



COVID-19 Guidance For New Jersey Community Providers of Services for Individuals with Intellectual and Developmental Disabilities

Date: March 24, 2022

Topic: Residential and Day Program Screening Policy

Policy

Residents of provider-managed residential settings are able to engage in indoor, outdoor and off-site visits. Residential providers are required to allow visitation of any type and cannot independently stop visitation unless directed by a Federal, Local, or State Health Authority. This policy supersedes and replaces the previous stand-alone documents entitled *Guidance for Residential Providers on Visits with Family and Friends* and *Congregate Day Program COVID-19 Operating Requirements*.

Regardless of vaccination status, all staff, contracted professionals, visitors, and day program participants must be screened, including temperature checks, before entering a congregate day program. This includes scheduled staff coming onto each shift. A record of all screenings shall be maintained. Individuals who reside in congregate residential settings can be screened after entering their home. In all instances, screening is to occur in an accessible designated area that accommodates social distancing and infection control standards.

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

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

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

Providers are reminded that licensed community residences for individuals with intellectual and developmental disabilities (IDD), certified day programs for individuals with IDD and support coordinators are required to comply with [Executive Order No. 283](#) and [Executive Order No. 290](#).

Day and Residential providers shall immediately notify their local health department of any confirmed or suspected cases of COVID-19 and follow their directives. They 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](#).

Masking and Social Distancing

Day and/or residential providers render services in a variety of settings. Some of those settings may specialize in serving populations with specific needs (i.e., medical, behavioral, physical care needs, etc.). The Center for Disease Control and Prevention (CDC) has updated its [Use and Care of Masks](#) guidance. This includes direction on when masking is to occur. This new CDC guidance has been adopted by the Division and is described in this document. Day and/or residential providers may elect to follow this guidance or require a more restrictive policy based on the population being served in a specific location. No policy shall be less restrictive than the parameters outlined in this document. In all cases where masking is required, it should not create a risk to workplace health,

safety or job duty as assessed by the employer.

If a day or residential provider elects to follow this guidance or a more restrictive one, there must always be: a voluntary masking option in circumstances where masking may not be required; daily screening; a requirement that all staff and persons served continue to be advised to stay [up-to-date](#)¹ with their COVID-19 vaccines in accordance with CDC guidelines (e.g., primary series and booster when eligible); and be tested if they display symptoms. All staff who are not up-to-date with their COVID-19 vaccinations shall be required to mask while indoors, including those who have been granted an exemption from workplace COVID-19 vaccination mandates.

Prior to adopting the policies below, providers should conduct an analysis of the population served in a specific location and determine that the new protocols outlined in this document do not pose an undue risk of severe illness from COVID-19 due to the underlying health conditions of the persons served at the location.

Providers should regularly monitor the CDC [COVID-19 Community Levels](#) for the county in which the program is located and follow the below guidance. COVID-19 Community Levels are determined by assessing hospital beds in use, hospital admissions, and the total number of new COVID-19 cases in an area. Please note that this is a separate metric from the NJ Department of Health's [COVID-19 Activity Level Index](#) (CALI).

- Providers located in counties with a low (green) COVID-19 Community Level should:
 - Ensure that staff, visitors, and persons served wear a mask and socially distance based on their personal preference, informed by their personal level of risk; and
 - Require that all staff who are **not** up-to-date with their COVID-19 vaccinations wear a mask while indoors, as well as visitors not up-to-date or elect not to share their COVID-19 vaccination status.
- Providers located in counties with a moderate (yellow) COVID-19 Community Level should:
 - Ensure that staff, visitors, and persons served who are immunocompromised or at [high risk for severe illness](#) due to COVID-19 are encouraged to speak with their healthcare provider about taking additional precautions, such as wearing surgical masks or respirators (i.e., N95) indoors and social distancing; and
 - Require that all staff who are **not** up-to-date with their COVID-19 vaccinations wear a mask while indoors, as well as visitors not up-to-date or elect not to share their COVID-19 vaccination status.
- Providers located in counties with a high (orange) COVID-19 Community Level should:
 - Ensure that all staff and visitors wear a well-fitting mask indoors and socially distance from persons served as appropriate based upon the participant/residents' care needs;
 - Require that all persons served, regardless of vaccination status and based on their ability, wear a well-fitting mask indoors and socially distance from others. Masking and social distancing in the person's residence would be based on their personal preference and guidance from their healthcare professional; and
 - Ensure that staff, visitors, and persons served who are immunocompromised or at [high risk for severe illness](#) wear a mask that provides them with the greatest protection, as recommended by their healthcare professional. Please note that masking for persons served would be based on their ability.

Persons served and their guardian(s), as applicable, should be advised to speak with their healthcare professional to determine recommendations on social distancing and what type of mask will offer the person the greatest level of protection in times of Low, Medium and High COVID-19 Community Levels. The provider should notify all persons served of any changes to their masking policy/social distancing policy at least five business days before

¹ Up-to-date with recommended vaccines means having received both primary doses in a two-dose series or a single-dose vaccine and booster shots recommended for the individual. See <https://nj.gov/infobank/eo/056murphy/pdf/EO-290.pdf> and <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html> for more information.

the change in policy goes into effect.

Procedure for Entering a Residence or Day Program – Staff and Support Coordinators

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

- Perform hand hygiene upon entering the residence or day program.
- Follow standard precautions and provider guidance related to preventing COVID-19 spread, including [basic infection prevention and control measures](#).

Due to the evolving nature of isolation and quarantine protocols around COVID-19, providers are directed to follow New Jersey Department of Health [Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel](#) and, as appropriate, [NJDOH Healthcare Personnel Exposure to a Confirmed COVID-19 Case CONVENTIONAL Risk Algorithm](#) in relation to the return of staff to work.

Procedure for Entering a Day Program – Participants

Regardless of vaccination status, program participants shall be screened for COVID-19 before boarding an agency vehicle that will transport them to the day program. Screening should include taking and recording their temperature. Individuals exhibiting symptoms and/or fever shall not be permitted on the transport vehicle. Inform their caretaker regarding symptoms and direct them to see a healthcare professional. Program participants transported by an agency vehicle and screened before boarding do not need to be screened again prior to entry to the day program. Program participants transported by an entity other than the day program provider shall be screened prior to entry to the day program.

To reduce the risk of COVID-19 transmission during transportation, providers should require staff to wear a well-fitted mask while on the vehicle and increase ventilation through the opening of windows and use of vehicle HVAC systems to circulate fresh air, if safely permitted. All participants who are able must wear a well-fitted mask while on the vehicle.

Regardless of their vaccination status, if a participant tests positive, or is symptomatic for COVID-19 and either was not tested or is awaiting test results, they cannot return to program until:

- For participants who are unable to consistently wear a well-fitting mask while at program:
 - 10-days have passed (day 0 is the first day of symptoms or the day of the positive viral test for asymptomatic persons);
- For participants who are able to consistently wear a well-fitting mask while at program:
 - 5-days have passed (day 0 is the first day of symptoms or the day of the positive viral test for asymptomatic persons) followed by an additional 5-days of consistently wearing a well-fitting mask while at day program;
- 24-hours have passed since resolution of fever without the use of fever-reducing medication, as applicable; and
- Symptoms have improved, as applicable. This can be as long as 20 days for participants with severe or critical illness².

Should a symptomatic participant's test result come back negative they should return to program when they pass screening. Symptomatic participants who test negative may return to the program based on criteria for alternate diagnosis following resolution of fever for 24-hours without use of fever reducing medication, when applicable.

² https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html?s_cid=10496:cdc%20covid%20guidelines:sem.ga:p:RG:GM:gen:PTN:FY21

Asymptomatic participants who are up-to-date with recommended vaccine doses (including booster dose), **or** have recovered from confirmed COVID-19 within the past 90 days, and who have had a close contact³ with someone positive for COVID-19 should not be restricted from work/program following their exposure. Participants who are able must wear a well-fitting mask as tolerated/medically advisable around others for 10 days from the date of their last close contact with someone with COVID-19. Day 0 starts the day they had close contact with someone positive for COVID-19, and day 1 is the first full day following the last close contact. They should get tested at least 5 days after they last had close contact with someone with COVID-19, and follow isolation recommendations if they test positive.

If an asymptomatic participant has had a close contact with someone positive for COVID-19 and is not up-to-date with recommended vaccine doses (including a booster dose, when eligible) they are not to return to the program for at least 10-days. Day 0 starts the day they had close contact with someone positive for COVID-19, and day 1 is the first full day following the last close contact.

Procedure for Entering a Residence/Returning from an Off-Site Visit with Family/Friends – Residents

Regardless of vaccination status, residential providers are required to screen all residents and monitor them for sudden or emerging symptoms/signs of illness. This includes taking and recording their temperature. If they are showing symptoms and/or fever, they should be 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 appear to be immediately life-threatening, 911 shall be called.

Regardless of vaccination status, upon a resident's return from an off-site visit they will be screened for signs and symptoms of COVID-19, including determination if they experienced a close contact with someone positive for COVID-19. Regardless of vaccination status, symptomatic residents and those who report a close contact shall be tested for COVID-19 and the advice of a medical professional be followed based on test results, including direction on isolation/quarantine.

Regardless of their vaccination status, if a resident tests positive, or is symptomatic for COVID-19 and either was not tested or is awaiting test results, they must isolate as follows:

- For residents who are **unable** to consistently wear a well-fitting mask:
 - 10-days have passed (day 0 is the first day of symptoms or the day of the positive viral test for asymptomatic persons);
- For residents who are **able** to consistently wear a well-fitting mask:
 - 5-days have passed (day 0 is the first day of symptoms or the day of the positive viral test for asymptomatic persons) followed by an additional 5-days of consistently wearing a well-fitting mask;
- 24-hours have passed since resolution of fever without the use of fever-reducing medication, as applicable; and
- Symptoms have improved, as applicable. This can be as long as 20 days for participants with severe or critical illness⁴.

Asymptomatic residents who are up-to-date with recommended vaccine doses (including booster dose, when eligible), **or** have recovered from confirmed COVID-19 in the past 90 days, and who have had a close contact with someone positive for COVID-19 are not required to quarantine following this exposure. Residents who are able

³ Close contact is defined as ≥ 15 cumulative minutes within 24-hours of someone who has recently tested positive for COVID-19

⁴ https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html?s_cid=10496:cdc%20covid%20guidelines:sem.ga:p:RG:GM:gen:PTN:FY21

should wear a well-fitting mask as tolerated/medically advisable around others for 10 days from the date of their last close contact with someone with COVID-19. Day 0 starts the day they had close contact with someone positive for COVID-19, and day 1 is the first full day following the last close contact. They should get tested at least 5 days after they last had close contact with someone with COVID-19, and follow isolation recommendations if they test positive.

If an asymptomatic resident has had a close contact with someone positive for COVID-19 and is not up-to-date with recommended vaccine doses, including a booster dose when eligible, they should quarantine for at least 10 days. Day 0 starts the day they had close contact with someone positive for COVID-19, and day 1 is the first full day following the last close contact. They should wear a [well-fitting mask](#) (as tolerated/medically advisable) for 10 days (i.e., days 0 through 10) after the last close contact.

Procedure for Entering a Residence or Day Program – Visitors

Regardless of vaccination status all visitors must be screened, including temperature check, before entering a provider-managed residence or day program. Indoor visitation must be permitted for those visitors who pass screening. Visitors must wear a well-fitted mask as per the policy of the provider and physically distance from other staff/residents/participants/visitors with whom they are not visiting. Support Coordinators shall follow the parameters in [Support Coordinator Field Visits](#).

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

Those who clear screening and enter a home are advised to monitor for signs and symptoms of COVID-19 for at least 10-days after their visit. If symptoms occur, they should self-isolate at home, contact their healthcare provider, and immediately notify the home of the date they visited, the individuals with whom they were in contact, and the locations within the home they visited. The home will immediately screen the individuals of a reported contact, and implement necessary actions based on findings.

Visitation is not recommended if the individual being visited and/or another resident/participant of the program is/are:

1. Positive for COVID-19 within the last 10 days;
2. Symptomatic of COVID-19 infection within the last 10 days;
3. Not up-to-date with recommended doses of the COVID-19 vaccine and have been identified as a close contact to a known COVID-19 case within the last 10 days.

In the above circumstances, if the individual, their guardian (as applicable) and visitor(s) are aware of the risks associated with visitation (on-site or otherwise) as described at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/hcf-visitors.html> visitation is still permissible⁵. In these cases, visits should occur in the resident's room or other area away from others and the resident/participant should wear a well-fitting mask if tolerated/medically advisable. Providers shall advise visitors whether they are aware of any staff/residents/participants who have tested positive, are symptomatic or are not up-to-date with their COVID-19 vaccinations, including a booster shot, and been exposed to COVID-19 in the past 10 days to help inform their decision to visit. Please note that providers must maintain compliance with HIPAA and other applicable federal and state laws when engaging in the sharing of this information.

⁵ <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

Screening Questions

1. Signs and symptoms consistent with COVID-19 (Regardless of vaccination status)

- a. Have you had a temperature over 100.4° within the past 48 hours?
 - **Current temperature must be verified and recorded as directed.**
 - **Thermometer must be completely sanitized between uses.**
- b. Have you had any of the following symptoms in the past 48 hours: 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 (see [CDC Symptoms of Coronavirus](#)).

2. Close contact with someone who has COVID-19 (Not applicable to staff who are up-to-date⁶ with their COVID-19 vaccinations (including booster), or have recovered from SARS-CoV-2 infection in the prior 90 days unless immunocompromised)

- a. Have you had close contact with someone* who has tested positive for COVID-19 in the past 10 days?

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

Close contact for healthcare exposures is defined as follows: 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 individual has isolated for at least 5 days, and/or (b) had direct contact with the infectious secretions of a person with laboratory-confirmed COVID-19.

Examples:

- Caring for or visiting the person; having unprotected direct contact with infectious secretions or excretions of the individual (for example, being coughed on or handling a dirty tissue).

CDC Contact/Exposure Resources:

- [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](#)
- [Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel](#)
- [NJDOH Healthcare Personnel Exposure to a Confirmed COVID-19 Case CONVENTIONAL Risk Algorithm](#)

3. Travel outside of New Jersey (<https://covid19.nj.gov/fags/nj-information/travel-and-transportation/are-there-travel-restrictions-to-or-from-new-jersey>) – NOT APPLICABLE TO PERSONS who are up-to-date with their COVID-19 vaccinations (including booster)

- a. Do all of the following apply?
 - You are not up-to-date with COVID-19 vaccination (including booster); and
 - You have traveled within the last 14 days to a U.S. state other than Delaware, New York or Pennsylvania for more than 24 hours; and
 - You did not follow CDC guidance upon return defined as self-quarantining for at least 5 days after travel **and** having had a negative test for COVID-19 three to five days upon return to NJ.

⁶ Up-to-date with recommended vaccines means having received both primary doses in a two-dose series or a single dose vaccine and booster shots recommended for the individual. See <https://nj.gov/infobank/eo/056murphy/pdf/EO-290.pdf> and <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html> for more information.