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

Policy Guidance: Universal Masking & Cohorting of Staff

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 prepare for and respond to COVID-19.

Providers Should:

✓ Regularly monitor the situation on CDC’s 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](https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx)

✓ Regularly monitor the situation on the NJ Department of Health webpage:
  [www.nj.gov/health/cd/topics/ncov](http://www.nj.gov/health/cd/topics/ncov)
The Centers for Disease Control and Prevention (CDC) has recommended that Long-term Care Facilities and Nursing Homes implement universal use of facemasks for healthcare professionals.\(^1\) Settings providing 24/7 care to individuals with developmental disabilities should also follow this direction to minimize the spread of COVID-19.

This policy briefly summarizes the various types of masks available, along with the CDC’s guidance for use and conservation. A Comprehensive CDC training on all types of personal protective equipment (PPE) is available at: https://www.cdc.gov/vhf/ebola/hcp/ppe-training/comprehensive-ppe-training.html

<table>
<thead>
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<th>Mask Types(^2)</th>
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<td>• Surgical N95 respirator</td>
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<td>• N95 respirator</td>
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**Policy on universal facemask use**

1. **All staff should wear a facemask when working.** The type of facemask will depend on both the type of care being delivered and the type of mask available. Other PPE should also be used when appropriate and available.

2. **Staff members in close contact with COVID-19 positive residents should wear an N95 respirator.** The purpose of the N95 respirator is to protect staff members from infection. If an N95 respirator is not available, a surgical mask should be worn.

**Close contact for healthcare exposures is defined as follows:**

a) Being within approximately 6 feet of a person with COVID-19 for a prolonged period of time.
   
   Example: Caring for or visiting the person, or being within 6 feet of the person for more than 10 minutes.

b) Having unprotected direct contact with infectious secretions or excretions of a person with COVID-19.
   
   Example: Being coughed on.

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\(^1\) Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, “Things facilities should do when there are cases in their facility or sustained transmission in the community,” available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

\(^2\) To understand the difference between N95 respirators and Surgical masks, please review the CDC infographic, available at: https://www.cdc.gov/niosh/npptl/pdfs/UnderstandDifferenceInfographic-508.pdf
Background on N95 respirators
N95 respirators are approved by the National Institute for Occupational Safety and Health (NIOSH) to filter out at least 95% of airborne particles. Surgical N95 respirators are also cleared by the Food and Drug Administration (FDA) for fluid resistance to reduce both inhaled and expelled particle transfer. In addition to an annual fit test, proper use requires that the user perform a seal check each time a mask is donned. The Occupational Safety and Health Administration (OSHA) has relaxed annual fit testing enforcement to preserve supply.

3. Other staff members should wear a surgical mask. This includes direct care staff that are on duty but whose assignment for the shift does not require close contact with COVID-19 positive residents. The purpose of the surgical mask is to limit particle exhalation by the wearer.
   a. If a surgical mask is not available, a cloth mask should be worn. The New Jersey Department of Health has issued the following guidance on washing cloth masks:

   It is recommended to wash the cloth face covering at least once per day or after you are done wearing it for the day. Detergents with bleach-like compounds or other active ingredients should be used when washing face coverings. Machine washing is the best way to wash a face covering. Use the warmest water that the fabric will tolerate. If hand washing is your only option, lather the fabric with soap and scrub for at least 20 minutes with warm to hot water. Washing should be followed by hot air drying.

4. If supply of respirators or masks is limited, the guidelines below on extended use and limited reuse should be followed. All guidance in this section must be reviewed and appropriate controls and policies developed before implementing extended use or limited reuse procedures.

   The CDC recommends several procedures to ensure that masks are not contaminated during use, donning and doffing, and storage. Extended use is favored over limited reuse because it is expected to involve less touching of the respirator and therefore less risk of contact transmission.

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3 Surgical N95 vs. Standard N95 – Which to Consider?, available at: https://multimedia.3m.com/mws/media/1794572O/surgical-n95-vs-standard-n95-which-to-consider.pdf
a. Strategies to Optimize the Supply of PPE and Equipment

b. Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings, available at:
   https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

c. Strategies for Optimizing the Supply of Facemasks, available at:

5. Used PPE should be discarded in a designated, secure waste receptacle. The bag containing used PPE should be tied off and discarded when full, but not less than once per day.

**Policy on cohorting of staff**

For the duration of the COVID-19 pandemic, providers should take steps to minimize the risk that staff spread COVID-19 between individuals and settings. **To the extent possible,** these steps should include:

- Discouraging staff from working for other employers that may bring them into close contact with potential COVID-19 positive individuals.
- Assigning staff to a single work location.
- Isolating or cohorting COVID-19 positive residents at specific locations.
- If a staff member is working with a resident that becomes COVID-19 positive, that staff member should only work with COVID-19 positive residents. Other staff members at the site should provide care to the well individuals.