

i-STAT

Super user 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 Super user must demonstrate the following: | Yes | N/A |
|--|-----|------|
| Maintenance | | |
| Demonstrate performing Ceramic Cartridge cleaning on i-STAT | | |
| Can access error code list and recall required action | | |
| Recognise principles of Inventory Control and implement local procedure | | |
| Quality Control (QC) | | |
| Outlines the requirements for Quality Control (i.e. frequency, QC lockout, etc) | | |
| Demonstrates correct techniques for liquid QC sample | | |
| Describes the action required for "pass" or "fail" results | | |
| Knows how to complete required documentation | | |
| Is able to access stored QC results on the i-STAT | | |
| Quality Assurance Program(QAP) | | |
| Can state the difference between QAP & QC | | |
| Can identify the QAP schedule | | |
| Demonstrates correct preparation of QAP sample(e.g. reconstitution) | | |
| Demonstrates running a QAP sample | | |
| Can locate and complete maintenance record for QAP | | |
| Training and Administration | | |
| Is able to identify key components of monthly report(s) | | |
| Is able to interpret and communicate compliance from reports to staff at facility | | |
| Shows a suitable pathway to disseminate information to operators and managers | | |
| Demonstrates ability to identify key processes and clearly convey to staff in training | | |
| Can locate training documents to support training of operators and follows training procedures | | |
| Super user Statement: | | |
| Please <i>read</i> and <i>sign</i> the following statement when you have completed your training. | | |
| I am aware of the "Super user 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 training operators on the device. I am aware of the POCT Manual/documentation and will ensure current versions are used. I understand it is my responsibility to withdraw defective equipment from service and complete appropriate paperwork. I will not share my Operator ID under any circumstances. | | |
| Super user Signature | | Date |
| Trainer's Signature | | Date |
| <input type="checkbox"/> POCT Coordinator <input type="checkbox"/> Vendor <input type="checkbox"/> Lab Staff | | |