

epoc

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-analytcs		
Identifies the key components of the epoc Test System and can describe function of each		
Recalls acceptable sample types/volume (arterial/venous/capillary, 92µL)		
Recalls correct sample collection devices (ABG syringe, green top tube, Care-Fill Capillary Tube)		
Identifies samples that should be rejected due to poor sample integrity (improper mixing, air bubbles, microclots)		
Recall cartridge storage requirements		
Analytcs		
Able to log on to the epoc to perform a test using barcode scanner		
States the meaning of the indicator lights on the host and reader		
Can start a new sample by navigating to correct menu		
Correctly handles and inserts the cartridge into epoc		
Enters and/or scans the patient ID and cartridge information		
Correctly adds sample to the epoc Test card (using twist and depress)		
Can navigate to correct screens and enter patient information (sample type, DOB, etc)		
States the "unknown patient" protocol and reconciliation procedure		
Removes cartridge and disposes correctly		
Post-analytcs		
Can review results and identify results flagged as critical		
Can locate reference ranges and critical result protocol		
Identifies error codes and operator messages and actions in appropriate manner		
Can access stored results from the epoc and print them		
Maintenance		
Describes how to install printer paper		
Describes correct procedure for cleaning of the epoc analyser		
Demonstrates how to recharge the Host and Reader		
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.</p> <p>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 & Stafflink # if applicable		Date
<input type="checkbox"/> POCT Coordinator <input type="checkbox"/> Vendor <input type="checkbox"/> Super user		

