**Masking and Face Shield Audit**

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

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

|  |  |  |
| --- | --- | --- |
| **Step to evaluate** | **Yes/No/NA** | **Comments** |
| **Surgical Face Masks and Face Shield:**  |  |  |
| Face mask over the nose and below chin | 1 |  |
| Face mask fitted over nose | 2 |  |
| All straps tied; none hanging loose | 3 |  |
| Does not touch mask or readjust with hands. If does, changes gloves and performs hand hygiene (HH) | 4 |  |
| Apply face shield/goggles prior to room entry | 5 |  |
| Face shield/googles removed in hallway if exiting an isolation room (non-COVID-19) | 6 |  |
| Face mask removed in hallway: unhooked/untied at ears and pulled away from face, not touching the front of mask and disposed of or stored per optimizing policy | 7 |  |
| HH when face mask removed | 8 |  |
| **Respirator/N95 masks and Face Shield** |  |  |
| Documentation for fit testing | 9 |  |
| Wearing same model and size as fit tested | 10 |  |
| Applying: HH, hold respirator under chin and over nose.  | 11 |  |
| Head Straps: top on crown of head, bottom at base of neck; does not crisscross | 12 |  |
| Nosepiece fitted (done with both hands) | 13 |  |
| Respirator extends below the chin | 14 |  |
| Observed or can describe “seal check”  | 15 |  |
| Apply face shield/goggles: does not interfere with respirator seal | 16 |  |
| Face shield removed in hallway; does not touch front of shield. Disposes or cleanses as per policy | 17 | *Compare to optimizing policy as needed.* |
| Respirator removed in hallway when exiting COVID room; does not touch front of respirator; starts with bottom strap first (touches only the strap), then pulls top strap over head | 18 |  |
| Respirator disposed of or stored per optimization policy | 19 |  |
| HH when respirator removed | 20 |  |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_