**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.**

**.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |  |  |
| 1. Verbalizes proper steps in examining PPE for defects |  |  |  |
| 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 |  |  |  |
| 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 |  |  |  |

Validator Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_