



State of Connecticut
Department of Developmental Services
State of Connecticut

Ned Lamont
Governor

Jordan A. Scheff
Commissioner

Peter Mason
Deputy Commissioner

To: DDS Public Programs and Qualified Providers

From: Valencia Bagby-Young, Director of Health and Clinical Services

CC: Jordan Scheff, Commissioner; Peter Mason, Deputy Commissioner; Katie Rock-Burns, Chief of Staff; Regional Directors; Regional Health Services Directors

Date: April 6, 2021

Re: COVID-19 (SARS-CoV-2) Post-Vaccine Exposure Guidance

The following guidance for DDS funded residences and programs is specific to COVID-19 post-vaccination exposures and symptoms pertaining to employees and individuals served. This guidance is obtained through the Centers for Disease Control and Prevention (CDC) in collaboration with the Connecticut Department of Public Health (DPH). Information and guidance regarding COVID-19 is constantly evolving and is subject to change.

Applicability Guidance for DDS Funded Residences and Programs:

These recommendations are intended to provide basic guidance for DDS funded residences and services. This listing is not absolute and may change based on individual-specific concerns or revisions in CDC or DPH recommendations.

The following DDS funded residences and programs are generally considered “low risk” and **may be able to follow CDC guidance for non-congregate settings**, providing the individuals **do not** attend day program and there is no risk to immunocompromised persons:

- a) Community Companion Homes (CCH)
- b) Individualized Home Supports (IHS)
- c) Individual Family Supports (IFS)

<https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html>

The following are considered **congregate non-healthcare settings**:

- a) Community Living Arrangements (CLA)
- b) Continuous Residential Supports (CRS)
- c) Employment and Day Services (Day Programs)

**exemptions include programs in which individuals leave a work site to attend community-based employment such as Group Supported Employment (GSE)*

Phone: 860 418-6000 ♦ TDD 860 418-6079 ♦ Fax: 860 418-6001
460 Capitol Avenue ♦ Hartford, Connecticut 06106
www.ct.gov/dds ♦ e-mail: ddsct.co@ct.gov
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d) Respite Centers

If an individual resides in a non-congregate setting and attends day program or visit respite centers, follow congregate non-healthcare settings guidance

<https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html> or
<https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/index.html>

DDS funded Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) shall be considered as **congregate healthcare settings** and shall follow such guidance.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Per the CDC and DPH, in congregate settings (healthcare and non-healthcare) following a COVID-19 exposure the residents still need to quarantine despite being vaccinated due to most of them being medically vulnerable and living in close proximity.

Table Categorizes DDS Settings

Non-congregate settings**	Congregate non-healthcare settings	Congregate healthcare settings
Community Companion Homes (CCH)**	Community Living Arrangements (CLA)	Intermediate Care Facilities (ICFs)
Individualized Home Supports (IHS)**	Employment and Day Services (Day Programs)	
Individual Family Supports (IFS)**	Respite Centers	
Group Supported Employment (GSE)	Continuous Residential Supports (CRS)	

****If individual attends day program or visit respite centers, follow congregate non-healthcare settings guidance** <https://www.cdc.gov/coronavirus/2019-ncov/community/adult-day-care-service-centers.html>

COVID-19 Vaccination

Per the CDC, systemic signs and symptoms, such as fever, fatigue, headache, chills, myalgia, and arthralgia, can occur following COVID-19 vaccination. Most systemic post-vaccination signs and symptoms are mild to moderate in severity, occur within the first three days of vaccination (the day of vaccination and following two days, with most occurring the day after vaccination), resolve within 1-2 days of onset, and are more frequent and severe following the second dose among younger persons compared to those who are older (>55 years).

Cough, shortness of breath, runny nose, sore throat, or loss of taste or smell are **not** consistent with post-vaccination symptoms, and instead may be symptoms of COVID-19 (SARS-CoV-2) or another infection.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html>

Categories Based on Vaccination Status:

- 1) Non-vaccinated - no doses of vaccinations obtained
- 2) Partially vaccinated - 1-dose of a 2-dose vaccination series obtained or less than 14-day period elapsed since all required doses received
- 3) Fully vaccinated - all vaccination doses obtained and period of at least 14-days has elapsed since last dose of a series or a single-dose vaccine)

Recommendations for Isolation, Quarantine and Testing Based on Vaccination Status

The recommendations for isolation, quarantine and testing differ between community settings and congregate settings.

The following recommendations which were obtained from the CDC and modified to apply to **DDS congregate healthcare and congregate non-healthcare settings:**

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html#anchor_1615143411738

DDS Congregate Healthcare and Congregate Non- Healthcare Settings Post-Exposure Recommendations

Vaccination Status	Direct Care Workers	Residents/Individuals
Non-Vaccinated	Quarantine/Test	Quarantine/Test
Partially Vaccinated	Quarantine/Test	Quarantine/Test
Fully Vaccinated	Test, but no need to quarantine if asymptomatic unless caring for immunocompromised persons	Quarantine/Test

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html> *Guidance above applies to exposure during transportation. Transportation drivers and employees accompanying individuals shall follow guidance for direct care worker and passengers shall follow guidance for residents/individuals.

1. COVID-19 Quarantine and Testing:

Employees and individuals in congregate settings who are non-vaccinated or are only partially vaccinated shall quarantine and obtain testing following close contact exposures.

Direct Care Workers - Fully vaccinated direct care workers exposed to someone who is positive for COVID-19 no longer need to quarantine unless caring for persons with underlying immunocompromised conditions (i.e., cancer, chemotherapy, etc.), or if the employee is exhibiting symptoms indicative of a COVID-19 infection. However, COVID-19 testing is recommended.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

Residents/Individuals: Due to high risk population, individuals residing in congregate healthcare and congregate non-healthcare facilities regardless of vaccine status still need to quarantine and obtain medical evaluation with COVID testing.

Direct care workers and residents/individuals in **non-congregate settings** would follow general community guidance and do not need to quarantine or test if fully vaccinated, unless they have an underlying health condition that puts them at additional risk from COVID-19. If not fully vaccinated, they should quarantine and test.

2. Fully Vaccinated People with COVID-19 Symptoms:

Although the risk that fully vaccinated people could become infected with COVID-19 is low, any fully vaccinated person who experiences symptoms consistent with COVID-19 should isolate themselves from others, be clinically evaluated for COVID-19, and be tested for COVID-19 (SARS-CoV-2) if indicated. The symptomatic fully vaccinated person their healthcare provider of their symptoms and vaccination status at the time of presentation to time of care. If a COVID-19 (SARS-CoV-2) infection is confirmed on someone who has been full vaccinated contact tracing is still needed. In addition, their healthcare provider is required to notify the laboratory to hold the specimen for additional testing and report these cases to DPH as “vaccine breakthrough cases.” Fully vaccinated employees who test positive for COVID-19 infection and are symptomatic shall isolate for the specified time period as directed by their health care provider. Fully vaccinated people who do not quarantine should still monitor for symptoms of COVID-19 for 14 days following an exposure. If they experience symptoms, they should isolate themselves from others, obtain clinical evaluation for COVID-19, including COVID-19 (SARS-CoV-2) testing, if indicated, and inform their health care provider of their vaccination status at the time of presentation to time of care.

3. Fully Vaccinated Residents of Congregate Non-Healthcare Settings

Fully vaccinated residents of non-healthcare congregate settings (i.e. CLA, CRS, employment and day services/day programs, respite centers) should continue to quarantine for 14 days and be tested for SARS-CoV-2 following a significant exposure (i.e., less than 6-feet, 15-minutes cumulative over 24-hours) to someone with suspected or confirmed COVID-19. This is because residential congregate settings may face high turnover of residents, a higher risk of transmission, and challenges in maintaining recommended physical distancing.

This section applies to individuals in **non-congregate settings (CCH, IHS, IFS, GSE)**:

Individuals in **non-congregate settings** should continue to follow general community post-exposure recommendations:

Individuals in Non-Congregate Settings Post-Exposure Recommendations

Vaccination Status	Recommendations
Non-Vaccinated	Quarantine/Test
Partially Vaccinated	Quarantine/Test
Fully Vaccinated	Asymptomatic- No need to quarantine or test Symptomatic- Quarantine/Test

COVID-19 Immunization Status

The COVID-19 (SARS-CoV-2) vaccine is not required; however, it is invaluable to know the vaccination status of individuals who may attend a respite center or employment/day program and when support staff or healthcare professional may be visiting the person in their residence or another location. Immunization status is routinely recorded and updated on physical forms. Therefore, as with any other vaccine, it is acceptable and appropriate to request and document the vaccination status of individuals who participate in programs or receive onsite or in-home services. Knowledge of an individual’s

COVID-19 vaccination status may not be utilized to provide or deny services; however, in the event of an exposure, the individual's vaccination status may determine post-exposure actions.

Transportation

During transportation, wearing a facemask and physically distancing are recommended as this lowers the risk of COVID-19 transmission. Transmission risk may be further reduced as weather permits through the following measures, increasing ventilation by opening vehicle windows and setting air ventilation/air conditioning on non-recirculation mode. When space is limited with shared vehicle use (individuals from different residences) consider grouping seats for individuals who reside in the same home.

The CDC acknowledges an exemption for people who are not able to wear a facemask because of their disability.

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/using-transportation.html#TypesofTransportation>