

HAND HYGIENE AND PERSONAL PROTECTIVE EQUIPMENT AUDIT PROGRAM FOR CONGREGATE LIVING SETTINGS

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INTRODUCTION

In order to achieve long-term improvement in hand hygiene and personal protective equipment (PPE) compliance, a congregate living setting must make infection prevention a facility priority and integrate infection prevention and control (IPAC) practices into the organization's safety culture.

Within this document there are audit tools and links to Public Health Ontario and York Region resources on routine practices, risk assessment, hand hygiene, and PPE to help create a robust hand hygiene and PPE audit program.

Why audit staff hand hygiene and PPE practices?

Knowing hand hygiene and PPE compliance rates allows congregate living settings to accurately understand where areas for improvement lie and where more education is required. It may also highlight where interventions such as placement of alcohol-based hand rub (ABHR) dispensers and availability of product or PPE is needed.

Sharing audit results with staff, family and residents in a timely manner is key to the program's success. The actual compliance rates are usually significantly lower than staff perceptions of their practice. The results from the observations raise awareness and provide an opportunity to educate and engage staff, family members, residents and visitors in the program.

What is the goal of auditing?

The goal is to reduce both the spread of infections and the number of residents acquiring a preventable health care associated infection (HAI) by improving hand hygiene and PPE compliance. Individual compliance is not the goal of this monitoring activity; rather it is the overall compliance rates of the whole congregate living setting. Hand hygiene and PPE audits are not meant to be punitive and target specific individuals.

Gathering baseline data is very important before implementing a hand hygiene or PPE compliance program. The information collected will reflect current hand hygiene, PPE practices and infrastructure available on-site. Once the congregate living setting has gathered the baseline numbers, they can begin to set goals for improvement. During the gathering of baseline rates, budgets can be set for identified costs (i.e., training, planning, and procurement of supplies such as PPE and hand hygiene dispensers).

To coincide with the official start of implementation, congregate living settings may choose to hold a launch event, where a range of activities will occur involving both staff, family members, residents and visitors. It is crucial that the enthusiasm, motivation and achievements demonstrated during the implementation are consolidated into a long-term commitment for hand hygiene and PPE improvement.

Improving adherence to infection control practices requires a multi-faceted approach that incorporates on-going education and continuous assessment of both the individual and the work environment.

Multi-faceted hand hygiene and PPE program consists of:

- 1. Senior management support and commitment to make infection prevention and control (i.e., hand hygiene) an organizational priority.**
- 2. Environmental changes and system supports –ABHR or PPE at the point of care, which makes it easy for staff to clean their hands and put on PPE at the right time.**

3. Education for staff, family members, residents and visitors about when and how to clean their hands and/or don and doff PPE.
4. On-going monitoring and observation of hand hygiene and PPE practices, with feedback to staff.
5. Opinion leaders and champions modeling the right behavior.
6. Resident, family and visitor engagement.

STEPS TO CREATING A HAND HYGIENE AND PPE AUDITING PROGRAM

Step 1:

Identify a point person to coordinate the hand hygiene and PPE auditing program; ideally the person will be a well-respected member of the team who understands how the home operates and which resources will be required to support program planning and implementation.

It will be very helpful for the point person to have access to resources, experienced in infection prevention and control and/or quality and safety. It does not need to be the Infection Prevention and Control Practitioner. Other resources include: a supply of ABHR and PPE, time to monitor practice and collect data on hand hygiene and PPE compliance, as well as **time** for staff, resident and family member education.

Step 2:

Identify the right locations to place ABHR dispensers in resident rooms (e.g., within arm's reach of where care is provided) such as attached to a resident's bed or bedside table, on the wall close to the resident's chair or bed, attached to carts, or personal pocket sized hand rub. Consider tamper-resistant containers depending on resident population and involve staff in placement decisions.

Evaluate where PPE will be placed at point of care and have PPE stock available prior to outbreaks to quickly mobilize when resident(s) is placed under additional precautions.

Step 3:

Provide education to staff, visitors, and volunteers and family, (anyone who conducts activities in the home). Use links to materials produced by Public Health Ontario to educate staff about risks assessment, routine practices and additional precautions, hand hygiene, the proper donning and doffing of PPE and hand care. Use communication tools and prompts. Identify areas to place hand hygiene posters and other visual cues to encourage and remind staff to hand hygiene or don and doff PPE.

Step 4:

Identify staff, resident and family champions to promote and model good hand hygiene practices.

Step 5:

Train observers using the auditing tools listed in the Appendix (page 9)

Conduct the first set of audits to create a baseline of observations. **Note** observations should be conducted in resident rooms during routine practices to observe all 4 moments of hand hygiene. PPE compliance can be observed during spot training or yearly IPAC education sessions. During outbreaks

or when residents are placed under additional precautions conduct audits in hallways for PPE and hand hygiene compliance.

Share baseline findings with managers and staff.

Step 6:

Continue to promote and monitor the program. Monthly audit program for hand hygiene during routine practices. Daily PPE and hand hygiene audits during outbreak.

Findings are shared with managers and staff. Team Leads/Managers will determine, in discussion with their staff, where the concerns might lay based on the specific audit. They will then determine a plan for the following quarter which may include education and/or other unit/area-based activities, with the aim of increasing compliance in those specific areas chosen.

Non-compliance with hand hygiene and PPE donning/doffing may be related to several factors in which strategies should be implemented to help and inform staff, visitors and residents on the importance of infection prevention and control routine practices.

- Perceived value of preventive actions
- Job hindrances (e.g., increased workload, interference with job duties, physical discomfort when wearing PPE)
- Availability of PPE in the work area and at point of care
- Provision of staff feedback/reinforcement with respect to adherence
- Organizational level factors promoting a safety climate in the workplace

Where audit results and feedback identify issues relating to non-compliance, the facility should provide on-going educational and motivational activities to encourage long-lasting improvement in IPAC practices. There should be a plan of action for staff follow-up.

ROUTINE PRACTICES

Routine practices are based on the premise that all residents are potentially infectious, even when asymptomatic, and that the same safe standards of practice should be used routinely with all residents to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items and to prevent the spread of microorganisms.

All staff that work in a congregate living setting must assess the risk of their exposure to blood, body fluids and non-intact skin and personally identify the strategies that will decrease exposure risk and prevent the transmission of microorganisms.

HAND HYGIENE

Hand hygiene is considered the most important and effective IPAC measure to prevent the spread of infections.

HAND HYGIENE PROGRAM

All congregate living settings can implement a comprehensive hand hygiene program that incorporates the following elements:

- Everyone in the setting has a role to play to create a hand hygiene program
- Hand hygiene agents (ABHR and hand basins with soap and paper towels) are available for staff, family members, residents and visitors to hand hygiene
- Education is provided to all staff, family members, residents about and visitors when and how to clean their hands
- There is a hand care program to maintain skin integrity, in collaboration with Occupational Health and Safety
- Senior management supports and commits to making hand hygiene an organizational priority and have the ability to address non-compliance
- On-going auditing and observation of hand hygiene practices during all shifts, with feedback to staff providers
- Resident, family and visitor engagement
- Facility champions modeling the right behavior

Resources and Education links for Hand Hygiene:

Just Clean Your Hands-Long Term Care Resources

<https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/hand-hygiene/jcyh-ltch>

PIDAC Best Practices for Hand Hygiene in All Health Care Settings

<https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/hand-hygiene>

Public Health Ontario Education IPAC Fundamentals

<https://www.publichealthontario.ca/en/education-and-events/online-learning/ipac-fundamentals>

Public Health Ontario Infection Prevention and Control (IPAC) Online Learning

<https://www.publichealthontario.ca/en/education-and-events/online-learning/ipac-courses>

Public Health Ontario How to Hand Wash and How-to Hand Rub videos

<https://www.publichealthontario.ca/en/videos/ipac-handwash>

<https://www.publichealthontario.ca/en/videos/ipac-handrub>

RISK ASSESSMENT

A risk assessment must be done before each interaction with a resident or their environment in order to determine which interventions are required to prevent transmission during the interaction.

ASSESSING RISK OF TRANSMISSION

- Contamination of skin or clothing by microorganisms in the resident environment
- Exposure to blood, body fluids, secretions, excretions, tissues
- Exposure to non-intact skin
- Exposure to mucous membranes
- Exposure to contaminated equipment or surfaces

Resources and Education links on Routine Practices and Additional Precautions and Risk Assessment:

Infection Prevention and Control for Long-Term Care Homes: Summary of Key Principles and Best Practices

<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/long-term-care-resources>

Public Health Ontario: Education IPAC Fundamentals

<https://www.publichealthontario.ca/en/education-and-events/online-learning/ipac-fundamentals>

Public Health Ontario IPAC Core Competencies

<https://www.publichealthontario.ca/en/education-and-events/online-learning/ipac-courses>

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is used alone or in combination to prevent exposure, by placing a barrier between the infectious source and one's own mucous membranes, airways, skin and clothing. The selection of PPE is based on the nature of the interaction with the resident and/or the likely mode(s) of transmission of infectious agents. PPE should be put on just prior to the interaction with the resident. When the task for which the PPE was used has ended, PPE should be removed immediately and disposed of in the appropriate receptacle. Auditing of PPE compliance can occur during routine care by allowing staff to demonstrate their knowledge on PPE compliance. The donning (putting on) and doffing (taking off) PPE should also be audited during outbreaks when PPE compliance should be above 90%. Ongoing one on one education should be provided to support staff during outbreaks to prevent the possibility of self-contamination during removal or spreading infections from resident to resident.

For a facility to obtain a PPE compliance rate dedicated auditors or Hand Hygiene Champions should observe 50 "Moments" per month for a facility that has 100 beds, 25 "Moments" per month for a facility that has 50 beds, 10 Moments for a facility with 20 beds. Space out observations each week and during different shifts (i.e., days, evenings, and nights). During outbreaks it is important to monitor staff daily and provide on the spot feedback.

One” Moment” will equal a staff or visitor “Donning (putting on PPE). Doffing (taking off PPE) will be considered another “Moment”. When staff miss putting on or taking off one piece of PPE the whole “Moment” is missed. Auditors should try and observe many different staff or visitors within 20 minutes and use the Observation Tool to record that each “Moment” was completed or missed.

Resources and Education Links on Personal Protective Equipment:

York Region: Personal Protective Equipment (PPE): A Guide to Proper Use for Long-Term Care Staff

https://www.youtube.com/watch?v=1_29zrGK0&feature=youtu.be

Public Health Ontario: Recommended Steps: Putting On and Taking off Personal Protective Equipment (PPE)

<https://www.publichealthontario.ca/en/search#q=recommended%20steps%20putting%20on%20personal%20protective%20equipment%20ppe&sort=relevancy>

Public Health Ontario COVID-19: Personal Protective Equipment (PPE) and Non-Medical Masks in Congregate Living Settings

<https://www.publichealthontario.ca/en/search#q=COVID->

[19%3A%20Personal%20Protective%20Equipment%20\(PPE\)%20and%20Non-Medical%20Masks%20in%20Congregate%20Living%20Settings%20&sort=relevancy](https://www.publichealthontario.ca/en/search#q=COVID-19%3A%20Personal%20Protective%20Equipment%20(PPE)%20and%20Non-Medical%20Masks%20in%20Congregate%20Living%20Settings%20&sort=relevancy)

Public Health Ontario Education COVID IPAC Fundamentals

<https://www.publichealthontario.ca/en/education-and-events/online-learning/ipac-fundamentals>

Public Health Ontario IPAC Core Competencies

<https://www.publichealthontario.ca/en/education-and-events/online-learning/ipac-courses>

AUDITING TOOLS

Appendix A: Hand Hygiene Observation Tool Key

Appendix B: Personal Protective Equipment Observation Information Key

Appendix C: Hand Hygiene Observation Tool

Appendix D: Personal Protective Equipment (PPE) Audit Tool

Appendix E: Personal Protective Equipment (PPE) Donning and Doffing Tool

Appendix F: York Region's Putting on and Taking off PPE Posters

APPENDICES

APPENDIX A: HAND HYGIENE OBSERVATION TOOL KEY

Instructions for Auditors or Hand Hygiene Champions

For a facility to obtain an accurate hand hygiene compliance rate dedicated auditors or Hand Hygiene Champions should observe 50 “Moments” per month for a facility that has 100 beds, 25 “Moments” per month for a facility that has 50 beds, 10 Moments for a facility with 20 beds. Space out observations each week and during different shifts (i.e., days, evenings, and nights). During outbreaks it is important to monitor compliance daily and provide on the spot feedback.

One” Moment” will equal a staff or visitor “washing their hands with soap and water” or “using ABHR” or “Missed the Moment and did not hand hygiene”. Auditors should try and observe many different staff or visitors within 20 minutes and use the Observation Tool to record that each “Moment” was completed or missed.

1. Each box is ‘One Separate Hand Hygiene Moment’ by “One Separate Staff” observed by the auditor. (i.e., PSW used ABHR to hand hygiene and then touched resident)
2. For each Moment observed:
Select one of the 4 moments of hand hygiene as per your observation.
 - **Before Initial Res/Env**
 - **Before Clean/Aseptic**
 - **After BF/Contaminated Env**
 - **After Res/Env**
3. The auditor will also check off during that one moment if the staff washed or used ABHR or did not hand hygiene (Missed)
 Wash **Sanitize** **Missed**
4. **Gloves...**Put a ‘checkmark’ if staff was wearing gloves when the Moment occurred. (Glove use does NOT replace hand hygiene)
5. **STAFF POSITION:** (i.e., nursing, visitor, laundry, environmental, family, volunteer)
Staff: Anyone that provides or supports resident care within the facility. (i.e., environmental, nursing, PSW, physician, visitor (i.e., physiotherapy, counselling, security) as well as volunteers and family members.

MOMENT 1: Before Initial Res/Env: *(Resident/ Environment)*

- Before entering a resident’s room or space
- Before coming in direct contact with the resident, or surfaces in the resident’s room or resident’s belongings. (Resident might be in a single room, shared room or on a wheelchair in a hallway etc.)

MOMENT 2: Before Clean/Aseptic *(Procedure):*

- Before performing a clean or aseptic procedure on a resident.
- Before touching the resident’s mucus membrane or broken skin (i.e., feeding the resident /administering eye drops, handling IV line or inserting urinary catheter, wound care, and/or wound dressing).
- Before touching clean supplies/medication/food items.
- Before putting on gloves for a clean/aseptic procedure.

MOMENT 3: After BF/Contaminated Env: (*Body Fluid/Contaminated Environmental Surfaces/Devices*)

- After coming in direct contact or providing direct care where there is a risk of hands coming into contact with blood or body fluids. (e.g., body fluids such as blood, urine, feces, respiratory secretions, vomit, or when emptying urinal/catheter bag and suctioning oral/nasal secretions).
- After hands come in contact with a potentially contaminated environment surfaces and medical devices
- After cleaning/disinfecting contaminated environmental surfaces and medical devices

MOMENT 4: After Res/Env: (*Resident/ Environment*)

- After staff or visitor touches or leaves the resident/resident's environment

Other Aspects to Observe

Observe the thoroughness of hand hygiene includes the following:

- Observe all surfaces of the hands and fingers are rubbed
- Observe the proper amount of product is used
- Observe the proper amount of time (wash hands with soap and water for at least 15 seconds) or (sanitizing hands with ABHR for 15 seconds).

Observing a Missed Moment

When the auditor notes that a hand hygiene moment has been missed the auditor can provide one on one feedback. The moment should still be counted as a missed moment. Education on how and when to hand hygiene should be provided on the spot. When non-compliance is routinely noted by the auditor, they should notify the person responsible for staff/visitor education and training for follow up.

Hand Hygiene Monthly Compliance Calculation

At the end of each month the auditor counts:

- The top number is the number of hand hygiene moments (staff performed hand hygiene either hand sanitized or hand wash) for the month. Do not count the missed moments
- The bottom number is all the moments observed for the month (missed moments and hand hygiene moments)

Calculate the compliance percentage by the following formula:

Calculation:

Times Hand Hygiene was performed (hand rubs + hand wash) X 100 = % COMPLIANCE
observed Hand Hygiene moments (all observations (missed and performed))

APPENDIX B: PERSONAL PROTECTIVE EQUIPMENT (PPE) OBSERVATION TOOLS KEY

INSTRUCTIONS FOR AUDITOR OR IPAC LEAD

There are two audit tools that a facility can use to audit (PPE) compliance. Audits are performed to measure the compliance rate of staff after education has been provided and/or when staff and resident infection rates have increased due to exposures.

Personal Protective Equipment (PPE) Audit: Used to observe if engineering and administrative controls, as well as PPE are in place for staff to properly adhere to donning and doffing of PPE. Use daily when in a suspect or confirmed outbreak.

Personal Protective Equipment (PPE) Donning and Doffing Audit: Used to observe staff donning and doffing PPE when resident(s) have been placed under additional precautions.

To obtain an accurate picture of PPE Donning and Doffing compliance dedicated auditors or IPAC Lead should observe staff during a 20-minute session during each shift (evening, days and nights) and on each floor/unit. During outbreaks it is important to monitor staff daily and provide on the spot feedback and education to address any concerns or non-compliance. Continuous non-compliance by staff must be addressed with follow-up performance reviews and formal education.

During **donning** sequence every piece of PPE must be put on correctly. The full donning sequence is considered "ONE Moment". During COVID a clean universal mask and clean eye protection should already be worn to begin the donning sequence. If one piece of PPE has been missed including hand hygiene the "ONE MOMENT" is considered MISSED. Staff who demonstrates the whole sequence of donning correctly will count as a "PASS".

Calculate DONNING compliance rate every day for whole facility/unit/floor following this formula:

Calculation:

$$\frac{\# \text{ Number of Staff who correctly Donned (Passed)}}{\# \text{ Number of Staff Observed Donning PPE (Missed and Passed)}} \times 100 = \% \text{ COMPLIANCE}$$

During **doffing** sequence every piece of PPE must be removed correctly. The full doffing sequence is considered "ONE Moment". During COVID a clean universal mask and clean eye protection should be donned right after doffing. If one piece of PPE has been missed including hand hygiene the "ONE MOMENT" is considered MISSED. Staff who demonstrates the whole sequence of doffing correctly will count as a "PASS".

Calculate DOFFING compliance rate every day for whole facility /unit/floor following this formula:

Calculation:

$$\frac{\# \text{ Number of Staff who correctly Doffed (Passed)}}{\# \text{ Number of Staff Observed Doffing PPE (Missed and Passed)}} \times 100 = \% \text{ COMPLIANCE}$$

APPENDIX C: HAND HYGIENE OBSERVATION TOOL

HAND HYGIENE OBSERVATION TOOL

Observer ID: _____ Date/Time: _____

<p>1</p> <ul style="list-style-type: none"> ○ Before initial res/env ○ Before clean/aseptic ○ After BF/contaminated env ○ After res/env <p><input type="checkbox"/> Wash <input type="checkbox"/> Sanitize <input type="checkbox"/> Missed Gloves:</p> <p>Staff Position: _____</p>	<p>6</p> <ul style="list-style-type: none"> ○ Before initial res/env ○ Before clean/aseptic ○ After BF/contaminated env ○ After res/env <p><input type="checkbox"/> Wash <input type="checkbox"/> Sanitize <input type="checkbox"/> Missed Gloves:</p> <p>Staff Position: _____</p>	<p>11</p> <ul style="list-style-type: none"> ○ Before initial res/env ○ Before clean/aseptic ○ After BF/contaminated env ○ After res/env <p><input type="checkbox"/> Wash <input type="checkbox"/> Sanitize <input type="checkbox"/> Missed Gloves:</p> <p>Staff Position: _____</p>
<p>2</p> <ul style="list-style-type: none"> ○ Before initial res/env ○ Before clean/aseptic ○ After BF/contaminated env ○ After res/env <p><input type="checkbox"/> Wash <input type="checkbox"/> Sanitize <input type="checkbox"/> Missed Gloves:</p> <p>Staff Position: _____</p>	<p>7</p> <ul style="list-style-type: none"> ○ Before initial res/env ○ Before clean/aseptic ○ After BF/contaminated env ○ After res/env <p><input type="checkbox"/> Wash <input type="checkbox"/> Sanitize <input type="checkbox"/> Missed Gloves:</p> <p>Staff Position: _____</p>	<p>12</p> <ul style="list-style-type: none"> ○ Before initial res/env ○ Before clean/aseptic ○ After BF/contaminated env ○ After res/env <p><input type="checkbox"/> Wash <input type="checkbox"/> Sanitize <input type="checkbox"/> Missed Gloves:</p> <p>Staff Position: _____</p>
<p>3</p> <ul style="list-style-type: none"> ○ Before initial res/env ○ Before clean/aseptic ○ After BF/contaminated env ○ After res/env <p><input type="checkbox"/> Wash <input type="checkbox"/> Sanitize <input type="checkbox"/> Missed Gloves:</p> <p>Staff Position: _____</p>	<p>8</p> <ul style="list-style-type: none"> ○ Before initial res/env ○ Before clean/aseptic ○ After BF/contaminated env ○ After res/env <p><input type="checkbox"/> Wash <input type="checkbox"/> Sanitize <input type="checkbox"/> Missed Gloves:</p> <p>Staff Position: _____</p>	<p>13</p> <ul style="list-style-type: none"> ○ Before initial res/env ○ Before clean/aseptic ○ After BF/contaminated env ○ After res/env <p><input type="checkbox"/> Wash <input type="checkbox"/> Sanitize <input type="checkbox"/> Missed Gloves:</p> <p>Staff Position: _____</p>
<p>4</p> <ul style="list-style-type: none"> ○ Before initial res/env ○ Before clean/aseptic ○ After BF/contaminated env ○ After res/env <p><input type="checkbox"/> Wash <input type="checkbox"/> Sanitize <input type="checkbox"/> Missed Gloves:</p> <p>Staff Position: _____</p>	<p>9</p> <ul style="list-style-type: none"> ○ Before initial res/env ○ Before clean/aseptic ○ After BF/contaminated env ○ After res/env <p><input type="checkbox"/> Wash <input type="checkbox"/> Sanitize <input type="checkbox"/> Missed Gloves:</p> <p>Staff Position: _____</p>	<p>14</p> <ul style="list-style-type: none"> ○ Before initial res/env ○ Before clean/aseptic ○ After BF/contaminated env ○ After res/env <p><input type="checkbox"/> Wash <input type="checkbox"/> Sanitize <input type="checkbox"/> Missed Gloves:</p> <p>Staff Position: _____</p>
<p>5</p> <ul style="list-style-type: none"> ○ Before initial res/env ○ Before clean/aseptic ○ After BF/contaminated env ○ After res/env <p><input type="checkbox"/> Wash <input type="checkbox"/> Sanitize <input type="checkbox"/> Missed Gloves:</p> <p>Staff Position: _____</p>	<p>10</p> <ul style="list-style-type: none"> ○ Before Initial Res/Env ○ Before Clean/Aseptic ○ After BF/contaminated Env ○ After Res/Env <p><input type="checkbox"/> Wash <input type="checkbox"/> Sanitize <input type="checkbox"/> Missed Gloves:</p> <p>Staff Position: _____</p>	<p>15</p> <ul style="list-style-type: none"> ○ Before Initial Res/Env ○ Before Clean/Aseptic ○ After BF/contaminated Env ○ After Res/Env <p><input type="checkbox"/> Wash <input type="checkbox"/> Sanitize <input type="checkbox"/> Missed Gloves:</p> <p>Staff Position: _____</p>

APPENDIX D: PERSONAL PROTECTIVE EQUIPMENT AUDIT TOOL

Personal Protective Equipment (PPE) Audit Tool (FOR RESIDENT ROOM ON PRECAUTIONS)			
Auditor: _____ Date: _____			
Items to be observed	YES	NO	N/A
1. Proper precaution signage and how-to Don and Doff PPE signage on entrance to resident's door			
2. Personal protective equipment (PPE) supplies (fluid resistant gowns, masks and gloves of various sizes) are located outside resident's room in a clean container that is secure from resident access			
3. Staff conducts risk assessment of task before putting on PPE			
4. Alcohol-based hand rub (ABHR) is available where PPE is put on and taken off. For secured areas staff carries ABHR on them			
5. Hand hygiene is performed before touching clean PPE			
6. PPE is put on in a clean area (before entering the resident's room)			
7. PPE is put on in sequence: hand hygiene → gown → mask/respirator → eye protection → gloves			
8. PPE is removed at the door before leaving the room			
9. PPE is removed in sequence: Gloves → gown → hand hygiene → eye protection/face shield → hand hygiene → mask/respirator → hand hygiene			
10. PPE is disposed of safely in a garbage bin inside the resident's room (contaminated area)			
11. Reusable eye protection (goggles/face shield) is properly disinfected (as per policy). Clean inside then outside with a disinfectant wipe and disinfect inside then outside with a disinfectant wipe. Must stay wet for eye protection is dry before it is put back on.			
Observations in General			
a. Enough PPE stocked for staff use and replenished by designated staff			
b. Mask and eye protection are worn as per organization policy			
c. Dedicated eye protection is stored in a clean dry place within the facility when not in use			
d. Universal mask is disposed of when staff takes breaks. Eye protection placed on a clean paper towel when removed during breaks. Surface is cleaned and disinfected before and after.			
e. Mask is replaced when wet, damaged or visibly dirty			
f. Eye protection (goggles or face shield) are dedicated to staff.			
Compliance for Full Sequence of Donning: _____ (PASSED/MISSED)			
Compliance for Full Sequence of Doffing: _____ (PASSED/MISSED)			
Feedback/One on One Education Provided: _____ (YES/NO)			
Compliance Score			
Total number of 'Yes'			
Total number of 'No'			
$\frac{\text{Total number of 'yes'} \times 100}{\text{Total number of 'yes' + 'no'}}$	= %		

APPENDIX E: PERSONAL PROTECTIVE EQUIPMENT DONNING AND DOFFING AUDIT TOOL

Personal Protective Equipment (PPE) Donning and Doffing Audit Tool (FOR RESIDENT ROOM ON PRECAUTIONS)			
Auditor: _____ Date: _____ Staff Position: _____			
Items to be observed	YES	NO	N/A
DONNING (PUT ON) PPE			
PPE put on outside room			
1. A clean mask and clean eye protection (already on)			
2. Hand hygiene			
3. Gown			
4. Gloves			
PASSED/MISSED			
DOFFING (TAKE OFF) PPE			
PPE is removed at the exit of door just inside room before leaving the room in lined garbage can			
1. Gloves removed and placed in garbage (glove on glove; skin on skin)			
2. Gown removed and placed in garbage can (slowly, away from body and front of gown not touched)			
3. Hand hygiene			
4. Gloves put on			
5. Eye protection removed. Disinfectant wipe used. Eye protection cleaned and disinfected (inside first; then outside). Hung to dry or placed on a clean surface to maintain disinfectant contact time			
6. Gloves removed			
7. Hand hygiene			
8. Mask removed			
9. Hand hygiene			
10. Mask put on			
11. Eye protection put on			
PASSED/MISSED			
Compliance Score			
Total number of 'pass'			
Total number of 'miss'			
<u>Total number of 'pass'</u> x 100	= %		
Total number of 'pass' + 'miss'			

APPENDIX F: YORK REGION'S PUTTING ON AND TAKING OFF PPE POSTER

PUTTING ON PERSONAL PROTECTIVE EQUIPMENT COVID-19 Droplet/Contact Precautions

Under current enhanced COVID-19 requirements, all staff must wear a medical mask at the start and during their shift. Protective eyewear is required anytime a physical distance of 2 metres cannot be maintained. Droplet/Contact precautions must be followed by all persons who provide direct care, may come into contact with the resident environment, and/or are in close contact with the resident for more than 15 minutes such as nursing, PSWs, EVS, dietary, recreational staff and visitors. PPE must be removed immediately and disposed of into an appropriate receptacle, after a close contact and/or interaction with a resident.

- 1** As part of the enhanced COVID-19 measures, you will already be wearing a clean mask and clean eye protection

When a mask becomes soiled or wet, replace it.



- 2** Perform hand hygiene



- 3** Put on gown



- 4** Put on gloves



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TAKING OFF PERSONAL PROTECTIVE EQUIPMENT

COVID-19 Droplet/Contact Precautions

Including eye protection cleaning and disinfection

- 1** Remove gloves using proper technique and discard



- 2** Remove gown by folding inwards. Discard it then sanitize hands



- 3** Clean and disinfect eye protection

1. After removing gloves and gown in the doffing area, proceed to eye protection disinfection area
2. Put on new gloves
3. Remove eye protection
4. Wipe the eye protection once, using a one-step cleaner/disinfectant. Start with the inside first then the outside. It must remain wet (for 1 or 3 minutes) depending on contact time. Check the instructions on the disinfectant label
5. Place eye protection on a hook or on a designated "clean area" to dry



- 4** Take off gloves and sanitize your hands



- 5** Take off mask by handling the straps and do not touch the front of the mask. Discard mask and sanitize hands



- 6** Put on new mask

Ensure mask fits tightly around the nose



- 7** Put on clean eye protection

If your eye protection is damaged or heavily soiled, replace it



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