



COVID-19 Response Plan for New Jersey Developmental Centers

March 14, 2023

Introduction

The Department of Human Services' Division of Developmental Disabilities' (Division) first priority is the health and safety of the individuals it serves and the critical staff that support them, including at the five developmental centers (Centers) operated by the Division.

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This document outlines protocols that the Division's centers utilize related to COVID-19 prevention, detection, and mitigation. They are based on best practices recommended by various U.S. public health authorities including the Centers for Disease Control & Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), and the New Jersey Department of Health (NJDOH). The content of this document has evolved over time and is subject to further change as more is learned about the virus.

Actions taken at all centers to mitigate the risk of COVID-19 infection include, but are not limited to:

- The establishment of a COVID-19/Infection Control Committee at each center to both manage all aspects of the COVID-19 response;
- Re-education of all residents and staff on [hand hygiene](#) and [respiratory hygiene](#) with regular reinforcement;
- Re-education of all staff on [cleaning and disinfection](#) procedures, with regular reinforcement;
- Enhanced and more frequent cleaning and disinfection of highly trafficked areas and surfaces;
- Re-enforcement of [standard precautions](#) and physical distancing, to the extent practical based on person-centered needs;
- COVID-19 vaccination (primary series and booster) offered to all center residents and staff;
- Requiring all center staff to be up-to-date¹ with their COVID-19 vaccinations (including first booster) or be regularly tested if they have been granted a legally required exemption, in accordance with DOH ED 21-011 ;
- COVID-19 testing for symptomatic residents and residents/staff exposed to COVID-19 (outbreak testing);
- Compliance with emerging requirements from State and Federal Partners.

The centers have adapted protocols as needed throughout the pandemic due to new information learned about COVID-19, operational experience and the addition of new resources. Some examples of this are the updating of COVID-19 symptoms in center screening policies, evolution of resident cohorting based on emerging data, education of residents,

¹ Up-to-date with recommended vaccines means having received all primary doses and booster shots recommended for the individual. See <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html> for more information.

guardians and staff on COVID-19 vaccination (including boosters), offering vaccination/boosters to all residents and staff, requiring staff to be up-to-date with their COVID-19 vaccinations (including booster) or be regularly tested if they have been granted an exemption for a qualifying medical disability as defined by the Americans with Disabilities Act of 1990 or sincerely held religious belief pursuant to Title VII of the Civil Rights Act of 1964.

Each center resident is monitored at least daily for signs and symptoms of COVID-19. More frequent monitoring occurs in periods of high positivity. Any changes in health are immediately reviewed by healthcare professionals and appropriate actions and care provided. In addition, each center complies with daily COVID-19 reporting requirements to their local health departments.

The centers are prepared in the event of a staffing shortage whether it would be related to weather, COVID-19 or any other reason. Centers employ [CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) and, as appropriate, [CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages](#). New Jersey Department of Health [Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel](#) and [Quick Reference: Discontinuation of Transmission-based Precautions for Persons with COVID-19 in Healthcare Settings](#) are also utilized. The centers also have the ability to hire temporary staff as needed, re-deploy staff from non-resident areas to resident areas and share staffing resources with each other if needed.

The Division provides a monthly dashboard of COVID-19 cumulative positivity in our community and center settings. This can be found in the *Developmental Disabilities* section when visiting the following link <https://nj.gov/humanservices/coronavirus.html>.

Core Principles of COVID-19 Infection Prevention

CMS re-enforces that utilization of the below [core principles](#) reduce the risk of COVID-19 infection. These core principles continue to be implemented at each center. All persons engaging in activities at a center, including visitors, are required to adhere to them for the safety of center residents and staff. Visitors who are unable to adhere to these core principles are asked to refrain from visitation.

- Any persons who have a positive viral test for COVID-19 and/or recent unexplained symptoms of COVID-19 are not permitted entry into the center. Centers will continue to screen all persons entering the facility for COVID-19 signs and symptoms.
- All persons must practice hand hygiene (use of alcohol-based hand rub is preferred in most situations).
- All persons must wear source control and physically distance from others as described in this document.
- Center staff will continue to clean and disinfect high-touch surfaces in the center often, and designated visitation areas after each visit.
- All persons will appropriately utilize personal protective equipment (PPE).
- The Center will effectively cohort residents (e.g., have a separate area(s) dedicated to caring for those with confirmed or suspected COVID-19).
- Staff who are not up-to-date with their COVID-19 vaccinations (including booster) will continue to be regularly tested for COVID-19.
- Regardless of vaccination status, residents and/or staff who are exposed to or symptomatic of COVID-19 are tested and quarantined/isolated accordingly.

Visitation

Indoor and outdoor visitation are permitted for center residents and are to occur per the center's regular visitation policies. Outdoor visitation continues to be preferred, weather permitting, as it generally poses a lower risk of COVID-19 transmission due to increased space and airflow². Consent by a resident's guardian, as applicable, is required for any type of visitation. Visitor(s) engaging in on-grounds visits are required to undergo COVID-19 screening at the time of visitation and to comply with the core principles of COVID-19 Infection Prevention. The center may offer voluntary rapid COVID-19 testing of friends and family visiting center residents. While vaccination is highly encouraged, visitors are not required to

² <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

be vaccinated against COVID-19 to visit. Visits will occur in a designated location at the center and physical distancing will be enforced.

Visitation under the circumstances described below is not recommended. However, if the resident, resident's guardian (as applicable) and visitor(s) are aware of the risks associated with visitation under these circumstances, accommodations will be made. The center will provide information on these risks as described at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/hcf-visitors.html>.

- The resident, regardless of vaccination status, has confirmed COVID-19 infection and has not met the criteria to discontinue transmission-based precautions: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-QuickRef_Discont_TBP.pdf;
- The resident, regardless of vaccination status, has confirmed exposure (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) to someone with COVID-19 infection and has not met criteria for release from isolation: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-19_res_mngt_postacute_care.pdf

While at the center, visitors shall comply with the core principles of COVID-19 Infection Prevention. This includes, at a minimum, wearing source control provided by the center and physically distancing from others not in their group. Regardless of the [community transmission level](#), residents and their visitors may choose not to wear source control and may choose to have close contact (including touch) when alone. Residents and their visitors should be advised of the risks of physical contact prior to the visit.

Visits Outside of the Center

Regardless of vaccination status, residents can engage in visits outside of the center with family and friends for any duration, as well as engage in off-site visits with center staff. In all cases, residents and the family/friends or center staff taking them on an off-site visit will be directed by the center to follow the core principles of COVID-19 Infection Prevention.

Visits less than 24 hours

Upon a resident's return to the center they will be screened for signs and symptoms of COVID-19, regardless of their vaccination status. All symptomatic residents or those who report close contact with someone with COVID-19 while on their outing will be tested for SARS-CoV-2. Close contact is defined as being within six feet of someone with COVID-19 for 15 or more cumulative minutes in a 24-hour period. If the test is positive they will be moved to the Active Positive Resident (Isolation) Area. If the symptomatic resident's test is negative, they will be moved to the Resident Quarantine Area for observation. Asymptomatic residents, regardless of vaccination status, who report close contact and test negative may be returned to their Regular Living Area so long as they will consistently wear well-fitting source control, practice physical distancing, and monitor for symptoms for 10 days from last exposure. If they are unable to do so, are moderate to severely immunocompromised/reside in a unit with persons who are, or reside in a unit that is experiencing COVID-19 positivity they will be placed on Resident Quarantine Area.

Please note that residents may be placed in the Resident Quarantine Area if there is reasonable uncertainty about their adherence, or the adherence of those around them during their visit, to the core principles of COVID-19 infection prevention.

Visits more than 24 hours, Return from Hospitalization, or New Admissions

Upon a resident's return to the center they will be screened for signs and symptoms of and tested for SARS-CoV-2, regardless of their vaccination status. If the test is positive they will be moved to the Active Positive Resident (Isolation) Area. If a symptomatic resident's test is negative they will be moved to the Resident Quarantine Area for observation.

Residents who report close contact and test negative may be returned to their Regular Living Area so long as they will consistently wear well-fitting source control, practice physical distancing, and monitor for symptoms for 10 days from last exposure. If they are unable to do so, they will be placed on Resident Quarantine Area.

Please note that residents/new admissions may be placed in the Resident Quarantine Area if there is reasonable uncertainty about their adherence, or the adherence of those around them during their visit, to the Core Principles of COVID-19 Infection Prevention.

Screening and Admittance

To ensure that the potential of COVID-19 spread is minimized, each center has an active screening protocol in place.

Center Staff

Regardless of vaccination status, center staff are instructed not to come to work if they feel ill. All staff reporting to work are screened for COVID-19 before each shift. This consists of questions about fever, signs and symptoms of COVID-19, known contact with someone who recently tested positive for COVID-19 and temperature check. Staff who do not pass the screening are sent home. Staff are also instructed to inform their supervisor if they become ill while at work so that appropriate actions can be taken to immediately relieve them of duty.

Visitors

Regardless of vaccination status, visitors are instructed to report to a specified location at the center when they arrive for their visit to undergo screening. This consists of questions about fever, signs and symptoms, known contact with someone who recently tested positive for COVID-19 and temperature check. The center may offer voluntary rapid COVID-19 testing of friends and family visiting center residents. Visitors who do not pass the screening, test positive for COVID-19 and/or consistently do not follow the core principles of COVID-19 infection prevention are not permitted to visit. Visitors will be required to, at a minimum, wear well-fitted source control as described in this guidance which will be provided by the center.

Those entering a center are advised to monitor for signs and symptoms of COVID-19 for at least 14 days after their visit. If symptoms occur, they are advised to self-isolate at home, contact their healthcare provider, and immediately notify the center of the date they were in the facility, the individuals with whom they were in contact, and the locations within the center they visited. The center will immediately screen the individuals of a reported contact, and implement necessary actions based on findings.

Isolation, Cohorting, Universal Masking and Personal Protective Equipment (PPE)

Each center has a protocol in place for cohorting and isolating residents. All center staff are required to wear source control and other PPE while working. The type of source control and PPE utilized depends on the setting within the center. All staff are trained on proper donning and doffing of PPE with regular re-enforcement. All areas of the center are frequently cleaned to mitigate the risk of COVID-19 infection. Below is information related to how residents are cohorted and the PPE requirements for that area:

Regular Living Area

Residents who are not positive for COVID-19 and those who have met the criteria for discontinuation of transmission-based precautions for COVID-19 reside in their Regular Living Area. Center staff are required to wear, at minimum, a surgical mask (covering mouth and nose) at all times in this area and other relevant PPE based on the care being provided.

Active Positive Resident (Isolation) Area

Active Positive Resident Areas are for residents who test positive for COVID-19. At such time as a resident who tested positive for COVID-19 has had no symptoms for at least 10-days (or from the date of their first positive viral diagnostic test if asymptomatic), and at least 24 hours have passed since last fever without the use of fever-reducing medications, **and** symptoms (e.g., cough, shortness of breath) have improved, they will be moved back to their Regular Living Area. Those residents who had severe/critical illness or who are severely immunocompromised may need to isolate longer. Center staff are required to wear all relevant COVID-19 PPE (N95 respirator mask, gloves, gown, and eye protection) when care is being provided.

Resident Quarantine Area

The Resident Quarantine Area is an area used for residents who have been exposed to COVID-19 or are displaying symptoms, but have not tested positive. Residents who are determined to need quarantine remain in this area for at least 10-days from date of exposure/symptom onset, as medically advisable, tested for COVID-19 on prescribed intervals, and monitored for signs and symptoms. If a resident has not recovered from COVID-19 in the past 30 days they may return to their Regular Living Area earlier than 10-days if they test negative on day 1, 3 and 5 (Day 0 being the day of exposure) following exposure. If a resident tests positive at any time, the resident would move to an Active Positive Resident (Isolation) Area. Center staff are required to wear an N95 level respirator mask at all times in this area and other relevant PPE based on the care being provided.

Non-Resident Area

Non-Resident Areas are areas where residents are not present at any time, such as administrative office space and maintenance areas. At a minimum, surgical masks (covering mouth and nose) are required at all times when in the presence of others and in common spaces.

COVID-19 Vaccination

Residents

All center residents have been offered initial and booster doses of currently approved COVID-19 vaccines. Centers will continue to offer this vital resource on the frequency prescribed by the CDC and NJ DOH. At this time, residents are not required to be vaccinated or receive boosters.

Center Staff

All centers shall be in compliance with current guidance from the NJ DOH related to COVID-19 vaccination. CMS [QSO-23-02-ALL](#) and New Jersey [Executive Order No. 283](#) requires all center staff to be up-to-date with their COVID-19 vaccinations (including booster) or be regularly tested if they have been granted an exemption for a qualifying medical disability as defined by the Americans with Disabilities Act of 1990 or sincerely held religious belief pursuant to Title VII of the Civil Rights Act of 1964.

COVID-19 Testing

All symptomatic residents are tested for COVID-19. All staff not up-to-date with their COVID-19 vaccinations (including booster) are routinely tested for COVID-19. Exceptions exist for those who have recovered from COVID-19 in the past 30 days as described below:

- Testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test (i.e. rapid test) instead of a nucleic acid amplification test (i.e. PCR test) is recommended. This is because some people may remain nucleic acid amplification test positive but not be infectious during this period.

Residents

Per [CMS Guidance](#), residents who have had close contact (defined as 15 or more cumulative minutes within 24-hours with someone who has COVID-19) or are symptomatic of COVID-19 are tested. If a positive test result is received, additional testing occurs based on current health guidance.

In all circumstances, residents who test positive for COVID-19 are moved to an Active Positive Resident (Isolation) Area until such time as they meet the criteria for discontinuation of COVID-19 transmission-based precautions. At that time, they are moved back to their Regular Living Area.

Center Staff

In accordance with [DOH ED 21-011](#), center staff not up-to-date with their COVID-19 vaccinations (including first booster), as well as staff not up-to-date with their COVID-19 vaccinations (including booster) who tested positive and have

recovered more than 30-days ago, are regularly tested. Staff who test positive for COVID-19 are put off work immediately. They are not permitted to resume work until they have met the criteria for discontinuation of COVID-19 transmission-based precautions. If a positive test result is received, additional testing occurs for residents and staff who were exposed to the positive staff person.

Communication with Families/Guardians and Notification of COVID-19 Positivity

Centers are committed to communicating with families/guardians related to the well-being of their residents. Centers will reach out to families/guardians approximately every seven days to provide a general update on how the resident is doing, regardless of COVID-19 positivity. During this contact, the family/guardian will be notified of the number of active positive residents and staff at the center.

Whenever a resident tests positive for COVID-19, or comes in close contact with a resident or staff who tests positive, the center will reach out within 24 hours of the positive test result to inform the family/guardian. In addition to in-person visitation, each center will provide for interaction with the resident via telephone or other virtual methods.

For questions, complaints or to schedule a telephone call or other virtual interaction with a resident please contact the Social Services Department of the center in which the resident lives. Contact information for each center can be found in the [Introduction](#) section of this document.