|  |
| --- |
| **Section A Individual User Information** |
| **Individual User Name:** | **Individual User Signature:** | **Individual Signed Initials:** |
| **Trainer Name:** | **Training Attendance Date:** | **Training Location:** |
| **Manager Print :** | **Manager Sign:** | **Date Competence Complete:** |
| **Completion Training Course** please tick 🗹🞎 I have received the training listed below. 🞎 I have observed a demonstration 🞎 I have had the opportunity to ask questions. 🞎 I have received training handouts. | **Initial and Date as training is received** | **Competency Assessment**In practice I have competently demonstrated the following competency elements: -**Assessor** 🞎**Self-Assessment** 🞎 |
| **Initial and Date****1st Assessment** 🞎**(Within 3 months)****Re-Assessment** 🞎 |
| **B Situations when it is unsafe to use the device** |
| B1 | Passwords must NEVER be shared to ensure untrained staff do not use the analyser. Sharing passwords is against MTW IG and POCT Policies; all actions can be traced to individual access codes. |  |  |
| **C Contra-indications** |
| C1 | ONLY heparinised syringes or capillaries should be used. Never decant a sample, no matter how quickly as gas results are immediately impacted and micro clots may form |  |  |
| C2 | Understands interferences & limitations e.g. samples not to be taken from a drip arm, correct mixing of samples. |  |  |
| C3 | Haemolysis cannot be seen in whole blood samples and if present may cause inappropriately high potassium results. |  |  |
| **D Hazards and cautions** |
| D1 | Users should conform to Trust infection control policies at all times |  |  |
| D2 | Dispose of needles into sharps bins |  |  |
| D3 | Dispose of samples in clinical waste |  |  |
| **E Pre-Sampling Checks** |
| E1  | Patient ID must be confirmed prior to collecting any sample |  |  |
| E2 | Wash your own hands and put on gloves prior to testing a patient |  |  |
| E3 | Loading printer paper |  |  |
| **F Training elements** |
| F1 | Samples must be well mixed and should not contain any air bubbles |  |  |
| F2 | Know what is required to produce a quality results |  |  |
| F3 | Take appropriate blood volumesHeparin concentrations of more than 15 IU/mL can cause binding of Ca2+ Na+ and to a lesser extent K+ which may lead to lower than true results |  |  |
| F4  | An awareness of how a time delay will affect results |  |  |
| F5 | Presenting both syringe and capillary samples for analysis |  |  |
| F6 | Results are displayed following entry of patient demographics |  |  |
| F7 | Patient identity can be entered either via scanning their hospital number barcode label or manually entered via the on-screen keyboard. |  |  |
| F8 | Be aware of the difference between measured, temperature corrected an derived results |  |  |
| F9 | Results should be reported and acted on promptly in accordance with departmental procedures |  |  |
| F10 | All GEM analysers have intelligent Quality Management (iQM2) therefore no manual intervention of QC testing is required |  |  |
| **G** | **Process for cleaning**  |  |  |
| G1 | Gently clean the exterior of the meter with a damp cloth or with chlorine based wipes e.g Clinell |  |  |
| G2 | Avoid contaminating the probe or luer port with cleaning materials, use only water in these areas  |  |  |
| G3 | Remove cleaning residues from the screen to maintain responsiveness |  |  |
| **H** | **Process for reporting faults, failures and defects** |  |  |
| H1 | If the analyser is faulty contact EME with the asset number of the device |  |  |
| **I** | **Process for reporting incidents and adverse events** |  |  |
| I1 | Retain and quarantine the devices and all other items involved in the incident, including accessories and consumables |  |  |
| I2 | Complete a Trust electronic incident report |  |  |
| I3 | Report incident to EME Services, follow steps in section H |  |  |

**Competency Completion Sheet**

|  |
| --- |
| Today *date………………..* the individual has demonstrated to the required standard. Assessor ……………………………… Assessor Sign ………………………………. Signed Initials:…… Job Title……….…………………..……… Date of Re-assessment ..……………………………………………. Individual able to: **Train others** No **Assess others** No |
| **J. Declaration of Competence:**I confirm that I have received training and supervision to develop my knowledge, understanding and skill as a user of the above device and have completed the necessary assessment criteria to declare myself competent to independently use the device in practice. I understand that I need to keep myself updated on current practice associated with the use of this device and will undertake clinical updates as deemed appropriate by the Trust and my Line Manager.Full Name (please print) ............................................................................................................................................................................................Job Title ................................................................................ Department ..............................................................................................................Signature .............................................................................. Signed Initials .......................... Date .................................................................  |
| K. Failure to Achieve Criteria of User Assessment  | Date  | Comments |
| K1 | Refer to Line Manager |  |  |
| K2 | Timescale to undertake training  |  |  |
| K3 | Timescale for re-assessment |  |  |
| K4  | Interim action plan e.g. use device under supervision, suspend use of device. Refer to local super-user/key trainer, specialist Trust trainer or external training provider. |
| Action plan Agreed Manager Signature  | Date  | Action Plan Agreed Individual Signature | Date  |
|  |  |  |  |

Following competency assessment, a copy of the completed document should be sent to EME Services, additional local copies can be retained if desired.