Competency Checklist for COVID-19 PPE

Name/Title: Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following key is utilized in evaluating performance:

**C** – Competent

**D** – Discussed and Needs Opportunity to Perform

**N** – Needs Improvement

|  |  |  |
| --- | --- | --- |
| **Activity:** Placement of PPE | Date of Evaluation and Performance | |
| 1. 1. Performed hand hygiene for at least 20 seconds. |  |  |
| 2. Don Gown:   * Staff member placed arms into sleeves in the front and then wrapped protective panel around back and place right arm through opening. * Ensured that the gown covered the torso from the neck to the knees and from the arms to the end of the wrists. |  |  |
| 3. Don either a surgical mask or a fitted N95 or higher efficiency respirator around the mouth and nose.   * Secured the ties or elastics at the middle of the head and neck or the elastic ear loops around the ears. * Fit the flexible band to the nose bridge. * Ensured that the mask fit snugly on the face and below the chin. Conduct a fit check. |  |  |
| 4. Don eye protection (goggles or face shield) around the face and eyes. Adjusted to fit. |  |  |
| 5. Don gloves, bringing the glove cuffs over the edge of the gown sleeves. |  |  |
| 7. Verbalized precautions while caring for a patient.   * Keep own hands away from own face. * Limit touching surfaces in the room. * Remove gloves when torn or heavily contaminated, perform hand hygiene, and don a new pair of gloves. |  |  |
| 8. Doffed gown   * Removed right arm out of opening and allowed gown to fall from the backside. * Removed gown away from the front of body while removing arms from sleeves. Folding contaminated material inward. * Rolled up contaminated gown away from body and disposed in soiled laundry bin. |  |  |
| 9. Doffed gloves.   * + Using a gloved hand, grasped the palm area of the other gloved hand and peeled off the first glove.   + Held the removed glove in the gloved hand.   + Slide the fingers of the ungloved hand under the remaining glove at the wrist. * Discarded gloves in the proper container. |  |  |
| 10. Removed eye protection   * Removed eye protection lifting the head band from the back of the head or earpieces from the side. * Did not touch the outer surface of the shield or outer lens of glasses/goggles. * Discarded eye protection in the proper container or placed in an appropriate container for disinfection. |  |  |
| 11. Removed mask.   * Removed the elastic from the ears and pulled the mask away from the face or grasped the bottom ties or elastics and then the top ties or elastics and pulled the mask away from the face. * Did not touch the outer surface of the mask. * Discarded the mask in the proper container. |  |  |
| 12. Performed hand hygiene for at least 20 seconds.   * + Use foam or gel to cleanse hands for at least 20 seconds ensuring hands and wrists are cleansed thoroughly.   + You may also use soap and water for hand hygiene. |  |  |
| 13. Verbalized/demonstrated removal of PPE before exiting the patient room.   * Except when a person is on AIRBORNE Precautions. Staff verbalized/demonstrated the removal of the N95 respirator or PAPR after leaving the patient’s room and closing the door. |  |  |

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_