

Date: _____

Time: _____

DONNING (PUTTING ON) PERSONAL PROTECTIVE EQUIPMENT (PPE)

Droplet & Contact Precautions and Airborne Precautions with AGMPS (aerosol-generating medical procedures)

Step	Event 1 Role Observed:	Event 2 Role Observed:	Event 3 Role Observed:	Event 4 Role Observed:	Event 5 Role Observed:	Event 6 Role Observed:
1. Perform hand hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt
2. Don/put on gown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt
For patients on airborne precautions or with AGMP						
3. Don/put on n95 mask	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A
4. Don/put on eye protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A
For patients on droplet & contact precautions without AGMP						
3. Don surgical mask	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A
4. Don/ put on eye protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A
5. Don/put on gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt

Note: Check 'N/A' above if this step is skipped because mask and/or eye protection is already on due to supply preservation

DOFFING (TAKING OFF) PERSONAL PROTECTIVE EQUIPMENT (PPE)

Droplet & Contact Precautions and Airborne Precautions with AGMPS (aerosol-generating medical procedures)

Step	Event 1 Role Observed:	Event 2 Role Observed:	Event 3 Role Observed:	Event 4 Role Observed:	Event 5 Role Observed:	Event 6 Role Observed:
Inside the room (do the following steps before leaving the patient room)						
1. Doff/take off gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt
2. Perform hand hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt
3. Doff/take off gown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt
4. Perform hand hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt
5. Exit patient room, and perform hand hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt
Outside the room <u>or</u> inside the anteroom						
7. Doff/take off eye protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A
8. Perform hand hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A
9. Doff/take off mask	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A
10. Perform hand hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A
11. Exit ante room, and perform hand hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt <input type="checkbox"/> N/A
Disinfection of reusable eye protection (in anteroom or outside patient room in designated area) *starts after step 8						
12. Don clean gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt
13. Clean all surfaces of eye protection with hospital grade disinfectant wipe *to remain wet for 3 minutes; if visibly soiled, use 2 wipes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt
14. Place eye protection on clean, dry surface to dry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt
15. Doff/take off gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt
16. Perform hand hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prompt

Note: Check 'N/A' above if mask/eye protection is appropriately not doffed, because of policy/supply preservation. Also for #11 check 'N/A' if 7-10 happens outside room versus in an anteroom.

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
04-Dec-2020	C-0506-06-60880 Donning and Doffing PPE: Peer Observation Tool	Developed by CW Covid Working Group; Approved by Professional Practice Director

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