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JUDITH M. PERSICILLI, RN, BSN, MA  
Commissioner

**EXECUTIVE DIRECTIVE NO. 20-018<sup>1</sup>**

**COVID-19 PROTOCOLS FOR HOSPITALS RESUMING ELECTIVE SURGERY AND  
INVASIVE DIAGNOSTIC PROCEDURES**

**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, shortness of breath, loss of smell or taste, and other symptoms identified by the Centers for Disease Control and Prevention (CDC) at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>, 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**, 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**, 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**, the Public Health Emergency was extended multiple times by Governor Murphy pursuant to various Executive Orders over the following fifteen months; and

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

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<sup>1</sup> This *revised* Executive Directive amends and supersedes Executive Directives No. 20-2018 dated June 24, 2020 and October 20, 2020

**WHEREAS**, despite the continuation of the State of Emergency, P.L.2021, C.103 requires that, following the termination of the Public Health Emergency originally declared under Executive Order No. 103 (2020), any administrative order, directive, or waiver issued by the head of a State agency that relied on the existence of the Public Health Emergency shall expire on January 11, 2022, but may be continued and modified unless explicitly revoked until January 11, 2022; and

**WHEREAS**, by its own terms, P.L.2021, c.103 does not diminish, limit, or impair the powers of any head of a State agency pursuant to the provisions of the Civilian Defense and Disaster Control Act; and

**WHEREAS**, as confirmed cases of COVID-19 and related fatalities continued to rise, on March 23, 2020, Governor Murphy issued Executive Order No. 109 (2020) which ordered that as of 5:00 p.m. on Friday, March 27, 2020, all “elective” surgeries performed on adults, whether medical or dental, and all “elective” invasive procedures performed on adults, whether medical or dental, would be suspended in New Jersey; and

**WHEREAS**, this step was necessary at the time because hospitalizations, intensive care unit admissions, and ventilator usage was rapidly spiking, and these surgeries and procedures, whether undertaken in a hospital, ambulatory surgery center or providers office, necessarily drew upon the skill and time of critical health care and involved the use of equipment and supplies that were needed to treat those who were critically ill; and

**WHEREAS**, the suspension of these surgeries and procedures preserved the capacity of our health care system to deal with the surge of COVID-19 cases, which reached its maximum impact on the health care system in the middle of April. Within the past 30 days however, the rates of confirmed COVID-19 cases in New Jersey has decreased substantially; and

**WHEREAS**, the provision in Executive Order 109 that the Executive Order shall not be construed in any way to limit access to the full range of family planning services and procedures, including terminations of pregnancies, whether in a hospital, ambulatory surgery center, physician office, or other location, remains in effect and waives COVID-19 testing requirements for these patients; and

**WHEREAS**, Governor Murphy issued Executive Order No. 145 (2020) on May 15, 2020 permitting the resumption of elective surgeries and invasive procedures in hospital and ambulatory surgery centers beginning on May 26, 2020, subject to a Directive developed by the Department of Health; and

**WHEREAS**, for the purpose of this document, a COVID-19 positive patient is defined as a patient who has been diagnosed with COVID-19 but has not yet had isolation precautions discontinued as defined at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html> and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>; and

**WHEREAS**, COVID-19 cases have been on the decline and as of May 15, 2021 and the statewide COVID-19 Activity Level Index (CALI) score is two (2), meaning moderate or low COVID-19 activity in most of the state: [https://www.nj.gov/health/cd/documents/topics/NCOV/COVID\\_19\\_Report\\_Week\\_2021\\_22.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_19_Report_Week_2021_22.pdf); and

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

**WHEREAS**, the State of New Jersey has lifted the majority of remaining COVID-19 restrictions over the last few months, with limited protocols remaining in effect in certain higher risk settings; and

**WHEREAS**, it is appropriate at this time to amend the restrictions placed on acute general hospitals; and

**WHEREAS**, P.L.2021, c.104 permits such amendments, even though the Public Health Emergency has been terminated; and

**NOW, THEREFORE, I, JUDITH PERSICILLI**, Commissioner of the Department of Health, hereby **ORDER** and **DIRECT** the following:

- 1. Hospitals performing elective surgeries and invasive procedures are required to take these additional steps to protect the healthcare workforce and patients being served:**
  - a. Comply with State and CDC guidelines to protect against further spread of COVID-19;
  - b. Institute screening of health care staff for symptoms of COVID-19 and have policies in place for removal of symptomatic employees from the workplace;
  - c. Enforce social distancing requirements in work areas and common areas;
  - d. Require masks for patients, except patients receiving services that would not allow for the use of a mask, and for any patient support person;
  - e. When possible, non-COVID care zones should be utilized in facilities that service both COVID-19 and non-COVID-19 patients;
  - f. Have an established plan for cleaning and disinfecting prior to using facilities to serve non-COVID-19 patients;
  - g. Facilities providing COVID-19 care should continue to be prepared for potential future surges. The plans for resumption of medically necessary care should include consideration of the impact on their ability to respond to future surges; and
  - h. Facilities should be prepared to modify resumption of clinical services in conjunction with surge status (as surge status increases, access to non-urgent care should decrease so as to not overwhelm the healthcare system) and to repurpose and redeploy staff to urgent care roles to the extent feasible.
  - i. The facility plans for potential future surges shall be guided by the following documents and others listed in the Appendix.

- 1) CDC Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/framework-non-COVID-care.html>;
- 2) CDC Preparedness Tools for Healthcare Professionals and Facilities Responding to COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html>; and
- 3) CDC COVID-19 Surge tool: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/COVIDSurge.html>.

## **2. PPE, and Staffing Requirements for Facilities**

- a.** Personal Protective Equipment (PPE) is essential to protect health care workers and patients. Therefore, the following shall be followed when resuming services:
  - i. Facilities shall have a plan, consistent with CDC and DOH recommendations, for patient and patient support person use of PPE;
  - ii. Healthcare workers must wear appropriate PPE consistent with CDC and DOH recommendations;
  - iii. Universal masking is required for all employees in the facility;
  - iv. Healthcare workers treating COVID-19 positive and presumptive positive patients must have appropriate training on, and access to, appropriate PPE;
  - v. COVID-19 PPE policies and procedures shall be in place for health care workers who are not in direct patient care roles and universal masking for staff shall be in place (i.e., front desk registration, schedulers, environmental cleaning people, etc.); and
  - vi. Facilities should implement policies for PPE that account for:
    - 1) Adequacy of available PPE supply, with a minimum seven (7) day supply on hand;
    - 2) Staff training on and optimized use of PPE according to non-crisis standards of care; and
    - 3) Policies for the conservation of PPE should be developed as well as policies for any extended use or reuse of PPE per CDC and DOH recommendations and FDA emergency use authorizations.

**b. Staffing**

Hospitals shall:

- i. Have sufficient trained and educated staff appropriate to the planned surgical procedures, patient population and facility resources;
- ii. Consider health care worker fatigue and the impact of stress to ensure that planned procedures can be performed without compromising patient safety or staff safety and well-being;
- iii. Consider the potential for a surge in COVID-19 infections in New Jersey and the strategy for responding to surge needs in the future;
- iv. Use available testing to protect staff and patient safety whenever possible and should implement guidance addressing requirements and frequency for patient and staff testing; and
- v. Use available qualified staff to safely perform procedures, provide care and provide needed follow up.

**c. Disinfection Protocols, Supplies and Equipment Maintenance**

Facilities shall implement the following disinfection and cleaning protocols:

- i. Confirm that cleaning and disinfecting supplies are COVID-19 compatible;
- ii. Ensure adequate supply of hand sanitizer, tissues, and non-touch trash receptacles with disposable liners in all restrooms and patient area;
- iii. Ensure all equipment is up to date on preventative maintenance and tested before use/reopening;
- iv. Check all supplies for expiration dates;
- v. Take needed action such as removing magazines from waiting areas; and

**d. Staff COVID-19 Screening**

- i. Staff shall be screened per Centers for Medicare & Medicaid Services (CMS) recommendations in the document available at: <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf> and per the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>, and
- ii. Institute screening of all healthcare personnel (HCP) for symptoms of COVID-19 and have policies in place for removal of symptomatic employees from the workplace, regardless of COVID-19 vaccination status.
- iii. Confirm/update all preventive infection policies and procedures.

- 1) Institute screening of all healthcare staff for higher-risk exposure to SARS-CoV-2 and have policies in place for removal or exclusion from the workplace. Refer to NJDOH *Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel* at: [https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance\\_for\\_COVID19\\_Diagnosed\\_andor\\_Exposed\\_HCP.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance_for_COVID19_Diagnosed_andor_Exposed_HCP.pdf).
- 2) Urge all staff and providers in the facility to get vaccinated against COVID-19 as soon as they can, please visit: <https://covid19.nj.gov/pages/vaccine> for vaccination locations.

### **3. Cohorting COVID-19 and Non-COVID-19 Patients**

**Hospitals shall cohort COVID-19 patients and Non-COVID-19 patients.**

#### **a. Labor and Delivery Units**

Hospitals with labor and delivery units shall follow DOH Labor and Delivery Guidance or Executive Directive. For scheduled procedures on a pregnant person in a hospital, the hospital shall follow the requirements in section 5 of this directive.

Hospitals are encouraged to follow the best practice “Recommendations of the New Jersey Perinatal Care During COVID-19 Work Group” as outlined by the New Jersey Health Care Quality Institute here: <https://www.njhqci.org/wp-content/uploads/2020/05/Recommendations-of-the-New-Jersey-Perinatal-Care-During-COVID-19-Work-Group-1.pdf>.

#### **b. Requirements that Patients Seeking these Procedures Must Undergo Testing, Self-Quarantine, and Other Preventive Measures**

#### **c. Scheduling must be coordinated to promote social distancing:**

- i. Minimize time in waiting area;
- ii. Stagger appointment hours; and
- iii. Post signs at entrances in appropriate language(s) for signs/symptoms of illness, fever and precautions.

#### **d. Testing Requirements**

- i. Patients are exempt from pre-procedural COVID-19 testing and self-quarantine if the patient:

- 1) Provides proof of full COVID-19 vaccination (2 weeks after their second dose in a 2-dose series or 2 weeks after a single-dose vaccine) and is currently asymptomatic. Facilities may keep a copy of the vaccination card or note vaccination status in the patient's chart; or
  - 2) Has tested positive for SARs-COV-2 within the last 90 days and completed the appropriate isolation and is currently asymptomatic.
  - 3) However, facilities may elect to use COVID-19 testing of these individuals as results might continue to be useful in some situations to inform the type of infection control precautions used (e.g., room assignment/cohorting, or PPE used). CDC guidance for testing vaccinated individuals can be found here:  
[https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#anchor\\_1619116637758](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#anchor_1619116637758).
- ii. For patients who do not meet the testing requirement in section (i) above, the facility must ensure that each patient has been tested (specimen collected and result received) within a six-day maximum before a scheduled procedure.
  - iii. Any specimen collection method (e.g. swab or saliva) is acceptable. The test performed by the laboratory must be for viral detection, with a preference for nucleic acid amplification test (such as PCR). Only antigen tests that have received an **Emergency Use Authorization or approval from the United States Food and Drug Administration (FDA)** may be used to fulfill the requirements of this directive.
    - 1) All facilities that perform COVID-19 point of care tests (such as antigen tests) in their facilities must possess a federal Clinical Laboratory Improvement Amendment (CLIA) Certificate. Additional information and application instructions for a CLIA Certificate can be found at [https://www.nj.gov/health/phel/clinical-lab-imp-services/federal\\_clia.shtml](https://www.nj.gov/health/phel/clinical-lab-imp-services/federal_clia.shtml).
  - iv. Retesting a patient who has tested positive in the last three months is not required if the patient remains asymptomatic and has completed appropriate isolation as defined at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html> and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>. Such testing should be performed if a clinician has the reasonable suspicion that the patient may be infectious for COVID-19.

- v. Further information about testing can be found at [https://www.nj.gov/health/cd/topics/covid2019\\_healthcare.shtml](https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml), including <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html> and [4-28-20 letter from the NJDOH Public Health and Environmental Laboratories](#);
- vi. Self-quarantine in their residence or other location following testing and up until the day of surgery is necessary;
- vii. Within the location of self-quarantine, physical distancing is necessary and use of source control is necessary when physical distancing is not possible;
- viii. Immediately inform the facility if there is any close contact with a suspected or confirmed case of COVID-19;
- ix. Immediately inform the facility if there is any close contact with a person with symptoms consistent with COVID-19; and
- x. Immediately inform the facility if the patient develops any symptoms consistent with COVID-19 during the time between when the COVID-19 test was collected and when the procedure is performed; and
- xi. Time-sensitive procedures that would endanger the health of the patient if delayed may be performed on a patient without a current test result so long as:
  - 1) The physician documents that the patient's health will be endangered if the procedure is delayed; and
  - 2) The following infection control protocols are followed:
    - a) All persons should refrain from entering the vacated procedure room until sufficient time has elapsed for enough air exchanges to remove potentially infectious particles (more information on clearance rates under differing ventilation conditions is available at: <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>). The time to enter the room depends on the procedure that was performed, the type of PPE the staff entering the room is wearing, and the exchange rate of the room. For aerosol generating procedures, follow CDC guidelines for aerosol generating procedures including administrative and engineering controls, and use of appropriate PPE. [8](https://www.cdc.gov/coronavirus/2019-</a></li></ul></li></ul></li></ul></div><div data-bbox=)



[ncov/hcp/infection-control-recommendations.html#anchor\\_1604360721943](https://www.nj.gov/health/hcp/infection-control-recommendations.html#anchor_1604360721943); and

- b) After the time for air exchanges in 1 above has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use. If air exchange information is not currently available, the surgery center should refer to policies and procedures established for care of an active Tuberculosis patient.

#### 4. Policies Surrounding Visitors

**Hospitals, Short-Term Stay Rehabilitation Facilities and Long-Term Acute-Care Hospitals must continue to prioritize the safety and well-being of patients, patient support persons, and staff. Until further notice, visitors will be allowed, as permitted below or in waivers from DOH available at <https://nj.gov/health/legal/covid19/>.**

Hospital/Facility Operations:

- a. The facility will set appropriate visiting hours and visitation duration and should consider facility design and flow when setting guidelines. Hospitals with Labor and Delivery units should follow DOH executive directives or guidance available at <https://nj.gov/health/legal/covid19/>.
- b. Facilities should determine the appropriate number of visitors allowed at any one time for a patient, except as follows:
  - i. If the patient is a minor, at a minimum the pediatric patient may have both parents or guardians; and
  - ii. If the patient requires support due to a physical or cognitive disability (e.g. quadriplegia) at a minimum a support person should be allowed to accompany the resident, including overnight in the case of inpatient procedures and hospitals must follow NJDOH directives regarding individuals with disabilities and pediatric patients.
- c. Personal Protective Equipment (PPE):
  - i. All visitors will be provided instruction on how to wear masks and appropriate PPE.
  - ii. All visitors will be provided with and must wear appropriate PPE as recommended by the CDC.

- iii. If a visitor refuses to wear a mask or other PPE as indicated, they will be asked to leave the facility.
- d. All visitors must undergo symptom and temperature checks upon entering the facility. If they fail the screening, they will not be allowed entry into the facility.
- e. All visitors must perform hand hygiene before visiting a patient.
  - i. Visitors may use the cafeteria and other amenities available to patients or visitors.
  - ii. Visitors may be present during procedures or in the recovery room, at the discretion of the facility, and the facility must follow NJDOH guidelines **for pediatrics, childbirth, and patients with an intellectual, developmental, physical or cognitive disability.**
  - iii. Same day surgery or procedure patients, **except for pediatrics, childbirth, and patients with an intellectual, developmental, physical or cognitive disability**, may have more than one support person at the discretion of the facility. The support person(s) may remain with the patient through the initial intake process and may rejoin the patient for the discharge process or at any other time while in the facility at the discretion of the facility.
  - iv. Outpatients may be accompanied by one adult or more persons at the discretion of the facility. Visitors may wait for the patient in the hospital or facility's designated waiting area (subject to physical space availability), while the patient is having his/her procedure.
  - v. All visitors must comply with all reasonable requirements imposed by the hospital or facility to minimize the potential spread of infection.

## **5. Policies Surrounding Discharge of Patients After the Procedures are Completed**

Hospital discharge policies are not changed.

## **6. Reporting Metrics**

**To ensure the ability of health systems and hospitals to respond during a potential surge of COVID-19, hospitals must continue to collect and report the following data through the portal:**

- a. COVID-19 case counts;
- b. Non-COVID-19 case counts; and

- c. Capacity data.
- d. The portal designated by the New Jersey Office of Emergency Management under Executive Order No. 111 (2020) is maintained by the New Jersey Hospital Association and is accessible here: <https://ppe.njha.com/>

## 7. Appendix - Key Resources, Recommendations and Guidance Documents

The latest DOH Executive Directives and Waivers: <https://nj.gov/health/legal/covid19/> and guidance: [https://www.nj.gov/health/cd/topics/covid2019\\_healthcare.shtml](https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml).

The latest guidance from the Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html>.

### Planning:

- i. CDC Guidance for U.S. Healthcare Facilities about Coronavirus (COVID-19) by Facility Type: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/us-healthcare-facilities.html>.
- ii. CDC Preparedness Tools for Healthcare Professionals and Facilities Responding to COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html>.

### Infection Prevention and Control:

- i. CDC Information for Healthcare Professionals about Coronavirus (COVID-19): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>.
- ii. CDC Guidance for Cleaning and Disinfecting: <https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>.

### PPE:

- i. DOH Infection Prevention & Control Resources for COVID-19: [https://www.nj.gov/health/cd/documents/topics/NCOV/COVID19\\_Infection\\_Prevention\\_and\\_Control\\_Resources.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/COVID19_Infection_Prevention_and_Control_Resources.pdf).

### Staffing:

- i. DOH Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel: [https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance\\_for\\_COVID\\_19\\_Diagnosed\\_andor\\_Exposed\\_HCP.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance_for_COVID_19_Diagnosed_andor_Exposed_HCP.pdf)

### Pre-Procedure Testing:

- i. DOH Laboratory Testing Information and Guidance: [https://www.nj.gov/health/cd/topics/covid2019\\_healthcare.shtml#6](https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml#6).

- ii. Regarding insurance coverage and billing for testing:
  - 1) Community-based and local testing locations:  
<https://covid19.nj.gov/faqs/nj-information/general-public/where-and-how-do-i-get-tested-for-covid-19-in-new-jersey-who-should-get-testing>.
  - 2) Information on insurance enrollment:  
<https://nj.gov/governor/getcoverednj/> and information for the uninsured or undocumented residents:  
[https://nj.gov/health/cd/documents/topics/NCOV/COVID-19\\_Resources\\_forUndocumented\\_and\\_UninsuredFactsheet.pdf](https://nj.gov/health/cd/documents/topics/NCOV/COVID-19_Resources_forUndocumented_and_UninsuredFactsheet.pdf).
  - 3) Federal resources may be available from the [Centers for Medicare & Medicaid Services](#) (CMS), from the [Federal Emergency Management Agency](#) (FEMA), and/or from the [Health Resources & Services Administration](#) (HRSA).

This Directive shall take effect immediately. The provisions of this Directive shall remain in force and effect pursuant to P.L.2021, C.104 until January 11, 2022, unless otherwise modified, supplemented and/or rescinded.



Dated: June 16, 2021

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Judith M. Persichilli, RN, BSN, MA  
Commissioner