



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. PERSICILLI, RN, BSN, MA
 Commissioner

May 12, 2021

TO: Administrators
 Long-term Care Facilities Licensed Pursuant to N.J.A.C. 8:39
 Assisted Living Residences Licensed Pursuant to N.J.A.C. 8:36
 Comprehensive Personal Care Homes Licensed Pursuant to
N.J.A.C. 8:36
 Residential Health Care Facilities Licensed Pursuant to N.J.A.C. 8:42
 Dementia Care Homes Licensed Pursuant to N.J.A.C. 8:37

FROM: Marcela Maziarz, Deputy Commissioner *MM*

SUBJECT: Mandatory Guidelines for the Provision of Services, Group Activities, Visitation, and Testing in all Long-Term Care Facilities.

THIS MEMORANDUM REGARDING MANDATORY GUIDELINES FOR THE PROVISION OF SERVICES, VISITATION, GROUP ACTIVITIES AND TESTING, AMENDS AND SUPPLEMENTS E.D. 20-026, REISSUED ON JANUARY 6, 2021, E.D. 20-025, REVISED ON AUGUST 31, 2020 AND E.D. 21-001, AND IS MEANT TO BE USED IN CONJUNCTION WITH E.D. 20-025, E.D. 21-001 AND E.D. 20-026.

The state of New Jersey has seen a significant drop in outbreaks of SARS-CoV-2 infection in the past month. In an effort to support the psychological well-being of the residents in long-term care facilities, the New Jersey Department of Health (NJDOH) has prepared this guidance to accommodate more visitation, group activities, and the provision of services for residents after vaccinations, in accordance with the updated healthcare infection prevention and control recommendations from the Centers for Disease and Control Prevention (CDC) in response to COVID-19 vaccination (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#anchor_1619116532180) and the Centers for Medicaid Medicare Services (CMS), QSO 20-38 (<https://www.cms.gov/files/document/qso-20-38-nh.pdf>) and QSO 20-39 (<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>). These accommodations prioritize the health, safety, and well-being of the residents of long-term care facilities. The NJDOH is currently preparing a revised directive concerning indoor visitation and requirements for provision of services in facilities after vaccination of residents and staff. Until new directives are issued, [Executive Directive 20-026 as revised on January 6, 2021 \(E.D. 20-026\)](#), and [Executive Directive 20-025 issued on August 31, 2020 \(E.D. 20-025\)](#), remain in effect with the following updates:

1. General Visitation Requirements

- a. These requirements apply to all staff and residents in Long-Term Care Facilities, Assisted Living Residences, Comprehensive Personal Care Homes, Residential Health Care Facilities, and Dementia Care Homes and Pediatric Residential Care Facilities (collectively “LTCFs” or “facilities”). Please refer to the current CDC guidance: *Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination*: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>, for detailed information on indoor visitation. All staff and direct care providers in licensed facilities should continue to follow all current infection prevention and control recommendations <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>, including those addressing work restrictions, quarantine, testing, and use of personal protective equipment to protect themselves and others from SARS-CoV-2 infection. Recommendations for staff use of personal protective equipment in healthcare settings is unchanged: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>. NJDOH directives, resources and guidance for licensed LTCFs can be found here: <https://www.nj.gov/health/ltc>.
- b. The facility **must log and screen everyone entering the facility per E.D. 20-026 and this memo, regardless of their vaccination status**. The facility must advise anyone entering the facility to monitor for signs and symptoms of COVID-19 for at least 14 days after exiting the facility. If symptoms occur, advise these individuals to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals with whom they were in contact, and the locations within the facility they visited. Facilities should immediately screen the individuals of a reported contact, and take all necessary actions based on any findings.
 - 1) Visitors should be screened and restricted from visiting, regardless of their vaccination status, if they (1) have current SARS-CoV-2 infection; (2) have symptoms of COVID-19; or (3) had prolonged close contact (within 6 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 in the prior 14 days or have otherwise met criteria for quarantine.
- c. **The facility must receive written, informed consent from the visitor(s) and the resident 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 visitation rules set by the facility. If the resident is unable to consent, then the consent must be signed by the resident’s authorized representative. A copy of the consent form must be provided to the visitor and resident, confirming 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(s) will notify the facility if they test positive for COVID-19 or exhibit symptoms of COVID-19 within fourteen days of the visit.**
- d. Facilities are reminded that they must submit information to the National Health Safety Network (NHSN) per the requirements of P.L. 2020 c.87 and should answer surveys from NJDOH regarding vaccination. Staff and resident vaccination is publicly available on the NJDOH Long-Term Care Landing Page: <https://www.nj.gov/health/ltc>.

- e. Compassionate care visits are permitted for all residents, regardless of vaccination or COVID-19 status. Compassionate care visits include more than just end-of-life situations. They are appropriate and should be permitted for residents who are grieving the loss of a friend or relative; for residents who need cueing and encouragement to eat or drink; for residents experiencing weight loss; and for residents who are emotionally distressed. This is not an all-inclusive list; facilities should consider each situation in a person-centered manner. All screening and infection prevention and control protocols must be adhered to during these visits per E.D. 20-026.

- f. Outdoor visits are permitted and encouraged when practical for residents who are not COVID-19 positive and who are not in quarantine under transmission-based precautions. All screening and infection prevention and control protocols must be followed, and visits must be scheduled with the facility in accordance with E.D. 20-026. Outdoor visits are allowed for facilities in any of the phases set forth in E.D. 20-026 and regardless of the COVID-19 Activity Level Index (CALI) score for the region.
 - 1) Outdoor visitation during an outbreak: when a new case of COVID-19 among residents or staff is identified, **a facility should immediately begin outbreak testing by initiating facility-wide testing, regardless of vaccination status of residents and staff, and suspend all visitation, including outdoor visitation (except that required under federal disability rights law and NJDOH guidance/directives)** until at least **ONE** round of expanded facility-wide testing is completed (i.e., day 3-7). Close contacts should be quarantined and tested upon identification. Facilities do not need to stop outdoor visitation until the conclusion of an outbreak; however, outdoor visitation should not occur for residents who are COVID-19 positive and who are in quarantine under transmission-based precautions.

- g. Indoor visits are permitted at all times and for all residents, regardless of the resident's vaccination status, **EXCEPT** during an outbreak in the facility when visitation can continue following outbreak testing but must be limited under certain circumstances (see section o and p); and **EXCEPT** for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission, as described below:
 - 1) UNVACCINATED or NOT FULLY VACCINATED* residents: indoor visitation should be limited if the facility is in a region with a CALI score that is high or very high **AND** less than 70 percent (<70%) of the residents in the facility are fully vaccinated.
 - *Fully vaccinated refers to a person who is more than or at 2 weeks following receipt of the second dose in a 2 dose series, or more than or at 2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.*
 - *Note: In general, healthcare facilities should continue to follow the infection prevention and control recommendations for unvaccinated individuals (e.g., quarantine, testing) when caring for fully vaccinated individuals with an immunocompromising condition.*

 - 2) Residents with confirmed SARS-CoV-2 infection, whether vaccinated or

unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions.

- 3) Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.
- h. Visitors, regardless of their vaccination status, must wear a well-fitting form of source control such as a well-fitting cloth mask, facemask, or respirator (N95 or a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators) for source control, except as described in sections (j), (k)(3) and (l), when patients/residents and/or visitors are fully vaccinated.
- 1) Visitors, regardless of their vaccination status, should physically distance (maintaining at least 6 feet between people) from other patients/residents, visitors that are not part of their group, and healthcare personnel in the facility.
- i. Location of visitation if occurring indoors:
- 1) If the patient/resident is in a single-person room, visitation may occur in their room.
 - 2) Visits for patients/residents who share a room should not be conducted in the patient/resident's room if avoidable.
 - 3) If in-room visitation must occur (e.g., patient/resident is unable to leave the room), an unvaccinated roommate should not be present during the visit. If neither patient/resident is able to leave the room, facilities should attempt to enable in-room visitation while maintaining [recommended infection prevention and control practices](#), including physical distancing and masking.
 - 4) If visitation is occurring in a designated area in the facility, facilities could consider scheduling visits so that multiple visits are not occurring simultaneously, to the extent possible. If simultaneous visits do occur, everyone in the designated area should wear well-fitting source control per section (1)(h) above, and physical distancing should be maintained between different visitation groups regardless of vaccination status.
- j. Visitation when **BOTH** visitor and resident are fully vaccinated:
- 1) While alone in the patient/resident's room or the designated visitation room, patients/residents and their visitor(s) may choose to have close contact (including touch) and to remove their facemasks.
 - 2) While in the facility, visitors should wear facemasks, per section (1)(h) above, and physically distance from healthcare personnel and other patients/residents, and visitors that are not part of their group at all other times.
- k. Visitation when **EITHER** the patient/resident or any of their visitors are **NOT** fully vaccinated:

- 1) While in the facility, visitors should wear facemasks, per section (1)(h) above, and physically distance from healthcare personnel and other patients/residents, and visitors that are not part of their group at all other times.
 - 2) While alone in the patient/resident's room or the designated visitation room, the safest approach is for everyone to maintain physical distancing and wear well-fitting facemasks per section (1)(h) above, to ensure the safety of the patient/resident and visitor(s).
 - 3) Fully-vaccinated patient(s)/resident(s), may choose to have close contact (including touch) with their unvaccinated visitor(s), however, visitors **AND** patient(s)/resident(s) must wear well-fitting source control, per section (1)(h) above.
- l. Pediatric residents who are unable to be vaccinated, may have close contact with fully vaccinated visiting parents or guardians, per the requirements in this section (1)(a to t).
 - m. Residents with confirmed COVID-19: Indoor visitation should be limited to compassionate care or end-of-life situations for residents with confirmed SARS-CoV-2 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>.
 - n. Residents Under Quarantine: Indoor visitation should be limited to compassionate care or end-of-life situations for residents under quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>.
 - o. When a new case of COVID-19 among residents or staff is identified, **a facility should immediately begin outbreak testing by initiating facility-wide testing, regardless of vaccination status of residents and staff, and suspend all visitation (except that required under federal disability rights law and NJDOH guidance/directives)** until at least **ONE** round of expanded facility-wide testing is completed (i.e., day 3-7). Once the first round of expanded facility-wide testing is completed, visitation may only resume in accordance with Section (1)(p) below:
 - p. Indoor visitation during an outbreak or investigation: can occur when there is evidence that the transmission of SARS-CoV-2 is contained to a single area or apartment of the facility per this memo as follows:
 - 1) The facility should **suspend visitation on the affected unit** until the facility has no new cases identified in healthcare personnel or patients/residents for 14 days.
 - 2) If the **first round of testing (performed on day 3-7)** reveals no additional cases in **other areas** of the facility, then visitation can resume for those areas/units with no cases. Close contacts should be quarantined and tested upon identification.

For example, if the first round of outbreak testing reveals one or more COVID-19

cases in the same area as the original case, but not in other apartment(s)/area(s), visitation can resume for residents in areas with no COVID-19 cases.

- 3) If the **first round of testing reveals one or more additional cases** in other areas/units for the facility, then facilities should suspend visitation for all residents, regardless of vaccination status, until there are no new cases identified in healthcare personnel or patients/residents for 14 days.
- q. Facilities may not restrict visitation without a reasonable clinical or safety cause; and **must** facilitate in-person visitation consistent with this memo and the requirements outlined in E.D. 20-026.
 - r. Facilities should monitor and consider the number of visitors per resident at one time and the total number of visitors in the building at any given time. Facilities should consider scheduling visits for a specified length of time to ensure all residents are able to receive visitors. Additionally, the facility must ensure the appropriate amount of staff needed to handle the volume of visitors, as well as anticipating the amount of PPE needed to accommodate the visitors.
 - s. During indoor visitation, facilities should limit the movement of visitors in the building to a direct path to and from the resident visitor area, and/or a resident's room.
 - t. Facilities **DO NOT** need to submit attestations prior to allowing indoor visitation to the NJDOH, per the requirements in this memo, as long as the facilities meet all the requirements herein and all infection control protocols.

2. Routine Testing of Staff

- a. In order to enhance efforts to keep COVID-19 from entering and spreading, facilities are required to test residents and staff based on parameters and frequency set forth in this memo and in accordance with CMS (for CMS certified facilities), CDC and CDS guidance as follows:
 - 1) The frequency of routine testing of unvaccinated staff should be based on the extent of the virus in the community. See below for CALI scores and testing frequency. **Fully vaccinated staff DO NOT have to be routinely tested (except as provided in Section (1)(o), when a facility must engage in outbreak testing of all staff, regardless of vaccination status). Fully vaccinated staff must still be tested if they present symptoms consistent with COVID-19.**
 - 2) Regardless of the required frequency of testing, the vaccination status of staff, or the facility's COVID-19 status, facilities must continue to screen all persons entering the facility including all staff, visitors and residents daily, for signs and symptoms of COVID-19 as outlined in E.D. 20-026, CDC, CMS (for CMS Certified facilities) and CDS guidance.
 - 3) Facilities should continue routine testing of all facility staff in accordance with QSO-20-38: <https://www.cms.gov/files/document/qso-20-38-nh.pdf> as revised on April

27, 2021, and as specified below, until otherwise directed by the NJDOH.

- b. “Facility staff” includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions.
 - 1) Volunteers are now permitted to enter the facilities, subject to the conditions outlined in this document for facility staff. Volunteers were previously restricted per E.D. 20-026.
- c. “Fully vaccinated” refers to a person who is more than or at 2 weeks following receipt of the second dose in a 2 dose series, or more than or at 2 weeks following receipt of one dose of a single-dose vaccine, per the CDC’s Public health Recommendations for Vaccinated Persons: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.
- d. “Unvaccinated” refers to a person who does not fit the definition of “fully vaccinated,” including people whose vaccination status is not known, for the purposes of this memo.
- e. Routine testing of UNVACCINATED staff should be based on the extent of the virus in the community. When determining the frequency of testing of UNVACCINATED staff, facilities should use the regional positivity rate reported in the COVID-19 Activity Level Index (CALI) Weekly Report: <https://www.nj.gov/health/cd/statistics/covid/>, in the prior week, as the trigger for UNVACCINATED staff testing frequency as follows:

Regional CALI Level	Regional Percent Positivity Rate in the past week	Minimum testing frequency of UNVACCINATED staff
Low	<3%	Once a Week*
Moderate	3-10%	Once a Week*
High/Very High	>10%	Twice a Week**

*Testing at this frequency until the NJDOH changes testing cadence based on epidemiology and data about the circulation of virus in the community or new CMS guidance.
 **This frequency presumes availability of Point of Care testing on-site at the facility or where off-site testing turnaround time is <48 hours.

- 1) Facilities should test all UNVACCINATED staff at the frequency prescribed in the testing table above, based on the regional CALI level reported in the past week.
- 2) Facilities should monitor their regional CALI level every week and adjust the frequency of UNVACCINATED staff testing according to the table above.
- 3) If the regional CALI level increases to a higher level of activity, the facility should begin testing UNVACCINATED staff at the frequency shown in the table above as soon as the criteria for the higher activity are met.
- 4) If the regional CALI level decreases to a lower level of activity, the facility should continue testing UNVACCINATED staff at the higher frequency level until the

regional CALI level has remained at the lower activity level for at least two weeks before reducing testing frequency.

- 5) Retest staff who have previously tested positive according to CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing,-Isolation,-and-Quarantine-for-Persons-Who-Have-Recovered-from-Previous-SARS-CoV-2-Infection>.
- 6) **All staff with new symptoms consistent with COVID-19 must be retested at the onset of symptoms, regardless of vaccination status or the interval between the most recent negative test and symptom onset.**
- 7) Asymptomatic staff with a higher-risk exposure per CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html> and patients or residents with prolonged close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately and again 5–7 days after exposure. Refer to the *NJDOH Healthcare Personnel (HCP) Exposure to Confirmed COVID-19 Case Risk Algorithm* at: https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml#1.
- 8) This memo outlines minimum staff testing requirements. Facilities may elect to perform routine testing of fully vaccinated staff beyond the minimum outlined herein.

3. **Communal Activities, Communal Dining and Off-Site Excursions:**

- a. Patients/residents with **SARS-CoV-2 infection or in isolation** because of suspected COVID-19, regardless of vaccination status, should **NOT** participate in communal activities, communal dining or off-site excursions until they have met the criteria to discontinue Transmission-Based Precautions: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>.
- b. Patients/residents in **quarantine** due to suspected or confirmed COVID-19 exposure, regardless of vaccination status, should **NOT** participate in communal activities, communal dining or off-site excursions until they have met criteria for release from quarantine, per the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>.
- c. Determine vaccination status of patients/residents following all privacy requirements and in compliance with HIPAA protections, (e.g., do not ask the status in front of other patients/residents or staff). For example, when planning for group activities, communal dining or off-site excursions, facilities might consider having patients/residents sign-up in advance so their vaccination status can be confirmed, and seating assigned.
- d. If **ALL** patients/residents participating in the group activity **are fully vaccinated**, they may choose to have close contact with others participating in the activity and/or without wearing source control during the activity.

- e. Unvaccinated Patients/Residents: **If unvaccinated residents are** participating in the activity, then **ALL** participants in the group activity **MUST** wear well-fitting masks and unvaccinated residents should physically distance from others participating in the group activity.
- f. **If vaccination status cannot be determined for all patients/residents, the safest practice is for all participants to follow all recommended infection prevention and control practices including maintaining physical distancing and wearing well-fitting masks. In general, all healthcare personnel, including those who are fully vaccinated, should continue to wear source control while at work.**
- g. Communal Dining:
 - 1) Fully Vaccinated Patients/Residents: May participate in communal dining without use of source control or physical distancing if all patients/residents are considered fully vaccinated.
 - 2) Unvaccinated Patients/Residents: In conditions where unvaccinated residents are dining in a communal area (e.g., dining room) **all** residents **MUST** use source control when not eating and unvaccinated residents should continue to remain at least 6 feet from others who are in the designated communal dining area.
- h. Off-Site Excursions:
 - 1) Leaving the Facility: Residents participating in social excursions outside the facility should be educated about the potential risks associated with public settings, particularly if they have not been fully vaccinated, and reminded to avoid crowds and poorly ventilated spaces. They should be encouraged to adhere to and assisted with adhering to all recommended infection prevention and control measures, including well-fitting source control, physical distancing, and hand hygiene.
 - 2) If residents are visiting friends or family in their homes, they should follow the well-fitting source control guidance and physical distancing recommendations for visiting with others in private settings as described in the CDC's: [Interim Public Health Recommendations for Fully Vaccinated People](#).
- i. Non-Essential Services:
 - 1) Non-essential healthcare personnel/contractors (e.g. barbers, hair stylists) are permitted to enter the facility only if the facility can meet screening criteria for entry, and has a protocol for the services to be rendered in a safe manner. The protocol must include, but not be limited to, infection prevention and control precautions, physical distancing, hand hygiene, cleaning between clients and the use of well-fitting source control.
 - 2) Testing requirements under section (2) apply to any individual entering the facility (employee or volunteer, etc.) to provide a service to residents; in particular services requiring close contact or touch, per QSO 20-38 and this memo.

- 3) Individuals providing services to residents should follow all infection control protocols set by NJDOH, CMS, CDS, CDC and if applicable, the professional licensing board (e.g. New Jersey State Board of Cosmetology and Hairstyling) and the Division of Consumer Affairs.

The NJDOH encourages visitors to become vaccinated when they have the opportunity. While visitor testing and vaccination can help prevent the spread of COVID-19, visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation. This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems. Vaccine information can be found here: <https://covid19.nj.gov/pages/vaccine>.