

SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER
INITIAL ORIENTATION & TRAINING

PROCEDURE: ACCU-CHEK INFORM II BLOOD GLUCOSE DETERMINATION

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 and a second time during the first year. All employees must demonstrate competency on an annual basis thereafter.

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| EMPLOYEE NAME (Printed): | |
| TRAINER(s) NAME (Printed) | |
| LICENSE NUMBER: | HOME UNIT: |
| I _____ (initials) HAVE READ AND UNDERSTAND THE ACCU-CHEK INFORM II BLOOD GLUCOSE DETERMINATION POLICY & PROCEDURE. | |

| <u>STEP 1</u> | | |
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| ORIENT TRAINEE TO POINT OF CARE TESTING ENVIRONMENT | Date: | Trainer's Initials: |
| <input type="checkbox"/> • Location of POCT Policy Manual, Supplies and Reagents, and where to dispose of used materials | | |
| <input type="checkbox"/> • IDA (Clinical Indications, Documentation and Clinical Actions) PLAN | | |
| <u>STEP 2</u> | | |
| INTRODUCTION OF BLOOD GLUCOSE DETERMINATION | Date: | Trainer's Initials: |
| <input type="checkbox"/> • Purpose and Principle | | |
| <input type="checkbox"/> • <u>Qualified Testing Personnel</u> <ul style="list-style-type: none"> ➤ Requirements: Initial Orientation & Training; Initial Competency and 2nd Competency during first year; and Annual Competency thereafter. ➤ Working Barcode ID indicates approval to perform patient testing. | | |
| <input type="checkbox"/> • <u>Equipment</u> <ul style="list-style-type: none"> ➤ Inform II Meter, Base Unit, ACCU-CHEK Inform II Quality Control Solutions, ACCU-CHEK Inform II Test Strips, Barcode ID, Accessory Box, Blood sample collection materials | | |
| <input type="checkbox"/> • <u>ACCU-CHEK Inform II Meter</u> <ul style="list-style-type: none"> ➤ Test Strip Port, Touchscreen, ON/OFF Button, Barcode Scanner Window (Scans Operator ID, Patient ID, Test Strips, Quality Control), Battery Pack, Reset Button, Infrared Window | | |
| <input type="checkbox"/> • Base Unit – Docking / Charging Station | | |
| <u>STEP 3</u> | | |
| SPECIMEN AND REAGENTS | Date: | Trainer's Initials: |
| <input type="checkbox"/> • Specimen Collection and Specimen Stability | | |
| <input type="checkbox"/> • Storage and Stability of ACCU-CHEK Inform II Quality Control Solutions | | |
| <input type="checkbox"/> • Storage and Stability of ACCU-CHEK Inform II Test Strips | | |
| <input type="checkbox"/> • Daily Temperature Log | | |

| STEP 4 | | |
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| POWERING UP THE METER – Adjusting the Display | Date: | Trainer's Initials: |
| BARCODE SCAN OPERATOR ID | Date: | Trainer's Initials: |
| STEP 5 | | |
| QUALITY CONTROL | Date: | Trainer's Initials: |
| <input type="checkbox"/> | • When to Perform Quality Control Testing | |
| <input type="checkbox"/> | • How to Perform Quality Control Testing | |
| <input type="checkbox"/> | • Verify Control lot number and expiration date | |
| <input type="checkbox"/> | • Verify Strip lot number and expiration date | |
| <input type="checkbox"/> | • Entering Comments | |
| <input type="checkbox"/> | • Suggested actions when Quality Control Out of Range | |
| STEP 6 | | |
| PATIENT TESTING PROCEDURE | Date: | Trainer's Initials: |
| <input type="checkbox"/> | • How to Perform Patient Blood Glucose Testing | |
| <input type="checkbox"/> | • Entering Comments | |
| <input type="checkbox"/> | • Actions to be Taken for Values Outside Normal Range | |
| <input type="checkbox"/> | • Report / Review Results | |
| STEP 7 | | |
| TROUBLESHOOTING (Refer to Policy and Procedure) | Date: | Trainer's Initials: |
| CLEANING / DISINFECTING THE METER | Date: | Trainer's Initials: |
| LIMITATIONS OF METHOD | Date: | Trainer's Initials: |
| MATERIAL SAFETY DATA SHEETS (MSDS) | Date: | Trainer's Initials: |

Employee: My signature indicates that I have received this orientation and training in full.

Trainer: My signature indicates that I have reviewed this orientation and training with employee in full.

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|------------------------------|---------------------------------|
| EMPLOYEE SIGNATURE: | DATE TRAINING COMPLETED: |
| TRAINER(S) SIGNATURE: | DATE TRAINING COMPLETED: |

UPON COMPLETION:

Fax completed test to POCT Services @ 415.206.3451 or 415.206.3045 or bring copy to 2M14.