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

Training Checklist

Transport of Blood Products Internally

**Objectives:**

The learner or participant will:

* Explain the required steps for transporting blood products internally
* Demonstrate the required steps of transporting blood products internally at your facility

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

**Orientation:**

|  |  |  |  |
| --- | --- | --- | --- |
| **TrainerInitials** | **Date:** | **Trainer Initials** | **Date:** |
| Document Review | Issuing and Handling of Blood Products <Insert name of document> |  |  |  |  |
| Requisition Requirements <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 who is permitted to transport blood internally at  < *your facility*> | a) Locate the facility policy pertaining to the internal transportation of blood products  b) Identify who is permitted to transport blood throughout patient care areas/clinical units |  |  |  |  |
| 2. Receive requests to retrieve a blood product | Identify the different blood products to be transported to clinical unit |  |  |  |  |
| Perform the self-identification process when retrieving blood product requests |  |  |  |  |
| Select the patient identification documents for retrieving blood products |  |  |  |  |
| 3. Sign out the blood product from laboratory | Present the required documentation and patient identification to the lab staff |  |  |  |  |
| Demonstrate an understanding of the appropriate location to pick-up blood product and importance of keeping product in the container in which it was received   1. Locate the blood product pick-up site 2. Explain the reason for maintaining products inside the container the product was issued in |  |  |  |  |
| Explain (or illustrate, demonstrate, perform) the blood product sign out process |  |  |  |  |
| ***If your facility requires staff to retrieve blood products while no lab staff available, then:*** | | | | |
| Select the product to be retrieved |  |  |  |  |
| Assess the product expiry date |  |  |  |  |
| Perform the visual inspection |  |  |  |  |
| Demonstrate (or illustrate, perform, explain) the blood product sign-out process |  |  |  |  |
| 4. Transport the blood product to the patient care area | Explain the facility’s spill procedures with regard to damaged blood products |  |  |  |  |
| Explain the required blood product delivery protocol |  |  |  |  |
| Identify appropriate blood product drop off/hand over on the clinical unit |  |  |  |  |

**Practical Assessment:**

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| --- | --- | --- | --- |
| Perform | Date Completed | Achieved Expected Outcome | Trainer’s Initials |
| Perform an internal blood product transport from the time of request to delivery to the patient care area/clinical unit |  | Complete all identification checks, inspections, hand over procedures and documentation of required activities |  |

**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: