

<b>Genital Swab for Group B Streptococcus Skills Checklist</b>		<b>#DAHS-NSCGSGBS</b>	
<b>Name:</b>		<b>Employee ID #:</b>	
<b>Unit:</b>		<b>Title:</b>	
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health policy.			
These skills will be considered complete when all below performance criteria are completed and have been scanned and emailed to: <a href="mailto:hs-cppn@ucdavis.edu">hs-cppn@ucdavis.edu</a>			
		<b>Date Completed (or N/A)</b>	<b>Verifier Initials</b>
<b>Genital Swab for Group B Streptococcus Skills Checklist</b>		<b>#DAHS-NSCGSGBS</b>	
<a href="https://www.cdc.gov/groupbstrep/downloads/gbs_swap_sheet21.pdf">https://www.cdc.gov/groupbstrep/downloads/gbs_swap_sheet21.pdf</a>			
Identify patient using 2 pt identifiers. Don gloves. Remove swab from packaging. Do not touch cotton end with fingers. Insert cotton swab 2 cm into vagina and swab sides of the vagina.			
Insert the SAME swab 1 cm into the rectum.			
Remove cap from sterile vial (specimen collection vial).			
Place cotton end of swab down into vial. Break of top end of swab at perforation.			
Make sure swab container is fully labelled with name, MRN, date and time of collection. Place swab container into transport bag and hand it to a staff member.			
Place pt in position of comfort.			
Remove loves and wash hands.			

<b>PRECEPTOR SIGNATURE</b>		
<b>Signature and Printed Name of Preceptor or other verified personnel who have initialed on this form:</b>		
Initial:	Print Name:	Signature:

**PRECEPTEE STATEMENT AND SIGNATURE:**

I have read and understand the appropriate UC Davis Health policies and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted

<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>