**ANNUAL REVISIONS:** CSG revisions are sent to the Local Health Departments (LHDs) annually on June 1st with an implementation date of July 1st. Proposed section revisions must be submitted using the outline below by April 15th. Requests received after this date will not be considered until the next annual review.

**EMERGENCY REVISIONS:** Emergency Revisions are defined as changes in clinical practice that require immediate implementation. If your request does not meet this definition, your request will be held until the scheduled annual review.

**SUBMISSION:** All proposed revisions should be submitted as outlined below to ruth.willard@ky.gov. If you need assistance or have questions, please contact Ruth Willard, Director of Nursing at 502-564-3970 ext. 3910

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| **INCLUSION CRITERIA** | |
| The CSG contains clinical protocols for LHD nurses. **For information to be included this document it must meet both of the criteria below**. All requests must be submitted by the section contact identified on the CSG table of contents to be considered. | |
| 1. **Core Public Health Service**  YES  NO | *Review KDPH Core Public Health Services Matrix. If your request does not relate to a core service your request will be denied.* |
| 1. **Clinical protocol for a LHD nurse**  YES  NO   **or required for LHD patient case management**  YES  NO | *Your request will be denied if you cannot mark yes to one of these criteria.* |

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| **REVISION GUIDELINES** | | | | | | | | | | |
| **A. Request Type:** | | | | | | | | | | |
| Emergency Revision:  YES  NO *If yes, please explain below.* | | | | | | | | | | |
| **B. Revision Request Information:** | | | | | | | | | | |
| Section: Section: | | | | Form/Teaching Sheet: | | | | | | |
| Submitted by: | | | | | | | | | | |
| Changes in coding:  YES  NO | | | New abbreviations:  YES  NO *If yes, attach list with changes* | | | | | | | |
| Are other programs/forms affected by changes:  YES  NO *If yes, please explain below.* | | | | | | | | | | |
| **C. Submit this form, a revisions listing including page numbers, and your revised section with tracked changes.** | | | | | | | | | | |
| Submitted by Signature: | | | | | | | Date: | | | |
| Division Director Signature: | | | | | | | Date: | | | |
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| **NURSING OFFICE REVIEW:** | | | | | **NEC REVIEW:** | | | **SUBMISSION INFO:** | | |
| Core Public Health Service  Clinical protocol / Case management  Emergency Revision  Submitted by CSG Section Contact  Submitted by Deadline | | Final Determination:  Accepted  Rejected | | | Final Determination:    Accepted  Rejected | | | Received by: | |  |
| Submitted by: | |  |
| Date: | |  |
| Comments/Justification: | | | | | Comments/Justification: | | | | | |
| Reviewed by: | Date: | | | |  | | | | Date: | |
| **Final Approval by Commissioner:** | | | | | | **Date:** | | | | |