**Personal Protective Equipment (PPE) Competency Validation**

Standard Precautions and Transmission Based Precautions - Donning and Doffing

|  |  |
| --- | --- |
| Type of validation: Return demonstration | Initial training |

**Name: Date:**

|  |  |  |
| --- | --- | --- |
| **Donning PPE** | **Competent** | **If no, remediated** |
| **YES** | **NO** |
| 1. Perform hand hygiene
 |  |  |  |
| 1. **Don Gown:**

Fully covering torso from neck to knees, arms to end of wrists |  |  |  |
| 1. Tie/fasten in back of neck and waist
 |  |  |  |
| 1. **Don** **Mask:**

Secure ties/elastic bands at middle of head & neck |  |  |  |
| 1. Fit flexible band to nose bridge
 |  |  |  |
| 1. Fit snug to face and below chin
 |  |  |  |
| 1. **Don** **Goggles or Face Shield**:

Place over face and eyes; adjust to fit |  |  |  |
| 1. **Don Gloves:**

Extend to cover of wrist of gown |  |  |  |
| **Doffing PPE** | **Competent** | **If no, remediated** |
| **YES** | **NO** |
| 1. Perform hand hygiene
 |  |  |  |
| 1. **Remove Gloves:**

Grasp outside of glove with opposite gloved hand; peel off |  |  |  |
| 1. Hold removed glove in gloved hand
 |  |  |  |
| 1. Slide fingers of ungloved hand under remaining glove at wrist
 |  |  |  |
| 1. Peel glove off over first glove
 |  |  |  |
| 1. Discard gloves in waste container
 |  |  |  |
| 1. Perform hand hygiene
 |  |  |  |
| 1. **Remove Goggles or Face Shield:**

Handle by head band or ear pieces |  |  |  |
| 1. Discard in designated receptacle if re-processed or in waste container
 |  |  |  |
| 1. Perform hand hygiene
 |  |  |  |
| 1. **Remove Gown:**

Unfasten ties/fastener |  |  |  |
| 1. Pull away from neck and shoulders, touching inside of gown only
 |  |  |  |
| 1. Turn gown inside out
 |  |  |  |
| 1. Fold or roll into bundle or discard
 |  |  |  |
| 1. Perform hand hygiene
 |  |  |  |
| 1. **Remove Mask:**

Grasp bottom, then top ties or elastic and remove |  |  |  |
| 1. Discard in waste container
 |  |  |  |
| 1. Perform hand hygiene
 |  |  |  |

**Employee Signature:**

**Validator’s signature: Date:**