



# Mask and Eye Protection Audit Tool

Updated October 2022

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"/> Transmission-based precautions <input type="radio"/> Aerosol generating procedure <input type="radio"/> Staff preference for higher level of protection <input type="radio"/> Other _____	<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  
 \*\*Cloth masks are for **VISITORS ONLY**

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