

DONNING (PUTTING ON) PERSONAL PROTECTIVE EQUIPMENT (PPE)

DIRECTIONS: Choose the appropriate category of patient care (blue, orange, or green) & observe all steps under each event #.		EVENT # 1			EVENT # 2			EVENT # 3			EVENT # 4			EVENT # 5		
		DATE			DATE			DATE			DATE			DATE		
		TIME			TIME			TIME			TIME			TIME		
		ROLE			ROLE			ROLE			ROLE			ROLE		
FOR ANY DIRECT PATIENT CARE																
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
2	Don procedure/surgical mask	<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"/> Currently In Place			<input type="checkbox"/> Currently In Place			<input type="checkbox"/> Currently In Place			<input type="checkbox"/> Currently In Place			<input type="checkbox"/> Currently In Place		
3	Don eye protection	<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"/> Currently In Place			<input type="checkbox"/> Currently In Place			<input type="checkbox"/> Currently In Place			<input type="checkbox"/> Currently In Place			<input type="checkbox"/> Currently In Place		
5	For Scrub Team: 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
6	Don 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
7	Don gloves – (2) pairs	<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																
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
2	Don N95 mask	<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"/> Currently In Place			<input type="checkbox"/> Currently In Place			<input type="checkbox"/> Currently In Place			<input type="checkbox"/> Currently In Place			<input type="checkbox"/> Currently In Place		
3	Don eye protection	<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"/> Currently In Place			<input type="checkbox"/> Currently In Place			<input type="checkbox"/> Currently In Place			<input type="checkbox"/> Currently In Place			<input type="checkbox"/> Currently In Place		
4	Don a 2 nd disposable surgical hat	<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	For Scrub Team: Perform hand hygiene & enter OR	<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
6	Don 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
7	Don gloves – (2) pairs	<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

DOFFING (TAKING OFF) PERSONAL PROTECTIVE EQUIPMENT (PPE)

DIRECTIONS: <i>Observe all steps under each event #.</i>	EVENT # 1			EVENT # 2			EVENT # 3			EVENT # 4			EVENT # 5		
	DATE			DATE			DATE			DATE			DATE		
	TIME			TIME			TIME			TIME			TIME		
	ROLE			ROLE			ROLE			ROLE			ROLE		

INSIDE THE OPERATING ROOM

1	Doff gloves – (1) to (2) pairs	<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
3	Doff 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
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
5	Exit patient room & 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

OUTSIDE THE OPERATING ROOM

6	Doff 2 nd disposable hat	<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"/> Extended Use			<input type="checkbox"/> Extended Use			<input type="checkbox"/> Extended Use			<input type="checkbox"/> Extended Use			<input type="checkbox"/> Extended Use		
7	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
8	Doff eye protection	<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"/> Extended Use			<input type="checkbox"/> Extended Use			<input type="checkbox"/> Extended Use			<input type="checkbox"/> Extended Use			<input type="checkbox"/> Extended Use		
9	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
8	Doff surgical/procedure mask	<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"/> Extended Use			<input type="checkbox"/> Extended Use			<input type="checkbox"/> Extended Use			<input type="checkbox"/> Extended Use			<input type="checkbox"/> Extended Use		
9	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

DISINFECTION OF REUSABLE EYE PROTECTION (IN ANTEROOM OR OUTSIDE PATIENT ROOM IN DESIGNATED AREA) *NOTE: BEGINS AFTER STEP # 8

11	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
12	Clean all surfaces of eye protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" 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

Cleaning Instructions: Always use hospital grade disinfectant wipe; all eye protection items to remain wet for 3 minutes; if visibly soiled, use 2 wipes

13	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
14	Doff 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
15	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

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
01-MAR-2021	C-0506-06-61015 PPE Best Practices: Peer Observation Tool – Operating Room	Developed by CW Covid Working Group

Disclaimer

This document is intended for use within BC Children’s and BC Women’s Hospitals only. Any other use or reliance is at your sole risk. The content does not constitute and is not in substitution of professional medical advice. Provincial Health Services Authority (PHSA) assumes no liability arising from use or reliance on this document. This document is protected by copyright and may only be reprinted in whole or in part with the prior written approval of PHSA.