

# Respiratory Illness Guidelines Congregate Living Settings

Homeless Health  
Infectious Disease (HHID)  
Program

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**HHID**

HOMELESS HEALTH INFECTIOUS DISEASE

**ihcda** The IHCDA logo, consisting of the lowercase letters 'ihcda' followed by three circular icons: a person, a house, and a truck.

Indiana Housing & Community Development Authority

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# Glossary of Abbreviations

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<b>Abbreviation</b>	<b>Definition</b>
<i>HHID</i>	Homeless Health Infectious Disease
<i>CDC</i>	Centers for Disease Control and Prevention
<i>NHCHC</i>	National Healthcare for the Homeless Council
<i>RSV</i>	Respiratory Syncytial Virus
<i>NREVSS</i>	National Respiratory and Enteric Virus Surveillance System
<i>HMPV</i>	Human Metapneumovirus
<i>HPIV</i>	Human Parainfluenza Virus
<i>Flu</i>	Influenza Type A or B
<i>ILI</i>	Influenza - Like Illness
<i>IDOH</i>	Indiana Department of Health
<i>PEH</i>	Persons Experiencing Homelessness
<i>TBI</i>	Tuberculosis Infection
<i>PPE</i>	Personal Protective Equipment



# Executive Summary

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The Homeless Health Infectious Disease (HHID) Program has compiled Centers for Disease Control and Prevention (CDC) and National Health Care for the Homeless Council (NHCHC) guidelines for sites serving persons experiencing homelessness and those living in other congregate community living settings in order to provide guidance for mitigating respiratory illness transmission within these settings.

This guidance can be used to make informed respiratory illness prevention decisions in sites serving persons experiencing homelessness and those living in other congregate community living settings. This guidance should not be used to direct decision making in dedicated patient care areas within these settings.

Sites serving persons experiencing homelessness and other congregate community living settings are encouraged to work directly with their local health departments for further **agency specific** guidance in these areas. The continuation of services is essential for people experiencing homelessness; community organizations should work together to avoid shelter closures or the exclusion of people with respiratory symptoms or positive respiratory illness test results.

Facilities will be provided a framework to assess their facilities' unique risk of respiratory illness spread, define everyday prevention measures, implement infection control precautions, provide updated vaccine information and resident facing graphics, and additional resources. This guidance will be aimed at protecting both residents and staff in congregate living settings against the spread of respiratory illnesses, however, these measures can inhibit the spread of similar communicable diseases as well.

# Preface

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Public health measures currently in place to control the spread of COVID-19 (e.g., physical distancing, masking), as well as the available vaccines, play an important role in limiting the spread of other respiratory viruses that cause a respiratory illness.

Congregate living settings are encouraged to plan for and prepare to respond to outbreaks of respiratory illnesses that may spread within the facility. Early detection of an outbreak and the prompt application of outbreak control measures can minimize the spread of the illness to others within the facility.

The HHID program has developed guidelines to assist congregate living settings plan for and assess risk of COVID-19 spread, define everyday prevention measures, enhanced prevention measures (for high COVID-19 Community Level), updated quarantine and isolation guidance, and additional resources related to COVID-19 transmission. Please refer to *COVID-19 Guidelines: Congregate Living Settings* developed by the HHID Program for these measures.

There are a number of respiratory viruses in circulation throughout respiratory season. This document will focus on the following respiratory viruses and subsequent respiratory illnesses they produce. These respiratory viruses and subsequent illnesses include Respiratory Syncytial Virus (RSV) – RSV Illness, Influenza types A and B – Flu Illness (Flu), Influenza - Like Illness Infection (ILI), and Tuberculosis Infection (TB).

While these illnesses are not the focus of this guidance, the document will include information on how agencies can monitor additional respiratory viruses in circulation that are tracked by the CDC.

This guidance is recommended for everyday best practices and/or in addition to the everyday prevention measures outlined in HHID - *COVID-19 Guidelines: Congregate Living Settings* during respiratory season.

This following guidance will be revised as the CDC and NHCHC continue to update recommended procedures in sites serving persons experiencing homelessness and those living in other congregate community living settings.

# Respiratory Virus Tracking Tools

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Staff in sites serving persons experiencing homelessness and those living in other congregate community living settings are encouraged to utilize the following tools in order to monitor and plan for respiratory illness circulation within their facility during respiratory season.

Facilities are highly encouraged to communicate with their local health department(s) for further guidance and notice outside of the data available within these respiratory illness tracking tools for community and county level updates to respiratory viruses in circulation.

## National Respiratory and Enteric Virus Surveillance System (NREVSS)

The CDC monitors several respiratory viruses via the National Respiratory and Enteric Virus Surveillance System (NREVSS). Sites serving persons experiencing homelessness and those living in other congregate community living settings are encouraged to monitor the trends of the following respiratory viruses.

Coronavirus (excluding SARS CoV- 2)	Human Metapneumovirus (HMPV)	Human Parainfluenza Virus (HPIV)	Respiratory Syncytial Virus (RSV)	Respiratory Adenovirus
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The NREVSS can be accessed through the [NREVSS home page](#).

While the monitoring of these five respiratory viruses is essential to monitoring viral seasons and circulation patterns, staff are encouraged to monitor the group of respiratory viruses most likely to circulate throughout their community during the fall and winter months: RSV, FLU, ILI, and less common yet poses a high risk of severe outcome, TB.

The SARS CoV -2 Virus is responsible for causing a COVID-19 Infection.

# FLUVIEW Weekly Report and Indiana Influenza Dashboard

The CDC monitors Influenza and ILI across the United States. The FLUVIEW Weekly report allows individuals to monitor the activity level of Influenza and ILI per state.

The CDC monitors ILI levels by colored categories indicating insufficient data, minimal, low, moderate, high, and very high activity level.

The CDC FLUVIEW interactive dashboard redirects users to the Indiana Influenza Dashboard established by the Indiana Department of Health (IDOH) when one clicks on the state of Indiana.

The Indiana Influenza Dashboard tracks ILI activity, influenza – associated deaths, Syndromic percent ILI and Sentinel percent ILI.

**Syndromic Surveillance** for ILI is gathered from 128 emergency departments and 21 urgent care facilities across the state. These visits are included when a patient presents ILI symptoms at these facilities.

**Sentinel Surveillance** for ILI is gathered from outpatient providers. These outpatient providers include family practice, internal medicine, pediatrician, and university health facilities.

The interactive FLUVIEW Weekly Report: Weekly US Map can be accessed [here](#).

The interactive Indiana Influenza Dashboard can be accessed [here](#).

## CDC Influenza - Like Illness (ILI) Activity Levels

Activity levels above what is considered “low” is of concern to sites serving persons experiencing homelessness and those living in other congregate community living settings.

### ILI Activity Level





# Respiratory Season Introduction

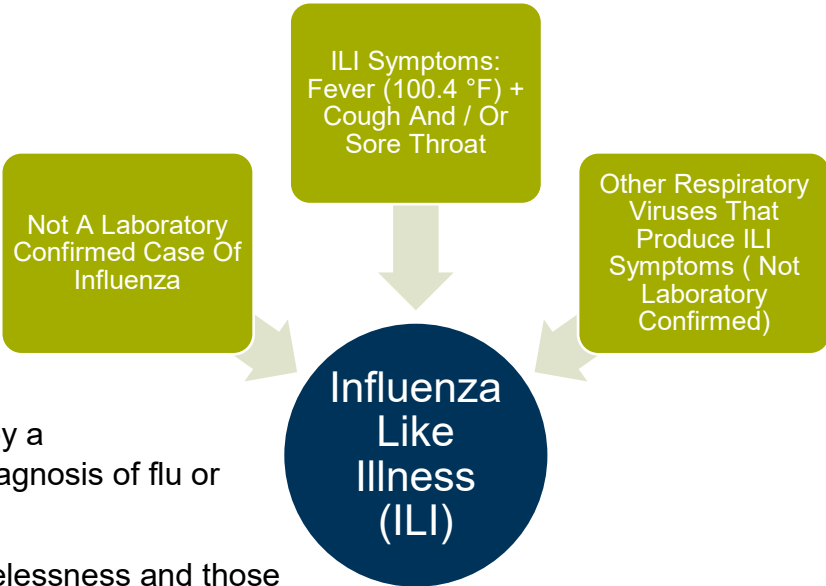
Respiratory season varies from region to region but is considered to be the period of time between October and February with peaks in activity beginning in December. Given the number of respiratory viruses that circulate during the fall and winter months, it is possible that more than one respiratory virus may be present within an agency.

Respiratory illness infections may produce a similar set of initial symptoms regardless of the virus infection type. These symptoms include fever (temperature of 100.4 °F or higher), cough, and /or sore throat. The onset of these symptoms indicates what is considered to be an ILI infection which will be discussed in the [next section](#).

Sites serving persons experiencing homelessness and those living in other congregate community living settings are encouraged to monitor the development of these most common respiratory infection symptoms among residents. Further development of symptoms including, but not limited to shortness of breath, muscle pain, and fatigue, may indicate a more serious respiratory infection.

## Influenza- Like Illness (ILI)

ILI is a nonspecific respiratory illness categorized by a set criterion of symptoms. These symptoms include a fever (temperature 100.4°F or higher), cough, and/ or sore throat. This term can be used to describe any respiratory illness that produces these symptoms and is not otherwise defined by a diagnostic test that confirms either the diagnosis of flu or another respiratory virus.



Sites serving persons experiencing homelessness and those living in other congregate community living settings without the ability to conduct diagnostic testing within their facility may see and are encouraged to establish an understanding of ILI.

## Quick Guide: Respiratory Illness Symptom Identification Tool

The following guide is intended to aid congregate community living staff in quickly identifying symptoms of a possible respiratory illness among residents without confusing the symptoms with those of allergy season. Staff are encouraged to use the quick guide to “check off” symptoms when assessing a resident’s health.

The **Quick Guide: Respiratory Illness Symptom Identification Tool** is not intended to be used to diagnose a resident with a respiratory illness. The tool is intended to be used by staff to assess the severity of the illness based on the resident’s symptoms.

### Respiratory Illness Symptom Identification Tool

Respiratory Syncytial Virus (RSV)	Influenza Like Illness (ILI)	COVID-19 Infection	Influenza (Flu) Infection	Seasonal Allergies
<input type="checkbox"/> Cough	<input type="checkbox"/> Cough	<input type="checkbox"/> Cough	<input type="checkbox"/> Cough	<input type="checkbox"/> Cough
<input type="checkbox"/> Fever	<input type="checkbox"/> Fever	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Fever	<input type="checkbox"/> Sneezing
<input type="checkbox"/> Runny Nose	<input type="checkbox"/> Sore Throat	Two of the following:	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Runny nose
<input type="checkbox"/> Wheezing		<input type="checkbox"/> Fever	<input type="checkbox"/> Headache	<input type="checkbox"/> Scratchy throat
<input type="checkbox"/> Decrease in appetite		<input type="checkbox"/> Chills	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Itchy/red/watery eyes
		<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Runny nose	
		<input type="checkbox"/> Headache	<input type="checkbox"/> Fatigue	
		<input type="checkbox"/> New loss of taste or smell		

- o A fever is defined as temperature of 100.4 ° F or higher
- o Influenza Like Illness (ILI) symptoms have been highlighted in green as these are common symptoms shared with other respiratory illnesses.
- o The Respiratory Illness Symptom Identification Tool is not intended to be used to diagnose a respiratory illness.

# Preparing for Respiratory Season

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Sites serving persons experiencing homelessness and those living in other congregate community living settings play an important role in ensuring the health and wellbeing of their residents. Medical providers encourage those with respiratory illnesses to stay home, drink plenty of liquids, and rest. People experiencing homelessness (PEH) are particularly dependent on congregate living settings for rest and recuperation when alternate care sites or respite facilities are unavailable.

Facilities are strongly encouraged to adopt and publish a policy to staff for implementation at the beginning of respiratory season. While respiratory illnesses remain in circulation year-round, respiratory illness cases peak yearly between December and February.

Because of the close proximity of residents in these sites, the risk of respiratory illness transmission is higher than in the general population. There is also an increased risk of severe outcomes from respiratory illness due to a higher prevalence of underlying conditions within this population.

## Organizational Planning



The content of a respiratory illness plan varies depending on the unique needs of the residents and client population, physical facilities, day-to-day operations, available resources, and other site-specific factors. Written plans should include:

- *Instructions for maintaining operations.*
- *Instructions for reducing the risk of infection among residents, clients, staff, volunteers, and visitors.*
- *A plan for providing education for residents, clients, staff, and volunteers on how to minimize the transmission of respiratory illnesses within the facility and the importance of receiving the yearly flu vaccine.*

Staff in sites serving persons experiencing homelessness and those living in other congregate community living settings are highly encouraged to use the following guidance to establish an organizational plan for the respiratory season.

Continued communication and collaboration between agencies may provide a broader safety net for meeting the specific needs of those experiencing homelessness during respiratory season.

## How Can a Facility Assess Risk?

In addition to monitoring state and local influenza - like illness counts via the Indiana Influenza Dashboard, CDC FLUVIEW Weekly Report, and The National Respiratory and Enteric Virus Surveillance System (NREVSS) facilities can consider factors that would indicate **heightened risk** including:

- A substantial portion of people within the facility are more likely to develop a severe respiratory illness if exposed. These individuals may have an underlying or pre-existing health condition. Individuals with limited access to care would also be considered at risk of developing a severe respiratory illness case.
- Facility structure or operation considerations that may increase spread such as a high volume of outside visitors, poor ventilation, areas where individuals sleep close together, or the residents' ability to adhere to precaution measures.
- Active respiratory illness spread occurring in the facility.

### At Risk of Developing a Severe Respiratory Illness Case

- Individuals over the age of 65.
- Individuals with pre-existing or underlying conditions. These conditions can include, but are not limited to cancer, chronic kidney disease, chronic liver disease, chronic lung disease, cystic fibrosis, dementia, or other neurological conditions, diabetes (type 1 or type 2), heart conditions, HIV infection, and/or immunocompromised condition.
- Pregnant individuals.

## Suspected or Confirmed Facility Respiratory Illness Outbreak

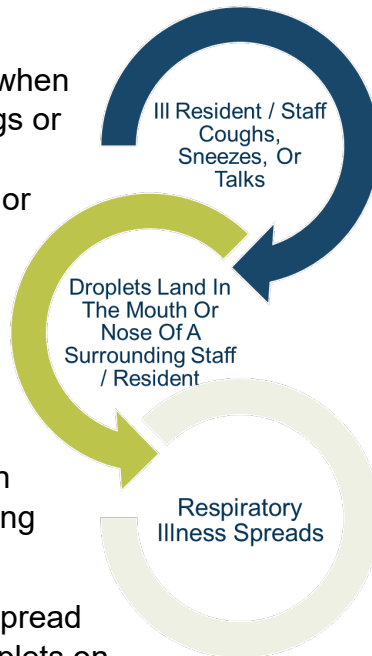
Respiratory symptom development among residents can act as outbreak indicators of a respiratory illness within the facility.

- **2 or more ill residents with influenza - like symptoms** indicates the presence of a respiratory illness within the facility.
- **If 2 or more ill residents develop influenza - like illness symptoms within 72 hours** of each other, it may indicate an outbreak of a respiratory illness within the facility.

# Respiratory Virus Transmission

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Respiratory viruses can spread when droplets are inhaled into the lungs or deposited on the mucous membranes of the eyes, mouth, or nose. These droplets are more likely to spread to people who are less than three to six feet from an infected person who coughs or sneezes into the air. It is believed that droplet spread is the main mode of transmission for most respiratory illness causing viruses.



Respiratory illnesses may also spread when a person touches viral droplets on another person or a surface that has recently been touched by an ill person. *Example:* A resident or staff member makes contact with a contaminated surface and touches their own eyes, mouth, or nose before washing their hands.



Droplets can come to rest on many different surfaces including floors, walls, windows, tables, door handles, light switches, phones, and computers, as well as bathrooms, and kitchen surfaces. It is important to regularly clean and disinfectant surfaces to decrease the likelihood of this type of transmission.

# Respiratory Virus Mitigation

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Sites that have implemented COVID-19 prevention measures may note that standard respiratory illness infection control practices are similar in practice. Sites are encouraged to implement the following standard precautions in addition to the everyday prevention measures outlined in the HHID - *COVID-19 Guidelines: Congregate Living Settings* during respiratory season.

## Everyday Prevention Measures

Everyday Prevention Measures are intended to be applied at all times regardless of a suspected or confirmed respiratory illness case within the facility.

Staff, volunteers, and residents are encouraged to:

- Cover coughs and sneezes. A cough or sneeze can be directed into the bend of the elbow or covered with a tissue. Tissues should be thrown in the trash after use.
- Wash hands with soap and water or utilize hand sanitizer when soap and water are not available.
  - It is recommended that hand hygiene supplies are easily available and accessible.
- Avoid touching the eyes, mouth, and nose.
- Avoid or decrease contact with sick persons as much as possible.
- Recommend all persons who are sick to distance themselves from others (as much as possible).
- Regularly clean and disinfect contact surfaces.
- Recommend ill staff and volunteers go home at the onset of symptoms.
  - Encourage the prompt reporting of symptoms that may indicate a respiratory infection.
  - Punitive disciplinary or administrative actions are discouraged for staff who are reporting respiratory illness symptoms.

**2 or more ill residents with influenza - like illness symptoms** indicate the presence of a respiratory illness within the facility. This development should trigger the following additions to the everyday prevention measures in practice.

- Facilities are encouraged to implement daily symptom checks of staff and residents.
- Enhanced cleaning, sanitizing, and disinfecting is encouraged.

## **Infection Control**

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It is recommended that the following standard (contact and droplet) and/or airborne precautions are implemented for residents with a confirmed respiratory illness or an ILI infection for **7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms**, whichever is longer, while the resident is within the facility.

The recommended duration of these precautions reflects the average shedding pattern of the following respiratory viruses. Staff are highly encouraged to implement necessary precautions for the full duration of symptoms.

Additionally, in some cases, facilities may choose to implement droplet, contact, and/ or airborne procedures in the case of young children or an individual considered to be [high risk](#).

## Centers for Disease Control and Prevention (CDC) Respiratory Virus Recommended Practices

The following precautions are intended to guide staff when attending to a resident with an apparent respiratory illness. The CDC recommends the following precautions:

Respiratory Virus	Recommended Practices
Influenza (Type A and B)	Droplet Precautions
COVID-19 / SARS CoV-2	Droplet, Contact, and Airborne Precautions
Respiratory Syncytial Virus (RSV)	Droplet and Contact Precautions
Human Parainfluenza Virus (HPIV)	Contact Precautions
Human Metapneumovirus (HMPV)	Contact Precautions
Respiratory Adenovirus	Droplet and Contact Precautions
Influenza Like Illness (ILI)	Droplet and Contact Precautions
Tuberculosis (TBI)	Droplet, Contact, and Airborne Precautions

## Standard Precautions (Contact and Droplet Precautions)

Staff are recommended to implement standard precautions for residents with a known or suspected infection that pose a risk of transmission through:

- Direct or indirect contact with a resident and / or their environment.
- Respiratory droplets that are generated by a resident who is coughing, sneezing, or talking.

The following respiratory illnesses warrant the implementation of the following standard precautions: **Influenza (Flu), Influenza - Like Illness (ILI), Respiratory Syncytial Virus (RSV), and Respiratory Adenovirus.**

- **Source control:** Highly encourage the resident to mask.
- **Ensure appropriate resident placement:** Encourage ill residents to remain within their rooms or a quarantine /isolation space, where available.
  - Ensure the continuation of support services, including case management and medical care for residents in quarantine or isolation.
- **Use Personal Protective Equipment (PPE) appropriately.** PPE reduces the risk of respiratory illness spread to staff members that are interacting with an ill resident.
  - Staff are encouraged to mask upon entry to the resident room or when interacting with the resident in a shared space.
  - Staff are encouraged to wear gloves for all interaction involving contact with the ill resident including when handling their personal belongings or bedding.
- **Limit movement of residents** to only necessary purposes. When moving through shared spaces, encourage the resident to wear a mask and follow [respiratory hygiene/cough etiquette](#).
  - Ensure the continuation of support services for those encouraged to limit their movement within the agency.
- **Encourage ill resident(s) to clean their hands frequently.** Staff are encouraged to provide guidance on [how to handwash](#) and [how to use hand sanitizer](#) to ill residents.

Note: An Influenza -Like Illness (ILI) can include a resident with a 100.4° F or higher fever, cough, and/or sore throat without a laboratory confirmed case of Influenza (flu) or another respiratory illness.

**It should be noted that** two respiratory illness-causing viruses defined by the CDC only require contact precautions ((Human Parainfluenza Virus (HPIV) and Human Metapneumovirus (HMPV)). Staff interacting with residents with confirmed cases of HPIV and HMPV are encouraged to wear gloves for all interactions involving contact with the resident.

Standard precautions are highly encouraged for both residents in quarantine and isolation. Further precautions, including airborne precautions may be implemented based on confirmed virus type and / or subsequent symptoms.



## Airborne Precautions

Airborne precautions are encouraged in addition to the standard precautions for residents with a known or suspected infection that poses a risk of transmission by an airborne route.

The following respiratory illnesses warrant the implementation of the following airborne precautions: **COVID-19 and TB**.

- **Ensure appropriate resident placement** in a single room if possible. Quarantine measures are recommended for suspected cases. Isolation measures are recommended only for confirmed cases. Refer to the [Ideal to Least Ideal Isolation Guide](#) regarding resident placement on a case-by-case basis considering infection risks to other residents and available alternatives.
  - Ensure the continuation of support services, including case management and medical care for residents in quarantine or isolation.
- **Use Personal Protective Equipment (PPE) appropriately.** Staff are highly encouraged to wear an N95 or KN95 when engaging directly with the ill resident.

Please refer to the [Covid-19 Guidelines for Congregate Living Settings document](#) located on the Indiana Housing and Community Development Authority (IHCDA) website for further guidance on reducing the risk of Covid-19 spread within your agency.

## Quarantine vs. Isolation Measures

Isolation measures are recommended **only** for confirmed respiratory illness cases. This would include any respiratory illness that has been confirmed using a rapid – at home or laboratory-based test. Individuals who have received a positive test result can be isolated with other individuals with that same respiratory illness.

However, residents with one respiratory illness cannot be isolated safely with a resident with a different respiratory illness. An individual can have more than one respiratory illness at a time.

Quarantine measures are recommended for suspected respiratory illness cases that are otherwise not confirmed by a rapid – at home or laboratory – based test.

# Vaccination

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Sites serving persons experiencing homelessness and those living in other congregate community living settings are encouraged to work with their local health department or health care providers to offer vaccinations to their residents. Sites can support vaccination efforts by:

- Encouraging individuals to receive vaccinations.
- Providing vaccination sites in partnership with state and local health departments.
- Providing clear information about where vaccinations are available.

The following section will cover the respiratory virus vaccinations currently available or soon to be available to the public. It should be noted that not every respiratory illness causing virus discussed in this document currently has an available vaccine.

The HHID program makes an active call to update the following respiratory illness vaccinations as they are revised and updated by the CDC.

## Seasonal Influenza (Flu) Vaccine

The Influenza vaccine changes each year as the Influenza virus variant changes. The CDC recommends that individuals receive the Influenza vaccine every year to protect themselves from the Influenza variant in circulation.

Routine seasonal flu vaccine is recommended for all staff, volunteers, residents, and clients.

The flu vaccine cannot cause the flu. The yearly vaccine contains either an inactivated virus, meaning a virus no longer infectious, or a particle designed to look like a flu virus to your immune system to trigger an immune response in order to build immunity. The best way to prevent flu and serious complications is by getting a yearly flu vaccine. Even when the flu vaccine does not prevent illness entirely, it has been shown to reduce severity of illness in people who get vaccinated but still get sick.

The recommended time to receive the flu vaccination for the 2023-2024 season is September through October.

The yearly flu vaccine is recommended for everyone six months of age and older with rare exceptions. People with an egg allergy may receive any vaccine (egg- based or non- egg based) that is otherwise appropriate for their age and health status. Previously, it was recommended that people with a severe egg allergy (those who have any symptom other than hives with egg exposure) to be vaccinated in an inpatient or outpatient medical setting. Beginning with the 2023-2024 season, additional safety

measures are no longer recommended for flu vaccination of people with an egg allergy beyond those normally recommended for any vaccine regardless of the severity of a previous reaction to egg.

There are multiple flu vaccines available. For more information about the different flu vaccines available and the updates to the upcoming flu season vaccines, see the CDC's [Information for the 2023 – 2023 Flu Season](#): for more information.

## Respiratory Syncytial Virus (RSV) Vaccine

Vaccines against RSV are now available for adults 60 and older. The RSV vaccine can prevent lower respiratory tract disease caused by Respiratory Syncytial Virus. The CDC recommends adults **60 years and older** may receive a single dose of the RSV vaccine based on discussions between the resident and their health care provider.

RSV can cause illness in people of all ages but may be especially serious for infants and older adults. Infants and older adults with chronic medical conditions like heart disease or lung disease, weakened immune systems, or who live in nursing homes or long- term care facilities or other congregate living settings are at highest risk of serious illness and complications.

Studies are ongoing to determine whether (and if so, when) revaccination may be needed.

## Education

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### Communicating Information to Residents

Staff in sites serving persons experiencing homelessness and those living in other congregate community living settings are encouraged to be well informed and communicate information about respiratory season and respiratory virus vaccines to residents.

- If staff are relaxed and confident, residents will feel calmer and more relaxed.
- Try to spread information about respiratory season and the available respiratory virus vaccines to as many residents as possible. Consider a “house meeting” as an opportunity to provide information and share the agency’s plan.
- Encourage residents to express concerns and fears concerning respiratory season and vaccines.
- Emphasize that it is important to be alert, aware, and informed.

- Encourage residents to seek information from credible sources.
- Keep lines of communication with clients as open as possible.

Staff may want to collaborate with other agencies to ensure information on vaccination meets the specific cultural or religious needs of their population.

## Respiratory Hygiene/Cough Etiquette

Respiratory hygiene and cough etiquette are infection prevention measures aimed at limiting the transmission of respiratory pathogens that are spread by airborne routes or droplets. These strategies target anyone who may have undiagnosed respiratory infections or any persons with signs and symptoms of illness.

For Staff:

- Provide tissues and no touch receptacles for their disposal.
- Provide resources for performing hand hygiene (hand sanitizer/ soap).
- Offer masks to all symptomatic residents.
- Encourage symptomatic residents to sit at a distance from other individuals whenever possible.

Encourage Residents to:

- Cover their mouth and nose when coughing or sneezing.
- Use tissues and throw them away.
- Wash their hands or use hand sanitizer every time they touch their mouth or nose.

## Hand Hygiene

Hand hygiene is a way of cleaning one's hands that reduces potential pathogens on the hands. Hand hygiene is considered a primary measure to reduce the risk of transmitting infection among staff and residents.

Hand hygiene includes using hand sanitizer (alcohol based or non-alcohol based) and hand washing with soap and water. Unless hands are visibly soiled (e.g., dirt, blood, body fluids), a hand sanitizing liquid is preferred over soap and water in most situations because:

- Requires less time.
- Is more accessible than handwashing sinks.
- Reduces bacterial counts on hands.

- Less irritation and dryness than soap and water.

### Hand hygiene should be performed:

- Regularly throughout the day.
- After using the toilet.
- Before eating food.
- Resident/staff has come into contact with items (e.g., sheets, clothing, shared items) of someone in isolation, quarantine, or suspected to be a positive case.
- After touching garbage.
- When hands are visibly soiled.
- After coming in contact with a high traffic/ frequently used item (e.g., doorknob, dining table, other shared community items).

### How Should Hand Hygiene be Performed?

#### Using an alcohol-based or non-alcohol-based hand sanitizer (follow manufacturer directions):

- Dispense the recommended amount of product (most recommend an amount the size of a quarter)
- Apply product directly to the palm of one hand.
- Rub hands together, making sure that all surfaces of hands and fingers are covered. Rub hands together until they are dry (should take around 20 seconds, no rinsing required).
- Do not rinse or wipe off hand sanitizer before it is dry.

#### Hand washing with soap and water

1. Wet hands first with water.
2. Apply soap to hands.
3. Rub hands vigorously for at least 20 seconds, covering all surfaces of hands and fingers.
4. Rinse hands with water and dry thoroughly with a paper towel.

## Cleaning vs. Sanitizing vs. Disinfecting

### Cleaning

- Cleaning with soap or detergent decreases the number of germs on surfaces and reduces the risk of infection from surfaces within the facility. Cleaning will remove most types of harmful germs (viruses, bacteria, parasites, or fungi) from surfaces.

- Clean high touch areas regularly (e.g., pens, counters, door handles, stair rails, light switches, restroom fixtures).
- For **hard surfaces**:
  - Clean surfaces with soap and water or a cleaning product appropriate for the surface.
- For **Laundry items**:
  - Use the warmest water setting and dry items completely.
  - It is safe to wash dirty laundry from a person who is sick with other non- sick persons.
  - Clean clothes hampers and baskets regularly.

## Sanitizing

- Sanitizer will remove the remaining germs on surfaces after they have been cleaned.
  - Sanitize high touch areas regularly (e.g., pens, counters, door handles, stair rails, light switches, restroom fixtures).


## Disinfecting

- Disinfectant can kill harmful germs that remain on surfaces after cleaning. Disinfectant can further reduce the risk of spreading disease.
  - Disinfectant may be used in/on high traffic areas or surfaces that are cleaned more frequently.
  - During periods of time where COVID-19 Community Level is high; disinfectant usage may further inhibit transmission from surfaces.
    - Always follow manufacturer safety guidelines when using chemical disinfectants.

**\*\*Always** clean surfaces first before disinfecting and sanitizing - impurities like dirt will act as a barrier and inhibit the sanitizer or disinfectant from being able to work effectively

# Quick Guide: Ideal to Least Ideal Isolation

## ISOLATION IN CONGREGATE LIVING SETTINGS

<p><b>IDEAL</b></p>  <p><b>LEAST IDEAL</b></p>	<p>1. Maintain Transmission and Prevention Measures for Everyday Operations</p> <ul style="list-style-type: none"> <li>• Practice Good Respiratory/Cough/Hand Hygiene</li> <li>• Practice Personal Protective Equipment (PPE) Usage</li> <li>• Practice Cleaning/Sanitizing/Disinfecting</li> </ul>			
	<p>2. General Tips for Everyday Operation Isolation Measures</p> <ul style="list-style-type: none"> <li>• Create space between individuals ( 3ft -6ft)</li> <li>• Wear a mask (N95) when providing direct care to ill</li> <li>• Arrange beds so that individuals lie head to toe</li> <li>• Create physical barriers between beds</li> </ul>			
	1 Person Ill	2-10 People Ill	More than 10 People Ill	Majority of Community Ill
	Isolate in separate room ( if possible)	Isolate together in separate room	Isolate together on one floor/ separate section of building	Isolate together throughout the site
	Isolate in shared room with ill	Isolate together in common area	Isolate together throughout the site	
Isolate in large shared space	Isolate together in large space			

# Resident Facing Graphics

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Staff in sites serving persons experiencing homelessness and those living in other congregate community living settings can find additional signage that can be used throughout their facility provided by the Centers for Disease Control and Prevention below.

Additional language translations of the following resources or similar graphics are available. Agencies with specific language requests are encouraged to contact the HHID team at [HHID@ihcda.in.gov](mailto:HHID@ihcda.in.gov) for these resources.

## Hand Sanitization

[How to Use Hand Sanitizer the Right Way - English – Print](#)

[How to Use Hand Sanitizer the Right Way - Spanish - Print](#)

## Cover Your Cough CDC Branded

[Cover your Cough \(CDC Branded\) -English – Print](#)

## Cover Your Cough – No Branding

[Cover your Cough \(No Branding\) - English – Print](#)

## Flu Vaccine

[Fight Flu – English – Print](#)

[Fight Flu – Spanish – Print](#)



# How to Use Hand Sanitizer the Right Way



**Apply** sanitizer to hands.



**Cover** all surfaces of hands.



**Rub** hands together until dry.



[www.cdc.gov/handwashing](http://www.cdc.gov/handwashing)

CS326806-A

# COVER YOUR COUGH

Help stop the spread of germs that can make you and others sick



Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.

You can also consider wearing a high-quality, well-fitting face mask which may help reduce the spread of respiratory germs.



Wash hands often with soap and warm water for 20 seconds, especially after touching tissues with secretions after coughing or sneezing. If soap and water are not available, use an alcohol-based hand rub.

CS336297-A

#FIGHT FLU

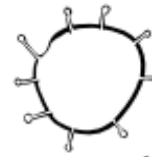
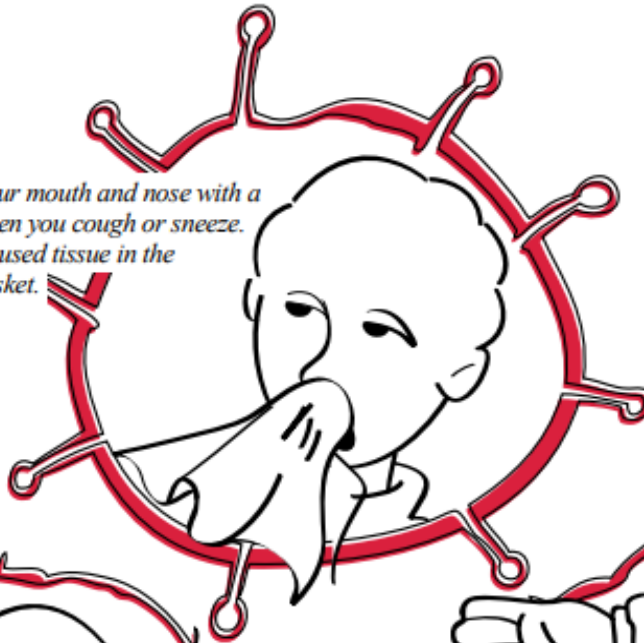


U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

# Cover Cough

— Stop the spread of germs that can make you and others sick! —

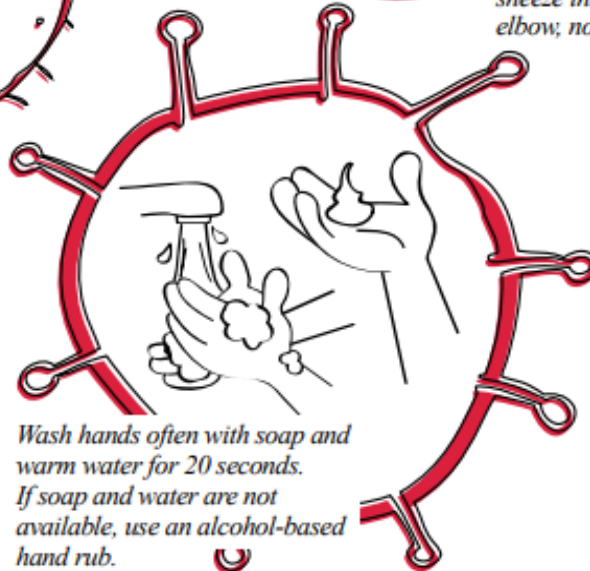
*Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.*



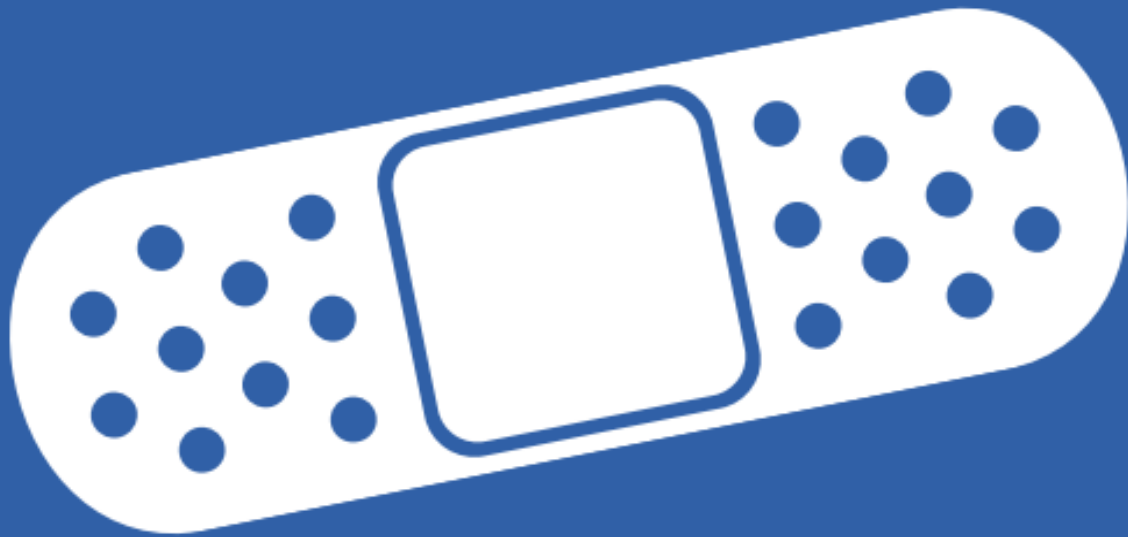
*If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.*



*You may be asked to put on a facemask to protect others.*



*Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.*



# FIGHT FLU

Get your family vaccinated against flu this season. It's the best way to protect you and your loved ones from getting the flu.



[www.cdc.gov/fightflu](http://www.cdc.gov/fightflu)

## Client Centered Care

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Client centered care encompasses the principles of advocacy, empowerment, autonomy, self-determination, and participation in decision making. These principles aim to encourage individuals to take charge of their well-being and health.

Staff in sites serving persons experiencing homelessness and those living in other congregate community living settings have the opportunity to act as advocates for residents to achieve their highest level of health.

Staff are encouraged to practice client-centered care when working with a client. In client-centered care the client's preferences guide every aspect of the delivery of services. It is up to the staff member to understand the persons' realities and belief systems and to develop a mutually agreed upon care plan.

Respiratory illness precautions should only be implemented with the state of health equity in mind. Health equity ensures that all persons have a fair and just opportunity to attain and maintain their highest level of health. These provisions are in no way to act as a barrier between residents and the services being provided in each congregate living setting.

## The Importance of Providing Similar Access – Isolation

Individual housing spaces within congregate living settings that are used for medical isolation for residents with confirmed respiratory illnesses may not be equipped with the same communal resources (e.g., T.V., radio, reading materials, clean clothing and linens, personal property, showers, and other resources). Therefore, those in isolation do not have the items that are normally available. Individuals in isolation should not be restricted from partaking in food services or other support services offered at the facility.

These conditions can discourage residents from reporting symptoms of a possible respiratory illness. This can lead to further transmission within the congregate setting. Prolonged isolation in such conditions can have negative consequences on residents' mental health, including risk of suicide.

To encourage prompt reporting of respiratory illness symptoms and to support mental health of all residents, ensure that medical isolation and quarantine are operationally distinct from administrative or disciplinary segregation even if the same housing spaces are being used for both.

# Terms and Definitions

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**Mitigation** – Efforts to reduce the reproduction number ( $R_0$ ) of an infectious disease to reduce the speed in which the disease spreads.

**Respiratory Droplet** – Small aqueous body released from the upper respiratory tract either by sneezing or coughing.

**People Experiencing Homelessness (PEH)** – Persons who lack fixed, adequate, and regular residence. Persons may be considered literally homeless, in imminent risk of homelessness, homeless under other federal statutes, and / or fleeing / attempting to flee domestic violence as defined by the U.S Department of Housing and Urban Development (HUD).

**Syndromic surveillance** – Uses symptom and or / preliminary diagnosis information and rapid collection methods to provide rapid data collection and reporting.

**Sentinel surveillance** – Utilizes laboratory diagnostic testing measures in order to provide more detailed information and samples for data collection and reporting. This type of reporting is not as rapid as the latter.

**Seasonal Influenza** – A contagious respiratory illness caused by a variant of the influenza virus annually.

**Influenza - like illness (ILI)** – A respiratory illness defined by a fever (100.4°F or higher), cough, and or sore throat.

**Transmission** – spread from one person to another.

**Immunity** – A condition achieved when there are antibodies to a certain disease in a person's system.

**Antibodies** – Proteins produced by the body to neutralize or destroy toxins or disease – carrying organisms. Antibodies are disease specific.

## Summary and Further Considerations

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Sites serving persons experiencing homelessness are uniquely qualified to inform epidemic (outbreak) risk mitigation for the specific needs of the individuals experiencing homelessness within their facilities.

Staff and volunteers within these settings play an important role in ensuring the health and wellbeing of their residents. Early indication and rapid response from staff within these facilities diminishes the risk associated with severe respiratory illness development and facility wide transmission. These actions promote health and safety within the community during respiratory season.

The continuation of services is essential for people experiencing homelessness; community organizations should work together to avoid shelter closures or the exclusion of people with respiratory illness symptoms or positive test results.

Facilities are encouraged to connect with their local health department(s) for further guidance outside of these provisions for facility specific recommendations to combat respiratory illness and ILI transmission.