

## **ATRIA CRANFORD OUTBREAK RESPONSE PLAN**

Atria Cranford (the “Community”) has developed the following Outbreak Response Plan (the “Plan”) with assistance from Atria’s Infection Preventionist consultant and Senior Vice President of Care.<sup>1</sup>

1. Protocol for isolating COVID-19 positive residents
  - a. Residents with suspected or confirmed COVID-19 infection will be isolated in a single apartment with a private bathroom if possible. The resident will be instructed to remain inside his or her apartment with the door closed.
  - b. A sign will be placed outside the resident’s apartment door with appropriate PUI status.
  - c. The resident will be instructed to wash hands frequently or use alcohol-based hand sanitizer.
  - d. The resident will be asked to wear a mask if leaving the apartment for any reason, such as for an essential medical visit. Residents will be provided a new surgical mask daily.
  - e. Staff interacting with the resident will follow Droplet and Contact Precautions along with Standard Precautions.
  - f. The Executive Director or designee will notify the physician of any resident identified as a symptomatic PUI to determine whether treatment or testing is necessary and will facilitate a telehealth visit if requested.
2. Positive case notification procedures
  - a. The Executive Director or designee will use the pre-approved communication template to notify residents and families of each new positive case. The communication will be sent electronically via the Communication Center and will be hand-delivered to residents.
  - b. The Executive Director or designee will notify staff of each new positive case during daily stand-up meetings using pre-approved talking points.
3. Outbreak response measures
  - a. The Executive Director or designee will contact the Regional Vice President and the Regional Care Director upon the identification of a new positive resident or staff case.
  - b. An Outbreak occurs when the combined number of resident and staff who are showing signs and symptoms of illness or who have tested positive, exceeds 4% of the total number of residents and staff.
  - c. If the total number of symptomatic or positive resident and staff cases reaches 6%, the Community will implement Enhanced Infection Controls.

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<sup>1</sup> This plan is derived from Atria’s Infection Control Policies and Work Instructions, which are proprietary and confidential business documents.

- d. The Executive Director or designee will initiate tracking into the ARC Infection Tracker for each resident or staff occurrence of COVID-19 infection or symptomatic PUI.
  - e. The Executive Director or designee will initiate contact tracing for each confirmed COVID-19 case.
4. Testing
    - a. Upon the identification of a new confirmed case of COVID-19 in either a resident or staff member, the Executive Director or designee will be responsible for ensuring the appropriate contact tracing and testing are performed.
    - b. Any residents who had close contact with the positive case, or staff with a high-risk exposure to the positive case, will be tested using a rapid antigen test and, if negative, tested again 5-7 days later.
    - c. Additional testing of close contacts is conducted as necessary as new positive cases are identified.
  5. Screening
    - a. Everyone entering the Community must pass the screening questions and have their temperature taken prior to entry.
    - b. Visitors must sign the COVID-19 Visitor Disclosure, acknowledging that they have successfully passed the screening questions and informing them of the risks of exposure from the visit.
  6. Symptom monitoring
    - a. Staff
      - i. Staff are checked for symptoms, including having their temperature taken, at the start of each shift.
    - b. Residents
      - i. Residents are regularly monitored for symptoms.
      - ii. During an Outbreak, residents have their symptoms checked by a staff member once per day (twice per day under Enhanced Infection Controls).
  7. Public health reporting
    - a. The Executive Director or designee will contact the local health department for information, collaboration and assistance in the event of a positive staff or resident case of COVID-19.
  8. Contingency staffing alternatives
    - a. In the event of a staffing shortage, the Executive Director or designee will reach out to the Director of Recruitment to determine if there is a national vendor available to provide agency staff to the Community.
    - b. If a national vendor is unavailable, the Executive Director or designee will reach out to a local staffing agency to secure additional staff.
  9. Infection control training
    - a. All employees are trained annually on infection control and proper PPE usage. Direct care staff will be trained quarterly by the Infection Preventionist or designee on PPE usage.
  10. Infection Prevention and Control Committee

- a. The Community's Infection Prevention and Control Committee is comprised of the following people:
    - i. Infection Preventionist;
    - ii. Executive Director;
    - iii. Resident Services Director;
    - iv. Divisional Director of Care Management;
    - v. Regional Vice President; and
    - vi. Operations Counsel.
  - b. The Committee will meet quarterly.
  - c. Infection Preventionist
    - i. The current Infection Preventionist for the Community is Sherri Mosby.
    - ii. The Infection Preventionist will provide quarterly reports to the Infection Prevention and Control Committee.
11. Updates to Plan
- a. This plan will be reviewed and updated (if necessary) on an annual basis. Material changes will be submitted to the Department within 30-days for review and approval, and will also be communicated to staff, residents, and families.