

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Title	Administration of Blood Products Competency Assessment.
Version No	3.0
Effective From	February 2016
Expiry date	February 2018
Author/Developed by	Transfusion Practitioners
Ratified By	Nursing and Midwifery Practice Development Group
Date Ratified	February 2016

1. Introduction

This competence assessment document offers a framework for best practice when administering blood and blood products to patients. This document will enable a unified approach to administration of blood products throughout the Trust following Trust policy.

2. Guideline Scope

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

The following personnel may undertake this training after discussion with their line manager: Registered Nurses, Midwives, Medical Practitioners, Perfusionists and Operating Department Practitioners.

3. Aim

The aim of the competency document is to ensure an individual's clinical competence when administering blood and blood products and to ensure standards are consistent across the Trust.

4. Pre requisites to competency assessment

- All staff must have successfully completed the yearly mandatory Blood Transfusion Administration e-learning package and have knowledge of the Trust Administration of Blood Products Policy.
- Staff must undertake a 3 yearly competency assessment.
- A record of all training & competency assessment will be held by the Trust Education Department.
- An action plan must be developed and regularly reviewed if competency assessment is not achieved.

5. Duties roles and responsibilities

Trainee

- Registered Nurses, Midwives, Medical Practitioners, Perfusionists and Operating Department Practitioners.
- Trainees must have observed the practice of administration of blood products in the clinical area and feel confident to be competency assessed.
- Once deemed competent it is the practitioner's responsibility to maintain knowledge, skills and competence.
- Yearly online mandatory training and 3 yearly competency assessment is required.

Assessor

- The assessor must be either one of the Transfusion Practitioners who are 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 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 3 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 (2015) [Administration of Blood Products Procedure](#). Version 8.3

BCSH(2009) *Guideline on the Administration of Blood Components*. Available at: http://www.bcsguidelines.com/documents/Admin_blood_components_bcsb_05012010.pdf

Bolton Maggs, P.H.B(Ed), Poles, D. et al on behalf of the Serious Hazards of Transfusion (SHOT) Steering Group (2015). [The 2014 Annual SHOT Report](#).

The Blood Safety and Quality Regulations 2005. Available at: <http://www.legislation.gov.uk/ukxi/2005/50/schedule/part/4/made>

Clinical Competency Assessment Tool

Administration of Blood Products Competency Assessment.

Staff member: _____ Designation: _____ PIN: _____

Assessor: _____ Designation: _____

Performance	Date achieved	Action Plan
<p>Prior to Requesting Blood Products</p> <p>1. Check patient has patent venous access or available line space & venous cannulation documentation completed.</p> <p>2. Ensure blood product is prescribed, reason for transfusion documented in notes. Check for any special requirements for the patient including any specific infusion rates and pre-medication requirements.</p> <p>3. Ensure that the patient has been given patient information leaflet prior to transfusion and that this is documented in the notes. If not provide the patient with the information and document in the notes.</p> <p>4. Record BP, Temp, Pulse, Respirations (baseline can be recorded up to 60 minutes prior to transfusion starting).</p>		
<p>Receipt of Blood Products from Porter</p> <p>5. Check name, MRN & Date of birth on collection slip match the name, MRN and date of birth on tag attached to blood bag.</p> <p>6. If correct sign, date & time collection slip and hand slip back to porter.</p> <p>7. Place product back in box until ready to commence transfusion.</p>		
<p>Retrieving Blood Products from Satellite Fridge</p> <p>8. Check name, MRN & Date of birth on satellite fridge register match the name, MRN and date of birth on tag attached to blood bag. Correctly complete the fridge register.</p> <p>9. Take the blood component straight to the patient's bedside ready to be administered.</p>		
<p>Pre Transfusion Checks - Patient <u>All checks to be carried out at bedside.</u></p> <p>10. CONSCIOUS PATIENT - Ask patient to state name & DOB check this matches tag attached to blood bag and wristband. Check name, DOB & MRN on wristband match blood bag tag.</p> <p>11. UNCONSCIOUS PATIENT – If possible ask family member to state name and DOB check this matches tag attached to blood bag and wristband. Check name, DOB & MRN on wristband match blood bag tag.</p>		
<p>Pre Transfusion Checks – Blood Product</p> <p>12. Conduct a visual inspection of the component for any leaks and discolouration and check its expiry date.</p>		

<p>13. Check that the special requirements recorded on the prescription chart match the special requirements noted on the component label.</p> <p>14. Check the blood group of the patient matches that of the component and its associated label. If the blood group is different the suitability of the component must be checked.</p> <p>15. If all checks correct sign, date and time both sides of the blood bag tag.</p>		
<p>Administration</p> <p>16. Appropriate selection of ANTT throughout the procedure.</p> <p>17. Selects appropriate giving set. Set up the infusion and, if an infusion pump is to be used, the correct infusion rate has been selected.</p> <p>18. Fifteen minutes into the administration a full set of observations (BP, Temp, Pulse, Respirations) must be repeated and documented.</p> <p>19. The patient should be regularly observed and monitored throughout the administration process.</p> <p>20. Once the component has been administered another full set of observations (BP, Temp, Pulse, Respirations) must be repeated. These observations should be clearly documented as completion observations.</p>		
<p>Documentation</p> <p>21. Blood bag receipt sticker should be removed from the blood bag tag and placed in patient's medical notes.</p> <p>22. Receipt placed in red box in the clinical area for return to laboratory.</p>		
<p>Post Transfusion</p> <p>23. The empty component packs and their associated infusion sets must be disposed of immediately in clinical waste.</p> <p>24. Patients should be observed during the subsequent 24 hours for (or, if discharged, counselled about the possibility of) late adverse reactions.</p>		

Knowledge	Date achieved	Action Plan
25. Able to identify correct transfusion times for each product		
26. Aware of the importance of informed consent for transfusion.		
27. Understands the importance of transfusing correct components with the correct special requirements.		
28. Understands the potential risk of transfusion reaction including signs and symptoms, and course of action. Also aware that transfusion reactions can occur many hours after transfusion completed.		
29. Understands the importance of full traceability of all components.		

Professional Approach	Date achieved	Action Plan
30. Maintains a professional approach throughout procedure		
31. Maintains dignity and privacy of patient throughout procedure.		

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

Referral to manager - to be used when an action plan has not resulted in competence being achieved and further action is necessary.
Reason for referral: _____ _____ _____ _____

Signatures to confirm that full competence is achieved:

Staff member: _____ Date: _____

Assessor: _____ Date: _____