



NPAIHB

The Education of the CHAP

CHAP Materials for
Education Centers, eCHAMP,
Curriculum, CHARC & PACCB





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NPAIHB CHAP History

- 1) **CHA/P CURRICULUM DEVELOPMENT:** The project onboarded five CHA/P contractor experts to build a NW specific CHA/P training curriculum and community health aide manual. These experts had previously worked in Alaska within CHA/P training centers and have a breadth of knowledge around the CHA/P program. The workgroup meets weekly with NPAIHB project staff to discuss CHA/P implementation specific to NW tribes and create curriculum design and content. The curriculum workgroup also consists of participation from Northwest Indian College for a future CHA/P degree pathway.
- 2) **TRIBAL FEEDBACK AND PARTICIPATION:** The Tribal Community Health Provider Advisory Workgroup was first convened in March 2022 and continues to meet bi-monthly to ensure the voices of Tribal leaders, Tribal health directors, Tribal clinic staff and medical experts are at the table when developing the scope, education pathways and specialty tracks for the new provider role of Community Health Aide/Practitioners for Northwest Tribes. This workgroup is chaired by an employee of the Shoshone-Bannock Tribes Department of Health and vice-chaired by an employee of Marimn Health of the Coeur d'Alene Tribe. The goals of the TCHPP Advisory Workgroup continue to be:
 - a. Provide advice and expertise about ways a Community Health Aide/Practitioner (CHA/P) can fill healthcare gaps within NW Tribal health systems.
 - b. Advocacy and outreach for the integration of the Community Health Aide/Practitioners into existing health systems .
 - c. Review assessment of Tribal medical departments to determine current healthcare gaps and focused scope for Community Health Aide/Practitioner training curriculum and provider scope.
 - d. Thorough review of Alaska's CHA/P Standards and Procedures and other documents/resource materials to understand role and scope and make revisions specific for NW Tribal health systems.
 - e. Provide guidance on development of CHA/P education programs and clinical training sites based in the Northwest.

The workgroup met in person in June 2022 in Portland, OR with representation and participation from 8 Northwest Tribes. A great deal of feedback and discussion around the CHA/P role in NW Tribes was captured and ideas for design of this role were created. Additionally, the workgroup completed a thorough review and



NPAIHB CHAP History

line-by-line read of the Alaska CHAP Standards and Procedures around the CHA/P discipline and regionalizations were made for the Portland CHAP Standards and Procedures.

- 3) **NW CHA/P NEEDS ASSESSMENT:** The project initiated a CHA/P needs assessment with NW Tribes in Feb 2022 and had received information and feedback from 86% of the 43 Tribes. This assessment provided important information in determining current delivery of care gaps in NW Tribal health systems, gaining a better understanding of the provider landscape, identifying where and how a CHA/P can fill current delivery of care gaps and improve current provider retention rates and continuity of care. This process had allowed for project staff to make connections with Tribal health leaders, healthcare providers and other key contacts that will be important as the project moves through implementation. Additionally, this has allowed the project staff opportunities to educate providers about the CHA/P and answer their questions. The information collected is key to understanding how to build a CHA/P curriculum and scope of work that meets the needs of NW Tribes.
- 4) **TRIBAL EDUCATION AND ENGAGEMENT:** The project organized a site visit with 4 partner Tribes and organizations to visit the Alaska CHAP Training Centers. From August 15-19, 2022, the project and tribal partners visited the Yukon Kuskokwim Training Center in Bethel, AK, Alaska Native Tribal Health Consortium Training Center in Anchorage, AK and Norton Sound Training Center in Nome, AK. This site visit was very impactful to the tribal participants as they gained a much better understanding of the CHA/P training model, CHA/P scope, and importance and value as they deliver care to their communities. This site visit was also very effective in gaining key relationships with the CHAP training center instructors, directors and students. Each tribe and partner that attended were deeply impacted by this site visit and returned to their Tribal leadership and advocated for a need for CHA/P providers in their respective communities. Additionally, the Tribal participants have shared their experience and CHA/P ideas with other Tribes during the TCHP advisory workgroup meetings. The Tribes that participated include, Shoshone-Bannock, Coeur d'Alene and Umatilla, the organization was Northwest Indian College. The program has visited with each pilot site multiple times over the last 2 years.
- 5) **TRIBAL PARTNERSHIPS:** The project has collaborated with Port Gamble S'klallam Tribe, Confederated Tribes of the Umatilla Indian Reservation, Coeur d'Alene Tribe



NPAC CHAP History

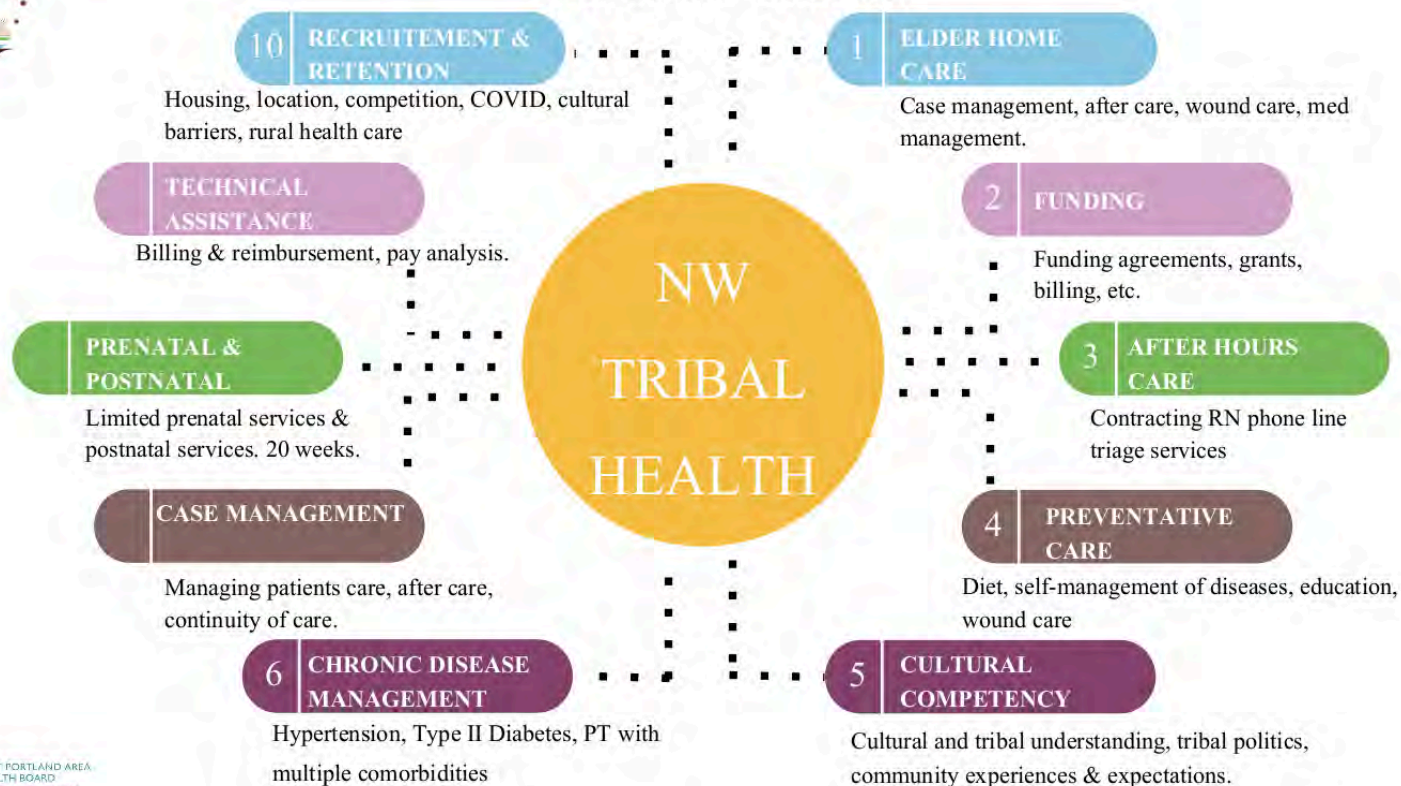
and Shoshone Bannock Tribe to implement a Tribal-based CHA/P training program to begin piloting in Q1 2025 with 2 students per Tribe. The TCHPP role in this collaboration has been to 1) Develop collaborative project plan and timeline, 2) Partner with CHA curriculum development experts to develop the NW specific CHA/P curriculum and eCHAMP 3) seek funding for on-the-ground development of clinical classroom sites and a CHA/P instructor plan, 4) initiate the participation and engagement of the TCHP advisory workgroup to aide in guiding this development, 5) operate the Portland Area CHAP Certification Board (PACCB), 6) provide all technical assistance around CHAP, PACCB and the CHA/P scope.

This pilot CHA/P training is currently certificate granting only. The project is simultaneously working with Northwest Indian College to create a future CHA/P degree pathway.



NORTHWEST TRIBAL HEALTH NEEDS

MARCH 2022 - CURRENT





NPAIHB CHAP Staff Bio's 2024



Carrie Sampson Samuels resides on her Tribal homelands in Cayuse, OR and is the mother of four daughters. She is a member of the Confederated Tribes of the Umatilla Indian Reservation and granddaughter of atwai Chief Peo Peo Mox Mox of the Walla Walla Tribe. She is the Community Health Aide Program (CHAP) Director at the Northwest Portland Area Indian Health Board.

Carrie has 20 years' experience working within healthcare and public health and has spent the last 15 years serving Tribal health organizations in the Pacific Northwest, Montana and Southern Alberta, Canada. Carrie spent her early career as a nurse in a variety of settings including long-term care, urgent care, internal medicine and ob/gyn. Carrie has worked in project management for Tribal health and research programs such as youth obesity prevention, sexual assault response and healing to wellness programming within the Tribal juvenile justice system. Carrie spent five years in a Director capacity at Yellowhawk Tribal Health Center serving much of that time as the Community Wellness Director. Carrie holds a nursing diploma, BS in Community Health Education and Health Studies from Portland State University and Graduate Certificate in Healthcare Management from Oregon Health & Sciences University.



Christina Friedt Peters is the Tribal Community Health Provider (TCHP) Program Director for the Northwest Portland Area Indian Health Board (NPAIHB). The TCHP Program oversees the development and integration of the Dental Health Aide, the Community Health Aide, and the Behavioral Health Aide Programs. As the project director, she and her team work with tribes in Oregon, Washington, and Idaho as they explore opportunities to improve the system of health care through the implementation of the Community Health Aide Program. She was previously the DHA Program Director and worked in that capacity to improve oral health access and outcomes in their tribal communities with the expansion of the oral health team to include DHA/T's.

Christina is responsible for providing leadership, strategic direction and overall project direction for 5 projects connected to expansion of Tribal Community Health Providers in the Community Health Aide Program (CHAP) in Washington, Oregon, and Idaho. She and her team collaborate with tribal leaders, tribal health programs, tribal colleges, tribal communities, and local community colleges in Washington, Oregon, and Idaho to develop educational programs and regulatory infrastructure for new provider types. She and her team strive to ensure sustainability and program integrity through identifying priority areas of investment and growth, strategic partnerships, diverse funding strategy, and evaluation. She and her team lead Federal, State, and Tribal policy analysis and development including but not limited to writing and supporting new legislation (tribal, federal, and state) through legislative process or amending existing legislation, providing support and expertise through rule making processes, working closely with state and federal agency staff, and



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participating in federal, state, and tribal advisory committees and technical advisory groups to ensure best outcomes for tribes. Christina and her team provide technical assistance nationally to the IHS CHAP Tribal Advisory Group and tribes and tribal organizations interested in replicating their work implementing CHAP.

Prior to joining NPAIHB, Christina was the Health Policy Director at the Children's Alliance. In that role, she was actively engaged in promoting health equity, preservation and improvement of Medicaid and CHIP programs, and advocacy. Christina currently serves as a Technical Advisory for the Indian Health Service Community Health Aide Program Tribal Advisory Group. She previously served on the Northwest Health Law Advocates Board, the WA Health Benefits Exchange Equity Technical Advisory Committee and Healthy Washington Coalition Steering Committee. She is passionate about undoing institutional and structural racism and increasing access to quality, culturally competent care. Christina lives in Seattle with her partner and holds a B.A in Economics from the University of Washington and a Master of Jurisprudence from the University of Washington School of Law.



Jim Ferguson: PA-C, DFAAPA, MPH is a physician associate with over 32 years of experience in family and emergency medicine and public health. PA Ferguson graduated from Bowman Gray School of Medicine PA Program in August of 1990 and after 3 years of working in family medicine and general surgery, he and his family ventured north to Nome Alaska where he spent the better part of the next 30 years working as a Community Health Aide Practitioner (CHAP) Trainer for Norton Sound Health Corporation (NSHC). PA Ferguson worked as a CHAP trainer for NSHC during the following periods: 1993-96, Locum Tenens visits in 1997, 1998, 1999, 2000, 2002-2005, 2006-20010, and 2015-2016. During his employment with NSHC as a CHAP trainer from 1993-2015, his responsibilities included Lesson plan development, participating in weekly CHAP instructor meetings, curriculum review meetings, and meetings between Health Aide Training (HAT) and NSHC admin and Village Health Services, acting as a CHAP student advisor and preparing the curriculum/lesson plans for ARC reviews.

Teaching all aspects of CHAP curriculum including:

- Didactic and Skills teaching including developing lesson plans.
- Mentoring/precepting CHAPs in the clinic and hospital
- Teaching EMT sessions to CHAPs.

Field training including:

- Post-session learning needs training in the village.
- Preceptorships.

Continuing Medical Education (CME) and Re-Entry Training:

- Designing and teaching one-on-one re-entry courses for returning CHAPs.
- Designing and teaching CHAP CME courses.

Community Health Aide Manual (CHAM) Content Author and Editor:

- Served as a content author and editor of the 2006 "Green CHAM". He was the primary author of the urinary and male genital and reproductive chapters.

Additional CHAP-related chapters/articles authored or co-authored by PA Ferguson:



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- Pearson, Alan P, Ferguson, J. "Integrative Training of Professionals and Transdisciplinary Public Knowledge." Whole Person Healthcare. Praeger Publishing. P. 201-32.
- Tarlecki, C. Promoting Health, Preventing Injury in Bush Alaska. News-Line for Physician Assistants. P. 4-7. In this article interviewing PA Ferguson
- Kaniqsiq News May 1995:. In this short article, PA Ferguson compares/contrasts the programs

Grant Writing:

- Wrote alongside Dr. Karen O'Neill wrote the grant for the IHS CHAP funds (\$250,000) in 2002.

Other Contributions:

- Conceived the idea of the Medical Standing Orders (MSO) Exam and designed the first MSO exam for the NSHC CHAP program in 1995. The MSO exam was subsequently adopted by other training centers in Alaska and has now become a part of CHAP training.
- Participated in CHAP forums and convocations.
- Represented NSHC and the CHAP program in the 1-year Epidemiology Fellowship sponsored by IHS. He used his newly acquired knowledge to improve the injury prevention training of CHAPs.
- Developed a Tobacco Prevention program to train CHAPs and to educate school children.



Kathy Pickering, PA-C is a Physician Associate with more than 30 years experience in Rural Health, primarily working in Family Medicine and Urgent Care.

Ms. Pickering graduated from the Stanford University Primary Care Associate Program in 1991. After gaining eight years of experience in outpatient clinics in California, in 1999 she and her husband moved to Kotzebue, Alaska to take positions with the local Native Health Association.

Ms. Pickering spent the next seven years as a Community Health Aide/Practitioner Coordinator/Instructor with the Maniilaq Association Community Health Aide Program.

Her duties with the CHA/P Program included:

- Daily liaison between Community Health Aides/Practitioners and the Maniilaq Medical Staff
- Be available to emotionally support the more than forty Community Health Aides in the region
- Supervision and quality improvement of CHA/P daily practice
- Regular visits to 11 bush clinics for clinical oversight and skills follow-up
- Creating and teaching Continuing Medical Education classes for Health Aides
- CHA/P Certification Precepting and administration of CHA/P Certification Exams

Ms. Pickering had the distinct privilege to have been an Author/Editor of the 2006 "Green CHAM", the Health Aide Practice Manual and Reference Texts used statewide by Alaska Health Aides and Practitioners. Recently retired, Ms. Pickering currently resides in Oregon, in a small community along the Columbia River where she can be found gardening, hiking, cross-country skiing, and making dates with her sisters, nieces, nephews, grand-nieces and grand-nephews.



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Linda Curda, CNM, MPH. Associate Professor, Community Health Department, University of Alaska Fairbanks, retired December, 2021. Education: Bachelor of Science Degree, Nursing (BSN)

University of Maryland, 1971; Masters of Public Health and Certified Nurse Midwifery degree from Johns Hopkins University in 1977. Taught Nurse Midwifery at Johns Hopkins from '77-1980 and at the University of Alaska with the Community Health Aide/Practitioner Program since 1980.

Director and Instructor, C Training Program, Bethel, Alaska. Housed at the Kuskokwim campus of the University of Alaska, 1980 – 1992. Coordinated and taught basic and advanced education for CHAs/CHPs

- Including curriculum revisions and developed Session specific Student Learning Notebooks.
- Created the Patient Encounter Form (PEF) for CHAs/CHPs (1982).
- Developed the capstone course Clinical Preceptorship for CHP certification.
- Created Pre-session course and wrote the Pre-Session I Handbook for CHA/P's 1985-1999
- Developed and taught advanced Women's Health Care course for CHPs: included complete pelvic exam, GC testing, and wet mounts with microscope reading.
- Director, UAF Kuskokwim Campus, Bethel, Alaska 2018-2021.
- NPAIHB CHAP: Curriculum and eCHAMP committee member, August 2022 to present

Academic Review Committee (ARC) for the Community Health Aide Training Programs of Alaska, 1981-2020. Chairperson (1986 – 1990; 2008-2010) Vice Chair (1984 - 1986)

- Published CHA Basic Training Curriculum (UAF course series CHP 131-135) 1984;
- Major revision of CHAM 1993, minor revision 1996; 1997; 2010; updates 2015; 2017; 2018.
- Contributing Editor and member of the Editorial Committee for Community Health Aide/Practitioner Manual, 1987.
- Review and Approval Committee (RAC) of Training Centers – original member that established standards and guidelines for the evaluation of CHAP Training Centers, 1989.
- Established the first CHAP faculty Forum in 1984, organizer, moderator and presenter. Coordinated the statewide CHAP faculty Convocation from 1985-2010.
- Academic Liaison for the Community Health Aide/Practitioner (CHA/P) Program, University of Alaska Fairbanks. Provided the interface for the UAF Certificate in Community Health and advised individuals completing their Associate of Applied Science degree 1993-2020.

Editing and Writing 1997-2006:

- Village Drug Reference 1988 and Village Medicine Reference for CHA/PS, 1997
- Steering Committee member for the (CHAM), 1998.
- Project Leader and Managing Editor - CHAM 4 volume set, with CD-ROM, 2006.:
- CHAP in Crisis, 1988. Descriptive position paper used to inform U.S. Congress which successfully increased federal funding for the Community Health Aide Program throughout



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Alaska.

- Editor and subcommittee member Community Health Aide Program Update 2001 Alaska's Rural Health Care at Risk, May 2001. Presented to Alaska Native Health Board and Association of Tribal Health Directors for congressional (federal) funding increase for CHAP.
- Created Emergency Field Handbook – pocket size, new component of CHAM plus the Patient Care Visit; Medicine Handbook; Reference and Procedures books and a CD-ROM.
- Authored Illustrated Human Anatomy, Function and Medical Language: Text – Workbook, 3rd edition, 2003. Used in allied health, LPN and advanced CHP courses with University of Alaska. Will be used for the NPAIHB CHAP Anatomy, Physiology and Medical Language Foundation course.

Grant Writing and Management 1994-2015:

- C.A.L.L. Project Director, "Computer Assisted Learning Lessons for CHA/PS- The Body Systems and Patient Care". 3-year Robert Wood Johnson Foundation grant to create interactive self-paced units for each body system Grant writer and manager 1994-1998.
- Telemedicine Project Trainer (ear) with clinic staff in Savoonga, Alaska 1999.
- University of Alaska CHAP Denali Grant, Manager 2011-2015.



Rebecca Pazdernik, PA-C, MHS, BS became a physician associate in 2007. She attended California Polytechnic State University San Luis Obispo for her B.S. in Anthropology and Geography and received her Masters in Health Science from Lock Haven University of Pennsylvania in 2007. She specializes in rural family medicine and emergency medicine. Immediately following PA school she practiced emergency medicine in California, before relocating to Seward, Alaska in 2008. She worked for Chugachmiut from 2008-2013 both in Seward and their remote village clinics which included CHAP oversight as a Field instructor and Referral Provider. She also practiced across the state of Alaska in emergency rooms and clinics in Seward, Kenai, Glenallen and Unalaska. She acted as

the clinical lead for the eCHAM Development project at ANTHC before taking a position as Assistant Director of CHAP Statewide Services where some of her duties included representing CHAP at statewide meetings, overseeing the annual CHAP Forum Conference, final development, statewide implementation and long term revision/upkeep of the Alaska eCHAM and educating end users on eCHAM function and updates, as well as liaising with, coordinating and managing content revision expert contributions for eCHAM. In 2021, Rebecca joined the NPAIHB CHAP Team in the development of the eCHAMP, Curriculum and CHAP Education Center. She leads the Curriculum and eCHAMP Development team, oversees the Photo and Video Project for NPAIHB CHAP and teaches CHR's and CHA/P's, CHAP Professional Experience:



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- Chugachmiut Referral Provider and Clinical Field Instructor 2008-2013.
- Responsibilities included:
 - Daily Radio Medical Traffic and Reporting with 13 Health Aides across four remote site clinics.
 - Pre-Session for New CHA's.
 - Field component of Post-Session Learning Needs for CHAP's in training.
 - Preceptorships for new and recertifying CHP's.
 - Quarterly Chart Reviews for CHAP's.
 - Continuing Education Conference calls with CHAP's.
 - Teaching courses annually at CHAP Forum particularly in Emergency Skills.
 - Administering field exams including MSO's and post-preceptorship certification exams.
- Field ARC member 2008-2010.
- Field RAC member 2008-2010.
- ANTHC eCHAM Development Project Clinical Leader 2012-2013
- ANTHC Assistant Director of CHAP Statewide Services 2013-2018
 - eCHAM Project Director 2013-2018
 - eCHAM End User Orientation and Training Development
 - eCHAM Committee Chair 2013-2018
 - eCHAM Content Revision Lead 2015-2018
 - eCHAM Content Expert Liaison 2015-2018
 - eCHAM/DLN Liaison 2013-2018
 - CHAP Forum Chief Event Officer 2014-2017
 - CHAP Director's Statewide Services Rep 2013-2018
 - ARC Statewide Services Rep 2013-2018
- ANTHC eCHAM Content Revision 2018-2019
- NPAIHB CHAP Curriculum and eCHAMP Team Leader 2021-Present
 - eCHAMP Technology Development Lead
 - Curriculum Development Lead
 - CHAP Photo/Video Project lead
 - S&P's development
 - Education Center development
 - CHR Didactic Instructor
 - CHA 101-202 Didactic/Skills Instructor



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Stephannie Christian, PA-C, TCHPP Education Director

is a certified physician associate with 19 years of experience in Obstetrics/Gynecology and Family Medicine, with 16 of those years working specifically in the Community Health Aide Program. Stephannie graduated from Stanford University School of Medicine in Physician Assistant Studies. She worked for 3 years in the private sector at a busy hospital in California before moving to Alaska in 2009. She then began her work with the Community Health Aide Program in Fairbanks, AK at Tanana Chiefs Conference. Then in 2023 she began working with the Northwest Portland Area Indian Health Board. She started working for the board as a consultant for the Community Health Aide Program and was then hired on full time as the TCHPP Education Director.

Stephannie served the Community Health Aide Program in multiple roles as listed below from 2008-Current:

- Field Instructor from 2009-2012, then again from 2020-2023. This position included overseeing skills verification and training. Performing monthly quality control with review of the CHA/P's documentation. Overseeing multiple tribal health clinics, including staffing, maintenance, supply stocking, and AAAHC compliance.
- Regional CHAP Instructor for TCC from 2012-2023. Regional Instructor duties included running the field education. Instructing Pre-Session Courses including editing state-wide curriculum. Performing initial credentialing and recredentialing preceptorships, organizing, writing, and instructing the continuing education courses for the region. Organizing, writing, and instructing the EMS courses including BLS and ETT classes for the Health Aides. Running the tracking database for CHA/P's certificates, credentialing, and certification.
- Academic Review Committee (ARC) as a member from 2010-2019, within those years serving as Secretary and Vice President of ARC.
 - While serving in ARC she created the specific exam check off lists for chronic care, return prenatal, and recheck visits.
 - She also worked alongside Tori Heart and Linda Curda to revise and edit the Pre-Session handbook in 2016.
- Review and Approval Committee from 2010 to 2014 as the Vice President.
- Worked with NPAIHB to write S&P's, eCHAMP chapters, curriculum, Syllabi, creating the LMS learning platform.

Other Duties:

- Worked as a Physician Associate from 2011-2019 as a supervising medical practitioner at the Detox and Recovery Center in Fairbanks, AK. This role included physical examinations for entry into the facility, individualized medication plans, screening, brief interventions, referral, and treatment care. Discharge planning and referral for clients.
- Worked as a Covid Patient Monitor from 2020-2023. This position included daily monitoring of high risk Covid positive patients.
- In collaboration with Idaho State University and NPAIHB staff, created the NPAIHB Community Health Representative Core and Advanced Courses. Courses were approved by the PACCB as an alternative Pre-Session for the Northwest Portland Area.



NPAIHB CHAP Staff Bio's 2024



Sasha Jones, BSW, MPH Sasha is a member of the Newe/Numu People (Western Shoshone/Northern Paiute) people. She is a mother to three children, and recently one foster child. She and her spouse of 20 years live on the Duck Valley Indian Reservation in Southern Idaho, on the border of Idaho and Nevada. Sasha serves as the Community Health Aide Provider (CHAP) Project Manager with the Northwest Portland Area Indian Health Board (NPAIHB).

Sasha's education consists of a Bachelors of science in Social Work, from the University of Nevada Reno and a Master's degree in Public Health, from the University of Nevada Reno.

She has over 10 years of experience working in rural tribal health care systems. Sasha has worked with the medical staff, clinical director, health director, and Governing Body revising bylaws, privileged documents for providers working at hospitals, process and policies, standards and procedures, and Memorandums of agreements. Along with managing meeting schedules for the various necessities of the CHAP program.

She also has experience with provider enrollment within state private insurances, Medicaid programs and CMS. Sasha has previously worked as a CNA and a CHW serving tribal communities. She has successfully managed and acquired SDPI grants for the Shoshone-Paiute Tribes. Lastly Sasha has served as a Paraprofessional level I and level II within the Diabetes Program as a Diabetes Self-Management Education and Lifestyle Coach. Sasha also served as a lifestyle coach and worked to adapt the curriculum to fit the Shoshone-Paiute culture.



Tanya Firemoon began her Community Health Aide Program (CHAP) journey with the Tribal Community Health Provider Program (TCHPP) in 2016 and transitioned to an independent contractor in 2022. She managed the CHAP learning collaborative as well as the Elder Mentor Extensive for Community Health Outcomes (ECHO), an interactive online learning platform that provides educational support. Supported community outreach activities through various advisory workgroups and site visits, assisted students with their training requirements, and launched the NW Elders, Knowledge Holders, and Culture Keepers virtual gatherings.

She is currently working on delivering an operation manual for the Portland Area CHAP Certification Board (PACCB) with the guidance and assistance of subject matter experts, program staff, Board members, Academic Review Committees (ARCs), and partners. She supports the alignment of the ARCs, manages Board functions, and provides technical assistance to advisory workgroups. Her role in this program is to bring traditional values guided by indigenous ways to our tribal communities and to assist our tribal communities in receiving culturally appropriate and high-quality health care by creating a space for conversation in bringing tribal leadership, service providers, advocates, allies, and our warriors to the table to discuss how we can build a wraparound system.



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Torie Heart, MSN, BSN Forty years of experience as a public health professional and registered nurse in Oregon and Alaska. Over 30 years of experience with tribal and federal organizations. Proven experience in Community Health Aide Program including training, distance education, federal law and certification, administration, budget, development of Dental and Behavioral Health certification, and website development. Consulted on programs within the US at all levels. Additional experience with MCH and CHR Programs.

- 3/1996-1/2018 Director, Community Health Aide Program/Rural Health, ANTHC
- 2/1992-2/1996 Maternal and Child Health Program Manager Alaska Area Native Health Service
- 6/1988-1/1992 Nurse Manager Obstetrics, ANMC
- 10/1987-5/1988 Staff Nurse, Labor and Delivery Providence Hospital, Anchorage, Alaska
- 2/1987-9/1987 Health Director Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- 8/1986-7/1987 Community Health Nurse Coos County Health Department
- 10/1985-6/1986 Staff Nurse Mother Baby Unit and Graduate Teaching Assistant OHSU
- 6/1985-9/1985 Staff Nurse/Charge Nurse Obstetrics St. Elizabeth Community Hospital
- 6/1982-8/1984 Staff Nurse: Medical, Surgical, Obstetrics Grand Ronde Hospital

FIELD PLACEMENTS

- 1982 Maniilaq Association Kotzebue, Alaska and 1984-1986 Warm Springs Indian Reservation

EDUCATION

- 1987 Masters in Community Health Care Systems, School of Nursing at OHSU
- 1982 Bachelor of Science (honors) Community Health Care Systems Department, OHSU

PUBLICATION

- Murphy, N.J.; Butler, S.W.; Peterson, K.M.; Heart, V.; Murphy, C.M., Tobacco Erases 30 Years of Progress: Preliminary analysis of the effect of tobacco smoking on Alaska Native birth weight.
- Alaska Medicine, Volume 38, Number 1, P. 31-33 (1996).

RESEARCH

- 1995 "Preliminary Analysis of the Effect of Tobacco Smoking on Alaska Native Birth Weight"
- 1987 "A Comparison of Selected Mortality Statistics and Life Expectancy Between the Warm Springs Indians, United States Indians, and the Nation"-Master's Thesis.
- 1987 "Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians 1987 Survey"
- 1985 "Warm Springs Community Health Representative Needs Assessment"

HONORS

- 2007 Team of the Year, ANTHC (DENTEX Training Center)
- 2005 Indian Health Service Director's Award (Alaska Community Health Aide/Practitioner Manual Revision)



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- 2003 Employee of the Year, ANTHC
- 1996 & 1991 US Public Health Service Unit Commendation
- 1990 Outstanding Performance Award, ANMC
- 1987 Dean's Award, OHSU School of Nursing
- 1982 Transcultural Nursing Award, OHSU School of Nursing



Yakaiyastai Gorman Northwest Indian College Alumni, Yakaiyastai Nanabah Gorman-Etl is originally from Steamboat, Arizona of the Navajo and Cheyenne Tribes. The first daughter of eight children to Beverly and Emerson Gorman. Yakaiyastai is a young indigenous scholar, mother and wife who strives to learn more about how to preserve inherent rights for future generations through higher education. Along with learning her foundational traditional knowledge of Navajo teachings, she is self taught in traditional herbal medicine, holistic healing and food sovereignty. She grew up with a father who was known as a traditional medicine man and a mother who worked for Johns Hopkins Center for American Indian Health Center as a researcher. Raised in a traditional hogan without running water or electricity, she Navajo spoke as their first language and raised with Navajo structural influence. She learned the importance of traditional values and knowledge as it connects to a sense of place as well as the person she would become to help her surrounding communities. Having learned the importance of healing and medicine from both spectrums of traditional and western medicine, she has worked in different capacities such as a Family Health Liaison for Johns Hopkins Center for Indian Health, Wellness Coordinator and is a Native Environmental Science Instructor as well as a Behavioral Health Program Coordinator and Interim Community Health Aide Coordinator. Her work brings diversity of cultural competency and cultural safety to curriculum development for future health professionals.



Mission Statement

Northwest Portland Area Indian Health Board

Community Health Aide Practitioner Education Center

Mission

We empower individuals with the knowledge, skills, and compassion necessary to serve and improve the health of our communities.

Vision

We provide exceptional educational opportunities to foster excellence in medical practice, promote lifelong learning, and inspire a dedication to compassionate care.

We Strive To

- **Educate:** Comprehensive, competency based and innovative medical education which prepares our students to meet the evolving healthcare needs of our communities within a positive culture of support.
- **Excellence:** Cultivate a culture of excellence in clinical practice, research, and service through rigorous academic standards and cutting-edge training techniques.
- **Compassion:** Instill a deep sense of empathy and compassion in our students, teaching them to provide patient-centered care, respect the dignity and diversity of all individuals and recognize the unique needs of our beneficiaries and stakeholders.
- **Lifelong Learning:** Encourage the adult learner in their pursuit of ongoing professional development and lifelong learning, ensuring our graduates remain at the forefront of medical advancement and best practices.
- **Partnership:** Nurture strong partnerships between students and communities and foster collaborative learning experiences which allows for the application of their medical knowledge and skills within the communities they serve.
- **Honor Tribal Traditions:** Respect and integrate the rich tribal traditions and cultural heritage of our communities, ensuring our educational center is inclusive and culturally aware.
- **Community Engagement:** Remain actively engaged with our local communities to stay in touch with their unique healthcare demands and ensure our educational offerings reflect our communities changing needs over time.

Through our dedication to these principles, NPAIHB's CHAP Education Center aims to facilitate healthier people and improve health outcomes for our communities, one healthcare professional at a time.



NPAIHB CHAP

Concepts & Collaborations

A Program for the Nation

Listed below are details pertinent to the philosophical approach regarding the development of the NPAIHB CHAP Program including:

- Concepts around the structuring of the curriculum and program documents.
- Creation of career advancement opportunities for community members.
- Collaboration with:
 - Other divisions in TCHPP (DHA, BHA).
 - Institutions of higher learning.
- Potential for nationwide rollout in a cohesive and succinct fashion while allowing for the unique needs of each tribal area (perhaps the most important topic).
- Utilizing the most advanced technological options available at the time of program inception.

Please Note: Portland Area is in reference to the 43 Tribal Entities served by NPAIHB in the Oregon, Washington and Idaho region.

Education of the CHAP Utilizing a Hybrid Approach (Virtual/In Person)

Pursuing virtual didactics and onsite skills and clinicals allows the students to maintain a typical homelife, remain in their communities and work on at least a part time basis while continuing to pursue educational advancements.

- Time Commitments:
 - 19 months to completion of CHP Certified.
 - 20 hours per week:
 - Foundation Courses x 10 weeks
 - CHA 101, 102, CHP 201, 202 x 12 weeks
 - 40 hours per week:
 - CHA Internship x 5 weeks after CHA 102
 - CHP Internship x 5 weeks after CHP 202
 - CHP Preceptorship x 2 weeks after CHP Internship
- Hybrid Approach Breakdown:
 - Virtual Education Component includes:



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- Didactics
- Skills
 - Taught by Education Center Instructors
 - Skills and Didactics are both taught in a combination of synchronous and asynchronous educational sessions, utilizing Zoom Live Sessions, Pre-Recorded Content and Moodle Learning Management System platform.
- In Person :
 - Skills Labs:
 - Mobile Sim Lab
 - Currently writing grant proposal for the pursuit of funding for a mobile sim lab to host students for collaborative in-person skills labs in a mobile fashion to accommodate rotating amongst various clinical sites each quarter while also providing lodging for education center instructors traveling for on-site education.
 - Taught by Education Center Instructors or Onsite Clinical Staff.
 - Bring students to a skills site once per quarter for week-long skills educational session.
 - Clinicals:
 - Required throughout CHA 101, 102, CHP 201, 202 as well as two clinical internships (one after CHA, one after CHP) and lastly a final two week preceptorship at the conclusion of their training.
 - Precepted by onsite clinical staff, while supported by Education Center Instructors and Advisors.
 - Why institute hybrid educational structure:
 - Diminishes risk of student burn out by allowing them to remain in their home/community for most of the duration of their education.
 - Quarterly group skills labs will increase camaraderie amongst students and give clinical sites the opportunity to host and share their communities and cultures with each other.
 - Implementing a system of onsite clinicals and skills coupled with virtual didactics allows:



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- The education center to:
 - Accommodate as many CHAP students as demand requires so long as the THO identifies a precepting advanced practice provider to oversee clinical requirements.
 - Limit bottlenecks by limitations of education center
 - Improve time to completion of program outcomes.
- One education center to provide didactics for an entire nation, while working in collaboration with CHAP clinical sites to meet clinical and skills educational requirements.
- Tremendous financial savings for travel to long term on-site education centers when students complete nearly all educational requirements while remaining at home.
- Evenly distributed clinical demands for the CHAP students amongst many healthcare facilities, allowing ease of access to patient type/varieties required during educational program.

Restructuring Curriculum & eCHAMP for L48 Needs

While the eCHAMP and CHAP Curriculum have been held to an equivocal standard and in some cases exceed Alaska minimum requirements, it was necessary to make changes to the order, delivery mechanisms and topics covered in the Portland Area (please refer to NPAIHB Curriculum Overview to note that topics covered meet/exceed minimum requirements put forth by the Alaska CHAP Standards and Procedures, as well as the number of total hours of education provided by the Alaska CHAP Curriculum). However, the eCHAMP and CHAP Curriculum required a significant restructuring from the original Alaska program and content due to two major factors:

1. Different Regional/Area Needs Across the US:
 - The vast differences in regional/area needs across the United States must be considered when expanding the CHAP program to the Lower 48. This issue was addressed for the Portland Area. by performing a healthcare needs assessment in conjunction with the 43 tribes we serve in Oregon, Washington and Idaho. While maintaining the number of hours of education, the standards established



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by the Alaska program and an appropriate standard of care/skill required of all healthcare providers, the Portland Area curriculum and eCHAMP content directly reflects the specific needs identified. For example, the chronic care portions of curriculum and eCHAMP were expanded due to the need to address chronic disease in the Portland Area patient population.

2. Different Healthcare Infrastructure Compared to Alaska:

- The second major change needed involves the difference in healthcare infrastructure between Alaska and the rest of the United States. Most healthcare facilities in the Portland Area are within 30 minutes of an emergency room and tertiary level of care. For the Portland Area CHAP needs, the emergency content during CHA/CHP training was restricted to skills including identifying emergencies and initiating care while awaiting transport (typically no more than one hour for EMS to arrive), instead of preparing the CHAP to hold patients in their facility for up to 24 hours as they may need to do in Alaska. This restructure also addresses the fact that most CHAPs in the Lower 48, will function in a clinic with a multitude of advanced practice providers who will be present and available during emergencies as compared the Alaska CHAP who functions as a sole provider in their remote clinics. Thus while we did not remove emergency content from the curriculum and eCHAMP, the delivery and timeline of content was rearranged and we will offer a Sole Provider Course upon the completion of CHA or CHP for those Lower 48 CHAPs who expect to practice in sole provider/remote clinics or wish to be eligible to practice in Alaska.

Use of Modern Technology to Facilitate CHAP

The NPAIHB CHAP Program has prioritized utilizing the latest technological innovations in the delivery of CHAP education and facilitation in the Portland Area.

- The program offers virtual didactic learning modalities which will allow for deployment across multiple regions and areas when the need and desire arises. In conjunction with the NPAIHB DHA program, the NPAIHB Online Learning Management System and Elsalviar is utilized to facilitate delivery of course content, knowledge evaluation of students and more.



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- The latest technology available was utilized to build our electronic Community Health Aide Manual for Practice to eliminate the risk of downtime of the system, provide online and offline versions to meet the ever changing needs of end users during training and practice, ensure continuous backup of content and revisions and most importantly to ensure ease of use by end users as well as content contributors. Amazon Web Services, Oxygen XML Editor, Google Docs and iOS Apps are a few of the systems utilized to accomplish the aforementioned capabilities.
- Finally the eCHAMP and Curriculum benefit from an extensive video and photo library embedded throughout the eCHAMP in pop ups and are at the disposal of students, instructors and CHAPs alike throughout their education and practice. Videos and photos provide stand alone instructional content on procedures, skills, exams and more. These photos and videos were developed in collaboration with our CHAP pilot sites in the Portland Area and utilize indigenous models in an effort to reflect to the CHAP the patients they can expect to see in practice.

Nationwide Application of eCHAMP and Curriculum

- NPAIHB eCHAMP was built to easily allow for nationwide deployment and to accommodate the regional updates required by such a rollout. The eCHAMP allows for regional notes, as well as being able to hold and push chapters assigned to specific end users based on the organization and/or region they are assigned to, so a southerly area may see chapters about snake and spider bites while a northerly region will see chapters on snowmobile injuries and hypothermia. This capability also extends to the role assigned to the end user, so instructors may see instructional content while CHAP's will see educational and practice content.
- NPAIHB Curriculum allows for virtual delivery of didactic content and thus essentially has no limitations to the number or geography of the students, making the system scalable to power the entire nation in deploying the CHAP Program. Therefore, so long as participating THO's are able to provide clinical instructors to attend CHAP Preceptor Orientation and then accommodate the skills/clinical needs and oversight of CHAPs during their education, students may participate from anywhere in the country and THO's may enroll as many students as they can clinically accommodate in terms of preceptors, classroom/exam room space and patient numbers. This eliminates the



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challenges previously experienced with CHAP instructor to student ratios and bottlenecks as students attempted to complete their CHAP education. A standardized CHAP Preceptor Orientation, regular clinical site reviews by the Academic Review Committees and oversight of students meeting clinical standards by education center facilities ensures the standard of excellence in CHAP education is maintained.

Collaboration amongst TCHPP Divisions

Collaboration amongst the three divisions of TCHPP, BHA, DHA, and CHA remains a high priority at NPAIHB. Leaders in each division meet on a weekly basis, instructors collaborate in a variety of ways including the use of the NPAIHB Online Learning Management System, Elsalviar Student/Instructor Resources and by standardizing documents for ease of presenting curriculum content with the PACCB.

In 2024, the DHA and CHA divisions have scheduled a Strategic Planning Retreat for September 4 in Pendleton, OR to further facilitate collaboration and make plans for advancing the TCHPP as a whole in FY2025.

CHR to TCHPP Bridge

In 2023, NPAIHB implemented a new CHR educational program. The program consists of a Core and Advanced Course, offering career advancement even for existing CHR's/CHW's. We have worked in collaboration with Idaho State University in offering this coursework and have developed a program particularly geared towards the cultural and community needs of tribal communities.

As the DHA, BHA and CHA programs at NPAIHB have continued to evolve, leaders took note of the opportunity to collaborate with our CHR program via the TCHPP Bridge Program established in 2023.

This offers multi-factorial benefits to our student base:

1. This bridge requires all CHA/BHA/DHA candidates to attend the NPAIHB CHR training as an equivalent to Alaska's Pre-Session and has been approved as such by our certification board.



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2. All CHR's who attend this program, may also take advantage of this bridge as a pathway towards career advancement by enrolling in one of our TCHPP Health Aide Programs.
 - a. As of Summer 2024:
 - i. Three NPAIHB CHR students have gone on to the BHA program
 - ii. Four are slated to start DHA in Fall 2024
 - iii. Eight are slated to start CHA in January 2025.
3. Our CHR program has expanded rapidly to include students from a multitude of states and tribes offering career opportunities across the nation and has also increased awareness and interest in participating in NPAIHB TCHPP program. We have many requests from students at national level to be given the opportunity to enroll in our CHA, BHA, or DHA programs and active negotiations are underway to pilot opening the enrollment to national students

The national success of our CHR lends itself as a wonderful example of how our TCHPP programs can be applied to a national rollout as well.

Higher Education Collaboration/Partnership

NPAIHB has prioritized meeting the needs of our tribal members by offering the option to either obtain a certificate at the conclusion of their basic CHAP education or whether they wish to pursue a degree. To that end, we continue to work diligently to collaborate with institutions of higher learning to facilitate associate degrees in Community Health Aide Studies.

Relationships have been established and planning has commenced with the following potential partners:

- CHAP:
 - Northwest Indian College-Bellingham
 - Washington State University-Spokane
- CHR:
 - Idaho State University-Boise

**Portland Area CHAP
Standards and Procedures
Community Health Aide/Practitioner Modifications
July 2024**

**Chapter 1
General Provisions**

Article 10. Authority and Scope

History: June 18, 2008, the Title of Article 10 Chapter 1 was amended.

Sec. 1.10.010. Authority. The Community Health Aide Program Certification Board is established under the authority of the Act of November 2, 1921 (25 U.S.C. § 13, popularly known as the Snyder Act) pursuant to 25 U.S.C. § 1616l (Section 119 of Pub. L. 94-437), the Indian Health Care Improvement Act, as amended, including the permanent reauthorization and amendments in Section 10221 of the Patient Protection and Affordable Care Act, Pub. L. 111-148, which incorporated by reference, as amended by Section 10221, S. 1790 as reported by the Senate Committee on Indian Affairs in December 2009 and directives and circulars of the United States Department of Health and Human Services, Public Health Service, Indian Health Service, and Alaska Area Native Health Service.

History: January 13, 2011, Section 1.10.010 was amended. November 26, 2002, Section 1.10.010 was amended.

Sec. 1.10.020. Scope. The Community Health Aide Program Certification Board sets standards for the community health aide program and certifies individuals as community health aides and practitioners, dental health aides (including primary dental health aides, dental health aide hygienists, expanded function dental health aides, and dental health aide therapists), and behavioral health aides and practitioners. Each of these individuals is subject to specific requirements and engages in a specific scope of practice set forth in these Standards. For historical reasons, these various health aides are often referred to generically as “community health aides.” History: June 18, 2008, Section 1.10.020 was added.

Article 20. Definitions

Sec. 1.20.010. Definitions. In these Standards and Procedures

1. “ART” means atraumatic restorative treatment;
2. “A traumatic restorative treatment” means a maximally preventive and minimally invasive approach to stop further progression of dental caries. It involves the removal of soft, completely demineralized carious tooth tissues with hand instruments, and is followed by restoration of the cavity with an adhesive dental material that simultaneously seals the remaining tooth structure that remains at risk;
3. “Behavioral health aide” means a behavioral health aide I, II, and III, except when the level is specified;
4. “Behavioral health professional” means a person who has at least a master’s degree in psychology, social work, counseling, marriage and family therapy, substance abuse or addiction, nursing with a psychiatric mental health specialty, or a related field; and satisfies the requirements of section 2.40.010(a)(2) [supervision of BHA/Ps; clinical oversight; qualifications];
5. “BHA” means behavioral health aide;

6. "BHAM" means the Behavioral Health Aide Manual, or its successor if approved by this Board;
7. "BHA/P" means behavioral health aide or behavioral health practitioner; "BHP" means behavioral health practitioner;
8. "BLS" means Basic Life Support certification, which must include certification in cardiopulmonary resuscitation ("CPR") techniques based upon training equivalent to that required for completion of a CPR course certified by the American Heart Association or American Red Cross;
9. "Board" means the Community Health Aide Program Certification Board;
10. "eCHAMP" means the electronic Community Health Aide/Practitioner Manual for Practice, 2024 Edition, as revised, or its successor if approved by this Board;
11. "CHA" means community health aide;
12. "CHA/P Curriculum" means the Community Health Aide Basic Training Curriculum, 1993, revised as of May, 1997, unless other revisions are adopted in which case "CHA/P Curriculum" will incorporate those revisions;
13. "CHP" means community health practitioner;
14. "Contact hour" means no less than 50 minutes of instructional or clinical time, provided:
 - a. a course, seminar, or workshop offered or approved by an organization from which educational or continuing education requirements may be obtained will be accepted for the number of continuing education credits designated by the organization offering it; and
 - I. academic credit will be converted to contact hours, as follows:
 1. one semester academic credit equals 15 contact hours;
 2. one quarter academic credit equals 10 contact hours;
15. "Dental health aide" means primary dental health aides I and II, dental health aide hygienists, expanded function dental health aides I and II, dental health aide therapists, and dental health aide therapist practitioner, except as used in Article 30 of Chapter 2 regarding requirements for special classes of dental health aides;
16. "Dental hygienist" means a person licensed as a dental hygienist in Alaska under AS 08.32.010 or a dental hygienist in the employ of the federal government in the discharge of official duties who is a dental hygienist licensed in one of the states or territories of the United States;
17. "Dentist" means a person licensed as a dentist in Alaska or a dentist in the employ of the federal government in the discharge of official duties who is licensed in one of the states or territories of the United States;
18. "DHA" means dental health aide;
19. "DHA Advanced Dental Procedures" means the curriculum set forth in section 7.20.040 [DHA advanced dental procedures];
20. "DHA Core Curriculum" means the curriculum set forth in section 7.20.010 [DHA core curriculum]; and
21. [Repealed October 3, 2006]
22. "DHA Curriculum" means a curriculum for training dental health aides approved by the Board pursuant to Article 20 [DHA curricula] of Chapter 7 [certification of DHA training and curriculum];
23. "DHAH" means dental health aide hygienist;
24. "DHAT" means dental health aide therapist;
25. "DHATP" means dental health aide therapist practitioner;
26. "EFDHA" means expanded function dental health aide;
27. "eLearning" means formal instruction where students and instructors are separated by geography, time or both for the majority of the instructional period;
28. "EMT" means Emergency Medical Technician;

29. "ETT" means Emergency Trauma Technician;
30. "ISDEAA" means the Indian Self-Determination and Education Assistance Act, Pub. 2 L. 93-638, as amended, 25 U.S.C. § 450 et seq.;
31. "Licensed behavioral health clinician" means a person who
 - a. is a medical doctor who has completed a postgraduate residency or is Board certified in psychiatry;
 - b. is a registered nurse who has completed a master's degree with a psychiatric mental health specialty; or
 - c. has completed either a doctorate or master's degree in psychology, social work, counseling, marriage and family therapy, substance abuse or addiction, or a related field;
 - d. under which the person is authorized to diagnose disorders contained within the Diagnostic and Statistical Manual of Mental Disorders; and
 - e. is fully or provisionally licensed in the State of Alaska or is in the employ of the federal government and is fully or provisionally licensed in one of the states or territories of the United States; and
 - f. satisfies the requirements of section 2.40.010(a)(2) [supervision of BHA/Ps; clinical oversight; qualifications];
32. "PDHA" means primary dental health aide;
33. "Satisfactory performance" means the community health aide, community health practitioner, or dental health aide, behavioral health aide, or behavioral health practitioner can do the skill using the CHAM or other materials for reference without other assistance. "Satisfactory performance" is measured by having the community health aide or practitioner, or dental health aide, or behavioral health aide or practitioner demonstrate the skill with sufficient expertise to meet the standard of care in a daily work situation; and
34. "Session" is the Alaska term used to define a course offered by a CHA/P Training Center providing a curriculum approved by the Board. 26

History: June 3, 2020, Section 1.20.010(16) and (26) were amended. January 17, 2014, Section 1.20.010(4)(A) and (6) were amended. October 29, 2013, Section 1.20.010 was amended by adding (27) June 18, 2008, Section 1.20.010 was amended by adding new subsections (3)-(6), (12)-(14), and (28), renumbering all others and amending renumbered subsections (1), (15), (16), (17), and (30). October 3, 2006, Section 1.20.010(5) was amended, (22) was repealed, and (23) was added. October 8, 2003, Section 1.20.010(10) was amended. November 26, 2002, Section 1.20.010 was amended by adding new subsections (1)-(3), (8)-(16) and 19; amending subsections (5), (7), (20) and (22); and renumbering all subsections.

Chapter 2

Certification of Community Health Aides

Community Health Practitioners, Dental Health Aides, Behavioral Health Aides and Behavioral Health Practitioners

History: June 18, 2008, the Title of Chapter 2 was amended. November 26, 2002, the Title of Chapter 2 was amended.

Article 10 Initial Qualifications

Sec. 2.10.010 Initial Qualifications.

The Board shall issue a community health aide, community health practitioner, dental health aide, behavioral health aide, or behavioral health practitioner certificate to a person who:

1. Applies on forms provided by the Board;
2. Furnishes evidence satisfactory to the Board that the person has not engaged in conduct that is a ground for imposing disciplinary sanctions under Chapter 4; and
3. [Repealed October 23, 1998]
4. Furnishes evidence satisfactory to the Board that the person has completed the training and education requirements for the highest level of certification being sought, as follows:
 - a. For a community health aide or practitioner the requirements are those under section 2.20.100 [CHA 101 and 102 training & education requirements], **2.20.200** [CHP 201 and 202 training & education requirements], including a CHA and CHP clinical internships and a CHP preceptorship to complete CHP education.
 - b. For a dental health aide the requirements are those under section 2.30.100 [PDHA I training & education requirements], 2.30.200 [PDHA II training & education requirements], 2.30.220(c) [training, education & preceptorship], 2.30.230(c) [dental prophylaxis requirements; training & education] and (d) [preceptorship], 2.30.240(c) [dental radiology requirements; training, education & preceptorship], 2.30.250(c) [dental assistant function requirements; training, education & preceptorship], 2.30.260(c) [ART requirements; training & education] and (d) [preceptorship], 2.30.300 [DHAH training & education requirements], 2.30.400 [EFDHA I supervision, training and education requirements], 2.30.500 [EFDHA II training & education requirements], 2.30.550(c) [stainless steel crown placement requirements; training & education] and (d) [preceptorship], 2.30.600 [DHAT training & education requirements], and 2.30.700 [DHATP training & education requirements];
 - c. For a behavioral health aide or practitioner the requirements are those under sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience requirements], 2.40.300 [BHA III training, practicum, and experience requirements] or 2.40.400 [BHP training, practicum, and experience requirements];
5. Furnishes evidence satisfactory to the Board that at the time of consideration of the application the person is employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in Oregon, Washington, and Idaho under the IHCA; furnishes evidence satisfactory to the Board that the person will practice as a community health aide, community health practitioner, dental health aide, or behavioral health aide, or behavioral health practitioner only when employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in Oregon, Washington, and Idaho under the IHCA.
6. Furnishes evidence satisfactory to the Board that the person will practice as a community health aide, community health practitioner, dental health aide, behavioral health aide, or behavioral health practitioner only within the scope of practice, certifications granted to the person as specified in subparagraphs (A), (B) and (C) of this paragraph, except as required to satisfy the conditions for achieving the next level of certification or when practice would be permitted under section 4.10.010(i)(2) [grounds for discipline; (unprofessional conduct; duties & responsibilities)];
 - a. For a community health aide or community health practitioner the scopes of practice are defined in sections 2.20.110 [CHA competencies], 2.20.210 [CHP competencies],
 - b. For a dental health aide the scopes of practice are defined in sections 2.30.110(b) [PDHA I competencies], 2.30.210(b) [PDHA II supervision & competencies; competencies], 2.30.220(d) [sealant requirements; competencies],

- 2.30.230(e) [dental prophylaxis requirements; competencies], 2.30.240(d) [dental radiology requirements; competencies], 2.30.250(d) [dental assistant function requirements; competencies], 2.30.260(e) [ART requirements; competencies], 2.30.310(b) [DHAH supervision & competencies; competencies], 2.30.410(b) [EFDHA I supervision & competencies; competencies], 2.30.510(b) [EFDHA II supervision & competencies; competencies], 2.30.550(e) [stainless steel crown placement requirements; competencies], 2.30.610(b) [DHAT supervision & competencies; competencies]; and 2.30.710(b) [DHATP supervision & competencies; competencies];
- c. For a behavioral health aide or behavioral health practitioner the scopes of practice are defined in sections 2.40.500(b) [BHA/P knowledge, skills, & scope of practice; scope of practice];
7. Furnishes evidence satisfactory to the Board that:
- a. The person will practice only under supervision and day-to-day direction of individuals who are:
 - i. Familiar with
 - 1. The electronic Community Health Aide Manual for Practice eCHAMP);
 - 2. The community health aide program,
 - 3. TCHHP Standards and Procedures and
 - 4. Employed by the federal government or employed by or under contract with a tribal health program operating a community health aide program in Oregon, Washington, or Idaho under the IHCA; and
 - b. Provided that
 - i. A community health aide, or community health practitioner may practice only under the medical supervision of a licensed physician; and
 - ii. A dental health aide may practice only under the direct, indirect or general supervision required under article 30 [standards for DHAs] of this Chapter [certification of CHAs, CHPs, DHAs, BHAs, & BHPs]; and
 - iii. A behavioral health aide or behavioral health practitioner may practice only under the direct, indirect, or general supervision required under section 2.40.010 [supervision of BHA/Ps]; and
 - c. Notwithstanding the requirements under paragraphs (9)(B), other physicians, dentists, mid-level providers, licensed behavioral health clinicians, and behavioral health professionals or other independently-licensed qualified healthcare professionals designated by the supervising provider may direct the day-to-day activities of a community health aide, community health practitioner; dental health aide, behavioral health aide, or behavioral health practitioner, as appropriate; and
8. Behavioral Health Aide candidates must furnish evidence satisfactory to the Board that the person meets continuing education requirements as defined in Chapter 3, as applicable.
- a. Behavioral Health Aide's or Practitioner's Prior Practice. A person who applies for certification as a behavioral health aide or behavioral health practitioner within 24 months after June 18, 2009, may be certified as a behavioral health aide or behavioral health practitioner without having met all of the applicable requirements of section 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience requirements], 2.40.300 [BHA III training, practicum, and experience requirements], or 2.40.400 [BHP training, practicum, and experience requirements], provided the applicant provides evidence satisfactory to the Board

- that he or she
- b. Meets the general requirements under section 2.10.010(a)(1), (2), (3), (6), (7), (8) and (9) [initial qualifications; general requirements];
 - c. Within 24 months prior to applying for certification under this section, has completed no fewer than 48 contact hours of training, education or continuing education, which may include training intended for qualification at the next behavioral health aide or practitioner level, but must include:
 - i. a general orientation equivalent to that described in section 8.20.050 [general orientation] and an orientation to village-based behavioral health services that equivalent to that described in section 8.20.100 [orientation to village-based behavioral health services]; and
 - ii. no fewer than 4 contact hours each in ethics and consent and in confidentiality and privacy;
 - d. demonstrates the knowledge and performance required of an individual seeking certification at the level for which certification is sought as described in section 2.40.500 [BHA/P knowledge, skills, and scope of practice];
 - e. has related work experience
 - i. equivalent to no less than 20 hours a week for a period no less than
 - ii. 18 months within the 5 years prior to application if applying for certification as a behavioral health aide I;
 - iii. 24 months within the 5 years prior to application if applying for certification as a behavioral health aide II;
 - iv. 36 months within the 6 years prior to application if applying for certification as a behavioral health aide III;
 - v. 48 months within the 7 years prior to application if applying for certification as a behavioral health practitioner;
 - vi. provided the minimum hours of work, period of work experience and the period in which it must have occurred prior to application set forth in subparagraphs (I), (II), (III), or (IV) of this paragraph (D) may be waived upon review and recommendation of the Behavioral Health Academic Review Committee based on a finding of exceptional circumstances; and
 - vii. that includes village-based behavioral health services and a range of the activities a person certified at the level of certification being sought by the applicant is expected to perform;
 - f. provides a statement from a licensed behavioral health clinician or behavioral health professional attesting that the applicant has the knowledge and skills required under section 2.40.500 [BHA/P knowledge, skills, and scope of practice];
 - g. provides two letters of positive reference from supervisors or others with whom the applicant has worked within the two-year period prior to application; has demonstrated the ability to provide culturally competent services in a village setting; and
 - h. has completed the examination as provided for in section 2.40.030 [BHA/P trial examination].
9. Delayed Application. An applicant for certification as a community health aide, community health practitioner, dental health aide, behavioral health aide or behavioral health practitioner who obtained the required training more than two years prior to submitting an application for certification, must provide evidence satisfactory to the Board that he or she:
- a. meets all the requirements for initial certification by this Board; and
 - b. in the two-year period preceding the application for initial certification by this

Board has met the applicable requirements for continuing education set forth in chapter 3 section.

History: January 13, 2021, Section 2.10.010(9)(C) was amended. June 3, 2020, Section 2.10.010(a)(5)(B) and (a)(8)(B) were amended. October 30, 2014, Section 2.10.010(a)(5)(B) and (a)(8)(B) were amended. January 17, 2014, Section 2.10.010(b)(2) was amended. June 8, 2010, Section 2.10.010(b)(2) was amended. June 18, 2008, Section 2.10.010(a), (a)(5)(C), (a)(7), (a)(8), (a)(9), (a)(10), (b)(3), and (b)(3)(B) were amended and (a)(8)(C) and (b)(2) were added. October 3, 2006, Section 2.10.010(a)(6), (7), and (9)(B) was amended. October 8, 2003, Sections 2.10.010(a)(5)(B) and (a)(8)(B) were amended. November 26, 2002, Section 2.10.010(a), (a)(5), (a)(7), (a)(8), (a)(9) and (a)(10) were amended and subparagraphs (a)(5)(A) and (B) and (a)(8)(A) and (B), and subsection (b) were added. June 12, 2002, Section 2.10.010 by adding paragraph (10). October 23, 1998, Section 2.10.010(4) was amended. Sec. 2.10.015. Certifications as CHA/P, DHA, and BHA/P. A person who meets all of the applicable requirements of these Standards may be certified as a community health aide or community health practitioner, as a dental health aide, and as a behavioral health aide or behavioral health practitioner. Also see section 2.30.030 [multiple certifications].

History: June 18, 2008, Section 2.10.015 was amended. November 26, 2002, Section 2.10.015 was added. Sec. 2.10.020. Surrender of a Certificate. A person certified under articles 20 [standards for CHA/Ps], 30 [standards for DHAs], or 40 [standards for BHA/Ps] of this chapter shall surrender the certificate to his or her employer or send the certificate to the Board if, at any time during the period in which it would otherwise be in effect, the person no longer meets any requirement of initial certification under section 2.10.010 [initial qualifications] except subsection 2.10.010(a)(6) [initial requirements; general requirements; (employment)].

History: November 26, 2002, Section 2.10.020 was amended.

Article 20.

Standards for Community Health Aides and Community Health Practitioners

History: November 26, 2002, the title of Article 20 of Chapter 2 was amended.

Sec. 2.20.100. Community Health Aide Course Education Requirements.

1. A person meets the training and education requirements to be a certified community health aide upon successful completion of:
 - a. a Pre-Session, or its equivalent, unless waived under section 5.10.040 [trainees selection process] by the CHA/P Education Center prior to admission to the CHA Education course required for admission to CHA/P Foundation Courses determined by the Board
 - b. Foundation Courses including Anatomy and Physiology and Medical Language for the CHA/P, Medical Math and Medicine Skills for the CHA/P, Introduction to CHAP
 - c. Unit CHA Education (including CHA 101 and 102, and CHA internship) course provided by a CHAP Education Center; and approved field work after completion of Unit CHA Course, including:
 - i. Approved Clinicals after completion of CHA didactic course
 - ii. Minimum of 260 hours of clinical experience
 - iii. Minimum of 80 patient encounters
 - d. Completion of practice skills on the Clinical Practice Checklist
 - e. Complete Post CHA Course Clinical Learning Needs if needed
 - f. Pass CHA Completion Exam with a minimum of 80%

History: June 19, 2008, Section 2.20.100(b) was amended. June 18, 2008, Section 2.20.100(b)(1), (b)(2) and (b)(4) were amended. Sec. 2.20.110.

Community Health Aide Core Competencies.

A certified community health aide must successfully demonstrate and maintain:

1. An understanding of the topics addressed in the CHA/P Curriculum for the Pre-Session, Foundations, CHA Education Courses 101 and 102, which include:
 - a. Professional components of being a community health aide/practitioner including:
 - i. role and general scope of work/practice
 - ii. medical ethics, including patient confidentiality and patient rights
 - iii. medical-legal issues and coverage
 - iv. State of Oregon, Washington, or Idaho mandatory reporting requirements
 - v. consent for treatment issues
 - vi. roles of other types of health aides
 - vii. importance of thorough documentation of patient encounter
 - viii. CHA Self Care and Evaluation
 - b. Concepts of anatomy, function and pathophysiology.
 - c. Medical terminology.
 - d. General concepts of:
 - i. Wellness
 - ii. Disease and care issues
 - iii. Infection and communicable diseases brief introduction to:
 1. Respiratory illnesses including Tuberculosis
 2. Sexually transmitted infections (STI)
 3. Blood borne pathogens including HIV/AIDS
 4. Other types of infection and communicable disease
 - e. Problem-specific complaints (acute care) and chronic illnesses (chronic care) for adults and children of the following body systems:
 - i. Eye
 - ii. Ear
 - iii. Nose
 - iv. Oral Health (Mouth and Teeth)
 - v. Respiratory
 - vi. Circulatory
 - vii. Digestive
 - viii. Urinary
 - ix. Musculoskeletal
 - x. Endocrine
 - xi. Nervous
 - xii. Skin
 - xiii. Immune
 - xiv. Female Reproductive including Breast
 - xv. Male Reproductive
 - xvi. Generalized Symptoms
 - f. Clinical patient care theoretical concepts of:
 - i. The Clinical Setting
 - ii. History Taking and Interviewing Skills
 - iii. Physical Exam
 - iv. Assessments and Plans
 - v. Documentation, Medical Abbreviations

- vi. Introductory Medical Math and Medicine Skills
 - vii. Introduction to Medicines and Pharmacology
 - viii. High Risk Health Conditions
- g. Chronic Care Concepts, Disease Processes and Management
- h. Concepts of Diagnostics, Procedures and Treatment for acute and chronic care disease processes
- i. Concepts of the Sick Child
- j. Life Cycle of the Human including age-specific wellness, disease and care issues related to the:
 - i. Infant
 - ii. Child
 - iii. Adolescent
 - iv. Adult
 - v. Pregnant patient
 - vi. Elder
- k. Introductory concepts of vaccinations and the skills related to administering immunizations
- l. Introductory concepts of the Pregnant Patient including:
 - i. Fetal heart tones
 - ii. Growth Appropriate to Gestational Age (fundal height)
 - iii. Considering Maternal and Fetal Risk Factors
- m. Introductory Concepts of Behavioral Health including:
 - i. Mental Health Illnesses – Mental Health Conditions and Resiliency
 - ii. Identification, common conditions, emergencies
- n. Substance Use Disorders
 - i. Alcohol, illicit and pharmaceutical drugs
 - ii. The components of substance use disorder management
 - iii. Harm reduction
 - iv. Suicide, including ideation and treatment. Suicide risk identification, recognition and understanding of THO workflow and referral and emergency resources
- o. Introductory Concepts of Family and Social Issues:
 - i. Trauma
 - 1. Historical
 - 2. Intergenerational
 - ii. Domestic Violence, Abuse and Neglect
- p. Introductory Concepts of a Home Visit:
 - i. Necessity (elderly, dying, postpartum, other)
 - ii. Safety Considerations
 - iii. Preparation
 - iv. Performance
 - v. Documentation
 - vi. Consulting
 - vii. Follow Up
- q. Emergency Care including
 - i. Identification
 - ii. Immediate care
 - iii. Management until transfer
 - iv. Preparation for transfer from clinic for:
 - 1. Severe allergic reaction
 - 2. Severe Head Injury

3. Severe Trauma
4. Shortness of Breath
5. Chest Pain
6. Severe Headache
7. Severe Abdominal Pain
8. Possible Stroke
9. Active Seizure
10. Severe External Bleeding
11. Potential Internal Bleeding
12. Signs of Shock
13. Possible Drug Overdose
14. Altered Mental Status
15. Chemical Splashed in the Eyes
16. Severe Burns to the Skin
17. Chemical Spilled on Skin
18. Open Fractures
19. Altered LOC
20. Hypothermia
21. Hyperthermia
22. Poisonings
23. Mental Health Emergencies
- r. Prevention Concepts:
 - i. Dental Health Oral Health
2. Demonstrate competency in the following subjects to the level of performance required after meeting the requirements of section 2.20.100 [CHA Education Course 101/102 training & education requirements]:
 - a. Professional and ethical conduct in all clinical settings.
 - b. Perform HEAP based patient visit using the eCHAMP for:
 - i. problem-specific complaints
 - ii. chronic care related complaints
 - iii. the sick child
 - c. Evaluate the acute care problem specific complaint of the pregnant patient.
 - d. Providing Vaccinations with the guidance of their consulting team.
 - e. Behavioral health:
 - i. Identifying a mental health emergency and common mental health conditions.
 - ii. Identifying and team participation in management of substance abuse disorders, including drugs and alcohol.
 - iii. Identifying suicidal ideation and referring patients for treatment.
 - f. Family and Social Issues:
 - i. Recognizing the signs and symptoms of domestic violence, abuse and neglect across the patient spectrum.
 - g. Performing a Home Visit
 - h. Identifying an emergency and initiating care until transfer
3. Satisfactory performance and maintenance of the following skills:
 - a. Use of the eCHAMP in every patient encounter.
 - b. Ability to perform CHAP relevant Medical Math.
 - c. Problem-specific history taking.
 - d. Physical examinations of adults and sick infants and children.
 - i. Vital signs of infant:
 1. Pulse

2. Respiration
3. Rectal Temperature
4. Length
5. Weight
6. Head circumference
- ii. Vital signs of child and adult:
 1. Radial pulse
 2. Apical pulse
 3. Carotid pulse
 4. Brachial pulse
 5. Respirations
 6. Temperature (oral, ear, forehead)
 7. Blood pressure
 8. Oxygen saturation
 9. Height
 10. Weight
 11. Orthostatic vital signs
- iii. Systems:
 1. General appearance.
 - a. Head
 - b. Ear
 - c. Eye, including Snellen
 - d. Nose
 - e. Mouth
 - f. Throat
 - g. Neck, including nodes
 - h. Chest
 - i. Lungs
 - j. Heart
 - k. Pulses (including carotid, brachial, radial, femoral, popliteal, posterior tibialis, dorsalis pedis)
 - l. Breast
 - m. Abdomen
 - n. Skin
 - o. Nervous
 - p. Mental status
 - q. Musculoskeletal including extremities
 - r. Lymph
 - s. GU in the male and female
 - t. Back (including costal vertebral angle (CVA))
 - u. Male genitals
 - v. Female genitalia
 - w. External anus
- iv. Return prenatal exam
- e. Performance and interpretation of the following POC (Point of Care) lab tests:
 - i. Blood glucose
 - ii. Hemoglobin
 - iii. Rapid strep
 - iv. Urine dipstick
 - v. Purified protein derivative - PPD (test for TB)
 - vi. Fecal occult blood or FIT

- vii. Urine pregnancy - HCG test
 - viii. Covid/RSV/Flu
- f. Performance only of the following lab tests:
 - i. Venipuncture for blood tests
 - ii. Finger stick
 - iii. Concept of centrifuge/separate blood
 - iv. Adult clean catch urine specimen
 - v. Throat culture
 - vi. Heel stick
 - vii. Newborn bloodspot screening test
 - viii. Non-clean catch urine specimen
 - ix. Infant (bag)
 - x. Urine culture
 - xi. Stool for ova and parasites
 - xii. Sputum for TB testing
 - xiii. Phenylketonuria (PKU)
 - xiv. Urethral swab
- g. Assessment, including:
 - i. Use of the eCHAMP
 - ii. Use of assessment charts
 - iii. Listing multiple assessments
 - iv. Plan for each assessment including recheck
 - v. Consulting
 - vi. Documentation
- h. Medicines:
 - i. Dose calculations
 - ii. Reconstitution: oral
 - iii. Parenteral
 - iv. Label reading and making
 - v. Drops for eye and ear
 - vi. Injections:
 - 1. Intramuscular hip
 - 2. Intramuscular infant thigh
 - 3. Subcutaneous
 - 4. Intradermal injection
 - vii. Inhaler/spacer
 - viii. Nebulizer
 - ix. Rectal suppositories
 - x. Vaginal suppositories and creams
 - xi. Transdermal
 - xii. Topical
- i. Patient education including:
 - i. Explaining assessment
 - ii. Use and review of patient education references and handouts
- j. eCHAMP Medicines for medicine instructions
- k. The following treatments and procedures:
 - i. Ear:
 - 1. Irrigation
 - 2. Suction
 - 3. Remove foreign body
 - 4. Curette outer canal

5. Ear wick
 6. Irrigation
- ii. Eye:
 1. Irrigation
 2. Fluorescein stain
 3. Eyelid eversion
 4. Small superficial foreign body removal
 5. Eye patches
- iii. Nose:
 1. Compression and nasal packing for epistaxis
- iv. Mouth/Teeth:
 1. Oral health promotion & disease prevention
 2. Oral Hygiene Instructions
 - a. Tooth brushing
 - b. Interdental cleaning (i.e. flossing)
 3. Antimicrobial treatments
- v. Respiratory
 1. Postural drainage
 2. Peak flow
- vi. Heart
 1. Perform:
 - a. 12 lead ECG
 - b. 3 lead ECG
- vii. Wound care
 1. Evaluation
 2. Irrigation/cleaning
 3. Splinter removal
 4. Rng removal
 5. Fishhook removal
 6. Skin closure strips
 7. Suture
 8. Suture removal
 9. Staple removal
 10. Debriding blisters
 11. Stabilization of impaled object
- viii. Orthopedics:
 1. Elastic bandage
 2. Hot/cold packs
 3. Splinting
 4. Crutch and cane fitting
 5. Cast removal
- ix. Other:
 1. Intravenous fluid therapy
 2. Oxygen
 3. Oral suction
- x. Prevention of disease transmission:
 1. Hand washing,
 2. Clean/sterile technique,
 3. Universal or standard precautions
 4. Mailing hazardous substances

Sec. 2.20.120. Scope of Practice Prior to Certification as Community Health Aide

1. Minimum Requirements:
 - a. A person who satisfies the requirements of subsection 2.20.120(b) [scope of practice prior to certification as CHA may perform services of a certified community health aide prior to being certified under section 2.10.010 [initial qualifications] and 2.20.100 [CHA education course requirements], provided the person is actively engaged in the process of meeting the requirements under section 2.20.100 [CHA education course requirements] through 2.20.110 [CHA competencies] to become certified as a community health aide; and
 - b. A person who satisfies the requirements of subsection 2.20.120(b) [scope of practice prior to certification as CHA] who has submitted an application for certification as a community health aide may begin training to become certified as a community health practitioner and perform services necessary to satisfy the requirements of subsection 2.20.200(4) [CHP education course requirements; (field work)] pending action on the community health aide application.
2. Employment:
 - a. To be eligible to perform services under subsection 2.20.120(a) [scope of practice prior to certification as CHA], the person must be employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program under the IHCA; provide only those services for which the person has been trained and has demonstrated successful performance; and practice as a community health aide only in compliance with the requirements in section 2.10.010(a)(9) [initial requirements; general requirements (supervision & day-to-day direction)].

Sec. 2.20.300. Community Health Practitioner Education Course Requirements.

1. A person meets the training and education requirements to be a certified community health aide practitioner upon successful completion of:
 - a. All requirements under sections 2.20.100 [CHA education course requirements] through 2.20.210 CHA education course provided by a CHA/P Education Center
 - b. Unit CHP Education (including CHP 201 and 202, and CHP internship) course provided by a CHAP Education Center; and approved field work after completion of Unit CHP Course, including:
 - i. Approved Clinicals after completion of CHP didactic course
 - ii. Minimum of 430 hours of clinical experience
 - iii. Minimum of 135 patient encounters
 - c. Completion of practice skills on the Clinical Practice Checklist
 - d. Complete Post CHP Course Clinical Learning Needs, if needed
 - e. Pass CHP Completion Exam with a minimum of 80%

Sec. 2.20.310. Community Health Practitioner Course Competencies.

1. In addition to meeting the requirements of section 2.20.110 [CHA competencies and skills], a certified Community Health Practitioner must successfully demonstrate and maintain:
 - a. understanding of the topics addressed in the CHA/P Curriculum for CHP 201 and 202, which include:
 - i. Introduction to Public Health Issues for the individual and community:
 1. Management of infections and communicable diseases including:
 - a. Respiratory illnesses including Tuberculosis
 - b. Sexually transmitted infections (STI)
 - c. Blood borne pathogens including HIV/AIDS

- d. Other types of infection and communicable disease including Rabies
- b. Issues and management of:
 - i. Food and waterborne illnesses
 - ii. Injury prevention
 - iii. Smoking and tobacco cessation
 - iv. Wellness and self care
 - v. Healthy eating and nourishment
 - vi. Health surveillance and prevention including:
 - 1. Well child
 - 2. Adolescent wellness
 - 3. Women's health
 - 4. Men's health
 - 5. Elder wellness
- c. Components of the Well Child Visit
- d. Medicine Skills and Pharmacology including:
 - i. Side effects
 - ii. Contraindications
 - iii. Drug interactions especially in the chronic care patient
 - iv. Concepts of polypharmacy particularly in elders
- e. Immunization:
 - i. Scheduling and management for regular and catch up schedules
 - ii. Community awareness/programs
- f. Prenatal Care including:
 - i. Normal development and progress
 - ii. High risk issues
 - iii. Fetal alcohol syndrome prevention and identification
 - iv. Labor and Delivery
 - v. Postpartum Care
- g. Newborn Care.
- h. Family Planning for Males and Females
- i. Chronic Care Management for Individual Patients, Family and Community including community programs and engagement
- j. Cancer
- k. Elder Care Management
- l. Concepts of Behavioral Health including:
 - i. Mental Health Issues of the Child/Adolescent
 - ii. Mental Health Promotion
 - iii. Substance Use Disorders
 - 1. Community resources for recovery
 - 2. Cessation
 - iv. Suicide risk, prevention, community resources
- m. Concepts of Family and Social Issues:
 - i. Sexual Assault and Rape
 - ii. Gender Topics
 - iii. Grief and Loss including:
 - 1. The dying patient and end of life care
 - 2. Critical incident stress management and debriefing for:
 - a. CHA/P's
 - b. Patients
 - c. Families

- d. Communities
 - n. Review of all Basic Emergency Care Concepts with special emphasis on the newborn, infant, pregnant woman
 - o. Clinic organization, layout, equipment, maintenance and team responsibilities
 - p. Self evaluation and self care for the CHP
 - q. Career advancement and continuing education for the CHP
- 2. Demonstrate competency in the following subjects to the level of performance required after meeting the requirements of section 2.20.100 [CHP Education Courses 201/202 training & education requirements]:
 - a. Professional and ethical conduct in all clinical settings.
 - b. Performing self evaluation and self care.
 - c. Performing HEAP based patient care using the eCHAMP for:
 - i. Well Child Visit
 - ii. Adolescent Visit
 - iii. Female Health Visit
 - iv. Male Health Visit
 - v. Elder Visit
 - vi. Chronic Care Visit
 - vii. Prenatal Visit
- 3. Identifying and addressing public health issues such as communicable diseases including rabies, TB, HIV/AIDS, STI's; food and waterborne illnesses, injury prevention, smoking and tobacco cessation
- 4. Addressing the wellness and self-care needs of the patient including healthy eating and nourishment, health surveillance and disease prevention
- 5. Executing patient treatment plans in relation to medicine skills and pharmaceutical concepts
- 6. Immunization management
- 7. Providing care for the prenatal patient throughout pregnancy and postpartum/newborn care
- 8. Providing guidance in family planning for all patients
- 9. Behavioral Healthcare including:
 - a. Identifying Mental Health Issues of the Child/Adolescent
 - b. Providing Mental Health Promotion
 - c. Addressing Substance Use Disorders
 - d. Community resources for recovery and cessation
 - e. Identifying Suicide risk, prevention, community resources
- 10. Family and Social Issues including:
 - a. Recognizing signs of sexual assault and rape and addressing patient needs and concerns.
 - b. Awareness of and recognizing the need to address gender topics when appropriate to patient care.
 - c. Providing grief and loss counseling and support to patient and patient's family in relation to the dying patient and end of life Care.
- 11. Facilitating process after a critical incident occurs including stress management and debriefing for the CHA/P, patient, family and community.
- 12. Identifying an emergency and initiating care until transfer with special emphasis on the newborn, infant, pregnant woman.
- 13. performing as a team member in the clinic including organization, layout, equipment, maintenance and team responsibilities.
- 14. Satisfactory performance must successfully demonstrate and maintain of the following skills:

- a. Use of the eCHAMP in every patient encounter
- b. History taking and physical exam for:
 - i. Infants, children, adolescents, adults and elders
 - ii. Initial prenatal visit;
 - iii. Prenatal revisit;
 - iv. Well Child Visit
 - v. Adolescent Visit
 - vi. Women's Health Visit including breast exam
 - vii. Men's Health Visit
 - viii. Elder Visit
 - ix. Chronic Care Visit
 - x. Complete Screening Physical Exam on Adult
- 15. Health and Patient Education
 - a. Immunizations schedule, interpretation, and planning
- 16. Ability to perform CHAP relevant Medical Math

Sec. 2.20.500. Community Health Practitioner Preceptorship Education Requirements.

- 1. A person meets the training and education requirements to be a certified community health practitioner upon successful completion of:
 - a. all requirements under sections 2.20.100 [CHA, training & education requirements] through 2.20.410 [CHP internship competencies];
 - i. An approved preceptorship, including:
 - 1. at least 30 hours of supervised direct patient care experience
 - 2. a minimum of 15 patient encounters as primary provider
 - 3. the Preceptorship Critical Skills List
 - ii. Both sections of the Community Health Aide/Practitioner Program Credentialing Exam with a score of 80 percent or higher on each section
 - iii. The Medical Math Exam with a score of 100 percent
 - iv. An evaluation of the applicants clinical performance and judgment by the applicant's direct supervisor or other approved evaluator

Sec. 2.50.200. Requirement for Renewal.V.

- 1. A certified community health aide, community health practitioner, dental health aide, or behavioral health aide or practitioner applying for certificate renewal shall:
 - a. Apply on a form provided by the Board
 - b. Provide evidence satisfactory to the Board that the applicant has met the continuing education requirements of the Board
 - c. Provide evidence satisfactory to the Board that the applicant continues to demonstrate the practical professional competencies required for the level of certification sought
 - d. Continue to meet the requirements of chapter 2 [certification of CHA/Ps, DHAs, & BHAs] and
 - e. if seeking recertification as a community health practitioner, no less often than once every six years, the individual must re-satisfy the requirements of section 2.20.500 [CHP preceptorship and exams] or
 - f. if seeking recertification as a dental health aide therapist practitioner, no less often than once every six years, the individual must re-satisfy the requirements of section 2.30.700 (3) and (4) [DHATP training & education requirements].
- 2. An applicant who has not been employed as a community health aide, community health practitioner, dental health aide, or behavioral health aide or behavioral health practitioner an average of at least 15 hours a week for at least six months of the previous 12 months

prior to submission of the application must provide evidence satisfactory to the Board that they have been monitored in the performance of each required competence until they have demonstrated successful performance of each.

Sec. 2.50.300. Reinstatement or Renewal of a Lapsed Certificate.

1. The Board will, in its discretion, reinstate or renew a certificate that has lapsed if the applicant complies with the certificate renewal requirements under section 2.50.200 [requirements for renewal], the applicant must provide evidence satisfactory to the Board that the applicant has completed the continuing education requirements under chapter 3 [continuing education].

Chapter 3. Continuing Education

Sec. 3.10.005. Multiple Certifications. Up to 12 hours of training, acquired in the previous 2 years, obtained to achieve initial certification, to increase the level of certification, or to satisfy continuing education requirements under this chapter 3 [continuing education] as a community health aide or practitioner, dental health aide, or behavioral health aide or practitioner, may be applied to satisfying the continuing education requirements for other certificates held by the same person under these Standards.

Sec. 3.10.010. CHA/P Continuing Education Requirements

1. Unlapsed Certificate. A community health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 20 of chapter 2:
 - a. A community health aide as a community health practitioner.
 - b. Must provide evidence satisfactory to the Board that they have completed a minimum of 48 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period. No more than 24 of the required contact hours may be regarding emergency care. A minimum of 24 of the required contact hours must be in the competencies listed in sections 2.20.100 [CHA training & education requirements] through .510 [CHP competencies].
2. Lapsed Certificate. An applicant for renewal of a certificate under article 20 of chapter 2 whose certification has lapsed must provide evidence satisfactory to the Board that they have met the requirements for continuing education set forth in subsection (a)(2) of this section.

Sec. 3.10.100. Approved Continuing Education Programs for CHA/P.

1. Competencies. To be approved by the Board, a continuing education program must:
 - a. Cover one or more of the courses of study subjects or competencies listed in sections 2.20.100 [CHA training & education requirements] through .510 [CHP competencies], the CHA/P Curriculum, or the eCHAMP
 - b. Directly relate to the clinical practice of a community health aide or community health practitioner
2. Sponsorship. A continuing education program that meets the requirements of section 3.10.100(a) [approved continuing education programs for CHA/P; competencies] and is sponsored by any of the following organizations is considered approved by the Board:
 - a. Certified CHA/P Education Center
 - b. American Medical Association
 - c. American Nurses' Association
 - d. Accredited postsecondary educational institution

- e. Indian Health Service
 - f. Emergency care course approved by the States of Washington, Oregon or Idaho, or the Indian Health Service
 - g. American Academy of Physician Associates
 - h. Continuing education approved by other area CHAP training/education programs
 - i. American Heart Association
 - j. American Red Cross
 - k. Smiles for Life
3. Tribal Continuing Education Programs. A continuing education program provided by the tribe or tribal organization's health program that meets the requirements of section 3.10.100(a) [approved continuing education programs for CHA/P; competencies] shall be approved by the Board. Submission of the plan or CHA/P Curriculum for the continuing education program or programs to the Board may be done prior to or after the program has been conducted. Approval may be granted for more than one program at a time. Re-approval need not be obtained for an approved program that is being repeated within a three-year period after the most recent approval.
 4. Self-Study Programs. A self-study continuing education program sponsored by one of the organizations listed in subsections 3.10.100(b) [approved continuing education programs for CHA/P; sponsorship] or (c) [approved continuing education programs for CHA/P; tribal continuing education programs] that meets the requirements of section 3.10.100(a) [approved continuing education programs for CHA/P; competencies] is considered approved by the Board.
 5. Other. A continuing education program not sponsored by one of the organizations listed in subsections 3.10.100(b) [approved continuing education programs for CHA/P; sponsorship] or (c) [approved continuing education programs for CHA/P; tribal continuing education programs] must be individually approved by the Board. Such approval can be provided at the time of application for recertification if the applicant submits evidence sufficient to permit the Board to determine whether the training meets the requirements of this section.

Chapter 5.

CHA/P Education Centers

Article 10. Requirements for Certification

1. Sec. 5.10.010. Certification
 - a. The Board shall issue a CHA/P Education Center certificate to an education center which:
 - i. Applies on a form provided by the Board
 - ii. Adopts and adheres to requirements of sections 5.10.015 [educational program philosophy] through 5.10.070 [faculty continuing education]
2. Sec. 5.10.015. Educational Program Philosophy
 - a. A CHA/P Education Center must have on file a mission statement that reflects the nature of the program and the goals and objectives of the program, which must include quality health care, competency-based instruction, emphasis on clinical instruction and skills, emphasis on a positive learning environment, respect for the unique needs of the adult learner and respect for the unique needs of the Northwest Tribes must also be on file.
3. Sec. 5.10.020. Education Facilities
 - a. A CHA/P Education Center must provide classroom and/or e-classroom as well as clinical environments that are conducive to a positive learning experience for

- faculty and students by ensuring.
- b. Traditional classrooms must have appropriate space and privacy. An environmental health review of the facility must be performed and on file. Specific consideration and evaluation in the areas of safety, adequacy of space, air quality, lighting, heating, and storage and disposal of hazardous waste must be documented.
- c. E-classrooms must have appropriate policies on Internet safety and privacy, appropriate language, emergency procedures for Internet outages, and recommendations on lighting, noise, and an ergonomic environment.

Sec. 5.10.025. Education Staff.

1. Qualifications and Roles.
 - a. Education Center Director:
 - i. The following standards apply to the CHA/P Education Director:
 1. The CHA/P Education Director should be an individual with a combination of education, research, work, and/or life experience which are relevant to providing leadership in a CHA/P Education Center Program.
 2. In recognition of the diverse role of the CHA/P Education Director, it is preferred that the Director have a background in health and education and be able to administrate, serve in a liaison role, hold the mission of the program, and provide program direction, development, and leadership and will assume responsibilities for course development, evaluation and revision, clinical site development and evaluation, and evaluation of students and instructors.
 - b. Instructors:
 - i. CHA/P Education Center instructors must have formal training in the knowledge and skills they are teaching, including CHPs with current CHP credential, PACCB certification, and all instructors will be monitored to assure compliance with the CHA/P Curriculum and competence in subjects being taught. Instructors teaching CHA/P curriculum via eLearning must demonstrate competency in e-teaching by experience, completed coursework, or other approved measure.
 - c. Clinical Instructors:
 - i. Clinical instructors must be a certified or licensed advanced practice provider or physician who are employees of the federal government or have appropriate state licensure. The majority of clinical experiences for a student must be taught by an advanced practice provider or physician educator.
 - d. Other Instructors:
 - i. Certain patient encounters, exams, or procedures may be taught by other persons who have appropriate experience or certification (e.g. well child visits and return prenatal visits by a public health nurse; surrogate body system exams by a CHP). These encounters must be periodically reviewed by an experienced advanced practice provider or physician educator as part of the education center quality assurance program.
 - e. Medical Advisor:
 - i. The CHA/P Education Center Medical Advisor must be a physician employed by the federal government or licensed by the state of Oregon, Washington or Idaho who has primary care experience and may be

currently working with community health aides or practitioners. The Medical Advisor may have prior experience with the CHA/P program. The Medical Advisor's classroom instruction and clinical preceptorship will comply with the CHA/P Curriculum and Area wide goals of the Community Health Aide Program. The Medical Advisor will participate in quality assurance/continuing quality improvement efforts, serve as a resource and be available for consultation and regular meetings.

- f. Instructor of Record:
 - i. When the educational center seeks academic credit for course work, a process with the partnering college or university will be followed to create an instructor and instructor of record for students to receive academic credit leading to a certificate or degree.
- 2. Staff Related Topics:
 - a. Job descriptions for each of the education staff which reflect these roles and responsibilities must be on file.
 - b. Orientation of New Staff:
 - i. Each CHA/P Education Center must have in place a written orientation procedure for new employees which will minimally include:
 - 1. CHA/P Education Center's mission, goals, and objectives
 - 2. CHA/P Curriculum
 - 3. electronic Community Health Aide Manual for Practice (eCHAMP)
 - 4. Methods of instruction and function of the areawide Community Health Aide Program
 - 5. Cultural diversity with emphasis on AI/AN culture
 - 6. Gender affirming care
 - 7. Role of the CHA/P
 - 8. CHA/P certification process
 - c. Faculty Turnover:
 - i. In order to maintain the quality of instruction, the Board must be notified if during any twelve-month period 50 percent of the instructor staff of a CHA/P Education Center resigns and whenever a CHA/P Education Center Director resigns.
 - ii. Documentation of new employee orientation, peer review and student evaluation and examination must be available for review for each new instructor.

Sec. 5.10.030. Hospital/Clinic Affiliation.

- 1. Accreditation. A CHA/P Education Center must be affiliated with a Northwest Tribal Health Organization accredited by the Accreditation Association for Ambulatory Health Care. Exceptions can be made in a clinic facility for which AAAHC accreditation is not available.
- 2. Hospital and/or Clinic Commitment. A CHA/P Education Center must have the support of the hospital and/or clinic to provide on-going access to clinical training for CHA/Ps. A letter of support should be updated with each new authorizing administrator or delegated health board. History: June 18, 2008, Section 5.10.030(a) was amended.

Sec. 5.10.035. Volume, Hours and Distribution of Patient Encounters

- 1. Clinical hours will be scheduled in compliance with the CHA/P Curriculum. For each student a CHA/P Education Center's documentation of volume, hours and distribution of patient encounters must meet the requirements of this section.
- 2. CHA Educational Hours and Patient Encounters:

- a. CHA 101 course:
 - i. 240 total hours of education including 24 clinical hours and 12 patient encounters.
 - ii. Twelve encounters under the following conditions:
 - 1. Trainee will be the primary provider in at least five patient encounters with particular emphasis on the patient problems delineated in the CHA Curriculum, as outlined below, and at least seven additional encounters with the trainee as an active participant
 - b. CHA 102 course:
 - i. 240 total hours of education including 80 clinical hours and 30 patient encounters.
 - ii. Thirty encounters under the following conditions:
 - 1. Trainee will be the primary provider in at least eighteen patient encounters with particular emphasis on patient problems delineated in the CHA/P Curriculum, as outlined below and at least twelve additional encounters with the trainee as active participant
 - c. CHA Internship:
 - i. 200 clinical hours with at least 80 patient encounters as the primary provider.
 - 1. At completion of CHA education, students will have completed 384 hours of knowledge and skills education with a minimum of 304 clinical hours and 122 patient encounters (this includes hours typically included in the Alaska field component as well as clinical hours spent in "session")
3. CHP Educational Hours and Patient Encounters:
- a. CHP 201 course:
 - i. 240 total hours of education including 120 clinical hours and 64 patient encounters
 - ii. Sixty four encounters under the following conditions
 - iii. Trainee will be the primary provider in at least fifty patient encounters with particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least fourteen additional encounters with the trainee as active participant
 - b. CHP 202 course:
 - i. 240 total hours of education including 120 clinical hours and 64 patient encounters
 - ii. Sixty four encounters under the following conditions:
 - iii. Trainee will be the primary provider in at least fifty patient encounters with particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least fourteen additional encounters with the trainee as active participant
 - c. CHP Internship:
 - i. 200 clinical hours
 - ii. At least 100 + patient encounters as the primary provider
 - d. CHP Preceptorship:
 - i. 80 clinical hours
 - ii. Minimum of 40 patient encounters
 - iii. 20 testing hours
 - 1. At completion of CHA (101, 102 and Internship) and CHP

education (201, 202, Internship and Preceptorship), students will have completed 1460 total hours of education with a minimum of 824 clinical hours and 390 patient encounters (this includes hours typically included in the Alaska field component as well as clinical hours spent in “session”).

4. Role of the CHA/P During Clinical Training:

a. Active Participant:

- i. Under this section, the active participant performs part of the patient encounter with direction or guidance of the instructor

b. Primary Provider:

- i. Under subsection (a) [volume, hours & distribution of patient encounters; encounters] of this section, the primary provider must perform the history and examination, and depending on the complexity of the encounter and the skill and confidence level of the trainee, determine the assessment and plan in conjunction with the instructor.

Distribution of Clinical Hours:

1. The distribution of clinical experiences reinforces theoretical concepts and skills acquired during educational coursework. These experiences may be obtained in clinic, in hospital, in the emergency room, or in external facilities where a variety of healthy and sick patients can be observed. There may be overlap in hours acquired if a patient visit fulfills multiple categories; example: acute care, ear and sick child would be fulfilled in a child with an acute otitis media. Clinical experience is integrated into the educational process for mastery of competencies. **does not reflect skills practice hours or numbers of patient encounters per course.

CHA 101	
Clinical Experience Type	Hours (not encounters, but hours spent)
History Taking	2
The Complete Physical Exam	2
Vital Signs	1
Lab (blood drawing)	1
Eye	1
Ear	1
Respiratory	1
Digestive	1
Approach to Child	2
Sick Child	4

Acute Care	12
History Taking	2
Total	28

CHA 102	
Clinical Experience Type	Hours (not encounters, but hours spent)
History Taking	1
Age Specific Screening Exams	2
Lab (blood drawing)	1
Respiratory	1
Circulatory	1
Musculoskeletal	1
Nervous System Screening & Mental Status	1
Approach to Elder	2
Sick Child	6
Prenatal Care	2
Behavioral Health	4
Acute Care	6
Chronic Care	6
Total	34

CHP 201	
Clinical Experience Type	Hours (not encounters, but hours spent)
Sick Child	4
Well Child (including immunizations)	8
Well Woman	4

Prenatal	8
Postpartum	1
Newborn	1
STI (males and females)	4
Elder	4
Chronic Care	8
Total	42

CHP 202	
Clinical Experience Type	Hours (not encounters, but hours spent)
Sick Child	4
Well Child (including immunizations)	4
Prenatal	3
Newborn	1
Acute Care	8
Chronic Care	8
Total	28

Sec. 5.10.040. Trainees Selection Process

1. Qualifications for Trainees and Application Process
 - a. The CHAP Education Center will have a policy for selection of trainees.
 - b. The selection process will include requiring applicants for trainee slots to file a completed area-wide application form recommended no less than four weeks prior to the start of the training session, unless extraordinary circumstances are present.
 - c. The policy for selection must include requirements that the training applicants must pass the CHAP math and reading skills assessment exams, complete Pre-Session or approved equivalent, unless the applicant satisfies one of the exceptions to these requirements adopted under section 5.10.040(c) [trainees selection process; exceptions].
 - d. Area wide Priorities:
 - i. The CHAP Education Center must adhere to area wide placement priorities for training applicants for a limited number of training slots.
 - e. Exceptions:
 - i. The CHAP Education Center must have exception policies.

- ii. Policies must be written to incorporate individual hardship cases, including emergency education needs in communities where there are no trained personnel and in situations where community health aides or practitioners have no access to approved equivalent courses.
- iii. Exception policies must also include arrangements for applicants with prior medical training, such as registered nurses, National Guard Corpsman, etc.

Sec. 5.10.045. Trainee Services.

- 1. Counseling and Health Services:
 - a. CHA/P Education Center must have a referral system identified for students to seek individual counseling by mental health professionals.
 - b. A system for or refer based on internal policies for acute care and emergency health services must also be provided.
- 2. Academic Advising:
 - a. CHA/P Education Center must provide a system for trainee academic advising, documentation of formative and summative evaluations, and advising pertinent to the role of the community health aide and practitioner and certification.
- 3. Attrition:
 - a. A system of recording trainee attrition data including the causes and timing of attrition during training must be in place.
- 4. Housing, Meals, and Transportation:
 - a. Housing, meals and transportation should be available, affordable, and conveniently located when education requires travel.
- 5. Internet Connectivity.
 - a. A workstation with Internet connectivity must be accessible as an alternate to an e-Learning student's own Internet service.

Sec. 5.10.050. Community Health Aide Curriculum and Teaching Guidelines.

- 1. Duration of Training and Attendance:
 - a. The length of CHA 101, 102, CHP 201, and 202, and clinical internships are based on the competencies as stated in Sec. 2.20.110, CHA I; Sec. 2.20.210, CHA II; Sec. 2.20.310, CHA III; and Sec. 2.20.410, CHA IV.
 - b. The CHA/P Education Center must establish and enforce an attendance policy, which assures that each student fully satisfies all conditions of the educational program.
- 2. Class Size:
 - a. The size of classes must allow for faculty/student ratios under section 5.10.050(c) [CHA/P curriculum & teaching guidelines; faculty/student ratio], and otherwise be determined by the number of exam rooms available for clinical experience, the size of the classroom for onsite didactic instruction, course content, past trends identified in the particular class, and the CHA/P Curriculum requirements for lab skills instruction.
- 3. Faculty to Student Ratio:
 - a. Due to the short, intensive nature of CHA/P courses, faculty/student ratios for clinical instruction during patient encounters, in which the student is the primary provider, as defined in Sec. 5.10.035(b)(1), must be done on a one-to-one basis.
 - b. For all other clinical instruction the following faculty to student ratios for clinical instruction may not be exceeded:
 - i. CHA 101 & 102:
 - 1. one to one.

- ii. CHP 201 and 202:
 - 1. one to two depending on the independence of the students.
- 4. Classroom and Clinical Instruction:
 - a. The intent in instruction for each quarter is to integrate the CHA/P Curriculum, the eCHAMP, and the education and skills of the community health aide/practitioner, with consideration to the "Role of the Community Health Aide/Practitioner."
 - i. The CHA/P Curriculum objectives must be followed as a minimum standard.
 - ii. The eCHAMP must be used as a reference document for teaching community health aides and practitioners, as a minimum standard.
 - iii. The instructional materials for faculty must consist of the CHA/P Curriculum course objectives and lesson plans.
 - 1. Instructional materials must be updated every three years.
 - 2. Additionally, eLearning classes externally linked content not created by the CHA/P instructor must be checked for accuracy prior to every session.
 - iv. Learning objectives and course expectations must be clearly defined for each student.

Sec. 5.10.055. In-Person/Onsite Training

- 1. The CHA/P Education Center staff must evaluate each trainee at the end of each session and prepare a Clinical Learning Needs (CLN) form to reinforce education and guide the student to gain further competency during CHA and CHP clinical internships and preceptorships.
- 2. CHA/P Education Center staff must review the Individual Clinical Learning Needs (CLN) follow-up plan for completion of the clinical education requirements of Basic Education for placement in the next quarter.

Sec. 5.10.060. CHA/P Education Center Administration and Records

- 1. Commitment of Administration:
 - a. A CHA/P Education Center must have a memorandum of agreement updated with each new CHA/P Education Center administrative agency to document on-going support of staffing positions and program needs.
- 2. Secretarial Support:
 - a. A CHA/P Education Center should have administrative and secretarial support sufficient to assure timely and smooth functioning of the program.
- 3. CHA/P Education Center Files.
 - a. A CHAP Education Center must have on file for review:
 - i. CHA/P Curriculum outlines
 - ii. Learning objectives/lesson plans
 - iii. Session quizzes/exams
 - iv. CHA/P evaluation records
 - v. Application forms
 - vi. Student training files
 - vii. Quality assurance/continuous quality improvement files
 - viii. Orientation plan for employees.
 - b. A CHA/P Education Center must adopt and enforce policies regarding retention of CHA/P Education Center files and conditions under which transfer of files may occur. The retention schedule policy must be consistent with a schedule approved by the Board. The file transfer policy must require that a record be retained identifying the files that were transferred and to whom.

Sec. 5.10.065. CHA/P Education Center Self-Evaluation

1. CHA/P Education Center
 - a. A CHA/P Education Center must have a policy on quality assurance (QA)/continuous quality improvement (CQI).
 - b. This policy must include:
 - i. Documentation of post-quarter meetings for staff evaluation of educational quarters and quarterly program reviews
 - ii. Evaluation of CHA clinical encounters
 - iii. Patient Visit Documentation (PVD) evaluation for quality and appropriateness of patient care as delineated by the eCHAMP
 - iv. Weekly evaluation of the CHA in a learner role
 - v. Summary evaluation of the CHA at the end of each quarter
 - vi. CHA evaluations of educational quarter and individual instructors
 - vii. Faculty peer review of didactic and clinical instruction
2. QA/CQI
 - a. The QA/CQI process must be in effect, documenting that evaluation tools are in use, trends are identified and the continuous quality improvement process is being implemented to address and modify those identified trends.

Sec. 5.10.070. Faculty Continuing Education.

1. A CHA/P Education Center must have a policy on faculty continuing education both in the educational and medical fields. A plan should be developed annually to meet the policy goals.

Article 20.**Types of CHA/P Education Center Certification and Recertification****Sec. 5.20.010. Start-up Certification**

1. A CHA/P Education Center may obtain start-up certification prior to conducting its first educational quarter upon submission of evidence satisfactory to the Board that it will meet the requirements of sections 5.10.010 [certification] through 5.10.070 [faculty continuing education]. Start-up certification shall be valid only until the Board evaluates and acts on the first evaluation, which shall occur during the first educational quarter. At the end of the start-up certification period the Board shall terminate the certification or grant provisional or full certification.

Sec. 5.20.020. Full Certification

1. The Board shall grant full certification to a CHA/P Education Center that demonstrates substantial compliance with the requirements of sections 5.10.010 [full certification] through 5.10.070 [faculty continuing education], through evidence satisfactory to the Board.
 - a. Such evidence shall include:
 - i. Submission of required materials.
 - ii. Satisfactory performance during the review and satisfactory completion of at least one educational quarter.
 - iii. "Substantial compliance" shall require a minimum score of 90% on the Review and Approval Sub committee
 - iv. CHA Education Program Evaluation Checklist to include meeting all essential items as defined in the checklist.

Sec. 5.20.030. Provisional Certification

1. The Board may grant provisional certification to a CHA/P Education Center with Start-up Certification that is not eligible for full certification under section 5.20.020 provided it meets all the requirements for full certification, except that it is required to score only a minimum of 80% on the Review and Approval Subcommittee CHA Education Program Evaluation Checklist. Provisional certification shall be effective for only six months and may be renewed only one time for a total of no more than one year.

Article 30. Continuing Requirements

1. Sec. 5.30.010. Periodic Submissions and Reviews
 - a. A CHA/P Education Center fully certified under section 5.20.020 [full certification] shall submit a CHA/P Education Center Annual RAC Requirements Review Checklist each year and shall be subject to reviews, upon reasonable notice, at the discretion of the Board, provided that a review must occur no less often than once every five years.
 - b. Such a CHA/P Education Center must notify the Board if a change in any of the following occurs:
 - i. Person responsible for coordination of the training within the center
 - ii. 50 percent or more of the staff within a three-month period
 - iii. Medical Advisor
 - iv. Major changes in methods of CHA/P Curriculum delivery to be submitted prior to implementation
 - v. Facilities used for education
 - vi. Administration or finance that affects the viability of the educational program

Sec. 5.30.020. Monitoring

1. A fully or provisionally certified CHA/P Education Center may be required to submit periodic reports of progress regarding its response to any changes reported under section 5.30.010 [periodic submissions and reviews], or problems or deficiencies noted during any review or on-site evaluation.

Article 40. CHA/P Education Center Sanctions

1. Sec. 5.40.010. Probation or Termination:
 - a. Upon determining that a provisionally certified CHA/P Education Center has failed to achieve full certification within the required time limit or that a provisionally or fully certified CHA/P Education Center has failed to demonstrate continued performance at the applicable levels required under this section, the Board may place the center's certification in a probationary status or terminate the certification.

Sec. 5.40.020. Conditions of Probation

1. If the Board grants a probationary status, it must specify the conditions for reinstatement of full or provisional certification, which must be satisfied within the time frame established by the Board, which shall not be longer than six months.
2. The conditions of probation may include, but are not limited to requiring reports to the Board upon matters involving the basis of probation; limiting education to those quarters prescribed by the Board.
3. Terminating education until prescribed conditions are satisfied.

Chapter 6

Certification of CHA/P Training Curriculum

Sec. 6.10.010. Continuous Review of Curriculum

1. The Board shall develop and follow a process and schedule for periodic review, amendment, and adoption of all aspects of the CHA/P Curriculum and standards relied upon in the Community Health Aide Program for the Portland Area. Comments and participation shall be solicited from Tribal Community Health Provider Program Directors, clinical staff, community health aides and practitioners, CHA/P Education Center staff, and health care providers who relate in any way to the Community Health Aide Program.

Sec. 6.10.020. Continuous Review of eCHAMP

1. The Board shall develop and follow a process and schedule for periodic review, amendment, and adoption of all aspects of the Portland Area electronic Community Health Aide/Practitioner Manual for Practice (eCHAMP), relied upon in the Community Health Aide Program for the Portland Area. Comments and participation shall be solicited from Tribal Community Health Provider Program Directors, clinical staff, community health aides and practitioners, CHA/P Education Center staff, and health care providers who relate in any way to the Community Health Aide Program.

Sec. 8.30.010. Curriculum Approval

1. The community health aide training curriculum may be approved by the Board generally or on a class-by-class basis provided each course curriculum meets the minimum content requirements set forth in article 20 of this chapter and has been reviewed and is recommended by the Community Health Aide Academic Review Committee (CHARC) described under section 8.30.100 [CHARC].

Sec. 7.30.100. Community Health Academic Review Committee

1. (CHARC) is a subcommittee of the Portland Area CHAP Certification Board that advises Tribal Community Health Provider Program and CHA/P education sites in matters of Community Health Aide/Practitioner Basic Education, including curriculum, eCHAMP, clinical training, credentialing, continuing education and standards.
2. Membership:
 - a. The community health academic review committee satisfies the PASP if it includes:
 - i. A certified Community Health Aide/Practitioner (CHA/P)
 - ii. Five healthcare practitioners (MD, PA, NP), as defined in section 2.30.010 [supervision of CHA/Ps] who are employed by the IHS, a tribe, or tribal organization, provided that at least:
 1. One must be a provider serving a Portland Area tribal clinic actively engaged in clinical practice
 2. One must be a provider serving a Portland Area tribal clinic actively engaged in clinical practice
 3. One must be a provider serving a Portland Area tribal clinic and in a supervisory role of CHA/Ps
 4. One must be a provider with CHAP experience
 5. One must be a provider actively involved in community health aide training
 - a. One of the above providers will sit as a representative on the Portland Area CHAP Certification Board

6. Portland Area Chief Medical Officer; to the extent feasible
7. One representative from a partnering academic institution
8. At least one representative from NPAIHB to serve as technical assistance

Sec. 6.10.900. Transition.

1. The Board shall use the CHA/P Curriculum, clinical work guidelines, and other materials and standards developed by the Tribal Community Health Provider Program Directors, as well as the Community Health Academic Review Committee (CHARC), Review and Approval Subcommittee (RAS), eCHAMP Revision Sub committee, until such time as it can review and adopt such materials under this section.



CHARC Membership

1. Community Health Academic Review Committee (CHARC) is a subcommittee of the Portland Area CHAP Certification Board that advises Tribal Community Health Provider Program and CHA/P education sites in matters of Community Health Aide/Practitioner Basic Education, including curriculum, eCHAMP, clinical training, credentialing, continuing education and standards.

2. Membership:

a. The community health academic review committee satisfies the PASP if it includes:

- i. A certified Community Health Aide/Practitioner (CHA/P)
- ii. Five healthcare practitioners (MD, PA, NP), as defined in section 2.30.010 [supervision of CHA/Ps] who are employed by the IHS, a tribe, or tribal organization, provided that at least:

- 1. Two must be a provider serving a Portland Area tribal clinic actively engaged in clinical practice
- 2. One must be a provider serving a Portland Area tribal clinic and in a supervisory role of CHA/Ps
- 3. One must be a provider with CHAP experience
- 4. One must be a provider actively involved in community health aide training.
 - a. One of the above providers will sit as a representative on the Portland Area CHAP Certification Board
- 5. Portland Area Chief Medical Officer; to the extent feasible
- 6. One representative from a partnering academic institution
- 7. At least one representative from NPAIHB to serve as technical assistance



PACCB Membership

The NPAIHB CHAP Board Advisory Workgroup identified thirteen (13) positions to represent the Portland Area CHAP community in both leadership and medical profession for the first PACCB.

1. Position 1 – member appointed by the Portland Area IHS Director as required by IHS Circular No. 20-06.
2. Position 2 – member nominated by the NPAIHB delegates to also serve as a liaison between the NPAIHB and the PACCB.
3. Position 3 – member nominated by the NPAIHB Executive Director.
4. Position 4 – member nominated by BHA/P Association of BHA/Ps working within a TCHP program for the Portland Area Tribes.
5. Position 5 – member nominated by CHA/P Association of CHA/Ps working within a CHAP for the Portland Area Tribes. (Delay this nomination until CHA/Ps are added)
6. Position 6 – member nominated by the DHA/T Association of DHA/Ts working within a CHAP for the Portland Area Tribes.
7. Position 7 – member nominated by BHARC who is a LCSW or Licensed MSW working within CHAP for the Portland Area Tribes or IHS.
8. Position 8 – member nominated by CHARC who is a Licensed Physician (preferred) or could be a licensed Nurse Practitioner or Physician Assistant working within CHAP for the Portland Area Tribes or IHS. (nomination delayed until CHARC is operational)
9. Position 9 – member nominated by DHARC who is a DMD or DDS working within CHAP for the Portland Area Tribes or IHS.
10. Position 10– member nominated by Idaho Department of Health and Welfare, Division of Medicaid.
11. Position 11 – member nominated by Oregon Health Authority.
12. Position 12– member nominated by Washington State Health Care Authority.
13. Position 13 – One member nominated by the Portland Area CHAP education programs.



NPAIHB CHA/P Pilot Site Overview

Yellowhawk Tribal Health | Pendleton, OR | <https://yellowhawk.org/>

The Yellowhawk Health Center provides high-quality, primary healthcare for the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) and other American Indians and Alaska Natives in Oregon's Umatilla and Union counties. Yellowhawk is owned and governed by CTUIR and has provided health-related programs since 1966. Yellowhawk has a governing body, the Tribal Health Commission, comprised of seven tribal members, with one representative from CTUIR Board of Trustees.

- CHA/P Pilot since August 2022, participated in the Alaska site visit, actively involved in Tribal Community Health Provider Advisory Workgroup.
- CHA/P Team Members: Shana Alexander, RN, Medical administrator, Andrea Rodriguez, Human Resources Director, James Winde, Medical Director, Taylor Craig, CHA Student
- Yellowhawk is actively recruiting for their CHA students, with students identified and having completed the NPAIHB CHR Core & Advanced Courses.
- Meet each month with NPAIHB CHA Team.

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NPAIHB CHA/P Pilot Site Overview

Shoshone-Bannock Tribal Health & Human Services | Fort Hall, ID |

<https://www.sbtribes.com/tribal-health-and-human-services/>

The Shoshone-Bannock Tribal Health & Human Services (SBTHHS) provides programs and health services to 5900 + of their Tribal Members. SBTHHS has a mission to “improve the health, well-being, and quality of life of our Native American community by empowering people to promote and model positive attitudes and behaviors throughout lifelong commitment of health and person wellness”. SBTHHS is accredited through AAAHC jointly with their local Indian Health Service Unit.

- CHA/P Pilot since December 2022. SBTHHS attended Alaska CHAP Training centers site visit, Jason Butler is the TCHP Chairman and actively supports CHAP work and regularly presents around the topic of CHA/P implementation and integration.
- SBTHHS CHA/P Team Members: Travis Martin, Tribal Health Director, Jason Butler, Behavioral Health Manager, Norma Wadsworth, THHS Administrative Officer/Privacy Officer, Angelea Mendez, Public Health Manager, Elizabeth Moss, CHS Manager, Credentialing Officer, Shirley Alvarez, IHS Chief Executive Officer.
- SBTHHS is actively recruiting for their CHA students, with several students having completed the NPAIHB CHR Core & Advanced Courses.
- Meet each month with NPAIHB CHA Team.

Port Gamble S’Klallam Community Health Center | Kingston, WA |

<https://pgst.nsn.us/health-services/>

The Port Gamble S’Klallam (PGS) Community Health Center strives to enhance the quality of life of the Tribe and its members by providing the highest quality medical care, dental care, and behavioral health care through a culturally appropriate delivery of prevention, education, early intervention, treatment, and ongoing support services using a holistic approach for individuals of all ages and their families.

- CHA/P Pilot since March 2024.
- PGS CHA/P Team Members: Jolene Sullivan, Director, Sarah Shaw, Community Health Coordinator, Alena George, CHR Supervisor, Luke McDaniel, MD, Medical Director, Mari Sullivan, Hatsi Trevathan, Health Clinic Manager
- PGS has five potential students identified who have completed a CHR Core Course and are actively attending the NPAIHB CHR Advanced Course.
- Meet each month with NPAIHB CHA Team.



NPAIHB CHAP Memorandum of Agreement 2024

Memorandum of Understanding (MOU) Between

Northwest Portland Area Indian Health Board, Community Health Provider Program

And Party B

This is an agreement between the Northwest Portland Area Indian Health Board, Tribal Community Health Provider Program hereinafter called NPAIHB, TCHPP and “Party B”, hereinafter called

_____.

I. PURPOSE & SCOPE

The purpose of this MOU is to clearly identify the roles and responsibilities of each party as they relate to the development and implementation of the Community Health Aide/Practitioner (CHA/P) Pilot Education Program. A CHA/P is a certified primary and emergency care clinician who has close cultural ties and connections to the community they serve. In Oregon, Washington, and Idaho, they are community members of American Indian/Alaska Native communities who attend CHA/P educational programs approved by the Portland Area CHAP Certification Board and work within the tribal health and human systems.

A CHA/P practices under the supervision of a licensed clinical provider, such as a physician or advanced practice provider (PA, NP). Basic education for a CHA/P includes didactic learning, skill practice, and clinical time providing patient care with the guidance of an advanced practice provider or physician.

The NPAIHB, TCHPP teams are dedicated to promoting and assisting in the health needs and concerns of American Indian/Alaska Native (AI/AN) people. The NPAIHB oversees the TCHPP which includes the Dental Health Aide Program, Behavioral Health Aide Program, and the Community Health Aide Program that expands access to CHAP providers in the Northwest.

The CHA/P Pilot Education Program will provide hybrid education to a limited number of community members who are identified by the Tribal Health Organization (THO) utilizing the NPAIHB CHA/P Education Curriculum, electronic Community Health Aide Manual for Practice (eCHAMP), and other course-related materials approved by the Portland Area CHAP Certification Board (PACCB).

This MOU is intended to outline the roles and responsibilities of the NPAIHB TCHPP and “Party B” to clarify the structure and implementation for the duration of the CHA/P Pilot Education Program.



NPAIHB CHAP Memorandum of Agreement 2024

II. BACKGROUND

The NPAIHB was established in 1972 as a tribal organization under the Indian Self-Determination and Education Assistance Act (ISDEAA). P.L. 93-638, and has a primary purpose to make known the needs and desires of the AI/AN people to federal, state, and local agencies in formulating policies, programs, and establishing priorities, and in providing and delivering services which it is incumbent upon the United States to provide pursuant to the trust responsibility and treaty obligations made to federally recognized Indian tribes.

The NPAIHB is governed by the forty-three federally recognized member tribes in the states of Idaho, Oregon, and Washington in accordance with the NPAIHB Constitution and By-Laws adopted in July of 1996, as amended on July 28, 2021. The NPAIHB's mission is to eliminate health disparities and improve the quality of life of AI/AN by supporting Northwest Tribes in delivering culturally appropriate, high-quality healthcare.

The NPAIHB TCHPP was established in 2016 and includes projects focusing on workforce development in the three disciplines of healthcare: the Dental Health Aide Program (DHAP), the Community Health Aide Program (CHAP), and the Behavioral Health Aide Program (BHAP). These projects are separate with their own staff, and each is focused on implementing their provider type within the Portland Area. The TCHPP provides overall support to each of the three projects in the areas of federal, state, and tribal policy, federal and state regulatory infrastructure, education, promotion of the national CHAP model, strategic planning, and direction.

The TCHPP staff work closely with Tribal Partners and Portland Area Indian Health Services (IHS) staff on the design and implementation of the PACCB, Academic Review/Advisory Committees, area-specific Standards and Procedures (S & P), and other infrastructure necessary to provide regulatory oversight to TCHPP Providers and education programs.



NPAIHB CHAP Memorandum of Agreement 2024

III. NPAIHB RESPONSIBILITIES UNDER THIS MOU

NPAIHB TCHPP shall undertake the following activities during the duration of the MOU:

The NPAIHB Community Health Aide/Practitioner (CHA/P) curriculum content experts will develop the CHAP Curriculum which will be used for the education and training of the Portland Area Community Health Aide Practitioners.

The NPAIHB will develop and provide access to the eCHAMP to students, supervisors, and identified key staff. The NPAIHB and external partners will ensure the eCHAMP is updated and reviewed as needed.

The NPAIHB CHAP team, along with content experts, will design the CHA/P Education Program, which includes the development of the CHA/P curriculum, eCHAMP, PACCB Standards and Procedures (S & P), continuing education requirements, etc.

NPAIHB will periodically review all aspects of the education programs to ensure that all facets of the education program go through the appropriate review and approval process that aligns with the PACCB S & P.

NPAIHB will provide didactic and skills instructors to CHA/P Education Programs and Tribal Health Organizations.

NPAIHB will provide training and support for the education site's supervising physicians, and collaborative medical providers.

NPAIHB CHA/P team will provide orientation on the CHA/P Program to Tribal leadership, THO staff, Medical staff, and the local CHA/P team.

NPAIHB will provide a list of equipment, supplies, and documents needed for the education site and program.

NPAIHB will provide a list of student equipment and supplies for the education program.

The NPAIHB CHA/P team will provide guidance to students and staff on the PACCB certification process.



NPAIHB CHAP Memorandum of Agreement 2024

NPAIHB will guide and support the certification of the education program in accordance with the PACCB Standards and Procedures.

NPAIHB will provide mentoring of students throughout the education program.

NPAIHB will provide CHAP Extension for Community Health Care Outcomes (ECHO) learning opportunities for students, supervisors, and staff to partake in.

NPAIHB will provide access to continuing learning opportunities in accordance with the PACCB S & Ps.

NPAIHB will administer the collaborative provider agreement test.

In partnership and collaboration with the THO, NPAIHB will establish a Data Sharing Agreement (DSA) between NPAIHB and the THO.

IV. “PARTY B” RESPONSIBILITIES UNDER THIS MOU

“Party B” shall undertake the following activities:

The THO will identify and recruit CHA/P students based on their selection criteria while adhering to the PACCB S & Ps minimum requirements for students (see section ____ of S & P).

The THO will employ the selected CHA/P students, who will be afforded all employment rights, opportunities, and benefits in accordance with the THO employment standards and policies.

THO will provide space within the worksite for students' education purposes, including the necessary technology and accessibility requirements and classroom supplies (Appendices A)

As part of their duties as assigned, THO employment of CHA/P students will include participation in:



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- Educational training, skills, and clinical
 - Continuing education, such as the CHAP ECHO Learning Collaborative, conferences, etc.
 - Workshops, certification board, and/or committee meetings (as applicable).
- See the complete list in the appendices (Appendix B)

It will be the responsibility of the THO to ensure supervising staff participate in CHA/P orientation and remain up to date on CHA/P topics including S & P, curriculum, and eCHAMP.

CHA/P clinical supervisors will be provided by the THO to oversee and supervise CHA/P practice as a student and a provider. The CHA/P will practice under the license of the supervising physician (MD/DO), clinically precepted by the consulting medical provider (NP/PA/MD/DO) or supervising physician.

The THO will provide a general manager/supervisor to provide day-to-day supervision of the CHA/P. May be someone other than supervising/consulting provider.

The THO will perform credentialing and privileging of the CHA/P based on THO policies, bylaws, and processes.

The THO will work with the area IHS office to determine Funding Agreement modifications.

The THO is encouraged to provide transparent communication to tribal leadership regarding CHA/P information that may impact the community.

The THO will ensure the community is educated with the most accurate and up-to-date information, including the scope and role of the CHA/P.

The THO will encourage appropriate staff to actively participate in conversations, workgroups, and meetings about the reimbursement of CHA/P services with state Medicaid partners, as well as the Centers for Medicare and Medicaid Services (CMS).

The THO will maintain communication with the NPAIHB TCHPP to seek guidance and feedback and answer questions regarding programmatic changes and updates to the CHA/P education program.



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The THO will ensure any staff changes that directly impact the CHA/P student education and supervision will be promptly addressed. If the Supervising Physician is no longer available or on an extended leave that limits their capacity to supervise, the THO must immediately halt all patient care provided by the CHA/P until an alternate Supervising Physician can be assigned. If the Consulting Medical Provider is no longer available or on extended leave, which limits their availability to support the CHA/P's clinical care, an alternate CMP should be assigned as soon as possible. The list of Supervisory Support staff is below (Appendix C).

If the THO is unable to provide an alternate Supervising Physician or CMP, they will communicate this need to the NPAIHB within three days.

- **Supervising Physician:** An MD or DO employed by the THO who holds a state medical license under which the CHA/P sits.
- **Consulting Medical Provider (CMP):** A PA, NP, MD, or DO that ensures clinical supervision of patient care daily patient reporting to include H.E.A.P review and provides routine chart reviews.

The THO will provide all components required for the Community Health Practitioner (CHP) preceptorship in accordance with the PACCB S & P (Appendix D).

The THO will work in partnership with NPAIHB to establish a Data Sharing Agreement (DSA) between THO and NPAIHB.

The THO will provide aggregate data to appropriately measure/evaluate the success and impact of the CHA/P program within the health system and community.

V. MODIFICATIONS AND TERMINATION OF CONTRACT

It is mutually understood and agreed by and between NPAIHB and “Party B” that:

Modifications and amendments to this agreement may be amended by written consent by both parties and all amendments and changes will be attached to this agreement.

The termination of this agreement may be initiated by either party on a thirty (30) day written notice.



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VI. SOVEREIGN IMMUNITY

The parties agree neither the execution of this Agreement nor any provision contained herein shall act, nor be interpreted to act, as a waiver of the sovereign immunity of “Party B.” The “Party B” hereby preserves explicitly and maintains its sovereign immunity and any and all rights belonging thereto.

Tribal Nations are distinct political bodies with the right to regulate their own internal affairs according to their own laws and customs.¹ This right to self-government is grounded in treaties and the U.S. Constitution and reaffirmed in U.S. Supreme Court decisions and federal legislation. The Supreme Court continues to acknowledge the tribes’ inherent right to self-government, which is not handed from the federal government but retained from their existence prior to colonization and, essentially, the formation of the U.S.² Tribes retain their inherent sovereign authority unless Congress acts through treaty or statute to limit such authority.³

Tribes in Idaho maintain the inherent authority to protect the public health and welfare of their citizens, including the scope of behavioral health services. The Indian Health Care Improvement Act, P.L. 94-437 authorizes Tribes to elect to bill directly and receive reimbursement for Medicaid covered services.⁴ Idaho Medicaid continues to acknowledge Tribal Nation’s sovereignty by reaffirming Indian Health Care Providers’ clinical care autonomy over behavioral health services provided to their citizens.⁵



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VII. EFFECTIVE DATE AND SIGNATURE

This MOU shall be in effect upon the signature of NPAIHB and “Party Bs” authorized officials. It shall be in force from _____ to _____. Parties A and B indicate agreement with this MOU by their signatures.

Signatures and Dates

(NPAIHB) Name

Date

Date

(THO) Name

1 See generally *Ex Parte Crow Dog*, 109 U.S. 556 (1883); 2 See *Worcester v. Georgia*, 31 U.S. 515, 581 (1832). 3 See *US v. Wheeler*, 435 U.S. 313, 323 (1978). 4 Pub. L. 94-437 § 401 (1976). 5 See Section V of the 1915(b) Waiver Special Terms and Conditions (2017).



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Appendices A

Supply List for Skills Training Room/Office

Adequate lighting
Adequate ventilation
Adequate heat/air
Adequate internet access/wifi
Cabinet(s) for supply storage*
Computer or laptop with charging cord
Desk with at least a 3-chair capacity (Two students and one Instructor/Provider)
Exam Table and paper
Exam Chair on Wheels
Eye wash station at sink or nearby per AAAHC standards
IT Equipment: Computer, mouse, headphones (need to be provided with good wifi and IT support.
IV pole
Mat for floor work
Mayo stand
Otoscope/ophthalmoscope, either wall-mounted or plug-in
Oxygen tanks with racks to keep upright
Scales for adults and baby in a room or nearby
Sharps Container within 5 ft of desk or exam table per AAAHC standards
Snellen Chart
Sink to wash hands preferred, if not an option, must provide hand sanitizer and have a sink nearby
Whiteboard or Smartboard for skills education
Vital signs cart in room or nearby

**Full list of medical supplies that should be stocked in the room, or made available to the CHA/P student, Consulting Medical Provider, and NPAHB Skills Provider is listed on the following pages.*



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Appendices A continued

1. ABD pads 8x10"
2. Alcohol prep pads 30 x 30 mm
3. Alcohol Isopropyl 70% gallon bottle
4. Aluminum eye shield
5. Arm board IV 3 x 9"
6. Artificial tears solution sterile 15 ml bottle
7. Aspirator suction unit
8. Bacitracin ointment
9. Bag valve mask (BVM) adult and pediatric
10. Bandage adhesive fabric 2 x 4 flexible tan
11. Bandage adhesive strip plastic $\frac{3}{4}$ x 3"
12. Bandage bias stockinette 3" x 50 yard cotton roll
13. Bandage elastic 4" x 5 yard
14. Basin Emesis 16 oz kidney 8- $\frac{1}{2}$ "
15. Basin wash 7 qt polypropylene 5 x 13 x 10
16. Benzoin tincture compound swab sticks
17. Betasept scrub CHG 4% 16 oz each
18. Biohazard bags 23 x 23" 7-10 gal red
19. Biohazard bags 31 x 41 30-32 gal bag red
20. Biohazard labels 4 x 4
21. Carpuject syringe holders
22. Casting plaster roll 4" x 6"
23. Caviwipes disinfectant towelette XL 65/can
24. Cervical collars rigid
25. Cervical collar, sip quick inflatable
26. Chest seal 6 x 6
27. Chux pads 23 x 24
28. Clamp-umbilical cord standard
29. Coban bandage wrap elastic 1", 2", and 3"
30. Cotton tip applicators sterile 6"
31. Curette, ears large loop tip white disposable



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32. Curity 100% cotton gauze sponge 4 x 4" 12 ply sterile
33. Dental mirror
34. Derma bond advanced adhesive topical skin 0.7 ml
35. Disposable clever gowns blue (Medium, Large)
36. Disposable isolation gowns yellow size Reg
37. Drape sheet exam 40" x 48"
38. Easy dial regulator for oxygen tank, 1 each
39. Electrode sensor for EKG adult 38 mm, 10-pack
40. Exam table paper crepe 18" x 125'
41. E-Z Scrub Dry brush white
42. Facial tissue 2 ply 100/box
43. Filter straw for fluid aspiration from glass ampules
44. Fluro-Dot Penlight 1 each
45. Fluorecene dye sticks
46. Forcep Hemostatic Kelly 5-½" serrated curved stainless steel
47. Gauze cotton/woven sponge 2" x 2" sterile and non-sterile
48. Gauze cotton/woven gauze sponge 4 x 4 sterile and non-sterile
49. Glasses, safety single lens clear
50. Gloves, Nitrile non-sterile, size XS, S, M, L, XL
51. Gloves, Sterile, size 6, 6.5, 7, 7.5, 8, 8.5
52. Graduated Cylinders
53. Graduated medicine up plastic 1 oz
54. Iodine prep pads 10% medium
55. Incision/drainage tray Kelly hemostat 5-½" wite
56. Israeli film emergency bandage 6" sterile non-adherent
57. IV kit sodium chloride syringe
58. IV solution drip sets 10 drops/ml, and 60 drops/ml
59. IV solution 0.9% saline syringe 5 ml
60. IV flush normal saline syringe 5 ml
61. IV catheter safety 16g, 18g, 20g, 22g, 24g
62. Kerlix bandage gauze 4.5" x 3
63. Kim cleaning wipes
64. Laceration trays
65. Mask, procedure shield masks
66. Mask, procedure blue cone



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67. Mask, N-95, S, M
68. Morgan Medi-flow lens irrigation eye
69. Nail polish remover prep-pads
70. Nasal cannula oxygen pediatric
71. Nasal cannula oxygen adult
72. Nasopharyngeal airway Pediatric 14 Fr, 16 Fr, 18 Fr
73. Nasopharyngeal airway Adult 22 Fr, 24 Fr, 26 Fr, 28 Fr, 30 Fr
74. Nebulizer machine
75. Nebulizer mouthpiece and tubing
76. Nebulizer bullets saline 0.9%
77. Needle decompression 14 g x 3
78. Needles 18g 1.5"
79. Needles 20g 1" and 1.5"
80. Needles 21g 5/8" and 1"
81. Needles 23g 5/8" and 1"
82. Needles 25g 1"
83. Oral airway peds-adult set 1-6 color-coded
84. Oxygen regulator
85. Oxygen o-rings
86. Oxygen tubing, pediatric and adult
87. Packing strip cotton 1/4" x 5 yard sterile
88. Pad, eye cotton 2-1/8 x 2 oval sterile
89. Padding cast rolls 2", 3", and 4"
90. Pedi tape measuring tape for pediatric emergencies
91. Penlight 6/bag
92. Pillows, plastic
93. Pillowcase, white tissue disposable
94. Plastic face shield, clear
95. Pulse oximeter battery operated
96. Purell advanced gel sanitizer
97. Q-tips, non-sterile
98. Q-tips, sterile
99. Q-tip cotton swab large
100. Razor shave prep
101. Reflex hammer



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102. Ring cutter blade
103. Rings fake assorted styles
104. Sam splints
105. Sam sling pelvis small-large
106. Safe-T Pro plus lancet 23g x 1.8 mm sterile
107. Safe-T Holder device blood draw plastic
108. Scalpel 10" and 11"
109. Sharps container 5 quart
110. Shears, bandage, scissors
111. Slings, triangular bandage
112. Spo2 sensor infant, adhesive
113. Sphygmomanometer Cuffs, Pediatric, Adult, Large Adult
114. Speculum, otoscope tips of varying sizes
115. Speculum vaginal
116. Snellen eye chart
117. Stapler skin plastic regular squeeze handle
118. Staple remover kit
119. Steri-Strip compound skin 0.66 ml
120. Steri-Drape surgical fenestrated
121. Sutures 3-0 Nylon, 4-0 Nylone, 5-0 Nylon, 6-0 Nylon
122. Syringes 1ml, 3ml, 5ml, 10ml, 20ml, 50ml
123. Tape paper measuring
124. Tape paper 1"
125. Tape, surgical microspore 2"
126. Tape, surgical durapore silk 1", 2", and 3"
127. Tegaderm film dressing
128. Tenderfoot stick for newborns sterile incision device
129. Thermometer, hypothermic
130. Thermometer, rectal infant
131. Thermometer, oral or temporal
132. Tourniquet CAT
133. Vacutainer set for blood collection 23g $\frac{3}{4}$ "
134. Water distilled 3ml bottle
135. Woods lamp
136. Yankauer hard tip suction device



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Appendix B

Paid Educational Time Commitments for Students Appendices

As part of their duties as assigned, THO employment of CHA/P students will include participation in:

1. Continuing education hours
2. Community Health Aide Academic Review Committee (CHARC) Meetings
3. ECHO Meetings





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Appendix C

1. Supervising Physician

- Must be an MD or DO
- Responsible for signing the Consulting Provider Agreements (CPAs)
- Hold the license under which the Health Aides practice
- May collaborate with the CMP

2. Consulting Medical Provider (CMP)

- Can be a Physician Associate (PA-C), Nurse Practitioner (NP/ANP), Medical Doctor (MD), or Doctor of Osteopathy (DO) who works for the tribal health organization or the Federal Government and must hold a current license in the practicing state.
- Responsible for the day-to-day consultation of patients.
- Quarterly patient chart review
- Responsible for Individual Clinical Learning Needs (ICLNs) after each quarter
- May offer recommendations on the CPA's to the Supervising Physician
- Can oversee a max of 6 CHA/P's per provider

3. Mentors/Skills Instructors (Provided by NPAIHB CHAP Education Center)

- Can be a PA, NP, ND, MD, or DO who works with the NPAIHB
- Responsible for the skills training and knowledge education of the CHA/P.
- Provide weekly mentor check-ins.

4. On Site Supervisor

- Someone in a managerial or human resource role at the site the CHA/P is practicing.
- In charge of day-to-day, on-site issues such as approving time sheets and leaving.



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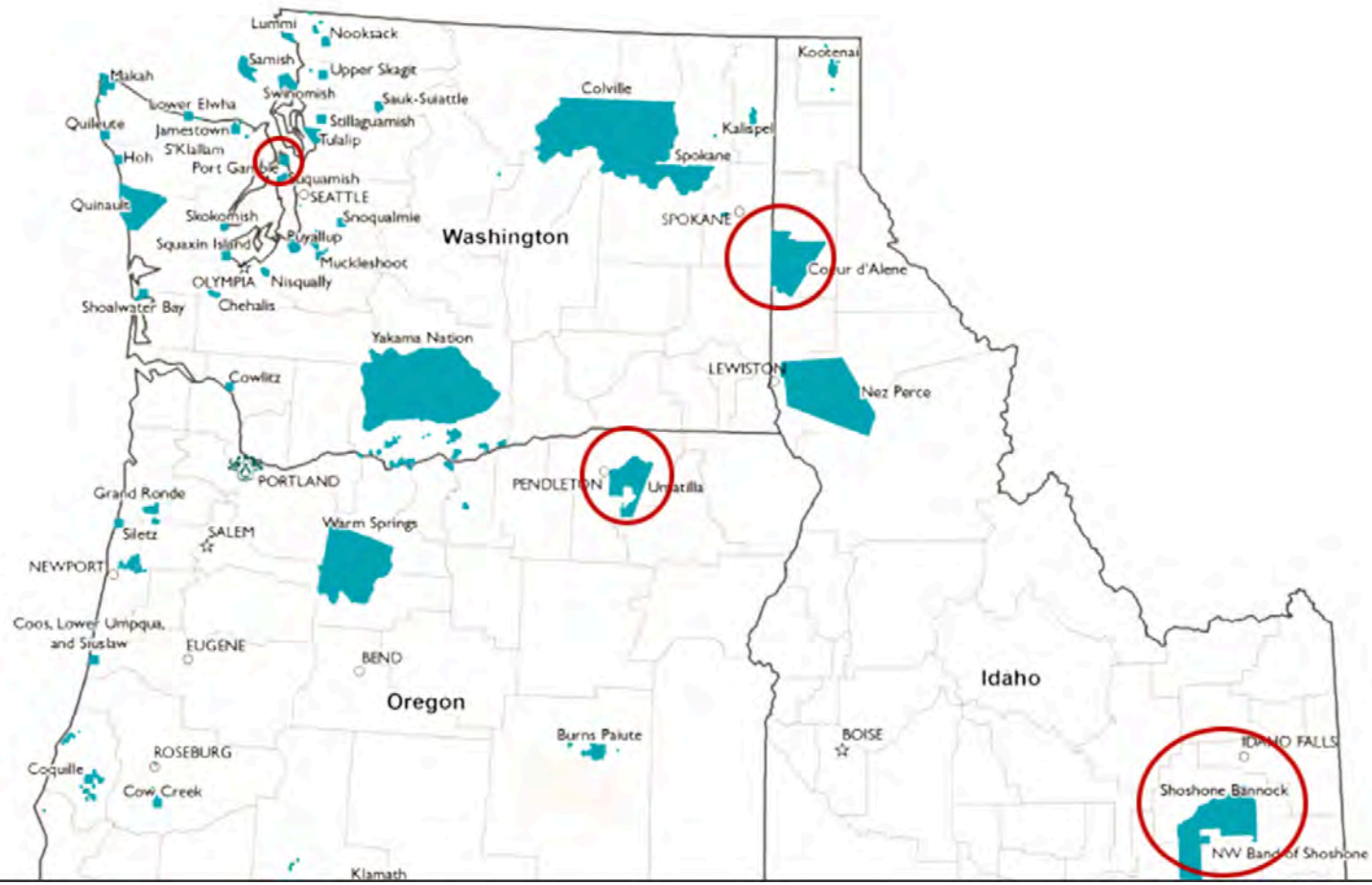
Appendix D

Preceptorship

The THO will provide all components required for the Community Health Practitioner (CHP) preceptorship in accordance with the PACCB Standards and Procedures.

1. The exam room:
 1. The clinic will provide a room for the CHP to conduct patient visits five days a week for two weeks during the duration of their preceptorship period.
 2. The preceptor:
 1. The THO will provide a clinical preceptor who is oriented as a CHAP clinical instructor
 3. Patient visit planning:
 1. The preceptor will collaborate with clinic schedulers to plan all types of necessary patients required during preceptorship for the CHP student.
 4. Quiet place for exams:
 1. The THO/clinic will provide a quiet space for students to take written exams.
 5. Accommodations for the learning needs of students:
 1. The clinical instructor and THO will collaborate with the lead instructor to accommodate any learning needs identified for the CHAP student.
-
-

CHA Pilot Site Locations





NPAT HB CHAP Curriculum Overview

CHAP Foundations	Hours
Anatomy, Physiology and Medical Language Introduction to health and homeostasis; factors causing illness including microorganisms and cancer 4 Categories of medical care: acute, chronic, preventive, and emergency 1 Cells, tissues, organs, and body systems 1.5 Body cavities and their linings 1 Medical terminology for body location and direction 1 Anatomy, physiology and medical terms of the ten body systems: - Skin 2 - Musculoskeletal 2 - Nervous (including eye and ear) 8 - Endocrine 2 - Respiratory 4 - Circulatory 4 - Immune 1.5 - Digestive 4 - Urinary 2 - Male Reproductive 2 - Female Reproductive including breast and pregnancy 4 Medical term components: word roots, prefixes, and suffixes 6 Medical terminology for diagnostics, laboratories, specialties, and procedures 8	60
Medical Math and Medicine Skills Introduction to medical math and skills 2 Addition and Subtraction 2 Multiplication and Division 2 Fractions and Decimals 2 Introductions to measuring systems around the world 1 Introduction to units of measurement (eg ml, gm) 1 Math System's Terminology 1 Converting measurements of length, and volume 1 Converting measurements of weight 1 Calculating weight changes in a patient 1 Reading dials and thermometers 2 Calculating heart and respiratory rates 2 Introduction to Medicines 1 Reading medication labels 1 Preparing prescriptions 1 Dosing medication 1 Solid vs liquid medication calculations 2 Oral, Topical, Other medications 2 Inhaled, Nebulized, Injectable, and IV medications 2	36

		Syringes and Needles sizing	2
		Medical Math Assessment Prep	2
		Medical Math Assessment Exam	4
Introduction to Adult Learning, Competency Based Education and CHAP			4
		The Successful CHAP Student	1
		Study Skills	1
		Time Management	1
		Technology for Education Processes	1
Total			100
CHA 101	Hours	CHA 102	Hours
CHA 101 Overview		CHA 102 Overview	
Introduction to CHAP Education Process	5	Chronic Care of the Patient Part 1	40
Program philosophy	1		
Academic integrity	1		
Program expectations	1		
Course sequence	1		
Introduction to CHAP	4	Chronic Care of the Patient Part 2	24
Introduction to Providing Care as a CHA/P	2		
Professionalism, Conduct and Ethics	2		
Introduction Clinical Patient Care	15	Life Cycle of the Human	16
Introduction to the eCHAMP	1		
Clinical Patient Care-includes overview of HEAP	1		
Working in a Clinical Setting-Team	1		
History Taking	4		
Assessment and Plans	4		
Documentation, Document for the CHAP, Forms-PVD (PEF)	4		
The Physical Exam	28	Intro to Immunizations and Giving Injections	4
Preparing to See Your Patient	1		
Handwashing	1		
Equipment needed	1		
Environment	1		
Physical Exam Overview and Techniques	1		
Components of the Physical Exam	1		
Vital Signs, classroom and skills	1		
The Complete Physical Exam, classroom and skills	10		
Exam Findings, accurate descriptions	1		
Age Specific Screening Exams, classroom and skills	10		
Introduction to Medicines and Pharmacology	4	Introduction to the Pregnant Patient	4
Acute Care of the Patient	92	The Home Visit	4
Introduction to Acute Care and Chronic Care Concepts	2		
High Risk Health Conditions	1		
Introduction to Pathophysiology of Acute Diseases	2		

Acute Care by Body System for each following including Theory/Skills: Ear, Eye, Nose, Respiratory, Circulatory, Lymphatic/Immune, Mouth and Teeth, Digestive, Urinary, Male Reproductive, Female Reproductive including breasts, Nervous, Endocrine, Musculoskeletal, Skin, Generalized	87		
Diagnostics, Procedures and Treatments for Acute Care by Body System Diagnostics Procedures Treatments	24 8 8 8	Introduction to Behavioral Health Part 1	4
Emergency Care of the Patient Part 1 Recognizing the True Emergency Patient For each of the following: Identify Immediate Management/Treatment Urgent Consultation with CMP Patient Stabilization Transfer to higher level of care Severe Allergic Reaction Severe Head Injury Severe Trauma Shortness of Breath Chest Pain Severe Headache Severe Abdominal Pain Possible Stroke Active Seizure Severe External Bleeding Potential Internal Bleeding Signs of Shock Possible Drug Overdose Altered Mental Status Chemical Splashed in the Eyes Severe Burns to the Skin Chemical Spilled on Skin Open Fractures Altered LOC Hypothermia Hyperthermia Poisoning Mental Health Emergency Suicidal ideation or suicide attempt	8	Family and Social Issues Part 1	3
Introduction to Sick Child	4	Cultural Foundations in Health	30
Skills Labs	30	Skills Labs	56

Clinicals 2 hours/week x 12 weeks, 12 patients total, 6 active participant 6 primary provider-PP PP on acute visits only	24	Clinicals 2 hours per week for 12 weeks 12 patients total 6 active participant 6 primary provider PP only on acute they've been taught	72
Evaluation of Knowledge and Skills	2	Evaluation of Knowledge and Skills	4
HOURS	240	HOURS	270
CHA Internship 5 weeks		Direct Patient Care (80+ encounters all as primary provider) 5 weeks; 8h/day	
HOURS			200
CHP 201		CHP 202	
CHP 201 Overview		CHP 202 Overview	
Community Health Part 1	20	Community Health Part 2	10
Immunizations Management	5	Chronic Care Patient Management	2
Women's Health, Prenatal Care, Family Planning	12	Cancer	2
Healthy Eating and Nourishment	10	Behavioral Health Part 3	10
Behavioral Health Part 2	10	Family and Social Issues Part 3	6
Family and Social Issues Part 2	8	Wellness and Prevention	8
Emergency Care of the Patient Part 2	5	Clinic Management	4
Elder Care	8	Critical Incident Stress Management and Debriefing	4
Health Equity and Disparities Course	30	CHP Special Topics	1
		Case Presentations by Students	20
Skills Labs Practice Evaluation Demonstration	40	Skills Labs Practice Evaluation Demonstration	48
Clinicals	128	Clinicals	128

Two 8 hour days per week for 8 weeks, probably weeks 3-10, first two weeks to get started in course and last two weeks for clinical evaluation with 64 encounters, 50 as primary, 14 as active.		Two 8 hour days per week for 8 weeks, probably weeks 3-10, first two weeks to get started in course and last two weeks for clinical evaluation with 64 encounters, 50 as primary, 14 as active.	
Evaluation of Knowledge and Skills	4	Evaluation of Knowledge and Skills	4
HOURS	270	HOURS	240
CHP Internship		Direct Patient Care (105+ patient encounters) 5 weeks; 8 hrs/day	
		HOURS	200
CHP Preceptorship			
		Direct Patient Care	80
		Evaluation and Testing	20
		HOURS	100
Sole Provider Course		Clinic Management Emergency knowledge and Skills	60



NPAIHB CHR

National Student Tribal Representation

Northwest Tribes	Tribes Outside Northwest
<ul style="list-style-type: none">▣ Ceour'd Alene▣ Lummi▣ CTUIR▣ Puyallup▣ Sauk-Sauiatle▣ Shoshone-Bannock▣ Shoshone-Paiute▣ Yakama▣ Quinalt▣ Colville▣ Warm SpringsTulalip	<ul style="list-style-type: none">▣ Navajo▣ Assiniboine-Sioux▣ Salish-Kootenai▣ Blackfeet▣ Cherokee▣ Pueblo▣ Wichita▣ Choctaw▣ Kiowa▣ Apache▣ Paiute▣ Cheyenne Arapaho▣ ChickasawNorthern Cheyenne



NPAIHB eCHAMP Content Overview

General Content

Chief Complaint Selection Pages by Body System (Begin Here If, Do NOT Begin Here If)
 Past Medical History
 Social History
 Wellness Screenings (chronic dz, cancer and vaccines)
 Substance Use Disorder Screenings
 High Risk Health Conditions

Visit Types

Acute Care
 Chronic Care
 Recheck
 After Hospital Stay
 Emergency
 Prenatal and Postpartum
 Pediatrics (Well and Sick Child)
 Home
 Preventive
 Substance Use Disorder
 Mental Health

Physical Exams

Well Child Screening Exam (2w-5y)
 Sick Child Exam
 Screening Elder Exam
 Screening Child Exam(6y-12y)
 Screening Adult Exam
 Complete Adult Physical Exam
 Focused Physical Exams

Body Systems & Chapters (includes Acute, Chronic and Recheck visits)

- Eye
 - Ear
 - Nose
 - Throat and Mouth
 - Teeth
 - Respiratory

- Circulatory
- Digestive
- Urinary
- Male Reproductive
- Female Reproductive including Breast
- Endocrine
- General
- Skin
- Musculoskeletal
- Nervous (including eye and ear)
- Pregnancy
- Pediatrics
- Substance Use Disorders
- Elder Care

Assessments & Plans by Body System

CHRONIC CARE:

Asthma

Chronic Angina

Chronic Obstructive Pulmonary Disease

Chronic Pain Management

Depression

Diabetes Type I

Diabetes Type II

Essential Hypertension

Generalized Anxiety Disorder

Heart Failure

Hyperlipidemia

Osteoarthritis

Osteoporosis

Seizure Disorder

Stroke

CIRCULATORY SYSTEM:

Bleed or Bruise Easily

Blood Clots Easily

Bradycardia

Chest Pain- Acute Pericarditis

Chest Pain- Angina

Chest Pain- Aortic Dissection

Chest Pain- Minor Chest Wall Injury

Chest Pain- Myocardial Infarction

Chronic Venous Insufficiency

Deep Venous Thrombosis

Fatigue/Weakness- Iron Deficiency Anemia

Fatigue/Weakness- Anemia of Chronic Disease

Fatigue/Weakness- Angina

Fatigue/Weakness- Heart Failure

Heart Failure

Heart Murmur

Hypertensive Urgency- Blood Pressure greater than 180/120 mmHg without signs of target organ damage

Hypertensive Emergency- Blood Pressure greater than 180/120 mmHg (often at or greater than 220/125 mmHg) with signs of target organ damage

Low Blood Pressure- Dehydration

Low Blood Pressure- Medicine(s)

Low Blood Pressure- Vasovagal Syncope

Myocardial Infarction

New Finding of Elevated Blood Pressure greater than 130/80 mmHg but less than 180/120 mmHg

Peripheral Vascular Disease

Pulmonary Embolism

Sinus Tachycardia-Regular Rhythm

Superficial Venous Thrombophlebitis

Tachycardia-Irregular Rhythm

Varicose Veins

DIGESTIVE SYSTEM:

Acid Reflux Disease

Acute Diarrhea- Pediatric

Anal Abscess

Anal Fissures

Celiac Disease/Gluten Sensitivity

Constipation

Gastritis

Gastroenteritis (Food Poisoning)

Gastrointestinal Bleed

Hemorrhoids

Hepatitis

Hernia

Inflammatory Bowel Disease

Irritable Bowel Syndrome

Jaundice

Lactose Intolerance

Minor Abdominal Injury

Pinworms

Possible Acute Appendicitis

Possible Acute Bowel Obstruction

Possible Acute Cholecystitis/Cholelithiasis

Possible Acute Diverticulitis

Possible Acute Pancreatitis

Possible Acute Pelvic Inflammatory Disease

Possible Ectopic Pregnancy

Possible Acute Myocardial Infarction

Possible Pyloric Stenosis
Severe Abdominal Injury
Tapeworms
Traveler's Diarrhea
Urinary Assessment Chart
Vomiting, Diarrhea- Possible Acute Covid-19

EAR:

Acute Otitis Media
Chronic Otitis Media
Dizziness/Disequilibrium/Vertigo
Earwax/Cerumen
Eustachian Tube Dysfunction
Foreign Body in Ear Canal
Hearing Loss
Labyrinthitis
Minor Abrasion of Ear
Minor Contusion of Ear
Minor Laceration of Ear
Otitis Externa
Otitis Media with Effusion
Recurrent Otitis Media
Tympanostomy Tube- Follow Up

ENDOCRINE:

Diabetes Type I- New Assessment
Diabetes Type II- New Assessment
Enlarged Thyroid Gland
Gynecomastia
Hashimoto's Thyroiditis

Hyperthyroidism

Hypoglycemia

Hypothyroidism

Metabolic Syndrome

Osteoporosis

Paget Disease of Bone

Polycystic Ovary Syndrome

Pre-Diabetes

Testosterone Deficiency- Male

Undescended Testicle

EYE:

Acute Glaucoma

Acute Iritis

Blepharitis

Chalazion

Chemical Injury to the Eye

Conjunctivitis

Corneal Abrasion

Hordeolum (Stye)

Mild Allergic Reaction

Minor Corneal Foreign Body

Photokeratitis

Serious Eye Injury

Severe Infection Around Eye (Periorbital Cellulitis)

Subconjunctival Hemorrhage

Uncomplicated Black Eye

MALE GENITAL and REPRODUCTIVE:

Curved/Deformed Penis with Painful Erections

Enlarged Prostate Gland- Benign Prostate Hyperplasia

Enlarged Veins in Scrotum

Erectile Dysfunction

Fluid Sac in Scrotum

Groin, Genital Rash

Growth on Genitals- Genital Warts

Lump on Testicle

Named as Sexually Transmitted Infection Contact- No Current Symptoms

Painful Genital Sores- Possible Herpes First Infection

Painful Genital Sores- Possible Herpes Recurrent Infection

Painless Sore on Penis- Possible Syphilis

Penile Discharge- Possible Gonorrhea and/or Chlamydia

Penile Glans Inflammation- Balanitis

Persistent Painful Erection

Positive Gonorrhea and/or Chlamydia Test

Prostate Pain- Acute or Chronic Prostatitis

Pubic Lice

Scabies

Testicle Pain- Epididymitis

Testicle Pain- Orchitis

Testicle Pain- Torsion

MUSCULOSKELETAL SYSTEM:

Acromioclavicular Joint Dislocation

Ankle Sprain

Bone Pain- Bone Lesion

Bone or Joint Pain- Skeletal Tuberculosis

Bursitis- General

Compartment Syndrome

Elbow Strain

Joint Dislocation- General

Joint Pain- Gouty Arthritis ("Gout")

Joint Pain- Osteoarthritis

Joint Pain- Red, Hot, Swollen- Infection

Joint Pain- Rheumatoid Arthritis

Knee Sprain

Ligament Sprain- General

Low Back Pain- Herniated Disk

Low Back Pain- Lumbar Spinal Stenosis

Low Back Pain- Lumbar Sprain

Minor Chest Wall Injury

Muscle or Tendon Strain- General

Neck Pain- Cervical Strain

Open Fracture

Closed Fracture

Plantar Fasciitis

"Pulled Elbow" (Nursemaid's Elbow)- Pediatric

Ruptured Achilles Tendon

Ruptured Biceps Tendon

Ruptured Finger Tendon

Shin Pain- Shin Splints

Shoulder Dislocation

Shoulder Strain

Hip Pain- Adolescent/Pediatric- Slipped Capital Femoral Epiphysis

Spine Pain- Uncomplicated Compression Fracture

Tibial Tuberosity Pain- Osgood-Schlatter Disease

Wrist Pain- Carpal Tunnel Syndrome

Wrist Strain-De Quervain Tenosynovitis

NERVOUS SYSTEM:

Acute Altered Mental Status

Bell's Palsy- 7th Facial Nerve Palsy

Carbon Monoxide Headache

Complex Regional Pain Syndrome

Delerium

Dementia

Dizziness/Vertigo/Disequilibrium

Fibromyalgia

Hyperventilation

Medicine Overuse Headache

Meningitis Headache

Migraine Headache

Minor Head Injury- Concussion

Multiple Sclerosis

Parkinson's Disease

Peripheral Neuropathy

Persistent Headache- Acute Covid-19

Physiologic Tremor

Pituitary Adenoma Headache

Postherpetic Neuralgia

Restless Leg Syndrome

Seizure Disorder- Adult

Seizure in Child with Fever

Tension Headache

Trigeminal Neuralgia

"Worst Headache of My Life"- Possible Subarachnoid Hemorrhage

NOSE:

Nasal Congestion- Foreign Object in Nose

Nasal Congestion- Nasal Polyp

Nasal Congestion- Sinusitis

Nasal Bone Fracture

Nosebleed- Injury

Nosebleed- Non-Injury

Recurrent Nose Bleeds- Possible Blood Clotting Disorder

Runny Nose- Acute Rhinitis

Runny Nose- Common Cold

RESPIRATORY SYSTEM:

Acute Asthma Exacerbation

Acute Bronchiolitis

Acute Bronchitis

Acute Common Cold

Acute Community Acquired Pneumonia

Acute Covid-19

Acute Epiglottitis

Acute Exacerbation of Chronic Obstructive Pulmonary Disease

Acute Exercise-Induced Asthma

Acute Heart Failure

Acute Influenza

Acute Laryngitis

Acute Myocardial Infarction

Acute Peritonsillar Abscess

Acute Pulmonary Embolism

Acute Rhinitis

Acute Strep Pharyngitis

Acute Viral Pharyngitis

Bronchiectasis

Head Congestion- Foreign Body in Nose

Hyperventilation

Minor Chest Wall Injury

Pleural Effusion

Pneumothorax

Sinusitis

Snoring with Apnea Spells- Possible Obstructive Sleep Apnea

Uncomplicated Pulmonary Tuberculosis- New Onset

Uncomplicated Snoring

URINARY SYSTEM:

Blood in Urine- Hematuria

Dysuria- Enlarged Prostate Gland

Interstitial Cystitis

Kidney Infection

Penile Discharge- Possible Gonorrhea and/or Chlamydia

Prostate Pain- Acute or Chronic Prostatitis

Urinary Incontinence- Adult

Urinary Incontinence- Child

Urinary Retention

Urinary Tract Infection

Urine Problem with Flank Pain

SKIN AND SOFT TISSUE:

Mild Allergic Reaction/Hives

Insect Bite or Sting, Non-Venomous

Snake Bite or Scorpion Sting

Dermatitis: Acute or Chronic

Impetigo

Chicken Pox

Shingles

Skin Ulcer or Pressure Injury

Scarlet Fever

Lice

Scabies

Diaper Rash

Fungal Skin Infection

Acne

Seborrheic Dermatitis

Wart

Abscess

Infected Wound

Cellulitis/Lymphangitis

Severe Infection Under Skin/Necrotizing Fasciitis

FEMALE REPRODUCTIVE:

Well Woman Visit

Positive Pregnancy Test

Painful Menstrual Periods

PMS/PMDD

Abnormal Vag Bleeding, NOT Pregnant

Abnormal Vag Bleeding, Pregnant/+HCG Test

No Periods, Possible Menopause

Starting BCP, Patch, Ring

Starting Depo Provera

Starting Other BCM's

Repeat Depo Shot Visit

Refill BCP, Patch, Ring
Emergency Contraception
Breast Pain, NO Signs of Infection
Breast Lump
Nipple Discharge
Breast Infection
Vaginal D/C, Possible Yeast Infection
Other Vaginal D/C (GC/CT, Trich, BV, Other)
Vaginal D/C with Abd/Pelvic Pain, Possible PID
Foreign Body in Vagina
Possible STI Testing
Bartholin Gland Cyst or Infection
Sore or Rash on Genitalia; Possible HSV, Primary Infection
Sore or Rash on Genitalia; Possible HSV, Recurrence
Growth on Genitalia, Possible Genital Warts
Genital Rash, Possible Fungal Infection
Screening for STI, NO Symptoms
Named as STI Contact
Possible Sexual Assault, Patient Declines Medico-Legal Exam
Possible Sexual Assault, Patient Agrees to Medico-Legal Exam

PREGNANCY AND POSTPARTUM:

Female Wants To Get Pregnant
Prenatal Visit, First Prenatal
Prenatal Visit, Return Prenatal
Negative Pregnancy Test
Positive Pregnancy Test
Vaginal Bleeding, Less than 23 Weeks
Vaginal Bleeding, More than 23 Weeks
Possible Preterm Labor

Possible Rupture Membranes
 Elevated BP in Pregnancy
 Possible Pre-Eclampsia
 Seizure in Pregnancy, Possible Eclampsia
 Vomiting in Pregnancy
 Hyperemesis Gravidarum
 Prenatal Glucose Tolerance Test, 1 hour
 Prenatal Glucose Tolerance Test, 2 hour
 Prenatal Glucose Tolerance Test, 3 hour
 Normal Postpartum Follow Up
 Severe Vaginal Bleeding After Delivery
 Postpartum Care of Vaginal Tears
 Postpartum Infection of the Uterus
 Mastitis or Abscess of the Breast
PEDIATRICS:
 Very Sick Child
 Sick Child
 Normal Appearing Child
 Dehydration in Child
 Suspected Abuse or Neglect
 High Risk Infant or Child Chronic Care
 Newborn Care
 Well Child Care
 School Physical Exam
 Teen Health Care
 Healthy Child 2 weeks to 5 years
 Child Not Growing or Developing Normally

A certified community health aide must successfully demonstrate and maintain:

1. An understanding of the topics addressed in the CHA/P Curriculum for the Pre-Session, Foundations, CHA Education Courses 101 and 102, which include:
 - a. Professional components of being a community health aide/practitioner including:
 - i. role and general scope of work/practice
 - ii. medical ethics, including patient confidentiality and patient rights
 - iii. medical-legal issues and coverage
 - iv. State of Oregon, Washington, or Idaho mandatory reporting requirements
 - v. consent for treatment issues
 - vi. roles of other types of health aides
 - vii. importance of thorough documentation of patient encounter
 - viii. CHA Self Care and Evaluation
 - b. Concepts of anatomy, function and pathophysiology.
 - c. Medical terminology.
 - d. General concepts of:
 - i. Wellness
 - ii. Disease and care issues
 - iii. Infection and communicable diseases brief introduction to:
 1. Respiratory illnesses including Tuberculosis
 2. Sexually transmitted infections (STI)
 3. Blood borne pathogens including HIV/AIDS
 4. Other types of infection and communicable disease
 - e. Problem-specific complaints (acute care) and chronic illnesses (chronic care) for adults and children of the following body systems:
 - i. Eye
 - ii. Ear
 - iii. Nose
 - iv. Oral Health (Mouth and Teeth)
 - v. Respiratory
 - vi. Circulatory
 - vii. Digestive
 - viii. Urinary
 - ix. Musculoskeletal
 - x. Endocrine
 - xi. Nervous
 - xii. Skin
 - xiii. Immune
 - xiv. Female Reproductive including Breast
 - xv. Male Reproductive
 - xvi. Generalized Symptoms
 - f. Clinical patient care theoretical concepts of:
 - i. The Clinical Setting
 - ii. History Taking and Interviewing Skills
 - iii. Physical Exam
 - iv. Assessments and Plans
 - v. Documentation, Medical Abbreviations

- vi. Introductory Medical Math and Medicine Skills
 - vii. Introduction to Medicines and Pharmacology
 - viii. High Risk Health Conditions
- g. Chronic Care Concepts, Disease Processes and Management
- h. Concepts of Diagnostics, Procedures and Treatment for acute and chronic care disease processes
- i. Concepts of the Sick Child
- j. Life Cycle of the Human including age-specific wellness, disease and care issues related to the:
 - i. Infant
 - ii. Child
 - iii. Adolescent
 - iv. Adult
 - v. Pregnant patient
 - vi. Elder
- k. Introductory concepts of vaccinations and the skills related to administering immunizations
- l. Introductory concepts of the Pregnant Patient including:
 - i. Fetal heart tones
 - ii. Growth Appropriate to Gestational Age (fundal height)
 - iii. Considering Maternal and Fetal Risk Factors
- m. Introductory Concepts of Behavioral Health including:
 - i. Mental Health Illnesses – Mental Health Conditions and Resiliency
 - ii. Identification, common conditions, emergencies
- n. Substance Use Disorders
 - i. Alcohol, illicit and pharmaceutical drugs
 - ii. The components of substance use disorder management
 - iii. Harm reduction
 - iv. Suicide, including ideation and treatment. Suicide risk identification, recognition and understanding of
THO workflow and referral and emergency resources
- o. Introductory Concepts of Family and Social Issues:
 - i. Trauma
 - 1. Historical
 - 2. Intergenerational
 - ii. Domestic Violence, Abuse and Neglect
- p. Introductory Concepts of a Home Visit:
 - i. Necessity (elderly, dying, postpartum, other)
 - ii. Safety Considerations
 - iii. Preparation
 - iv. Performance
 - v. Documentation
 - vi. Consulting
 - vii. Follow Up
- q. Emergency Care including
 - i. Identification

- ii. Immediate care
 - iii. Management until transfer
 - iv. Preparation for transfer from clinic for:
 - 1. Severe allergic reaction
 - 2. Severe Head Injury
 - 3. Severe Trauma
 - 4. Shortness of Breath
 - 5. Chest Pain
 - 6. Severe Headache
 - 7. Severe Abdominal Pain
 - 8. Possible Stroke
 - 9. Active Seizure
 - 10. Severe External Bleeding
 - 11. Potential Internal Bleeding
 - 12. Signs of Shock
 - 13. Possible Drug Overdose
 - 14. Altered Mental Status
 - 15. Chemical Splashed in the Eyes
 - 16. Severe Burns to the Skin
 - 17. Chemical Spilled on Skin
 - 18. Open Fractures
 - 19. Altered LOC
 - 20. Hypothermia
 - 21. Hyperthermia
 - 22. Poisonings
 - 23. Mental Health Emergencies
 - r. Prevention Concepts:
 - i. Dental Health Oral Health
2. Demonstrate competency in the following subjects to the level of performance required after meeting the requirements of section 2.20.100 [CHA Education Course 101/102 training & education requirements]:
- a. Professional and ethical conduct in all clinical settings.
 - b. Perform HEAP based patient visit using the eCHAMP for:
 - i. problem-specific complaints
 - ii. chronic care related complaints
 - iii. the sick child
 - c. Evaluate the acute care problem specific complaint of the pregnant patient.
 - d. Providing Vaccinations with the guidance of their consulting team.
 - e. Behavioral health:
 - i. Identifying a mental health emergency and common mental health conditions.
 - ii. Identifying and team participation in management of substance abuse disorders, including drugs and alcohol.
 - iii. Identifying suicidal ideation and referring patients for treatment.
 - f. Family and Social Issues:
 - i. Recognizing the signs and symptoms of domestic violence, abuse and neglect across the patient spectrum.

- g. Performing a Home Visit
- h. Identifying an emergency and initiating care until transfer
- 3. Satisfactory performance and maintenance of the following skills:
 - a. Use of the eCHAMP in every patient encounter.
 - b. Ability to perform CHAP relevant Medical Math.
 - c. Problem-specific history taking.
 - d. Physical examinations of adults and sick infants and children.
 - i. Vital signs of infant:
 - 1. Pulse
 - 2. Respiration
 - 3. Rectal Temperature
 - 4. Length
 - 5. Weight
 - 6. Head circumference
 - ii. Vital signs of child and adult:
 - 1. Radial pulse
 - 2. Apical pulse
 - 3. Carotid pulse
 - 4. Brachial pulse
 - 5. Respirations
 - 6. Temperature (oral, ear, forehead)
 - 7. Blood pressure
 - 8. Oxygen saturation
 - 9. Height
 - 10. Weight
 - 11. Orthostatic vital signs
 - iii. Systems:
 - 1. General appearance.
 - a. Head
 - b. Ear
 - c. Eye, including Snellen
 - d. Nose
 - e. Mouth
 - f. Throat
 - g. Neck, including nodes
 - h. Chest
 - i. Lungs
 - j. Heart
 - k. Pulses (including carotid, brachial, radial, femoral, popliteal, posterior tibialis, dorsalis pedis)
 - l. Breast
 - m. Abdomen
 - n. Skin
 - o. Nervous
 - p. Mental status
 - q. Musculoskeletal including extremities

- r. Lymph
 - s. GU in the male and female
 - t. Back (including costal vertebral angle (CVA))
 - u. Male genitals
 - v. Female genitalia
 - w. External anus
- iv. Return prenatal exam
- e. Performance and interpretation of the following POC (Point of Care) lab tests:
 - i. Blood glucose
 - ii. Hemoglobin
 - iii. Rapid strep
 - iv. Urine dipstick
 - v. Purified protein derivative - PPD (test for TB)
 - vi. Fecal occult blood or FIT
 - vii. Urine pregnancy - HCG test
 - viii. Covid/RSV/Flu
- f. Performance only of the following lab tests:
 - i. Venipuncture for blood tests
 - ii. Finger stick
 - iii. Concept of centrifuge/separate blood
 - iv. Adult clean catch urine specimen
 - v. Throat culture
 - vi. Heel stick
 - vii. Newborn bloodspot screening test
 - viii. Non-clean catch urine specimen
 - ix. Infant (bag)
 - x. Urine culture
 - xi. Stool for ova and parasites
 - xii. Sputum for TB testing
 - xiii. Phenylketonuria (PKU)
 - xiv. Urethral swab
- g. Assessment, including:
 - i. Use of the eCHAMP
 - ii. Use of assessment charts
 - iii. Listing multiple assessments
 - iv. Plan for each assessment including recheck
 - v. Consulting
 - vi. Documentation
- h. Medicines:
 - i. Dose calculations
 - ii. Reconstitution: oral
 - iii. Parenteral
 - iv. Label reading and making
 - v. Drops for eye and ear
 - vi. Injections:
 - 1. Intramuscular hip

2. Intramuscular infant thigh
3. Subcutaneous
4. Intradermal injection
- vii. Inhaler/spacer
- viii. Nebulizer
- ix. Rectal suppositories
- x. Vaginal suppositories and creams
- xi. Transdermal
- xii. Topical
- i. Patient education including:
 - i. Explaining assessment
 - ii. Use and review of patient education references and handouts
- j. eCHAMP Medicines for medicine instructions
- k. The following treatments and procedures:
 - i. Ear:
 1. Irrigation
 2. Suction
 3. Remove foreign body
 4. Curette outer canal
 5. Ear wick
 6. Irrigation
 - ii. Eye:
 1. Irrigation
 2. Fluorescein stain
 3. Eyelid eversion
 4. Small superficial foreign body removal
 5. Eye patches
 - iii. Nose:
 1. Compression and nasal packing for epistaxis
 - iv. Mouth/Teeth:
 1. Oral health promotion & disease prevention
 2. Oral Hygiene Instructions
 - a. Tooth brushing
 - b. Interdental cleaning (i.e. flossing)
 3. Antimicrobial treatments
 - v. Respiratory
 1. Postural drainage
 2. Peak flow
 - vi. Heart
 1. Perform:
 - a. 12 lead ECG
 - b. 3 lead ECG
 - vii. Wound care
 1. Evaluation
 2. Irrigation/cleaning
 3. Splinter removal

- 4. Ring removal
- 5. Fishhook removal
- 6. Skin closure strips
- 7. Suture
- 8. Suture removal
- 9. Staple removal
- 10. Debriding blisters
- 11. Stabilization of impaled object
- viii. Orthopedics:
 - 1. Elastic bandage
 - 2. Hot/cold packs
 - 3. Splinting
 - 4. Crutch and cane fitting
 - 5. Cast removal
- ix. Other:
 - 1. Intravenous fluid therapy
 - 2. Oxygen
 - 3. Oral suction
- x. Prevention of disease transmission:
 - 1. Hand washing,
 - 2. Clean/sterile technique,
 - 3. Universal or standard precautions
 - 4. Mailing hazardous substances

CHP Core Competencies from S&P's

1. In addition to meeting the requirements of section 2.20.110 [CHA competencies and skills], a certified Community Health Practitioner must successfully demonstrate and maintain:
 - a. understanding of the topics addressed in the CHA/P Curriculum for CHP 201 and 202, which include:
 - i. Introduction to Public Health Issues for the individual and community:
 1. Management of infections and communicable diseases including:
 - a. Respiratory illnesses including Tuberculosis
 - b. Sexually transmitted infections (STI)
 - c. Blood borne pathogens including HIV/AIDS
 - d. Other types of infection and communicable disease including Rabies
 - b. Issues and management of:
 - i. Food and waterborne illnesses
 - ii. Injury prevention
 - iii. Smoking and tobacco cessation
 - iv. Wellness and self care
 - v. Healthy eating and nourishment
 - vi. Health surveillance and prevention including:
 1. Well child
 2. Adolescent wellness
 3. Women's health
 4. Men's health

5. Elder wellness

- c. Components of the Well Child Visit
 - d. Medicine Skills and Pharmacology including:
 - i. Side effects
 - ii. Contraindications
 - iii. Drug interactions especially in the chronic care patient
 - iv. Concepts of polypharmacy particularly in elders
 - e. Immunization:
 - i. Scheduling and management for regular and catch up schedules
 - ii. Community awareness/programs
 - f. Prenatal Care including:
 - i. Normal development and progress
 - ii. High risk issues
 - iii. Fetal alcohol syndrome prevention and identification
 - iv. Labor and Delivery
 - v. Postpartum Care
 - g. Newborn Care.
 - h. Family Planning for Males and Females
 - i. Chronic Care Management for Individual Patients, Family and Community including community programs and engagement
 - j. Cancer
 - k. Elder Care Management
 - l. Concepts of Behavioral Health including:
 - i. Mental Health Issues of the Child/Adolescent
 - ii. Mental Health Promotion
 - iii. Substance Use Disorders
 - 1. Community resources for recovery
 - 2. Cessation
 - iv. Suicide risk, prevention, community resources
 - m. Concepts of Family and Social Issues:
 - i. Sexual Assault and Rape
 - ii. Gender Topics
 - iii. Grief and Loss including:
 - 1. The dying patient and end of life care
 - 2. Critical incident stress management and debriefing for:
 - a. CHA/P's
 - b. Patients
 - c. Families
 - d. Communities
 - n. Review of all Basic Emergency Care Concepts with special emphasis on the newborn, infant, pregnant woman
 - o. Clinic organization, layout, equipment, maintenance and team responsibilities
 - p. Self evaluation and self care for the CHP
 - q. Career advancement and continuing education for the CHP
2. Demonstrate competency in the following subjects to the level of performance required after meeting the requirements of section 2.20.100 [CHP Education Courses 201/202 training &

education requirements]:

- a. Professional and ethical conduct in all clinical settings.
- b. Performing self evaluation and self care.
- c. Performing HEAP based patient care using the eCHAMP for:
 - i. Well Child Visit
 - ii. Adolescent Visit
 - iii. Female Health Visit
 - iv. Male Health Visit
 - v. Elder Visit
 - vi. Chronic Care Visit
 - vii. Prenatal Visit
3. Identifying and addressing public health issues such as communicable diseases including rabies, TB, HIV/AIDS, STI's; food and waterborne illnesses, injury prevention, smoking and tobacco cessation
4. Addressing the wellness and self-care needs of the patient including healthy eating and nourishment, health surveillance and disease prevention
5. Executing patient treatment plans in relation to medicine skills and pharmaceutical concepts
6. Immunization management
7. Providing care for the prenatal patient throughout pregnancy and postpartum/newborn care
8. Providing guidance in family planning for all patients
9. Behavioral Healthcare including:
 - a. Identifying Mental Health Issues of the Child/Adolescent
 - b. Providing Mental Health Promotion
 - c. Addressing Substance Use Disorders
 - d. Community resources for recovery and cessation
 - e. Identifying Suicide risk, prevention, community resources
10. Family and Social Issues including:
 - a. Recognizing signs of sexual assault and rape and addressing patient needs and concerns.
 - b. Awareness of and recognizing the need to address gender topics when appropriate to patient care.
 - c. Providing grief and loss counseling and support to patient and patient's family in relation to the dying patient and end of life Care.
11. Facilitating process after a critical incident occurs including stress management and debriefing for the CHA/P, patient, family and community.
12. Identifying an emergency and initiating care until transfer with special emphasis on the newborn, infant, pregnant woman.
13. performing as a team member in the clinic including organization, layout, equipment, maintenance and team responsibilities.
14. Satisfactory performance must successfully demonstrate and maintain of the following skills:
 - a. Use of the eCHAMP in every patient encounter
 - b. History taking and physical exam for:
 - i. Infants, children, adolescents, adults and elders
 - ii. Initial prenatal visit;
 - iii. Prenatal revisit;
 - iv. Well Child Visit

- v. Adolescent Visit
- vi. Women's Health Visit including breast exam
- vii. Men's Health Visit
- viii. Elder Visit
- ix. Chronic Care Visit
- x. Complete Screening Physical Exam on Adult

15. Health and Patient Education

- a. Immunizations schedule, interpretation, and planning

16. Ability to perform CHAP relevant Medical Math

Chronic Care Drug Class Info

Beta Blockers
 Calcium Channel Blockers
 Diuretics
 Inhaled Corticosteroids
 Long Acting Bronchodilators
 Anti-Inflammatories
 Biphosphonates
 Short Acting Bronchodilators
 Anxiolytics (SSRI, SNRI, Tricyclics)
 Anti-Depressants(SSRI, SNRI)
 Statins
 ACE Inhibitors

Acute Care Medicine Info Tentative-Still determine formularies for Pilot Sites

Non-Opioid Analgesics:

Acetaminophen 160mg/5mL
 Acetaminophen 160 mg chewable
 Acetaminophen 325 mg tablets
 Acetaminophen Suppository 120 mg
 Acetaminophen Suppository 325 mg
 Acetaminophen Suppository 650 mg
 Aspirin 325 mg tablets

Anti-Inflammatories:

Ibuprofen 100 mg/ 5mls suspension
 Ibuprofen 800 mg tablets
 Ibuprofen 400 mg tablets

Anti-Infectives:

Amoxicillin 400 mg/ 5 ml suspension
 Amoxicillin 500 mg tablets
 Amoxicillin/Clavulanate 600 mg/42.9 mg/ 5 mls suspension

Amoxicillin/Clavulanate 875 mg/125 mg tablets
Azithromycin 200 mg/5 mls suspension
Azithromycin 250 mg tablets
Cefdinir 250 mg/ 5ml suspension
Cefdinir 300 mg tablets
Cefixime 400 mg tablets
Ceftriaxone 1000mg (1g) vial for IM injection
Cephalexin 250 mg/5ml suspension
Cephalexin 500 mg tablets
Clindamycin 75 mg/ 5 ml granules for solution
Clindamycin 150 mg capsules
Clindamycin 300 mg capsules
Clindamycin 2% vaginal cream
Doxycycline
Doxycycline 100 mg tablets
Fluconazole 150 mg tablets
Levofloxacin 250 mg tablets
Metronidazole 500 mg tablets
Nitrofurantoin 100 mg capsules
Nystatin 100,000 u/1ml oral suspension
Penicillin G Benzathine 600,000 units for IM injection
Penicillin G Benzathine 1,200,000 units for IM injection
Penicillin VK 250 mg/5 mls suspension
Penicillin VK 250 mg tablets
Sulfamethoxazole/Trimethoprim 250 mg/40 mg/5 mls suspension
Sulfamethoxazole/Trimethoprim 800 mg/160 mg tablets

Ear Medicines:

Carbamide Peroxide 6.5% otic solution
Ciprofloxacin 0.3% ophthalmic/otic solution
Docusate Sodium Liquid

Eye Medicines:

Artificial tears
Ciprofloxacin 0.3% solution
Erythromycin 0.5% ointment
Fluorescein strips
Proparacaine 0.5% solution
Prednisolone 1% solution
Sulfacetamide 10% solution

Sulfacetamide 10% ointment

Mouth/Teeth:

Chlorhexidine 0.12% solution, mouth rinse

Respiratory:

Albuterol HFA 90 mcg metered dose inhaler

Albuterol 0.083% solution for nebulizer

Diphenhydramine 12.5 mg/5 ml oral solution

Diphenhydramine 25 mg capsules

Diphenhydramine 50 mg/ml injectable solution

Fluticasone 50 mcg nasal spray

Guaifenesin 10-100 mg/5 ml syrup

Loratadine 5 mg/5 ml suspension

Loratadine 10 mg tablets

Meclizine 25 mg tablets

Oseltamivir 6 mg/6 mls powder for suspension

Oseltamivir 30 mg, 45 mg, 75 mg capsules

Oxymetazoline 0.05% nasal spray

Sodium Chloride 0.9% solution for nebulizer

Sodium Chloride 0.9% nasal spray

Circulatory:

Furosemide 40 mg tablets

Furosemide 10 mg/ml solution for IM injection

Nitroglycerin 0.4 mg sublingual spray

Digestive:

Magnesium Hydroxide 400 mg/5 ml suspension

Docusate Sodium 100 mg capsules

Docusate Sodium 250 mg capsules

Docusate Sodium 500 mg/5 ml liquid

Famotidine 20 mg capsules

Hydrocortisone 25 mg rectal suppository

Ondansetron 4 mg ODT

Promethazine 25 mg rectal suppositories

Psyllium Hydrophilic Mucilloid powder

Nitroglycerin 0.4 mg sublingual tablets

Urinary:

Nitrofurantoin 100 mg capsules
Ceftriaxone 1,000 mg vial for IM injection

Women's Health:

Clotrimazole 1% vaginal cream
Miconazole 200 mg vaginal suppositories

Skin:

Epinephrine 0.15 autoinjector
Epinephrine 0.3 autoinjector
Diphenhydramine 12.5 mg/5 ml solution
Diphenhydramine 25 mg oral capsules
Loratadine 5 mg/ 5ml tablets
Loratadine 10 mg tablets
Calamine zinc oxide 8-8% topical lotion
Hydrocortisone 1% cream
Aluminum Acetate topical solution
Mupirocin 2% ointment
Valacyclovir 500 mg tablets
Permethrin 5% cream
Permethrin 1% liquid cream rinse
Clotrimazole 1% cream
Nystatin 100,000 units gram/cream
Tretinoin 0.025% cream
Benzoyl Peroxide 5% lotion or gel
Benzoyl Peroxide 10% lotion or gel

Mental Health/Nervous System:

Lorazepam 1mg tablets
Lorazepam 2mg/ml solution for IM injection
Diazepam 5 mg tablets
Haloperidol 5 mg/ml solution for IM injection
Haloperidol 5 mg tablet
Meclizine 25 mg tablet
Ketorolac 60 mg/2 ml solution for IM injection
Thiamine 100 mg tablets
Thiamine 100 mg/ml solution for IM injection

Emergency Meds:

TBD

Vitamins and Mineral Supplements:

Calcium Carbonate 1,250 mg tablet

Cholecalciferol 400 IU drops

Cholecalciferol 1,000 IU tablets

Ferrous Sulfate 1 ml solution

Ferrous Sulfate 325 mg tablets

Thiamine 100 mg tablet

Procedures and Skills

Abdominal Exam

Abscess: Incision and Drainage

Achilles Reflexes

Adam's Test

Airway Breathing Circulation (ABC)

Alert, Voice, Pain, Unresponsive (AVPU)

Allen Test

Alternating Hand Flip Test

American Urological Association Symptom Index (AUASI)

Amputated Body Part: Care and Handling

Anorectal Exam

Anoscopy

Anus and Rectal Exam

Apley Test

Apprehension Test

Automated External Defibrillator (AED)

Back Exam

Bag Valve Mask (BVM)

Bag Valve Mask (BVM): Newborn

Basic Life Support

Bleeding Control

Bouchard Nodes

Boutonniere Deformity

Bowel Sounds

Breast Exam

Brudzinski Sign

CAGE Questions

Cancer Screening Guidelines

Caput Medusae

Cardiac Exam

Cardiopulmonary Resuscitation (CPR)

Cardiopulmonary Resuscitation (CPR) Adult, Child, Infant
Cardiopulmonary Resuscitation (CPR): Rescuer Number of Compressions to Breaths
Cervical Collar (C-Collar)
Cervical Nerve Root Function
Cervix Exam
Chandelier Sign
Check Circulation
Check for Spinal Fluid from Ear or Nose
Chest and Lung Exam
Chest Compressions
Clean Instruments
CN I-XII
Collecting Blood Samples
Collecting Stool Sample
Collecting Urine From Infants
COVID Test
Cross Straight Leg Raise Test
CVA Tenderness
DAST-10
DAST-20
Diabetic Foot Exam
Diabetic Wound Exam
Diagnostics: Blood Test Tube Selection and Handling
Diagnostics: Control Test
Diagnostics: Labeling, Packaging and Shipping
Digestive: Placing a Nasogastric (NG) Tube
Digital Hernia Exam
Dix-Hallpike Maneuver Test
Drawer Test
Drop Arm Test
Ear: Applying Drops with Ear Wick
Ear Exam
Ear: Irrigating Ear Canal to Remove Wax or an Object
Ear: Removing Drainage with Ear Wick
Ear: Tympanometry
Ear: Using an Ear Curette
Ear: Using Drops
Ear: Using Otoscope
Electrocardiogram (ECG)
Electrocardiogram (ECG): Where to Place Electrodes for 3-Lead Systems

Electrocardiogram (ECG): Where to Place Electrodes for 12 Lead Systems

Electroencephalogram (EEG)

Emergency Childbirth: Breech Delivery

Emergency Childbirth:

Head First Presentation

Emergency: Contact Information

Emergency: Critical Incident Stress Management (CISM)

Emergency: Equipment and Supplies

Emergency: Planning

Emergency: Preparedness

Empty Can Test

Equipment: Cleaning and Sterilization

Equipment: Maintenance

Evaluation of Emergency Patient

Exercise

Exercise: Calories Burned Per Hour For Common Physical Activities

Extremities Exam

Eye: Applying Eye Patch

Eye: Chemical Injury Irrigation

Eye: Contact Lens Removal

Eye: Discharge Culture or Facial Rash

Eye: Eversion of Upper Eyelid

Eye Exam

Eye: Eyeglass Adjustment

Eye: Eyeglass Adjustment Problems and Plans

Eye: Eyeglass Care and Repair

Eye: Irrigating to Remove

a Small Foreign Body

Eye: Irrigating with Morgan Lens

Eye: Measuring Interpupillary Distance

Eye: Ointment or Drops

Eye: Severe Injury and Bandaging

Eye: Tumbling E Chart

F.A.S.T. Stroke Assessment

Feeding History

Female Genital Exam

Fine Needle Aspiration

Finger Rub or Whisper Test

Finger-to-Nose Test

Fingerstick Blood Glucose

Fingerstick or Heel Stick
Finkelstein Test
First Void Urine Sample
Fish Hook Removal
Fit Test (Colorectal Health)
Fluorescein Dye Exam
GAD-2
GAD-7
Gag Reflex
General Approach
Genetic Testing
Get Up and Go Test
Gibbus Deformity
Giving Glucose to Newborn
Giving Glucose to Patient with Low Blood Sugar
Glucose Tolerance Test (GTT)
Glucose Tolerance Test (GTT): Diagnostic Prenatal Fasting 3 Hour
Glucose Tolerance Test (GTT): Non-Pregnant Fasting
Gonorrhea/Chlamydia Swab Test
Gonorrhea/Chlamydia Urine Test
Guaiac Test: Blood in Stool
Figure "H" Test
Hand Flip Test
Head and Sinus Exam
Head Tilt Chin Lift
Heberden's Nodes
Helmet Removal
Hemorrhage Sweep
Inguinal Hernia Exam
Herniated Disk Evaluation
High Risk Health Conditions
HIV Screening
Immunization Guidelines
Impingement Test- Shoulder
Influenza Test
Injury Prevention
Inserting Urinary Catheter
Intake and Output (I and O's)
Interval Physical Exam
Intradermal Injection
Intramuscular Injection (IM Shot) Injecting Infant or Child Weighing Less Than 40 Pounds
Intramuscular Injection (IM Shot): Injecting Adult or Child Weighing 40 Pounds or More

Involuntary Evaluation at Hospital for Mental Health Problem (Commitment)

IV: Conversion for 10 Drops/ml Tubing

IV: Connect IV Tubing

IV: Fluid Bolus for Shock or Dehydration Pediatrics

IV: Fluid Replacement with Hypodermoclysis (Clysis)

IV: Giving Medicine

IV: Intraosseous Infusion

IV: Keep Vein Open Rates

IV: Maintenance Rate

IV: Place Saline Lock

IV: Removing IV

IV: Start and Give Fluids

IV: Start IV with Butterfly Needle in Newborn

Jaw: Reducing a Dislocation

Jaw: Splinting an Injury

Jaw Thrust and Head Tilt Maneuver

Kernig's Sign

Kidney Stone Collection

Knee Immobilizer

Kyphosis Exam

Lab Test Controls

Levels of Consciousness

Lymph Node Exam

Male Genital Exam

Male: Palpate Testicles and Scrotum

Male: Transillumination

Mallampati Score

Mallet Finger

McBurney's Point

McMurray Test

Measuring Height, Weight, and Head Circumference

Medicine: Mixing Powdered Oral (po) Medicines

Medicine Patch

Meningeal Signs

Mental Status Exam

Metered Dose Inhaler (MDI)

Motor Exam

Mouth and Throat Exam

Murphy's Sign

Muscle Strength Test (Cranial Nerve XI)

Muscle Strength Test (Extremity)

Musculoskeletal: Cane Fitting

Musculoskeletal: Cast Care
Musculoskeletal: Cast Removal
Musculoskeletal: Crutch Fitting, Walking and Using
Musculoskeletal: Reducing Pulled Elbow in a Child
Musculoskeletal: Strength Test
Nasal Airway
Nebulizer Treatment
Neck Exam
Needle Sticks and Cuts
Nervous System: Exam
Nervous: Coordination and Balance
Nervous: Sensation
Neuromuscular Exam
Newborn Care: Equipment
Newborn Care: Preparation
Newborn Metabolic Screening Test
Nose Drops
Nose Exam
Nose: Removing Foreign Body
Nuchal Rigidity
Nucleic Acid Amplification Testing (NAAT)
Numb the Wound
Nutrition: 24 hour Food Recall Form
Nutrition: Assessment of Patient's Diet
Nutrition: Body Mass Index (BMI)
Nutrition: Guide to Daily Food Choices
Nutrition: Information
Nutrition: Recommended Daily Amounts to Eat
Obstructed Airway: Adult or Child Choking AWAKE
Obstructed Airway: Adult or Child UNRESPONSIVE
Obstructed Airway: Choking
Obstructed Airway: Infant (Younger Than One Year) Choking AWAKE
Obstructed Airway: Infant (Younger Than One Year) UNRESPONSIVE
OK Test
Oral Airway
Oral Glucose Tolerance Test
Orthostatic Vital Signs
Oxygen
Oxygen Concentrator
Oxygen: Flow Rates
Oxygen: Free Flow Newborn
Oxygen: How Long Large Tanks Last on the Ground
Oxygen: How Long Small Tanks Last in an Airplane

Palpate Epicondyles
Palpate for Pulses
Palpate for Pyloric Stenosis
Palpate Thyroid Gland
Painful Arc Test
Pap Smear
Patellar Ballotement Test
Patellar Grind Test
Patient Visit Document (PVD)
Peak Flow Spirometer Test
Pedal Pulses
Pediatrics: Infant Reflexes
Pelvic Exam: Gender Specific
Percuss Over Kidneys
PERRLA
Personal Survival Kit
Phalen Test
PHQ-2
PHQ-9
Pitting Edema
Pituitary Function Tests
Pneumatic Antishock Garment (PASG, MAST®)
Point of Care Lab Tests
Popeye Sign
Postural Drainage with Clapping
Pregnancy: Calculate Due Date and Weeks Pregnant
Pregnancy: Determine Presentation of Baby
Pregnancy: Fetal Heart Tones
Pregnancy: Fundal Height
Pregnancy: Prenatal Screening Test
Pregnancy: Uterus Exam
Pull Test From Behind
Pulse Points
Quad Test
Radial Pulses
Rapid Strep Test (RST)
Rebound Tenderness
Rectal Exam
Rectal Suppositories
Relieving Tension Pneumothorax with a Needle
Relieving Testicular Torsion Manually

Rescue Breathing: Adult, Child, Infant
Ring Removal
Romberg Test
Scoliosis Exam
Screening Prenatal 1 Hour Glucose Tolerance Test
Scrotal Transillumination
Securing Patient to Backboard
Self Breast Exam
Semmes Weinstein Monofilament Test
Sensory Exam
Separating Blood and Serum
Signs of Shock
Skin: Applying Closure Strips
Skin: Applying Sterile Cream or Ointment
Skin Exam
Skin Turgor
Skin: Wart Removal
Sling
Snellen Vision Test
Snuff Box Text
Social History
Speed's Test
Spin and Separate Blood
Spinal Immobilization: Using Backboard
Spinal Immobilization: Using Short Backboard
Splinter or Small Foreign Body Removal
Splinting: Air Splint
Splinting: Bulky Padded Splint for Foot, Ankle, Lower Leg
Splinting: Certain Dislocations
Splinting: Hare®-Type Traction Splint
Splinting: Manual Traction
Splinting: Other Bone and Joint Injuries
Splinting: Pelvic Sheet Wrap for Fractured Pelvis
Splinting: Sager®-Type Traction Splint
Splinting: SAM Splint: Posterior Splint
Splinting: SAM Splint: Sugar Tong Splint
Splinting: Soft Splints Using Common Materials
Splinting: Traction Splint for Possible Femur Fracture
Splinting: Traction Splint Using a Crutch
Splinting: Vacuum Splint
Sports Concussion Assessment Tool (SCAT 5)

Spurling's Test
Sputum Culture
Standard Precautions
Staples: Removal
Sterile Gloves
Sternal Chest Rub
STI Eye Swab
STI Rectal Swab
STI Throat Swab
Stool Culture
Stool Guaiac
Stool Ova and Parasite (O&P) Test
Stopping Tobacco
Straight Leg Raise Test
Stress Management and Relaxation
Subcutaneous Injection
Subungual Hematoma Drainage
Suction
Sutures and Staples: Post Removal Care
Sutures: Removal
Suturing
Talar Tilt Test
Telehealth
Tendon Reflexes
Testicular Exam
Thompson Test
Tibial Sag Test
Tinel Test
Tonometry
Tourniquet and Pressure Points
Transillumination Scrotum
Trendelenburg Test
Unwrap and Insert a Rectal Suppository
Urine: Clean Catch Urine Sample, Female
Urine: Clean Catch
Urine: Dipstick Test
Urine: Pregnancy Test
Vaginal: Bimanual Exam
Vaginal: Manual Exam
Vaginal: Manual Uterine Displacement
Vaginal: Speculum Exam

Vaginal: Suppositories and Creams

Varus/Valgus Stress Test

Venipuncture

Vital Signs

Vitamin D

Wellness: Health Surveillance for Normal Risk Adults

Wet Mount Test Collection

Wound Care

Wound Care: Probe with Metal Probe

Wound Care: Washing and Irrigating

Wound Care: Wet to Dry Dressing

Wound or Throat Culture

Yergason's Test

Emergencies

Identify

Immediate Management/Treatment

Urgent Consultation with CMP

Patient Stabilization

Care of the Patient While Awaiting Transport to Higher Level of Care

Transfer to higher level of care

For:

Severe Allergic Reaction

Severe Head Injury

Severe Trauma

Shortness of Breath

Chest Pain

Severe Headache

Severe Abdominal Pain

Possible Stroke

Active Seizure

Severe External Bleeding

Potential Internal Bleeding

Signs of Shock

Possible Drug Overdose

Altered Mental Status

Chemical Splashed in the Eyes

Severe Burns to the Skin

Chemical Spilled on Skin

Open Fractures

Altered LOC

Hypothermia

Hyperthermia

Poisoning
Mental Health Emergency
Suicidal ideation or suicide attempt



eCHAMP & CHAP

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NPAIHB eCHAMP Demo

<https://bit.ly/eCHAMP11>



WATCH ME



eCHAMP Photo and Video Project Summer-Fall 2024





NPAIHB Photo and Video Project Trailer 2024

<https://bit.ly/npaihbvpvprojecttrailer>



WATCH ME



NPAIHB Photo and Video Project Sample 2024

<http://bit.ly/artoftheacewrap>



Watch Me

**2025-26 NPAIHB CHAP Education Calendar/Schedule-as of
February 2025**

Name	Weeks
Foundations Parts 1&2 Includes Spring Break	23
WSU Old Ways Indigenous Medicine Course	4
EMR Course	2
EHR Training	1
Break (Summer)	2
CHA 101	12
Break (Fall)	1
CHA 102	12
Break (Holiday)	2
CHA Internship	5
CHP 201	13
Break	1
CHP 202	13
Break	2
CHP Internship	5
CHP Preceptorship	3
Final Testing	1
Graduation	-



CHARC/PACCB

Curriculum Content R&A Schedule

- August 2024 -
 - CHARC Introductory Meeting
 - Training Overview
 - Specific dates for add'l meetings to be identified
- September 2024 -
 - CHR/Pre-Session Content to CHARC
 - Already approved by PACCB
- By October 14, 2024 -
 - Foundations in CHAP to CHARC
- By November 14, 2024 -
 - Foundations in CHAP to PACCB
- By January 27, 2025 -
 - CHA 101 to CHARC
- By February 27, 2025 -
 - CHA 101 to PACCB
- By April 21, 2025 -
 - CHA 102 to CHARC
- By May 21, 2025 -
 - CHA 102 to PACCB
- By October 5, 2025 -
 - CHP 201 to CHARC
- By November 5, 2025 -
 - CHP 201 to PACCB
- By February 6, 2026 -
 - CHP 202 to CHARC
- By March 6, 2026 -
 - CHP 202 to PACCB



NPAIHB CHAP Terminology

Name/Acronym	Definition/Description	AK Equivalent Terminology
AAAHC	Accreditation Association for Ambulatory Health Care	
Active Participant	When a Health Aide is actively participating in a patient encounter, but not the primary provider who executes the visit from start to finish.	
Administrative Support Organization	An entity who provides a commitment of administration for the CHAP/P education center to support staffing, as well as administrative and program needs	
Advanced Practice Provider (APP)	A health care professional who undergoes postgraduate specialized education, training, and certification to provide medical diagnosis and treatment. They include PAs (Physician Associates) and NPs (Nurse Practitioners).	
BHA	Behavioral Health Aide	
BHARC	Behavioral Health Academic Review Committee	
BLS	Basic Life Support	
Board	Refers to the CHAP Certification Board	Can also refer to Northwest Portland Area Indian Health Board
CE/CME	Continuing Education/Continuing Medical	



NPAIHB CHAP Terminology

	Education	
Certified vs Licensed	The provider has qualified to be approved to practice within their scope of work by the certifying agency (the PACCB for CHAP), by completing the necessary training and required testing, Licensing occurs at the state level for providers who meet the necessary criteria. Not all providers are licenses, not all providers are certified. PA's, NP's, MD's and DO's are typically board certified and licensed by the State if they are actively practicing. CHAPs are eligible for certification by their regional board.	Certified vs Licensed
CEU	Continuing Education Units	
CHA	Community Health Aide	
CHA Internship CHP Internship	Clinically focused education required after completion of CHA 101 and 102 and again after completion of CHP 201 and 202.	
CHA 101	First quarter of knowledge based education for the community health aide	
CHA 102	Second quarter of knowledge based education for the community health aide	
CHAP	Community Health Aide Program	
CHA/P	Community Health Aide	



NPAIHB CHAP Terminology

	and/or Community Health Practitioner	
CHA/P Curriculum	Refers to the Community Health Aide and Practitioner Basic Education Curriculum	
CHARC	Community Health Academic Review Committee	
CHP	Community Health Practitioner	
CHP 201	Third quarter of knowledge education for the community health aide	
CHP 202	Fourth quarter of knowledge education for the community health aide	
CHR	Community Health Representative	
Circular 20-06	Carrie	
Clinical Instructor	Medical provider knowledgeable in CHAP education who oversees the clinically based education of the CHA/P via precepting and consulting with CHA/P before/during/after patient encounters.	
Clinical Learning Needs	Document outlining CHA progress during session, needs to be met during clinicals and future sessions. A form of communication between knowledge instructors and clinical instructors, as well as a feedback mechanism for the	Post Session Learning Needs



NPAIHB CHAP Terminology

	CHA student.	
Clinical Practice Checklist	Document used to track CHA/P's cumulative field skills competencies through CHAP education program	Post Session Practice Checklist
CMP	Consulting Medical Provider who consults with CHA/P's during patient encounters after completion of education.	Referral Provider
Course	Educational series offered by the CHA/P Education Center in CHA and CHP subjects learning to practice as a CHA/P upon completion.	
CPA	Clinical Practice Agreement is a document signed by supervising physician assigning permission to a CHA/P to execute patient care plans they have demonstrated proficiency in treating without consulting their CMP for specific diagnoses.	Standing Order
CQI	Continuous Quality Improvement	
DHA	Dental Health Aide	
DHARC	Dental Health Academic Review Committee	
DO	Doctor of Osteopathy	
eHAM	Electronic Health Aide Manual for either the DHA, BHA, or CHA	
eCHAMP	Electronic Community Health	eCHAM



NPAIHB CHAP Terminology

	Aide Manual for Practice	
eCHAMP Revision	regularly scheduled review and revision occurring on eCHAMP content required to ensure current standards of practice are maintained.	
Education Center	Entity offering educational program for health aides.	Training Center
EMT	Emergency Medical Technician	
Encounter Hours	Hours spent by CHA/P's during education performing patient care.	
FTCA	Federal Tort Claims Act	
IHCIA	Indian Health Care Improvement Act	
IHS	Indian Health Services	
ICLN	Individual Clinical Learning Needs	Post Session Learning Needs
Instructor	Knowledge, Skills and a link al educator for CHA/P's	
Instructor of Record	Instructor identified in college/university documentation on courses offered for college credit	
Instructor of Skills	Medical professional who teaches health aide skills before health aides perform skills during clincials.	
Internship	Clinical hours required by CHA/P student after complete	



NPAIHB CHAP Terminology

	of CHA 101, 102, CHP, 201, 202 with specific patient encounter number and type requirements to ensure CHA/P is prepared to successfully engage in patient care.	
ISDEAA	Indian Self Determination and Education Assistance Act	
Licensed vs Certified	see Certified vs Licensed definition	
M.D.	Doctor of Medicine	
Medical Advisor	Physician associated with the CHA/P Education Center who participates in the education of CHA/P's, provides clinical supervision for other instructors and ensure current standard of care is maintained across all CHA/P education.	
Mentor	Individual identified by THO to provide professional guidance to the CHA/P during their education and career.	
NP	Nurse Practitioner	
NPAIHB	NorthWest Portland Area Indian Health Board	
NWIC	NorthWest Indian College	
PA/PA-C	Physician Associate/ Physician Associate who is board certified	



NPAIHB CHAP Terminology

PACCB	Portland Area CHAP Certification Board	
PVD	Patient Visit Documentation-may be handwritten or digital.	PEF
Preceptor	PA, NP, MD or DO who oversees patient care provided by the health aide during their clinical training	
Preceptorship	Clinically focused education with direct observation of patient care skills by preceptor immediately prior to CHA completion of CHAP education program	
Preceptorship Critical Skills List	Checklist used by preceptor to ensure CHA is competent in all required skills to become a CHP and complete the CHAP Education Program	
Primary Provider	When a Health Aide executes the patient visit from start to finish	
QA	Quality Assurance	
Quorum	The minimum number of members of an assembly or society that must be present at any of its meetings to make the proceedings of that meeting valid.	
RASC	Review and Approval Sub-Committee	
S&P	Standards and Procedures	



NPAIHB CHAP Terminology

Sole Provider	A health aide who acts at the only provider in a facility/clinic and has attended the additional education track required to do so.	
Sole Provider Critical Skills Checklist	Checklist used by instructors to ensure CHA/P is competent in all required skills to become a CHA/P Sole Provider and complete the CHAP Sole Provider Education Track	
Supervising Physician	Physician within a tribal organization assigned to provide CHA/P clinical oversight and assigns CPA's to qualified CHA/P's	
TCHPP	Tribal Community Health Provider Program	
TCHPD	Tribal Community Health Program Directors	CHAP Directors
Virtual Classroom	An online learning environment allowing for live interaction between the Instructor and students as they are participating in educational activities.	

v.1-11/7/23