

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

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