


SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER
 Initial ORIENTATION & TRAINING or **Follow Up**
PROCEDURE: GEM PREMIER 4000

This form is to be used for trainer-supervised initial orientation and training. The trained employee must demonstrate competency at the time of initial orientation and training, six months after initial training and annually thereafter.

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

I _____ (Employee Initials) **HAVE READ AND UNDERSTAND THE ARTERIAL BLOOD GASES/GEM4000 POLICY & PROCEDURE AND THE CHANGES THEREIN.**

NURSING: CLIA '88 and California BPC requires you have a college degree in one of these listed sciences to perform this moderately complex test. Please attach a copy of your College Degree in Chemical Science, Biological Science, Physical Science or Nursing.

<u>STEP 1</u>		
ORIENT TRAINEE TO POINT OF CARE TESTING ENVIRONMENT	Date:	Trainer's Initials:
<input type="checkbox"/> • Location of Supplies and Reagents, and where to dispose of used materials		
<input type="checkbox"/> • IDA Page (Clinical Indications, Documentation and Clinical Actions)		
<input type="checkbox"/> • www.SFGH-POCT.org  on the CHN intranet		
<input type="checkbox"/> • GEM4000 Resource binder and POCT contacts		
<u>STEP 2</u>		
INTRODUCTION OF ARTERIAL BLOOD GASES	Date:	Trainer's Initials:
<input type="checkbox"/> • Purpose and Principle		
<input type="checkbox"/> • Qualified Testing Personnel (Requirements: Initial Training and Competency, 6 mos after initial training, First Annual and Annual Competency)		
<input type="checkbox"/> • Equipment		
<u>STEP 3</u>		
SPECIMEN AND REAGENTS	Date:	Trainer's Initials:
<input type="checkbox"/> • Specimen Collection and Stability		
<input type="checkbox"/> • Reagents Storage and Stability **EXPIRY DATES**		
<input type="checkbox"/> • Daily Environmental checks and corrective actions		
<u>STEP 4</u>		
QUALITY CONTROL	Date:	Trainer's Initials:
<input type="checkbox"/> • Intelligent Quality Control Management (iQM)		
<input type="checkbox"/> • Calibration Validation Product (CVP) and GEM System Evaluator (GSE): Expiration dates, accepting results, sampling **DO NOT REPEAT CVP TESTING >3 TIMES EACH***		
<input type="checkbox"/> • Proficiency Testing		

STEP 5		
START NEW SAMPLE TAB – Review of Components **DO NOT SELECT OR DESELECT INDIVIDUAL ANALYTES**	Date:	Trainer's Initials:
STEP 6		
PROCEDURE	Date:	Trainer's Initials:
<input type="checkbox"/> • Cartridge Insertion and Warm-up		
<input type="checkbox"/> • Operator ID **DO NOT SHARE BARCODES**		
<input type="checkbox"/> • Patient Sampling and View Results **PPID, SPECIMEN MIXING, CLOT CHECKING, BARCODE SCANNER**		
<input type="checkbox"/> • Removing the Cartridge		
<input type="checkbox"/> • Shutting down the Analyzer **DO NOT USE THE POWER BUTTON OR RESTART OPTION**		
<input type="checkbox"/> • Reporting / Documentation Results **AUTOVERIFICATION, PRINTING RESULTS, DELAYS IN POSTING OF RESULTS**		
STEP 7		
LIMITATIONS AND INTERFERENCE TESTING **SPECIMEN COLLECTION TUBES ARE NOT A SUITABLE SUBSTITUTION FOR ARTERIAL BLOOD GAS ANALYSIS OR TO MEASURE PO2 AND COOXIMETRY (oxygen content or COHb)**	Date:	Trainer's Initials:
STEP 8		
MAINTENANCE	Date:	Trainer's Initials:
<input type="checkbox"/> • Cleaning the Analyzer with appropriate disinfectant		
<input type="checkbox"/> • Installing the Printer Paper		
<input type="checkbox"/> • Disposing the Ampoule Breaker		
<input type="checkbox"/> • Analyzer Repair **DO NOT CONTACT BIOMED; CONTACT POCT**		
STEP 9		
TROUBLESHOOTING <input type="checkbox"/> • Corrective actions for wrong MRN or specimen type, form and calling Hematology <input type="checkbox"/> • Errors messages, repeat testing, barcodes, delays in posting of results <input type="checkbox"/> • Contact List and GEM4000 Resource binder <input type="checkbox"/> • Downtime, downtime form and back up plans	Date:	Trainer's Initials:

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

Upon Completion: FAX COPY (415.206.3045) to Point of Care Testing Services or send copy to 2M14 or B25-H3041. Unit Manager is encouraged to retain a copy in employee or unit file.