POC Testing – [Enter Mfg. name (BD/Quidel)] Staff Training Record

In response to the Centers for Medicare and Medicaid Services’ (CMS) [final rule](https://www.govinfo.gov/content/pkg/FR-2020-09-02/pdf/2020-19150.pdf), published September 2, 2020, [QSO Memo 20-38-NH](https://www.cms.gov/files/document/qso-20-38-nh.pdf); and in attempt to keep COVID-19 from entering and spreading through [facility name’s] campus, the [facility name] Emergency Preparedness (EP) and Infection Prevention and Control (IPC) committees have established a plan and parameters to test staff and residents for COVID-19.

An integral part of this plan is to ensure [Facility name] has designated and adequately trained staff to conduct the POC testing using the [Enter Mfg. name (BD/Quidel)] POC antigen testing device; on maintaining the testing and supply area, and assisting with required testing results reporting.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Employee Name (training documents may be linked here) | Has Read and Understands the Manufacturer’s Testing Device Package Insert  (\*employee signature required) | Has Attended Device Training Through the Manufacturer | Has Completed Training on Maintaining the Testing and Supply Area; and Assisting with Required Reporting. | Training Validated by IP  (IP signature) |
| 9/2/20 | Jane Doe | Employee signature | Employee Signature | Employee Signature | IP signature |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |