

# Receptionist Programme

## Module 5:

### Testing Training Manual

Name of Employee: \_\_\_\_\_

Date of Training: \_\_\_\_\_

Trainers Name: \_\_\_\_\_

Date Training Completed: \_\_\_\_\_

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## **Blood Glucose Monitoring**

<b>Procedure A (Calibration)</b>	<b>Not Met</b>	<b>Partially Met</b>	<b>Fully Met</b>
Always check expiry date on control solution/test strips container.			
Gently rock control solution bottle between finger and thumb to mix solution.			
Insert test strip into blood glucose monitor.			
When machine displays blood droplet sign on its screen follow next step.			
Apply one droplet of the solution into the end of the test strip.			
Compare results with levels indicated on test strip bottle (within range).			
If levels lie outside of range indicated on test strip bottle discard whole bottle of test strips and repeat procedure with new bottle. If results still lie outside of levels inform clinician on duty.			

### **Comments**

<b>Action Required</b>	<b>Responsible Person</b>	<b>Timeframe</b>	<b>Completed Date</b>

### **Training / Clinical Lead Sign-off**

Please obtain signatures confirming that you are now able to work independently on this module.

**Date:** \_\_\_\_\_

**Staff member (Full name):** \_\_\_\_\_

**Staff member signature:** \_\_\_\_\_

**Training / Clinical Lead (Full name):** \_\_\_\_\_

**Training / Clinical Lead Signature:** \_\_\_\_\_

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## **Blood Glucose Monitoring**

<b>Procedure B (Patients testing)</b>	<b>Not Met</b>	<b>Partially Met</b>	<b>Fully Met</b>
Gather equipment required – gloves, lancet, test strips, glucose monitoring device, cotton wool and sharps disposal box.			
Explain the procedure, and obtain the patients informed consent.			
Ask the patient to wash their hands before blood sampling, if required.			
Wash hands, apply gloves.			
Insert test strip into machine - a droplet of blood will appear in monitor window			
Load lancet as required and take a blood sample from the side of the finger (not from finger pad or tip of finger thumb or index finger).			
Dispose of lancet in sharps disposal box provided.			
Bleeding may be encouraged by ‘milking’ to form a droplet of blood that is large enough to cover the test strip.			
Apply the blood to the testing strip.			
Wait for machine to countdown before displaying results.			
Dispose of waste appropriately. Cotton wool/ test strip/top of lancet in clinical waste bag.			
Remove gloves and wash hands.			
Analyse the reading and document results.			
Alert the clinician on duty if any problems occur and/or results lie outside normal levels(High or low readings).			

### **Comments**

<b>Action Required</b>	<b>Responsible Person</b>	<b>Timeframe</b>	<b>Completed Date</b>

### **Training / Clinical Lead Sign-off**

Please obtain signatures confirming that you are now able to work independently on this module.

**Date:** \_\_\_\_\_

**Staff member (Full name):** \_\_\_\_\_

**Staff member signature:** \_\_\_\_\_

**Training / Clinical Lead (Full name):** \_\_\_\_\_

**Training / Clinical Lead Signature:** \_\_\_\_\_

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## Urinalysis

	Not Met	Partially Met	Fully Met
Put on disposable gloves (part of your PPE requirements).			
Dip the strip into the urine. Fluid should be allowed to cover all the reagent areas on the strip. Any excess urine should be wiped off on the edge of the specimen container			
Lay the strip flat, on a dry surface or on a paper towel, to prevent urine from the reagent areas mixing together.			
Observe the reagent area(s) during the recommended reaction time. Manufacturer's instructions state the recommended time to be followed (e.g. between 1-2 minutes). Changes on the reagent test area after this the recommended time does not have any diagnostic meaning.			
Use a watch/clock to ensure each reading is taken accurately.			
Compare the colour of reagent areas on the strip with the colour chart provided on the side of the bottle to read the results, once the recommended time has elapsed.			
All test results should be documented on Adastra at the time of testing.			
Dispose of the urine <u>in the sluice</u> once testing is complete.			

### Comments

Action Required	Responsible Person	Timeframe	Completed Date

### Training / Clinical Lead Sign-off

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Date: \_\_\_\_\_

Staff member (Full name): \_\_\_\_\_

Staff member signature: \_\_\_\_\_

Training / Clinical Lead (Full name): \_\_\_\_\_

Training / Clinical Lead Signature: \_\_\_\_\_

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## Pregnancy Testing

	Not Met	Partially Met	Fully Met
Explain procedure to patient to obtain informed consent and allay any fears/concerns.			
Obtain urine sample from patient.			
Put on disposable gloves.			
Open foil wrapper and remove device.			
Remove cap on sample bottle.			
Dip pregnancy test strip up to black line /or use pipette to draw up urine and place (5) droplets into the window on test device.			
Replace cap onto urine to prevent any spillage after removing pregnancy dipstix /pipette – <b>Do not turn sampler upside down.</b>			
Read results after 2 minutes. <b>Results are void after 10 minutes.</b>			
A blue/pink line must appear within 2 minutes to indicate that the test has worked. <b>Two blue lines equal a positive result.</b>			
Dispose of all used equipment appropriately, urine into sluice room and clinical waste bag.			
Document result appropriately on Aداstra.			

### Comments

Action Required	Responsible Person	Timeframe	Completed Date

### Training / Clinical Lead Sign-off

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Date: \_\_\_\_\_

Staff member (Full name): \_\_\_\_\_

Staff member signature: \_\_\_\_\_

Training / Clinical Lead (Full name): \_\_\_\_\_

Training / Clinical Lead Signature: \_\_\_\_\_

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<b>Module 5: Procedures sign off</b>		
<b>Module</b>	<b>Demonstrated</b>	<b>Discussed</b>
All clinical rooms set up appropriately		
Preparation of PCC (setting up clinical rooms) / Closing down rooms		
Blood glucose monitoring Procedure A (Calibration)		
Blood glucose monitoring Procedure B (Patients testing)		
Urinalysis		
Pregnancy Testing		
Leaves PCC clean/tidy at end of shift		

<b>Review Date:</b>	<b>Carried out by:</b>	<b>Comments to be discussed:</b>

**Training / Clinical Lead Sign-off**

Please obtain signatures confirming that you are now able to work independently on this module.

**Date:** \_\_\_\_\_

**Staff member (Full name):** \_\_\_\_\_

**Staff member signature:** \_\_\_\_\_

**Training / Clinical Lead (Full name):** \_\_\_\_\_

**Training / Clinical Lead Signature:** \_\_\_\_\_

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**RECEPTIONIST PROGRAMME**  
**TRAINING LOG**

**TRAINEE NAME:** .....

Please use this log to record your training sessions with the Training Team Trainer or Clinical Lead for each Module.

Session	Date	Time	Trainer / Clinical Lead	Trainer / Clinical Lead Sign	Trainee Sign
1					
2					
3					
4					
5					

**PLEASE RETURN THIS FORM WITH YOUR SIGN OFF FOR THIS MODULE TO  
GLOVER STREET FAO: THE BADGER TRAINING TEAM.**