

**STATE OF NEW JERSEY  
DEPARTMENT OF HEALTH**



**EXECUTIVE DIRECTIVE NO. 20-018**

**c. Policies Surrounding Visitors**

**Hospitals, Short-Term Stay Rehabilitation Facilities and Long-Term Acute-Care Hospitals must continue to prioritize the safety and well-being of patients, patient support persons, and staff. Until further notice, visitors will be allowed, as permitted below.**

**St. Lawrence Rehabilitation Center Facility Operations:**

**Visitation Guidelines for Acute Floors 3 & 4 Only**

**There will be NO visitations allowed for any Patient Covid Positive or PUI (Unconfirmed Test Result).**

**All new admissions will be on 14-day isolation precautions with no visitation as per the State of New Jersey Department of Health.**

All visitors must be 18 years of age or greater, except in rare exceptions as determined by St. Lawrence Rehabilitation Center.

All visitors must undergo symptom and temperature checks upon entering the facility. If they fail the screening, they will not be allowed entry into the facility.

All visitors must perform hand hygiene before visiting a patient.

Visitors will need to provide their own face covering at the time of visit. As recommended by the CDC.

All visitors will be provided instruction on how to wear masks and appropriate PPE

Visitors must practice social distancing while visiting the patient.

**\*Maintain a distance of 6 feet from the patient, wear face coverings at all times, and wash your hands.**

Visiting hours will be from 4:00 pm – 6:00 pm Monday-Sunday

Visitations are limited to one person per day.

Visiting hours will be limited to one, 2 hour visit.

Visitors shall remain in the patient's room throughout the visit. Except when directed by hospital or facility staff to leave during procedures in which visitors are usually asked to leave.

**\*If a visitor refuses to wear a mask or other PPE as indicated, they will be asked to leave the facility.**

The Café is CLOSED to all visitors. Visitors cannot bring food into the building during a visitation.

All visitors must comply with all reasonable requirements imposed by the hospital or facility to minimize the potential spread of infection.

**Please sign or give verbal consent that you as the patient understand the SLRC visitation policy.**

**Patient Name/Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_