

## Outbreak Response Plan

County Manor Rehabilitation & Healthcare 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, infection prevention, 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 and patients. The Outbreak Plan includes, but is not limited to: (1) evidence-based outbreak response measures, (2) screening of all visitors, employees, vendors, and others that seek to enter the Facility, (3) testing of residents/patients, employees and other staff, (4) emergency staffing preparedness, (5) ongoing status communications and updates to residents/patients and their representatives, family and/or loved ones, and (6) visitation rules to protect the health and safety of our residents/patients and their visitors.

Many of our residents, patients and team members were infected with the COVID-19 virus. Many have recovered, unfortunately, some have not. They were mothers, fathers, brothers, sisters, spouses and friends. We send our deepest condolences and wish comfort to those that lost a loved one. Each one was unique and special, talented and gifted in their own special way and they will remain a part of the hearts and minds of the County Manor Rehabilitation & Healthcare Center family forever. While we cannot guarantee that some of our residents/patients will not become infected with COVID-19 or another future pandemic, our Outbreak Plan was developed 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 new or reemerging infectious disease 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, 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 cleaning and disinfectant agents.

### 2. Screening & Protective Measures.

**a. Screening.** Screening is an essential defense to the introduction of COVID-19 into the Facility by employees, other healthcare personnel and all other permitted visitors. All employees, healthcare personnel and all other permitted visitors entering the Facility will be actively screened. Permitted visitors will be denied entrance into the Facility if the individual: **(a)** exhibits signs or symptoms of a respiratory infection as delineated by all applicable Governmental Guidelines & Directives; **or (b)** has been diagnosed with COVID-19 and has not yet met criteria for the discontinuation of isolation in accordance with current Governmental Guidelines & Directives; **or (c)** has within the past 14 days returned from a state/country on the designated lists under the 14-day quarantine travel advisory. Employees and healthcare personnel will be screened and then denied or permitted entrance into the Facility in accordance with current Governmental Guidelines & Directives.

**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 after screening, a visitor is permitted to enter Facility, the Facility shall: (a) Require the individual to wear a facemask in the Facility and additional protective equipment (PPE) as required by applicable Governmental Guidelines & Directives and such additional PPE as may be determined by the Facility; (b) provide instruction on 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, before the visitor enters the Facility and resident's/patient's room; and (c) limit the individual's movement within the Facility to those areas necessary to complete their visit. The Facility trains all employees and other healthcare personnel on proper use of PPE on an ongoing basis in accordance with applicable Governmental Guidelines & Directives.

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

**a. Testing.** The early detection of the Facility staff and resident/patient infection with COVID-19 is also essential to preventing the spread of COVID-19 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 test, the Facility's staff and residents/patients for COVID-19 in accordance with (a) all Governmental Guidelines & Directives and approved by the U.S. Food and Drug Administration (FDA); (b) authorized by the FDA through an Emergency Use Authorization; and/or (c) approved by the New Jersey Clinical Laboratory Improvement Service as permitted by the FDA. All newly admitted or readmitted residents/patients are isolated and tested during the isolation period in accordance with applicable Governmental Guidelines & Directives before taking the resident or patient out of isolation. The Facility closely monitors Governmental Guidelines & Directives and works closely with its LHD with respect to the frequency of testing and retesting 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 that staff member (a) refuses to participate in COVID-19 testing; and/or (b) refuses to authorize release of their testing results to the Facility. If a resident/patient refuses COVID-19 testing, then the Facility will, in accordance with NJDOH directives, treat the individual as a suspected case of COVID-19 (including, but not limited to, placing the resident/patient on transmission based precautions and cohorting the resident/patient as a suspected case of COVID-19), make a notation in the resident's/patient's chart, and notify 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, the Facility will implement immediate cohorting as required by NJDOH directives.

**c. Cohorting.** Cohorting is another important mechanism to prevent the spread of COVID-19 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. Equipment is either cohorted, if possible, or, if not possible, rounded in a "well to ill" flow and 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 pandemic infectious disease may cause a sudden staffing shortage for which the Facility has developed its "**Emergency Staffing Strategies for COVID-19**" policy and procedures. This 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 infectious pandemic disease outbreak. 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 a pandemic caused staffing shortage.

**5. Reporting Requirements.** The filing of reports 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 NHSN through the SAMS portal (overseen by the CDC) twice weekly as required by NJDOH Executive Directive No. 20-026.

**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 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 (**Cliniconex**) 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. The Facility will continue to utilize Cliniconex to maintain 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 spread. These updates will also include any new or suspected cases 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.** Outdoor visits of family members and loved ones are very much encouraged and are an essential component to our residents'/patients' emotional and physical wellbeing. All outdoor family visitations are conducted in accordance with the CDC's and NJDOH's health and safety precautions guidelines for outdoor visitations. Indoor visitation is available for End-of-Life, Compassionate Care, and Essential Caregivers in accordance with NJDOH Executive Directive No. 20-026. Virtual communication (e.g. phone, video-communication, FaceTime, Skype, Echo Show, etc.) with residents/patients, their families and resident/patient representatives is available as an alternative to in-person visits. Visitation restriction will be eased as and when the Facility and the State moves through the phases of New Jersey's reopening plan for the state and the nursing homes.

**8. Lessons Learned from Experience with the COVID-19 Outbreak.** The last few months have 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. 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 that the increased testing that gradually became available after the outbreak of COVID-19 began is an essential tool to fight the spread of COVID-19.

**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:** 201-567-7800

**Administrator:** 201-567-7800, Extension 107

**Director of Nursing:** 201-567-7800, Extension 127

**Director of Social Services:** 201-567-7800, Extension 109

**Phone number for urgent calls or complaints:** 201-725-6376