

Time: _____

COVID-19 UNIT CHECKLIST (UNIT STAFF)

This checklist should be utilized when an offender is experiencing or identifies cold-like symptoms: (fever, chills, difficulty breathing). The unit staff are responsible for contacting the nursing clinic and the ADDO's office immediately to inform of a suspected infected offender.

Date: _____ Name of Inmate: _____

DOB: _____ HSN: _____

	<i>Staff's Initial</i>
Give the inmate a procedural mask and instruct the inmate how to wear the mask properly.	
Have the inmate wash or sanitize their hands immediately.	
Have the inmate stay where they are, isolate them and other inmates as much as possible, contact the Nursing Clinic for assessment.	
Nurse to complete assessment/checklist.	
The ADDO is consulted with the Nurse Manager or Designate will determine an appropriate placement for the inmate.	
Quality Assurance Team are to clean and disinfect all areas where the suspected infected inmate had been located.	

Nursing Clinic Contacted: Yes No

Name of Nurse Contacted: _____

Comments:

ADDO Contacted: Yes No

Comments:

Unit Staff Signature _____
Print Name

Signature