

Personal Protective Equipment COMPETENCY
Type of PPE will vary based on level of
precaution

Employee name: Title:.....

Facility: Date:.....

| |
|--------------------|
| Type of Validation |
|--------------------|

Orientation _____
 Annual _____
 Other _____

| Criteria/Technique | Demonstrates competency | | If no, repeat in-service | Satisfactory Re-demonstration | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----|----------------------------------------------------------------------------------------------------------------------------|-------------------------------|----|
| | Yes | No | | Yes | No |
| Performs donning in a clean area Ties hair up and back from face Performs hand hygiene | | | | | |
| Donning Gowns Did staff member fully cover torso from neck to knees, arms to end of wrists and wrap around back. Fasten in back of neck and waist | | | | | |
| Donning Mask or Respirator Did Staff secure ties or elastic bands at middle of head and neck? Fit flexible band to nose bridge. Fit snug to face and below chin Fit check respirator Demonstrates proper fit on inhalation (collapse)and exhalation (expand) | | | If N 95 fit test fails – repeat process and check again. If fit test fails for a second time check size and type of N95 | | |
| Donning Goggles or Face Shield Did staff member place goggles or face shield over face and eyes and adjust to fit? | | | | | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| <p>Donning Gloves: Did staff extend cover to wrist of isolation gown?</p> | | | | | |
| <p>Removing Gloves: Did Staff Grasp outside of glove with opposite gloves hand and peel off Hold removed glove in gloved hand Slide fingers of ungloved hand under remaining glove at wrist Peel glove off over first glove Discard gloves in waste container</p> | | | | | |
| <p>Perform hand hygiene</p> | | | | | |
| <p>Removing Gown - Did staff Unfasten Ties Pull Away from neck and shoulders, touching inside of gown only Turn gown inside out Fold or roll into a bundle and discard in waste container</p> | | | | | |
| <p>Perform hand hygiene</p> | | | | | |
| <p>Removing Goggles or Face Shields - Did staff member Remove handle by head band or earpieces Place in designated waste container</p> | | | | | |
| <p>Perform hand hygiene</p> | | | | | |
| <p>Removing Mask or Respirator - Did staff Grasp bottom, then top ties or elastic and remove (Staff not to touch front of mask/respirator)</p> | | | | | |
| <p>Perform hand hygiene</p> | | | | | |

| General Observation/Understandings | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Staff verbalizes understanding that outside of gloves, goggles, face shield gown, front of mask is contaminated. | | |
| 2. Staff used safe practices to limit surfaces touched, kept hands from face, | | |
| 3. Staff verbalizes understanding to change gloves when torn or heavily contaminated. | | |
| 4. Staff performed hand hygiene immediately after removing PPE 5. Staff verbalized understanding that PPE is put on(donning) before entering an Isolation room and removed(doffing) before leaving an isolation room. | | |

Comments or follow up actions: (Include areas for improvement)

Follow up training required: Yes..... No.....

Staff Signature _____ Date _____

Instructor's Signature _____ Date _____