**IN-PERSON CONTACT AGREEMENT FORM (10/16/20)**

The New Mexico Commission for the Blind is providing limited in-person instruction and service delivery during the Coronavirus pandemic. We are providing this in-person service because having proper blindness skills is essential for the health, safety, and productivity of persons who are blind or visually impaired. However, in light of the potential risk of severe illness from COVID-19, we are requiring that you read this form and agree to the in-person contact. Should you not wish to receive in-person instruction or services, we will work with you to provide remote instruction or services.

**REASONS FOR IN-PERSON INSTRUCTION OR SERVICES**

•It is important for persons who are blind or visually impaired to acquire and maintain proper blindness skills. However, because of the pandemic, persons who are blind or visually impaired have not been able to receive in-person instruction or services that would normally be provided, and have not been able to practice or maintain skills because of stay-at-home and social distancing orders. Failure to acquire and maintain appropriate skills can place persons who are blind or visually impaired at risk of injury. This is especially the case for certain activities that may be dangerous if not performed properly, such as cooking or cane travel.

•Certain skills are best learned through in-person instruction. This is especially true for Orientation & Mobility (cane travel), as well as cooking and Braille.

•It appears that it will be necessary to engage in social distancing through at least the summer of 2021. This requirement to maintain social distancing presents unique challenges for persons who are blind or visually impaired. The in-person blindness skills instruction and services will be designed to help persons who are blind or visually impaired manage the requirement for social distance

**SAFEGUARDS TO BE TAKEN**

•All employees and all consumers will be screened for infection and potential exposure to the Coronavirus. This screening will take place each day and before Commission employees have close contact with consumers. The screening will utilize the accompanying Screening Questions for In-Person Contact Form. The form is based on guidance from the Centers for Disease Control and Prevention (CDC), as well as the New Mexico Department of Health. In-person instruction or service shall be immediately suspended should any instructor or consumer answer “yes” to any of the questions in the form. Instruction or service shall be resumed only when it is determined that the instruction or service can be provided with reasonable safety and in compliance with applicable public health orders and guidance.

•Employees shall observe all applicable public health orders while providing instruction or services.

•Consumers and employees will wear cloth face masks during vehicular transportation and during times of in-person instruction or service, or at all times should doing so be required by applicable public health orders. Cloth face masks will be provided to employees and consumers who do not have their own cloth face masks.

•Employees and consumers will engage in frequent hand washing and hand sanitizing, including during breaks and between instructional periods.

• All high-touch services will be sanitized at the end of each day, and between uses by students and employees.

**RISK FACTORS FOR SEVERE ILLNESS**

According to the Centers for Disease Control and Prevention (CDC), there are factors that place certain persons at increased risk for severe illness from COVID-19. According to the CDC, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk. In addition, people of any age who have serious underlying medical conditions are also at Increased Risk of Severe Illness. While children and young adults are at less risk for severe illness, they can still have severe illness due to COVID-19, and especially if they have any of the risk factors that have been identified by the CDC. In rare cases, children can also contract a life-threatening condition called Multisystem Inflammatory Syndrome. It is also possible for children or young adults who contract the Coronavirus to pass it on to adults, including older adults and adults who might be at greater risk for severe illness because of having one of the risk factors identified by the CDC.

According to the CDC, adults of any age with the following conditions **are** at increased risk for severe illness from COVID-19:

•Cancer

•Chronic kidney disease

•COPD (Chronic Obstructive Pulmonary Disease)

•Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies

•Immunocompromised (weakened immune system) from solid organ transplant

•Obesity (body mass index of 30 but less than 40)

•Severe Obesity (body mass index of 40 or higher)

•Sickle cell disease

•Smoking

•Type 2 diabetes mellitus

According to the CDC, adults of any age with the following conditions **might** be at an increased risk for severe illness from COVID-19:

•Asthma (moderate-to-severe)

•Cerebrovascular disease (affects blood vessels and blood supply to the brain)

•Cystic fibrosis

•Hypertension or high blood pressure

•Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines

•Neurologic conditions, such as dementia

•Liver disease

•Overweight (body mass index of 25 but less than 30)

•Pregnancy

•Pulmonary fibrosis (having damaged or scarred lung tissues)

•Thalassemia (a type of blood disorder)

•Type 1 diabetes mellitus

According to the CDC, children with the following conditions **migh**t be at increased risk for severe illness from COVID-19 compared to other children

•Obesity

•Medical complexity

•Severe genetic disorders

•Severe neurologic disorders

• Inherited metabolic disorders

•Congenital heart disease

•Diabetes

•Asthma and other chronic lung disease

•Immunosuppression due to malignancy or immune-weakening medications

**AGREEMENT TO RECEIVE IN-PERSON INSTRUCTION OR SERVICE**

I agree to receive in-person instruction or service from the New Mexico commission for the Blind, or I agree to receive in-person instruction or service on behalf of my minor child or ward.

I agree to provide immediate and accurate information to my instructor or service provider about any exposure to the coronavirus, and to immediately notify my instructor or service provider should I or a member of my household be diagnosed with or exposed to the coronavirus.

I authorize my instructor or service provider to disclose my name and contact information to public health officers should it become necessary for purposes of contact tracing, or as may otherwise be required by public health officers or health orders.

I agree that I may indicate my agreement and electronic signature to this form by email, and that a copy or facsimile of this form shall be as valid as an original.

**I HAVE READ AND UNDERSTAND THE In-Person CONTACT AGREEMENT FORM, AND I AGREE TO EACH OF THE TERMS AND PROVISIONS CONTAINED HEREIN**

**Consumer Name: (type or print)**

**Signature of Adult Consumer:**

**Date:**

**Signature of Parent or Guardian:**

**Date:**

**SCREENING QUESTIONS FOR IN-PERSON CONTACT FORM**

This form is to be completed by Commission employees prior to the provision of in-person instruction or service and prior to the employee having any close contact with the consumer. Should the employee or the consumer answer “yes” to any of the questions, the employee shall immediately cancel all in-person contact, and shall notify the supervisor of the “yes” answer.

**QUESTIONS**

Have you been diagnosed with the Coronavirus?

Are you or a member of your household currently experiencing any of the following Coronavirus symptoms, or have you or a member of your household experienced any of the following symptoms in the last 14 days?

Fever or chills; cough; shortness of breath or difficulty breathing; sore throat; body aches; loss of taste or smell; diarrhea; vomiting or nausea; headaches; or fatigue.

Have you or any member of your household had close contact in the last 14 days with a person diagnosed with the Coronavirus, or who has experienced any of the foregoing symptoms?

Have you or any member of your household traveled outside of the state in the last 14 days?

 \_\_\_\_\_ Yes \_\_\_\_\_ No

Explanations of yes answers and date released from isolation if diagnosed with Coronavirus:

**Employee Name:**

**Consumer Name:**

**Date:**