

 UW Medicine UNIVERSITY OF WASHINGTON MEDICAL CENTER	<h2>Transfusion Services Critical Task Competency Assessment</h2>	Transfusion Service Laboratory - Montlake University of Washington Medical Center 1959 NE Pacific Street, Seattle, WA 98195			
<b>Name:</b>	<b>Tech ID:</b>	<b>Competency Type:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Annual <b>Year:</b>			
<b>Competency Assessment Elements:</b> <ol style="list-style-type: none"> <li>1. Direct Observation (DO) of specimen handling, and processing</li> <li>2. Monitoring the recording of critical tasks</li> <li>3. Review of intermediate test results or worksheets, quality control records, and maintenance records.</li> <li>4. Direct observations of equipment maintenance and/or function checks</li> <li>5. Assessment of performance through testing previously analyzed specimens, blind testing samples, or external PT samples.            (The 5<sup>th</sup> method of assessment is not applicable to Transfusion Services critical tasks and will not be utilized on this assessment form.)</li> <li>6. Assessment of problem-solving skills.</li> </ol>		<b>Competency Level Key:</b> <ol style="list-style-type: none"> <li>A. Competent, performs independently &amp; able to assess the competency of others</li> <li>B. Competent, performs independently</li> <li>C. Not Applicable</li> <li>D. Needs practice or assistance            (Document unacceptable step # for DO)</li> </ol>			
<b>Critical Task Being Assessed</b>	<b>Assessment Element</b>	<b>Evidence of Completion</b>	<b>Competency Level</b>	<b>Assessor Tech Code</b>	<b>Date of Assessment</b>
<b>Specimen Receipt and Processing – Is this task performed by this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>					
<b>1</b>	DO of Specimen Receipt	1 Specimen #:			
	SQ BBI Printout of Received Specimen	2 Attach Printout			
	When receiving a specimen, you see that the test is a duplicate and has already been performed. What steps should be taken?	6 Answer:			
<b>Issuing Blood Components – Is this task performed by this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>					
<b>2</b>	DO of Blood Component Issue	1 Unit #:			
	SQ BBI Printout of Component Issue	2 Attach Printout			
	Downtime Issue Using Paper Log	3 Attach Copy of Downtime Issue Log			
	If issuing from a Downtime Issue Log, what format is used to manually enter the component type (E Code)?	6 Answer:			
<b>Irradiating Blood Components – Is this task performed by this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>					
<b>3</b>	DO of Irradiating	1 Unit #:			
	SQ BBI Printout of Irradiated Component	2 Attach Printout			
	DO of Irradiator Conditioning	3 4 Attach Copy of Irradiator Conditioning Log			
	Should you open the irradiator door and remove products when the fault light is illuminated and fault buzzer sounds?	6 Answer:			

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	Assessment Element	Evidence of Completion	Competency Level	Assessor Tech Code	Date of Assessment	
<b>4 Thawing Frozen Blood Components – Is this task performed by this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>						
<b>4</b>	DO of Thawing	1	Unit #:			
	SQ BBI Printout of Thawed Component	2	Attach Printout			
	DO of Temperature Documentation	4	Attach Copy of Thaw Bath & Heat Block QC Form			
	What are the appropriate thaw times in minutes for each of the components listed?	6	Single Cryo:	≈250 mL FFP:		
Pooled Cryo:			≈300 mL FFP:			
<b>5 Combining Double Bagged Apheresis Platelets – Is this task performed by this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>						
<b>5</b>	DO of Combining Double Bagged Platelets	1	Unit #:			
	SQ BBI Printout of Combined Unit	2	Attach Printout			
	DO of Tube Sealer Maintenance	3	Attach Copy of Bench Equipment Maintenance Log			
		4				
What steps should be followed if the seal leaks creating an open system?	6	Answer:				
<b>6 Dividing Blood Components – Is this task performed by this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>						
<b>6</b>	DO of Dividing Blood Components	1	Unit #:			
	SQ BBI Printout of Divided Component	2	Attach Printout			
	DO of Sterile Welder Maintenance	3	Attach Copy of Bench Equipment Maintenance Log			
		4				
An open system is used to create an aliquot from a unit of thawed plasma, the parent unit was spiked on 6/24 at 0900, what are the new expiration dates/times for the components?	6	Answer:				

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Critical Task Being Assessed	Assessment Element	Evidence of Completion	Competency Level	Assessor Tech Code	Date of Assessment
<b>7</b>					
<b>Volume Reduced Platelets – Is this task performed by this employee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
DO of Volume Reduced Platelets	1	Unit #:			
SQ BBI Printout of Volume Reduced Platelets	2	Attach Printout			
DO of Refrigerated Centrifuge QC	3	Attach Copy of Refrigerated Centrifuge QC Log			
	4				
Which step in the Platelet Volume Reduction process determines the new expiration date/time of the product?	6	Answer:			
<b>8</b>					
<b>Washing Components (Platelet or RBC) – Is this task performed by this employee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
DO of Washing Platelet Components	1	Unit #:			
SQ BBI Printout of Washed Platelets	2	Attach Printout			
DO of Checking Prime	4	Time to Excess Pressure Light Illumination:			
Which washing solution is used for RBCs? Which washing solution is used for Platelets?	6	RBCs:			
		Platelets:			
<b>9</b>					
<b>Preparing RBCs for Intrauterine Transfusion (IUT) – Is this task performed by this employee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
DO of Preparing RBCs for IUT	1	Unit #:			
SQ BBI Printout of Prepared RBCs	2	Attach Printout			
Post Processing Hematocrit	3	Attach post processing hematocrit			
DO of Refrigerated Centrifuge QC	3	Attach Copy of Refrigerated Centrifuge QC Log			
	4				
What step should be performed if the post processing hematocrit is <72%?	6	Answer:			

## Transfusion Services Critical Task Competency Assessment

Name: \_\_\_\_\_

Tech ID: \_\_\_\_\_

Competency Type:  Initial  Annual  
Year: \_\_\_\_\_

I have participated in each competency assessment as identified by the date and tech code of the assessor.

Employee Review: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisory Review: \_\_\_\_\_

Date: \_\_\_\_\_

Medical Director Review: \_\_\_\_\_

Date: \_\_\_\_\_