

Personal Protective Equipment (PPE) Competency Validation

Donning and Doffing

Standard Precautions and Transmission Based Precautions

Type of validation: Return demonstration	<input type="checkbox"/> Orientation
	<input type="checkbox"/> Annual
	<input type="checkbox"/> Other

Employee Name: _____ Job Title: _____

Donning PPE	Competent	
	YES	NO
1. Perform Hand Hygiene		
2. Don Gown: Fully covering torso from neck to knees, arms to end of wrists		
3. Tie/fasten in back of neck and waist		
4. Don Mask/Respirator: Secure ties/elastic bands at middle of head & neck		
5. Fit flexible band to nose bridge		
6. Fit snug to face and below chin (Fit-check respirator if applicable)		
7. Don Goggles or Face Shield: Place over face and eyes; adjust to fit		
8. Don Gloves: Extend to cover wrist of gown		
Doffing PPE		
9. Remove Gloves: Grasp outside of glove with opposite gloved hand; peel off		
10. Hold removed glove in gloved hand		
11. Slide fingers of ungloved hand under remaining glove at wrist		
12. Peel glove off over first glove		
13. Discard gloves in waste container		
14. Remove Goggles or Face Shield: Handle by head band or ear pieces		
15. Discard in designated receptacle if re-processed or in waste container		
16. Remove Gown: Unfasten ties/fastener		
17. Pull away from neck and shoulders, touching inside of gown only		
18. Turn gown inside out		
19. Fold or roll into bundle and discard		
20. Remove Mask/Respirator (respirator removed after exit room/closed door): Grasp bottom, then top ties or elastics and remove		
21. Discard in waste container		
22. Perform Hand Hygiene		

Standard Precautions & Transmission Based Precautions	Competent	
	YES	NO
23. Staff correctly identifies the appropriate PPE for the following scenarios:		
a. Standard Precautions (PPE to be worn based on anticipated level of exposure)*		
b. Contact/Contact Enteric Precautions (gown & gloves)		
c. Droplet Precautions (surgical mask)		
d. Airborne Precautions (fit-tested respirator if applicable)		

*NOTE: Examples include: mask for coughing/vomiting patient, goggles/face shield for irrigating draining wound, gown for dressing change if scrubs may touch patient, etc.

Comments or follow up actions:

Employee Signature

_____/_____
Validator Signature Date