The Johns Hopkins Medical Institutions
The Johns Hopkins Hospital Point-of-Care Testing Program

Hemoglobin Testing with Data Management HemoCue
Operator Competency Checklist

Name (PRINT): ______________________________ Title: ____________ Employee ID #: ____________

Date: ______ Site: __________ Dept: ____________ Written test (check one): ☐ PASS ☐ FAIL
Operator Retrained: ☐ YES ☐ NO

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. Send both copies to the Johns Hopkins Hospital Point-of-Care Testing Program Office (Meyer B-125). The yellow copy will be returned to the unit with the operator’s bar coded ID. Upon return to the site, the yellow copy will be placed in the operator’s personnel file.

REQUIRED PERFORMANCE SKILLS

A. Meter Cleaning (Done prior to QC testing)
   1. Clean exterior with hospital approved germicide after turning meter off.
   2. Remove cuvette holder and wipe with hospital approved germicide. Remove all residue of dried blood if necessary. Dry holder and replace.

B. Control Preparation
   1. Prepare low and high control cuvettes: Note cuvette expiration date, mark cuvettes or parafilm with “L” and “H”, if new container opened, write opening date and initials on bottle.
   2. Prepare control solutions: Mix controls, note expiration date; if new solutions opened, write opening date and initials on vials.
   3. Fill cuvettes with low and high control solutions and time for 1 __ minutes.

C. Quality Control Testing
   1. Access “QC Test” Menu.
   2. Enter Operator ID
   3. Perform Red Control Cuvette test.
   4. Perform low and high control solutions tests, verify low and high ranges, cuvette batch, and expiration dates.
      Low Result: ____________ Expected Range: ____________
      High Result: ____________ Expected Range: ____________
   5. Describe how to correct and document a control fail.
   6. Dispose of cuvettes in a JHMI approved sharps container and parafilm, etc. in a JHMI approved biohazard container.
   7. Use the “Review” and “Previous” keys to check previous results.

D. Patient Testing Procedure
   1. Assess equipment for readiness: QC performed within 24 hours, opening/expiration dates of cuvettes and controls.
   2. Describe how blood sample obtained using Standard Precautions.
   3. Access “Patient Test” Menu.
   4. Enter Operator ID and Patient ID (includes check digit).
   5. Perform patient test (using control solution).
   6. Describe disposal of lancet, syringe, and cuvette in sharps container.
   7. Describe documentation of results (result, date/time, meter ID #, operator initials).
   8. Describe reporting of results to physician/nurse as indicated.

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Instructor’s signature/title: ______________________________ Date: ______________