

PPE Checklist for Adult Social Care

Service/ Name of Setting:		Date of Assessment:	
Name of Assessor:		Designation:	

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

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

Assessor signature:		Date:	
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