

HemoCue Hb 201 DM

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 device		
Describes purpose of test		
Recalls sample requirements (capillary and venous/EDTA)		
Demonstrates correct procedure for capillary collection for the HemoCue Hb 201DM(wipes away first 3 drops of blood)		
Describes proper microcuvette filling techniques		
States microcuvette storage requirements		
Analytics		
Able to log on to the HemoCue Hb 201 DM to perform a test		
Can scan in barcodes using on board scanner		
States the "unknown patient" protocol and reconciliation procedure		
Correctly handles and loads microcuvette into cuvette holder		
Can navigate to correct pages and enter required information (e.g. patient ID, DOB, microcuvette lot number, etc)		
States the "unknown patient" protocol and reconciliation procedure		
Can navigate to correct page and enter sample type, DOB and any other information		
Removes microcuvette and disposes correctly		
Post-analytics		
Demonstrates procedure to transmit patient results		
Can locate reference ranges and critical result protocol		
Explains action to error codes		
Demonstrates ability to recall stored results from device		
Maintenance		
Describes procedure for cleaning exterior of device		
Describes purpose of HemoCue Hb 201 DM "self test"		
Identify and be able to complete required documentation for maintenance of device		
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		

