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EXECUTIVE DIRECTIVE NO. 21-011 *(Revised)*

Protocols for COVID-19 Testing and Vaccination Reporting for Covered Settings Pursuant to Executive Order Nos. 252, 253, 264, 283, and 290

WHEREAS, on March 9, 2020, Governor Murphy issued Executive Order No. 103, declaring the existence of a Public Health Emergency, pursuant to the Emergency Health Powers Act, N.J.S.A 26:13-1 et seq., and a State of Emergency, pursuant to the Disaster Control Act, N.J.S.A. App. A:9-33 et seq., throughout the State due to the public health hazard created by Coronavirus disease 2019 (COVID-19); and

WHEREAS, the Public Health Emergency was extended multiple times by Governor Murphy pursuant to various Executive Orders; and

WHEREAS, to date, the U.S. Food and Drug Administration (FDA) has issued Emergency Use Authorizations for three COVID-19 vaccines and full approval for two of these COVID-19 vaccines. The FDA has also authorized booster doses for the Pfizer-BioNTech adult/adolescent COVID-19 vaccine, the Moderna COVID-19 vaccine, and the Johnson & Johnson (Janssen) COVID-19 vaccine; and

WHEREAS, to ensure that all individuals who live, work, and/or are educated in New Jersey have equitable access to the COVID-19 vaccine, the Department of Health (DOH) issued Executive Directive No. 20-035, which implemented the State's COVID-19 Vaccination Plan; and

WHEREAS, on June 4, 2021 Governor Murphy signed P.L.2021, c.103 and issued Executive Order No. 244, which among other things, terminated the Public Health Emergency, declared in Executive Order No. 103, but continued the State of Emergency; and

WHEREAS, P.L.2021, c.103 continued certain orders and directives, and authorized the Commissioner of Health to issue orders, directives, and waivers related to: (1) vaccination distribution, administration, and management; (2) COVID-19 testing; (3) health resources and personnel allocation; (4) data collection, retention, sharing, and access; (5) coordination of local health departments; and (6) implementation of any applicable

recommendations of the Centers for Disease Control and Prevention (CDC) to prevent or limit the transmission of COVID-19, including in specific settings; and

WHEREAS, despite the State's extensive progress in combatting COVID-19, COVID-19 remains a threat to New Jersey; and

WHEREAS, highly transmissible COVID-19 Variants of Concern are circulating in New Jersey, including the B.1.617.2 (Delta) variant and most recently the B.1.1.529 (Omicron) variant as reported by the CDC and DOH's Communicable Disease Service. Additional highly transmissible and/or highly virulent variants may be identified in State in the future; and

WHEREAS, the CDC has emphasized that vaccination is a critical means to prevent spread of COVID-19 and to avoid infection of those individuals who cannot be vaccinated because their age or medical conditions preclude them from receiving one; and

WHEREAS, on July 6, 2021, the U.S. Department of Justice's Office of Legal Counsel issued an opinion concluding that Section 564 of the Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb-3 does not prohibit public or private entities from imposing vaccination requirements, even when vaccinations are only available pursuant to emergency use authorization; and

WHEREAS, requiring workers in certain settings to receive a COVID-19 vaccine or undergo regular testing can help prevent outbreaks and reduce transmission to vulnerable individuals who may be at a higher risk of severe disease; and

WHEREAS, on August 2, 2021, Governor Murphy announced that all workers in certain state and private health care facilities as well as high-risk congregate settings will be required to be fully vaccinated against COVID-19 or be subject to COVID-19 testing at minimum one to two times per week; and

WHEREAS, on August 6, 2021, Governor Murphy issued Executive Order No. 252, setting forth mandatory requirements related to vaccination and testing for certain covered facilities and settings, which shall remain in full force and effect pursuant to Executive Order Nos. 281 and 292 (2022); and

WHEREAS, under Executive Order No. 252, covered health care and high-risk congregate settings were to maintain a policy requiring covered workers to either provide adequate proof that they have been fully vaccinated or submit to COVID-19 testing at minimum one to two times weekly. This requirement took effect on September 7, 2021, at which time any covered workers who had not provided adequate proof that they are fully vaccinated were to be prepared to submit to ongoing testing until fully vaccinated; and

WHEREAS, on August 23, 2021, Governor Murphy announced that all workers in preschool to grade 12 schools are required to be fully vaccinated against COVID-19 or be subject to COVID-19 testing at minimum one to two times per week; and

WHEREAS, on August 23, 2021, Governor Murphy issued Executive Order No. 253, setting forth mandatory requirements related to vaccination and testing for certain school settings, which shall remain in full force and effect pursuant to Executive Order No. 281 (2020); and

WHEREAS, pursuant to Executive Order No. 253, all public, private, and parochial preschool programs, and elementary and secondary schools, including charter and renaissance schools must maintain a policy that requires covered workers to either provide adequate proof that they have been fully vaccinated or submit to COVID-19 testing at minimum one to two times weekly. This requirement took effect on October 18, 2021, at which time any covered workers that have not provided adequate proof that they are fully vaccinated must submit to ongoing testing until fully vaccinated; and

WHEREAS, on September 20, 2021, Governor Murphy announced that all workers in child care centers and other child care facilities are required to be fully vaccinated against COVID-19 or be subject to COVID-19 testing at minimum one to two times per week; and

WHEREAS, on September 20, 2021, Governor Murphy issued Executive Order No. 264, setting forth mandatory requirements related to vaccination and testing for certain child care settings, which shall remain in full force and effect pursuant to Executive Order No. 281 and 292 (2022); and

WHEREAS, pursuant to Executive Order No. 264, covered workers in covered child care centers and other child care facilities are required to be fully vaccinated or submit to COVID-19 testing at minimum one to two times weekly. This requirement took effect on November 1, 2021, at which time any covered workers who have not provided adequate proof that they are fully vaccinated must submit to ongoing testing until fully vaccinated; and

WHEREAS, peer-reviewed studies, including a CDC Morbidity and Mortality Weekly Report issued in December 2021 (available here: https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7049a2-H.pdf), detail the importance of booster doses to help maintain long-term protection against severe COVID-19; and

WHEREAS, on January 5, 2022, the CDC recommended that people remain up to date with their COVID-19 vaccines. Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible; and

WHEREAS, waning immunity among health care workers increases their susceptibility to the virus and can place further strain on the state's health care workforce, threatening the State's ability to provide critical care to individuals; and

WHEREAS, requiring workers in high-risk congregate and health care settings to be up to date with their vaccination can help prevent outbreaks and reduce transmission to vulnerable individuals who may be at a higher risk of severe disease; and

WHEREAS, as of January 7, 2022, booster doses are authorized and recommended for everyone ages 12 and older; and

WHEREAS, on January 11, 2022, Governor Murphy issued Executive Order No. 280, declaring the existence of a new Public Health Emergency, pursuant to the Emergency Health Powers Act, N.J.S.A. 26:13-1 et seq., in the State of New Jersey due to the surge of cases and hospitalizations tied to the new variants of COVID-19; and

WHEREAS, on January 15, 2022, the statewide COVID-19 Activity Level Index (CALI) demonstrated VERY HIGH or HIGH current COVID-19 activity in every region of the state: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-19_Report_Week_2022_2.pdf; and

WHEREAS, on January 19, 2022, Governor Murphy issued Executive Order No. 283, setting forth mandatory requirements related to booster vaccination for covered health care facility settings that are also subject to the Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule (CMS-3415-IF C) ("CMS rule") as well as mandatory requirements related to booster vaccination for other health care facility settings not subject to the CMS rule and high-risk congregate settings; and

WHEREAS, on March 2, 2022, Governor Murphy issued Executive Order No. 290 (2022) amending the timeframes set forth in Executive Order No. 283; and

WHEREAS, pursuant to Executive Order No. 290 (2022), covered health care settings that are also subject to the CMS rule must maintain a policy that requires covered workers to have received their primary COVID-19 vaccination series in accordance with the CMS rule, and be otherwise up to date on COVID-19 vaccinations, including a booster, by April 11, 2022 or within three weeks of becoming eligible for a booster dose; and

WHEREAS, pursuant to Executive Order No. 290 (2022), health care settings not subject to the CMS rule and high-risk congregate settings must maintain a policy that requires covered workers have received their first dose of their primary COVID-19 vaccination series by February 16, 2022, and are otherwise up to date on COVID-19 vaccinations by May 11, 2022 or within three weeks of becoming eligible for a booster dose; and

WHEREAS, on March 4, 2022, Governor Murphy issued Executive Order No. 292 lifting the COVID-19 Public Health Emergency but maintaining the requirements in Executive Order Nos. 252, 253, 264, 283, and 290 under the State of Emergency declared pursuant to the Disaster Control Act; and

WHEREAS, Executive Order Nos. 252, 253, 264, 283, and 290 authorized the Commissioner of Health to issue a directive supplementing the requirements outlined in

the Orders, including, but not limited to, any requirements for reporting vaccination and testing data to the Department of Health (DOH); and

NOW, THEREFORE, I, JUDITH PERSICHILLI, Commissioner of the Department of Health, hereby order and directs the following:

Section 1: Definitions

1. Consistent with Executive Order Nos. 252, 253, 264, 283, and 290, the following definitions apply for the purposes of this Directive:

    a. "Covered settings" include the following:

        i. Health care settings, which shall include acute, pediatric, inpatient rehabilitation, and psychiatric hospitals, including specialty hospitals, and ambulatory surgical centers; long-term care facilities; intermediate care facilities; residential detox, short-term, long-term residential substance abuse disorder treatment facilities, and children's residential treatment centers; clinic-based settings like ambulatory care, urgent care clinics, dialysis centers, Federally Qualified Health Centers, family planning sites, and Opioid Treatment Programs; community-based healthcare settings including Program of All-inclusive Care for the Elderly, pediatric and adult medical day care programs, and licensed home health agencies and registered health care service firms operating within the State.

        ii. High-risk congregate settings, which shall include State and county correctional facilities; secure care facilities operated by the Juvenile Justice Commission; licensed community residences for individuals with intellectual and developmental disabilities ("IDD") and traumatic brain injury ("TBI"); licensed community residences for adults with mental illness; group homes and psychiatric community homes licensed by the Department of Children and Families; and certified day programs for individuals with IDD and TBI.

        iii. School settings, which shall include public, private, and parochial preschool programs, and elementary and secondary schools, including charter and renaissance schools.

        iv. Child care centers, which shall include any facility defined as a child care center pursuant to N.J.S.A. 30:5B-3, including, but not limited to, day care centers, drop-in centers, nighttime centers, recreation centers sponsored and operated by a county or municipal

government recreation or park department or agency, day nurseries, nursery and play schools, cooperative child centers, centers for children with special needs, centers serving sick children, infant-toddler programs, school age child care programs, and employer-supported centers.

v. Other child care facilities, which shall include any facility described in N.J.S.A. 30:5B-3(b)(2), (3), (7), (8), and (11), including, but not limited to, a program operated by a private school which is run solely for educational purposes, centers or special classes operated primarily for religious instruction or for the temporary care of children while persons responsible for such children are attending religious services, programs operated by the board of education of the local public school district, programs such as that located in a bowling alley, health spa, or other facility in which each child attends for a limited time period while the parent is present using the facility, and privately operated infant and preschool programs that are approved by the NJ State Department of Education to provide services exclusively to local school districts for children with disabilities.

b. "Covered workers include the following:

i. For health care settings: employees, both full- and part-time, contractors, and other individuals working in covered settings, including individuals providing operational or custodial services or administrative or non-clinical support. This includes unpaid workers, such as routine volunteers or trainees, as well as consultant pharmacists. Covered workers do not include individuals who visit the covered setting only to provide one-time or limited-duration deliveries, repairs, services, or construction.

ii. For high-risk congregate settings: employees, both full- and part-time, contractors, and other individuals working in covered settings, including individuals providing operational or custodial services or administrative or non-clinical support. This includes unpaid workers, such as routine volunteers or trainees, as well as consultant pharmacists. Covered workers do not include individuals who visit the covered setting only to provide one-time or limited-duration deliveries, repairs, services, or construction.

iii. For school settings: all individuals employed by the covered setting, both full- and part-time, including, but not limited to, administrators, teachers, educational support professionals, individuals providing food, custodial, and administrative support services, substitute teachers, whether employed directly by a covered setting or otherwise contracted, bus drivers, whether employed directly by a covered setting or otherwise contracted, contractors, providers, and

any other individuals performing work in covered settings whose job duties require them to make regular visits to such covered settings, including volunteers. Covered workers do not include individuals who visit the covered setting only to provide one-time or limited-duration deliveries, repairs, services, or construction.

iv. For child care centers and other child care facilities: all individuals employed by the covered setting, both full- and part-time, including, but not limited to, administrators, teachers, individuals providing food, custodial, and administrative support services, contractors, providers, and any other individuals performing work in covered settings whose job duties require them to make regular visits to such covered settings, including volunteers. Covered workers do not include individuals who visit the covered setting only to provide one-time or limited-duration deliveries, repairs, services, or construction.

c. "Fully vaccinated" means two weeks or more after the covered worker received the second dose in a two-dose series (e.g. for the Pfizer-BioNTech and Moderna mRNA COVID-19 vaccines) or two weeks or more after the covered worker received a single-dose vaccine (e.g. for the Johnson & Johnson/Janssen COVID-19 vaccine). Individuals will only be considered fully vaccinated when they have received an FDA-approved or FDA-authorized COVID-19 vaccine or a COVID-19 vaccine listed for emergency use by the World Health Organization (WHO).

d. "Up to date with COVID-19 vaccinations" means the covered worker received a primary series and any booster doses for which the covered worker is eligible as recommended by the CDC (see: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html). Covered workers will only be considered up to date with their vaccinations if they received an FDA-approved or FDA-authorized COVID-19 vaccine or a COVID-19 vaccine listed for emergency use by the WHO.

2. For the purposes of COVID-19 vaccination reporting pursuant to this Directive for health care settings and high-risk congregate settings:

a. "Fully vaccinated, but not yet eligible for a booster dose" means the covered worker is not yet eligible for a booster dose because the CDC-recommended interval between a primary series and a booster dose has not yet elapsed (see CDC recommended timelines for FDA-authorized COVID-19 vaccines here: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html).

In determining when a covered worker becomes eligible to receive a booster dose, the covered worker should account for any additional primary doses recommended due to immunocompromise status (see CDC's COVID-19 Vaccines for Moderately or Severely Immunocompromised People:

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html).

b. "Medical exemption from COVID-19 vaccination" means the covered worker has requested and received an exemption, because the covered worker:

   i. Has a documented medical contraindication to COVID-19 vaccination based upon valid medical reasons as defined by the CDC in the 'Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States' available at: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Contraindications,

   ii. Has a documented disability that necessitates an accommodation as required by state and federal law and the covered worker is medically unable to receive any of the authorized COVID-19 vaccines, and/or

   iii. Is delaying vaccination for a limited duration due to documented current acute illness with a known current SARS-CoV-2 infection or other clinical reason, in accordance with the CDC's 'Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States': https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html.

c. "Religious exemption from COVID-19 vaccination" means the covered worker has requested and received an exemption in accordance with state and federal law due to the covered worker's sincerely held religious belief, practice, or observance that prevents the covered worker from receiving the COVID-19 vaccination.

3. For the purposes of COVID-19 testing reporting pursuant to this Directive:

   a. "Testing" means antigen or molecular tests that have EUA by the U.S. Food and Drug Administration ("FDA") or are operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.

      i. Self-tests (e.g. home administered-based tests) are acceptable, with the requirement that the covered worker makes the testing results (e.g. positive or negative) available to the covered setting. For those covered workers who are using self-tests without an integrated reporting mechanism, the covered setting may require that the covered worker perform the test onsite where results can be observed by human resources personnel or supervisor from the covered setting or may require covered workers provide an attestation (e.g., form provided by the covered setting) stating the

date/time test was taken and the result of the test to the covered setting.

ii. Antibody tests (also known as a serology test) indicate past infection and are not acceptable tests for the testing requirement.

b. "Recently recovered from COVID-19" means people who have tested positive for COVID-19 within the past 90 days and recovered. These individuals do not need to get tested following an exposure unless the person develops new symptoms.

Section 2: Vaccination and Testing Documentation

4. Covered settings shall make every effort to inform covered workers about how to get vaccinated against COVID-19.

5. Each covered setting shall maintain documentation related to covered worker COVID-19 vaccination that includes, at a minimum, the following:

   a. That covered workers who have not submitted proof that they are fully vaccinated (for all covered settings) and up to date on COVID-19 vaccinations (for health care and high-risk congregate settings) were provided education regarding the benefits and potential risks associated with COVID-19 vaccination;

   b. That covered workers who have not submitted proof that they are fully vaccinated (for all covered settings) and up to date on COVID-19 vaccinations (for health care and high-risk congregate settings) were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccination; and

   c. That covered workers who have not submitted proof that they are fully vaccinated (for all covered settings) and up to date on COVID-19 vaccinations (for health care and high-risk congregate settings) were offered COVID-19 testing or information on obtaining COVID-19 testing.

6. For school settings, child care centers, and other child care facility settings:

   a. Each covered worker who is not yet fully vaccinated, and who are not tested through their covered setting, shall provide proof of testing, including results, to their covered setting. This shall occur once or twice weekly until the covered worker is fully vaccinated. This should occur in accordance with the policies of the covered setting and may require authorization of result release.

b. Each covered setting shall have a policy regarding full COVID-19 vaccination of new covered workers (e.g. new employees or new volunteers).

7. For health care and high-risk congregate settings:

   a. Each covered worker who is not yet up to date on COVID-19 vaccination (including but not limited to those who have a documented COVID-19 vaccination exemption), and who are not tested through their covered setting, shall provide proof of testing, including results, to their covered setting. This shall occur once or twice weekly until the covered worker is up to date on COVID-19 vaccinations. This should occur in accordance with the policies of the covered setting and may require authorization of result release.

   b. Each covered setting shall have a policy regarding up to date COVID-19 vaccination of new covered workers (e.g. new employees or new volunteers).

   c. Exemptions to COVID-19 vaccination:

      i. Requests must be documented and evaluated in accordance with applicable federal and state law and as a part of a covered setting's policies and procedures.

      ii. The covered setting must apply Definitions from Section 2 of this Directive and document the approved duration of the exemption.

   d. Medical contraindications to COVID-19 vaccination are to be validated by requesting that the covered worker provide a written statement submitted from a physician licensed to practice medicine or osteopathy or an advanced practice nurse (certified registered nurse practitioner or clinical nurse specialist) in any jurisdiction of the United States indicating that an immunization is medically contraindicated for a specific period of time, and the reason(s) for the medical contraindication, based upon valid medical reasons as enumerated by the CDC as informed by the Advisory Committee on Immunization Practices (ACIP): https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Contraindications.

Section 3: Vaccination Reporting

8. A report of the immunization status of the covered workers in every covered setting shall be documented and maintained as the covered setting's 'COVID-19 Immunization Status Report' ('status report'). A covered setting's status report(s) shall be submitted to the DOH upon request.

9. Each covered setting (e.g. employer) shall maintain at least the following information within the weekly ‘status report’:

    a. Identifying information for the covered setting;

    b. Total population:

        i. Number of covered workers;

    c. Primary series vaccination participation:

        i. Number of covered workers who are fully vaccinated;

    d. Up to date vaccination participation:

        i. Number of covered workers who are fully vaccinated and have received a booster COVID-19 vaccination;

        ii. Number of covered workers who are fully vaccinated, but not yet eligible for a booster dose;

    e. Testing participation:

        i. Number of covered workers who are submitting to once weekly testing;

        ii. Number of covered workers who are submitting to twice weekly testing;

    f. Noncompliance:

        i. Number of covered workers who are not in compliance, meaning are not fully vaccinated (all covered settings), are not up to date on COVID-19 vaccinations (health care facility and high-risk congregant settings only), have not submitted once or twice weekly testing each week during the prior week, are not excluded from testing due to recent COVID-19 diagnosis, and may have refused vaccination and testing; and

        ii. Actions taken by the covered setting to address noncompliance, including whether the covered setting has created a plan of correction and the total number for actions taken, which may include verbal warnings; written warnings; temporary suspension/unpaid leaves; and terminations, and to promote COVID-19 vaccination to those not yet fully vaccinated.Note: Pursuant to Executive Order No. 290 (2022), the policies of health care facilities and high risk

congregate care settings must include a disciplinary process that takes the first step toward bringing a noncompliant covered worker into compliance within two weeks of the date set forth in the Executive Order.

10. The first report shall be compiled on a weekly basis by health care settings, high-risk congregate settings, and school settings starting October 26, 2021 and by child care centers and child care facilities starting November 2, 2021. Children's residential treatment centers, children's group homes, and children's psychiatric community homes licensed by the Department of Children and Families shall compile the status report on a weekly basis starting November 18, 2021. The information regarding "up to date participation" must be included starting April 11, 2022 for all covered settings.

11. In addition, starting April 11, 2022 for all health care and high-risk congregate settings, each such covered setting (e.g. employer) shall maintain the following information within the weekly 'status report':

    a. Exemptions from COVID-19 vaccination participation:

        i. Number of covered workers who have a documented medical exemption from COVID-19 vaccination;

        ii. Number of covered workers who have a documented religious exemption from COVID-19 vaccination.

12. This report shall be compiled by the Tuesday of each week after the covered setting reviews all appropriate COVID-19 vaccination and testing records for their covered workers and shall include the data for the preceding Tuesday through Monday.

13. Any and all records related to COVID-19 vaccination and COVID-19 testing collected pursuant to Executive Order Nos. 252, 253, 264, 283, and 290, and this Directive shall be made available to the DOH or applicable state licensing entities, upon request.

14. The DOH may update the frequency of submissions by covered settings at any time.

15. If a covered setting does not submit the status report as requested, the covered setting shall be considered delinquent. Delinquencies shall be referred to the Department of Health, Department of Human Services, Department of Law and Public Safety, Department of Corrections, Department of Education, or Department of Children and Families, as appropriate, based on the length of time delinquent, number of times delinquent, and efforts made toward compliance. The local health department may also be notified of the delinquency.

16. Documentation or other confirmation of vaccination provided by covered workers to the covered setting is medical information about the covered workers and must be kept confidential in accordance with applicable law and regulations.

Section 4: Testing Frequency

17. Covered settings may execute a contract or enter into an agreement with a laboratory or other vendor for prioritization of test results and to ensure testing capacity for repeat covered setting-wide testing. Covered settings may also refer their covered workers to off-site or self-testing with requirement that the covered worker makes testing results (e.g. positive or negative) available to the covered setting.

18. Covered settings should base their testing frequency on the extent of the virus in the community, and should, therefore, use the regional COVID-19 Activity Level Index (CALI) level reported in the COVID-19 CALI Weekly Report: https://www.nj.gov/health/cd/statistics/covid/, in the prior week as follows:

Regional CALI Level	**Minimum Testing Frequency**
Low (green)	Once a week
Moderate (yellow)	Once a week
High/Very High (orange/red)	Twice a week

19. Covered settings should monitor their regional CALI level every week and adjust the frequency of covered worker testing according to the table above.

    a. If the regional CALI level increases to a higher level of activity, the facility should begin requiring covered workers who are not fully vaccinated or not up to date, as applicable, to be tested at the frequency shown in the table above as soon as the criteria for the higher activity are met.

    b. If the regional CALI level decreases to a lower level of activity, the covered setting should continue requiring covered workers who are not fully vaccinated or not up to date, as applicable, to be tested at the higher frequency level until the county positivity rate has remained at the lower activity level for at least two weeks before reducing testing frequency.

20. If a covered worker sought testing off-site and is unable to receive the test result within 48 hours due to community testing supply shortages, limited access, or inability of laboratories to process tests within 48 hours, the covered worker must submit to the covered setting documentation that the worker submitted to the required testing.

21. Any covered worker (a) who is not yet fully vaccinated and (b) who has tested positive for COVID-19 in the prior 90 days is not recommended to submit to

COVID-19 testing if the person remains asymptomatic and has completed appropriate isolation, but is recommended to be vaccinated as soon as possible after acute illness and discontinued isolation. The same applies to any covered worker in a health care facility or high-risk congregate setting (a) who is not yet up to date on COVID-19 vaccinations and (b) who has tested positive for COVID-19 in the prior 90 days. See CDC guidance:

a. "Overview of Testing for SARS-CoV-2, the virus that causes COVID-19": https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html.

b. "Testing, Isolation, and Quarantine for Persons Who Have Recovered from Previous SARS-CoV-2 Infection": https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing,-Isolation,-and-Quarantine-for-Persons-Who-Have-Recovered-from-Previous-SARS-CoV-2-Infection.

Section 5: Testing Reporting

22. All testing result reporting required by this Directive is in addition to conventional reporting of testing results. Specifically, the aggregate reporting does not replace the requirement that testing administrators report individual COVID-19 test results (positive and negative) to public health authorities.

23. A report of the testing participation of the covered workers in every covered setting shall be made using the 'COVID-19 Immunization Status Report' (status report) explained in Section 2 above.

24. In addition, each school setting shall complete the Surveillance for Influenza and COVID-19 (SIC) Module in the Communicable Disease Reporting and Surveillance System (CDRSS), which is available at: https://cdrs.doh.state.nj.us/.

25. As part of the SIC Module, each school building in the school setting shall submit the information outlined in the "Surveillance for Influenza and COVID-19 (SIC) Module: User Guide for Schools" (available at: https://cdrs.doh.state.nj.us/) in a prescribed format through the designated portal.

26. This report shall be submitted after the school setting reviews all appropriate COVID-19 vaccination and testing records for their covered workers.

27. School settings shall be required to submit the SIC Module report on a weekly basis starting October 26, 2021 and by 5:00 p.m. on Wednesday of each week thereafter.

28. School settings not submitting the SIC Module on a weekly basis shall be considered delinquent. Delinquencies may be referred to the Department of Education or the Department of Law and Public Safety, or both, as appropriate, based on the length of time delinquent, number of times delinquent, and efforts

made toward compliance. The local health department may also be notified of the delinquency.

This Order shall take effect immediately. The provisions of this Directive shall remain in force and effect in accordance with Executive Order No. 292 (2022), until otherwise modified, supplemented, and/or rescinded.

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Judith M. Persichilli, R.N., B.S.N., M.A.
Commissioner

4/6/22

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Date