

Outbreak Response Plan

Tower Lodge Care Center (the “**Facility**”) has developed and implemented an outbreak response plan (the “**Outbreak Plan**”) in compliance with the guidelines issued by Centers for Disease Control (**CDC**), New Jersey Department of Health Communicable Disease Service (**CDS**), New Jersey Department of Health (**NJDOH**) and Centers for Medicare & Medicaid Services (**CMS**) and the Facility’s Local Department of Health (**LHD**). The Outbreak Plan targets, among other things, infection control, vaccinations, infection prevention, visitation, and transparency through communication with our residents/patients and their representative(s), if any, as well as their family and loved ones, and reporting. Our goal, as always, is to provide for the safety and wellbeing of our residents, patients, and our staff. The Outbreak Plan includes, but is not limited to: (1) evidence-based outbreak response measures for Emerging Infectious Disease (EID) that include but are not limited to Potentially Infectious Bio-Hazardous Waste, Bioterrorism, Pandemic Flu, Highly Communicable (such as Ebola, Zika Virus, SARs, or novel COVID or SARS-CoV-2), (2) emergency staffing preparedness, (3) ongoing status communications and updates to residents/patients and their representatives, family and/or loved ones and our staff, and (4) visitation rules to protect the health and safety of our residents/patients and their visitors.

Since March 2020 we have been engaged in an ongoing and continually changing battle against COVID-19. That fight continues and our Outbreak Plan is continually modified based on current guidance and with the understanding that preparedness is the best defense to ensure that we have all the necessary tools in place to prevent another outbreak as much as possible.

The Facility’s Outbreak Plan is as follows:

1. Evidence-Based Outbreak Response Measures

a. Guideline Monitoring & Compliance. The Facility closely monitors all Centers for Disease Control (“**CDC**”), New Jersey Department of Health Communicable Disease Service (“**CDS**”), New Jersey Department of Health (“**NJDOH**”), Centers for Medicare & Medicaid Services (“**CMS**”) and Local Board of Health (“**LHD**”) guidelines and directives (collectively, the “**Governmental Guidelines & Directives**”) for information regarding any outbreak of emerging, or reemerging infectious disease or EID detected in the geographic region of the Facility. If a new/reemergence of an infectious disease is detected, the Facility will follow its Infection Control policies and the measures and procedures set forth therein.

b. Control Measures. The Facility will institute control measures to mitigate, reduce and/or eliminate infection control concerns. These measures may include, but are not limited to, universal masking and the use of other personal protective equipment (PPE), isolating ill residents/patients, cohorting residents/patients, all appropriate transmission-based precautions, social distancing, and handwashing as well as PPE education and competencies. Environmental Measures will also be taken including, but not limited to more frequent cleaning of high touch areas and the evaluation and the proper usage of approved cleaning and approved disinfectant agents. Staff are educated and instructed not to come to work if feeling ill.

2. Protective Measures.

a. Visual Alerts. The Facility will provide visual alerts (e.g., posted signs) at the Facility’s entrances and at other strategic places (e.g., waiting areas, elevators, cafeterias) about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19. In addition, the Facility will provide guidance at the Facility’s entrances and at other strategic places (e.g., waiting areas, elevators, cafeterias) about COVID-19 signs and symptoms, infection control precautions, risk factors for contracting and spreading COVID-19, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene, personal protective equipment (PPE), and visitation areas).

b. Personal Protective Equipment (PPE). PPE is also an essential element to prevent the spread of an infectious disease (including COVID-19) to our residents/patients and to employees, other healthcare personnel and all other permitted visitors. If required by then current applicable Governmental Guidelines & Directives, the Facility shall: **(a)** require visitors, residents and patients (as able) to wear protective equipment (PPE); **(b)** provide visitors, residents and patients

instruction on the core elements of infection prevention such as hand hygiene, provide instruction on limiting surfaces touched, provide instruction on the use of PPE, and inform visitors of the location of hand hygiene stations; and (c) limit the individual's movement within the Facility to those areas necessary to complete their visit. The Facility requires all healthcare staff and other personnel to wear PPE in accordance with applicable Governmental Guidelines & Directives. The Facility also instructs all healthcare staff and other personnel on proper use of PPE on an ongoing basis in accordance with applicable Governmental Guidelines & Directives.

c. **Vaccinations.** COVID-19 Vaccinations as well vaccinations of other EID have provided a potent defense to reducing the risk of acquiring and spreading COVID-19 and other EID. The Facility has, and continues to, follow all Governmental Guidelines & Directives relating to the vaccination of residents and staff.

3. **Testing, Refusal of Testing & Cohorting & Isolation.**

a. **Testing.** The early detection of the Facility's staff and resident/patient infection with COVID-19 or any other EID is also essential to preventing the spread of COVID-19 or any other EID to our residents/patients, staff and to the community. The Facility utilizes only those testing methodologies that are approved by all applicable Governmental Guidelines & Directives. The Facility has tested, and will continue to test, the Facility's staff and residents/patients for COVID-19 and any other EID in accordance with all Governmental Guidelines & Directives and approved by the U.S. Food and Drug Administration (FDA). All newly admitted residents, readmitted residents and residents who leave the facility will be assessed on a case-by-case basis and will be tested and potentially placed in isolation or quarantine when required by Governmental Guidelines & Directives. The Facility closely monitors Governmental Guidelines & Directives and works closely with its LHD with respect to the frequency of testing and retesting (including, but not limited to, outbreaks) which is updated in accordance with all applicable Governmental Guidelines & Directives as new guidance is issued based on epidemiology and data about the circulation of virus in the community and the Facility, if any.

b. **Refusal of Testing.** The Facility will prevent any Facility staff member from entry into the Facility if any such staff member that is required to submit to Covid-19 or other testing pursuant to Governmental Guidelines & Directives: (a) refuses to participate in COVID-19 or other testing; and/or (b) refuses to authorize release of their testing results to the Facility. If a resident/patient refuses COVID-19 or other testing when required by Governmental Guidelines & Directives, then the Facility may, in accordance with Governmental Guidelines & Directives, treat the individual as a suspected case (including, but not limited to, placing the resident/patient on transmission based precautions and cohorting the resident/patient as required by Governmental Guidelines & Directives), make a notation in the resident's/patient's chart, and notify the physician and any authorized family members or legal representatives of this decision. In the event the resident/patient exhibits temperature or other symptoms consistent with COVID-19 or other EID, the Facility will implement immediate cohorting when required by Governmental Guidelines & Directives.

c. **Cohorting & Isolation.** Cohorting and Isolation are other important mechanisms to prevent the spread of COVID-19 or other EID in the Facility. Cohorting is the grouping and care of individuals in the same room/area according to clinically based criteria (e.g., the grouping and segregating of COVID-19 positive residents/patients and patients/residents exhibiting symptoms of a respiratory infection from all other residents/patients). The Facility will cohort residents/patients and staff, to the extent possible, according to most current applicable Governmental Guidelines & Directives. Dedicated non-critical resident equipment (e.g., stethoscope, thermometer, blood pressure cuff, sphygmomanometer) will be utilized whenever possible. If equipment must be shared it will be appropriately cleaned and disinfected in accordance with manufacturer's instructions after each use.

4. **Emergency Staffing.** The infection of Facility staff by COVID-19 or any other EID may cause a sudden staffing shortage for which the Facility has developed its "**Emergency Staffing Strategies for COVID-19 and other EID**" policy and procedures. These policy and procedures which were reviewed and approved by the NJDOH will be followed to address any staffing shortages related to COVID-19 and any other EID outbreak. Subject to Governmental Guidelines & Directives, the Facility will utilize a myriad of temporary staffing options, including using a pool of temporary employees, using temporary staffing services, or deploying consultants or contract workers, depending on the numbers, skill sets, and credentials needed to ensure that the Facility is always appropriately staffed in the midst of any EID caused staffing shortage.

5. **Reporting Requirements.** Reporting of communicable disease outbreaks in nursing homes is essential to

controlling spread of disease. Reporting is an important means to provide our federal and state governmental agencies responsible for the oversight and regulation of health care with timely and accurate information they need to make timely and necessary decisions. The Facility shall comply with all reporting requirements of all applicable Governmental Guidelines & Directives including, but not limited to, reporting to the LHD and reporting to the CDC's National Healthcare Safety Network as required by Governmental Guidelines & Directives.

6. Communication Plan. The Facility believes that full transparency and timely communications with residents/patients and their families as to the status of COVID-19 or any other EID at the Facility significantly contributes to the emotional wellbeing of our resident/patients and their families and loved ones. When the COVID-19 pandemic first struck, the Facility immediately purchased and implemented a computer software system (**Clinoconex**) to send out notifications to the residents'/patients' representative, if applicable, and their families by email, text, or phone calls as preferred by the resident/patient and/or family. Since the onset of COVID -19, the Facility has developed multiple other methods to ensure full transparent and timely communication with residents/patients and their families. The Facility will continue to utilize its current communication methods to ensure an open line of communication with residents'/patients' representatives, if applicable, and their families including, but not limited to, actions taken by the Facility to prevent exposure to, and mitigate the risk of, COVID-19 and other EID spread. These updates will also include any new or suspected cases of COVID-19 in the Facility. All communication will be sent out in compliance with the frequency and content as required by all applicable and current Governmental Guidelines & Directives. The Facility also provides its residents/patients and staff with continuous updates of the status of COVID-19 at the Facility.

7. Visitation. Governmental Guidelines & Directives set the parameters upon which we can offer visitation. These Governmental Guidelines & Directives change from time to time based on then current COVID-19 and other EID conditions with consideration of the value that our residents/patients receive from visitation and contact with their family and other loved ones. We will continue to maximize visitation in accordance with Governmental Guidelines & Directives and offer visitation alternatives in the event that visitation is deferred or restricted in any way.

8. Lessons Learned from Experience with the COVID-19 Outbreak. Since the inception of the COVID-19 Pandemic, COVID-19 has truly been a challenge for healthcare providers and for our governmental agencies providing guidance and directives to fight an unknown and novel illness that unexpectedly infected our country and its communities. It has also been a tremendous challenge to our residents, patients and their families and other loved ones. We have learned that our open and timely communications with our residents/patients and family made a big difference to our residents/patients and their families wellbeing and to alleviate some of the anxiety and fear the pandemic has caused. We have also learned to adapt to ever changing requirements which again emphasized the need for transparency in our communications. We have also learned that adapting to the continuous change in the pandemic (e.g., variants, testing frequency, vaccination requirements, reacting to local virus transmission rates and Governmental Guidelines & Directives) provides a potent defense to combating whatever changes occur during the COVID-19 pandemic.

We value a close working relationship with residents/patients and their representatives, family members and loved ones. We encourage you to continue to reach out to our staff for assistance for information about your loved one or with any concerns you may have.

Facility Phone Number: 732-681-1400

Administrator: 732-681-1400, Extension 108

Director of Nursing: 732-681-1400, Extension 106

Director of Social Services: 732-681-1400, Extension 112

Phone number for urgent calls or complaints: 732-681-1400