

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	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

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 Code of Professional Conduct and Trust Policies and Procedures.

The following personnel may undertake this training after discussion with their line manager: Porter staff, Registered Nurses, Midwives, Healthcare Assistants, Medical Practitioners, Nursing Assistant Practitioners 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. Pre requisites to competency assessment

- All staff must attend a 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 also undertake a 2 yearly competency assessment.
- The Trust education department will hold a record of all training & competency assessment.
- An action plan must be developed and regularly reviewed if competency assessment is not achieved.

5. Duties roles and responsibilities

Trainee

- Porter Staff, Registered Nurses, Midwives, Healthcare Assistants, Medical Practitioners, Nursing Assistant Practitioners 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.
- Yearly face-face training and 2 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 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 (2015) [Collection and Delivery of Blood Products from the Blood Transfusion Laboratory to the Clinical Area](#). Version 5.4

BCSH(2009) *Guideline on the Administration of Blood Components*. Available at: http://www.bcsghguidelines.com/documents/Admin_blood_components_bcsgh_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/uksi/2005/50/schedule/part/4/made>

Clinical Competency Assessment Tool

Collection and delivery of blood products from the blood transfusion laboratory to the clinical areas competency assessment.

Staff member: _____ Designation: _____ PIN: _____

Assessor: _____ Designation: _____

Performance	Date achieved	Action Plan
1. Provide an explanation of request requirements for collection of blood/blood products including the need for a porter slip containing: forename, surname, date of birth, MRN, which ward product is going to, which product is required and number of units. Alternatively if not a porter the need for written/printed documentation including: forename, surname, date of birth and MRN.		
2. Correctly identify the collection checks which need to be performed including: <ul style="list-style-type: none"> • Checking that the required product is available for collection • Checking that the patient identifiers on the signing out form match with the details they have been given for collection and that they match with the details on the unit tag. • Checking that the donation number on the unit tag corresponds with the donation number on the sign out form. • Check the expiry date of the unit. 		
3. Explain how to correctly complete the sign out form with details of where the unit is being taken to, the initials of the person collecting the unit, the date and time of collection.		
4. Place the sign out form back in alphabetical order in the red box in the issue room.		
5. Correctly package the units in the red transport box with the required number of cool packs: <ul style="list-style-type: none"> • Red blood cells: <ul style="list-style-type: none"> ○ 1-2 units with 1 cool pack in bottom and 1 cool pack on top of the cells in red transport box ○ 3-6 units with 1 cool pack on the top of the cells in red transport box • FFP, Octoplas, Platelets, and Cryoprecipitate: <ul style="list-style-type: none"> ○ In red transport box without cool packs • Different products packaged separately 		
6. Transport the component to the clinical area as quickly as possible.		
7. Ensure that the component is handed to the appropriate member of the clinical team and that they sign, date and time the collection slip to confirm receipt of products. Retain the porter slip and place into the appropriate box when returning to the porter's lodge.		
8. Alternatively, if the blood product is being taken to a satellite fridge the component should be correctly documented on the satellite fridge register, removed from the red transport box and placed in the relevant fridge.		

Knowledge	Date achieved	Action Plan
9. Understands the importance of collecting the correct product for the correct patient and how rigorously they should carry out the collection checks.		
10. Understands whom to contact if they encounter a problem during the collection process.		
11. Demonstrates knowledge of which blood products are stored in which places within the issue room and laboratory setting and correct transport method for each.		
12. Understands the need for immediate delivery of the products to the requesting clinical area.		
13. 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.		
14. Understands the importance of maintaining the cold chain of blood products.		

Professional Approach	Date achieved	Action Plan
15. 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:
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 has been achieved:

Staff member: _____ Date: _____

Assessor: _____ Date: _____