

COVID-19 AMBULATORY TESTING SITES – RADNOR & WEST PHILADELPHIA

MEDICAL ASSISTANT, LPN, RN

TESTING SITES	N/A	Complete
<b>OVERALL ORIENTATION</b>		
Location & Hours	<input type="checkbox"/>	<input type="checkbox"/>
Referral Process	<input type="checkbox"/>	<input type="checkbox"/>
Patient Throughput at Testing Site	<input type="checkbox"/>	<input type="checkbox"/>
Age Requirement (≥ 14 yo)	<input type="checkbox"/>	<input type="checkbox"/>
CDC Screening Criteria	<input type="checkbox"/>	<input type="checkbox"/>
Role Specific Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Point Person on Site	<input type="checkbox"/>	<input type="checkbox"/>
Forms Reviewed	<input type="checkbox"/>	<input type="checkbox"/>
Important Phone Numbers	<input type="checkbox"/>	<input type="checkbox"/>
PPE Requirements	<input type="checkbox"/>	<input type="checkbox"/>
Staff Personal Item Storage	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Emergency Process	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIMEN COLLECTION</b>		

TESTING SITES	N/A	Complete
Covid-19 Specimen Collection Process	<input type="checkbox"/>	<input type="checkbox"/>
Safety Measures During Swabbing	<input type="checkbox"/>	<input type="checkbox"/>
Collected Specimen Location	<input type="checkbox"/>	<input type="checkbox"/>
<b>PATIENT INSTRUCTIONS</b>		
Result Reporting Process	<input type="checkbox"/>	<input type="checkbox"/>
Patient Instructions/Teaching	<input type="checkbox"/>	<input type="checkbox"/>
<b>(RADNOR) VITAL SIGNS EVALUATION TENT (VET)</b>		
Eligibility Criteria	<input type="checkbox"/>	<input type="checkbox"/>
Referral Process	<input type="checkbox"/>	<input type="checkbox"/>
Vital Signs (Resting & Exertional)	<input type="checkbox"/>	<input type="checkbox"/>
EPIC Documentation	<input type="checkbox"/>	<input type="checkbox"/>
VET Protocol	<input type="checkbox"/>	<input type="checkbox"/>

_____	_____	_____	_____
Name (Print)	Signature	Penn ID#	Date Signed
_____	_____	_____	_____
Trainer Name (Print)	Trainer Signature	Penn ID#	Date Signed