

Appendix I

Example 1. Vital Signs & PPE Checklist

(Central Arkansas Veterans Healthcare System)

NAME _____

DATE _____

>> INSPECT condition of ALL PPE prior to use <<

*Medical Exclusion

Employee ID#: _____	
	PRE POST
BLOOD PRESSURE: *Diastolic > 105	
HEART RATE: * > [70% (220 - Age)] *Any irregular rate or rhythm	
RESPIRATION: * > 24 / min	
TEMPERATURE: * > 99.5 deg F oral	
WEIGHT:	
SKIN: *Open sore, large rash or sunburn	
HYDRATION:	
MENTAL STATUS: Alert; oriented to time & place; clear speech; normal gait	
MEDICAL HISTORY: *Any meds last 72 hours _____ *Alcohol past 24 hours _____ *New meds Rx / diagnosis last 2 weeks _____ *Symptoms fever, NV, diarrhea, cough in past 72 hours _____ *Pregnant _____ *Prior heat stress or exhaustion _____	
NOTES: 	
CHECKED BY: _____	

PAPR-COMBINATION CARTRIDGES.....	<input type="checkbox"/>
PAPR FLOW CHECKED.....	<input type="checkbox"/>
REMOVED SHOES, JEWELRY, ETC.....	<input type="checkbox"/>
INNER NITRILE GLOVES.....	<input type="checkbox"/>
INNER SUIT.....	<input type="checkbox"/>
GLOVES & NECK TAPED.....	<input type="checkbox"/>
OUTER SUIT.....	<input type="checkbox"/>
BUTYL HOOD.....	<input type="checkbox"/>
INNER SHROUD TUCKED INSIDE	
GLOVES & NECK TAPED.....	<input type="checkbox"/>
OUTER GLOVES.....	<input type="checkbox"/>
BOOTS.....	<input type="checkbox"/>
SUIT TAPED OVER BOOTS	<input type="checkbox"/>
 CHECKED BY: _____	
TIME IN SUIT: _____	
TIME OUT: _	