

SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER

Initial ORIENTATION & TRAINING

PROCEDURE: HemoCue HB 201 DM System

This form is to be used for trainer-supervised initial orientation and training. The newly trained employee must demonstrate competency at the time of initial orientation & training. All other employees must demonstrate competency on an annual basis.

EMPLOYEE NAME (Printed):	
TRAINER(s) NAME (Printed)	
LICENSE NUMBER:	LOCATION:

I _____ (initials) **HAVE READ AND UNDERSTAND THE HEMOCUE HB 201 DM SYSTEM POLICY & PROCEDURE.**

<u>STEP 1</u>		
HAVE EMPLOYEE READ HEMOCUE HB 201 DM SYSTEM POLICY & PROCEDURE	Date:	Trainer's Initials:
<u>STEP 2</u>		
ORIENT TRAINEE TO POINT OF CARE TESTING ENVIRONMENT	Date:	Trainer's Initials:
<input type="checkbox"/>	• Location of Policy and Procedure, Supplies and Reagents, and where to dispose of used materials	
<input type="checkbox"/>	• IDA (Clinical Indications, Documentation and Clinical Actions) PLAN	
<u>STEP 3</u>		
INTRODUCTION OF HEMOCUE HB 201 DM SYSTEM	Date:	Trainer's Initials:
<input type="checkbox"/>	• Purpose and Principle	
<input type="checkbox"/>	• Qualified Testing Personnel (Requirements: Initial Training and Annual Competency)	
<input type="checkbox"/>	• Equipments (HemoCue Hb 201 DM Analyzer, HemoCue Hb 201 DM Microcuvettes, R&D Liquid Quality Controls, HemoCue Hb 201 DM Docking Station, Alcohol Swabs, Lancet, Barcode ID,)	
<u>STEP 4</u>		
SPECIMEN AND REAGENTS	Date:	Trainer's Initials:
<input type="checkbox"/>	• Specimen Collection and Stability	
<input type="checkbox"/>	• Storage and Stability of HemoCue Hb 201 DM Microcuvettes	
<input type="checkbox"/>	• Storage and Stability of R&D Liquid Quality Controls	
<input type="checkbox"/>	• Daily Temperature Log	
<u>STEP 5</u>		

DAILY MAINTENANCE	Date:	Trainer's Initials:
<input type="checkbox"/> • Document Daily Maintenance done on the HemoCue Quality Control Log		
<input type="checkbox"/> • Clean the cuvette holder with alcohol or mild detergent		
<input type="checkbox"/> • Scanner glass should be cleaned gently with an alcohol pad		
<u>STEP 6</u>		
QUALITY CONTROL	Date:	Trainer's Initials:
<input type="checkbox"/> • Internal Electronic Quality Control (EQC) – Self Test		
<input type="checkbox"/> • Liquid Quality Control (LQC)		
<input type="checkbox"/> • Add Comment to a Result		
<input type="checkbox"/> • Suggested actions when Quality Control Out of Range		
<u>STEP 7</u>		
PATIENT TESTING PROCEDURE	Date:	Trainer's Initials:
<input type="checkbox"/> • Patient HemoCue Testing		
<input type="checkbox"/> • Reporting Results		
<input type="checkbox"/> • Actions to be Taken for Extreme Values / Confirmatory Testing		
<u>STEP 8</u>		
LIMITATIONS OF METHOD	Date:	Trainer's Initials:
DOCKING / CHARGING STATION	Date:	Trainer's Initials:
TROUBLESHOOTING	Date:	Trainer's Initials:
MATERIAL SAFETY DATA SHEETS (MSDS)	Date:	Trainer's Initials:

EMPLOYEE SIGNATURE:	DATE TRAINING COMPLETED:
TRAINER(s) SIGNATURE:	DATE TRAINING COMPLETED:

UPON COMPLETION:

Fax copy to POCT Services @ 415.206.3451 or 415.206.3045 or bring copy to 2M14. Unit Manager is encouraged to retain a copy in employee or unit file.