

Self-Testing Rapid Antigen Test (RAT) (Nasal) Competency Assessment

Activity	Achieved	Not Achieved		
The participant can identify testing regimes and results of Nasal RAT Tests:				
Can identify the testing regime and when to test prior to shift.				
Can identify why a test should not be read after 30 minutes.				
 Can identify what a negative result looks like and what to do if they receive a negative result. 				
 Can identify what a positive result looks like and what to do it they receive a positive result. 				
 Can identify what an inconclusive result looks like and what to do if their test is inconclusive. 				
Can identify how the tests should be stored safely.				
 Can identify what to do if they are displaying symptoms even if they have a negative RAT test. 				
RAT checklist				
Ensure the employee has a copy of the manufacturers instructions and follows them to a	dminister the te	st.		
Can the participant exhibit the general steps required (for nasal RAT tests only):				
 Lay out all materials and ensure all items are present. Unwrap the test and place on a flat surface ready for use. 				
Blow nose and complete hand hygiene.				
If wearing a mask only lower to expose the nose.				
 Slowly slide the swab into both nostrils and rotate against the nasal wall of each nostril as per the time and depth on the manufacturer's instructions. Withdraw the swab from the nasal cavity. 				
• Insert the swab into an extraction buffer tube. While squeezing the buffer tube, stir for the amount of time as per the manufacturer's instructions.				
 Remove the swab while squeezing the sides of the tube to extract the liquid from the swab. 				
Press the nozzle cap tightly onto the tube.				
 Apply number of drops required (as per the manufacturer's instructions) of extracted sample in a 90-degree angle to the specimen well of the test device. 				
Perform hand hygiene.				
 Read the test as per the manufacturer's instructions (15 – 30 minutes). 				
Dispose of test appropriately.				

Assessment Outcome		
Outcome	Achieved	Not Achieved
Particpants name		Signed
Position		Date
Assessor's Name		Signed
Position		Date