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

a pe	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
1	Did the member of staff check each	n of the	follow	ing on t	he requ	lest for	n:								
	a) full name?	\checkmark	\checkmark	\checkmark	✓	✓	\checkmark	\checkmark	✓	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
	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?	~	~	~	~	~	✓	~	~	~	~	~	~	~	~

REGIONAL MATRIX - OBTAINING A PERIPHERAL VENOUS BLOOD SAMPLE

Author:Yorkshire and Humber Regional Transfusion Practitioner GroupOwner:Yorkshire and Humber Regional Transfusion CommitteeApproved by:Yorkshire and Humber Regional Transfusion Practitioner Group

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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
2	Did the member of staff bleed only one patient at a time?	✓	~	~	~	~	✓	~	~	~	~	~	~	✓	~
3a	Patient identification for <u>conscious</u> Did the member of staff:	s 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 <u>unc</u> Did the member of staff check deta					. otto ob	م ما : ما م به	4161.0							
	i) for full name?		ne wns				ea iaen √	tiner:	√	✓	 ✓ 	√	 ✓ 	✓	 ✓
	ii) date of birth?	✓	 ✓ 		✓		✓	 ✓ 	 ✓ 	 ✓ 	 ✓ 	 ✓ 	✓	✓	
	iii) hospital number?	✓	✓	✓	✓	✓	✓	~	✓	✓	✓	✓	✓	✓	✓
	iv) with the prescription or transfusion request form?	✓	~	~	~	~	~	~	~	~	~	~	~	✓	~
3с	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?	~	~	~	~	~	\checkmark	✓	~	✓	\checkmark	✓	✓	\checkmark	~

	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 membe	r of sta	ff												-
	a) prepare the skin properly?	\checkmark	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	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?	\checkmark	\checkmark	\checkmark	✓	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	✓	\checkmark	\checkmark	\checkmark	✓
	f) remove needles using an appropriate technique?	\checkmark	~	~	~	~	~	~	~	~	~	~	~	~	~
	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	ber of	staff la	bel the	venous	blood	sample	:							
-	as soon as it was taken?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	with full name?	✓	✓	✓	✓	✓	✓	~	✓	✓	✓	~	✓	✓	✓
	date of birth?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	hospital number?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	gender?	✓	\checkmark	✓	✓	\checkmark	✓	✓	✓	\checkmark	✓	\checkmark	✓	✓	✓
	date?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	the member of staff's signature and contact details?	✓	✓	✓	~	~	~	~	~	~	~	~	~	~	~

	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	:	1							n	1	1
	a) take the sample to the correct collection point?	~	~	~	~	~	~	~	~	~	~	~	~	~	✓
	b) document why the sample had been taken?	~	~	~	~	x	\checkmark	✓	~	~	~	~	~	~	~
	c) document when the sample had been taken?	~	~	~	~	x	\checkmark	~	~	~	~	~	~	~	~
	d) document who took the sample?	\checkmark	✓	✓	✓	х	\checkmark	✓	\checkmark	\checkmark	✓	х	\checkmark	\checkmark	✓
8	Knowledge assessment Did the candidate know the import a) using open ended questions for														
	identifying patient?	√	~	✓	 ✓ 	~	~	~	~	√	✓	 ✓ 	~	~	✓
	b) not using pre-labelled bottles?	\checkmark	✓	\checkmark	✓	\checkmark	\checkmark	✓	✓	\checkmark	✓	\checkmark	\checkmark	\checkmark	✓
	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	Y	Y	Y	Y	Y	Y	Y	Y	Y

Key: \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 nising the receipt of blood/blood ucts 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	scious	patient	<u>ts</u> (NB r	not app	licable f	or port	ers)							
24	Did the member of staff ask the part			neir:		1	1								
	i) full name?	 ✓ 	Х	√	✓	 ✓ 	✓	✓	Х	✓	√	Х	Х	Х	х
	ii) date of birth?	\checkmark	Х	✓	\checkmark	\checkmark	\checkmark	\checkmark	Х	\checkmark	\checkmark	Х	Х	Х	Х
2b	Did the member of staff match?				1	1			1					1	
	i) the details provided with the information on the blood transfusion collection slip or prescription (i.e. patient documentation)?	~	x	~	~	~	\checkmark	~	x	~	~	~	~	x	~
	ii) the information provided by the patient to information on the wristband or other attached identifier?	~	x	~	~	~	~	~	x	~	~	~	~	x	~
	Patient identification check for unc	onscio	us nati	ents or	natient	s unahl	e to ve	hally r	esnond	(NB no	t annlie	cable fo	r porte	rs)	
3	Did the member of staff check:	5113010	as path		patient			Sully I	opona		appin		Porter	5)	
	the details on the wristband or other attached identifier were correct?	✓	х	~	~	~	✓	~	x	~	~	~	✓	х	х
	the <u>minimum</u> dataset information:full name?	✓	х	~	~	~	~	✓	x	~	~	~	~	x	x
	date of birth?	✓	х	✓	✓	✓	✓	\checkmark	х	✓	✓	✓	✓	х	х
	 hospital number or other identification number? 	✓	х	~	~	✓	✓	~	х	~	~	~	✓	х	х

orga	essment and criteria for nnising 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	rescrip	tion:	tion ch		writto	o on the	blood	tranofu	ucion de		otion	lin/nro/	orintio	n hv
4	Did the member of staff understand describing that it should contain:	u what	morma	ation sh		e writtei	n on the	2 DIOOU	transiu	ision da	ata com	ection s	sub/bres	scriptio	пр
	a) the patient's full name?	✓	✓	✓	✓	✓	✓	✓	х	✓	✓	✓	✓	✓	✓
	b) date of birth?	✓	~	\checkmark	✓	✓	✓	\checkmark	х	✓	~	✓	~	\checkmark	✓
	c) hospital or other identification number?	~	~	~	~	~	~	~	х	~	~	~	~	~	~
	d) signature of the person collecting the blood	~	~	~	x	x	~	~	x	~	~	\checkmark	~	х	√e
	e) contact details of the person who is collecting the blood?	x	~	~	х	x	~	~	х	x	х	~	✓	x	√e
5	Did the member of staff identify an	appror	oriate p	erson t	o colleo	t the bl	ood/blo	od pro	ducts f	or trans	sfusion	and en	sure:		
	a) there was clear communication about which blood/blood products to collect?	<u> </u>	✓	~	✓	~	✓	~	<i>✓</i>	~	~	~	~	~	~
	b) there was verbal confirmation on where the blood/blood product should be collected from?	~	x	~	~	~	x	~	~	~	x	~	х	~	~
	c) there was verbal instruction on the procedure to be carried out at the collection point?	x	x	x	~	~	x	~	x	x	x	x	х	x	~

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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	romntly	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)?	√ v	√ v	V	<u>√</u>	<u>√</u>	√ v	√	✓	✓	~	✓	~	x	~
	b) ensuring that receipt of the blood was documented with their signature, time and date of receipt?	~	x	~	x	~	✓	~	~	~	~	~	~	х	√e
7	Knowledge assessment: Does the member of staff know and	d under	stand t	he imp	ortance	of:									
	a) using open-ended questions for patient identification?	~	х	~	~	~	\checkmark	\checkmark	х	х	~	~	~	х	~
	b) why information on the blood collection slip must be complete?	~	х	~	x	~	~	✓	x	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:		0					
	a) adhering to Trust Infection Control policy.	~	х	~	x	~	~	✓	x	х	x	x	~	х	x
	b) adhering to local policy specific to the situation.	x	~	~	х	~	~	✓	x	~	~	~	\checkmark	~	~
	Patient identification check for con	acievo	nation	10											
2	Did the member of staff:	ISCIOUS	patien	<u>is</u>	1				1	1					
	a) collect the appropriate documentation for blood collection from the member of staff requesting blood (e.g. prescription chart)?	х	~	~	~	~	~	~	x	x	x	~	~	~	~
	 b) check the following details of the patient: full name? date of birth? 	х	x	x	x	~	✓	✓	x	~	x	~	✓	x	~
	c) for inpatients, match the information provided by the patients with information on the wristband?	х	x	x	x	~	~	~	x	x	x	~	~	x	~
3	Patient identification check for <u>unc</u> Did the member of staff check:	onscio	us pati	<u>ents</u> or	patient	s unabl	e to vei	bally re	espond	:					
	the details on the wristband and at least their: • full name? • date of birth? • hospital number?	х	x	x	x	~	~	✓	x	~	x	~	✓	x	x

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

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bloc	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 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? 	√	ion: ✓	~	~	~	~	~	~	~	~	~	~	~	~
5	Matching the information on the blprescription chart).Did the member of staff correctly check:The patients full name?Date of birth?Hospital number?Gender?	ood pro	oduct to	o the mi	nimum √	datase √	t inforn √	nation c	on the b √	lood co	v	n docur ✓	nentatio √	on (e.g. ✓	✓
6	Documentation - Did the member of	of staff o	correctl	y docu	ment th	e remo	val of b	lood fr	om the	fridge k	oy:				
	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

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

bloc	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 bl	ooa pro	aucts -	· Dia the		per of St	an:				1				
	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?	~	~	~	~	~	\checkmark	✓	~	~	~	~	~	~	~
	c) not leave the blood unattended at any point?	~	~	~	~	~	~	~	~	~	~	~	~	~	~
	d) hand the blood product over to an appropriate member of staff immediately?	~	~	~	~	~	\checkmark	~	~	✓	~	~	~	~	~
	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	ortance	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?	х	x	~	x	~	✓	~	x	x	x	~	~	x	~
	e) not carrying clear blood products in a cool box?	✓	х	х	х	~	х	~	✓	х	~	~	~	х	~

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

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

to a and	essment and criteria for preparing dminister blood blood/products administering a transfusion of od/blood products Did the member of staff carry out t	de Airedale	Barnsley	Bradford	Calderdale & Huddersfield	boncaster & Bassetlaw	Harrogate		Leeds	Mid Yorkshire	North Lincolnshire & Goole	Rotherham	Scarborough	Sheffield	York
	a) personal: clean hands, wear personal protective equipment and				√		x	√	~	x	x	✓	~	x	✓
	adhere to infection control guidelines at all times						~			Â	^	,	•	~	
	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 <u>consc</u> Did the member of staff ask the pa			neir:											
	a) full name?	 ✓ 	\checkmark	✓	√	✓	\checkmark	✓	✓	\checkmark	✓	\checkmark	\checkmark	\checkmark	✓
	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 ao and	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>un</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? 	~	~	V	~	✓	~	V	~	~	~	✓	~	~	~
	b) the patient information on the blood or blood product against the wristband details?	~	~	~	~	~	~	~	~	~	~	~	~	~	~
4	Did the member of staff record the	e natient	's vital	sians?											
-	a) blood pressure?		√ vita	v v v	✓	✓	✓	\checkmark	✓	\checkmark	✓	✓	✓	\checkmark	✓
	b) temperature?	✓	√	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	c) pulse rate?	<pre></pre>	~	~	~	~	~	~	~	~	~	✓	✓	~	~
5a	Administering the blood transfusi Did the member of staff ensure th		ransfu	sion wa	as:										
	i) completed within four hours of it leaving the fridge, OR	\checkmark	~	~	~	~	~	х	~	x	~	~	~	~	~
	ii) within 30 minutes for platelets?	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	✓	х	\checkmark	\checkmark	х	х	\checkmark
5b	Did the member of staff: i) record the patient's vital signs prior to starting the transfusion?	√	✓	~	~	✓	~	✓	~	✓	~	✓	✓	✓	√
	ii) monitor the patient's vital signs15 minutes after starting the transfusion?	✓ *+Tx reaction	~	~	~	~	~	~	~	~	~	~	~	~	~
	iii) dispose of equipment safely?	\checkmark	√	✓	✓	\checkmark	\checkmark	✓	✓	✓	✓	\checkmark	\checkmark	✓	✓
	iv) monitor the patient's vital signs	\checkmark	\checkmark	✓	✓	\checkmark	\checkmark	\checkmark	✓	\checkmark	✓	\checkmark	~	\checkmark	✓

	on completion of the blood transfusion?														
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
e Documentation															<u></u>
	Did the member of staff record the		ng info	rmatior	n in the √	patient	's notes √		✓						
	a) date?	\checkmark	v √	✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓ ✓	\checkmark	✓ ✓	\checkmark	\checkmark	\checkmark	\checkmark
	b) start time? c) stop time of the transfusion?	◆ ✓	v √	v √	v √	v √	✓ ✓	v √	▼ ✓	v √	v √	v √	v √	✓ ✓	▼ ✓
	d) did the member of staff complete	v	~	v	v	v	v	~	v	~	~	v	v	v	~
	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	~	x	~	~	~	~	x	x	~	~	x	~
	e) monitoring the patient's vital signs throughout the transfusion process?	~	✓ ESR	~	✓ ESR	~	~	~	✓ ESR	X ESR	~	~	~	~	~

Key:

 \checkmark e = electronic \checkmark = applicable

x = No or N/A ESR = Information available on ESR for this Trust for transferability of competence

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

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