

Policy & Guidelines For Point of Care Testing

**Unit HIV/STI/Hepatitis C
Bahagian Kesihatan Awam
Jabatan Kesihatan Negeri Johor**

National Policy & Guidelines For Point of Care Testing (2nd Edition), March 2022



The POCT Committee shall ensure this by

- Justifying the proposed sites and devices
- Advising on test and device specifications
- Evaluating POCT devices
- Performing training and assessing competency
- Implementing quality assurance
- Documenting accurate records
- Standardising operating procedures

INTRODUCTION

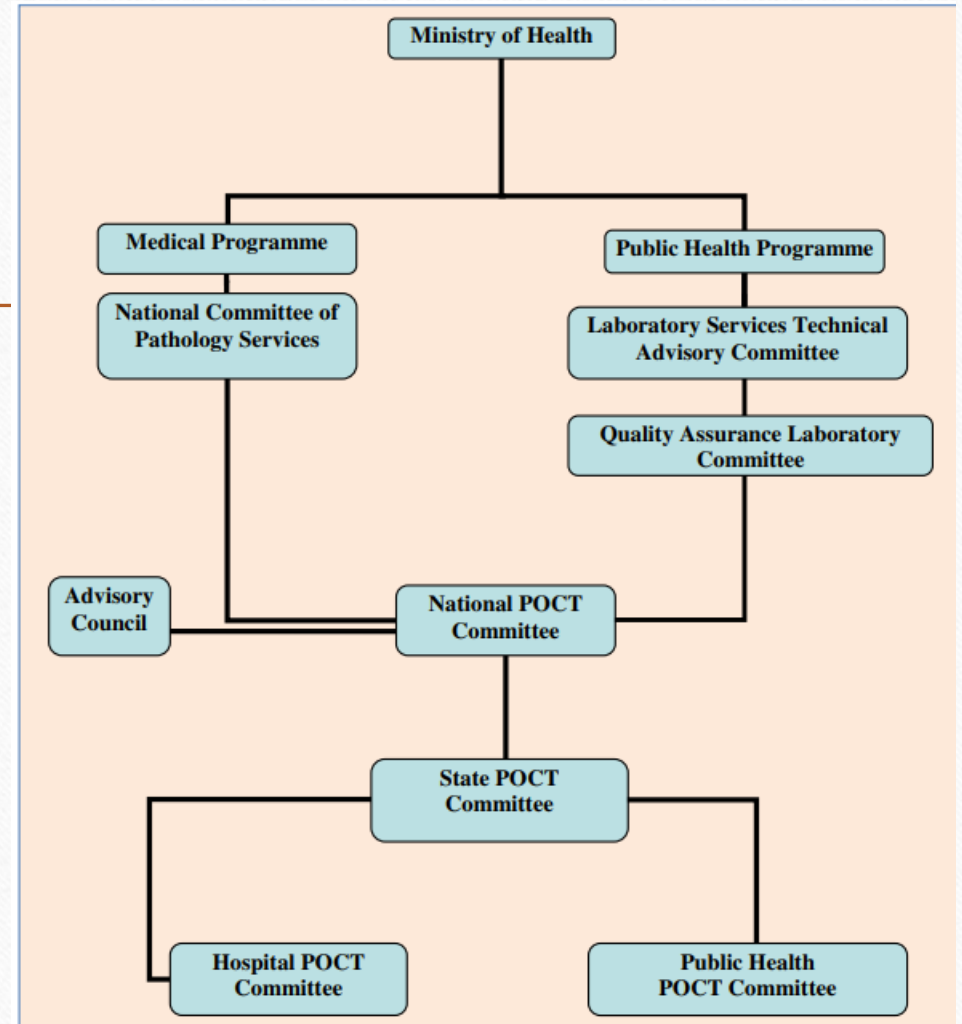
- POCT or near-patient testing (NPT) is a term used to describe laboratory testing usually performed by non-laboratory staff mainly medical and nursing staff outside the main laboratory.
- POCT is widely used in the MOH and is likely to increase because of advancing technology and changes in clinical practice.

The purpose of POCT

- is to provide rapid laboratory test results to clinicians and other healthcare workers to facilitate immediate patient management decisions and improved quality of patient care.
- Technological advances have made POCT devices perform diagnostic tests with increasingly simple methods, shorter processing time and better analytical performance.

POCT COMMITTEES

- National Committee of Pathology Services
- National POCT Committee (NPC)
- Advisory Council
- State POCT Committee



- State Health Director (Chairperson)
- State Pathologist
- State POCT Coordinator (Pathologist/Science Officer)
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- Specialists from major clinical disciplines
- Pathologists - Chemical Pathologist, Haematopathologist, Medical Microbiologist
- Hospital POCT Coordinators
- Public Health District POCT Coordinators
- State Primer Medical Officer (JKN)
- *Public Health Laboratory Team (MKA)
- Pharmacist (JKN)
- Science Officers (Hospital)
- State Assistant Medical Officer (Medical)
- State Assistant Medical Officer (Public Health)
- Matron (Medical)
- Matron (Public Health)
- Medical Laboratory Technologist (Medical)
- Medical Laboratory Technologist (Public Health) *Public

Health Laboratory Team (MKA)

consists of:

- Pathologist / Medical Officer
- Science Officer
- Medical Laboratory Technologist

State POCT Committee

Public Health POCT Committee (PHPC)

- District Health Officer (DHO)
- District Primer Medical Officer
- Coordinator (Assistant Medical Officer / Medical Laboratory Technologist)
- Family Medicine Specialist (FMS)
- Assistant Medical Officer (AMO)
- Matron
- Medical Laboratory Technologist (MLT)
- Pharmacist

*Chairperson shall be appointed from amongst committee members by the District Health Office

Roles of the Public Health/Hospital POCT Committee

- 1) To ensure adaptation, adherence and implementation of the recommended SOP and practices for maintenance and safe use of POCT devices.
- 2) To monitor Internal Quality Control (IQC) for POCT devices used in clinics and to ensure that corrective actions are undertaken and implemented.
- 3) To provide consultation on External Quality Assurance (EQA) services for users of POCT devices.
- 4) To conduct and review POCT audits using standard checklists periodically at least once a year.
- 5) To monitor, collect and analyse POCT reports from public health facilities and submit reports to the State POCT Committee annually.
- 6) To coordinate training, privileging, competency assessment and reassessment of new and current personnel periodically or when requested.
- 7) To review and determine if the requirements (e.g., budget, training, human resource) proposed by POCT operator are justified to meet quality and service requirements

Roles of the Public Health/Hospital POCT Committee

No	POCT Activity	Role & Responsibility of each POCT Committee level			
		National POCT Committee	State POCT Committee	Public Health POCT Committee	Hospital POCT Committee
<u>POCT Equipment & Device Procurement</u>					
1	Review of Current Technology	/	/	/	/
2	Specifications	/	/	/	/
3	Technical Evaluation & Selection	/	/	/	/
4	Procurement Management	/	/	/	/
<u>POCT Device User Training & Competency</u>					
1	Coordinate Training		/	/	/
2	Coordinate Competency Assessment			/	/
<u>POCT Quality Assurance Programme</u>					
1	Review Internal Quality Control (IQC)			/	/
2	Plan and Implement External Quality Assurance (EQA)			/	/
3	Review Corrective Action			/	/
<u>POCT Documentations, Records & Audit</u>					
1	Review SOP			/	/
2	Review and Report Data Collections			/	/
3	Coordinate Audit & Reports			/	/

POCT Implementation at POCT Sites

- Cost Benefit
- Risk Management
- Health and Safety
- Training
- Standard Operating Procedure (SOP)
- Recording and Reporting of Results
- Logbook: Maintenance / Training
- POCT Service Management
- Quality Assurance – IQC/EQA
- Budgetary Planning and Monitoring
- Complaints

Training

- The POCT Operators' training logs and competency assessments shall be exercised. Only competent staff shall be authorised to use the POCT device.
- Training and certification of POCT Operators shall be overseen and monitored by the POCT Committee.
- The training course shall be specified and supervised by a qualified person provided by the Supplier of the POCT device or a trained and certified staff who has been appointed by the Hospital POCT Committee or Public Health POCT Committee to oversee training.
- Training shall include other issues such as patient preparation, pre-analytical aspects of the test and interpretation of results.
- Retraining / refresher courses where necessary, shall be made available to POCT Operators to maintain competency. Records of such training, retraining and competency shall be retained at the POCT site.

Logbook: Maintenance / Training

- 1) The POCT site shall maintain a maintenance history of all POCT devices in accordance with MS ISO 22870 and MS ISO 15189 for management of POCT device.
- 2) The POCT site shall maintain a maintenance history of all POCT devices in accordance with accreditation requirements.
- 3) POCT Operators shall maintain all records and have them reviewed by the POCT Committee in a timely manner.
- 4) POCT Operators shall ensure all POCT devices are maintained on schedule to ensure safe, accurate and reliable operations. Maintenance shall be documented in a logbook.
- 5) All POCT Operators shall have a logbook with frequent updates on operation training and competency assessments.
- 6) The performance of suppliers shall be monitored and documented. Any issues related to POCT suppliers shall be reported to the POCT Committee.
- 7) Each device shall have a device maintenance logbook in either paper or electronic form in which details including daily maintenance, IQC results, errors, corrective actions and repairs by named individuals are documented. POCT Committee members shall have free access to these logbooks.

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