

Mask and Eye Protection Audit Tool

Updated July 28, 2020

Facility Name		Date	Auditor Name		Auditor Staff Type	Floor/Unit
Staff Type*/ Name	Indication for PPE use	PPE worn?	Appropriate PPE worn?	Is PPE on correctly?	HH performed after touching PPE?	
	<input type="radio"/> Universal masking <input type="radio"/> Enhanced respiratory precautions <input type="radio"/> Aerosol generating procedure	<input type="radio"/> Surgical or Procedure Mask <input type="radio"/> N95 Respirator <input type="radio"/> Face shield <input type="radio"/> Goggles <input type="radio"/> Cloth mask** <input type="radio"/> No PPE worn	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No If no: <input type="radio"/> Nose not covered <input type="radio"/> Mouth not covered <input type="radio"/> Other _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
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*Staff Key: MD, DO = Physician, PA = Physician Assistant, NP = Nurse Practitioner, RN = Registered Nurse, LPN = Licensed Practical Nurse, CNA = Certified Nursing Assistant, REHAB = Rehabilitation Staff (e.g. physical/occupational/speech therapist), RT = Respiratory Therapist, DIET = Dietary Staff, EVS = Environmental Services or Housekeeping Services, SW = Social Worker, UNK = Unknown/Unable to Determine, V = Volunteer, VIS = Visitor, O = Other

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