



**INFORMATION FOR MEDICAL STAFF INVOLVED IN THE BLOOD TRANSFUSION PROCESS**

1. The Blood Transfusion Process incorporates: -
  - Competency 1\* - Obtaining a sample for pretransfusion testing
  - Competency 2\* - Organising a request for a blood component for transfusion
  - Competency 3\* - Collecting a blood component for transfusion
  - Competency 4\* - Preparing & administering a transfusion of a blood component
2. You **MUST NOT** participate in any aspect of the Blood Transfusion Process until you have been:-
  - a) **TRAINED** - Completed Module 1 (Safe Transfusion Practice) & Module 2 (Blood Components) of the elearning programme [www.learnbloodtransfusion.org.uk](http://www.learnbloodtransfusion.org.uk) (valid for 12 to 18 months)  
**AND**
  - b) **ASSESSED** - Practical situation - Assessor observes staff member (valid for 3 years).
3. Compliance with this Notice is closely monitored by the Regulation and Quality Improvement Authority (RQIA). It is a mandatory requirement for satisfactory completion of appraisal within the WHSCT.

**Participation without valid assessment will result in a Haemovigilance Incident**

**COMPETENCY ASSESSMENT STATUS**

1. Have you been competency assessed within the last 3 years? YES  NO

If 'Yes' you must forward copies of the relevant certificates to the address below.

2. If you have mislaid the certificates please provide details as follows:

Date of assessments  /  /

Name of Hospital/Trust where assessments undertaken? \_\_\_\_\_

What Competencies were completed? 1\*  2\*  3\*  4\*

3. If 'No' to being assessed, please provide email address if you require further information.

Email Address \_\_\_\_\_

**PERSONAL DETAILS**

**I am aware that I must not participate in any aspect of the blood transfusion process if I have not been competency assessed within the last 3 years.**

PRINT NAME: ..... CLINICAL SPECIALTY: .....

CONTACT NUMBER: ..... GRADE: .....

SIGNATURE: ..... DATE: .....

**Please return completed form with a copy of assessments (if available) ASAP to:-**  
Haemovigilance Practitioner, Blood Bank, Altnagelvin Hospital,  
Glenshane Rd, Londonderry. BT47 6SB.

**Further enquiries to:**  
Haemovigilance Practitioners Mary P. Mc Nicholl / Bronagh O'Neill 02871345171 Bleep 8434