

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
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| * 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |