

i-STAT

Operator Competency Assessment

Please fill all fields in CAPITALS ONLY. Illegible writing may cause a delay in access to analyser

First Name:		Surname:	
Employee Number:		Position:	
Hospital:		Department:	
Email:			
Training Type	<input type="checkbox"/> Initial/New <input type="checkbox"/> Recertification <input type="checkbox"/> Targeted Training (Please tick only relevant competencies)		

For certification on this device, the Operator must demonstrate the following competencies:	Yes	N/A
Pre-analytics		
Identifies the components of the i-STAT System		
Recalls sample requirement (e.g. heparinised only, arterial/venous/capillary, well mixed)		
Recalls sample equipment (e.g. ABG syringe, tube, capillary sampler, transfer device)		
Recall cartridge storage requirements and can accurately update RT expiry		
Analytics		
Able to log on to the i-STAT to perform a test		
Demonstrates how to enter and/or scan patient ID and cartridge information		
States the "unknown patient" protocol and reconciliation procedure		
Correctly handles the cartridge		
Correctly adds sample to the cartridge		
Correctly loads the cartridge into the i-STAT		
Can navigate to correct screen and enter sample type, DOB and any other information		
Removes cartridge and disposes correctly		
Post-analytics		
Uploads and prints results successfully		
Can locate reference ranges and critical result protocol		
Explains action to error codes, both printed and displayed.		
Can access stored results from device		
Maintenance		
Describes procedure for cleaning exterior of device		
Recalls Electronic Simulator test schedule and can demonstrate running simulator test		
Is aware of QC and QAP and their importance to accuracy of results		
Operator Statement:		
<p>Please <i>read</i> and <i>sign</i> the following statement when you have completed your training. I am aware of the "Operator Roles and Responsibilities" document for POCT devices and will ensure certification is up to date unless otherwise directed. I can locate the Operating Procedure for this device and will follow the procedures when using the device. I am aware of the POCT Manual/documentation and its location and can access MSDS if required. I understand it is my responsibility to follow PPE at all times and action critical results when flagged on the device. I will not share my operator ID under any circumstances.</p>		
Operator Signature		Date
Certificate of attainment sited for E-learning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Trainer's Signature		Date
<input type="checkbox"/> POCT Coordinator <input type="checkbox"/> Vendor <input type="checkbox"/> Super user		

