Tufts Medicine Care at Home

CLINICAL TEAM COMPETENCY

**TITLE OF COMPETENCY**

EMPLOYEE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STAFF POSITION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPETENCY STATEMENT: The Registered Nurse will demonstrate competency in the standards and guidelines related to principles of handling and disposal of chemotherapeutic agents and wastes as identified in the TMCAH Infusion Therapy- Med: Chemotherapeutic Agents Procedure.**

**Disciplines Involved: Registered Nurse**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Performance Criteria** | Date | **\*Method of Assessment**  **(√ all that apply)**  **1 2 3 4 5 6 7 8 9 10** | | | | | | | | | | **Skill met (M) or unmet (U)** |
| Demonstrates use of proper PPE while handling cytotoxic drugs |  |  |  |  |  |  |  |  |  |  |  |  |
| Demonstrates safe handling techniques during disconnect and disposal of cytotoxic drugs and waste |  |  |  |  |  |  |  |  |  |  |  |  |
| Uses appropriate containers for disposal of cytotoxic wastes |  |  |  |  |  |  |  |  |  |  |  |  |
| Explains “chemo spill” procedure in the event of a spill or leak of cytotoxic drugs |  |  |  |  |  |  |  |  |  |  |  |  |

### Summary Assessment Findings: \*Method of Assessment Legend

🞏 Knowledge/skill level satisfactory 1) Review credentials/experience 6) Post Test

🞏 Knowledge/skill level needs improvement 2) Review Cont. Ed/In-services 7) Team Meetings/Case Conference

3) Observation of Performance 8) Yearly Performance Evaluation

Specify plan to promote level of competency 4) Verbal Review 9) Review of Self Study

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Competency reevaluation in: \_\_\_\_\_6mos. \_\_\_\_\_1year \_\_\_\_\_other

Evaluator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form to be filed in employee’s personal record in Human Resources.** 12/15 Competency form: KW