



Blanchard Valley Health System Site: _____ Location: _____ Form updated 2/15/2022 LTR

Training / Competency Assessment for Laboratory Point of Care Testing Date of Hire / Transfer: _____

Method: POCT Nova StatStrip Xpress 2 Glucose Meter Date of Initial Training: _____

Test Analyte: Whole blood glucose

Associate Name and Title: _____ Former/Maiden Name: _____

(print legibly) Associate ID number: _____ Supervisor: _____

CLIA Complexity: Waived (2 areas must be assessed) (CAP approved areas 1 – 6) (JC approved areas 1, 3, 5, 6)

___ Training assessment after initial training (new hires) and/or new method and/or new test analytes Date: _____

___ Competency assessment annually Date Due: _____

Trained operators using the Xpress 2 glucose meter will perform the following tasks:

- Place the test strip into the meter. Have an understanding of expiration dates (strips: 6 months, QC: 3 months)
- Have an understanding of how to take a blood sample from a patient following hospital protocol (capillary, arterial or venous). (A simulated patient sample is analyzed in class.)
- Touch a drop of blood to the end of the test strip.
 - ☐ *Warning: The test strip must fill completely upon touching the blood droplet. If the test strip does not fill completely, do not touch the test strip to the blood droplet a second time. Discard the test strip and repeat the test with a new test strip.*
- View test data on screen. Accept or reject the result. Record result. Then remove and dispose of the test strip properly.

1. ___ 2. ___ 3. ___ **Perform QC testing as required. (Properly running QC under direct observation and recording acceptable test results meets CAP/JC competency requirements for elements 1, 2, 3.)** Record results and enter in Cerner if indicated:

Glucose QC Level 1 Control _____ QC Level 3 Control _____ PASS / FAIL (circle)

4. ___ **Check batteries for corrosion and then clean meter. (Properly performing instrument maintenance and function checks under direct observation and documenting acceptable results meets CAP/JC competency requirements for element 4.)** Record results:

Monthly batteries check: Acceptable? YES/ NO (circle)

Cleaned meter with Chlorox Healthcare Bleach Germicidal Wipes. PASS / FAIL (circle)

Associate Signature: _____ Date: _____

Signature of Qualified Trainer/Assessor: _____ Date: _____

Job title of Qualified Trainer/Assessor: _____ 1-5 Satisfactory / Unsatisfactory

6. ___ **An evaluation of problem solving skills by written exam in Net Learning with 70% passing score will be assigned to meet CAP/JC competency requirements for element 6.**

Assigned: _____ Due: _____ Completed: _____ Score: _____ PASS / FAIL (circle)

Reviewed by: _____

Date: _____

Note: All annual competency assessment forms are due by **September 30.**