

Self Assessment Competency Statement for the Abbott iSTAT Alinity

Ask a trained, competent colleague to observe you carry out a patient test using the iSTAT Alinity and carefully read, consider, and tick off the following statements:



- I am happy with the training I have undertaken for the iSTAT Alinity
- I know that it is a disciplinary offence to share my Operator ID or allow others to use equipment in my name
- I know of infection control measures associated with using the iSTAT Alinity
- I know where to get supplies of test kit and how to store them
- I know how to consent, prepare, and obtain patient samples is appropriate
- I know and understand the importance of correctly inputting patient details
- I feel competent to carry out a patient test on the iSTAT Alinity including following pre-analytical advice
- I know where and how to record the patient results
- I know how to report an error or clinical incident
- I know how to perform required maintenance including electronic simulator checking
- I know how to seek help if required and where to find the Standard Operating Procedure (on Staffroom)
- I know what to do in the event of a sharp's injury/splash to the eye
- My observing colleague is happy to sign below 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 (either by internal post or scanned to our mailbox yhs-tr.POCT.Team@nhs.net)

Your name and Operator ID (if known):	
Your signature:	
Ward/Department:	
Name and signature of Observer/Trainer:	
Date:	