

Respiratory Protection Program Competency

Objective: Provide education and skills to employees caring for residents requiring airborne precautions.

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| Learning Outcomes | Completed  (Trainer Initials/Date) |
| 1. Completes RPP Health Screening Questionnaire | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. RPP Health Screening Questionnaire approved for fit testing | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (if no, forward to \_\_\_\_\_ for further evaluation) |
| 1. Attends training on Respiratory Protection | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Identifies PPE, (N95, gown, gloves, etc.) required for airborne precautions | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Names three airborne diseases | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Describes how airborne diseases are transmitted | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Explains source control | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Identifies key signs and symptoms of common airborne diseases | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Explains how to disinfect room, including contact time and correct product/high touch surfaces | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Attends N95 Respirator Fit Testing | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Demonstrates proper donning and doffing of respirator | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Demonstrates proper storage of N95 respirator (labeled in paper bag if instructed to save) | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Performs User Seal Check | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Successfully passes Fit Test (try two times if not initially successful, may also try additional models or sizes if appropriate) | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. For Annual Recertification |  |
| * 1. Completes RPP Health Screening Questionnaire | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Health Screening approved | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Attends N95 Respirator Fit Testing (if health screening approved) | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Demonstrates proper donning and doffing of respirator | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Demonstrates proper storage of N95 respirator (labeled in paper bag if instructed to save) | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Performs User Seal Check | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Successfully passes Fit Test (try two times if not initially successful, may also try additional models or sizes if appropriate) | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Competes comprehensive annual Infection Prevention Training which includes information on Respiratory Protection. | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employee Name (print) | |
| Employee Signature: Date: | |
| Trainers Signature: Date: | |
| Renewal Due Date: Date Renewed: | |
| Trainers Signature: Date: | |

Train the Trainer: Trainee name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| * 1. Demonstrates correct fit testing of two staff   2. Recognizes invalid tests and malfunctioning equipment | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Demonstrates appropriate disinfection and cleaning of equipment | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Completes all paperwork and documentation | Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |