

**HOME HEALTH FOUNDATION
CLINICAL TEAM COMPETENCY
Clinical Bag Technique**

EMPLOYEE _____

STAFF POSITION _____

Date _____

COMPETENCY STATEMENT: Demonstrates the proper bag technique according to APIC and CDC guidelines

Disciplines Involved: Clinicians

Performance Criteria	Date	*Method of Assessment (√ all that apply)										Skill met (M) or unmet (U)	
		1	2	3	4	5	6	7	8	9	10		
Demonstrates knowledge of infection control as it relates to bag technique.				X	X								
Demonstrates proper bag technique according to agency policy & procedure.				X	X								
Demonstrates knowledge of proper transportation and storage of nursing bag.				X	X								

Summary Assessment Findings:

- Knowledge/skill level satisfactory
- Knowledge/skill level needs improvement

Specify plan to promote level of competency

***Method of Assessment Legend**

- | | |
|----------------------------------|-------------------------|
| 1) Review credentials/experience | 6) Post Test |
| 2) Review Cont. Ed./In-services | 7) Team Mts./Case |
| 3) Observation of Performance | 8) Yearly Performance |
| 4) Verbal Review | 9) Review of Self Study |
| 5) Record Review | 10) Other (specify) |

Competency reevaluation in: ____6mos. ____1year ____other

Employee's Signature: _____ Date _____

Evaluator's Signature: _____ Date _____