

Screener Competency Tool

Employee Name: _____ Job Title: _____ Date: _____

Competency: Annual New Hire Other

Skills/Competency Checklist	YES	NO	Comments
1. Understands the need to screen individuals visiting the facility for fever, respiratory symptoms, history of travel to high-risk places and/or contact/exposure to individuals with symptoms or history of travel to high-risk places.			
2. Demonstrates ability to explain to individuals visiting the facility the need to screen for fever, respiratory symptoms, history of travel to high-risk places and/or contact/exposure to individuals with symptoms or history of travel to high-risk places.			
3. Understands/demonstrates use of infection control requirements for cleaning the temp scanner before and after its use. Able to verbalize to individuals visiting the facility the importance of infection control practices (i.e., proper hand hygiene etc.).			
4. Demonstrates ability to explain need for all visitors to wear a mask while in facility per AHCA guidelines. If a mask is available, provides such mask to visitor.			
5. Demonstrates use of temp scanner to obtain temperature of individuals visiting the facility. Understands that fever is a temp reading above 99.6 for 65 years old or older and 100.0 for all other persons.			
6. Demonstrates knowledge of documentation requirements when utilizing the Visitor Screening Tool for individuals visiting the facility.			
7. Demonstrates ability to politely not allow visitors entry into the facility if screening criteria not met and explains why the visitor is not allowed entry into the facility.			
8. Able to find assistance and resources if concerns/issues arise pertaining to individuals visiting the facility.			
9. Screener demonstrates proper hand washing and any infection control practices needed. (Screener should document so no sharing of pen)			

Employee:

I acknowledge my competencies in the areas as documented above. I understand it is my responsibility to sustain competencies in these and any other procedures/responsibilities that may not be represented here.

Employee Name: _____ Date: _____

Facilitator:

I acknowledge the above documented competencies have been reviewed.

Facilitator Name: _____ Date: _____