



NJ Department of Human Services  
Division of Developmental Disabilities

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

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 residential and day services to adhere to the standards and best practices 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>
- ✓ 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)

## Hand Hygiene

**Re-educate all individuals and staff on hand hygiene, including hand hygiene after contact with respiratory secretions.** Hand Hygiene is the single most important practice to reduce the transmission of infectious agents in any setting and is an essential element of standard precautions. The term includes both handwashing with soap and water and the use of alcohol-based products that do not require the use of water. Wash hands frequently with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing or sneezing. When soap and water are unavailable, use an alcohol-based hand sanitizer that contains 60% alcohol or higher. This should occur immediately for each individual and staff person. In settings where staff work on different shifts and/or have staggered days off, re-education should occur on each shift until all staff have been trained.

## Infection Control

**Re-educate all staff on infection control cleaning procedures.** This re-education should occur immediately for each person who engages, or may engage, in cleaning. In settings where staff work on different shifts and/or have staggered days off, re-education should occur on each shift until all staff are trained.

**Re-educate all staff on the selection, use, removal and disposal of personal protective equipment (PPE).** Proper removal and disposal of PPE is critical for preventing infection. There is a variety of training resources available. For example, the CDC has a COVID-19 PPE FAQ with a variety of links and resources: [www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html)

Training posters from the CDC: [www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf](http://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf)

The CDC also has developed comprehensive video trainings in response to other infection control needs: [www.cdc.gov/vhf/ebola/hcp/ppe-training/comprehensive-ppe-training.html](http://www.cdc.gov/vhf/ebola/hcp/ppe-training/comprehensive-ppe-training.html)

## Critical supplies – Food, Medication, Medical Supplies, PPE

**Evaluate levels of food, specialized food products and dietary supplements.** Each location, as appropriate for its operation, will need to ensure an adequate supply of food. Inventory items like canned goods and other shelf-stable foods, and determine whether more should be purchased. Based on the needs of the individual, ensure there is an adequate supply of supplements (Ensure, vitamins, etc.) and food thickening agents (for individuals who require it).

**Check to ensure that refills are available on prescription medications.** If refills are needed, contact the individual's doctor to request. Do not overlook items that may have expiration dates, like epi-pens and diabetic supplies. Identify alternate vendors for obtaining prescription and over-the-counter medications if relationships with established vendors become strained or disrupted.

**Evaluate levels of medical equipment and supplies.** These are items like incontinence briefs, disinfectant, soap, clean towels/paper towels and alcohol-based hand sanitizer (60% or higher). Know what you have on hand and have a plan to obtain more when needed. Pay special attention to items that may be reaching the end of their shelf life, particularly supplies needed for ventilator-dependent residents. Do not forget to ensure a working thermometer is readily available. Identify alternate vendors for obtaining supplies if relationships with established vendors become strained or disrupted.

**Evaluate levels of personal protective equipment (PPE).** PPE are items like gloves, gowns and masks. The need for these items will be dependent on the location and population served. Inventory existing PPE to ascertain current supply levels and to ensure replacement of items reaching end-of-life. Identify alternate vendors for obtaining supplies if relationships with established vendors become strained or disrupted. To avoid over-utilization of PPE and potential impact to your supply, **follow CDC guidelines about when to use PPE.** Safeguarding PPE from theft may need to be considered.

## Operations & Procedures

**Maintain open communication with individuals and families/ guardians.** Communicate with individuals and families/ guardians about preparedness steps, including any changes occurring in the daily activities of individuals.

**Develop staffing and programming.** In the event that state or federal authorities direct individuals not to congregate in social settings like day programs, create a back-up staffing plan that can support individuals at home.

**Monitor for Signs and Symptoms of COVID-19.** COVID-19 presents with signs and symptoms that may be indistinguishable from much more common respiratory viruses. At this time, respiratory illnesses are still more likely to be due to common viruses (e.g., influenza, common cold) than COVID-19. If a community has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps.

The following COVID-19 symptoms may appear within 2 to 14 days after exposure ([www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf)):

- Fever
- Cough
- Shortness of Breath

Contact a health care professional if you, an employee, or an individual in your care develops these symptoms—especially if they have been in close contact with a person who has travelled internationally in the last 14 days; who is known to have COVID-19; or if they live in or have recently been in an area with ongoing spread of COVID-19.

**Evaluate the use of space for potential isolation.** If possible, identify a room or area of the location that can be used to separate someone who is/may be sick from other individuals.

## 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/downloads/hospital-preparedness-checklist.pdf](http://www.cdc.gov/coronavirus/2019-ncov/downloads/hospital-preparedness-checklist.pdf)

### **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 homes:**

[www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfopolicy-and/qso-20-14-nh.pdf](http://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfopolicy-and/qso-20-14-nh.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.