

# Acute Care Doffing Observer Checklist





## Suspect/Confirmed EVD Cases and/or Care Environment Coveralls with Integrated Hood and Socks

This checklist is designed to assist in ensuring that health care workers (HCWs) are correctly doffing Personal Protective Equipment (PPE) for suspect/confirmed cases of EVD and their care environment. **Please Note: This is a sample checklist** that may need to be adapted to meet relevant standards of practice and/or specific manufacturer's user instructions for variations of approved PPE. The tool is to be used by a trained observer to guide the HCW in the doffing process and verify that all necessary doffing steps are performed and in the proper sequence. Any errors are to be corrected immediately to ensure the HCW is protected.

Note: Hand hygiene should be performed after removing PPE, before hands approach the face and any time hand contamination is identified or suspected during the doffing process.

**Before you begin, instruct the HCW that PPE must be removed slowly and carefully within each appropriately designated zone (i.e. moving from hot to warm to cold as per organizational set up) and utilizing the room configuration to minimize cross contamination.**



DOFFING PPE PROCEDURE		COMMENTS (May include size of PPE)
	<b>Remove apron (if used)</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Trained observer may assist with ties, but must be donned in adequate PPE based on risk</li><li><input type="checkbox"/> Remove apron by gently rolling inside out; taking care to avoid contact with the outside surface of the coverall</li><li><input type="checkbox"/> Dispose into designated waste container</li></ul>	
	<b>Remove outer footwear and/or foot coverings:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Remove outer footwear and/or foot coverings carefully to avoid inadvertent contact and cross-contamination</li><li><input type="checkbox"/> Take care not to slip or fall; use chair as needed</li><li><input type="checkbox"/> Dispose into designated waste container</li></ul>	
	<b>Remove outer gloves:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Remove outer gloves taking care not to touch inner gloves or bare skin</li><li><input type="checkbox"/> Dispose into designated waste container</li><li><input type="checkbox"/> Inspect inner gloves for visible contamination, cuts or tears</li></ul>	
	<b>Remove eye/face protection:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Hold face shield by grasping band at back of head and lifting gently over head and away from face</li><li><input type="checkbox"/> Repeat step with goggles (if applicable)</li><li><input type="checkbox"/> Dispose into designated waste container</li></ul>	

# Acute Care Doffing Observer Checklist

## Suspect/Confirmed EVD Cases and/or Care Environment Coveralls with Integrated Hood and Socks

DOFFING PPE PROCEDURE		COMMENTS (May include size of PPE)
	<b>Remove hood/coverall:</b>	
	<input type="checkbox"/> Trained observer may assist, but must be donned in adequate PPE based on risk	
	<input type="checkbox"/> Unzip or unfasten coverall completely before rolling down and turning inside out. Avoid contact of inner clothing with outer surface of coverall during removal, touching inside of the coverall only	
	<input type="checkbox"/> Dispose into designated waste container	
	<b>Remove inner gloves:</b>	
	<input type="checkbox"/> Inspect gloves for visible contamination, cuts or tears before removing	
	<input type="checkbox"/> Take care to avoid touching the outside of the gloves with bare skin	
	<input type="checkbox"/> Dispose into designated waste container	
	<b>Perform hand hygiene:</b>	
	<input type="checkbox"/> Use alcohol-based hand rub (ABHR) or soap and water	
	<input type="checkbox"/> Allow hands to dry completely	
	<b>Remove N95 respirator:</b>	
	<input type="checkbox"/> Grab bottom strap and lift over head	
	<input type="checkbox"/> Lean forward and grab top strap; gently lift over head and away from face	
	<input type="checkbox"/> Take care to not touch the front of the respirator	
	<input type="checkbox"/> Dispose into designated waste container	
	<b>Perform hand hygiene:</b>	
	<input type="checkbox"/> Use ABHR or soap and water	
	<input type="checkbox"/> Allow hands to dry completely	
	<b>Verify doffing PPE procedure:</b>	
<input type="checkbox"/> Visually confirm sequence has been completed correctly and no contamination has occurred		

Name of Observer: \_\_\_\_\_ Name of Worker: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_