

COMMUNITY PROGRAMS GUIDELINES & COVID PROTOCOLS

AAD is excited to be resuming our activity programs once again at Peace Lutheran Church Hall from Monday 12 October, gathering together once more as a community. Your safety is our primary concern and to ensure we protect you and those more vulnerable members of our community we have introduced mandatory COVID protocols in addition to our community program guidelines, as published on our [website](#), and summarised below.

AAD COMMUNITY PROGRAMS GUIDELINES

1. **CLIENTS MUST BE ACCOMPANIED AT ALL TIMES** by a family member or care provider
2. **NO CELLPHONES OR MOBILE DEVICES** should be used during the program activities
3. **BE MINDFUL OF COMMUNICATION METHODS AND REDUCE EXCESSIVE NOISE** which can be overstimulating and distressing
4. **ENSURE SAFE ACCESS TO THE VENUE** - vehicles must be parked away from the entrance to allow safe access for all.
5. **ACTIVELY ENGAGE CLIENTS IN ACTIVITIES TO ENSURE MAXIMUM THERAPEUTIC BENEFIT** - participate with the client rather than on their behalf.
6. **WAIVER FORM & EMERGENCY PROTOCOL MUST BE COMPLETED** - accompanying family members and/or care providers are solely responsible for decision making in the event of an emergency.

COVID PROTOCOLS

To ensure we continue to provide you with a safe, engaging and creative environment AAD has adopted mandatory COVID-19 protocols to be followed by all who attend or represent AAD at our community programs.

1. HEALTH CHECK

You may not attend if you have any flu-like symptoms, and/or have travelled off island or been exposed to anyone who has travelled off island within the last 14 days. If you experience any flu-like symptoms (e.g. chills, cough, sore throat, shortness of breath or fever) you must not return to the programs until your GP has confirmed the cause is not COVID related and you have had no symptoms (without medical intervention) for at least 48 hours.

Please notify alzbermuda@yahoo.com immediately if symptoms develop following attendance at one of our community program group activities.

2. PRE-REGISTER YOUR ATTENDANCE

We ask you to pre-register your attendance at our community program to ensure a track & trace record can be kept. This also allows us to monitor the number of attendees so we don't exceed capacity, and to maintain social distancing within the hall.

To pre-register click the links below noting BOTH the name of the person living with dementia and their care provider/family member who will accompany them the program.

You may choose to select one session or pre-register for as many sessions as you wish to attend during October. AAD will provide links for pre-registration ahead of each month's community activities. Once capacity has been reached you will no longer be able to register and should select an alternative day, if available.

MONDAY AT 10:30AM
SONGS FOR SENIORS WITH
TONY

[CLICK HERE TO REGISTER](#)

WEDNESDAY AT 10:30AM
ACTIVELY AGEING CHAIR
CLASS WITH FRANCES

[CLICK HERE TO REGISTER](#)

THURSDAY FROM 10:00AM
ARTS WITH JANE
MUSIC WITH TONY

[CLICK HERE TO REGISTER](#)

Please show up if you register so that we do not have to turn others away. You can register anytime before the activity group begins so you don't have to plan a month in advance. If you have not pre-registered you may be turned away if we have reached capacity for that particular day.

3. MASKS MUST BE WORN AT ALL TIMES

Surgical face masks and face shields will be required to be worn by all AAD representatives and care providers who have direct contact (within 6 feet) of participants. We also ask care providers to ensure that those living with dementia wear a mask (if they will tolerate one) when arriving, departing or moving around in the hall. Masks do not need to be worn if persons are sitting and are adequately socially distanced from other members of the group.

4. ARRIVING AT THE HALL - TEMPERATURE CHECK & TRACK/TRACE RECORD

When you arrive please park well spaced from other cars and away from the entrance to the hall. You will be required to have your temperature taken and to fill in a track & trace form before you can begin each session. A copy of the track & trace form can be viewed as Appendix 1 to this document. You must also sanitise your hands on arrival - there will be a dispenser by the door and hand sanitiser in the room by the kitchen and in the restrooms.

5. SOCIAL DISTANCING

The hall will be set up with chairs and tables spaced 6 feet apart to ensure you are socially distanced. Care providers will be able to sit next to their client or family member providing they wear a mask. When moving around the hall, as you arrive, leave or use the restroom we ask you to maintain social distancing and refrain from touching other people in the group.

6. REFRESHMENTS

You are encouraged to bring your own water and snacks as the kitchen at the hall is closed and AAD will not provide any refreshments. Strictly no food or beverages must be shared with other attendees. Trash bins will be provided and emptied after each session.

7. DISINFECTION PROTOCOLS

In addition to hand sanitizers, AAD will provide Clorox wipes to disinfect all surface that are flat or have been frequently touched during our activities (e.g. tables, chairs, door handles, sink taps & toilet flush handles). Peace Lutheran is regularly cleaning the hall between activities but we must also do our part so please be mindful of this.

8. HYGIENE & RESTROOM USE

In addition to hand sanitization on arrival, we ask you to sanitize your hands if you walk around the hall using the dispensers provided, and to wash your hands with soap and water for at least 20 seconds when using the restroom. Care providers must ensure this is adhered to for their family member/client, and to wipe down door handles, toilet handles and sink taps after use with the Clorox disinfectant wipes provided in the restroom.

9. SICKNESS DEVELOPED DURING THE PROGRAM

If you feel unwell at any time whilst attending an activity program you must immediately isolate yourself and go home immediately. Please let the AAD representative know if you are unable to get home unaided.

QUESTIONS?

Please contact the Board of AAD at alzbermuda@yahoo.com or by telephone at 707-0600 if you have any questions regarding these guidelines, protocols and/or AAD's waiver consent form.

We ask that you share this information with all family members and caregivers that attend AAD activity programs and thank you for your attention to these guidelines and protocols to ensure the safety of our community, and to enable us to continue to offer our community programmes in person.

Appendix 1:

COVID-19 Screening Questionnaire

Please review and answer the following questions carefully:

		YES	NO
1	Have you/the participant had a fever in the last 14 days?		
2	Have you/the participant had any of the following symptoms: chills, cough, sore throat, shortness of breath, or any other flu-like symptom in the last 14 days?		
3	Have you/the participant been in close contact (less than 6 feet), or prolonged contact (more than 2-3 minutes) with anyone who is known or suspected to have COVID-19 in the last 14 days?		
4	Have you/the participant travelled overseas in the last 14 days?		
5	Have you/the participant been in close contact with (less than 6 feet), or prolonged contact (more than 2-3 minutes) with anyone who has travelled from overseas in the last 14 days (even if that person has received a negative test result)?		
6	Have you/the participant had a recent loss of taste and/or smell?		

Print Name: _____

Signature: _____

Date: _____ Contact Number: _____

Note: Individuals who answer YES to ANY of the above questions OR have a temperature greater than (100.4°F/37.8°C) must stay at home. You are advised to follow the Guidance of the Department of Health and self-isolate for the period required.

Appendix 2:

CONSENT FORM AND LIABILITY WAIVER

Participant's Name _____

Guardian Name _____

Relationship to Participant _____

Guardian Address _____

Guardian Email _____

Daytime Phone _____ Cell Phone _____

I, _____, as the most responsible person ("Guardian") of _____
(please print Guardian's name) (please print participant's name)

("Participant") agree that the Participant may participate in the activities program provided by Action on Alzheimer's and Dementia ("AAD"). I also agree and understand that **AAD requires the Participant to be accompanied either by myself or a designated care partner at the activities program at all times and that both must adhere to the AAD's COVID protocols in order to participate.**

RELEASE: In consideration of participation in the AAD activities program, I agree on behalf of the Participant, to full and forever release AAD, its directors, officers, volunteers, agents and employees from all liability, claims, demands, damages, actions, and causes of action whatsoever arising out of or related to belonging to the Participant or myself, related to the activities program, regardless of cause and including but not limited to negligence, mistake, or failure to supervise. This release covers everything that happens during the activities program.

CONSENT: To the best of my knowledge, the above-named Participant can fully participate in the activities program. I acknowledge that there are potential hazards ("Hazards"), known or unknown, involved in participation in the activities program. I hereby expressly and specifically assume full responsibility for any risk of loss, property damage or personal injury that may be sustained by the Participant or any loss or damage of property owned by me or the Participant, as a result of being engaged in the activities program.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS AGREEMENT AND I AM AWARE THAT IT CONTAINS A WAIVER AND RELEASE OF LIABILITY AND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE OR HOLD AAD RESPONSIBLE FOR ANY INJURY SUFFERED BY MYSELF OR THE PARTICIPANT. I AM SIGNING THIS AGREEMENT OF MY OWN FREE WILL AND INTEND FOR MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY BEFORE SIGNING.

Signature_____
Print Name_____
Date