



Form RROC_F1 First Competency Test



Study ID
F101

Write barcode number here

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Interviewer check the box if this page has any corrections

Assessment			
F102	DRAW	Draws up sterile water into syringe	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)
F103	RECON	Correctly reconstitutes antibiotic in vial	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)
F104	WDRAW	Withdraws correct amount of antibiotic into syringe	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)
F105	CHANG	Changes needle before performing injection	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)
F106	BUTT	Correctly locates safe injection site	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)
F107	CLEAN	Cleans the skin	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)
F108	ADVAN	Correctly advances needle into muscle perpendicular to skin	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)
F109	FLASH	Withdraws to check for flashback of blood	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)
F110	ADMIN	Administers contents of syringe	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)
F111	SAFE	Washes hands, wears gloves and disposes of all materials safely	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)

Competency			
F112	COMP	Is the guardian competent to safely administer intramuscular streptomycin? <i>(to be competent, guardian must score 10/10)</i>	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (2)

Knowledge of side effects			
F113	KNOW	Is the guardian competent to recall possible complications of streptomycin injections?	Infection at the place of injection <input type="checkbox"/> (1) Leg going weak <input type="checkbox"/> (2) Not passing urine <input type="checkbox"/> (3)

Form completion																										
Staff ID F114 IID	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				Date completed F115 DCOM	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>D</td> <td>D</td> <td>M</td> <td>O</td> <td>N</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> <td></td> </tr> </table>											D	D	M	O	N	Y	Y	Y	Y	
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