BEAR CREEK OUTBREAK PLAN

I. Notification to residents, representatives, and families
In the event of a single confirmed infection inside the Community, or in the event three (3) or more residents or staff develop a new-onset of respiratory symptoms occurring within 72 hours of each other, the Community will notify residents, their representatives and families no later than 5:00 p.m. the next calendar day.

II. Method and content of notification
The Community uses both written and verbal communication methods, including "One Call" messaging, electronic mail, posting notices in common areas, and one-on-one communications with residents and family members. Communications include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered. Communications do not contain any personally identifiable information.

III. Weekly cumulative updates
At least weekly, the Community shall disseminate to residents, representatives, and families a cumulative update on the total number of confirmed or suspected COVID-19 infections, and any changes to infection prevention policies and procedures. Cumulative updates will occur more frequently in the event of subsequent confirmed or suspected infections.

IV. Virtual communications
The Community has written standards, policies and procedures that provide for virtual communication (e.g. phone, video-communication, Facetime, etc.) with residents, families, and resident representatives, in the event of visitation restrictions due to an outbreak of infectious disease or in the event of an emergency, as the community recognizes the importance of engagement for the well-being of our residents and is providing a virtual communications program to connect residents and families via video calls (i.e. FaceTime and Skype).

V. Staffing shortages and surge capacity
To secure additional staff in the case of a COVID-19 outbreak or other emergency, the Community maintains vendor agreements with staffing agencies that are in place to support any staffing needs, as necessary.

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BEAR CREEK EMERGENT INFECTIOUS DISEASE PREPAREDNESS PLAN

I. **General preparedness for emergent infectious diseases (EID)**

a. Operator's disaster preparedness will include a response plan for a community-wide infectious disease outbreak such as pandemic influenza and COVID-19. This plan will:

i. Build on Bridge Senior Living Policy Number G118 pertaining to Communicable Disease.

ii. Include administrative controls (testing, cohorting, implementation of social distancing, communications with public health authorities, visitor restrictions and/or screening, and health care worker (HCW) absentee and surge capacity plans.

iii. Address environmental controls (plastic barriers, enhanced cleaning of high-touch surfaces, hand hygiene stations, and contaminated wastes)

iv. Address PPE supply and replenishment.

b. Operator shall maintain an ample supply of personal protective equipment (PPE) including gowns, surgical masks, respirators approved by CDC, FDA, OSHA (i.e. N95 and KN95), and gloves in a variety of sizes. The amount that is stockpiled will minimally be enough for several days of care, but will also be determined based on storage space and costs.

c. Operator shall ensure contracts and logistics are in place with vendors for re-supply of food, medications, sanitizing agents, testing kits, and PPE in the event of a disruption to normal business due to an EID outbreak.

d. Operator shall ensure contracts are in place with staffing agencies, in order to secure additional staff in the case of an EID outbreak or other emergency,

e. Operator shall post signage regarding proper hand sanitation and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the main entrance to the building, along will the instruction that anyone who feels sick must not enter the building.

f. Operator shall regularly train HCWs and practice the EID response plan through drills and exercises as part of disaster preparedness training.

II. **Threat in surrounding community**

a. Once notified by the public health authorities at either the federal, state and/or local level that an EID is likely to or already has spread to surrounding community (i.e. city, county), Operator will activate specific surveillance and screening as instructed by Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities.

b. Director of Health Services, in coordination with the Vice President of Quality Services (VPQS), will research the specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for assisted living facilities as provided by the CDC, Occupational Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies.

c. In coordination with the Director of Health Services, VPQS, and the Legal Department, Executive Director shall review and revise internal policies and procedures, and replenish the inventory of PPE and environmental cleaning agents, as indicated by the specific disease threat.
d. Educate staff and contractors (with particular emphasis on HCWs) on exposure risks, symptoms, and prevention of the EID. Education shall emphasize basic infection prevention and control, use of PPE, cohorting, and other infection prevention strategies, such as hand hygiene.
e. If EID is spreading through an airborne route, then Operator shall activate its respiratory protection plan to ensure HCWs who may be required to care for a resident with suspected or known case are not put at undue risk of exposure.
f. Educate residents and families about the disease and communicate Operator's response strategy at a level appropriate to their interests and need for information.
g. Brief outside contractors and vendors on Operator's policies and procedures related to minimizing exposure risks to residents and staff.
h. Post signage regarding hand hygiene and respiratory etiquette or other prevention strategies relevant to the route of infection at the main building entrance along will the instruction that anyone who sick must not enter the building.
i. To ensure that staff, and/or new residents are not at risk of spreading the EID into the building, screening for exposure risk and signs and symptoms shall be done prior to admission of a new resident or allowing new staff persons to report to work.
j. Staff exposure protocol
    i. Direct staff to report exposure to EID while off duty to the Executive Director.
    ii. Consider precautionary removal of staff who report an actual or suspected exposure to the EID.
    iii. Direct staff to self-screen for symptoms prior to reporting to work.
    iv. Prohibit staff from reporting to work if they are sick until cleared to do so by the Executive Director, and in compliance with appropriate labor laws (i.e. OSHA, EEOC, ADA).
k. In the event there are confirmed cases of the EID in the local community, the Operator may consider cessation of new admissions, and limiting visitors based on the recommendation of local public health authorities.
l. Operator will follow current CDC guidelines for environmental cleaning specific to the EID (i.e. enhanced cleaning of high touch surfaces), in addition to routine cleaning for the duration of the threat.
m. Operator will implement appropriate physical plant alterations such as cohorting high-risk residents to designated floors or building wings, use of private rooms for high-risk residents, plastic barriers, hand hygiene stations, and special areas for contaminated wastes as recommended by local, state, and federal public health authorities.

III. Suspected or confirmed EID case in the building

a. In according with Operator cohorting protocols, move resident with suspected or confirmed EID to an isolation room.

b. On-duty staff with suspected or confirmed EID must immediately vacate the building.
    i. Return to work timeline and conditions are in accordance with applicable labor laws. CDC guidelines, and Bridge Senior Living return-to-work policies after illness.
c. Notify local public health authorities of any suspected or confirmed EID case.
d. Keep the number of HCWs assigned to enter the room of the isolated resident to a minimum.
    i. Ideally, only HCWs that are vaccinated, medically cleared, and fit-tested for a N95 or KN95 respirator will enter the isolation room.
e. If feasible, an isolated resident must wear a facemask while under HCW care. Provide care at the level necessary to address essential needs of the isolated resident unless it advised otherwise by public health authorities.
f. The isolated resident must not participate in communal dining, and all meals should be delivered in-room service only.
g. Implement infection control measures such as management of infectious wastes, handling of linens and laundry, enhanced cleaning of high touch surfaces, contact tracing of exposed individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC.
h. Implement isolation protocols (i.e. cohorting, cancellation of group activities and communal dining, social distancing) in accordance with BSL Policy Number G118, and as recommended by local, state, or federal public health authorities.
i. Implement testing protocols.
    i. Identify a prescribing healthcare provider to order tests.
    ii. Follow public health authority directives and evidence-based medical guidelines pertaining to testing frequency and method.
    iii. Obtain consent forms from the Legal Department to conduct testing of all staff and residents.
    iv. Ensure necessary agreements and contracts are in place with laboratories to ensure timely processing of test kits and reporting of test results.
    v. Staff who refuse testing must immediately vacate the building. Follow applicable Bridge Senior Living human resources policies and applicable labor laws.