

2014 Donning and Doffing PPE COMPETENCY VALIDATION CHECKLIST

NAME:				DEPT:				TITLE:			
LEGEND: A. Review Policy B. Direct Observation C. Video Review/Testing D. Skills Lab/Proficiency Testing E. Use of Learning Management System (LMS) F. Other (Specify)				Demonstrates Proficiency in Donning and Doffing PPE				LEVELS OF PERFORMANCE (L of P) 0 ➤ Not Applicable 1 ➤ Needs Assistance Little or No Experience 2 ➤ Minimal Assistance Some Experience 3 ➤ Perform Independent Competent/Experienced 4 ➤ Resource/Instructor Competent/Able to Teach			
Evaluator				Donning PPE with Donning Partner /Equipment				Employee			
Date	Initial	L of P	How Met					Date	Initial	L of P	
				Appropriately works with a donning partner							
				Performs donning in a clean area							
				Ties hair up and back from face							
				Perform Hand Hygiene							
				Applies Boot Covers							
				Dons Surgical Cap/hair cover							
				Dons Gown. Note: ALL TIES should be properly secured with a SIMPLE BOW. (Ensure all fit well and cover the intended areas. The head covers should be pulled over the ears during patient care for additional protection.)							
				Apply N95 respirator. (Seal mask to the face ensuring straps are not crossed and properly located at the crown of the head and base of the neck.)							
				Perform a fit check of the respirator							
				Applies Face Shield							
				Apply Standard Gloves							
				Apply long cuff Nitrile gloves over the standard gloves							
				Utilizes donning partner for assistance and to obtain any supplies.							
				Equipment:							
				<ul style="list-style-type: none"> • Gown • Surgical Cap/Hair Cover • N-95 Respirator • Surgical Mask with Face Shield • Standard Gloves • Long Cuff Nitrile Gloves • Boot Covers • Trash Receptacles • Hand Sanitizers 							

Evaluator				Doffing PPE with Doffing Partner/Equipment	Employee		
Date	Initial	L of P	How Met		Date	Initial	L of P
				Equipment:			
				<ul style="list-style-type: none"> • Hand Sanitizers • Chlorox Bleach • Wipes • Extra Gloves • Trash Containers 			

Employee Name (Please Print): _____ Employee Signature: _____

Date: _____ Educator/Trainer: _____