Masking and Face Shield Audit



Staff Initials:_____ Date: _____ Shift: _____ Completed by: _____

The following expectations are indicated as appropriate or not by writing Yes (Y) or No (N), or Not Applicable (N/A) if the observation does not include a component.

Step to Evaluate	Y/N/NA	Comments
Surgical Face Masks and Face Shiel	d	
Hand hygiene is performed before donning personal protective equipment (PPE)		
Facemask is applied to fully cover mouth and nose		
If mask/face shield has ties, the ties are not hanging loose		
If the mask is touched, perform hand hygiene immediately		
Face shield is applied before entering room		
Face shield is removed in designated area upon exiting an isolation room		
Face mask is unhooked/untied at ears and pulled away from face without touching the front of mask and disposed of per policy		
Hand hygiene is performed after doffing PPE		
Respirator/N95 Masks and Face Shi	eld	
Documentation supports fit testing performed by trained fit tester		
Observed staff is wearing same model and size provided at time of fit-testing		
Hand hygiene is performed before donning PPE		
Respirator is inspected to ensure it's ready for use. It's applied by placing it under the chin and pulling the top strap overhead, then pulling bottom strap overhead, and placing the straps at the back of the neck without criss-crossing		
Nose piece is appropriately fitted (molded to shape of face)		
Observed staff can describe or were seen performing seal check		
Face shield, when applied, does not interfere with respirator seal		
Observed staff remove PPE after exiting an isolation room, or in area designated for PPE removal		
Removal of respirator is accomplished by lifting the bottom (neck) strap (touching only the strap), followed by pulling the straps out and away from the face		
Respirator disposed of or stored per optimization policy Optimization (use beyond manufacturer-designated shelf life) will ONLY be used during pandemic or when instructed by CDC, CMS or your Local Health Department		
Hand Hygiene is performed after doffing PPE		

Provided	immediate	feedback	of observation	(YES/NO):
				(

Provided one-on-one education if indicated above (YES/NO):

I have received and understand the education provided above.

Printed Name and Title: ______ Signature: _____



Filtering out Confusion: Frequently Asked Questions about Respiratory Protection | CDC



How to Use Your N95 Respirator | CDC



Facemask Do's and Don'ts for Healthcare Personnel | CDC

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