All-Wales Transfusion Competency

Collection and Delivery of Blood Components Assessment

PC = Performance criteria	***KA** = Knowledge assessment*

Action: Does / Can the candidate…	**Achieved**
PC C1 Use only locally approved documentation for collection of blood components; ensure that this contains the patient's: - Last name - First name - Date of birth - Unique identification number (NHS number/Hospital number) *plus first line of address, depending on local policy*	
PC C2 Check the patient identifiers on the collection documentation match those on the compatibility label attached to the selected unit, and on the sign-out documentation* *(*paper based system only)*	
***KA C1** Explain the principle of 'right blood, right patient'*	
PC C3 Check the donation number on the compatibility label attached to the unit matches the donation number on unit, and on the sign-out documentation* *(*paper based system only)*	
***KA C2** Explain action to be taken if the component is not in the blood fridge, or if there are any concerns about the integrity of the blood component or blood fridge (e.g. damage/malfunction)*	
PC C4^P *Where paper based system is in use* – complete sign-out documentation against the selected unit with: - Date of removal - Time of removal - Collector's signature	
PC C4^E *Where electronic system is in use* – perform the following (as applicable to local system): - Check availability of blood component for the patient - Generate collection documentation (where appropriate), and check this in accordance with **PC C1** - Access the blood fridge using their own individual ID barcode - Scan unit out using collection documentation - Produce compatibility label and affix to component as per local policy, and complete verification checks (paper or electronic) detailed in **PC C2** & **PC C3** - If removing more than one unit, scan out and complete the labelling of one unit <u>before</u> removing the next - Exit the electronic system on completion	

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Action: Does / Can the candidate…	Achieved

KA C3 _Where electronic system is in use – explain:_
   - _the importance of maintaining a secure individual ID_
   - _the procedure for accessing emergency blood components_
   - _action to take in the event of an 'alert' message_
   - _who to contact on finding the system 'down'_
   - _the importance of completing of labelling on one unit before starting the next_
   - _the importance of exiting the system on completion_	

PC C5 Take the unit(s) directly to the clinical area and transport according to local policy and procedure	
PC C6 Hand the unit(s) to an appropriate member of staff and obtain a record of receipt (to include date & time, and signature of recipient or follow local policy if using electronic systems)	
KA C4 _Explain correct transport procedures and problems associated with leaving the blood component unattended?_	

PC C7 Return of unused blood components to the 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: scan the unit(s) back in correctly	

PC C8 Follow local procedure for transfer of blood components to and from satellite blood fridge	
KA C5 _Explain the correct procedure for transfer to satellite blood fridge using electronic tracking_	

Reflective practice

All-Wales Transfusion Competency

Collection and Delivery of Blood Components Assessment

Name of Candidate:	Job Title/Band:
Staff Number:	Hospital:
Ward:	Directorate:

Assessor Comments
Candidate Comments

Having undertaken the above competency assessment the candidate has demonstrated that they are (*circle as appropriate):*

<div style="text-align:center">

COMPETENT   **NOT COMPETENT ***
Further training required

to carry out collection and delivery of blood components
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<u>*If referred please indicate:</u>
Date for re-assessment:
Line manager of candidate:

Assessor	**Candidate**
Print Name:	Print Name:
Signature:	Signature:
Initials:	Date:
Date:	
RETURN FORM TO:	