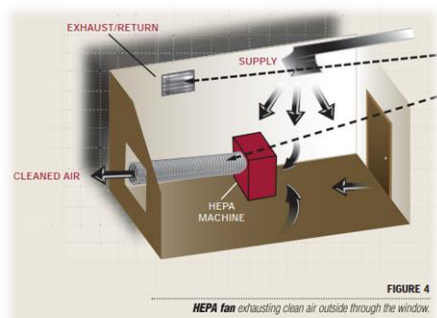


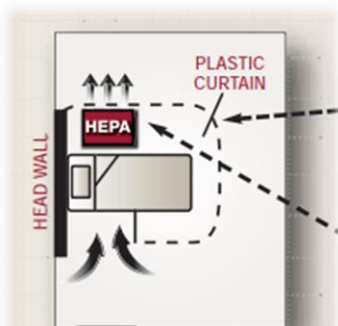
# COVID-19 INFECTION ISOLATION AND WORK PRACTICE STRATEGIES

(Version 2 – Updated: May 1, 2020)

## Engineering Controls (Negative Pressure Ventilation and Isolation)



- BEST** - Place infected resident in appropriately HEPA ventilated negative pressure isolation room
1. Select Room
  2. Set-up Pre-constructed window adaptor
  3. Set up HEPA filter machine and flex duct
  4. Seal return vents with plastic sheeting and tape or similar
  5. Turn on HEPA filter machine & adjust airflow  
(Minimum of 6 air changes per hour)



- BETTER** - Isolation tents or portable containment structure ventilated as above may serve as alternative resident placement
1. Select Room
  2. Attach fire rated plastic to ceiling
  3. Set-up portable HEPA filter machine
  4. Attach remaining surfaces with strong tape
  5. Turn on portable HEPA filter machine



A portable, self-contained high efficiency particulate air (HEPA) filtration system

- GOOD** - If isolation room not available isolate resident(s) to private room and keep door closed restricting access
1. Utilize portable HEPA filter machine to act as air scrubber inside room or personal HEPA filtration machine
  2. Seal return vents in room with plastic sheeting/ tape

**MINIMAL** - Implement cleanable barriers to isolate residents, staff, & equipment from infectious hazards.

Refer to [NIOSH](#) & [MN Health Dept.](#) guidelines for creating temporary airborne infection isolation areas and/or contact your M3 Account Executive for a specific risk management consultation for guidance.

### Administrative Controls & Safe Work Practices

- Isolate suspected cases separately from confirmed cases, restrict confirmed COVID-19 room access
- Ensure labeling signage on room doors when transmission-based precautions are in place
- Minimize aerosol-generating procedures and limit staff presence during necessary care
- Perform only necessary care with residents; conduct charting in clean/safe areas
- Use closed-circuit TV systems and telehealth to monitor and communicate when/if possible
- Work from clean to dirty & limit touch contamination; differentiate areas; avoid needless surface touching
- Adequately handle waste and other infectious materials; disinfect, maintain reusable equipment and PPE
- Practice [recommended hand hygiene](#) before/ after all resident contact or contact with contaminated items
- Implement & train on [recommended cleaning and decontamination](#) practices
- Contact M3 Risk Management for surface contamination sampling options

### Personal Protective Equipment (PPE)

- As a last line of defense, implement practices for procuring and optimizing supply of PPE/ PPE use following [CDC Strategies for Optimizing Supply of Respirators](#) and if applicable contact your local [Emergency Manager \(pp.19-28\)](#) to inform them of a critical shortage.

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