

SELF ASSESSMENT- COMPETENCY STATEMENT FOR ROCHE COAGUCHEK PRO II

Ask a trained colleague to observe you carry out a patient test using the Roche Coaguchek Pro II and carefully read, consider, and tick off the following statements:

I have undertaken educational training or completed recertification within the last 2 years.

I know it is a disciplinary offence to share my Operator ID or allow others to use equipment in my name.

I know where to find the INR meter, QC controls and test strips.

I know how to carry out quality control procedures on the meter.

I know how to consent, prepare, and take patients samples if appropriate.

I know where and how to record the patients INR results & understand the importance of this.

I know the importance of, and how to act upon abnormal results.

I can describe the infection control measures in place for the analysis.

I can describe the contraindications and limitations of the INR meter.

I know what to do in the event of a sharps injury/splash to the eye.

I know how to carry out and report external quality assurance samples.

I understand that as part of my training and competency, I agree to take part in EQA testing.

I know how to seek help if required and where to find the Standard Operating Procedure (on Staffroom).

My observing colleague is happy to sign to say that I have performed the test in accordance with the protocol.

ONLY if you are happy with the above statements, you and your colleague should BOTH sign below and return this statement to Point of Care Testing **WITHIN 3 MONTHS** (either by internal post or scanned to our mailbox **yhs-tr.poct.team@nhs.net**)

Your name:	
Your signature:	
Ward/department:	
Name of observer:	
Signature of observer:	
Date:	