



Coronavirus Response Plan

Introduction:

This interim response plan is based on what is currently known about the coronavirus disease 2019 (COVID-19) as of **July 24, 2020**. Updates to this plan will be **highlighted**. The Arc of Atlantic County will update this interim guidance as needed and as additional information becomes available.

The Center for Disease Control (CDC) is working on both the federal level and with the State Department of Health and Human Services to identify the appropriate response to COVID-19. As much is still unknown about how the virus that causes COVID-19 spreads, best practices is preventing and managing exposure is based on what is known about similar coronaviruses. This plan is based on the CDC most recent data and suggested guidelines.

Corona Virus Definition:

Coronaviruses are a large family of viruses that are common in humans and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people, such as with MERS-CoV and SARS-CoV. The virus that causes COVID-19 is spreading from person-to-person in China and Italy, with limited person-to-person transmission being reported in parts of the United States.

It is important to remember that there is a significant difference between COVID-19 and other respiratory illnesses like seasonal influenza, that are currently widespread in many communities throughout the United States.

This interim response plan should be used as an aid to help prevent workplace exposures (both employees and program participants) to acute respiratory illnesses, including COVID-19, in non-healthcare settings. This response plan will also provide guidance for additional planning considerations should a more widespread, community outbreak of COVID-19 become imminent.

To prevent stigma and discrimination in the workplace, use only the guidance described below to determine risk of COVID-19. The Arc does not make determinations of risk based on race or country of origin.

All staff with direct knowledge of persons' who have confirmed COVID-19 are reminded of their obligation under HIPAA to maintain confidentiality about diagnosis and/or treatment.

As more information becomes available, there will be much more to learn about the transmissibility, severity, and other features of COVID-19.

Update to date information on COVID-19 are available on CDC's web page:

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

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Current strategies for The Arc of Atlantic County:

- **Employees must be Proactive**
 - Employees and Participants alike, must wash their hands regularly with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
 - Employees and Participants alike, should avoid touching their eyes, nose, and mouth with unwashed hands.
 - Employees and Participants alike are instructed to cover their noses and mouths with a tissue when coughing. If you are coughing and do not have a tissue available, cough into the inside of your elbow instead of covering your mouth with your hand.
- **Performance of Routine Environmental Cleaning:**
 - Employees should routinely clean frequently touched surfaces in the workplace, and program locations. This includes but is not limited to countertops, tables, doorknobs, and workstations using a disinfecting cleaning agent such as disinfectant wipes, etc.
 - *Bio-Blasting Disinfectant* solution will be provided to all Residential programs. Once daily, common areas of each property should be lightly misted with *Bio-Blasting Disinfectant* solution.
 - No additional disinfection beyond routine cleaning is recommended at this time.
 - For the Delilah and Tilton Office, the cleaning contractor will be asked to train all of their employees on the best practices when disinfecting agency work spaces and bathrooms. Once daily, common areas in the Delilah office will be misted with *Bio-Blasting Disinfectant*.
- **Employees and Participants Who are Ill are Encouraged to Stay Home:**
 - It is recommended that Employees with symptoms of acute respiratory illness not come to work until they are fever free (100.4° F [37.8° C] or greater using an oral thermometer), and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).
When required to be absent from work for illness, employees are required to follow all established policy and protocol.
 - Participants attending Day Habilitation, Respite, Recreation, Job Club, or Educational activities with symptoms of acute respiratory illness should not attend the program until they are fever free (100.4° F [37.8° C] or greater using an oral thermometer), and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).
 - Employees and Participants alike who have an acute respiratory illness must not return to work or program when ill. As necessary, Employees' and Participants will be asked to provide a note from a healthcare provider to return to work or program or to validate their illness. It is understood that healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
 - Temp agencies that could provide The Arc with contract or temporary employees will be contacted to reinforce the need for employees to stay home if sick.
 - The Arc will work to maintain flexible policies that allow employees to provide care for a family member who is ill.
- **Separation of Sick Employee or Participants:**

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- Per CDC recommendations, any employees' or participants' who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or program or who become sick during the day will be separated from other employees' and participants' and be asked to leave work or program to care for the illness.
- **Additional Information Attachments:**
 - Attached please review additional information:
 - ⇒ *COVID19-residential-screening-policy Revised*
 - ⇒ *COVID19 Guidance for Residential Providers on Visits with Family and Friends*
 - ⇒ *The Road Back- Restoring Economic Health through Public Health*
 - ⇒ *COVID-19 Provider Attestation for Visitation*
 - ⇒ *COVID-19 Guardian Consent for Visitation*
 - ⇒ *COVID-19 Visitor Agreement*
 - ⇒ *COVID19-guidance-for-individuals-and-families*
 - ⇒ *DSP- CHHA COVID letter FINAL*
 - ⇒ *Medicaid Alert, March 2020: COVID-19 and Ensuring Access to Prescription Medications*
 - ⇒ *DDD-COVID19-FAQ-2020-03-16*
 - ⇒ *Informational Bulletin 03-1 Scope and Enforcement of Emergency Travel*
 - ⇒ *Hand Washing Poster*
 - ⇒ *Hand Hygiene*
 - ⇒ *Respiratory Hygiene and Cough Etiquette*
 - ⇒ *Flu Information Fact Sheet*
 - ⇒ *Flu Information Poster*
 - ⇒ *COVID-19 10 Things to Manage Health at Home*
 - ⇒ *Corona-19 Virus in the Workplace*
 - ⇒ *COVID-19 CDC Information*
 - ⇒ Visit the CDC website:
 - <https://www.cdc.gov/coronavirus/index.html>
 - https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html
 - <https://www.cdc.gov/handwashing/index.html>
 - ⇒ Visit the New Jersey Department of Health website:
 - <https://www.nj.gov/health/cd/topics/ncov.shtml>
 - AtlantiCare has setup a community hotline to help address the many questions surrounding COVID-19, symptoms and the most appropriate next steps for care if someone feels they are exhibiting symptoms.
This hotline is staffed by qualified individuals who can provide sound advice to members of our community.
 - ⇒ *1-888-ATLANTICARE*
- **Additional Measures in Response to Currently Occurring Sporadic Importations of the COVID-19:**
 - Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and the Human Resources Department. For more information refer to CDC guidance for potential exposure risk assessment:
<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>
 - Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for potential exposure risk assessment:

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<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

- All information related to an employees' or participants' health status is considered confidential and must be protected under HIPPA regulations. No HIPPA information is to be shared.
- While we are obligated to protect an individuals' privacy, every effort will be made to inform guardians of individuals served, and program staff about the possibility of exposure.

Planning for a Possible COVID-19 Outbreak in the US

The severity of illness or how many people will fall ill from COVID-19 is unknown at this time. For the general public, such as workers in non-healthcare settings where it is unlikely that work tasks create an increased risk of exposures to COVID-19, the immediate health risk from COVID-19 is considered low.

The CDC and WHO will continue to monitor national and international data on the severity of illness caused by COVID-19, and will disseminate the results of these ongoing surveillance assessments, and will make additional recommendations as needed.

If there is evidence of a COVID-19 outbreak in our area, The Arc of Atlantic County will respond to the outbreak and be prepared to refine business practices and responses as warranted, needed or mandated.

Planning Considerations

Communication:

The Arc of Atlantic County Nurse will provide information and communication to employees and program participations regarding the COVID-19 Virus. These communications will be based on information received from either the CDC, WHO, New Jersey Department of Health, Atlantic County Health Department, State Department of Human Services, Division of Developmental Disabilities or the Department of Children and Families.

Communications may include:

- a) Ways to reduce transmission among staff and participants,
- b) How to protect people who are at higher risk for adverse health complications
- c) Minimizing adverse effects on other entities in our vendor/supply chain.

Some of the key considerations that will be made when making decisions on appropriate responses may include the following:

- ⇒ Disease severity (i.e., number of people who are sick, hospitalization and death rates) in the community where The Arc is located;
- ⇒ Impact of disease on employees/ program participants that are vulnerable and may be at higher risk for COVID-19 adverse health complications;
- ⇒ Increased numbers of employee absences due to illness in employees and their family members, including dismissals of early childhood programs and K-12 schools due to high levels of absenteeism or illness;
- ⇒ Absenteeism in the workplace. Essential employees will be identified as those who can maintain the core/ essential functions of the department;
- ⇒ Changes may be necessary to maintain the business operation of the organization. Consultation/Direction will be provided by the Board of Directors and other pertinent stakeholders

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- ⇒ Essential functions and the reliance on vendors and others and the community will be assessed. If necessary, alternative suppliers of services/support will be pursued.

It may be necessary to mobilize enhanced resources to ensure program continuity and oversight:

- ⇒ Director level staff should plan to cross-train department staff to perform essential functions so that the workplace is able to operate even if key staff members are absent.
- ⇒ Program Directors and SL Coordinators will provide Management or seasoned staff with the support and authority necessary to take appropriate actions to ensure participants' safety and program continuity.

Plan Update

July 24, 2020

- The Division of Developmental Disabilities (DDD) has updated their policy regarding visitation of family and close friend who live in Residential programs.
Starting July 26, 2020, **Indoor Visitation** by parents, family, guardians or support persons (visitors), will begin.
Additional clarifications and requirements for **Outdoor Visitation** are also included in this plan update.
Per State of New Jersey, Department of Health guidance, **Indoor visitation** can only occur under the following conditions:
 - The State of New Jersey must remain out of the maximum restrictions Stage described in *The Road Back: Restoring Economic Health through Public Health* reopening plan which is attached to this plan. If at any point during the public health response the State returns to the **Maximum Restrictions Stage** identified in the reopening plan, visitation will no longer be permitted.
 - In order to permit **In-Door visitation**, the licensed residential provider is required to have achieved a "Post- Outbreak" COVID-19 status, pursuant to the following standards:
 - ✓ An outbreak of COVID-19, as defined by the NJ Department of Health and the NJ Communicable Disease Service, in the **COVID-19 Communicable Disease Manual Chapter** which can be found:
https://www.nj.gov/health/cd/documents/topics/NCOV/NCOV_chapter.pdf .
 - ✓ Outbreaks are considered concluded when there are no symptomatic/asymptomatic probable or confirmed COVID-19 cases after **28 days** (2 incubation periods) have passed since the last cases onset date or specimen collection date, whichever is later, as defined and updated per the COVID-19 Communicable Disease Manual Chapter:
https://www.nj.gov/health/cd/documents/topics/NCOV/NCOV_chapter.pdf .
 - Visits of any kind (**In-Door** or **Outdoor**) shall only be permitted so long as the Department of Human Services, State and/or local health officials agree that it is safe to do so. Adjustments to this policy will occur as more information is learned about the virus. In all cases, reasonable efforts to provide privacy to those participating in the visit shall be made.
DDD and The Arc of Atlantic County has established criteria for all **In-Door** or **Outdoor** visits. **All** of the following criteria must be met for a visit, either **In-Door** or **Outdoor**, to be approved:

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- For **In-Door Visits**, no resident, current staff of the program, or recent visitors to the program have tested positive or been symptomatic for COVID-19 within the last **28 days**.
- Should a new positive case be identified, **In-Door visitation** within the residence shall be suspended until **28 days** have passed.
- For **Outdoor Visits**, no resident, current staff of the program, or recent visitors to the program have tested positive or been symptomatic for COVID-19 within the last **14 days**.
- Should a new positive case be identified, **Outdoor visitation** within the residence shall be suspended until **14 days** have passed.
- To the best of their knowledge, no resident, current staff of the program, or person(s) planning to visit the program have been in **close contact** (within six feet for 10 minutes) within the last **14 days** with someone who recently tested positive for COVID-19 (i.e. in the past two weeks).
- For **In-Door Visits**, there must be adequate physical space in the residence to accommodate other residents and allow the required social distancing to occur during the visit. If this criteria cannot be met, an alternate indoor location may be identified by the provider **or** an outdoor visit shall be provided. This could be on the property of the home or in a public setting (such as a park) that is not over-crowded. Outside temperature, weather conditions, availability of restrooms and other facilities should be considered in planning. The residential provider shall provide transportation for the resident. When planning activities, consider those that are appropriate to the needs of the individual and that lend themselves to social distancing.
- For **all visits**, the individual, family, guardian and provider have discussed the impact a visit may have on the mental and physical health of the resident and how to best address possible negative outcomes, if any. This shall include information contained in recent CDC guidance found at www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/activities.html.
- ✓ In order for any **In-Door** or **Outdoor** visit to occur, there are three levels of attestation/consent which are required:
 - **The Residential Provider** must complete, sign (including the signature of a witness), and email the Provider Attestation for Visitation before visits begin on July 26, 2020.
 - **The individual or their guardian**, if they have a guardian, are required to **sign the Guardian Consent for Visitation during the COVID-19 Pandemic***.
 - **Each visitor must sign the Visitor Agreement* before** meeting with the resident. This includes **ALL visitors** (except first responders).
- *Indicates forms that are to be retained on site by the provider and do not need to be forwarded to the Division.
- ✓ All **In-Door** or **Outdoor** visits must be scheduled in advance.
 - ⇒ Scheduling the visit will allow the individual, family, guardian and program representative the opportunity to discuss the overall risk a visit poses to the individual's health as well as discuss, and plan for, how the individual may react to the visit.
 - ⇒ As only one visit can occur at any given time, scheduling the visit will ensure that only one visitation is scheduled at the time of the proposed visit.

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- ⇒ To ensure the proper safeguards are in place prior to the visit, if a visitor wishes to bring food to the visit, this discussion should occur when scheduling the visit. Additional guidelines for bringing food to a visit are indicated below.
- ✓ No more than **two (2) visitors** may visit one person at any given time
- ✓ Prior to the visit, all common areas in the home must be sanitized. Sanitizing must include the wiping of hard surfaces with a disinfectant, and spraying the 'Bio-Blasting Disinfectant' in any area a visitor may come in contact with.
- ✓ For all **In-Door** or **Outdoor** visitation, **visitors must adhere** to the following mandated requirements:
 - ⇒ The *DDD Residential Screening Policy*, as well as the policy of The Arc of Atlantic County, must be adhered to during any in person visit, regardless of where they occur. This includes the screening of participants using the *Guest Screening Tool*. The screening tool can be accessed by going to:
<https://Guest.thearcatlantic.com>
 - If the visitor registers a temperature of 100 degrees Fahrenheit or greater, the visit will not occur.
 - ⇒ During the visit, each participant will maintain a distance of at least six feet apart from each person they do not reside with. It is recognized that a resident may not understand social distancing. If a resident does initiate physical contact with someone they do not reside with during the interaction it should be brief.
 - ⇒ Each participant must wear a face covering. Visitors should bring their own face covering. The resident should be encouraged to wear a face covering. It is understood that they may not tolerate/be medically advisable for them to do so.
 - ⇒ All participants are required to monitor themselves for signs and symptoms of COVID-19 for at least 14 days after the visit. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the provider of the date they visited. The provider should immediately screen the resident who had contact, and take all necessary actions based on any findings.
 - ⇒ Those persons participating in the visit may want to bring item(s) or food for the resident. Any items and packaging for the resident should be disinfected before being provided to the resident. It is recommended that food items be purchased in a sealed package from a grocery store with proper disinfection of the packaging before use. Those disinfecting the item/packaging must wash their hands after completing.
- To ensure the safety of others living in the home, **Indoor visits** will only occur in a person's bedroom provided they do not share a bedroom with another person. If a person resides in a shared bedroom, an alternate location in or outside of the home will be identified following all established criteria.
- Indoor visits will last no more than ninety (90) minutes.
 - ⇒ After the visit, any area the visitor has come in contact with in the program must be sanitized. Sanitizing must include the wiping of hard surfaces with a disinfectant, and spraying the 'Bio-Blasting Disinfectant' in.

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June 19, 2020

- The Division of Developmental Disabilities (DDD) has updated their policy regarding visitation of family and close friend who live in Residential programs.
Starting June 21, 2020, *Social Distancing Visits* with family and friends, will begin. To ensure the safety and well-being of everyone who lives or works in the residential program, the following criteria must be followed:
 - ✓ All Visits must be scheduled in advance.
 - ⇒ Scheduling the visit will allow the individual, family, guardian and program representative the opportunity to discuss the overall risk a visit poses to the individual's health as well as discuss, and plan for, how the individual may react to a *Social Distancing Visit*.
 - ✓ Based on DDD guidance, **Only Outdoor Visits are Allowed at this Time**
 - ✓ DDD has established the following criteria for Social Distancing Visits:
 - ⇒ In all cases, reasonable efforts to provide privacy to those participating in the visit shall be made. All of the following criteria must be met for a visit to be considered:
 - No resident, current staff of the home or person(s) planning to visit have tested positive or been symptomatic for COVID-19 within the last 14 days.
 - To the best of their knowledge, no resident, current staff of the home or person(s) planning to visit have been in close contact (within six feet for 10 minutes) within the last 14 days with someone who recently tested positive for COVID-19 (i.e. in the past two weeks).
 - The individual, family, guardian and provider have discussed the impact a social distancing visit may have on the mental and physical health of the resident and how to best address possible negative outcomes, if any. This shall include information contained in recent CDC guidance found at www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/activities.html .
- The DDD *Residential Screening Policy*, as well as the policy of The Arc, must be adhered to for any *Social Distancing Visits*, regardless of where they occur. This includes the screening of participants using the *Guest Screening Tool*. The screening tool can be accessed by going to: <https://Guest.thearcatlantic.com>
 - ⇒ If the guest registers a temperature of 100 degrees Fahrenheit or greater, the visit will not occur.
- Social Distancing Visits
The Division's residential screening policy, as well as the policy of The Arc, must be adhered to for any *Social Distancing Visits*, regardless of where they occur. This includes the screening of participants.
The total number of visitors at any one time, duration and frequency of a visit shall be reasonable and based on a number that the provider can support while maintaining overall program operations.
- *Social Distancing Visits*, will have the following requirements:
 - ⇒ Each participant will maintain a distance of at least six feet apart from each person they do not reside with. All efforts to maintain social distancing shall be made by all participants. It is recognized that a resident may not completely understand the concept of social distancing. If a resident does initiate physical

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contact with someone they do not reside with during the interaction it should be brief.

- ⇒ Each participant must wear a face covering. Visitors should inquire with the residential provider ahead of the visit if they need to bring their own face covering or if one will be provided to them. While it is understood the individual who resides in the residential program may not have the ability to tolerate wearing a face covering and/or it may not be medically advisable for them to do so, the individual who resides in the residential program should be encouraged to wear a face covering during the visit.
- ⇒ After a visit in a space controlled by the provider concludes, the provider shall clean and disinfect all areas and surfaces that visitors were in contact with, following CDC guidelines.
- As visits inside the residential program are not permitted, the following guidance is provided:
 - ⇒ Organize a visit in an outdoor area with sufficient space and seating to allow individuals who have not been residing together to be at least six feet apart. This could be on the property of the home or in a public setting (such as a park) that is not over-crowded. The location shall be agreed upon by the provider. Outside temperature, weather conditions, availability of restrooms and other facilities should be considered in planning. The Arc will provide transportation for the resident.
 - ⇒ If current staff, resident or someone they plan to visit with develops symptoms, has tested positive and/or has knowledge that they have been in close contact (within six feet for 10 minutes) in the last 14 days with someone with active COVID-19 (i.e. has tested positive in the last two weeks), the visit will not occur.
 - ⇒ Those persons participating in the visit may want to bring item(s) or food for the resident. Any items and packaging for the resident should be disinfected before being provided to the resident. It is recommended that food items be purchased in a sealed package from a grocery store with proper disinfection of the packaging before use. Those disinfecting the item/package must wash their hands after completing.
 - ⇒ Consider activities that are appropriate to the needs of the individual and that lend themselves to social distancing. Examples may include word games, charades, bean bag toss, etc. Items should be disinfected after use.
 - ⇒ Advise all participants to monitor for signs and symptoms of COVID-19 for at least 14 days after their visit. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the provider of the date they visited. The provider should immediately screen the resident who had contact with the participant, and take all necessary actions based on any findings.
- The Division of Developmental Disabilities (DDD) has released the *COVID-19 Guidance for Individuals and Families* to provide policy and guidance for *Social Distancing Visits* with family and friends who live in Residential programs.
- The Division of Developmental Disabilities (DDD) has updated the *COVID-19 Residential Screening Policy* to reflect these changes.

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May 7, 2020

- The Division of Developmental Disabilities (DDD) has updated the *COVID-19 Residential Screening Policy* and *COVID-19 Guidance for Individuals and Families* to include an update to potential symptoms of COVID-19.
 - ⇒ The Employee (DSP's) health screening tool has been updated to reflect this change. The screening tool can be accessed by going to: <https://DSP.thearcatlantic.com>
 - ⇒ The Limited Situation Guest health screening tool has been updated to reflect this change. The screening tool can be accessed by going to: <https://Guest.thearcatlantic.com>

April 16, 2020

- The Division of Developmental Disabilities (DDD) has mandated providers establish a universal masking policy:
Effective immediately, ALL Residential employees (DSP's) must wear a face covering while working. The face covering must fully cover the nose and mouth of the staff person. Examples of acceptable face coverings include: surgical masks, or a cloth face covering.
If using a cloth face covering, the CDC recommends the cloth face coverings should:
 - ✓ Fit snugly but comfortably against the side of the face
 - ✓ Be secured with ties or ear loops
 - ✓ Include multiple layers of fabric
 - ✓ Allow for breathing without restriction
 - ✓ Be able to be laundered and machine dried without damage or change to shape
- Effective immediately, The Arc of Atlantic County will initiate daily temperature screenings of ALL persons' living in a licensed residential program. The screening will consist of the following:
 - ⇒ The resident will have their temperature taken.
 - ✓ If the resident registers a temperature of 100 degrees Fahrenheit or greater, the residents health care provider will be contacted.
 - ⇒ If a resident is classified as high risk resulting from a potential or definite COVID-19 exposure or other significant health issue, the resident will have their temperature taken twice daily.

The results of this screening must be noted in the Residents' health record.

April 3, 2020

- On March 26, 2020 The Arc of Atlantic County began requiring ALL residential employees (DSP's) to complete a health screening at the start of their shift.
To enhance this screening, ALL residential employees (DSP's) will now be required to take their temperature at the start of their shift and document the reading on the screening tool.
The screening tool can be accessed by going to: <https://DSP.thearcatlantic.com>

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If the employee registers a temperature of 100 degrees Fahrenheit or greater, the employee will not be permitted to work. Prior to returning to work, the employee will be asked to provide a note from a healthcare provider stating they are cleared to return to work as stated in the *Employees Who are Ill are Encouraged to Stay Home* component of this plan.

- On March 18, 2020, The Arc of Atlantic County stopped permitting visitors to residential program, except in very limited situations.

If a limited situation guest is authorized to visit a residential program, The Arc of Atlantic County requires the limited situation guest to complete a health screening prior to gaining entry to a residential program.

To enhance this screening, the authorized limited situation guest will be required to take their temperature before entering the program.

The screening tool can be accessed by going to: <https://Guest.thearcatlantic.com>

If the guest registers a temperature of 100 degrees Fahrenheit or greater, the guest will be denied entry into the home.

- On March 13, 2020 the Division of Developmental Disabilities (DDD) mandated that in all residential settings, community outings that are not for the health or safety of an individual must be discontinued until further notice.

On March 18, 2020, The Arc of Atlantic County stopped permitting visitors to residential program, except in very limited situations. In establishing this directive, we strongly encourage family members and friends to discontinue visiting their loved one who resides in a residential program.

Effective immediately, any person living in a residential setting who disregards the DDD mandate and leaves the setting to visit with or stay with a relative or a loved one while this mandate is in place will, upon their return, be required to participate in a health screening which will include the following:

The residents' temperature will be taken.

- ✓ If the resident registers a temperature of 100 degrees Fahrenheit or greater, the Resident will be denied entry into the home until they have received medical clearance that confirms the individual does not pose a risk to the health and safety of all individuals' living and working in the home.

The resident will be required to answer the following questions (if necessary, the relative, loved one, or available documentation may be used as a source to support the person with answer the questions):

- ✓ Within the last 14 days, have you visited one of the CDC identified high-risk countries or an area inside our own country that is considered to be a high risk?
- ✓ Are you awaiting the results of COVID-19 testing for yourself?
- ✓ Have you or someone you live with been in close contact with someone suspected of having or being tested for COVID-19?
- ✓ Are you currently experiencing any of the following:
 - ⇒ Shortness of breath or Difficult Breathing?

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- ⇒ A new or change in cough which cannot be attributed to an allergy or another health condition not related to COVID-19?
- ⇒ A sore throat which cannot be attributed to an allergy or another health condition not related to COVID-19?
- ⇒ A fever in the last 24 hours or are currently taking medication to control a fever?

If the Resident answers yes to any of these questions, the Resident will be denied entry into the home until they have received medical clearance that confirms the individual does not pose a risk to the health and safety of all individuals' living and working in the home.

The results of this screening must be noted in the Residents' health record.

After successfully completing the screening, the Resident must immediately wash their hands.

In initiating this response, The Arc of Atlantic County is following the advice of public health officials who are mandating social distancing to reduce the spread of the virus and to maintaining the health and safety of the people we serve and the staff who support them.

March 25, 2020

- Effective March 23, 2020, the Delilah Road and Tilton Road offices are closed to the general public.

Staff persons' whose job can be done remotely, are encouraged to do so.

Staff persons' who need to report to the Delilah Road or Tilton Road office must comply with social distancing mandates. Group meetings of any kind are prohibited.

Individuals who use the services of The Arc of Atlantic County should not be brought to, meet at, or congregate at either the Delilah Road or Tilton Road office unless absolutely necessary.

- Effective March 26, 2020 The Arc of Atlantic County will require ALL residential employees (DSP's) to complete a health screening* at the start of their shift.

The screening tool can be accessed by going to: <https://DSP.thearcatlantic.com>

The screening will consist of the following:

- ⇒ The employee will answer the following questions:
 - ✓ Within the last 14 days, have you visited one of the CDC identified high-risk countries or an area inside our own country that is considered to be a high risk?
 - ✓ Are you awaiting the results of COVID-19 testing for yourself?
 - ✓ Have you or someone you live with been in close contact with someone suspected of having or being tested for COVID-19?

If the employee answers yes to either of these questions, the employee will not be permitted to work. Prior to returning to work, the employee will be asked to provide a note from a healthcare provider stating they are cleared to return to work as stated in the *Employees Who are Ill are Encouraged to Stay Home* component of this plan.

- ⇒ The employee will be asked if they are experiencing any of the following symptoms:
 - ⇒ Shortness of breath or Difficult Breathing?

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- ⇒ A new or change in cough which cannot be attributed to an allergy or another health condition not related to COVID-19?
- ⇒ A sore throat which cannot be attributed to an allergy or another health condition not related to COVID-19?
- ⇒ A fever in the last 24 hours or are currently taking medication to control a fever?

As stated in the *Separation of Sick Employee* component of this plan, employees experiencing anyone of these symptoms will not be permitted to work. Prior to returning to work, the employee will be asked to provide a note from a healthcare provider stating they are cleared to return to work as stated in the *Employees Who are Ill are Encouraged to Stay Home* component of this plan.

After successfully completing the screening, the employee must immediately wash their hands.

After the initial screening, should the employee become sick or begin to experience any of the symptoms identified in this health screening, the employee will be separated from other employees' and participants' and asked to leave work to care for the illness as stated in the *Separation of Sick Employee* component of this plan.

* As is the case with all employee health information, the documentation of this screening will be safeguarded following HIPPA guidelines.

- Effective immediately, The Arc of Atlantic County will require that all limited situation guest complete a health screening prior to gaining entry to a residential program. The screening tool can be accessed by going to: <https://Guest.thearcatlantic.com>

The limited situation guest will be required to answer the following questions:

- ✓ Within the last 14 days, have you visited one of the CDC identified high-risk countries or an area inside our own country that is considered to be a high risk?
- ✓ Are you awaiting the results of COVID-19 testing for yourself?
- ✓ Have you or someone you live with been in close contact with someone suspected of having or being tested for COVID-19?
- ✓ Are you currently experiencing any of the following:
 - ⇒ Shortness of breath or Difficult Breathing?
 - ⇒ A new or change in cough which cannot be attributed to an allergy or another health condition not related to COVID-19?
 - ⇒ A sore throat which cannot be attributed to an allergy or another health condition not related to COVID-19?
 - ⇒ A fever in the last 24 hours or are currently taking medication to control a fever?

If the guest answers yes to any of these questions, the guest will be denied entry into the home.

After successfully completing the screening, the guest must immediately wash their hands.

In initiating this response, The Arc of Atlantic County is following the advice of public health officials who are mandating social distancing to reduce the spread of the virus and to maintaining the health and safety of the people we serve and the staff who support them.

Coronavirus Response Plan

March 20, 2020

- ✓ Effective March 18, 2020, The Arc of Atlantic County no longer permits visitors to any residential program, except in very limited situations. We strongly encourage family members and friends not to visit their loved one who resides in a residential program. To help bridge communication, our staff will provide support for people to interact with friends and family by phone, FaceTime, Skype, etc.

Ensuring the health and well-being of the people who use our services and the staff who support them are our top priority.

In initiating this response, The Arc of Atlantic County is following the advice of public health officials who are mandating social distancing to reduce the spread of the virus and to maintaining the health and safety of the people we serve and the staff who support them.

- ✓ Effective March 19, 2020, the Office of Program Integrity & Accountability or OPIA is temporarily suspending non-emergency field visits. Unannounced visits will be modified to telephone calls or video conferencing if available.

The Field Safety Unit, the unit responsible for incident verification, will use technology wherever possible. In the event a DDD staff person needs to physically go out to a residential program, the staff person will follow all screening protocols the Provider has set in place.

Lastly, routine licensing visits/inspections are currently suspended.

- Effective March 20, 2020, The Arc of Atlantic County has closed the Thrift Shops in Ventnor and Egg Harbor Township.

March 17, 2020

- On March 13, 2020 the Division of Developmental Disabilities (DDD) mandated the following:
 - ⇒ Support Coordinators and Division staff will conduct all meetings by video or phone. In-person meetings should only occur when necessary for health and safety of the individual. Routine quarterly and annual visits will be conducted electronically or by telephone until further notice
 - ⇒ Starting Tuesday, March 17, 2020 all Division-funded, facility-based day services are closed until further notice
 - ⇒ In all residential settings, community outings that are not for the health or safety of an individual will be discontinued until further notice

Based on the directives from DDD, The Arc of Atlantic County has initiated the following actions:

- ⇒ Support Coordinators will conduct all meetings by video conferencing or telephone. In-person meeting will only occur if necessary for health and safety of the individual.
- ⇒ Day Habilitation program (ATC) as well as Saturday and Sunday programing are closed until further notice.
 - Day Program staff persons' have been reassigned to assist the organization in providing support and service to individuals living in residential services impacted by the mandated Day Habilitation program closure
- ⇒ In all Residential settings community outings that are not for the health or safety of an individual have been discontinued
- ⇒ Adult Evening Education and Recreation Programs are cancelled until further notice

Coronavirus Response Plan

- Effective March 14, 2020, public use of the Delilah campus or Tilton offices is prohibited.
- On March 16, 2020 CMS and NJ Medicaid provided additional information regarding early prescription medication refills for persons with intellectual and developmental disabilities (I/DD) who have Medicaid, and for those who are dually eligible for both Medicare and Medicaid.
 - Attached to this document is a *Medicaid Update* alert published by the N.J. Dept. of Human Services, Div. of Medical Assistance & Health Services; Division of Aging Services; N.J. Department of Health; Div. of HIV/AIDS, TB & STD Services.
 - For persons with I/DD who also have private health insurance (and who receive prescription medications through that insurance), contact should be made with that health insurer regarding their policy on early prescription refills.
- On March 16, 2020 the Division of Developmental Disabilities released *Frequently Asked Questions on DDD Closures Related to COVID-19 for Individuals, Families and Providers* which is attached to this document
- On March 16, 2020, Governor Murphy announced that the State is strongly discouraged travel in New Jersey between the hours of 8PM – 5AM for all non-essential and non-emergency persons'.
Direct Support Professionals (DSP's) are considered **essential** staff as their job responsibilities provide the assistance necessary to "... prevent an immediate threat to life" of the persons' they provide support to.
 - ⇒ When traveling to or from work between the hours of 8PM – 5AM, DSP staff should keep on their persons the Arc of Atlantic County work identification badge.
 - ⇒ If necessary, the staff person should be prepared to explain their role as a DSP and communicate that their job duties 'prevent an immediate threat to life' the persons' who they provide support to.
 - ⇒ Attached to this document is ***Informational Bulletin 03-1 Scope and Enforcement of Emergency Travel*** which identifies why a DSP qualifies as an "Essential Travel and Exceptions"

Important Considerations for Creating an Infectious Disease Outbreak Response Plan

To ensure the continuation of services, The Arc of Atlantic County will work diligently to implement strategies to protect the workforce and individuals who use the services of The Arc from COVID-19 while ensuring continuity of operations.

Should a COVID-19 outbreak occur, affected employees and participants should stay home and away from the workplace or program. To prevent additional exposure, employees and participants must practice respiratory etiquette, appropriate hand hygiene, and routine disinfecting of commonly touched surfaces. This includes daily Bio-Blast disinfectant misting of common areas in a program and office settings.

The Arc of Atlantic County will:

- Ensure the response plan is current with information, flexible and focused on best practices

Coronavirus Response Plan

- Share our plan with employees' and participants' alike.
- Share best practices with other businesses in our communities, business partners, and associations that improve community response efforts.

Infectious Disease Outbreak Response Plan:

- Program participants' and employees' who have increased risk are those who have underlying respiratory issues and/or compromised health. In the event of an outbreak, these individuals will be separated from others.
- Employees will be asked to self-quarantine; Program participants will be isolated in their bedrooms unless other guidance from health practitioners is provided.
- If necessary, "Shelter in Place" policies will be activated to separate individuals who are symptomatic, from those who are not.
- Employees who work in a home with symptomatic individuals will be encouraged to follow the advice of public health experts. This may require that employees be quarantined or transported to a health care facility.
- Human Resource policies will be reviewed to ensure policies and practices are consistent with public health recommendations and are consistent with existing state and federal workplace laws. Non-Exempt will be paid for hours worked and/or PTO can be used, if there is a need to be absent from work.
- If State and/or local health authorities recommend the use of social distancing strategies, policies and practices, such as flexible worksites (e.g., telecommuting), conference calling, and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others will be observed by employees whose job responsibilities can be completed following these strategies
- For employees who are ill and able to telework, supervisors will be encouraged to have employees telework instead of coming into the workplace until symptoms are completely resolved. The Information Technology Department will ensure that the information technology and infrastructure needed to support multiple employees telework needs.
- Identified essential business functions include:
 - Finance, managing cash and reserves in the event that there is a financial need
 - Billing – to ensure ongoing financial resources
 - Purchasing – to ensure adequate supplies and food for programs
 - Maintenance – only priority projects will be completed (those projects that must be completed to ensure the health, safety, and welfare of individuals served and our employees)
 - Programs – if needed, the Day Habilitation program will close and staff will be reassigned to support Residential settings
 - Technology – the Information Technology Director will provide continuous monitoring to ensure the infrastructure is function and intact
 - Human Resources – will monitor the health of employees and provide guidance on sick/ leave policies
- Our Disaster plan will be set into motion as per that plan. 'Sheltering in Place' and alternate location schedule policies will be activated as needed. Executive Staff will trigger this response. Executive Staff will direct and maintain contact without local health officials to identify these triggers.
- As directed by the Chief Executive Officer, the Chief Operations Officer or Chief Financial Officer will communicate information to business partners on our infectious disease outbreak response plans and latest COVID-19 information. We will anticipate employee

Coronavirus Response Plan

fear, anxiety, rumors, and misinformation, and plan communications accordingly. The Employee Assistance Program will be readily available to our employees.

- Local conditions will influence the decisions that public health officials make regarding community-level strategies. The Arc of Atlantic County will take the time to learn about plans in place in each community where we have interests.
- If there is evidence of a COVID-19 outbreak in the US and or in NJ, The Arc will cancel all business travel

Screening and Protection:

As per agency policy, employees must be physically able to perform their job functions and must be free of communicable diseases.

- If there is evidence of a COVID-19 outbreak in Atlantic County or adjacent Counties, at the recommendation of public health professionals, The Arc may screen employees prior to entering the work site and at the end of their work shift.
- Screenings could include:
 - ⇒ Taking one's temperature
 - ⇒ Screening for coughing and/or shortness of breath
- Each screening would be recorded and maintained in the Human Resources Department.
- Any Employee with any of the three (3) symptoms screened will be asked to go home immediately and contact their health provider.
- Any individual served that displays any of the (3) symptoms, will be quarantined in their bedroom while further instruction is obtained from their health care providers and/or the Atlantic County Department of Health, the Atlantic County Office of Emergency Management, or other public health professionals.
- For employees working with quarantined individuals, The Arc will provide personal protective equipment (PPE) along with instructions on how to use/ wear the PPE.
- If there is evidence of an outbreak in the immediate area (Atlantic and the adjacent Counties), group events, gatherings, and meetings will be reassessed and possibly cancelled.

Coronavirus Response Plan

Plan Revisions:

This plan and related policies will be updated as new information is gathered. Updates to this plan will be highlighted to ensure changes are easily identified.

Plan date: March 12, 2020

Revision date: March 17, 2020

Revision date: March 20, 2020

Revision date: March 25, 2020

Revision date: April 3, 2020

Revision date: April 16, 2020

Revision date: May 7, 2020

Revision date: June 19, 2020

Revision date: July 24, 2020



**Coronavirus Disease 2019 (COVID-19) Guidance
For New Jersey Community Providers of Services for
Individuals with Intellectual and Developmental Disabilities**
Topic: Screening of Visitors and Staff in Residential Settings

Every Community Provider of Services for Individuals with Intellectual and Developmental Disabilities is responsible for daily operations and management of its COVID-19 response and must be prepared to manage daily operations during an emergency or other disruption to its normal routine.

The Division of Developmental Disabilities expects providers of services to adhere to the standards and best practices regarding visitors outlined herein as they respond to COVID-19.

Providers Should:

- ✓ Regularly monitor the situation on Center for Disease Control (CDC) COVID-19 webpage: www.cdc.gov/COVID19
- ✓ Subscribe to the CDC's COVID-19 newsletter:
<https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx>
- ✓ Regularly monitor the situation on the NJ Department of Health webpage: <https://covid19.nj.gov/>

Policy

Updated 07-23-2020 – VISITATION UPDATE. Residents of provider managed setting are now able to engage in indoor or outdoor visits under the parameters described in [Guidance for Residential Providers on Visits with Family and Friends](#). Residential providers are required to allow visitation. Please note that indoor visitation will be provided when no residents or staff of the home have tested positive for COVID-19 in the last 28 consecutive days or are currently displaying symptoms. Should new infection(s) occur, visitation will be suspended until 28 days have passed.

Family and friends should review the guidance and contact their residential provider for information.

All staff, contracted professionals, and visitors must be screened before entering the home, including temperature checks. This includes scheduled staff coming onto each shift. A record of all screenings shall be maintained. This screening is also needed for participants engaging in visits within the home or outdoors. In all instances, screening is to occur in an accessible designated area that accommodates social distancing and infection control standards.

The only exception when screening is not needed ahead of entering the home is for first responders who are entering the home to address an emergency.

Delivery of food, medications and other critical supplies shall still occur outside on the home. Personnel that are not entering the home, such as those delivering items like food or laundry, do not have to be screened. The site manager should establish a designated area outside the home where deliveries should take place. Staff should maintain the recommended distance from delivery personnel, disinfect any packaging before taking it into the residence and wash their hands after handling deliveries.

Staff planning travel to any [State listed under the mandatory 14-day quarantine](#) or an area that is not a U.S. state or territory shall notify supervisors of the areas and countries they will be traveling to at least one week before the departure date.

Staff that show signs or symptoms of a respiratory infection at work will be immediately separated from resident areas and screened for further action.

Individuals that answer “NO” to all screening questions AND have a temperature below 100.4 degrees will be able to enter the residence and/or participate in a Social Distancing Visit.

Individuals that do not clear the screening may not enter the residence, with the exception of those who answer “YES” to the Question #2, close contact with COVID-19, solely due to continuing care for an infected individual in the residence or other healthcare setting and appropriate personal protective equipment was worn during that encounter.

Procedure for Entering the Residence - Staff

If, after undergoing screening, staff are permitted to enter the residence, the residential staff should:

- Wash their hands when entering the residence.
- Follow Universal Precautions and provider guidance related to preventing COVID-19 spread, including wearing PPE.

Procedure for Entering the Residence - Visitors

If the residence has not had a new case of COVID-19 for a resident or staff in the last 28 consecutive days indoor visits are permitted. Visits are to be pre-scheduled and approved by the individual/guardian. Visitors are also required to sign a [Visitor Agreement](#). If, after undergoing screening, the visitor is permitted to enter, the residential staff should:

- Provide instruction, before the visitor enters the residence/meeting area designated by the provider, on hand hygiene, the location of handwashing sinks, limiting surfaces touched, and use of PPE, according to current residence policy while on premises;
- Ask the visitor to wash their hands when entering the residence;
- Require all visitors to wear a face covering and maintain a social distance of at least six feet apart from residents and staff of the home. Visitors should inquire with the residential provider ahead of the visit if they need to bring their own face covering or if one will be provided to them;
- Limit visitor's movements within the residence to the designated meeting area (e.g., reduce walking the halls, avoid going to dining area, etc.);
- Advise the visitor to limit physical contact with anyone other than the resident while in the residence. For example, practice social distancing with no handshaking or hugging and remaining six feet apart;
- After a visit concludes, clean and disinfect all areas and surfaces following CDC guidelines that visitors were in contact with; and
- Advise visitors to monitor for signs and symptoms of COVID-19 for at least 14 days after their visit. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the home of the date they visited. The home should immediately screen the resident who had contact with the participant, and take all necessary actions based on any findings.

Alternatives to Visits

In lieu of visits, the Department suggests that residential providers consider:

- Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
- Creating/increasing listserv communication to update families.
- Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
- Offering a phone line with a voice recording updated at set times (e.g., daily) with the residence's general operating status, such as when it is safe to resume visits.

Screening Questions

1. Updated 07-23-2020 Signs and symptoms of a respiratory infection

- a. Have you had a temperature over 100.4° within the past 24 hours?
****Verify current temperature and record as directed****
****The thermometer should be completely sanitized between uses****
- b. Have you had any of the following symptoms: 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, sneezing, nausea or vomiting, diarrhea. (Updated list of symptoms can be found at www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).

2. Close contact with someone who has COVID-19.

Have you had close contact with someone* who has tested positive for COVID- 19 in the past 14 days?

**Please note that if the close contact was solely due to continuing care for an infected individual in the residence or other healthcare setting and appropriate personal protective equipment was worn during that encounter answering Yes to this question does not preclude the staff person from working or someone participating in a visit. In this instance, the staff person can continue to work unless they display symptoms and should follow universal precautions including wearing personal protective equipment. More detailed information can be found at:*

[https://www.state.nj.us/health/cd/documents/topics/NCOV/Healthcare%20Personnel%20\(HCP\)%20Exposure%20to%20Confirmed%20COVID-19%20Case%20Risk%20Algorithm.pdf](https://www.state.nj.us/health/cd/documents/topics/NCOV/Healthcare%20Personnel%20(HCP)%20Exposure%20to%20Confirmed%20COVID-19%20Case%20Risk%20Algorithm.pdf).

Close contact for healthcare exposures is defined as follows: Being within approximately 6 feet of a person with laboratory-confirmed COVID-19 for approximately 10 minutes or more and/or had direct contact with the infectious secretions of a person with laboratory-confirmed COVID-19.

Examples

- Caring for or visiting the person.
- Having unprotected direct contact with infectious secretions or excretions of the patient. For example, being coughed on or handling a dirty tissue.

www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html

www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

3. UPDATED 7/23/2020 Travel

Within the past 14 days, have you traveled to an area subject to a Level 3 CDC Travel Health Notice or to a U.S. state with significant COVID-19 spread, as identified by the NJ Department of Health?

CDC Travel Notices: www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

NJ DOH travel advisory information: <https://covid19.nj.gov/travel>

Supplemental Guidance Adapted from NJ Department of Health on “Contacts of Contacts” of COVID-19 Positive Individuals

Background

More cases of the novel coronavirus (COVID-19) are being identified in New Jersey. Current direction remains that those individuals, including direct support professionals, who have symptoms are to self-isolate and monitor their symptoms at home. There has also been confusion about who is likely to come down with COVID-19, especially about whether “contacts of contacts” of suspected or confirmed cases of COVID-19 are at risk. This guidance is issued in an effort to address this area and was adapted from the NJ Department of Health guidance found here:

www.nj.gov/health/cd/documents/topics/NCOV/COVID19_Guidance%20Contacts_Case.pdf

Guidance related to “Contacts of Contacts”

Person A is diagnosed with laboratory-confirmed COVID-19. If Person B had close contact with Person A, then Person B would be considered “Medium Risk”. In this instance, Person B should remain home, practice social distancing, and monitor for symptoms. An exception would be if Person B is a direct service professional and that close contact was solely due to continuing care for an infected individual in the residence or other healthcare setting. In this instance, Person B can continue to work unless they display symptoms, and must follow universal precautions including wearing personal protective equipment. If Person B had casual contact with Person A, then Person B would be considered “Low Risk” and no special precautions other than what is generally suggested (e.g., social distancing, wash hands often) would be recommended.

So long as Person B remains well, any individual (such as Person C) who is a contact of Person B (i.e., children, spouse, co-worker, etc.) is a contact of a contact. Person C is not at risk for infection and would not be subject to self-isolation unless Person B had or developed symptoms or tested positive for COVID-19. Please note that compliance with Executive Order 107 is required for all individuals.

Close contacts are individuals who were within 6 feet of a confirmed COVID-19 case for a prolonged period of time (approximately 10 minutes or more) or had direct contact with the infectious secretions of a COVID-19 case (e.g., were coughed on).

Casual contacts are defined as being in the same indoor environment (e.g., classroom, office, gathering) with a symptomatic confirmed COVID-19 case.

How long should close contacts of a confirmed COVID-19 case who are displaying signs and symptoms remain home while monitoring themselves?

Symptomatic contacts must self-isolate at home until they are fever free for a full 3 days (or 72 hours with no fever without the use of fever reducing medicine) **AND** other symptoms, such as cough and shortness of breath have improved **AND** at least 10 days have passed since symptoms first appeared. After self-isolation ends, the person may return normal activities.

How long should a casual contact of a confirmed COVID-19 remain home and monitor themselves for symptoms?

- Casual contacts of a confirmed COVID-19 case are “Low Risk” and do not have to take special precautions. They should observe for symptoms for 14 days, and self-isolate themselves if these develop. Symptoms of COVID-19 include fever, sore throat, cough, and shortness of breath.
- If symptoms appear, see instructions listed above for *symptomatic contacts*.

Do “contact of contacts” need to take any special precautions?

- No. A person who is a contact of a contact does not have any restrictions and can continue with normal activities such as going to work or school. However, if this person later develops symptoms, see instructions listed above for *symptomatic contacts*.

Person A

- Laboratory-confirmed case
- Must** self-isolate

Person B

- Contact with laboratory-confirmed case
- If a *close contact*, **must** stay at home, practice social distancing, and monitor for symptoms. An exception would be if Person B is a direct service professional and that close contact was solely due to continuing care for an infected individual in the residence or other healthcare setting. In this instance, Person B can continue to work unless they display symptoms, and must follow universal precautions including wearing personal protective equipment.
- If a *casual contact*, no special precautions are necessary

Person C

- Contact of a Contact
- Unless Person B has or develops symptoms of COVID-19 or tests positive for COVID-19, Person C is not at increased risk and no special precautions are necessary

Valuable Resources

The Centers for Disease Control & Prevention (CDC) has published several guidance documents on infection control and COVID-19. You should review these documents and use them to identify enhancements in your existing infection control policies and emergency preparedness plans for epidemics and pandemics. Although these documents are written for healthcare providers, many of the recommendations are best practices for all providers responsible for the long-term health and safety of individuals in residential and facility-based services.

CDC Hospital Preparedness Assessment Tool:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-hospital-checklist.html>

CDC Long-Term Care and other Residential Facilities Pandemic Influenza Planning Checklist:

www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf

Additionally, the Centers for Medicare & Medicaid Services (CMS) is providing updates on its Current Emergencies page, which includes similar documents on infection surveillance and control.

CMS Current Emergencies:

www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

Information for Healthcare Facilities Concerning 2019 Novel Coronavirus Illness (2019-nCoV):

www.cms.gov/files/document/qso-20-09-all.pdf

Guidance for Infection Control and Prevention of COVID-19 in nursing homes:

www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf

COVID-19 Questions and Answers:

Administrators for New Jersey businesses who want additional guidance on how to manage the risks posed by COVID-19 are invited to contact the Department of Health at 1-800-222-1222 or via email at NCOV@doh.nj.gov. Calling the hotline is the best, fastest way to get answers to your questions about COVID-19. Trained health care professionals are standing by to answer questions about coronavirus. By email, please allow up to 48 hours for a response.



COVID-19 Response

Date: July 23, 2020

Topic: Guidance for Residential Providers on Visits with Family and Friends

Effective Date: July 26, 2020

Visits with family and friends are important to the well-being of individuals living in provider-managed settings. As COVID-19 cases decrease across New Jersey, indoor and outdoor visits must now be offered by residential providers when certain criteria are met. In either visit type, social distancing and use of personal protective equipment (PPE) are required.

Visits of any kind shall only be permitted so long as the Department of Human Services, State and/or local health officials agree that it is safe to do so. Adjustments to this policy will occur as more information is learned about the virus.

It is important to recognize that, even with prudent steps being taken to reduce risk of COVID-19 infection, neither the provider nor Division can guarantee that transmission will not occur. For this reason, the individual, family, guardian and provider need to discuss the overall risk a visit poses to the individual's physical and mental health and how they will react to a visit where social distancing and the use of PPE is required. This shall include information contained in CDC guidance found at:

www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/activities.html

Visits Within the Residence

Visits within the residence are required and shall only occur when there have been no residents or staff of the home who have tested positive for COVID-19 in the last 28 consecutive days or are currently displaying symptoms. *Should a new positive case be identified, visitation within the residence shall be suspended until 28 days have passed.* There must also be adequate physical space in the residence to accommodate other residents and allow the required social distancing to occur during the visit. If this criteria are not met, an alternate indoor location may be identified by the provider or an outdoor visit shall be provided.

Outdoor Visits

Visits outside of the residence are required, weather permitting, and shall only occur when it has been at least 14 days since a resident or staff of the home tested positive for COVID-19 and no residents or staff of the home are currently displaying symptoms. Outdoor visits may occur where visits within the residence or other indoor location are not possible or when otherwise practical.

Visits should occur in an outdoor area agreed upon by the provider with sufficient space and seating to allow individuals who have not been residing together to be at least six feet apart. This could be on the property of the home or in a public setting (such as a park) that is not over-crowded.

Outside temperature, weather conditions, availability of restrooms and other facilities should be considered in planning. The residential provider shall provide transportation for the resident. When planning activities, consider those that are appropriate to the needs of the individual and that lend themselves to social distancing.

Visit Requirements (Regardless of Location)

In order for visits to occur, there are three levels of attestation/consent which are required:

- The Residential Provider must complete, sign (including the signature of a witness), and email the [Provider Attestation for Visitation](#)* to dhs.ool@dhs.nj.gov before visits begin on July 26, 2020.
- The individual or their guardian, if they have a guardian are required to sign the [Guardian Consent for Visitation During the COVID-19 Pandemic](#)*.
- Each visitor must sign the [Visitor Agreement](#)* before meeting with the resident.

**Indicates forms that are to be retained on site by the provider and do not need to be forwarded to the Division.*

All visits must be scheduled in advance with the residential provider. No more than two visitors shall be permitted at any one time. The provider may place limits on the duration, time of day and days of the week visits may take place. Each person participating in a visit must adhere to the protocols described in [Screening of Visitors and Staff in Residential Settings](#). Additional requirements are:

- Each participant will maintain a distance of at least six feet apart from each person they do not reside with. It is recognized that a resident may not understand social distancing. If a resident does initiate physical contact with someone they do not reside with during the interaction it should be brief.
- Each participant must wear a face covering. Visitors should inquire with the provider if they need to bring their own face covering or if it will be provided. The resident should be encouraged to wear a face covering. It is understood that they may not tolerate/be medically advisable for them to do so.
- After a visit in a space controlled by the provider concludes, the provider shall clean and disinfect all areas and surfaces that visitors were in contact with, following CDC guidelines¹.
- To the best of their knowledge, no resident, current staff of the home or person(s) planning to visit have been in close contact (within six feet for 10 minutes) within the last 14 days with someone who recently tested positive for COVID-19 (i.e. in the past two weeks).
- All participants are required to monitor themselves for signs and symptoms of COVID-19 for at least 14 days after the visit. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the provider of the date they visited. The provider should immediately screen the resident who had contact, and take all necessary actions based on any findings.

Those persons participating in the visit may want to bring item(s) or food for the resident. Any items and packaging for the resident should be disinfected before being provided to the resident. It is recommended that food items be purchased in a sealed package from a grocery store with proper disinfection of the packaging before use. Those disinfecting the item/package must wash their hands after completing.

Other Types of Visits

If a family or friend requests a visit that is not within the residence or in an outdoor setting with the provider present, such as an overnight visit to a family member's home or other daytime outing, the residential provider may establish parameters for the individual's re-admission. This may include not allowing immediate re-admission. The residential provider should be contacted to determine what these parameters may be.

¹ www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html

The Road Back: Restoring Economic Health through Public Health



⏮ If health metrics develop unfavorably, measures from the maximum restrictions stage or stages 1, 2, 3 may be reinstated

What is happening? Strict social distancing
Non-crucial industries closed

Restrictions relaxed on low-risk activities that may be easier to safeguard

Moderate-risk activities restarted with safeguarding

Higher-contact activities restarting with significant safeguarding

Which precautions apply across stages? Work that can be done from home should be done from home

Clinically high-risk individuals who can stay at home should do so

Residents and businesses should follow state and federal safeguarding guidelines:

- Wash hands regularly
- Wear masks in public
- Respect social distancing
- Limit gatherings
- Disinfect workplaces
- No mass gatherings

Which businesses are open? Crucial industries with safeguarding and modifications, e.g., emergency healthcare, essential construction with social distancing

Easiest to safeguard work activities with safeguarding and modifications, e.g., non-essential construction with protections, curbside retail

More work activities allowed with safeguarding and modifications, e.g., outdoor dining, limited personal care

Most work activities allowed at physical locations with safeguarding & modifications



Which social activities are allowed?

- Socialization only with household members, family, caretakers, romantic partner
- Only leave home for limited reasons such as essential shopping and exercise
- Outdoor recreation (e.g., hiking) and beach visits allowed with social distancing
- Other limited activities may be allowed with significant restrictions, e.g., drive-in activities
- More activities with proper safeguards, capacity limitations, and sanitation protocols may reopen, e.g., libraries and museums
- Higher-density settings may be considered with safeguards, e.g., limited entertainment, bars with limited capacity

Are childcare and education operating?

- Child care open for children of essential workers
- K-12 and higher education engaged in distance learning
- Child care may expand with capacity restrictions
- K-12 and higher education engaged in distance learning
- Child care may expand with capacity restrictions
- Potential for some in-person learning with modifications in K-12 and higher education
- Summer school and summer camps may have limited in-person engagement if health conditions improve
- Child care likely open for most
- K-12 and higher education may operate in person with reduced capacity
- Day and summer camps likely open for all with safeguards and modifications

Is public transit available?

- Public transit with enhanced safeguards (e.g., regular vehicle disinfection) encouraged only for essential workers
- Service may be modified with off peak travel encouraged
- Personal protection measures, e.g., social distancing, face coverings
- Public transit with enhanced safeguards (e.g., regular vehicle disinfection) encouraged only for those who cannot work from home
- Service may be modified with off peak travel encouraged
- Personal protection measures, e.g., social distancing, face coverings
- Public transit with enhanced safeguards (e.g., regular vehicle disinfection) encouraged only for those who cannot work from home
- Service may be modified with off peak travel encouraged
- Personal protection measures, e.g., social distancing, face coverings
- Public transit with enhanced safeguards (e.g., regular vehicle disinfection) is no longer discouraged for any passengers
- Service may be modified with off peak travel encouraged
- Personal protection measures, e.g., social distancing, face coverings

How do I take care of my loved ones and myself?

- I stay at home as much as possible and check in virtually with my loved ones
- When I have to go outside, I wear a mask and stay 6ft away from others
- I call a doctor in the event of fever, cough, or shortness of breath
- I stay at home as much as possible and check in virtually with my loved ones
- When I have to go outside, I wear a mask and stay 6ft away from others
- I have access to elective healthcare
- I call a doctor in the event of fever, cough, or shortness of breath
- I continue to stay at home for the majority of my time
- I engage in small social activities with a limited circle of friends and family
- I can engage in some outdoor activities with social distancing
- I call a doctor in the event of fever, cough, or shortness of breath
- I follow all safety guidelines posted in public spaces, e.g., I anticipate and respect capacity limits at my local restaurants
- I call a doctor in the event of fever, cough, or shortness of breath

Widespread use of vaccine or life-saving treatment

In-person work can resume for all

Measures from previous stages may be swiftly reinstated if health conditions deteriorate

WHAT DRIVES STAGES?



Health indicators:
New cases;
hospitalizations;
use of ICU; use of ventilators



Availability of testing and contact tracing capacity per 100,000 residents



Healthcare system resiliency (beds, health workers, PPE)



Ability to effectively safeguard workplaces



Safeguarded child care, education, transit availability



Compliance of individuals and employers



Provider Attestation for Visitation

Date: _____
To: Division of Developmental Disabilities
From: _____
Provider Name: _____
Contact Number: _____

I, of full age, hereby certify that I represent the aforementioned provider in the capacity listed and that I am duly authorized to make the representations contained within this attestation on behalf of the provider and to bind the provider thereto. I attest that the provider has implemented all the requirements set forth in [Guidance for Residential Providers on Visits with Family and Friends](#) and [Screening of Visitors and Staff in Residential Settings](#). I attest that no indoor visits will occur unless the setting has gone 28 days without newly COVID-19 positive residents or staff, does not have residents or staff who are currently displaying symptoms, and has a space designated for visitation, sufficient staff, a mechanism for appointments and a plan to ensure sufficient PPE for visitation. I attest that no outdoor visits will occur unless it has been at least 14 days since a resident or staff of the home tested positive for COVID-19 and no residents or staff of the home are currently displaying symptoms.

CEO or Designee Name

Signature

Date

Witness Printed Name

Signature

Date

Guardian Consent for Visitation During the COVID-19 Pandemic

Resident Name: _____ Date of Birth: _____

_____ is resuming visitation to _____

Residential Agency Name

Residence/Program Name

Residence/Program Address

Indoor visitation will be provided when no residents or staff of the home have tested positive for COVID-19 in the last 28 consecutive days or are currently displaying symptoms. When this standard is not met, outdoor visitation will be provided contingent on weather conditions. Consent from the individual or their guardian, if they have a guardian, are required for any of these visits to occur.

Per the Centers for Disease Control and Prevention (www.cdc.gov/coronavirus/2019-ncov/faq.html) COVID-19 is thought to spread:

- Mainly from person to person, through respiratory droplets produced when an infected person coughs, sneezes, or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Spread is more likely when people are in close contact with one another (within about 6 feet).

The virus may be spread in other ways:

- It may be possible that people can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

The residence is taking precautions to lower the risk of transmission of COVID-19, but cannot entirely eliminate any risk. By signing this document, I consent to visitation by the individuals I indicate below. Should I choose to remove someone from this list or elect to not allow visitation, I will contact the residence to update this information.

Individuals for whom I allow visitation are listed here (Please print - Include additional sheets of paper as needed):

_____	_____
_____	_____
_____	_____
_____	_____

Guardian Printed Name

Guardian Signature

Date

Guardian Printed Name

Guardian Signature

Date

Resident Printed Name

Resident Signature

Date

Visitor Agreement

I, _____ am visiting with _____
Visitor Name Resident Name

at _____
Program Name

Program Address

I understand that indoor visits shall only occur in circumstances when there have been no residents or staff of the home who have tested positive for COVID-19 in the last 28 consecutive days or are currently displaying symptoms. When this standard is not met, outdoor visits will be provided contingent on weather conditions. Detailed information is available at:

- www.nj.gov/humanservices/ddd/documents/covid19-residential-visitation-guidance.pdf; and
- www.nj.gov/humanservices/ddd/documents/COVID19-residential-screening-policy.pdf

I have requested to visit with the aforementioned resident and hereby agree to comply with the following:

1. Visits must be prescheduled. I have scheduled a visit for this date: _____
2. Visitors must participate in COVID-19 pre-screening.
3. A maximum of two visitors are permitted at any one time. Each visitor must execute this form.
4. The visit will be time-limited and take place at a space identified by the residence.
5. Visitors must limit their movement in the residence to the identified space.
6. Visitors must wear a face covering at all times while visiting.
7. All visitors must maintain social distancing of at least six feet throughout the visit.
8. Physical contact between resident and visitor(s) is not permitted (hugging, handholding, etc.).
9. When the visit ends, the visitor will inform Agency Staff and exit the residence.

By signing below, I agree to comply with the terms above. I also acknowledge the risk of COVID-19 exposure during my visit. I agree to notify the residence if I, or someone I have been in close contact with (within six feet for 10 minutes or more), tests positive for or exhibits symptoms of COVID-19 within 14 days of my visit

_____ Visitor Printed Name	_____ Visitor Signature	_____ Telephone Number	_____ Date
_____ Visitor Printed Name	_____ Visitor Signature	_____ Telephone Number	_____ Date



COVID-19 Guidance for Individuals and Families of Individuals with Intellectual and Developmental Disabilities

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by a new virus that first emerged in December 2019 and has since spread to many countries, including the United States. While health officials have more to learn about how COVID-19 is spread, it is believed that COVID-19 is primarily transmitted through respiratory droplets when a person coughs or sneezes, much like the flu.

The Department of Human Services, Division of Developmental Disabilities recognizes the questions and concerns that our stakeholders have about how to prepare and respond to this developing situation. Individuals, families, community providers and stakeholders are encouraged to take proactive steps to decrease the possibility of being infected and of spreading the disease if they become infected.

STAY INFORMED

It is important to review the most up-to-date guidance from national, state, and local public health agencies. Many townships and local health departments have ways to sign up for news alerts. Individuals can also use these public health agency websites and hotlines:

- ✓ **NJ Department of Health:** www.nj.gov/health/cd/topics/ncov.shtml
 - **24-Hour Hotline: 1-800-222-1222**
- ✓ **Contact Information for all local health departments in NJ:** <http://localhealth.nj.gov>
- ✓ **U.S. Centers for Disease Control & Prevention:** www.cdc.gov/COVID19

Staying informed can help decrease the anxiety people may feel about COVID-19. It can also help prevent the spread of rumors and discourage the stigma and exclusionary behavior that can occur with COVID-19 or any other infectious diseases.

PRACTICE BASIC PREVENTION MEASURES

Follow these basic preventive measures at home, work, and program settings:

- **Hand washing and disinfecting** of frequently-used surfaces are two of the most important things that we can all do to protect ourselves and prevent the spread of the disease.
 - Wash hands frequently with soap and water for at least 20 seconds, especially before eating; after going to the bathroom; and after blowing your nose, coughing, or sneezing.
 - When soap and water are unavailable, use a hand sanitizer that contains at least 60% alcohol.
 - Review the CDC's detailed recommendations for homes, healthcare facilities and other settings: <https://www.cdc.gov/handwashing/when-how-handwashing.html>
 - Clean and disinfect frequently-used surfaces and objects using EPA SARS-CoV-2 approved products, following label instructions on use and contact time: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Avoid touching eyes, nose, and mouth with unwashed hands.
- Cover nose and mouth with a tissue when coughing or sneezing, and then throw the tissue into a trashcan. Wash hands after doing this.
- Review the CDC's guidance on what to do if you have a respiratory infection, like COVID-19 or the flu, or are in contact with an individual who does: <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>

PLAN AND PREPARE

Planning and preparation are the best tools for preventing someone from being infected or from spreading the disease if they become infected.

- As always, maintain extra food and water at home in case your usual routine must change.
- For individuals taking prescription medications, ensure there are refills available. If not, contact your health care provider, pharmacist, or insurer to obtain.
- Make sure you have a working thermometer and over-the-counter medications like decongestants, expectorants, and analgesics (ibuprofen, acetaminophen).
- If possible, identify a room or area of the household that can be used to separate someone who is sick. A health care provider may make this recommendation based on the person's diagnosis.
- Make sure you have a backup plan in place in case an individual's primary caregivers or support staff are unable to provide care. Talk to family, relatives, and friends about how they can help.
- Create an emergency list with information for local health officials, community organizations, individuals, family members and friends who may need to be reached in an emergency.
- Ask employers and service providers about what plans they have in place if an employee or program participant is suspected or confirmed of having COVID-19.
- Plan for the possibility that events, services and programs may be modified or cancelled.

SIGNS AND SYMPTOMS

COVID-19 presents with signs and symptoms that may be indistinguishable from much more common respiratory viruses. At this time, respiratory illnesses are still more likely to be due to common viruses (e.g., influenza, common cold) than COVID-19. If a community has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps.

UPDATED 05-05-2020 Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms or combinations of symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing

Or at least two of the following symptoms:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

For the most up-to-date COVID-19 sign and symptoms, please go to the CDC's symptom page:

www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

WHAT TO DO IF SOMEONE HAS SYMPTOMS

Contact a health care professional if you, an employee, or an individual in your care develops these symptoms—especially if they have been in close contact with a person who has travelled internationally in the last 14 days or with a person who is known to have COVID-19; or if they live in or have recently been in an area with ongoing spread of COVID-19.



**State of New Jersey
Department of Human Services**

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Commissioner

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Deputy Commissioner

**FRONT LINE WORKER DURING
COVID-19 STATE OF EMERGENCY**

The bearer of this document is an employee of an agency contracted with the New Jersey Department of Human Services to provide critical personal care and medical services to individuals with disabilities and other complex needs.

It is essential that this employee be able to work and travel to and from their work location(s) during the COVID-19 State of Emergency.

Direct support professionals, home health aides, and similar staff are essential front line workers in our health care system.

The employer of this person has been directed to provide this employee with the name and phone number of a manager who can verify their employment and shift schedule at any time of the day or night.

Thank you for your assistance in ensuring their safe and timely passage.



*Published by the
N.J. Dept. of Human Services,
Div. of Medical Assistance & Health Services
Division of Aging Services
N.J. Department of Health
Div. of HIV/AIDS, TB & STD Services*

Medicaid Alert

MA-2020-01

March 2020

TO: Physicians, Advanced Practice Nurses, Providers of
Pharmaceutical Services – **For Action**
Managed Care Organizations – **For Information**

SUBJECT: COVID-19 and Ensuring Access to Prescription Medications

EFFECTIVE: Immediately

BACKGROUND: The CDC considers COVID-19, otherwise known as the coronavirus, to be a serious public health concern based on current information. Although the health risk is low at this time, the World Health Organization, the CDC and the New Jersey Department of Health are closely monitoring the progress of the disease and issuing warnings as necessary to ensure the health and safety of the general public.

ACTION: The Division of Medical Assistance and Health Services (DMAHS), the Division of Aging Services (DoAS) and the Division of HIV/AIDS, TB & STD Services, AIDS Drug Distribution Program (ADDP) shall ensure access to prescribed medications by making accommodations in the State's Point-of-Sale (POS) claims processing system. The following will be allowed if the pharmacist deems it appropriate when exercising their professional judgement:

- DMAHS/DoAS/ADDP will allow the dispensing of a ninety (90) days' supply of maintenance medications. This guidance does not apply to controlled dangerous substances. Please continue to comply with current New Jersey Board of Pharmacy regulations regarding the dispensing of controlled substances unless otherwise advised by the Board.
- Early prescription refills shall be permitted.

The DMAHS/DoAS/ADDP shall retrospectively review claims paid during the State of Emergency and recover any inappropriately paid claims.

If you have any questions concerning this Medicaid Alert, please contact DXC Technology Provider Services at 1-800-776-6334.

RETAIN THIS MEDICAID ALERT FOR FUTURE REFERENCE

Early information on coronavirus disease 2019 (COVID-19) suggests that older adults and people with health conditions have a heightened risk of getting very sick. An important step in preventing the spread of COVID-19 is to eliminate large groups of people coming together and to minimize the number of people congregating in close settings.

As a result, on Friday, March 13, 2020, the **New Jersey Division of Developmental Disabilities (Division)** made the difficult decision to close all Division-funded, facility-based day program settings. Operators of these programs were directed to close the sites no later than Tuesday, March 17, 2020. Additionally, the Division directed that community outings facilitated by any Division provider should be discontinued immediately, apart from trips necessary for the health and safety of an individual. You can read this directive at the following link:

<https://nj.gov/humanservices/ddd/documents/division-update-COVID19-03132020.pdf>

Division Updates

Also, if you were unable to view the March 9th webinar, "COVID-19 Update for Families and Providers," you can access it at the following link, along with the companion guidance documents: <https://nj.gov/humanservices/ddd/news/news/index.html#2>

As always, the Division will periodically update its website, send out information in emails, and schedule webinars as needed. If you are not already subscribed to DDD News, email DDD.Communications@dhs.nj.gov and include "Division Update Subscribe" in the subject line.

NJ Department of Health COVID-19 Hotline

People who want additional guidance on how to manage the risks posed by COVID-19 can also contact the Department of Health at 1-800-222-1222 or via email at NCOV@doh.nj.gov. If you are calling from out-of-state, please call 1-800-962-1253. Trained healthcare professionals are standing by to answer questions about COVID-19. Calling the hotline is the best way to get answers to your questions about COVID-19. By email, please allow up to 48 hours for a response.

- *Please be aware that the hotline is for general questions and is not able to assist with locating testing, getting test results, or providing medical advice.*

Additional resources for up-to-date information

- NJ Department of Health COVID-19: www.nj.gov/health/cd/topics/ncov.shtml
24-Hour Hotline: 1-800-222-1222
- Contact Information for all local health departments in NJ: <http://localhealth.nj.gov>
- U.S. Centers for Disease Control & Prevention: www.cdc.gov/COVID19
- Subscribe to the CDC's COVID-19 newsletter: <https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx>

Questions & Answers for Providers

How do I know if my facility-based day program setting is required to close?

For the purposes of this public health emergency, a Division-funded facility-based day service is defined as **any non-residential** congregate setting. Providers may not transport or gather individuals from multiple residences to a single location for shared service delivery. The services delivered in the setting do not matter because the focus is to eliminate groups of individuals from congregating together.

How do I know if the community outings I facilitate are no longer able to take place?

As with the day program setting requirements, providers may not transport or gather individuals from multiple residences to a single location for community outings, regardless of the services delivered at that location. Residential providers, however, may continue to plan home and community activities for individuals who live together, much as other households are doing during this time. Activities should be tailored to the interests of individuals and be based on their health and safety needs. These activities must also be consistent with the advice of public health authorities to avoid large gatherings or areas where groups of people congregate.

Please keep in mind that public health authorities may be restricting certain activities.

Can I continue to provide one-on-one services to individuals in their homes or communities (e.g. supported employment, therapies)?

Individuals who use in-home supports or a self-directed employee (SDE) can continue to do so unless the planning team (i.e., individual, family, guardian, and provider) determines that the services should not continue.

How long will facility-based day programs be closed?

Our first priority is the safety of our communities and the people we serve. Programs will be closed until directed by the Division after federal and state authorities advise that it is safe for individuals to congregate in large groups. The steps we are taking together are intended to keep individuals healthy and safe, slow the spread of COVID-19, and minimize the time that our communities need to employ social distancing.

As a residential provider, what services do I provide while day programs are closed?

Residential providers will need to ensure appropriate staffing and supervision during this time. You should continue to bill the authorized daily individual supports rate. If you also operate a closed day program, you may redeploy the day program staff to your residential programs – however, these staff must complete training on the following items for each home they will be working in, before their first shift:

- Emergency Evacuation Plan;
- Special needs of the individuals residing in the home (e.g., diet, positioning, devices, transfers, seizure protocol, health needs);
- On call system including information related to who is in charge and who is called if there is a problem;
- Fire alarm systems; and

- The Provider must also give the staff member a copy of the agency's Policy and Procedure Manual.

Is there a way to expedite the hiring additional staff to work in a residential setting?

Yes. Please see the relevant question in the *Information on Division and Licensing Operations* section of this document.

Will closed day providers be paid while they are unable to operate?

The financial sustainability of our program providers and the wellbeing of our workforce, especially our direct support professionals, is incredibly important to the Division. With this guidance, we are confirming that the Division will provide two weeks of funding to **holders of current day habilitation certifications** while we are awaiting information on additional federal funding and flexibility for payments beyond this period. Guidance on the amount and payment for these weeks will be provided as soon as possible.

Will residential providers be paid for additional staffing costs incurred because day programs are closed?

The financial sustainability of our program providers and the wellbeing of our workforce, especially our direct support professionals, is incredibly important to the Division. With this guidance, we are confirming that the Division will provide two weeks of funding to **residential providers billing the individual supports daily rate** while we are awaiting information on additional federal funding and flexibility for payments beyond this period. Providers should be able to demonstrate that they have arranged for additional staffing during the hours when day programs are closed and are meeting all licensing and program requirements. Guidance on the amount and payment for these hours will be provided as soon as possible.

As a residential provider, will I continue to be paid if an individual leaves the setting for treatment or because a family member would prefer they live at home?

The Division will continue to pay rental subsidies for individuals that intend to return to their residential settings. If the individual intends to return to their residential setting, the resident remains responsible for their contribution to the rent.

Reimbursement is not available for vacancies, for example if a client is discharged or chooses to move to a different community location.

Questions & Answers for Individuals and Their Families

If I live in a group home or supervised apartment, what are my options when my day program closes?

Your residential provider will arrange for in-home activities appropriate to your needs and interests. As with the day program setting requirements, providers may not transport or gather individuals from multiple residences to a single location for community outings, regardless of the services delivered at that location.

Residential providers, however, may continue to plan home and community activities for individuals who live together, much as other households are doing during this time. These activities must be consistent with the advice of public health authorities to avoid large gatherings or areas where groups of people congregate.

Please keep in mind that public health authorities may be restricting certain activities.

If I live in a private or family home, what are my options when my day program closes?

If you already have authorized hours for in-home providers and self-directed employee (SDE) services that meet your needs, you do not need to take any action. Your providers and SDEs will continue to be reimbursed as usual.

You may also contact your Support Coordinator to arrange for in-home services or hiring an SDE. Due to the circumstances, your Support Coordinator may not be able to approve an updated service plan before the service is provided. In order to ensure payment to the service providers, you will need to document the hours worked and services provided. Please work with your Support Coordinator to update your service plan as soon as possible, and no later than May 1, 2020.

With my day program closed, will in-home providers and self-directed employees (SDEs) be permitted to provide more hours than authorized in my service plan?

Yes, during this period, in-home providers and SDEs may work more than the hours approved in your service plan, as long the hours do not exceed your overall budget. Due to the circumstances, your Support Coordinator may not be able to approve an updated service plan before the service is provided. Therefore, please work with your Support Coordinator to update your service plan as soon as possible, and no later than May 1, 2020.

In order to ensure payment to the SDE, you will need to document the hours worked and services provided. Guidance on timesheet submission and payment for these hours will be provided as soon as possible.

Your in-home provider should track the additional hours worked and document the services provided. They will be able to submit these claims for reimbursement after your Support Coordinator updates the service plan.

With my day program closed, will self-directed employees be permitted to work over 40 hours per week in order to provide authorized or additional hours?

Yes, during this period, self-directed employees may temporarily work over 40 hours a week if needed to cover the hours authorized in your service plan. For example, if you are authorized for 50 hours, a single employee may work for all of them, if needed.

In order to ensure payment to the SDE, you will need to document the hours worked and services provided. Guidance on timesheet submission and payment for these hours will be provided as soon as possible.

If an SDE is going to provide more hours than authorized in your service plan, please refer to the question above for actions required by the Support Coordinator. For example, if you are authorized for 40 hours and a single employee works 50 hours in order to meet your needs, the additional hours are permitted and the employee is permitted to work overtime, as long the hours do not exceed your overall budget.

Can I hire a parent, spouse, or guardian as a self-directed employee?

Yes, the Division is temporarily lifting the restriction on a parent, spouse or guardian becoming an SDE. However, the regular hiring process must be followed. Contact your Support Coordinator for information on how to enroll with the fiscal intermediary. Individuals and families are encouraged to develop a backup plan in case an SDE or a provider is unable to provide care. Talk to family and friends about how they might help.

Is there a way to expedite the hiring of additional SDEs?

Yes. Please see the relevant question and answer in the *Information on Division and Licensing Operations* section of this document.

Information for Families of Individuals Living in Residential Settings

Can I visit my loved one who resides in a residential setting?

Yes, however, some providers are establishing screening protocols to ensure the health and safety of all individuals living and working in the home. You should contact the residence manager ahead of your visit to see what those protocols may be and what you need to do before visiting.

Can I take my loved one home from their residential setting for a visit or until this situation passes?

Yes, however, the residential provider may restrict an individual from returning if they pose a risk to other household members due to COVID-19 exposure or symptoms. Therefore, it is important that you are ready and able to care for your loved one for an extended period of time at your home, including a backup plan if they become sick. A discussion and planning session with the individual's residential provider is strongly encouraged. Also, please review the COVID-19 guidance documents provided by the Division: <https://nj.gov/humanservices/ddd/news/news/index.html#2>

Can my residential provider refuse to take my loved one back into the group home?

A provider cannot refuse services unless the Division's discharge process is followed. However, providers may establish screening protocols to ensure the health and safety of all individuals living and working in the home. This may include things like medical clearance or a screening by provider staff.

Information on Division and Licensing Operations

Are Division and Licensing offices still open?

Division and Licensing offices are operating as usual. Although working conditions may change in the future based on direction from the federal or state officials, all critical functions will continue to be performed. The Division On-Call and other phone lines will still be answered as usual. The Division On-Call number is 1-800-832-9173.

Will enforcement of licensing and other program guidelines change, such as those related to Komninios' Law and Tara's Law?

All licensing and program guidelines remain in effect. Investigations of abuse, neglect and exploitation will continue unchanged. Failure to meet guidance for hygiene, cleaning/disinfection, sanitation, and other aspects of client safety will result in both immediate and prospective negative licensing action.

The Department and the Division are required to enforce the statutory protections created by these laws, as follows:

- Department staff will continue to perform the incident verification and site visits required by Komninios' Law.
- Provider staff must continue to call 911 in situations where a prudent person could reasonably believe that a life-threatening emergency exists.
- Monthly case management contact for community care residences will continue.

Will Support Coordinators continue to meet with individuals in person?

Effective March 13, 2020, the Division directed Support Coordinators and Division staff to begin conducting meetings by video or phone and to meet in-person only if necessary for health and safety of the individual. Routine quarterly and annual visits will be conducted electronically or by telephone until further notice.

If there are service or billing changes, how will this be updated in iRecord?

Support Coordinators will eventually need to document all plan changes but services should be modified by providers now to ensure the health and safety of the individuals we serve. Please document all services provided and hours worked. Individuals will work with their Support Coordinators to update service plans as soon as possible, and no later than May 1, 2020.

Is there a way to expedite the hiring of staff, including SDEs, to provide additional services or hours?

Providers are encouraged to develop innovative staffing models to meet critical short-term and backup needs. This may include things like extending offers to family members of individuals who are willing and able to work with their loved ones.

The Department of Human Services (DHS) will provide expedited approval of emergency hiring requests. This includes SDEs. The provider or fiscal intermediary will follow the below process:

- Check the Central Registry of Offenders (<https://cro.dhs.state.nj.us>) before offering emergency applicants a position. If the applicant is not listed on the Central Registry, you may offer them a position and begin onboarding. The employee can begin training but may not have client contact until the background check has been

completed. DHS will determine if the person was previously cleared for hire and advise the agency promptly.

- Email requests to hire to DHS.ECCU@dhs.nj.gov with the subject line “REQUEST TO HIRE” – in the body of your email, including the following applicant or employee information:
 - Full first and last name;
 - Date of birth;
 - Last four digits of the person’s social security number.

DHS will determine if the person has already cleared the federal and state background check. If so, the employee may work without restriction. If not, the employee may work alongside another employee with at least one-year of direct care experience until the background information can be completed. Once the updated or initial background check is complete and clear, the employee may work without restriction.

The following timelines have been modified to accommodate expedited provider hiring:

- Pre-employment drug testing must be completed within the first 120 days of employment.
- Child Abuse Registry Information must be completed within the first 120 days of employment.
- Training requirements for newly hired staff or day program staff working at a residential site.
 - The following training must be completed prior to first shift:
 - Emergency Evacuation Plan;
 - Special needs of the individuals residing in the home (e.g, diet, positioning, devices, transfers, seizure protocol, health needs);
 - On call system including information related to who is in charge and who is called if there is a problem;
 - Fire alarm systems; and
 - The Provider must also give the staff member a copy of the agency’s Policy and Procedure Manual.

Questions about COVID-19

Is there a way to purchase or obtain hand sanitizer, personal protective equipment (PPE), or similar supplies?

At this time, these items are only available through the normal retail channels. The Division will advise if federal, state or local partners are able to make them available in the future. Please be aware that use of PPE without proper training can increase the risk of infection and transmission.

What if someone develops COVID-19 signs or symptoms?

Contact a health care professional if you, an employee, or an individual in your care develops COVID signs or symptoms, including fever, cough and shortness of breath. Your healthcare provider will determine if they need to be seen and if they meet the criteria for certain tests, such as those for the flu, COVID-19 or other infections. More information about COVID 19 signs and symptoms is available at: www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf

Please refer to your local public health authority for COVID-19 reporting requirements and recommendations for what to do if someone in a home or program is diagnosed: <http://localhealth.nj.gov>

How can an individual get tested for COVID-19?

Contact your healthcare professional to discuss your symptoms. They will determine if testing is needed. Testing is not indicated for all circumstances. COVID-19 presents with signs and symptoms that may be indistinguishable from much more common respiratory viruses. At this time, respiratory illnesses are still more likely to be due to common viruses (e.g., influenza, common cold) than COVID-19. If a community has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps.

How do I care for someone with COVID-19?

A medical professional will provide advice on the care of someone with COVID-19. If possible, identify a room or area of the household that can be used to separate someone who is sick. A health care provider may make this recommendation based on the person's diagnosis.

Make sure you have a backup plan in place in case an individual's primary caregivers or support staff are unable to provide care. Talk to family, relatives, and friends about how they can help.

Will the Division be able to care for a sick individual if a family or provider cannot?

The Division is not able to offer medical care to sick individuals. However, if an individual is too sick to be cared for at home or is required to quarantine and cannot do so in their current living arrangement please contact the Division to see if we can be of assistance.



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF STATE POLICE
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JAMES E. MCGREEVEY
Governor

PETER HARVEY
Acting Attorney General

March 18, 2003

Informational Bulletin 03-1

SUBJECT: Scope and Enforcement of Emergency Travel Ban

Emergent circumstances, particularly hazardous road conditions, can arise where it may be necessary to temporarily prohibit nonessential travel on selected State roadways. Because of the Statewide impact of this kind of restriction, it is important that the public, business and industry understand the reasons for prohibiting nonessential travel, how the prohibition will be implemented and enforced, and the role they can play to ensure its success.

Authority, Rationale, Implementation

Under New Jersey law, the Governor has the authority to declare a State of Emergency and to exercise the Governor's emergency powers with the assistance of and by delegation to the State Director of Emergency Management. N.J.S.A. App.A:9-37. The Superintendent of the New Jersey State Police serves as the State Director of the Office of Emergency Management (OEM). The Division of State Police and the OEM are agencies of the Department of Law and Public Safety, which is headed by the Attorney General.

During a declared State of Emergency, including but not limited to acts of terrorism or threats of terrorism, it may be necessary to impose restrictions on travel on selected State roadways. These restrictions may be imposed pursuant to the Governor's emergency powers, N.J.S.A. App.A:9-45. Additionally, the Attorney General has certain emergency traffic control authority which the Attorney General may separately invoke to enforce travel restrictions. N.J.S.A. 39:4-213. Such restrictions are intended to protect the public from hazardous conditions. These restrictions will also enable police, fire and emergency medical and emergency management personnel to execute their duties efficiently and expeditiously. Travel restrictions, in a blizzard situation, expedite snow removal and reduce the hazards to authorized emergency personnel traveling the roadways. They also expedite the maintenance, repair or restoration of vital public utilities and transportation and communication systems. In some circumstances it is critical to the State's emergency management efforts that only essential travel by emergency personnel, authorized to abate the emergency or protect the health, safety and welfare of the public, be permitted.

Essential travel includes travel by police, fire and emergency medical services (EMS)



and authorized emergency management personnel to perform assigned duties. Travel in motor vehicles other than ambulances or other emergency vehicles for the purpose of obtaining or providing emergency medical treatment may also be authorized as essential upon advising police authorities with jurisdiction of the circumstances. Other essential travel for purposes authorized by the State Director will include, but not be limited to travel to maintain public utilities, communications, and fuel supplies.

Once an emergency travel restriction is deemed necessary, the State Director will communicate the decision to all police departments, county and municipal emergency management coordinators, State department and supporting agency coordinators and major media outlets in the State. The State Director will also provide all supplemental information, including the State Director's determinations as to the parameters of permissible essential travel. Penalties for violations may be imposed under the Emergency Management Act N.J.S.A. App. A:9-33 et. seq. or the emergency traffic control authority of the Attorney General N.J.S.A. 39:4-215. Local authorities will be advised to exercise discretion in the enforcement of the travel restrictions in their jurisdictions. Discretion will be predicated on local road conditions, exigent circumstances, and the need to ensure the health and safety of individuals.

Essential Travel and Exceptions

Because of their role in emergency operations, travel by authorized emergency personnel during a State of Emergency is essential. Authorized emergency personnel includes personnel of the State, County and Municipal Offices of Emergency Management. It also includes the personnel of supporting organizations in the public and private sector authorized by the State Director to perform assigned duties during the State of Emergency. Employees in the public and private sector with duties and responsibilities, the performance of which is essential to the public's health, safety and welfare, may also be authorized to travel. Government and private sector entities should review or, if necessary develop, an emergency operations plan that identifies essential operations, employees who are responsible for these operations and procedures to help reduce travel. This plan should be discussed with municipal and county emergency management coordinators. This process will enable local emergency management officials to more fully prepare the jurisdiction's emergency plan in the event of travel restrictions.

The following personnel may be considered essential or may be eligible for a travel restriction exemption:

- Police, fire and emergency medical services and authorized emergency management personnel,
- Other persons providing emergency medical treatment or other assistance necessary to prevent an immediate threat to life,
- Designated emergency government employees,
- Persons who are employed, contracted, or responsible for performing duties necessary to:
 - ensure maintenance of acceptable conditions at facilities providing health and medical care, veterinary and/or daily residential care

facilities,

- prevent an immediate danger to the public safety arising from unattended chemical, industrial or other processes involving hazardous materials,
- restore, maintain, or safely operate a public utility, transportation or communication system,
- permit operations of a business for the purpose of providing fuel, heating, electrical, plumbing and other services necessary to prevent an immediate threat to the health, safety, and welfare of the public,
- conduct news reporting activities.

These descriptions are meant to provide general guidance to the public and local authorities who will be called upon to exercise discretion in the enforcement of travel restrictions at the local level.

/s/

Captain Joseph R. Fuentes
Acting Superintendent of State Police
Acting State Director, Office of Emergency Management

Wash Your Hands!



- Use soap and warm water.
- Wash for 20 seconds. (The time it takes to sing "Happy Birthday" twice.)



*Happy Birthday to you,
Happy Birthday to you*



- Rinse hands well.
- Dry your hands with a paper towel or air dryer.



When and How to Wash Your Hands

Handwashing is one of the best ways to protect yourself and your family from getting sick. Learn when and how you should wash your hands to stay healthy.

Wash Your Hands Often to Stay Healthy

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- **Before, during, and after** preparing food
- **Before** eating food
- **Before** and **after** caring for someone at home who is sick with vomiting or diarrhea
- **Before** and **after** treating a cut or wound
- **After** using the toilet
- **After** changing diapers or cleaning up a child who has used the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage



Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

Follow these five steps every time

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.



You can use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Sanitizers can quickly reduce the number of germs on hands in many situations. However,

- Sanitizers do **not** get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds

*****All info pulled directly from CDC website*****

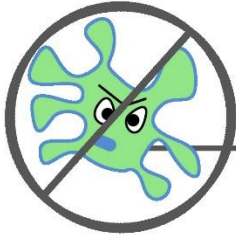


KEEP
CALM
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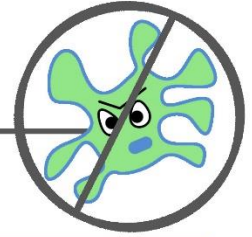


U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

CS243041B



Germbusters



How to Wash Your Hands



1. Wet hands



2. Soap



3. Wash at least
20 seconds



4. Rinse



5. Dry Hands



6. Turn off water
with a paper towel

Respiratory Hygiene/Cough Etiquette

What is respiratory hygiene/cough etiquette?

These are infection prevention measures designed to limit the transmission of respiratory pathogens spread by droplet or airborne routes. They were added to Standard Precautions in 2007 and emphasize two key elements:

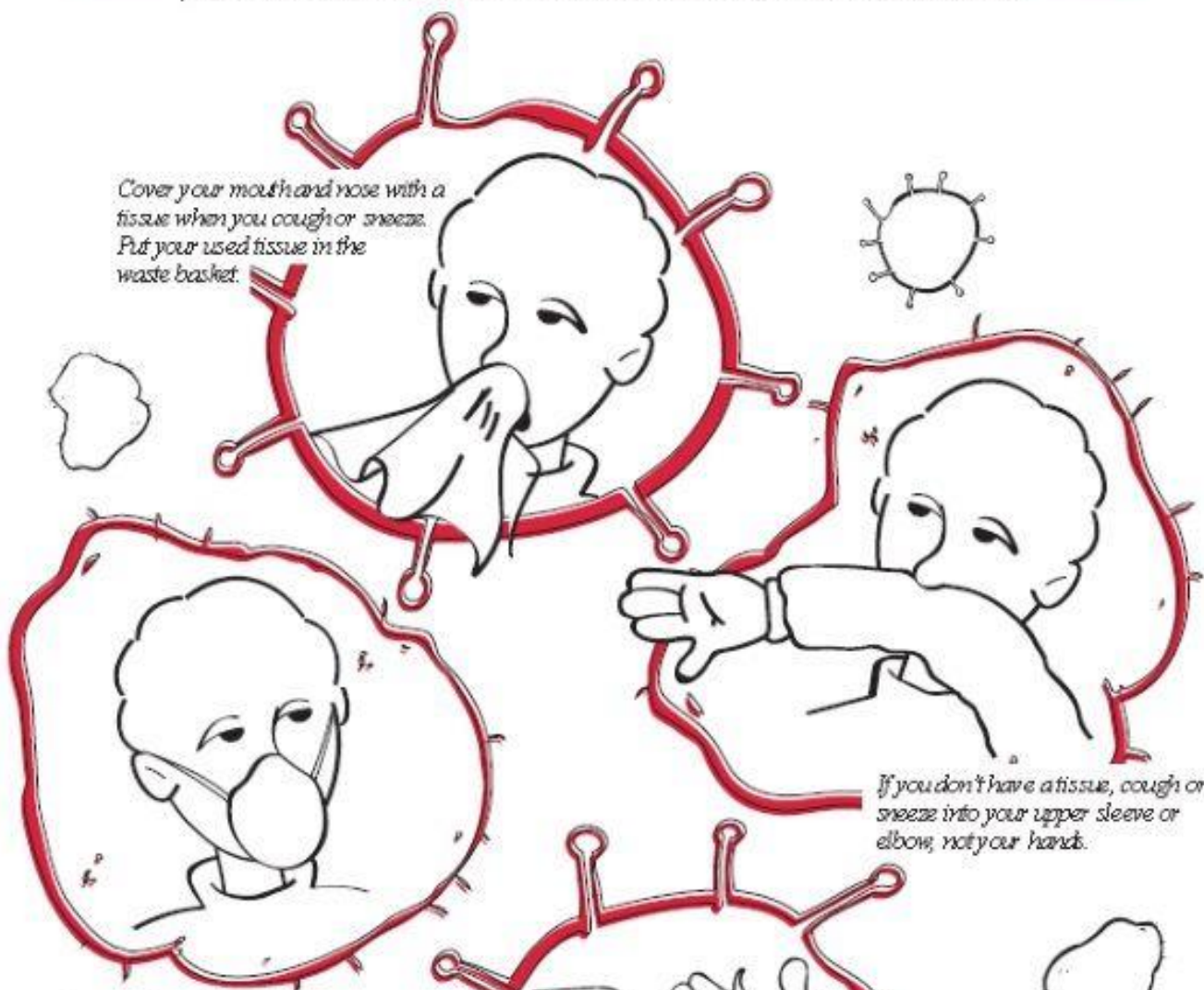
1. Implement measures to prevent the spread of respiratory infections from anyone in a health care setting with signs or symptoms.
 - Post signs at entrances asking patients with symptoms of respiratory infection to:
 - Cover your mouth and nose when coughing or sneezing.
 - Use tissues and throw them away.
 - Wash your hands or use a hand sanitizer every time you touch your mouth or nose.
 - Provide tissues and no-touch receptacles for their disposal.
 - Provide resources for performing hand hygiene in or near waiting areas.
 - Offer masks to symptomatic patients when they enter the dental setting.
 - Provide space and encourage symptomatic patients to sit as far away from others as possible. Facilities may wish to place these patients in a separate area, if available, while waiting for care.
2. Educate DHCP on the importance of prevention measures when examining and caring for patients with signs and symptoms of a respiratory infection.

****All information provided by CDC website****

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.



Flu (Influenza) Fact Sheet

What is Influenza (Flu)?

Flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent flu is by getting a flu vaccine each year.

Flu Symptoms

Influenza (flu) can cause mild to severe illness, and at times can lead to death. Flu is different from a cold. Flu usually comes on suddenly. People who have flu often feel some or all of these symptoms:

- fever* or feeling feverish/chills
- cough
- sore throat
- runny or stuffy nose
- muscle or body aches
- headaches
- fatigue (tiredness)
- some people may have vomiting and diarrhea, though this is more common in children than adults.

*It's important to note that not everyone with flu will have a fever.

How Flu Spreads

Most experts believe that flu viruses spread mainly by tiny droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby. Less often, a person might get flu by touching a surface or object that has flu virus on it and then touching their own mouth, nose or possibly their eyes.

Period of Contagiousness

You may be able to spread flu to someone else before you know you are sick, as well as while you are sick.

- People with flu are most contagious in the first 3-4 days after their illness begins.
- Some otherwise healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick.

- Some people, especially young children and people with weakened immune systems, might be able to infect others for an even longer time.

Onset of Symptoms

The time from when a person is exposed and infected with flu to when symptoms begin is about 2 days, but can range from about 1 to 4 days

Complications of Flu

Complications of flu can include bacterial pneumonia, ear infections, sinus infections and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes.

People at High Risk from Flu

Anyone can get flu (even healthy people), and serious problems related to flu can happen at any age, but some people are at high risk of developing serious flu-related complications if they get sick. This includes people 65 years and older, people of any age with certain chronic medical conditions (such as asthma, diabetes, or heart disease), pregnant women, and children younger than 5 years.

Preventing Seasonal Flu

The first and most important step in preventing flu is to get a flu vaccine each year. Flu vaccine has been shown to reduce flu related illnesses and the risk of serious flu complications that can result in hospitalization or even death. CDC also recommends everyday preventive actions (like staying away from people who are sick, covering coughs and sneezes and frequent handwashing) to help slow the spread of germs that cause respiratory (nose, throat, and lungs) illnesses, like flu.

Diagnosing Flu

It is very difficult to distinguish flu from other viral or bacterial respiratory illnesses based on symptoms alone. There are tests available to diagnose flu.

Treating Flu

There are influenza antiviral drugs that can be used to treat flu illness.

****Information provided by CDC.gov**

STOP

Feeling sick?

Stop the spread of flu in the workplace.
Stay home when you are sick.

Common Flu Signs & Symptoms Include:



Fever* or feeling feverish/chills

*It is important to note that not everyone with flu will have a fever.



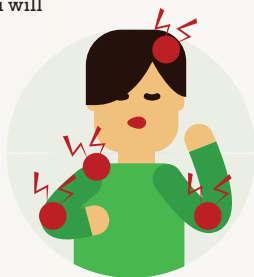
Sore throat



Runny or stuffy nose



Cough



Muscle or body aches



Headaches



Fatigue (tiredness)

*Flu is different from a common cold.
Flu usually comes on suddenly, and in general symptoms are more intense.*

If you think you may have flu tell your supervisor and stay home from work.

All employees should stay home if they are sick. CDC recommends that you stay home for at least 24 hours after your fever (100 degrees Fahrenheit or 37.8 degrees Celsius) is gone. Your fever should be gone without the need to use a fever-reducing medicine.

For more information visit www.cdc.gov/flu



302908-A

10 things you can do to manage your health at home

If you have possible or confirmed COVID-19:

- 1. Stay home** from work, school, and away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.



- 2. Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



- 3. Get rest and stay hydrated.**



- If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



- For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.



- 6. Cover your cough and sneezes.**



- 7. Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



- As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.



- 9. Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



- 10. Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.



Please go to www.cdc.gov/covid19-symptoms for information on COVID-19 symptoms.



For more information: www.cdc.gov/COVID19

3 March 2020

Getting your workplace ready for COVID-19

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease in Hubei Province, China to be a Public Health Emergency of International Concern. WHO stated there is a high risk of the 2019 coronavirus disease (COVID-19) spreading to other countries around the world.

WHO and public health authorities around the world are taking action to contain the COVID-19 outbreak. However, long term success cannot be taken for granted. All sections of our society – including businesses and employers – must play a role if we are to stop the spread of this disease.

How COVID-19 spreads

When someone who has COVID-19 coughs or exhales they release droplets of infected fluid. Most of these droplets fall on nearby surfaces and objects - such as desks, tables or telephones. People could catch COVID-19 by touching contaminated surfaces or objects – and then touching their eyes, nose or mouth. If they are standing within one meter of a person with COVID-19 they can catch it by breathing in droplets coughed out or exhaled by them. In other words, COVID-19 spreads in a similar way to flu. Most persons infected with COVID-19 experience mild symptoms and recover. However, some go on to experience more serious illness and may require hospital care. Risk of serious illness rises with age: people over 40 seem to be more vulnerable than those under 40. People with weakened immune systems and people with conditions such as diabetes, heart and lung disease are also more vulnerable to serious illness.

This document gives advice on:

1. Simple ways to prevent the spread of COVID-19 in your workplace
2. How to manage COVID-19 risks when organizing meetings & events
3. Things to consider when you and your employees travel
4. Getting your workplace ready in case COVID-19 arrives in your community

1. Simple ways to prevent the spread of COVID-19 in your workplace

The low-cost measures below will help prevent the spread of infections in your workplace, such as colds, flu and stomach bugs, and protect your customers, contractors and employees.

Employers should start doing these things now, even if COVID-19 has not arrived in the communities where they operate. They can already reduce working days lost due to illness and stop or slow the spread of COVID-19 if it arrives at one of your workplaces.

- Make sure your workplaces are clean and hygienic

- Surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards) need to be wiped with disinfectant regularly
- Why? Because contamination on surfaces touched by employees and customers is one of the main ways that COVID-19 spreads
- Promote regular and thorough hand-washing by employees, contractors and customers
 - Put sanitizing hand rub dispensers in prominent places around the workplace. Make sure these dispensers are regularly refilled
 - Display posters promoting hand-washing – ask your local public health authority for these or look on www.WHO.int.
 - Combine this with other communication measures such as offering guidance from occupational health and safety officers, briefings at meetings and information on the intranet to promote hand-washing
 - Make sure that staff, contractors and customers have access to places where they can wash their hands with soap and water
 - Why? Because washing kills the virus on your hands and prevents the spread of COVID-19
- Promote good respiratory hygiene in the workplace
 - Display posters promoting respiratory hygiene. Combine this with other communication measures such as offering guidance from occupational health and safety officers, briefing at meetings and information on the intranet etc.
 - Ensure that face masks¹ and / or paper tissues are available at your workplaces, for those who develop a runny nose or cough at work, along with closed bins for hygienically disposing of them
 - Why? Because good respiratory hygiene prevents the spread of COVID-19
- Advise employees and contractors to consult national travel advice before going on business trips.
- Brief your employees, contractors and customers that if COVID-19 starts spreading in your community anyone with even a mild cough or low-grade fever (37.3 C or more) needs to stay at home. They should also stay home (or work from home) if they have had to take simple

¹ Ordinary surgical face masks rather than N95 face masks

medications, such as paracetamol/acetaminophen, ibuprofen or aspirin, which may mask symptoms of infection

- Keep communicating and promoting the message that people need to stay at home even if they have just mild symptoms of COVID-19.
- Display posters with this message in your workplaces. Combine this with other communication channels commonly used in your organization or business.
- Your occupational health services, local public health authority or other partners may have developed campaign materials to promote this message
- Make clear to employees that they will be able to count this time off as sick leave.

2. How to manage COVID-19 risk when organizing meetings & events

Why do employers and organizers need to think about COVID-19?

Organizers of meetings and events need to think about the potential risk from COVID-19 because:

- There is a risk that people attending your meeting or event might be unwittingly bringing the COVID-19 virus to the meeting. Others might be unknowingly exposed to COVID-19.
- While COVID-19 is a mild disease for most people, it can make some very ill. Around 1 in every 5 people who catch COVID-19 needs hospital treatment.

Key considerations to prevent or reduce COVID-19 risks

BEFORE the meeting or event

- Check the advice from the authorities in the community where you plan to hold the meeting or event. Follow their advice.
- Develop and agree a preparedness plan to prevent infection at your meeting or event.
 - Consider whether a face-to-face meeting or event is needed. Could it be replaced by a teleconference or online event?
 - Could the meeting or event be scaled down so that fewer people attend?
 - Ensure and verify information and communication channels in advance with key partners such as public health and health care authorities.

- Pre-order sufficient supplies and materials, including tissues and hand sanitizer for all participants. Have surgical masks available to offer anyone who develops respiratory symptoms.
- Actively monitor where COVID-19 is circulating. Advise participants in advance that if they have any symptoms or feel unwell, they should not attend.
- Make sure all organizers, participants, caterers and visitors at the event provide contact details: mobile telephone number, email and address where they are staying. State clearly that their details will be shared with local public health authorities if any participant becomes ill with a suspected infectious disease. If they will not agree to this they cannot attend the event or meeting.
- Develop and agree a response plan in case someone at the meeting becomes ill with symptoms of COVID-19 (dry cough, fever, malaise). This plan should include at least:
 - Identify a room or area where someone who is feeling unwell or has symptoms can be safely isolated
 - Have a plan for how they can be safely transferred from there to a health facility.
 - Know what to do if a meeting participant, staff member or service provider tests positive for COVID-19 during or just after the meeting
 - Agree the plan in advance with your partner healthcare provider or health department.

DURING the meeting or event

- Provide information or a briefing, preferably both orally and in writing, on COVID-19 and the measures that organizers are taking to make this event safe for participants.
 - Build trust. For example, as an icebreaker, practice ways to say hello without touching.
 - Encourage regular hand-washing or use of an alcohol rub by all participants at the meeting or event
 - Encourage participants to cover their face with the bend of their elbow or a tissue if they cough or sneeze. Supply tissues and closed bins to dispose of them in.
 - Provide contact details or a health hotline number that participants can call for advice or to give information.
- Display dispensers of alcohol-based hand rub prominently around the venue.
- If there is space, arrange seats so that participants are at least one meter apart.

- Open windows and doors whenever possible to make sure the venue is well ventilated.
- If anyone who starts to feel unwell, follow your preparedness plan or call your hotline.
 - Depending on the situation in your area, or recent travel of the participant, place the person in the isolation room. Offer the person a mask so they can get home safely, if appropriate, or to a designated assessment facility.
- Thank all participants for their cooperation with the provisions in place.

AFTER the meeting

1. Retain the names and contact details of all participants for at least one month. This will help public health authorities trace people who may have been exposed to COVID-19 if one or more participants become ill shortly after the event.
2. If someone at the meeting or event was isolated as a suspected COVID-19 case, the organizer should let all participants know this. They should be advised to monitor themselves for symptoms for 14 days and take their temperature twice a day.
3. If they develop even a mild cough or low-grade fever (i.e. a temperature of 37.3 C or more) they should stay at home and self-isolate. This means avoiding close contact (1 meter or nearer) with other people, including family members. They should also telephone their healthcare provider or the local public health department, giving them details of their recent travel and symptoms.
4. Thank all the participants for their cooperation with the provisions in place.

3. Things to consider when you and your employees travel

- **Before traveling**

- Make sure your organization and its employees have the latest information on areas where COVID-19 is spreading. You can find this at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>
- Based on the latest information, your organization should assess the benefits and risks related to upcoming travel plans.
- Avoid sending employees who may be at higher risk of serious illness (e.g. older employees and those with medical conditions such as diabetes, heart and lung disease) to areas where COVID-19 is spreading.
- Make sure all persons travelling to locations reporting COVID-19 are briefed by a qualified professional (e.g. staff health services, health care provider or local public health partner)
- Consider issuing employees who are about to travel with small bottles (under 100 CL) of alcohol-based hand rub. This can facilitate regular hand-washing.

- **While traveling:**

- Encourage employees to wash their hands regularly and stay at least one meter away from people who are coughing or sneezing
- Ensure employees know what to do and who to contact if they feel ill while traveling.
- Ensure that your employees comply with instructions from local authorities where they are traveling. If, for example, they are told by local authorities not to go somewhere they should comply with this. Your employees should comply with any local restrictions on travel, movement or large gatherings.

- **When you or your employees return from traveling:**

- Employees who have returned from an area where COVID-19 is spreading should monitor themselves for symptoms for 14 days and take their temperature twice a day.
- If they develop even a mild cough or low grade fever (i.e. a temperature of 37.3 C or more) they should stay at home and self-isolate. This means avoiding close contact (one meter or nearer) with other people, including family members. They should also telephone their

healthcare provider or the local public health department, giving them details of their recent travel and symptoms.

4. Getting your workplace ready in case COVID-19 arrives in your community

- Develop a plan of what to do if someone becomes ill with suspected COVID-19 at one of your workplaces
 - The plan should cover putting the ill person in a room or area where they are isolated from others in the workplace, limiting the number of people who have contact with the sick person and contacting the local health authorities.
 - Consider how to identify persons who may be at risk, and support them, without inviting stigma and discrimination into your workplace. This could include persons who have recently travelled to an area reporting cases, or other personnel who have conditions that put them at higher risk of serious illness (e.g. diabetes, heart and lung disease, older age).
 - Tell your local public health authority you are developing the plan and seek their input.
- Promote regular teleworking across your organization. If there is an outbreak of COVID-19 in your community the health authorities may advise people to avoid public transport and crowded places. Teleworking will help your business keep operating while your employees stay safe.
- Develop a contingency and business continuity plan for an outbreak in the communities where your business operates
 - The plan will help prepare your organization for the possibility of an outbreak of COVID-19 in its workplaces or community. It may also be valid for other health emergencies
 - The plan should address how to keep your business running even if a significant number of employees, contractors and suppliers cannot come to your place of business - either due to local restrictions on travel or because they are ill.
 - Communicate to your employees and contractors about the plan and make sure they are aware of what they need to do – or not do – under the plan. Emphasize key points such as the importance of staying away from work even if they have only mild symptoms or have had to take simple medications (e.g. paracetamol, ibuprofen) which may mask the symptoms
 - Be sure your plan addresses the mental health and social consequences of a case of COVID-19 in the workplace or in the community and offer information and support.

- For small and medium-sized businesses without in-house staff health and welfare support, develop partnerships and plans with your local health and social service providers in advance of any emergency.
- Your local or national public health authority may be able to offer support and guidance in developing your plan.

Remember:

Now is the time to prepare for COVID-19. Simple precautions and planning can make a big difference. Action now will help protect your employees and your business.

How to stay informed:

Find the latest information from WHO on where COVID-19 is spreading:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

Advice and guidance from WHO on COVID-19

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

<https://www.epi-win.com/>

What you need to know about coronavirus disease 2019 (COVID-19)

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

COVID-19 is spreading from person to person in China, and limited spread among close contacts has been detected in some countries outside China, including the United States. At this time, however, this virus is NOT currently spreading in communities in the United States. Right now, the greatest risk of infection is for people in China or people who have traveled to China. Risk of infection is dependent on exposure. Close contacts of people who are infected are at greater risk of exposure, for example health care workers and close contacts of people who are infected with the virus that causes COVID-19. CDC continues to closely monitor the situation.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but now it seems to be spreading from person to person. It's important to note that person-to-person spread can happen on a continuum. Some diseases are highly contagious (like measles), while other diseases are less so. At this time, it's unclear how easily or sustainably the virus that causes COVID-19 is spreading between people. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath



What are severe complications from this virus?

Many patients have pneumonia in both lungs.

How can I help protect myself?

The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

There are simple everyday preventive actions to help prevent the spread of respiratory viruses. These include

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled to China and got sick?

If you were in China within the past 14 days and feel sick with fever, cough, or difficulty breathing, you should seek medical care. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

For more information: www.cdc.gov/COVID19