray results
 - d. Travel history (i.e. time in the United States)
 - e. Medications for latent TB infection
 - f. Other medications
 3. Assess client/household per PHN Assessment criteria.

Diagnose

1. Verify medical diagnosis and determine priority of action:
 - a. Review Section/page D7 of the Public Health Nursing Practice Manual and the Source Case/Associate Investigation Standards in the TB Control Program Manual 2003 (Appendix L) for the priority of action or determine priority in consultation with the PHNS as needed. Document priority selected.
2. Consider client's/household's/associate's need for nursing interventions based on the medical diagnosis.
3. Consider client's/household's/ associate's need for nursing intervention to promote health, facilitate well being, foster healing, alleviate suffering and improve quality of life.

Identify Outcomes

- Outcome Objectives:**
1. Prevent the spread of TB within families, communities, health facilities, or other sites.
 2. Client is free of TB disease.
 3. Identify source case(s).
- Nursing Practice:**
1. Determine and document specific health needs/goals for client/household/associate situation.
 - a. Determine appropriate timeline for attainment of the outcomes according to the assessment and diagnoses. (TB Control Program Manual 2003 Appendix L)



Other References

- LAC TB Control Manual
- Public Health Nursing Practice Manual
- Education Resource Materials

Plan

Plan for the following Public Health Nursing Interventions:

1. **Disease and Health Event Investigation**
 - a. Review index case's history for symptoms, source, mode of transmission, specific treatment/control measures.
 - b. Obtain TB educational & resource materials.
 - c. Obtain TST supplies as needed.
 - d. Elicit epidemiological data.
 - e. Determine probability of adherence.
 - f. Determine impact of diagnosis on cultural beliefs & psychosocial impact.
2. **Case Finding:**
 - a. Initiate source case finding per Source Case/Associate Investigation Standards in the TB Control Program Manual 2003 (Appendix L).
 - b. Initiate evaluation of client and associates per LTI guidelines (TB Control Program Manual 2003 page 2-6).
 - c. Explain to associate that the identity of client is confidential.
 - d. Administer TST as indicated.
 - e. Refer suspected source case(s) for evaluation/treatment.
 - f. Initiate forms: H-289 and H-304.
2. **PHN Intervention - Health Teaching/Counseling:**
 - a. Educate client/caretaker and associates regarding disease process, necessary follow-up and medication prescribed.
 - b. Provide educational information as needed regarding TB infection vs. disease.

3. **Referral and Follow-up:**
 - a. Refer associates to provider for evaluation and follow-up as needed.
 - b. If client born in Mexico, has a family in Mexico or may be visiting there, provide client with "Cuba TB" Binational Referral Program Wallet Card to facilitate continuity of care in the event of an unplanned trip or move.
4. **Case Management:**
 - a. At discretion of the Area Nurse Manager, PHN may maintain desk card.
 - b. Document interventions in the medical record.
5. **Surveillance:**
 - a. For clients under county health center supervision, monitor client adherence to recommended medical treatment and appointments per TB Control Program Manual 2003 page 2-12.
 - b. For clients under PMD supervision, close to further follow up.
6. **Other:**
 - a. Refer client/household associates to community resources as needed according to needs identified in the PHN Assessment.

Implement

1. PHN interventions are implemented as stated in the plan.
2. Document all consultations, collaborations, interventions and client/caretaker encounters on the investigation form(s), and/or in the medical record/NPMS.

Evaluate

1. Evaluate effectiveness of interventions on the health of the client(s); e.g. document client/caretaker understands the difference between TB infection and disease.
2. Determine and document action for the non-adherent client/caretaker:
 - a. Consult with PHNS.
3. Complete investigation forms:
 - a. Disposition the H-304 as "closed to PMD", for clients who will continue with their PMD for medical supervision.
 - b. Disposition and submit the H-304 per instructions for clients under county health center supervision.
 - c. Complete and submit the H-289 with the dispositioned statistical copy of H-304s of the associates within 45 days of receipt of the original report or within timeframe agreed upon in consultation with PHNS.
 - d. Ensure that H-304 Preventative Treatment Closure copies are dispositioned and submitted, if indicated.
 - e. Complete and submit Interjurisdictional TB Notification Form (ITBN) if indicated.
4. Document in the NPMS:
 - a. File a copy of the PHN Assessment per the PHN Assessment Form instructions.
5. Evaluate client satisfaction:
 - a. Give client satisfaction form to client or client's caregiver for completion and submission in a pre-addressed, stamped envelope.

APPENDIX C

Sample Student Packet

Los Angeles County Public Health Nursing Mission and Vision

Los Angeles County Public Health Nursing Mission and Vision

Vision: Public Health Nursing—Working Together to Assure Healthy People in Healthy Communities

Mission: Public Health Nursing improves the well being of communities by promoting health and preventing disease, disability and premature death among all residents of Los Angeles County. Public Health Nursing improves the quality of neighborhood life by working in partnership with community residents to create the conditions that ensure healthy lives.

Public Health Nursing

- Assesses and monitors the health status of the population using the health indicators from Healthy People 2010 and local indicators.
- Defines goals and objectives using the core public health functions and the ten essential public health services.
- Responds to the health needs of the population from either an individual/family-focused, community-focused, and/or systems-focused population-based practice.
- Utilizes the nursing process to promote and encourage healthy behaviors.
- Emphasizes primary prevention.
- Implements action in a collaborative and transdisciplinary approach with colleagues in the public and private sector so as to maximize the efficient and effective use of resources.
- Maximizes every contact with the residents of Los Angeles County so as to prevent missed opportunities for health promotion.
- Conducts/participates in research for new insights and innovative solutions to clinical practice and quality of services.
- Applies ethical principles to guide public health nursing practice.

Public Health Nursing Services/Activities include, but are not limited to, the following:

- Sharing the analysis of the practice data in a trans-disciplinary health team environment.
- Engaging in collaborative relationships with community based agencies and/or specific populations to develop public policy and target disease prevention activities.
- Analyzing data collected from practice and evaluating health trends, services and risk factors to determine priorities for planning outcomes and determining intervention or action.
- Serving as public health team leader in emergency preparedness and response situations.
- Coordinating programs, services, and other activities to achieve established objectives.
- Providing consultation to community groups, health professionals and agencies to facilitate the implementation of programs and services.

Code of Ethics and Dress Code

SUBJECT: **CODE OF ETHICS**

POLICY NO: 106

Section 100 - General Information
Effective Date: 11/01/04

Page 1 of 1

To establish a set of standards by which Public Health nurses regulate their behavior and practice.
To provide a framework for nurses to use in ethical decision making.

Policy:

- All Public Health Services nursing staff will adhere to the 2001 American Nurses Association Code of Ethics for Nurses.

2001 American Nurses Association Code of Ethics

- The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
- The nurse's primary commitment is to the patient, whether an individual, family, group, or community. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
- The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
- The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence and to continue personal and professional growth.
- The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
- The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
- The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
- The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practices, and for shaping social policy.

Approved: Margaret Avila, Nursing Director (Signature on file)

SUBJECT: **DRESS CODE**

POLICY NO: 506

Section 600 – Human Resources
Effective Date: 05/01/98
Revised: 11/01/04

Page 1 of 2

Purpose:

- To maintain and project a professional and positive image.
- To promote a safe environment for clients and staff.
- To reduce the risk of occupational exposure to infectious diseases by use of appropriate personal protective clothing.

Policy:

- All Public Health Services nursing staff will adhere to the dress code policy.
- All employees at risk of occupational exposure to bloodborne pathogens shall wear appropriate personal protective clothing.

IDENTIFICATION BADGES

- All Public Health nursing staff will wear Department Health Services (DHS) identification badges in the facility, when representing DHS Public Health (PH) at outside agencies and when on field visits.
- Identification badges are to be readily visible, worn face up and above the waist.

GENERAL APPEARANCE

- Public Health nursing staff will dress appropriate to the workplace and demonstrate good personal hygiene. Clothing will be neat, clean, in good condition, permitting safe freedom of movement, and be non-hazardous to client care activities and the work environment.
- Traditional nursing uniforms and scrubs may be worn in client-care areas only.
- Staff shall refrain from using body fragrances such as cologne, talc powder, and after-shave lotions, to the extent that the fragrance adversely affects client care, co-workers, and visitors.

SHIRTS, SKIRTS, SLACKS/PANTS and DRESSES

- Casual shirts, blouses, twin sets, sweaters, polo/golf shirts and turtlenecks are examples of acceptable attire. County-sponsored or union T-shirts worn on special event days are acceptable.
- Skirt and pant lengths will be no longer than the top of the instep.
- Unacceptable items include: T-shirts, jerseys, oversized shirts, sweatshirts, tank/tube tops, halter tops, bare midriff tops and tight, sheer or revealing clothing.
- Business dresses, suits, casual dresses, and skirts are acceptable.

Approved: Margaret Avila, Nursing Director (Signature on file)

SUBJECT: **DRESS CODE**

POLICY NO: 506

Section 600 – Human Resources

Page 2 of 2

Effective Date: 05/01/98

Revised: 11/01/04

- Unacceptable skirt items include: miniskirts, skirt lengths and splits exposing more than (2) inches above the knee, and those that restrict movement.
- Unacceptable slacks/pants items include: shorts, leggings, sweat pants, oversized pants, overalls, exercise apparel, blue jeans, and those that restrict movement.

FOOTWEAR

- For employee safety: Shoes are to be safe, clean, and in good condition. Loafers, boots and flats are acceptable. Closed toe shoes with a back constructed of sufficient strength to protect the foot and a low to medium heel (2 inches or lower) are required in client-care areas.
- Dress sandals with heel straps are permitted in office and field settings only and are not permitted in any direct patient care areas or other areas where safety would be a concern. Athletic shoes are permitted in the clinic and field settings.
- In all settings, unacceptable items include: flip-flops, slides, backless sandals (mules), and slippers.

ACCESSORIES

- Hats worn as part of religious attire are acceptable. Baseball caps are not permitted except for those with County or union logos worn on special event days.
- Jewelry, fingernails, hair, and hair covering will not be such as to interfere with client-care activities and safety. Due to the possibility of infection, artificial fingernails are not permitted in the client-care areas.
- In order to project a positive image, body piercing jewelry may be visible in the earlobes only and tattoos should be covered whenever possible.

LAB COATS*

- Appropriate protective clothing such as gowns and lab coats will be worn during procedures that could generate splashes of blood or other body fluids.
- Lab coats will be made available to clinical staff to be worn in direct client care areas and will be removed prior to leaving these areas (e.g. during breaks, lunch, off-duty).

*Note: Lab Coats in the field deferred to Safety Committee for recommendations.

Reference Documents:

Business Casual Dress Code – DHS – Policy No. 506

Hand Hygiene – DHS – Policy No. 392.3

Identification Badges – Policy No. 940

Approved: Margaret Avila, Nursing Director (Signature on file)

SPA Map and District Profiles

Reportable Diseases

REPORTABLE DISEASES AND CONDITIONS
Title 17, California Code of Regulations (CCR), § 2500

It is the duty of every healthcare provider, knowing of or in attendance on a case or suspected case of any diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. "Healthcare provider" encompasses physicians (surgeons, osteopaths, oriental medicine practitioners), veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infection control professionals, medical examiners/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case.

Urgency Reporting Requirements

☎ = Report immediately by telephone. ☒ = Report within 1 working day of identification. Ⓞ = Report within 7 calendar days from time of identification.

REPORTABLE DISEASES

- Ⓞ Acquired Immune Deficiency Syndrome (AIDS) ■
- ☒ Amebiasis
- ☎ Anthrax
- ☎ Avian Influenza, Human
- ☒ Babesiosis
- ☎ Botulism: Infant, Foodborne, or Wound
- ☎ Brucellosis
- ☒ Campylobacteriosis
- Ⓞ Chaneroid ■
- Ⓞ Chlamydial Infections, including lymphogranuloma venereum (LGV) ■
- ☎ Cholera
- ☎ Ciguatera Fish Poisoning
- Ⓞ Coccidioidomycosis
- ☒ Colorado Tick Fever
- ☒ Conjunctivitis, Acute Infections of the Newborn, specify etiology
- Ⓞ Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
- ☒ Cryptosporidiosis
- Ⓞ Cysticercosis or Taeniasis
- ☎ Dengue
- ☎ Diarrhea of the Newborn, outbreaks only
- ☎ Diphtheria
- ☎ Domoic Acid (Amnesic Shellfish) Poisoning
- Ⓞ Ehrlichiosis
- ☒ Encephalitis, specify etiology: Viral, Bacterial, Fungal, Parasitic
- ☎ *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157
- ☒ Foodborne Disease:
 - ☎ 2 or more cases from separate households with same suspected source
- Ⓞ Giardiasis
- Ⓞ Gonococcal Infections ■
- ☒ *Haemophilus influenzae*, invasive disease (only report cases less than 15 years of age)

- ☎ Hantavirus Infections
- ☎ Hemolytic Uremic Syndrome
- ☎ Hemorrhagic Fevers, Viral (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
- ☒ Hepatitis A
- Ⓞ Hepatitis B, specify Acute or Chronic
- Ⓞ Hepatitis C, specify Acute or Chronic
- Ⓞ Hepatitis D (Delta)
- Ⓞ Hepatitis, Other/Acute
- Ⓞ Human Immunodeficiency Virus (HIV) ■ (\$2641-2643)
- Ⓞ Influenza deaths (Only report cases less than 18 years of age)
- Ⓞ Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)
- Ⓞ Legionellosis
- Ⓞ Leprosy (Hansen's Disease)
- Ⓞ Leptospirosis
- ☒ Listeriosis
- Ⓞ Lyme Disease
- ☒ Malaria
- ☒ Measles (Rubella)
- ☒ Meningitis, specify etiology: Viral, Bacterial, Fungal, or Parasitic
- ☎ Meningococcal Infections
- Ⓞ Mumps
- ☎ Paralytic Shellfish Poisoning
- Ⓞ Pelvic Inflammatory Disease (PID) ■
- ☒ Pertussis (Whooping Cough)
- ☎ Plague, Human or Animal
- ☒ Poliomyelitis, Paralytic
- ☒ Psittacosis
- ☒ Q Fever
- ☎ Rabies, Human or Animal
- ☒ Relapsing Fever
- Ⓞ Rheumatic Fever, Acute
- Ⓞ Rocky Mountain Spotted Fever
- Ⓞ Rubella (German Measles)
- Ⓞ Rubella Syndrome, Congenital
- ☒ Salmonellosis (other than Typhoid Fever)
- ☎ SARS (Severe Acute Respiratory Syndrome)
- ☎ Scabies (Atypical or Crusted) ★
- ☎ Scombroid Fish Poisoning

- ☎ Shiga Toxin (detected in feces)
- ☒ Shigellosis
- ☎ Smallpox (Variola)
- Streptococcal Infections:**
 - ☎ Outbreaks of any type
 - ☒ Individual case in a food handler
 - ☒ Individual case in a dairy worker
 - ☒ Invasive Group A Streptococcal Infections including Streptococcal Toxic Shock Syndrome and Necrotizing Fasciitis ★
 - (Do not report individual cases of pharyngitis or scarlet fever.)
 - Ⓞ *Streptococcus pneumoniae*, Invasive ★
- ☒ Syphilis ■
- Ⓞ Tetanus
- Ⓞ Toxic Shock Syndrome
- Ⓞ Toxoplasmosis
- ☒ Trichinosis
- ☒ Tuberculosis ■
- ☎ Tularemia
- ☒ Typhoid Fever, cases and carriers
- Ⓞ Typhus Fever
- ☎ Varicella, Fatal Cases
- Ⓞ Varicella, Hospitalized Cases (do not report cases of herpes zoster or shingles)
- ☒ *Vibrio* Infections
- ☒ Water-Associated Disease (e.g., Swimmer's Itch or Hot Tub Rash)
- ☒ West Nile Virus (WNV) Infection
- ☎ Yellow Fever
- ☒ Yersiniosis

OCURRENCE OF ANY UNUSUAL DISEASE

☎ **OUTBREAKS OF ANY DISEASE** (Including diseases not listed in §2500). Specify if institutional diseases and/or open community.

- ★ Reportable to the Los Angeles County Department of Public Health.
- ✚ Bacterial isolates and malarial slides must be forwarded to L.A. County Public Health Laboratory for confirmation. Healthcare providers must still report all such cases separately.
- For questions regarding the reporting of HIV/AIDS, STDs or TB, contact the respective program:

| | | |
|---|--|--|
| HIV Epidemiology Program 213-351-8516 www.lapublichealth.org/hiv/index.htm | STD Program 213-744-3070 www.lapublichealth.org/std/index.htm | TB Control Program 213-744-6271 (for reporting) 213-744-6160 (general) www.lapublichealth.org/tb/index.htm |
|---|--|--|

Non-communicable Diseases or Conditions

- Ⓞ Alzheimer's Disease and Related Conditions (CCR § 2802, § 2806, § 2810)
- Ⓞ Disorders Characterized by Lapses of Consciousness (CCR § 2806, § 2810)
- ☒ Pesticide-Related Illnesses (Health and Safety Code §105200)

To report a case or outbreak of any disease contact the Communicable Disease Reporting System
Tel: 888-397-3993 • Fax: 888-397-3778

(Rev. 7/07)

Fire Safety and Evacuation Plan

**Community Health Services
Central Health Center**

EVACUATION PLAN

NEED FOR EVACUATION

The decision to evacuate the building will be made by the Building Emergency Coordinator, Medical Director, Nurse Manager and Security Officer or designees. The need to evacuate the building will be announced over the public address system.

EMERGENCY EVACUATION ROUTES

1. **DO NOT USE THE ELEVATORS**
2. All occupants shall exit through the nearest stairway to the first floor level, assemble between 241 and 313 N. Figueroa Street behind the flag pole on the grassy area.
3. Occupants using the front stairway to exit, need to turn left and proceed to the flag pole area.
4. Occupants using the back exit, need to go to the first floor level, exit, turn right and proceed around the north side to Figueroa Street, turn left and assemble at the flag pole area.
5. Occupants in the basement, will proceed to nearest stairway to the first floor and exit through front or back exits.
6. In the event the normal exit route is blocked, evacuate through the nearest clear exit.

SPECIFIC EVACUATION INSTRUCTIONS

B. BASEMENT FLOOR MONITOR WILL:

1. Bring down the elevator to the basement and shut it down.
2. Notify all occupants of the evacuation and request that they evacuate the building.
3. Check all rooms to make sure everyone has exited the building. Assist any individual who needs help.
4. If possible, disconnect all electrical equipment except for the computers. Leave the lights on. Close all doors.

Revision in progress

5. Leave the area if it is unsafe.
6. Meet the BEC at the flag pole area and report steps taken and findings.

B. FLOOR MONITORS WILL:

1. Make sure that all personnel, patients and visitors are evacuated from their designated floor.
2. Direct all individuals to an appropriate exit. Assist any individuals who need help.
3. If possible, disconnect all electrical equipment, except for the computers. Leave the lights on.
4. Close all windows and doors.
5. Leave the area if it is unsafe.
6. Meet the BEC at the flag pole area and report steps taken and findings.

* Revision in progress

CENTRAL HEALTH CENTER
SUBJECT: FIRE PROCEDURE

PURPOSE:

Ensure the safety of employees, patients and visitors in case of fire and to prevent minimal damage to County property.

POLICY:

Any employee who becomes aware of any fire within the facility is responsible for immediate action to implement fire procedures. That person will assume command immediately. If you are directed by another employee to implement part of the fire procedure, **comply immediately**.

GUIDELINES:

A. EMPLOYEE'S RESPONSIBILITY:

When a fire occurs in areas occupied by employees, patients and visitors, follow the **R.A.C.E.** protocol:

1. **REMOVE**

- If you are the first to spot a fire, **assume command immediately**. Remove everyone from the immediate area and close (do not lock) all doors. "Tag" the door.

2. **ALERT**

- Designate staff members to call the Fire Department at 911. If there is difficulty in getting through, call the local Fire Department at:

(323) 881 - 2411

State: **"I want to report a fire at Central Health Center, Rm ____.**
The address is 241 N. Figueroa St., Los Angeles, CA
90012."

- Answer any questions asked. Do not hang up first.
- Designate someone to call the Business Office (x8403). State the location of the fire and inform them that the Fire Department has been called.
- The Business Office will: Announce the location of the fire three times on the PA system, **"Code Red, Rm _____, please evacuate."**

NOTE: Upon hearing the announcement, all patients, staff, and visitors should immediately begin evacuation procedures.

3. **CONTAIN**
 - The wardens and monitors will disperse to their respective monitoring areas, ensure the areas are clear and well lit, and close (not lock) all doors.

4. **EXTINGUISH/EVACUATE**
 - If it is not safe to extinguish the fire, evacuate the area utilizing the *Fire/Disaster Evacuation Routes/Responsibilities (Attachment I)*.
 - If safe to do so, utilize the **P.A.S.S.** protocol:
PULL the pin
AIM the extinguisher
SQUEEZE the handle
SWEEP from side to side

B. SECURITY'S RESPONSIBILITIES:

- Proceed to the main entrances and prevent unauthorized entry,
- Await the Fire Department and direct them to the fire,
- Proceed to the evacuation area.
- Complete an incident report and submit it to the BEC and/or alternate BEC before the end of the work-shift or within 24 hours, if at the end of the work-shift.

C. BEC/ALTERNATE BEC'S RESPONSIBILITIES

- Proceed to the evacuation site,
- Conduct a roll call,
- Work with the responding emergency personnel,
- Give the "all clear" directive, when necessary,
- Alert SPA 4 Administration at (213) 240-8049.
- BEC/Alternate should complete an incident report and submit it to the Area Medical Director and SPA 4 Administration within 24 hours.

c:\fireproc.doc

Priority of PHN Follow-up and TB Matrix

Acute Communicable Disease: Per Acute Communicable Disease Control Manual (B-73) 4-04

Priority I – Immediate (upon receipt of report):

| | |
|---------------------------|---|
| 1. Anthrax | 7. Q Fever (Query Fever) (with clustering occurs) |
| 2. Botulism | 8. Relapsing Fever (louse-borne, tick-borne) |
| 3. Cholera | 9. Smallpox |
| 4. Diphtheria | 10. Tularemia |
| 5. Hepatitis B, Perinatal | 11. Yellow Fever |
| 6. Plague | 12. Others as indicated by Chief, ACDC |

Day of the Report (before end of business day):

| | |
|---|---------------------------------------|
| 1. Haemophilus influenzae, invasive disease | 3. Poliomyelitis |
| 2. Meningococcal Infections | 4. Others as indicated by Chief, ACDC |

Priority II – Within 24 Hours of Report:

| | |
|---|--|
| 1. Amebiasis* | 12. Paratyphoid Fever* |
| 2. Campylobacteriosis* | 13. Salmonellosis* |
| 3. Cryptosporidiosis* | 14. Shigellosis* |
| 4. Foodborne Disease (priority IV if reported late) | 15. Typhoid Case/Carrier* |
| 5. Hepatitis A* | 16. Yersiniosis (to determine if SOS otherwise no routine investigation) |
| 6. Dengue | 17. Ringworm of Scalp-outbreaks |
| 7. Diarrhea of the Newborn (outbreaks only) | 18. Scabies-outbreaks |
| 8. Escherichia-Coli O157:H7 and Hemolytic Uremic Syndrome | 19. Staphylococcal Infections-outbreaks (institutions only) |

| | |
|-------------------------------------|--|
| 9. Gastroenteritis, Viral-outbreaks | 20. Streptococcal Infections, group A and Streptococcal Toxic Shock Syndrome (food handlers, dairy workers, outbreaks) |
| 10. Measles (Rubeola) | 21. Trichinosis |
| 11. Pertussis | 22. Others as indicated by Chief, ACDC |

**Contact to ascertain if Sensitive Occupation/Situation (SOS); if not follow up as Priority IV.*

Public Health Nursing Practice Manual 2007

Acute Communicable Disease

Per Acute Communicable Disease Control Manual (B-73) (4-04)

Priority III – None

Priority IV – Within 3 Days of Report:

| | | | | | | | | | |
|--|--|----------------------|-----------------------|------------------|----------------------|----------------|----------------|-------------------------|--|
| 1. Cysticercosis | 5. Giardiasis (SOS and outbreaks only) | | | | | | | | |
| 2. Encephalitis, Arboviral | 6. Hepatitis B (acute cases only) | | | | | | | | |
| 3. Enteric infections (no sensitive occupation/situation) | 7. Hepatitis C | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">A. Amebiasis</td> <td style="width: 50%;">E. Paratyphoid Fever</td> </tr> <tr> <td>B. Campylobacteriosis</td> <td>F. Salmonellosis</td> </tr> <tr> <td>C. Cryptosporidiosis</td> <td>G. Shigellosis</td> </tr> <tr> <td>D. Hepatitis A</td> <td>H. Typhoid Case/Carrier</td> </tr> </table> | A. Amebiasis | E. Paratyphoid Fever | B. Campylobacteriosis | F. Salmonellosis | C. Cryptosporidiosis | G. Shigellosis | D. Hepatitis A | H. Typhoid Case/Carrier | 8. Listeriosis 9. Meningitis, Viral-outbreaks 10. Typhus, Flea-borne (murine typhus, endemic typhus) |
| A. Amebiasis | E. Paratyphoid Fever | | | | | | | | |
| B. Campylobacteriosis | F. Salmonellosis | | | | | | | | |
| C. Cryptosporidiosis | G. Shigellosis | | | | | | | | |
| D. Hepatitis A | H. Typhoid Case/Carrier | | | | | | | | |
| 4. Foodborne Disease (if reported late) | 11. Others as indicated by Chief, ACDC | | | | | | | | |

Priority V – Within 4 Days of Report:

| |
|--------------------|
| 1. Mumps-outbreaks |
|--------------------|

Priority VI – Within 7 Days of Report:

| | |
|---------------------------------|--|
| 1. Brucellosis | 6. Rubella, Acute or Postnatal |
| 2. Coccidiomycosis | 7. Rubella, Congenital |
| 3. Leptospirosis | 8. Tetanus |
| 4. Q Fever (Query Fever) | 9. Toxoplasmosis (Congenital only) |
| 5. Rocky Mountain Spotted Fever | 10. Others as indicated by Chief, ACDC |

Priority VII – Within 14 Days of Report:

| |
|-------------------------------|
| 1. Leprosy (Hansen's Disease) |
|-------------------------------|

Always consult the Acute Communicable Disease Control Manual (B-73) prior to action. Determine the priority for follow up of any disease or condition not listed here in consultation with PHN supervision with advice from the Area Medical Director and the ACDC Program Staff.

Public Health Nursing Practice Manual 2007

Lead Poisoning: Per Matrix: Management Guidelines for Childhood Lead Exposure by Blood Lead Level Protocol 6/1/05

Priority I, II, III, IV, V, VI - None

Priority VII - Within 14 Days of Report:

1. Two blood lead levels from 14.5 mcg/dl to 19.4 mcg/dl drawn at least 30 days and no more than 600 days apart in a child.

Newborn Screening: Per Maternal Child and Adolescent Health Program, Newborn Screening Coordinator

Priority I, II – None

Priority III – Within 2 Days of Report:

1. Newborns whose initial newborn screening blood test is presumed positive, missed or inadequate and the Newborn Screening Area Service Center was unable to contact the mother.

Public Health Nursing Practice Manual 2007

Sexually Transmitted Diseases: Per Sexually Transmitted Disease Program Nursing Unit

Priority I – On Day of Report:

1. Child under 14 years with syphilis, gonorrhea, Chlamydia, and PID (suspect child sexual abuse).
2. Newborn with gonorrhea/Chlamydia conjunctivitis.

Priority II – Within 24 Hours of Report: none

Priority III – Within 2 Days of Report: none

Priority IV – Within 3 Days of Report:

1. Pregnant/postpartum (up to six weeks) women with syphilis, Chlamydia, or gonorrhea.
2. Pregnant women with pelvic inflammatory disease or HIV.
3. Infants whose mothers were diagnosed with Chlamydia or gonorrhea at delivery.
4. Mothers whose infants were diagnosed with Chlamydia or gonorrhea.
5. Infants with suspected congenital syphilis in need of evaluation and treatment

Priority V – Within 7 Days of Report:

1. Interview record for investigation/referral of partners for syphilis, gonorrhea or Chlamydia.

Consult with Sexually Transmitted Disease Procedure Manual, Centers for Disease Control and Prevention STD Treatment Guidelines for additional information prior to action. Determine the priority for follow up of any disease or condition not listed here in consultation with PHN supervision with advice from the STD Clinician, Area Medical Director, and the STD Program Nursing Unit.

Public Health Nursing Practice Manual 2007

Sudden Infant Death Syndrome: Per Health and Safety Code California State Law (Statute 1991; Chapter 268)

Priority I, II, III – None

Priority IV – Within 3 Days (72 Hours) of Report:

1. The family or primary caregiver of all presumptive Sudden Infant Death Syndrome cases will be contacted by a PHN in person, by telephone, or by mail.

Public Health Nursing Practice Manual 2007

Tuberculosis: Per Tuberculosis Control Program, April 2003

Priority I - None

Priority II - Within 24 Hours of Report:

1. Client who has a positive sputum smear for AFB, abnormal chest x-ray and/or signs and symptoms of communicable tuberculosis Class 5 receiving or not receiving anti-tuberculosis medications.
2. Newly diagnosed Class 3 (positive culture MTBC) not receiving anti-tuberculosis medication.
3. Client who has communicable tuberculosis (Class 3) or communicable tuberculosis suspect (Class 5) and has left the hospital against medical advice from a health care institution, i.e., hospital (follow up to be coordinated with PHI).
4. Client who misses a DOT dose.

Priority III - Within 2 Days of Report:

1. Client who has an urgent suspect radiograph (Class 5) and no clinical assessment has been done.
2. Client who has a smear positive for AFB (Class 5) and/or culture positive for MTBC (Class 3) who has broken a clinic appointment.
3. All TB Class 3 & 5 patients who break their MD/ERN appointments.

Priority IV - Within 3 Days of Report:

1. Newly diagnosed Class 3 or Class 5 who is HIV positive.
2. Newly diagnosed Class 3 or Class 5 who is less than 6 years of age.
3. Newly diagnosed Class 3 who is multidrug resistant (INH and Rifampin).
4. Client who is hospitalized and has a positive sputum smear for AFB requiring a report of home situation.
5. Contact investigation for a newly diagnosed Class 3 or Class 5 who is assessed as higher risk to transmit.

Priority V - Within 7 Days of Report:

1. Newly diagnosed Class 3 or Class 5 who is not included in the above priorities including Alien Referral Class B1).
2. Contact investigation for a newly diagnosed Class 3 or Class 5 who is assessed as lower risk to transmit.
3. Client who is receiving treatment for latent tuberculosis infection (LTBI) for a high-risk medical condition and breaks a clinic appointment.
4. High-risk contact who breaks an appointment for the initial examination.
5. Documented converter who breaks an appointment.

Priority VI - Within 14 Days of Report:

1. Class 5 – Alien Referral Class B2.
2. Source Case Finding for documented converters under the age of 4.
3. Source Case Finding for the age 4 and above, if resources allow and a reasonable probability of finding the source.

Always consult the Tuberculosis Control Program Manual prior to action. Consult with PHN supervision with advice from the Area Medical Director, TB Clinic clinician and the TB Program Staff if there are questions about the priority of action.

Source: Public Health Nursing Practice Manual 2007

Tuberculosis Classification System

Many systems have been used to classify people who have TB. The current classification system is based upon the pathogenesis of TB. Many health departments and private health care providers use this system when describing TB patients. Thus it is important for public health workers to be familiar with this system.

| Class | Type | Description | Treatment Recommendation |
|-------|--|--|--|
| 0 | No exposure to TB, Not infected | No history of exposure, Negative reaction to the tuberculin skin test (TST) (if done) | No intervention required |
| 1 | Exposure to TB, No evidence of Infection | History of exposure to TB Negative reaction to TST | Offer window period treatment (INH) to high risk contacts. Repeat TST 3 months after last exposure |
| 2 | Latent TB Infection (LTBI) No Disease | Positive reaction to TST No clinical or x-ray evidence of current TB disease Negative smears and cultures (if done) | Treatment of LTBI as per guidelines |
| 3 | Current TB Case | Positive culture for M. tuberculosis (if done), or a positive reaction to TST and clinical or x-ray evidence of current TB disease which improves with TB drug therapy | Four drug therapy. Medication regimen and length of treatment determined by risk, susceptibility as per guidelines |
| 4 | Previous TB disease (not current) | Medical history of TB disease or abnormal but stable x-ray findings for a person who has a positive reaction to the TST, negative smears and cultures (if done), and no clinical or x-ray evidence of current TB disease | Treatment of LTBI as per guidelines If past history of adequate treatment for TB or preventive therapy – no intervention required |
| 5 | TB Suspect | May have signs and symptoms of TB Disease, but evaluation not complete | Begin four drug therapy (if applicable) and work up to rule out TB Disease |

TB Control Forms Matrix

| Form/ TB Class | 1 | 2 | 3 | 4 | 5 |
|--|----------------------|----------------------|----------|----------------------|----------------------|
| Tuberculosis Screening Form (H-304): used for-TB screening and disposition | X | X | X | X | X |
| TB Screening History (H-2288): used for: PPD reactors to determine TB risks and to assess need for treatment of LTBI. Available in various languages | X | X | | X (if applicable) | |
| TB preventive treatment flow sheet (H261) | X (if applicable) | X (if applicable) | | | |
| TB Patient Registry/ Reporting Form (H-290): used for registering and confirming TB suspect/case, to correct any information, to report change of supervision | | | X | | X |
| Tuberculosis Patient Initial History and Physical (H-2546): to be completed for every case/suspect. This form includes signs and symptoms, medical history, risk factors, and review of systems | | | X | X (if applicable) | X |
| TB Patient Clinical Summary (H-513): used for Case/suspect flow sheet, ordering drugs and case management, closure of cases to TB registry | | | X | X (if applicable) | X |
| Tuberculosis Control Contact Investigation Report (H-289): used for contact and source case finding, for risk assessment of those on the roster, to list exam outcomes of contacts | | | X | | X (if applicable) |

Child Abuse Reporting

**DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES
SUBJECT: SUSPECTED CHILD ABUSE
POLICY NO. 263**

PURPOSE:

To state the Department's policy regarding the identification, evaluation, reporting and medical management of suspected child abuse and neglect cases.

POLICY:

All DHS employees have the responsibility to participate in identifying and reporting cases of suspected child abuse and neglect. Health care professionals including physicians, dentists, psychologists, nurses, social workers, staff involved in drug and alcohol abuse services, etc., shall report all cases of suspected child abuse and neglect as required by law.

The Department shall make its facilities available for the identification, evaluation, treatment and medical follow-up of suspected child abuse and neglect cases.

For these purposes, a SCAN (Suspected Child Abuse and Neglect) Team shall be designated at acute care facilities. A CART (Child Abuse Resource Team) Program shall be designated to cover ambulatory care facilities.

Formal liaison with the Department of Mental Health, the Department of Public Social Services and law enforcement agencies shall be maintained by the SCAN Team and CART Programs. Liaison with other public and private agencies in the field of child abuse is encouraged.

GUIDE:

Identification:

DHS is responsible for the identification of suspected child abuse for all children who present to its facilities. Child abuse is defined as any act of omission or commission that endangers or impairs a child's physical or emotional health and development. This includes physical abuse, corporal punishment, emotional abuse, emotional deprivation, physical neglect, non-organic failure to thrive, inadequate supervision, and sexual abuse and exploitation.

REPORTING:

Health care professionals shall report suspected child abuse and neglect to the appropriate agencies designated to receive such reports by telephone immediately and in writing within 36 hours of making the observation.

The agencies designated to receive such reports include both the local police or Sheriff's office having jurisdiction and the appropriate Protective Services Office of the Department of Public Social Services. The report shall include identifying information which will enable the Department of Public Social Services and law enforcement agencies to make an evaluation of the referral.

The DHS Central Office of Child Abuse shall be informed of all cases reported to the above agencies.

Treatment and Medical Follow-up:

Acute facilities of the Department shall provide emergency care and ongoing in-patient treatment that will ensure the child's physical well-being. Follow-up activities by the reporting health care professional shall include a determination that mechanisms exist which ensure the health and safety of the child

Where appropriate and available, the emotional and social well-being of the child shall also be addressed until long-term intervention programs have been identified and appropriately implemented.

AUTHORITY:

California Penal Code. Section 11165.

Welfare and Institutions Code. Section 500, et. seq.

EFFECTIVE DATE:

April 1, 1981

SUPERSEDES:

APPROVED:

SUSPECTED CHILD ABUSE REPORT

To Be Completed by Reporting Party
Pursuant to Penal Code Section 11166

| | |
|------------------------|--|
| A. CASE IDENTIFICATION | <i>TO BE COMPLETED BY INVESTIGATING CPA</i> |
| | VICTIM NAME: _____ |
| | REPORT NO./CASE NAME: _____ DATE OF REPORT: _____ |

| | | | | | | | | | | | | | | | | |
|--|---|--|-----------------|--------------------------|-------------------------|------------|-----------------|----------------------|---|-----------------|------------|--------------------------|-----------------|--|-----------|------------|
| B. REPORTING PARTY | NAME/TITLE _____ | | | | | | | | | | | | | | | |
| | ADDRESS _____ | | | | | | | | | | | | | | | |
| C. REPORT SENT TO | PHONE () _____ | | | | DATE OF REPORT _____ | | | | SIGNATURE OF REPORTING PARTY _____ | | | | | | | |
| | <input type="checkbox"/> POLICE DEPARTMENT <input type="checkbox"/> SHERIFF'S OFFICE <input type="checkbox"/> COUNTY WELFARE <input type="checkbox"/> COUNTY PROBATION | | | | | | | | | | | | | | | |
| C. REPORT SENT TO | AGENCY _____ | | | | | | ADDRESS _____ | | | | | | | | | |
| | OFFICIAL CONTACTED _____ | | | | | | PHONE () _____ | | | DATE/TIME _____ | | | | | | |
| D. INVOLVED PARTIES | NAME (LAST, FIRST, MIDDLE) _____ | | | | | | ADDRESS _____ | | | BIRTHDATE _____ | | SEX _____ | RACE _____ | | | |
| | PRESENT LOCATION OF CHILD _____ | | | | | | PHONE () _____ | | | | | | | | | |
| SIBLINGS | NAME _____ | | BIRTHDATE _____ | | SEX _____ | RACE _____ | NAME _____ | | BIRTHDATE _____ | SEX _____ | RACE _____ | | | | | |
| | 1. _____ | | 4. _____ | | 2. _____ | 5. _____ | 3. _____ | | 6. _____ | | | | | | | |
| PARENTS | NAME (LAST, FIRST, MIDDLE) _____ | | | | BIRTHDATE _____ | | SEX _____ | RACE _____ | NAME (LAST, FIRST, MIDDLE) _____ | | | | BIRTHDATE _____ | | SEX _____ | RACE _____ |
| | ADDRESS _____ | | | | | | | | ADDRESS _____ | | | | | | | |
| HOME PHONE () _____ | | | | BUSINESS PHONE () _____ | | | | HOME PHONE () _____ | | | | BUSINESS PHONE () _____ | | | | |
| E. INCIDENT INFORMATION | IF NECESSARY, ATTACH EXTRA SHEET OR OTHER FORM AND CHECK THIS BOX. <input type="checkbox"/> | | | | | | | | | | | | | | | |
| | 1. DATE/TIME OF INCIDENT _____ | | | | PLACE OF INCIDENT _____ | | | | (CHECK ONE) <input type="checkbox"/> OCCURRED <input type="checkbox"/> OBSERVED | | | | | | | |
| | IF CHILD WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> FAMILY DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> SMALL FAMILY HOME <input type="checkbox"/> GROUP HOME OR INSTITUTION | | | | | | | | | | | | | | | |
| | 2. TYPE OF ABUSE: (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER | | | | | | | | | | | | | | | |
| 3. NARRATIVE DESCRIPTION: | | | | | | | | | | | | | | | | |
| 4. SUMMARIZE WHAT THE ABUSED CHILD OR PERSON ACCOMPANYING THE CHILD SAID HAPPENED: | | | | | | | | | | | | | | | | |
| 5. EXPLAIN KNOWN HISTORY OF SIMILAR INCIDENT(S) FOR THIS CHILD: | | | | | | | | | | | | | | | | |

SS 8572 (REV. 7/87)

INSTRUCTIONS AND DISTRIBUTION ON REVERSE

DO NOT submit a copy of this form to the Department of Justice (DOJ). A CPA is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS-8583 if (1) an active investigation has been conducted and (2) the incident is **not** unfounded.

Police or Sheriff-WHITE Copy; County Welfare or Probation-BLUE Copy; District Attorney-GREEN Copy; Reporting Party-YELLOW Copy

MINOR SEXUAL ASSAULT REPORTING REQUIREMENTS

*The following guidelines are current California law and compiled by the National Center for Youth Law, San Francisco

| ACTIVITY | REPORT REQUIRED? |
|--|------------------|
| <p>Minor under age 14: Consensual sexual activity with minor partner under age 14 and of similar age, and additional facts do not suggest abuse. This includes minors under age 14 who seek medical treatment for STDs, pregnancy, or abortion, where practitioners believe these conditions are the result of consensual sexual activity, and additional facts do not suggest abuse.</p> | NO |
| <p>Minor under age 14: Consensual sexual activity with partner age 14 or over, and additional facts do not suggest abuse.</p> | YES |
| <p>Minor under age 14 or 15²: Consensual sexual activity with partner at least 10 years older, and additional facts do not suggest abuse.</p> | YES |
| <p>Minor age 14 or over: Consensual sexual activity with minor partner age 14 and of similar age, and additional facts do not suggest abuse.</p> | NO |
| <p>Minor under age 16²: Consensual sexual intercourse (statutory rape) with partner age 21 or older, and additional facts do no suggest abuse.</p> | YES |
| <p>Minor age 14 or over but younger than age 16: Consensual sexual activity with person under 21, and additional facts do not suggest abuse.</p> | NO |
| <p>Minor age 16 or over: Consensual sexual activity with adult of any age, and additional facts do not suggest abuse.</p> | NO |
| <p>Other situations where provider knows or has a reasonable suspicion that there has been sexual assault, as defined in the statute.</p> | YES |

¹Adapted from acogNews, AB327, Chapter 83

²AB 327 Amendment, January 1, 1998

Adult Abuse Reporting



DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH PROGRAMS AND SERVICES

SUBJECT: ELDER/DEPENDENT ADULT ABUSE

POLICY NO. 250

PURPOSE: To establish Public Health Programs and Services' (PHP&S') policy for reporting elder and dependent adult abuse.

POLICY: All PHP&S staff are responsible for the care and treatment (physical and mental) of elder and dependent adults, must report any known or suspected incidents of elder and dependent adult abuse.

PHP&S staff that do not directly work with elders or dependent adults, are encouraged to voluntarily report any suspected cases of abuse.

Human Resources personnel request that all new employees sign a dependent adult abuse reporting statement. The form is completed on an annual basis, and is filed with the performance evaluation in the employee's personnel file.

All supervisors are required to ensure that their staff understand the reporting requirements, by reviewing the "Dependent Adult and Elder Abuse" statement with the employee at the time of the performance evaluation.

DEFINITION: Abuse is the infliction of physical or mental pain or suffering; deprivation of care or services necessary for the physical or mental well-being of the individual; and other endangerments such as sexual abuse, financial abuse, neglect, abandonment, and lack of supervision by a responsible caregiver.

REFERENCES: Elder/Dependent Adult Abuse Reporting - A Guide for the Mandated Reporter, 12/89

Department of Health Services, Policy No. 295, "Elder/Dependent Abuse", 5/19/86

CROSS REFERENCE: Public Health Programs and Services, Procedure No. 250.1, "Elder/Dependent Abuse Reporting"

APPROVED BY: *Carroll S. Evans*

EFFECTIVE DATE: 11/1/90

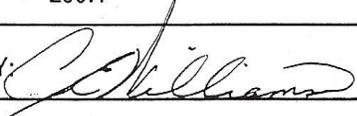
REVISED:

PAGE 1 OF 1

DEPARTMENT OF HEALTH SERVICES



PUBLIC HEALTH PROGRAMS AND SERVICES

| | |
|--|-------------------------|
| SUBJECT: ELDER/DEPENDENT ADULT ABUSE REPORTING PROCEDURES | PAGE 1 |
| | OF 4 |
| PROCEDURE: 250.1 | EFFECTIVE DATE: 11/1/90 |
| APPROVED BY:  | REVISED: |

PURPOSE: To establish Public Health Programs and Services (PHP&S) procedures for reporting elder* and dependent adult* abuse.

PROCEDURES: All mandated reporters* are required to report all known or suspected instances of physical abuse* under the following circumstances.

1. When the reporter has observed an incident that reasonably appears to be physical abuse;
2. When the reporter has observed a physical injury, where the nature of the injury, its location on the body, or the repetitions of the injury clearly indicate that physical abuse has occurred;
3. When the reporter is told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse.

Non-mandated reporters* such as members of support staff and maintenance staff, as well as, other concerned members of the community, are encouraged to voluntarily report incidents of any type of known or reasonably suspected abuse to the appropriate agencies.

- REPORTING PROCEDURES:**
1. When physical abuse is suspected to have occurred in a long-term care facility* a verbal report must be made within 24 hours to local law enforcement, or the City/County Ombudsman, or to the 24-hour Elder Abuse Hotline 1-(800) 992-1660.

DEPARTMENT OF HEALTH SERVICES



PUBLIC HEALTH PROGRAMS AND SERVICES

| | |
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| SUBJECT: ELDER/DEPENDENT ADULT ABUSE REPORTING PROCEDURES | PAGE 2 |
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| PROCEDURE: 250.1 | EFFECTIVE DATE: 11/1/90 |
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When reporting abuse that occurred in a long-term care facility within Los Angeles City limits or Los Angeles County, contact either the local law enforcement agency or:

Los Angeles City/County Ombudsman
c/o W.I.S.E.
1527 4th Street, Santa Monica, CA
Telephone: (800) 334-WISE(City and County number)
(213) 394-1459 (City number only)

*See Definitions on pages 3 and 4.

If the abuse is alleged to have occurred at a location other than a long-term care facility, the reporter is to contact either the local law enforcement agency, the appropriate Adult Protective Services (APS) area office as listed in Attachment I or the 24-hour Elder Abuse Hotline 1-(800) 992-1660.

2. Within two working days of the telephone report, the reporter must complete the Dependent Adult and Elder Abuse reporting form (SOC 341), Attachment II, in triplicate. The SOC 341 may be obtained from the APS Office or the Geriatric Coordination Unit. The original SOC 341 is sent to the office where the report was made. The second copy is kept in the medical records or on file. The third copy is sent to:

Geriatric Coordination Unit
313 N. Figueroa Street, Room 212-B
Los Angeles, CA 90012
(213) 974-7772

DEPARTMENT OF HEALTH SERVICES



PUBLIC HEALTH PROGRAMS AND SERVICES

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| SUBJECT: ELDER/DEPENDENT ADULT ABUSE REPORTING PROCEDURES | PAGE 3 |
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DEFINITIONS:

ELDER A person age 65 or older.

DEPENDENT ADULT

Any person between the age of 18 and 64 who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights.

LONG-TERM CARE FACILITIES

Health care facilities other than acute care hospitals or mental hospitals. These include skilled nursing facilities, intermediate care facilities and extended care facilities. Long-term facilities also include community care facilities, such as adult residential facilities and residential facilities for the elderly, which provide nonmedical care for their residents.

MANDATED REPORTERS

Persons whose duties officially/routinely require that they work directly with elders or dependent adults. This category of reporter includes the following: physicians, surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, licensed clinical social workers, marriage, family and child counselors, interns and trainees, or any other persons licensed under Division 2 of the Business and Professions Code; persons certified under Division 2.5 of the Health and Safety Code; psychological assistants registered under Section 2913 of the Business and Professions Code; coroners, emergency medical technicians, and paramedics. Also included are religious practitioners and state or county public health or social service employees who diagnose, examine, or treat elders or dependent adults.

DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH PROGRAMS AND SERVICES



| | | |
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| SUBJECT: ELDER/DEPENDENT ADULT ABUSE REPORTING PROCEDURES | | PAGE 4 |
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| REVISED: | | |

NON-MANDATED REPORTERS

Persons who do not work directly with elders or dependent adults as part of their official duties, such as members of support staff and maintenance staff. The staff members, as well as, other concerned members of the community, are encouraged to voluntarily report any type of incidents of known or reasonably suspected abuse to the appropriate agencies.

PHYSICAL ABUSE

Assault, battery, sexual assault with deadly weapon or force likely to produce great bodily injury, unreasonable physical constraint, prolonged or continual deprivation of food or water. Physical abuse also includes the use of physical or chemical restraint, medication or isolation without authorization, for a non-authorized purpose, or beyond the authorized period.

Reports of abuse are confidential by law. The identity of all persons making reports of elder and dependent adult abuse is also confidential. This information will be shared only between the investigating and licensing agencies, with the district attorney in a criminal proceeding resulting from the report, or when the reporter waives the right to remain anonymous.

The law provides civil and criminal liability protection for **anyone** who makes a report in **good faith**.

Failure to make a mandatory report of physical abuse of an elder or a dependent adult is a misdemeanor, punishable by imprisonment in the County jail for up to six months, or by a fine of up to \$1,000, or both.

REFERENCES: Elder/Dependent Adult Abuse Reporting - A Guide for the Mandated Reporter, 12/89

CROSS REFERENCE: Public Health Programs and Services, Policy No. 250, "Elder/Dependent Adult Abuse"

CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.

COUNTY APS/OMBUDSMAN CASE NUMBER RECEIVING AGENCY USE ONLY LAW ENFORCEMENT CASE/FILE NUMBER

A. VICTIM [As applicable under Welfare and Institutions Code (WIC) 15636 (a)] CHECK THIS BOX IF VICTIM CONSENTS TO DISCLOSURE OF INFORMATION (Ombudsman use only)
*NAME (LAST NAME FIRST) *AGE DATE OF BIRTH SSN SEX ETHNICITY LANGUAGE (CHECK ONE)
*ADDRESS (IF FACILITY, INCLUDE NAME) *CITY *ZIP CODE *TELEPHONE
*PRESENT LOCATION (IF DIFFERENT FROM ABOVE) *CITY *ZIP CODE *TELEPHONE
ELDERLY (65+) DEVELOPMENTALLY DISABLED MENTALLY ILL/DISABLED PHYSICALLY DISABLED UNKNOWN/OTHER LIVES ALONE LIVES WITH OTHERS

B. REPORTING PARTY: Check Appropriate Box If Reporting Party Waives Confidentiality: ALL All but victim All but Perpetrator
*NAME (PRINT) SIGNATURE OCCUPATION AGENCY
RELATION TO VICTIM/HOW KNOWS OF ABUSE WHERE TO CONTACT (STREET) (CITY) (ZIP CODE) TELEPHONE

C. INCIDENT INFORMATION - Address where Incident Occurred:
*DATE/TIME OF INCIDENT(S) PLACE OF INCIDENT (CHECK ONE)
OWN HOME COMMUNITY CARE FACILITY HOSPITAL/ACUTE CARE HOSPITAL
HOME OF ANOTHER NURSING FACILITY/SWING BED OTHER (Specify)

D. REPORTED TYPES OF ABUSE (CHECK ALL THAT APPLY).
1. PERPETRATED BY OTHERS (WIC 15610.07 & 15610.63)
a. PHYSICAL: ASSAULT/BATTERY, CONSTRAINT OR DEPRIVATION, SEXUAL ASSAULT, CHEMICAL RESTRAINT, OVER OR UNDER MEDICATION
b. NEGLECT
c. FINANCIAL
d. ABANDONMENT
e. ISOLATION
f. ABDUCTION
g. OTHER (Non-Mandated: e.g., deprivation of goods and services: psychological/mental)
2. SELF-NEGLECT (WIC 15610.57(b)(5))
a. PHYSICAL CARE (e.g., personal hygiene, food, clothing, shelter)
b. MEDICAL CARE (e.g., physical and mental health needs)
c. HEALTH and SAFETY HAZARDS
d. MALNUTRITION/DEHYDRATION
e. OTHER (Non-Mandated e.g., financial)
ABUSE RESULTED IN (CHECK ALL THAT APPLY) NO PHYSICAL INJURY MINOR MEDICAL CARE HOSPITALIZATION CARE PROVIDER REQUIRED DEATH MENTAL SUFFERING OTHER (SPECIFY) UNKNOWN

E. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (E.G., ANIMALS, WEAPONS, COMMUNICABLE DISEASES, ETC.). CHECK IF MEDICAL, FINANCIAL, PHOTOGRAPHS OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.

F. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE. (If unknown, list contact person).
*NAME IF CONTACT PERSON ONLY CHECK *RELATIONSHIP
*ADDRESS *CITY *ZIP CODE *TELEPHONE

G. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE. (e.g., family, significant others, neighbors, medical providers and agencies involved, etc.)
NAME ADDRESS TELEPHONE NO. RELATIONSHIP

H. SUSPECTED ABUSER Check if Self-Neglect
NAME OF SUSPECTED ABUSER CARE CUSTODIAN (type) PARENT SON/DAUGHTER OTHER
HEALTH PRACTITIONER (type) SPOUSE OTHER RELATION
ADDRESS *ZIP CODE TELEPHONE SEX ETHNICITY AGE D.O.B. HEIGHT WEIGHT EYES HAIR

I. TELEPHONE REPORT MADE TO: APS Law Enforcement Ombudsman Calif. Dept. of Mental Health Calif. Dept. of Developmental Services
NAME OF OFFICIAL CONTACTED BY PHONE TELEPHONE DATE/TIME

J. WRITTEN REPORT Mailed or Faxed (DO NOT FAX REPORT TO CDSS) FAX to agency to which telephone report was made.
AGENCY NAME ADDRESS OR FAX # DATE MAILED OR FAXED

K. RECEIVING AGENCY USE ONLY Telephone Report Written Report
1. Report Received by: Date/Time:
2. Assigned Immediate Response Ten-day response No initial face-to-face required Not APS
Approved by: Assigned to (optional):
3. Cross-Reported to: CDHS, Licensing & Cert.; CDSS-CCL; CDA Ombudsman; Bureau of Medi-Cal Fraud & Elder Abuse; Mental Health; Law Enforcement; Professional Board; Developmental Services; APS; Other (Specify) Date of Cross-Report:

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE GENERAL INSTRUCTIONS

PURPOSE OF FORM

This form, as adopted by the California Department of Social Services, is required under Welfare and Institutions Code (WIC) Sections 15630 and 15658(a)(1). This form documents the information given by the reporting party on the suspected incident of abuse of an elder or dependent adult. "Elder," as defined in WIC Section 15610.27 means any person residing in this state who is 65 years of age or older. "Dependent Adult," as defined in WIC 15610.23 means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Dependent adult includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code (H & S).

REPORTING RESPONSIBILITIES

Mandated reporters* (see definition on p. 2 under "Reporting Party Definitions") shall complete this form for each report of a known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, abduction, neglect (including self-neglect), isolation, and abandonment (see definitions in WIC 15610) involving an elder or a dependent adult. **The original of this report shall be submitted within two (2) working days of making the telephone report to the responsible agency as identified below:**

- The county Adult Protective Services (APS) agency or the local law enforcement agency (if abuse occurred in a private residence, apartment, hotel or motel, or homeless shelter).
- Long-term care ombudsman (LTCO) program or the local law enforcement agency (if abuse occurred in a nursing home, adult residential facilities, adult day programs, residential care facility for the elderly, or adult day health care center).
- The California Department of Mental Health or the local law enforcement agency (if abuse occurred in Metropolitan State Hospital, Atascadero State Hospital, Napa State Hospital, or Patton State Hospital).
- The California Department of Developmental Services or the local law enforcement agency (if abuse occurred in Sonoma State Hospital, Lanterman State Hospital, Porterville State Hospital, Fairview State Hospital, or Agnews State Hospital).

WHAT TO REPORT

Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment has observed, suspects, or has knowledge of an incident that reasonably appears to be physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect), or is told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, abduction, or neglect, shall report the known or suspected instance of abuse by telephone immediately or as soon as practicably possible, and by written report (SOC 341) sent within two working days to the appropriate agency.

MULTIPLE REPORTERS

When two or more persons who are required to report are present and jointly have knowledge of a suspected instance of abuse of an elder or a dependent adult and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single written report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make the report.

FAILURE TO REPORT

Failure to report physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect) of an elder or a dependent adult is a misdemeanor, punishable by not more than six months in the county jail, or by a fine of not more than \$1,000, or by both imprisonment and fine. Any mandated reporter* who willfully fails to report abuse of an elder or a dependent adult, where the abuse results in death or great bodily injury, may be punished by up to one year in the county jail, or by a fine of up to \$5,000, or by both imprisonment and fine.

WRITTEN REPORT/TELEPHONE REPORT

1. This form may be used by the receiving agency to record information through a telephone report of suspected dependent adult/elder abuse. Complete asterisk (*) sections on the form when a telephone report of suspected abuse is received as required by statute and the California Department of Social Services (CDSS).
2. If any item of information is unknown, write "unknown" beside the item.
3. Part B. REPORTING PARTY - Please check if reporting party waives confidentiality.
4. Part B. REPORTING PARTY - Mandated reporters* are required to give their names and non-mandated reporters may report anonymously.
5. Part C. INCIDENT INFORMATION - Please provide best known time frame (e.g., 2 days, 1 week, or ongoing).
6. Part D. Please check all types of suspected abuse that apply.
7. Part E. Reporter may attach medical diagrams, photographs of injuries or environment, etc.
8. Part I. TELEPHONE REPORT MADE TO - The mandated reporter* completes this section after making the telephone report.
9. Part K. AGENCY USE ONLY - This section may be used by the agency receiving the written report.

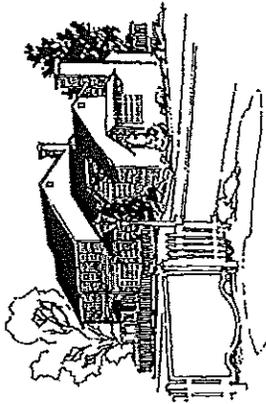
DISTRIBUTION OF SOC 341 FORMS/COPIES

Mandated reporter- After making the telephone report send the original and 1 copy to the receiving agency, keep 1 copy for your file. **DO NOT SEND A COPY TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES.**
Receiving Agency - Place the original in the case file. The copy may be sent to a cross-reporting agency or it may be discarded.

Field Safety

At The Dwelling:

- ◆ Pay attention to signs like "No Trespassing", "Beware of the Dog", etc., as they may be an indicator of the residents' attitudes toward strangers.
- ◆ Pause at the door before knocking and listen. If you hear loud quarrelling or fighting or other disturbances, leave immediately.
- ◆ If an unfamiliar person answers the door, find out if the client is home before entering.
- ◆ Do not enter a home when you suspect an unsafe condition exists.
- ◆ If you decide it's safe to enter, don't let your guard down. Be alert to signs of violence or sexual advances from either the client or family members.
- ◆ Make a note of other exits/entrances as soon as you enter the dwelling and where the telephone is located.
- ◆ If there are people present that you feel are a danger, reschedule the visit.
- ◆ Be aware of traffic in and out of the home while you are there.
- ◆ If there are pets in the home, note this on your record. Should the pet be a nuisance, ask the client to put it in another room for the duration of the visit.
- ◆ Do not go into a dark room, basement, or attic first. Have the client go first and turn on the light. Follow, never lead, even if you've been to the dwelling before.

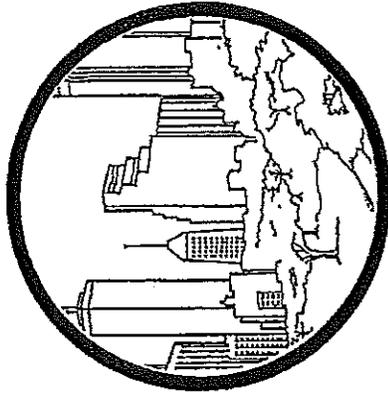


- ◆ While it is legal to have a firearm in the home, its casual display is inappropriate. You should consider preadvicing all clients of this issue. If you see a firearm, or become aware of one in the room, or see someone is armed, leave immediately or as soon as possible within the range of your professional responsibilities. Notify your supervisors and assess the risk level. Minimally, require the client to put the firearm in another room during your rescheduled visit and tell them to not allow armed individuals in the residence during your visit(s).
- ◆ If you need to retrieve something from outside, knock again or say hello when you reenter.
- ◆ If you feel unsafe because of a heated family argument that erupts, leave as soon as possible.
- ◆ When sitting, choose a hard chair, if possible, so you are able to get up more quickly.
- ◆ If possible, sit so your back is to a solid wall, not to an unknown space.
- ◆ Sit as close to an entrance/exit as possible.

Dealing With Hostile/Angry Clients:

Clients can react with anger because of difficulty in finding help with their situations, emotional pain or discomfort, or fear and anxiety about the results of your visit.

- ◆ React and respond to the client in a calm but firm manner.
- ◆ To help the client define their anger, verbally acknowledge it. "I understand that you are upset" or "It sounds like you're really angry about this."
- ◆ Reinforce the positive long-term benefits of your assistance, your commitment to their best interests, and your role as their ally.
- ◆ A lower volume of voice can help the client calm down.
- ◆ Encourage the client to sit down.
- ◆ Rehearse ahead of time what you'd say or do in these situations.
- ◆ If situation appears dangerous, leave and call 911.



Personal Safety for Visiting Professionals



VISION

The City of Minneapolis is the safest place to live, work and visit.

For individuals with disabilities: if you need this material in Braille, large print, computer disk, or cassette tape, call 612-672-2912. Sign language interpreters available — call 612-673-3220 or 612-673-2626 (TTY). Please allow two weeks for accommodation.

PSVPROF.PMS 6/03

Office Procedure:

- ◆ Make fellow staff aware of your day's schedule.
- ◆ Keep address/client file updated.
- ◆ If the visit is in an unfamiliar location, ask a staff member who may be familiar with the location to brief you regarding any known risks or possible hazards.
- ◆ Ask for precise driving instructions and consult a map before leaving the office.
- ◆ Any incident or circumstance that makes staff uncomfortable in a location or on a home visit should be reported to a supervisor immediately. Examples of such situations at a home visit are: unsecured weapons, unsecured pets, threatening clients or family member, and residences where illegal activity appears to be taking place.
- ◆ Contact the client ahead of the visit so he/she will be watching for your arrival.

In The Car:

- ◆ Keep your car in good working order and make sure you have enough gas to carry you through the day.
- ◆ Before entering your car, check the back seat. When approaching, be sure to look under the car.
- ◆ Lock your car doors and keep windows up at all times. If necessary, keep windows only partially open above ear level while driving.
- ◆ Keep valuables out of sight.
- ◆ Avoid rubble and broken glass that can flatten a tire and immobilize your car.
- ◆ If possible, try to park where you can see your car from inside the home.
- ◆ Choose a parking space that is well lit, or that offers the safest walking route to the dwelling.
- ◆ Do not park in a driveway to lessen the chance of being blocked in when you want to leave.
- ◆ Park in the direction you want to go when leaving the home.
- ◆ Be wary of dead end streets.

In The Community:

- ◆ Work with a partner, if possible.
- ◆ Be alert and observant; develop a sense of consciousness regarding your immediate environment.
- ◆ Walk confidently and purposefully.
- ◆ Arrange your work schedule so you can make new or questionable visits early in the day. You'll be less likely to find loitering and illegal activities.
- ◆ Wear shoes and clothing that make it easy to move quickly.
- ◆ Avoid carrying a purse while in the field.
- ◆ Carry a minimal amount of money, your driver's license, and your keys on your person, not in a purse.
- ◆ Lock your purse in the trunk of your car before leaving the office if you must have it with you.
- ◆ Make yourself known to businesses and institutions and also to management and security personnel in public housing and other high-rise buildings.
- ◆ Carry a cellular phone if possible.
- ◆ Look for public telephones. You don't need any money to call 911.
- ◆ Call the office at scheduled times to check in.

Approaching The Dwelling:

- ◆ Trust your instincts. If you feel uncomfortable in any given situation, leave.
- ◆ Drive around the area of the dwelling looking for:
 - Unsafe conditions like poor lighting, limited visibility (fences, bushes), unsecured animals, people yelling, drinking, fighting, loitering.
 - Sources of help like pay phones, neighbors at home, open businesses, other community workers such as police and fire personnel, utility trucks.
- ◆ If you find you have an incorrect address, don't search for the client by knocking on strange doors. Call your office.
- ◆ If you suspect you are being followed, enter the closest public place. If a car is following you, turn around and walk in the opposite direction.
- ◆ If people are loitering on the street or sidewalk, walk around them or cross the street.
- ◆ If you are verbally confronted, maintain a professional manner and don't attempt to answer verbal challenges.
- ◆ If you are using an elevator, use an empty one if possible. Always stand next to the door and the control panel. If you have a problem, push all the buttons so the elevator stops on all the floors, providing a better chance of escape. Press the appropriate floor number yourself. Don't ask someone else to do it. If someone suspicious gets on while you're already in the elevator, get off as soon as possible.



Health Center/Program Contact Numbers

COUNTY OF LOS ANGELES-DEPARTMENT OF HEALTH SERVICES
COMMUNITY HEALTH CENTER
CENTRAL HEALTH CENTER
241 N. FIGUEROA STREET, LOS ANGELES, CALIFORNIA 90012

Alan Kurz, MD
Area Medical Director

Cristin Mondy
Nurse Manager

Adela Morales
Acting Facility Administrator

GENERAL INFORMATION

(213) 240-8203

HOURS OF SERVICE

MONDAY THRU FRIDAY 8a.m. to 5p.m.

SERVICES ARE FREE OF COST

SERVICES WITHOUT APPOINTMENT/WALK-IN CLINIC

Sexually Transmitted Disease.....Monday thru Thursday, 8AM to 12:00 Noon & 12:30PM to
4:30 PM & Friday 8AM to 12:00 PM
Immunizations/T.B. Testing.....Monday thru Friday, 7AM to 4:30PM
CD/Triage/Walk-in.....Monday thru Friday, 7AM to 4:30PM

SERVICES BY APPOINTMENT ONLY

FOR ALL FIRST TIME APPOINTMENTS CALL.....(213) 240-8203

FOR ALL RETURN APPOINTMENTS CALL:

Chest Clinic (Tuberculosis) M.D. Room 254.....(213) 240-8248
Chest Clinic (Tuberculosis) ERN/Nurse Room 266.....(213) 240-7828
Sexually Transmitted Diseases/Room 240.....(213) 240-8223

**THIS FACILITY IS NOT EQUIPPED TO HANDLE EMERGENCIES SUCH AS HEART ATTACKS,
STROKES, OR MAJOR TRAUMAS. IN EMERGENCIES CALL 911.**

BUS ROUTES TO CENTRAL HEALTH CENTER: MTA BUS #10, #11, #92, # 93, and #48

FOR MORE BUS INFORMATION CALL 1 (800) 266-6883

website for more Information: www.mta.net

**OTHER HEALTH CARE NEEDS, INCLUDING PEDIATRICS, FAMILY PLANNING, AND FAMILY
MEDICINE, AVAILABLE AT:**

H. Claude Hudson Comprehensive Health Center
2829 S. Grand Ave.
L.A., CA 90007
1-800-383-4600

Edward R. Roybal Comprehensive Health Center
245 S. Fetterly Ave.
L.A., CA 90022
1-800-383-4600

EMERGENCY CARE SERVICES

LAC/USC MEDICAL CENTER

(GENERAL HOSPITAL)

1200 N. STATE STREET

LOS ANGELES, CA 90032

(323) 226-2622

COUNTY OF LOS ANGELES-DEPARTMENT OF HEALTH SERVICES
COMMUNITY HEALTH CENTER
CENTRAL HEALTH CENTER
241 N. FIGUEROA STREET, LOS ANGELES, CALIFORNIA 90012

Alan Kurz, MD
Area Medical Director

Cristin Mondy
Nurse Manager

Adela Morales
Acting Facility Administrator

INFORMACION GENERAL

(213) 240-8203

HORAS DE SERVICIO

LUNES A VIERNES 8am a 5pm

SERVICIOS SON GRATUITOS

SERVICIOS SIN CITAS

Enfermedades Venéreas.....Lunes a Jueves, 8AM – 12PM y 12:30
PM – 4:30 PM y medio día los Viernes, 8AM-12PM

Vacunas/Prueba de Tuberculosis.....Lunes a Viernes, 7AM – 4:30PM

Enfermedades Comunicables.....Lunes a Viernes, 7AM – 4:30PM

SERVICIOS CON CITA SOLAMENTE

PARA HACER UNA CITA POR PRIMERA VEZ LLAME :.....(213) 240-8203

PARA TODAS LAS OTRAS CITAS DE REGRESO LLAME:

Clinica de Pulmones (Tuberculosis) Doctor, Cuarto 254.....(213) 240-8248

Clinica de Pulmones (Tuberculosis) Enfermera, Cuarto 266.....(213) 240-7828

Enfermedades Venéreas (STD) Cuarto 240.....(213) 240-8223

ESTA CLINICA NO ESTA EQUIPADA PARA EMERGENCIAS COMO ATAQUES DEL CORAZON,

EMBOLIOS, O TRAUMAS MAYORES. **EN CASO DE EMERGENCIA, LLAME AL 911.**

ruta de AUTOBUS A LA CLINICA CENTRAL: CAMION DE MTA #10, #11, #92, #93, #48

PARA MAS INFORMACION LLAME AL 1-800-226-6883

Para Mas Informacion website: www.mta.net

PARA RECIBIR OTROS SERVICIOS MEDICOS, INCLUYENDO PEDIATRIA, PLANIFICACION FAMILIAR, Y MEDICINA GENERAL:

H. Claude Hudson Comprehensive Health Center
2829 S. Grand Ave.
L.A., CA 90007
1-800-383-4600

Edward R. Roybal Comprehensive Health Center
245 S. Fetterly Ave.
L.A., CA 90022
1-800-383-4600

SERVICIOS DE EMERGENCIA

LAC/USC MEDICAL CENTER

(GENERAL HOSPITAL)

1200 N. STATE STREET

LOS ANGELES, CA 90032

(323) 226-2622

7/07

Health Services Referrals

APPENDIX D

HIPAA Self-Learning Module

HIPAA SELF-LEARNING MODULE

INSTRUCTIONS

1. Download the powerpoint and Test sheet at the following two links:

Powerpoint: http://publichealth.lacounty.gov/phn/docs/neo_hipaa_presentation.ppt

Test Sheet: http://publichealth.lacounty.gov/phn/docs/HIPAA_Answer_Sheet.doc

*Please note that there are no spaces in the websites. They are underscored like this: _

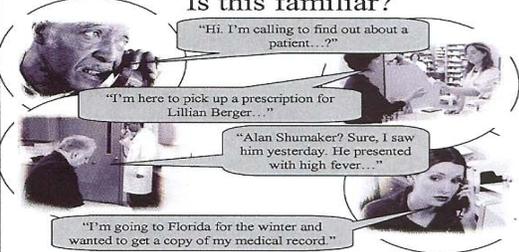
2. Choose 'Open' file and enter Password to open both files: **nursingstudents**
3. Print the Test Sheet since you will need to send it to Nursing Administration.
4. There are 'Notes' underneath each slide that must be viewed. In order to view the notes in the powerpoint, follow these steps:
 - a. Go to the top bar and click on 'Edit'
 - b. Choose 'Edit Slides' (Do not be alarmed. You will not be able to change the master slide, even if you accidentally make changes).
5. **Upon completion of the module,**
 - a. Students will give their test sheets to their instructors.
 - b. Instructors will collect all student test sheets (including their own) and fax them to Nursing Administration. Nursing Administration will correct **all** tests and notify Instructors of the results. Once Instructors have passed the module themselves, they will be provided with the answer sheet and can grade future tests. All tests must be faxed to Nursing Administration for filing.
 - c. Students and Faculty who do not pass (miss more than 4 questions), must retake it and resubmit the test to Nursing Administration.
6. **Starting Fall 2009**, the HIPAA module must be completed by the 2nd week of clinical rotations.

HIPAA Compliance

Patient Privacy, Information Security and Awareness



Is this familiar?

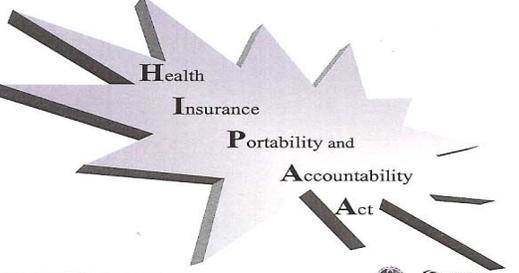


"Hi. I'm calling to find out about a patient...?"

"I'm here to pick up a prescription for Lillian Berger..."

"Alan Shumaker? Sure, I saw him yesterday. He presented with high fever..."

"I'm going to Florida for the winter and wanted to get a copy of my medical record."

Health
Insurance
Portability and
Accountability
Act



Purpose

To Protect Patient Information



HIPAA



- Privacy
- Security
- Electronic Transactions



Why are we here?

To provide students and faculty with a comprehensive view of the HIPAA regulations and how they affect their responsibilities during this clinical rotation.



What is being protected?

- Health information includes:
 - Medical records
 - Claims information
 - Payment information
 - Almost all information related to a person's health care



What is PHI?

Protected Health Information

- PHI is **any** health information that could identify an individual patient, including
 - NAME, ADDRESS, or PHONE number
 - HEALTH INSURANCE number
 - SOCIAL SECURITY number
- PHI may exist in written, electronic (e-PHI), oral, or any other form



Health Information

- Health information should be protected from:



- anyone not involved in the patient's direct treatment or health care
- insurers using it to deny life or disability coverage
- employers using it in hiring/firing decisions
- nosy neighbors or family members
- Reporters



Covered Entities

Covered entities:

- Health Plans
- Health Care Clearinghouses
- Health Care Providers

Hybrid Covered Entity:

- Department of Health Services
- Department of Mental Health
- Sheriff's Department (Medical Facilities)
- Probation Department (Kirby Center)



Implementation Specifications

HIPAA requires policies and procedures be developed to implement and ensure compliance with the standards.

Required

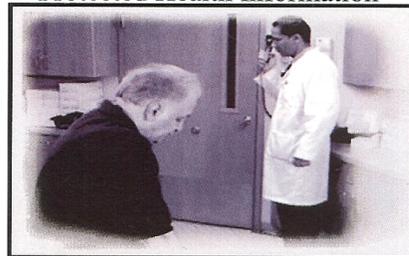
- Must be followed as written and cannot be determined to be unreasonable or inappropriate for the organization.

Addressable

- Must be implemented if reasonable and appropriate for the organization. If not implemented, an explanation for why it was not reasonable or appropriate must be provided. An alternative mechanism may be used to meet the standard.



Protected Health Information



Privacy Standards for the Privacy of Health Information

- Applies to health information in all forms:
 - written
 - oral
 - electronic
 - other



Key Parts of the Privacy Rule

- Establishes limitations for the Use and Disclosure of Protected Health Information (PHI)
- Notice of Privacy Practices
- Patient Authorizations
- Patient Rights
- Business Associates
- Marketing and Research



Notice of Privacy Practices

- Providers must give patients current, written "Notice of Privacy Practices," describing:
 - how health information may be used and disclosed
 - what the individual's rights are
 - what the Provider's responsibilities are
 - how to file a complaint
 - who to contact for more information
 - how patients will be notified of privacy policy changes
- Notice needs to be given to each patient no later than the first service delivered to the patient after April 14, 2003
- Providers and their workforce are legally bound to follow their privacy notice



Privacy Notice

- Providers must make a good faith effort to obtain the patient's written acknowledgement that the Privacy Notice was received
- The notice must be given at the initial service, prior to the start of the service
 - In an emergency situation, services may commence first. Receipt of the notice must be acknowledged as soon as possible after-the-fact from the patient or someone legally empowered to do so
- The Privacy Notice must be posted in a clear and prominent location in the provider's service site



DHS
COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
NOTICE OF PRIVACY PRACTICES
Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

WHO WILL FOLLOW THIS NOTICE

- This Notice describes the practices of Los Angeles County Department of Health Services (LAC DPH) and that of:
 - All employees, staff and other LAC DPH's personnel
 - All members of a volunteer group, who assist to help you, while you are in the facility.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you and your health is sensitive. We are committed to protect the privacy of this information. We reserve a portion of the information to carry out our mission. We will not disclose this information to anyone outside our staff and our authorized staff at the facility, who received this notice, except as follows: we will disclose that information to other persons if necessary to provide you with the care and services that you need.

This Notice will be provided to you when you are first seen and also given whenever information about you, that describes your health and history, is shared outside the use and disclosure of this information.

- We will not disclose information about you as protected health information, or PHI, to:
- Anyone who is not authorized to receive this information.
- Give this Notice to our legal duties and privacy practices with respect to your PHI, and
- Enforce the terms of this Notice that is currently in effect. LAC DPH's agreement is made by the terms of this Notice.

Page 1 of 2



Authorization Forms

- PHI may be used and disclosed for treatment, payment, and health care operations
- Otherwise, PHI use or disclosure requires proper authorization
- Proper authorization must show the specific uses and disclosures and be signed and dated by the patient
- Treatment may not be refused if a patient refuses to authorize uses or disclosures that require authorization



Authorization Exceptions

- Limited use or disclosure is permitted without authorization when there is an overriding public interest such as:
 - public health activities and other governmental functions
 - reporting abuse or neglect
 - judicial and law enforcement purposes



Introduction to Patient Rights

- HIPAA gives patients PHI rights
- The rights are to:
 - access, inspect and copy PHI
 - request amendment of PHI
 - receive accounting of disclosures
 - request restrictions on disclosures
 - have communications of PHI made at alternative locations or by alternative means



Parents of Unemancipated Minors

Who Has the Rights – Parents or Minors?

- Generally, parents have access to and control of the protected health information about their children
- Exceptions to Parental access and control:
 - HIV testing
 - Concern about abuse or harm
 - State law determines minor has the rights or give provider discretion to decide
- Disclosure of minor's PHI to a parent in emergency situations may always be made unless State law prohibits it



Patient's Right to have PHI



With few exceptions,

patients can access, inspect and copy their health information

Requests must be granted:

- within 30 days if PHI is on-site
- within 60 days if PHI is off-site



Exceptions to Patient Access

- Exceptions to patient rights to access, inspect, and copy PHI are:
 - psychotherapy notes,
 - information that a health care professional thinks could be harmful
 - information for use in a civil or criminal trial or administrative proceeding, and
 - certain laboratory information



More exceptions to Patient Access...



- If access to certain PHI, but not all PHI, is denied, then only the denied information may be withheld and the rest of the information must be provided



Amendments to PHI

- Patients have a right to request an amendment to their PHI
- The request may be denied if the protected health information is:
 - not accessible because it is an exception to the patient's right to access, inspect or copy
 - already accurate and complete
 - was not created by the provider receiving the request and the creator is available to act on the request
- If a request is denied -- the provider must tell the patient what options there are



Accounting of Disclosures

A patient has the right to receive an accounting of all PHI disclosures within a six-year period prior to request




Accounting of Disclosures

- An accounting of disclosures includes:
 - the date of each disclosure
 - the name(s) of those who received the protected health information (PHI)
 - if known, the addresses of such entities or persons
 - a brief description of the protected health information disclosed
 - a brief statement of the purpose of the disclosure



Exceptions to the Right for an Accounting of Disclosures

- A patient does not have the right to an accounting of the disclosures of his/her PHI if it were:
 - for treatment, payment, or health care operations
 - based on a patient's signed authorization
 - incidental
 - part of a limited data set
- The six year period does not go back past the rule's implementation date:

April 14, 2003



Patient Rights




Request Restrictions on Use and Disclosure

- Patient can request restrictions on the use and disclosure of PHI
 - Agreement is not required
- If agreed, the provider must restrict those disclosures
 - Must document request and agreement and maintain documentation six years
- Exceptions for emergency situations



What is a Business Associate (BA)?



- Company or Person who does a service for a Provider
- Performs or assists with the performance of some activity the provider needs done



Business Associates

- PHI may be disclosed to business associates without patient authorization if there is a HIPAA-compliant, written contract
- Employees are not considered business associates and do not need written BA contracts



Business Associates - Exceptions

- The business associate standard does not apply to disclosures:
 - for treatment purposes
 - to a plan sponsor by a group health plan
 - between a public benefits program health plan and another agency for a government program



Marketing

- Marketing that uses PHI requires patient authorization unless it is to describe the services of the provider that might be of value to the patient
- Selling patient information or disclosing PHI for marketing activities of a third party is not allowed
- Patient authorization is not required for a marketing communication that takes place face-to-face with the patient or that involves giving a patient a product or service of small dollar value



Use and Disclosure for Research

- HIPAA authorization requirements apply to research uses and disclosures of PHI
- May deny research related treatment if subject refuses signing an authorization for the research
- May *not* deny treatment that is unrelated research if the patient refuses signing an authorization
- Research authorization may be combined with an informed consent to participate in the research study, another authorization, or any other legal permission related to the research



Use and Disclosure for Research (continued)

- HIPAA requires an expiration date or event on research authorizations
- "None" may be entered if there is no expiration date or event
- Also make affirmative statement that there will be no expiration date
- Covered entity may require an expiration date even if HIPAA doesn't
- No blanket authorizations to cover future, unspecified research are allowed
- Each use or disclosure of PHI for research purposes requires authorization



Security

Standards for the Security of Health Information

- Applies to health information contained, maintained, stored and transmitted in electronic format (computers, PDAs, hard drives, USB drives)



Key Parts of the Security Rule

- Electronic Protected Health Information (e-PHI)
- **Administrative Safeguards** – Written documentation of security measures, policies and procedures that ensure prevention, detection, containment and correction of security violations. Policies and procedures that ensure all employees have appropriate access to electronic patient and confidential information in order to perform their job.



Key Parts of the Security Rule

- **Physical Safeguards** – Security measures that protect DHS' electronic information system hardware and related buildings and equipment.
- **Technical Safeguards** – The use of computer technology solutions to protect the integrity, confidentiality and availability of electronic Protected Health Information (e-PHI)



Protecting Health Information



What must we do?

- Keep sign-in sheets simple – patient name, date all right, but no medical information
- Do not leave PHI on unattended desks or computer terminals
- Do not try to get PHI you don't need to do your job
- If PHI is left out and you happen to notice it is out, don't read through it
- Dispose of PHI properly
- Protect Faxed and E-mailed PHI



Minimum Necessary Information

- Minimum necessary information = the minimum amount needed to do the task required
 - Supervisor determines who needs access to what PHI
- The minimum necessary information standard does not apply to:
 - providers accessing or disclosing for a patient's treatment
 - patient requests to access, inspect or copy PHI
 - the Secretary of the Department of Health and Human Services
 - access or disclosures required by law
 - uses or disclosures required by the Privacy Rule



“Reasonable Precautions”

- Providers must exercise *reasonable* safeguards to ensure the privacy of PHI
- Calling out a patient’s name in a waiting area is permitted under the rule
- A health care worker may discuss a patient’s condition or treatment over the phone or in a joint treatment area as long as *reasonable* efforts are made to protect the patient’s privacy
- A physician may orally coordinate a patient’s care at hospital nursing stations using similar *reasonable* precautions



“Reasonable Precautions”

- Students using computer systems/workstations should ensure computer screens are positioned away from common areas or have a privacy screen installed.
- Employees/students should not share passwords and usernames with other employees or individuals.
- Employees/students should logoff computer systems when not in use, even for short periods of time.
- Confidential information should not be stored or saved on removable media (floppy disks, USB drives, etc.) without proper authorization.
- Students can not type progress notes into personal computers.
- Students must delete all patient identifying information from laptop.



“Reasonable Precautions”

- Access to patient and confidential information shall only be assigned on a need-to-know basis.
- Verification of the identity of the person or entity who wants access to confidential information. This includes verifying the identity of the person to whom you are e-mailing or sending confidential information.
- Students shall follow all DHS and internal departmental/program policies and procedures pertaining to the privacy and security of patient and confidential information.



“Reasonable Precautions”

- Access to patient and confidential information shall only be assigned on a need-to-know basis.
- Verification of the identity of the person or entity who wants access to confidential information. This includes verifying the identity of the person to whom you are e-mailing or sending confidential information.
- Students shall follow all DHS and internal departmental/program policies and procedures pertaining to the privacy and security of patient and confidential information.
- DHS Policies 361.1-361.30
- DHS Policies 935.00-935.20



“Reasonable Precautions”

- All computer systems must be protected with anti-virus software. This includes computers at home, PDAs, and other electronic devices. Students and Faculty must not try to disable any anti-virus, or encryption/decryption software on their computers
- Students and Faculty should report actual or suspected security breaches
- Do not open e-mail/attachments from unfamiliar sources, nor follow any directions sent through e-mail for detecting or destroying possible viruses unless explicitly instructed to do so by their Information Systems Unit



Enforcement of HIPAA

- Privacy Rules  Department of Health and Human Services (DHHS), Office for Civil Rights (OCR)
- Security Rules
- Electronic Transactions and Code Sets  DHHS, Centers for Medicare and Medicaid Services (CMS)
- There is no HIPAA provision allowing patients to sue for violations, but they may be able to sue under State laws



Civil and Criminal Penalties

- Civil penalties
 - **\$100/violation**; person should have known better
- Criminal penalties
 - **\$50,000 ± 1 year prison**; intentional inappropriate use
 - **\$100,000 ± 5 years**; under false pretenses
 - **\$250,000 ± 10 years**; malicious harm, commercial/personal gain



Conclusion

- We must all remember to protect the privacy of our patients in our daily work.
- We are all patients ourselves from time to time. It might help to think about how you would feel if your own health information was used or disclosed in a way that was harmful to you or your family.
- As you go about your daily work, if you have a question about the proper way to handle a patient's privacy ask your supervisor or manager or contact the Privacy Compliance Office. Questions pertaining to information security may be directed to the HIPAA Security Office.



Instructions-QUIZ

- All students and Faculty must take the quiz on the following slides. Before you begin, please go the following website and print the test sheet. Mark your answers on the test sheet.

Website:

http://publichealth.lacounty.gov/phn/docs/HIPAA_Answer_Sheet.doc

- Passing score is 80%. Students and Faculty who do not pass will need to repeat the quiz. You can only miss 4 questions to pass.



Instructions-QUIZ

- After completion, turn in Test Sheet to your instructor.
- Instructors must collect all test sheets and correct the student tests. Instructor will give the Student Liaison his/her own test and Nursing Administration will correct it. Student Liaisons will have the answers.
- Student Liaisons will collect the tests and interoffice them to Nursing Administration.



HIPAA Comprehensive Self-Assessment Quiz - Privacy

1. The privacy rule applies to protected health information (PHI) in all forms including electronic, written, oral and any other form.
 - A. True
 - B. False



HIPAA Comprehensive Self-Assessment Quiz-Privacy

2. The patient's names, address, phone number, health insurance number, and social security numbers are all examples of what?
 - A. Patients identifiers
 - B. Protected Health Information
 - C. Information that may exist in written, electronic or oral form
 - D. All the above



HIPAA Comprehensive Self-Assessment Quiz-Privacy

3. If an employee sees a FAX with patients information lying on a counter top, what should the employee do?
- A. Read it to see if there is anything interesting in it
 - B. Throw it in a wastebasket since apparently it wasn't important
 - C. Read the name of the person it was sent to – without reading the rest of it – and deliver it to that person.
 - D. None of the above



HIPAA Comprehensive Self-Assessment Quiz-Privacy

4. Discussing a patient's condition over the phone or in an open area of the care setting, with the patients, family, or another provider is allowed as long as reasonable effort are made to protect the patient's privacy – such as using lowered voices or talking in an area apart from other people.
- A. True
 - B. False



HIPAA Comprehensive Self-Assessment Quiz-Privacy

5. Patients have a right to access, inspect and copy their medical records except for some information like psychotherapy notes.
- A. True
 - B. False



HIPAA Comprehensive Self-Assessment Quiz-Privacy

6. The Electronic Security Rule requires covered entities to do which of the following?
- A. Protect the integrity, confidentiality and availability of paper documentation.
 - B. Stop all electronic bank transactions
 - C. Convert all protected health information on paper to electronic PHI
 - D. Protect the integrity, confidentiality and availability of the electronic protected health information they collect, maintain, use or transmit



HIPAA Comprehensive Self-Assessment Quiz-Privacy

7. Part of the HIPAA Security Rule requires that access to computers or computer systems containing electronic protected health information must be:
- A. Restricted to authorize users
 - B. Available only in located rooms
 - C. Whenever space allows
 - D. Freely available to everyone



HIPAA Comprehensive Self-Assessment Quiz-Privacy

8. Physical safeguards requirements of the Security Standards include protection of a covered entity's:
- A. Electronic information systems
 - B. Building and equipment related to electronic information systems
 - C. Patients
 - D. a and b above
 - E. a, b, and c above



HIPAA Comprehensive Self-Assessment Quiz-Security

9. Verification of the identity of the person or entity seeking access to electronic protected information must be obtained.
- A. True
 - B. False



HIPAA Comprehensive Self-Assessment Quiz-Privacy

10. Which government agency is accountable for oversight of the HIPAA Security Rule?
- A. The Office for Civil Rights (OCR)
 - B. The National Institute of Health (NIH)
 - C. The Center for Medicare and Medicaid Services (CMS)
 - D. None of the above



HIPAA Comprehensive Self-Assessment Quiz-Security

11. Both civil and criminal penalties can apply to workers and not just organizations.
- A. True
 - B. False



HIPAA Comprehensive Self-Assessment Quiz-Privacy

12. Employee can maintained electronic security by:
- A. Logging off the network terminal whenever leaving the computer station
 - B. Sharing password with co-workers
 - C. Posting passwords in common areas
 - D. Accessing information on the computer network for co-workers



HIPAA Comprehensive Self-Assessment Quiz-Privacy

13. Which is an example of wrongfully using or disclosing protected health information.
- A. A life insurance company using it to deny life or disability coverage
 - B. Employer using it as the reason for hiring or firing a person
 - C. Nosy neighbors who want to gossip about the person
 - D. Giving it to a reporter without the patients authorization
 - E. All the above



HIPAA Comprehensive Self-Assessment Quiz-Privacy

14. All people in a provider's workforce- regardless of their duties or job description have a responsibility to protect patient health information
- A. True
 - B. False



HIPAA Comprehensive Self-Assessment Quiz-Privacy

15. The term “protected health information” includes which of the following?
- A. Medical Records
 - B. Insurance claim information
 - C. Payment information
 - D. All the above
 - E. None of the above



HIPAA Comprehensive Self-Assessment Quiz-Privacy

16. Protected health information may only be used for purpose of treatment, payment, and healthcare operations.
- A. True
 - B. False



HIPAA Comprehensive Self-Assessment Quiz-Privacy

17. Which of the following is true of addressable specification?
- A. If the specification is reasonable and appropriate for the organization, it must be implemented.
 - B. If the specification is unreasonable – but the standard cannot be met without some safeguarding mechanism – then another mechanism must be implemented that meets the standards
 - C. If the specification is not reasonable or appropriate for its unique setting, the standards is met by documenting the reasons.
 - D. Addressable standards are always optional and do not have to be met
 - E. a, b, and c above



HIPAA Comprehensive Self-Assessment Quiz-Privacy

18. When the Security Rule indicates that an implementation specification is required, it means that _____.
- A. The organization must address it only if it applies
 - B. The organization must explain why it was not addressed and then will be excused from addressing it.
 - C. The specification must be implemented and cannot be determined to be unreasonable or inappropriate for the organization.
 - D. None of the above



HIPAA Comprehensive Self-Assessment Quiz-Privacy

19. Physical safeguard measures include protection from natural or environmental hazards and authorization intrusion.
- A. True
 - B. False



HIPAA Comprehensive Self-Assessment Quiz-Privacy

20. An organization’s notice to patients on its privacy practices (Notice of Privacy Practice) must include:
- A. Information on how to file complaints with the organization or with the Department of Health and Human Services
 - B. Identification of a contact person who can provide additional information
 - C. A description of how the organization will notify patients if its practices change
 - D. All the above



DHS HIPAA Privacy Policies and Procedures

All DHS Policies and Procedures can be found at the following websites:

DHS Intranet website: www.ladhs.org

For more information on Department of Public Health:
www.lapublichealth.org



Conclusion

This concludes the HIPAA Module.

Please give your test sheets to your instructor. Instructors, give your test to the Student Liaison. Student Liaisons will give Instructors the answers so they can grade the student tests. Students who do not receive a passing score of 80% must repeat the test. You can only miss 4 questions to pass.

If you have any questions, please direct them to your Student Liaison.

Welcome to Los Angeles County Department of Public Health!
We wish you a fulfilling and rewarding rotation with us.



HIPAA COMPREHENSIVE PRIVACY AND SECURITY TRAINING ASSESSMENT TEST SHEET

| | | |
|---------------------------------------|-------------------------|--------------------------------|
| Please PRINT Name (Last Name, First): | Semester/Quarter & Year | Assigned Health Center/Program |
| School Name: | Instructor Name: | |

Instructions: Circle the letter for the answer you think is most correct:

1. a b
2. a b c d
3. a b c d
4. a b
5. a b
6. a b c d e
7. a b c d
8. a b c d e
9. a b
10. a b c d
11. a b
12. a b c d
13. a b c d e
14. a b
15. a b c d e
16. a b
17. a b c d e
18. a b c d
19. a b
20. a b c d

My signature indicates I reviewed the HIPAA Comprehensive Privacy and Security Self-study Guide and agree to comply with the HIPAA regulations.

Student Signature

Date

**Students, give form to instructor. Instructor, collect, correct & fax all forms to Nursing Administration: 241 N. Figueroa St. Rm 347, Los Angeles, CA 90012. Thank you!!*

APPENDIX E
PHN Self-Directed
Learning Module
for
Mentors

Public Health Nurses Self-Directed Learning Module for Mentors

Nursing Administration - Education
and Professional Development Unit



Acknowledgements - 1

- This self learning module was finalized under the direction of Cherie Forsha, MSN/MPH during her tenure as Assistant Nursing Director, Education with Nursing Administration.
- This module was developed by members of the Department of Public Health's Nursing Education Committee, University Affiliation Subcommittee, Roles and Responsibilities Subcommittee, 2006.



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 - Ferlie Villacorte
 - Yon Silvia Walker



Description

This Self Learning Module is a basic tool to prepare public health nurses (PHNs) to assume the role of mentor, and to assist in developing skills to facilitate learning while demonstrating a sound knowledge of Public Health Nursing practice.



Section I Topics

- Introduction
- Instructional Objectives
- Goal
- Pre-test



Instructions

- Before beginning this module, review the directions and objectives, then complete the pre-test.
- Proceed through the text and reflect on information presented.
- Take the post-test and complete the evaluation form.
- Review Orientation to Public Health Nursing PowerPoint presentation.



Course Objectives

Upon completion of this module, the learner will be able to:

- Identify ethical responsibility of nurses to mentor.
- Understand the rights of the mentor and mentee.
- Identify primary roles of a mentor.



Course Objectives (cont)

- Identify different learning styles.
- Assess personal skills, attitudes and abilities.
- Develop skills to enhance mentor role.
- Identify tools needed to assist with mentoring.
- Understand the importance of mentoring.



Goal of Module

To provide Department of Public Health PHNs with a tool that allows them to successfully incorporate their knowledge and skills into mentorship for nursing students and new employees.



Pre-test

- Please take five minutes and complete the pre-test.



Section II

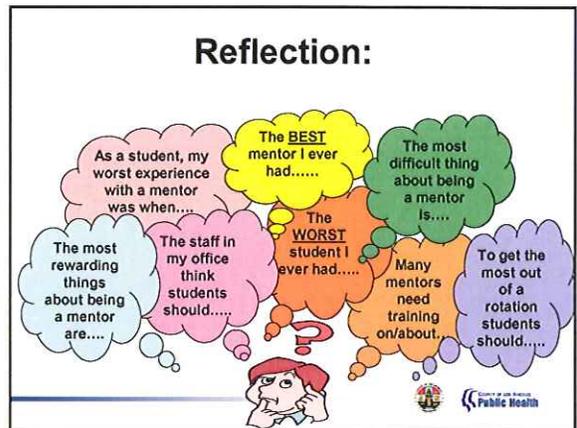
Understanding the Need for mentoring



Section II Topics

- Reflection
- Definitions
- Rights and responsibilities of mentor and mentee
- Examples of an effective mentor
 - Skills, knowledge and attitudes





Thoughts About Mentoring

- I want to be a mentor because...
- I can offer a mentee...
- I don't think I will be a good mentor because...
- I can improve as a mentor by...

Definitions

- **Mentor** - An identified, experienced practitioner who provides transitional role support and learning experiences within a collegial relationship (with a mentee) while continuing to perform some or all of the other responsibilities of his/her position.

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Definitions

- **Orientation** - The process by which new employees or students are introduced to the philosophy, goals, policies, procedures, position expectations, physical facilities, and special services of a particular work setting.

Definitions

- **Mentee** - A student or new employee who is participating in a nursing clinical rotation.
- **Competency** - The integration of knowledge, attitudes, and skills necessary to function in a specific role and work setting.

Definitions

- **Mentoring** - An *instructional role* in which a health science professional is paired with a learner for a specific time period in order to orient the learner and assist and support learning experiences.



Definition

- **Competency Assessment** - The review and documentation of an individual's demonstrated ability to achieve the expectations stated in his or her student learning objectives.



Rights and Responsibilities

- Do mentors and mentees have rights and responsibilities?
- If so, can you name a few?



Rights and Responsibilities

- When the mentor is assigned a mentee, it will be important to establish guidelines.
- Each person must be aware of their rights and responsibilities in this relationship.
- The following slides will review these rights and responsibilities.



Mentor's Rights

- The mentor should have:
 - A clear definition of his/her job.
 - A structured program to prepare the mentor for the role.
 - Access to evaluation tools that are valid and reliable.



Mentor's Rights

- A description of the mentor's responsibilities in relation to others who are involved in the rotation.
- Understanding of expected outcomes for the rotation.
- A facility support system that helps the mentor enact the role.



Mentor's Rights

- A measurement of the mentor's performance expectation.
- Resources to assist in your role as a mentor.



Mentee's Rights

- The mentee should have:
 - Information on what is expected in the specific assignment.
 - Recommendations on how to interact with the mentor.
 - An opportunity to evaluate the effectiveness of the mentorship experience



Mentee's Rights

- A clear explanation of what is expected at the end of the mentorship.
- Instructions on where to locate various resources within the unit, department, and institution.



Mentor's Responsibilities

- Perform
- Facilitate
- Assist
- Work
- Implement
- Evaluate



Mentee's Responsibilities



- Identify
- Participate
- Utilize
- Ask questions
- Report
- Evaluate



Take A Minute and Think

Can you list the qualities of an effective mentor under each of the following headings?

- * Skills * Knowledge * Attitude



Effective Mentors Skills Include:

- Client care
- Communication
- Use of equipment
- Use of resources
- Interpersonal relations
- Work organization
- Problem-solving
- Decision-making
- Priority-setting
- Delegation



Knowledge of the Mentor Includes:

- Practice standards and policies & procedures.
- Unit or department routines.
- Documentation procedures.
- mentee's learning objectives.
- Available resources, including team members.
- Principles of teaching and learning.

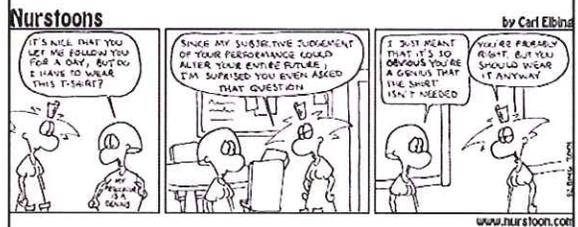


Attitude of Mentor

- Respectful
- Realistic
- Patient
- Open-minded
- Dependable
- Supportive
- Constructive
- Mature
- Sense of humor



Sample Mentor's Attitude



www.nurstoon.com

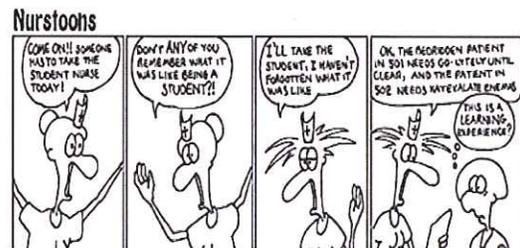


Section III Topics

- Role of the mentor
 - Role Model
 - Attributes of a Role Model



Attitude towards new students



Used with permission of Carl Elbing



Roles of the Mentor

The mentor functions in 4 Primary Roles:

1. Role model
2. Educator
3. Facilitator
4. Evaluator



ROLE MODELING



Role Model

Role Model

– An individual who exemplifies, through their behavior, how a specific role is to be enacted.



Role Modeling

Role modeling

- A process in which an individual identifies with and assumes the values and behaviors of another person.
- Ultimately, this process results in behavior modification that is usually permanent.



Attributes a Role Model Possesses

- Clarity
- Consistency
- Communicativeness
- Proficiency
- Positive Attitude
- Politeness



Clarity

- The ability to effectively communicate thoughts, instructions, and directions, resulting in a positive outcome.
- Make sure that the mentee has a clear understanding of what they are being instructed to do and why.



Communicativeness

- Express new ideas.
- Demonstrate a caring attitude toward the mentee.
- Listen to mentee's point of view.
- Assist mentee when necessary.



Promoting Effective Communication

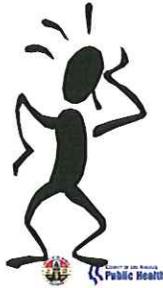
- Demonstrate an enthusiastic attitude toward Public Health Nursing.
- Give positive feedback.
- Give constructive criticism.
- Encourage discussion of ethical dilemmas.
- Provide a positive atmosphere for exchange.



Communication Errors

3 common errors:

1. Too little information
2. Too much information
3. Conflicting information



Proficiency

- Proficiency is defined as advancement in knowledge or skill.
 - Provide competent care to clients.
 - Respect clients' integrity.
 - Maintain confidentiality.
 - Provide referrals.



Proficiency

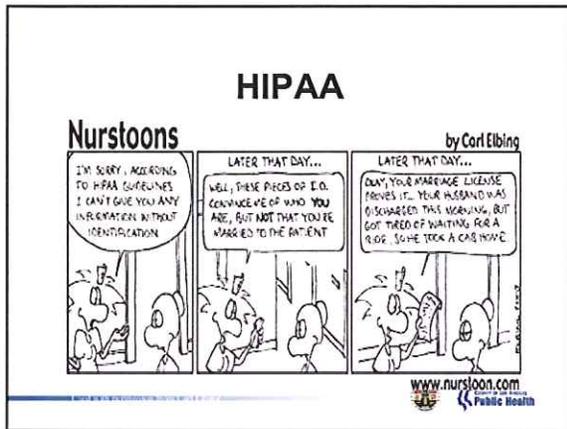
- Comply with laws, policies, and procedures.
 - Nurse Practice Act
 - Public Health Nursing Practice Manual
 - Communicable Disease Control Manual
 - HIPAA
 - Scope and Standards of Public Health Nursing



Proficiency: HIPAA

- HIPAA – Health Insurance Portability and Accountability Act of 1996.
- Provides protection for the privacy of certain individually identifiable health data.
 - Referred to as "Protected Health Information" (PHI).





Participates in Learning Opportunities

- Continuing Education
- Public Health Nursing Practice Organization Memberships
 - SCPHA
 - APHA
- Seminars and In-services

Positive Attitude

- Provide an encouraging learning experience for the mentee.
- The mentee should exit the experience with a positive outlook on Public Health Nursing.

Politeness

- Be Courteous, Considerate, and Tactful.
- Remember, the goal is a *positive* learning experience.
- Portray a *positive* image for Public Health Nursing advertisement.
- Demonstrate *positive* behavior and attitude.

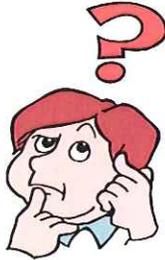
Suggestions...

- What can my mentee do on down time?
- Follow-up on TB monthly visits.
 - Explain about pill count.
 - Let student conduct TB III and V visits.
 - Monthly visit with current patients.
- Follow up on referrals given to patients.

Suggestions

- Develop community projects.
 - i.e. The Vail Project.
- Telephone referrals.
- Attend community based organization meetings.
- Etc... (Be creative)

How can you enhance your attributes?



Section IV Topics

- What is an Educator?
- Principles of Adult Learning
- Learning Styles



An Educator is...

- An Assessor of learning needs.
 - Assists mentees in identifying their learning needs.
- A Planner of learning experiences.
- An Implementer of a learning plan.



How a Person Learns....

- A person learns....
- 10% of what is read.
- 20% of what is heard.
- 30% of what is seen.
- 50% of what is heard and seen.
- 80% of what is read, heard, and seen.



Principles of Learning

- Learning is based on past experiences.
- Each person connects new learning to what is already learned.
- Learning requires activity on the part of the learner.
- Interest is essential to effective learning.



Principles of Learning

- Each person learns when he or she is ready to learn.
- Early successes increase chances for effective learning.
- Adults need to be involved in the planning and evaluation of their instruction.



Principles of Adult Learning

- Experience (including mistakes) provides the basis for learning activities.
- Adults are most interested in learning subjects that have immediate relevance to their job or personal life.



Principles of Adult Learning

- Adult learning is problem-centered rather than content-oriented.
- Knowledge of the purpose, use and application of information makes learning more effective.
- Information should be taught the way it is to be used.



Principles of Adult Learning

- Knowledge of the required standards makes learning more effective.
 - Continuous evaluation is essential.
- Recognition and credit provide strong incentives for learning.



Principles of Adult Learning

- Effective learning is likely to occur when a logical relationship (mentee/mentor) exists between things taught.
 - The most effective learning results when initial information is followed immediately by application.



Principles of Adult Learning

- Repetition with efforts toward improvement makes for effective skill development.



Summary of Adult Learning Principles

- Adult learners need activities.
- Stress is a barrier to learning.
- Learner needs to feel successful.
- Motivated by recognition and credit.



Summary of Adult Learning Principles

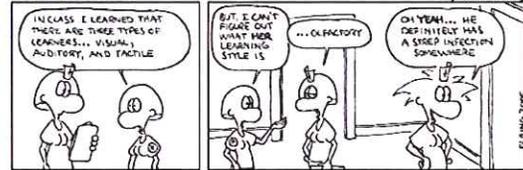
- Learning has to be reality-based and useful.
- Adults do not like to have their time wasted.



Learning Styles

Nurstoons

by Carl Elbing



Learning Styles

Review the different learning styles. Identify your learning style?

The mentor should be aware of the student's learning style.



What's your Learning Style?

- Logical/Mathematical
- Verbal/Linguistic
- Intrapersonal
- Interpersonal
- Visual/Spatial
- Body/Kinesthetic
- Musical/Rhythmic



Logical/Mathematical Learners

- Often called "Scientific Thinker".
- Deal with deductive reasoning, numbers and the recognition of abstract patterns.



Logical/Mathematical Learners

- Learn best when provided with opportunities to classify, categorize and work with abstractions and their relationship to one another .



Verbal/Linguistic Learners

- Deal well with words and language, both written and spoken.
- This style dominates most Western educational systems.
- Tend to remember and repeat ideas that are verbally presented.



Verbal/Linguistic Learners

- Learn well through lectures.
- Like to talk.
- Enjoy plays, dialogues and dramas.



Intrapersonal Learners

- Deal with *inner* states of being, self-reflection, metacognition and awareness of spiritual realities.
- Learn better alone; pursue self-defined interests.



Intrapersonal Learners

- New information is absorbed best by intrapersonal learners when the projects are individually paced.



Interpersonal Learners

- Operate primarily through person-to-person relationships and communication.
- Facilitate learning by providing opportunities to:
 - compare and contrast.
 - interview others.
 - share ideas.



Interpersonal Learners

- Relies on:
 - Verbalization.
 - Humor and talking to self or others.
 - Not quiet for great lengths of time.
 - Enjoys small group discussions.



Visual/Spatial Learners

- Deal with the sense of sight and ability to visualize an object and create internal mental images and pictures.
- Learn by seeing and watching demonstrations.



Visual/Spatial Learners

- Like visual stimuli (e.g., pictures, slides, graphs).
- Become impatient when extensive listening is required.



Kinesthetic Learners

- Deal with physical movement and the knowledge of the body.
- Learn by doing / trying things out.
- Like direct involvement.
- Often fidget or find reasons to move.



Kinesthetic Learners

- Not always attentive to visual or auditory presentation.
- Responds to music.
- Like to move hands while learning.
- Use movement to help concentrate.



Rhythmic/Musical Learners

- Deal with the recognition of tonal patterns (including various environmental sounds) and have a sensitivity to rhythm and beats.
- Get information via melodies, musical notation, or rhythm.



Think about...

What is your Learning Style?

What styles complement your learning Style?

How will you facilitate the mentee's learning styles?



Section V Topics

- What is a Facilitator?
- Barriers to Learning
- Interpersonal Sources of Stress
- Responses to Stress
- Evaluating
 - Constructive Feedback.



Facilitator

- Facilitates mentee's professional growth.
- Identify needs of the mentee and assist in meeting those needs.
- Provide methods of obtaining resources.
- Advocate for the mentee.



Facilitator

- Encourages dialogue between mentee and mentor.
- Active listener.
- Seeks ongoing feedback from the mentee.
- Assists in finding answers.



Stress: A Barrier to Learning

- Recognize responses to internal and external stress.
- What are some of the responses to stress?



Interpersonal Sources of Stress

- Peer/instructor conflicts
- Expectations of mentor
- New role
- Intimidation
- Difficult clients



Interpersonal Sources of Stress

- Knowledge level of client
- Level of responsibility
- Pressure to document
- Lack of support
- Academic standards versus "real life".



Responses to Stress

- Emotional Responses
 - Fear, anxiety, guilt over mistakes
 - Self-doubt, competitiveness
- Mental Responses
 - Worry about performance
 - Forgetfulness
 - Self-criticism



Responses to Stress

- Internal Responses
 - Fatigue, exhaustion
 - Illness
 - Muscle soreness



Public Health Nursing Perspective

Evaluator



Evaluator

Evaluating the experience of the mentee will assist you in evaluating the process and outcome objectives of their experience.



Evaluating the Experience

- Two common types of evaluation:



Evaluating the Experience

- *Formative Evaluation* is typically conducted during the development or improvement of a program, and also...



Evaluating the Experience

- Validates that the goals of the instruction are being achieved.
- Helps to determine if improvement is needed in the instructor's approach to the program.
- Is ongoing and is implemented more than once during the program or process.



Evaluating the Experience

- **Summative Evaluation** is typically quantitative, using numeric scores or letter grades to assess behavior achievement and also...



Evaluating the Experience

- Provides input for short-term effectiveness or long-term impact.
- Helps to summarize what decisions will be made as a result of the evaluation.



Evaluating the Experience

- Provides information which will help one determine whether or not to adopt the process at hand.
- Usually completed at the end of the learning process (i.e. end of semester or clinical rotation).



Evaluating the Experience

Summative vs. Formative

“When the *cook* tastes the soup, that’s formative; when the *guest* tastes the soup, that’s summative.” – Robert Stakes



Evaluator

- Evaluate the mentee objectively.
- Make constructive comments.
- Review mentee’s work daily.
- Perform weekly conferences to evaluate progress.



Evaluator

- Be receptive to feedback and suggestions from mentee.
- Student Mentoring Tool
- Student Evaluation Tool



Evaluating the Experience

- Evaluation allows the mentor to...
 - Improve the educational process.
 - Make better decisions regarding the educational process.
 - Establish accountability.
 - Ensure fulfillment of objectives.



Constructive Feedback

- Provides information to improve performance.
- Promotes openness and mutual respect.
- Creates a way to confront issues before they become a major problem.



Constructive Feedback: The 4 E's

1. Engage
2. Empathize
3. Educate
4. Enlist



Engage

- Set the stage to convey your positive intent in the spirit of mutual respect and learning.
- Think about the positive outcome you want to achieve.



Engage

- Don't give feedback unless there is a constructive outcome you want to achieve.
- Link feedback to common goals.
 - How will the feedback improve processes, meet deadlines, or enhance the work environment?



Engage

- State what you want to discuss.
“I have a concern about...”
“We need to talk about...”
“I have some thoughts on...”



Empathize

- Determine the best time and place to convey the message.
- Focus on facts and feelings.
- Utilize active listening.



Empathize

- Minimize distractions (other people around).
- Address feelings that may emerge to enable you to move on to the point of discussion.
- If “on the spot” feedback is necessary, move to a private area.



Educate

- Describe observation and impact of behavior.
- Focus on the situation, issue, or behavior, not the person.



Educate

- Descriptive Observation
 - State the facts and avoid judgment, evaluation, or interpretation.
 - Be specific and to the point.
 - Convey respect and support.



Educate

- Stay focused on the issue at hand—avoid past or unrelated situations.
- Don’t let issues go unaddressed or you run the risk of unleashing stored up concern in the future.



Educate

- Link behavior to goals.
 - Improved consumer (clients, stakeholders) satisfaction, improved work, and better learning environment.



Educate

- Describe impact of behavior.
 - Helps to keep the discussion objective and will help minimize a defensive response.
- Point out one or two of the most significant consequences.



Educate

- Remain objective.
 - Avoid getting caught up in your own emotions.
 - If this is a “hot button” issue for you, practice ahead of time (e.g., role-play with a colleague).



Enlist

- Focus discussion on solutions and promote open discussion.
- Listen and summarize what you heard.
- Proceed based on the person’s response.



Enlist

- Guide toward a solution.
 - Move toward standard practice or expectations.
 - Avoid telling the person exactly what to do.
 - Promote their ownership of the problem and the creation of a solution.



Section VI

Putting It All Together



Putting it all together....

- Acceptance
- Reflection
- Preparation
- mentoring



Acceptance

- Understanding the roles and responsibilities of a mentor and accepting them.



Reflection

- Reflect on past experiences.
 - Good.
 - Not so good.
- Use the lessons learned to develop your mentor skills.



Preparation

- Be prepared for the mentee.
- Have the following tools available:
 - B-73
 - PHN Practice Model
 - Minnesota Model



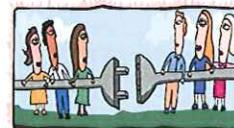
Preparation

- Core Functions and Ten Essential PH services
- PHN Orientation Manual
- PHN Assessment Tools
- Individual Cases

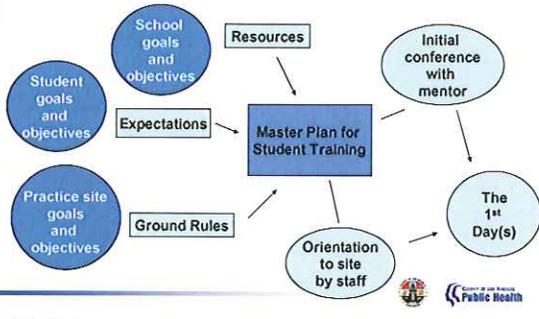


Mentoring

- Providing an educational experience for the mentee or orientee.



Putting it all together & getting started



Putting it all together!

- Meet with the mentee to ensure you come to an agreement about the goal of the mentorship experience.
- Resolve conflicts collaboratively.

Putting it all together!

- Public Health Nursing's perspective needs to be discussed prior to attending interdisciplinary meetings.
- For optimal student experiences, illicit assistance from peers.

Thoughts About Mentoring

- I want to be a mentor because...
- I can offer a mentee...
- I don't think I will be a good mentor because...



Post-Test

- Please take the post-test and complete the evaluation form.
- Please fax or e-mail the pre-test, post-test and evaluation form to:
Nursing Administration
Fax 213-250-0612
- Upon submission, you will receive a 1.0 CEU certificate if score is greater than 85%.



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- Alspach, J. (2000). *From staff nurse to mentor: A mentor development program*. 2nd edition. American Association of Critical Care Nurses.

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- *mentoror Program Workbook*. (2002). Orange County Ethnic Workforce Initiative and Economic Development Grant for the Specialty Nurse Training Program.



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- Public Health Functions Steering Committee/ (1994, Fall). Public Health in America. Retrieved May 7, 2001, from the World Wide Web: <http://www.health.gov/phfunctions/public.htm>.
- Quad Council fo Public Health Nursing Organization. (1999). Scope of Standards and Public Health Nursing Practice. Washington, D.C.; American Nurses Association.



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- U.S. Department of Health and Human Services. (2000). Healthy People 2010. (Vol. 1). McLean, VA: International Medical Publishing, Inc.



THANK YOU!



APPENDIX F

Student Nurse Evaluation

STUDENT NURSE EVALUATION

PURPOSE: To provide written feedback that will assist Los Angeles County Public Health staff and Public Health Nursing Office of Education and Professional Development in evaluating and improving the effectiveness of the learning experience in the public health setting.

Program/Health Center _____
 School of Nursing _____ Course No. _____
 Quarter or Semester _____ Year _____
 Anticipated Date of Graduation _____ Anticipated Degree _____
 Currently licensed as a RN () Yes () No Currently licensed as a LVN () Yes () No

Public Health Nursing Student:

Check the appropriate column that accurately ranks the areas to be evaluated.

| Areas to be evaluated | Strongly Agree (5) | Agree (4) | Disagree (3) | Strongly Disagree (2) | Not Applicable (1) |
|---|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| 1 Resources (people/services) in the facility were available, accessible and appropriate | | | | | |
| 2 Public Health Setting(s) assist with the fulfillment of the course objectives. | | | | | |
| 3 Number and types of clients were suitable for my learning need (had some contact with clients or community) | | | | | |
| 4 Principles of safety were explained by field staff. | | | | | |
| 5 PH Nursing staff exhibited professional behavior toward students | | | | | |
| 6 PH Nursing staff exhibited professional behavior toward clients. | | | | | |
| 7 Other members of the health team demonstrated professional behavior towards clients. | | | | | |
| 8 PH Nursing staff worked collaboratively with students. | | | | | |
| 9 Other members of the health team were willing to work with students. | | | | | |
| 10 Space was provided for meetings, charting and research. | | | | | |
| 11 Environment was conducive to learning. | | | | | |

STUDENT NURSE EVALUATION

The following refers to your public health rotation:

1. Describe a positive public health nursing experience.

2. Were your clinical objectives met during this rotation? If not, please explain.

3. What advice would you give your peers in the next rotation to help them make the most of their clinical experience?

4. How would you rate your increase in knowledge/skills in the following areas:
0 (none) 1 (somewhat) 2 (good) 3 (very good) 4 (excellent)

| | | | | | |
|---|---|---|---|---|---|
| Working with community groups | 0 | 1 | 2 | 3 | 4 |
| Community assessment | 0 | 1 | 2 | 3 | 4 |
| Advocating to help meet community needs | 0 | 1 | 2 | 3 | 4 |
| Communicating with vulnerable populations | 0 | 1 | 2 | 3 | 4 |

5. Do you plan to pursue a career in the public health field?

Yes No Unsure: **Please explain**

6. Would you like to receive information regarding Public Health. If so, please write your name, mailing address and/or email address.

Yes (No) Unsure Contact information: _____

7. Has this rotation influenced your decision to enter Public Health Nursing?

Yes No Unsure: **Please explain**

8. Please share any comments or suggestion that would help improve the clinical learning experience.

Submit completed forms to:
Director, Education and Professional Development Unit
241 N. Figueroa Room 347, Los Angeles, CA 90012

SUMMARY: STUDENT NURSE EVALUATION OF PUBLIC HEALTH ROTATION

‘Name of University’ - ‘Name of Instructor’

***Note:** To be completed by the Student Liaison after collection of evaluations.

| Areas Evaluated | Strongly Agree (5) | Agree(4) | Disagree(3) | Strongly Disagree(2) | N/A(1) |
|---|--------------------|----------|-------------|----------------------|--------|
| 1. Resources (people/services) in facility available, accessible & appropriate | | | | | |
| 2. PH setting/s assist w/the fulfillment of course objectives | | | | | |
| 3. Number & types of clients were suitable for my learning needs | | | | | |
| 4. Principles of safety were explained by field staff | | | | | |
| 5. PH Nursing staff exhibited professional behavior toward students | | | | | |
| 6. PH Nursing staff exhibited professional behavior toward clients | | | | | |
| 7. Other members of the health team demonstrated professional behavior toward clients | | | | | |
| 8. PH Nursing staff worked collaboratively with students | | | | | |
| 9. Other members of the health team were willing to work w/students | | | | | |
| 10. Space was provided for meetings, charting and research | | | | | |
| 11. Environment was conducive to learning | | | | | |

SECTION 1

SUMMARY: STUDENT NURSE EVALUATION OF PUBLIC HEALTH ROTATION

'Name of University' - 'Name of Instructor'

SECTION 2

1. Describe a positive public health nursing experience

Comments:

2. Were your clinical objectives met during this rotation? If not, please explain.

Yes: No: (see comments below)

Comments:

3. What advice would you give your peers in the next rotation to help them make the most of their clinical experience?

Comments:

4. How would you rate your increase in knowledge/skills in the following areas:

| | None (0) | Somewhat (1) | Good (2) | Very Good (3) | Excellent (4) |
|---|-------------|-----------------|-------------|------------------|------------------|
| Working with community groups | | | | | |
| Community assessment | | | | | |
| Advocating to help meet community needs | | | | | |
| Advocating to help meet community needs | | | | | |
| Communicating with vulnerable populations | | | | | |

SUMMARY: STUDENT NURSE EVALUATION OF PUBLIC HEALTH ROTATION

'Name of University' - 'Name of Instructor'

5. Do you plan to pursue a career in the public health field?

Yes: No: Unsure:

Comments:

6. Would you like to receive info regarding PH. If so, please write your name, email address and/or home address.

Yes: No: Unsure:

Comments:

7. Has this rotation influenced your decision to enter Public Health Nursing?

Yes: No: Unsure:

Comments:

8. Comments/suggestions to improve clinical learning experience.

Comments:

****Please specify how many students are: #RNs ____ #LVNs____**

APPENDIX G

Public Health Nurse Evaluation of Student

Public Health Nurse Evaluation of Student

County of Los Angeles - Department of Public Health
Public Health Nursing Education and Professional Development Unit

The Public Health Nurse (PHN) should complete this evaluation at the end of the clinical rotation for each student. This will serve as an important tool in communicating feedback to our University Affiliates. Once completed, please return to the Student Liaison for your CHS or Program Location.

CHS or Program Location: _____

Student's Name: _____

Affiliating School: _____ **Today's Date:** _____

Your Name (OPTIONAL): _____

*Circle the number which corresponds most closely to your feelings about the statement. Please circle only one number for each question. ***Please provide supporting comments for any item that you respond with "Strongly Agree" or "Strongly Disagree."***

| The Student | *Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | *Strongly Disagree | Does not Apply |
|--|-----------------|-------|----------------------------|----------|--------------------|----------------|
| 1. The student was motivated to learn about public health. | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. The student was receptive to my teaching. | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. The student was prepared each day of the rotation. | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. The student showed improvement in autonomy (e.g., going out on a home visit on her/his own). | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. The student showed improvement in skills (e.g., patient interviewing, providing education, etc.). | 5 | 4 | 3 | 2 | 1 | N/A |

Comments for questions 1-5, above:

Any additional overall comments/feedback about the student:

Additional comments can be written on the back of this form.

Thank you. Please return this to your Student Liaison.

APPENDIX H

CHS/Program Evaluation of Clinical Rotation

CHS/Program Evaluation of Clinical Rotation

County of Los Angeles - Department of Public Health
Public Health Nursing Education and Professional Development Unit

Student Liaisons, fill out this evaluation at the end of the clinical rotation based on your own observations and feedback from other PHNs at your CHS/Program location. DO NOT give this to the instructor, but instead send it to Nursing Administration. See instructions for further details.

CHS or Program Location: _____

Today's Date: _____ **Affiliating School:** _____

Your Name (OPTIONAL): _____

| The Clinical Rotation | *Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | *Strongly Disagree | Does not Apply |
|--|---|-------|----------------------------|----------|--------------------|----------------|
| | 1. The clinical rotation time (time the students spend in your CHS or Program location, e.g., 9am-1pm) is sufficient. | 5 | 4 | 3 | 2 | 1 |
| 2. The duration of the clinical rotation (number of weeks the students spend in your CHS/Program, e.g., 2 consecutive weeks, 10 weeks, etc) is sufficient. | 5 | 4 | 3 | 2 | 1 | N/A |

Comments: _____

| The Instructor | *Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | *Strongly Disagree | Does not Apply |
|---|--|-------|----------------------------|----------|--------------------|----------------|
| | 3. The instructor was knowledgeable about public health. | 5 | 4 | 3 | 2 | 1 |
| 4. The instructor was proactive in the student learning process. | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. The instructor made her/himself available to me as needed for questions. | 5 | 4 | 3 | 2 | 1 | N/A |
| 6. The instructor was receptive to any feedback/comments given. | 5 | 4 | 3 | 2 | 1 | N/A |
| 7. The instructor was willing to allow students to participate in community/systems-based projects. | 5 | 4 | 3 | 2 | 1 | N/A |

8. How would you rate your overall experience with this instructor?

Excellent Good Fair Poor

9. Please give any insights or comments to share with other Public Health Nurses or with Nursing Administration.

*Additional comments can be written on the back of this form. Return this to your Student Liaison.

APPENDIX I

Student Activity Log

Instructions: Student Activity Log

PURPOSE

This worksheet is designed to trace the progress that the nursing student is making throughout the public health clinical rotation. The worksheet assists the student to keep track of the types of clinical experiences he/she had over the semester/quarter and to help the PHN ensure that the student is receiving a variety of cases.

The student is responsible for keeping this record and ensuring that it is filled out with the PHN every week. The student should have this information available at all times during the rotation. The original log should be turned into the Faculty at the end of the clinical rotation.

PROCEDURE

Please refer to numbers marked on sample tool (they appear in blue if printed in color).

1. Have the student fill out her/his name and university here.
2. Fill out one column with the student each week of the clinical rotation (use multiple sheets if the rotation lasts longer than 4 weeks). Enter the date that you are completing this column here.
3. Briefly note whatever various topics you discussed with this student this week. This can be from a wide range of topics (e.g., charting, pill counts, field safety, follow-up visits, protocols, etc.)
4. In this column, enter the number of each activity that the student performed with you, another PHN, another student, or the instructor this week.
5. In this column, enter the number of each activity that the student performed alone this week.
6. Enter the total number of families that this student contacted (home visit, phone consultation, or in-office visit) this week.
7. Enter the number of cases in each category in the respective boxes.
8. If the case does not fit any of the categories in the boxes, enter what type of case it was in this space.
9. "Total Families Seen This Week." Enter the total of all these entries (including those under "other") here.

Instructions: Student Activity Log

10. Ensure that you have reviewed all charting entries made by this student this week. Mark here when this has been verified.
11. Ensure that all documentation that the student made this week was co-signed by the instructor. Mark here when this has been verified.
12. Enter the number of PHN Assessments the student completed this week. If this number does not match the “Total families seen this week”, please comment on the reason(s) those PHN Assessments were not completed by the student in the space below.
13. Ask the student if she/he had any questions or comments about the clinical experience this week. Briefly note these here.
14. Give constructive feedback on the performance of the student this week. Address any questions or comments that the student raised. Briefly note these here.
15. Have the student initial this space once this week’s column has been completed.
16. Enter your initials here once the student has initialed the appropriate space (16, above).

Los Angeles County Public Health Nursing Student Activity Log

Student/University¹: _____

PHN: _____

| | Date ² : | Date: | Date: | Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|----------------------------|---------------|---------------|---|--------|--------|----------------|--------|---------------|---|---|--------|--|---------------|--------------|-------------------|---------------|---|--------|-----------------|---------------|--------|----------------|---------------|--|---|--|--|--|--|--------------|-------------------|---------------|--|--|-----------------|--|--|----------------|--|--|---|--|--|--|--|--------------|-------------------|---------------|--|--|-----------------|--|--|----------------|--|--|---|--|--|
| In-office Consultation/ Discussion | Topic(s) Discussed ³ : _____ _____ _____ | Topic(s) Discussed: _____ _____ _____ | Topic(s) Discussed: _____ _____ _____ | Topic(s) Discussed: _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Observation(s) | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Joint⁴ (#)</th> <th style="width: 15%;">Individual⁵ (#)</th> </tr> </thead> <tbody> <tr> <td>Home Visit(s)⁶</td> <td></td> <td></td> </tr> <tr> <td>Office Visit(s)</td> <td></td> <td></td> </tr> <tr> <td>Phone Visit(s)</td> <td></td> <td></td> </tr> <tr> <td>Outreaches/ Meetings: _____ _____</td> <td></td> <td></td> </tr> </tbody> </table> | | Joint ⁴ (#) | Individual ⁵ (#) | Home Visit(s) ⁶ | | | Office Visit(s) | | | Phone Visit(s) | | | Outreaches/ Meetings: _____ _____ | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Joint (#)</th> <th style="width: 15%;">Individual (#)</th> </tr> </thead> <tbody> <tr> <td>Home Visit(s)</td> <td></td> <td></td> </tr> <tr> <td>Office Visit(s)</td> <td></td> <td></td> </tr> <tr> <td>Phone Visit(s)</td> <td></td> <td></td> </tr> <tr> <td>Outreaches/ Meetings: _____ _____</td> <td></td> <td></td> </tr> </tbody> </table> | | Joint (#) | Individual (#) | Home Visit(s) | | | Office Visit(s) | | | Phone Visit(s) | | | Outreaches/ Meetings: _____ _____ | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Joint (#)</th> <th style="width: 15%;">Individual (#)</th> </tr> </thead> <tbody> <tr> <td>Home Visit(s)</td> <td></td> <td></td> </tr> <tr> <td>Office Visit(s)</td> <td></td> <td></td> </tr> <tr> <td>Phone Visit(s)</td> <td></td> <td></td> </tr> <tr> <td>Outreaches/ Meetings: _____ _____</td> <td></td> <td></td> </tr> </tbody> </table> | | Joint (#) | Individual (#) | Home Visit(s) | | | Office Visit(s) | | | Phone Visit(s) | | | Outreaches/ Meetings: _____ _____ | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Joint (#)</th> <th style="width: 15%;">Individual (#)</th> </tr> </thead> <tbody> <tr> <td>Home Visit(s)</td> <td></td> <td></td> </tr> <tr> <td>Office Visit(s)</td> <td></td> <td></td> </tr> <tr> <td>Phone Visit(s)</td> <td></td> <td></td> </tr> <tr> <td>Outreaches/ Meetings: _____ _____</td> <td></td> <td></td> </tr> </tbody> </table> | | Joint (#) | Individual (#) | Home Visit(s) | | | Office Visit(s) | | | Phone Visit(s) | | | Outreaches/ Meetings: _____ _____ | | |
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| Home Visit(s) ⁶ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office Visit(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Visit(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Joint (#) | Individual (#) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Outreaches/ Meetings: _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Joint (#) | Individual (#) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Office Visit(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Outreaches/ Meetings: _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Joint (#) | Individual (#) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Types of Cases | <p style="text-align: center; color: blue;">(#7=table below)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td># ACD:</td> <td># STD:</td> </tr> <tr> <td># TB Class 2:</td> <td># SCF:</td> </tr> <tr> <td># TB Class 5:</td> <td># TB Class 3:</td> </tr> </table> Other (Specify) ⁸ : _____ Total Families seen this week ⁹ : _____ | # ACD: | # STD: | # TB Class 2: | # SCF: | # TB Class 5: | # TB Class 3: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td># ACD:</td> <td># STD:</td> </tr> <tr> <td># TB Class 2:</td> <td># SCF:</td> </tr> <tr> <td># TB Class 5:</td> <td># TB Class 3:</td> </tr> </table> Other (Specify): _____ Total Families seen this week : _____ | # ACD: | # STD: | # TB Class 2: | # SCF: | # TB Class 5: | # TB Class 3: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td># ACD:</td> <td># STD:</td> </tr> <tr> <td># TB Class 2:</td> <td># SCF:</td> </tr> <tr> <td># TB Class 5:</td> <td># TB Class 3:</td> </tr> </table> Other (Specify): _____ Total Families seen this week : _____ | # ACD: | # STD: | # TB Class 2: | # SCF: | # TB Class 5: | # TB Class 3: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td># ACD:</td> <td># STD:</td> </tr> <tr> <td># TB Class 2:</td> <td># SCF:</td> </tr> <tr> <td># TB Class 5:</td> <td># TB Class 3:</td> </tr> </table> Other (Specify): _____ Total Families seen this week : _____ | # ACD: | # STD: | # TB Class 2: | # SCF: | # TB Class 5: | # TB Class 3: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| # TB Class 2: | # SCF: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # TB Class 5: | # TB Class 3: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # ACD: | # STD: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| # TB Class 5: | # TB Class 3: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Documentation Review | <input type="checkbox"/> Charting reviewed with PHN ¹⁰ <input type="checkbox"/> All documentation co-signed by instructor ¹¹ # PHN assessments completed ¹² _____ If some not completed, please state reason: _____ | <input type="checkbox"/> Charting reviewed with PHN <input type="checkbox"/> All documentation co-signed by instructor # PHN assessments completed _____ If some not completed, please state reason: _____ | <input type="checkbox"/> Charting reviewed with PHN <input type="checkbox"/> All documentation co-signed by instructor # PHN assessments completed _____ If some not completed, please state reason: _____ | <input type="checkbox"/> Charting reviewed with PHN <input type="checkbox"/> All documentation co-signed by instructor # PHN assessments completed _____ If some not completed, please state reason: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments | Student ¹³ : _____ _____ PHN ¹⁴ : _____ _____ _____ | Student: _____ _____ PHN: _____ _____ _____ | Student: _____ _____ PHN: _____ _____ _____ | Student: _____ _____ PHN: _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student & PHN Initials | Student ¹⁵ : _____ PHN ¹⁶ : _____ | Student: _____ PHN: _____ | Student: _____ PHN: _____ | Student: _____ PHN: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

APPENDIX J

County of Los Angeles Department of Public Health Notice of Self-Insurance



COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
FINANCE
NOTICE OF SELF-INSURANCE



ATTACHMENT III

| | | |
|--|-----------------------|--|
| Employee Name: | | |
| Employee Number: | | |
| County Department: | | |
| Driver License Number: | | |
| <u>AUTOMOBILE DESCRIPTION</u> | | |
| | Make: | |
| | Model: | |
| | Year: | |
| | License Plate Number: | |
| <p>This is to certify that the County of Los Angeles is self insured for automobile liability, and that this insurance will apply to the employee named above while driving in the course and scope of Los Angeles County employment. In case of an accident, please contact:</p> <p style="text-align: center;"> Carl Warren and Company Claims Management and Administration P.O. Box 116 Glendale, CA 91209-0016 (818) 247-2206 </p> <p>The Mileage Permittee must keep this document in his/her vehicle in case of an accident. This document can be shown as proof of insurance to other parties if the permittee is involved in an accident while driving on County business.</p> | | |