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March 13, 2020

TO: Administrators
Dementia Care Facilities licensed pursuant to N.J.A.C. 8:37
Long-Term Care Facilities licensed pursuant to N.J.A.C. 8:39
Pediatric Transitional Care Homes licensed pursuant to N.J.A.C. 8:43D

FROM: Marcela Ospina Maziarz, MPA
Deputy Commissioner
Health Systems 

SUBJECT: Mandatory Guidelines for Visitors and Facility Staff

Effective Saturday, March 14, 2020 at 5 p.m. 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 Saturday, March 14, 2020 at 5 p.m. 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. Ask the visitor if he or she had any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If the answer is yes, then it is recommended that the facility offer the visitor a facemask to use while onsite.
 - 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 use of PPE according to current facility policy while in the resident's room;
 - 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.); and
 - 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.

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;
 - 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 vendor or transportation provider is permitted to enter the facility, the facility shall:
 - i. Ask the vendor or transportation provider if he or she had any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If the answer is yes, then it is recommended that the facility offer the individual a facemask to use while onsite.
 - ii. Provide instruction, before the individual enters the facility, on hand hygiene, the location of handwashing stations, limiting surfaces touched, and use of PPE according to current facility policy;
 - iii. Limit the individual's movement within the facility to those areas necessary to complete the vendor's or transportation provider's task; and
 - 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.

- 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 actively screen and restrict health care facility staff and medical professional visitors (e.g., physicians, nurses, physical therapists, and hospice workers) 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;
 - 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 staff member or visiting medical professional is permitted to enter the facility, the facility shall:
 - i. Ask the individual if he or she had any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If the answer is yes, then it is recommended that the facility offer the individual a facemask to use while onsite; and
 - ii. Provide instruction, before the individual enters the facility, on hand hygiene, the location of handwashing stations, limiting surfaces touched, and use of PPE according to current facility policy.
- c. Health care facility staff who have signs and symptoms of a respiratory infection should not report to work.
- d. 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.
- e. 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>)

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. If in-person access is allowable, use the guidance mentioned above. 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.