pH Nitrazine Testing using pHizatest[®] Paper: Initial Training and Competency

Date:

Unit: _____

Operator Name: _____

JHED ID: _____

POCC or POCT-approved trainer leads hands-on discussion and supervises performance of skills, signing the form when all steps are correctly performed and each box below is filled out. The completed Training and Competency Checklist must be filed in the employee's personnel file and a copy emailed, faxed, or supplied to the POCT Office.

Competency	Performance Indicator								Assessment Tool			riteria Met	Criteria Not Met	
Category											_	Trainer V		
eLearning	New testing personnel up-to-date on eLearning quiz <i>prior</i> to initial training (<i>MyLearning Completion Date:</i>).										Exam			
Reagent Stability and Storage	 Maintains a working knowledge of pHizatest[®] Paper and pH Buffers storage and stability: Records open and 6-month expiration dates on pHizatest[®] Paper containers. Confirms dates on pH Buffer aliquots. Understands expiration dates of consumables (pH paper: 6 months, Buffer: manufacturer's), does not use expired materials. 									Direct Observation				
QC Performance	 Adheres to QC policies and procedures: Runs QC at defined frequency (Minimum weekly each open container, when opening new strips or buffer, at training, annually). Verifies QC is within acceptable limits, as posted on QC Log. Properly interprets results and completes the QC Log (Acceptable Ranges) (QC Pass/Fail) (Dating) (Recording Results). Adheres to defined Corrective Action for out-of-range QC results. Demonstrates performance of QC, obtains acceptable results, and properly completes QC log (See Below for Initial Competency). 										Direct bservatior	1		
Specimen Collection	States acceptable specimen type (vaginal secretions), and collection and labeling requirements (no label on lid, two patient identifiers).									Direct Observation				
Routine Patient Testing	Adheres to Patient Testing procedure, as outlined in POCTW008: - Maintains a working knowledge of the steps for testing patient samples (timing) (results interpretation).									Direct Observation				
Factors Influencing Test Results	Interprets and evaluates test results in regards to test limitations and interferences. Refer to SOP for full list: - Expected pH for Amniotic Fluid is 7.0 – 7.5. A pH value between 3.8 – 4.2 is indicative of Vaginal Fluid.									Direct Observation				
Documentation of Patient Results	 Interprets results using appropriate Color Chart. Completes Patient Result Log as needed. Correctly documents all patient results on the patient's chart, including POC QC Completion acknowledgment. 									Direct Observation Review of Records				
Problem Solving Skills	Understands interpretation and corrective action for Invalid and Abnormal Test Results (consult with provider; refer to unit policies). Understands POCT Office Contact Information (5-2645 M-F; POCT Consult on CORUS, POCTGroup email).									Direct Observation				
Safety	Adheres to Standard Precautions throughout testing procedures. Discards biohazardous materials according to policies.										Direct Observation			
Procedure Review	Acknowledges ongoing competency requirements (Annual <u>successful</u> completion of both levels of QC and passing eLearning module). Locates and reads the current version of the SOP (<i>POCTW008</i>) – accessing through POCT website or HPO. <u>http://pathology.jhu.edu/department/staff/POCT/procedures.cfm</u>									Direct Observation Operator Acknowledgement			Operator Initials:	
nitial Competency		Time	JHED ID / Initials	pHizatest	® Paper	pH 5.0 (Acceptable Result: 4.5 – 5.0) (2			(Accer	pH 7.0 ceptable Result: 7.0 – 7.3			5) QC	
	Date			Lot #	Exp Date	Lot #	Exp Date	Result		Evn		Result	Pass (√)	Fail (√)

I have reviewed this checklist with the new operator and observed their completion of QC. POCC/Trainer Initials signify this operator:

Is Competent to perform the pHizatest® Paper: pH Nitrazine Test _

Requires retraining before performing patient testing using the pHizatest® Paper: pH Nitrazine Test______

Operator Signature:

Date:

Trainer Signature:

Revision 06/2021

Date: _____