

Guidelines for Safe Return to In-Person Programs

Based on Centers for Disease Control & Prevention (CDC) guidelines as of 7/27/2021. Revised 9/ 29/2021

We are counting on your cooperation to keep our community safe.

Vaccines:

COVID-19 vaccinations are required for our in-person programs. They are the best way to keep you and everyone in our community safe. The CDC and Virginia Department of Health are asking us to verify vaccination information. This will help us have a better understanding of our community. If needed, we will help you schedule a vaccination appointment or arrange transportation.




Fully Vaccinated means:

- **2 weeks after** your 2nd dose of Pfizer or Moderna vaccine OR
- **2 weeks after** one dose of Johnson & Johnson vaccine

All SCC team members and volunteers in our centers are fully vaccinated.

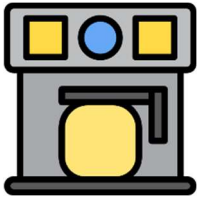
Members can report their vaccination information [here](#). Or, bring your vaccination card to the center where you are attending classes and we will help you with the online form.

Masks at Stroke Comeback Center:

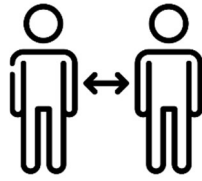
Public Spaces (kitchen, common rooms, etc.)	In Classes	Unvaccinated Guests (caregivers, transportation)
 <p>Masks are REQUIRED for everyone, regardless of vaccination status.</p>	 <p>Fully vaccinated people may remove masks during class, if desired.</p>	 <p>Masks are REQUIRED at all times. Limit time in the center to drop off, pick up, restroom assistance.</p>

We want you to feel comfortable. You are welcome to wear a mask at any time. We have reusable cloth masks and disposable masks available, or you may bring your own.

Food and Drink:



Drink our coffee or bring your own



Spread out when you can, especially when eating lunch



No shared foods



Individually wrapped snacks are OK to share

At the Center:



Use hand sanitizer when you enter



Wipe down the table and your materials at the end of class



Bring your own notebook and pen/pencil, if you choose



Put your coffee cups, water glasses, and utensils in the dishwasher after use

Family and Other Visitors:

We will be reducing the number of people in our centers while we get used to being together again. **We ask that family members and caregivers do not plan to wait in the centers during classes.** Alternate locations are available to visit with others, such as the front porch in Vienna or the fitness room in Rockville. If you need to stay to assist your member or have other extenuating circumstances, please let us know.

Do your part to keep our community safe:



Follow these safety guidelines



Stay home if you are sick, have a fever, or don't feel well



Tell us if you have a positive COVID test



ASK if you have questions or are unsure what to do

Risks:

Risk for **severe illness** with COVID-19 increases if you:

- are over age 65,
- have heart conditions,
- have history of stroke,
- have diabetes,
- are unvaccinated.



If you have a **high-risk condition**, it is recommended that you **talk to your physician** about your personal risk factors and recommendations.

There is a lot that we still don't know about, for example, how long vaccinations last, boosters, and virus variants.

We will be closely following local COVID-19 data as well as national and local guidance. We will adjust our policies and practices as needed to keep our community safe. We will tell you when we make changes to these guidelines.

Our virtual classes will remain available for any member who does not feel comfortable returning to our centers or does not wish to follow these guidelines.



Member Agreement for In-Person Programs

I agree to follow SCC's *Guidelines for Safe Return to In-Person Programs*

I will not attend in-person programs if:

- I am feeling ill or have a fever.
- I am unvaccinated and I (or anyone in my household) have been in close contact with anyone known to or suspected to have COVID-19 in the past 14 days.
- I (or anyone in my household) have been sick in the past 14 days, or have been tested for any illness and are waiting for results.
- I have a suspected or diagnosed/confirmed case of COVID-19.

I agree to follow the guidelines for returning to in-person programs following a COVID-19 exposure or diagnosis:

Members **exposed** to COVID-19 through a close contact:

- If fully vaccinated and do not show COVID-19 symptoms (fever, cough, shortness of breath), a COVID-19 test is recommended 3-5 days after exposure. Member may return if test is negative. *COVID-19 Rapid tests are offered at CVS, Giant Pharmacy, Harris Teeter, and County Health Departments.*
- If unvaccinated and do not show COVID-19 symptoms (fever, cough, shortness of breath) may return 14 days after the exposure.

Members who have **tested positive** for COVID-19:

- Members who have tested positive for COVID-19 but **have no symptoms**, may return 10 days after a positive test.
- Members who have tested positive for COVID-19 and **have symptoms** (cough, shortness of breath) may return when ALL of these conditions have been met: 10 days since symptoms first appeared **and** 24 hours with no fever without the use of fever-reducing medications **and** other symptoms of COVID-19 are improving (with exception of loss of taste and smell, which may last longer).

Members who were severely ill with COVID-19 or immunocompromised should discuss returning to in-person programs with their healthcare provider. Additional testing or safety measures may be necessary. Based on CDC guidelines of July 29, 2021

Name: _____

Signature: _____ Date: _____

Caregiver/Guardian of: _____ (if applicable)



Opening the door to a brighter tomorrow

COVID-19 Waiver of Liability

I **waive my right to bring a lawsuit against Stroke Comeback Center** and release and discharge its officers, directors, managers, employees, or other representatives from actions, causes of action, damages, claims, judgments and executions, or demands on behalf of myself or my legal representations **in connection with exposure, infection, and/or spread of COVID-19** related to utilizing Stroke Comeback Center's services (the "Waiver").

I understand that **this Waiver means I give up my right to bring any claims** including for personal injuries, death, disease or property losses, and **give up any claim I may have to seek damages in connection with exposure, infection, and/or spread of COVID-19** related to utilizing Stroke Comeback Center's services.

I have been provided with Stroke Comeback Center's ***Guidelines for Safe Return to In-Person Programs***.

I am **aware of the risks** of possible exposure to or contracting COVID-19 while attending programs at Stroke Comeback Center and am aware of virtual program alternatives. Nevertheless, **I voluntarily elect to attend programs at Stroke Comeback Center with full knowledge and awareness of the danger and risk involved.**

I **agree to return** to in-person programs with the restrictions outlined in the *Guidelines for Safe Return to In-Person Programs*. I am aware that these restrictions may change based on available national, state, and local guidelines for reducing the spread of COVID-19.

Name: _____

Signature: _____ Date: _____

Caregiver/Guardian of: _____ (if applicable)