FN9T 04 (BDS3) **Prepare donors, materials and equipment for blood or blood component donation and monitor donors during the donation process**

About this Unit

This standard covers preparing donors, materials and equipment for blood, or blood component donation and monitoring donors during the donation process.

It applies to both whole blood automated collection/apheresis donations, from a range of donors at all types of sessions.

The standard does not include the venepuncture aspect of donation procedures but you are expected however to be able to monitor the venepuncture site to recognise any adverse reactions/events/incidents and undertake post venpuncture site care.

Users of this standard will need to ensure that practice reflects up-to-date information and policies.

Your **knowledge and understanding** will be specifically related to legal requirements and codes of practice and conduct applicable to your job, and the NHS Knowledge and Skills Framework. This will relate to your work activities; the job you are doing, and the setting, eg in hospital and community, domiciliary, residential care, and the individuals you are working with.

Values — the values underpinning this Unit are embedded within the 2009 NHS Code of Conduct for Health Care Support Workers. These are stated in full within the Assessment Strategy and Guidance document for the awards.

Key Words and Concepts — a glossary of definitions, key words and concepts used in this Unit is contained in the Assessment Strategy and Guidance document.

In occupational standards it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. **You should read the Assessment Strategy and Guidance document before you begin working with the standards and refer to it if you are unsure about anything in the Unit.**

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Specific Evidence Requirements for the Unit
It is essential that you adhere to the Evidence Requirements for this Unit

SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT
Simulation:
♦ Simulation is **NOT** permitted for any part of this Unit.
♦ **The following forms of evidence ARE mandatory:**
♦ **Direct Observation:** Your assessor or expert witness must observe you in real work activities. Their confirmation of your practice will provide evidence for a significant amount of the performance criteria in this Unit. **For example**, checking donor consent and identification, preparing the venous access site and ensuring the comfort and safety of the whole donation process. ♦ **Professional discussion:** Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. **For example**, the importance of applying standard precautions and what may alert you to an adverse reaction during the donation; why it is important to recognise concerns different donor's may have and how you maintain their dignity and comfort.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
♦ **Reflective Account:** These are written pieces of work which allow you to reflect on the course of action you took in a specific situation to identify any learning from the piece of work and to describe what you might do differently in the light of your new knowledge. ♦ **Questioning/professional discussion**: May be used to provide evidence of knowledge, legislation, policies and procedures which cannot be fully evidenced through direct observation or reflective accounts. In addition your assessor/mentor or expert witness may also ask questions to clarify aspects of your practice. ♦ **Expert Witness**: A designated expert witness, eg a senior member of staff, may provide a direct observation of your practice, or record a professional discussion they have held with you on a specific piece of practice. ♦ **Witness Testimony**: Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen. ♦ **Products:** These can be any record that you would normally use within your normal role, eg you should not put confidential records in your portfolio; they can remain where they are normally stored and be checked by your assessor and internal verifier. ♦ **Prior Learning:** You may be able to use recorded prior learning from a course of training you have attended within the last two years. Discussion on the relevance of this should form part of your assessment plan for each Unit. ♦ **Simulation:** There may be times when you have to demonstrate you are competent in a situation that does not arise naturally through your work role, eg dealing with violent or abusive behaviour. The Evidence Requirements in each Unit provide specific guidance regarding the use of simulation.

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GENERAL GUIDANCE
♦ Prior to commencing this Unit you should agree and complete an assessment plan with your assessor which details the assessment methods you will be using, and the tasks you will be undertaking to demonstrate your competence. ♦ Evidence must be provided for ALL of the performance criteria, ALL of the knowledge. ♦ The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the principles of best practice within the Health Care sector. This will include the National Service Standards for your areas of work. ♦ All evidence must relate to your own work practice.

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KNOWLEDGE SPECIFICATION FOR THIS UNIT

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this Unit.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role**.

You need to provide evidence for ALL knowledge points listed below. There are a variety of ways this can be achieved so it is essential that you read the 'knowledge evidence' section of the Assessment Guidance.

	You need to show that you know, understand and can apply in practice:	**Enter Evidence Numbers**
1	The current European and National legislation, national guidelines, organisational policies and protocols in accordance with Clinical/Corporate Governance which affect your work practice in relation to preparing donors, materials and equipment for blood or blood component donation and monitoring donors during the donation process.	
2	Your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance.	
3	The duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.	
4	The importance of working within your own sphere of competence and seeking advice when faced with situations outside your sphere of competence.	
5	The importance of applying standard precautions to the preparation of donors, materials and equipment for blood or blood component donation and the potential consequences of poor practice.	
6	How to clean instruments, equipment, machines and blood spills and splashes effectively.	
7	What is hazardous and non-hazardous waste and how to dispose of each.	
8	The importance of confirming donor identity at all relevant stages and effectiveways of doing this.	
9	The importance of checking and recording batch numbers and expiry dates.	
10	The importance of donor signatures and what these signatures indicate.	
11	The purpose of health screening, the general criteria for accepting or not accepting donors and the possible implications of donors giving blood or blood components if they are not medically suitable.	
12	What is meant by an unrestricted venous access site, why it is needed, how it is obtained and why it is important to consider donor preference, comfort and dignity.	

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You need to show that you know, understand and can apply in practice:		**Enter Evidence Numbers**
13	The extent of the action which you may take, including the information which you may give.	
14	The type of re-assurance and emotional support donors may need when donating blood or blood components — and the importance of giving support which is appropriate to the individual donor's needs and wishes.	
15	The importance of monitoring the donor, the donation and the time being taken.	
16	Why good blood flow is important, how it is monitored and what action to take if blood flow is poor.	
17	The aspects of the donation and the equipment that need to be monitored - and what action may be needed to assure the quality of the donation.	
18	Why blood samples are needed.	
19	How to collect blood samples in line with organisational procedure, and the importance of mixing samples.	
20	The common concerns which donor's may have when giving blood or blood components and appropriate responses (verbal and non-verbal).	
21	The particular concerns and issues relating to patients making autologous (self) donations.	
22	The common adverse reactions/events to giving blood or blood components, and what the signs and symptoms of these are.	
23	The impact which adverse reactions/events or other problems with donations may have on the rest of the session.	
24	How to prepare sites for venous access and care for them during donation.	
25	What donors should and should not do during the donation process and why.	
26	Why it is important to avoid damaging donation packs and samples.	
27	Why anticoagulant is added to donations.	
28	The equipment that is needed for blood or blood component donation procedures – and their purpose and function (including packs or harnesses).	
29	The instruments and equipment that may be reused and which should be discarded.	
30	The volume of blood or blood components which may be collected and the amount of time which can safely be allowed to collect them.	
31	How to prepare, set up and check relevant materials and equipment (including packs or harnesses or intra venous solutions).	
32	How to recognise problems with the collection procedure and packs or harnesses and what action to take to resolve them.	
33	How to collect blood samples in line with organisational procedure, and the importance of mixing samples.	
34	How to recognise problems with the collection procedure and packs or harnesses or medical devices and what action to take to resolve them.	

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You need to show that you know, understand and can apply in practice:	**Enter Evidence Numbers**
35 What information needs to be recorded in relation to donors and donations - and where and how this should be done.	
36 The importance of keeping accurate and up to date records	
37 The importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff.	

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Performance Criteria	DO	RA	EW	Q	P	WT	PD
1 Apply standard precautions for infection prevention and control and other relevant health and safety measures.							
2 Check and confirm: (a) the donor's identity with the relevant records and documents (b) that the donor has satisfactorily completed all of the required pre-donation assessment (c) evidence of written valid consent							
3 Stop the preparation if the donor: (a) has not completed all of the required pre-donation assessment (b) gives any information which might indicate that they may not be suitable to give blood or blood components (c) has not given written consent							
4 And pass the information immediately to the appropriate person.							
5 Check and verify all relevant identification labels and report any discrepancies to the appropriate person.							
6 Help the donor to get into a comfortable and correct position for the procedure and give them appropriate help to obtain a suitable unrestricted venous access site without compromising their dignity, self-respect, or comfort.							
7 Prepare the venous access site correctly and appropriately for the next stage in the procedure.							
8 Assist as required with gaining venous access and obtain the required number and volume of blood samples correctly in line with organisational procedure.							
9 Inform an appropriate person if you are unable to obtain the required number and target volume of samples.							
10 Label all donations, samples and relevant documentation as appropriate with the relevant identification labels according to organisational and local procedures.							

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Performance Criteria	DO	RA	EW	Q	P	WT	PD
11 Respond to questions or concerns from the donor clearly and concisely and in a manner which promotes confidence in the team, or refer to an appropriate person if they are beyond your responsibility and knowledge.							
12 Monitor the donor's condition, behaviour and blood flow effectively and identify any signs of adverse reaction/events to the procedure.							
13 React to any change in the donors condition when you believe the donor is suffering an adverse reaction event which may require the procedure to be halted, take appropriate action according to the donor's condition, seeking help from the appropriate member(s) of the team without delay.							
14 Report any signs of adverse reaction/event which do not require the procedure to be halted to the appropriate member of the team.							
15 Identify any faults in the collection pack or harness, or any quality incident problems in the procedure, and take appropriate remedial action immediately.							
16 Monitor the donation and the equipment effectively and take prompt action to assure the quality of the product.							
17 Document all relevant information clearly, accurately and correctly in the appropriate records.							

DO = Direct Observation *RA = Reflective Account* *Q = Questions*
EW = Expert Witness *P = Product (Work)* *WT = Witness Testimony*
PD = Professional Discussion

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To be completed by the candidate
I SUBMIT THIS AS A COMPLETE UNIT

Candidate's name: ……

Candidate's signature: ……..

Date: ……..

To be completed by the assessor
It is a shared responsibility of both the candidate and assessor to claim evidence, however, it is the responsibility of the assessor to ensure the accuracy/validity of each evidence claim and make the final decision.

I CERTIFY THAT SUFFICIENT EVIDENCE HAS BEEN PRODUCED TO MEET ALL THE ELEMENTS, PCS AND KNOWLEDGE OF THIS UNIT.

Assessor's name: …….

Assessor's signature: …….

Date: ……..

Assessor/Internal verifier feedback

To be completed by the internal verifier if applicable
This section only needs to be completed if the Unit is sampled by the internal verifier

Internal verifier's name: ……

Internal verifier's signature: ……..

Date: ……..……..