All-Wales
Transfusion Competency Package

Revision History				
Version	**Review Date**	**Comment**	**Replaces**	**Reviewed by**
1.0		Date of first issue: 2005		
2.0	May 2007	Aligned to NPSA competencies	Version 1.0	BBT Team
3.0	Dec 2009	Revisions and updating following full review incorporating user feedback and developments in transfusion practice	Version 2.0	BBT Team
4.0	Jun 2013	Revisions and updating following full review incorporating user feedback and developments in transfusion practice	Version 3.0	BBT Team
5.0	Jun 2016	Revision and restructure following full review incorporating user feedback and developments in transfusion practice	Version 4.0	BBT Team
6.0	Mar 2021	Revision and restructure following full review incorporating user feedback and developments in transfusion practice	Version 5.0	AWTPG
6.1	Mar 2022	References updated; WHC 2007 removed as no longer extant.	Version 6.0	Blood Health Team
7.0	Apr 2024	Revision and updated including All Wales Transfusion Record (AWTR).	Version 6.1	AWTPG

All-Wales Transfusion Competency Package

These materials were originally developed by the Education Subgroup of the National Blood Committee, have been updated and amended by the Education Subgroup of the Blood Implementation Group and further revised by the All-Wales Transfusion Practitioner Group, and ratified by the Blood Health National Oversight Group.

Full review history of latest version		
Review date	**Summary of changes**	**Reviewed by**
April 2024	• Removal of 1st line of address from PPI and all other checks as per requirements of Transfusion Patient Safety – Patient Identification[4]. Highlighting this may still be present in some hospital policies. • Revision and restructure following updated version of the AWTR. • Term “Sex” replaced with “Assigned sex at birth”	Blood Health Team

All-Wales Transfusion Competency Package

Contents

Disclaimer

The all-Wales competency package is designed for use, and has been deemed fit for purpose, in the format presented here. The authors accept no responsibility for any subsequent local modifications.

It is intended to be used by an appropriately trained and authorised assessor.

When using the all-Wales competency package, it is the responsibility of the assessor to ensure that the documents are current and in date; if unsure, these can be found on BHNOG website.

https://bhnog.wales.nhs.uk/education/healthcare-professional-resources/

The competencies within this package are in addition to any assessment required locally for the underlying clinical practice, such as venepuncture or administration of intravenous therapies, and do not replace them.

The authors accept no responsibility for actual use of the training package or competency assessments, by either authorised or unauthorised persons.

The record of competence relates to performance at the time of assessment and does not guarantee future performance.

All-Wales Transfusion Competency Package

Introduction

Blood transfusion is a complex multi-step process involving personnel from diverse clinical backgrounds with different levels of knowledge and understanding. In order to correctly and safely fulfil their role in the transfusion process each individual needs to be trained to the appropriate level. This will vary according to the particular task they need to perform as part of the process. Regardless of clinical background the essential common element remains correct patient identification (ID) at every stage.

These practice-based competencies were originally developed by the Better Blood Transfusion Team and the Welsh Transfusion Practitioner Network; and ratified by the National Clinical Lead for Blood Transfusion on behalf of the Welsh Government (WG) Blood Advisory Structure. Their purpose is to provide the necessary tools to facilitate assessment of staff who perform pre-transfusion sampling, collection and administration of blood components.

A requirement for compliance with **The Blood Safety and Quality Regulations 2005**[1] (as amended), which became UK law on 8th February 2005, is that all relevant staff receive formal, documented training in blood transfusion practice for distribution and traceability of blood components and in adverse event reporting. This is part of the principles of good practice assessed by the Medicine and Healthcare Products Regulatory Agency (MHRA) in the annual Blood Compliance Report submission made by hospital transfusion laboratories and facilities.

The information in these competencies has been formally risk assessed against the competencies developed by the National Patient Safety Agency (NPSA) within their **Safer Practice Notice (14) Right Patient, Right Blood**[2]. The risk assessment confirms that these materials are fit for the purpose.

In 2014, following an all-Wales consultation with stakeholders through Welsh Government's Chief Medical and Nursing Officer's departments, new guidance was released that proposed a pragmatic approach. This reinforced the professional responsibility of registered individuals to maintain their competence, and recommended that employing Health Boards would manage compliance for both registered and non-registered personnel through the appraisal process.

Subsequent revisions of the all-Wales transfusion competency package have reflected changes in guidance.

Further information can be obtained from the Welsh Blood Service Blood Health Team: WBS.BloodHealthTeam@wales.nhs.uk
or your local transfusion team.

The knowledge and understanding underpinning these competencies can be gained from:-

- All-Wales Transfusion Competency Package Workbooks
- Local Transfusion Policy
- Local Infection Control Policy
- Professional standards and codes of conduct (e.g. the NMC Code and GMC)
- Blood Transfusion e-learning Programme

References:

1. UK Statutory Instrument 2005/50. *The Blood Safety and Quality Regulations (BSQR) 2005*. Available at: www.opsi.gov.uk/si/si2005/20050050.htm
2. National Patient Safety Agency (NPSA) (2006). *Safer Practice Notice 14: Right patient, right blood*. Available at: https://webarchive.nationalarchives.gov.uk/20171030124554/http://www.nrls.npsa.nhs.uk/resources/collections/right-patient-right-blood/
3. Standards for the acceptance of pre-transfusion samples in Wales. Available at : https://bhnog.wales.nhs.uk/wp-content/uploads/2023/10/BHNOG_Standards-for-the-Acceptance-of-Pre-tx.-Samples-in-Wales_2023.pdf
4. Welsh Government - Requirements for Transfusion: Patient Safety Patient Identification. Available at: https://bhnog.wales.nhs.uk/wp-content/uploads/2022/03/CMO-letter-on-Requirements-Transfusion-Patient-Safety-Patient-Identification.pdf
5. British Society for Haematology (BSH) (2017). *The Administration of Blood Components*. Available at: https://b-s-h.org.uk/

Section 1

Pre-Transfusion Sampling

Section 1 – Pre-Transfusion Sampling

Please refer to the All-Wales Transfusion Competency Package Appendix 2 – 'Pre-Transfusion Sampling Assessment' to undertake an assessment.

Persons being assessed must have received adequate training and agree to undertake the assessment.

Rationale

Implementation of these standards and assessment via the associated performance criteria should enable Health Boards to comply with the requirements of the **NPSA Safer Practice Notice (14) Right Patient, Right Blood**[2] (superseded by the SBAR in the Annex on page 21 of this document) and other relevant requirements.

Objective

On successful completion of the assessment the candidate will be deemed competent to undertake the procedure.

Links

Training: All-Wales Transfusion Competency Package Pre-Transfusion Sampling Workbook and/ or relevant Health Board training materials.

Standards and Criteria

These standards are the **minimum** required for safe practice and are aimed at reducing error in this part of the transfusion process. There are 5 standards with 6 associated performance criteria (PC).

Standard S1

There is a transfusion request form completed in accordance with the standards for the acceptance of pre-transfusion samples in Wales[3], Transfusion Patient Safety – Patient Identification[4] and BSH guidelines[5].

Performance Criteria

PC S1 Ensure that the request form contains the patient identifiers:

- First name
- Last name
- Date of birth (DOB)
- Unique Identification number (NHS / Hospital number)

*plus first line of address, depending on local policy**

and the requester's:

- Signature
- Contact details

Standard S2

The patient having the sample taken is correctly identified[2,5].

Performance Criteria

PC S2a Obtain positive patient identification (PPI) by asking the patient to state:

- First name
- Last name
- DOB

*plus first line of address, depending on local policy**

Where the patient is unconscious or otherwise unable to provide reliable PPI (e.g. neonates/ children, confused), ask a relative/ carer or responsible person to state these patient identifiers (where possible).

PC S2b **Inpatient/ Day-Case Patient** – Check the PPI given against the patient's wristband, and check these details and the NHS / Hospital number on the patient's wristband match those on the request form.

Outpatient – Check the PPI given against the request form (it is unlikely that a wristband will be worn.

** this statement is not included in the national standards[3]*

Standard S3

The collection of the blood sample from the patient and subsequent labelling of the sample tube must be performed as one continuous, uninterrupted event at the patient's (bed)side involving one patient and one trained and competent member of staff only[5].

Performance Criteria

PC S3 The pre-transfusion sampling process is performed as one continuous, uninterrupted event at the patient's (bed)side.

Standard S4

The sample is labelled legibly and accurately by the person who took the sample[5] in accordance with the requirements for the BHNOG Standards for the acceptance of pre transfusion samples in Wales[4].

Performance Criteria

PC S4 The sample is labelled by the person who took the sample, either by hand or by a validated on demand label printer. As a minimum, it must be labelled with:

- Patients - First name
  - Last name
  - DOB
  - NHS / Hospital number
  - Assigned sex at birth

  *plus first line of address, depending on local policy**
- Date sample taken
- Time sample taken
- Sample taker's signature

Standard S5

In accordance with the standards for the acceptance of pre-transfusion samples in Wales[3], the declaration section of the request form must be completed by the person who has positively identified the patient, and taken and labelled the sample, after taking the sample, to confirm they have followed the correct patient identification process; this also identifies them as the sample taker.

Performance Criteria

PC S5 The declaration section of the request form is completed after taking the sample, with:

- Date sample taken
- Time sample taken
- Taken by (print name)
- Sample taker's signature

Section 2

Collection and Delivery of Blood Components

Section 2 – Collection and Delivery of Blood Components

Please refer to the All-Wales Transfusion Competency Package Appendix 3 – 'Collection and Delivery of Blood Components Assessment'.

Persons being assessed must have received adequate training and agree to undertake the assessment.

Rationale

Implementation of these standards and assessment via the associated performance criteria should enable Health Boards to comply with the requirements of the **NPSA Safer Practice Notice (14) Right Patient, Right Blood**[2] (superseded by the SBAR in the Annex on page 21 of this document), **The Blood Safety and Quality Regulations**[1], and other relevant requirements.

Objective

On successful completion of the assessment the candidate will be deemed competent to undertake the procedure.

Links

Training: All-Wales Transfusion Competency Package Collection and Delivery of Blood Components Workbook and/ or relevant Health Board training materials.

Standards and Criteria

These standards are the **minimum** required for safe practice and are aimed at reducing error in this part of the transfusion process. There are 7 standards with 7 associated performance criteria (PC).
There is an additional standard and with associated performance criteria addressing transfer to satellite blood fridges where in use.

Standard C1

The person collecting blood components from an issue fridge or transfusion laboratory takes documentation containing all required patient identification details in accordance with BHNOG requirements for transfusion – Patient Safety Patient Identification[4] and BSH guidelines[5].

Performance Criteria

PC C1 Locally approved documentation is used for the collection of blood components from the issue fridge or transfusion laboratory, which contains the patient identifiers:

- First name
- Last name
- Date of birth (DOB)
- Unique Identification number (NHS / Hospital number)

Standard C2

The person removing blood components from the issue fridge or transfusion laboratory ensures that they select the unit(s) for the intended patient.

Performance Criteria

PC C2 The patient identifiers on the collection documentation are matched with those on the traceability label attached to the selected unit, and to sign-out documentation*.

*Paper based system only; Electronic systems may not offer a third point of reference for these details.

Standard C3

The person removing blood components from the issue fridge or transfusion laboratory checks that the donation number on the compatibility label attached to the selected unit is the same as the donation number on the component pack label and on sign-out documentation.

Performance Criteria

PC C3 The donation number on the compatibility label attached to the selected unit is matched with the donation number on the component pack label and on sign-out documentation*.

*Paper based system only; Electronic systems may not offer a third point of reference for these details.

Standard C4

The person removing blood components from the issue fridge or transfusion laboratory ensures the removal is documented / logged in accordance with Transfusion Patient Safety – Patient Identification[4] and BSH guidelines[5].

Performance Criteria

PC C4^{P} – APPLICABLE WHERE A PAPER BASED SYSTEM IS IN USE

PC C4^{P} Sign-out documentation is completed against the selected unit to include:

- Date of removal
- Time of removal
- Collector's signature

PC C4^{E} – APPLICABLE WHERE AN ELECTRONIC SYSTEM IS IN USE

PC C4^{E} The following are performed (as applicable to local system):

- Availability of blood component for the patient is checked
- Collection documentation is generated (where appropriate), and checked in accordance with **PC C1**
- Blood fridge is accessed using the collector's own ID barcode
- Unit is scanned out using collection documentation
- Compatibility label is produced and affixed to the component as per local policy; verification checks (paper or electronic) are to be completed as per **PC C2** & **PC C3**
- If removing more than one unit, scanning out and labelling of one unit is completed before removing the next
- Electronic system is exited on completion

Standard C5

Blood components are transported according to BSH guidelines[6] and local policy and procedure.

Performance Criteria

PC C5 The unit is taken immediately to the clinical area and transported according to local policy and procedure.

Standard C6

The unit of blood component is delivered to an appropriate member of staff in the clinical area and receipt of the correct unit acknowledged on the documentation as per the Transfusion Patient Safety – Patient Identification [4].

Performance Criteria

PC C6 The unit is handed to an appropriate member of staff and a record of receipt is obtained which includes the date and time and a signature or follow local policies if using electronic system.

Standard C7

The person returning units to the issue fridge and documents/logs the return or follows local policy.

Performance Criteria

PC C7 When returning unused blood components to issue fridge / transfusion laboratory:

Where paper based system is in use: complete the documentation against the correct unit(s), including:

- Date of return
- Time of return
- Returner's signature

Where electronic system is in use: the unit(s) are scanned back in correctly

STANDARD C8 – APPLICABLE TO USE OF SATELLITE BLOOD FRIDGES

Standard C8 *(optional according to local requirements)*

Blood component requested for a patient is transferred to a satellite blood fridge according to local policy and procedure.

Performance Criteria

PC C8 Local procedure for transfer of blood components to a satellite blood fridge is followed.

Section 3

Administration of Blood Components

Section 3 – Administration of Blood Components

Please refer to the All-Wales Transfusion Competency Package Appendix 4 – 'Administration of Blood Components Assessment'.

Persons being assessed must have received adequate training and agree to undertake the assessment.

Rationale

Implementation of these standards and assessment via the associated performance criteria should enable Health Boards to comply with the requirements of the **NPSA Safer Practice Notice (14) Right Patient, Right Blood**[2].

Objective

On successful completion of the assessment the candidate will be deemed competent to undertake the procedure.

Links

Training: All-Wales Transfusion Competency Package Administration of Blood Components Workbook and/ or relevant Health Board training materials.

Standards and Criteria

These standards are the **minimum** required for safe practice and are aimed at reducing error in this part of the transfusion process. There are 7 standards with 16 associated performance criteria (PC).

Standard A1

Patients undergoing transfusion are identifiable with in accordance with and BSH guidelines[6].

Performance Criteria

PC A1 The patient is wearing a wristband or has an approved alternative which contains the patient identifiers:

- First name
- Last name
- Date of birth (DOB)
- NHS / Hospital number

*plus first line of address, depending on local policy**

Standard A2

Pre-transfusion checks are performed according to BSH guidelines[5].

Performance Criteria

PC A2a Preliminary checks are performed:

- There is written authorisation (All Wales Transfusion Record) with:
  - Patient informed consent to transfusion confirmed (where possible)
  - Indication for transfusion confirmed as being documented
  - Need for specific requirements confirmed/indicated
  - Circulatory overload risk assessment confirmed, and documented in the patient notes
  - Volume and rate of transfusion documented
  - Need to concomitant medication confirmed
- There is patent venous access
- All equipment necessary is available/prepared
- Pre-transfusion observations have been performed

PC A2b The component pack and compatibility label are checked to include:

- Patient identifiers on compatibility label and written authorisation match
- Donation number and component blood group on the compatibility label are the same as those on the component pack label
- Component blood group is compatible with the patient blood group
- Correct component type as per the written authorisation
- Expiry date (component is in date)
- Visual quality and integrity checks
- Specific requirements are met (if applicable)
- Any Concomitant medication required

PC A2c Complete the final bedside check for each unit:

Check the patient has a legible wristband or approved alternative

Obtain positive patient identification (PPI) by asking the patient to state:

- First name
- Last name
- Date of Birth
- Unique Identification Number (NHS number/Hospital number)

*Plus first line of address, depending on local policy**

Where the patient is unconscious or otherwise unable to provide reliable PPI (e.g. neonates/ children, confused), ask a relative/ carer or responsible person to state these patient identifiers (where possible)

Confirm **ALL** patient identifiers are correct and identical on:

- PPI (where given)
- Wristband or approved alternative
- Compatibility label attached to the blood component pack (first line of address may be absent with electronic systems)
- Written authorisation (All Wales Transfusion Record)

Standard A3

Transfusion of blood components are completed in accordance with the timeframes outlined in the BSH guidelines[5].

Performance Criteria

PC A3 Blood component transfusions are completed within the required time following removal from temperature controlled environment.

Standard A4

Traceability monitoring method is completed according to local policy (manual or electronic method) and as required by the Blood Safety and Quality Regulations[1].

Performance Criteria

PC A4 All traceability documentation is completed, and traceability information is returned to the transfusion laboratory, in line with local guidelines.

Standard A5

The patient undergoing a blood component transfusion is adequately monitored[5].

Performance Criteria

PC A5 Observations are recorded on the All Wales Transfusion Record for each unit of blood component transfused:

- No more than 60 minutes before the start of the transfusion
- 15 minutes after the start of the transfusion
- No more than 60 minutes after the end of the transfusion

and must include

- Temperature
- Pulse
- Blood pressure
- Respiratory rate
- Oxygen Saturation (SpO_2)

Standard A6

Significant variation in observations is identified and appropriately acted upon.

Performance Criteria

PC A6 There is demonstrable knowledge of:

- What action to take when there are significant variations in observations
- Risks associated with inadequate patient observations
- What to do if there is a suspected transfusion reaction

Standard A7

Transfusion documentation is completed in accordance with Transfusion Patient Safety – Patient Identification[4] and BSH guidelines[5].

Performance Criteria

PC A7 Transfusion documentation is completed to include:

- Date and time transfusion commenced
- Donation number of the component transfused
- The volume transfused (in mls)
- The person administering the transfusion
- Date and time transfusion completed

All Wales Transfusion Competency Package

Annex

SBAR: NPSA Safer Practice Notice 14, 'Right Patient, Right Blood'

Situation	To address the recommendations of NPSA Safer Practice Notice (SPN) 14 *Right Patient, Right Blood,* (National Patient Safety Agency, 2006) hospitals in Wales provide competency based training and assessment for 3 stages of the transfusion process; sampling, collection and administration. Re-assessment of staff is recommended on a three-yearly basis for sampling and administration. Assessment for collection of blood components is recommended annually under the requirements of the Blood Safety and Quality Regulations (DH, 2005). Based on feedback from Transfusion Practitioners, assessment for sampling and administration is achieved with varying levels of success and is labour intensive. Additionally there is little or no evidence to show that repeated competency assessment guarantees continued error-free practice. A recent National Comparative Audit of Blood Sample Collection and Labelling demonstrated that in 61.5% of sampling errors in Wales, the sample taker had previously been assessed as competent. This compares to 64% for the UK (National Comparative Audit of Transfusion Project Group, 2012).
Background	The NPSA SPN 14 set out clear recommendations for hospitals based on evidence and expert opinion gathered during workshops leading up to publication. The aim was to make the transfusion process safer and reduce the risk of ABO incompatible transfusions. Hospitals in Wales implemented the recommendations of the SPN according to local needs. In some hospitals the Transfusion Practitioner took on the task of training and assessing anyone involved in the process, whilst others ensured that the responsibility remained with individual directorates and provided assessor training to key, identified individuals. Compliance was monitored by Regional Office until its dissolution. 'Blood management' now appears as Standard 17 of the Standards for Health Services in Wales and as such is part of the HB annual self assessment to the standards. The self assessment is validated by Health Inspectorate Wales.
Assessment	Transfusion Practitioners report varying levels of success in achieving competency assessment of relevant staff. This is due to a range of factors • Numbers and range of staff to be assessed • Limited number of trained assessors • Where there are trained assessors many are not undertaking assessments in their own areas • Clinical staff have little time and opportunity to take on the additional demands of an assessor role whilst still fulfilling their commitment to their substantive role • Access to staff for assessment • Frequency of re-assessment too onerous • Varied levels of support within Health Boards • 'Ownership' by the clinical areas is key to success • Competency 'fatigue' with limited additional resource Lack of evidence to validate repeated competency assessment as a method of maintaining safe practice.

All Wales Transfusion Package – Competency Assessments

Annex

SBAR: NPSA Safer Practice Notice 14, 'Right Patient, Right Blood'

Recommendation	This SBAR was presented to the All-Wales Clinical Advisory Group and then to members of Welsh Government's All-Wales Alerts Working Group. All are in agreement with its content. The Nurse Directors and Medical Directors also considered and agreed the following solutions as a revised method of addressing the NPSA recommendations. • Initial competency assessment of relevant staff, e.g. newly qualified staff added to the individual's Electronic Staff Record (ESR) • View evidence of competence for new employees assessed elsewhere and add to ESR • Annual* competence based educational updates for staff involved in collection of blood from the issue fridge/local storage facility, with assessment of competence as agreed locally in compliance with the BSQR (2005)1 • Biennial training for other staff involved in sampling and/or administration of blood as recommended by National guidelines (British Committee for Standards in Haematology, 2009) and recorded on ESR • Continued monitoring of competence of all relevant staff through the appraisal process • Range of sanctions in response to incidents that is dependent on severity or frequency of the event, e.g. remedial training, re-assessment, supervised practice, or limiting scope of practice in accordance with capability and disciplinary policies Existing 'tools' to support the process provided by BHT Team • E-learning package • Revised all-Wales competency package • Assessor training package • Train the trainer/assessor days *Further on-line resources to be developed* • All-Wales training package (standardised presentations) • Educational videos • Post training assessment – multiple choice questions

References

British Committee for Standards in Haematology (2009) Guideline on the adminstration of blood components, British Society for Haematology.

National Comparative Audit (2012) Audit of Blood Sample Collection & Labelling.

DH (2005) The Blood Safety and Quality Regulations, *Statutory Instrument No. 50* , United Kingdom: The Stationery Office.

National Patient Safety Agency (2006) *Safer Practice Notice 14, Right Patient Right Blood.*

* since the drafting of this SBAR the frequency of re-assessment of the blood collection competency has been extended up to 2-yearly amongst Health Boards in Wales.

[1] The Medicines and Healthcare products Regulatory Agency as the Competent Authority for the Blood Safety and Quality Regulations (2005) expect a minimum of annual educational updates but may accept less frequent assessment of competence (e.g. two-yearly) if it can be demonstrated that there is a robust system in place for continual monitoring of persons collecting blood from the issue fridge. This is a statutory requirement that is over and above the requirements of the original NPSA Safer Practice Notice.