**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee’s Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Goal:** To collect a specimen for COVID-19 testing | | | | | | | | | | | |
| **Learning Resources:** YouTube Nasopharyngeal Swab | | | | | | | | | | | |
| **Instructions:** Employee please review the referenced material and perform a self-assessment by placing a check mark under the rating scale. | | | | | | | | | | | |
| **Employee has read and is familiar with the protocol for this procedure (please circle): Yes or No** | | | | | | | | | | | |
| **Rating scale:**  N/A= Non-applicable  1= Novice with little or no previous experience, training and supervision needed.  2= Advanced Beginning with some experience, able to perform with assistance, more training and supervision needed.  3= Competent and able to perform independently | | | | **Validation Methods:**  CS= Case Study  CA= Chart Audit  D= Employee can return demonstration of skill  DR= Discussion/reflection  O= Observation of skill  T= Post Test | | | | | | | |
| **Self-Assessment** | | | **Required Competencies** | **Performance Validation** | | | | | | **Date of Proficiency** | **Comments** |
| **1** | **2** | **3** | **CS** | **CA** | **D** | **DR** | **O** | **T** |
| **Before Procedure** | | | | | | | | | | | |
|  |  |  | Explains the procedure to patient including the purpose of the test. |  |  |  |  |  |  |  |  |
|  |  |  | Obtain consent from the patient |  |  |  |  |  |  |  |  |
|  |  |  | Select the appropriate test kit for the COVID-10 testing lab. Review the manufactures packing for specific instructions. |  |  |  |  |  |  |  |  |
|  |  |  | Verifies patient’s full name and date of birth against order, labels, and requisition form. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Self-Assessment** | | | **Required Competencies** | **Performance Validation** | | | | | | **Date of Proficiency** | **Comments** |
| **1** | **2** | **3** | **CS** | **CA** | **D** | **DR** | **O** | **T** |
|  |  |  | Verifies clinician’s orders and correlates test request with the specimen to be collected from the patient. |  |  |  |  |  |  |  |  |
|  |  |  | Wears personal protective equipment: N95 mask, googles or eye shield, gown and gloves. |  |  |  |  |  |  |  |  |
|  |  |  | Check for nasal obstructions |  |  |  |  |  |  |  |  |
|  |  |  | Open swab packet using aseptic technique |  |  |  |  |  |  |  |  |
|  |  |  | Gently insert the swab into the nostril keeping the swab near the septum floor. |  |  |  |  |  |  |  |  |
|  |  |  | Gently push the swab into the nasopharynx and insert about halfway from the nasal opening to the patient’s ear. |  |  |  |  |  |  |  |  |
|  |  |  | Rotate the swab several times. |  |  |  |  |  |  |  |  |
|  |  |  | Leaves the swab in a few seconds to absorb secretions. |  |  |  |  |  |  |  |  |
|  |  |  | Obtain a second swab and ask the patient to open their mouth. |  |  |  |  |  |  |  |  |
|  |  |  | Swab the posterior pharynx, avoiding the tongue. |  |  |  |  |  |  |  |  |
|  |  |  | Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. NP and OP specimens may be kept in separate vials or combined at collection into a single vial. |  |  |  |  |  |  |  |  |
|  |  |  | Labels all specimens in the presence of the patient to help prevent mislabeling. |  |  |  |  |  |  |  |  |
|  |  |  | Places all specimen tubes in a laboratory biohazard transport bag. |  |  |  |  |  |  |  |  |
|  |  |  | Places the requisition form inside the pouch of the biohazard bag |  |  |  |  |  |  |  |  |
|  |  |  | Removes and discards gloves and any other PPE |  |  |  |  |  |  |  |  |
|  |  |  | Performs hand hygiene. |  |  |  |  |  |  |  |  |
|  |  |  | Places the specimen(s) in the specimen refrigerator for PHL to pick up. |  |  |  |  |  |  |  |  |

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| Evaluator Comments: | |
| Plan of Action if competency was not demonstrated: | |
| Plan of Action deadline (Date): | Date of next skills review: |

Print Employee Name (Last, First) Signature Date

Print Evaluator Name (Last, First) Signature Date