Bassett Healthcare Network
POC TESTING

TRAINING AND COMPETENCY ASSESSMENT CHECKLIST

Name/Title (print): _____   **Date:** _____

Health Center or Department: _____   **M#:** _____   **ID #:** _____

	Trainer	Trainee
AUTO URINALYSIS		
1. Specimen collection and storage	_____	_____
2. Reagent storage and stability	_____	_____
3. Instrument operation/troubleshooting	_____	_____
4. Quality control requirements	_____	_____
5. Critical Values	_____	_____
6. Confirmatory testing	_____	_____
7. Read and comply with procedure	_____	_____
URINE PREGNANCY		
1. Specimen collection and storage.	_____	_____
2. Kit storage and stability	_____	_____
3. Quality control requirements	_____	_____
4. Procedural control requirement	_____	_____
5. Read and comply with procedure	_____	_____
RAPID STREP		
1. Specimen collection and storage	_____	_____
2. Kit storage and stability	_____	_____
3. Quality control requirements	_____	_____
4. Procedural control requirement	_____	_____
5. Confirmation of negative results/labeling	_____	_____
6. Read and comply with procedure	_____	_____
HEMOGLOBIN		
1. Specimen collection	_____	_____
2. Instrument operation/troubleshooting	_____	_____
3. Cuvette use, storage, and stability	_____	_____
4. Quality control requirements	_____	_____
5. Critical Values	_____	_____
6. Confirmatory Testing	_____	_____
7. Read and comply with procedure	_____	_____
OCCULT BLOOD		
1. Storage of developer/cards	_____	_____
2. Procedural control requirement	_____	_____
3. Read and comply with procedure	_____	_____
4. IFOB	_____	_____
PT/INR FINGERSTICK		
1. Specimen collection and storage	_____	_____
2. Reagent storage and stability	_____	_____
3. Instrument operation / troubleshooting	_____	_____
4. Critical Values	_____	_____
5. Confirmatory testing	_____	_____
6. Read and comply with procedure	_____	_____

	Trainer	Trainee
RESULTS DOCUMENTATION		
1. Provider order required for POC testing	_____	_____
2. Result documentation in Epic	_____	_____
3. CV documentation/Narrative comments	_____	_____
4. OTE documentation by Inform	_____	_____
5. Downtime process/forms	_____	_____
6. Instrument printouts, record retention	_____	_____
7. Patient result log - optional	_____	_____
CORRECTIVE ACTION		
Incorrect result/wrong patient - notify provider, then notify POC with D/T/provider/correct result. POC will make all corrections in EPIC and Beaker. Do not document correct result with a second entry.	_____	_____
MAINTENANCE		
1. Temperature monitoring	_____	_____
2. Instrument maintenance	_____	_____
3. Safety shield	_____	_____
4. Benchtop decontamination	_____	_____
5. Centrifuge/refrigerator maintenance	_____	_____
6. Microscope maintenance	_____	_____
7. Equipment decontamination/cleaning chart	_____	_____
MISCELLANEOUS		
1. Supply distribution and billing	_____	_____
2. Courier tracking forms	_____	_____
3. Competency assessment		
a) Unknown samples	_____	_____
b) Direct observation	_____	_____
c) HealthStream	_____	_____
ONLINE - BNET		
1. Laboratory Manual on INTRANET	_____	_____
2. HealthStream Competencies	_____	_____
3. Courier schedule	_____	_____
4. Warehouse order form	_____	_____
5. Print shop request form	_____	_____

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RALS ☐ _____
ED Log ☐ _____
HS ☐ _____
DB ☐ _____

"I have read the above competency assessment. I understand that by signing this statement I agree that I have been trained in the areas noted in this assessment and I am approved to perform the tests/procedures independently. I also feel competent to perform this list of tests /procedures /processes independently as indicated by the above assessment."

Employee Name (print): _____

Employee Name (signature): _____

Trainer Name (signature): _____

Trainer Name (signature): _____

Trainer Name (signature): _____

Trainer Name (signature): _____

Note: Areas the employee is not responsible for will be marked **NA** (not applicable)