

Embassy Management LLC

Emerging Infectious Disease Policy



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Purpose

To protect our clients, families, and staff from harm resulting from exposure to an emerging infectious disease while they are in our care, the objective of this policy is to provide guidance to the Embassy family of companies' direct support staff and administrators on how to prepare for newly evolving Emerging Infectious Diseases (EID) with potential to pose a significant health threat and danger of infection to our clients, families, and staff.

Policy Scope

Local, state, and federal health authorities are the source of the latest information and guidance on prevention, case definition, surveillance, treatment, and response related to a specific disease threat. Regulations and requirements for reporting and responding may vary by state and local health authority. With new EIDs there may be frequent changes to recommended practices and we will defer to healthcare authorities for current practices.

This plan does not constitute medical or legal advice.

The policy addresses three scenarios:

1. General Preparedness for EIDs
2. Local Threat –EID outbreak in communities where are homes and facilities are located
3. Suspected or Confirmed Case in a Home or Care Facility

Definitions

a. 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;

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- ii. Known infections spreading to new geographic areas or populations;
 - iii. Previously unrecognized infections appearing in areas undergoing ecologic transformation;
 - iv. Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures.
- b. Pandemic -- A sudden infectious disease outbreak that becomes very 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.
- c. 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.
- d. Quarantine – Separation of an individual or group reasonably suspected to have been exposed to a communicable disease but who is not yet ill (displaying signs and symptoms) from those who have not been so exposed to prevent the spread of the disease.

Variants - All viruses (including SARS-CoV-2, the virus that causes COVID-19) evolve over time. When a virus replicates or makes copies of itself, it sometimes changes a little bit, which is normal for a virus. These changes are called “mutations.” A virus with one or more new mutations is referred to as a “variant” of the original virus.

Vaccines

Depending on the disease, vaccines may be available and the companies will defer to guidelines as directed by local and state public health authorities, and CDC guidance. The company will follow state and federal direction on the requirements for vaccines for employment eligibility. (ERRIN, REWORD THIS? OR REMOVE??)

The company will only advise that employees and clients speak to their primary care provider or public health authorities for recommendations regarding vaccinations; including the efficacy, safety, and decision to be vaccinated.

* Please refer to the company’s vaccination policy for more information.

While vaccines are generally recommended by the CDC, they do not provide complete protection against viruses. In addition, the development of variants and potential for cases of reinfection, all infection control practices should remain in place unless otherwise directed by public health authorities and CDC guidance. In general, reinfection means a person was infected (got sick) once, recovered, and then later became infected again. Based on what we know from some viruses, some reinfections are expected.

General Preparedness for Emerging Infectious Diseases (EID)

- a. The Company’s emergency response will plan for a community-wide infectious disease outbreak such as coronavirus infection. The plan will:

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- i. Build on the workplace practices described in the infection prevention and control policies with a focus on precautions specific to the EID transmission method;
 - ii. Include administrative controls (screening, reporting, quarantine, isolation, visitor policies, and employee absentee plans);
 - iii. Address environmental controls (supply logistics, in home quarantine or isolation, sanitation of home and laundry, disposal of contaminated wastes);
 - iv. Address human resource issues such as employee leave and staff shortages;
 - v. Provide communication planning for staff and residents.
- b. Clinical leadership will be vigilant and informed about EIDs progress and status in the U.S. and states where we do business. They will keep administrative leadership briefed as needed on potential risks of new infections in their geographic location through the changes to existing organisms and/or immigration, tourism, or other circumstances.
- c. Communications and updates will be distributed by email to all office locations for local distribution to homes. The Company website should act as a source of truth and standardized information regarding news, health authority updates, procedures and policies, and provide linkage to CDC and all state health departments where the Company does business.
- d. As part of the emergency response plan, the company will designate an office, facility or home in each state or region as its “Care Center” which will
- i. Ensure that the census and location of clients by home is accurate and current;
 - ii. Identify those clients we support who have exceptional needs, premorbid conditions or other vulnerabilities that may indicate the need for urgent medical care, hospitalization or evacuation in the event they contract the disease;
 - iii. Maintain inventory and/or control supply of personal protective equipment (PPE) including but not limited to moisture-barrier gowns, surgical masks, disposable N95 respirators, and gloves. The amount that is stockpiled will minimally be enough for several days of care as determined by the number of homes, staff and supported individuals, as well as available storage space and costs, barring local, regional, or national supply shortages.
- e. Each Care Center will work collaboratively with the Company to develop plans with their vendors for re-supply of medications, food, sanitizing agents, and PPE in the event of a disruption to normal business including an EID outbreak.
- f. Employees will be trained in the EID response plan as part of, or in addition to, the Company’s emergency preparedness training, with a focus on personal and hand hygiene, home cleanliness and terminal cleanings.

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Local Threat

- a. 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 any community where we provide service, the regional/state Care Center in collaboration with the Company will activate specific surveillance and screening according to instructions posted by the Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities.
- b. The Company will designate an Infection Preparedness Team (IPT) that will research the specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for residential homes and centers as provided by the CDC, Occupational Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies.
- c. Working with advice from the Company Health Services Director or clinical consultant, human resource director, local and state public health authorities, and others as appropriate, the IPT will review and revise internal policies and procedures, make recommendations to state/regional Care Centers on how to stock up on medications, environmental cleaning agents, and personal protective equipment as indicated by the specific disease threat.
- d. Staff will be educated on exposure risks, symptoms, and prevention of the EID. Emphasis will be placed on reviewing basic infection prevention and control, use of PPE, isolation, and other infection prevention strategies such as hand washing, personal hygiene, and screening of visitors, new admissions, and clients returning to homes after travel or extended exposures in the community.
- e. Clients and families will receive education about the disease and the Company's response strategy at a level appropriate to their interests and need for information.
- f. Contractors and other relevant stakeholders will be informed as needed (or requested) of any Company practices related to minimizing exposure risks to staff and clients.
- g. Signs shall be posted regarding enhanced universal precautions, hand sanitation, respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the homes and other Company facilities along with the instruction that anyone who is sick must not enter the building.
- h. Screening - to ensure that staff, clients, and visitors are not at risk of spreading the EID into the homes and offices, screening for exposure risk and signs and symptoms may be done PRIOR to reporting to or entering any client homes or Company locations. Screening of staff, visitors, vendors, clients returning from vacations, extended visits within or outside the community include immediate travel history, thermal scanning, and review for presence of symptoms associated with or that herald the EID. Result will be logged to be made available for contact tracing by federal or state health authorities.
- i. Self-screening – Staff will be educated on the Company's plan to control exposure to the clients. 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, as necessary to public health offices;

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ii. Precautionary removal of employees who report an actual or suspected exposure to EID, or prohibiting staff from reporting to work if they are sick until cleared to do so by appropriate medical authorities and in compliance with appropriate labor and health department laws.

- Please refer to the Company's "Stay Home & Return to Work Policy" for additional information.

iii. Self-screening for symptoms prior to reporting to work;

j. Self-isolation - in the event there are confirmed cases of the EID in the local community, the Company may consider closing homes in the region to new admissions, limiting visitors based on the advice of local public health authorities, and limiting exposure at public events or non-essential appointments.

k. Environmental cleaning - the Company will follow current CDC guidelines for environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat. Staff will be informed and trained in maintaining home cleanliness in common areas such as kitchen and bathrooms.

l. Vehicles used to transport clients will be cleaned at least daily in accordance with company policy and procedures, and include additional hygienic methods as indicated.

m. Engineering controls – If indicated, the Care Center will direct deployment, in homes and offices, of appropriate physical plant alterations such as use of private rooms for high-risk clients, plastic barriers, and special areas for contaminated wastes as recommended by local, state, and federal public health authorities.

Suspected or Confirmed Case in a Home or Care Facility

- The company will continue to follow CDC guidance on infection control measures, including for those people who have been vaccinated. Until directed by the CDC, people who have been fully vaccinated should continue taking precautions like wearing masks, staying recommended distances apart from others, avoiding crowds and poorly ventilated spaces, and washing your hands often.
- If clients or staff who have been fully vaccinated exhibit symptoms of the EID, they will be advised to speak to their primary care provider or public health authorities for recommendations. Until healthcare provider recommendations have been received, the company will enforce the same requirements for those who are unvaccinated, described below.

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Clients:

- a. Clients who exhibit symptoms of the EID will be asked to quarantine in their room and staff will notify the clients primary care provider or public health authorities for recommendations.
- b. If necessary, arrangements will be made to transfer suspected infectious person to the appropriate acute care center via emergency medical services as soon as possible.
 - i. If the suspected infectious person requires care while awaiting transfer, Care Center policies for quarantine procedures should be followed, including all recommended PPE for staff at risk of exposure.
 - ii. The number of staff assigned to enter the room of the isolated person will be kept to a minimum. Ideally, only one staff will enter the isolation room.
 - iii. If feasible, the isolated person will wear a facemask while staff or other people are in the room. Care at the level necessary to address essential needs of the isolated individual will be provided unless it advised otherwise by public health authorities.
- c. If acute care is not required, it may be recommended to enact quarantine interventions for clients with suspected or confirmed exposure, which will be activated as directed by local and state public health authorities, and CDC guidance.
- d. Control activities will be conducted, such as management of infectious wastes, terminal cleaning of the quarantine room, contact tracing of exposure individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC.
- e. Isolation protocol in the home (isolation rooms, cohorting, cancelation of group activities and social dining) will be implemented as described in this policy, or recommended by public health authorities.

Employees:

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Precautionary removal of employees who report an actual or suspected exposure to EID, or exhibit symptoms of the EID, and prohibit staff from reporting to work if they are sick until cleared to do so by appropriate medical authorities and in compliance with appropriate labor and health department laws.

- Please refer to the Company's "Stay Home & Return to Work Policy" for additional information.

Employer Considerations

a. Management will consider its requirements under OSHA, Center for Medicare and Medicaid (CMS), state licensure, Equal Employment Opportunity Commission (EEOC), American Disabilities Act (ADA) and other state or federal laws in determining the precautions it will take to protect its clients. Protecting the clients and other employees shall be of paramount concern. Management shall consider the following:

- Degree of vulnerability of the clients in the homes;
- Likelihood of disease transmission to the clients and employees;
- Method of spread of the disease (for example, through contact with bodily fluids, contaminated air, contaminated surfaces)
- Precautions which can be taken to prevent the spread of the infectious disease and other relevant factors.

b. 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 clients or other employees. The Company will:

- Apply whatever action is taken uniformly to all staff in like circumstances;
- 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;
- Make reasonable accommodations for employees such as permitting employees to work from home if their job description permits this;
- Apply generally accepted scientific procedures, whenever available, to determine the level of risk posed by an employee;
- Permit employees to use sick leave, vacation time, and FMLA where appropriate while they are out of work;
- Permit employees who are known to have tested positive for the disease to return to work when cleared by a licensed physician, however, additional precautions may be taken to protect the clients;
- Employees who refuse at any time to take the precautions set out in this and other sections of this policy may be subject to discipline.

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