

Title	Blood Transfusion - Collection and Delivery of Blood Components and Products from the Transfusion Laboratory to the Clinical Areas - Competency Assessment.
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1. Introduction

Errors in collection are a frequent root cause of ‘wrong blood to 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.

2. Competency Scope

This competency document applies to porters, registered nurses, midwives, healthcare assistants, medical practitioners, nursing associates, assistant practitioners, operating department orderlies and operating department practitioners working within The Newcastle upon Tyne Hospitals NHS Foundation Trust who are involved in the collection and delivery of blood components and products from the Transfusion laboratory to the clinical areas. 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 the collection and delivery of blood components and products from the Transfusion laboratory to the clinical areas within The Newcastle upon Tyne Hospitals NHS Foundation Trust.

4. Prerequisites to competency assessment

- All staff must complete 2-yearly mandatory Collection & Delivery training.
- Staff must have knowledge of the Trust's Blood Transfusion Policy.

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.
- Should complete 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 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 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 recorded 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. An action plan should be developed if they are unable to achieve the competency.

6. Competency assessment tool

See pages 3-5

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

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

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

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

Performance	Date achieved	Action Plan
1. Ensures the appropriate requirements are met on the request for collection of blood components/products		
2. Performs the correct collection checks		
3. Accesses the HaemoBank/kiosk and correctly removes units from the fridge		
4. Packages blood components/products correctly for transport to clinical area		
5. Transfers component to the satellite transfusion fridge and correctly stores units in the HaemoBank/Kiosk Or, Transports component directly to the clinical area and gives to an appropriate member of the clinical team ensuring that the units are electronically received using the PDA. Alternatively, when the system is down can discuss the process of obtaining their signature on the porter's slip to confirm receipt of product if the electronic system is down		

Knowledge	Date achieved	Action Plan
6. Explains the importance of collecting the correct component for the correct patient and how rigorously collection checks should be carried out		
7. Explains which blood components/products are stored where within the issue room and laboratory setting and correct transport method for each		
8. Correctly explain the back-up procedure for signing out units if the electronic system is down		
9. Explains the need for immediate delivery of the components to the requesting clinical area		
10. Explains why the component needs to be signed into the satellite fridge electronically		
11. Explains what the cold chain is and why it is important for blood components		
12. Explains the procedure for returning blood components to the laboratory		
13. Explains whom to contact if they encounter a problem during the collection process		

Professional Approach	Date achieved	Action Plan
14. Works within sphere of competence and escalates anything out with this sphere		
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 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.				

