



**Coronavirus Disease 2019 (COVID-19) Guidance  
For New Jersey Community Providers of Services for  
Individuals with Intellectual and Developmental Disabilities**

**Date: 09-17-2020**

**Topic: Screening in Residential and Congregate Day Program Settings**

Every Community Provider of Services for Individuals with Intellectual and Developmental Disabilities is responsible for daily operations and management of its COVID-19 response and must be prepared to manage daily operations during an emergency or other disruption to its normal routine.

The Division of Developmental Disabilities expects providers of services to adhere to the standards and best practices regarding visitors outlined herein as they respond to COVID-19.

**Providers Should:**

- ✓ Regularly monitor the situation on Center for Disease Control (CDC) COVID-19 webpage: [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)
- ✓ Subscribe to the CDC's COVID-19 newsletter: <https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx>
- ✓ Regularly monitor the situation on the NJ Department of Health webpage: <https://covid19.nj.gov/>

## Policy

**UPDATED 07-23-2020 – VISITATION UPDATE.** Residents of provider-managed settings are now able to engage in indoor or outdoor visits under the parameters described in [Guidance for Residential Providers on Visits with Family and Friends](#). Residential providers are required to allow visitation. Please note that indoor visitation will be provided when no residents or staff of the residence or day facility have tested positive for COVID-19 in the last 28 consecutive days or are currently displaying symptoms. Should new infection(s) occur, visitation will be suspended until 28 days have passed.

Family and friends should review the guidance and contact their residential provider for information.

**UPDATED 09-017-2020 All staff, contracted professionals, visitors, and day program participants must be screened before entering a provider-managed residence or congregate day program facility, including temperature checks. This includes scheduled staff coming onto each shift. A record of all screenings shall be maintained. This screening is also needed for participants engaging in visits within the residence or program facility, or outdoors. In all instances, screening is to occur in an accessible designated area that accommodates social distancing and infection control standards. Please see page 3 for screening policy for residents entering/returning to the residence.**

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

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

Delivery of food, medications and other critical supplies shall still occur outside of the residence or program facility. Personnel that are not entering the residence or program facility, such as those delivering items like food or laundry, do not have to be screened. The site manager should establish a designated area outside the residence or program facility where deliveries should take place. Staff should maintain the recommended distance from delivery personnel, disinfect any packaging before taking it into the residence or program facility and wash their hands after handling deliveries.

Staff planning travel to any [State listed under the mandatory 14-day quarantine](#) or an area that is not a U.S. state or territory shall notify supervisors of the areas and countries they will be traveling to at least one week before the departure date.

Staff that show signs or symptoms of a respiratory infection at work will be immediately separated from resident/program participant areas and screened for further action.

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 facility and/or participate in a Social Distancing Visit.

**Individuals not residing in the home who do not clear the screening may not enter the residence or program facility, with the exception of those who answer “YES” to the Question #2, close contact with COVID-19, 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.**

## **NEW 09-03-2020 Procedure for Entering a Day Program – Participants**

Program participants shall be screened before boarding an agency vehicle that will transport them to the day program. Program participants transported by an entity other than the day program provider shall be screened prior to entry to the program facility. If, after undergoing screening, the participant is permitted to enter, participant should:

- Wash their hands when entering the program facility.
- Wear a face covering. It is recognized that some participants may not tolerate wearing face coverings or it may not be medically advisable for them to wear one. However, participants for whom it is not medically contraindicated should be encouraged to wear a face covering that covers the nose and mouth within the facility, and should also be frequently reminded not to touch the face covering.
- Follow provider guidance related to preventing COVID-19 spread.

## **NEW 09-17-2020 Procedure for Entering a Residence – Residents**

Residential providers are required to screen all residents who are returning to a licensed residential facility from day program, employment, community outings, visits with families or others, medical settings, other appointments, or any outing outside of the residence. This includes taking and recording their temperature. If screening takes place inside the residence, it should be done before the resident interacts with other residents. If they are showing symptoms and/or fever, they should be immediately isolated away from other residents and a healthcare professional immediately consulted to determine if further isolation and/or COVID-19 testing is needed. If symptoms are felt to be immediately life threatening, 911 shall be called.

Additionally, residents should be regularly monitored for sudden or emerging symptoms/signs of illness.

## **Procedure for Entering a Residence or Day Program – Staff**

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

- Wash their hands when entering the residence or day program.
- Follow Universal Precautions and provider guidance related to preventing COVID-19 spread, including wearing PPE.

## **Procedure for Entering a Residence – Visitors**

If the residence has not had a new case of COVID-19 for a resident or staff in the last 28 consecutive days indoor visits are permitted. Visits are to be pre-scheduled and approved by the individual/guardian. Visitors are also required to sign a [Visitor Agreement](#). If, after undergoing screening, the visitor is permitted to enter, the residential staff should:

- Provide instruction, before the visitor enters the residence/meeting area designated by the provider, on hand hygiene, the location of handwashing sinks, limiting surfaces touched, and use of PPE, according to current residence policy while on premises;
- Ask the visitor to wash their hands when entering the residence;
- Require all visitors to wear a face covering and maintain a social distance of at least six feet apart from residents and staff of the home. Visitors should inquire with the residential provider ahead of the visit if they need to bring their own face covering or if one will be provided to them;
- Limit visitor's movements within the residence to the designated meeting area (e.g., reduce walking

the halls, avoid going to dining area, etc.);

- Advise the visitor to limit physical contact with anyone other than the resident while in the residence. For example, practice social distancing with no handshaking or hugging and remaining six feet apart;
- After a visit concludes, clean and disinfect all areas and surfaces following CDC guidelines that visitors were in contact with; and
- Advise visitors to monitor for signs and symptoms of COVID-19 for at least 14 days after their visit. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the home of the date they visited. The home should immediately screen the resident who had contact with the participant, and take all necessary actions based on any findings.

## Alternatives to Visits

In lieu of visits, the Department suggests that residential providers consider:

- Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
- Creating/increasing listserv communication to update families.
- Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
- Offering a phone line with a voice recording updated at set times (e.g., daily) with the residence's general operating status, such as when it is safe to resume visits.

## Screening Questions

### 1. **UPDATED 07-23-2020** Signs and symptoms of a respiratory infection

a. Have you had a temperature over 100.4° within the past 24 hours?

**\*\*\*\*Verify current temperature and record as directed\*\*\*\***

**\*\*\*\*The thermometer should be completely sanitized between uses\*\*\*\***

b. Have you had any of the following symptoms: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. Updated list of symptoms available at [www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](http://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).

### 2. Close contact with someone who has COVID-19.

Have you had close contact with someone\* who has tested positive for COVID- 19 in the past 14 days?

*\*Please note that if the 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 personal protective equipment. More detailed information can be found at:*

[www.state.nj.us/health/cd/documents/topics/NCOV/Healthcare%20Personnel%20\(HCP\)%20Exposure%20to%20Confirmed%20COVID-19%20Case%20Risk%20Algorithm.pdf](http://www.state.nj.us/health/cd/documents/topics/NCOV/Healthcare%20Personnel%20(HCP)%20Exposure%20to%20Confirmed%20COVID-19%20Case%20Risk%20Algorithm.pdf).

**Close contact for healthcare exposures is defined as follows:** Being within approximately 6 feet of a person with laboratory-confirmed COVID-19 for approximately 10 minutes or more and/or 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 patient. For example, being coughed on or handling a dirty tissue.

[www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html](http://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html)

[www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

### 3. **UPDATED 7/23/2020** Travel

Within the past 14 days, have you traveled to an area subject to a Level 3 CDC Travel Health Notice or to a U.S. state with significant COVID-19 spread, as identified by the NJ Department of Health?

CDC Travel Notices: [www.cdc.gov/coronavirus/2019-ncov/travelers/index.html](http://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html)

NJ DOH travel advisory information: <https://covid19.nj.gov/travel>

## Supplemental Guidance Adapted from NJ Department of Health on “Contacts of Contacts” of COVID-19 Positive Individuals

### Background

Current direction remains that those individuals, including direct support professionals, who have symptoms are to self-isolate and monitor their symptoms at residence or day facility. There has also been confusion about who is likely to come down with COVID-19, especially about whether “contacts of contacts” of suspected or confirmed cases of COVID-19 are at risk. This guidance is issued in an effort to address this area and was adapted from the NJ Department of Health guidance found here:

[www.nj.gov/health/cd/documents/topics/NCOV/COVID19\\_Guidance%20Contacts\\_Case.pdf](http://www.nj.gov/health/cd/documents/topics/NCOV/COVID19_Guidance%20Contacts_Case.pdf)

### Guidance related to “Contacts of Contacts”

Person A is diagnosed with laboratory-confirmed COVID-19. If Person B had close contact with Person A, then Person B would be considered “Medium Risk”. In this instance, Person B should remain residence or day facility, practice social distancing, and monitor for symptoms. An exception would be if Person B is a direct service professional and that close contact was solely due to continuing care for an infected individual in the residence or other healthcare setting. In this instance, Person B can continue to work unless they display symptoms, and must follow universal precautions including wearing personal protective equipment. If Person B had casual contact with Person A, then Person B would be considered “Low Risk” and no special precautions other than what is generally suggested (e.g., social distancing, wash hands often) would be recommended.

So long as Person B remains well, any individual (such as Person C) who is a contact of Person B (i.e., children, spouse, co-worker, etc.) is a contact of a contact. Person C is not at risk for infection and would not be subject to self-isolation unless Person B had or developed symptoms or tested positive for COVID-19. Please note that compliance with Executive Order 107 is required for all individuals.

**Close contacts** are individuals who were within 6 feet of a confirmed COVID-19 case for a prolonged period of time (approximately 10 minutes or more) or had direct contact with the infectious secretions of a COVID-19 case (e.g., were coughed on).

**Casual contacts** are defined as being in the same indoor environment (e.g., classroom, office, gathering) with a symptomatic confirmed COVID-19 case.

### How long should close contacts of a confirmed COVID-19 case who are displaying signs and symptoms remain residence or day facility while monitoring themselves?

*Symptomatic contacts* must self-isolate at residence or day facility until they are fever free for a full 3 days (or 72 hours with no fever without the use of fever reducing medicine) **AND** other symptoms, such as cough and shortness of breath have improved **AND** at least 10 days have passed since symptoms first appeared. After self-isolation ends, the person may return normal activities.

### How long should a casual contact of a confirmed COVID-19 remain residence or day facility and monitor themselves for symptoms?

- Casual contacts of a confirmed COVID-19 case are “Low Risk” and do not have to take special precautions. They should observe for symptoms for 14 days, and self-isolate themselves if these

develop. Symptoms of COVID-19 include fever, sore throat, cough, and shortness of breath.

- If symptoms appear, see instructions listed above for *symptomatic contacts*.

**Do “contact of contacts” need to take any special precautions?**

- No. A person who is a contact of a contact does not have any restrictions and can continue with normal activities such as going to work or school. However, if this person later develops symptoms, see instructions listed above for *symptomatic contacts*.

Person A

- Laboratory-confirmed case
- Must** self-isolate

Person B

- Contact with laboratory-confirmed case
- If a *close contact*, **must** stay at residence or day facility, practice social distancing, and monitor for symptoms. An exception would be if Person B is a direct service professional and that close contact was solely due to continuing care for an infected individual in the residence or other healthcare setting. In this instance, Person B can continue to work unless they display symptoms, and must follow universal precautions including wearing personal protective equipment.
- If a *casual contact*, no special precautions are necessary

Person C

- Contact of a Contact
- Unless Person B has or develops symptoms of COVID-19 or tests positive for COVID-19, Person C is not at increased risk and no special precautions are necessary

## Valuable Resources

The Centers for Disease Control & Prevention (CDC) has published several guidance documents on infection control and COVID-19. You should review these documents and use them to identify enhancements in your existing infection control policies and emergency preparedness plans for epidemics and pandemics. Although these documents are written for healthcare providers, many of the recommendations are best practices for all providers responsible for the long-term health and safety of individuals in residential and facility-based services.

### **CDC Hospital Preparedness Assessment Tool:**

[www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-hospital-checklist.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-hospital-checklist.html)

### **CDC Long-Term Care and other Residential Facilities Pandemic Influenza Planning Checklist:**

[www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf](http://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf)

Additionally, the Centers for Medicare & Medicaid Services (CMS) is providing updates on its Current Emergencies page, which includes similar documents on infection surveillance and control.

### **CMS Current Emergencies:**

[www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page](http://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page)

### **Information for Healthcare Facilities Concerning 2019 Novel Coronavirus Illness (2019-nCoV):**

[www.cms.gov/files/document/qso-20-09-all.pdf](http://www.cms.gov/files/document/qso-20-09-all.pdf)

### **Guidance for Infection Control and Prevention of COVID-19 in nursing residence or day facilities:**

[www.cms.gov/files/document/3-13-2020-nursing-residence-or-day-facility-guidance-covid-19.pdf](http://www.cms.gov/files/document/3-13-2020-nursing-residence-or-day-facility-guidance-covid-19.pdf)

### **COVID-19 Questions and Answers:**

Administrators for New Jersey businesses who want additional guidance on how to manage the risks posed by COVID-19 are invited to contact the Department of Health at 1-800-222-1222 or via email at [NCOV@doh.nj.gov](mailto:NCOV@doh.nj.gov). Calling the hotline is the best, fastest way to get answers to your questions about COVID-19. Trained health care professionals are standing by to answer questions about coronavirus. By email, please allow up to 48 hours for a response.