

Example assessment tool

Donning and doffing personal protective equipment

Activity	Achieved	Not achieved
Discusses indications for using personal protective equipment (PPE)		
Ensures correct equipment is available prior to entering room & determines which equipment is indicated for specific task: <ul style="list-style-type: none"> • access to hand hygiene equipment • apron or long-sleeved fluid impervious gown • appropriate mask • protective eyewear or face shield • gloves • waste bin / clinical waste bin 		
Donning Checklist		
Performs hand hygiene (including bare below elbows) Note: Ensure long hair is tied back & not likely to be contaminated during the doffing process		
Discusses the '5 Moments of Hand Hygiene': <ul style="list-style-type: none"> • Before touching a resident • before a procedure • after a procedure or body fluid exposure • after touching a resident • after touching a resident's surroundings. 		
Puts on apron or long sleeve gown securing at neck and waist		
Dons appropriate mask. Fit check if required.		
Dons protective eyewear/faceshield Note: staff with glasses must wear goggles over glasses		
Dons gloves		
Enters room by using elbows to open doors/curtains. If hands are used, gloves must be removed, hand hygiene performed, & new gloves donned.		
Doffing Checklist		
Removes gloves. Discard into clinical waste		
Performs hand hygiene		
Removes gown. Untie/break fastener. Pull gown away from body, touching the inside of the gown only. Discard into clinical waste		
Performs hand hygiene		
Removes protective eyewear/faceshield by lifting the head band or earpieces. Avoids touching front surface. Be careful not to contaminate faceshield onto clothing when removing- lift chin upwards then remove.		
Reusable items are placed in designated receptacle for cleaning reprocessing. Disposable items are discarded into clinical waste.		
Performs hand hygiene		
Removes mask		
Performs hand hygiene		
Assessment Outcome		
Outcome:	Achieved <input type="checkbox"/>	Not Achieved <input type="checkbox"/>
Participants name:	Signed:	
Position:	Date:	
Assessor's name:	Signed:	
Position:	Date:	