FP1M 04 (BDS4) Conclude the collection of blood or blood component donations

About this Unit

This standard covers concluding blood, or blood component donation, monitoring donors following the donation process and providing post-donation advice and support.

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

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**, giving the donor instructions on how to care for themselves after donation. ♦ **Professional discussion:** Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. **For example**, what could provoke an adverse reaction following donation and the importance of keeping accurate records.
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.
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 concluding the collection of blood or blood component donations.	
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 concluding the collection of blood or blood component donations and supporting, advising and monitoring donors following donation procedures.	
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 checking that the identification labels and numbers on packs, donor records and sample tubes match — and what to do if discrepancies are found.	
9	The importance of checking and recording batch numbers and expiry dates.	
10	The extent of the action which you may take, including the information which you may give.	
11	The type of reassurance and emotional support donors may need following donation of blood or blood components — and the importance of giving support which is appropriate to the individual donor's needs and wishes.	
12	The common concerns which donors may have following donation and appropriate responses (verbal and non-verbal).	
13	Why donors need to rest, eat and drink after giving blood or blood components and the possible consequences of them not doing so.	
14	How long donors should rest for and what food and drink they should have immediately after giving blood or blood components.	
15	What donors should be advised to do and not do over a longer period following donation and why.	
16	Why it is important to give post-donation information and advice	

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You need to show that you know, understand and can apply in practice:		Enter Evidence Numbers
	clearly and to check donors' understanding.	
17	The types and impact of adverse reactions/events or other problems with donations may have donor following donation.	
18	Why anticoagulant is added to donations.	
19	The instruments and equipment that may be re-used and which should be discarded.	
20	The volume of blood or blood components which may be collected and the amount of time which can safely be allowed to collect them.	
21	How to collect blood samples in line with organisational procedure, and the importance of mixing samples.	
22	How and when to conclude the donation process — what needs to be done and in what order.	
23	How to treat the venous access site following donation — including what information to give the donor about caring for their site.	
24	The importance of monitoring the donor following donation and what aspects you need to monitor.	
25	Why it is important to avoid damaging donation packs and samples.	
26	How to arrange transport and escort for donors, if necessary.	
27	What information needs to be recorded in relation to donors and donations — and where and how this should be done.	
28	The importance of keeping accurate and up-to-date records.	
29	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 any other relevant health and safety measures.							
2 Conclude the donation procedure correctly and at the appropriate time.							
3 Remove, and clean or dispose of all equipment and materials from the donor safely and correctly.							
4 Treat the needle site (venous access site) correctly in line with organisational procedure and give the donor clear and accurate instructions on how to care for the site.							
5 Identify any sign of adverse reaction/event promptly and take action appropriate to the donor's condition without delay.							
6 Verify that the donation samples and records correspond prior to transport for storage, and report any discrepancies to the appropriate person.							
7 Give the donor clear and accurate advice on: (a) the need for rest and refreshment (b) activities which should be avoided following donation (c) the possible consequences of those activities (d) how they can recognise delayed reaction to donation (e) what to do if a delayed reaction occurs							
8 Respond to questions or concerns from the donor clearly and concisely and in an appropriate manner, which promotes confidence in the team.							
9 Refer any questions or concerns to the appropriate person if they are beyond your responsibility.							
10 Monitor the length of the donor's rest period accurately.							
11 Take prompt and appropriate action if any sign of adverse reaction/event is identified in the donor's condition.							
12 Refer issues where the unwell donor refuses to rest or to take refreshment to an appropriate member of the team immediately.							

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Performance Criteria							
	DO	**RA**	**EW**	**Q**	**P**	**WT**	**PD**
13 Ensure that where the donor requires transport or escort, suitable arrangements are made in accordance with organisational policy.							
14 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: ……..……..