**Masking Audit**

Staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Step to evaluate** | **Yes/No/NA** | **Comments** |
| **Surgical Face Masks:**  |  |  |
| Face mask over the nose and below chin |  |  |
| Face mask fitted over nose |  |  |
| All straps tied; none hanging loose |  |  |
| Does not touch mask or readjust with hands. If does, changes gloves and performs hand hygiene (HH) |  |  |
| Face mask removed in hallway if exiting an isolation room (non-COVID-19) |  |  |
| Face mask unhooked/untied at ears and pulled away from face not touching the front of mask and disposed of or stored per optimizing policy |  |  |
| Performs HH when face mask removed |  |  |
| **Respirator/N95 Masks** |  |  |
| Documentation of fit testing |  |  |
| Wearing same model and size as fit tested |  |  |
| Applying: HH, holds respirator under chin and over nose.  |  |  |
| Head straps: top on crown of head, bottom at base of neck; does not crisscross |  |  |
| Nosepiece fitted (done with both hands) |  |  |
| Respirator extends below the chin |  |  |
| Observed or can describe “seal check”  |  |  |
| Respirator removed in hallway when exiting COVID room |  |  |
| During respirator removal: Does not touch front of respirator; starts with bottom strap first (touches only the strap), then pulls top strap over head |  |  |
| Respirator disposed of or stored per optimization policy |  |  |
| HH when respirator removed |  |  |

Per CDC Guidelines 7/16/2020

Provided immediate feedback of observation: YES / NO

Provided one-on-one education if indicated above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have received and understand the education provided above.

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_