

Auditing of Personal Protective Equipment (PPE) Use

***Note: Use one form per observed individual.**

Legend: NA = Not applicable. Not applicable can be marked if practices/ techniques were not observed (e.g., auditor was not present during donning [putting on] or doffing [taking off] PPE).

***Note:** Please save file before clearing fields.

1 - GENERAL INFORMATION

OBSERVER INFORMATION

Observer name: _____ Room and/or area: _____

Location: _____ Type of precautions (check box that applies):

Date (yyyy/mm/dd): _____ None (Routine Practices) Contact Droplet/Contact

Time (HH:MM): _____ Airborne Other: _____

Droplet

OBSERVED INDIVIDUAL

(Select one individual and check box)

<input type="checkbox"/> RN/RPN	<input type="checkbox"/> Radiology/Lab Technologist	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Personal Support Worker	<input type="checkbox"/> Food Services	<input type="checkbox"/> Dietitian	<input type="checkbox"/> Care Coordinator
<input type="checkbox"/> Physician	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Rehabilitation Assistant	<input type="checkbox"/> Agency Staff
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Support Worker	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Other (e.g., Family):
<input type="checkbox"/> Student	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Volunteer	

ROOM SETUP

If applicable, precaution signage visible before entering the room or bed space.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
PPE Supplies available and accessible at the point of use with clear separation between clean and dirty.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Room Setup Score:	Number of Yes responses	_____
	Number of Yes and No responses	_____

2 - COMPLIANCE (SEQUENCE AND TECHNIQUE)

DONNING (PUTTING ON PPE)

If individual entered a precautions room without donning appropriate PPE, provide feedback and mark relevant misses. Otherwise, continue observation.

Indicate the individual's order of donning by numbering the boxes 1 to 5 and confirm use of the correct technique.

Correct PPE Donning sequence	Sequence observed	Most commonly missed techniques	Yes	No	N/A
(1) Hand hygiene	.....▶	Minimum duration 15 seconds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
(2) Gown	.....▶	Gown tied at neck and back	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
(3a) Mask	.....▶	Mask nose piece pinched	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
(3b) N95 respirator	.....▶	N95 respirator seal check performed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
(4) Eye protection	.....▶	Fits over brow	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
(5) Gloves	.....▶	Gloves fit over cuff of gown	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Correct PPE donning sequence is performed Yes No N/A

Donning Score:	Number of Yes responses	_____
	Number of Yes and No responses	_____

DOFFING (TAKING OFF PPE)

If individual exited room without doffing any PPE, provide feedback and mark appropriate misses. Otherwise, continue observation.

Indicate the individual's order of doffing by numbering the boxes 1 to 6 and confirm use of the correct technique.

Correct PPE Doffing sequence	Sequence observed	Most commonly missed techniques	Yes	No	N/A
(1) Gloves	.....▶	Glove to glove, skin to skin	Yes	No	N/A
(2) Gown	.....▶	Roll gown away from body	Yes	No	N/A
(3) Hand hygiene	.....▶	Minimum duration 15 seconds	Yes	No	N/A
(4) Eye protection	.....▶	Eye protection removed from behind head/ears	Yes	No	N/A
(5a) Mask	.....▶	Mask removed by straps only	Yes	No	N/A
(5b) N95 respirator	.....▶	N95 removed by straps only	Yes	No	N/A
(6) Hand hygiene	.....▶	Minimum duration 15 seconds	Yes	No	N/A

Correct PPE doffing sequence is performed Yes No N/A

Doffing Score:	Number of Yes responses _____
	Number of Yes and No responses _____

Most commonly missed practices

Doff PPE in the most appropriate area away from patient/resident/client.	Yes	No	N/A	Yes	No	N/A
PPE are safely disposed into bins at point of removal.	Yes	No	N/A	Yes	No	N/A
Bins are not overfilled.	Yes	No	N/A			
Shared/reusable PPE are disinfected properly (e.g., reusable goggles)	Yes	No	N/A			

Missed practices Score:	Number of Yes responses _____
	Number of Yes and No responses _____

SCORING AND CALCULATIONS

At the end of your observation session input totals from each section (Room Setup, Donning, Doffing and Missed Practices) to calculate overall score.

Total Number of Yes responses

Total Number of Yes and No responses (excluding N/A)

Total Number of No responses

Calculate an overall score:
 $Yes \div (Yes + No) \times 100\%$

COMMENTS

3 - INSTRUCTIONS

Purpose:

The purpose of this form is to identify gaps in PPE donning and doffing for use in Health Care Worker (HCWs)/Staff and other individuals. This will allow an opportunity for on-the-spot feedback based on the auditor's observations as well as data collection to help create immediate and long-term improvements. It is not mandatory and can be adapted to based on the needs of the setting.

Who Should Use:

This form should be used by trained observers, ideally with experience using PPE (e.g. IPAC lead or champion), to observe HCW/Staff and other individuals performing their duties.

When to Use:

PPE Audits should take place at regular intervals throughout the year and additionally when there is a change to the equipment or a process, or when rates of health care-associated infections are increasing. Audits should be performed during all shifts for all types of staff (e.g., nurses, environmental service workers, volunteers, students, etc.).