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| **PPE Checklist for Adult Social Care** |
| **Service/ Name of Setting:** |  | **Date of Assessment:** |  |
| **Name of Assessor:** |  | **Designation:** |  |

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| **Topic:** | **Yes** | **No** | **Action Required/Comments:** | **Date Action Completed:** |
|  | *Are single use plastic aprons**readily available?* |  |  |  |  |
| *Are single use gloves readily available?* |  |  |  |  |
| *Is eye protection (goggles of full**face shields) available?* |  |  |  |  |
| *Are fluid resistant surgical**facemasks (FRSM) Type IIR**available?* |  |  |  |  |
| *Is PPE kept away from sources of**likely contamination?* |  |  |  |  |
| *Is PPE worn by all staff when**contact with body fluid is confirmed/suspected infection risk?(Standard IPC precautions/Transmission Based Precautions)* |  |  |  |  |
| *Is PPE removed immediately following completing a procedure or task?* |  |  |  |  |
| *Are single use items changed**between different episodes of**care on the same residents?* |  |  |  |  |
| *Are gloves available in a range of**sizes and suitable for use i.e. not**polythene?* |  |  |  |  |
| *Does the home have and**maintain an adequate supply**of PPE?* |  |  |  |  |
| *Are all staff trained in donning**& doffing?* |  |  |  |  |
| *Are posters displayed demonstrating correct application and removal of PPE?* |  |  |  |  |
| *Are staff observed donning &**doffing correctly?* |  |  |  |  |

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|  | *Are staff observed to be wearing**PPE correctly in line with recommendations in the IPC Manual?* |  |  |  |  |
| *Is PPE disposed of after use into the correct wastestream?* |  |  |  |  |
|  |  |  | **Compliance (All criteria met in full?)** |

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| **Assessor signature:** |  | **Date:** |  |