

Coronavirus Response Plan

Introduction:

This interim response plan is based on what is currently known about the coronavirus disease 2019 (COVID-19) as of August 5, 2021. 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 for 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>

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:**
 - 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-and Day Program Screening-Policy (Revised 10/29/2020)**
 - ⇒ *OOL – Q&A For Residential Providers (9/17/2020)*
 - ⇒ *Congregate Day Program Reopening Requirements (9/3/2020)*
 - ⇒ *Congregate Day Program Reopening Attestation*
 - ⇒ *COVID19 – Individual Needs and Risk Assessment*
 - ⇒ *Guidance for Residential Providers on Visits with Family and Friends (7/23/2020)*
 - ⇒ *DDD – Residential Moves*
 - ⇒ *Receipt of COVID-19 Information*
 - ⇒ *Facility Readiness Tool*
 - ⇒ *The Road Back- Restoring Economic Health through Public Health*
 - ⇒ *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 EPA Website4*
 - ⇒ **Congregate Day Program Re-Opening Requirements (7/29/2021)**
 - ⇒ *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 7/29/2021)**
 - ⇒ *Guardian Consent for Visitation (March 2021)*
 - ⇒ *Visitor Agreement (March 2021)*
 - ⇒ <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](#)
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19>
- ⇒ 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>
<https://www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
<https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfecting-decision-tool.html>
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- ⇒ Visit the New Jersey Department of Health website:
<https://nj.gov/humanservices/coronavirus.html>
<https://www.nj.gov/health/cd/topics/ncov.shtml>
<https://www.nj.gov/humanservices/ddd/documents/covid19-ddd-dashboard-09-20-2020.pdf>
- 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:
<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
- ⇒ 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

The following is an update to the Arc of Atlantic County's Coronavirus Response Plan. This document was initially sent out on 6/21/2021. There are minor revisions to the original document, highlighted in yellow below. This document is effective immediately.

The information outlined below supersedes previous updates to the Arc of Atlantic County's Coronavirus Response plan. These updates are effective immediately and will remain in place until further notice. This plan update provides guidance regarding:

- [Congregate Day Program Re-Opening Requirements](#)
- [Screening in Residential and Congregate Day Program Settings](#)
- [Guidance for Residential providers on Visits with Family and Friends](#)

Definitions:

- ***Fully Vaccinated:*** People are considered fully vaccinated for COVID-19 2 weeks after they have received either the second dose in a 2-dose series or 2 weeks after they have received a single-dose vaccine.
- ***Face Mask:*** a well-fitted face covering which covers the nose and mouth
- ***Close contact:*** At least 15 cumulative minutes within 24-hours
- ***Exposure:*** At least 15 cumulative minutes within 24-hours of someone who has recently tested positive for COVID-19

Congregate Day Program Re-Opening Requirements

The information disseminated below is derived from the document *Congregate Day Program Re-Opening Requirements (7/29/2021)*.

Congregate day programs - including programs for persons with Traumatic Brain Injury - are directed to reopen at full capacity if all criteria contained in this document are met and there is adequate staffing.

Individuals, families/guardians, and providers must monitor for signs and symptoms of COVID-19. If an individual is positive for COVID-19 or unvaccinated/not fully vaccinated and has been exposed to COVID-19, they are not permitted to attend a day program until cleared by a medical professional.

Screening and Admittance

All individuals, staff, contracted professionals, and visitors, regardless of vaccination status, must be cleared for admittance to the facility through screening, including temperature checks, as outlined in the *Residential and Day Program Screening Policy (6/16/2021)*. The only exception to required screening is for first responders entering the program.

In all instances, screening must occur in an accessible designated area that accommodates physical distancing and infection control standards.

Face Coverings, Personal Protective Equipment (PPE), and Physical Distancing

All staff, **regardless of vaccination status**, must continue to wear a face mask when working, unless doing so would create a risk to workplace health, safety or job duty as assessed by the employer, and physically distance (as appropriate for the care of residents) when working with participants and other staff.

If all participants and staff in a group are fully vaccinated, **only participants** may choose to remove their mask and may have close contact with others in the group without a mask.

If a group contains one or more unvaccinated staff or participant, ALL staff in the group **MUST** mask and socially distance from unvaccinated persons as appropriate for the care of the participant(s). Participants in the group who are able **MUST** wear a face mask and unvaccinated participants should physically distance from others in the group.

If vaccination status cannot be determined for all group participants, the safest practice is for all participants to follow all recommended infection prevention and control practices including maintaining physical distancing and wearing a face mask.

Fully vaccinated program participants can elect not to wear a mask when outdoors. *Fully vaccinated staff can elect not to wear a mask when outdoors if the participants in the group they are working with are fully vaccinated.*

All individual program participants who are not fully vaccinated shall be encouraged by the staff to wear a face mask, as long as they the participants will tolerate wearing a mask and there are no medical contraindications to wearing one.

Individual participants who are not fully vaccinated and can safely wearing a mask should be encouraged to wear a face mask within the facility and/or in the agency vehicle. Individual participants wearing face coverings should also be reminded frequently not to touch the face covering.

Individuals who are not fully vaccinated should be encouraged to physically distance from others; groups shall physically distance from other groups.

Promoting Healthy Hygiene Practices

Facilities shall teach and reinforce the practice of frequent and proper hand hygiene and respiratory etiquette (e.g. covering coughs and sneezes) among individuals and staff. Staff shall perform hand hygiene 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.

Regardless of vaccination status, staff must wear proper PPE when providing physical assistance for an individual's personal care needs. PPE shall be changed after caring for an individual's personal needs and

when 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. All contaminated clothes should be safely contained and stored in a plastic bag or safely contained and transported to the laundry area (if available) and washed per policy and procedure. Areas and equipment used during assistance with personal care needs shall be cleaned and sanitized after each use.

Total Number of Individuals Served and Group Sizes

Group sizes shall no longer be limited but is recommended to be 15 or fewer individuals and, to the extent practicable, that the same group composition be maintained. Each day, a record shall be maintained that documents which individuals were in a group and which staff worked with them. Groups shall have designated areas that are separated within the facility by walls or other physical partitions.

In the event of inclement weather, if individuals on community outings return to the facility, physical distancing must be maintained.

Prioritize outdoor activities over indoor activities when possible. Staff should ensure sun safety for all participants. Individuals and staff must wash their hands upon returning to the facility.

Transportation

Individuals (regardless of vaccination status) transported by the day services provider shall be screened for symptoms of COVID-19 prior to entering the vehicle and conduct temperature screen prior to entering the vehicle. The driver can deny transportation to a day program if the individual is demonstrating symptoms. A record of all screenings shall be maintained.

In order to provide transportation in the safest way possible, the driver should do the following:

- Wear a face mask. Staff must wear a face mask while on the vehicle.
- Provide ventilation by opening windows and utilizing the vehicle's HVAC systems to circulate fresh air.
- Standard vehicle occupancy can be used.
- If all participants and staff on a vehicle are fully vaccinated, masking is not required.

If one or more participants or staff on the vehicle are unvaccinated, not fully vaccinated, or their vaccination status is unknown:

- Participants who are able must wear face mask during the trip – especially those who are unvaccinated/not fully vaccinated/vaccination status unknown.
- It is recommended that vehicle capacity be limited to one rider per row.

Vehicles will be equipped with cleaning and disinfecting supplies that are stored in a safe manner, readily accessible to only the driver and transportation staff. 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.

Visitation

Visitation in the center shall be limited during operating hours to those that are essential to operations (maintenance or repair services, prospective admissions, prospective employees, planning team meetings, etc.). Routine or annual meetings shall take place virtually when possible and appropriate. Exceptions remain for 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 visiting the facility. With the exception of an emergency medical services or law enforcement personnel as described above, all visitors shall be required to undergo screening prior to entry and will be required to wear a face mask and maintain proper physical distancing at all times.

Activities

Activities that are likely to bring individuals who are unvaccinated/not fully vaccinated into close contact shall be limited. Community outings and other off-site activities may occur with guardian approval. 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.

Response Procedures for COVID-19 Symptoms

Regardless of vaccination status, if an individual or staff member develops symptoms of COVID-19 at the facility immediately separate them from the others in an isolation area until they depart from the program. The program shall contact the individual's emergency contact and arrange for their transport home.

Facilities shall immediately notify their local health department of any confirmed or suspected cases of COVID-19 occurring in a day service center and will 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.

All rooms and equipment used by the sick person(s) shall be cleaned and disinfected in accordance with CDC guidance.

Individuals or Staff Members Who Test Positive or Report Exposure to COVID-19

Facilities that become aware of a COVID-19 positive case or exposure at their facility shall contact their local health department to inquire if they should continue to operate or close. The agency will be required to provide notification to their PPMU liaison via phone or email 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 or exposure in the facility. The facility shall immediately inform individuals, guardians and staff if they have been in close contact with a person who has tested positive for COVID-19 while attending the day program.

All rooms and equipment used by the sick person(s) shall be cleaned and disinfected in accordance with CDC guidance.

Returning to Program After COVID-19 Diagnosis or Exposure

Regardless of vaccination status, if a staff member or participant 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 may require a doctor's note before re-admission.

Fully vaccinated staff/participants who may have been exposed to COVID-19 and who are asymptomatic should not be restricted from work/program for 14 days following their exposure. Additionally, those asymptomatic staff/residents who have recovered from COVID-19 infection in the prior three months should follow the same guidance.

If a participant who is unvaccinated/not fully vaccinated has been exposed 88they cannot return to program for 14 days following the last day of that exposure.

Screening and Admittance

The Division has updated their [*Residential and Day Program Screening Policy \(6/16/2021\)*](#).

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:
 - 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 – NOT APPLICABLE TO VACCINATED PERSONS**

- a) Are you unvaccinated and have traveled within the last 14 days to a US state other than Delaware, New York or Pennsylvania for more than 24 hours and not followed CDC guidance upon return – including self-quarantining for at least 7 days after travel and have had a negative test for COVID-19 3-5 days upon return to NJ, OR having self-quarantined for 10 days upon return and being asymptomatic of COVID-19?

****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.

Visitation guidelines for Residential

The information disseminated below is derived from the document *Guidance for Residential Providers on Visits with Family and Friends (7/29/2021)*.

Providers are permitted to inquire about vaccination status of participants, visitors and staff so long as they follow all privacy requirements are in compliance with HIPAA protections, (e.g., do not ask the status in front of other others) and any other applicable federal or state law. Visitors are not required to provide this information. If vaccination status is unknown then it is to be assumed the person is not vaccinated.

- 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.
 - For indoor and outdoor visits, **fully vaccinated residents and their fully vaccinated visitors are not required to wear a mask or socially distance when alone during their visit. Visitors should wear a well-fitted mask and physically distance from other staff/residents/visitors with whom they are not visiting.**
 - If the visitors or residents being visited with are not fully vaccinated then the visitors are to wear a well-fitting facemask. The resident is to wear a well-fitting face mask as tolerated/medically advisable. The safest approach is for everyone to maintain physical distancing and to wear source control. However, if the resident is fully vaccinated, they

can choose to have close contact (including touch) with their unvaccinated visitor(s) while both continue to wear well-fitting source control. Visitors should wear a well-fitted mask and physically distance from other staff/residents/visitors with whom they are not visiting.

- 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 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.

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

Coronavirus Response Plan, effective 6/16/2021

This plan serves as an update to the Coronavirus Response plan, dated 4/30/2021. This plan includes updated guidance regarding Day Program Re-Opening, located in Section III of this document. Revisions to this plan are highlighted in yellow.

Coronavirus Response Plan, effective 6/16/2021

- 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 congregated 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 (4/22/2021)*
- *Individual Needs and Risk Assessment (March 2021)*
- *Facility Readiness Tool (March 2021)*
- *Congregate Day Program Re-Opening Attestation (June 2021)*
- *Residential and Day Program Screening Policy (June 2021)*
- *Guidance for Residential Providers on Visits with Family and Friends (June 16, 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

I. Screening and Admittance

The Division has updated their [Residential and Day Program Screening Policy \(6/16/2021\)](#).

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

- 4) **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
- 5) **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:
 - 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

I. Screening and Admittance

- 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).

6) **Travel outside of New Jersey – NOT APPLICABLE TO VACCINATED PERSONS**

- a) Are you unvaccinated and have traveled within the last 14 days to a US state other than Delaware, New York or Pennsylvania for more than 24 hours and not followed CDC guidance upon return – including self-quarantining for at least 7 days after travel and have had a negative test for COVID-19 3-5 days upon return to NJ, OR having self-quarantined for 10 days upon return and being asymptomatic of COVID-19?

****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.
 - For indoor and outdoor visits, fully vaccinated residents and their fully vaccinated visitors are not required to wear a mask or socially distance when alone during their visit. Visitors should wear a well-fitted mask and physically distance from other staff/residents/visitors with whom they are not visiting.
 - If the visitors or residents being visited with are not fully vaccinated then the visitors are to wear a well-fitting facemask. The resident is to wear a well-fitting face mask as tolerated/medically advisable. The safest approach is for everyone to maintain physical distancing and to wear source control. However, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their unvaccinated visitor(s) while both continue to wear well-fitting source control. Visitors should wear a well-fitted mask and physically distance from other staff/residents/visitors with whom they are not visiting.
 - 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.

II. Visitation Guidelines for Residential

- 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 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.

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

New Jersey's restart and recovery is guided by data, improvements in public health, and the capacity to safeguard the public. As a result of improvements across these measures, congregate day programs are permitted to reopen at limited capacity if the following criteria are met:

- Capacity at which a day program operates is in accordance with the most current COVID-19 Activity Level Index (CALI) for the region in which the congregate day program operates as outlined in this document; and
- All other criteria contained in the document [Congregate Day Program Re-Opening Requirements](#) (dated 4/22/2021) are met.

CALI-Based Day Program Re-Opening Guidelines Table

Low (Green)	Program remains open or re-opens if previously closed. Programs may operate at 100% capacity.
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 region is currently designated as <i>Moderate</i> and that there is increased risk of COVID-19 transmission in the region. Capacity is limited to a maximum of 50%.
High (Orange)	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 region is currently designated as <i>High</i> and that there is high risk of COVID-19 transmission in the region. Capacity is limited to a maximum of 50%.
Very High (Red)	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 region is currently designated as <i>Very High</i> and that there is very high risk of COVID-19 transmission in the region. Capacity is limited to a maximum of 25%.

“Capacity” refers to the percentage 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.

If the CALI designation for a region changes to one that will result in reduced capacity for a program, for example a move from Low (100% capacity) to Moderate (50% capacity) or High (50% capacity) to Very High (25% capacity), the provider has 14 days to move to the required lower capacity. Should the CALI designation return to one that does not require a change in capacity during that two-week period then no reduction in capacity is required. This provides participants, families and providers time to plan for potential capacity reductions and possibly avoid the need to reduce capacity if the CALI changes back to a designation that does not require one in a short period of time. In this circumstance, the provider must immediately notify participants and families/guardians when the designation changes, the date of the projected reduction in capacity and if the CALI changes to a designation that will not require a reduction in capacity during that time.

If the CALI designation for a region changes to allow for increased capacity, for example a move from Moderate (50% capacity) to Low (100% capacity) or Very High (25% capacity) to High (50% capacity) the provider may elect to increase participation up to the corresponding maximum capacity, with notification to participants and families/guardians, as soon as they are able to do so.

It is the responsibility of each provider to 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 – not the region where participants may reside. In the event a program chooses to close or further limit capacity, the provider must notify all those participating in the congregate day program and any participant’s family/guardian, as soon as possible.

- DDD has outlined guidelines for reopening in the [Congregate Day Program Re-Opening Requirements \(dated 4/22/2021\)](#) 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.
- 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 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 congregate day 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)

- **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

- 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.

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- 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 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.
- 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~~8~~ (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.

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

Coronavirus Response Plan, effective 3/19/2021

- IV. Screening Procedures
- V. Updated Visitation Guidance
- VI. 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).

II. Screening and Admittance

IV. Screening and Admittance

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

- 7) **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

II. Screening and Admittance

- 8) **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:
- 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).
- 9) **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

V. 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.

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II. Visitation Guidelines for Residential

- 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 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.ool@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.

II. Visitation Guidelines for Residential

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

- 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 congregated 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 congregated 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 congregated day services.

Coronavirus Response Plan

- 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.
- 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 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:

10. Fever (measure or subjective),
11. chills,
12. rigors (shivers),
13. myalgia (muscle aches),
14. headache, sore throat,
15. nausea or vomiting,
16. diarrhea,
17. fatigue,
18. congestion or runny nose;

OR

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

6. cough,
7. shortness of breath,
8. difficulty breathing,
9. new olfactory (smell) disorder,
10. new taste disorder.

Coronavirus Response Plan

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

Coronavirus Response Plan

Face Coverings and Personal Protective Equipment (PPE)

- **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

Coronavirus Response Plan

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

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

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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^s (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.
- 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**

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

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October 29, 2020

- The Division of Developmental Disabilities (DDD) has updated their policy regarding the Screening in Residential and Congregate Day Program Settings:
- **Criteria that Shall Restrict Entry to Residence and Day Services Facility**
 - 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 identified during screening.
 - 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
- **If the individual meets the following criteria, they shall be excluded from Day Services for at least 10 days from Symptom Onset:**
 - At least **two** of the following symptoms: fever (measure or subjective), chills, rigors (shivers), myalgia (muscle aches), headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose; **OR**
 - At least **one** of the following symptoms: cough, shortness of breath, difficulty breathing, new smell disorder and/or new taste disorder.
- 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 above 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:
- The Division has updated its definition of “Close contact”: Close contact is defined as someone who was: (a) 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 (b) had direct contact with the infectious secretions of a person with laboratory-confirmed COVID- 19.

September 25, 2020

- The Division of Developmental Disabilities (DDD) has updated their policy regarding the Screening in Residential and Congregate Day Program Settings:
 - As of 7/23/2020, residents are able to engage in indoor or outdoor visits under the parameters described in *Guidance for Residential Providers* and described in this plan. Please note that indoor visitation will be provided when no residents or staff of the residence or day facility 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.

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- All staff, contracted professionals, visitors, and day program participants must be screened before entering a residence or day program facility, including temperature checks.
 - These screenings are to be recorded electronically by using the appropriate links:
 - DSPs: <https://dsp.thearcatlantic.com>
 - Visitors: <https://guest.thearcatlantic.com>
- This screening is also needed for participants engaging in visits within the residence or program facility, or outdoors. In all instances, screening is to occur in an accessible designated area that accommodates social distancing and infection control standards.
- 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.
- 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/program participant areas and screened for further action.
- **Procedure for Entering a Day Program – Participants**
 - Program participants shall be screened before boarding an agency vehicle 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.
 - 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.
- **Procedure for Entering a Residence – Residents**
 - 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.
 - The temperature will be recorded via the use of the “Community Screening” ISP program, available in the ISP Template Library on Therap.
 - 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

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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 will continue to 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 when entering the residence or day program.
 - Follow Universal Precautions and provider guidance related to preventing COVID-19 spread, including wearing PPE. All DSPs must wear a mask at all times while working.
- **Procedure for Entering a 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 designated residence/meeting area 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
 - Visitors will be required to wear a face covering and maintain a social distance of at least six feet apart from residents and staff of the home. 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 visitors to limit physical contact with anyone other than the resident while in the residence.
 - 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 themselves 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.
- The Division of Developmental Disabilities (DDD) has updated their policy regarding the reopening of Congregate Day Programs.
 - New Jersey's restart and recovery is guided by data, improvements in public health, and the capacity to safeguard the public. As a result of improvements across these measures, congregate day programs are permitted to reopen at limited capacity once all of the required reopening criteria outlined herein have been met, **and not sooner than Monday, September 21, 2020**. The Division will be prepared to move back to requirements that are more restrictive if public health indicators worsen or the Division observes compliance issues with the requirements outlined herein. This guidance is substantially derived from the Centers for Disease Control and Prevention (CDC) and New Jersey Department of Health 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.

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- The provider will contact each prospective or previously served individual or their guardian (if applicable). The individuals, families, guardians, and day services provider will complete the *Individual Needs and Risk Assessment* and *Receipt of COVID-19 Information* forms prior to returning to Day Program. The day services provider will maintain copies of both forms.
- The provider will complete one *Facility Readiness Tool* for each day program that is reopening. This form shall be kept on site at the facility and be available for review by staff from the Department of Human Services.
- The provider will complete the *Congregate Day Program Re-Opening Attestation* form. This must be printed, signed, scanned and emailed to the Division's Provider Performance and Monitoring Unit at DDD.PPMU@dhs.nj.gov at least 48 hours before each facility reopens. One Attestation can be used for a provider operating multiple sites.
- Screening and Admittance
 - All individuals, staff, contracted professionals, and visitors must be cleared for admittance to the facility through screening, including temperature checks, as outlined in the *Residential and Day Program Screening Policy*
 - All staff shall be required to wear a face covering that covers the nose and mouth and appropriate PPE while working. Staff shall be trained by the provider in safely donning and doffing (removing) PPE. Staff should also be frequently reminded not to touch their face covering.
 - The inability of an individual program participant to tolerate or otherwise be able to wear a face covering and/or practice social distancing does not, in and of itself, preclude them from participating in in-person congregated 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.
 - If an individual participant does wear a face shield because they cannot tolerate a mask, it should wrap around the sides of the wearer's face and extend to 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.

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- When physical assistance is required from staff for an individual's personal care needs proper PPE (face covering, gloves, gown, etc.) 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.
- Areas and equipment used during assistance with personal care needs shall be cleaned and sanitized after each use.
- Total Number of Individuals Served, Group Size and Social Distancing
 - The total number of individuals served at one time will not exceed 25% of the maximum established Certificate of Occupancy for the location OR the number of individuals who can be served while maintain social distancing, whichever is less.
 - Individuals who share the below characteristics shall be grouped together when realistic:
 - Individuals who reside together
 - Individuals who do not reside together but spend time with each other outside of day program
 - Individuals who reside in the same geographic area.
 - Group sizes shall be 15 or less individuals, and include the same individuals each day. 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*.
 - Groups shall socially distance from other groups.
 - Use of shared spaces (entry ways, 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.
- Food, Supplies, and Personal Belongings
 - Communal sharing of food such as hot buffet/cafeteria lines and family style meals will not be permitted. The provider should encourage individuals to bring their own lunch. If an individual does not arrive to program with a lunch the provider would still be expected to provide them 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 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

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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 during meals is provided.

- 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
 - Individuals living in their own/family home will be required to provide their own transportation; if the individual lives in a provider-managed setting, the provider will be responsible for the transportation to and from program.
 - In the event that the parent, guardian, caretaker, or residential provider staff are unable to provide transportation, the day services provider should do their best to accommodate. However, they will communicate that transportation constraints may delay/limit the ability for the individual to return to day services at the point at which they are ready to do so, on the days/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 risk. A record of all screenings shall be maintained by utilizing the ISP Program in Therap's ISP Template Library, "Community Screening".
 - 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 at 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, walk the individual outside 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 and drop off. 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.
 - 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.
 - Law enforcement and/or emergency medical personnel are exempt from screening prior to entering the program

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- Routine or annual meetings shall take place virtually until advised otherwise.
- 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. For example, games and sports involving direct physical contact or shared equipment should be replaced with no contact activities or sports. Group composition, size and staffing will comply with Total Number of Individuals Served, Group Sizes and Social Distancing section of this document.
 - 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. 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 Sanitation 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, sanitize, 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](#) using Environmental Protection Agency (EPA) [approved disinfectants](#) for use against COVID-19.
 - 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, sanitize 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 or Exposure
 - 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,

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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 symptoms are felt to be immediately life threatening 911 shall be called.

- 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 practical. The caregiver picking the individual up shall be advised to contact a healthcare professional and have them evaluated for COVID-19. If the individual presented with a fever of over 100.4 and other symptoms the facility will require a negative test for COVID-19 and 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.
- Individual 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 for guidance. Facilities shall also cooperate with their local health department related to any contact tracing that may be needed.
 - 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 (Within six feet for 10 minutes or more) 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
 - If a staff member or individual tests positive for or exposure to COVID-19 has been confirmed by a healthcare professional, 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.
- The Division of Developmental Disabilities (DDD) has updated their policy regarding residential moves:

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- All moves into and out of a provider-managed settings must be reported to the Division's Provider Performance and Monitoring Unit (PPMU) before they occur. Reported moves or questions can be sent to DDD.PPMU@dhs.nj.gov. Starting 9/3/2020, DDD has allowed placements/moves into provider-managed settings, given the below criteria have been met
- The individual's Interdisciplinary Team (IDT) has met and discusses the risk that moving posing to the person and that individual's safety protocols. Relevant COVID-19 policy and procedures will be discussed. The support coordinator is responsible for documenting this in iRecord.
- A Receipt of COVID-19 Information Form must be reviewed and signed by the individual or their guardian before the move occurs. This contains important information on the transmission and risk of COVID-19. The provider shall retain this form.
- The setting adheres to relevant Division policies and implements practices in accordance with guidance issued by Federal and State health officials. This includes, but is not limited to: Adherence to Division and provider policies on screening, visitation, universal masking and COVID-19 reporting.
- The program has sufficient personal protective equipment and staffing to support the needs of all residents/staff.
- A move shall not occur if the individual moving or any residents or staff in the proposed home have tested positive for COVID-19 in the past 28 days and/or have displayed signs or symptoms of COVID-19 in the last 14 days.
- The provider must complete a COVID-19 screening on day of admission before the individual enters the residence. The provider shall retain a record of this screening; and the provider must have documentation that a COVID-19 test was administered no more than 10 days prior to admission and be in receipt of a negative result from the lab administering that test before the individual moves in. The provider shall retain a copy of the negative result from the lab administering the test.

July 22, 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 25, 2020, *Indoor Visitation* by parents, family, guardians or support persons (visitors), will begin. Per State of New Jersey 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 visitors, the licensed residential program 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

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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 .
- ⇒ Licensed Residential Providers must adhere to the following protocols and develop written guidelines for visitors.
 - ✓ The residential provider must actively screen all visitors for signs and symptoms of COVID-19. Screening is to include:
 - Temperature checks;
 - Completion of a questionnaire about symptoms and potential exposure.
 - The questionnaire shall include at a minimum:
 1. Whether in the last 14 days, the visitor has had an identified exposure to someone with a confirmed diagnosis of COVID-19, someone under investigation for COVID-19, or someone suffering from a respiratory illness;
 2. Whether the visitor has been diagnosed with COVID-19 and has not yet met criteria for the discontinuation of isolation per guidance issued by NJDOH and CDC; and
 3. Whether in the last 14 days, the visitor has returned from a state on the designated list of states under the 14-day quarantine travel advisory; and
 - Observation of any signs or symptoms of COVID-19, including, but not limited to:
 - Coughing;
 - Sneezing;
 - Congestion; or
 - Runny nose
 - Upon screening, Licensed Residential Providers must prohibit visitation for those who meet one or more of the following criteria:
 - Exhibit signs or symptoms of an infectious communicable disease, including COVID-19, such as a subjective and/or objective fever (evidenced by a temperature check of the visitor equal to or greater than 100.4 F or as further restricted by facility), chills, cough, shortness of breath or difficulty breathing, sore throat, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea;
 - In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or someone under investigation for COVID-19, or someone ill with respiratory illness;
 - In the last 14 days, has returned from a designated state under the 14-day quarantine travel advisory; or
 - Has been diagnosed with COVID-19 and has not yet met criteria for the discontinuation of isolation per guidance issued by NJDOH and CDC.

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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 the 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.

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:

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- ✓ 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 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:

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- ✓ 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/packaging 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.

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:

Coronavirus Response Plan

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> 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.

Coronavirus Response Plan

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?
 - ⇒ 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.

Coronavirus Response Plan

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?
- ⇒ 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.

Coronavirus Response Plan

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.

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.

Coronavirus Response Plan

- ✓ 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 noticeBased 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 programming 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
- 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.

Coronavirus Response Plan

- 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
- 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.

Coronavirus Response Plan

- 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 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:

Coronavirus Response Plan

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: September 25, 2020

Revision date: October 29, 2020

Revision date: March 25, 2021

Revision date: April 30, 2021

Revision date: August 5, 2021