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EXECUTIVE DIRECTIVE NO. 21-011 (2nd Revised)

Protocols for COVID-19 Testing and Vaccination Reporting for Covered Settings and Reporting for School Settings Pursuant to Executive Order Nos. 252, 283, 290, 294 and 302

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 several effective COVID-19 vaccines, including full approval for the primary series of two of these COVID-19 vaccines. The FDA has also authorized booster doses for eligible populations and an additional primary dose for certain immunocompromised populations; 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, the virus remains a threat to New Jersey; and

WHEREAS, highly transmissible COVID-19 variants of concern are circulating in New Jersey, as reported by the CDC and the DOH's Communicable Disease Service. Additional highly transmissible and/or highly virulent variants may be identified in the State in the future; and

WHEREAS, the CDC has emphasized that vaccination is a critical means to prevent the 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 would 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 remains 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 are required 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 are required 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 were 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 were continued by Executive Order Nos. 281 and 292 (2022); 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 were required to maintain a policy that required 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 had not provided adequate proof that they were fully vaccinated were required to 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 were 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 were continued by Executive Order Nos. 281 and 292 (2022); and

WHEREAS, pursuant to Executive Order No. 264, covered workers in covered child care centers and other child care facilities were 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 had not provided adequate proof that they were fully vaccinated were required to 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>), detailed the importance of booster doses to help maintain long-term protection against severe COVID-19; 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 19, 2022, Governor Murphy issued Executive Order No. 283, setting forth mandatory requirements related to COVID-19 vaccinations, including booster doses, for covered health care settings that are 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 COVID-19 vaccinations, including booster doses, for other health care settings not subject to the CMS rule and other 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 subject to the CMS rule are required to maintain a policy requiring covered workers to receive their primary COVID-19 vaccination series in accordance with the CMS rule, and to be otherwise up to date with their COVID-19 vaccinations, including a booster dose, by April 11, 2022 or within three weeks of becoming eligible for a booster dose; and

WHEREAS, pursuant to Executive Order No. 290 (2022), covered health care settings not subject to the CMS rule and other high-risk congregate settings are required to maintain a policy requiring any unvaccinated covered workers to receive their first dose of their primary COVID-19 vaccination series by February 16, 2022, and require all other covered workers to be otherwise up to date with their COVID-19 vaccinations, including a booster dose, 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, on April 13, 2022, Governor Murphy issued Executive Order No. 294 (2022) clarifying certain vaccination requirements set forth in Executive Order Nos. 283 and 290 (2022); and

WHEREAS, pursuant to Executive Order No. 294 (2022) covered workers in health care settings that are subject to the CMS rule and covered workers in health care settings not subject to the CMS rule and in other

high-risk congregate settings are considered “up to date” with their COVID-19 vaccinations if they received their primary COVID-19 vaccination series and the *first* booster dose for which they are eligible as recommended by the CDC; and

WHEREAS, Executive Order No. 294 authorizes the Department of Health to issue a directive supplementing the requirements outlined in Executive Order No. 294; and

WHEREAS, throughout the course of the COVID-19 pandemic, the U.S. Food and Drug Administration (“FDA”) has and the Centers for Disease Control and Prevention’s (“CDC”) Advisory Committee on Immunization Practices (“ACIP”) continually evaluate data on the safety and effectiveness of the COVID-19 vaccines, including as administered to children of various age groups; and

WHEREAS, on August 11, 2022, the CDC issued updated “Guidance for Minimizing the Impact of COVID-19 on Individual Persons, Communities, and Health Care Systems” in which the CDC recognizes that high levels of vaccine and infection-induced immunity and the availability of effective treatments and prevention tools have substantially reduced the risk for medically significant COVID-19 illness, and associated hospitalization and death; and

WHEREAS, on August 11, 2022, the CDC also issued updated “Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning” in which the CDC recommends that school districts and child care settings utilize COVID-19 mitigation protocols on a flexible basis; and

WHEREAS, as reported in the updated guidance for school districts and child care settings, the CDC is no longer recommending routine screening testing in school districts and child care settings, except as may be deemed necessary for certain high-risk, close contact activities, or when the CDC Community Levels in the local region of the school district or child care setting reach high levels; and

WHEREAS, in light of the CDC’s updated guidance, and given the progress the State has made combating COVID-19, the Governor issued Executive Order No. 302 (2022) on August 15, 2022, which began to responsibly lift certain mitigation protocols in place, including the requirement that school districts and child care settings maintain a policy requiring their unvaccinated covered workers to submit to weekly or twice weekly COVID-19 testing, as the State continues the next phase of the COVID-19 response; and

WHEREAS, pursuant to Executive Order No. 302, continued surveillance of school-associated COVID-19 cases, clusters, and outbreaks is necessary for DOH to understand and track COVID-19 in the school setting, including monitoring the impact of vaccination, in order to inform public health decisions and actions, therefore it is critical that school settings continue to report into the DOH’s Surveillance for Influenza and COVID-19 (SIC) module; and

WHEREAS, the CDC continues to emphasize the importance of heightened mitigation protocols in certain covered settings, especially high-risk congregate care settings, because of the significant risk and history of spread and vulnerability of the populations served; and

WHEREAS, Executive Order No. 294 continues to require workers in covered health care and high-risk congregate care settings to be up to date with their COVID-19 vaccinations, including the first booster dose for which they are eligible, in order to help prevent outbreaks and reduce transmission to vulnerable individuals who may be at higher risk of severe disease; and

WHEREAS, Executive Order Nos. 252, 283, 290, 294 and 302 further authorize 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 DOH.

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

Section 1: Definitions

1. Consistent with Executive Order Nos. 252, 283, 290, 294, and 302, 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.

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.

- c. “Fully vaccinated” means two weeks or more after the covered worker received the second dose in a two-dose primary vaccination series or two weeks or more after the covered worker received a single-dose primary series 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. “School settings” means any public, private, and parochial preschool programs, and elementary and secondary schools, including charter and renaissance schools.
- e. “School setting workers” means all individuals employed by the school 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 school setting or otherwise contracted, bus drivers, whether employed directly by a school setting or otherwise contracted, contractors, providers, and any other individuals performing work in the school setting whose job duties require them to make regular visits to such school settings, including volunteers. Individuals who do not fall under a school setting include individuals who visit the school setting only to provide one-time or limited-duration deliveries, repairs, services, or construction.
- f. “Up to date with COVID-19 vaccinations” means that covered workers in health care and high-risk congregate settings received a primary series (either a 2-dose primary series of a COVID-19 vaccine or a single-dose primary series COVID-19 vaccine) and the *first* booster dose for which they are eligible as recommended by the CDC.¹

2. For the purposes of COVID-19 vaccination reporting pursuant to this Directive for covered 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:

¹ Note: As required under [Executive Order 294](#), “up to date” for the purposes of this Directive includes only a requirement for one booster dose at this time for specified covered settings. However, everyone ages 6 months and older is recommended to receive all primary series and booster doses for which they are eligible in accordance with the latest CDC guidance (see: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>).

<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 EUAs by the 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. Persons who recovered from COVID-19 within the last 30 days do not need to get tested following an exposure unless the person develops new symptoms. Persons who recovered from COVID-19 in the past 31-90 days should be tested when indicated using an antigen test only. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>

Section 2: Vaccination and Testing Documentation for Health Care and High-Risk Congregate Settings

4. Covered settings shall make every effort to inform covered workers about how to get vaccinated against COVID-19.
5. Covered settings shall maintain documentation related to their covered workers' COVID-19 vaccinations that includes, at a minimum, the following:

- a. That covered workers who have not submitted proof that they are up to date with their COVID-19 vaccinations 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 up to date with their COVID-19 vaccinations 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 up to date with their COVID-19 vaccinations were offered COVID-19 testing or information on obtaining COVID-19 testing.
6. Each covered worker who is not yet up to date with their COVID-19 vaccinations (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 with their COVID-19 vaccinations. This should occur in accordance with the policies of the covered setting and may require authorization of result release.
7. 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).
8. Exemptions to COVID-19 vaccination:
 - a. 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.
 - b. The covered setting must apply Definitions from Section 1 of this Directive and document the approved duration of the exemption.
9. 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>.
10. Exceptions to the vaccination requirements for covered workers in covered settings are as follows:
 - a. Staff who exclusively provide telehealth or telemedicine services outside of the covered setting and who do not have any direct contact with patients, patient families and caregivers, clients, residents and other staff who work inside of the covered setting; and
 - b. Staff who provide support services for the covered setting that are performed exclusively outside of the covered setting and who do not have any direct contact with patients, patient families and caregivers, clients, residents and other staff who work inside of the covered setting.

- c. Any additional exceptions to the vaccination requirements for covered healthcare setting facility type that may be set forth in CMS Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule and associated guidance, as amended and supplemented. <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfopolicy-and-memos-states-and/revised-guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care>

Section 3: Vaccination Reporting for Health Care and High-Risk Congregate Covered Settings

11. A report of the immunization status of the covered workers 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.
12. 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 up to date with their COVID-19 vaccinations, have not submitted once or twice weekly testing each week during the prior week, are not excluded from testing due to having recovered from COVID-19 in the past 30 days, 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.

13. 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.
14. 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.
15. Any and all records related to COVID-19 vaccination and COVID-19 testing collected pursuant to Executive Order Nos. 252, 283, 290, 294, and 302 and this Directive shall be made available to the DOH or applicable state licensing entities, upon request.
16. The DOH may update the frequency of submissions by covered settings at any time.
17. 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, or Department of Corrections, 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.
18. 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 for Health Care and High-Risk Congregate Settings

19. 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.
20. Covered settings should base their testing frequency on the extent of the virus in the community,

and should, therefore, use the CDC Community Transmission Levels reported on the CDC [COVID-19 Data Tracker](https://www.cdc.gov/covid-19/data-tracker) and included in the DOH's weekly COVID-19 Surveillance Report, <https://www.nj.gov/health/cd/statistics/covid/>, in the prior week as follows:

CDC Community Transmission Level	Minimum Testing Frequency
Low (blue)	Once a week
Moderate (yellow)	Once a week
Substantial (orange)	Twice a week
High (red)	Twice a week

21. Covered settings should monitor the Community Transmission Level every week and adjust the frequency of covered worker testing according to the table above.
 - a. If the Community Transmission Level increases to a higher level of activity, the covered setting should begin requiring covered workers who are not up to date with their COVID-19 vaccinations, 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 Community Transmission Level decreases to a lower level of activity, the covered setting should continue requiring covered workers who are not up to date with their COVID-19 vaccinations, as applicable, to be tested at the higher frequency level until the relevant activity level has remained at the lower activity level for at least two weeks before reducing testing frequency.
22. 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.
23. Any covered worker (a) who is not up to date and (b) who has tested positive for COVID-19 in the prior 30 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. 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. COVID-19 Testing: What you Need to Know <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>

Section 5: Testing Reporting in All Covered Settings

24. 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 molecular tests and positive antigen tests) to public health authorities.

25. 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.

Section 6: COVID-19 Reporting in School Settings

26. 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/> and by emailing CDS.COVRPT@doh.nj.gov for access.
27. 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/>; under System Announcements, entitled “K-12 SIC Module Enrollment and Training”) in a prescribed format through the designated portal.
28. This report shall be submitted after the school setting reviews all appropriate COVID-19 vaccination and reported case records for their school setting workers and students.
29. School settings shall be required to submit the SIC Module report on a weekly basis beginning Tuesday, September 13, 2022, by 12:00 p.m. on Wednesday of each week until the end of the school year.
30. School settings not submitting into 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 2nd Revised Executive Directive supersedes Revised Executive Directive 21-011 issued on April 6, 2022.

This Order shall take effect immediately. The provisions of this Directive shall remain in force and effect in accordance with Executive Order Nos. 252, 283, 290, 292, 294 and 302 (2022), until otherwise modified, supplemented, and/or rescinded or until the State of Emergency is no longer in effect, whichever is sooner.



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

September 2, 2022

Date