LSUHSC - SHREVEPORT
POINT-OF-CARE TESTING
TRAINING AND COMPETENCY POLICY

PURPOSE:
To insure that laboratory testing at University Hospital performed outside the Clinical Laboratory or Special Function Laboratories is performed by trained, competent personnel in compliance with all state and federal regulations.

POLICY:
1. Clinical Laboratory POC personnel will monitor competency records on all personnel performing point-of-care tests.

2. All nursing areas will assign Point-of-Care Testing Trainer(s) to their area. Names of POC Trainers will be forwarded to the POC area of the Clinical Laboratory.

3. Clinical Laboratory POC personnel will train all trainers and/or nursing supervisors in assessing competency of POCT relative to their assigned area of responsibility.

4. POC Trainers and/or nursing supervisors will provide documentation of initial training.

5. Orientation for nursing personnel will include Glucose Bedside Testing. Initial training and competency for glucose will be performed by Patient Care Support Services. Initial training may also be performed by POC Trainer.

6. During the first year that an individual is performing POC testing, competency must be assessed every six months. Thereafter, competency must be reassessed at least annually. These reassessments are performed by POC Trainers. Documentation will be sent to POC Testing Services.

7. Initial training, competency reassessments at 6-months and 12 months, and afterwards, annually for all other point-of-care testing approved for the area will be performed by POC Trainer.

8. The POC area of the Clinical Laboratory may request reassessment of personnel via the POC Trainer, manager, or supervisor.

9. The POC area of the Clinical Laboratory will be available to assist with training, in-servicing, and competency assessment as deemed necessary.

10. All personnel failing to meet competency standards must be suspended from point-of-care testing performance until retraining and successful reassessment are achieved.