# INFECTION CONTROL ALERT SHEET & PPE NEEDED

# DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_

**(INFORMATION WILL BE UPDATED IF CHANGES OCCUR)**

**COVID + RESIDENT CASE ON** **□ Unit 1** **(see Nurse)** **□ Unit 2 (see Nurse) □ Unit 3 (see Nurse)**

**CURRENT PPE REQUIREMENTS IN FACILITY 🗹 - SEE CHART BELOW FOR CHECKED BOX**

**□ COVID-19 NEGATIVE**

**□ COVID-19 NEGATIVE BUT POSITIVE STAFF CASES IN FACILITY IN LAST 14 DAYS**

**□ COVID-19 POSITIVE OR SUSPECTED RESIDENT(S)**

|  |  |  |
| --- | --- | --- |
| **COVID-19 NEGATIVE**  **NO resident or staff cases in facility in last 14 days** | **COVID-19 NEGATIVE**  **WITH staff POSITIVE cases in facility in last 14 days** | **COVID-19 POSITIVE OR SUSPECTED RESIDENTS** |
| **FACEMASK (surgical)**  **FACE SHIELD OR GOGGLES** | **FULL PPE**  FACEMASK (surgical)  FACE SHIELD **OR** GOGGLES  GOWN\*\*  GLOVES  **Gown & Gloves must be changed between residents – change gown for roommate(s); wash hands between residents!!** | **FULL PPE**  FACEMASK **N95/KN95**  FACE SHIELD **OR** GOGGLES  GOWN\*  GLOVES  **Gown & Gloves must be changed between residents-change gown for roommates**  **wash hands between residents!!** |

**\*\*QUARANTINED/NEW ADMIT RESIDENTS ALWAYS FOLLOWS PPE THAT IS OUTLINED FOR COVID POSITIVE/SUSPECTED**