

## **SELF ASSESSMENT- COMPETENCY STATEMENT FOR THE ROCHE ACCU-CHEK PERFORMA GLUCOSE METER ISSUED TO COMMUNITY NURSING TEAMS**

Ask a trained colleague to observe you carry out a patient test using the Accu-Chek Glucose Meter 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 of infection control measures associated with using the glucose meter.

I know where to get supplies of glucose strips and controls, and how to store them.

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

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

I know how to consent, prepare, and obtain patient samples for glucose analysis.

I feel competent to carry out a patient test on the glucose meter.

I know and understand the importance of correctly inputting patient details.

I know where and how to record the patient glucose results.

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

I know the limitations and contraindications of using the glucose meter.

I know how to report a broken glucose meter.

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

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**)

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