

Staff Member: _____
 Start Date of _____
 Competency: _____

Job Title: _____
 Unit: _____

This competency has been assigned to the staff member indicated above and must be completed as part of their assigned role. This competency may need to be renewed at a designated future date to ensure the staff member maintains their skill.

*The **Staff Member** will discuss with their Preceptor on their previous experiences and skills in establishing a plan and goals for successfully demonstrating their ability to meet the performance elements of the competency.*

*The **Preceptor** will discuss with the Staff Member the best approach to ensure their success in meeting the performance requirements for this competency. The **Preceptor** will date and initial each performance element when they validate that the Staff Member **has met the requirement of the element and can deliver this aspect of care without direct supervision**. The Preceptor should indicate in the Notes column any areas that the Staff Members should focus on to gain greater proficiency as they continue to develop. If the **Preceptor** has any concerns regarding the Staff Member's ability to meet the performance elements and successfully complete this policy, they should document their concerns on the Notes column and contact their **Supervisor** for direction.*

Applicable References & Policies:	•
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Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V - Verbalized	Date Performance Element Met	Preceptor Initials	Notes
Knowledge				
<ul style="list-style-type: none"> • Staff verbalize understanding of the following: <ul style="list-style-type: none"> ○ Do Not clean or disinfect the meter while performing a blood glucose or control test. ○ Do Not spray anything onto the meter. ○ Do Not immerse the meter in liquid. ○ Do not allow liquid to enter the test strip port or allow pooling of liquid on the touchscreen. If liquid does get into the test strip port, immediately dry the components with a dry cloth or gauze. If solution is allowed to collect in any meter opening, severe damage to the system can occur. 	D S T V			

Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V - Verbalized	Date Performance Element Met	Preceptor Initials	Notes
If staff member suspects that moisture may have entered the test strip port, they must perform a glucose control test				
Cleaning the Meter- Step One				
• After using the device remove gloves, perform hand hygiene and put on new gloves.	D S T V			
• Place the meter on a level surface prior to cleaning.	D S T V			
• Power off the meter.	D S T V			
• Be certain that solutions contain acceptable active ingredients for cleaning the system. When using commercially available pre-moistened cleaning cloths, squeeze off excess cleaning solution or blot on a dry paper towel to remove any excess cleaning solution before cleaning the surface of the meter.	D S T V			
• Use one of the following wipes to clean the meter: <ul style="list-style-type: none"> ○ Super Sani-Cloth Germicidal Wipe ○ Super Sani-Bleach Disposable Wipe 	D S T V			
• Clean meter by gently wiping the outside of the meter and carefully wipe around the test strip port area, making sure that no liquid enters the test strip port and then wipe dry with a tissue.	D S T V			
• Visually verify that no blood or body fluid remains on the surface of the meter.	D S T V			
Disinfect the Meter- Step Two				
• NOTE: The meter should be cleaned prior to each disinfection step (see above). <ul style="list-style-type: none"> • Remember to keep the meter on a level surface prior to disinfecting and powered off. 	D S T V			
• Disinfect by gently wiping the outside of the meter three times horizontally and three times vertically and carefully wipe around the test strip port area, making sure that no liquid enters the test strip port with either one of the following wipes: <ul style="list-style-type: none"> ○ Super Sani-Cloth Germicidal Wipe (2 Minute Contact Time OR per IFU) ○ Super Sani-Bleach Wipe (4 Minute Contact Time OR per IFU) 	D S T V			

Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
<ul style="list-style-type: none"> • NOTE: Meter surface should stay moist for the entire contact time. 				
<ul style="list-style-type: none"> • Dry the meter thoroughly with a dry cloth or dry paper towel. 	D S T V			
<ul style="list-style-type: none"> • Remove gloves and perform hand hygiene. 	D S T V			

I hereby attest that I have completed this assigned competency and feel confident in my ability to perform the listed performance elements. I understand that if I have any questions regarding my abilities to perform in my role that I am to contact my supervisor immediately.

Signature of Staff Member: _____

Date: _____

Signature of Preceptor: _____

Date: _____

Signature of Supervisor: _____

Date: _____

Notes: