Appendix 1: Checklist Used to Determine COVID Testing Competency for Testing Staff

| COVID Testing Competency | INITIALS |
|--------------------------|----------|
| Greet client             |          |
| Verify: Name             |          |
| Date of Birth            |          |
| Address                  |          |
| Test Ordered             |          |
| If corrections are needed notify Navigator for assistance | |
| Explain process to client|          |
| Offer client hand sanitizer, do not have them to touch any item on the table to minimize contamination | |
| Have client lower facemask and blow nose to loosen mucus | |
| Have client place facemask over mouth below nose | |
| Position client: Sitting in chair | |
| Head in neutral position looking straight ahead | |
| Perform test             |          |
| Nasopharyngeal           |          |
| i. Insert swab parallel to floor until resistance met – approximately 2-2.5 inches (close to the break point of the swab) | |
| ii. Wait 10 seconds      |          |
| iii. Carefully rotate swab 3 times | |
| iv. Remove swab and place in Specimen Tube | |
| Nasal Swab               |          |
| i. Insert at least 1-1.5 inches into nares | |
| ii. Swab interior of each nares at least 5 times | |
| iii. Remove swab and place in Specimen Tube | |
| Offer client tissue and hand sanitizer | |
| Dispose outer gloves     |          |
| Use hand sanitizer to clean gloved hands | |
| Use wipe to clean table, items touched, and chair | |
| Remove outer gloves and dispose of | |
| Use hand sanitizer on gloved hands | |
| Don outer gloves to begin again | |
| Educator/Observer:       |          |
| Date:                    |          |
| Employee Signature:      |          |