

EMPLOYEE TRAINING FOR HEALTH / MEDICAL PROCEDURE

EMPLOYEE Joli Grostephan-Brancato DATE 9/7/21

LENGTH OF TRAINING 1-D hour

TYPE OF PROCEDURE DS-diabetic protocol
Accucheck / libre meter / insulin-admin / hypoglycemia, glucose
 THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION

Yes No N/A

- | | | | |
|-------------------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Purpose and effects of procedure. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Equipment necessary for procedure. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Specific protocol. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Consequences if the procedure is not performed correctly. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Symptoms and signs requiring prescriber notification. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Information about contacting nurse or health care provider. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Procedure for cleaning/replacing equipment. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Location of written procedure and protocol. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Other <u>Infection Control</u> . |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The staff member has successfully demonstrated their skill in performing this procedure. |

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or health care provider of problems or questions.

Joli Grostephan-Brancato
 Staff Signature

[Signature]
 Nurse Signature