

## Center for Professional Practice of Nursing

HEALIF	Practice of Nursing					
Anterior Na Page 1 of 1	res Specimen Collection Skill Chec	klist #DAHS-NS	CANSC			
Name:	ame: Employee ID#:					
Jnit:		Title:	Title:			
ERFORMANC	E CRITERIA - Unless otherwise specified all skills wi	Il be demonstrated in accor	dance with the appropriate UC Davis Healt	th Policy and Procedure.		
2. Cente 3. UC Da 4. UC Da 5. UC Da	ardized Procedure 55: COVID-19 Testing of Employ rs for Disease Control and Prevention Training Docu avis Health Policy 11025: Standard and Transmission avis Health Policy 18004: Specimen Labeling for Labavis Health Policy 2111: Disinfection in Patient Care and the standard and Transmission avis Health Policy 2111: Disinfection in Patient Care and the standard and Transmission avis Health Policy 2111: Disinfection in Patient Care and the standard and the standa	ment: How to Collect an An  Based Precautions  oratory Processing	ts with a Standing Order terior Nasal Swab Specimen for COVID-19	) Testing		
				Date Completed	Verifier Initials	
erform hand	hygiene, don PPE, identify patient using t	two patient identifiers,	explain procedure to patient			
Assist patient into a neutral relaxed position						
Insert entire swab tip into the nostril—approximately $\frac{1}{2}$ to $\frac{3}{4}$ inch (1-1.5 centimeters)						
	firmly against nasal wall in a circular path a may be present	at least 4 times, taking	about 15 seconds. Collect any			
Jse the same	e swab to repeat the process in the other n	ostril				
lace swab, t	ip first, into the transport tube provided.					
abel specim	en, place in biohazard bag on ice, and ser	nd to lab				
off PPE as i	needed, perform hand hygiene, and disinfe	ect patient area				
				•		
Signature and	Printed Name of Verifier (preceptor or other	er verified personnel) w	ho have initialed on this form:			
nitials:	Print Name:	Signature:				
ave read and u	ATEMENT AND SIGNATURE:  Inderstand the appropriate UC Davis Health Policies/ ge of the resources available to answer questions.	Procedures and/or equipme	ent operations manual, I have demonstrate	d the ability to perform th	e verified skills as noted, an	
Printed Name			Signature	Date		