

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:	<ul style="list-style-type: none"> Organization Policy and Procedure
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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"> Perform hand hygiene. Don gloves. 	D S T V			
<ul style="list-style-type: none"> Remove the probe from the ultrasound unit and remove the condom from the probe. 	D S T V			
<ul style="list-style-type: none"> Pre-clean the probe (point of use cleaning) before the high-level disinfection (HLD) cycle, following the probe manufacturer's instructions for use (IFUs). 	D S T V			
<ul style="list-style-type: none"> Transport the probe to the Trophon area in a leak-proof, puncture-proof container with a biohazard sticker. 	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"> Ensure the probe is clean and free of all visible debris, bioburden, gel, or other soil. <ul style="list-style-type: none"> Use the approved wipe to clean. Wipe the transducer cord and all surfaces of the transducer until it is visually clean. Use friction and work from clean to dirt. Dry the transducer with a soft, dry lint-free cloth. Visually inspect the transducer to ensure it is both clean and dry prior to HLD. 	D S T V			
<ul style="list-style-type: none"> Change gloves 	D S T V			
<ul style="list-style-type: none"> Load the clean, dry probe into the Trophon disinfection chamber ensuring: <ul style="list-style-type: none"> The probe is secured high in the chamber with the tip of the probe above the embossed line. Probe does not contact the chamber wall at any point. 	D S T V			
<ul style="list-style-type: none"> Press the probe's electrical cable into the cable clamp at the top of the chamber. 	D S T V			
<ul style="list-style-type: none"> Place a new red Trophon chemical indicator (CI) into the indicator holder with the red side facing up. Note: A new CI is to be used for every cycle. 	D S T V			
<ul style="list-style-type: none"> Close the chamber door and confirm whether the probe is both clean and dry (screen message). <ul style="list-style-type: none"> If yes, press Start. If no, follow the LCD screen prompts Discard gloves and perform hand hygiene. 	D S T V			

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<ul style="list-style-type: none"> At the end of the 7-minute HLD cycle, Trophon's LCD screen states: "CYCLE COMPLETE REMOVE AND WIPE PROBE." 	D S T V			
<ul style="list-style-type: none"> Don gloves. Open the chamber door. 	D S T V			
<ul style="list-style-type: none"> Remove CI, check CI color against the color chart on the CI carton, and discard. Note: BOTH the CI and LCD screen must indicate a successful cycle for the probe to be ready for use. If either the CI or Trophon LCD screen indicates a fail, repeat the cycle. 	D S T V			
<ul style="list-style-type: none"> Remove and wipe the probe using a clean, dry single-use, lint-free cloth. Attach the plastic clean tag with the printed sticker. 	D S T V			
<ul style="list-style-type: none"> Store the probe per the manufacturer's IFU. 	D S T V			
<ul style="list-style-type: none"> Close the chamber door. The probe is now ready for use. Discard gloves and perform hand hygiene. 	D S T V			
<ul style="list-style-type: none"> Record the HLD cycle on the log or printed sticker. <ul style="list-style-type: none"> Patient identifier/medical record number Cycle number Transducer identification number Date and time start Removal time Indicator pass or fail Staff initials 	D S T V			
<ul style="list-style-type: none"> For cleaning, when cool, wipe inside the chamber and the outside of the Trophon with 	D S T V			

Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
a cloth moistened with a mild, soapy solution, until all surfaces are visibly cleaned. <ul style="list-style-type: none"> For disinfecting, wipe all accessible surfaces of the Trophon with a manufacturer-recommended wipe. 				
<p>NOTE:</p> <ul style="list-style-type: none"> At the completion of a cycle, remove the probe immediately to ensure faster warm-up times. If the probe remains in the chamber, the Trophon will shut down heaters to ensure the probe is protected. Therefore, warmup times may be longer. Sleep mode – to save power, Trophon will enter sleep mode after two hours of inactivity. Purging the Trophon of disinfectant is required if the device is to be moved or if the disinfectant cartridge has expired. This involves the removal of all disinfectants from the system. Purging may be implemented manually via the Trophon LCD screen (if relocating or transporting Trophon) or it may be prompted automatically (if the disinfectant cartridge has expired). Empty the waste drawer when prompted by the Trophon LCD screen. Wear gloves when handling the waste drawer. 				

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: