



June 20, 2023

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”

This document is being issued as a companion document to provide clarification to questions/concerns received subsequent to the issuance of the guidance document titled “Revised Protocols for the Implementation of Isolation and Precautions for Individuals Exposed to COVID-19 Residing in OPWDD Certified Facilities” dated December 14, 2022. Note that OPWDD is unable to provide clarification for every situation as there is an extremely wide range of specific scenarios that may occur within residential settings. Given the range of circumstances, providers are strongly encouraged to first seek out clarification from their leadership and Infection Control Nurse/Designee for practical guidance. In the event clarity is still required, questions may be sent to OPWDD’s Director of Nursing and Health Services at nursingandhealthservices@opwdd.ny.gov

Precautions for Individuals Exposed to COVID-19

How do I handle a “continuous” exposure?

Individuals exposed to someone who tested positive should monitor for symptoms and begin wearing a mask as soon as they find out they were exposed. Masks should be worn for 10 full days with day 1 being the first full day after the **last** day of exposure. If isolation of the positive person cannot be maintained, keep in mind that an exposure is defined as having had close contact (less than 6 feet) with the positive individual for 15 minutes or more within a 24-hour period. Clinical judgment should be used to determine the level of exposure and indication for any extension of mask use for those exposed. For more information on understanding exposure risks you may refer to: [Understanding Exposure Risks | CDC](#)

If I’ve been exposed, do I need to quarantine? An exposure is defined as having had close contact (less than 6 feet) with the positive individual for 15 minutes or more within a 24-hour period. Individuals who have been exposed to someone who tested positive to COVID-19 do not need to quarantine so long as they remain asymptomatic. However, exposed individuals must start the following **precautions** immediately:

- Wear a mask as soon as the exposure is known.

- Masks should be worn for the full 10 days
 - Day 0 is the day of your last exposure with someone with COVID-19.
 - Day 1 is the first full day after your last exposure.
- Efforts should be made to not go to places where a mask is unable to be worn.
- Extra precautions should be taken if an exposed individual will be around someone who is more likely to get very sick from COVID-19 (i.e., those who are immunocompromised). Please see: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
- Encourage practicing physical distancing.
- COVID-19 testing should occur on day 6 following exposure (even if symptoms do not develop).
 - For those individuals who have had a first positive COVID-19 test within the past 30-days, testing is not recommended if asymptomatic. If symptomatic, testing is required and should be done using an antigen test.
- Individuals who are exposed should wear a well-fitting mask and should be monitored for the full 10 days for symptoms. If an individual becomes symptomatic, testing must occur and must isolate immediately.
- Individuals who have been exposed, but remain asymptomatic, are able to attend programming if they are able to wear a mask. If they are unable to wear a mask, they can return to programming after the 10-day precaution period.
- There should be no blanket policies or actions that prohibit individuals from participation in programming or routine activities while on COVID-19 precautions as long as they are asymptomatic, are able to comply with prevention and control measures (e.g., wear a well-fitting mask, social distancing, practice hygiene protocols, and testing).

When do we need to do routine health checks? Screening individuals for COVID-19-like symptoms must be implemented in any residence that is currently under restrictions, precautions or isolation for all direct support professionals and other facility staff at the beginning of each shift and every 12 hours thereafter if still on duty. This includes all personnel or visitors entering the facility. Additionally, health checks must be implemented for all individuals living in a residence that is under restrictions, precautions, or isolation. Residences are advised to monitor individuals and maintain a low threshold for identifying and testing residents who present with signs or symptoms consistent with COVID-19 and other viral respiratory pathogens, as appropriate. For more comprehensive information on “Health Checks for Staff” and “Health Checks for Individuals” please see OPWDD’s most recent “Management of Communicable Respiratory Diseases Guidance”.

Masking Requirements

How long do I have to wear a mask? Individuals who have tested positive and have completed a minimum of a 5-day isolation should continue masking for the full 10 days.

Can I re-implement broad mask wearing of both staff and individuals in a residence or agency-wide?

Nothing in this guidance shall prevent an individual municipality (county/city), federal regulator or individual provider from maintaining a masking requirement if it chooses to do so. However, note that over and above county/city mandates, additional requirements should only be done with the approval of agency leadership. In state operated facilities, this is the Deputy Commissioner for State Operations. Voluntary providers should obtain approval from their Executive Directors or their designee. Note, any additional measures should be time limited and any extensions beyond initial approval will require additional approval. Providers must also make reasonable accommodations for people who cannot tolerate wearing masks because of a disability.

Guidance for IRAs

We have individuals in our IRAs who meet the criteria set for an ICF to follow COVID-19 transmission-based precautions when there has been an exposure with a person who has tested positive for COVID-19 (i.e., moderately to severely immunocompromised, reside in a home with others who are moderately to severely immunocompromised, those in a home experiencing ongoing COVID-19 transmission). Providers should utilize clinical judgement to determine which individuals residing in an IRA should be on COVID-19 transmission-based precautions or who should be encouraged to wear a mask. This judgement will include whether or not this individual should follow the ICF testing requirements as well. The criteria noted within the “Guidance for ICFs” section could be followed with some exceptions.

Individuals who meet the following criteria could follow COVID-19 transmission-based precautions when there has been an exposure or close contact (these terms are synonymous) with a person who has tested positive for COVID-19 (Please consult with your Infection Control Nurse or designated nursing staff):

- Those who are moderately to severely immunocompromised.
- Those who reside in a home with others who are moderately to severely immunocompromised.
- Those who reside in a home experiencing ongoing COVID-19 transmission that is not controlled with initial intervention.

Guidance for ICFs

What is the difference between what the requirements are in an IRA and ICF? With some exceptions, providers should follow the same guidance in an ICF as is documented within the guidance for an IRA. In an ICF, an individual who has been exposed and is asymptomatic should wear a mask if tolerated and should test on days 1, 3 and 5. If any of these tests are positive, testing can cease for that individual and he/she must immediately be placed on isolation. Providers should be sure that the definition of “exposure” is being followed as a way of decreasing the testing frequency for individuals. Exposure is considered more than 15 minutes of contact, closer than 6 feet (exposure may be dependent on staff assignments and plans of care). This can mean that not all individuals or staff have to be placed on precaution as they may not meet the exposure standard. There should not be a practice of putting all individuals or staff on precaution unless the exposure standards are met for that specific person.

Miscellaneous Questions

Can staff float between residences when there are individuals on isolation or precautions? To the degree possible, providers should try to limit floating of staff when there are individuals with active COVID or individuals who are on COVID precautions. However, when necessary to meet the health and safety needs of the individuals, floating may occur. Staff who are floating from homes where there are isolation/precautions in place should wear a well-fitting mask.