Respiratory Virus Guidance for Congregate Living Settings

October 11, 2024

This guidance summarizes the Rhode Island Department of Health's (RIDOH's) recommendations for congregate living settings to **prepare** for, **respond** to, and **control** respiratory viruses such as COVID-19, influenza (flu), and respiratory syncytial virus (RSV). Congregate living settings include long-term care facilities, assisted living residences, group homes, and corrections and detentions. This guidance also includes recommendations for settings that provide skilled nursing care, such as nursing homes, and healthcare professionals (HCP) who enter those facilities to provide skilled nursing care.

The structure of this guidance mirrors the Centers for Disease Control and Prevention's (CDC's) Viral Respiratory Pathogens Toolkit for Nursing Homes. RIDOH has adapted that toolkit to integrate state-specific recommendations. For community-level recommendations, visit the CDC's Respiratory Virus Guidance.

⚠ ACTION: PREPARE for respiratory viruses

Vaccinate	Provide recommended vaccines to residents and HCP and provide information (e.g., posted materials, letters) to families and other visitors encouraging them to get vaccinated. Utilize pharmacy and public health partners to ensure access to indicated vaccines for residents and HCP. • COVID-19 vaccination. Congregate living residents who aren't up to date with their COVID-19 vaccines when they arrive at the facility should follow CDC guidance for COVID-19 vaccines. CDC and the CDC's National Healthcare Safety Network (NHSN) have additional reporting requirements for long-term care facilities. • Influenza vaccination • RSV immunizations for at-risk populations HCPs should also be familiar with and follow Rhode Island's Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7) - Rhode Island Department of State guidance.
Allocate Resources	Ensure that resource limitations (e.g., personal protective equipment (PPE), alcohol-based hand sanitizer) do not prevent HCP from adhering to recommended infection prevention and control (IPC) practices. Plan for situations (e.g., multiple symptomatic individuals) that may require increased supplies. Have a process for monitoring supplies availability and access.
Monitor and Mask	Use RIDOH's Respiratory Virus Data Dashboard to track respiratory virus activity in the community. During times of increasing spread, consider having visitors and HCP wear a mask at all times in the facility. At a minimum, consider having residents wear a mask when outside of their rooms.
Educate	Ensure everyone, including residents, visitors, and HCP, are aware of recommended IPC practices in the facility, including testing and masking after close contact with someone with COVID-19. Encourage visitors with respiratory symptoms to delay non-urgent in-person visitation until they are no longer infectious. Education should include when specific IPC actions are being implemented in response to new infections in the facility or increases in respiratory virus levels in the community. **Resources:** Infection Control Guidance: SARS-CoV-2 | COVID-19 | CDC
Ventilate	To improve indoor air quality and reduce the risk of airborne infections, it's essential to focus on both air circulation and ventilation as outlined in the CDC guidance Ventilation in Buildings. To implement the more technical recommendations below, collaborate with your facilities management team or another appropriate resource. **Increase Air Circulation and Ventilation** • Open windows and doors when possible or, if conditions allow, gather outdoors where virus particles disperse more easily. • Ensure heating, ventilation, and air conditioning (HVAC) systems are well-maintained, filters are changed regularly, and systems are set to circulate more air when people are present. • Upgrade central HVAC systems to MERV-13 or higher filters, especially when outdoor air options are limited, if the system allows. **HEPA Filtration** Portable HEPA units can help clean indoor air, especially when central HVAC systems are unavailable or in repair. However, they don't satisfy fresh-air requirements, and their effectiveness depends on room configuration, furniture placement, location of air registers, and room size.

Ventilate (continued)	**Optimize Engineering Controls** • Explore and implement options for enhancing ventilation in patient rooms and shared spaces using the most effective strategies outlined in the CDC ventilation guidelines. • Consider installing ultraviolet germicidal irradiation (UVGI) systems as a supplemental treatment to inactivate airborne viruses. These systems are particularly useful in areas where enhanced ventilation is challenging. **Achieve Proper Air Changes per Hour (ACH)** Aim for 5 or more ACH. You can do this through a combination of central ventilation, natural ventilation, or portable air cleaning devices. The CDC suggests that a higher ACH can significantly reduce the concentration of airborne contaminants in indoor spaces. **Other Resources** • Infection Control Guidance: SARS-CoV-2 | COVID-19 | CDC • Technical Resources | ashrae.org
Test and Treat	Develop plans to provide rapid clinical evaluation and intervention to ensure residents receive timely treatment and/or prophylaxis when indicated. • Ensure access to respiratory viral testing with rapid results (i.e., onsite or send-out testing with results available within 24 hours). Testing results can inform recommended treatment and IPC actions. • Establish pharmacy connections to enable the use of any available respiratory virus treatments or prophylaxis.

⚠ ACTION: RESPOND when a resident or HCP develops signs or symptoms of a respiratory viral infection

When an acute respiratory infection is identified in a resident or HCP, it is important to take rapid action to prevent the spread to others in the facility. While decisions about treatment, prophylaxis, and the recommended duration of isolation vary depending on the pathogen, IPC strategies, such as placement of the resident in a single-person room, use of a facemask for source control, and physical distancing, are the same regardless of the pathogen.

Prevent Spread: Residents	Apply appropriate Transmission-Based Precautions for symptomatic residents based on the suspected cause of their infection.
	• When available, residents can be placed in a single-person room to minimize the risk of transmission to roommates. Moving residents to a single room is often not practical (e.g., limited rooms available), and in those situations, residents could remain in their current location. In shared rooms, consider ways to increase ventilation, such as using in-room HEPA air cleaners. Use of masks at all times by both residents while in the room might also reduce the risk of transmission but is often impractical and not routinely recommended.
	  ◦ Symptomatic residents should not be placed in a room with a new roommate unless they have both been confirmed to have the same respiratory infection.
	  ◦ Roommates of symptomatic residents—who have already been potentially exposed—should not be placed with new roommates, if possible. They should be considered exposed and wear a mask for source control around others.
	• Residents placed in Transmission-Based Precautions for acute respiratory infection should primarily remain in their rooms except for medically necessary purposes. If they must leave their room, they should practice physical distancing and wear a mask for source control. The resident should be removed from Transmission-Based Precautions as soon as they are deemed no longer infectious to others.

Recommendations for Key Respiratory Infections/Conditions

Adapted from Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions | CDC

Infection/Condition	COVID-19
Precaution Type	Airborne + Droplet + Contact + Standard
Additional Notes	Airborne preferred; Droplet if AIIR unavailable. N95 or higher respiratory protection; surgical mask if N95 unavailable; eye protection (goggles, face shield); aerosol-generating procedures and "supershedders" highest risk for transmission via small droplet nuclei and large droplets. Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions | CDC
Isolation (except **Nursing Homes** below)	**Symptomatic person** Isolate for at least 24 hours after: • Symptoms have improved **AND** • Fever-free without fever-reducing medications Take precautions for 5 days after resuming normal activities: • Cleaner air • Masking • Physical distancing • Testing when you will be around other people indoors **Asymptomatic person** Take precautions for 5 days after date of positive COVID-19 test result during normal activities: • Cleaner air • Masking • Physical distancing • Testing when you will be around other people indoors **People who develop new symptoms** after resuming normal activities should return to staying at home/isolation.

Isolation:
Nursing Homes
	Isolation starts on the first day of symptoms (day 0) or on the day of a positive test if there are no symptoms (asymptomatic) (day 0).
	• **Residents who are asymptomatic** isolate at least 10 full days since the date of their first positive test.
	• **Residents with mild to moderate illness** isolate:
	  ◦ At least 10 full days since symptoms first appeared / date of the first positive test **AND**
	  ◦ Fever free for 24 hours without fever-reducing medications **AND**
	  ◦ Symptoms have improved
	People with severe to critical illness or who have moderately to severely compromised immune systems may be contagious for a longer time. Consult an HCP to determine when to end isolation and other precautions.
	Infection Control Guidance: SARS-CoV-2 | COVID-19 | CDC

Recommendations for Key Respiratory Infections/Conditions (continued)

Adapted from Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions | CDC

Infection/Condition	Influenza
Precaution Type	Droplet + Standard
Isolation	Implement Droplet Precautions for residents with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms. Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities | CDC

Infection/Condition	Respiratory Syncytial Virus (RSV)
Precaution Type	Contact + Standard
Isolation	Duration of illness
Additional Notes	Wear mask according to Standard Precautions. In immunocompromised patients, extend the duration of Contact Precautions due to prolonged shedding. Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions | CDC

Infection/Condition	Other Respiratory Illnesses
Precaution Type	Depends on pathogen
Isolation	Depends on pathogen
Resources	• Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions | CDC • Appendix A: Table 2. Clinical Syndromes or Conditions Warranting Empiric Transmission-Based Precautions in Addition to Standard Precautions | CDC

Prevent Spread: Healthcare Personnel

HCP who enter the room of a resident with signs or symptoms of an unknown respiratory viral infection that is consistent with COVID-19 should adhere to Standard Precautions and use a NIOSH-approved® particulate respirator with N95® filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face). This PPE can be adjusted once the cause of the infection is identified. Recommendations on PPE for respiratory viruses are available in Appendix A of the 2007 Guideline for Isolation Precautions.

Develop sick leave policies for HCP that are non-punitive, flexible, and consistent with public health guidance to discourage presenteeism and allow HCP with respiratory infection to stay home for the recommended duration of work restriction.

For COVID-19, follow CDC's Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 for work restrictions. In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction, regardless of vaccination status, if they do not develop symptoms or test positive for SARS-CoV-2.

Prevent Spread: Healthcare Personnel (continued)	**For all other respiratory viruses**, monitor personnel absenteeism due to respiratory symptoms and exclude those with influenza-like symptoms from work until symptoms are getting better for 24 hours AND they're fever free without fever-reducing meds for 24 hours. **Resource:** Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC
Test	Test anyone with respiratory illness signs or symptoms. Selection of diagnostic tests will depend on the suspected cause of the infection (e.g., which respiratory viruses are circulating in the community or the facility, recent contact with someone confirmed to have a specific respiratory infection) and if the results will inform clinical management (e.g., treatment, duration of isolation). At a minimum, testing should include COVID-19 and influenza with consideration for other causes (e.g., RSV). **For COVID-19** • Symptomatic and post-exposure testing: Base testing decisions on Infection Control Guidance: SARS-CoV-2 | COVID-19 | CDC. • **Asymptomatic testing**: If the facility is experiencing a COVID-19 outbreak, focused testing of asymptomatic people in the facility may be recommended as a measure to control and prevent further spread of the virus. Testing of asymptomatic persons is not recommended when there's no COVID-19 outbreak. **For Other Respiratory Illnesses** • Facilities with access to point-of-care antigen tests may test for COVID-19. If test is negative, test for other respiratory pathogens.
Treatment and Prophylaxis	Provide recommended **treatment and prophylaxis** to infected and exposed residents when indicated. **For COVID-19** • Provide COVID-19 treatment for eligible residents with mild-to-moderate COVID-19 with one or more risk factors for severe COVID-19. Be aware of potential drug interactions. Treatment must be started as soon as possible and within 5 days of symptom onset to be effective. **For Influenza** • Provide antiviral treatment immediately for all residents who have confirmed or suspected influenza. • Provide chemoprophylaxis to exposed residents on units or wards with influenza cases (currently impacted wards) as soon as an influenza outbreak is determined. See the guidance for additional chemoprophylaxis recommendations.
Investigate	**Investigate** for potential respiratory virus spread among residents and HCPs. Perform active surveillance to identify any additional ill residents or HCPs using symptom screening and evaluating potential exposures. For COVID-19, testing of exposed individuals is recommended, even if they are asymptomatic. Testing of asymptomatic residents is not recommended for influenza, RSV, or other non-COVID-19 pathogens.

ACTION: CONTROL respiratory virus spread when transmission is identified

Notify the Rhode Island Department of Health when respiratory viral outbreaks are suspected or confirmed. Once spread is identified in a facility, rapid and coordinated action is necessary to prevent further transmission. RIDOH has IPC expertise and might also have access to additional testing resources to identify a potential etiology.

Infection/Condition	Outbreak Reporting Requirement
COVID-19	Report a single positive onsite COVID-19 test result. Follow current guidance for reporting COVID-19 cases and outbreaks in RIDOH's COVID-19 Reporting Results Portal.
Influenza	Report 1 lab-confirmed case of influenza OR 2 cases of influenza-like illness (ILI) within 72 hours of each other. An ILI is defined as a fever **AND** either a cough or a sore throat. A fever is 100.4 F and greater or abnormal temperature for elderly individuals.
Respiratory syncytial virus (RSV)	Report a single case of lab-confirmed RSV
Other respiratory illnesses	Report clusters of similar respiratory illnesses

Report cases of influenza, RSV, and clusters of other respiratory illnesses to the Center for Acute Infectious Disease Epidemiology at **401-222-2577**.

Jurisdictions and/or facilities implementing additional measures that impose restrictions on residents (e.g., quarantine, limitations on communal activities) should carefully consider the risks and the benefits to residents to determine whether these time-limited strategies would be appropriate and have a de-escalation plan. In addition to the actions described in the previous section, consider the following interventions:

Make initial attempts to control limited spread

- Offer and reinforce the importance of vaccination in the facility.
- Consider supplemental measures to improve air circulation and air cleanliness.
- Implement universal masking for source control on affected units or facility-wide, including for residents around others (e.g., out of their room) and for HCP when in the facility.
- Continue active surveillance to identify others with respiratory viral illness (e.g., daily or every shift review of symptoms among residents and HCP) and manage people who were exposed or infected (e.g., use of source control, work restriction for HCP, use of Transmission-Based Precautions).
  - If influenza transmission is occurring, provide recommended treatment and chemoprophylaxis.
  - If COVID-19 transmission is occurring, provide recommended treatment for eligible individuals. Consider implementing broad-based testing as opposed to only testing close contacts to identify asymptomatic infection.
- If transmission is limited to specific units, consider limited quarantine of those units (e.g., restricting those units from group activities or communal dining with residents from other units).

Take additional measures if initial interventions fail

- Consult with RIDOH about additional interventions.
- Consider establishing cohort units for residents with confirmed infections.
  - Dedicate HCP to care for residents in cohort units **AND**
  - Minimize HCP movement from areas of the facility where residents are ill to areas not affected by the outbreak.
- Limit group activities and communal dining.
  - Consider limiting the use of communal areas where residents or HCP might congregate across multiple units or facility wide.
- Consider modifications to indoor visitation policies.
  - Visitors should be counseled about their potential exposure to respiratory infection inside the facility.
  - If indoor visitation occurs, visits should ideally occur in the resident's room, and visitors should not linger in other areas of the facility or engage with other residents.
  - Encourage outside visitation if the facility grounds and weather allow it.
- Avoid new admissions or transfers into and out of units or wards with infected residents or facility-wide if the outbreak is more widespread.