



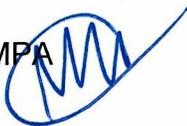
State of New Jersey  
DEPARTMENT OF HEALTH  
PO BOX 360  
TRENTON, N.J. 08625-0360  
[www.nj.gov/health](http://www.nj.gov/health)

PHILIP D. MURPHY  
Governor

SHEILA Y. OLIVER  
Lt. Governor

JUDITH M. PERSICILLI, RN, BSN, MA  
Commissioner

TO: Administrators  
Dementia Care Facilities licensed pursuant to N.J.A.C. 8:37  
Long-Term Facilities licensed pursuant to N.J.A.C. 8:39  
Pediatric Transitional Care Homes Licensed pursuant to N.J.A.C. 8:43D  
Assisted Living Residences, Comprehensive Personal Care Homes, and  
Assisted Living Programs licensed pursuant to N.J.A.C. 8:36

FROM: Marcela Ospina Maziarz, MPA   
Deputy Commissioner  
Health Systems

SUBJECT: Mandatory Guidelines for Visitors and Facility Staff

**THIS MEMORANDUM REGARDING MANDATORY GUIDELINES FOR VISITORS AND FACILITY STAFF REPLACES THE MEMORANDUM ISSUED ON MARCH 13, 2020. ACCORDINGLY, THIS MEMORANDUM SUPERSEDES THE MARCH 13, 2020 VISITATION GUIDANCE MEMORANDUM.**

**Effective March 16, 2020 and until lifted by the Department of Health (Department), the following screening and restriction requirements for all visitors to your facility shall be implemented by your facility.**

**Effective March 16, 2020 and until further notice by the Department, the following screening and restriction requirements for facility staff shall be implemented by your facility.**

### **Mandatory Guidelines for Visitors and Facility Staff**

#### *Definitions*

**Restricting** means the individual should not be allowed in the facility at all, until the Department lifts the requirements of this memorandum.

**Limiting** means the individual should not be allowed to come into the facility, except for end-of-life situations.

## 1. Limiting Resident Visitation

**No resident visitors shall be permitted in the facility except for end-of-life situations.**

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 a respiratory infection, such as a fever (evidenced by a temperature check of the visitor taken by the facility), cough, shortness of breath, or sore throat;
  - ii. In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or are ill with respiratory illness;
  - iii. In the last 14 days, has traveled internationally to a country with sustained community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>; or
  - iv. Resides in or travels to a community where community-based spread of COVID-19 is occurring.
- b. If, after undergoing screening, the visitor is permitted to enter the facility, the facility shall:
  - i. 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;
  - ii. Provide instruction, before the visitor enters the facility and resident's room, on hand hygiene, the location of handwashing stations, limiting surfaces touched, and the use of PPE;
  - iii. Limit the visitor's movement within the facility to the resident's room (e.g., reduce walking the halls, avoid going to dining room, etc.);
  - iv. 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;
  - v. Restrict a visitor from entering the facility if he or she is unable to demonstrate the proper use of infection control techniques; and
  - vi. Advise the visitors to monitor for signs and symptoms of respiratory infection 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 findings.

## **2. Alternatives to Resident Visits**

In lieu of visits, the Department suggests that facilities consider:

- 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 families, such as advising to not visit.
- c. Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
- 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.

## **3. Volunteers and Vendors**

### **Vendors**

- a. 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:
  - i. Exhibit signs or symptoms of a respiratory infection, such as a fever (evidenced by a temperature check of the individual taken by the facility), cough, shortness of breath, or sore throat;
  - ii. In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID- 19, or under investigation for COVID-19, or are ill with respiratory illness; or
  - iii. In the last 14 days, has traveled internationally to a country with sustained community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.
- b. 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 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, before the individual enters the facility, on hand hygiene, the location of handwashing stations, limiting surfaces touched, and the use of PPE;
  - 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 with anyone in the facility. For example, practice social distancing with no handshaking or hugging and remaining six feet apart;
  - v. Restrict the individual from entering the facility if he or she is unable to demonstrate the proper use of infection control techniques; and
  - vi. Advise the individual to monitor for signs and symptoms of respiratory infection 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 findings.
- c. 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.

### **Volunteers**

- a. Until further notice of the Department of Health, volunteers shall be restricted from the facility.

## **4. Monitoring and Restricting Health Care Facility Staff and Medical Professional Visitors**

- a. 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 if such entrance is permitted under the below requirements.
- b. The facility shall actively screen and restrict health care facility staff (including regional, agency and corporate staff), essential medical professional visitors and non-essential medical professional end-of-life visitors who meet the following criteria:
  - i. Exhibit signs or symptoms of a respiratory infection, such as fever (evidenced by a temperature check of the staff member or medical professional taken by the facility), cough, shortness of breath, or sore throat. For facility staff, the facility shall document the temperature of the staff member, the absence of shortness of breath, new or change in cough and sore throat;
  - ii. In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID- 19, or under investigation for COVID-19, or are ill with respiratory illness; or
  - iii. In the last 14 days, has traveled internationally to a country with sustained

community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.

- c. If, after undergoing screening, the staff member or visiting medical professional is permitted to enter the facility, the facility shall:
  - i. Require the visiting essential medical professional to wear a facemask while in the facility. The facility may require the individual to use additional forms of PPE, as determined by the facility; and
  - ii. Provide instruction, before the staff member or visiting 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 medical professional's movement within the facility to those areas necessary to complete the professional's task;
  - iv. Advise the medical professional to limit physical contact with anyone in the facility. For example, practice social distancing with no handshaking or hugging and remaining six feet apart;
  - v. Restrict the staff member or medical professional from entering the facility if he or she is unable to demonstrate the proper use of infection control techniques; and
  - vi. Advise the medical professional to monitor for signs and symptoms of respiratory infection 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 findings.
- d. Health care facility staff who have signs and symptoms of a respiratory infection should not report to work.
- e. Any staff that develop signs and symptoms of a respiratory infection while on-the-job, are required to:
  - i. Immediately stop work, put on a 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.
- f. Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>)

## 5. Notification of Restricted Visits

- a. Facilities shall communicate through multiple means to inform individuals and 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>

\*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 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).

If you have any questions concerning this matter, please contact Ms. Jean DeVitto, Executive Director, Certificate of Need and Healthcare Facility Licensure Program at [jean.devitto@doh.nj.gov](mailto:jean.devitto@doh.nj.gov).