State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 360
TRENTON, N.J. 08625-0360
www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICHILLI, RN, BSN, MA
Commissioner

EXECUTIVE DIRECTIVE NO. 20-025 (REVISED)[1]

PROTOCOLS AND CONDITIONS FOR VISITATION OF PEDIATRIC, DEVELOPMENTALLY DISABLED, INTELLECTUALLY DISABLED RESIDENTS AND RESIDENTS WITH MAJOR NEUROCOGNITIVE DISORDER OR SERIOUS MENTAL ILLNESS IN LONG-TERM CARE FACILITIES LICENSED PURSUANT TO N.J.A.C. 8:39

WHEREAS, Coronavirus disease 2019 ("COVID-19") is a contagious, and at times fatal, respiratory disease caused by the SARS-CoV-2 virus; and

WHEREAS, symptoms of the COVID-19 illness include fever, cough and shortness of breath, which may appear in as few as two or as long as 14 days after exposure, and can spread from person to person via respiratory droplets produced when an infected person coughs or sneezes; and

WHEREAS, COVID-19 can be spread by people who do not show any symptoms; and

WHEREAS, on March 9, 2020, Governor Philip 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 by Governor Murphy under Executive Order Nos. 119, 138, 151, 162 and 171; and

WHEREAS, on March 13, 2020 the Department of Health issued guidelines restricting visitation in Long-Term Care Facilities to end-of-life situations, which were revised and reissued on March 16, 2020 and supplemented on June 19, 2020; and

WHEREAS, those restrictions on visitation were necessary to impede the spread of COVID-19 in long-term care facilities; and

---

[1] This revised Executive Directive amends and supersedes Executive Directive No. 20-2025 dated July 15, 2020.

WHEREAS, the State of New Jersey has flattened the curve of COVID-19 cases and transmission in the State and has entered the reopening phase and is lifting certain COVID-19 restrictions;

NOW, THEREFORE, I, JUDITH PERSICHILLI, Commissioner of the Department of Health, pursuant to the powers afforded to me under the Emergency Health Powers Act, hereby ORDER and DIRECT the following:

I. Long-term care facilities licensed pursuant to N.J.A.C. 8:39 are required to permit indoor visitation by parents, family, guardians or support persons (visitors) of pediatric, developmentally disabled, intellectually disabled residents and residents with major neurocognitive disorder [2] or serious mental illness pursuant to this directive.[3] When determining whether a support person is needed, facilities are reminded that they must comply with federal and state laws, such as the Americans with Disabilities Act (ADA) 42 U.S.C. §12101 and the New Jersey Law Against Discrimination (LAD) N.J.S.A. 10:5-1, et seq.

II. Outdoor visitation is to continue to occur under the provisions of NJDOH Executive Directive 20-017.

III. Indoor visitation is to occur under the following conditions:

1. The State of New Jersey must remain out of the *maximum restrictions Stage* described in *The Road Back: Restoring Economic Health through Public Health* (http://d31hzlhk6di2h5.cloudfront.net/20200518/ff/c9/8c/41/1917eaf623c02595b9 225209/Strategic_Restart_Plan.jpg) reopening plan. If at any point during the public health response the State returns to the *maximum restrictions Stage,* visitation permitted under this Executive Directive must stop.

2. In order to permit visitors, the facility is required to have achieved a "post-outbreak" COVID-19 status, pursuant to the following standards:

   i. An outbreak of COVID-19 is An outbreak of COVID-19 is defined by the Communicable Disease Service, per the COVID-19 Communicable Disease Manual Chapter at https://www.nj.gov/health/cd/documents/topics/NCOV/NCOV_chapter.pdf.

   ii. Outbreaks are considered concluded when there are no symptomatic/asymptomatic probable or confirmed COVID-19 cases after 28 days (2 incubation periods) have passed since the last case's onset date or specimen collection date, whichever is later, as defined and updated per the COVID-19 Communicable Disease Manual Chapter:

---

[2] As used in this directive "major neurocognitive disorder" requires substantial impairment to be present in one or (usually) more cognitive domains. The impairment must be sufficient to interfere with independence in everyday activities. See: American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Publisher

[3] As used in this directive "serious mental illness" is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. See: American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Publisher

https://www.nj.gov/health/cd/documents/topics/NCOV/NCOV_chapter.pdf.

3. Facilities shall adhere to the following protocols and develop written guidelines for visitors.
    i. The facility shall actively screen all visitors for signs and symptoms of COVID-19. Screening is to include:
        a. Temperature checks;
        b. Completion of a questionnaire about symptoms and potential exposure. The questionnaire shall include at a minimum:
            1) Whether in the last 14 days, the visitor has had an identified exposure to someone with a confirmed diagnosis of COVID-19, someone under investigation for COVID-19, or someone suffering from a respiratory illness;
            2) Whether the visitor has been diagnosed with COVID-19 and has not yet met criteria for the discontinuation of isolation per guidance issued by NJDOH and CDC; and
            3) Whether in the last 14 days, the visitor has returned from a state on the designated list of states under the 14-day quarantine travel advisory; and
        c. Observation of any signs or symptoms of COVID-19, including, but not limited to:
            1) Coughing;
            2) Sneezing;
            3) Congestion; or
            4) Runny nose.
        d. Upon screening, facilities must prohibit visitation for those who meet one or more of the following criteria:
            1) Exhibit signs or symptoms of an infectious communicable disease, including COVID-19, such as a subjective and/or objective fever (evidenced by a temperature check of the visitor equal to or greater than 100.4 F or as further restricted by facility), chills, cough, shortness of breath or difficulty breathing, sore throat, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea;
            2) In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or someone under investigation for COVID-19, or someone ill with respiratory illness;
            3) In the last 14 days, has returned from a designated state under the 14- day quarantine travel advisory; or

4) Has been diagnosed with COVID-19 and has not yet met criteria for the discontinuation of isolation per guidance issued by NJDOH and CDC.

e. The facility should establish a designated area for visitors to be screened that accommodates social distancing and infection control standards. Visitors should be provided with the visitation guidelines upon check in. The facility should provide graphics to assist residents and visitors in maintaining social distancing and infection control standards.

f. No more than two visitors are permitted at one time per resident.

g. If, after undergoing screening, the visitor is permitted to enter the facility, the facility shall:

1) Require the visitor to wear a facemask. The facility may require the visitor to use additional forms of personal protective equipment (PPE), as determined by the facility.

2) Provide instruction on hand hygiene, provide instruction on limiting surfaces touched, provide instruction on the use of PPE, and inform visitors of the location of handwashing stations, before the visitor enters the facility and resident's room.

3) Limit the visitor's movement within the facility to the resident's room or designated space (e.g., reduce walking the halls, avoid going to dining room, etc.).

4) Advise the visitor to limit physical contact with anyone other than the resident while in the facility. For example, practice social distancing with no handshaking or hugging and remaining six feet apart.

5) Restrict a visitor from entering the facility if he or she is unable to demonstrate the proper use of infection prevention and control techniques.

6) Advise visitors to monitor for signs and symptoms of COVID- 19 for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on any findings.

h. The facility must receive informed consent from the visitor(s) and the resident in writing that they are aware of the possible dangers of exposure to COVID-19 for both the resident and the visitor and that they will follow the rules set by the facility in regard to visitation. The facility must receive a signed statement from each visitor and resident

(if the resident is unable to consent then the consent needs to be signed by the authorized representative) with a copy provided to the visitor and resident, that they are aware of the risk of exposure to COVID-19 during the visit, that they will strictly comply with the facility policies during visitation, and that the visitor will notify the facility if they test positive for COVID-19 or exhibit symptoms of COVID-19 within fourteen days of the visit.

i. Visitors shall be restricted to a designated area during each visit.

4. Indoor visitation must occur under the following conditions:

   i. All visitors' access to the facility will be limited to a designated visitation area, as well as the designated screening area, in order to limit the access of a visitor to the facility.

   ii. Facilities may allow visitation in a resident's room, if the resident is in a single room. If a resident is in a shared room, the facility must identify a visitation location that allows for social distancing and deep cleaning.

   iii. Transport of a resident to and from the designated visitation space must be safe and orderly. At a minimum, safe transport means that the resident cannot be transported through any space designated as COVID-19 care space or space where residents suspected or confirmed to be infected with COVID-19 are present. Transport must be done while keeping 6 feet distance between other residents and staff.

   iv. Residents and visitors must wear a face covering (surgical mask if supply is available) for the duration of the visit, in accordance with CDC guidance: https://www.cdc.gov/coronavirus/2019-ncov/prevent- getting-sick/cloth-face-cover-guidance.html. A face covering should NOT be worn by children under the age of 2 or anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

   v. Food is not permitted during the visits. Visitors may bring items for the resident but must leave the package at reception or another location, as directed by the facility. Visitors may bring their own water which cannot be shared with the resident. The facility shall provide appropriate hydration for the resident during the visit.

   vi. At the conclusion of the visit, the residents should be transported back to their rooms by a facility staff member.

5. Visitation shall occur via appointment only. A long-term care facility may limit the length of any visit, the days on which visits will be permitted, the hours during a day when visits will be permitted, and the number of times during a day or week a resident may be visited.

6. At least 48 hours before commencing indoor visitation, the facility must submit to the Department via email to LTC.DiseaseOutbreakPlan@doh.nj.gov an attestation on facility letterhead

from the facility administrator with the facility name and license number and "Visitation Attestation" in the subject line, as follows:

> *I, **[NAME]**, of full age, hereby certify that I am employed with the Facility in the capacity of **[INSERT TITLE]**; that I am duly authorized to the make the representations contained within this attestation on behalf of the Facility and to bind the Facility thereto; I attest that the facility has implemented all the requirements set forth in Executive Directive No. 20-025 and the facility is not experiencing an outbreak, has locations designated for visitation, sufficient staff, a mechanism for appointments and sufficient PPE to permit visitation.*

7. Please note that residents still have the right to access the Ombudsman program. Their access should be restricted per the guidance above (except in compassionate care situations); however, facilities may review this on a case-by- case basis. If in-person access is not available due to infection prevention and control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).
8. This Directive shall take effect immediately. The provisions of this Directive shall remain in force and effect for the duration of the public health emergency originally declared in Executive Order No. 103 (2020), and as extended by Executive Orders 119, 138, 151, 162 and 171, unless otherwise amended, superseded, or lifted.

Dated: August 31, 2020

Judith Persichilli, RN, BSN, MA
Commissioner