Interior Health

Nova Stat Strip Glucose Meters Competency Validation

For Students and Employees without access to iLearn

Employee / Student Name (First / Last) _____   Mnemonic _____

Date _____   Position (RN, LPN, etc.) _____   **Operator Barcode Needed?** ☐ Yes   ☐ No

Site(s) (**Important**: Enter ALL worksites): _____   Unit(s) _____

Prerequisites
Available on the insideNet or .pdf files in **Nova Stat Strip Glucometer Training Package**

☐ Clinical Skills Blood Glucose Monitoring – CE and / or

☐ Clinical Skills Blood Glucose Monitoring (Pediatrics) – CE

I have completed a self-directed review of the following Site Posters:

☐ NOVA Stat Strip Meter How to Perform Quality Control Testing

☐ NOVA Stat Strip Meter Cleaning Procedure

☐ NOVA Stat Strip Meter How to Run a Proficiency Test

☐ NOVA Glucometer Troubleshooting

and either:

☐ NOVA Stat Strip Meter How to Take a Patient Test – ID required, or

☐ NOVA Stat Strip Meter How to Take a Patient Test – No ID required (if applicable at your site)

Competency Validation

☐ I have completed in-person training by competent peer using the **Nova Stat Strip Glucometer Skills Assessment Checklist**

☐ I have completed a Quality Control test (both levels)

☐ I have completed a real or simulated patient test with a competent peer

☐ I am competent to use the Nova Stat Strip glucose meter

Employee / Student Signature _____   *(Mnemonic if sending electronically)* _____

Instructor Signature _____   *(Mnemonic if sending electronically)* _____

Scan and email this completed form to POCT@interiorhealth.ca for glucometer access activation (allow up to 3 business days for processing).

827113 Sep 28-20