



## Respiratory Illness Resource Guide for Residential Congregate Settings

People in residential settings like group homes or shelters are at a greater risk of severe outcomes from respiratory illnesses such as COVID-19, influenza, and RSV, compared to the general population. This elevated risk stems from close living conditions that facilitate virus spread and a higher likelihood of residents having underlying medical conditions that make them more vulnerable to severe disease. Residential congregate settings include correctional facilities, group homes, and homeless shelters. For this document, all individuals residing in a residential congregate setting will be considered a “resident”.

Recommendations included in this guide may not be possible for all settings. Residential congregate settings should follow the latest facility, or New Jersey state guidelines as applicable and adhere to guidance released by any relevant oversight agency. Any applicable facility or state guidelines/ policies supersede the recommendations outlined in this resource guide. This resource guide does not apply to health care settings. Guidance for health care settings can be found here: [NJDOH Guidelines for the Control of Respiratory Virus Outbreaks in Long-Term Care](#).

Take the following steps to reduce the spread of respiratory illness:

### Vaccination

- Encourage residents and staff to [stay up to date with their vaccinations](#), including the most current [influenza vaccine](#) and, if eligible, a single RSV vaccine.
- Consider establishing supportive policies and practices that make getting vaccinated easy and convenient, for example, developing a workplace vaccination program, providing paid time off for individuals to get vaccinated, or assisting family members receiving vaccinations.
- Consider hosting vaccination clinics, or connecting eligible staff and residents to off-site vaccination locations
  - To find vaccination sites near your congregate residential setting, visit <https://www.nj.gov/health/vaccines/programs/vfc/vfc-317-vaccine-locations/>

## Allocate Resources

- Ensure that resource limitations (e.g., personal protective equipment (PPE), alcohol-based hand sanitizer) do not prevent staff from adhering to recommended infection prevention and control (IPC) practices. Plan for situations (e.g., multiple symptomatic individuals) that may require increased supplies. Have a process for monitoring availability and access to supplies.

## Monitor and Mask

- Use [NJDOH Respiratory Illness Dashboard and reports](#) to track respiratory illness activity in the community. During times of increasing spread, consider having visitors and health care providers (HCP) always wear a mask in the facility.
- Provide free, high-quality masks to residents, staff, and visitors for use during times of increased respiratory illness activity and when individuals are ill and unable to separate from others.
- [Masks and Respiratory Viruses Prevention](#) provides additional recommendations for mask wearing.

## Hand Hygiene and Respiratory Etiquette

- Teach and re-enforce proper respiratory etiquette, including covering coughs and sneezes, and washing hands immediately after blowing your nose, coughing, or sneezing.
- Teach and re-enforce proper handwashing techniques to both staff and residents.
- Ensure adequate handwashing supplies (e.g., soap, water, and paper towels) within easy reach of the user.
- Encourage frequent hand hygiene with soap and water. If soap and water are not available, use hand sanitizer with at least 60% alcohol. Store hand sanitizers up, away, and out of sight of younger children and allow their use only with adult supervision for children under 6 years of age.
- More information on hygiene can be found at [Hygiene and Respiratory Viruses Prevention](#).

## Cleaner Air

- Ensure that existing HVAC (heating, ventilation, and air-conditioning) systems meet at least the minimum outdoor air ventilation requirement in accordance with ventilation design codes.
- Aim for five or more air changes per hour of clean air. This can be achieved through any combination of a central ventilation system, natural ventilation (such as by opening windows and doors), or additional devices that provide equivalent air changes per hour to your existing ventilation.
- [Taking Steps for Cleaner Air for Respiratory Virus Prevention](#) provides steps you can take to work towards improving air quality within your facility.

## Receiving New Residents

- Conduct symptom screening: During times of increased respiratory illness activity or known local outbreaks, any new arrivals should be asked if they are experiencing any symptoms suggestive of common communicable respiratory illness; these might include:
  - Cough, shortness of breath
  - Chills
  - Fatigue
  - Muscle or body aches, headache
  - Sore throat, congestion, or runny nose
  - Nausea, vomiting, or diarrhea
  - New loss of taste or smell

Residents reporting symptoms consistent with respiratory illness should be referred to a medical provider and tested for circulating respiratory illnesses (such as influenza, COVID-19, RSV). These individuals should be isolated, to the best of the facility's ability until no longer infectious.

## When Residents or Staff are Sick

- 1) Isolation when Sick
  - a. If someone has the following symptoms of respiratory illness, they should isolate from others:
    - Fever
    - Respiratory virus symptoms that are worsening or not improving and not better explained by another cause, such as seasonal allergies.
    - When possible, provide point of care testing (e.g., rapid influenza, rapid COVID-19), or refer to medical provider. [Testing for Respiratory Viruses](#)
- 2) Consider policies and practices that support having staff stay home when sick and ensure that employees are aware of and understand these policies. In accordance with applicable laws and regulations, policies could:
  - Allow flexible, non-punitive paid sick leave policies and practices for staff.
  - Set policies to accommodate individuals who are sick and avoid incentivizing coming to work while sick.

## Treatment

- Provide or refer residents and staff to medical care, including treatment for COVID-19 and flu, and offer to monitor people at increased risk of severe outcomes (for example, older adults and people with underlying medical conditions).
- Treatment works better the sooner it begins. People who do not have a health care provider can locate treatment at <https://treatments.hhs.gov/>:
- For more information on COVID-19 outpatient therapeutics, visit [nj.gov/health/covid-19/information/treatments/](https://nj.gov/health/covid-19/information/treatments/).

## Distancing

- To the extent possible, residents and staff who are sick with a respiratory virus should stay home or in their rooms and away from others, at least until their symptoms are improving and they are fever-free for 24 hours without the use of fever-reducing medication. After resuming normal activities, people should continue to reduce contact with others for the next five days.
- In settings with shared bedrooms, if possible, provide a separate room and bathroom for residents with suspected or confirmed respiratory illnesses to separate from others until at least 24 hours after their symptoms improve and they have not had a fever without the use of fever-reducing medication.
- Residents who are sick and taking precautions should avoid common spaces and should not participate in group activities, or group dining. Provide meals in rooms, if possible.
- In settings where separating from others is not possible, maximize other interventions to prevent spread, such as cleaning, ventilation, and masking.
- Considering changes to group activities to allow for physical distance between people during a respiratory outbreak in your facility.
- Additional strategies for physical distancing can be found here: [About Physical Distancing and Respiratory Viruses](#) [Cleaning and 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 reduce the number of 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

- Disinfectants can kill a broader range of pathogens, including bacteria, viruses, and fungi, that remain on surfaces after cleaning and sanitizing. Disinfection can further reduce the risk of spreading disease.
  - Disinfectant may be used in/on high traffic areas or surfaces that are cleaned more frequently.
- Increase the frequency of disinfection during periods of time where respiratory illness activity in the community is high.
- Always follow manufacturer safety guidelines when using chemical disinfectants.
- CDC provides additional guidance for cleaning, and disinfection, [When and How to Clean and Disinfect a Facility](#).

## Reporting

While reporting communicable disease outbreaks in congregate settings serves many purposes, the immediate goal is to control further spread of disease. In a residential setting, it may be difficult to determine whether an outbreak exists. An outbreak should be reported by the facility to their Local Health Department (LHD) when it is suspected, and facilities should not wait for an outbreak to be confirmed before reporting. The LHD directory can be found here: [LHD Directory](#) This is not a comprehensive list. If you think an outbreak might be occurring (i.e., suspected), you must notify your LHD, who will collect information and provide guidance.

- The following are examples of confirmed or suspected outbreaks that should be reported:
- An outbreak may be occurring if:
  - Several patients who exhibit similar respiratory symptoms are in the same room, on the same wing of a facility, or attended a common activity; or
  - Two or more patients develop respiratory illness within 72 hours of each other; or
  - There is an increase in employee absences with staff reporting similar respiratory symptoms.

- Reporting refers not only to the initial outbreak notification, but also to the provision of routine updates on the status of the outbreak. The facility and the LHD shall be in frequent contact regarding case numbers, control measures implemented, outcomes (hospitalization and/or death) and other pertinent information.

**The facility shall:**

- Immediately contact the LHD by phone to report every suspected or confirmed outbreak.
- Pursuant to NJAC 8:57, a health care facility shall report incidents of infectious and communicable diseases to public health authorities. When LHD staff cannot be reached, the facility shall make the report by phone directly to NJDOH who will then contact the LHD. Call numbers are 609-826-5964 during business hours or 609-392-2020 on nights/weekends and holidays.

**The LHD shall:**

- Immediately notify NJDOH CDS of the outbreak at 609-826-5964 during business hours or 609-392-2020 after hours.

**Considerations for specific settings:**

- Sites serving persons experiencing homelessness:
  - 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.
- Corrections:
  - Additional resources for correctional settings can be found in the [Federal Bureau of Prisons Respiratory Communicable Illness Clinical Management Guide](#)

Resources:

CDC: [Preventing Respiratory Illness](#)

Federal Board of Prisons: [Respiratory Communicable Illness Management](#)

NJDOH: [Respiratory Illness Dashboard](#) and [Respiratory Illness Surveillance Reports](#)