Program Re-Entry Packet

NuPath Day Programming Re-Opening

On July 2nd, the Department of Public Health issued the Order Regarding Service Provided in Congregate Settings by EOHHS Day Programs. This order provided day programs to re-open with Phase 3 beginning on July 6th provided all planning and safety standards were met in relation to the guidance provided in the Massachusetts Day Program Reopen Approach: Minimum Safety Requirements.

To this end, NuPath has established a Re-Opening Plan with key aspects detailed within this packet.

Steps to Re-Opening

1. Safety Planning
2. Site Preparation
3. Staff Training
4. Stakeholder Surveying
5. Stakeholder Risk/Benefit Discussion

What’s Included in this packet:

1. What to expect summary
2. Infection Control Plan
3. Symptom Self-Check Sheet
4. Risk/Benefit Discussion Checklist
5. CDC Fact Sheet
6. Massachusetts DPH Guidance (Exposure, Testing, Quarantine)
7. Risk Acknowledgement Form

Additional Information:
EOHHS Phase 3 Reopening Approach
EOHHS Day Programming Guidance
https://www.mass.gov/doc/phase-3-eohhs-day-programming-guidance
What can you expect upon return?

Once you have made the decision to return and have a confirmed schedule with the site director, NuPath looks forward to welcoming you back! With a mindset focusing on safety first and putting protections into place to mitigate the risks associated with Covid-19, it’s safe to say things will look different.

Preparing to return

Prior to return, we have provided some universal expectations within our infection control plan which include: early detection strategies, hand hygiene, face coverings, social distancing, and a low touch culture. You can begin to prepare for your return by understanding these standards. Additional assistance in understanding these standards will be scheduled into our weekly remote programming calendar and will be offered throughout July.

Arriving symptom free

Your day will start at home with a self-check utilizing the Symptom Self-Check Sheet. If you display any of the associated symptoms or otherwise do not feel well, you are advised to stay home. NuPath nursing will be available to tele-conference with you to triage any concerns and discuss next steps for evaluation. As always, if any symptoms present as an emergency, call 911 or otherwise seek immediate medical attention.

Drop off (pick up) process

Upon arrival at the program location you will be screened again by program staff for symptoms and fever (when transportation resumes, this will occur prior to boarding). A tent will be positioned at the designated entry area. Staff will be stationed at the tent and will welcome two people in the drop off queue at a time. Please patiently wait in the drop of queue until directed to allow for social distancing. The staff at the tent will take and record temperatures, screen for any symptoms, ensure or provide face covering and provide hand sanitizer.
When dropping off, a queue will be established servicing a maximum of two members at any time approaching the screening tent. All responsible parties for an individual’s transportation will wait until the person has been cleared to enter as well as provide a phone number that they can be reached at during program hours.

At the end of the day, the same queue will be established in the driveways. Staff will be available to announce the arrival of your ride. Again, patience is crucial as only small numbers will depart at a time to promote social distancing.

Anyone being dropped off or picked up early must have the person providing transportation wait in a visitor packing space and call first into reception and then the Directors cell phone to announce their arrival and await screening. No visitors are allowed into the building at this time.

*Isolation and discharge*

Should any symptoms be detected, our goal is to send you home immediately with your ride. If you can’t immediately return home, each site will have a comfortable location identified to provide for isolation. When occupied, any staff supporting you will don enhanced personal protective equipment and be under the direct oversight of the onsite nurse.

This space will also be utilized should any symptoms develop during the day while awaiting a return home. Prior to departure, the site nurse will provide take home information to coordinate care and will follow-up with a tele-health check in the next day. Anyone with a positive test should expect to self-quarantine for fourteen days or until otherwise cleared by the Board of Health. Should any symptoms present as an emergency, 911 will be called immediately.

Should a person present symptoms during the day, the program area will be immediately disinfected and anyone who had a possible close contact exposure will be notified. The site nurse will provide any additional recommendation or directives for testing and or self-quarantine.

*Program environments and expectations*

Assuming you are symptom free, the program environment you experience will be different. You will notice wherever feasible, hallways and room entries are marked with directional guides to establish flow and promote social distancing. All staff will be wearing medical face masks throughout the building and everyone else who can tolerate a face covering can wear a comfortable, personal face covering over their nose and mouth. Program rooms will have
limited capacity with only a small number of people will be allowed in each room sitting six feet away from each other. You will also notice a lot of extra cleaning happening throughout the day with all door knobs, railings, light switches and any other high touch areas being sanitized on an ongoing basis.

In addition to seating being spaced out, friendly smiles being covered by masks and longer waits for rooms with small occupancies like bathrooms, there will also be some other changes. While our culture typically values a handshake greeting, high fives, pats on the back and or even a hug; we will be promoting a low touch culture and avoiding any unnecessary physical contact with social contact being replaced with alternative greeting and encouragement.

We will be limiting room crossover/transfers (including lunch time) and will arrange groups based upon social circles and service needs. In addition, any Café service will be extremely limited and food preparation unless needed for dietary safety will be suspended onsite. You should plan to bring lunches and snacks that require minimal prep and can be stored and eaten in your designated program space. Any sharing of supplies and equipment will be limited to those items that can be immediately sanitized. Ample space at individual seats will be provided for storage of personal belongings to limit cross contact.

Community outings, a typical centerpiece of our services, will be limited by the need for six foot social distancing in vehicles and when available only to those activities where social distancing can be ensured. We will however be promoting the use of outdoor space with outdoor tents, wellness activities, added seating and outdoor fans with safety oversight by our site management and nursing.

While a lot will look different, the same high quality staff will be thoroughly trained and ready to welcome you back! Our programming will be engaging and purposeful, designed to meet the social and service needs of each person in the safest manner possible.

If these changes seem overwhelming, not to worry. In addition to the Zoom preparation offerings, a staff person will orient you to everything you can expect on your first day back and there will be a staff person designated to monitor the standards and expectations to give immediate feedback, support and training to ensure the standards are upheld for everyone's safety.

If you participate in either our Without Walls, Group Employment or Supported Employment Programs, you will receive additional information as they relate specifically to you. For those who are not ready to return or choose to return on a part time basis, our remote programming team will continue to offer a vibrant and engaging schedule for your enjoyment and benefit daily.
Infection Control Plan

Infection control will include training for staff and persons served including many aspects detailed here, including social distancing, cleaning, hand hygiene, face covering and low touch expectations. Further elements will include signage reminders, expectations and supplying of face covering and symptom checks upon shift starts, entry to programs and or transportation.

With infection control, our programs will look different. Staff will be wearing masks. Seating will be less intimate. Activities will be spaced, and materials will be individualized. Meetings will be more commonly held in a virtual environment.

Facility cleaning will focus on high touch surfaces including knobs, appliances, railings and tabletop surfaces. Enhanced procedures will include documentation charts for identified high touch surfaces. Full facility disinfecting will be on a daily schedule with electrostatic disinfecting.

NuPath will strategically enhance already rigid hand hygiene procures to include enhanced training, installation of hand sanitizer stations at all entries and strategically in program areas as well as periodic scheduled supportive sanitizing for those requiring additional hand hygiene support.

NuPath will implement density and touch reduction through a variety of strategies including daily space census reduction, re-engineering space setup, seating and scheduling, establishing space capacities to accommodate distancing and implementing physical modifications and low touch culture expectations that reduce both physical and interpersonal touch.

Other infection control

NuPath is looking at intimate touch points including direct nursing, feeding assistance, crisis response and personal care. These areas will result in new processes and a new look. We will look at defining areas of practice teams to reduce the number of people involved in intimate proximity contact thereby establishing infection spread controls.

These may include crisis response teams responding to any escalating incident predictive of restraint, personal care teams covering all bathroom/changing cases and dietary staff providing all meal/feeding assistance. All strategies mentioned will reduce close contact. Control designed into these strategies can include consolidation and expertise with enhanced ppe, designated wardrobe assignments reducing cross spread and close oversight and monitoring of team members for symptoms and exposure tracing.
Infection Control Step 1: Entry

Screening

All staff will report to a central door prior to entry to sign in, complete temperature check, attest to symptom free status, don mask and hand sanitize.

All persons supported will be greeted at an exterior tent where staff will record temperature and screen for symptoms, ensure mask is donned (if tolerated) and hand sanitization. Staff designated to conduct screening will maintain six foot distance, mask and full face shield.

To minimize volume at entry, pickup and drop off schedules will be encouraged to be staggered with only one participant screened and one in queue at a six foot distance at a time. All other arrivals will remain in their vehicle until the queue opens.

Symptoms will include: (not associated with pre-existing condition)

In past 24 hrs: for person or family/housemates

Fever/Chills
Cough
Sore throat
Difficulty breathing
Abdominal pain
Unexplained rash
Fatigue
Headache
New loss of smell/taste
New muscle aches
Nausea/vomiting
Diarrhea

Additional screening will include:
Positive test and date?
Awaiting test results?
Close contact with anyone diagnosed with Covid-19 in past 14 days?

Any person arriving at the building with symptoms will be denied entry and will return home. If immediate departure is not possible, each site will have an isolation room set designated while awaiting departure.
Infection Control Step 2: Room Capacities and Setup

All program environments have been re-engineered to allow for six foot distancing between seating, either manually setup by room or 113 sq feet program space per person (whichever is smaller capacity). This engineering has resulted in newly designated room size capacities. Adherence to room capacities and maintenance of setup will be intermittently monitored by a designated staff. Large spaces accommodating over eight people will be subdivided utilizing barriers.

Windows and door will remain open whenever possible to promote air flow.

Outdoor opportunities will be utilized whenever possible including accessing open air site options as well as introducing protected program tents. Site nursing will take these options out of service depending upon environmental conditions related to heat and weather.

Groups established will be maintained together on all scheduled days without sacrificing essential service needs. Any modified schedules to meet demand with limited capacity will preserve the consistent group rosters to the extent possible.

Infection Control 3: Expectations

Hand Hygiene: Hand hygiene established at entry point (sanitized). Visual reminders throughout building. Periodic group hand hygiene will be implemented by designated “monitoring” staff equipped with spray on hand sanitizer, “hand hygiene, sanitizing time...”. Additional sanitizing stations throughout the programs and enhanced reminders for those who need additional support with hand washing.

Face Covering: All staff will don face covering upon entry and whenever in program areas and/or interacting with persons supported. All persons supported will be surveyed for face covering tolerance. If tolerated, face coverings will be confirmed upon entry and expected whenever in program areas or where social distancing cannot be maintained. For those who a face covering cannot be tolerated, enhanced social distancing will be implemented. Visual reminders are posted throughout the program areas.

Social Distancing:

Program areas have been re-engineered to allow for at least six foot social distancing. Staff will monitor and provide feedback to ensure social distancing is maintained. Visual reminders are posted in all program areas.

Low Touch Culture:
All non-essential person to person physical contact will be discouraged and alternatives implemented. This will include but not be limited to: handshakes, high fives, first bumps, pats of the back, non-essential physical or partial physical teaching prompts and non-essential physical escorts.

Monitoring/Implementation:

A staff will be designated at least for the initial return to rove the programs ensuring the implementation of expectations, through reminders, on the spot training and feedback for improvement.

All other PPE:

All other PPE including face shields, gloves and gowns will be implemented as per existing infection control procedures.

**Infection Control 4: Sanitizing/Disinfecting**

All program areas will be disinfected nightly until further notice. Our inhouse janitorial staff will utilize the electrostatic disinfecting sprayers purchased by NuPath.

During program hours, janitorial staff will implement intermittent high touch disinfecting following the established checklist:

High Touch Disinfecting Checklist:

**General Building**

- All reception areas
- *Sign in desk, hand sanitizer, pens, clipboard*
- All door knobs – multiple times per day
- All door plates – multiple times per day
- All light switches
- All Bathroom Fixtures - multiple times per day
- Café/Coffee Room – full
- All handrails – multiple times per day
- All touchscreens
- All phones
- All hard top work surfaces
• Water fountains - bottle filling enabled
• All elevator touch points - multiple times per day
• All common meeting rooms - after scheduled use
• Reception furniture
• Any hand sanitizer stations – multiple times per day
• Picnic tables – nightly and after lunch use

Program Services Disinfecting
• All bathrooms - multiple times per day
• Changing Rooms - Fan on and table spray after use
• All door knobs – multiple times per day
• All light switches - nightly
• All hard work surfaces and seating - nightly
• All shared equipment - wipe after use, nightly
• Smartboards - wipe after use, nightly
• Café/lunch rooms deep cleaned - in between seating
• All exercise equipment - wipe after use, nightly

Vans - window open when possible, external air circulation, post run staging area
• All handles and full vehicle cleaning - post run
• All seating areas, sweeping and wet mop, wiping vents - post run
• Driver compartment – nightly
• Full vehicle disinfecting - at least daily

The VP of Health Care will work directly with local boards of health to ensure all cleaning and care precautions are implemented in programs.

Personal belongings including clothing and lunch containers will not be washed on site. Any soiled belongings will be sealed and returned home for cleaning. NuPath will not provide shared utensils, cups or plates for meals. Any food prep equipment will be sanitized between usage.

Infection Control Step 5: Isolation and Discharge
If symptoms are identified at arrival, every effort will be made to immediately return the person home without entry. If this is not possible, the person will be brought to the site designated isolation room where arrangements will be made to return the person home.

If symptoms are reported, observed or suspected after the person arrives, the person will be assigned to the isolation room for assessment by the site nurse. The program area will be taken out of service and the janitorial services will immediately begin disinfecting. If symptoms are confirmed, the person will remain in the isolation room and arrangements will be made for return home.

The site nurse will oversee all activities related to the isolation room. Any staff support required will don an N95 mask and other PPE as appropriate and recommended. The site nurse will coordinate with the home provider for any follow-up assessment/care and will conduct a wellness check within 24 hours. The nursing department will need to approve any return to program post testing, recovery or quarantine.

Upon identification of symptoms, the site nurse will attain a roster of any person with whom the person came into contact and the VP of Healthcare will oversee any contact tracing implementation and follow-up.

The VP of Health Care will work directly with local boards of health to ensure communication of active cases as well as surges in absences and respiratory illnesses and providers to ensure follow-up care and coordination.

**Other:**

Until further notice, NuPath will maintain a no visitor policy. In addition to families, service coordinators and friends, this will include vendors (unless emergency) during program operation hours and requirements for symptom checks and PPE usage.

NuPath will open programs with a food safety policy that limits food preparation to essential safety for dietary needs and access to microwaves for reheating covered meals. Otherwise, all participants will be expected to bring snacks and meals that can be eaten within the program space with personal utensils requiring minimal preparation and self-contained cooling with personal ice packs. Unless self-packaged by the person, no leftovers will be stored or returned home. Any requirements for storage associated with dietary or medication needs (including medication drop off) must be arranged directly with the site nurse.
**Symptom Self-Check**

Symptoms will include: (not associated with pre-existing condition)

This symptom self-check should be completed daily prior to departing from home to go to a program or work.

In past 24 hrs: for person or family/housemates

- Fever/Chills
- Cough
- Sore throat
- Difficulty breathing
- Abdominal pain
- Unexplained rash
- Fatigue
- Headache
- New loss of smell/taste
- New muscle aches
- Nausea/vomiting
- Diarrhea

Additional screening will include:

- Positive test and date?
- Awaiting test results?
- Close contact with anyone diagnosed with Covid-19 in past 14 days?
Massachusetts Return to Day Program Risk/Benefit Discussion Checklist

This tool is designed for use by participants, caregivers, and providers collectively to help inform the decision to return to a day program. Checked boxes should be tallied for each section. Upon completion, you will have a visual representation of risks and benefits associated with returning to a day program. Higher tallies in the risk categories indicate a greater risk of poor health outcomes from COVID-19 infections.

Note: This Risk/Benefit Tool is meant to assist participants and their loved ones in determining their comfort level in returning to a day program based on their individual experiences.

There is not a specific designated score that qualifies or excludes a participant from returning to their day program.

Name of Participant: _______________        Date of Completion: ___/___/__

<table>
<thead>
<tr>
<th>Part A: Situational Risks</th>
<th>Check box if present (☒ = 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The participant is not able to follow social distancing protocol with 6 feet of distance</td>
<td>☐</td>
</tr>
<tr>
<td>The participant needs prompting/assistance to socially distance</td>
<td>☐</td>
</tr>
<tr>
<td>The participant is not able to use personal protective equipment (PPE) for extended periods of time</td>
<td>☐</td>
</tr>
<tr>
<td>The participant requires physical assistance or prompting to complete ADLs, such as toileting, eating, or mobility</td>
<td>☐</td>
</tr>
<tr>
<td>The participant is not willing or able to answer a series of health screening questions at several intervals throughout the day</td>
<td>☐</td>
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</tbody>
</table>

Total # of Situational Risks (Part A): _______________
## Part B: Health Related Risks

<table>
<thead>
<tr>
<th>Health Related Risks</th>
<th>Check box if present (☒ = 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The participant has diabetes</td>
<td>☐</td>
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<tr>
<td>The participant is severely obese</td>
<td>☐</td>
</tr>
<tr>
<td>The participant is older (increased age = higher risk)</td>
<td>☐</td>
</tr>
<tr>
<td>The participant has known respiratory issues</td>
<td>☐</td>
</tr>
<tr>
<td>The participant has known serious heart conditions, including coronary artery disease and hypertension</td>
<td>☐</td>
</tr>
<tr>
<td>The participant has immunocompromising conditions (i.e. HIV, cancer, post-transplant, prednisone treatment, etc.)</td>
<td>☐</td>
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<tr>
<td>The participant has a chronic kidney disease</td>
<td>☐</td>
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<tr>
<td>The participant has any other underlying health problems which could be considered a risk</td>
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</table>

Total # Health Related Risks (Part B): ____________

## Part C: Benefits to Participant

<table>
<thead>
<tr>
<th>Benefits to Participant</th>
<th>Check box if present (☒ = 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant cannot be left home alone and supervision at home is likely unavailable</td>
<td>☐</td>
</tr>
<tr>
<td>Needs the medical support of day programming (i.e. med admin, medical check-in)</td>
<td>☐</td>
</tr>
<tr>
<td>If not in a structured program, the participant may be wandering in the community or engaging in risky, non-distanced activities.</td>
<td>☐</td>
</tr>
<tr>
<td>Socialization is important to the participant’s health; or, lack of socialization has known serious risks to mental health conditions.</td>
<td>☐</td>
</tr>
<tr>
<td>Benefit Description</td>
<td>Yes/No</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
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<tr>
<td>A sense of normalcy/routine is important to the participant’s health; or, lack of routine has known serious risks to mental health conditions</td>
<td>☐</td>
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<tr>
<td>Daily activity outside the home is likely to reduce the frequency of behavioral issues</td>
<td>☐</td>
</tr>
<tr>
<td>The participant is unable or unwilling to engage in virtual/video programming</td>
<td>☐</td>
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<tr>
<td>Other Benefit(s):</td>
<td>☐</td>
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**Total # Benefits (Part C):**

**Overall Total Risk Score (Part A + Part B):**

**Overall Total Benefit Score (Part C):**

*Note: This Risk/Benefit Tool is meant to facilitate discussion and to assist participants and their loved ones in determining their comfort level in returning to a day program based on their individual experiences.*
What you should know about COVID-19 to protect yourself and others

Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.

Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.

Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.

Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.

Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.

[Image]
cdc.gov/coronavirus
Massachusetts DPH Information on Exposure, Testing and Quarantine

Should I be tested?
You should get a test for COVID-19 if:

• You develop any symptoms of COVID-19, even if they are mild, or
• You are a close contact of someone who has tested positive for COVID-19

What are the symptoms of COVID-19?
If you develop symptoms of COVID-19, even if they are mild, please contact your healthcare provider and a test site near you to schedule a test. You can also check your symptoms online.

Symptoms may appear 2-14 days after exposure to the virus and may include:

• Fever, chills or shaking chills
• Signs of a lower respiratory illness (e.g., cough, shortness of breath, lowered oxygen saturation)
• Fatigue, sore throat, headache, body aches/myalgia, or new loss of sense of taste or smell
• Other less common symptoms can include gastrointestinal symptoms (e.g. nausea, vomiting, diarrhea), rash, and inflammatory conditions such as “COVID toes”.
• In elderly, chronically ill, or debilitated individuals such as residents of a long-term care facility, symptoms of COVID-19 may be subtle such as alterations in mental status or in blood glucose control

How do I know if I am a close contact of someone with COVID-19?

• You are a close contact of a COVID-19 positive person if you were within 6 feet of them, for at least 10-15 minutes, while they were symptomatic or within the 48 hours before symptom onset.

• You are also a close contact if you were within 6 feet for at least 10-15 minutes of someone who tested positive for COVID-19 in the 48 hours before their test was taken or anytime in the 10 days after the test.

What do I do if my test is positive?
If you test positive for COVID-19, we’re here to help. It can take a few days to get your test results and while you are waiting, you should stay home and limit your contact with anyone
else. When you get your results, a provider will contact you and talk with you about next steps. Here's what you need to know:

Stay home except to get medical care
- **Stay home.** Most people with COVID-19 have mild illness and can recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Self-isolation** means separating yourself from others to keep your germs from spreading.
  - [How to Self-quarantine and Self-isolate](#)
  - [CDC Isolation Guidance](#)
  - If you have questions about isolation or quarantine, you can call your Local Board of Health or the Department of Public Health’s On-call Epidemiologists at 617-983-6800.

Monitor your symptoms
- Follow the advice of your doctor or local health department. If you feel like you need medical care, call ahead before visiting your doctor.
- Look for **emergency warning signs** for COVID-19. If someone is showing any of these signs, call 9-1-1 to seek emergency medical care immediately:
  - Trouble breathing
  - Persistent pain or pressure in the chest
  - New confusion
  - Inability to wake or stay awake
  - Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Notify your close contacts
- Call your close contacts to notify them of your positive result if you are comfortable doing so
- Suggest that they isolate until they can get tested, even if they are asymptomatic
- Encourage them to get tested at a [COVID-19 Testing Site](#)
A close contact is someone with whom you have been within 6 feet of for at least 10-15 minutes while symptomatic or within 48 hours before symptom onset. A close contact can also be someone who had direct contact with the droplets of a COVID-19 case (e.g., being coughed on) while not wearing a mask or face covering.

Answer the call from contact tracers

• You may get a call from a contact tracer with your local Board of Health or the MA COVID Team. Answer the call so they can reach out to people who have been in close contact with you and provide them with resources. It’s the best way to protect your family, friends and community.

• The phone calls may indicate the call is from your local Board of Health or will use the prefix 833 and 857 and your phone will say the call is from “MA COVID Team.”
Risk Acknowledgement Form

I understand that Covid-19 (Coronavirus) is a global pandemic and is a highly contagious virus. At this time, the health and safety of all stakeholders including staff, program participants, family members and our community members is our primary concern.

To that end, NuPath has undertaken vigorous planning to mitigate the risks associated with Covid-19 and the re-opening of day program activities. The return to day programming will be a decision made in conjunction with the individual, guardian and service teams. Ultimately, this is an informed decision made in the best interest of the person served.

The Risk Acknowledgement Form serves as documentation that:

- I have participated in the Risk Benefit Discussion and understand the risks and benefits identified by the discussion.
- I have received the NuPath Re-Opening Packet, providing a full description of What To Expect and the Infection Control Plan.
- I understand the symptoms associated Covid-19.
- I understand that no one displaying the identified symptoms can attend the day program and if displayed while at the program, isolation support will be provided by NuPath.

I understand that despite the implementation of mitigation strategies identified in the Infection Control Plan, day programs are congregate care settings with inherent risk of exposure and transmission out of NuPath’s control.

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<thead>
<tr>
<th>Program Participant Name</th>
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<tbody>
<tr>
<td>Guardian Name</td>
<td></td>
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<tr>
<td>Guardian Signature</td>
<td></td>
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<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

If wet signature is not possible

| Guardian Name            |   |
| Staff Confirming Acknowledgement |   |
| Date Confirmed           |   |