**SELF ASSESSMENT- COMPETENCY STATEMENT FOR THE ROCHE ACCU-CHEK PERFORMA GLUCOSE METER ISSUED TO COMMUNITY NURSING TEAMS**

Ask atrained colleague to observe you carry out a patient test using the Accu-Chek Glucose Meter and carefully read, consider and tick off the following statements:

✓✓

* I have undertaken the educational training within the last 24 months
* I can describe the appropriate equipment to use when undertaking a blood glucose estimation
* I can describe the contraindications to be aware of when carrying out a capillary blood glucose analysis
* I can describe the infection control measures in place for the glucose meter
* I know how to carry out quality control on the meter
* I know how to consent and prepare the patient prior to carrying out glucose testing
* I know how to obtain a sample from the patient
* I know how to carry out the patients test on the glucose meter and feel competent to do so
* I know where and how to record the patients glucose result
* I know the importance of, and how to act upon abnormal results
* I know how to report a broken meter

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

* My observing colleague has signed to confirm 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 : [POCT.Team@york.nhs.uk](mailto:POCT.Team@york.nhs.uk) THANK YOU