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

Management of Communicable Respiratory Diseases Guidance

November 14, 2022

Management of Communicable Respiratory Diseases

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. In October 2020, OPWDD issued a 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 will begin issuing guidance on the Management of Communicable Respiratory Diseases. This guidance will supersede the "Management of Co-Circulation of Influenza and COVID-19 Infections" as well as, the annual "Management of Influenza in Facilities Operated or Certified by OPWDD" document. This new guidance document applies to providers of services to individuals with intellectual and/or developmental disabilities (I/DD) 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 developmental disabilities.

1. WHAT IS A COMMUNICABLE RESPIRATORY DISEASE?

Many of the germs that cause communicable respiratory diseases 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 diseases, COVID-19, and Influenza, examples of other identified communicable respiratory diseases include, but are not limited to the following, and infection control measures will be similar:

- Tuberculosis (Airborne precautions)
- Measles (Airborne, contact and droplet precautions)
- Varicella (Contact precautions, unless this is someone who is immunocompromised or there is evidence of disseminated disease, in which case it would require Airborne, contact and droplet precautions)
- Influenza (Droplet precautions)
- Respiratory Syncytial Virus (RSV) (Droplet and contact precautions)
- COVID-19 (Droplet and contact precautions).

The following is a link to a review that contains a comprehensive listing of infectious diseases and the precautions required: https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf

2. SIMILARITIES AND DIFFERENCES BETWEEN INFLUENZA AND COVID-19

Influenza and COVID-19 are both contagious respiratory illnesses but are different viruses. COVID-19 is caused by infection with a coronavirus. 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 just by looking at the symptoms alone because they have some of the same 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.

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
- 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 degrees (37.8° C) and a cough or sore throat, they are considered to have "Influenza-like Illness" (ILI) and should be treated the same as if they had diagnosed influenza. COVID-19 can also cause similar symptoms, as well as some 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.

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. Also, persons treated with influenza antiviral medications continue to transmit influenza virus while on treatment.

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. Patients with poor immune systems may remain contagious for up to 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 PCR testing. Which test to be used may be determined by the provider. This may be in collaboration with their Local Department of Health (LDOH) and/or a physician.

3. PREVENTION OF TRANSMISSION OF A COMMUNICABLE RESPIRATORY DISEASE

As noted earlier in this document the two primary communicable respiratory diseases that are currently seen in the community are COVID-19 and Influenza. The primary means of preventing both of these diseases or decreasing the severity of both is **vaccination**. Vaccination is also important to prevent other communicable diseases such as measles, mumps, and varicella.

Preventing transmission of communicable diseases within OPWDD settings requires a multi-faceted approach. It is important to note that older adults and those living in congregate care settings, 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

The most effective strategy for preventing both COVID-19 and influenza is **vaccination**. The Influenza vaccine is recommended for ALL people over the age of 6 months. It will continue to be important, to reduce influenza prevalence and severity through influenza vaccination 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. COVID-19 vaccination helps protect you by creating an antibody response without you having to experience illness. Additionally, getting vaccinated helps to protect those around you as well, such as co-workers, family, friends, and the individuals you support, especially those at high risk for serious complications from influenza or COVID-19. In addition to the primary vaccination series for COVID-19, boosters are recommended and strongly encouraged for everyone, including employees and the individuals we support. Currently, in order to be considered up to date on COVID-19 vaccinations, this must include the most current booster available that you are eligible for. CDC guidelines on this can be found at: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

As with influenza, getting the vaccine does not mean you will not get COVID-19. But it may decrease the severity of the illness if you do get it. It is also important to remember that even if you have already had COVID-19, you should get the 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 diseases including adherence to hand hygiene and respiratory etiquette. Providers may determine how and in what form this education may be provided 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;

- Standard precautions, hand hygiene, respiratory etiquette, environmental cleaning, and proper use of personal protective equipment 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

Droplet precautions are utilized when an individual has a communicable disease 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.

- Use of gloves and a surgical face mask at a minimum, when providing care for an individual with a viral illness.
- Providing a surgical face mask to individuals who have a viral illness such as Influenza, Influenza-Like Illness 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 individuals 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 / disinfected as per the manufacturer's instructions before use with another individual.
- N95 respirators should be utilized as per the provider agencies' specific policy and procedure regarding the use of filtering face-piece respirators.

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

Surveillance

Facilities should monitor Influenza activity reports published weekly by the NYSDOH to remain aware of current rates of influenza activity in their local communities. Such information can be found by visiting the NYS Department of Health website 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 are summarized below:

Facilities are encouraged to review the full Influenza Surveillance Reporting Requirements report issued by NYSDOH by visiting the NYS Department of Health website.

"Under New York State public health law, 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."

For facilities operated or certified by OPWDD:

- Single cases of laboratory-confirmed influenza or clinician-diagnosed ILI do not need to be reported to the Local County Health Department (LHD) where the individual resides.
- DOH requires all clinical labs or physician office labs (POLs) or healthcare providers conducting point of care (POC) influenza testing to report influenza test results (positive and negative) immediately (within 3 hours of receiving the results) through the Electronic Clinical Laboratory Reporting System (ECLRS). Note that it is not the responsibility of the OPWDD facility to report lab results.
- Facilities are required to report clusters of Influenza-like Illness or laboratory-confirmed Influenza to the Local County Health Department where the outbreak is occurring.
    - In this case, identification of ongoing transmission of ILI or laboratory-confirmed influenza cases in individuals or staff within a residence, program or other setting would be considered a clusterand should be reported to the LHD.
- Facilities are also required to report the following to the LHD:
    - Reporting of all influenza-associated deaths is as per NYS DOH requirements.
    - Suspected or confirmed cases of any novel influenza A virus (including viruses suspected to be of animal origin).
    - Suspected lack of response to antiviral therapy (e.g., ongoing severe disease despite a full course of antiviral therapy).

Facilities should 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:

- In the event that OPWDD has conducted testing, reporting of a positive COVID-19 diagnosis must be made immediately to the Electronic Clinical Laboratory Reporting System (ECLRS).
- Labs must only submit results if they are the site performing the test.
- Any technical questions with regard to reporting to this system should be directed to (866) 325-7743 or eclrs@health.state.ny.us
- Reporting of COVID-19 information is also made to OPWDD. All providers must follow current OPWDD guidance for reporting of positive COVID-19 cases. Current guidance can be found on OPWDD's website.

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. Visit the CDC website to find information regarding individuals who are at high risk for complications associated with influenza: https://www.cdc.gov/flu/highrisk/index.htm.

Additional information regarding individuals who are at high risk for complications associated with COVID-19 can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html

Identification of Individuals at High Risk for Complications of Influenza and/or COVID-19

People noted for being at high risk for developing influenza or COVID-19 related complications include:

- Children younger than 5, but especially children younger than 2 years old;
- Adults 65 years of age and older;
- Pregnant women;

- Residents of nursing homes and other long-term care facilities;
- American Indians and Alaskan Natives;
- People who have medical conditions, including:
    - Asthma;
    - Neurological and neurodevelopmental conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy, stroke, intellectual/developmental disability, moderate to severe developmental delay, musculardystrophy, or spinal cord injury). NOTE: Having such conditions may also compromise a person's ability to manage respiratory secretions.
    - Chronic lung disease (such as Chronic Obstructive Pulmonary Disease [COPD] or cystic fibrosis);
    - Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease);
    - Blood disorders (such as sickle cell disease);
    - Endocrine disorders (such as diabetes mellitus);
    - Kidney disorders;
    - Liver disorders;
    - Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders);
    - Weakened immune system due to disease or medication (such as people with Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS),cancer, or those on chronic steroids);
- People younger than 19 years of age who are receiving long-term aspirin therapy;
- People who are morbidly obese (Body Mass Index [BMI] of 40 or greater); or
- People who have had a stroke.

Treatment of Influenza and/or COVID-19 with Antiviral Medications

With the risk of co-circulation of influenza viruses and COVID-19 virus, decisions about starting antiviral treatment for patients with suspected influenza should not wait for laboratory confirmation of influenza virus infection. Influenza and COVID-19 have overlapping signs and symptoms. Testing can help distinguish between influenza and COVID-19 infection. However, clinicians should not wait for the results of influenza 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 physician.

The Centers for Disease Control (CDC) advises that early antiviral treatment may prevent or shorten the duration of fever and illness symptoms and may reduce the risk of complications

Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of influenza illness onset. Visit the CDC website at the links below to find the most up-to-date recommendations on antiviral treatment of influenza and medications that can be used to treat or prevent influenza.

Influenza - https://www.cdc.gov/flu/treatment/index.html

COVID-19 - https://www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.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 residences and programs. 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 disease. 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 prophylaxis use, monoclonal antibodies, or the use of supportive care such as supplemental oxygen. The appropriate treatment decision for an individual will be made by their physician.

Protocols and Guidelines to Follow in a Home When an Individual Has Tested Positive for Influenza and/or COVID-19, or are Presenting with ILI or other Respiratory Diseases

Residential programs 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 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 will be adhering 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 November 14, 2022 (or any subsequent updates to this document) to determine the length of time any precautions or isolation should 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 mentioned document.

- Every effort should be made to separate individuals who are either infected or presumed to be infected with COVID-19/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 unless they are not able to tolerate wearing one.
- When COVID precautions and/or influenza restrictions are in place in a residence, any exposed staff must wear a surgical face mask at all times while at work. The use of cloth masks or other face coverings such as scarves/bandanas or masks with vents on them are not acceptable.
- 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 November 14, 2022 (or any subsequent updates to this document).
- If the individual tests positive for *influenza*, all of the protocols remain in place, however, the activity restrictions would change to 7 days.
- 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 direct support staff and clinicians, to protect themselves, individuals, and others, when providing care. PPE helps protect staff from potentially infectious individuals and 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 Personal Protective Equipment (PPE) protocol is required when staff are working in a home that is under

precautions or isolation. or where there are individuals within that home who have a diagnosed communicable respiratory disease.

- 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 November 14, 2022 (or any subsequent updates to this document).
- Staff working in a home that is under precautions and/or isolation must wear a surgical face mask when around ill individuals. Staff should follow their agency policy regarding when and under what circumstances an N95 respirator must be used.
- Staff may wear the same surgical face mask when caring for multiple individuals with suspected or confirmed COVID-19 or Influenza without removing between individuals. Masks should be changed when soiled, wet, or damaged.
- Touching of masks should be limited to putting the mask on and taking it off. Hands should be washed before and after touching the mask.
- When wearing masks, they should cover the mouth and the nose at all times.
- Individuals should 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.
- 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 acceptable.
- If splashes or sprays are anticipated, or when providing care to an individual who is presumed or confirmed with COVID-19, use a face shield covering the entire front and sides of the face. Goggles are acceptable if face shields are not available.
- N95 respirators should be utilized as per the provider agencies’ specific policy and procedure regarding the use of filtering face-piece respirators.
- Gloves should be worn upon entry to an isolated individual’s room or care area.
- Gloves should 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.

C. Hand Hygiene

- Hand hygiene should be completed:
  - After you have been in a public place and touched 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 your eyes, nose, or mouth
  - Before and after removal of gloves
  - 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
- Alcohol based hand sanitizers are the most effect products for reducing the number of germs on the hands of healthcare providers.
- Staff should 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 should be readily available throughout the residential setting.
- At a minimum, there should be hand sanitizer station 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 home 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 refillable pocket size hand sanitizers on their person.

D. Environmental Hygiene

The transmission of communicable respiratory diseases can be reduced by maintaining a germ-free environment. The following measures should be taken at all facilities that are affected by COVID-19, Influenza, or any other communicable respiratory disease:

- Using an EPA registered 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 any surfaces that may have blood, stool, or body fluids on them using an EPA registered disinfectant according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product, including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product. Blood spills should be cleaned up as per OSHA's Bloodborne Pathogen standard 29 CFR 1910.1030.
- If the residence requires the use of a shared bathroom, bathroom surfaces must be cleaned after every use.
- Avoid sharing household items with the individual. Individuals should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. After the individual uses these items, wash them thoroughly.
- Wash laundry thoroughly. Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.
- Staff should wear disposable gloves while handling soiled items and keep soiled items away from the body.
- Staff should clean their hands with soap and water or an alcohol-based hand sanitizer immediately after removing gloves.
- Read and follow directions on labels of laundry or clothing items and detergent. In general, use a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.
- Place all used disposable gloves, facemasks, and other contaminated items in a lined container before disposing of them with other household waste. Staff should clean their hands with soap and water or an alcohol-based hand sanitizer immediately after handling these items. Soap and water should 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 health department or healthcare provider, as needed.

E. Visitation and Community Outings During Outbreak of Illness

When providing visitation opportunities, certified residential facilities must follow the core principles of infection control and prevention as noted below. Note that a person is considered up to date with their COVID-19, vaccines if they have completed a COVID-19 vaccine primary series and received the most recent booster dose they are eligible for, as recommended by the CDC. Current information on this can be found at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html?s_cid=11747:cdc%20up%20to%20date%20vaccination:sem.ga:p:RG:GM:gen:PTN:FY22

- People who are up to date on vaccinations should not be prohibited from visiting onsite as a result of exposure to COVID-19 or influenza, as long as they have not tested positive and remain asymptomatic.

- Individuals in mandatory isolation and/or on precautions with suspected or confirmed COVID-19 or Influenza, irrespective of vaccination status, should not have visitors outside of compassionate care or end-of-life.
- Facilities shall set appropriate hours during which visitation may occur, based upon the size, and needs of the home, staffing available and ability to implement appropriate cleaning and disinfection immediately following any visit.
- All visits must be pre-scheduled in homes that are currently (actively) affected by 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 should be limited based on the size of the facility and space allocated within the home 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 should 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.
- Prior to any visit in any home where someone has tested positive, is presumed positive (pending testing) or where individuals are exhibiting signs or symptoms of a communicable respiratory illness, visitors must undergo symptom and temperature checks by facility staff and shall be denied visitation if they report any symptoms of a communicable respiratory disease, such as COVID-19 or influenza. They shall be denied visitation if they report any such symptoms during the prior 14 days or have a temperature over 100.0 degrees Fahrenheit.
- In homes currently (actively) affected by COVID-19 or Influenza visitors must be provided with a surgical face mask if they do not arrive with one. The surgical face mask must be properly worn throughout the entirety of the visit. . Note that the use of cloth masks, or other homemade masks (e.g., bandanas, scarves) are not acceptable for visitors to wear during visitation.
- Visitors who refuse to wear a surgical face mask when directed must be asked to leave the facility.
- Visitors must sanitize their hands upon arrival and perform meticulous hand hygiene throughout the visit.
- Visitation is encouraged to occur outdoors if weather permits.
- Visitation exercised 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

- Masking and social distancing is not required for individuals on non-public transport vehicles.
- Those individuals who have been exposed to COVID-10 or Influenza, or who are required to wear a mask for other reasons (i.e., post isolation period) should also wear the mask during non-public transportation.
- Any individuals utilizing public transportation should 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 should 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 should be implemented for all communicable respiratory diseases including at such time that a residence is under restriction e.g., due to Influenza or precautions and/or isolation (e.g., due to COVID - 19) 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 the current outbreak, as well as a temperature check. Staff performing these health checks must have on a surgical face mask and gloves.
- A written log should be maintained regarding staff passing/failing the health screen.
- When the residence is no longer under restriction, precautions and/or isolation, the health checks may be discontinued.

H. Health Checks for Individuals

- Health checks should be implemented for all individuals living in a residential facility certified or operated by OPWDD, as well as individuals receiving services in certified non-residential settings when there are individuals who are positive, presumed positive (pending testing) or who are exhibiting symptoms of a communicable respiratory disease.
- Check each individual in affected homes once per shift. This monitoring must include symptoms check and temperature check.
- Individuals do not need to be woken up during the night for this, however, should still be checked to ensure they are not having any breathing difficulty, sweating, etc. Should any symptoms be noted, the RN should be immediately notified.
- The site should maintain a written log of this 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 residence is no longer under restriction, precautions and/or isolation, the health checks may be discontinued.

I. Staffing Practices / Staff Movement

- Staff should not report to work ill.
- All facility staff with relevant signs or symptoms or with a temperature greater than or equal to 100.0 F should immediately be sent home and should be directed to contact their medical care provider.
- Staff who test positive 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 suspected or confirmed COVID-19 with dedicated health care and direct support professionals, to the extent possible.
- 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.
- Any staff member showing symptoms consistent with a communicable respiratory disease should be directed to stay home and notify their supervisor, or if the symptoms emerge while at work, sent home immediately.

J. Dining / Group Activities

- When a home is affected by a communicable respiratory disease, communal dining should be cancelled until such time that the residence is no longer on isolation and/or precautions.
- Consider scheduling meals so that physical distancing can be maintained.
- Individuals who are isolated should have meals in their rooms. Meals should be supervised for an individual's safety and all individual-specific dining plans must be followed. Meals for those who are on precautions should be staggered so that social distancing can be maintained.
- In those instances where social distancing cannot be maintained, group activities should be cancelled until such time that the residence 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*F degrees or greater for 24 hours without the use of fever-reducing medication; and
3. there is no evidence of on-going transmission in the residence.

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 would be reduced from 10 days to 7 days from the onset of symptoms.

Programming for the individual with an i*nfluenza* diagnosis may resume 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 Fahrenheit 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.

A close contact 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. For example, three individual 5-minute exposures for a total of 15 minutes. This can happen when staff provide care for a confirmed or suspected case, 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 residence, activity restrictions should be extended for 5 days beginning on the day of the last onset of symptoms or exposure from the most recent case.

L. Day Program Considerations

Day programs 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** residences/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 illnesses. 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 orconfirmed 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 should 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. Those who are not up to date on their COVID-19 vaccinations must implement precautions until such time that they have been cleared per OPWDDs document titled "Revised Protocols for the Implementation of Isolation and/or Precautions for Individuals Exposed to COVID-19 Residing in OPWDD Certified Facilities", dated November 14, 2022 (or any subsequent updates to this document). While it is not an expectation that contact tracing be completed after exposure, it is expected that any staff or individuals who have been exposed are notified of such exposure to the extent possible.

6. STAFF CONSIDERATIONS

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

1. Educate staff about the benefits of vaccination and boosting, the signs and symptoms of respiratory illness, 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 carry the virus.
3. Staff should be encouraged, but not required, to report the receipt of influenza and/or COVID-19 vaccine to their infection control officer or their nursing management.
4. Staff subject to the Center for Medicaid and Medicare Services (CMS) COVID-19 vaccination mandate must report their vaccination per their agency policy.
5. A staff person who is present at work and is exhibiting symptoms of a communicable respiratory disease such as COVID-19, influenza or ILI must leave work to decrease the risk of spread of the disease. Supervisory staff should 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 his/her 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 should 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 should 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 websites for additional information on Influenza, COVID-19, or any other Communicable Respiratory Diseases:

https://www.health.ny.gov

https://www.cdc.gov

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

Nursingandhealthservices@opwdd.ny.gov