

Quick Reference: Executive Directive No. 20-026 Resumption of Services Guidance in all Long-Term Care Facilities – Infection Prevention & Control



Note: This document does not supersede any existing state and federal regulation. Facilities shall comply with any applicable existing regulatory requirements.

Highlight reflects content revisions.

Criteria for phased resumption of services

Facilities may directly advance to the applicable Phase based on criteria within Executive Directive (ED) No. 20-026 (<https://www.nj.gov/health/legal/covid19/>).

Phase 0

- Any facility regardless of outbreak status, when New Jersey is in maximum restrictions of Road to Reopening
- OR**
- Any facility identified with an active outbreak¹ of COVID-19
- OR**
- Any facility that cannot complete COVID-19 testing in accordance with reopening plans as outlined in *ED No. 20-026*
- AND/OR**
- Any facility that cannot attest to adequate staff; testing capacity for repeat facility-wide testing; PPE; cleaning and disinfection supplies; “Phased Reopening Attestation;” “Data Reporting;” “PPE Stockpile;” and “Infection Control Contract/Employee.”

Phase 1

- Facilities that conclude an outbreak of COVID-19 OR never had a case of COVID-19 at their facility
- AND**
- 14 days have passed since New Jersey moved to Stage 1 of Road to Reopening
- AND**
- Can attest to adequate staff; testing capacity for repeat facility-wide testing; adequate PPE; cleaning and disinfection supplies; “End of Outbreak” or “No Outbreak Experienced;” “Data Reporting;” “PPE Stockpile;” and “Infection Control Contract/Employee.”
- AND**
- Performs continued testing of all staff per *ED No. 20-026*

Phase 2

- Facilities that conclude an outbreak of COVID-19 OR never had a case of COVID-19 at their facility
- AND**
- 14 days have passed since New Jersey moved to Stage 2 of *Road to Reopening*
- AND**
- Can attest to adequate staff; testing capacity for repeat facility-wide testing; adequate PPE; cleaning and disinfection supplies; “End of Outbreak” (if applicable); “Date Reporting;” “PPE Stockpile;” “Infection Control Contract/Employee;” and “Phase 2 Indoor Visitation Attestation.”
- AND**
- Performs continued testing of all staff per *ED No. 20-026*

Phase 3

- Facilities that conclude an outbreak of COVID-19 OR never had a case of COVID-19 at their facility
- AND**
- 14 days have passed since New Jersey moved to Stage 3 of *Road to Reopening*
- AND**
- Can attest to adequate staff; testing capacity for repeat facility-wide testing; adequate PPE; cleaning and disinfection supplies; “End of Outbreak” (if applicable); “Reporting and PPE Stockpile;” “Infection Control Contract/Employee;” and “Phase 2 Indoor Visitation Attestation.”
- AND**
- Performs continued testing of all staff per *ED No. 20-026*

¹ This guidance does not replace previous guidance issued by NJDOH for management of a COVID-19 outbreak, infection prevention and control recommendations for COVID-19, or laboratory testing guidance. Guidance may be subject to change as new information becomes available. For guidance related to COVID-19 in post-acute facilities, please visit the NJDOH COVID-19 information for healthcare professionals at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml.

Resumption of Services – Recommendations for infection prevention and control

Category	PHASE 0	PHASE 1	PHASE 2	PHASE 3			
<p>Outdoor visitation</p>	<p>Refer to ED No. 20-026 for information on outdoor visitation at https://www.nj.gov/health/legal/covid19/8-20_ExecutiveDirectiveNo20-026_LTCResumption_of_Svcs.pdf.</p>						
<p>Indoor visitation</p> <p>Visitors should practice routine infection prevention and control precautions including social distancing, hand hygiene, and wearing a cloth face covering or facemask</p> <p>Facilities may still restrict visitation (beyond end-of-life, compassionate care, and essential caregiver) due to the COVID-19 county positivity rate per CMS guidance, the facility's COVID-19 status, a resident's COVID-19 status, visitor symptoms, lack of adherence to proper infection control practices, or other relevant factor related to the COVID-19 public health emergency. However, facilities may not restrict visitation without a reasonable clinical or safety cause, consistent with §483.10(f)(4)(v)</p>	<p>Indoor visitation can only occur in facilities where:</p> <ul style="list-style-type: none"> • No new facility-onset COVID-19 cases are identified in the last 14 days; • The facility is not currently conducting outbreak testing; • There is a mechanism to collect informed consent from the residents and visitors; • There is a designated location for indoor visitation; • The facility has sufficient staff, a mechanism for appointments, and sufficient PPE and cleaning and disinfection supplies to permit safe visitation. <p>Facilities should use the NJDOH COVID-19 Activity Level Index (CALI³) to facilitate indoor visitation (https://www.nj.gov/health/cd/statistics/covid/index.shtml).</p> <table border="1" data-bbox="667 808 2003 1367"> <tr> <td data-bbox="667 808 1335 1367"> <p>Limit visitation, in general. Indoor visitation by (appointment only) to COVID-19 negative, asymptomatic and COVID-19 recovered residents only. Facilities should have a plan to limit visitation hours and the number of visitors permitted. Visitors should be permitted based on screening² criteria and restricted to a designated area.</p> </td> <td data-bbox="1335 808 1656 1367"> <p>Limit scheduled visitation (appointment only) to COVID-19 negative, asymptomatic and COVID-19 recovered residents only. Facilities should have a plan to limit visitation hours and the number of visitors permitted. Visitors should be permitted based on screening² criteria and restricted to a designated area.</p> </td> <td data-bbox="1656 808 2003 1367"> <p>Resume full indoor visitation. Visitors should be permitted based on screening² criteria.</p> </td> </tr> </table>				<p>Limit visitation, in general. Indoor visitation by (appointment only) to COVID-19 negative, asymptomatic and COVID-19 recovered residents only. Facilities should have a plan to limit visitation hours and the number of visitors permitted. Visitors should be permitted based on screening² criteria and restricted to a designated area.</p>	<p>Limit scheduled visitation (appointment only) to COVID-19 negative, asymptomatic and COVID-19 recovered residents only. Facilities should have a plan to limit visitation hours and the number of visitors permitted. Visitors should be permitted based on screening² criteria and restricted to a designated area.</p>	<p>Resume full indoor visitation. Visitors should be permitted based on screening² criteria.</p>
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²Screening includes monitoring temperature to identify fever and inquiring about other COVID-19 symptoms or known or suspected exposures. Source control should be in place prior to entry, as appropriate.

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Visitation for pediatric, developmentally disabled, and intellectually disabled residents	Refer to ED No. 20-026 for information on visitation for pediatric, developmentally disabled, and intellectually disabled residents at https://www.nj.gov/health/legal/covid19/8-20_ExecutiveDirectiveNo20-026_LTCResumption_of_Svcs.pdf .			
Visitation for indoor end-of-life, compassionate care, and essential caregivers	Refer to ED No. 20-026 for information on visitation for indoor end-of-life and compassionate care at https://www.nj.gov/health/legal/covid19/8-20_ExecutiveDirectiveNo20-026_LTCResumption_of_Svcs.pdf .			
Entry of volunteers Volunteers should practice routine infection prevention and control precautions including social distancing, hand hygiene, and wearing a cloth face covering or facemask.	Prohibit entry of volunteers into the building.			Allow entry of volunteers based on screening ² criteria.
Entry of non-essential personnel/contractors like those providing elective consultations, non-essential services (e.g., barber). Non-essential personnel/contractors should practice routine infection prevention and control precautions including social distancing, hand hygiene, and wearing a cloth face covering or facemask.	Prohibit entry of non-essential personnel into the building.		Limit entry of non-essential personnel/contractors into the building based on screening ² criteria. When possible, restrict their movement to a designated area (e.g., medical consults provided in designated treatment room). Non-essential personnel are permitted access to	Allow entry of non-essential personnel/contractors, as determined necessary by the facility based on screening ² criteria.

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			COVID-19 negative and asymptomatic or COVID-19 recovered residents only.	
Communal dining	Limit communal dining , encourage residents to stay in their room and/or cohort.	Limit communal dining to COVID-19 negative, asymptomatic and COVID-19 recovered residents only. Residents may eat in the same room while practicing infection prevention and control precautions including social distancing measures. This includes limiting the number of people at tables, keeping residents in the same small dining group, and using barriers and/or maintaining separation of space by at least 6 feet, as deemed appropriate based on facility risk assessment.		
Group activities Resumption of group activities should include routine infection prevention and control precautions including social distancing, hand hygiene, and wearing a cloth face covering or facemask.	Limit group activities , encourage residents to stay in their room and/or cohort.	Restrict group activities in general. Limited activities may be conducted for COVID-19 negative, asymptomatic and COVID-19 recovered residents only in their small groups. Group size should not exceed more than 10 individuals.	Limit group activities to no more than 10 people , including outings, for COVID-19 negative, asymptomatic and COVID-19 recovered residents only, as deemed appropriate based on facility risk assessment.	Resume Group activities , including outings, for COVID-19 negative, asymptomatic and COVID-19 recovered residents only, as deemed appropriate based on facility risk assessment.
Trips outside of the building Any trip outside of the building during the public health emergency should be carefully considered on a case-by-case basis. Refer to NJDOH COVID-19 Exposure Risk Assessment Template for Patients in Post-Acute Settings at	Avoid non-medically necessary trips outside the building. For medically necessary trips away from the facility the resident must wear a cloth face covering or facemask (as tolerated) and the resident’s COVID-19 status must be shared with the transportation service and entity with whom the resident has the appointment.		*Refer to the appropriate Phase “Group Activities” (above) for guidance related to non-medical outings. For medical trips away from of the facility the resident must wear a cloth face covering or facemask (as tolerated) and the resident’s COVID-19 status must be shared with the transportation service and entity with whom the resident has the appointment.	

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https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml#4.	Pediatric residents: ED No. 20-026 shall not be interpreted to prevent pediatric residents currently negative or asymptomatic (and not on Transmission-Based Precautions) from attending educational institutions or medical appointments (e.g. physical therapy) provided protocols are in place to protect the resident and the facility.			
Resident screening	Screen² all residents, at minimum every shift with questions and observations for signs or symptoms of COVID-19 and by monitoring vital signs. Vital signs should include heart rate, blood pressure, temperature, and pulse oximetry. Perform COVID-19 testing if indicated.		Screen² all residents, at minimum daily, with temperature checks, questions and observations for other signs or symptoms of COVID-19 and test if indicated.	When the NJDOH CALI³ level is Very High/High screen residents every shift. When the CALI³ level is Moderate screen residents twice a day.
Staff and other persons screening (e.g., essential caregivers)	Screen² and log all persons entering the facility (except EMS during an emergency) and all staff at the beginning of each shift. When the NJDOH CALI ³ level is <i>Very/High</i> or <i>Moderate</i> require universal eye protection , in addition to source control and other infection prevention and control measures, for all individuals unable to maintain social distancing. Advise any persons who enter the facility to monitor for fever and other COVID-19 symptoms 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 persons they were in contact with and the locations within the facility they visited. Facilities that have antigen testing available are encouraged to use it as part of their visitor screening process. Visitors who test positive are not permitted to enter the facility. If antigen testing is used, please refer to NJDOH <i>Testing in Response to a Newly Identified COVID-19 Case in Long-term Care Facilities</i> (https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml) and CDC guidance for testing interpretation (https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html).			

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<p>Resident SARS-CoV-2 molecular testing</p> <p>Re-testing individuals who previously tested positive should be done in accordance with CDC and CDS guidance.</p> <p>Resident SARS-CoV-2 molecular testing (cont'd)</p>	<p>Test any resident showing new signs or symptoms consistent with COVID-19.</p> <p>Test all previously negative residents every 3-7 days until no new facility-onset cases of COVID-19 are identified among residents and positive cases in staff and at least 14 days have elapsed since the most recent positive result and during this 14-day period at least two weekly tests have been conducted with all individuals having tested negative; test any resident showing new signs or symptoms consistent with COVID-19.</p>	<p>Test any resident showing new signs or symptoms consistent with COVID-19 and in accordance with public health recommendations.</p>														
<p>Staff SARS-CoV-2 testing</p> <p>Re-testing individuals who previously tested positive should be done in accordance with CDC and CDS guidance (e.g., >3 months after the date of onset of the prior infection).</p>	<p>Perform routine testing of all COVID-19 negative staff based on the NJDOH CALI³ Weekly Report.</p> <table border="1" data-bbox="842 1040 1841 1190"> <thead> <tr> <th>Regional CALI³ level</th> <th>Percent positivity rate</th> <th>Minimum testing frequency</th> </tr> </thead> <tbody> <tr> <td>Low</td> <td><3%</td> <td>Once a Week</td> </tr> <tr> <td>Moderate</td> <td>3-10%</td> <td>Once a Week</td> </tr> <tr> <td>High/Very High</td> <td>>10%</td> <td>Twice a Week</td> </tr> </tbody> </table> <p>Prioritize testing of staff showing new signs or symptoms consistent with COVID-19. Antigen testing may be used to fulfill testing requirements set forth in ED No. 20-026 and may be used on asymptomatic individuals at the facility's discretion. Refer to <i>NJDOH COVID-19: Information for Healthcare Professionals</i> page for testing considerations at https://www.state.nj.us/health/cd/topics/covid2019_healthcare.shtml.</p>				Regional CALI ³ level	Percent positivity rate	Minimum testing frequency	Low	<3%	Once a Week	Moderate	3-10%	Once a Week	High/Very High	>10%	Twice a Week
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Cohorting	Maintain separation of COVID-19 positive and negative residents in accordance with <i>NJDOH Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities</i> at https://www.state.nj.us/health/cd/topics/covid2019_healthcare.shtml .			

Additional attestation notes: Facilities will have until May 30, 2021 to submit attestation to the Department regarding their Respiratory Protection Plan. The detection of a COVID-19 outbreak returns the facility to Phase 0, including restricting indoor visitation, regardless of the facility's current Phase. In order to leave Phase 0, facilities must re-submit an attestation upon conclusion of the outbreak, as directed within ED No. 20-026.

Resources

CDC Preparing for COVID-19 in Nursing Homes

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

CMS Memo Nursing Home Reopening Recommendations for State and Local Officials

<https://www.cms.gov/files/document/gso-20-30-nh.pdf>

CMS Memo Nursing Home Visitation - COVID-19

<https://www.cms.gov/files/document/gso-20-39-nh.pdf>

³COVID-19 Activity Level Index (CALI) Weekly Reports

<https://www.nj.gov/health/cd/statistics/covid/index.shtml>

New Jersey COVID-19 Information Hub, FAQ

<https://covid19.nj.gov/faqs/nj-information/general-public/when-and-how-is-new-jersey-lifting-restrictions-what-does-a-responsible-and-strategic-restart-of-new-jerseys-economy-look-like>

NJDOH Revised Executive Directive No. 20-013 (Testing in Post-Acute Settings)

<https://www.nj.gov/health/legal/covid19/>

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

The Road Back: Restoring Economic Health Through Public Health

http://d31hzlkh6di2h5.cloudfront.net/20200518/ff/c9/8c/41/1917eaf623c02595b9225209/Strategic_Restart_Plan.jpg

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