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JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

EXECUTIVE DIRECTIVE NO. 21-007 (Revised)

**COVID-19 Related Health and Safety
Requirements for the Reopening of New Jersey
Adult Day Health Services Facilities**

WHEREAS, on March 9, 2020, Governor Phillip D. Murphy issued Executive Order 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., in the State of New Jersey for COVID-19; and

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

WHEREAS, on June 4, 2021, Governor Murphy signed Assembly Bill No. 5820 and Executive Order No. 244, which among other things, resulted in the termination of the Public Health Emergency declared in Executive Order No. 103 (2020) but maintained the State of Emergency declared in that same Order; and

WHEREAS, by its own terms, Assembly Bill No. 5820 does not diminish, limit, or impair the powers of any head of a State agency pursuant to the provisions of the Civilian Defense and Disaster Control Act; and

WHEREAS, Assembly Bill No. 5820 explicitly authorizes the Commissioner of Health to issue orders, directives, and waivers pursuant to the Emergency Health Powers Act related to (1) vaccination distribution, administration, and management, (2) COVID-19 testing, (3) health resource 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, pursuant to the legislation, Executive Orders issued by the Department of Health during the Public Health Emergency remain in effect until January 11, 2022, unless otherwise modified or rescinded; and

WHEREAS, by the end of March, 2020, the Department of Health (Department) had issued a series of orders, on a county-by-county basis, that closed the adult day health services facilities licensed pursuant to N.J.A.C. 8:43F during the COVID-19 Public Health Emergency, but that allowed the adult day health services facilities to provide off-site services to participants; and

WHEREAS, COVID-19 cases have been on the decline and as of May 15, 2021, the statewide COVID-19 Activity Level Index (CALI) score is two (2), meaning moderate or low COVID-19 activity in most of the state: <https://www.nj.gov/health/cd/statistics/covid/>; and

WHEREAS, hospitalizations and ventilator use have also been on the decline; and

WHEREAS, the State of New Jersey has been on a steady curve of easing restrictions during the last few months; and

WHEREAS, it is appropriate at this time to lift the closure orders on Adult Day Health Centers.

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

Any adult day health services facility (facility) licensed pursuant to N.J.A.C. 8:43F that wishes to reopen shall comply with the protocols set forth below. Prior to reopening, the facility shall file with the Department an attestation of compliance with these guidelines. A facility must submit to the Department an attestation of compliance via email to OPC@doh.nj.gov. The requirements in this directive are derived from guidance documents produced by the CDC here: <https://www.cdc.gov/coronavirus/2019-ncov/community/adult-day-care-service-centers.html>; however, in certain instances this directive has been supplemented or modified to reflect the needs of the State of New Jersey. That is, CDC recommendations have been adapted to mandates specific to New Jersey facilities.

As New Jersey adult day health services facilities reopen pursuant to this Executive Directive, the department has prepared the requirements and guidance herein to facilitate the safety and well-being of adult day health services facility operators, their staff and the vulnerable participants they serve.

Effective Monday June 14, 2021, pursuant to this Executive Directive, all adult day health services facilities licensed in the State of New Jersey pursuant to N.J.A.C. 8:43F must comply with the requirements detailed in this directive before reopening during the COVID-19 Public Health Emergency. Failure to do so may result in the prohibition of continued operation. Noncompliance may also result in other enforcement remedies, including the suspension or revocation of an offending operator's license. These requirements are imposed in conjunction with other applicable requirements imposed in law or regulation, or in the rare event that these requirements are in conflict with other law or regulation, the more stringent requirement shall be enforced.

I. Responsibilities, Promotion of Behaviors to Reduce Spread and Increase Vaccination

- a. Adult Day Health Service Centers (ADSC) administrators and staff can help protect themselves and program participants from COVID-19 by promoting and engaging in preventive behaviors that reduce spread and maintain healthy operations and environments at ADSC facilities.
- b. Administrators and staff are encouraged to get vaccinated as soon as possible, information on finding a free vaccine in New Jersey can be found here: <https://covid19.nj.gov/pages/finder>, CDC information on vaccination here: <https://www.cdc.gov/vaccines/covid-19/index.html> and <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html>.
- c. After vaccination, continue using appropriate prevention strategies per CDC here: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html> and per guidance in this directive.

II. Screening, Admittance, Testing

- a. All facilities shall screen staff and participants for fever and other COVID-19 symptoms prior to entry to the facility each day, per the requirements in this section and (II)(c) below.
 1. Facilities shall encourage caregivers to be on the alert for signs of illness in participants and to keep them home when they are sick.
 2. An area, outdoors or in the immediate entryway of the facility, must be designated to conduct participant and staff screening.
 3. 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.
 4. In-vehicle screening is permissible. Social distancing or physical barriers and well-fitting source control should be used to eliminate or minimize exposure risk during screening.
- b. Educate staff and participants about when they should stay home and when they can safely return to the facility:
 1. Staff and participants should stay home and follow CDC recommendations (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>) if they have recently tested positive for or have symptoms (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>) of COVID-19 and have not yet met the criteria for the discontinuation of isolation per guidance issued by the Department and CDC.

2. Staff who are unvaccinated or partially vaccinated and who have a higher risk exposure to a person with COVID-19 should be excluded from work per the Department's *Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel* at:
https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance_for_COVID19_Diagnosed_andor_Exposed_HCP.pdf.
 3. Participants and staff who have tested positive for COVID-19, had symptoms of COVID-19, or unvaccinated individuals who had close contact per CDC here: <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact> (less than 6-feet for a cumulative total of 15 minutes or more over a period of 24 hours, or direct physical contact), with a person with COVID-19, should not return to in-person services until they have met the criteria to discontinue transmission-based precautions per the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>, any guidance provided by the local health department and sections (IX , X and XI) of this directive.
 4. Staff and participants should follow travel guidance from the CDC here: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html> and all the local health and safety protocols of their travel destination.
 5. If staff and participants are unsure whether they should stay home, they or their caregiver can use the CDC's coronavirus self-checker here: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>, to help them decide.
- c. Participant and staff screening at the beginning of each shift/program day must include:
1. If not already completed, determination and documentation of whether the participant or staff member has completed a full course of a COVID-19 vaccine, and whether two weeks have passed after completion of the full course of the vaccine.
 2. If the individual has not completed a full course of a COVID-19 vaccine, ask if the participant or staff member is interested in obtaining the vaccine. If the participant or staff member is interested, the facility shall assist the participant or staff member with making an appointment to receive the vaccine, as needed. The Department encourages all staff and eligible participants to get a COVID-19 vaccine as soon as they can. Information on how to get a free vaccine may be found here: <https://covid19.nj.gov/>.
 3. Temperature checks including subjective and/or objective fever equal to or greater than 100.4 F or as further restricted by facility. Wherever possible, use

thermal no-touch thermometers to limit contact and need for personal protective equipment (PPE).

4. Completion of a questionnaire about symptoms and potential exposure which shall include at a minimum:
 - i. Whether the person currently has symptoms consistent with COVID-19 including fever of 100.4 F or higher, feeling feverish, chills, fatigue, headache, cough, new loss of taste or smell, congestion or runny nose, sore throat, shortness of breath or difficulty breathing, nausea or vomiting, diarrhea or has been diagnosed with COVID-19 in the prior 10 days (or longer if individual had severe critical illness or is immunocompromised) or are undergoing evaluation for COVID-19 (such as a pending viral test).
 - ii. Whether in the last 14 days, the person has had prolonged close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection or have otherwise met criteria for quarantine.
 - iii. Whether the person has been diagnosed with COVID-19 and has not yet met criteria for the discontinuation of isolation or transmission-based precautions per guidance issued by the Department and CDC.
 - iv. Whether the person requires quarantine due to the current travel guidance from the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.
- d. Entry into the facility for those who meet one or more of the screening criteria listed above MUST be prohibited.
- e. High-Risk Participants
 1. Facilities should update care plans for all participants and incorporate information to address high-risk participants with any additional preventive measures that might be necessary to reduce the risk of infection with COVID-19.
 2. High-risk participants include people of any age who have serious underlying medical conditions as defined by CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html> including the following:
 - i. People with chronic lung disease or moderate to severe asthma;
 - ii. People who have a serious heart condition;

- iii. People who are immunocompromised (many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications);
 - iv. People with severe obesity (body mass index [BMI] of 40 or higher);
 - v. People with diabetes;
 - vi. People with chronic kidney disease undergoing dialysis.
- f. Group Sizes and Physical Distancing
1. The facility shall require physical distancing as follows:
 - i. Whenever possible, during all activities, participants and staff must adhere to the 6-foot physical distancing requirements between all individuals, unless otherwise required for safety. Limit all nonessential services and programs that require participants to be closer than 6-feet apart from each other.
 - ii. All tables and chairs must be arranged to facilitate a distance of 6-foot spacing between individuals for meals and group activities.
 - iii. Participant group sizes shall allow for physical distancing during activities. Whenever possible, groups shall include the same participants each day no matter the activity or location (i.e., within the facility or in the community) and the same staff shall be assigned to care for each group, each day, to the extent possible.
 - iv. To assist with potential contact tracing efforts, each day a record shall be maintained that documents which individuals were in a group and the staff who worked with them.
 - v. Participant groups shall physically distance from other participant groups. Within each defined participant group, individuals who do not live together shall be encouraged to socially distance from others and shall wear well-fitting source control, as appropriate.
 - vi. Utilization of shared spaces (entryways, restrooms) shall be carefully controlled to ensure that participants and staff maintain at least 6-feet of separation from other participants or staff.

- vii. When feasible, outdoor time shall be staggered to prevent mixing between groups. Simultaneous use of outdoor spaces is permissible if at least 6-feet of separation can be maintained between groups, and facilities are encouraged to partition available space, where possible, to allow for increased outdoor time. Prioritize outdoor activities over indoor activities when possible. Staff should ensure sun safety for all participants and staff.
- viii. Participants and staff must perform hand hygiene upon returning from outdoor time.
- ix. Procedures shall be implemented to prevent crowding at pick up and drop off areas. A drop-off area for participants and staff must be identified. These areas should be visibly marked with appropriate signage, especially if participants and staff utilize separate entrances.
 - 1) Though the methods of achieving this will vary depending on the physical layout of each facility, facilities shall, at a minimum, prohibit the entry of caregivers or others into any entry vestibule or pick up area in excess of the number that can be accommodated with at least 6-feet of distance between persons.
 - 2) It is highly recommended that facilities prohibit any entry of caregivers into the facility and, instead, escort participants to their method of transportation or have caregivers wait outside the building.
- x. **The physical distancing and group size requirements of this section do not apply to activities where all participants and staff are fully vaccinated subject to the requirements of sections (h to j) below.**

g. Source Control and PPE

- 1. **Staff, regardless of vaccination status, shall continue to wear well-fitting source control while at work.** Facilities should adhere to CDC guidance on use of well-fitting source control: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>.
 - i. Masks should not be worn by a person for whom wearing a mask would create a risk to workplace health, safety, per job duty as determined by a workplace risk assessment.
 - ii. Masks should cover your nose and mouth, fit snugly, and have multiple layers.

2. When feasible, participants shall be encouraged to wear well-fitting source control within the facility, unless the participants are fully vaccinated and engaging in activities in accordance with section (II)(f) of this guidance.
 - i. Wearing well-fitting source control may be difficult for people with sensory, cognitive, or behavioral issues; people with some disabilities, or people with dementia. Staff members should pay close attention and provide necessary support to participants who have trouble remembering to put on a mask, keeping it on, and removing it when needed.
 - ii. Masks should not be placed on anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
 - iii. Masks should not be worn by a person with a disability who cannot safely wear a mask.
 3. The facility shall ensure that an adequate supply of PPE for staff and participants is available on site as necessary to provide care for participants, including but not limited to gloves, gowns, N95 respirators or higher in accordance with NIOSH and FDA here: https://www.fda.gov/medical-devices/letters-health-care-providers/update-fda-recommends-transition-use-non-niosh-approved-and-decontaminated-disposable-respirators?utm_medium=email&utm_source=govdelivery), surgical masks and eye protection/face shields.
- h. Activities, Communal Activities, Communal Dining and Off-Site Excursions:
1. Participants and staff with **SARS-CoV-2 infection or in isolation** because of suspected COVID-19, regardless of vaccination status, should **NOT** participate in on-site facility programs or any communal activities, communal dining or off-site excursions until they have met the criteria to discontinue transmission-based precautions: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>.
 - i. Participants and staff in **quarantine** due to suspected or confirmed COVID-19 exposure, regardless of vaccination status, should **NOT** participate in on-site center programs or any communal activities, communal dining or off-site excursions until they have met 14-day criteria for release from quarantine, per the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/adult-day-care-service-centers.html>.
 - ii. Determine vaccination status of participants and staff following all privacy requirements and in compliance with HIPAA protections, (e.g.,

do not ask the status in front of other participants or staff). For example, when planning for group activities, communal dining or off-site excursions, facilities might consider having participants sign-up in advance so their vaccination status can be confirmed, and seating assignments which incorporate vaccination status can be created.

- iii. If **ALL** participants and staff present during the group activity **are fully vaccinated**, participants may choose to have close contact with others participating in the activity and/or without wearing source control during the activity. Staff must continue to wear well-fitting source control at all times whenever inside the facility per CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/adult-day-care-service-centers.html> and this directive.
- iv. Unvaccinated Participants: **If unvaccinated participants or staff are present during the activity, then ALL participants in the group activity MUST wear well-fitting source control and unvaccinated individuals should physically distance from others participating in the group activity.**
- v. **If vaccination status cannot be determined for all participants and staff, the safest practice is for everyone to follow all recommended infection prevention and control practices including maintaining physical distancing and wearing well-fitting source control. In general, all staff, including those who are fully vaccinated, must continue to wear a mask while at work.**

i. Communal Dining:

- 1. **Fully vaccinated participants:** May participate in communal dining without use of source control or physical distancing if all participants and staff in the communal area are considered fully vaccinated.
- 2. **Unvaccinated participants:** In conditions where unvaccinated participants are dining in a communal area (e.g., dining room) or where unvaccinated staff are in the communal area, **all** participants and staff **MUST** use source control when not eating and unvaccinated participants should continue to remain at least 6-feet from others who are in the designated communal dining area.

j. Off-Site Excursions:

- 1. Leaving the Facility: Participants and staff taking part in social excursions outside the facility should be educated about the potential risks associated with public settings, particularly if they have not been fully vaccinated, and reminded to avoid crowds and poorly ventilated spaces. Participants should be

encouraged to adhere to and assisted with adhering to all recommended infection prevention and control measures, as appropriate.

2. “Fully vaccinated” refers to a person who is more than or at 2 weeks following receipt of the second dose in a 2-dose series, or more than or at 2 weeks following receipt of one dose of a single-dose vaccine, per the CDC’s Public Health Recommendations for Vaccinated Persons:
<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.

III. Visitors

- a. Limit non-essential visitation, such as visitation by family members.
- b. Unless precluded by emergency circumstances, visitors permitted entry to the facility, such as volunteers and third-party service providers, shall be subject to the same screening procedures as participants and staff, and shall be denied admission on the same basis unless the center is legally precluded from denying access (e.g., a law enforcement agent with an appropriate warrant).
- c. To the greatest extent feasible, unless the purpose of the authorized outside visitor is to observe the care provided to participants (e.g., a Department of Health inspector), all reasonable efforts should be made to minimize visitor contact with participants and staff.
- d. Visitors shall be required to wear well-fitting source control while visiting the center. If a visitor refuses to wear well-fitting source control (e.g., a well-fitting facemask or cloth face covering) and if such covering cannot be provided to the individual by the business at the point of entry, the center must decline to allow them to enter.

IV. Promoting Healthy Hygiene Practices and Participant Care

- a. Facilities shall teach and reinforce hand hygiene and respiratory etiquette (e.g., covering coughs and sneezes) among participants and staff. Staff should assist participants in following proper masking and hand hygiene protocols. Visit CDC’s Handwashing Campaign: Life is Better with Clean Hands page to download resources to help promote hand hygiene facility at:
<https://www.cdc.gov/handwashing/campaign.html>.
- b. Facilities shall teach and reinforce use of well-fitting source control among participants, where appropriate, and staff. Staff and participants should be frequently reminded not to touch the face covering and perform hand hygiene when indicated.

- c. Facilities shall have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and participants who can safely use hand sanitizer), paper towels and tissues.
- d. Participants and staff shall practice hand washing with soap and water for at least 20 seconds, when indicated and shall be required to perform hand hygiene upon arriving at the center, when entering the activity or other area, before meals or snacks, after outside time, after using the bathroom, when hands are visibly soiled, and prior to leaving the center. Participants should be monitored to ensure proper technique. Staff members should assist participants with sensory and/or cognitive deficits, and/or behavioral issues, and people with a disability or dementia, who may have challenges washing their hands or using alcohol-based hand sanitizers properly and as frequently as recommended.
- e. Facilities shall establish and maintain hand hygiene stations at the entrance to the facility so that participants can clean their hands before entering. Everyone entering the facility building shall perform hand hygiene immediately prior to or upon entering.
- f. When performing close contact activities such as washing, feeding, or closely assisting participants:
 - 1. Providers can protect themselves with appropriate PPE, (gowns, gloves, eye protection, etc.)
 - 2. Any barrier (e.g., PPE), must be changed if it becomes contaminated (e.g., with secretions) and staff shall perform hand hygiene after safe removal.
 - 3. Staff shall wash any unprotected area that is contaminated (e.g., with secretions) with soap and water and in accordance with facility policies and procedures.
 - 4. Staff shall change the participant's clothes if the participants' clothes become contaminated (e.g., with secretions).
 - 5. All contaminated clothes should be safely contained and stored in a plastic bag or safely contained and transported to the laundry area and washed per policy and procedure.
 - 6. Participants and staff should have multiple changes of clothes on hand.
 - 7. When changing a participant's briefs or diapers, staff and the participant should perform hand hygiene and staff must use appropriate PPE (e.g., gloves) and follow safe brief changing procedures. Procedures should be posted in all brief changing areas. Refer to the facility's policy and procedure. Steps should include:

- i. Prepare (includes putting on gloves);
- ii. Clean the participant;
- iii. Remove trash from the immediate area (soiled brief or diaper and wipes);
- iv. Replace briefs or diaper;
- v. Wash participant's hands;
- vi. Clean diapering area – sanitize the changing area with a fragrance-free product appropriate for the surface. If the surface is visibly soiled, it should be cleaned with detergent or soap and water prior to sanitizing; and
- vii. Remove gloves and then wash hands.

V. *Enhanced Cleaning and Sanitation Procedures*

- a. Facilities shall clean equipment and surfaces, doorknobs, light switches, countertops, and restrooms, in accordance with CDC's Guidance for Cleaning & Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes. The [complete guidance](https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfectingdecision-tool.html) is on the CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfectingdecision-tool.html> and https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Freopen-guidance.html.
 1. Facilities may use alcohol wipes to clean keyboards and electronics and should perform hand hygiene after use. Facilities shall clean, sanitize, and disinfect frequently touched surfaces (e.g., equipment, door handles, sink handles) multiple times per day and shared objects between use and follow applicable disinfectant contact times. Cleaning shall be in accordance with the CDC's guidance, a summary poster of which is attached to these standards and required to be posted prominently in facilities.
 2. Terminal cleaning and disinfecting shall occur at the end of each day.
- b. If groups of participants are moving from one area to another in shifts, cleaning and disinfection measures must be completed prior to the new group entering the area.
- c. Items that are not easily cleaned or disinfected (e.g., throw pillows) shall not be utilized in the center, though such items brought from home may be utilized if they are not shared and are returned home with the participant each day for washing.

- d. Disinfecting methods shall utilize Environmental Protection Agency approved disinfectants for use against COVID-19 (more information and product lists are available here: <https://www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0>).
- e. Facilities shall only use bedding that can be washed. Keep each participant's bedding separate and store, in individually labeled bins, or bags.

VI. *Response Procedures for COVID-19 Symptoms or Exposure*

- a. A facility shall immediately report any confirmed or suspected exposure to COVID-19 occurring in an adult medical day care facility to both the local department of health and the New Jersey Department of Health.
- b. Facilities that become aware of a COVID-19 positive case in their facility shall contact their local health department: [C:\Users\rmcmillen\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\SE11A7E3\ https://www.state.nj.us/health/lh/community/](C:\Users\rmcmillen\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\SE11A7E3\https://www.state.nj.us/health/lh/community/) for guidance. Health officials will provide direction on whether a facility should cease operations following the identification of a positive case in the facility. The duration may be dependent on staffing levels, outbreak levels in the community and severity of illness in the infected individual.
- c. Facilities should notify local health officials, staff, participants and their caregivers, and others in the facility of cases of COVID-19 in their facility while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA).
- d. Notify anyone who had close contact (less than 6-feet for a cumulative total of 15 minutes or more over a period of 24 hours, or direct physical contact) with a person diagnosed with COVID-19.

VII. *Participants or staff members who develop symptoms of or test positive for COVID-19 while at the facility*

- a. If a participant or staff member tests positive or develops symptoms of COVID-19 while at the facility (e.g., fever of 100.4 F or higher, cough, shortness of breath), immediately separate the person from the well individuals until the ill person can leave the facility. If the participant has symptoms of COVID-19 (e.g., fever, cough, shortness of breath), the individual waiting with the participant should maintain physical distancing, as appropriate, and have on all appropriate PPE.
- b. If symptoms persist or worsen, they should call a health care provider for further guidance. Advise the employee or participant's caregiver to inform the facility immediately if the person is diagnosed with COVID-19.

- c. Plan to have an isolation room or area (preferably with access to a dedicated restroom) to isolate sick participants. Ensure that isolated participants are wearing well-fitting source control, are at a distance of 6-feet or greater from others and remain under supervision. Staff members should leave the facility immediately upon experiencing symptoms.
- d. Prepare a list of all individuals who have been in close contact with sick participant(s) or staff member(s).
- e. Notify an emergency contact regarding the sick person's symptoms and arrange safe and accessible transportation home. Arrange emergency transport to a healthcare facility for participants or staff with severe symptoms.
- f. Close off areas used by a sick person or a person who tests positive and do not use these areas until after cleaning and disinfecting them; this includes surfaces or shared objects in the area, if applicable. Wait as long as possible (at least several hours) before cleaning and disinfecting. Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas. All rooms and equipment used by the infected person, and persons potentially exposed to that person, should be cleaned and disinfected in accordance with CDC guidance noted above.
- g. Open outside doors and windows to increase air circulation, increase ventilation and wear well-fitting source control (in addition to other protection needed for safe use of cleaning and disinfection products) while cleaning and disinfecting.

VIII. Returning to Adult Day Health Services Facility After COVID-19 Diagnosis or Exposure

- a. If a staff member or participant contracts or is exposed to COVID-19, they cannot be admitted to a facility again until the criteria for lifting transmission-based precautions or home isolation have been met. Those criteria are included in the Department of Health's *Quick Reference: Discontinuation of Transmission-Based Precautions and Home Isolation for Persons Diagnosed with COVID-19* at: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-QuickRef_Discont_Isolation_and_TBP.pdf
- b. Routine PCR or antigen testing is acceptable and encouraged but not required, except as described herein, for participants and staff.
- c. **Testing recommendations:** Symptomatic participants or staff may not enter the facility regardless of vaccination status and SARS-CoV-2 testing should be encouraged per the Department or local health department guidance and this section.
 - 1. Individuals who test positive should not enter the facility, regardless of symptoms. Symptomatic individuals should be excluded from entry based on a

different diagnosis, if available, and existing policy and procedures (e.g., deny entry until participant or staff have completed 24 hours fever-free without the use of fever reducing medication).

2. All participants and staff who have had a positive COVID-19 diagnostic test within the three months before their first session or attendance on-site must have met either the criteria for discontinuation of home isolation or discontinuation of transmission-based precautions, as appropriate and based on those criteria in force at the time.
3. Asymptomatic participants and staff who have fully recovered from COVID-19 within the previous three months or fully vaccinated participants and staff should not be required to test prior to attending in-person services.
4. Participants or staff, regardless of vaccination status, exposed to COVID-19, should follow recommendations consistent with the Department, local health department and CDC guidance on testing previously positive individuals or fully vaccinated individuals. Refer to the Department's *Testing in Response to a Newly Identified COVID-19 Case in Long-Term Care Facilities* at https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-19_Antigen_Testing_in_LTCF.pdf, for more information on testing, management and return after home isolation or discontinuation of transmission based precautions.

IX. Posters, Signage and Informational Bulletins

- a. To ensure broad awareness and dissemination of critical information related to the COVID-19 pandemic and the procedures and methods being employed to limit its impact, facilities shall ensure the distribution or posting of the following materials as specified:
 1. The CDC's Use of Cloth Face Coverings to Stop the Spread of COVID-19 pamphlet shall be distributed to staff and posted in a prominent location in the center: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.
 2. The CDC's Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes shall be posted in a prominent location in the center: https://www.nj.gov/dcf/news/Attachment-C-ReOpening_America_Cleaning_Disinfection_Decision_Tool.pdf.
 3. Display visual posters with instructions for maintaining 6-foot physical distancing, wearing well-fitting source control, taking daily temperatures, and monitoring for other COVID-19 symptoms. Find free print and digital resources on CDC's COVID-19 communications page.

4. Develop signs and plain language messages in alternative formats (for example, large print, Braille for people who have low vision or are blind).
5. Develop signs and messages in the preferred language(s) of staff and participants. Use COVID-19 easy to read resources, if applicable.
6. Post signs in highly visible locations (e.g., at building entrances, in restrooms) that promote everyday protective measures and describe how to stop the spread of germs by properly performing hand hygiene, practicing respiratory etiquette, physical distancing, and properly wearing well-fitting source control.
7. Use reminders for staff and participants to self-monitor for COVID-19 symptoms.
8. Broadcast regular announcements on reducing the spread of COVID-19 on public address system, if available.
9. Include messages (for example, training videos for staff, periodic guidance letters for participants to take home) about behaviors that prevent spread of COVID-19 when communicating with staff, participants, and others who may be in your center.
10. Please visit CDC's Toolkit for Older Adults & People at Higher Risk for population specific posters and messaging to be used as reminders to wear a mask. <https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/older-adults-and-people-at-higher-risk.html>.

X. Transportation

- a. To ensure the safety of facility participants and staff during transport, the facility must:
 1. Ensure that all individuals in the vehicle wear well-fitting source control and seat passengers at least 6-feet apart whenever possible.
 2. Transport staff and bus drivers should practice all safety actions and protocols as indicated for other center staff (for example, hand hygiene, well-fitting source control).
 3. When possible, schedule and stagger drop off or pick up times for participants to avoid crowding.
 4. Encourage physical distancing among staff and participants at the entrance and exit during these drop off and pick up times with use of visual cues like tapes and signs.

5. Ensure that each vehicle is equipped with cleaning and disinfecting supplies that are stored in a safe manner, readily accessible to only the driver and transportation staff, and used during and between trips.
6. Maintain a cleaning and disinfecting schedule and plan for the vehicles in accordance with CDC, CMS and the Department's infection prevention and control guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>. Maintain vehicle cleaning and disinfection logs and assign responsibility for completion, oversight and storage of the logs.
7. Screen participants via telephone for onset of new symptoms before scheduling the pick-up and conduct temperature screen of participants prior to boarding the vehicle. The facility will make every effort to prevent bringing participants with any signs/symptoms of COVID-19 to the facility.
8. Post signs in vehicles for donning/doffing masks, appropriate respiratory etiquette (e.g., covering of sneezes and coughs), and proper hand hygiene.
9. Drivers should provide ventilation by opening the windows or setting the air ventilation/air conditioning on non-recirculation mode when the vehicle is in service.
10. Paratransit drivers should take extra care in transporting patients with special needs and take all necessary safety precautions to prevent COVID-19. Please visit: *What Paratransit Operators Need to Know about COVID-19* for more information at: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/paratransit-employees.html>.
11. When feasible, create participant pods (keeping small groups such as members of the same household together) to limit mixing and create distance between passengers on buses, vans and other transport vehicles (for example, skip rows).
12. Encourage participants, workers, and other people at the facility who use public transportation to consider using alternatives that minimize close contact with others (for example, walking, biking, driving, or riding by car—alone or with household members only), if feasible. Those who use public transportation should follow CDC mandate on wearing well-fitting source control on public transportation and other ways to protect themselves when using transportation.

XI. Ventilation

- a. The facility shall ensure proper ventilation as follows:

1. Make sure indoor spaces are well-ventilated (for example, open windows or doors when doing so does not pose a safety or health risk to building occupants) and large enough to accommodate physical distancing.
2. Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible both in the facility as well as any vehicles used by the facility.
3. Consider improving the engineering controls using the building ventilation system.
4. Facilities shall ensure that HVAC systems continue to be maintained and operational.
5. To the extent practicable, windows should be opened frequently to allow fresh air flow, and HVAC systems should be adjusted to allow for more fresh air to enter the facility.

XII. Restrooms

- a. The facility shall limit the number of people occupying restrooms at one time to prevent long lines or crowds. A distance of at least 6-feet between people shall be maintained.
- b. Stock restrooms with adequate supplies such as soap, tissues, paper towels, and no-touch trash cans (preferably covered).
- c. Ensure restrooms are fully functional and that high-touch surfaces such as doorknobs, countertops, faucets, light switches, and toilets have been cleaned and disinfected every day with an EPA-approved disinfectant before the facility opens.

XIII. Dining, Shared Kitchens and Dining Rooms

- a. Facilities shall adhere to the following guidelines for dining and use of shared kitchens and dining rooms:
 1. Facilities shall ensure that staff are conscious of how they deliver food and handle silverware and plates (consider disposables) by refraining from touching food, contact surfaces and ready to eat food without gloves, or serving utensils. Staff shall serve food and drinks to participants while wearing well-fitting source control and gloves. Avoid offering any self-serve food or drink options, such as buffets, salad bars, and drink stations. Serve grab-and-go items or individually plated meals instead. For individually plated meals, identify one staff per meal service station to serve food so that multiple staff are not handling the same serving utensils.

2. See Section (II)(h) to (i) above for communal dining requirements for vaccinated and/or unvaccinated participants.
3. Wash, rinse, and sanitize used or dirty food contact surfaces with an EPA-approved food contact surface sanitizer. Make sanitizing wipes available for anyone who uses a microwave and similar food preparation appliances (for example, waffle maker). Sanitize high-touch surfaces of appliances after each use. If a food-contact surface must be disinfected for a specific reason, such as a bodily fluid cleanup or deep clean in the event of likely contamination with COVID-19, use the following procedure: wash, rinse, disinfect according to the label instructions with a product approved for food contact surfaces, rinse, then sanitize with a food-contact surface sanitizer.
4. Discourage sharing of items that are difficult to clean or sanitize. Limit any sharing of food, tools, equipment, or supplies by staff members. Ensure adequate supplies to minimize sharing of high-touch materials (for example, serving spoons) to the extent possible; otherwise, limit use of supplies and equipment to one group of workers at a time and clean and sanitize between use.
5. Avoid items that are reusable, such as menus, condiments, and any other food containers. Instead, use disposable menus, single serving condiments, and no-touch trash cans and doors.
6. Clean frequently touched surfaces such as counters, tables, or other hard surfaces between use.
7. Use gloves when removing garbage bags and handling and disposing of trash. After removing gloves, perform hand hygiene.

XIV. Modifying Physical Space, Physical Barriers and Guides

- a. Whenever possible, facilities shall install plexiglass or other physical barriers in reception and other face-to-face interaction areas where it is difficult for individuals to remain at least 6-feet apart.
- b. Facilities shall provide physical guides, such as visual markers on floors or sidewalks and signs on walls, to ensure that individuals remain at least 6-feet apart.
- c. Place directional arrows to establish the flow of traffic.
- d. Designate different doors for entering and exiting center/rooms, if possible.

- e. Non-essential shared spaces, such as game rooms, should be closed, if possible; if this is not possible, the use of these shall be staggered and the spaces shall be disinfected between uses. Please see section (II) above for additional guidance on communal activities.

XV. Reopening or Closure Notifications

- a. If a facility elects to not re-open, it shall communicate this information to participants and families/guardians as soon as possible so that they can thoughtfully plan for alternative services.
- b. Facilities must also notify the Department of closures, capacity changes, or plans to remain closed concurrent with participant and family/guardian notifications. This can be done by emailing the Department at CNandLicensingRequests@doh.nj.gov.

XVI. Questions or Concerns

Questions or concerns on the content, interpretation or application of this directive can be directed to the Department of Health at lisa.king@doh.nj.gov

This Directive shall take effect immediately. The provisions of this Directive shall remain in force and effect until January 11, 2022, unless otherwise modified, supplemented and/or rescinded.

Dated: June 15, 2021



Judith Persichilli, RN, BSN, MA
Commissioner

Appendix 1

Additional Resources and Information:

You, as the employer, are responsible for responding to COVID-19 concerns and informing employees of the hazards in your workplace. You can utilize these additional sources for more information on reducing the risk of exposures to COVID-19 at work:

- [CDC Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDC Cleaning and Disinfecting Your Facility](#)
- [CDC Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#)
- [CDC COVID-19 Cleaning and Disinfection for Non-emergency Transport Vehicles](#)
- [NIOSH Workplace Safety and Health Topic: COVID-19](#)
- [CDC COVID-19](#)
- [CDC Infection Control Guidance for Healthcare Professionals about Coronavirus](#)
- [American Public Transit Association COVID-19](#)[external icon](#)
- [OSHA COVID-19 Emergency Response](#) [external icon](#)
- [Federal Transit Administration COVID-19](#)[external icon](#)
- [OSHA COVID-19](#)[external icon](#)
- [OSHA Guidelines on Preparing Workplaces for COVID](#)
- CDCINFO: 1-800-CDC-INFO (1-800-232-4636) | TTY: 1-888-232-6348 | website: [cdc.gov/info](https://www.cdc.gov/info)
- [Caring for Someone Sick at Home](#)
- [Care Plans Help Both Older Adults and Caregivers](#)
- [Women, Caregiving, and COVID-19](#)
- [Care for Yourself](#)