REGIONAL TRANSFUSION COMPETENCY ASSESSMENT CRITERIA MATRIX

In 2016 the National Blood Transfusion Committee (NBTC) released updated Requirements for Training and Assessment in Transfusion superseding the disbanded NPSA (SPN 14), in collaboration with other key stakeholders. As you know, many Trusts adapted these competencies, which has led to 'differences' in the assessment criteria nationally and in particular the Yorkshire & Humber Region. Unfortunately, this has resulted in a number of staff having to be reassessed if they move from one Trust to another as the assessment criteria may differ. For example; in Leeds, staff are assessed on their knowledge in how to 'record receipt of blood', whereas in Calderdale, they don't assess this criteria. Therefore, if staff move from Calderdale to Leeds, they will need to be trained and assessed in recording 'receipt of blood'.

As a means to reduce repetition and aid transferability of these assessments, the Yorkshire & Humber Regional Transfusion Practitioner Group has mapped each Trust's transfusion competency assessment criteria, against National Standards: Skills for Health documentation. From this exercise, the group developed a matrix for <u>each</u> of the transfusion competencies. The matrix can be used by the new employer, to cross reference assessment criteria used in another Trust, against their own and so highlight any differences (if any). This then means that the new employee need only be assessed in the areas highlighted as different. Therefore eliminating the need to reassess staff in the whole transfusion competence, if at all

REGIONAL MATRIX - OBTAINING A PERIPHERAL VENOUS BLOOD SAMPLE

	essment and criteria for obtaining ripheral venous blood sample	Airedale	Barnsley	Bradford	Calderdale & Huddersfield	Doncaster & Bassetlaw	Harrogate	Hull	Peeds	Mid Yorkshire	North Lincolnshire	Rotherham	Scarborough	Sheffield	York
1	Did the member of staff check each	n of the	tollow	ing on t	he requ	iest fori	<u>n:</u>						ı		1
	a) full name?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	b) date of birth?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	c) hospital, NHS or A/E number?	✓	✓	✓	✓	✓	~	✓	✓	✓	✓	✓	✓	✓	✓
	d) Did the member of staff sign and write their contact details to show who had taken the sample?	✓	✓	√	✓	✓	✓	✓	✓	✓	√	√	✓	✓	✓
	e) Did the member of staff print their name to show who had taken the blood sample?	√	✓	✓	✓	√	✓	√	✓	√	✓	✓	✓	√	√

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	essment and criteria for obtaining ripheral venous blood sample	dale	Barnsley	ford	Calderdale & Huddersfield	Doncaster & Bassetlaw	Harrogate		<u> </u>	Mid Yorkshire	North Lincolnshire & Goole	Rotherham	Scarborough	field	
		Airedale	Barn	Bradford	Cald	Donc	Harro	Hull	Leeds	Mid	North & Go	Roth	Scar	Sheffield	York
2	Did the member of staff bleed only one patient at a time?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3a	Patient identification for conscious Did the member of staff:	patien	<u>ts</u>												
	i) ask the patient to state their full name?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	ii) ask the patient to state their date of birth?	✓	✓	✓	✓	✓	√	✓	✓	✓	✓	✓	✓	✓	✓
	iii) check patient's response matched those details on the wristband or other attached identifier?	✓	✓	✓	✓	✓	✓	√	✓	✓	✓	✓	✓	✓	✓
	iv) check patient's wristband details including the unique numeric identifier matched those on the transfusion request form?	✓	✓	✓	✓	√	√	√	√	✓	√	√	√	√	√
3b	Patient identification check of unce				41		! .!	4!£!							
	Did the member of staff check deta i) for full name?	uis on t	ne wris	√ v	or other	✓	ea iaen ✓	uner: ✓	✓	√	√	√	√	√	✓
	ii) date of birth?	✓	✓	✓	√	✓	✓	√	✓	✓	✓	✓	✓	✓	✓
	iii) hospital number?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	iv) with the prescription or transfusion request form?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3c	Can the member of staff describe the Trust's policy for identifying unconscious patients?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	х	✓	✓	√
4	Personal checks - did the member	of staf	f:												
	a) wash their hands?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	b) use personal protective equipment where appropriate?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Yorkshire and Humber Regional Transfusion Practitioner Group Yorkshire and Humber Regional Transfusion Committee Yorkshire and Humber Regional Transfusion Practitioner Group Author: Owner: Approved by:

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	essment and criteria for obtaining ripheral venous blood sample	Airedale	Barnsley	Bradford	Calderdale & Huddersfield	Doncaster & Bassetlaw	Harrogate	Hull	Leeds	Mid Yorkshire	North Lincolnshire & Goole	Rotherham	Scarborough	Sheffield	York
5	Taking the sample: Did the member	r of sta	ff												
	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?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	g) apply a dressing at the end of the procedure?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	If the last two questions are not applicable to the patient from whom the sample is being taken, can the member of staff say what they would do in these circumstances?	✓	✓	√	✓	√	√	√	√	√	✓	√	√	√	√
6	Labelling the sample - Did the men	nher of	etaff la	hal tha	VANOUS	hlood	samnla								
"	as soon as it was taken?	√	Stair ia ✓	√ V	Venous ✓	√ V	√ √	· /	√	✓	√	√	√	√	✓
	with full name?	✓	✓	√ ·	√ ·	✓	✓	✓	✓	✓	✓	✓	✓	✓ ·	✓ ·
1	date of birth?	✓	√	✓	√	√	✓	√	✓	√	✓	√	√	✓	√
	hospital number?	✓	✓	√	√	✓	✓	√	✓	✓	✓	✓	√	✓	√
	• gender?	✓	✓	✓	✓	✓	✓	✓	✓	✓	√	✓	✓	✓	✓
1	• date?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	the member of staff's signature and contact details?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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	essment and criteria for obtaining ripheral venous blood sample	Airedale	Barnsley	Bradford	Calderdale & Huddersfield	Doncaster & Bassetlaw	Harrogate	Hull	Leeds	Mid Yorkshire	North Lincolnshire & Goole	Rotherham	Scarborough	Sheffield	York
7	Packaging and documentation - Di	d the m	ember	of staff	•										
	a) take the sample to the correct collection point?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	b) document why the sample had been taken?	✓	✓	✓	✓	х	✓	✓	✓	✓	✓	✓	✓	✓	✓
	c) document when the sample had been taken?	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓	✓
	d) document who took the sample?	✓	✓	✓	✓	Х	✓	✓	✓	✓	✓	Х	✓	✓	✓
8	Knowledge assessment Did the candidate know the import		: :												
	a) using open ended questions for identifying patient?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	b) not using pre-labelled bottles?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	c) the correct procedure if the patient is unconscious or unable to give verbal identification?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	d) the risks created if more than one patient is bled at a time?	✓	✓	✓	✓	✓	✓	✓	✓	√	✓	✓	✓	✓	✓
	e) correct action to take if the information identifying the patient is missing?	✓	✓	✓	✓	✓	√	✓	✓	✓	✓	✓	✓	✓	✓
9	Has this document been incorporated into your Trust's Venepuncture competency assessment (Y/N)?	Y	Y	Y	Y	Y	Υ	Y	Y	Y	Y	Y	Y	Y	Υ

<u>Key:</u> \checkmark = applicable \checkmark e = electronic x = No or N/A

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REGIONAL MATRIX - ORGANISING THE RECEIPT OF BLOOD/BLOOD PRODUCTS FOR TRANSFUSION

orga	essment and criteria for inising the receipt of blood/blood lucts for transfusion	Airedale	Barnsley	Bradford	Calderdale & Huddersfield	Doncaster & Bassetlaw	Harrogate	Hull	Leeds	Mid Yorkshire	North Lincolnshire & Goole	Rotherham	Scarborough	Sheffield	York
1	Did the member of staff confirm that the blood/blood product for transfusion is ready for collection?	√	√	✓	√	√	√	√	√	√	√	√	√	х	✓
2a	Patient identification check for con				not app	licable	or port	ers)							
•	Did the member of staff ask the particle i) full name?	tient to		neir: ✓	√	./	√	√	v	√	√	V	v	v	v
	ii) date of birth?	✓	X	✓	V	✓	✓	V	X	✓	•	X	X	X	X
2b	Did the member of staff match?	•	X	V		•	•	•	X	•		Х	Х	Х	Х
	i) the details provided with the information on the blood transfusion collection slip or prescription (i.e. patient documentation)?	✓	х	✓	✓	√	✓	√	х	√	√	✓	✓	х	✓
	ii) the information provided by the patient to information on the wristband or other attached identifier?	√	х	√	√	√	✓	√	х	√	√	✓	✓	х	✓
3	Patient identification check for unc	onscio	us pati	ents or	patient	s unabl	e to vei	rbally re	espond	(NB no	t applic	able fo	r porte	rs)	
	the details on the wristband or other attached identifier were correct?	✓	х	✓	✓	✓	✓	✓	х	✓	✓	✓	✓	х	х
	the minimum dataset information: • full name?	✓	х	✓	✓	✓	✓	✓	х	✓	✓	√	✓	х	х
	date of birth?	✓	Х	✓	✓	✓	✓	✓	Х	✓	✓	✓	✓	Х	Х
	hospital number or other identification number?	✓	Х	✓	✓	✓	✓	✓	х	✓	✓	✓	✓	Х	х

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orga	essment and criteria for unising the receipt of blood/blood ducts for transfusion	Airedale	Barnsley	Bradford	Calderdale & Huddersfield	Doncaster & Bassetlaw	Harrogate	Hull	Leeds	Mid Yorkshire	North Lincolnshire & Goole	Rotherham	Scarborough	Sheffield	York
4	Blood transfusion collection slip/p Did the member of staff understand	rescrip	tion: informa	ation sh	ould be	e writte	on the	e blood	transfu	ısion da	ata colle	ection s	slip/pres	scriptio	n by
	a) the patient's full name?	√	√	√	√	√	✓	√	х	√	√	√	√	√	√
	b) date of birth?	√	✓	√	✓	√	✓	√	X	√	✓	√	✓	✓	✓
	c) hospital or other identification number?	✓	✓	✓	✓	✓	✓	✓	х	✓	✓	✓	✓	✓	✓
	d) signature of the person collecting the blood	✓	✓	✓	х	х	✓	✓	х	✓	✓	√	✓	х	√e
	e) contact details of the person who is collecting the blood?	х	✓	✓	х	х	✓	✓	х	х	х	✓	✓	х	√e
5	Did the member of staff identify an	appror	oriate p	erson t	o collec	t the bl	ood/blo	od pro	ducts f	or trans	fusion	and en	sure:		
•	a) there was clear communication about which blood/blood products to collect?	✓	√	✓	✓	✓	√	·	✓	✓	✓	√	✓	✓	✓
	b) there was verbal confirmation on where the blood/blood product should be collected from?	✓	х	✓	√	✓	х	√	√	√	х	✓	х	✓	√
	c) there was verbal instruction on the procedure to be carried out at the collection point?	х	Х	х	√	✓	Х	✓	х	х	х	Х	Х	х	√

Key: \checkmark = applicable \checkmark e = electronic x = No or N/A

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orga	essment and criteria for anising the receipt of blood/blood ducts for transfusion	Airedale	Barnsley	Bradford	Calderdale & Huddersfield	Doncaster & Bassetlaw	Harrogate	Hull	Leeds	Mid Yorkshire	North Lincolnshire & Goole	Rotherham	Scarborough	Sheffield	York
6	Receipt of blood/blood products Did the member of staff respond p	romptly	to the	deliver	v of blo	od/bloc	d prod	ucts by	,.						
	a) checking that the details on the delivered blood/blood products match the patient documentation (i.e. blood transfusion collection slip or prescription)?	√	✓	√	<u>√</u>	√	<u>√</u>	√	· •	✓	√	√	√	х	✓
	b) ensuring that receipt of the blood was documented with their signature, time and date of receipt?	✓	х	✓	х	✓	✓	√	✓	✓	✓	✓	√	х	√e
7	Knowledge assessment:				_										
-	a) using open-ended questions for	d under	stand t	he imp	ortance 	of:									
	patient identification?	✓	Х	✓	✓	✓	✓	✓	Х	Х	✓	✓	✓	Х	✓
	b) why information on the blood collection slip must be complete?	✓	Х	✓	х	✓	✓	✓	х	х	✓	✓	✓	✓	✓
	c) the potential risks in the blood component collection process?	✓	✓	✓	✓	✓	✓	✓	✓	х	✓	✓	✓	✓	✓
	d) why information should not be cross-checked against the blood compatibility form attached to the blood component?	x	x	✓	x	✓	х	~	x	x	x	✓	~	x	✓

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REGIONAL MATRIX - COLLECTING BLOOD/BLOOD PRODUCTS

	essment and criteria for collecting od/blood products	Airedale	Barnsley	Bradford	Calderdale & Huddersfield	Doncaster & Bassetlaw	Harrogate	Hull	Leeds	Mid Yorkshire	North Lincolnshire & Goole	Rotherham	Scarborough	Sheffield	York
1	Did the member of staff demonstra	te effec	tive us	e of he	alth and	safety	measu	res by:							
	a) adhering to Trust Infection Control policy.	✓	Х	✓	х	✓	✓	✓	Х	х	х	х	✓	х	х
	b) adhering to local policy specific to the situation.	Х	✓	✓	х	✓	✓	✓	Х	✓	✓	✓	✓	✓	✓
2	Patient identification check for con Did the member of staff:	scious	patient	t <u>s</u>											
	a) collect the appropriate documentation for blood collection from the member of staff requesting blood (e.g. prescription chart)?	х	✓	~	✓	✓	√	✓	x	x	х	✓	✓	✓	✓
	b) check the following details of the patient:full name?date of birth?	х	х	х	х	✓	√	√	х	✓	х	✓	√	х	~
	c) for inpatients, match the information provided by the patients with information on the wristband?	х	х	х	х	✓	√	✓	х	х	х	✓	√	х	✓
3	Patient identification check for uncolor Did the member of staff check:	onscio	us pati	ents or	patient	s unabl	e to ve	rbally re	espond	:					
	the details on the wristband and at least their: full name? date of birth? hospital number?	х	х	х	х	✓	√	✓	х	✓	х	√	√	х	х

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	essment and criteria for collecting od/blood products	Airedale	Barnsley	Bradford	Calderdale & Huddersfield	Doncaster & Bassetlaw	Harrogate	Hull	Leeds	Mid Yorkshire	North Lincolnshire & Goole	Rotherham	Scarborough	Sheffield	York
4	Blood Transfusion collection docu Did the member of staff understand	mentat	ion:												
	the data that should be written on the blood transfusion collection documentation by describing that it should contain: • the patients full name? • date of birth? • hospital or other identification number?	~	√	✓	√	√	√	√	√	✓	√	√	√	√	√
5	Matching the information on the bl prescription chart).	ood pro	duct to	the m	inimum	datase	t inforn	nation o	on the b	lood co	llection	docur	nentatio	on (e.g.	
	Did the member of staff correctly check: The patients full name? Date of birth? Hospital number? Gender?	~	√	1	~	1	✓	1	~	1	✓	✓	✓	1	✓
6	Documentation - Did the member of	of staff	correct	y docu	ment th	e remo	val of b	lood fr	om the	fridge l	y:				
	a) Recording in the appropriate documentation, the date and time the blood is removed from the fridge?	✓	√e	√e	✓	√e	✓	✓	√e	✓	√	√e	✓	✓	√e
	b) Writing their signature and contact information in the appropriate place?	✓ *sign ature only	√e	√e	~	√e	✓	✓	√e	✓	>	√e	✓	~	√e

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	essment and criteria for collecting od/blood products	Airedale	Barnsley	Bradford	Calderdale & Huddersfield	Doncaster & Bassetlaw	Harrogate	Hull	Leeds	Mid Yorkshire	North Lincolnshire & Goole	Rotherham	Scarborough	Sheffield	York
7	Transportation and handover of ble	ood pro	ducts -	Did th	e memb	er of st	aff:								
	a) if appropriate ensure the correct equipment is used to transport the blood correctly?	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	b) transport the blood product immediately to the clinical area?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	c) not leave the blood unattended at any point?	✓	✓	✓	✓	✓	√	✓	✓	✓	✓	✓	✓	✓	✓
	d) hand the blood product over to an appropriate member of staff immediately?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	~
	e) ensure that receipt of the blood was recorded?	✓	х	√e	х	✓	✓	✓	√e	✓	✓	✓	✓	х	√e
8	Knowledge Assessment. Did the candidate know and under	stand th	ne impo	rtance	of:										
	a) using open-ended questions for patient identification?	х	х	✓	х	✓	✓	✓	х	х	✓	х	✓	х	х
	b) why information on the blood collection documentation must be complete?	✓	✓	✓	✓	✓	√	✓	✓	х	✓	✓	✓	✓	✓
	c) the potential risks in the blood product collection process?	✓	✓	✓	✓	✓	√	✓	✓	х	✓	✓	✓	✓	✓
	d) why information should not be cross-checked against the blood compatibility form attached to the blood product?	x	x	✓	x	✓	✓	✓	х	х	x	✓	✓	x	✓
	e) not carrying clear blood products in a cool box?	✓	х	х	х	✓	х	✓	✓	х	✓	✓	✓	х	✓

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REGIONAL MATRIX – PREPARING TO ADMINISTER BLOOD BLOOD/PRODUCTS AND ADMINISTERING A TRANSFUSION OF BLOOD/BLOOD PRODUCTS

to a	essment and criteria for preparing dminister blood blood/products administering a transfusion of od/blood products Did the member of staff carry out t	Airedale	Barnsley	Bradford	Calderdale & Huddersfield	Doncaster & Bassetlaw	Harrogate	= J	Peeds	Mid Yorkshire	North Lincolnshire & Goole	Rotherham	Scarborough	Sheffield	York
1	a) personal: clean hands, wear	ne rour	types	or pre-u	ransius	ion che	CKS COI	recuy:							
	personal protective equipment and adhere to infection control guidelines at all times	✓	✓	✓	✓	✓	х	√	✓	х	х	✓	√	х	✓
	b) equipment: check that all equipment is clean and available (i.e. prescription chart, observation chart, giving set, disposable bags and a trolley)	✓	√	✓	✓	✓	✓	√	√	✓	✓	√	√	✓	✓
	c) baseline assessment of the patient; check venous access has been obtained prior to blood being collected from the fridge; read through the prescription; and check that the patient understands they are going to receive a transfusion,	√	√	√	✓	√	√	√	√	√	√	√	√	√	✓
	d) blood component: check the quality of the blood product, expiry dates, and any special transfusion requirements	✓	✓	✓	✓	✓	√	✓	✓	✓	✓	✓	✓	✓	✓
2	Patient identification for the consc Did the member of staff ask the pa			neir:											
	a) full name?	√	<u>√</u>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
]	b) date of birth?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	c) did the member of staff check the details on the wristband or other attached identifier were correct?	✓	√	✓	✓	✓	✓	✓	✓	✓	√	✓	✓	✓	√

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to ac	essment and criteria for preparing Iminister blood blood/products administering a transfusion of d/blood products	Airedale	Barnsley	Bradford	Calderdale & Huddersfield	Doncaster & Bassetlaw	Harrogate	Hull	Leeds	Mid Yorkshire	North Lincolnshire & Goole	Rotherham	Scarborough	Sheffield	York
3	Patient identification check for <u>ur</u> Did the member of staff check:	conscio	us pati	<u>ents</u> or	patient	s unabl	e to ve	rbally r	espond	:					
	 a) the details on the wristband or other attached identifier and at least their: full name? date of birth? hospital number? 	√ ·	✓	✓	✓	✓	√	√	✓	✓	✓	✓	√	√	✓
	b) the patient information on the blood or blood product against the wristband details?	✓	✓	✓	✓	✓	✓	✓	√	✓	✓	√	√	✓	✓
4	Did the member of staff record th	e patient	's vital	sians?											
	a) blood pressure?	✓	✓	√	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	b) temperature?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	c) pulse rate?	*+RR/ NEWS	√	✓	✓	✓	✓	√	✓	✓	✓	✓	√	✓	✓
	Administering the blood transfus	ion													
5a	Did the member of staff ensure th		ransfu	sion wa	as:										
	i) completed within four hours of it leaving the fridge, OR	✓	✓	✓	✓	✓	✓	Х	✓	х	✓	✓	✓	✓	✓
	ii) within 30 minutes for platelets?	✓	✓	✓	✓	✓	✓	✓	✓	Х	✓	✓	Х	Х	✓
5b	Did the member of staff:		I												
	i) record the patient's vital signs prior to starting the transfusion?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	ii) monitor the patient's vital signs 15 minutes after starting the transfusion?	✓ *+Tx reaction	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	iii) dispose of equipment safely?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	iv) monitor the patient's vital signs on completion of the blood transfusion?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Assessment and criteria for preparing to administer blood blood/products and administering a transfusion of blood/blood products		Airedale	Barnsley	Bradford	Calderdale & Huddersfield	Doncaster & Bassetlaw	Harrogate	Hull	Leeds	Mid Yorkshire	North Lincolnshire & Goole	Rotherham	Scarborough	Sheffield	York
6	Documentation Did the member of staff record the following information in the patient's notes:														
	a) date?	√	√	√	✓	✓	✓ /	✓	✓	✓	✓	✓	✓	✓	✓
1	b) start time?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	c) stop time of the transfusion?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	d) did the member of staff complete the traceability documentation in accordance with national law?	✓	✓	√e	✓	✓	✓	✓	√e	✓	√e	✓	√e	✓	√e
7	Knowledge assessment: Does the member of staff know and understand the importance of: a) using open-ended questions for patient identification?												✓	✓	
	b) the timescales for administering blood and/or blood product safely after it had been collected from the fridge?	~	✓	✓	√	✓	√	√	✓	√	✓	√	√	√	✓
	c) correct procedure if unconscious patient or unable to give verbal identification?	✓	✓	✓	✓	√	√	√	√	√	√	✓	√	√	~
	d) the risks associated with checking the blood compatibility form against the blood product instead of the information on the wristband?	√	x	✓	х	✓	√	✓	√	х	х	√	√	x	✓
	e) monitoring the patient's vital signs throughout the transfusion process?	✓	✓ ESR	✓	✓ ESR	✓	✓	✓	✓ ESR	X ESR	√	✓	✓	√	✓

<u>Key:</u> \checkmark = applicable \checkmark e = electronic x = No or N/A ESR = Information available on ESR for this Trust for transferability of competence

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