



The Barry L. Price Rehabilitation Center, Inc.
Administrative Offices
27 Christina Street, Suite 201
Newton, MA 02461

Tel 617-244-0065
Fax 617-244-0069

Thanksgiving Break Day Program Procedures

As we approach Thanksgiving break, we are reminded that while it has been a difficult year, we have a lot for which to be grateful. We are grateful for the effort, patience and grace that has been shown by our individuals, staff and families. Price Center day services as we once knew them, have undergone many changes and we continue to adapt as needed. We are thankful to be surrounded by a caring community of interdisciplinary teams, staff and caregivers that want the best for their individuals.

We understand that in a typical year this holiday may be a time to travel and visit with family and friends, however, this year we ask that you seriously consider your holiday plans. Unfortunately, we are not in a typical year and as of late we have seen dramatic increases in the transmission of COVID-19. This has occurred across the country and Massachusetts, but it has also occurred specifically within our own community. We need to work harder individually and as a community to model good behaviors in an effort to protect the health of our community and to help keep our programs open for in-person programming.

Please **fill out, sign and submit** the attestation form on the next page. In order to keep our programs open for individuals & staff to safely learn, teach, and interact we ask that you attest to the following statements included in the Attestation Form.

- During Thanksgiving break individuals residing in the household did NOT travel to locations other than in low-risk states. (Low-risk states are defined per Massachusetts guidelines found at <https://www.mass.gov/info-details/covid-19-travel-order#lower-risk-states-.>)
- During Thanksgiving break, individuals residing in the household did NOT participate in any social gatherings that violate Massachusetts guidelines regarding such gatherings. (Guidelines for social gatherings can be found at <https://www.mass.gov/info-details/covid-19-state-of-emergency#limits-on-gatherings->)

If you choose to decline to certify the above statements, or if you elect to not complete and submit the form, individuals will not be permitted to participate in on-site programming (a) for 14 calendar days after their return to Massachusetts if they traveled or (b) until they provide proof of a negative test result for COVID-19. Until then, these individuals may only participate in on-line programming.

The Price Center will be providing testing on 12/4/2020 for individuals who have travelled or would like to be tested prior to returning to on-site programming. If you would like to schedule your loved one for testing please contact The Price Center Nursing Department at 617-244-0065 X 5004. A medical consent form will need to be signed and returned in order for testing to be completed. This form can be found on the last page.

We appreciate your support and attention to this matter. Our goal remains to continue to provide as much in-person programming for our individuals as possible in a safe environment. Thank you for your continued support and dedication during this difficult time. Wishing you a wonderful Thanksgiving Holiday.

Sincerely,
Renata Ivnikskaya BSN, RN
Director of Nursing & Healthcare Services



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Travel Attestation Form

Due to increasing transmission of COVID-19 within our community and state, we ask that all TPC families complete this Attestation Form before returning to on-site programming. If you choose to decline to certify the above statements, or if you elect to not complete and submit the form, the individual will not be permitted to participate in in-person programming (a) for 14 calendar days after their return to Massachusetts if they have traveled or (b) until they provide proof of a negative test result for COVID-19. Until then, these individuals may participate on-line programming only.

Legal Guardian's Name: _____

Individual's Name: _____

Do you certify that the following statement is true for your household: During Thanksgiving break individuals residing in the household did NOT travel to locations other than low-risk states. (Low-risk states are defined per Massachusetts guidelines found at <https://www.mass.gov/info-details/covid-19-travel-order#lower-risk-states->.)

Yes

No

Do you certify that the following statement is true for your household: During the break, Do you certify that the following statement is true for your household: During the Thanksgiving break, individuals residing in the household did not participate in any social gatherings that violate Massachusetts guidelines regarding such gatherings. (Guidelines for social gatherings can be found at <https://www.mass.gov/info-details/covid-19-state-of-emergency#limits-on-gatherings->)

Yes

No

Signature: _____

Date: _____



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COVID-19 Testing: Informed Consent

Please carefully read and sign the following Informed Consent:

- A. I authorize The Price Center nursing department to conduct collection and testing for COVID-19 through a nasopharyngeal swab, as ordered by an authorized medical provider or public health official.
- B. I authorize the test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- C. I acknowledge that a positive test result is an indication that the individual must self-isolate and wear a mask or face cover as directed in an effort to avoid infecting others.
- D. I understand that The Price Center Nursing Department is not acting as my individual's medical provider, this testing does not replace treatment by the medical provider, and I assume complete and full responsibility to take appropriate action with regards to the test results.
- E. I agree I will seek medical advice, care and treatment from the individual's medical provider if they test positive and I have questions or concerns, or if their condition worsens.
- F. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to provide consent for testing for Covid-19.

Individuals Name: _____

Individual's Date of Birth: _____

Guardian's Name: _____

Guardian's Signature: _____

Date: _____