Medical Directive #028 – Collection and Ordering of Nasopharyngeal Swabs and Deep Nasal Swabs for Testing of COVID-19

Implementer Performance Readiness Form

The implementer working under this medical directive must complete the following prior to implementing this medical directive

Read and be familiar with the information in this medical directive and all attached appendices.

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| **Subject** | **Date** | **Signature** |
| Regional Advisory Testing committee Ontario guidance for testing:  [https://ohwestcovid19.ca/guidance-for-health-care-providers-on-child-youth-with-covid-19/](https://urldefense.proofpoint.com/v2/url?u=http-3A__e1.envoke.com_ct_4131_2156464_753418243_145350feb763534a7c1e47b0e42c48e9&d=DwMFaQ&c=JZUmuHfvZaOkNOGiUpQbGyGsM8Jf9oFbjpAib-DiM1Q&r=TpcGih9lj-W2quJJSDSl0JnJH4qgPmg6qyaqoQdbMHY&m=ZGHgdbEkWJUzVRrvATkvvjifACc3vvXnVpjIA7OH_7U&s=2fXaLokD9madjikGBlh_x-3jVqBvEhiIED8Sa2-P17I&e=) |  |  |
| Completion of the Public Health Ontario Infection and Control Precautions (IPAC) core competencies:  <https://www.publichealthontario.ca/en/search#q=ipac%20core%20competencies&sort=relevancy> |  |  |
| Donning and doffing PPE procedures as per Public Health Ontario  <https://www.publichealthontario.ca/-/media/documents/r/2012/rpap-recommeded-ppe-steps.pdf?la=en>  <https://www.publichealthontario.ca/-/media/documents/p/2018/poster-ipac-pss-putting-on-ppe.pdf?la=en>  <https://www.publichealthontario.ca/-/media/documents/p/2018/poster-ipac-pss-removing-ppe.pdf?la=en> |  |  |
| Procedure for collecting NP swabs Public Health Ontario.  <https://www.publichealthontario.ca/en/laboratory-services/kit-test-ordering-instructions/virus-respiratory-kit> |  |  |
| Have had donning/doffing of PPE and NP swabbing techniques supervised and approved by a physician, nurse practitioner or another RN/RPN or RT who has recently completed work at a COVID-19 assessment centre OR the implementer has previously worked at Covid Assessment Centre in a clinical role (assessor, provider) |  |  |

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_