

2025-2027 CD Policy Review for AA510

County: _____ Date of Review: _____

Reviewer Name: _____

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

✓ = Present or Yes

○ = Not present or No

N/A = not applicable

*These policies may be separate or combined.

** 30 day reporting data – see table below

