**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-applicable1= 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 StudyCA= Chart AuditD= Employee can return demonstration of skillDR= Discussion/reflectionO= Observation of skillT= 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