

About this Unit

This standard covers communicating the decision to accept, defer or refer potential donors following assessment of their fitness and suitability against agreed guidelines.

The effectiveness of this communication impacts on the safety of blood/blood components for patients and the retention of donors to meet patient needs.

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.**

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:
<ul style="list-style-type: none"> ◆ Simulation is NOT permitted for any part of this Unit.
<ul style="list-style-type: none"> ◆ The following forms of evidence ARE mandatory:
<ul style="list-style-type: none"> ◆ 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, offering individual's advice and information and recording information accurately. ◆ Professional discussion: Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. For example, what factors you took into account when deciding the correct course of action for an individual.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
<ul style="list-style-type: none"> ◆ 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
<ul style="list-style-type: none"> ◆ 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.

FP8Y 04 (BDS15) Communicate the assessment decision regarding an individual's fitness and suitability to donate blood or blood component

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 communicating the assessment decision regarding an individual's fitness and suitability to donate blood or blood components.	
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 and the potential consequences of poor practice.	
6 Wider political sensitivities of lifestyle questioning and information.	
7 The organisational lines of communication, levels of authority and referral procedures for clinical issues.	
8 The organisational and legal requirements in relation to the donor assessment process.	
9 The factors which may compromise an individual's rights, dignity and privacy and outline how to minimise those.	
10 The economic and ethical considerations associated with inappropriately: (a) accepting an individual (b) deferring and for the incorrect time (c) referring when interview not complete	
11 What is meant by delegated responsibility and what it means to your individual practice.	
12 The information needed on donor selection areas and medical conditions that you need to refer.	
13 The importance of providing clear information on blood safety and other risk factors.	
14 The implications of an inadequate and incomplete health	

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
screening assessment.	
15 The care and social needs which individuals may have following deferral and describe how these needs may be addressed.	
16 The boundaries of your scope of practice and accountability in relation to making judgements on donor selection.	
17 The types of communication differences which may occur and how to overcome them, linked to language, sensory impairment, psychological and emotional states, and levels of understanding.	
18 The factors to be considered in deciding the appropriate course of action for individuals including medical history, current health status, social circumstances, travel history, psychological status, contra-indications to donating.	
19 The procedures and protocols for individual deferral and referral including how you would apply these.	
20 How your range of knowledge and understanding has expanded and in what way it has enabled you to accurately respond to individual's questions.	
21 The reasons and importance for having and adhering to a specification for acceptance and deferral of prospective donors.	
22 The advantages and disadvantages of planning the course of an assessment interview.	
23 The importance of clear methods of communication with individuals with differing levels of understanding, cultures, backgrounds and needs.	
24 The range of information leaflets and appropriate answers to possible donors questions on the content.	
25 The principles and methods for interpretation and evaluation of clinical and non clinical information.	
26 the importance of keeping accurate and up to date records.	
27 The importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff.	

Performance Criteria		DO	RA	EW	Q	P	WT	PD
1	Clearly and objectively inform and give an explanation of the assessment decision to the individual in a manner appropriate to their needs or concerns.							
2	Offer the individual the appropriate information, advice or instruction on the required course of action.							
3	Clearly, accurately and correctly record the relevant information, process it promptly and correctly.							
4	Sensitively explain to individuals who are deferred and check their understanding of the reason, the duration of deferral and when they can return.							
5	Present the reason for the referral to the individual in a positive manner.							
6	Promptly establish the availability and accessibility of the specialist prior to referring the individual.							
7	Agree with and obtain then valid consent of the individual to record and pass on relevant information.							
8	Provide the specialist with complete and accurate information about the individual in a confidential manner.							
9	Provide support to individuals who do not wish to be referred and respect their individual right to self defer.							
10	provide information to individuals on the Range of undertakings to which they need to consent prior to donation.							
11	Undertake a final check that all documentation is completed to meet legal and organisational requirements.							
12	Identify correctly and dispose of any unrequired documentation securely.							
13	Act in a manner to maintain the individual's motivation and confidence in continuing to support the organisation.							

DO = Direct Observation

EW = Expert Witness

PD = Professional Discussion

RA = Reflective Account

P = Product (Work)

Q = Questions

WT = Witness Testimony

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: