

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Title	Collection and Delivery of Blood Products from the Blood Transfusion Laboratory to the Clinical Areas - Competency Assessment.
Version No	4.0
Effective From	May 2019
Expiry date	May 2022
Author/Developed by	Transfusion Practitioners
Ratified By	Nursing and Midwifery Practice Development Group
Date Ratified	22 nd May 2019

1. Introduction

Errors in collection are a frequent root cause of wrong blood into patient events. The Blood Safety and Quality Regulations BSQR (SI 2005 No.50 as amended) requires that all staff involved in the collection and distribution of blood components undertake regular competency assessments. The Medicines and Healthcare products Regulatory Authority (MHRA), who are responsible for monitoring hospital compliance with these regulations, have stated that assessments should be undertaken in a manner that are commensurate with the level of risk associated with the process but should be at least every two years. The (BSQR) also require that the time a component is out of a controlled temperature environment is recorded and 'cold chain' data kept for 15 years.

2. Guideline Scope

All Trust staff are governed by their Codes of Professional Conduct and Trust Policies and Procedures.

The following personnel may undertake this training after discussion with their line manager: Porters, Registered Nurses, Midwives, Healthcare Assistants, Medical Practitioners, Nursing Associates, Assistant Practitioners, Operating Department Orderlies and Operating Department Practitioners.

3. Aim

The aim of this competency assessment document is to support the above personnel to develop theoretical and practical knowledge and undertake assessment. To ensure standards are consistent across the Trust.

4. Prerequisites to competency assessment

- All staff must attend a 2-yearly mandatory face-to-face Collection & Delivery training session delivered by Transfusion Practitioners or cascade trainers who are deemed competent by the Transfusion Practitioners.

- Staff must have knowledge of the Trust's [Collection and Delivery of Blood Components and Products from the Blood Transfusion Laboratory to the Clinical Area Policy](#).
- Staff must also undertake a 2 yearly competency assessment.
- Prior to competency assessment, it is recommended individuals should have performed a number of observed/supervised practices of the procedure and feel confident to undergo assessment.

5. Duties, roles and responsibilities

Trainee

- Porters, Registered Nurses, Midwives, Healthcare Assistants, Medical Practitioners, Nursing Associates, Assistant Practitioners, Operating Department Orderlies and Operating Department Practitioners.
- Trainees must attend and follow the mandatory training and be able to demonstrate the knowledge and skills to complete the competency assessment.
- Once deemed competent, it is the practitioner's responsibility to maintain knowledge, skills and competence.
- 2-yearly face-face training and competency assessment is required.

Assessor

- The assessor must be either a Transfusion Practitioner who is deemed expert in the area or a cascade trainer who has already been deemed competent in the practice by the Transfusion Practitioners.
- The cascade trainers must have completed a Blood Transfusion Cascade Training Programme and keep up to date with their own training and competencies in order to assess others.

6. Competency assessment tool

- The competency assessment is valid for 2 years following assessment.
- If any concerns are raised regarding competence, the individual will be subject to retraining and repeating of competency assessment.

7. References

- The Newcastle upon Tyne Hospitals NHS Foundation Trust (2018) [Collection and Delivery of Blood Products from the Blood Transfusion Laboratory to the Clinical Area](#). Version 6.0
- BSH(2017)The Administration of Blood Components: a British Society for Haematology Guideline. Available at:[Administration of Blood Components | British Society for Haematology](#)
- Bolton Maggs, P.H.B(Ed), Poles, D. et al on behalf of the Serious Hazards of Transfusion (SHOT) Steering Group (2016). The 2016 Annual SHOT Report.
- The Blood Safety and Quality Regulations 2005. Available at: <http://www.legislation.gov.uk/uksi/2005/50/schedule/part/4/made>

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Clinical Competency Assessment Tool:

Collection and Delivery of Blood Products from the Blood Transfusion Laboratory to the Clinical Areas Competence.

Staff member: _____ Designation: _____ Payroll No: _____

Assessor: _____ Designation: _____

Performance	Date achieved	Action Plan
1. Provide an explanation of request requirements for collection of blood/blood products.		
2. Correctly identify the collection checks which need to be performed.		
3. Explain how to correctly complete the sign out form.		
4. Demonstrate correct packaging requirements for transport to clinical area.		
5. Ensure that the component is transported directly to the clinical area and given to an appropriate member of the clinical team.		
Knowledge	Date achieved	Action Plan
6. Understands the importance of collecting the correct product for the correct patient and how rigorously they should carry out the collection checks.		
7. Understands whom to contact if they encounter a problem during the collection process.		
8. Demonstrates knowledge of which blood products are stored where within the issue room and laboratory setting and correct transport method for each.		
9. Understands the need for immediate delivery of the products to the requesting clinical area.		
10. Understands the importance of giving the delivery to a member of clinical staff on the ward and obtaining their signature to confirm receipt of product.		
11. Understands the importance of maintaining the cold chain of blood products.		
12. Understands the procedure for returning blood components to the laboratory.		
Professional Approach	Date achieved	Action Plan
13. Maintains professional approach and attitude at all times throughout the procedure, adhering to the Trust policies.		

Action Plan - to be used when further actions are required before competence can be achieved.		
No.	Action agreed:	Review date:
_____	_____	_____
_____	_____	_____
_____	_____	_____

<p>Referral to manager - to be used when an action plan has not resulted in competence being achieved and further action is necessary.</p> <p>Reason for referral:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Signatures to confirm that full competence has been achieved:

Staff member: _____ Date: _____

Assessor: _____ Date: _____