

**HOME HEALTH FOUNDATION
CLINICAL TEAM COMPETENCY
TITLE OF COMPETENCY**

BinaxNOW COVID-19 Testing

EMPLOYEE _____ STAFF POSITION _____ Date _____

COMPETENCY STATEMENT: Clinician will verbalize/demonstrate ability to perform BinaxNOW rapid antigen testing for the SARS-CoV-2 virus.

Disciplines Involved: RN, LPN, NP, MD

Performance Criteria	Date	*Method of Assessment (√ all that apply)										Skill met (M) or unmet (U)
		1	2	3	4	5	6	7	8	9	10	
		Verbalizes knowledge clinician is required to obtain an order from a physician or nurse practitioner to perform BinaxNOW testing.				X						
Verbalizes knowledge/demonstrates clinician administering the test will don droplet precaution level PPE prior to administering the test.				X								
Verbalizes knowledge of the following procedure: 1. Insert the nasal swab into the nostril exhibiting the most drainage or congestion 2. Using gentle rotation, push the swab until resistance is met (at the level of the nasal turbinates, less than one inch into nostril) 3. Rotate the swab 5 times or more against the nasal wall 4. Slowly remove the swab 5. Using the same swab, repeat sample collection in the other nostril 6. Add the reagent to the BinaxNOW test card 7. Insert the sample nasal swab into the BinaxNOW test card 8. Close the BinaxNOW test card and wait 15 minutes				X								
Verbalizes knowledge of how to read the results: 1. Negative test result 2. Positive test result 3. Invalid test result				X								
Verbalizes knowledge/demonstrates doffing of PPE and hand hygiene.				X								

Summary Assessment Findings:

- Knowledge/skill level satisfactory
- Knowledge/skill level needs improvement

***Method of Assessment Legend**

- 1) Review credentials/experience
- 2) Review Cont. Ed./In-services
- 3) Observation of Performance
- 4) Verbal Review
- 5) Record Review
- 6) Post Test
- 7) Team Mts./Case
- 8) Yearly Performance
- 9) Review of Self Study
- 10) Other (specify)

Specify plan to promote level of competency:

Competency reevaluation in: 6mos. 1year other

Employee's Signature: _____ Date _____

Evaluator's Signature: _____ Date _____