This standard applies to the following point-of-care testing (POCT) only:

- hemoglobin
- blood glucose testing
- urinalysis
- pregnancy testing (urine)

**Definitions**

**finger-stick devices**

Finger-stick devices are used to puncture the skin to obtain small blood specimens for testing blood glucose, hemoglobin and other blood components.

**POCT meters**

Blood testing device (e.g. blood glucose meter).

**point-of-care testing (POCT)**

Laboratory testing which is performed at the patient bedside or near the site of patient care. POCT typically uses portable, hand-held instruments and kits. Some POCT use small bench analyzers. POCT includes blood glucose testing, hemoglobin, urine strip testing (urinalysis) and pregnancy (urine) testing.

**Note:** Portable laboratory testing systems used for blood chemistry (electrolytes) analysis, coagulation testing, blood gas testing and hormone level testing also require review by and/or accreditation with the Diagnostic Accreditation Program.

**reusable finger-stick devices**

Finger-stick devices that resemble a pen and have the means to remove and replace the lancet (endcap) after each use. These devices were previously approved and marketed for multi-patient use. However, due to failures to change the disposable components, difficulties with cleaning and disinfection after use and their link to blood-borne pathogens, these devices should never be used for more than one person.
**Administrative control measures ensure the safe and appropriate use of POCT**

**INDICATORS:**
- The medical director ensures the safe and appropriate use of POCT at the facility
- POCT policy and procedures are in place and include:
  - defining appropriate use and frequency of POCT
  - defining who may perform POCT
  - education, training and competency testing of personnel authorized to perform POCT
  - calibration and quality control testing
  - recording, handling and reporting of results
- Staff performing POCT has adequate and specific training for each POCT they are authorized to perform
- POCT training and orientation is provided by certified operators or qualified staff
- Continuing education for POCT is established and documented
- Criteria to assess POCT competence are predetermined
- Training and competency assessments are performed prior to staff performing POCT independently
- Diagnostic Accreditation Program (DAP) accreditation for POCT is current*
  
  *Only for facilities that perform POCT above and beyond the four tests covered by this standard

**Quality control measures are in place**

**INDICATORS:**
- Quality control testing and/or calibration is performed in accordance with manufacturer’s instructions for use
- Testing reagents are within the labeled expiry date
- Testing strips are within the labeled expiry date
- There are processes for the follow-up of results that are inconsistent or do not make sense
Environmental and procedural control measures ensure the safe use of POCT

INDICATORS:
- Single-use, auto-disabling finger-stick devices are used; reusable finger-stick devices are never used for more than one person
- POCT meters are cleaned and disinfected after every use in accordance with the manufacturer’s instructions for use; if the manufacturer does not specify how to clean and disinfect the device then it should not be used for more than one patient
- POCT testing (in-progress) and results are linked to the patient at all times
- Reference intervals for POCT results are readily available and include defined units of concentration
- There are processes for the follow-up of results that are inconsistent or do not make sense
- Operator/user manuals and facility policy and procedures are readily available to staff performing POCT

POCT results are recorded and communicated

INDICATORS:
- POCT records identify the date and time of the test, the identity of the person performing the POCT and the ordering physician, as appropriate
- POCT results are documented in the patient’s medical record and are identified as POCT results
- POCT results are reported to the most responsible physician (anesthesiologist, surgeon) in accordance with the facility’s established reporting policy and procedures
- Thermal printouts are not used to record results in the patient’s medical record—thermal printouts fade with time and do not provide a permanent record of testing
- Any action taken, as a result of POCT, is documented in the patient’s medical record
- There are processes for the follow-up of results that are inconsistent or do not make sense

Appendix A: List of procedures which do not require DAP accreditation

The following list of diagnostic procedures do not require accreditation in accordance with section 5-22(2) of the College Bylaws:
- hemoglobin
- WBC count and/or differential
- sedimentation rate
- stained secretion smear for bacteria or eosinophils
- examination for pinworm ova
• examination for cutaneous fungus, KOH preparation
• examination for trichomonas and/or candida
• blood glucose by semi-quantitative method or by glucose monitoring device
• occult blood – feces
• pregnancy tests, immunologic – urine
• urinalysis, chemical and/or microscopic
• semen examination for presence of sperm
• fern test
• point-of-care testing for urinary drug screening, restricted to physicians authorized to prescribe methadone for the management of opioid addiction

References


