

Supporting the Use of Personal Protective Equipment (PPE) Audit

Legend: NA = Not applicable.

1 - GENERAL INFORMATION

ASSESSOR INFORMATION

IPAC Lead (or designate) / Assessor (print name):

Signature:

Date (yyyy/mm/dd):

2 - FINDINGS

ADMINISTRATIVE

• Policy and procedures on PPE are current (i.e. reviewed on an annual basis), including training and procurement	Yes	No	N/A
• PPE requirements such as training and testing have been communicated/documentated to the agency as well as contracted employees	Yes	No	N/A
• Appropriate staff, including agency and contracted staff, have current fit test results for N95 respirators	Yes	No	N/A
• Audit results are communicated to staff and used to develop education refreshers and messaging	Yes	No	N/A

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

TRAINING

• All new staff have received training at orientation including a demonstration/practical review (number for this month)	Yes	No	N/A
• All temporary/agency staff are oriented to PPE and IPAC practices and resources (number for this month)	Yes	No	N/A
• All temporary/agency staff are assigned a "buddy" for the first few shifts to orient them on site-specific practices (number for this month)	Yes	No	N/A
• All staff receive an annual refresher training and/or when a deficiency has been observed (number for this month)	Yes	No	N/A
• All visitors/caregivers receive PPE training (number for this month)	Yes	No	N/A
• IPAC leads or shift change leads provide PPE reminders and audit results at huddles / team meetings	Yes	No	N/A

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

SUPPLIES

• ABHR is available in donning and doffing PPE areas and at point-of-care areas	Yes	No	N/A
• PPE is accessible and available in different sizes, and also stored safely	Yes	No	N/A
• Disinfectant wipes are available	Yes	No	N/A
• Waste and laundry bins are available and are not overfilled (hands-free if possible)	Yes	No	N/A
• Isolation carts/PPE carts are not used to store patient supplies	Yes	No	N/A
• Responsibility for restocking and cleaning carts, and emptying waste or laundry bins is identified	Yes	No	N/A

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

VISUAL CUES/PROMPTS

- | | | | |
|---|-----|----|-----|
| • Hand hygiene prompts and posters are available at point-of-care areas and areas where PPE is used or in the PPE kit | Yes | No | N/A |
| • Posters or reminder cards on the sequence of donning and doffing are available where these activities are occurring or in PPE kit | Yes | No | N/A |
| • Instructions for the cleaning and disinfection of reusable eye protection are available | Yes | No | N/A |
| • Designated donning and doffing zones are present (home and community care to identify appropriate locations) | Yes | No | N/A |

Visual Cues/ Prompts Score:	Number of Yes responses _____
	Number of Yes and No responses

SCORING AND CALCULATIONS

At the end, input totals from each section (Administrative, Training, Supplies, and Visual Cues/Prompts) 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 ÷ (Yes + No) × 100%
Number of repeat items from last audit:	

CORRECTIVE ACTIONS NEEDED

3 - ABOUT

PURPOSE

This form helps guide individuals or designates (responsible for the oversight of the IPAC program) in carrying out personal protective equipment (PPE) assessments within health-care settings. The purpose of the assessment is to determine whether supports (such as training and products) are in place to enable safe and effective use of PPE by health-care workers/staff and other individuals. The form can be adapted to based on the needs of the health-care setting.

This form is to be used in addition to—and does not replace—the advice, guidelines, recommendations, directives, or other direction of provincial Ministries and local public health authorities. This form is a point-in-time assessment and ongoing re-evaluation is recommended as needed.

WHO SHOULD USE

This form can be used by supervisors, managers, IPAC leads and others who are responsible for the IPAC Program.

WHEN TO USE

Use this form on a monthly or pre-determined schedule to evaluate supports for the safe and effective use of PPE.

HOW TO USE

Complete all the sections needed for the assessment and calculate the individual and total scores. Compare the scores to those from previous audits. List the corrective actions to be taken to address any deficiencies.