Fecal Occult Blood
Hemoccult®
Operator Competency Checklist

Instructions: Instructor will supervise performance of skills by employee. All steps must be performed as indicated in order for competency to be determined adequate. Instructor will sign the form when all steps are performed correctly. The completed Competency Checklist and a copy of the e-Learning certificate can be faxed to 410-502-1913 or delivered to the Point-of-Care Testing Program Office, CMSC SB-201.

REQUIRED PERFORMANCE SKILLS

I. SPECIMEN REQUIREMENTS

1. States acceptable specimen type.
2. States special diet restrictions, specimen collection and labeling requirements (2 patient identifiers).

II. STORAGE AND STABILITY REQUIREMENTS

1. States Hemoccult® test cards storage and handling requirements:
   a. Dates box of cards when first opened.
   b. Stores cards at room temperature.
   c. Does not use card after the manufacturer’s expiration date.
   d. Keeps cover flap of slide sealed until ready to use.
   e. Protects slides from heat, light and volatile chemicals.
2. States Hemoccult® Developer storage and handling requirements:
   a. Dates Developer when first opened.
   b. Stores Developer at room temperature.
   c. Does not use Developer after the manufacturer’s expiration date.
   d. Protects Developer from heat.
   e. Keeps Developer tightly capped when not in use.

III. EQUIPMENT REQUIREMENTS

1. States proper location for Hemoccult® testing to be performed (well-lit area to facilitate reading color changes).
2. States additional materials required for testing:
   a. Ink pen to record Quality Control- Performance Monitor results.
   b. Hemoccult® Quality Control Log Sheet.
   c. Gloves (to be worn during testing)
   d. Timer or watch with second hand.

IV. QUALITY CONTROL PROCEDURE- PERFORMANCE MONITOR

1. States frequency at which Performance Monitor is tested:
   a. Weekly on each opened box of Hemoccult® slides and bottle of Developer.
   b. Initially when opening a new box of slides or bottle of Developer.
   c. Performance Monitor – After each patient test
2. Checks that slides and Developer are at room temperature and not expired.
3. Dates and initials the box of Hemoccult® slides or Developer when opened. Affixes a JHMI QC Label to a newly opened box of slides.
4. Records the date, time, lot numbers and expiration dates of the Hemoccult® slides and Developer on the Hemoccult® Quality Control Log Sheet.
5. Removes a slide from the box and opens the back of the card.
IV. QUALITY CONTROL PROCEDURE (continued)

6. Records the date, time, lot numbers and expiration dates of the Hemoccult® slides and Developer on the Hemoccult® Quality Control Log Sheet.
7. Removes a slide from the box and opens the back of the card.
8. Applies one drop of Hemoccult® Developer between the positive and negative Performance Monitor Areas.
9. Interprets results within 10 seconds.
8. Notes that no color should appear in the negative location of the Performance Monitor. Records as “NEG/Negative” on the QC Log Sheet.
9. Notes that a blue color should appear in the positive location of the Performance Monitor. Records as “POS/Positive” on the QC Log Sheet.
10. Does not use (+) or (-) signs to record Performance Monitor results.
11. Places a check mark in the QC Pass/Fail Column on the QC Log Sheet to note whether QC passed or failed.
12. Records the date and operator initials on the JHMI QC Label affixed to the slide box to denote successful completion of quality control.

V. PERFORMANCE MONITOR FAILURES/CORRECTIVE ACTIONS

1. Patient Results are not reported if the Performance Monitor results are unacceptable.
2. Operator should check the expiration dates on the Hemoccult® slides and Developer to ensure they are not expired.
3. If slides and Developer are not expired, repeat the test.
4. If repeat test fails, open a new bottle of Developer and repeat test.
5. If the Performance Monitor still fails, open a new box of slides and retest using the new Developer.
6. If this Performance Monitor fails, STOP PATIENT TESTING. Contact the Point-of-Care Testing Office.
7. All failed Performance Monitor results and corrective actions should be documented in the Comment Section of the Hemoccult® QC Log Sheet.

VI. PATIENT TESTING

1. States two unique identifiers are used to verify the patient’s identity when collecting samples for testing.
2. Checks the expiration dates of the Hemoccult® slides and Developer.
3. Labels the Hemoccult® slide with the patient identifiers.
4. Opens the card and applies a small amount of fecal sample to Box A and Box B (from two different areas of the sample).
5. Closes cover, turns slide over and waits 3-5 minutes to allow sample to mix with the reagents on the card.
6. Opens flap on back of card. Applies 2 drops of Hemoccult® Developer to the paper, directly over each smear.
7. Reads results within 60 seconds.
8. Notes any trace of blue color on/at edge of smear is positive for occult blood.
9. Applies 1 drop of Hemoccult® Developer between the positive and negative Performance Monitor Areas on the slide. Interprets results within 10 seconds.

VII DOCUMENTATION OF PATIENT RESULTS

1. States that all patient results and any care actions are recorded on:
   a. An Admission/Progress note
   b. The Nursing Flow Sheet
   c. The Electronic Patient Record
2. Records patient results as “POS/Positive” for a positive result or “NEG/Negative” for a negative result.
VII DOCUMENTATION OF PATIENT RESULTS (continued)

3. Records patient results with the date, time, operator initials and a “√” or “Performance Monitor okay” to note that acceptable Quality Control has been performed on the Hemoccult® test slides within the week and the Performance Monitor reacted correctly.
4. Notes results as Point-of-Care results in order to differentiate these results from the laboratory results.

VIII. LIMITATIONS OF TESTING

1. States that the Hemoccult® test result may be negative even when disease is present:
   a. Bowel lesions may not bleed at all or may bleed intermittently.
   b. Blood, if present, may not be distributed uniformly in the fecal sample.
2. States that the Hemoccult® test result may be positive on specimens from healthy patients:
   a. May be due to interfering substances in the diet or to medications
   b. May be due to low but detectable levels of blood loss common to both healthy adults and patients with gastrointestinal disease.
3. States that the Hemoccult® test should not be used to test gastric samples.
4. States that Hemoccult® results cannot be considered conclusive evidence of the presence or absence of gastrointestinal bleeding or pathology.
5. States that for the most accurate results, patients should follow the Special Diagnostic Diet for at least 72 hours prior to and continuing through the sample collection procedure.

IX. HANDLING ABNORMAL RESULTS

1. Questionable Hemoccult® results, problems with the testing procedure, or results that do not match the clinical condition should be reported to the physician/provider to determine if additional follow-up is needed (i.e. repeating the point-of-care test, sending a sample to the main laboratory etc.)

X. OPERATOR COMPETENCY

1. States the requirements for competency to perform Hemoccult® testing.
   a. Each operator’s competency is assessed on an annual basis by two methods. One method will be successful performance of the Performance Monitor. The second method will be one of the following:
      • Testing an unknown specimen
      • Having the supervisor or qualified delegate periodically observe routine work
      • Written test
2. States that operator competency is documented in the employee’s Developmental Resume.

XI. POINT-OF-CARE RESOURCES

1. Can access and use the Point-of-Care Testing Web site for information.
2. States the location of the Point-of-Care Testing Policies and Procedures.
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Name: _____________________________________ Title: __________________ Operator ID: _____________

Date Trained: ____________ Nursing Unit: _____________

Written Test Score: ________ O Pass O Fail QC Practical: O Pass O Fail

Attach e-Learning Certificate of Completion

XII. PERFORMANCE MONITOR RESULTS DOCUMENTATION

Positive area: _______________ Negative area: _______________

All of my questions have been addressed and I feel confident in performing the test.

Employee Signature: ____________________________ Title: __________________ Date: ______________

The employee has performed the test satisfactorily according to the standard operating procedure.

Instructor Signature: ____________________________ Title: __________________ Date: ______________