

## POLICY AND GUIDELINES FOR IN-PERSON PROGRAMS

Sept 1, 2022

**Voices of Hope for Aphasia** continues to monitor the COVID-19 situation daily including emerging variants. We are regularly assessing the risk to determine if it is safe to meet in person, and the precautions recommended for facilities such as ours. We will be extremely conservative in making decisions for the health and safety of our members, many of whom fall into the highest at-risk category, but will also weigh the negative effects of isolation against the reduced risks of serious infection to the population.

We will be following guidelines and recommendations from the CDC and local government and reserve the right to make changes to this policy as things change. We also reserve the right to discontinue in-person sessions if we do not feel it is in the best interest and safety of our members, staff, or volunteers.

Our new policy waives vaccination requirements, however; vaccinations continue to be the best way to protect against serious effects of COVID infection. By attending our in-person groups, you acknowledge and accept the risk of exposure to this and any other condition, and will sign a Liability Waiver (below) prior to attending.

### **IN PERSON POLICY:**

- Starting on Sept 6<sup>th</sup>, 2022, we will welcome anyone to our in-person sessions **regardless of vaccination status**. We continue to strongly recommend following CDC and your doctor's recommendations on vaccines.

- Masks are **strongly encouraged** and recommended, especially to those who are not immunized, but are not required.

### **Please help keep each other safe and STAY HOME:**

- **DO NOT** come to the groups:

- if you feel ill. Please contact us if you need any assistance,

- if you have a temperature over 100.1F,

- if you have unexplained body aches, nasal congestion, cough, intestinal, or

other symptoms,

- if you have participated in activities deemed by the CDC to be moderate-high

risk.

- **DO NOT COME TO THE GROUPS** **if you have been in contact**, within the past 5 days, with someone who is, or may be, ill.

- **CRUISE TRAVEL:** you may **not** participate in group sessions for 5 days after your return. Please closely monitor yourself and **DO NOT** return to group sessions if you are feeling ill in any way.

- If you don't feel comfortable returning to in-person meetings, please take advantage of our online sessions
  
- Everyone entering the center must **complete a health check** and will be asked not to enter if they do not meet the following:
  - Filling-out and signing the **health screening form** that verifies you are feeling healthy.
  - **Temperature checks** will resume; you must not have a temperature over 100.1F.
  - A **mask** will be offered and encouraged for those who are not immunized.
  
- Everyone must sign a **COVID-19 Liability Waiver Policy** (below) and the acknowledgement and acceptance of our policies. We make decisions for the health and safety of our members, staff, volunteers, and families, and we depend upon each of you to honor our policy and help us keep each other safe.

**PROTOCOLS:**

- To limit the number of people within the group rooms, we ask **family members to wait elsewhere**. Exceptions will be made for new members; family may observe and participate in initial sessions.
  
- We will continue to offer **online sessions**.
  
- Our center will be **deeply cleaned and disinfected** weekly. All group rooms will be sanitized between each session.
  
- High quality **air purifiers/filters** with dual HEPA H13 filters will be placed in group meeting rooms.
  
- **Hand sanitizers** will be made available throughout the center and within the meeting rooms.
  
- **Masks, gloves, and hand sanitizer** will be made available to those who need them.
  
- All group room surfaces will be **cleaned through-out the day** with bleach wipes and disinfecting products approved by the CDC and EPA for COVID-19 safety.
  
- All surfaces and items within the center and group rooms including, doorknobs, chairs, pens, treatment materials, bathroom surfaces, and more will be **cleaned daily** with products approved by the CDC and EPA for COVID-19 safety.

In addition, we will **require our members, staff, volunteers, and any other persons** who may need to enter our center to exercise extreme precautions.

*We reserve the right to make changes to this policy based on recommendations by the CDC and local government.*

## Voices of Hope for Aphasia

### COVID-19 SAFETY ACKNOWLEDGEMENT

### LIABILITY WAIVER AND RELEASE OF CLAIMS

#### **COVID-19 SAFETY INFORMATION:**

While participating in events held or sponsored by the Voices of Hope for Aphasia, Inc., (“VOH”) “social distancing” we strongly encourage social distancing and face coverings to reduce the risks of exposure to COVID- 19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, VOH has put in place preventative measures to reduce the spread of COVID-19. However, VOH cannot guarantee that its participants, volunteers, staff, partners, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in VOH events and/or other face to face activities. By attending a VOH program, activity, or event, you certify that you **do not** fall into any of the following categories:

1. Individuals who currently or within the past 48 hours have experienced any symptoms associated with COVID-19, which include fever, cough, congestion, shortness of breath among others;
2. Individuals who have traveled by cruise in the past 5 (five) days.
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID- 19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

#### **DUTY TO SELF-MONITOR:**

Participants, families, staff, and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, **contact VOH immediately** if he/she/they experiences symptoms of COVID-19 within 14 days after participating or volunteering with VOH.

**LIABILITY WAIVER AND RELEASE OF CLAIMS:**

I acknowledge that I derive personal satisfaction and a benefit by virtue of my participation and/or voluntarism with VOH, and I willingly engage in VOH activities, programs, or events (the “Activity”).

**RELEASE AND WAIVER.**

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST VOICES OF HOPE FOR APHASIA, INC AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE “RELEASED PARTIES”), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

**ASSUMPTION OF THE RISK.**

I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID- 19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

**MEDICAL ACKNOWLEDGMENT AND RELEASE.**

I acknowledge the health risks associated with the Activity, including but not limited to transient dizziness, lightheaded, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heart attack, stroke, or sudden death. I agree that if I experience any of these or any other symptoms during the Activity, I will discontinue my participation immediately and seek appropriate medical attention. I DO HEREBY RELEASE AND FOREVER

DISCHARGE THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY.

As a participant, volunteer, or attendee, You recognize that your participation, involvement and/or attendance at any Voices of Hope for Aphasia activity ("Activity") is voluntary and may result in personal injury (including death) and/or property damage. By attending, observing or participating in the Activity, You acknowledge and assume all risks and dangers associated with your participation and/or attendance at the Activity, and You agree that: (a) Voices of Hope for Aphasia, Inc. (b) the property or site owner of the Activity, and (c) all past, present and future affiliates, successors, assigns, employees, volunteers, vendors, partners, directors, and officers, of such entities (subsections (a) through (c), collectively, the "Released Parties"), will not be responsible for any personal injury (including death), property damage, or other loss suffered as a result of your participation in, attendance at, and/or observation of the Activity, regardless if any such injuries or losses are caused by the negligence of any of the Released Parties (collectively, the "Released Claims"). BY ATTENDING AND/OR PARTICIPATING IN THE ACTIVITY, YOU ARE DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO THE RELEASED PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Member, Staff, Volunteer or POA/Legal Guardian