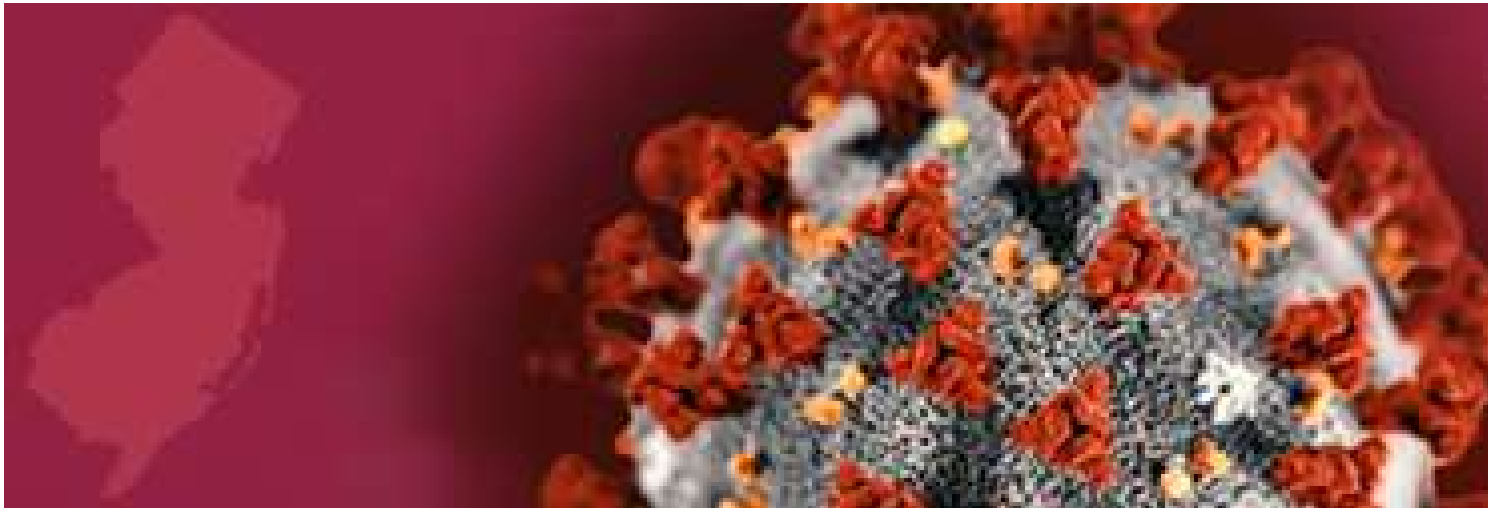




NEW JERSEY DIVISION OF CONSUMER AFFAIRS

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Healthcare Services in Office Practices

[COVID-19 Home \(/COVID19\)](#)

On Friday, May 15, 2020 Governor Murphy issued **Executive Order 145** (<https://nj.gov/infobank/eo/056murphy/pdf/EO-145.pdf>), permitting the resumption of elective surgical and elective invasive procedures as of 5:00 a.m. on Tuesday, May 26, 2020, subject to the requirements of an **Administrative Order** (</COVID19/Documents/DCA-AO-2020-07.pdf>) issued by the Division of Consumer Affairs.

This Administrative Order establishes standards for the safe provision of in-person, office-based health care and mitigating the spread of COVID-19 by minimizing person-to-person interaction, limiting unnecessary exposure to COVID-19 for health care practitioners, patients and staff, and ensuring that patients have timely access to health care to achieve the best outcomes.

Under the order, all healthcare professionals are authorized to provide in-person adult and pediatric medically necessary or therapeutic services in an office, consistent with their scope of practice and the regulations of their respective boards, unless specifically waived during the state of emergency or public health emergency, and shall be required to adopt and comply, and ensure that their staff comply, with policies that include, at a minimum, requirements to:

Avoid Person-To-Person Contact in the Office

- Utilize telemedicine to the greatest extent possible to treat, order tests and triage patients.

- Call all patients seeking in-person appointments (or the patient's parent or guardian) to: (1) assess whether an in-person visit is necessary; (2) determine the patient's current health status; (3) determine whether the patient has had known exposure to COVID-19, or has compatible symptoms, or has tested positive; (4) determine the length of time since the onset of symptoms or from the positive test results; and (5) advise the patient during scheduling of in-person appointments of the face-covering requirement below.
- Prioritize services that, if deferred, are most likely to result in patient harm.
- Prioritize at-risk populations who would benefit most from those services (*for example, those with serious underlying health conditions, those most at risk for complications from delayed care, and those without access to telehealth services*).
- Require anyone coming to the office for an in-person visit to wear, at a minimum, a cloth face covering, in accordance with CDC recommendations, while on the premises, except here doing so would inhibit the individual's health or the individual is under two years of age. If a visitor arrives without a cloth face covering, at a minimum, and is not exempt from this requirement, the office must either provide the individual with a suitable face covering or decline entry to the individual.
- Screen all patients upon arrival, regardless of symptoms, by means of a no-contact temperature check or thermometers with disposable covers, and record the result within the patient chart.
- Space appointments to minimize patient-to-patient contact and the number of people in the office at any given time. If feasible and consistent with social distancing, patients should remain in their cars or outside until they are ready to be seen, or wait in separate rooms to minimize contact with other patients.
- Schedule patients with known exposure or compatible symptoms for the end of the day or in a dedicated room.
- Schedule patients with increased susceptibility to infections or complications from COVID-19 when the fewest patients and staff will be present, and not during times reserved for patients with known exposure or compatible symptoms.
- Provide follow-up care using telemedicine, to the greatest extent possible, consistent with the standard of care.

Facilitate Social Distancing Within the Office

- Install physical barriers and minimize patient contact with staff in the reception area during triage, check-in and check-out, or arrange the in-take and waiting areas to maintain six feet or more distance between individuals wherever possible.
- Isolate patients with symptoms of respiratory illness to a separate location or single-patient room immediately upon entry into the office and close the door.
- Restrict companions unless medically necessary to assist with mobility or communication, or if the patient is a minor. All companions are required to undergo the same screening as the patient and to wear, at a minimum, a cloth face covering, except where doing so would inhibit the individual's health.

- Minimize the number of individuals in examination and other rooms.
- Arrange for contactless patient registration and payment options. Disinfect pens and credit cards after each use in accordance with CDC guidelines, if pens and credit cards are utilized.
- Rearrange workspaces, to the extent feasible, to ensure that individuals maintain six feet or more distance between them wherever possible.
- Provide administrative staff their own workspace, if feasible, and provide sufficient supplies and equipment (*phones, computers, pens, paper, medical equipment*) to avoid sharing. If items are shared, they must be frequently disinfected.

Adopt Enhanced Office Cleaning and Disinfection

- Allocate sufficient time between appointments to ensure that there will be ample time for appropriate disinfection between patients.
- Follow CDC guidelines and clean and disinfect high-touch areas routinely, and after each use in accordance with CDC guidelines, particularly in areas that are accessible to staff or other individuals, including restroom facilities, toilet and sink knobs, countertops, door knobs, water fountains, and shared medical equipment, consistent with CDC guidance at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html> (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>).
- Dispose of any medical waste produced, consistent with routine procedures.
- Remove from any waiting area materials (*books, magazines, toys*) that are intended to be reused and are difficult to disinfect.
- Maintain staffing levels sufficient to perform the above protocols effectively and in a manner that ensures the safety of patients and staff.
- Allow all staff to have break time for repeated hand washing between patients, throughout the day and after removing PPE.
- Provide supplies for regular hand washing with non-antimicrobial soap and water, alcohol-based hand rub with at least 60 to 95% alcohol or antiseptic hand wash and have staff practice respiratory hygiene (coughing and sneezing) and proper tissue usage etiquettes, and use no-touch receptacles for disposal.

Establish Rigorous Protections for Staff

- Accommodate telework and work-from-home arrangements to the greatest extent possible, particularly for administrative staff who may be able to work remotely.
- Require staff to stay home if they are sick, and isolate and send them home if they become sick at work.
- Record temperatures for all staff members upon arrival and advise staff to go home if the temperature is over 100 degrees.

- Direct all administrative staff to wear, at a minimum, a cloth face covering within the office, except where doing so would inhibit the individual's health.
- Require clinical staff to wear PPE, consistent with the level of risk, using professional judgment regarding the potential for exposure and PPE resource constraints, consistent with CDC guidance at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html> (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>).
- Optimize the supply of PPE if PPE is in short supply, utilizing techniques as recommended in CDC's Strategies to Optimize the Supply of PPE and Equipment at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html> (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>). These optimization techniques should not be utilized when performing surgery or invasive procedures, when providing care that presents a greater risk of infection, or when among those with increased susceptibility to infections or complications from COVID-19.
- Train staff in the proper techniques for donning and doffing PPE and for disposal or laundering of PPE.
- Stagger schedules or implement rotations to reduce the number of people in the office at a given time.
- Schedule staff with increased susceptibility to infections or complications from COVID-19 when the fewest patients and staff will be present.

Stay Informed About Developments and Obligations; Share Guidance with Patients

- Review guidance provided at <https://www.cdc.gov/coronavirus/2019-ncov/> (<https://www.cdc.gov/coronavirus/2019-ncov/>) relating to infection control, ambulatory care settings and specific practice fields.
- Monitor guidelines and directives issued by the New Jersey Department of Health, professional boards, the CDC and the Occupational Safety and Health Administration (OSHA) on an ongoing basis.
- Maintain a log of patients treated to facilitate contact tracing and submit such information if requested to do so by, or on behalf of, the Department of Health or the local board of health.
- Report COVID-19 cases and exposures consistent with board rules, if applicable, and N.J.A.C. 8:57, to local boards of health.
- Develop a plan to respond to potential surges.

There are also specific compliance requirements for those healthcare licensees performing elective surgery or elective invasive procedures or offering in-person medically necessary or therapeutic services in an office, which involve direct contact with the patient's face, eyes, or mouth or that present a high risk of contact or aerosolization.

- Healthcare licensees, including, but not limited to dentists, oral surgeons, pulmonologists otolaryngologists, eye care professionals (*collectively, ophthalmologists, optometrists, and opticians*) performing elective surgery or elective invasive procedures or offering in-person medically necessary or therapeutic services in an office, which involve direct contact with the patient's face, eyes, or mouth or present a high risk of aerosolization, shall adopt and comply with, and ensure that their staff comply with, policies, in addition to those set forth in B. above, that include, at a minimum, requirements to:

- Defer any elective surgery or procedure or routine dental or eye care, if a patient is COVID-19 positive or symptomatic, until at least 10 days after the patient first experienced symptoms and at least 3 days (*72 hours*) have passed since recovery, defined as resolution of a fever, without use of fever reducing medications.
- Postpone any elective surgery or procedure for asymptomatic patients if, in the health care professional's judgment, a postponement will be unlikely to result in an adverse outcome.
- Weigh, and review with the patient, the risks of any elective surgery, invasive procedure or routine dental or eye care if the patient is identified to be at higher risk of contracting COVID-19 or complications (*with pre-existing comorbidities*) or immunocompromised.
- Wear PPE, which shall include respiratory protection such as N95 masks, gloves, fluid-resistant gowns, hair covers, eye protection with solid side shields or face shields, to protect mucous membranes of the eyes, nose, and mouth during aerosol-generating procedures as well as those likely to generate splashing or spattering of blood or other bodily fluids, as dictated by the procedure to be performed, consistent with guidelines from the CDC.
- Implement additional infection control measures, assuring that all surfaces are disinfected between patients.

Dental professionals, consistent with N.J.A.C. 13:30-8.5, should continue to comply with Occupational Safety and Health Administration (OSHA) regulations and CDC Recommended Infection Control Practices for Dentistry, including guidance found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html> (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>), and should use high volume evacuators and isolation strategies including rubber dams when appropriate to limit exposure to aerosols.

Eye care professionals should use a slit lamp "breath" shield/barrier that is as large as possible without interfering with clinical care.

Questions about the Division's Administrative Order may be referred to your licensing board.

In addition, the New Jersey Department of Health has issued guidance pursuant to EO 145 on resuming elective surgeries and elective invasive procedures for providers offering care in hospitals (https://nj.gov/health/legal/covid19/5-19-2020_HospitalGuidance_forResumingElectives.pdf) and ambulatory centers (https://nj.gov/health/legal/covid19/5-19-2020_ASCGuidance_forResumingElectives.pdf).

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