



Assessment and Competency Validation
Competency: PPE Donning and Doffing for PUI & COVID-19

Check one: Initial Annual

Employee:			Title:			Dept/Unit:					
Validator:			Title:								
Validator: (Check one) <input type="checkbox"/> A:Preceptor <input type="checkbox"/> B:Staff Educator <input type="checkbox"/> C:Clinical/Shift Mgr <input type="checkbox"/> D:Director <input type="checkbox"/> E:Product Rep/Vendor <input type="checkbox"/> F:ARNP <input type="checkbox"/> G:Other (specify)											
Self Assessment Frequency 1. Rarely observed/Never done 2. Rarely done, < 6 times/year 3. Occasionally done, 1-2 times/month 4. Frequently done, daily or weekly		Self Assessment Experience A. None B. Limited C. Moderate D. Proficient		Population Served 1. Neonate 2. Infant/Toddler 3. Child 4. Adolescent 5. Adult 6. Geriatric 7. Other considerations (gender , cultural, chronic disease, socioeconomic, specific needs etc)			Validation Method A. Cognitive: test, verbalize actions or steps B. Psychomotor: demonstrates skill in lab or simulated setting C. Psychomotor: demonstrates skill in actual setting D. Affective: demonstrates appropriate attitude/behavior E. Unable to Validate: see follow up plan			Level of Competence 1. Novice must perform under direct supervision 2. Proficient: can perform independently 3. Advanced : able to assess competence of others/able to teach	
FREQ	EXP	Competency	Standard				Pop Served	Validation		Follow up Evaluation	
								Valid. Method	Level of Comp	Valid. Method	Level of Comp
		Donning PPE (<u>Outside</u> the patient room) <ul style="list-style-type: none"> • Gown • N95 Respirator • Face Shield or Goggles • Gloves PPE Cart – outside the patient room	1. Get paper bag, label, and set aside on top of isolation cart 2. Perform hand hygiene 3. Don gown <ul style="list-style-type: none"> a. Cover torso from neck to knees, and arms to end of wrists b. Tie/fasten in back of waist 4. Don N95 respirator <ul style="list-style-type: none"> a. Secure elastic bands at middle of head and neck b. Fit flexible band to nose bridge c. Fit snug to face and below the chin Please note, if reusing N95 respirator, place surgical mask over N95 and ensure it is completely covered 5. Don goggles or face shield – place over face & eyes; adjust to fit 6. Don gloves – extend to cover wrist or gown								



		<p>Doffing PPE (<i>Inside</i> the patient room or ante-room)</p> <ul style="list-style-type: none"> • Gown & Gloves • Face Shield or Goggles <p>Doffing PPE (<i>Outside</i> the patient room or ante-room)</p> <ul style="list-style-type: none"> • N95 Respirator 	<ol style="list-style-type: none"> 1. With the exception of N95 respirator, ALL PPE must be doffed by the door INSIDE the patient care area 2. Remove the gown and gloves in 1 fluid motion <ol style="list-style-type: none"> a. Pull the gown firmly at the waist to break the ties b. Keep the hands in the sleeves while rolling the gown c. Bend forward & roll the gown inside out and away from the body d. Once the gown is rolled up, pull the hands out while removing the gloves with the sleeves 1 arm at a time e. Dispose of the gown and gloves in the red biohazard waste container 3. Perform hand hygiene 4. Remove face shield or goggles <ol style="list-style-type: none"> a. If using face shield, bend slightly forward & grasp the headband from the sides or back of the head. Pull the band forward, over, and away from the face b. If using goggles, gently grasp the sides with both hands & pull away from the face c. Place face shield or goggles face down in the red biohazard waste container. Please note, if reusing goggles, put gloves on and wipe down with purple sani-cloth wipes then remove gloves. 5. Perform hand hygiene 6. Exit the room while wearing the N95 respirator; Ensure door closes completely 7. Perform hand hygiene 8. Remove the N95 respirator by pulling 1 strap at a time over the head <ol style="list-style-type: none"> a. Remove the bottom strap first b. Remove the top strap next c. Place the N95 respirator, green side facing up in the clean paper bag 9. Perform hand hygiene 					
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I testify that I am knowledgeable to perform the tasks outlined above as a result of training, experience or competency validation. I understand that additional training may be required for those areas in which the objective was not met. I also understand that this form will be retained by my supervisor and that I may review it at any time.

Employee Signature

Date

Validator Signature

Date