SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER

☐ Initial ORIENTATION & TRAINING or ☐ Follow Up

PROCEDURE: ACTIVATED CLOTTING TIME - HEMOCHRON SIGNATURE ELITE (ACT-LR)

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 _____ (initials) **HAVE READ AND UNDERSTAND THE ACTIVATED CLOTTING TIME - HEMOCHRON SIGNATURE ELITE 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 moderatley complex test. Please attach a copy of your College Degree in Chemical Science, Biological Science, Physical Science or Nursing.

STEP 1		
ORIENT TRAINEE TO POINT OF CARE TESTING ENVIRONMENT	**Date:**	**Trainer's Initials:**
☐ • Location of Policy and Procedure, Supplies and Reagents, and where to dispose of used materials		
☐ • Procedure Log Book (Patient ID, Date and Time of Procedure, Initials of Nurse / Physician performing the Test / Procedure		
☐ • IDA (Clinical Indications, Documentation and Clinical Actions) PLAN		
☐ • www.SFGH-POCT.org on the CHN intranet		
STEP 2		
INTRODUCTION OF HEMOCHRON SIGNATURE ELITE	**Date:**	**Trainer's Initials:**
☐ • Purpose and Principle		
☐ • Qualified Testing Personnel (Requirements: Initial Training, 6 mos after initial training and Annual Competency)		
☐ • Equipment (Hemochron Signature Elite Microcoagulation Instrument, Hemochron Jr. Quality Control Products, Hemochron Configuration Manager CD V3.0 or higher, Hemochron ReportMaker V6.0 or higher)		

STEP 3			
SPECIMEN AND REAGENTS		**Date:**	**Trainer's Initials:**
☐	• Specimen collection and stability **SPECIMEN TYPE and RUN TEST IMMEDIATELY AFTER COLLECTION**		
☐	• Storage and Stability of directCHECK Whole Blood Quality Control **EXPIRATION DATES**		
☐	• Storage and Stability of Hemochron Jr. ACT-LR Test Cuvettes **EXPIRATION DATES**		
☐	• Daily Environmental checks and corrective actions		
STEP 4			
QUALITY CONTROL		**Date:**	**Trainer's Initials:**
☐	• When to Perform a QC Test (Daily, Monthly)		
☐	• Self-Check and Verification of Instrument Temperarture		
☐	• Electronic Quality Control (EQC)		
☐	• QC of Reagents (Cuvettes) – Liquid Quality Control (LQC)		
☐	• Corrective Action when EQC or LQC are Outside Acceptable Limits		
STEP 5			
PROCEDURE		**Date:**	**Trainer's Initials:**
☐	• Running a Patient Sample		
☐	• Review Results		
☐	• Reporting / Documentation Results		
STEP 6			
LIMITATIONS OF METHOD		**Date:**	**Trainer's Initials:**
CAP SURVEY / PROFICIENCY TESTING		**Date:**	**Trainer's Initials:**
STEP 7			
MAINTENANCE		**Date:**	**Trainer's Initials:**
MATERIAL SAFETY DATA SHEETS (MSDS)		**Date:**	**Trainer's Initials:**
TROUBLESHOOTING and ANALYZER REPAIR **DO NOT CONTACT BIOMED; CONTACT POCT**		**Date:**	**Trainer's Initials:**

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

<u>Upon Completion</u>: FAX COPY (415.206.3045) to Point of Care Testing Services *<u>or</u>* send copy to 2M14.Unit Manager is encouraged to retain a copy in employee or unit file.