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| --- |
| Employee Name: |
| Job Title: |
| Trainer’s Name: |
| Job Title: |

Training Checklist

Shipping Blood Components and Products Training

**Objectives:**

The learner or participant will:

* Explain the required steps for packing blood components/products to be transferred out to another facility for either redistribution purposes or transferring with a patient
* Demonstrate the required steps of packing blood components/products to be transferred out to another facility for either redistribution or transferring with a patient.

**Type of Training:**🔿Initial 🔿Change 🔿Annual Assessment 🔿Remedial/Refresher 🔿Retraining

**Orientation:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee****Initials** | **Date:** | **Trainer Initials** | **Date** |
| Document Review | Shipping Blood Components using the E38/J82 Shipping Container <Insert name of document> |  |  |  |  |
| Shipping Blood Products using the E38/J82 Shipping Container <Insert name of document> |  |  |  |  |
| Training Package <Insert name of documents> |  |  |  |  |
|  |  |  |  |  |

**Direct Observation Check:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Skill | Key Areas of Assessment | Manual Reference | Observation Date | Competent(✓) | Trainer’s Initials |
| 1. Identify when blood components/products need to be redistributed | Identify the products that need to be redistributed based on established expiry date guidelines set by receiving sites.

|  |  |
| --- | --- |
| **Product** | **Time left to expiry** |
| RBCs | 7-10 days |
| PLT | Any time before expiry |
| Plasma | Frozen – 3-4 monthsThawed before expiry |
| Plasma Protein Products | 6 months or when indicated by provincial plasma redistribution program  |

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| 2Identify the sites that your facility ships to | **For fresh components:** Identify the sites that your facility has established an agreement to redistribute components to |  |  |  |  |
| **For Plasma Protein Products:**The factor concentrate program or ORBCoN will indicate which site to send the products to. Review the notification process |  |  |  |  |
| **Shipping with a Patient:**Demonstrate the importance of gathering as much information as possible to know where that patient is being transferred to. |  |  |  |  |
| Demonstrate informing receiving site what type of product is being shipped and number of units/vials will be shipped and at what date and time. |  |  |  |  |
| 3. Retrieve Shipping container  | Identify the appropriate shipping container to be used and their location |  |  |  |  |
| b) Demonstrate knowledge of preconditioning requirements for ice packs and gel packs to be used in the shipping container |  |  |  |  |
| Perform an inspection of the shipping containers and supplies to ensure containers are in good shipping condition |  |  |  |  |
| 4. Pack components | Demonstrate the correct packing configuration requirements for each shipping container 🞎 J82🞎 E38 |  |  |  |  |
| Complete Documentation | Ensure form IM006F is completed accurately with all required informationDemonstrate where to file a copy of the completed form for your facility records |  |  |  |  |
| Label shipping container | Prepare a shipping label using the correct address and place in pouch on shipping container.Demonstrate knowledge of when your site needs to prepare a shipping label and when a shipping label is provided by FCRP or ORBCoN |  |  |  |  |
| Seal container | Demonstrate the correct way to place security seal or tamper proof device on the container to ensure integrity of the components/products packed inside |  |  |  |  |

**Practical Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
| Perform | Date Completed | Achieved Expected Outcome | Trainer’s Initials |
| Perform a packing of fresh blood components for redistribution  |  | Complete all component checks, inspections of shipping containers, use acceptable packing configuration, and complete documentation  |  |
| Perform a packing of blood products for redistribution |  | Complete all product checks, inspections of shipping containers, use acceptable packing configuration, and complete documentation |  |
| Perform a packing of components for shipping with a patient to an external facility |  | Complete all component checks, inspections of shipping containers, use acceptable packing configuration, and complete documentation |  |

**Written Assessments:**

|  |  |  |  |
| --- | --- | --- | --- |
| Exam Name | Date Completed | Pass/Fail | Trainer’s Initials |
| <Name of competency quiz> |  |  |  |

The following signatures indicate that the employee has completed all competency requirements as outlined in this document:

Trainee’s signature: Date:

Trainer’s signature: Date:

Laboratory Manager/Supervisor Name:

Laboratory Manager/Supervisor Signature: Review Date: