

Coronavirus Response Plan, effective 3/19/2021

- I. Screening Procedures
- II. Updated Visitation Guidance
- III. Day Program Re-Opening

*Note: This guidance is substantially derived from the Centers for Disease Control and Prevention (CDC) and New Jersey Department of Health (NJDOH) guidance and documents. It reflects what is known about COVID-19 at the time of publication and will be modified as more is learned about the virus. Information has been supplemented or modified to reflect the needs of New Jersey*

*It is every person's responsibility to assist in keeping the individuals we all serve and value as safe as possible during the COVID-19 pandemic. As such, individuals, families, guardians and providers must monitor for signs and symptoms of illness among individuals choosing to return to day programs. If an individual is sick, or his or her family, guardian, or provider thinks the individual may be sick, the individual should not be sent to a day program, regardless of vaccination status. The vaccination status of an individual program participant does not preclude him or her from participating in in-person congregate day services. Factors such as the decision of the individual/guardian to participate, underlying health conditions, the determination of the provider that they can safely serve the individual, etc. all will play a role in this joint decision.*

*In this document, "exposure" is defined as: 15 or more cumulative minutes within 24-hours of someone who has recently tested positive for COVID-19 within the last 14 days.*

*People are considered fully-vaccinated for COVID-19 2 or more weeks after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen) or the second dose in a 2-dose series (Pfizer-BioNTech or Moderna).*

**Relevant Documents:**

- *Congregate Day Program Re-Opening Requirements (3/15/2021)*
- *Individual Needs and Risk Assessment (March 2021)*
- *Facility Readiness Tool (March 2021)*
- *Congregate Day Program Re-Opening Attestation (March 2021)*
- *Residential and Day Program Screening Policy (March 2021)*
- *Guidance for Residential Providers on Visits with Family and Friends (March 15, 2021)*
- *Guardian Consent for Visitation (March 2021)*
- *Visitor Agreement (March 2021)*

**Resources:**

- <https://www.nj.gov/health/cd/statistics/covid/> - CALI Report
- [CDC Guidance for Potential COVID-19 Exposure Associated with International or Domestic Travel](#)
- [CDC Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#)
- [CDC Risk Assessment Level for COVID-19](#)
- [NJ Department of Health Travel Advisory](#)

I. Screening and Admittance

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The Division has updated their [Residential and Day Program Screening Policy \(3/15/ 2021\)](#).

**Criteria that Shall Restrict Entry to Residence and Day Services Facility, Regardless of Vaccination Status**

- Staff and visitors must not enter a residence or day services facility when they are sick, have had a fever of 100.4° or higher within the past 24 hours, or are displaying symptoms as defined in the **Screening Questions** section below.

***First responders who are entering the facility to address an emergency do not need to be screened ahead of entering the residence or program facility.***

Delivery of food, medications and other critical supplies shall still occur **outside** of the residence or program facility.

Staff planning travel to any state identified on the New Jersey Department of Health Travel Advisory or to 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 must be immediately separated from resident/program participant areas and screened for further action.

Individuals that answer "NO" to all screening questions (below) **AND** have a temperature below 100.4 degrees will be able to enter the residence or program facility and/or participate in a Social Distancing Visit. **Individuals not residing in the residence who do not clear the screening may not enter the residence or program facility**, with the exception of those who answer "YES" to Screening Question #2. (close contact). See **Screening Questions** below.

***Screening Questions***

- 1) **Signs and symptoms of a respiratory infection (*Regardless of vaccination status*)**
  - a) Have you had a temperature over 100.4° within the past 24 hours?
  - b) Current temperature must be verified and recorded as directed.

\*Thermometer must be completely sanitized between uses.

  - c) 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, nausea or vomiting, diarrhea
- 2) **Close contact with someone who has COVID-19 (*Not applicable to fully vaccinated staff unless they are immunocompromised*)**
  - a) Have you had close contact with someone who has tested positive for COVID- 19 in the past 14 days? Close contact for healthcare exposures is defined as follows: Someone who was:

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- i) Within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated, and/or
- ii) Had direct contact with the infectious secretions of a person with laboratory-confirmed COVID-19. Such as caring for or visiting the person, or having unprotected direct contact with infectious secretions or excretions of the patient (for example, being coughed on or handling a dirty tissue).

3) **Travel outside of New Jersey**

- a) **With the last 14 days, , have you traveled to an area subject to a Level 3 (High Risk) category as defined by the CDC Risk Assessment Level for COVID-19?**
- b) Within the last 14 days, have you traveled to a U.S. state with significant COVID-19 spread, as identified by the NJ Department of Health Travel Advisory?

***\*Fully vaccinated staff who may have been exposed to COVID-19 and who are asymptomatic do not need to be restricted from work for 14 days following their exposure. Additionally, those asymptomatic staff who have recovered from COVID-19 infection in the prior 3 months should follow this same guidance.***

***Work restrictions for fully vaccinated staff with exposure who have underlying immunocompromising conditions, or those who have not been vaccinated, must isolate for 14 days following an exposure.***

## II. Visitation Guidelines for Residential

### II. Visitation guidelines for Residential

- Indoor visitation
  - **Regardless of vaccination status**, indoor visitation in group homes is required when:
    - There have been no new positive COVID-19 cases of residents and staff within the past 14 days.
    - The residence is not in the process of performing COVID-19 testing of all residents and staff due to exposure; and no residents and staff of the home are currently symptomatic.
  - All efforts should be made for visitation to occur within the group home.
  - If a new positive case is identified, all visitation within the group home will be suspended until the above criteria is met.
- Outdoor Visits
  - Regardless of vaccination status, outdoor visitation is required when the criteria for indoors visits within the residence are not possible due to this policy.
  - These 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 a public setting (such as a park) that is not overcrowded.
- Visitation requirements, regardless of type:
  - All visits must be scheduled in advance.
  - Generally, visits should be limited to two visitors at any one time.
  - The provider may place **reasonable** limits on the duration, time of day and days of the week visits may take place. This is to ensure all residents have the opportunity to engage in indoor visitation if they choose **not to limit the visitation**.
  - Each person participating in a visit must adhere to the protocols described in the Screening in Residential and Congregate Day program setting.
  - Visitors and Residents are not required to be vaccinated to engage in a visit.
  - Physical distancing is still **recommended** between the visitor and resident being visited. HOWEVER, it is acknowledged that there is no substitute for physical contact.
  - Therefore, and regardless of vaccination status, the resident can choose to have close contact (including touching), with their visitor while wearing a well fitted mask (if tolerated).
  - Visitors should physically distance other residents and staff in the residence.
  - Each person participating in the visit (Visitor and resident), should wear a face covering. It is understood that the resident may not tolerate a face covering or it may not be medically advisable for them to wear one.
  - Visits will occur in an area designated by the provider, and visitor movement within the residence, will be limited to that area as much as possible.
  - After a visit controlled by the provider concludes, the provider should clean and disinfect the area that visitors were in contact with.
  - To the best of their knowledge, no resident, current staff of the home or person(s) planning to visit, have been in close contact
  - All visitors are to monitor themselves, for signs and symptoms of COVID-19 for at least 14 days after the visit. If symptoms do occur, advise them to self-isolate at home until

## II. Visitation Guidelines for Residential

they contact their health provider for guidance on isolation, and to immediately notify the provider of the date they visited. The provider should immediately screen the resident who had contact.

- **Other types of visits**
  - Regardless of a residence vaccination status, a group home resident or their guardian may request an off-site visit with a family member or friend, such as an overnight visit to a family member's home or other daytime outing.
  - The resident WILL NOT have to isolate upon return, unless the resident or the person returning the resident from the visit reports exposure, to someone with actively positive COVID-19.
  - When considering a visit the guidance referenced in this policy, including Guardian consent for visitation during the COVID-19 pandemic, shall be considered.
- **Important Note**
  - According to the CDC, fully vaccinated residents of non-healthcare congregated setting (IE: group homes), should continue to quarantine for 14 days and be tested for COVID-19 following an exposure to someone with suspected or confirmed COVID-19.
  - Therefore if there is a reported exposure, (not an assumed exposure just for going on a visit), a 14 day isolation period will apply for group home residents.
- **For visits to occur there are three levels of attestation/consent required:**
  - The Residential Provider must complete, sign (including the signature of a witness) and email a new *Provider Attestation for Visitation* to [dhs.oal@dhs.nj.gov](mailto:dhs.oal@dhs.nj.gov) before visits begin as early as March 19, 2021.
  - The individual or their guardian if they have one, is required to sign a new *Guardian Consent* During the COVID-19 Pandemic.
  - Each visitor must sign the new *Visitor Agreement*, before meeting with the resident.

### **Procedure for Entering a Residence from any Outside Location – Residents**

***Regardless of vaccination status***, residential providers are required to *screen all residents who are returning to a licensed residential facility from day program, employment, community outings, visits with families or others, medical settings, other appointments, or any outing outside of the residence*. This includes taking and recording their temperature. If screening takes place inside the residence, it should be done before the resident interacts with other residents. If they are showing symptoms and/or fever, they should be immediately isolated away from other residents and a healthcare professional immediately consulted to determine if further isolation and/or COVID-19 testing is needed. If symptoms are felt to be immediately life-threatening, 911 shall be called.

Additionally, residents should be regularly monitored for sudden or emerging symptoms/signs of illness.

### **Procedure for Entering a Residence or Day Program – Staff**

If, after undergoing screening, staff are permitted to enter the residence or day program, the residential or day program staff shall:

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

### III. Day Program Re-Opening

#### III. Day Program Re-Opening

• Eligible day programs are able to re-open as early as **March 29, 2021** so long as the criteria in the updated [Congregate Day Program Re-Opening Requirements \(dated 3/15/2021\)](#) are met. Programs eligible to open can now do so at 50% capacity. Vaccination is not required for attendance, however all eligible individuals are encouraged to be vaccinated.

- Day Program re-opening and capacity are governed by the following:
  - The most recent New Jersey Department of Health COVID-19 Activity Level Index (CALI). See below.
  - The requirements outlined in the [Congregate Day Program Re-Opening Requirements](#) are being met.

**CALI-Based Day Program Re-Opening Guidelines Table**

Low (Green)	Program remains open or re-opens if previously closed. Capacity is limited to maximum of 50%.
Moderate (Yellow)	Programs may choose to close, stay closed, remain open, or re-open if previously closed. Programs that elect to remain open or re-open if previously closed must inform participants that the county is currently designated as <i>Moderate</i> and that there is increased risk of COVID-19 transmission. Capacity is limited to a maximum of 50%.
High (Orange)	Programs must close within 48 hours of the region being designated as <i>High</i> , notifying participants of such.
Very High (Red)	Programs must close within 48 hours of the region being designated as <i>Very High</i> , notifying participants of such.

- The CALI report can be found [here](#), on the NJ Department of Health Website. The Arc of Atlantic County will monitor the CALI report weekly and take appropriate action based on these requirements. Provider action must be based on the CALI level for the region in which the day program operates. In the event a program must close, the provider must notify all those participating in the congregate day program, including their family/guardian, of the required closure as soon as possible.
- DDD has outlined guidelines for reopening in the [Congregate Day Program Re-Opening Requirements \(dated 3/15/2021\)](#) document. The following guidelines must be met in order for day programs to remain open:
  - A new [Congregate Day Program Re-Opening Attestation \(March 2021\)](#) must be submitted at least 48 hours before a facility re-opens.
- A new [Individual Needs and Risk Assessment \(March 2021\)](#) document will need to be completed with the day services provider, individual and guardian (as applicable).
- For individuals who elect to return to in-person congregate day services, a new [Receipt of COVID-19 Information Form \(March 2021\)](#) is required to be completed and signed by the individual or their guardian (if applicable) before they return to in-person congregate day services.
- The day services provider will be required to maintain both forms on-site at the facility and are subject to audit by the Division at any time.

### III. Day Program Re-Opening

- Using the information obtained from the *Individual Needs and Risk Assessment*, The Arc of Atlantic County will complete one updated *Facility Readiness Tool (March 2021)*. *The Arc of Atlantic County is required to maintain the facility readiness tool on-site.*
- The Arc of Atlantic County will complete and return a **new *Congregate Day Program Re-Opening Attestation***. This must be printed, signed, scanned and emailed to the Division's Provider Performance and Monitoring Unit at [DDD.PPMU@dhs.nj.gov](mailto:DDD.PPMU@dhs.nj.gov) at least 48 hours before each facility re-opens.

#### **Screening/ Admittance:**

***First responders who are entering the facility to address an emergency do not need to be screened ahead of entering the residence or program facility.***

#### **Criteria that Shall Exclude an Individual from Day Services for at Least 10 Days from Symptom Onset Regardless of Vaccination Status**

- Screening shall occur as it has, with symptomatic persons being screened out from participating in day services. In addition, individuals attending in-person facility-based day services who meet the following criteria ***before or during screening, or developing these symptoms after starting day program, should be promptly isolated and excluded from the day services/ facility for at least 10 days from symptom onset, or until they receive an alternate diagnosis from a healthcare provider or a negative COVID-19 test result.*** If a caretaker identifies these symptoms they shall follow this guidance and not send the person to day program:

At least **two** of the following symptoms:

1. Fever (measure or subjective),
2. chills,
3. rigors (shivers),
4. myalgia (muscle aches),
5. headache, sore throat,
6. nausea or vomiting,
7. diarrhea,
8. fatigue,
9. congestion or runny nose;

**OR**

At least **one** of the following symptoms:

1. cough,
2. shortness of breath,
3. difficulty breathing,
4. new olfactory (smell) disorder,
5. new taste disorder.

***Regardless of vaccination status, all staff, contracted professionals, visitors, and day program participants must be screened before entering a provider-managed residence or congregated day***

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*program facility, including temperature checks.* A record of all screenings shall be maintained. This screening is required for all staff, participants, and visitors engaging in visits within the residence or program facility, or outdoors.

Screening is to occur in an accessible designated area that accommodates social distancing and infection control standards. Please see the below screening policy for residents, participants and staff entering a residence or day program.

For day program facilities, indoor screening areas must be separated from the program facility by walls or physical barriers. Outdoor screening areas must be sufficiently sheltered to allow utilization during inclement weather. In-car screening is permissible for program participants.

All staff, individuals, contracted professionals and visitors, **regardless of vaccination status** must be cleared for admittance to the facility through screening, including temperature checks. A record of these checks must be maintained and will be documented the employee and visitor surveys.

Screening for fever and signs of COVID-19 also need to occur before entry onto an agency vehicle during pick up. **The driver can deny transportation to a day program if an individual is demonstrating symptoms.** Individuals must not board a vehicle for transport to a day services facility and must not enter a day services facility when they are sick, have had a fever of 100.4° or higher within the past 24 hours, or are displaying symptoms as defined in the **Screening Questions** in Section I of this document.

Personnel **not** entering the building **do not** need to be screened.

- The day program supervisor shall establish a designated area outside the facility where deliveries can take place. Staff and individuals must maintain a distance of six feet or more from delivery personnel and wash their hands after handling deliveries

#### **Procedure for Entering a Day Program – Participants**

**Regardless of vaccination status**, program participants shall be screened before boarding an agency vehicle or one directly contracted by the agency that will transport them to the day program. Program participants transported by an entity other than the day program provider shall be screened prior to entry to the program facility. If, after undergoing screening, the participant is permitted to enter, participants should:

- Wash their hands when entering the program facility.
- Wear a face covering.
- It is recognized that some participants may not tolerate wearing face coverings or it may not be medically advisable for them to wear one. However, participants for whom it is not medically contraindicated should be encouraged to wear a face covering that covers the nose and mouth within the facility, and should also be frequently reminded not to touch the face covering.
- Follow provider guidance related to preventing COVID-19 spread.

#### **Face Coverings and Personal Protective Equipment (PPE)**

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- **Regardless of vaccination status**, all staff shall be required to wear a cloth or disposable mask that covers the nose and mouth **and** appropriate PPE while working.
  - Staff shall be trained by the provider in safely donning and doffing PPE that they are required to use.
- Individual program participants shall be encouraged by their staff to wear masks as well. Some individual program participants may not tolerate wearing face coverings or it may not be medically advisable for them to wear one. However, individual participants for whom it is not medically contraindicated should be encouraged to wear a face covering that covers the nose and mouth within the facility and/or in the agency vehicle.
- Staff and individual participants wearing face coverings should also be reminded frequently not to touch the face covering.
- The inability of an individual program participant to tolerate or otherwise wear a face covering and/or practice social distancing does not necessarily preclude him or her from participating in in-person congregate day services. See the [Individual Needs and Risk Assessment](#) document for further information.
- Face shields are not a substitute for masks. If an individual participant does wear a face shield because he or she cannot tolerate a mask, it should wrap around the sides of the wearer's face and extend below the chin. Staff must not wear a face shield in place of a mask, but may wear a face shield in addition to a mask

#### **Promoting Healthy Hygiene Practices**

- Facilities shall teach and reinforce proper hand washing and covering coughs and sneezes among individuals and staff. Hand washing shall occur frequently with soap and water for at least 20 seconds, including upon arrival at a day program site, before eating, after toileting and after spending time outside. Staff shall wash their hands upon arriving at the facility, before entering their assigned area, before meals or snacks, after community outings or time spent outside, after going to the bathroom, and prior to leaving for home. Individuals are to be encouraged to do the same to the best of their ability and be monitored to ensure proper technique.
- Whenever possible, facilities should set up hand hygiene stations at the entrance to the facility so that those entering the facility can clean their hands before entering. If installation of a hygiene station is not possible, staff shall ensure handwashing upon arrival.
- Facilities shall have adequate supplies to support healthy hygiene behaviors, including soap, hand-sanitizer with at least 60 percent alcohol (for staff and all individuals who can safely use hand sanitizer), paper towels and tissues. Supplies must be secured at each location to prevent accidental ingestion.
- When physical assistance is required from staff for an individual's personal care needs proper PPE must be worn. This PPE shall be changed after caring for an individual's personal needs like toileting. PPE shall also be changed between working with different individuals needing personal care assistance. Special care should be taken when changing adult briefs as COVID-19 may be present in fecal matter. Staff shall change the individual's clothes when soiled. Any contaminated clothes should be placed in a plastic bag immediately or washed in a washing machine.

#### **Total Number of Individuals Served, Group Sizes and Social Distancing**

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- The total number of individuals served at one time will be 50% of the established Certificate of Occupancy for a location **or** the number of individuals who can be served while maintaining social distancing (six feet apart) at all times, whichever is less.
  - The Arc will ensure that in the event of inclement weather that if individuals on community outings return to the facility that it does not negatively impact the ability to maintain the aforementioned social distancing.
- When determining the composition of groups, several factors must be considered. Overall compatibility and underlying medical issues are very important. In addition, individuals who share the below characteristics shall be grouped together when realistic:
  - Individuals who reside together;
  - Individuals who spend time with each other outside of day program;
  - Individuals who reside in the same geographic area.
- Group sizes shall be 15 or fewer individuals, and include the same individuals each day. To the extent practical, the same staff shall be assigned to care for the same group each day. Group size, composition and assigned staff shall be consistent no matter the activity occurring or location the activity is taking place.
- Each day, a record shall be maintained in the event it is needed for contact tracing that documents which individuals were in a group and the staff who worked with them.
- Groups shall have designated areas that are separated within the facility by walls or other physical partitions. Total number of groups/individuals allowed in the facility on a given day and time shall be determined based on state guidance regarding capacity for indoor venues and the results of the [Facility Readiness Tool](#).
- This guidance recognizes that some individuals may not understand the importance of social distancing (being at least six feet apart) from those who they do not live with. However, individuals should be encouraged to socially distance to lessen COVID-19 exposure risk. Groups shall socially distance from other groups. Within each established group, individuals who do not live together shall be encouraged to socially distance and wear face coverings.
- The vaccination status and/or inability of an individual program participant to tolerate or otherwise be able to wear a face covering and/or practice social distancing does not necessarily preclude him or her from participating in in-person congregate day services. See the [Individual Needs and Risk Assessment](#) document for further information.
- Use of shared spaces (entryways, restrooms) shall be carefully controlled to ensure social distancing occurs at all times.
  - Floor markings, physical partitions or other safeguards shall be used. Non-essential shared spaces such as game rooms or dining areas should be closed.
- Simultaneous use of outdoor activity space is permissible if social distancing can be maintained between groups. Facilities are encouraged to partition available space to allow for increased outdoor activities. Individuals and staff must wash their hands upon returning to the facility.

#### **Food, Supplies and Personal Belongings**

- Communal sharing of food such as hot buffet/cafeteria lines and family style meals will not be permitted. As such, the provider should encourage individuals to bring their own lunch.
  - If an individual does not arrive to program with a lunch the provider is still expected to provide him or her with a pre-packaged meal. Individuals shall remain with their cohort for meals and snacks. Meals and snacks shall be provided in the area where groups are

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regularly situated to avoid congregating in large groups. The use of disposable plates, cups and utensils by the day provider are required.

- When staff are handling food, gloves must be worn and there should not be contact with food surfaces. If meals must be provided in a lunchroom: mealtimes must be staggered; tables arranged to ensure that there is at least six feet of space between groups and people within groups who do not live together can socially distance; and tables are to be cleaned between groups. The provider must ensure proper supervision is provided during meals.
- Sharing of supplies and other items must be strictly limited. Facilities shall ensure adequate activity supplies to preclude the need for sharing of items. If items must be shared, they shall be used by one group at a time and cleaned and disinfected between uses. Individual's belongings shall be kept separate in individual storage bins/cubbies and sent home each day for washing.

#### Transportation

- It is recommended that transportation to and from the day services setting be provided by families, guardians, caretakers, or residential staff. In the event the aforementioned are unable to provide transportation, the day services provider should do their best to accommodate. However, providers must communicate that transportation constraints may delay/limit the ability for the individual to return to day services on the days or during the shifts they prefer.
- When transportation by the day services provider is provided, **individuals shall be screened for fever and symptoms of COVID-19 prior to entry onto the vehicle. The driver can deny transportation to a day program if the individual is demonstrating symptoms or otherwise is identified as presenting a COVID-19 risk.** A record of all screenings shall be maintained.
- The provider will make every effort to provide transportation based on the small groups of individuals that have been organized. **The number of individuals within the vehicle shall be limited in order to maintain social distancing (e.g. one rider per seat in every other row).** When feasible, partitions may be installed between riders in order to minimize risk – particularly for individuals who cannot tolerate face coverings that cover the nose and mouth.
- Procedures shall be implemented to prevent crowding during pick up and drop off, including staggering these times.
  - Modifications for inclement weather shall be implemented when necessary.
  - **Day programs shall prohibit entry of those picking up individuals into the facility.** Instead, individuals should be walked outside of the building to their transportation.
- Commonly touched surfaces in the vehicle shall be cleaned and disinfected at the end of each run and the entire vehicle thoroughly cleaned after each round of pick up/drop off, especially after the last use of the day. Drivers will wear face coverings that cover the nose and mouth at all times and follow CDC guidelines (social distancing, hand washing, etc.)

#### Visitation

- Visitation in the center shall be strictly limited during operating hours with the exception of *emergency medical services or law enforcement personnel acting in their official capacity, personnel from the Department of Human Services and/or Division of Developmental Disabilities.* With the exception of an emergency medical services or law enforcement as described above, all visitors shall be required to undergo screening prior to entry and will be required to wear a cloth face covering that covers the nose and mouth and maintain proper social distancing at all times.
- Routine or annual meetings shall take place virtually until advised otherwise.

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- Persons providing maintenance or repair services, prospective admissions, prospective employees or service providers shall be required to visit the facility outside of operating hours.

#### Activities

- Activities that are likely to bring individuals into close contact shall not occur.
  - Games and sports involving direct physical contact or shared equipment should be replaced with no contact activities or sports.
- Community outings and other off-site activities may occur with guardian approval, as long as the designated venue has been cleared to open by the New Jersey Department of Health and that venue's COVID-19 requirements are met.
- CDC guidelines related to social distancing shall be maintained. Face coverings may be required depending on the community venue as per Executive Order 163<sup>s</sup> (or more current Executive Order). This will impact an individual's participation if they do not tolerate or are otherwise unable to wear a face covering.
- Documentation of outings must be maintained by the provider and available for review which shall include: date of outing; name(s) of individual(s) attending; name(s) of staff attending; name and address of venue; and the arrival and departure time.

#### Enhanced Cleaning and Disinfection Procedures

- Facilities shall increase the frequency of cleaning equipment and surfaces, especially doorknobs, light switches, countertops, and restrooms during operating hours. Alcohol wipes should be used to clean keyboards and electronics. Frequent hand washing should be encouraged. Facilities shall clean, and disinfect frequently touched surfaces as well as and shared objects multiple times per day and between use. **If groups of individuals are moving from one area to another in shifts, cleaning measures must be completed prior to the new group entering the area.**
- Complete cleaning shall occur at end of each day. Cleaning shall be in accordance with the CDC's Guidance for Cleaning and Disinfecting Your Facility. When required, Environmental Protection Agency (EPA) approved disinfectants for use against COVID-19 shall be used.
- ***Items that individuals have placed in their mouths or are contaminated by body secretion or excretion shall be set aside until they are cleaned by hand by a person wearing gloves.*** Clean with water and detergent, rinse, disinfect with an EPA approved disinfectant and air-dry or clean in a mechanical dishwasher. Some individuals may mouth objects throughout the day; these objects typically belong to him/her and stay with them if that is the case.
- Facilities shall ensure that HVAC systems continue to be maintained and operational. To the extent practicable, windows should be opened frequently to allow fresh air flow, and HVAC systems should be adjusted to allow for more fresh air to enter the facility.

#### Response Procedures for COVID-19 Symptoms

- ***Regardless of vaccination status,*** if an individual or staff member develops symptoms of COVID-19 at the facility (e.g. fever of 100.4, 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), immediately separate them from the others in an isolation area until they are picked up by their caregiver. If staff feel that the symptoms or presentation, COVID-19 related or otherwise, a participant is displaying pose an immediate life threatening risk to the participant they shall immediately call 911.

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- The program shall contact the symptomatic individual's caretaker and arrange for their transport home. The staff waiting with the individual shall wear their face covering. Social distancing shall be maintained as much as practicable. The caregiver picking the individual up shall be advised to contact a healthcare professional and have them evaluated for COVID-19. ***If individuals present with a fever over 100.4 and other symptoms, the facility will require a negative test for COVID-19 and a doctor's note before their return. Advise them to inform the facility immediately if the person tests positive for COVID-19.***
- Facilities shall immediately notify their local health department of any confirmed or suspected cases of COVID-19 occurring in a day service center. Facilities shall also cooperate with their local health department related to any contact tracing that may be needed. After that notification, confirmed cases of COVID-19 must also be reported to the Division through established Unusual Incident Reporting Procedures.
- *All rooms and equipment used by potentially infected person(s) shall be cleaned and disinfected in accordance with CDC guidance. Facilities uncertain about the extent of potential exposure shall clean and sanitize all rooms.*

#### **Individuals or Staff Members Who Test Positive for COVID-19**

- Facilities that become aware of a COVID-19 positive case at their facility shall contact their local health department to inquire if they should continue to operate or close. Facilities shall also cooperate with their local health department related to any contact tracing that may be needed. Additionally, the agency will be required to provide notification to their PPMU liaison via phone or email [DDD.PPMU@dhs.nj.gov](mailto:DDD.PPMU@dhs.nj.gov) of positive staff and individuals as they become aware.
- Health officials will provide direction on whether a center should cease operations following the identification of a positive case in the facility. The duration may be dependent on staffing levels, outbreak levels in the community and severity of illness in the infected individual. Symptom-free individuals and staff should not attend or work at another facility during the closure unless cleared to do so by the local health department.
- The facility shall immediately inform individuals, guardians and staff if they have been in close contact ( $\geq 15$  cumulative minutes within 24-hours) with a person who has tested positive for COVID-19 while attending the day program.
- *All rooms and equipment used by infected person(s) shall be cleaned and disinfected in accordance with CDC guidance. Facilities uncertain about the extent of potential exposure shall clean and sanitize all rooms.*

#### **Returning to Program After COVID-19 Diagnosis or Exposure**

- ***Regardless of vaccination status***, if a staff member or individual tests positive for COVID-19, they cannot return until the criteria for lifting transmission based precautions and home isolation have been met **and** they have been cleared to end isolation by a healthcare professional. ***The facility shall require a doctor's note before re-admission.***
- ***Fully vaccinated staff who may have been exposed to COVID-19 and who are asymptomatic do not need to be restricted from work for 14 days following their exposure.*** Additionally, those asymptomatic staff who have recovered from COVID-19 infection in the prior 3 months should follow the same guidance.
- Work restrictions for ***fully vaccinated staff with exposure who have underlying immunocompromising conditions, or those who have not been vaccinated, must isolate for 14 days following an exposure.*** Regardless of vaccination status or living arrangement, if an

### III. Day Program Re-Opening

individual has been exposed they cannot return to program for 14 days following the last day of that exposure