



State of New Jersey
DEPARTMENT OF HEALTH

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March 22, 2021

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 *MM*
Deputy Commissioner
Health Systems

SUBJECT: Mandatory Guidelines for Visitors and Facility Staff

THIS MEMORANDUM REGARDING MANDATORY GUIDELINES FOR VISITORS AND FACILITY STAFF AMENDS AND SUPPLEMENTS VISITATION PER E.D. 20-026, REISSUED ON JANUARY 6, 2021, AND IS MEANT TO BE USED IN CONJUNCTION WITH E.D. 20-026 AND E.D. 21-001.

The state of New Jersey has seen a significant drop in outbreaks over the past month. The New Jersey Department of Health (NJDOH) is currently preparing revised guidance concerning indoor visitation and visitation during the upcoming Passover and Easter holiday period. Until new guidance is issued [Executive Directive 20-026 as revised on January 6, 2021 \(E.D. 20-026\)](#), remains in effect with the following updates:

Compassionate care visits are allowed 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; 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.

Outdoor visits are permitted at all times 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 in any phase for the facility and CALI score for the region.

Indoor visitation is allowed at all times and for all residents (regardless of vaccination status or facility's phase) except that an outbreak in the facility requires certain steps to occur in order for visitation to be continued, as outlined in the next section of this memo, and pursuant to the requirements in E.D. 20-026 (i.e. attestations) and this memo; **EXCEPT** for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission:

- *Indoor visitation* for **UNVACCINATED or NOT FULLY VACCINATED* residents** 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>.*

- *Indoor visitation* should be limited for residents with confirmed COVID-19 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>
- *Indoor visitation* should be limited 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>.
- Fully vaccinated residents can choose to have close contact (including touch) with a visitor as long as the person is wearing a tight-fitting mask (i.e. Surgical mask).

When a new case of COVID-19 among residents or staff is identified, **a facility should immediately begin outbreak testing and suspend all visitation (except for visits required under federal disability rights law and NJDOH guidance/directives)** until at least **ONE** round of facility-wide testing is completed. Once this is completed, the following considerations must be followed

- *Indoor visitation during an outbreak or investigation* can occur when there is evidence that the transmission of COVID-19 is contained to a single area or apartment of the facility per this memo as follows:
 - If the first round of outbreak testing reveals **NO** additional COVID-19 cases in other areas, then visitation can resume for residents in apartments or areas with no COVID-19 cases. However, the facility should suspend visitation for the affected apartment(s)/area(s) until the facility meets the criteria to discontinue outbreak testing.

- For example, if the first round of outbreak testing reveals two 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.
- If the first round of outbreak testing reveals **ONE OR MORE** additional COVID-19 cases (resident and/or staff) in other apartment(s)/area(s) (e.g., new cases in two or more apartments), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing (no new cases identified for 14 days since last positive case).
- Facilities may not restrict visitation without a reasonable clinical or safety cause, an ALF, CPCH, RHC, or DCH must facilitate in-person visitation consistent with this memo and the requirements outlined in E.D. 20-026.
- 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>
- Facilities should 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. During indoor visitation, facilities need to 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 if compassionate or essential care giver visits are warranted.
- Facilities must provide attestations per E.D. 20-026 prior to allowing indoor visitation as described in this memo.