# 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** GOGGLESGOWN\*\*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** GOGGLESGOWN\*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**