

SELF ASSESSMENT- COMPETENCY STATEMENT FOR THE ABBOTT ISTAT ALINITY BLOOD GAS ANALYSER

Ask a trained colleague to observe you carry out a patient test using the iSTAT Alinity blood gas analyser 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 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 blood gas machine
- I know of the appropriate equipment to use for undertaking blood gas analysis
- I know how to consent, prepare, and obtain patient samples analysis (if applicable)
- I know the importance of sample preparation pre-analysis of blood gas sample
- I feel competent to carry out a patient test on the iSTAT Alinity blood gas analyser
- I know and understand the importance of correctly inputting patient details
- I know where and how to record the patient blood gas results
- I know how, and the importance of, acting on abnormal blood gas results.
- I know the limitations and contraindications of using the blood gas analyser
- I know what to do in the event of a sharp's injury/splash to the eye
- I know how to report an error, clinical incident, or analyser issue
- I know how to seek help if required and where to find the Standard Operating Procedure (on Staffroom)
- 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 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:	

Thank You