**COVID-19 Personal Protective Equipment**

 **COMPETENCY VALIDATION CHECKLIST**

**Name:**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Unit: \_\_\_\_\_\_\_\_\_\_\_**

**TOPIC: Proper Donning and Doffing of PPE to Care for a patient infected or under investigation**

**for COVID-19**

**Competency Statement: The staff member will demonstrate the ability to don and doff PPE**

 **according to CDC guidelines.**

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| **Performance Criteria** | **Met** | **Not Met** | **Comments** |
| 1. Identifies the proper PPE to gather and verbalize that all appropriate PPE is available at point of use
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| 1. Verbalizes proper steps in examining PPE for defects
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| 1. Demonstrates the ability to follow the proper sequence for donning PPE in correct order:
* Hand hygiene using hand sanitizer for 20 seconds cleansing all parts of hands, fingers and nail beds
* Dons isolation gown
* Dons N95 respirator while ensuring air-tight fit
* Perform seal check
* Dons Face shield
* Dons gloves covering wrist of gown
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| 1. Demonstrates the ability to follow the proper sequence for doffing PPE in correct order:
* Performs hand hygiene using hand sanitizer on gloves
* Doffs gloves using glove in glove technique
* Doffs gown without contamination using arm cross method
* Performs hand hygiene
* Doffs face shield
* Exits patient room
* Hand Hygiene
* Doffs N95 respirator
* Hand hygiene
 |  |  |  |
| 1. Verbalizes steps to take for suspected contamination of staff member
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Validator Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_