

ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER

Initial ORIENTATION & TRAINING

PROCEDURE: Chembio Rapid HIV 1/2 STAT PAK

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 CHEMBIO RAPID HIV 1/2 STAT PAK POLICY & PROCEDURE.**

<u>STEP 1</u>		
HAVE EMPLOYEE READ THE CHEMBIO RAPID HIV1/2 STAT PAK POLICY & PROCEDURE	Date:	Trainer's Initials:
<u>STEP 2</u>		
ORIENT TRAINEE TO POINT OF CARE TESTING ENVIRONMENT	Date:	Trainer's Initials:
<ul style="list-style-type: none"> • Location of Policy and Procedure, SFGH-POCT website for reference • Location of supplies and Reagents, and where to dispose of used materials 		
<u>STEP 3</u>		
INTRODUCTION OF THE CHEMBIO RAPID HIV 1/2 STAT PAK	Date:	Trainer's Initials:
<ul style="list-style-type: none"> • Purpose and Principle • Qualified Testing Personnel (Requirements: Initial Training and Annual Competency) • Equipment (Pouched test devices, sample loops, running buffer, Chembio HIV 1 & 2 reactive controls, nonreactive control, timer. For fingerstick: alcohol wipes, lancet, sterile gauze) 		
<u>STEP 4</u>		
SPECIMEN AND REAGENTS	Date:	Trainer's Initials:
<ul style="list-style-type: none"> • Specimen collection and stability (fingerstick sample must analyze immediately) • Storage and Stability of Chembio Brand HIV 1/2 test devices (room temp) • Storage and Stability of Chembio HIV 1/2 Reactive and Nonreactive Controls (refrigerated) • Daily Temperature Log 		

STEP 5		
QUALITY CONTROL	Date:	Trainer's Initials:
<ul style="list-style-type: none"> • <u>Internal Quality Controls</u> (included in the test). A line appearing in the control region (C) is the positive internal quality control. A clear background is an internal negative background control. If the test is working properly, the background in the result area should be white to light pink. 		
<ul style="list-style-type: none"> • <u>External Quality Controls</u>: HIV 1 REACTIVE, HIV 2 REACTIVE, and HIV 1/2 NONREACTIVE controls are run WEEKLY, and on all new lot numbers or shipments of test cassettes. 		
STEP 6		
PATIENT TESTING PROCEDURE	Date:	Trainer's Initials:
<ul style="list-style-type: none"> • Gather equipment needed. Cover workspace with a clean, disposable absorbent cover. Put on disposable gloves. 		
<ul style="list-style-type: none"> • Check expiration date of the test device. Label device with patient's medical record number. 		
<ul style="list-style-type: none"> • Obtain a fingerstick blood sample: wipe away 1st drop, then sample with loop from 2nd drop. 		
<ul style="list-style-type: none"> • With sample loop down, touch it to the pad in the sample (S) well, blood will flow onto pad. 		
<ul style="list-style-type: none"> • Hold the Running Buffer bottle vertically (not at angle) above the (S) well and squeeze 3 free falling drops into (S) well. Three full drops are needed. 		
<ul style="list-style-type: none"> • Read the test result after 15 minutes, do not read after 20 minutes. 		
STEP 7		
INTERPRETATION OF RESULTS	Date:	Trainer's Initials:
<ul style="list-style-type: none"> • <u>REACTIVE</u>: two pink/purple lines appear. One line should be in the control region (C) and another line (which can be faint) should be in the test region (T). 		
<ul style="list-style-type: none"> • <u>NEGATIVE</u>: one pink/purple line appears in the control region (C). No apparent line appears in the test region (T). 		
<ul style="list-style-type: none"> • <u>INVALID</u>: Control line fails to appear, is other than pink/purple color, or appears misplaced. First repeat with a new test device. If Invalid again, repeat with new unopened bottles of QC. 		
STEP 8		
LIMITATIONS OF METHOD	Date:	Trainer's Initials:
CONFIRMATORY TESTING	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 please scan and email to Point of Care Testing staff:

francis.corteza@sfdph.org and cassiusmicho.santiago@sfdph.org

OR fax to POCT office: 415.206.3451

Unit Manager is encouraged to retain a copy in employee or unit file.