

Title	Administration of Blood Components Competency Assessment Tool
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Author/Developed by	Transfusion Team
Ratified By	Nursing, Midwifery & AHP Practice Development Group
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1. Introduction

This competency assessment document offers a framework for best practice when administering blood components and products to patients. A blood transfusion is a potentially hazardous procedure and should only be given when the clinical benefits to the patient outweigh the potential risks. The National Comparative Audits (NCA) of England and Wales have shown that patients continue to be placed at risk of avoidable complications of transfusion through misidentification and inadequate patient monitoring. Errors in the requesting, collection and administration of blood components lead to significant risks for patients. Since its launch in 1996, the Serious Hazards of Transfusion (SHOT) scheme has continually shown that ‘wrong blood to patient’ episodes are a frequently reported transfusion hazard.

These wrong blood incidents are mainly due to human error leading to misidentification of the patient during blood sampling, blood component collection / delivery or administration, and can lead to life-threatening haemolytic transfusion reactions and other significant morbidity. The Blood Safety & Quality Regulations (2005 No.50 as amended) and BSH Guidelines on the Administration of Blood Components (2017) state that blood transfusions must only be conducted by staff who are trained and competent in the procedures they are performing. This document will enable a unified approach to administration of blood components throughout the Trust following Trust policy.

2. Competency Scope

This competency document applies to registered nurses, midwives, medical practitioners, perfusionists and operating department practitioners working within The Newcastle upon Tyne Hospitals NHS Foundation Trust who are involved in the administration of blood components. This document does not cover the competency assessment of learners whose programme of study is managed by an external organisation (e.g. student nurse, midwife etc)

3. Aim

The aim of this competency document is to ensure a consistent high standard in the assessment of competence in relation to administration of blood components within The Newcastle upon Tyne Hospitals NHS Foundation Trust.

4. Prerequisites to competency assessment

- All staff should complete the 3-yearly mandatory Blood Transfusion e-learning (Blood Transfusion: Essential Transfusion Practice & Blood Transfusion: Consent) and have read and understood the Trust's Blood Transfusion Policy. This is in accordance with BSQR (SI 2005 No. 20 amended).
- Have completed training on closed loop BloodTrack hand scanner
- Competent to use eObs machine if in use in the area
- Competent in ANTT
- Competent in IV drug administration

5. Duties, roles and responsibilities

Trainee

- Registered nurses, midwives, medical practitioners, perfusionists and operating department practitioners.
- Should 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. Subsequent assessment may be required if there has been a change in personal circumstances e.g. a gap in practice or if concerns are raised regarding competence.
- 3-Yearly mandatory eLearning training should be completed to maintain knowledge of the process.

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 Practitioner Team.
- 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.

Prior to formal competency assessment it is recommended that trainees perform multiple supervised procedures, which may be documented on the supervised practice record. There is no minimum or maximum number of times the trainee should carry out a skill under supervision before being deemed as competent. This will depend on their individual needs and the nature of the skill. The action plan section should be completed if they are unable to achieve the competency.

6. Competency assessment tool

See page 4

7. References

NuTH. Blood Transfusion Policy 2024.

Robinson, S. et al (2017) 'The administration of blood components: a British Society for Haematology Guideline', *Transfusion Medicine*, 28 (1), pp.3-21. Available at: <https://onlinelibrary.wiley.com/doi/10.1111/tme.12481> (Accessed: 27 August 2024).

Clinical Competency Assessment Tool

Administration of Blood Components

Staff member: _____ (print) Designation: _____ Payroll Number: _____

Assessor: _____ (print) Designation: _____ Payroll Number: _____

Performance	Date achieved	Action Plan
1. Ensures the patient has an identification wristband attached and performs positive patient identification		
2. Explains procedure to patient or patients advocate, answering any questions		
3. Confirms the patient has given informed consent or best interest decision made and documented in-patient record		
4. Confirms any special requirements for the patient, including any specific infusion rates and pre-medication requirements		
5. Ensures the blood component has been authorised (prescribed) for the patient		
6. Ensures a full set of baseline observations has been performed and documented prior to the blood component being collected from the laboratory		
7. Appropriate hand hygiene throughout procedure in accordance with Trust policy		
8. Dons and doffs appropriate personal protective equipment and applies the principles of ANTT		
9. Ensures the patient has patent venous access and venous cannulation documentation is complete		
10. Arranges collection of the blood component		
11. Ensures correct blood component is delivered and confirms arrival onto the clinical area using the BloodTrack handheld scanner or is correctly scanned into the relevant satellite fridge until required		
12. Performs blood component check at bedside including donation number, expiry date, component blood group and patient blood group and checks any additional clinical requirements have been met e.g. irradiated or CMV screened negative		
13. Inspect the blood component bag for any signs of leakage or damage. Inspect for unusual colour or clumping		
14. Completes the correct electronic transfusion documentation via the handheld scanner before commencement of transfusion		

15. Performs observations 15 minutes after the start of the transfusion and post-transfusion observations		
16. Completes the correct electronic transfusion documentation via the handheld scanner at the end of transfusion		
17. Confirms completion of administration by documenting the volume given in the prescription within the electronic patient record for each unit		
18. Observes patient during and post transfusion		
19. Correctly disposes of waste including blood component bag as per Trust policy		
20. Performs appropriate blood test if indicated to identify if the transfusion achieved the desired effect		

Knowledge	Date achieved	Action Plan
21. Identifies maximum duration of transfusion for each product		
22. Discusses the importance of informed consent for transfusion.		
23. Explains the importance of transfusing correct components with the correct special requirements		
24. Explains the risk of acute and delayed transfusion reaction, identifying signs, symptoms and course of action required.		
25. Explains the risk of Transfusion Associated Circulatory Overload (TACO), the requirement to complete TACO checklist and knows the measures available to mitigate the risk, treat symptoms and report cases of suspected TACO to the transfusion team		
26. Explains the importance of accurate transfusion documentation and the legal requirement for traceability		
27. Explains how and when to escalate concerns		
28. Discusses the implications of the mental capacity act and the importance and legal requirement of obtaining consent.		
29. Aware of the need to begin the administration of the blood component with 30 minutes of removal from the blood fridge. Explains action to be taken if transfusion is not to be commenced within 30 minutes of the component leaving the blood transfusion fridge and how to return.		
30. Explains the backup procedures to follow in the event of IT downtime or medical device failure:		

<ul style="list-style-type: none"> a. Transfusion Care pathway used to record all details of the transfusion. The completed pathway must then be scanned into the patient's medical records. b. Two-person independent bedside check must be performed and signed for by both healthcare professionals. c. Return the tear off 'receipt portion' of the blood component label to the laboratory for traceability. 		
<p>31. Explains the requirement for details of any transfusion to be included in patients discharge summary for both the patient and their GP *if applicable to role*</p>		

Professional Approach	Date achieved	Action Plan
32. Maintains patient privacy and dignity at all times		
33. Maintains a professional approach at all times		
34. Works within their sphere of competence and escalates anything out with this sphere		

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: _____

Printed Name and Signature of Assessor: _____ Date: _____

Appendix 1

Supervised Practice Record

There is no maximum or minimum requirement for supervised practices, competency assessment should be undertaken when the practitioner and assessor feel confident in the practitioner's ability.

No. of Practices	Date	Supervisors Name Print/Signature & Designation	Trainee Name Print/Signature & Designation	Comments
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

