

Personal Protective Equipment (PPE) Competency Validation

Donning and Doffing Standard Precautions and Transmission Based Precautions

<b>VNSNY Personal Protective Equipment Competency Checklist Donning &amp; Doffing</b>	
<b>Employee Name:</b>	
<b>Date:</b>	
<b>Competency Checked By:</b>	
<b>Donning PPE</b>	<b>Competent Yes/No</b>
1. Perform Hand Hygiene	
2. Don Gown: Fully covering torso from neck to knees, arms to end of wrists	
3. Tie/fasten in back of neck and waist	
4. Don Mask/Respirator: Secure ties/elastic bands at middle of head & neck	
5. Fit flexible band to nose bridge	
6. Fit snug to face and below chin (Fit-check respirator if applicable)	
7. Don Goggles or Face Shield: Place over face and eyes; adjust to fit	
8. Don Gloves: Extend to cover wrist of gown	
<b>Doffing PPE</b>	
9. Remove Gloves: Grasp outside of glove with opposite gloved hand; peel off	
10. Hold removed glove in gloved hand	
11. Slide fingers of ungloved hand under remaining glove at wrist	
12. Peel glove off over first glove	
13. Discard gloves in waste container	
14. Remove Goggles or Face Shield: Handle by head band or ear pieces	
15. Discard in designated receptacle if re-processed or in waste container, decontaminate to reuse using approved	
16. Remove Gown: Unfasten ties/fastener	
17. Pull away from neck and shoulders, touching inside of gown only.	
18. Turn gown inside out	

19. Fold or roll into bundle and discard		
20. Remove Mask/Respirator. Grasp bottom, then top ties or elastics and remove		
21. Discard in waste container if using surgical mask/for N95 mask reuse per protocol.		
22. Perform Hand Hygiene		
<b>Staff correctly identifies the appropriate PPE for the following scenarios:</b>		
a. Standard Precautions (PPE to be worn based on anticipated level of exposure		
b. Contact/Contact Enteric Precautions (gown & gloves)		
c. Droplet Precautions (surgical mask)		
d. Airborne Precautions N95 where appropriate		

Competency checklist to be emailed to: [skillslab@vnsny.org](mailto:skillslab@vnsny.org)

Clinician Print Name

Clinician Signature:

Manager Print Name

Manager Signature

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