



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

EXECUTIVE DIRECTIVE NO. 21-012¹ (Revised)

**Directive for the Resumption of Services in all Long-Term Care Facilities
 licensed pursuant to N.J.A.C. 8:43, N.J.A.C. 8:36, N.J.A.C. 8:39, and N.J.A.C. 8:37**

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 and particles 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, Executive Directive 20-013 issued May 20, 2020, instituted a testing requirement for COVID-19 in New Jersey licensed Long-Term Care Facilities, Assisted Living Residences, Comprehensive Personal Care Homes, Residential Health Care Facilities, and Dementia Care Homes (collectively “LTCFs” or “facilities”); and

WHEREAS, LTCFs have been heavily impacted by COVID-19. The New Jersey Department of Health (NJDOH) has taken an aggressive approach to detection of and response to the virus in these vulnerable populations; and

WHEREAS, the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) updated guidance for persons fully vaccinated and unvaccinated, including healthcare providers and residents of healthcare facilities; and

WHEREAS, COVID-19 vaccines have received Emergency Use Authorization or approval from the Food and Drug Administration (FDA); and

WHEREAS, on August 6, 2021, Governor Murphy issued Executive Order No. 252 mandating vaccination of all workers in LTCFs and frequent testing for any unvaccinated staff; and

¹ This revised Executive Directive replaces and supersedes Executive Directive 20-025, Executive Directive 20-026, Executive Directive 21-001, and Executive Directive 20-017. This Executive Directive also replaces and corrects a typographical error in Executive Directive 21-012 dated April 18, 2022 (section IX., 5, ii).

WHEREAS, since COVID-19 vaccines have been administered to LTCF residents and staff, and these vaccines have been shown to help prevent symptomatic infection, CMS, in conjunction with the CDC, updated visitation guidance accordingly; and

WHEREAS, on June 4, 2021, Governor Murphy signed P.L.2021, c.103 into law and issued Executive Order 244 which among other things, terminated the Public Health Emergency, declared in Executive Order 103, but continued the State of Emergency; and

WHEREAS, P.L.2021, c.103 explicitly authorized the Commissioner of Health to issue orders, directives, and waivers pursuant to the Emergency Health Powers Act related to (1) vaccination distribution, administration, and management; (2) COVID-19 testing; (3) health resources and personnel allocation; (4) data collection, retention, sharing, and access; (5) coordination of local health departments; and (6) implementation of any applicable recommendations of the CDC to prevent or limit the transmission of COVID-19, including in specific settings; and

WHEREAS, on September 10, 2021, CMS issued revised QSO-20-38-NH regarding LTC Facility Testing Requirements; and

WHEREAS, on November 4, 2021, CMS issued the Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule (CMS-3415-IFC) establishing COVID-19 vaccination requirements for staff at Medicare- and Medicaid-certified providers and suppliers; and

WHEREAS, on November 12, 2021, CMS issued revised Visitation Guidance for Nursing Home Visitation – COVID-19 (QSO-20-39-NH), which allows visitation for all residents at all times;

WHEREAS, on January 13, 2022, in *Biden v. Missouri*, the U.S. Supreme Court stayed injunctions and allowed this CMS omnibus rule to take effect; and

WHEREAS, on January 5, 2022, the CDC recommended that people remain up to date with their COVID-19 vaccines. Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible; and

WHEREAS, as of January 7, 2022, booster doses are authorized and recommended for everyone age 12 and older; and

WHEREAS, on January 11, 2022, Governor Murphy issued Executive Order No. 280, declaring a new Public Health Emergency, pursuant to the Emergency Health Powers Act, N.J.S.A. 26:13-1 et seq., in the State of New Jersey; and

WHEREAS, CMS and CDC continue to emphasize the importance of maintaining infection prevention practices in LTCFs, given the continued risk of COVID-19 transmission; and

WHEREAS, on January 19, 2022, Governor Murphy issued Executive Order No. 283, setting forth mandatory requirements related to booster vaccination for health care facility settings subject to the CMS rule. This was updated on March 2, 2022 through Executive Order No. 290 to ensure covered workers have received their primary series by timeframes set forth by CMS, and are otherwise up to date on COVID-19 vaccinations, including boosters, by April 11, 2022 or within three weeks of becoming eligible for a booster dose, and defined “up to date” to mean that a person has received a primary series, which consists of either a 2-dose series of an mRNA COVID-19 vaccine or a single dose COVID-19 vaccine, and any booster doses for which they are eligible as recommended by the CDC; and

WHEREAS, Executive Order No. 283 also sets forth mandatory requirements related to booster vaccination for other health care facility settings not subject to the CMS rule and high-risk congregate settings. This was updated on March 2, 2022 through Executive Order No. 290 to ensure covered workers have received their first doses of their primary series by February 16, 2022, and are otherwise up to date on COVID-19 vaccinations by May 11, 2022 or within three weeks of becoming eligible for a booster dose; and

WHEREAS, on March 4, 2022, Governor Murphy issued Executive Order No. 292 lifting the COVID-19 Public Health Emergency and maintaining actions taken by any Executive Branch departments and agencies in whole or in part to respond to the Public Health Emergency presented by the COVID-19, such as this NJDOH Executive Directive, under the State of Emergency declared pursuant to the Disaster Control Act; and

NOW, THEREFORE, I, JUDITH PERSICILLI, Commissioner of the Department of Health, pursuant to the powers afforded to me under the Emergency Health Powers Act, N.J.S.A. 26:13-1 et seq., the Civilian Defense and Disaster Control Act, N.J.S.A. App.A:9-33 et seq., Executive Order No. 252 (2021), and Executive Order No. 283 (2022), hereby ORDER and DIRECT the following:

This Directive supersedes and replaces Executive Directive 20-025, Executive Directive 20-026, Executive Directive 21-001, and Executive Directive 20-017 and applies to the following residential healthcare facilities: Nursing Homes licensed pursuant to N.J.A.C. 8:39, Assisted Living Facilities and Comprehensive Personal Care Homes licensed pursuant to N.J.A.C. 8:36, Dementia Care Homes licensed pursuant to N.J.A.C. 8:37, and Residential Health Care Facilities licensed pursuant to N.J.A.C. 8:43.

I. Definitions

“Close contact” refers to someone who has been within 6 feet of a COVID-19 positive person for a cumulative total of 15 minutes or more over a 24-hour period.

“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.

“Higher-risk exposure” refers to exposure of an individual’s eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if present in the room for an aerosol-generating procedure. This can occur when staff do not wear adequate personal protective equipment during care or interaction with an individual. For more information, see CDC’s *Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2* (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>) and NJDOH’s *Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel* (https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml).

II. Visitation

1. Visitation must be allowed for all residents of nursing homes at all times per CMS QSO-20-39-NH, revised 11/12/2021, and accompanying FAQ, revised 3/10/2022 at <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf> (CMS Guidance), which facilities are to follow along with the supplementation of this Executive Directive.
2. Assisted Living Facilities, Comprehensive Personal Care Homes, Dementia Care Homes and Residential Health Care Facilities are to follow the CMS guidance referenced in paragraph 1. above with respect to visitation for all residents, except that the 24/7 visitation requirement is not required for these types of facilities and instead these facilities are required to return to pre-pandemic visitation hours.
3. Facilities must ensure that visits are conducted as safely as possible in accordance with guidance from the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>) and from CMS (<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>).

III. Screening Requirements

1. The facility must log and screen everyone (except for EMS personnel) entering the facility per the requirements in this directive, regardless of their vaccination status. The facility must advise everyone entering the facility to: monitor for signs and symptoms of COVID-19 for at least 14 days after exiting the facility, and, if symptoms occur, 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 who are a reported contact, and implement necessary actions based on findings.
2. The facility must receive written, informed consent from visitors 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.
 - i. A copy of the consent form must be provided to visitors confirming that they are aware of the risk of exposure to COVID-19 during the visit.
3. Visitors must strictly comply with the facility policies during visitation, which may include:
 - i. Wearing well-fitting source control and preferably those with better protection, such as surgical mask or KN95,
 - ii. Performing hand hygiene with alcohol-based hand rub or soap and water, and
 - iii. Practicing physical distancing.
4. Visitors must notify the facility upon receipt of a positive COVID-19 test result or exhibiting symptoms of COVID-19 that develop within 14 days of the visit.

5. The facility must establish a designated area for visitors to log in and be screened upon entry.

IV. Screening Standards

1. Upon screening, facilities should prohibit entry into the building for those who meet one or more of the following criteria, regardless of vaccination status.
2. The screening process for visitors is to consist of the completion of a questionnaire about symptoms and potential exposure which shall include at a minimum:
 - i. Whether the visitor:
 - a. Has had close contact to someone with confirmed or suspected COVID-19, or
 - b. Has otherwise met criteria for quarantine and has not yet met the criteria for discontinuation of quarantine, or
 - c. Has been diagnosed with COVID-19 and has not yet met the criteria for the discontinuation of isolation, per guidance issued by NJDOH and CDC.
 - ii. Whether the visitor is experiencing symptoms consistent with COVID-19:
 - a. Fever;
 - b. Chills;
 - c. Cough;
 - d. Shortness of breath or difficulty breathing,
 - e. Sore throat;
 - f. Fatigue;
 - g. Muscle or body aches;
 - h. Headache;
 - i. New loss of taste or smell;
 - j. Congestion or runny nose;
 - k. Nausea or vomiting; or
 - l. Diarrhea.
 - iii. If viral testing (i.e., antigen or PCR) is used, tests positive.

V. Testing

1. Facilities must conduct testing as follows:

- i. All facilities are to conduct testing in accordance with this directive, CDC, CDS, Executive Order No. 252 (2021) published here: <https://nj.gov/infobank/eo/056murphy/pdf/EO-252.pdf>, Executive Order No. 283 (2022) published here: <https://nj.gov/infobank/eo/056murphy/pdf/EO-283.pdf>, Executive Order No. 290 (2022) published here: <https://nj.gov/infobank/eo/056murphy/pdf/EO-290.pdf>, and NJDOH Executive Directive 21-011 published on October 7, 2021 and revised here: <https://nj.gov/health/legal/covid19/VaxTestEDCoveredSettings.pdf>.
- ii. CMS-certified facilities are to follow QSO-20-38-NH and CMS-3415-IFC, and Executive Order Nos. 283 and 290 (2022).
- iii. For facilities covered by CMS rules and guidance and by NJDOH Executive Directive 21-011 regarding frequency of testing, facilities shall adhere to the more frequent standard (e.g. if NJ’s CALI score indicates twice weekly and CDC’s county level of community transmission indicates once weekly, the facility shall test twice weekly).

2. Facilities may execute a contract or enter into an agreement with a laboratory or other vendor for prioritization of test results and to ensure testing capacity for repeat facility-wide testing. Facilities may use on-site laboratories or other arrangements for testing provided testing requirements herein are met.

3. Facilities must test residents and staff as follows:

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff with signs or symptoms must be tested, regardless of COVID-19 vaccination status.	Residents with signs or symptoms must be tested, regardless of COVID-19 vaccination status.
Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts	Test all staff, regardless of COVID-19 vaccination status, who had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, regardless of COVID-19 vaccination status, who had close contact with a COVID-19 positive individual. See #6 below.
Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, facility-wide or at a group level, if staff are assigned to a specific location where the new case occurred (e.g. unit, floor, or other specific area(s) of the facility), regardless of COVID-19 vaccination status.	Test all residents, facility-wide or at a group level (e.g. unit, floor, or other specific area(s) of the facility), regardless of COVID-19 vaccination status.

Routine testing	Test all covered workers, at a minimum, on a once or twice weekly basis in accordance with E.O. 252, E.O. 283, E.O. 290, and NJDOH E.D. 21-011 , if the covered workers (a) have not yet submitted proof of full primary series vaccination, (b) have not yet submitted proof of being up to date on COVID-19 vaccination, and/or (c) have requested and received an authorized medical or religious exemption to COVID-19 vaccination.	Not generally recommended.
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4. When a “Testing Trigger,” defined in the table above, is identified, perform testing immediately (but not earlier than 24 hours after the exposure, if known) and, if negative, again 5–7 days later.
 - i. Although exceptions exist, generally staff and residents who have recovered from COVID-19 and are asymptomatic do not need to be retested for COVID-19 within 90 days after symptom onset (symptomatic) or positive viral test (asymptomatic).
 - ii. Until more is known, testing should be encouraged again (e.g., in response to an exposure) 90 days after the date of symptom onset with the prior infection. Retest staff and residents who have previously tested positive in accordance with CDC and NJDOH 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>.
5. Residents who have experienced close contact with someone with SARS-CoV-2 infection, who have not tested positive for SARS-CoV-2 in the past 90 days, regardless of vaccination status, should submit to a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 5–7 days after the exposure.
6. Management of staff who are diagnosed or exposed to SARS-CoV-2 should be done in accordance with NJDOH’s *Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel* https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml and CDC’s *Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.
 - i. Facilities should return to *conventional* staffing strategies as soon as resources permit, including adequate testing.

7. Testing of staff and residents during an outbreak investigation should be done in accordance with CDC's *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#create> and applicable CMS guidance.
8. This Directive sets forth minimum staff testing requirements. Facilities may elect to perform routine testing of staff beyond the minimum outlined herein.
 - i. Use of Antigen Testing.
 - a. Antigen testing is a form of viral testing and may be used as an alternative to molecular diagnostic PCR tests subject to the parameters in this section.
 - b. Antigen testing may be used to fulfill any testing requirements set forth in this Directive and also may be used on asymptomatic individuals at the facility's discretion. If antigen testing is used, please refer CDC's *Overview of Testing for SARS-CoV-2, the virus that causes COVID-19* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html> for test interpretation and to determine when RT-PCR confirmation testing is necessary.
 - c. Only antigen tests that have received an Emergency Use Authorization or approval from the United States FDA may be used to fulfill the requirements of this directive.
 - d. All facilities that perform COVID-19 point of care (POC) 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.
9. Visitor Testing
 - i. Consistent with QSO-20-39-NH, facilities in counties with substantial or high level of community transmission are encouraged to offer testing to visitors. If they do not, facilities should encourage that visitors be tested on their own within 2-3 days before coming to the facility. Non-CMS certified facilities should follow this same recommendation.
 - ii. Visitors are not required to be tested or vaccinated as a condition of visitation.
 - a. However, a facility may require that each visitor take a rapid antigen test if the facility has the test available without charge at the time of entry and does not require any appointment or pre-notification from the visitor.

VI. Generic Email Submission

1. In order to facilitate communication, which has been hindered by frequently returned emails indicating improper email addresses, delaying the Department's ability to

communicate directly with all LTCFs, the Department has mandated that all LTCFs obtain a generic email address. This was first required to be submitted to the Department no later than December 31, 2021. This email account must be monitored and maintained for continued functionality.

- i. All LTCFs shall assign at least four staff members access to this facility specific generic email account.
 - ii. This email address must not be correlated to an administrator's name or anyone else by name.
 - iii. EVERY generic email account must include the facility's license number. Some examples include: Lakelenape134567@company.org or Mapleshade765431@company.org. This generic email address should not be changed.
2. Send all generic email addresses to the Office of LTC Resiliency at OLTCR@njlincs.net.

VII. Required Core Practices for Infection Prevention and Control

1. Core infection prevention and control practices must be in place at all times. Maintaining core infection prevention and control practices is key to preventing and containing outbreaks and is crucial in ensuring the delivery of quality, safe care. In addition to the requirements in N.J.A.C. 8:39-20, the following practices shall remain in place even as long-term care facilities resume normal activities:
 - i. Review the CDC's Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19) at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>, and implement any guidance applicable to the facility.
 - ii. The facility's designated individual(s) with training in infection prevention and control shall assess the facility's Infection Prevention and Control (IPC) program by conducting internal quality improvement audits. Additional information is available at the NJDOH Healthcare Associated Infections page at <https://www.nj.gov/health/cd/topics/hai.shtml>, the NJDOH COVID-19 page at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml, and the CDC's Infection Control Assessment Tools page at <https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>.
2. Facilities must maintain a Respiratory Protection Program (RPP) that complies with the Occupational Safety and Health Administration (OSHA) respiratory protection standards for employees. The program must include medical evaluations, training, and fit testing. Refer to OSHA's RPP page at: <https://www.osha.gov/respiratory-protection>. This requirement does not modify or otherwise affect a facility's existing obligations under federal law to comply at all times with all applicable requirements of OSHA's respiratory protection standards found at 29 C.F.R. 1910.134.
 - i. Facilities may contract with a consultant or vendor to fulfill the requirements of this section.

VIII. Entry Requirements

1. If, after undergoing screening, a person is permitted to enter the building, the facility shall ensure adherence to the core principles of COVID-19 infection prevention. Refer to CDC Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>.
2. Health care workers who are not employees of the facility but provide direct care to the facility's residents, such as hospice workers, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy, etc. must be permitted to enter the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19, show signs or symptoms of COVID-19, fail to meet the requirements of any executive order or directive in effect (e.g. vaccination requirements for covered workers), or fail any criteria after being screened in accordance with section IV. above.
3. Any EMS transport personnel who have donned appropriate personal protective equipment (PPE) in advance of entering the facility to transport a resident should not be required to doff PPE or take a point-of-care test prior to entry, but should be screened in accordance with section IV. above.
 - i. Non-emergency medical transport personnel—such as a taxi, Lyft, Uber, non-MAV, or non-BLS—should be screened in accordance with section IV. and may be required to be tested prior to entering the facility to transport a resident. Drivers and transport personnel can provide proof of a negative FDA-approved or -authorized point-of-care test collected and performed in the past 24 hours or a PCR test collected and resulted no more than three days prior to the visit in order to fulfill testing requirements under this section.

IX. Cohorting, PPE, and Training Requirements

1. Facilities shall train and provide staff with the recommended COVID-19 PPE, to the extent PPE is available, and consistent with CDC guidance on optimization of PPE (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>), if applicable.
2. All staff must wear all appropriate PPE when indicated.
3. Facilities must have a plan for implementing universal use of PPE when operating in counties with substantial or high community transmission (see CDC's Level of Community Transmission at https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=New+Jersey&data-type=Risk) or when NJDOH's CALI Level is Very High/High or Moderate.
4. PPE use should include:
 - i. NIOSH-approved N95 or equivalent or higher-level respirators should be used for:

- a. All aerosol-generating procedures (see CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control>).
 - b. Whenever additional risk factors for transmission are present, such as if the resident is not up to date with all recommended COVID-19 vaccine doses, inability to use source control, and the area being poorly ventilated. They may also be considered if healthcare-associated SARS-CoV-2 transmission is identified and universal respirator use by healthcare personnel (HCP) working in affected areas is not already in place.
 - c. To simplify implementation, facilities in counties with substantial or high community transmission or where NJDOH's CALI Level is Very High/High or Moderate may consider implementing universal use of NIOSH-approved N95 or equivalent or higher-level respirators for HCP during all patient care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission.
 - ii. Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient care encounters.
5. Well-fitting source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting.
- i. While it is generally safest to implement universal use of well-fitting source control for everyone in a healthcare setting, there are allowances that may be considered for individuals who are up to date with all recommended COVID-19 vaccine doses in healthcare facilities located in counties with low to moderate community transmission. Refer to CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html> for current recommendations.
 - ii. A face covering should not be worn by children under the age of two (2) or by anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. Source control may be provided with cloth face coverings or face masks.
6. Facilities shall separate COVID-19 positive and negative residents in accordance with NJDOH guidance at https://nj.gov/health/cd/topics/covid2019_healthcare.shtml.
- i. A resident is considered recovered from COVID-19 only after the resident has met the criteria for discontinuation of isolation as defined by the NJDOH at <https://www.state.nj.us/health/cd/topics/ncov.shtml>, and CDC guidance at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.
7. Facilities must have a plan in place to safely manage residents. This includes but is not limited to managing new admissions, readmissions, exposed residents, and

SARS-CoV-2 positive residents. Facilities shall take appropriate action on laboratory results including, but not limited to, the guidance below:

- i. Sending facility: COVID-19 diagnostic test results must be provided (in addition to other pertinent clinical information) to the receiving facilities for any transferred residents upon receipt of lab results.
- ii. Receiving facility: Upon identification of a case of COVID-19 in a resident who was recently admitted (within 14 days), the receiving facility must provide these results back to the sending facility to allow for the appropriate response and investigation.

X. Reporting

1. All long-term care facilities are required to report, at a minimum twice per week, COVID-19 cases, facility staffing, and supply information to the National Healthcare Safety Network (NHSN) Long-Term Care Facility COVID-19 Module: <https://www.cdc.gov/nhsn/ltc/covid19/index.html> and to the Antigen testing module. The LTCF COVID-19 Module requires the following information to be submitted:
 - i. Counts of residents and facility personnel with suspected and laboratory positive COVID-19;
 - ii. Counts of suspected and laboratory positive COVID-19-related deaths among residents and facility personnel;
 - iii. Resident beds and census;
 - iv. Staffing shortages;
 - v. Status of personnel protective equipment (PPE) and hand hygiene supplies; and
 - vi. Ventilator capacity and supplies for facilities with ventilator dependent units.
2. All long-term care facilities are subject to NJDOH Executive Directive 21-011 regarding reporting of covered worker COVID-19 vaccination. In addition, all long-term facilities shall make information about resident COVID-19 vaccination participation for all authorized doses available to the Department upon request.

This Order shall take effect immediately. The provisions of this Directive shall remain in force and effect in accordance with Executive Order No. 292 (2022), until otherwise modified, supplemented, and/or rescinded.



Dated: April 21, 2022

Judith M. Persichilli, RN, BSN, MA

Resources

CDC Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19)
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

CMS Policy and Memos to States and Regions (QSOs)
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>

NJDOH Revised Executive Order 20-013 (Testing in Post-Acute Settings)
https://www.nj.gov/health/legal/covid19/05-20-2020_ExecutiveDirectiveNo20-013_LTC_planCOVID19testing_revised.pdf

NJDOH COVID-19, Communicable Disease Manual Chapter
https://www.nj.gov/health/cd/documents/topics/NCOV/NCOV_chapter.pdf

NJDOH COVID-19: Information for Healthcare Professionals
https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>