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. 20-017

STANDARDS AND PROTOCOLS FOR VISITORS AND FACILITY STAFF PURSUANT TO EXECUTIVE ORDER NO. 103 SUPERSEDING THE MARCH 16, 2020 VISITATION GUIDANCE MEMORANDUM

WHEREAS, Coronavirus disease 2019 ("COVID-19") is a contagious, and at times fatal, respiratory disease caused by the respiratory illness 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, the CDC and the New Jersey Department of Health (DOH) have identified key strategies to address COVID-19 in long-term care facilities and congregate settings, including but not limited to identifying infection early; taking measures to prevent the spread of COVID-19 through asymptomatic, pre-symptomatic, and symptomatic transmission; and dedicating areas of a facility to care for residents with suspected or confirmed COVID-19; and

WHEREAS, given the congregate nature and resident populations typically served in long-term care facilities (e.g., older adults often with underlying chronic medical conditions), the long-term care population are at the highest risk of being affected by COVID-19 and, if infected, are at risk of serious illness; and

WHEREAS, because healthcare providers and support staff are a source of introduction of COVID-19 into long-term care facilities, the CDC and the DOH recommend actively screening every person entering the facilities for fever and symptoms of COVID-19;

WHEREAS, long-term care facilities are required to comply with the COVID-19 baseline testing requirements in Executive Directive 20-013;

WHEREAS, according to the CDC, and as reflected in the State, experience with outbreaks in long-term care facilities has shown that residents with COVID-19 may not report typical symptoms such as fever or respiratory symptoms and some may not

report any symptoms, yet unrecognized asymptomatic and pre-symptomatic infections contribute to transmission in these settings; and

WHEREAS, on March 9, 2020, Governor 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, and 151; and

WHEREAS, the state is in Phase 2 of the reopening process; and

WHEREAS, mandatory guidelines for visitors and staff were put into place via a memorandum issued by the Department of Health dated March 13, 2020, and superseded by a revised memorandum on March 16, 2020, for dementia care facilities, long-term facilities, pediatric transitional care homes, assisted living residences, comprehensive personal care homes, and assisted living programs; and

WHEREAS, under the declared Public Health Emergency, the Commissioner of the Department of Health is empowered, pursuant to N.J.S.A. 26: 13-12, to take all reasonable and necessary measures to prevent the transmission of infectious disease and apply proper prevention measures and controls for infectious disease; and

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:

Effective June 19, 2020 and until lifted by the Department of Health (Department), the following screening and restriction requirements for all visitors to dementia care homes, long-term care facilities, pediatric transitional care homes, assisted living residences, comprehensive personal care homes, and assisted living programs shall be implemented by these facilities:

1. **Definitions.** For the purposes of this Executive Directive, “Restricting” means the individual should not be allowed in the facility at all; and “Limiting” means the individual should not be allowed in the facility, except for end-of-life situations.
2. **Limiting Resident Visitation.** No resident visitors shall be permitted in the facility except for end-of-life situations, and except as provided in Section 4 below, until further notice. The following rules shall apply to resident visitors for end-of-life situations:
    a) The facility shall actively screen and restrict visitation for those who meet one or more of the following criteria:
        i. 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 taken by the 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;

ii. 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; or

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

b) If, after undergoing screening, the visitor is permitted to enter the facility, the facility shall:

i. Require the visitor to wear a cloth face covering or facemask. The facility may require the visitor to use additional forms of personal protective equipment (PPE), as determined by the facility;

ii. 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;

iii. 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.), but permit the visitor to use a designated restroom, as necessary;

iv. Advise the visitor to restrict physical contact with anyone other than the resident while in the facility. For example, practice social distancing (remain six feet apart) with no handshaking or hugging;

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

vi. 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.

c) Facilities are required to provide notification in compliance with 42 C.F.R. 483.10(g)(14)(i)(B) when a resident experiences a change of condition. Facilities should not limit compassionate care visits when the resident has been determined to be at end of life.

3. **Alternatives to Resident Visits.** In lieu of visits, the Department strongly suggests facilities continue:

a) Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).

b) Creating/increasing listserv communication to update resident on outdoor visitation availability.

c) Assigning staff as primary contact to the resident's visitors for inbound calls and conducting regular outbound calls to keep them informed.

d) Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.

4. **Designated Outdoor Visitation Space by appointment only.** Beginning on June 21, 2020, facilities may allow in-person visitation in a designated outdoor visitation space, provided that the facility implements all of the following safety, care, and infection prevention and control measures:

a) Facilities may start scheduling appointments on the effective date of this Executive Directive, but visitation may not begin until June 21, 2020.

b) A resident who is suspected or confirmed to be infected with COVID-19; or quarantined for an exposure to a COVID-19 case cannot be visited except for an end of life situation. A resident who has been diagnosed with COVID-19 may be visited only after they have met the criteria for discontinuation of isolation as defined in guidance from NJDOH and CDC.

c) The facility should honor each resident's right to have and choose visitors and to make preferences. The facility should consult every resident to determine who the resident would wish to visit with in person. These consultations also serve as a personalized communication with the resident to explain how visitation will work and what the resident can expect.

d) Clear communication of the visitation policy should be provided to residents, resident's visitors, staff and others, as needed in writing, via the methods the facility uses to convey information or policy changes. Facilities should consider providing the visitation guidelines in various languages as needed.

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. Visitors are not permitted entrance past the reception area of the facility, including restrooms, which will not be available to visitors at this time.

f) The facility should provide a visiting area with accommodations offered for those with mobility needs and designated seating for visitors. The facility should also provide reasonable accommodations for any resident with a disability, such as hearing, vision, or cognitive impairments, and assist any resident with transport using their adaptive equipment.

g) Prior to transporting a resident to the designated outdoor visitation space, the long-term care facility must screen the visitor for infectious communicable diseases, including COVID-19 symptoms. Any visitors with symptoms of COVID-19 infection (subjective or objective fever equal to or greater than 100.4 F or as further restricted by facility policy, 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) will not be permitted to visit with a resident.

h) Transport of a resident to and from the designated outdoor 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.

i) A long-term care facility staff member familiar with the required protocols must remain with the resident at all times during the visit.

j) Each resident is limited to no more than two visitors at a time. A visitor must remain at least 6 feet from the resident and attending staff member(s) at all times during the visit. Whenever possible, visitors should

wait in a vehicle prior to the visitation time. If the visitor is using public or ride share transport, the visitor(s) should wait in an outdoor space that ensures social distancing of at least six feet from other visitors.

k) Staff must wear a surgical facemask; residents must wear a face covering (surgical mask if supply is available); and visitors must wear a face covering or mask for the duration of the visit. Visits with a resident in a designated outdoor space must be scheduled in advance and are dependent on permissible weather conditions, availability of outdoor space, and sufficient staffing at the facility to meet resident care needs, as well as the health and well-being of the resident. Facilities should provide appropriate protection from the weather, (e.g. sun, heat, and rain). Visits may be cancelled because of inclement or unsafe weather conditions (e.g. high humidity/heat, poor air quality).

l) 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.

m) 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.

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

o) The facility must receive informed consent from the visitor 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 outdoor 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 outdoor 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.

p) At least 24 hours before commencing outdoor 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 “Outdoor 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. 20-017 and the facility has a location designated for outdoor visitation, sufficient staff, a mechanism for appointments and sufficient PPE to permit visitation.*

5. **Vendors.** For vendors and transportation providers (e.g., when taking residents to offsite appointments, etc.), the facility shall actively screen and restrict those individuals from entering the facility if they meet one or more of the following criteria:

    a) Exhibit signs or symptoms of COVID-19, such as a fever (evidenced by a temperature check of the individual taken by the 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;

    b) In the last 14 days, has had close contact with someone with a confirmed diagnosis of COVID- 19, or with someone under investigation for COVID-19, or someone ill with respiratory illness;

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

    d) If, after undergoing screening, the vendor or transportation provider is permitted to enter the facility, the facility shall:

        i. Require the individual to wear a cloth face covering or facemask while in the facility. The facility may require the individual to use additional forms of personal protective equipment (PPE), as determined by the facility;

        ii. Provide instruction on hand hygiene, provide instruction on limiting surfaces touched, provide instruction on the use of PPE, and inform the vendor/transportation provider of the location of handwashing stations, before they enter the facility;

iii. Limit the individual's movement within the facility to those areas necessary to complete the vendor's or transportation provider's task;

iv. Advise the individual to limit physical contact and practice social distancing with anyone in the facility;

v. Restrict the individual from entering the facility if he or she is unable to demonstrate the proper use of infection prevention and control techniques, such as use of a facemask or proper hand hygiene; and

vi. Advise the individual 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.

e) For supply vendors, it is recommended that they drop off supplies at a dedicated location, such as a loading dock, instead of entering the facility.

f) Transport providers should not be permitted to render services if they meet the criteria outlined in a) through c), above.

6. **Volunteers.** Until further notice of the Department, non-healthcare volunteers shall be restricted from the facility, except if the individual is a volunteer advocate for the resident.

7. **Monitoring and Restricting Health Care Facility Staff and Non-essential Medical Professional Visitors**. The facility shall restrict non-essential medical professionals (except for end-of life situations) from entering the facility, until further notice by the Department. Essential medical professionals and non-essential medical professionals visiting the facility for end-of-life situations may enter the facility pursuant to the below requirements. The facility shall actively screen all health care facility staff (including regional, agency and corporate staff), essential medical professional visitors and non-essential medical professional end-of-life visitors and restrict access to anyone who meets any of the following criteria:

a) Exhibits signs or symptoms of an infectious communicable disease, including COVID-19 symptoms. Symptoms of COVID-19 infection include subjective or objective fever equal to or greater than 100.4 F or as further restricted by facility policy, 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. For facility staff and visiting essential medical professionals, the facility shall document the temperature of the staff member, for the absence of COVID-19 symptoms.

b) In the last 14 days, has had an identified exposure to someone with a confirmed diagnosis of COVID- 19, or someone under investigation for COVID-19.

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

d) If, after undergoing screening, the staff member or visiting essential or non-essential medical professional is permitted to enter the facility, the facility shall:

   i. Require the staff member and visiting essential or non-essential medical professional to wear a cloth face covering or facemask while in the facility. The facility may require the individual to use additional forms of PPE, as determined by the facility;

   ii. Provide instruction, before the staff member or visiting essential or non-essential medical profession enters the facility, on hand hygiene, the location of handwashing stations, limiting surfaces touched, and the use of PPE;

   iii. Limit the staff member or visiting essential or non-essential medical professional's movement within the facility to those areas necessary to complete the professional's task;

   iv. Advise the staff member or visiting essential or non-essential medical professional to limit physical contact and practice social distancing with anyone in the facility, except when needed for patient care purposes;

   v. Restrict the staff member or visiting essential or non-essential medical professional from entering the facility if he or she is unable to demonstrate the proper use of infection prevention and control techniques; and

   vi. Advise the staff member or visiting essential or non-essential medical professional 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 encountered while in the facility. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on any findings.

e) Health care facility staff, visiting essential or non-essential medical professionals who have signs and symptoms of an infectious communicable disease, including COVID-19 should not report to work.

f) Any health care staff and visiting essential or non-essential medical professional that develops signs or symptoms of COVID-19 while on-the job, are required to:

i. Immediately stop work, replace or keep on their facemask, and self-isolate at home.

ii. Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with, and

iii. Contact their health care provider.

g) Refer to the CDC guidance for exposures that might warrant restricting health care personnel from reporting to work (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

8. **Documentation of Resident Visitors, Health Care Facility Staff and Non-essential Medical Professional Visitors, and Vendors.** Facilities shall maintain records of all visitors to the facility including those outlined above. These records should document name, contact information, name of the resident being visited or other reason for visiting, and company or organization represented, if applicable. This information should be kept by the facility per policy, for a minimum of 30 days.

9. **Notification of Restricted and Limited Visits**. Facilities shall communicate through multiple means to inform individuals, including non-essential health care personnel, of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls. Facilities should contact their local health department for questions and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html) and the New Jersey Department of Health Website for COVID-19: https://www.nj.gov/health/cd/topics/ncov.shtml.

10. **Exceptions to Visitor Limitations and Restrictions**. In emergency situations EMS personnel shall be permitted to go directly to the resident**.**

    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 § 483.1 O(f)(4)(i).

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, and 151, unless otherwise amended, superseded, or lifted.

Dated: June 19, 2020

Judith Persichilli, RN, BSN, MA
Commissioner