Outbreak Response Plan COVID-19 NJ:

In accordance with N.J.S.A. 2H 12.87, assisted living residences are required to have an outbreak response plan. The following provides guidance to our employees on how to prepare for infectious diseases whose incidence has increased or threatens to increase in the near future and that has the potential to pose a significant public health threat and danger of infection to the residents, families and staff of the long-term care community.

*The information contained in this plan and the recovery and re-opening plan is derived from our experiences with the COVID pandemic. These experiences include, but are not limited to: creating a stock pile of PPE, obtaining a contract with a staffing agency, obtaining a contract with a lab for testing, increasing methods of communication with families, and increasing technology usage within our community.

Our goal is to protect our residents, families, and staff from harm resulting from exposure to an emergent infectious disease while they are in our community.

Communications And Updates

a. Our community will utilize different methods to communicate with residents, staff, and families during periods of curtailed visitation and/or an outbreak.
b. Methods of communication may include, but are not limited to:
   Life Loop program
   Voice Friend program
   Constant Contact
   Facebook and Facebook Messenger
   Zoom and Google Meets
   OnShift program
   iPads, iPhones, and tablets
c. We will post communications concerning our outbreak status on our webpage.

d. Emergency numbers will be listed on our webpage.

e. Families will receive a weekly notification from our community during curtailed visitation.

COVID Testing Plan

a. All staff and residents had baseline molecular testing done prior to May 26, 2020.
    i. Staff to be tested includes direct care workers and non-direct care workers within the long-term care community (such as administrative, janitorial, and kitchen staff).

b. After baseline molecular testing of staff and residents was completed, follow up retesting of individuals who tested negative at baseline has occurred every 7 days and/or as directed by DOH.

c. Continued retesting in accordance with CDC guidance, as amended and supplemented, or as directed by NJ DOH.

d. If an employee tests positive or is suspected to be positive, they will be line listed and not allowed to return to work until it has been a full 10 days since the onset of symptoms or positive test results and they have been fever and/or respiratory symptom free for 24 hours or they receive a negative COVID test, or as recommended by the CDC guidelines. Employees that have had a positive test will not be included in our continuous testing until 90 days has past since they tested positive or the onset of symptoms. At that point they will be included in our ongoing testing.

e. If a resident test is positive or is suspected to be positive, they will be line listed and quarantined to their room with the appropriate signage posted on their door (i.e.: droplet precautions). If the resident refuses to quarantine, the staff will educate the resident about wearing a mask, handwashing, and the risks of refusing to quarantine. Cohorting will be considered based on test results, the timing of the test within the possible incubation time frame, symptomatic versus asymptomatic, available space in the community, and feasibility of moving the resident and their belongings. Resident rights will be observed if the resident refuses to move. Outbreak response trained staff will have interaction and

provide care for the positive resident. Residents will not be allowed to leave quarantine until it has been a full 10 days since the onset of symptoms or positive test results and they have been fever and/or respiratory symptom free for 24 hours or they receive a negative COVID retest, or based on the guidance of the CDC.

f. Any staff member refusing to participate in COVID testing or refusing to authorize release of their testing results to the community will not be allowed to work until such time that their testing is complete and the results are disclosed to the employer.
g. Any employee who tests positive and returns to work (after the above listed criteria) must adhere to the same infection control practices and PPE requirements as the other staff. They will not be assigned to care for residents that are severely immunocompromised, to the best of the community's ability.
h. Staffing shortages due to positive employee testing will be addressed by utilizing non-positive staff, cross- training staff as allowed by law, and if need be, agency staffing.
i. Local and state departments of health must be notified immediately of any positive cases within your community.

Staffing Strategies during an outbreak

a. Each community will have contract(s) with local staffing agencies for supplemental staffing.
b. Communities will consider different staff hour patterns during an outbreak (for example: changing from 8 hour shifts to 12 hour shifts, altering days off, altering shifts normally worked).

General Preparedness for Emergent Infectious Diseases (EID):

The community's infection control program will include a response plan for community wide infectious disease outbreak such as pandemic influenza. This plan will:

1. Build on the workplace practices described in our infection prevention and control policies.
2. Include administrative controls (screening, isolation, visitor policies and employee absentee plans).
3. Address environmental controls (isolation rooms, increasing sanitation areas, and special areas for contaminated wastes).
4. Address human resource issues such as employee leaves.
5. Be compatible with the community's business continuity plan.

Local Threat

b. Once notified by the public health authorities at either the federal, state, and/or local level that the EID is likely to or already has spread to the community's community, our community will activate specific surveillance and screening as instructed by the Center for Disease Control and Prevention (CDC), NJ Department of Health, and/or the local public health authorities.
c. The community's Infection Preventionist (IP) will research the specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for long term care facilities as provided by the CDC, Occupational Health and Safety Administration (OSHA), and other relevant local, state, and federal public health agencies.
d. Working with advice from the community's medical director or local and state public health authorities, and others as appropriate, the IP will review and revise internal policies and procedures, stock up on medications, environmental cleaning agents, and personal protective equipment as indicated by the specific disease threat.
e. Staff will be educated on the exposure risks, symptoms, and prevention of the EID. Place special emphasis on reviewing the basic prevention and control, use of PPE, isolation, and other infection prevention strategies such as hand washing.

f. If EID is spreading through an airborne route, then the community will work with local and state officials to ensure that employees who may be required to care for a resident with suspected or known case are not put at undue risk of exposure.
g. Provide residents and families with education about the disease and the community's response strategy at a level appropriate to their interests and need for information.
h. Brief contractors, visiting clinical professionals, and other relevant stake holders on the community's policies and procedures related to minimizing exposure risks to residents.
i. Post signs regarding hand sanitation and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the community along with the instruction that anyone who is sick must not enter the building.
j. To ensure that staff, and/or new residents are not at risk of spreading the EID into the community, screening for exposure risk and signs and symptoms must be done PRIOR to admission of a new resident and/or allowing new staff persons to report to work.
k. Self-screening – Staff will be educated on the community's plan to control exposure to the residents. This plan will be developed with the guidance of public health authorities and may include:
    i. Reporting any suspected exposure to the EID while off duty to their supervisor and public health.
    ii. Precautionary removal of employees who report an actual or suspected exposure to the EID.
    iii. Self-screening for symptoms prior to reporting to work.
    iv. Prohibiting staff from reporting to work if they are sick until cleared to do so by appropriate medical professionals and in compliance with appropriate labor laws and our community's policies and procedures.
l. Self-isolation – In the event there are confirmed cases of the EID in the local community, the community may consider closing the

community to new admissions and limiting visitors based on the advice of the community's IP and/or local public health authorities.

m. Environmental cleaning – The Community will follow current CDC guidelines for environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat.
n. Engineering controls – The community will utilize appropriate physical plant alterations such as use of private rooms for high risk residents, plastic barriers, and sanitation areas as recommended by the IP, local, state, and federal public health authorities.

Suspected Case in The Community

o. Place a resident who exhibits symptoms of the EID in isolation and notify local public health authorities. If the resident refuses to isolate, the staff will educate the resident about wearing a mask, handwashing, and the risks of refusing to isolate.
p. Any on-duty employee that exhibits symptoms must be sent home immediately and notify local public health authorities.
q. If necessary, under the guidance of public health authorities, arrange a transfer of the suspected infectious person to the appropriate acute care center via emergency medical services as soon as possible.
r. If the suspected infectious person requires care while awaiting transfer, follow community policies for isolation procedures, including all recommended PPE for staff at risk of exposure.
s. Keep the number of staff assigned to enter the room of the isolated person to a minimum. Ideally, only specially trained and prepared staff (i.e.: vaccinated, medically cleared and fit tested for respiratory protection) will enter the isolation room. Provide all assigned staff additional training and supervision in the mode of transmission of this EID, and the use of the appropriate PPE.
t. If feasible, ask the isolated person to wear a face- covering or mask while staff is in the room. Provide care at the level necessary to

address essential needs to the isolated individual unless it advised otherwise by public health authorities.

u. Conduct control activities such as management of infectious wastes, terminal cleaning of the isolation room, contract tracing of exposure individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC.
v. Implement the isolation protocol in the community (isolation rooms, cohorting, cancelation of group activities and communal dining) as described in the community's infection prevention and control plan and/or recommended by local, state, or federal public health authorities.
w. Activate quarantine interventions for residents and staff with suspected exposure as directed by local and state public health authorities, and in keeping with guidance from the CDC.

Employer Considerations

x. Management will consider its requirements under OSHA, state licensure, Equal Opportunity Commission (EEOC), American Disabilities Act (ADA), and other state or federal laws in determining the precautions it will take to protect its residents. Protecting the residents and other employees shall be of paramount concern. Management shall take into account:
    i. The degree of frailty of the residents in the community.
    ii. The likelihood of the infectious disease being transmitted to the residents and employees.
    iii. The method of spread of the disease (for example, through contact with bodily fluids, contaminated air, contaminated surfaces).
    iv. The precautions which can be taken to prevent the spread of the infectious disease and other relevant factors.
y. Once these factors are considered, management will weigh its options and determine the extent to which exposed employees, or

those who are showing signs of the infectious disease, must be precluded from contact with residents or employees.

z. Apply whatever action is taken uniformly to all staff in like circumstances.

aa. Do not consider race, gender, marital status, country of origin, and other protected characteristics unless they are documented as relevant to the spread of the disease.

bb. Make reasonable accommodations for employees such as permitting employees to work from home if their job description permits this.

cc. Generally, accepted scientific procedures, whenever available, will be used to determine the level of risk posed by an employee.

dd. Permit employees to use sick leave, vacation time, and FMLA where appropriate while they are out sick.

ee. Permit employees to return to work when cleared by a medically licensed professional, however, additional precautions may be taken to protect the residents.

ff. Employees who refuse at any time to take the precautions set out in this and other sections of this policy may be subject to disciplinary actions up to and including termination.

Definitions

Emerging Infectious Disease – Infectious diseases whose incidence in humans has increased in the past two decades or threatens to increase in the near future have been defined as "emerging." These diseases, which respect no national boundaries, include:

i. New infections resulting from changes or evolution of existing organisms.
ii. Known infections spreading to new geographic areas or populations.
iii. Previously unrecognized infections appearing in areas undergoing ecological transformation.

iv. Old infections reemerging as a result of antimicrobial resistance in known agents or breakdown in public health measures.

Pandemic – A sudden infectious disease outbreak that becomes widespread and affects a whole region, a continent, or the world due to a susceptible population. By definition, a true pandemic causes a high degree of mortality.

Isolation – Separation of an individual or group who is reasonably suspected to be infected with a communicable disease from those who are not infected to prevent the spread of the disease.

Quarantine – Separation of an individual or group reasonably suspected to have been exposed or possibly exposed to a communicable disease but who are not yet ill (displaying signs and symptoms) from those who have not been so exposed to prevent the spread of the disease.