

DDS Coronavirus (COVID-19) Health Related Frequently Asked Questions (FAQ)

Updated: 12/2/2020

1. What is the difference between a person under investigation (PUI) and someone who has symptoms of COVID-19?

A person under investigation (PUI) means someone (an individual receiving DDS services or an employee) who has symptoms however, has not yet tested positive for COVID-19. A licensed healthcare provider determines if the person requires testing and is a PUI or if the symptoms the person is experiencing are related to a chronic health condition. If the person is deemed a PUI, the licensed provider may order a COVID-19 test. That person would isolate during the time he or she is waiting on test results.

2. When an individual develops symptoms at a day program, are they considered a PUI, what steps should be taken?

Only a licensed healthcare provider is qualified to determine if someone meets the criteria for a PUI. Therefore, if someone develops symptoms which may be indicative of COVID-19 (i.e, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea) while at day program, if possible, isolate the individual safely from others and notify the person's residential caregiver. That person is not to return to the day program without a medical provider's clearance. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

3. What are the steps to take if an employee is experiencing symptoms related to COVID-19?

The employee should self-isolate and contact a licensed healthcare provider. The employee should follow the healthcare provider's instructions and report any testing information including results to his/her employer's Human Resources department.

4. During the COVID-19 pandemic, what steps should be taken for employees who call out sick with chronic issues such as allergies (congestion, cough), stomach discomfort, headaches, etc., when symptoms overlap with the coronavirus? Does the same apply for an employee who has a family member at home who is displaying those symptoms?

An employee that has a chronic health issue displaying symptoms that may overlap with COVID-19 should contact his or her healthcare provider to seek advice and course of action. If an employee's family member is dealing with a chronic illness and it is determined that the employee has not had an exposure to COVID-19, the employee would continue to work following the established precautions outlined by the employer.

5. If an employee has a household member who has been exposed to someone else who is COVID-19 positive, but does not have test results yet: Is the employee considered a close contact? What actions should the employee take?

If an employee shares a household with someone who was a close contact of a COVID-19 positive person, that employee does not need to quarantine. The employee is not considered a close contact of the infected person, therefore there would be no additional actions required for the employee to take.

6. When there has been an identified case of COVID-19 at the day program, should the program shut down for deep cleaning?

Temporarily closing the day program would be determined by evaluating each scenario based on contact tracing and the ability of the program to maintain proper infection control procedures to mitigate the spread of the COVID-19 virus. There should be ongoing daily cleaning of high contact surface areas.

7. If an employee travels out of state, is he or she subject to the travel quarantine? Is the employee considered a PUI? How long does the traveler need to self-quarantine?

The employee is not considered a PUI, however, should follow the recommendations outlined by the state of CT. Prior to traveling and prior to returning to place of residence, it is advised that the employee research the latest guidance from the CDC and state of CT regarding travel. This information includes locations in which self-quarantine or testing would be appropriate prior to returning to work. The travel self-quarantine is effective unless otherwise specified by the Governor. This information may change daily and can be found online.

- a. CT travel advisory information- <https://portal.ct.gov/Coronavirus/travel>
- b. Centers for Disease Control and Prevention (CDC) travel recommendations- <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>

8. If an employee has a household member who is subject to the travel quarantine, is the employee a PUI? Would the employee be subject to self-quarantine along with the family member?

No, the employee would not be a PUI because he or she has not been exposed to COVID-19. The employee would not have to self-quarantine as the employee was not the traveler. The travel self-quarantine guidance is precautionary and does not necessarily mean that the traveler has had an exposure to COVID-19. Again, the latest travel information can be found on the CDC and state of CT websites as resources.

- a. CT travel advisory information- <https://portal.ct.gov/Coronavirus/travel>
- b. CDC travel recommendations- <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>

9. Should there be different protocols (more cautious/conservative than the general recommendations) for employees who support persons who have more vulnerable health conditions?

Those working with the vulnerable population do well to be extra vigilant with the safety measures put in place by employers. By practicing good hand hygiene, wearing a facemask, socially distancing whenever possible this can protect those who are more at risk for complications related to COVID-19.

10. If an employee has had an exposure (“close contact” with person known to be COVID-19 positive), is not symptomatic and is not vulnerable, should he/she self-monitor for symptoms without the need for testing or quarantine?

Ideally, the employee should quarantine and self-monitor for 14 days since last known close contact with the person known to be COVID-19 positive. If the employee’s absence would create a hardship to the agency or present health and safety risks for the individuals, then essential employees who are unable to quarantine should continue to self-monitor. The employee should also contact his or her healthcare provider and follow the provider’s instructions.

a. Who is considered a close contact?

According to the CDC, a [close contact](#) for COVID-19 is defined as anyone who was within 6-feet of an infected person for a cumulative total of 15 minutes within a 24-hour period starting from 2-days before illness onset (or, for asymptomatic people, 2 days prior to positive specimen collection) until the time the person is isolated. Also, if an infected person sneezes or coughs directly into another person's face, then no time duration applies, <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html>

11. Are ozone generators, ionizers, ultraviolet-c lights (UVC), disinfecting fogging machines, or high-efficiency particulate air (HEPA) filters as an added infection control measure safe to clean the environment?

Department of Public Health (DPH) strongly advises **not** to use these devices. Ozone is a good disinfectant because it is very reactive; however, it is also reactive in the lungs and can cause significant lung damage. Several years ago, some states made it illegal to use ozone generator devices. There was previous action to restrict the use of ozone machines in CT.

Ionizers are another name for Ozone generators and should not be used.

HEPA filters do not have any significant impact on the person-to-person spread of COVID-19; however, HEPA filters with no UVC, ionization or ozone are safe. If a HEPA filter is being considered for use, focus on HEPA filters with a clean air delivery rate (CADR) greater than 250 cubic feet of 100% clean air per minute. HEPA filters should not be placed on the floor or ground, instead place the device on a tabletop to avoid picking up particles off the floor and kicking them into the air.

Ultraviolet-C Lights (UVC) have not been any tests done with UVC to determine the distance, dose, or duration of exposure that is needed to kill SARS-CoV-2 (COVID-19). Some UVC products are the incorrect wavelength (best case, ineffective... worst case, damaging) or the amount of UVC given off would likely require an extensive amount of time to kill anything (perhaps 30-minutes or more maybe?). Some manufacturers advertise them like 'magic wands' that you pass over a surface and everything is killed; however, based on what a UVC cell costs, and the number of them needed to be effective, it is unlikely for UVC to be effective in any real application.

Disinfectant fogging machines are not recommended for routine disinfecting.

<https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/uv-lights-and-lamps-ultraviolet-c-radiation-disinfection-and-coronavirus>

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

12. It's flu season, what is the difference between influenza and COVID-19 symptoms?

Both influenza and COVID-19 may present in a similar way. Symptoms may include fever/chills, cough, shortness of breath or difficulty breathing, fatigue (tiredness), sore throat, runny or stuffy nose, muscle pain or body aches, headache, and some people may have vomiting and diarrhea. Flu symptoms tends to range from mild to severe, COVID-19 symptoms tend to be more serious and may include loss of taste and/or smell. COVID-19 symptoms continue to evolve, and additional symptoms may be added as more is discovered about the virus. If there is a question of either illness, this should be reported to a healthcare provider for further evaluation. The CDC has the most updated

comparison information for the two viruses <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm> . Please refer to the DDS influenza vaccine facts sheet attached for a comparison of COVID-19 and influenza vaccine.

13. What are the seasonal influenza vaccination (flu shot) recommendations?

As recommended by the CDC, everyone 6 months and older should get a influenza vaccine every season with rare exceptions. Vaccination is particularly important for people who are at high risk of serious [complications from influenza](#). More information related to flu vaccines can be found at: <https://www.cdc.gov/flu/prevent/vaccinations.htm> . Please refer to attached DDS flu vaccine fact sheet for additional information.

14. What testing is available for COVID-19 and which is preferred?

There are three different types of COVID-19 testing available. Polymerase chain reaction (PCR) test, antibody test, and antigen test.

The PCR test is commonly utilized to diagnose COVID-19. The test detects the genetic information of the COVID-19 virus. That's only possible if the COVID-19 virus is present and someone is actively infected.

Antigen tests are also available, this test detects the presence of the COVID-19 virus currently in the person's body. However, the accuracy is limited to persons within the first seven days of symptom onset. A negative antigen result does not completely rule out the presence of the virus in symptomatic individuals and therefore may require the PCR testing for confirmation. A positive antigen result may not be accurate in asymptomatic individuals without known exposure to COVID-19 and may require follow-up PCR testing for confirmation.

Antibody tests can detect if someone has had the COVID-19 virus in the past.

CDC testing information:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/Factsheet-for-Patients-2019-nCoV.pdf>

FDA website testing comparison:

<https://www.fda.gov/consumers/consumer-updates/coronavirus-testing-basics>

15. When individuals are all COVID-19 positive and residing at a temporary respite home or their own home, can they commingle?

Yes, COVID-19 positive residents can commingle. Whenever possible, the individuals should wear cloth masks for source control when within 6-feet of staff who are not infected. If they were in a home with uninfected individuals, then the individual(s) should be restricted to their room(s) and not use common areas, and if possible, have a separate bathroom. Even if their infectious timelines are not the same, CDC says there is enough evidence to suggest a 3-month period of immunity.

16. Can residential staff working in a home with all COVID-19 positive individuals wear the same personal protective equipment (PPE) when working with each individual, this includes entering the person's bedroom?

Yes, when moving from COVID-19 positive to COVID-19 positive resident, the gown, eye protection, and facemask/respirator can stay on. Gloves should be changed. If the individual has diarrhea, draining wounds, or other bodily fluid exposure, then the gowns should be changed between residents. If any PPE component becomes visibly soiled, then it should be changed.

17. If a person is newly diagnosed with COVID-19 and transferred to the residential setting that is housing only COVID-19 positive individuals, could the newly transferred individual also commingle with the other COVID-19 positive persons in the home?

Yes, a new COVID-19 positive admit could commingle with existing COVID-19 positive individuals.

18. When should a person that was transferred to a COVID-19 positive home return to his/her residential setting?

As soon as one of the individuals in the COVID-19 positive home qualifies to be taken off of transmission-based precautions they should be transferred back to their regular residence. That period would be 10 days plus any additional days needed to ensure fever-free and off antipyretics for 24 hours with improvement (not necessarily resolution) of symptoms.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

19. What is the recommended process for monitoring COVID-19 and isolation of positive persons?

Routine screening/monitoring of symptoms should be occurring for those residents, which will assist with being aware of persons who are becoming asymptomatic. Isolation of COVID-19 positive persons is 10-days. Quarantine of exposed persons, who are not COVID-19 positive is 14-days).

Please refer to CDC criteria:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

20. Who can be contacted for COVID-19 related questions?

DDS communicates regularly with Department of Public Health and consults the CDC and FDA websites regularly for the most updated recommendations regarding COVID-19. Questions may be submitted to DDS.COVID@ct.gov. Also, please consult with the appropriate Regional Health Services Director for additional inquiries.







21. What does the color coded COVID-19 alert system mean?

The Connecticut DPH has launched a weekly, color-coded COVID-19 alert system for every city and town in the state, showing the average daily case rate per 100,000 population for the last two weeks. The weekly alert level is also accompanied by municipal-level guidance on recommended actions.

It is color coded according to the following criteria:

- a. **Red level alert** is for municipalities that have a two-week average daily COVID-19 case rate higher than 15 per 100,000 population.*
- b. **Orange level alert** is for municipalities with case rates between 10-14 per 100,000 population.*
- c. **Yellow level alert** is for case rates between 5-9 per 100,000 population. M*
- d. **Grey level indicates municipalities with case rates lower than five per 100,000 population.***

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH TOWN-LEVEL COVID RESPONSE FRAMEWORK

	Yellow 5-9 cases per 100k per day	Orange 10-14 cases per 100k per day	Red 15+ cases per 100k per day
 DPH Response	Outreach to Local Health Department	ENCOURAGE TESTING FOR ASYMPTOMATIC RESIDENTS	
		Weekly calls with Local Officials	Issue Public Health Alert
 Individuals	Masks, distancing, extra precautions for high risk	HIGH-RISK INDIVIDUALS SHOULD STAY HOME, STAY SAFE	
		Avoid larger events, limit time with non-family members	Limit trips outside home, avoid gatherings with non-family members
 Communities	Scale up public awareness, social media	Scale back public events	Cancel public events and limit community gathering points; Reverse 9-1-1
 Organized Group Activities	Move activities outdoors where possible	Limit group sizes; Postpone indoor activities where mask wearing or social distancing cannot be maintained	Postpone all indoor activities; Postpone outdoor activities where mask wearing or social distancing cannot be maintained
 Pre K-12 Schools	Re-Enforce and monitor safety measures with staff, students and families	Maximize spacing, mask wearing, ventilation and hygiene to support in-person learning	In collaboration with Local Health Department and Superintendent, consider more distance learning above 25
 Business & Sector Rules	REMAND STAFF TO ASSESS THEIR SYMPTOMS DAILY AND NOT REPORT TO WORK IF THEY ARE ILL		
	Phase 3 with enhanced enforcement	Phase 3 with enhanced enforcement	Municipal option to revert to Phase 2

**CT DPH would like to remind everyone of the 3 W's:
Wear your mask, Wash your hands, and Watch your distance!**



<https://portal.ct.gov/DPH/Press-Room/Press-Releases---2020/DPH-Issues-New-Weekly-COVID-19-Alert-System-with-Guidance-for-Municipal-Response>

References:

- <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- <https://portal.ct.gov/Coronavirus/travel>
- <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>
- <https://www.cdc.gov/flu/prevent/vaccinations.htm>
- <https://www.fda.gov/media/142919/download>
- <https://portal.ct.gov/DPH/Press-Room/Press-Releases---2020/DPH-Issues-New-Weekly-COVID-19-Alert-System-with-Guidance-for-Municipal-Response>