North Carolina Division of Public Health
Ebola Personal Protective Equipment Guidance
Healthcare Personnel Monitoring Log

Patient Name: _____

Location: _____

Instructions: *This log should be completed by the designated site monitor for every healthcare worker accessing the immediate Ebola patient care area. The designated monitor is to complete each column, assess appropriate PPE donning and doffing procedures, and assist to identify and evaluate any exposures or breaches in infection prevention.*

Healthcare Personnel Name	Date	Time In	PPE *Donning* Checklist Completed by Monitor?	Monitor Initials	Time Out	PPE *Doffing* Checklist Completed by Monitor?	Any identified exposures or breaches in infection control? (If Yes, explain in Comments)	Monitor Initials	Comments
	__/__/____	___:___ AM/PM	☐ Yes ☐ No		___:___ AM/PM	☐ Yes ☐ No	☐ Yes ☐ No		
	__/__/____	___:___ AM/PM	☐ Yes ☐ No		___:___ AM/PM	☐ Yes ☐ No	☐ Yes ☐ No		
	__/__/____	___:___ AM/PM	☐ Yes ☐ No		___:___ AM/PM	☐ Yes ☐ No	☐ Yes ☐ No		
	__/__/____	___:___ AM/PM	☐ Yes ☐ No		___:___ AM/PM	☐ Yes ☐ No	☐ Yes ☐ No		
	__/__/____	___:___ AM/PM	☐ Yes ☐ No		___:___ AM/PM	☐ Yes ☐ No	☐ Yes ☐ No		
	__/__/____	___:___ AM/PM	☐ Yes ☐ No		___:___ AM/PM	☐ Yes ☐ No	☐ Yes ☐ No		
	__/__/____	___:___ AM/PM	☐ Yes ☐ No		___:___ AM/PM	☐ Yes ☐ No	☐ Yes ☐ No		
	__/__/____	___:___ AM/PM	☐ Yes ☐ No		___:___ AM/PM	☐ Yes ☐ No	☐ Yes ☐ No		
	__/__/____	___:___ AM/PM	☐ Yes ☐ No		___:___ AM/PM	☐ Yes ☐ No	☐ Yes ☐ No		
	__/__/____	___:___ AM/PM	☐ Yes ☐ No		___:___ AM/PM	☐ Yes ☐ No	☐ Yes ☐ No		
	__/__/____	___:___ AM/PM	☐ Yes ☐ No		___:___ AM/PM	☐ Yes ☐ No	☐ Yes ☐ No		
	__/__/____	___:___ AM/PM	☐ Yes ☐ No		___:___ AM/PM	☐ Yes ☐ No	☐ Yes ☐ No		
	__/__/____	___:___ AM/PM	☐ Yes ☐ No		___:___ AM/PM	☐ Yes ☐ No	☐ Yes ☐ No		