**Nurse Competency Checklist for COVID-19 Testing**

*State logo added here. If not, delete text box*

**(12/05/2022)**

**(12.29.2020)**

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hire Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Skill Area** | **Evaluation****(Check One)** | **Method of Evaluation****(Check One)**D = Skills DemonstrationO = Performance ObservationW = Written TestV = Verbal Test | **Verification** **(Initials/Date)** |
| --- | --- | --- | --- |
| **Competency****Demonstrated/****Meets** **Standards** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| **Policies and Procedures** | Locate written infection control policies and procedures. |  |  |  |  |  |  |  |
| Verbalizes policy for * Specimen Collection for COVID-19 testing
* Point of Care Antigen Testing
 |  |  |  |  |  |  |  |
| Describes facility policy on immediate mitigation actions with positive results |  |  |  |  |  |  |  |
| **Hand Hygiene** | Demonstrates hand washing with soap and water |  |  |  |  |  |  |  |
| Demonstrate hand hygiene using alcohol-based hand rub (ABHR). |  |  |  |  |  |  |  |
| **Personal Protective Equipment****Nursing** **Housekeeping** | Demonstrate donning and removal (in the correct sequence) of * Gown
* N95 Respirator
* Goggles or face shield
* Gloves
* Who to contact if additional PPE is needed
 |  |  |  |  |  |  |  |
| Describes facility protocol for reuse and/or extended use of PPE |  |  |  |  |  |  |  |
| Identify location and proper storage of Personal Protective Equipment |  |  |  |  |  |  |  |
| (Insert any State specific PPE guidance) |  |  |  |  |  |  |  |
| **Standard and Transmission-based Precautions****(All Departments)** | **(Nurses)**State how the facility identifies residents to be placed in transmission-based precautions (*i.e.,* contact, droplet, airborne-if equipped in facility) |  |  |  |  |  |  |  |
| **Respiratory Hygiene and Cough Etiquette****(All Departments)** | Demonstrate cough etiquette and respiratory hygiene |  |  |  |  |  |  |  |
| **Environmental Cleaning*** **Housekeeping**
* **Nursing**
 | **Housekeeping Staff:**Demonstrate:* Demonstrates cleaning and disinfection of room used for testing
 |  |  |  |  |  |  |  |
| **Nursing:**Demonstrate cleaning/disinfection of:* Testing equipment consistent with manufacturer’s recommendations and product instructions
 |  |  |  |  |  |  |  |
| **ALL Staff**Able to identify proper use and follow label directions for each disinfectant used by employee in the facility(EPA List N disinfectant) |  |  |  |  |  |  |  |
| **Specimen Collection-Nasopharyngeal Swab (NP)** | * Gathers supplies
	+ PPE
	+ Sterile synthetic fiber swabs with plastic or wire shafts unless swab provided in POC testing is required for test
	+ Sterile transport tube
* Performs Hand Hygiene
* Dons PPE in correct sequence
* Close room door
* Grasps swab by the end of the handle
* Tilt resident’s head back 70 degrees
* Gently and slowly inserts swab into nostril parallel to palate until resistance is reached
* Rolls swab gently and leaves swab in place for several seconds to absorb secretions
* Removes swab slowly while rotating
* If resident presents with a deviated septum or blockage, use same swab to obtain specimen from the other nostril
* Promptly tests specimen using point of care antigen test device following manufacturer’s recommendations or places swab into sterile tube with viral transport medium for lab testing
* If specimen is sent to offsite lab, nurse follows proper labeling and storage policy
* Cleaning and disinfection according to policy and procedure:
	+ Machine in accordance with the manufacturers directions
	+ Surfaces
	+ Room
* Doffs PPE in accordance with facility procedure
* Performs Hand Hygiene
* Documentation of results per facility procedure
* Reports positive testing immediately for proper mitigation efforts
 |  |  |  |  |  |  |  |
| **Anterior Nasal Swab Specimen Collection** | * Gathers supplies
* Dons PPE in correct sequence
* Closes room door
* Using a sterile flocked or spun polyester swab, insert the entire absorbent tip of the swab (usually ½ to ¾ of an inch inside the nostril and firmly sample the nasal wall by rotating the swab in a circular path against the nasal wall at least 4 times. This should take approximately 15 seconds to collect the sample. Be sure to collect any nasal drainage that may be present on the swab
* Samples both nostrils with the same swab
* Completes antigen test promptly following manufacturer’s recommendations
* Cleaning and disinfection according to policy and procedure:
	+ Machine in accordance with manufactures’ instructions
	+ Surfaces
	+ Room
* Doffs PPE in accordance with facility procedure
* Performs Hand Hygiene
* Documentation of results per facility procedure
* Reports positive testing immediately for proper mitigation efforts
 |  |  |  |  |  |  |  |
| **Nurse** | * Demonstrates POC testing quality control and instrument calibration in accordance with the manufacturer’s instructions
* Describes actions if calibration fails prior to use with another resident specimen
 |  |  |  |  |  |  |  |
| **Other (Describe)**  |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

**References and Resources:**

Centers for Disease Control and Prevention. Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19, Updated July 15, 2022: <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>

Centers for Disease Control and Prevention. Healthcare Providers: Information on COVID-19. Updated Dec. 27, 2021: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>

Centers for Disease Control and Prevention. Guidance for SARS-CoV-2 Rapid Testing in Point-of-Care Settings, Updated Apr. 4, 2022: <https://www.cdc.gov/coronavirus/2019-ncov/lab/point-of-care-testing.html>

Centers for Medicare & Medicaid Services: QSO-20-38-NH, Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements. Revised 09/23/2022: <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>

Centers for Medicare & Medicaid Services. Frequently Asked Questions: COVID-19 Testing at Skilled Nursing Facilities/Nursing Homes: <https://www.cms.gov/files/document/covid-faqs-snf-testing.pdf>

**\*I certify that I have received orientation in the above-mentioned areas.**

**\*Employee:**

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**Initials**  **Signature**  **Date**

**Evaluator/Trainer:**

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**Initials Signature Date**

 ***(PLACE IN EMPLOYMENT FILE)***