

# **Preparing to and Administering a Transfusion of Blood Components**

The competency covers three components:

- 1. Learning the theory of safety in the task
- "Knowledge and Understanding"
- 2. Demonstrating knowledge of this theory and
- 3. Demonstrating actual clinical competency in doing the task (Carried out by a visual assessment of the staff member doing the above task correctly)

### **Knowledge and Understanding Requirements and Resources**

To successfully complete the "Knowledge and Understanding" part of this competency assessment the member of staff being assessed should have completed the following:

• Read and understood the related Trust policies

### In addition staff should either:

 Have successfully completed on line knowledge assessment in level 1 of the E-learning program Learn Blood Transfusion. www.learnbloodtransfusion.org.uk

#### Or

• Have attended a Trust Safe Transfusion Practice training session and successfully score 80% in the knowledge and understanding assessment (the short supplementary MCQ enclosed) provided by their assessor at the time of competency assessment.

### Or

 Have studied the Level One "Learn Blood Transfusion" self directed learning pack or equivalent and successfully score 80% in the knowledge and understanding assessment (the short supplementary MCQ enclosed) provided by their assessor at the time of competency assessment



# Preparing to administer and administering a blood products

Supplementary Multiple Choice Questions (MCQ)

1.	Once blood has arrived on the ward for a patient – it is not neces	sary to check
	their prescription chart before administering the unit.	T/F

- 2. It is acceptable to give blood up to a maximum of 48 hours after the expiry date if it was crossmatched before the expiry date.

  T / F
- 3. If differences are identified at this stage between the patient verbal identity check and the details on their wristband the transfusion should not go ahead T / F
- 4. The details on the blood product must always match the details on the patient wristband before transfusion should proceed T / F
- 5. It is not unreasonable when transfusing a patient who has difficult access to their identity wristband (e.g. theatres) to use the patient notes to check the blood as long as two members of staff carry out the check T/F
- 6. Platelets are fragile and their transfusion should be over no less than 1 hour T / F
- 7. If details on the wristband are missing in an unconscious patient they can be corrected from the compatibility form that comes with the blood product.

  T/F
- 8. If it is likely that a unit of Blood is not needed immediately it can be stored in the cool part of the ward fridge for a maximum of 1 hour before being returned to the blood bank for later use.

  T/F
- 9. If a reaction is going to happen it will always be immediate and so most observations and monitoring need to be in the first 5 minutes of the transfusion T/F
- 10. When the laboratory are short of some blood types they may sometimes send up Group AB blood for patients who are known to be group A. T / F
- 11. Completion of traceability documentation (i.e. knowing where the unit of blood actually went) is a legal requirement.

  T / F
- 12. Errors in correct checking at the administration part of blood transfusion are a common but preventable cause of incorrect blood component therapy.

T / F



# Assessment Pro forma for preparing to administer and administering a blood product

Name of candidate:	Name of assessor:				
Job title:	Job title:				
Grade:	Contact details				
Contact Details	Assessment carried out in clinical area				
Date of assessment Attempt Number	Assessment carried out during	simulation			
Part (1) Theoretical assessment		Part (2)			
Ask if Staff have		Knowledge Assessment			
Completed levels 1 of E-learning program: Certificate available		Completed as knowledge			
Attended face to face training session:	□ date:	assessment built into E Learning			
Or Completed self directed learning pack level 1:		Supplementary MCQ questions			
Completed other self directed learning		to be answered for all these options			
Read the relevant Trust policies:	Yes / No				
Part (3) Mandatory Questions for al	l staff in addition to above				
Ask - Do you know the importance of					
• Using open-ended questions for identifying patients? (i.e. "What is your name" instead of "Is your name Mr Jones?")					
• The timescales for administering blood, platelets, FFP and cryoprecipitate safely after they have been collected from the fridge? □					
• Correct Trust procedure if patient is unconscious or unable to give verbal identification?					
• The risks associated with checking the blood product only against the separate blocompatibility form as a final check instead of the information on the wristband					
Monitoring the patients vital signs throughout th	e transfusion process				



### Observational assessment for

Preparation and Administration of a blood product

Core competency		nced?	Assessor notes
Did staff member:			Hotes
Carry out Pretransfusion checks -			
Personal: clean hands/ adhere to infection			
guidelines	Yes	No	
<ul> <li>Assemble appropriate equipment</li> </ul>	Yes	No	
	103	110	
Blood component  Check has for faults and evaluated	Yes	No	
Check bag for faults and expiry date  Check unique identifier and (NIRTS and lead)	105	110	
Check unique identifier codes (NIBTS and local blood bank) on bag of blood are the same	Yes	No	
, .	Yes	No	
Check compatibility form for special requirements	103	110	
Prescription chart check	Yes	No	
(including special requirements)			
Patient aware they are to receive transfusion	Yes	No	
Carry out open questioned verbal check of			
identity against wristband for			
Name	Yes	No	
Date of Birth	Yes	No	
Record baseline vital signs	Yes	No	
Check venous access is present / working	Yes	No	
<ul> <li>Were the following blood product details checked against the wristband</li> </ul>			
Name	Yes	No	
Date of Birth	Yes	No	
Hospital Number	Yes	No	
Was the bag appropriately signed	Yes	No	
<ul> <li>Was another staff member asked to carry out a second <u>independent</u> verbal identity of wristband, and check wristband against component prior to administration.</li> </ul>	Yes	No	
• Was the staff member aware of the minimal essential monitoring (Pulse, BP and Temp) and minimal timings of these	Yes	No	
(Before start, 15min and end)	Yes	No	
• Did staff member document they had checked the blood appropriately on the compatibility form (date, start time and signature)	Yes	No	
• Was a recording made of the finish time	Yes	No	
• Did the staff member complete the traceability documentation	Yes	No	



### Has the candidate successfully completed the following?

Observational Assessment	Yes / No					
Theoretical aspect	Yes / No					
Knowledge and understanding assessment	Yes / No					
If yes to above please complete Certification of Clinical Competency Assessment on the next page.						
If no to any of above please complete and sign	action plan below					
Action Plan	Completion date					
Signature of assessor:						
Signature of member of staff:						

**Date of signatures:** 



## Certification of Clinical Competency Assessment Administration of a Blood Product

Clinical Area							
Theoretical and knowledge assessment Attended face to face Safe Transfusion Practice							
□ Option 1	education session  and  completed supplementary MCQ questions						
	<u>Or</u>						
□ Option 2 {	Studied the level 1 self directed learning pack or equivalent  and  completed supplementary MCQ questions						
	<u>Or</u>						
$\Box$ Option 3 $\bigg\{$	Completed on line knowledge assessment in level the e-learning program	1 of					
In addition to	Read the relating trust policies						
Practical assessment	Competency assessed for administration of a blood product.						
I confirm that (use block capitals)							
Has successfully completed the required theoretical and practical assessment and achieved understanding and competence in Preparation to administer and administering a blood product.							
Signature of assessor:							
Date:							
Signature of member of staff:							
Date:							
This competency requires updating on or before							

Copies to: Candidate

Line manager / Clinical Supervisor