

Employee (print name):	Date:
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For the Evaluator: Check the appropriate box according to the Clinician’s ability to perform the defined skill: **S = Satisfactory** **U = Unsatisfactory** Place any comments if necessary and initial.

Evaluator (print name): _____

Bag Technique	OBS	S	U	Comments	Initials
Bag contains at least the following: <ul style="list-style-type: none"> Hand washing equipment – skin cleanser and paper towels Blood pressure equipment – Stethoscope/sphygmomanometer Tape measure for wounds 					
Disposable Items are not expired.					
Bag placed on a clean surface in the car and in the home. <ul style="list-style-type: none"> If this is not possible, a barrier is placed under the bag 					
Prior to administering care, skin cleanser and paper towels removed from the bag, and hands washed. <ul style="list-style-type: none"> These supplies remain at the sink for hand washing at end of the visit. 					
After hand washing, the supplies and/or equipment needed for the visit removed from the bag.					
After the visit, reusable equipment cleaned using all approved disinfectant and/or soap and water as appropriate, hands washed, and equipment and supplies returned to the bag.					
Hands washed prior to returning clean equipment to the bag.					
Paper towels/newspapers used as protective barrier for bag placement in the patient’s home are disposed of.					

Employee Signature _____
Date

Evaluator Signature _____
Initials **Date**