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Commissioner

**EXECUTIVE DIRECTIVE NO. 22-001 (Revised)**

**COVID-19 Related Health and Safety Requirements For  
The Reopening of New Jersey Pediatric Medical Day Care Facilities**

**WHEREAS**, on March 9, 2020, Governor Philip D. Murphy issued Executive Order No. 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**, 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 pediatric medical day care facilities licensed pursuant to N.J.A.C. 8:43J during the COVID-19 Public Health Emergency, but that allowed the pediatric medical day care facilities to provide off-site services to participants; and

**WHEREAS**, on June 4, 2021, Governor Murphy signed P.L. 2021, c.103 into law and issued Executive Order No. 244, which terminated the Public Health Emergency declared in Executive Order No. 103 (2020), but maintained the State of Emergency declared in that same Order; and

**WHEREAS**, on January 11, 2022, Governor Murphy issued Executive Order No. 280, declaring the existence of a new Public Health Emergency, pursuant to the Emergency Health Powers Act, N.J.S.A. 26:13-1 et seq., in the State of New Jersey; and

**WHEREAS**, on June 15, 2021, the Department issued Executive Directive No. 21-007 (Revised) allowing the licensed adult day health care facilities to reopen and establishing the appropriate COVID-19 precautions and protocols required for these facilities to reopen; and

**WHEREAS**, on August 6, 2021, Governor Murphy issued Executive Order No. 252, which set forth mandatory requirements related to vaccination and testing for all workers in certain covered health care facilities and other high-risk congregate settings; and

**WHEREAS**, pursuant to Executive Order No. 252, covered health care and high-risk congregate settings must maintain a policy that requires covered workers to either provide adequate proof that they have been fully vaccinated or submit to COVID-19 testing at minimum one to two times weekly. This requirement took effect on September 7, 2021, at which time any covered workers who had not provided adequate proof that they are fully vaccinated were to be prepared to submit to ongoing testing until fully vaccinated; and

**WHEREAS**, on January 19, 2022, Governor Murphy issued Executive Order No. 283, setting forth mandatory requirements related to booster vaccination for covered health care facility settings that are also subject to the Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule

(CMS-3415-IFC) (“CMS rule”) as well as mandatory requirements related to booster vaccination for other health care facility settings not subject to the CMS rule and high-risk congregate settings; and

**WHEREAS**, on March 2, 2022, Governor Murphy issued Executive Order No. 290 amending the timeframes set forth in Executive Order No. 283; and

**WHEREAS**, on March 4, 2022, Governor Murphy issued Executive Order No. 292 lifting the COVID-19 Public Health Emergency but maintaining the requirements in Executive Order Nos. 252, 253, 264, 283, and 290 under the State of Emergency declared pursuant to the Disaster Control Act; and

**WHEREAS**, pursuant to Executive Order Nos. 252, 283 and 290, pediatric medical day care programs are considered a covered health care facilities; and

**WHEREAS**, on October 7, 2021, the Department issued Executive Directive No. 21-011 establishing protocols for COVID-19 testing and vaccination reporting for covered settings subject to Executive Order No. 252. This Directive was revised to incorporate Executive Order No. 283 and Executive Order No. 290; and

**WHEREAS**, other routine services for children have resumed with appropriate COVID-19 safeguards, including the resumption of child care, youth summer camps, and organized sports pursuant to Executive Order No. 149 (2020); the resumption of youth residential and overnight camps pursuant to Executive Order No. 237 (2021); the resumption of in-person school instruction pursuant to Executive Order No. 175 (2021); and the requirement for masking in school districts pursuant to Executive Order No. 251 (2021); and

**WHEREAS**, COVID-19 vaccination eligibility has included all adolescents and adults ages 16 and older since April 19, 2021; all adolescents ages 12 and older since May 12, 2021; and all children ages 5 and older since November 2, 2021; and

**WHEREAS**, as of January 7, 2022, booster doses are authorized and recommended for everyone ages 12 and older; and

**WHEREAS**, the CDC recommends that people remain up to date with their COVID-19 vaccines. Up to date means that a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible. Pursuant to Executive Order No. 283, up to date means the worker has received a primary series, which consists of either a 2-dose series of an mRNA COVID-19 vaccine or a single dose COVID-19 vaccine, and any booster doses for which they are eligible as recommended by the CDC; and

**WHEREAS**, it is appropriate at this time to lift the closure orders on Pediatric Medical Day Care Facilities.

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

Any Pediatric Medical Day Care (PMDC) facility licensed pursuant to N.J.A.C. 8:43J 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](mailto: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/schools-childcare/child-care-guidance.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 that care for medically complex or technologically dependent children.

As New Jersey pediatric medical day care facilities reopen pursuant to this Executive Directive, the Department has prepared the requirements and guidance herein to facilitate the safety and well-being of pediatric medical day care facility operators, their staff and the vulnerable children they serve.

**Effective March 1, 2022**, pursuant to this Executive Directive, all pediatric medical day care facilities licensed in the State of New Jersey pursuant to N.J.A.C. 8:43J must comply with the requirements detailed in this directive before reopening and throughout reopened operations. 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. Screening, Admittance, Masking**

- a. All PMDC facilities shall screen staff and participants for fever and other COVID-19 symptoms, listed at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>, prior to entry to the facility each day, per the requirements in this section.
  1. Facilities shall encourage parents/guardians 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.
  5. Physical distancing or physical barriers and a well-fitting mask should be used to eliminate or minimize exposure risk during screening.
- b. Educate staff and participants' parents/guardians about when the participant should stay home and when the participant can safely return to the facility:

1. Staff and participants should stay home and follow CDC recommendations found at: <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 of COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> and have not yet met the criteria for the discontinuation of isolation per guidance issued by the Department and CDC. See COVID-19 prevention strategies at: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html>.
  2. Staff who are not up to date on COVID-19 vaccinations and who have a higher risk if exposed 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\\_COVID\\_Diagnosed\\_andor\\_Exposed\\_HCP.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance_COVID_Diagnosed_andor_Exposed_HCP.pdf). Higher risk includes persons with underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment) that might impact the level of protection provided by the COVID-19 vaccine (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>).
  3. Participants and staff who have tested positive for COVID-19, have symptoms of COVID-19, or who had close contact with a person with COVID-19 per CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>; less than six feet for a cumulative total of 15 minutes or more over a period of 24 hours, or unprotected direct contact), shall not return in-person until they have met the criteria to stop isolation and/or quarantine, including discontinuation of transmission-based precautions per the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>. They should continue to follow guidance provided by the local health department and Section IX of this Directive.
    - i. In the event of a critical shortage of staff, facilities may choose to follow CDC guidance specific for healthcare providers (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>).
    - ii. If a person is unable to wear a mask when around others, the person should continue to isolation and/or quarantine for 10 days, and avoid people who are immunocompromised or at high-risk for severe disease, nursing homes and other high-risk settings (e.g., medical day care), until after at least 10 days.
  4. Staff and participants should follow travel guidance from the CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html> and all local health and safety protocols of their travel destination.
  5. Staff and participants' parents/guardians who are unsure whether the staff and participants should stay home, can use the CDC's Coronavirus Self-Checker at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/coronavirus-self-checker.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 is up to date on COVID-19 vaccinations, including whether two weeks have passed after completion of the primary series of the vaccine and, if eligible, whether the participant or staff member has received a booster dose.
  - i. Facilities are to ensure that all staff comply with Executive Order Nos. 252, 283, , and 290. At minimum, any staff member and any other covered workers, as defined in Executive Order No. 283, who are not yet up to date on COVID-19 vaccinations against COVID-19 must get tested at least once or twice weekly as required by Executive Order No. 252. Testing frequency and reporting requirements are outlined in New Jersey Department of Health Executive Directive 21-011: <https://www.state.nj.us/health/legal/covid19/VaxTestEDCoveredSettings.pdf>.
2. Ask the participant's parent/guardian if the parent/guardian wishes to have the child vaccinated.
  - i. The facility shall share the current COVID-19 vaccination eligibility and recommendations as defined by the CDC: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>.
  - ii. If the participant is moderately to severely immunocompromised, the facility shall also share information about an additional primary dose (see: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>).
  - iii. If the participant's parent/guardian is interested, the facility shall assist the participant's parent/guardian with making a vaccination appointment, as needed.
  - iv. The Department encourages all eligible participants to receive all recommended COVID-19 vaccinations, including booster dose(s), when eligible . Information on how to get vaccinated is found here: <https://covid19.nj.gov/pages/vaccine>.
3. Temperature checks including subjective fever and/or objective fever equal to or greater than 100.4 or as further restricted by facility. Wherever possible, use thermal no-touch thermometers to limit contact and need for personal protective equipment (PPE). Staff performing screening, including temperature checks, should wear well-fitting source control.
4. Completion of a questionnaire about symptoms and potential exposure, which shall include at a minimum:
  - i. Whether the individual currently has any symptoms consistent with COVID-19 based on CDC Symptoms of COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>, 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, or diarrhea, or is undergoing evaluation for COVID-19 (such as a pending viral test).

- ii. Whether in the last 10 days, the individual has had close contact (within six 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 has otherwise met criteria for quarantine.
  - iii. Whether the individual 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 individual is recommended to quarantine due to the current travel guidance from the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.
  - v. Completion of the questionnaire by a child's parent/guardian or caregiver who transports a child to the facility, or who presents the child for transportation by the PMDC.
- d. Entry into the facility MUST be prohibited for those who meet one or more of the screening criteria listed above.
- e. Medically Complex, Technologically Dependent
1. Facilities shall update care plans for all participants and incorporate information to address the medically complex, technologically dependent children with any additional preventive measures that might be necessary to reduce the risk of COVID-19 infection and that address the child's specific medical issues.
    - i. The child life specialist, in consultation with the rehabilitation specialist, shall make recommendations for altering developmentally appropriate activities, including rehabilitation services, to be consistent with other changes to a program's COVID-19 procedures, and these changes shall be approved as part of the interdisciplinary care plan in accordance with N.J.A.C. 8:43J-11.1 prior to allowing such services to resume on site.
  2. Medically complex and technologically dependent children are defined in N.J.A.C. 8:43J-1.2 and include high-risk participants 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>. Medically complex and technologically dependent children include, but are not limited to:
    - i. Children with chronic lung disease or moderate to severe asthma;
    - ii. Children who have a serious heart condition;
    - iii. Children who are immunocompromised (many conditions can cause a person to be immunocompromised, including cancer treatment, exposure to smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications);

- iv. Children with severe obesity (obesity in children is defined as when a child reaches/exceeds the 95<sup>th</sup> percentile for weight by using a growth chart; see CDC BMI for age growth chart: [https://www.cdc.gov/growthcharts/clinical\\_charts.htm](https://www.cdc.gov/growthcharts/clinical_charts.htm));
  - v. Children with diabetes;
  - vi. Children with chronic kidney disease undergoing dialysis;
  - vii. Children with genetic, neurologic, and metabolic conditions;
  - viii. Children with sickle cell disease;
  - ix. Children dependent on mechanical ventilation;
  - x. Children with a tracheostomy requiring frequent suctioning;
  - xi. Children with pulmonary insufficiency requiring positioning, suctioning and/or chest physical therapy;
  - xii. Children who need enteric feeding complicated by gastroesophageal reflux and risk of aspiration, by a need for frequent venting of the tube, or by both;
  - xiii. Children who have a seizure disorder manifested by frequent and prolonged seizures requiring emergency medication administration; and
  - xiv. Children who need intermittent bladder catheterization.
- f. Masking and PPE
1. For the purposes of this document, “masks” include both masks and respirators. Staff, regardless of vaccination status, shall continue to wear a well-fitting mask while indoors at work, including in breakrooms or other spaces where they might encounter participants or other staff. Staff who are not up to date with all recommended COVID-19 vaccinations should wear a well-fitting mask outdoors in crowded settings or during activities that involve sustained close contact with participants or other staff. Facilities shall adhere to CDC guidance on use of a well-fitting mask: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>.
    - i. Masks should cover the nose and mouth, fit snugly, and have multiple layers. Examples of practices for well-fitting facemasks include: selection of a facemask with a nose wire to help the facemask conform to the face; selection of a facemask with ties rather than ear loops; use of a mask fitter; [tying the facemask’s ear loops and tucking in the side pleats](#); [fastening the facemask’s ear loops behind the wearer’s head](#); use of a cloth mask over the facemask to help it conform to the wearer’s face. When masks are worn by staff in the workplace, the masks should meet one of the following criteria:
      - [CDC mask recommendations](#)
      - [NIOSH Workplace Performance and Workplace Performance Plus masks](#)

2. When feasible, participants shall be encouraged to wear a well-fitting mask within the facility. Facilities shall follow the CDC's COVID-19 Guidance for Operating Early Care and Education/Child Care Programs: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html>.
  - i. Wearing a well-fitting mask may be difficult for people with sensory, cognitive, or behavioral issues, or children with disabilities. 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, is incapacitated, or is 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.cdc.gov/niosh/topics/emres/ppe.html> and <https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/personal-protective-equipment-infection-control>.

## **II. Vaccination and Testing of Staff**

- a. Facilities that are regulated under the Centers for Medicare & Medicaid Services (CMS) Conditions of Participation, are required to abide by the interim and any subsequent rule requiring vaccination of all staff at all CMS covered facilities. <https://www.cms.gov/files/document/cms-omnibus-staff-vax-requirements-2021.pdf>.
- b. In the absence of any or a more stringent federal rule governing vaccination requirements for these facilities, the facilities shall comply with Executive Order No. 252 (2021), Executive Order No. 283, and Executive Order No. 290 as required.
- c. All facilities must ensure that all staff comply with the Executive Order Nos. 283 and 290, until such time as these orders are amended, rescinded or superseded.
- d. All facilities shall assist covered workers with obtaining the vaccine and shall require covered workers who are not yet up to date on COVID-19 vaccinations (including those exempted from COVID-19 vaccination) to be tested at a minimum once or twice weekly on an ongoing basis in accordance with Executive Order Nos. 283 and 290 (2022). NJDOH Executive Directive 21-011 also applies to all PMDC facilities, including that each facility shall provide to workers education about the benefits and potential risks associated with COVID-19 vaccination, information on how to obtain COVID-19 vaccination, and information on how to obtain COVID-19 testing.

## **III. Group Sizes and Physical Distancing**

- a. The facility shall require physical distancing as follows:

1. Whenever possible, during all activities, participants and staff must adhere to six feet of physical distancing requirements between all individuals, unless otherwise required for safety. Limit all nonessential services and programs that require participants to be closer than six feet apart from each other.
  2. All tables and chairs must be arranged to facilitate a distance of six feet spacing between individuals for meals and cohort activities.
- b. Participant cohort sizes shall allow for physical distancing during activities and shall be limited to 10 children. Whenever possible, cohorts 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 cohort, each day, to the extent possible.
1. 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.
  2. Participant cohorts shall physically distance from other participant cohorts by at least six feet. Within each defined participant group, individuals who do not live together shall be encouraged to physically distance from others and shall wear a well-fitting mask, as appropriate.
- c. Utilization of shared spaces (entryways, restrooms) shall be carefully controlled to ensure that participants and staff maintain at least six feet of separation from other participants or staff.
1. When feasible, outdoor time shall be staggered to prevent mixing between groups. Simultaneous use of outdoor spaces is permissible if at least six 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.
  2. Participants and staff must perform hand hygiene upon returning from outdoor time.
  3. Cots or bedding shall be positioned alternating head-to-toe to minimize potential virus transmission between children.
- d. 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 parents/guardians or others into any entry vestibule or pick-up area in excess of the number that can be accommodated with at least six feet of distance between persons.

2. It is highly recommended that facilities prohibit any entry of parents/guardians into the facility and, instead, escort participants to their method of transportation or have parents/guardians wait outside the building.

#### **IV. Activities**

- a. Field trips and other off-site activities are prohibited, except for off-site activities within walking distance of the facility, if physical distancing can be maintained throughout. Permissible activities may include, for example, hikes, or walks to nearby parks.
  1. Close person-to-person contact (hugging, wrestling, games involving touching or tagging) shall be strictly limited. Facilities should not punish otherwise age-appropriate behavior, but should make clear that extra caution is necessary at this time.
  2. Activities that are likely to bring participants into close contact should be cancelled or modified. For example, games and activities involving direct physical contact or shared equipment (football, baseball) should be replaced with no contact activities or sports (running races, aerobics).
  3. Sharing of supplies, food, toys and other high touch items (art supplies, school supplies, equipment etc.) must be strictly limited.
  4. Facilities shall ensure an adequate supply of school, art, and other supplies to preclude the need for sharing of items. Participants' belongings shall be kept separate in individual storage bins or cubbies and sent home each day for washing.
    - i. If items must be shared, they shall be used by one group at a time and cleaned and disinfected between uses according to the guidelines set forth in Section VII. below.

#### **V. Volunteers/Visitors**

- a. Anyone entering the facility shall be logged and screened for COVID-19 prior to entering, with the exception of emergency personnel in their official capacity.
  1. Unless precluded by emergency circumstances, visitors to the facility shall be subject to the same screening procedures as participants and staff and shall be denied admission on the same basis unless the facility is legally precluded from denying access (e.g., a law enforcement agent with an appropriate warrant).
  2. 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 licensing inspector), all reasonable efforts should be made to minimize visitor contact with participants and staff.
  3. Visitors, volunteers, and contracted personnel shall be required to wear a well-fitting mask covering the nose and mouth while visiting the facility in accordance with CDC guidelines for mask usage: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html>. If a individual refuses to wear a mask as recommended by the CDC guidelines and if such covering cannot be provided to the individual by the business at the point of entry, the facility shall prohibit their entry.

## VI. Promoting Healthy Hygiene Practices

- 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 at: <https://www.cdc.gov/handwashing/campaign.html> to download resources to help promote hand hygiene at the facility.
- b. Facilities shall teach and reinforce use of a well-fitting mask among participants two years of age and older, where appropriate, and staff. Staff and participants should be frequently reminded not to touch the mask 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 facility, 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 facility. Participants should be monitored to ensure proper technique. Staff members should assist participants with sensory and/or cognitive deficits, and/or behavioral issues, and participants with a disability, 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 (e.g., gowns, gloves, eye protection).
  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 participants' 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 shall 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.
  - viii. Staff shall wash their neck, hands, and anywhere touched by a participant's secretions.

## **VII. Enhanced Cleaning and Sanitation Procedures**

- a. Facilities shall clean equipment and surfaces, therapy equipment required by N.J.A.C. 8:43J-11.3, 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 is on the CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.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 facility, 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. Supplies, food, toys, and other high-touch items (e.g., art supplies, school supplies, equipment, etc.) should not be shared unless they are cleaned after use in accordance with CDC guidelines.

- 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. Each participant's bedding shall be kept separately and stored in individually-labeled bins or bags. Cots and mats should be labeled for each participant. Bedding that touches a participant's skin shall be cleaned weekly or before use by another participant.
- f. Toys that participants have placed in their mouths or are contaminated by body secretion or excretion shall be set aside until they are cleaned by hand by a person wearing gloves. The person shall clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, and air-dry or clean in a mechanical dishwasher.

### **VIII. Response Procedures for COVID-19 Symptoms or Exposure**

A facility shall:

- 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 sick 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. Direct exposed or symptomatic individuals (or the parent/guardian if the individual is a minor participant) to call a health care provider for further guidance if their symptoms persist or worsen and advise the employee or participant's parent/guardian to inform the facility immediately if the person is diagnosed with COVID-19.
- c. When feasible, designate a separate isolation room or area (preferably with access to a dedicated restroom) and use it to isolate sick participants. The facility shall ensure that isolated participants are wearing a well-fitting mask as appropriate, are at a distance of six feet or more from others, and remain under supervision. Staff members should to the greatest extent possible leave the facility immediately upon experiencing symptoms.
- d. Prepare a list of all individuals who have been in close contact with sick participants or staff members.
- 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.
- e. Close off areas used by a sick person or a person who tests positive for COVID-19 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 a well-fitting mask (in addition to other protection needed for safe use of cleaning and disinfection products) while cleaning and disinfecting.
- h. Immediately report any confirmed or suspected exposure to COVID-19 occurring in a pediatric medical day care facility to both the local department of health (see directory here: <https://www.nj.gov/health/lh/documents/LocalHealthDirectory.pdf>) and the New Jersey Department of Health.
- i. Contact their local health department (<https://www.state.nj.us/health/lh/community/>) for guidance when becoming aware of a COVID-19 positive case in the facility. 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.
- j. Notify anyone who had close contact (less than six 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. Facilities should also notify local health officials, staff, participants, and participants' caregivers, parents/guardians, 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) and all other applicable laws and regulations.

#### **IX. Returning to the 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 for those who will be around high risk individuals. Those criteria are included in the CDC's Ending Isolation and Precautions for People with COVID-19: Interim Guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>. In the event of a critical shortage of staff, facilities may choose to follow CDC guidance specific for healthcare providers (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>), which may allow for an earlier return to a facility.
- b. In accordance with Governor Murphy's Executive Order No. 252 (2021), Executive Order No. 283 (2022), and Executive Order No. 290 (2022), covered workers must be fully vaccinated and receive a booster dose by a prescribed schedule. Those who are not yet up to date on COVID-19 vaccinations shall submit to a minimum of weekly or twice weekly testing on an ongoing basis until they are up to date. Testing frequency is defined in NJDOH Executive Directive 21-011: <https://nj.gov/health/legal/covid19/VaxTestEDCoveredSettings.pdf>. Covered staff in facilities governed by a more stringent requirement issued by CMS should follow those requirements. Facilities should apprise themselves of applicable federal regulations.
- c. Testing recommendations:
  - 1. Symptomatic participants or staff may not enter the facility regardless of vaccination status and COVID-19 testing should be encouraged per the Department or local health department guidance and this Executive Directive.

2. Individuals who test positive should not enter the facility, regardless of symptoms. Symptomatic individuals should be excluded from entry regardless of primary diagnosis. Follow existing policy and procedures for symptomatic individuals.
3. All participants and staff who have had a positive COVID-19 diagnostic test within the 90 days 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.
4. A facility may implement a COVID-19 testing policy beyond the requirements of Executive Order No. 252 (2021), Executive Order No. 283 (2022), and Executive Order No. 290 (2022). The facility's policy should exclude asymptomatic individuals from testing if they have fully recovered from COVID-19 within the previous 90 days and have not developed new symptoms.
5. Participants or staff—regardless of vaccination status including those who have had a positive viral test for SARS-CoV-2 in the past 90 days—who are exposed to COVID-19 should follow recommendations consistent with the Department, local health department, and CDC guidance on testing.

## **X. Posters 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 facility: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.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 facility: [https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Reopening\\_America\\_Guidance.pdf](https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Reopening_America_Guidance.pdf).
  3. The CDC's Safe and Healthy Diapering to Reduce the Spread of Germs Poster shall be posted prominently near all diapering stations: <https://www.cdc.gov/healthywater/emergency/pdf/diapering-in-emergency-settings508c.pdf>.
  4. Display visual posters with instructions for maintaining six feet physical distancing, wearing a well-fitting mask, taking daily temperatures, and monitoring for other COVID-19 symptoms. Find free print and digital resources on CDC's COVID-19 communications page.
  5. Develop signs and plain language messages in alternative formats (e.g., large print, Braille for people who have low vision or who are blind).
  6. Develop signs and messages in the preferred language(s) of staff and participants. Use COVID-19 easy-to-read resources, if applicable.

7. 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 a well-fitting mask.
8. Use reminders for staff and participants to self-monitor for COVID-19 symptoms.
9. Broadcast regular announcements on reducing the spread of COVID-19 on public address system, if available.
10. Include messages (e.g., training videos for staff, periodic guidance letters for participants to take home) about behaviors that prevent the spread of COVID-19 when communicating with staff, participants, and others who may be in a facility.
11. Post the weekly staff up-to-date COVID-19 vaccination rate (rate of staff who are fully vaccinated and have received a booster dose) in a visible place at the entrance.

## **XI. Transportation**

- a. To ensure the safety of facility participants and staff during transport, the facility must:
  1. Ensure that all individuals two years of age and older in the vehicle wear a well-fitting mask (as described in Section I. above) and seat passengers at least six feet apart whenever possible. Individuals from the same home may sit together.
    - i. If six feet of separation is not possible, when feasible seat one participant per row and skip rows.
  3. Transport staff and bus drivers should practice all safety actions and protocols as indicated for other facility staff (e.g., hand hygiene, well-fitting mask).
  4. When possible, schedule and stagger drop-off or pick-up times for participants to avoid crowding.
  5. 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.
  6. 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.
  7. 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.
  8. Screen participants via telephone with a parent/guardian for onset of new symptoms before scheduling the pick-up and ensure that temperature screening is conducted of

participants prior to their boarding the vehicle. The facility must make every effort to prevent bringing participants with any signs/symptoms of COVID-19 to the facility.

9. Post signs in vehicles for donning/doffing masks, appropriate respiratory etiquette (e.g., covering of sneezes and coughs), and proper hand hygiene.
10. Encourage parents/guardians, workers, and other people at the facility who use public transportation to consider using alternatives that minimize close contact with others (e.g., walking, biking, driving, or riding by car with household members only), if feasible. Those who use public transportation should follow the CDC mandate on wearing well-fitting mask on public transportation and other ways to protect themselves when using transportation.

b. In addition:

1. 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.
2. Paratransit drivers should take extra care in transporting patients with special needs and take all necessary safety precautions to prevent COVID-19. The Federal Transit Administration has compiled some best practice examples at: <https://www.transit.dot.gov/regulations-and-programs/safety/covid-19-recovery-practices-transit>.

## **XII. Ventilation**

a. The facility shall ensure proper ventilation as follows:

1. Ensure 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. Ensure that HVAC systems continue to be maintained and operational.
5. To the extent practicable, open windows frequently to allow fresh air flow and adjust HVAC systems to allow for more fresh air to enter the facility.

## **XIII. Restrooms**

a. The facility shall:

1. Limit the number of people occupying restrooms at one time to prevent long lines or crowds. A distance of at least six feet between people shall be maintained, as practicable.

2. Stock restrooms with adequate supplies, such as soap, tissues, paper towels, and no-touch trash cans (preferably covered).
3. Ensure restrooms are fully functional and that high-touch surfaces (e.g., doorknobs, countertops, faucets, light switches, and toilets) have been cleaned and disinfected every day with an EPA-approved disinfectant before the facility opens.

The provisions of this Directive shall remain in force and effect in accordance with Executive Order No. 292 (2022) until otherwise modified, superseded, supplemented, and/or rescinded.



Dated: 4/6/22

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Judith M. Persichilli, RN, BSN, MA  
Commissioner