

Personal Protective Equipment (PPE) Skills Checklist

Date Observed: _____ Observer: _____ Shift Observed: 1 2 3

Note: If PPE worn correctly during resident care activities, place a check mark in the appropriate box.

HCW Name	Location of Observation	Gloves	Gowns	Aprons	Mask + Eye Protectors	Masks only
1.						
2.						
3.						
4.						
5.						
1. Unit A (room #) 2. Unit B (room #) 3. Dietary 4. EVS 5. Rehab SVC 6. Dining room 7. Activities room 8. Other						
Verbal knowledge of PPE procedure assessed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many HCW assessed: _____ How many HCW failed assessment: _____ Percent HCW failed assessment: _____						
Compliance during resident care activities observed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many HCW assessed: _____ How many HCW failed assessment: _____ Percent HCW failed assessment: _____						
Data reported to Quality Improvement Committee: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Recommended Actions:						