

## Core blood competencies assessment framework

### Assessment criteria for obtaining a venous blood sample

This framework is for assessing the candidates ability in obtaining a venous blood sample for transfusion. Candidates should be assessed after they have received training in this skill.

This framework was developed by the National Patient Safety Agency (NPSA) to assess the core blood transfusion competence, *obtaining a venous blood sample for transfusion* and has been adapted in line with the trust's venepuncture training and associated policies and procedures.

**This workforce competence is linked to the Knowledge and Skills Framework (October 2004) dimensions developed by Skills for Health. The dimensions are Communication, Health and Safety, and Health and Well-being.**

**Dimension :** Core 5 Quality - level 1; a,b,c,d,e.

HWB6 Assessment and treatment planning - level: 1;a,b,c,d,e

HWB8 Biomedical investigation and intervention – level b, e

#### How to use this competence assessment:

- This assessment should be completed whilst observing the candidate obtaining a venous blood sample for transfusion.
- It is important that the assessor informs the patient that the candidate is being assessed as part of an on-going three-yearly process.
- The assessor should allow the candidate time to read through the assessment criteria prior to the assessment.
- All assessment criteria must be completed.
- The assessment should be undertaken within one working day.
- It is the assessors responsibility to ensure the form at the end of the assessment is completed, removed from the assessment document and returned to the transfusion practitioners as proof of assessment.
- The candidate to retain the assessment documentation.
- **Please note, the completion of this assessment documentation is subject to periodic quality control checks.**

**Disclaimer:** This record of competency relates to performance at the time of the assessment and does not guarantee future performance.

## Obtaining a venous blood sample assessment

Name of candidate:	Name of assessor:
Job title:	Job title:
Grade:	Grade:
Ward:	Ward:
Hospital:	Hospital:
Date first assessed as competent:	Date attended Blood Transfusion Training:
Date of assessment (today):	

### Observational assessment

Performance Criteria  Did the candidate meet the following criteria?	Competency Achieved?  Y/N  (Completed by Assessor only)
<b>1 Personal checks</b>  <b>Did the candidate:</b>  a) Introduce themselves to the patient b) Wash their hands? c) Use personal protective equipment (where applicable)?	
<b>2 Did the candidate ensure the request form contained:</b>  a) Full name b) DOB c) Gender d) Hospital ID number e) Signature of person requesting and contact details	
<b>3 Patient identification conscious patient:</b>  <b>Did the candidate ask the patient to state their:</b>  a) Full name b) DOB c) First line of address (out-patients)	

Where patient is unconscious or unable to provide verbal ID a relative or member of ward staff is asked to verify ID (this must be documented on request form).	
<b>4 Inpatient/day case patient:</b>  <b>Did the candidate check verbal details matched wristband with:</b>  a) Full name b) DOB c) Hospital ID number d) Gender  <b>Outpatient:</b>  a) Check first line of address with patients notes (where applicable)	
<b>5 Did the candidate check verbal details matched the details on the request form?</b>	
<b>6 Did the candidate sign the positive patient ID box on the request form?</b>	
<b>7 Did the candidate bleed only one patient at a time?</b>	
<b>8 Taking the venous blood sample:</b>  <b>Did the candidate:</b>  a) Prepare the skin properly? b) Use the tourniquet appropriately? c) Minimise discomfort for the patient? d) Take blood appropriately if a transfusion is being carried out alongside other sampling procedures? e) Monitor the patient's responses? f) Remove needles using an appropriate technique (where applicable)? g) Apply a dressing at the end of the procedure (where applicable)?	
<b>9 Labelling the venous blood sample</b>  <b>1. Did the candidate label the venous blood sample as soon as it was taken?</b>  <b>2. Was the label hand written?</b>  <b>3. Does the label include the following information:</b>  a) Full name b) DOB c) Hospital ID number d) Gender e) Date f) Signature of blood sampler and contact details	

## Assessor Guidance

- Unless indicated as not applicable (N/A) and a reason provided in the competency achieved box, all of the criteria must be achieved to gain competency.
- Candidates must also undertake a knowledge assessment by completing the knowledge questions.
- Where certain aspects of the assessment cannot be observed such as sampling from an in-patient or patient unable to give verbal ID, correct responses in the knowledge assessment will suffice as long as the alternative has been observed.

### Knowledge Assessment:

Did the candidate demonstrate an understanding of the importance of the following points?	Competency Achieved? Y/N
1. No request form – no phlebotomy	
2. Using open ended questions to identify patients	
3. The wearing of patient wristbands or alternatives by inpatients and day case patients	
4. The correct procedure if a patient is unconscious or otherwise unable to provide verbal ID	
5. What action should you take if the information identifying the patient is missing or incorrect?	
6. The risks associated with bleeding more than one patient at a time	
7. The risks associated with pre-labelling sample tubes	
8. The risks associated with the use of addressograph labels on samples	

### Candidate to complete the following questions :

The following questions are to be used to ascertain the candidate's understanding of the statements in the above knowledge assessment. **Assessor to review responses.**

**Q 1. You are asked to take a sample for pre-transfusion testing but there is no request form available. What would you do?**

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**Q 2. What information must be present on the request form for pre-transfusion tests? (i.e. group & save, cross-match)**

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**Q 3. What is an open-ended question?**

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**Q 4. Why is it important to use open-ended questions when checking verbal identity?**

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**Q 5. Why are closed questions not suitable when checking verbal identity?**

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**Q 6. If you are asked to take a pre-transfusion sample from an in-patient without an identity band. What do you do?**

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**Q 7. Describe the correct procedure to identify the conscious in-patient/day case patient.**

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**Q 8. Describe the correct procedure to identify the unconscious inpatient/ inpatient unable to provide verbal ID.**

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**Q 9. Describe what action you would take if the information identifying the patient is missing or incorrect?**

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**Q 10. What are the risks associated with bleeding more than one patient at a time?**

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**Q 11. In what circumstances would you pre-label the sample tubes?**

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**Q 12. What are the dangers of using pre-labelled tubes?**

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**Q 13. In what circumstance might you use an addressograph to label a pre-transfusion sample?**

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**Competency in knowledge & understanding:** (\*circle appropriate outcome)

\*Achieved   \*Requires further training   \*Further practice required

\*Further assessment opportunity required

Assessor comments:

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**Signature of Assessor:** \_\_\_\_\_

Candidates comments:

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**I \*accept / do not accept the outcome of this assessment** (\*delete as appropriate)

**Signature of Candidate:** \_\_\_\_\_

**Date** \_\_\_\_\_

Please indicate how the assessment was undertaken:	Tick relevant box:
Observation of practice	
Simulation exercise	

**Note: If competency is not achieved, the assessor must complete the Referral Pathway document and a new assessment document used for the next assessment. Please refer to Assessor Pack for further guidance.**

\*Please ensure the form overleaf is completed, removed from the assessment document and returned to ensure the assessment is recorded on the transfusion competency data base.

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Assessment Criteria for Obtaining a Venous Blood Sample for Transfusion		
Name of Candidate (print):	Ward:  Hospital:	<b>Date</b> of assessment:  Pass?      Referred? <small>(Please circle relevant outcome)</small>
Name of Assessor (print):	Ward:  Hospital:	

Signature of Assessor.....

Signature of Candidate.....

Please indicate how the assessment was undertaken:	Tick relevant box:
Observation of practice	
Simulation exercise	

Please return this form to Carol Blears, Lead Transfusion Practitioner, Pathology Dept. Dewsbury.