



New Hanover Regional
Medical Center
2131 S 17th Street Wilmington, NC 28402

NEW HANOVER HEALTH NETWORK INITIAL COMPETENCY CERTIFICATION

NAME/TITLE: _____ LAST 4 DIGITS OF SS#: _____
DEPARTMENT: _____

INITIAL COMPETENCY CERTIFICATION FOR: Fecal Occult Blood (Hemoccult® SENSEA®)

Category II Annual Certification Validation Unit Competency

This competency is appropriate for: RN LPN CNA II NA PCT Tech UC

This competency is appropriate for the following developmental stages:

Neonatal Pediatrics Adolescent Adult Geriatric

CRITERIA	ACTIVITIES TO BE COMPLETED
A. Procedure/Policy Review	◆ <i>Point of Care Testing Manual: Fecal Occult Blood using Hemoccult® SENSEA® Procedure</i>
B. Complete Additional Training Aids	◆ Must pass color blind test
C. Review of Additional Training Aids	◆ Hemoccult® SENSEA® Package Insert
D. Skill Demonstration	<ul style="list-style-type: none"> ◆ Appropriately identifies patient and sample for testing. ◆ Obtains fecal sample and properly applies sample to test slide. ◆ Correctly performs and reads performance monitors (QC) according to procedure. ◆ Able to identify a positive patient's fecal occult blood. ◆ Performs patient testing and records results according to NHHN policies. ◆ Wears PPE as indicated in safety policies. ◆ Disposes of used supplies according to hospital policies.
E. Tests	◆ Pass each section with a score of $\geq 90\%$

I have completed all of the above requirements and feel confident in my knowledge of the material. I understand the process for completing a Hemoccult test.

Employee Signature

Date

I have confirmed the employee's completion of the Competency Validation and agree that appropriate policies/procedures and resources have been reviewed. Performance on the skill demonstration and test indicates that the employee has the knowledge to perform a Hemoccult test.

Preceptor/Tester Signature

Date

I agree that the appropriate policies/procedures and resources have been reviewed and test performance demonstrates that the employee has the ability to perform a Hemoccult test.

Coordinator's/Manager's Signature

Date



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Fecal Occult Blood (Hemoccult® SENSE®) Initial Competency Exam

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| <ol style="list-style-type: none"> 1. Hemoccult testing is performed for the detection of: <ol style="list-style-type: none"> a. Blood in Gastric specimens b. Blood in any body fluid c. Blood in the Fecal specimens d. All of the above
 2. Once the specimen is applied and front cover flap closed, you should wait 3 to 5 minutes before adding 2 drops of developer. <ol style="list-style-type: none"> a. True b. False
 3. The appropriate specimen preparation is: <ol style="list-style-type: none"> a. A thick smear in each box from multiple sites b. A thick smear in the one box and thin smear in the other box. c. A thin smear in each box from two different sites of the specimen. d. Does not matter, all parts of the specimen will be the same.
 4. Results can be read at any time once the developer is applied. <ol style="list-style-type: none"> a. True b. False
 5. Performance checks (QC) are performed with each patient test. These results are noted as acceptable by <ol style="list-style-type: none"> a. The QC log maintained by the lab b. A check mark (√) next to charted test result in words. c. They are not recorded in any manner d. None of the above
 6. Prior to applying sample, Hemoccult slides and developer are stored: <ol style="list-style-type: none"> a. In refrigerator until printed expiration b. At room temperature, protected from excessive heat and light, until printed expiration. c. At 37°C for 30 days d. In freezer to extend the expiration date. | <ol style="list-style-type: none"> 7. All un-opened boxes of Hemoccult slide are checked for proper performance with quality control before patient use. Lot number, expiration date, and results are recorded by POCT lab personnel. <ol style="list-style-type: none"> a. True b. False
 8. The documented date and initials on the outside of an "opened" box indicates: <ol style="list-style-type: none"> a. QC was performed, documented, and reviewed on that date prior to patient testing by POCT lab personnel. b. Additional QC will need to be performed and recorded with every patient test. c. Slides and developer are okay to use for patient testing and may be taken to the needed areas on the floor. d. All of the above
 9. Serial fecal specimen analysis is recommended when screening asymptomatic patients. <ol style="list-style-type: none"> a. True b. False
 10. All Patient Hemoccult results are recorded in: <ol style="list-style-type: none"> a. Patient's chart (Electronic, progress notes or other designated area) b. Hemoccult QC/patient log book c. Post-it-note filed on outside of chart d. None of the above
 11. Skills Demonstration <ol style="list-style-type: none"> a. Patient ID: _____ b. Operator ID: _____ c. Date/Time of testing: _____ d. Result as charted: _____ e. Expiration Date of Developer: _____ f. Color of Stripe(s) on Developer: _____ g. Exp. Date of Hemoccult slide: _____ <p>Color of Positive QC: _____</p> |
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