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NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

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Management of Communicable Respiratory Viral Infections

Background

The Office for People With Developmental Disabilities (OPWDD) has historically provided annual guidance on the prevention and management of influenza to assist facilities certified and/or operated by the OPWDD. On December 14, 2022, OPWDD revised and re-issued the document titled "*Management of Co-Circulation of Influenza and COVID-19 Infections*". This was due to the ongoing circulation of the virus that causes COVID-19 and the concern about the co- circulation of both diseases in the community. These guidelines are based on information made available by the New York State Department of Health (NYSDOH) and Centers for Disease Control and Prevention (CDC) and are accurate as of the date written.

OPWDD is now issuing guidance on the "*Management of Communicable Respiratory Viral Infections*." This document will supersede the "*Management of Communicable Respiratory Diseases*" guidance issued on December 14, 2022. This new guidance document applies to all providers of services to individuals with intellectual and/or developmental disabilities (I/DD) that are certified and/or operated by OPWDD. This includes staff employed by the OPWDD State-Operated Facilities and those employed by community organizations (Voluntary-Operated programs). State-Operated Facilities should also consult the information provided by the OPWDD Office of Employee Relations for further implementation considerations. Facility is defined as any site that is operated or certified by OPWDD in which either residential or non-residential services are provided to persons with I/DD.

1. WHAT IS A COMMUNICABLE RESPIRATORY VIRAL INFECTION?

Many of the germs that cause communicable respiratory viral infections are spread by droplets that come from coughing and sneezing. These germs usually spread from person to person when uninfected persons are in close contact with a sick person. Some people may become infected by touching something with these germs on it and then touching their mouth or nose.

While this document will focus on the two most prominent circulating communicable respiratory viral infections, COVID-19 and influenza, examples of other identified communicable respiratory viral infections include, but are not limited to the following, and infection control measures will be similar:

- **Seasonal Influenza** (Standard and Droplet precautions)
- **Respiratory Syncytial Virus** (RSV) (Contact and Standard precautions)
- **COVID-19** (Standard and COVID Transmission-Based precautions)
- **Measles** (Standard and Airborne precautions)
- **Varicella Zoster (Chickenpox)** (Airborne, Contact and Standard precautions until lesions are dry and crusted. Please see the CDC Chickenpox for Healthcare Professionals website for more information).
- **Herpes zoster (varicella-zoster) (shingles) – Disseminated disease** in any individual **OR localized** in an immunocompromised individual until disseminated infection is ruled out (Airborne, Contact and Standard precautions)

- **Herpes zoster (varicella-zoster) (shingles) Localized** in an individual with **intact immune system with lesions that can be contained/covered)** (Standard precautions)
- ***Tuberculosis (suspected or confirmed pulmonary or laryngeal disease)** - Please note, while not a viral disease, tuberculosis is a communicable respiratory disease which requires Standard and Airborne precautions

NOTE: In the event Airborne precautions are recommended, please notify the appropriate Developmental Disabilities State Operations office, and/or nursingandhealthservices@opwdd.ny.gov

More information is available in the CDC's 2007 *Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings* at: https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf . **Please see Appendix A for a summary of type and duration of precautions as well as additional precautions/comments that are recommended for selected infection and conditions including communicable respiratory viral infections.**

2. SIMILARITIES AND DIFFERENCES BETWEEN INFLUENZA AND COVID-19

Influenza and COVID-19 are both contagious respiratory viral illnesses but are caused by different viruses. COVID-19 is caused by infection with the SARS-CoV-2. Influenza is caused by infection with an influenza virus.

It is known that COVID-19 spreads more easily than influenza. Compared to influenza, COVID-19 can cause more serious illness in some people. COVID-19 can also take longer before symptoms are seen and people can remain contagious for longer periods of time.

It is difficult to tell the difference between influenza and COVID-19 by looking at the signs and symptoms alone because they have some of the same signs and symptoms. That is why testing is needed to identify what the illness is and to confirm a diagnosis. Testing is also important because it can reveal if someone has both influenza and COVID-19 at the same time. Additional information regarding the similarities and differences between influenza and COVID-19 can be found at: https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm

Signs and Symptoms

Both COVID-19 and influenza can have varying degrees of symptoms, ranging from being asymptomatic to severe symptoms. Common symptoms that COVID-19 and influenza share include:

- Fever or feeling feverish/having chills
- Cough
- Shortness of breath and/or difficulty breathing
- Fatigue
- Sore throat
- Runny or stuffy nose
- Muscle pain or body aches
- Headache
- Vomiting
- Diarrhea
- Change in or loss of taste or smell, although this is more frequent with COVID-19

If a person has a fever over 100.0 degrees Fahrenheit (37.8° C) and a cough or sore throat, they are considered to have "Influenza-like Illness" (ILI) and infection control measures should be the same as if they had been diagnosed with COVID-19. COVID-19 can also cause similar symptoms, as well as some symptoms that differ. Please remember that some people can be asymptomatic of either virus but may still be able to spread it to others. Although rare, it is possible to have influenza and COVID-19 simultaneously.

Incubation and Infectious (Contagious) Periods

The incubation period for **influenza** is 1-4 days after exposure. The contagious period is considered to be 1 day before symptoms develop until 5-7 days after becoming ill. People are most contagious 3-4 days after illness begins. Some people may be able to infect others for an even longer period.

The incubation period for **COVID-19** is 2-14 days after exposure. The contagious period is considered to be 2 days before symptoms develop until 10 days after becoming ill. People with severe or critical illness may remain contagious for up to 20 days after symptom onset, and people with compromised immune systems may remain contagious beyond 20 days.

Diagnosis of Illness

Diagnosis can be made by healthcare providers based on clinical symptoms and/or viral testing. **Due to the similarities of influenza and COVID-19,** OPWDD recommends that as a best practice any individual who is exhibiting symptoms be tested for both influenza and COVID-19. A timely and accurate diagnosis is important to provide efficient and appropriate treatment of persons with respiratory illness.

Testing types may include the use of over the counter (OTC) test kits or laboratory-based testing such as polymerase chain reaction (PCR). Which test to be used may be determined by the provider. This may be in collaboration with their Local County Health Department (LHD) and/or a physician.

When using over the counter test kits, it is important to carefully follow testing directions including the directions for repeat testing (e.g., 2 tests 48 hours apart). See also: Revised Protocols for the Implementation of Isolation for Individuals who Test Positive for COVID-19 and Precautions for Individuals Exposed to COVID-19 Residing in OPWDD Certified Facilities, dated June 20, 2023 for more information on repeat testing.

3. PREVENTION OF TRANSMISSION OF A COMMUNICABLE RESPIRATORY VIRAL INFECTIONS

As noted earlier in this document the two primary communicable respiratory viral infections that are currently seen in the community are COVID-19 and influenza. The primary means of preventing both infections and decreasing the severity of both is **vaccination**. Vaccination is also important to prevent other communicable respiratory viral infections.

Preventing transmission of communicable respiratory viral infections within OPWDD settings requires a multi-faceted approach. It is important to note that those living in congregate care settings and older adults, including those with neurological or neurocognitive conditions, may exhibit atypical signs and symptoms of influenza or COVID-19 (i.e., behavioral changes).

Core prevention strategies include:

Vaccination for Influenza and COVID-19

The most effective strategy for preventing both influenza and COVID-19 is **vaccination**. The influenza vaccine is recommended for ALL people over the age of 6 months. Influenza vaccination will continue to be important, to reduce influenza prevalence and severity for individuals and employees. The CDC recommends vaccination as soon as the vaccine is available each year, and optimally before the end of October, however, vaccination can and should continue throughout the flu season.

Getting vaccinated against COVID-19 is a safe way to build protections against the illness. The COVID-19 vaccination helps protect people by creating an antibody response without a person having to experience infection. Getting vaccinated also helps to protect those around a person as well, such as co-workers, family, friends, and the individuals they support, especially those at high risk for serious complications from influenza or COVID-19. The 2023-2024 updated COVID-19 vaccines (Pfizer-BioNTech, Moderna, or Novavax) are recommended and strongly encouraged for everyone older than six months, including

employees and the individuals OPWDD supports. Currently, to be considered up to date on COVID-19 vaccinations, this must include the 2023-2024 updated COVID-19 vaccines. CDC guidelines on COVID-19 vaccines can be found at: https://www.cdc.gov/coronavirus/2019- ncov/vaccines/stay-up-to-date.html

As with influenza, getting a vaccine does not mean a person will not get COVID-19, however it may decrease the severity of the illness if they do get it. It is also important to remember that even if a person has already had COVID-19, a person should get the updated vaccine.

Additional information about influenza and/or COVID-19 vaccinations can be obtained by visiting the CDC website at: https://www.cdc.gov/vaccines/covid-19/index.html and https://www.cdc.gov/flu/prevent/vaccinations.htm

Education

All staff and individuals supported by OPWDD should receive education and training on preventing the transmission of communicable respiratory viral infections including adherence to hand hygiene and respiratory etiquette. Providers may determine how and in what form this education may be delivered to their staff.

Education on these topics is available on OPWDD's Statewide Learning Management System (SLMS) and is provided during annual infection control updates. Such education includes, but is not limited to:

- The importance of vaccination against influenza and COVID-19;
- Influenza and COVID-19 signs and symptoms, and risk factors that increase the potential for complications of each illness;
- Standard precautions, hand hygiene, respiratory etiquette, environmental cleaning and disinfection, and proper use of personal protective equipment (PPE) to prevent the spread of viral illnesses; and
- Droplet precautions.

Information on the above topics may also be found by visiting the CDC website.

Droplet Precautions

In addition to Standard precautions, Droplet precautions are utilized when an individual has a communicable viral respiratory infection that can be spread through coughing and/or sneezing and are intended to prevent transmission of the pathogen through close respiratory or mucous membrane contact with respiratory secretions. Droplet precautions include, but are not limited to:

- Use of a surgical face mask at a minimum, when providing care for an individual with a viral illness.
- Use of eye protection if splashes or sprays are anticipated, consistent with Standard precautions.
- Use of gloves and gowns if contact with bodily fluids, including respiratory secretions, is reasonable anticipated, consistent with Standard precautions.
- Providing a surgical face mask to individuals who have a viral respiratory infection such as influenza, Influenza-Like Illness (ILI) or COVID-19 if they need to leave their room for personal care activities such as toileting and bathing, and when appropriate for the individual and the individual agrees to and is able to tolerate wearing the mask.
- Separation of ill and well individuals to the extent possible.
- Dedicated medical equipment for the duration of the symptomatic period. Any equipment that must be shared is to be cleaned and disinfected as per the manufacturer's instructions before use with another individual.
- N95 respirators should be utilized as per the provider agencies' policy and procedure regarding the use of filtering face-piece respirators.

4. SURVEILLANCE AND REPORTING REQUIREMENTS OF INFLUENZA AND COVID-19

Surveillance

Facilities are encouraged to monitor influenza activity reports published weekly by the New York State Department of Health (NYSDOH) to remain aware of current rates of influenza activity in their local communities. Such information is reviewed periodically by the NYSDOH and can be found at: https://www.health.ny.gov/diseases/communicable/influenza/seasonal/

When influenza and/or COVID-19 activity is increasing, or becoming more prevalent, staff at the facility should be notified to monitor individuals closely for signs/symptoms and to follow current OPWDD guidance for any pending or positive cases. Current information on COVID-19 can be found at: https://coronavirus.health.ny.gov/home

Reporting

Influenza:

For the current influenza season, the NYSDOH reporting requirements for influenza in outpatient settings outlined in Health Advisory: Influenza, Surveillance and Reporting Requirements dated October 18, 2023, are summarized below:

- *"Outbreaks of influenza or other ILI occurring in community or facility settings such as state institutions, day care centers, schools, colleges, group homes, adult homes, home care agencies and assisted living facilities must be reported by the director of the facility to the Local County Health Department (LHD) in which the facility is located. Contact information for LHDs can be found by visiting the NYS Department of Health website at:* https://www.nysacho.org/directory/ *"*

- In ambulatory, outpatient, community or other facility settings, an outbreak is defined as *"an increase in the number of persons ill with laboratory-confirmed influenza or influenza-like illness (ILI)… above a commonly observed baseline in a particular community."*

Facilities are encouraged to review the full Influenza Surveillance Reporting Requirements report issued by NYSDOH available at: https://www.health.ny.gov/diseases/communicable/influenza/seasonal/

For facilities operated or certified by OPWDD:

- Facilities are required to report clusters of Influenza-like Illness (ILI) or laboratory-confirmed influenza to the Local County Health Department (LHD) where the outbreak is occurring.
    - Identification of ongoing transmission of ILI or laboratory-confirmed influenza cases in individuals or staff within a residence, program or other setting is considered to be a cluster and therefore must be reported to the LHD.

- Facilities are also required to report the following to the LHD:

    - All influenza-associated deaths of children under eighteen years old as per NYS DOH requirements, which can be viewed here: https://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/docs/2023-2024_reporting_advisory.pdf
    - Suspected or confirmed cases of any novel influenza A virus (including viruses suspected to be of animal origin); and
    - Suspected lack of response to antiviral therapy (e.g., ongoing severe disease despite a full course of antiviral therapy).

Facilities must also report clusters of influenza or ILI to the local Developmental Disability State Operations Offices (DDSOO) Infection Control Officer or Nursing Program Coordinator. Single cases do not need to be reported to OPWDD.

COVID-19:

- Single cases and clusters of COVID-19 must be reported to the LHD.
- If the reporting of COVID-19 information to OPWDD becomes a requirement, providers will be notified by OPWDD's Division of Quality Improvement (DQI).

5. CLINICAL MANAGEMENT AND TREATMENT

Facilities should identify individuals who are at an increased risk for complications of influenza and/or COVID-19. Identifying such individuals in advance of onset of symptoms is necessary so that treatment of influenza or chemoprophylaxis for exposure to influenza is not delayed. Information regarding individuals who are at high risk for complications associated with influenza may be found on the CDC website at: https://www.cdc.gov/flu/highrisk/index.htm.

Information regarding individuals who are at higher risk for complications associated with COVID-19 can be found on the CDC website at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html

Treatment of Influenza with Antiviral Medications

With the risk of co-circulation of the influenza and COVID-19 viruses, decisions about starting antiviral treatment for individuals with suspected influenza should not wait for laboratory confirmation of influenza viral infection. The CDC advises that early antiviral treatment may prevent or shorten the duration of fever and illness symptoms and may reduce the risk of complications. While influenza and COVID-19 have overlapping signs and symptoms, clinicians should not wait for the results of influenza and COVID-19 testing to start empiric antiviral treatment for influenza in individuals who are at high risk for complications from influenza. Treatment decisions should be made in collaboration with the primary care provider.

Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of influenza illness onset. The CDC's most up-to-date recommendations on antiviral treatment of influenza are located at: https://www.cdc.gov/flu/treatment/index.html

Prophylaxis for Influenza Exposure with Antiviral Medications

While the use of antiviral drugs for chemoprophylaxis is not a substitution for vaccination, it is a key component of influenza and ILI outbreak control in facilities. According to the CDC, chemoprophylaxis should be reserved for exposed persons who are considered to be at high risk for complications of influenza. Facilities are encouraged to identify at risk individuals in advance, so that receipt of chemoprophylaxis, if indicated, is not delayed.

Treatment of COVID-19

Individuals with mild clinical symptoms may not require hospitalization, and most will be able to be managed in their home. The decision to monitor an individual in an inpatient setting is on a case-by-case basis and will be dependent on the severity of the illness. Individuals with risk factors for severe illness should be monitored closely given the possible risk of progression to severe illness. Clinical management of COVID-19 may include use of monoclonal antibodies, antiviral treatment, and the use of supportive care such as supplemental oxygen. The appropriate treatment decision for an individual will be made by their primary care provider. The CDC's most up-to-date recommendations on antiviral treatment of COVID-19 are located at: https://www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.html

Protocols and Guidelines to Follow in a Residential Facility When an Individual Has Tested Positive for Influenza and/or COVID-19, or are Presenting with ILI or Other Communicable Respiratory Viral Infections

Residential facilities where an individual has been diagnosed with COVID-19, ILI or confirmed influenza need to **assess** the pattern of interaction among individuals and staff. This provides an opportunity to identify who may have been exposed to the virus(es).

OPWDD recommends that any individual who exhibits symptoms of influenza or COVID-19 be tested for both diseases. Pending test results, all COVID-19 guidelines as outlined below must be implemented:

A. COVID-19 Precautions and Isolation

Any individual who is suspected or presumed positive with pending test results must be immediately isolated. OPWDD adheres to the precautions/isolation guidelines outlined within the OPWDD document titled "Revised Protocols for the Implementation of Isolation and/or Precautions for Individuals Exposed to COVID- 19 Residing in OPWDD Certified Facilities", dated June 20, 2023 (or any subsequent updates to this document) to determine the length of time any precautions or isolation must remain in place. Note that there are different requirements for an Individual Residential Alternative/Community Residence (IRA/CR) and an Intermediate Care Facility (ICF) which are explained in the previously referenced document.

- Every effort is to be made to separate individuals who are either infected or presumed to be infected with COVID-19 or influenza, from those who are thought not to be infected. Whenever possible, place the individual in a single person bedroom. If possible, the individual should have a dedicated bathroom.
- Individuals who are confirmed or suspected of having COVID-19 should wear a surgical face mask when around other people for 10 days from the date symptoms began, unless they are not able to tolerate wearing one.
- When COVID-19 transmission-based precautions and/or influenza restrictions are in place in a residence, all staff must wear a surgical face mask at all times while at work. N95 respirators should be utilized as per the provider agencies' policy and procedure regarding the use of filtering face-piece respirators.
    - The use of cloth masks or other face coverings such as scarves/bandanas or masks with vents on them are not allowed.
- Unless otherwise directed, if the individual tests positive for COVID-19, the mandatory isolation period remains in place per the directives noted within the "Revised Protocols for the Implementation of Isolation and/or Precautions for Individuals Exposed to COVID-19 Residing in OPWDD Certified Facilities", dated June 20, 2023 (or any subsequent updates to this document).
    - If the individual tests positive for *influenza*, all the protocols remain in place, however, the activity restrictions would change to 7 days.
    - If there are additional cases in the residence, protocols should remain in place for 7 days from the date of last known infection, beginning on the day of the last onset of symptoms or exposure from the most recent case.
- While social distancing of 6 feet is no longer mandatory, it is recommended and important to try to maintain space and distance between individuals and others.

B. Use of Personal Protective Equipment (PPE)

PPE is used by healthcare personnel, including residential facility staff such as direct support staff and clinicians, to protect themselves, individuals, and others, when providing care. PPE helps protect staff from potentially infectious materials, toxic medications, and other potentially dangerous substances used in healthcare delivery.

PPE is only effective as one component of a comprehensive program aimed at preventing the transmission of viral illnesses such as influenza and/or COVID-19. The PPE protocol is required when staff are working in a residential facility that is under precautions or isolation or where there are individuals within the residential

facility who have a diagnosed communicable respiratory viral infection.

- Staff must wear a surgical face mask when required as per the OPWDD document titled **"**Revised Protocols for the Implementation of Isolation and/or Precautions for Individuals Exposed to COVID-19 Residing in OPWDD Certified Facilities**"**, dated June 20, 2023 (or any subsequent updates to this document). Staff working in a residential facility that is under precautions and/or isolation must wear a surgical face mask when around ill individuals.
- Surgical face masks must be changed when soiled, wet, or damaged or when masking is being used for Droplet precautions. Always discard a mask once it is taken off and perform hand hygiene.
- Touching of surgical masks should be limited to putting the mask on and taking it off. Hand hygiene should be performed before and after touching the mask.
- When wearing surgical face masks, the surgical face mask must cover the mouth and the nose at all times.
- Individuals must wear a surgical face mask when around others when under isolation and/or precautions unless they are not able to do so.
- Assist individuals with the use of tissues or other barriers to cover their nose and mouth when coughing or sneezing.
- If splashes or sprays are anticipated, or when providing care to an individual who is presumed or confirmed with a communicable respiratory viral illness, use a face shield covering the entire front and sides of the face. Goggles are acceptable if face shields are not available.
- Gloves are to be worn upon entry to an individual's room or care area that is under Contact precautions and when contamination during care of the individual is expected (e.g., when handling soiled linens, contact with blood or body fluids, etc.).
- Gloves are to be changed if they become torn or heavily contaminated.
- Remove and discard gloves when leaving the individual's room or care area and immediately perform hand hygiene.
- In addition to the Droplet precautions described on **page 4** of this guidance, while providing direct care or within close contact with individuals with suspected or confirmed COVID-19, staff should wear a surgical mask, a gown, gloves, and eye protection.
    - **NOTE:** Staff should follow their agency policy regarding when and under what circumstances an N95 respirator must be used.
- While providing direct care or when within close contact with individuals with suspected or confirmed influenza, staff should follow the Droplet precautions as described on **page 4** of this guidance.

Only in the event of a shortage of mask supplies may staff wear the same surgical face mask when caring for multiple individuals with suspected or confirmed COVID-19 or influenza without removing the mask between individuals.

The use of cloth masks, or other homemade masks (e.g., bandanas, scarves) for clinical and direct support staff providing direct care to individuals is not allowed.

C. Hand Hygiene

- Hand hygiene is to be completed:
    - After being in a public place and touching an item or surface that may be frequently touched by other people such as door handles, tables, gas pumps, shopping carts or electronic cash registers/screens, etc.
    - Before touching eyes, nose, or mouth
    - Before donning and after removal of gloves or any PPE
    - Before and after touching an individual
    - Before clean/aseptic procedures
    - After body fluid exposure/risk
    - After touching an individual's surroundings

  - Between care of individuals
  - When handling medications and during procedures
  - Before moving from work on a soiled body site to a clean body site on the same individual
- Alcohol based hand sanitizers are the preferred method for hand hygiene when hands are not visibly soiled because they are more effective at reducing the number of germs on the hands.
- Staff are to perform hand hygiene by using hand sanitizer containing at least 60% alcohol or by washing hands with soap and water for at least 20 seconds.
- Use soap and water to clean hands if hands are visibly soiled, before eating and after using the restroom.
- Access to Hand Sanitizer: Hand sanitizer is to be readily available throughout the residential facility. At a minimum, hand sanitizer stations are to be located near the front door of the facility, in the kitchen/dining room and in the living room/common room, if one exists.
- Hand sanitizer should be present at the bedroom door of each individual, to the extent that such placement does not impede the safety of the individuals in the home.
- To the extent that individuals in the residential facility are at risk of ingesting the hand sanitizer or engaging in other unsafe behaviors with it, the location of the hand sanitizer throughout the residential facility may need to be modified, or staff may need to carry pocket size hand sanitizers on their person.

D. Environmental Cleaning and Disinfection

The transmission of communicable respiratory viral infections can be reduced by maintaining a clean environment. The following measures are to be taken at all residential facilities that are affected by COVID-19, influenza, or any other communicable respiratory viral infections :

- Using an EPA registered surface disinfectant, clean and disinfect all “high-touch” surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every shift. Bedroom and bathroom doorknobs are prime locations for germ transmission.
- Clean and disinfect any surfaces that may have blood, stool, or body fluids on them using an EPA registered surface disinfectant according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product, including precautions to be taken when applying the product, such as the appropriate wet-contact time, wearing gloves and ensuring good ventilation during use of the product. Blood spills are to be clean as per OSHA’s Bloodborne Pathogen standards outlined in 29 CFR 1910.1030.
- If the residential facility requires the use of a shared bathroom, bathroom surfaces must be cleaned after every use.
- Avoid sharing household items. Individuals and staff are not to share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. After use these items are to be washed and dried thoroughly.
- Wash and dry laundry thoroughly. Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.
- Staff are to wear disposable gloves while handling soiled items and keep soiled items away from the body.
- Staff are to perform hand hygiene with an alcohol-based hand sanitizer or soap and water immediately after removing gloves.
- Read and follow directions on labels of laundry or clothing items and detergent. In general, use a laundry detergent according to washing machine instructions and dry items thoroughly using the

warmest temperatures recommended on the clothing label.

- Place all used disposable PPE, and other contaminated items in a lined container before disposing of them with other household waste. Staff are to perform hand hygiene with an alcohol-based hand sanitizer or soap and water immediately after handling these items. Soap and water are to be used if hands are visibly dirty.
- Staff should discuss any additional questions with their supervisor or assigned nursing staff or contact the state or local county health department or healthcare provider, as needed.

E. Visitation and Community Outings During Outbreak of Illness in Certified Facilities

When providing visitation opportunities, certified residential facilities must follow the core principles of infection control and prevention as noted below.

If visits occur for individuals on mandatory isolation and/or on precautions for suspected or confirmed COVID-19 or influenza, irrespective of vaccination status, the visit should occur in the individual's bedroom.

- In residential facilities actively affected by communicable respiratory viral infections such as COVID-19 or influenza, visitors must undergo a symptom and temperature check by the facility staff.
- Visitors must be provided with a surgical face mask if they do not arrive with one. The surgical face mask is to be properly worn throughout the entirety of the visit. Note that the use of cloth masks, or other homemade masks (e.g., bandanas, scarves) is not allowed for visitors to wear during visitation.
- All visits should be pre-scheduled in residential facilities that are actively affected by a communicable respiratory viral illness such COVID-19 or influenza and approved by the provider agency. Visits shall be staggered so as to avoid multiple families visiting in a shared space at one time and to ensure adequate time to clean and disinfect any common areas or high touch surfaces between visits.
- Number of visitors is to be limited based on the size of the facility and space allocated for visits.
- When multiple individuals are expecting visitors, facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.
- Providers are to thoroughly discuss the potential risks and benefits of the visitor's presence with the visitor and resident ahead of a scheduled visit.
- All visitors should be 18 years of age or older, except in rare exceptions as determined by the facility.
- Visitors must perform hand hygiene upon arrival and perform hand hygiene throughout the visit.
- Visitation is encouraged to occur outdoors, if weather permits.
- Visitation inside the facility shall only occur in a designated area where cleaning and disinfection, social distancing, and separation from other residents can be safely implemented.
- Facilities shall maintain a daily log of all visitors, which shall include names and contact information, as well as the location within the facility/property that visitation occurred.

F. Transportation for Medical Care for Individuals Under Quarantine/Isolation

- Those individuals who have been exposed to COVID-19 or influenza, or who are required to wear a mask for other reasons (i.e., post isolation period) are to also wear the mask during non-public transportation.
    - Masking and social distancing is not required for individuals who are not under quarantine or isolation on non-public transport vehicles.
- Any individuals utilizing public transportation are to be encouraged to mask.
- If transporting an individual who is presumed positive or has tested positive for COVID-19 or influenza, the interior of the vehicle must be thoroughly cleaned and disinfected after use and before additional individuals are transported.
- Where appropriate and safe, windows should be rolled down to permit air flow.

G. Health Checks for Staff

- Health checks must be implemented for all communicable respiratory viral infections when a residential facility is under restriction, precautions, and/or isolation for all direct support professionals and other facility staff at the beginning of each shift, and every 12 hours thereafter if still on duty. This includes all personnel or visitors entering the facility, regardless of whether they are providing direct care to individuals (e.g., nursing, physical/occupational therapists, survey staff).
- This monitoring must include a communicable disease symptom screen, including any new or worsening symptoms that may be attributed to a current outbreak, as well as a temperature check. Staff performing these health checks must wear a surgical face mask and gloves.
- A written log must be maintained regarding staff passing/failing the health screen.
- When the residential facility is no longer under restriction, precautions and/or isolation, the health checks may be discontinued.

H. Health Checks for Individuals

- Health checks must be implemented for all individuals living in a residential facility certified or operated by OPWDD, when there are individuals who are positive, presumed positive (pending testing) or who are exhibiting symptoms of a communicable respiratory viral infection.
- Check each individual in affected residential facilities once per shift. This monitoring must include symptoms check and temperature check.
    - Individuals do not need to be woken up during the night for symptoms and temperature check, however, monitoring is to continue at night to ensure individuals are not having any breathing difficulty, sweating, etc. Should any symptoms be noted, immediately notify the RN.
- The site must maintain a written log of these data.
- If the individual's symptoms worsen, notify their healthcare provider, or call 911 if it is deemed an emergency per the agency's policy or protocol.
- When the residential facility is no longer under restriction, precautions and/or isolation, the health checks may be discontinued.
- NOTE: If the individual is out of the home for programming, the check that was due while the individual was away may be skipped. Residential facility staff are responsible for documenting that the health check was not obtained, and why.

I. Staffing Practices / Staff Movement

- Staff are to be instructed to not report to work ill.
- All residential facility staff with relevant signs or symptoms of a communicable respiratory viral infection or with a temperature greater than or equal to 100.0 degrees F (37.8° C) must immediately be sent home, notify their supervisor, and should be directed to contact their medical care provider.
    - If symptoms emerge while at work, staff must notify a supervisor and be immediately sent home.
- Staff who test positive for COVID-19, influenza or both and are directed to isolate must notify their supervisor.
- Do not float staff between units or between individuals to the extent possible.
- Cohort individuals with the same suspected or confirmed communicable respiratory viral infection , such as COVID-19 or influenza, with dedicated health care and direct support professionals, to the extent possible.
- Efforts should be made to confirm the diagnoses of cohorted individuals.
- Minimize the number of staff entering an individual's room.
- Maintain similar daily staff assignments into or out of sites that serve individuals with a confirmed or suspected diagnosis.

J. Dining / Group Activities

- When a residential facility is affected by a communicable respiratory viral infection, communal dining must be cancelled until such time that the residential facility is no longer on isolation and/or precautions.
- Consider scheduling meals so that physical distancing can be maintained.
- Individuals who are isolated are to have meals in their rooms. Meals must be supervised for an individual's safety and all individual-specific dining plans must be followed. Meals for those who are on precautions can be staggered so that social distancing can be maintained.
- In those instances where social distancing cannot be maintained, group activities are to be cancelled until such time that the residential is no longer on isolation and/or precautions.

K. Programming

Programming may resume for an individual with confirmed COVID-19 or influenza upon the completion of the required activity restriction, precautions and/or isolation period, provided:

1. symptoms are improving.
2. the individual has been without a fever of 100.0 degrees F (37.8° C) or greater for 24 hours without the use of fever-reducing medication; and
3. there is no evidence of on-going transmission in the residential facility.

If the outcome of COVID-19 testing is negative, but the individual has an influenza diagnosis or ILI, all of the control measures listed above must remain in place; however, the activity restriction is reduced from 10 days to 7 days from the onset of symptoms.

Programming may resume for the individual with an i*nfluenza* diagnosis upon the completion of the 7-day period provided:

1. the individual has completed at least 5 days of antiviral medication; and
2. the individual is asymptomatic and has been without a fever of 100.0 degrees F (37.8° C) or greater without the use of fever-reducing medication for 24 hours; and
3. there is no evidence of ongoing transmission in the residence.

NOTE: If the primary care provider determines that an individual cannot or should not have antiviral medication therapy, criteria (2) and (3) above must be met prior to the person returning to program.

For those individuals who are exposed to a person with ILI or confirmed influenza, normal programming may resume after the 7-day period provided:

1. the individual has completed at least 5 days of a course of prophylactic medication if indicated; and/or
2. the individual is asymptomatic of influenza-like-illness (ILI) and afebrile.

Exposure is defined as a close contact with an infected person. A close contact for influenza is defined as persons within approximately 6 feet or within the room or care area of an individual confirmed or suspected as having influenza for a prolonged period of time, or who had direct contact with infectious secretions while the individual was likely to be infectious (beginning 1 day prior to illness onset and continuing until resolution of illness).

A close contact for COVID-19 is someone who was less than 6 feet away from the infected person (laboratory-confirmed or clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period (e.g., three individual 5-minute exposures for a total of 15 minutes). This can happen when staff provide care for a person with a confirmed or suspected case of COVID-19, family members of a

confirmed or suspected case, people who lived with or stayed overnight with a confirmed or suspected case, and others who have had similar close or direct contact in a community or workplace environment.

If there is evidence of ongoing transmission of influenza or ILI in the residential facility, activity restrictions are to be extended for 7 days beginning on the day of the last onset of symptoms or exposure from the most recent case.

Protocols and Guidelines to Follow in Day Programs When an Individual Has Tested Positive for Influenza and/or COVID-19, or are Presenting with ILI or Other Communicable Respiratory Viral Infections

Day programs certified or operated by OPWDD, where an individual has been diagnosed with COVID-19, ILI or confirmed influenza, need to **assess** the pattern of interaction among participants and staff. This provides an opportunity to identify who may have been exposed to the virus(es). Notification is to be sent to **all** residential facilities/homes that have individuals attending the day program, including families of individuals who live at home, informing them that there may have been an exposure to COVID-19 and/or influenza or ILI. Day program and residential staff, including nurses, must stay in regular and frequent communication regarding all respiratory viral infections. Daily communication is essential. The day program supervisory staff must notify the residential nurse of any respiratory illness, ILI, confirmed case of influenza, or a suspected or confirmed case of COVID-19. The residential nurse must notify the day program nurse/supervisory staff of the same. The day program nurse and/or supervisory staff and the residential nurse are to coordinate their efforts in the management of influenza or COVID-19. This same type of communication is to occur between the day program and individual's caregivers as appropriate and to the extent possible.

Individuals and staff, including bus drivers, bus aides, cafeteria workers and others who have been exposed to ILI, confirmed influenza, or suspected / confirmed COVID-19 are to be notified of their exposure and should be advised to consult with their primary care provider regarding prophylaxis if indicated. Regardless of their vaccination status precautions must be implemented until such time that they have been cleared per OPWDD's documents dated June 20, 2023 titled, "Revised Protocols for the Implementation of Isolation and/or Precautions for Individuals Exposed to COVID-19 Residing in OPWDD Certified Facilities", and "Revised Protocols for Personnel in Clinical and Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection" (or any subsequent updates to these documents).

6. STAFF CONSIDERATIONS

The following staff considerations should also be implemented to help protect against and reduce the spread of communicable respiratory viral infections:

1. Educate staff about the benefits of vaccination and receiving the most updated vaccinations, the signs and symptoms of communicable respiratory viral infections, and the potential health consequences of influenza and COVID-19 illness for themselves, their family members, and the individuals for whom they provide care.
2. Encourage all staff, including temporary and part-time staff and volunteers, to get vaccinated against influenza and COVID-19. Additional emphasis should be placed on the importance of vaccination of staff that provide direct care supports such as staff who provide assistance with activities of daily living such as feeding and bathing and therefore are likely to have close contact with individuals who could carry the virus.
3. Staff should be encouraged, but not required, to report the receipt of the influenza and/or COVID-19 vaccine to their infection control officer or their nursing management.
4. A staff person who is present at work and is exhibiting symptoms of a communicable respiratory viral infection such as COVID-19, influenza or ILI must leave work to decrease

the risk of spread of the disease. Supervisory staff are to be notified.

For State Operated Facilities only: If such staff person refuses to leave the work location, Human Resources may place the employee on an involuntary leave of absence if there is probable cause to believe that their continued presence on the job represents a potential danger to persons or would severely interfere with operations. If after regular business hours, the Administrator On Duty may send the employee home and must contact Human Resources Office at the first available opportunity.

For Non-State Operated Facilities: Agencies are to develop a policy related to staff who become ill at work and educate staff about its provisions. If a staff person becomes ill at work, the agency will proceed according to its policy. Absent such a policy, if such staff person refuses to leave work, the agency is to take lawful and appropriate action pursuant to any applicable collective bargaining agreement and/or personnel policies.

7. ADDITIONAL RESOURCES

Visit the CDC website and/or the NYS Department of Health website for additional information on Influenza, COVID-19, or any other communicable respiratory viral infections:

https://www.cdc.gov

https://www.health.ny.gov

If you have any questions or concerns, or require assistance in implementing these management strategies, please contact George B. Shaw, RN, BS, Director of Nursing and Health Services at:

Nursingandhealthservices@opwdd.ny.gov