Office for People With Developmental Disabilities

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OPWDD Respiratory Viral Transmission Infection Control Guidance for COVID-19, Influenza and Respiratory Syncytial Virus (RSV) in Intermediate Care Facilities (ICFs) and Specialty Hospitals

This guidance supersedes and replaces the following OPWDD respiratory viral illness documents:

- Management of Communicable Respiratory Viral Infections
- Revised Protocols for the Implementation of Isolation for Individuals Who Test Positive for COVID-19 and Precautions for Individuals Exposed to COVID-19 Residing in OPWDD Certified Facilities
- Frequently Asked Questions Regarding the "Revised Protocols for the Implementation of Isolation for Individuals who Test Positive for COVID-19 and Precautions for Individuals Exposed to COVID-19 Residing in OPWDD Certified Facilities"
- Revised Protocols for Personnel in Clinical and Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection

Background

OPWDD Respiratory Viral Transmission Infection Control Guidance for COVID-19, Influenza and Respiratory Syncytial Virus (RSV) in Intermediate Care Facilities (ICFs) and Specialty Hospitals. This guidance applies to all OPWDD State-Operated and Voluntary-Operated ICFs and Specialty Hospitals. This includes staff employed by the OPWDD State-Operated and Voluntary-Operated ICFs and Specialty Hospitals. State-Operated facilities should also consult the information provided by the OPWDD Office of Employee Relations for further implementation considerations. 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.

Key Definitions

- **Outbreak:** When there is an increase in the number of persons ill with a respiratory viral illness above a commonly observed baseline in a particular Intermediate Care Facility or Specialty Hospital.
- **Exposure:** A close contact with an infected person.
- **Close contact:**
  - **For influenza:** Persons within approximately six (6) feet or within the room or care area of a person confirmed or suspected as having influenza for a prolonged period, or a person who had direct contact with infectious secretions while the person was likely to be infectious.
  - **For COVID-19:** Persons who were less than six (6) feet away from the infected person (laboratory-confirmed or clinical diagnosis) for a cumulative total of fifteen (15) minutes or more over a 24-hour period (e.g., Three (3) individual 5-minute exposures for a total of 15 minutes).
- **Standard Precautions:** Minimum infection prevention practices that apply to all patient care: Hand hygiene, personal protective equipment (PPE), respiratory hygiene. sharps safety, safe injection practices, use of aseptic technique for parenteral medications, cleaning and disinfecting surfaces.
- **Transmission Based Precautions:** Second tier of basic infection control and used in addition to Standard Precautions for individuals with infections requiring additional precautions needed to prevent infection transmission. Additional precautions include Contact Precautions, Droplet Precautions, and

Airborne Precautions.

- **Staff Higher Risk Exposure:** Health Care Personnel (HCP) who had prolonged close contact with a person served, visitor, or other HCP with a confirmed COVID-19 infection or other confirmed communicable respiratory infection and the recommended personal protective equipment (PPE) was not used.
- **Healthcare-Associated Transmission**: (or nosocomial transmission) refers to the spread of infections within a healthcare setting, often occurring during or after a patient's healthcare visit.

Prepare for Respiratory Viruses

- Vaccinate
    - Encourage recommended COVID-19 vaccination and recommended boosters, annual influenza vaccination, and RSV vaccination (for people at higher risk) to people receiving services and HCP.
    - Provide information to families and visitors to encourage vaccination.

- Allocate resources
    - Ensure that sufficient resources are available to allow staff adherence to recommended infection prevention and control practices, e.g., alcohol-based hand sanitizers, personal protective equipment, supplies for surface disinfection, etc.

- Facility entry screening and education
    - Ensure everyone is aware of recommended infection control practices in the facility.
    - As appropriate and allowable, use visual alerts (signs or posters) at the entrance and in strategic places such as waiting areas, elevators and cafeterias, to provide instructions about current infection prevention and control recommendations (e.g., when to use source control and perform hand hygiene).
        - Dating the recommendations can help to ensure people know that they reflect current recommendations.
    - Establish a process to make everyone entering the facility aware of recommended actions to prevent transmission of respiratory viruses to others if they have a positive test for COVID-19, influenza or another respiratory virus, symptoms of a respiratory virus, or a close contact with someone who has COVID-19.
    - Emphasize respiratory hygiene and cough etiquette including covering coughs and sneezes with a tissue or an elbow, disposing of used tissues properly, and practicing good hand hygiene to prevent the spread of respiratory illnesses.

- Monitoring and Masking
    - Masking is a strategy used to mitigate respiratory viral transmission.
    - With seasonal fluctuations in respiratory virus transmission trends, the NYSDOH recommends that healthcare facilities monitor available local data to determine when universal masking for the prevention of respiratory virus transmission within a facility is or is no longer necessary.
        - When making decisions about relaxing masking requirements in these situations, facilities should observe a sustained (e.g., several weeks) downward trend in respiratory virus transmission metrics.
        - Contact information for the Local Health Department in your area can be located at the NYSDOH Local Health Departments[1] website.
    - The local data that could inform this decision includes hospital admission rates, the presence of facility-associated viral respiratory pathogen outbreaks, and/or employee/occupational health data related to viral respiratory illness absences. In addition, the COVID-19 data in New York[2], Influenza Activity, Surveillance and Reports[3] and CDC Respiratory Virus Activity Levels[4] websites are resources facilities could use to evaluate

trends in the transmission of respiratory viruses.
  - During the influenza season, facilities should encourage all personnel not vaccinated against influenza for the current influenza season to wear a surgical or procedure mask while in areas where people are typically located.
  - Masks should remain available to all personnel and visitors regardless of respiratory virus transmission trends.
  - If a facility does not require universal masking for source control, the facility should allow staff or visitors to use a mask (or respirator) based on personal preference.

  Additional information may be accessed at the NYSDOH webpage Prevention of Influenza Transmission by Healthcare and Residential Facility and Agency Personnel[5].

- Ventilate
  - As feasible, and in consultation with facility engineers, explore options to improve ventilation delivery and indoor air quality in resident rooms and all shared spaces. For more information refer to the CDC webpage Ventilation in Healthcare Settings[6].

- Plan to test and treat
  - Develop plans to provide rapid clinical evaluation and intervention to ensure people receive timely treatment and/or prophylaxis when indicated.
  - Ensure access to respiratory viral testing with rapid results (on site or send-out). Testing results can inform treatments and infection prevention and control actions.
  - Establish pharmacy connections to enable use of available respiratory treatments or prophylaxis.

- Hygiene Practices
  - Promote regular handwashing with soap and water for at least 20 seconds, especially after coughing, sneezing, or touching high-contact surfaces.
  - Install hand sanitizing stations, or have hand sanitizer available, with at least 60% alcohol content in all common areas, including at entrances and exits.
  - Display educational materials on proper hand hygiene and respiratory etiquette, such as covering coughs and sneezes with a tissue or elbow.

Respond to Prevent Spread

People served by OPWDD during a respiratory viral illness outbreak (see outbreak definition on Page 1)
- Take measures to limit crowding in communal spaces.
- Encourage people with symptoms of respiratory illness to wear a mask when in common areas.
- Encourage people with symptoms of respiratory illness to sit away from other individuals.
- Place people who are symptomatic on the appropriate transmission-based precautions.
- People who are symptomatic should not be placed in a room with a new roommate unless they have both been confirmed to have the same respiratory infection.
- When available, people can be placed in a single-person room to minimize the risk of transmission to roommates.
  - In cases where moving people to a single room is not practical (e.g., limited rooms available), people could remain in their current room.
  - In shared rooms, consider ways to increase ventilation; the use of in-room high-efficiency particulate air (HEPA) air cleaners could also be considered.
  - Although often impractical and not routinely recommended, encourage the use of facemasks by both roommates while in the room to help reduce the risk of transmission
  - Roommates of people who are symptomatic – who have already been potentially exposed – should not be placed with new roommates, if possible.
- General information on how to implement Standard, Droplet, Contact and Airborne Precautions in

healthcare settings may be accessed at the following CDC webpages:

- Transmission-Based Precautions[7]
- Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings[8]
- If the etiology of a respiratory viral illness is uncertain and COVID-19 is considered possible, precautions should generally follow those recommended for COVID-19 until this diagnosis is excluded.

- People should not attend program if they have respiratory virus symptoms that cannot be explained by another cause (e.g., seasonal allergies, etc.).
  - Respiratory illness symptoms may include fever, chills, fatigue, cough, runny nose, and headache.
  - For more information regarding people who attend Program, refer to the *OPWDD Respiratory Viral Transmission Infection Control Guidance for COVID-19, Influenza and Respiratory Syncytial Virus (RSV) in Community-Based Settings and Programs.*

- COVID-19:

  In responding to prevent the spread of COVID-19, facilities should:

  - Ensure everyone is aware of recommended Infection Prevention and Control (IPC) practices in place at the facility.

  - Establish a process to make everyone entering the facility aware of recommended actions to prevent transmission to others if they have any of the following three criteria: symptoms consistent with possible COVID-19 infection, have tested positive for COVID-19, or have had close contact with a person who has tested positive for COVID-19.

  Refer to the CDC's Infection Control Guidance: SARS-CoV-2[9] and the CDC Preventing Transmission of Viral Respiratory Pathogens in Healthcare Settings[10] for additional information.

  - Personnel who enter the room of a symptomatic person with suspected or confirmed COVID-19 infection should adhere to Standard Precautions and use a National Institute for Occupational Safety and Health (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).
  - Procedures that have the potential to generate aerosols (e.g., nebulizer treatments, Continuous Airway Pressure (CPAP) machine, Bilevel Positive Airway Pressure (BIPAP) machine, high flow oxygen) are allowable in ICFs and Specialty Hospitals. While it is preferred that these procedures are done in an airborne infection isolation room (AIIR) or negative pressure room on site, it is allowable that these procedures are done without an AIIR or negative pressure room but must not be done with another person (i.e., roommate) who shares the bedroom present. Staff performing these procedures or engaging with a person while a procedure is being performed, should wear full Personal Protective Equipment (PPE).

  - The duration of transmission-based precautions for people with mild to moderate illness who are *not* moderately to severely immunocompromised:
    - At least 10 days have passed *since symptoms first appeared* **and**
    - At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
    - Symptoms (e.g., cough, shortness of breath) have improved
  - People who were asymptomatic throughout their infection and are *not* moderately to severely immunocompromised:
    - At least 10 days have passed since the date of their first positive viral test.

See the CDC Infection Control Guidance: SARS-CoV-2[9] guidance for additional information including duration of COVID -19 transmission-based precautions for people who are immunocompromised, or with severe or critical illness.

- **Asymptomatic People**: In general, asymptomatic people do not require empiric use of Transmission-Based Precautions while being evaluated for SARS-CoV-2 following close contact with someone with SARS-CoV-2 infection. These people should still wear source control and those who have not recovered from COVID-19 infection in the prior 30 days should be tested as described in the *Testing* section on Page 7.
- Examples of when empiric Transmission-Based Precautions following close contact may be considered include when the person is:
  - Unable to be tested or wear source control as recommended for the 10 days following their exposure
  - Moderately to severely immunocompromised
  - Residing on a unit with others who are moderately to severely immunocompromised
  - Residing on a unit experiencing ongoing COVID-19 transmission that is not controlled

Please refer to the CDC's Infection Control Guidance: SARS-CoV-2[9] and Preventing Transmission of Viral Respiratory Pathogens in Healthcare Settings[10] for additional information.

- Seasonal Influenza
  - Chemoprophylaxis is not a substitution for vaccination but is a key component of influenza outbreak control in facilities. Chemoprophylaxis should be reserved for exposed persons 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.
  - HCP who enter the room of a person with seasonal influenza should adhere to Droplet Precautions.
  - Droplet precautions should be implemented for people with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.
  - HCP should don a facemask when entering the room of a person with suspected or confirmed influenza.
  - Remove the facemask when leaving the person's room, dispose of the facemask in a waste container, and perform hand hygiene.

  See the CDC's webpage, Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings[11] for additional information.

  Additional directions for implementing Droplet Precautions may be accessed at the following CDC webpages:
    - Transmission-Based Precautions[7]
    - Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings[8]

- Respiratory Syncytial Virus (RSV)
  - Implement Standard Precautions and Contact Precautions for people with suspected or confirmed RSV for 3 to 8 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.
  - In immunocompromised persons, extend the duration of Contact Precautions due to prolonged shedding.
  - NOTE: The reliability of antigen testing to determine when to remove people with prolonged

RSV illness from Contact Precautions may be uncertain, refer to the CDC webpages Respiratory Syncytial Virus Infection[12] and Appendix A of the CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings[8] for additional information.

- Other respiratory viruses:
  See the CDC webpage Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings[8] for type and duration of transmission-based precautions for additional respiratory viruses, some of which include:
  - Rhinovirus (the common cold): Also refer to the CDC webpage About Rhinoviruses[13]
  - Adenovirus: Also refer to the CDC webpage About Adenovirus[14]
  - Measles: Also refer to the CDC webpage Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings[15]
  - Chickenpox: Also refer to the CDC webpage Varicella-Zoster Virus[16] for HCP

  Additional information about preventing the spread of respiratory viral pathogens may be accessed at the CDC webpage: Preventing Transmission of Viral Respiratory Pathogens in Healthcare Settings[10]

Personnel

- COVID-19
  - Health Care Personnel (HCP) with mild to moderate illness who are not moderately to severely immunocompromised and who inform the agency that they are diagnosed with COVID-19 should be advised to return to work after the following criteria have been met:
    - At least 7 days have passed since symptoms first appeared if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), and
    - At least 24 hours have passed since last fever without the use of fever-reducing medications, and symptoms (e.g., cough, shortness of breath) have improved.

    *Either a Nucleic Acid Amplification Test (NAAT) (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later.

  - HCP who were asymptomatic throughout their infection and are not moderately to severely immunocompromised could return to work after the following criteria have been met:
    - At least 7 days have passed since the date of their first positive viral test if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).

    *Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later.

  - Review information from the CDC on Strategies to Mitigate Healthcare Personnel Staffing Shortages[17] due to COVID-19 for additional information including duration of exclusion for COVID -19 for personnel who are immunocompromised, or with severe or critical illness.
  - Per the New York State Department of Health[18] (NYSDOH), healthcare facilities may transition from conventional staffing to contingency staffing to crisis strategies, based on their ability to provide essential services, as determined by the facility.

  - Review information from the CDC regarding Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2[19] to determine the severity of exposure and determine the appropriate testing and work restriction(s).

- Seasonal Influenza
    - Staff should be excluded from work until at least 24 hours after they no longer have a fever without the use of fever-reducing medicines such as acetaminophen.
    - Those with ongoing respiratory symptoms should be considered for evaluation by a physician to determine appropriateness of contact with others.
    - Staff should be considered for temporary reassignment or exclusion from work for 7 days from symptom onset or until the resolution of symptoms, whichever is longer, if returning to care for immunocompromised persons.

    Additional information may be accessed at the CDC webpage Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings[11].

- RSV:
    - While there is no specific isolation period for RSV the CDC recommends that people with RSV symptoms stay home and avoid close contact with others until their symptoms improve.
    - Facilities should follow their illness exclusion policy for staff showing signs and symptoms consistent with RSV.
    - See also, RSV testing considerations in the *Testing* section below.

Testing

- Due to the similarities of influenza and COVID-19, OPWDD recommends any person who is exhibiting symptoms be tested for both influenza and COVID-19.
- Testing types may include the use of over the counter (OTC) test kits or laboratory-based testing such as polymerase chain reaction (PCR). Which test to be used may be determined by the provider. This may be in collaboration with their Local County Health Department (LHD) and/or a physician.
- When using over the counter test kits for COVID-19, it is important to carefully follow testing directions including the directions for repeat testing (e.g., 2 tests 48 hours apart).
- Testing for other viruses such as RSV should also be considered. The selection of diagnostic tests will depend on the suspected cause of the infection such as:
    - 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).

- Asymptomatic people with close contact with someone with COVID-19 should be monitored at least twice daily for fever and symptoms and:
    - Should have a series of three viral tests for COVID-19 infection.
    - Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative,
        - 48 hours after the first negative test and, if negative,
        - 48 hours after the second negative test.
    - Testing will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
    - The twice daily monitoring should be documented.

- Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from COVID-19 infection in the prior 30 days.

    NOTE: COVID-19 test sample collection or any other test sample collection involving exposure to droplets or aerosols should be done with full personal protective equipment (PPE) including fit-tested, NIOSH-approved N95 or higher-rated masks/respirators and eye protection (goggles or face shields).

- For additional information on COVID-19 testing, please see the CDC webpage Infection Control Guidance: SARS-CoV-2[9].

Investigate

- Facilities should:
  - Have a plan for how COVID-19 exposures will be investigated and managed.
  - Consider expanded testing of HCP and persons served as determined by the distribution and number of cases throughout the facility and ability to identify close contacts if healthcare-associated transmission (see definition on Page 2) is suspected or identified.

- Depending on testing resources available or the likelihood of healthcare-associated transmission, facilities may elect to initially expand testing only to HCP and people in affected homes or a particular treatment schedule or shift, as opposed to the entire facility.

- If an expanded testing of HCP and others approach is taken and testing identifies additional infections, testing should be expanded more broadly. If possible, testing should be repeated every 3–7 days until no new cases are identified for at least 14 days.

- Healthcare facilities responding to COVID-19 transmission within the facility should always notify and follow the recommendations of public health authorities.

  Additional information may be accessed at the CDC Webpage [Infection Control Guidance: SARS-CoV-2]

Additional Measures if Applicable

In the presence of a facility outbreak (see definition on Page 1), consider additional measures if applicable:

- Follow reporting requirements including [NYSDOH Communicable Disease Reporting Requirements]

- Consult with OPWDD and local health department about additional interventions.

- Consider establishing cohort units for people with confirmed infections.
  - Dedicate HCP to care for people in cohort units in larger facilities and, in smaller ICFs, avoid sharing bedrooms between infected and non-infected people where possible. (See *Respond to Prevent Spread* section on Page 3 for additional information)
  - Minimize HCP movement from areas of the facility where people are having illness to areas not affected by the outbreak.

- Limit group activities and communal dining.
  - Consider limiting the use of communal areas where people or HCP might congregate over multiple units or facility wide.

- Consider modifications to indoor visitation policies.

- Visitors should be counseled about their potential exposure to respiratory infection in the facility.

- If indoor visitation occurs, visits should ideally occur in the person's room, and visitors should not linger in other areas of the facility or engage with other people.

- Encourage use of masks when visitation occurs in homes where there is an active respiratory virus.

- Avoid new admissions or transfers into and out of units with infected people or facility-wide if the outbreak is more widespread.

Precautions Quick Reference Guide

Respiratory Viral Illness	Precautions				
	Standard	Contact	Airborne	Droplet	COVID-19 Transmission-based precautions
Seasonal Influenza	X			X	
Respiratory Syncytial Virus	X	X			
COVID-19	X				X
Measles	X		X		
Varicella Zoster (Chickenpox)[a]	X	X	X		
Disseminated Herpes zoster (varicella-zoster) (shingles)[b]	X	X	X		
Localized Herpes Zoster (varicella-zoster) (shingles)[c]	X				
Tuberculosis (suspected or confirmed pulmonary or laryngeal disease)[d]	X		X		

a. Until lesions are dry and crusted.
b. Disseminated disease in any person OR localized in an immunocompromised person until disseminated infection is ruled out.
c. Localized in a person with intact immune system with lesions that can be contained/covered.
d. Please note, while not a viral disease, tuberculosis is a communicable respiratory disease.

NOTE: In the event Airborne precautions are recommended, please notify the appropriate Developmental Disabilities State Operations Office (DDSOO) Infection Control Officer or Nursing Program Coordinator, and/or nursingandhealthservices@opwdd.ny.gov

More information is available in the CDC's 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings[3]: https://www.cdc.gov/infection-control/media/pdfs/Guideline-Isolation-H.pdf. Please see Appendix A4 (https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html) for a summary of type and duration of precautions as well as additional precautions/comments that are recommended for selected infection and conditions including communicable respiratory viral infections.

For any questions, or assistance in implementing these management strategies, please contact the Bureau of Nursing and Health Services at: nursingandhealthservices@opwdd.ny.gov

References

1. NYSDOH - Local Health Departments: https://www.health.ny.gov/prevention/public_health_works/local_health_departments.htm
2. COVID-19 Data in New York: https://coronavirus.health.ny.gov/covid-19-data-new-york
3. NYSDOH - Influenza Activity, Surveillance and Reports: https://www.health.ny.gov/diseases/communicable/influenza/surveillance/
4. CDC Respiratory Virus Activity Levels: https://www.cdc.gov/respiratory-viruses/data/activity-levels.html
5. NYSDOH - Prevention of Influenza Transmission by Healthcare and Residential Facility and Agency Personnel: https://regs.health.ny.gov/sites/default/files/pdf/recently_adopted_regulations/2014-11-

19_prevention_of_influenza_transmission.pdf
6. CDC - Ventilation in Healthcare Settings: https://www.cdc.gov/project-firstline/media/pdfs/Ventilation-508.pdf
7. CDC – Transmission-Based Precautions: https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html
8. CDC - Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings: https://www.cdc.gov/infection-control/media/pdfs/Guideline-Isolation-H.pdf
9. CDC - Infection Control Guidance: SARS-CoV-2: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
10. CDC - Preventing Transmission of Viral Respiratory Pathogens in Healthcare Settings: https://www.cdc.gov/infection-control/hcp/viral-respiratory-prevention/index.html
11. CDC - Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings: https://www.cdc.gov/flu/hcp/infection-control/healthcare-settings.html
12. CDC - Respiratory Syncytial Virus Infection: https://www.cdc.gov/rsv/causes/index.html
13. CDC - About Rhinoviruses: https://www.cdc.gov/rhinoviruses/about/index.html
14. CDC - About Adenovirus: https://www.cdc.gov/adenovirus/about/index.html
15. CDC - Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings: https://www.cdc.gov/infection-control/hcp/measles/
16. CDC – Varicella-Zoster Virus: https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/varicella.html
17. CDC - Strategies to Mitigate Healthcare Personnel Staffing Shortages: https://www.cdc.gov/covid/hcp/infection-control/mitigating-staff-shortages.html?CDC_AAref_Val=https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html
18. NYSDOH - Updated Advisory on Return-to-Work Protocols for Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2: https://coronavirus.health.ny.gov/system/files/documents/2023/02/doh-hcw_rtw_advisory_11_30_22.pdf
19. CDC - Return-to-Work Criteria for HCP Who Were Exposed to Individuals with Confirmed COVID-19 Infection: https://www.cdc.gov/covid/hcp/infection-control/guidance-risk-assesment-hcp.html