Management of Influenza in Facilities or Programs
Operated and/or Certified by OPWDD
2017-2018 Guidelines

DECEMBER 8, 2017

Purpose: OPWDD provides this document annually to assist facilities operated and/or certified by the Office for People With Disabilities in the prevention and management of Influenza (Flu). These guidelines are based on information made available by the New York State Department of Health and Centers for Disease Control and are accurate as of the date written.

Guidance may change as the influenza season progresses and more becomes known about the prevalent circulating strains. Please visit the OPWDD website periodically for the most current information. Updated information will be available on the website under the “information for clinicians” tab under “infection control.”

Please note: the term “individual(s)” will be used in this document to refer to people who have intellectual and/or developmental disabilities (I/DD) who are served by programs operated and/or certified by OPWDD.

Contents
Introduction / What is Influenza (Flu)……………………………………………………………………………………………………1
Prevention of Influenza Transmission………………………………………………………………………………………………2
Surveillance and Reporting of Influenza…………………………………………………………………………………………5
Clinical Management / Treatment and Prophylaxis with Antiviral Medications………………………………………..6
Control Measures / Activity Restriction and Day Program Considerations………………………………………………8
Influenza Outbreak…………………………………………………………………………………………………………………………10
Staff Considerations………………………………………………………………………………………………………………………11
Resources………………………………………………………………………………………………………………………………………12

Influenza (also called Flu) is a contagious respiratory illness caused by viruses that can infect the nose, throat and sometimes the lungs. Per the CDC, flu can cause mild to severe illness. Complications of flu can include bacterial pneumonia, ear infections, sinus infections, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes.

The management of influenza or (Influenza-like Illness- ILI) in facilities operated and/or certified by OPWDD is a complex task and can be difficult. Complicating factors include:

- The wide range of residential and program configurations, ranging from apartments and small residences to large residences and day program settings, can increase the risk of exposure to the virus. The number of people in the setting can increase the risk of the virus being transmitted across people.
- Individuals with multiple pre-existing medical conditions are at higher risk for complications of influenza. Pulmonary, cardiac, gastrointestinal and neurological conditions are common within programs or settings, with many individuals having two or more such conditions.
- Individuals may be unable to articulate how they are feeling, so it can be difficult to diagnose the flu.
- The level of ability of individuals to participate in respiratory etiquette and other transmission prevention activities can impact the risk of exposure to the flu. While some
individuals can carry out simple infection control measures, many are unable to participate in any infection control measures or steps to prevent transmission to others.

- Staff frequently provide intimate personal care for the individuals they serve. This close personal contact coupled with the limited ability of individuals to participate in transmission prevention places individuals and staff in a “high exposure” category. Also, just like individuals, staff may have medical conditions that place them at greater risk for complications of influenza.

TRANSMISSION
Influenza viruses are spread from person to person primarily through the coughing and sneezing of infected persons. Influenza transmission occurs predominantly through large respiratory droplets (particles >5 µ in diameter) that are expelled from the respiratory tract during coughing or sneezing. These droplets or particles usually do not remain suspended in the air, and close contact (less than 6 feet) usually is required for transmission of the virus from person to person. Transmission also occurs through a non-infected person making direct contact with respiratory droplets or secretions in the environment followed by the person touching the eyes, nose or mouth resulting in the virus entering the body.

INCUBATION PERIOD
The incubation period is typically 1–4 days, with an average of 2 days.

INFECTION (CONTAGIOUS) PERIOD
Although people with the flu are most contagious in the first 3-4 days after their illness begins, some otherwise healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick. Some people, especially young children and people with weakened immune systems, might be able to infect others with flu viruses for an even longer time. (CDC)

SIGNS AND SYMPTOMS
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.

Influenza and ILI can include any or all of these symptoms:
- fever
- chills
- muscle aches
- headache
- significant lack of energy
- dry cough
- sore throat

Initially, influenza and/or ILI may seem like a common cold, with a runny nose, sneezing and sore throat. A critical diagnostic feature is the time of onset. While colds usually develop slowly, influenza and ILI tend to come on suddenly. The fever and body aches can last 3-5 days and the cough and lack of energy may last for 2 or more weeks.

Note that per the CDC, persons who are older and other long-term care residents, including those who are medically fragile and those with neurological or neurocognitive conditions, may manifest atypical signs and symptoms associated with the influenza virus infection, and may not have fever.

DIAGNOSIS
Appropriate treatment of persons with respiratory illness depends on accurate and timely diagnosis. The accuracy of clinical diagnosis of influenza based on symptoms alone is limited because the initial symptoms of influenza can be similar to those caused by other infectious agents. Several other respiratory viruses, including respiratory syncytial virus, adenovirus, and para-influenza virus frequently co-circulate with influenza viruses during the influenza season. In addition, Rapid Influenza Testing through viral swabs may give false-negative results. During periods of high Influenza activity in the community, clinicians rely on clinical signs and symptoms.
and may diagnose an individual with ILI rather than influenza. The lack of specificity should not impact the treatment provided or the management strategies used to prevent transmission.

**PREVENTION OF INFLUENZA TRANSMISSION**

Preventing transmission of Influenza virus within OPWDD settings requires a multi-faceted approach. Spread of influenza virus can occur among individuals, staff, and visitors through contact with persons in the household, program setting, work setting or community. Core prevention strategies include:

- administration of influenza vaccine
- education of staff and individuals to the extent possible on key aspects of influenza prevention, including the importance of vaccination and adherence to infection prevention practices for all individual care activities
- implementing environmental and infection control measures

**Vaccination**

The most effective strategy for preventing influenza is **vaccination**. The Influenza vaccine is recommended for ALL people over the age of 6 months. Achieving high influenza vaccination rates of staff and individuals is a critical step in preventing transmission of influenza in any setting. The Centers for Disease Control recommend vaccination as soon as the vaccine is available, and optimally before the end of October. Vaccination can and should continue throughout the flu season.

There are a variety of Influenza vaccine formulations available, including a high-dose vaccine for individuals over the age of 65. Influenza vaccines are widely available during flu season, and can be obtained through primary care providers, pharmacies, health department clinics, and other healthcare settings.

Egg allergy: The Centers for Disease Control indicates that people with egg allergies can receive any licensed, recommended age-appropriate influenza vaccine per the guidance posted on their website [https://www.cdc.gov/flu/protect/vaccine/egg-allergies.htm](https://www.cdc.gov/flu/protect/vaccine/egg-allergies.htm) which includes detailed information about administration in this case. Agencies are encouraged to discuss this information with primary care providers in an effort to afford every opportunity to provide flu vaccine to all eligible individuals.

More information about influenza vaccination can be obtained by visiting the CDC website: [https://www.cdc.gov/flu/consumer/vaccinations.htm](https://www.cdc.gov/flu/consumer/vaccinations.htm)

**Education of Staff and Individuals**

All staff and individuals should receive education and training on preventing transmission of influenza to the extent possible, including adherence to hand hygiene and respiratory etiquette. Flyers and educational information are available from the CDC: [https://www.cdc.gov/flu/resource-center/freeresources/print/index.htm](https://www.cdc.gov/flu/resource-center/freeresources/print/index.htm)

Staff should receive training on:

- the importance of flu vaccination,
- Influenza/flu signs and symptoms, and risk factors that increase the potential for complications of influenza, and
- standard precautions and proper use of personal protective equipment to prevent the spread of the virus.

**Standard Precautions**

During the care of any individual, all staff should adhere to standard precautions, which assume that every person is potentially infected or colonized with pathogens that could be transmitted to others. Elements of standard precautions that apply to individuals with respiratory infections, including those caused by the influenza virus, are summarized below.

**Hand hygiene** is the first line of defense in preventing the spread of influenza, the common cold, and other common infectious diseases. Adherence to proper hand hygiene has been proven to prevent outbreaks of influenza in healthcare facilities, resulting in reduced overall infection rates.
All agencies should provide regular instruction on appropriate hand decontamination methods, and reinforce its necessity with staff, individuals, and visitors. Staff should be advised to wear non-permeable gloves any time they anticipate contact with blood and/or other bodily fluids. Staff should be instructed to wash their hands with soap and water any time their hands become visibly soiled. The use of alcohol based hand sanitizers are an acceptable alternative to hand washing only when hands remain clean and dry during routine contact with individuals and when standard handwashing using soap and water is not available.

Respiratory Hygiene and Cough Etiquette are additional infection control strategies aimed at reducing the spread of influenza and other serious respiratory illnesses. All should be encouraged to cover one’s mouth and nose with a tissue when coughing or sneezing. Used tissues should be disposed of in a garbage can as soon as possible. If tissues are not immediately available one should cough or sneeze into fabric. Coughing or sneezing into one’s elbow or sleeve is a preferred alternative. One should never cough or sneeze directly into one’s hands. If coughing or sneezing into one’s hands does occur, all should be instructed to wash hands immediately with soap and water. Flyers on cough and sneeze etiquette can be found on the CDC website: https://www.cdc.gov/flu/protect/covercough.htm

Use of Personal Protective Equipment (PPE)
All staff should be trained to properly identify when the use of personal protective equipment is necessary based on anticipated contact with potentially-infectious material (respiratory droplets or contaminated environmental surfaces). Staff should also be trained on the proper application, removal and disposal of PPE, and performance of hand hygiene following removal of PPE.

- **Gloves** should be worn for any anticipated hand contact with potentially-infected material. Gloves must not be worn for the care of more than one individual, and are meant to be used for one task. In other words, a new pair of gloves should be used for each person to reduce the risk of virus transmission. Following glove removal, hand hygiene must be completed.

- **Gowns** should be worn for personal care activities when skin or clothing contact respiratory secretions or other potentially-infected material is anticipated.

- **Medical Mask/Surgical Mask** should be worn to protect the mucous membranes of the nose and mouth when working within 3-6 feet of an individual with Influenza or ILI.

- **A Face Shield** may be necessary when caring for individuals with uncontrolled cough or sneeze in addition to a medical mask/surgical mask.

- **Use of Respirators** equivalent to an N95 or higher or a filtering face piece respirator is reserved for care of individuals with suspected or confirmed influenza during aerosol-generating procedures such as deep suctioning or ventilation. For information regarding the definition of procedures that qualify as aerosol-generating, agencies should consult the CDC website http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm

Droplet Precautions
Droplet precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Components of Droplet Precautions include:

- Use of gloves and a medical mask, at minimum, when providing care for an individual with Influenza or ILI (e.g. working within 3-6 feet of the ill individual).

- Providing of a medical mask to individuals who have Influenza or ILI if they need to leave their room for personal care activities such as toileting and bathing when appropriate for the individual and the individual agrees to utilize the mask.

- Separation of ill and well individuals to the extent possible.

- Dedicated Medical Equipment for the duration of the symptomatic period. Blood pressure cuffs, thermometers, pulse oximeters or other medical equipment should be dedicated to use for an affected individual and not shared during the symptomatic period if possible. Any equipment that must be shared is to be cleaned/disinfected as per the manufacturer’s instructions before use with another individual.
CLEANING AND ENVIRONMENTAL MEASURES

Though less important than hand hygiene and respiratory etiquette; cleaning and disinfection may help to prevent the transmission of influenza and other infections. The following cleaning practices and environmental measures are recommended:

1. Have waste baskets available and visible. Make sure wastebaskets are emptied on a regular basis. Persons emptying waste baskets should wear gloves to do so and dispose of the gloves after doing so.

2. Clean and disinfect frequently touched surfaces such as doorknobs, door handles, handrails, telephones, remote controls, etc., as well as surfaces in sleeping areas, kitchen and dining areas and common areas. Refer to the EPA list of antimicrobial disinfectants at www.epa.gov for more information on appropriate disinfectants. Disinfectants with label kill claims against Influenza A are generally effective against all strains of Influenza.

3. If hard surfaces are visibly dirty, clean first using a general cleaner or soap and water. After the surface is clean, apply disinfectant following the manufacturer’s directions or, if approved for use at your agency, a chlorine bleach solution made by mixing 1 tablespoon of chlorine bleach to 1 quart (4 cups) of water or 1 teaspoon to one pint (2 cups) of water.

4. “Sit time” for disinfection (the amount of time solution must remain in place without drying up) must be observed. The length of the sit time is dependent on the product that is being used; therefore, it is important to follow the manufacturer’s recommendations and directions.

5. Following “sit time,” any leftover cleaning fluids are to be wiped and discarded after use.

6. Bathrooms are to be kept in good condition and cleaned on a regular schedule with cleaners and/or disinfectants.

7. Soap and paper towels are always to be available in bathrooms.

8. Shower/bathe individuals who are not presenting with symptoms of Influenza/ILI first and then shower/bathe individuals with Influenza/ILI.

9. Clean showers and bath tubs well between individuals.

10. Ventilation may help reduce transmission of influenza or ILI. Open windows and use fans when practical, and keep ventilation systems and filters clean.

11. Linens (such as bed sheets and towels) should be washed by using household laundry soap and tumbled dry on a hot setting. Individuals and/or staff should avoid “hugging” laundry prior to washing it to prevent contaminating themselves. Individuals and/or staff should wash their hands with soap and water or alcohol-based hand sanitizer immediately after handling dirty laundry.

12. Eating utensils, cups, and dishes belonging to those who are sick do not need to be cleaned separately, but it is important to note that these items should not be shared without washing thoroughly first. Eating utensils should be washed either in a dishwasher or by hand with hot water and soap.

Minimize Potential Exposures

A range of practices can be used to minimize influenza exposure at residences, programs and other congregate settings including:

- Screening and appropriate treatment of symptomatic individuals and/or staff
- Day Program notices informing residences and families of the signs/symptoms of Influenza with recommendation to keep individuals with symptoms of respiratory infection (e.g. cough, runny nose, fever) home.
- Ask families and friends to avoid visiting the individual, home, or program if they have symptoms of acute respiratory illness. Limit visitors for individuals with influenza to persons who are necessary for the individual’s emotional well-being and care.
- Educate visitors so that they can follow proper hand hygiene, respiratory etiquette and use of personal protective equipment as appropriate and necessary when visiting individuals with Influenza or ILI.

SURVEILLANCE AND REPORTING REQUIREMENTS:

Surveillance: Facilities should monitor Influenza activity reports published weekly by the New York State Department of Health for increased influenza activity in the local communities https://www.health.ny.gov/diseases/communicable/influenza/surveillance/. When Influenza
activity is increasing, or becoming more prevalent, staff at the facility should be notified to monitor individuals closely for signs/symptoms of Influenza or ILI.

**Reporting:** For the 2017-2018 Influenza season, the New York State Department of Health has revised the reporting requirements for Influenza in Outpatient Settings. The excerpts below apply to settings such as those operated and certified by OPWDD. The full document can be accessed at: [https://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/docs/2017-2018_influenza_surveillance_and_reporting_requirements.pdf](https://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/docs/2017-2018_influenza_surveillance_and_reporting_requirements.pdf)

“*Influenza Outbreaks in Community or Other Facility Settings Under New York State public health law, outbreaks of influenza or 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 LHD (local county health department) in which the facility is located. Contact information for LHDs can be found at [http://www.nysacho.org/i4a/pages/index.cfm?pageid=3713](http://www.nysacho.org/i4a/pages/index.cfm?pageid=3713).*

1 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.”

OPWDD interprets this guidance in facilities operated or certified for the care of individuals with ID/DD to mean that:

- Single cases of laboratory-confirmed influenza or clinician-diagnosed Influenza-like Illness (ILI) do not need to be reported to the Local County Health Department where the individual resides.
- Facilities are required to report clusters of Influenza-like Illness (ILI) or laboratory-confirmed Influenza to the Local County Health Department where the outbreak is occurring.
  - In this case, identification of ongoing transmission of Influenza-like Illness (ILI) or laboratory-confirmed flu cases in individuals or staff within a residence, program or other setting would be considered a cluster and should be reported to the Local County Health Department.
- Facilities are also required to report suspected or confirmed influenza-associated deaths in children aged <18 to the LHD of the individual’s county of residence.

Facilities should also report clusters of Influenza or ILI to the local DDSOO Infection Control Officer or Nursing Program Coordinator [https://opwdd.ny.gov/opwdd_contacts/ddsoo](https://opwdd.ny.gov/opwdd_contacts/ddsoo)

Single cases do not need to be reported to OPWDD.

**CLINICAL MANAGEMENT OF INFLUENZA OR ILI**

**Identification of Individuals at High Risk for Complications of Influenza**

Facilities are encouraged to identify individuals who are at risk for complications of Influenza. Identifying such individuals at present, and in advance of onset of symptoms, is necessary so that treatment of Influenza or chemoprophylaxis for exposure to Influenza is not delayed. The CDC website provides information on individuals who are at high risk for complications associated with the flu [https://www.cdc.gov/flu/about/disease/high_risk.htm](https://www.cdc.gov/flu/about/disease/high_risk.htm)

**People at High Risk for Developing Flu-Related Complications**

- 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 seem to be at higher risk for flu complications

**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, muscular dystrophy, or spinal cord injury). NOTE: these disorders may also compromise a person's ability to manage respiratory secretions.

- Chronic lung disease (such as 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 HIV or 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 (BMI of 40 or greater)

**Treatment of Influenza with Antiviral Medications**
The Centers for Disease Control (CDC) advises that early antiviral treatment can shorten the duration of fever and illness symptoms, and may reduce the risk of complications from influenza (https://www.cdc.gov/flu/about/disease/complications.htm#complications) (e.g., otitis media in young children, pneumonia, and respiratory failure) and death from influenza.

- Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of influenza illness onset. Treatment should still be considered for persons who have severe influenza illness or are at a higher risk for severe complications from influenza and who present more than 48 hours after illness onset.

- Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who:
  - Is hospitalized
  - Has severe, complicated or progressive illness; or
  - Is at higher risk for influenza complications

- Persons treated with influenza antiviral medications continue to transmit influenza virus while on treatment. Thus, hand hygiene, respiratory hygiene and cough etiquette practices should continue while on and undergoing treatment.

Guidelines for antiviral use for influenza indicate that the neuraminidase inhibitors oseltamivir (Tamiflu) or zanamivir (Relenza) are generally to be used for treatment of cases of influenza. The Advisory Committee on Immunization Practices recommends that neither amantadine nor rimantadine be used for the treatment or chemoprophylaxis of influenza A in the United States because of data indicating widespread resistance of influenza virus to these medications. Because zanamivir is administered by oral inhaler, it may not be the best choice for individuals who may have difficulty using the Diskhaler correctly.

For the most-up-to-date recommendations on antiviral treatment of influenza, please go to: http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

**Potential Side Effects of Antiviral Medications:**

**Tamiflu** (Oseltamivir) can cause nausea and vomiting. Symptoms may be reduced if taken with food. Individuals taking Tamiflu (Oseltamivir) must be closely monitored for signs of unusual behavior. Report ANY unusual behavior or other possible side effect immediately to the RN on duty/RN on-call and/or immediately contact the individual’s treating physician.

**Relenza:** Because persons with asthma and/or chronic obstructive pulmonary disease (COPD) may experience bronchospasm (wheezing) or serious breathing problems when using Relenza, it is typically NOT recommended for people with these diagnoses. Most people who do not have a pre-existing respiratory disease do not experience significant problems while taking the drug. Some of the most common side effects include fever, sinus infections, and dizziness. Relenza has also been reported to cause unusual behavior, particularly in children. Report ANY potential
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 operated and/or certified by OPWDD.

- 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 persons, in advance, so that receipt of chemoprophylaxis, if indicated, is not delayed.
- All individuals in smaller residences (16 residents or less) who are considered to be at high risk for complications of influenza and have unrestricted interaction with other individuals and staff, should be given either of the neuraminidase inhibitors, within 48 hours post exposure.
- In large facilities and day programs, the persons identified for prophylaxis depend upon the organization of the facility or program, and the interaction pattern of individuals and staff. A health care professional (typically the RN on duty or other medical staff employed by the facility or program) should determine which individuals and staff can be reasonably assumed to have been exposed to the flu and recommend prophylaxis accordingly.
- For individuals whose primary care provider chooses not to order antiviral medication, close monitoring and early initiation of antiviral treatment at the first sign of febrile (with fever) respiratory illness is advised.
- Post-exposure antiviral chemoprophylaxis is not recommended if more than 48 hours have elapsed since the last contact with an infectious person.
- Duration of post-exposure chemoprophylaxis is 14 days after the last known exposure to a person with influenza. If there is ongoing transmission within the residence/facility/unit/wing, chemoprophylaxis should be continued for an additional 7 days after the date of onset of the most recent case of ILI. As chemoprophylaxis lowers but does not eliminate the risk of influenza, individuals given post-exposure chemoprophylaxis should be monitored and should seek medical evaluation immediately should they develop a febrile respiratory illness that might indicate influenza.
- Chemoprophylaxis recommendations might be expanded to include all exposed individuals if there is evidence of ongoing transmission or outbreak of influenza or ILI at a particular location, as advised by the NYSDOH/Local Department of Health, or the New York City Department of Health - Bureau of Communicable Diseases.

CONTROL MEASURES

Restriction of Activity

As there is no evidence that treatment with antiviral medication reduces a person’s contagious state, it must be assumed that persons remain contagious for at least 5 days from the onset of symptoms regardless of whether or not they are treated with antiviral medication. The following restrictions on activity shall be implemented when there is a suspected or confirmed case of influenza.

Individual Diagnosed with Influenza or ILI:

1. To the extent possible, maintain individuals with suspected or confirmed influenza in their bedroom for 5 days from the onset of symptoms to minimize spread of influenza from coughing or sneezing (i.e., droplet precautions).
2. At a minimum, restrict individuals(s) with suspected or confirmed influenza to the affected unit/residence.
3. To the extent possible, individuals with suspected or confirmed influenza are to dine in their rooms.
4. If dining in the common area, individuals(s) with suspected or confirmed influenza should dine separately from those who are well/not exposed, with the well individuals dining first followed by the individuals(s) with suspected or confirmed influenza.
5. When in common areas, promote spatial separation of at least 3 feet to preferably 6 feet between individuals(s) with suspected or confirmed influenza and the well individuals.
6. To the extent possible in large facilities, cohort individuals with suspected influenza with other individuals with suspected influenza; cohort individuals confirmed to have influenza with other individuals with confirmed influenza.

7. All individuals in a residence (or in a large facility, in the area, wing or unit) who have suspected or confirmed influenza or who have been exposed to influenza are not to be allowed to attend day program, to interact with individuals or staff from other residences or units, or go to group activities outside of the residence.

8. Individuals with ILI or confirmed influenza are to remain out of day program for a minimum of 5 days from the onset of symptoms. Individuals may return to day program after 5 days provided the following criteria are met:
   a. The individual has completed at least 5 days of antiviral medication; AND
   b. The individual is asymptomatic and has been without a fever (100°F [37.8°C] or greater without taking fever-reducing medication) for at least 24 hours; AND
   c. There is no evidence of on-going transmission in the residence, area, wing or unit.

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

9. Individuals exposed to a person with ILI or confirmed influenza are to remain out of day program for a minimum of 5 days after the last known exposure. Individuals may return to day program after 5 days provided the following criteria are met:
   a. The individual has completed at least 5 days of prophylactic medication, if indicated; AND/OR
   b. The individual is afebrile (without fever) and without any signs or symptoms consistent with ILI.

10. Restrict visitors to the residence to the extent possible until the contagious period is over.

11. Restrict the use of respite in any residence when there is an individual presently residing there with ILI or confirmed influenza. Any individual admitted to respite should be free of ILI or confirmed influenza and should have no known recent exposure (within the previous 5 days) to ILI or confirmed influenza.

12. Restrict admissions, discharges or transfers of individuals during the period of infectivity. In the event that an individual must be re-located, the following measures should be followed:
   - Determine the vaccination status of individuals to be relocated
   - Carefully screen individuals to be relocated for symptoms of, and exposure to, influenza.
   - If discharging/transferring an individual with respiratory symptoms, a known exposure, or confirmed influenza notify the receiving facility.
   - Individuals admitted with respiratory symptoms, a known exposure, or confirmed influenza are to be placed on droplet precautions.
   - Individuals admitted without respiratory symptoms or known exposure may be admitted to the residence and treated as any other individual in the residence without influenza.

Extension of Activity Restriction
If there is an outbreak or evidence of ongoing transmission of Influenza or ILI, activity restriction should be extended for 5 days after the last exposure to an individual with Influenza or ILI.

Modification of Activity Restriction
While it is considered an essential component of Influenza transmission prevention in congregate settings such as OPWDD operated or certified residences and programs, agencies may elect to modify activity restriction for Influenza exposure on a case-by-case basis. Consideration must be given to the facts that (1) individuals who are immunocompromised or have chronic health conditions are at greater risk for complications of influenza and (2) individuals who are unable or unwilling to participate in respiratory etiquette and other transmission prevention activities may be at increased probability of both contracting and being a vector for the flu and passing it to others.

Day Program Considerations
1. Day programs where an individual or staff person has been diagnosed with 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 and at risk for the flu.

2. Notification is to be sent to all residences/homes that have individuals attending the day program, including families of individuals who live at home.

3. Residences/caregivers must ensure that any exposed individuals obtain appropriate prophylaxis, if indicated. All other people in the residence/home should be closely monitored for signs and symptoms of ILI. If an individual becomes ill, the residence/home/caregiver is to immediately seek medical attention for the individual, and inform the health care provider that the individual has been exposed to ILI or influenza.

4. Day program and residential staff, including nurses, must maintain close contact and communication. The day program nurse must notify the residential nurse of any respiratory illness, ILI or confirmed case of influenza. The residential nurse must notify the day program nurse of the same. The day program nurse and the residential nurse are to coordinate their efforts in the management of influenza. This same type of communication should occur between the day program and individual’s caregivers as appropriate and to the extent possible.

5. Individuals and staff, including bus drivers, bus aides, cafeteria workers and others who have been exposed to ILI or confirmed influenza are to be notified of their exposure and should be advised to consult with their primary care provider regarding prophylaxis if indicated.

INFLUENZA OUTBREAK
Outbreaks of Influenza or ILI can occur in any setting, however are more common in congregate living environments and healthcare settings where individuals who are older or have chronic health problems reside or attend day programs. Rapid identification and intervention are essential components of controlling influenza or ILI outbreak.

When community influenza activity increases, agencies should begin active surveillance for Influenza or ILI symptoms in individuals served. Staff should receive education about monitoring for influenza or ILI and promptly reporting signs/symptoms to agency nursing staff. Refer individuals with signs/symptoms of influenza or ILI for medical evaluation and testing for Influenza.

Once a cluster of influenza or ILI is identified, the following measures should be implemented:
- Notify the Local County Health Department of the location where the outbreak has been identified. Follow instructions from the Health Department regarding case identification, testing, treatment recommendations and other management.
- Notify the local DDSOO Infection Control Officer or Nursing Program Coordinator.
- Implement daily active surveillance for respiratory illness among all individuals, staff and visitors to the facility.
- Implement Standard and Droplet Precautions for all residents with suspected or confirmed influenza. Where possible, cohort individuals with symptoms of Influenza or ILI together or separate the ill individuals from well individuals to the greatest extent possible.
- Under the instruction or guidance from the Health Department, administer influenza antiviral treatment and chemoprophylaxis to residents and health care personnel. Chemoprophylaxis should be offered to non-ill individuals and staff irrespective of flu vaccination status. During an outbreak, chemoprophylaxis should be given for a minimum of 14 days, and continue for at least 7 days after the last diagnosed case of influenza.
- Follow protocols for Activity Restriction and Staff movement/considerations until there have been no further cases of Influenza or ILI for at least 5 days or as directed by Health Officials.

The Centers for Disease Control outline the steps for identification and management of an Influenza or ILI outbreak https://www.cdc.gov/flu/pdf/professionals/interim-guidance-outbreak-management.pdf
STAFF CONSIDERATIONS
*(State Operated Facilities should also consult information provided by the OPWDD Office of Employee Relations for implementation of these considerations.)*

1. Educate staff about the benefits of vaccination, the signs and symptoms of respiratory illness, and the potential health consequences of influenza illness for themselves, their family members and the individuals for whom they care.
2. Encourage all staff, including temporary and part-time staff and volunteers, to get vaccinated against influenza. 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 therefor 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 vaccine to their infection control officer or their nursing management.
4. A staff person who is present at work and is exhibiting symptoms of influenza or ILI should be encouraged to leave work and charge his or her accruals so as not to risk the spread of influenza or ILI.

For State Operated Facilities only: If such staff person refuses to leave, the person’s supervisor may place him or her on involuntary leave only if there is probable cause to believe that his/her continued presence on the job represents a potential danger to persons or property or would severely interfere with operations as required by Civil Service Law § 72 (5). If the supervisor believes that such cause exists, before placing such staff person on involuntary leave, the supervisor must first obtain approval from the Office of Employee Relations if this situation arises during regular business hours (8:30 a.m. – 5:00 p.m., Monday – Friday); or from the Administrator on Duty (“AOD”) if this situation arises at any other time. To determine probable cause, AOD’s must inquire of the supervisor as to whether the staff person is exhibiting any of the “SIGNS AND SYMPTOMS” described in such sections above. Any employee who exhibits four or more of such signs and symptoms shall be placed on involuntary leave. The AOD shall direct the staff person to leave work and advise that the local Human Resources Office will inform such person of his/her rights with respect to such involuntary leave and the process that will be followed. Whenever a staff person is placed on involuntary leave pursuant to Civil Service Law § 72 (5), the supervisor or AOD must inform the local Human Resources Office as soon as possible so that notice and other provisions of Civil Service Law § 72 (5) are timely complied with.

For Non-State Operated Facilities: Agencies should develop a policies 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.

5. A staff person who appears to have ILI upon arrival at work or becomes ill during the shift should be placed in an area away from others and given a surgical mask to wear (if they can tolerate it) until they go home.
6. Staff who voluntarily report a diagnosis of Influenza or ILI should be advised to remain off duty until at least 24 hours after they no longer have a fever (without the use of fever-reducing medications such as acetaminophen). If symptoms such as cough and sneezing are still present upon return to work, staff should be advised to wear a face mask during patient-care activities and perform frequent hand hygiene. (CDC https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm)
7. Staff who are well but who have an ill family member at home with ILI or confirmed influenza may attend work as usual but should be encouraged to monitor for early signs/symptoms of Influenza-like illness.

Guidelines for Staff Movement
The guidelines outlined in this document, including the guidelines under the section titled “Restriction of Activity,” are designed to minimize the risk for the transmission of influenza/flu and
ILI from infected to non-infected persons. In addition, agencies and programs must ensure that staffing levels are maintained in accordance with agency/program requirements and based on the supervision needs of the individuals served.

Staff movement into or out of sites that serve people who have contracted the influenza virus or ILI should be avoided to the greatest extent possible. If necessary to meet urgent staffing needs, staff members who have voluntarily reported that they have received the influenza vaccination should be “floated” into the home first. Staff who did not receive the influenza vaccination, or staff whose vaccination status is unknown, should only be “floated” when it is necessary and there is no other feasible alternative. All staff, regardless of vaccination status, should be reminded to follow all applicable infection control policies and procedures while at the affected site. This may include the use of appropriate personal protective equipment while in the site as necessary.

Prohibited Staff Inquiries
Notwithstanding the importance of protecting individuals and staff from influenza and ILI, the Americans with Disabilities Act prohibits certain inquiries related to illness, suspected illness, and vaccinations. The following rules MUST be followed at all times:

1. An employer cannot ask a staff person if he or she has received the influenza vaccination.
2. An employer can encourage but cannot require staff to receive the influenza vaccination.
3. An employer cannot measure a staff person’s body temperature unless pandemic influenza becomes widespread in the community as assessed by state or local health authorities or the CDC.
4. An employer cannot ask staff persons if they have a medical condition that renders them more vulnerable to influenza complications. An employer may, however, ask staff persons if they have influenza symptoms.

RESOURCES
Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/flu/consumer/vaccinations.htm
http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm
https://www.cdc.gov/flu/about/disease/high_risk.htm
https://www.cdc.gov/flu/about/disease/complications.htm#complications
http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

New York State Department of Health (DOH)
https://www.health.ny.gov/diseases/communicable/influenza/surveillance/

If you have any questions or concerns, or require assistance in implementing these management strategies, please feel free to contact the Infection Control Officer at the appropriate DDSOO.