

REQUIRED PPE CHECKLIST

LOCATIONS	N95 RESPIRATOR FACE MASK  	EYE PROTECTION  	GLOVES 	GOWNS 
R & R PROCESSING AREAS AND/OR RECEPTION CENTERS Symptomatic patient or confirmed/ suspected COVID-19 patient patient (if comes from the institution/jail)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
CUSTODY ESCORT OF: Symptomatic patient or confirmed/ suspected COVID-19 patient Asymptomatic patient (not confirmed)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
TRANSPORT VEHICLE All transfers	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HOUSING UNIT Symptomatic patient or confirmed/ suspected COVID-19 patient Asymptomatic patient (not confirmed) Quarantined/isolated areas	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
OUTPATIENT HOUSING UNIT Symptomatic patient or confirmed/ suspected COVID-19 patient Asymptomatic patient (not confirmed)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
CORRECTIONAL TREATMENT CENTER Symptomatic patient or confirmed/ suspected COVID-19 patient Asymptomatic patient (not confirmed)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
STAFF PRESENT DURING Suspected COVID-19 case procedure that may cause respiratory aerosols Collection of respiratory specimens	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>