

COVID-19 In-Person Visit Acknowledgement and Waiver

Name of Volunteer Ombudsman _____

In preparation for the Volunteer Ombudsman Program to resume visits at nursing homes, the Board on Aging and Long Term Care (BOALTC) has developed guidance for conducting these visits. The Volunteer Ombudsman must review the guidance, sign this form, and submit to their Volunteer Coordinator prior to scheduling any in-person visit for the first time.

By signing below, I acknowledge and agree to the following:

1. I have reviewed and will adhere to the Board on Aging and Long Term Care's "Long Term Care Ombudsman Program Guide for Resuming In-Person Ombudsman Field Work & Volunteer Visits" as it applies to the Volunteer Ombudsman Program.
2. I have reviewed all the educational resources identified in the Section XIII of the guidance entitled "LTC Volunteer Ombudsman Program".
3. I agree to seek approval from my Volunteer Coordinator for each visit, until this requirement is rescinded.
4. I agree to wear an approved face mask/face covering at all times when visiting a nursing home or as requested while attending in-person VOP trainings or meetings.
5. I agree to follow the recommended hand hygiene techniques and CDC guidance regarding sanitizing of materials brought into the facility.
6. I agree to avoid physical contact with residents, other visitors, and staff members, maintaining a minimum 6-foot physical distance, when possible.
7. I agree to follow the BOALTC and facility health screening processes. This includes completing screening questions and having my temperature taken when requested. This does **not** include submission to COVID-19 testing or disclosure of vaccination status to the facility.
8. I agree to monitor my own health and not visit if I am ill or if I have known exposure to COVID-19, influenza, or any other infectious disease.
9. I agree I will not conduct visits with any resident who is known or suspected to have COVID-19 or who is in quarantine or isolation or to enter any nursing home with a known COVID-19 outbreak or outbreak of any other infectious disease.
10. I agree to notify my Volunteer Coordinator if I am exposed to or have symptoms of COVID-19 or any other infectious disease.
11. I understand there could be risk of exposure to COVID-19 by conducting in-person nursing

home visits. I will use my best judgment when visiting a nursing home, including wearing appropriate PPE, sanitizing my hands as required, and taking all other precautions to minimize the risk of exposure to COVID-19.

12. I agree to abide by all Volunteer Ombudsman Program policies, practice, guidance, and direction. I understand failure to abide by any Board on Aging and Long Term Care Volunteer Ombudsman Program policies, guidance or direction may result in my removal from the program.
13. I understand my return to in-person nursing home visits is voluntary and I can choose to continue to provide service through 100% virtual/remote means while still maintaining my volunteer status, until this policy provision is rescinded.
14. I and my heirs and assigns hereby agree to release the State of Wisconsin, Board on Aging and Long Term Care and all its officers, employees, and agents from any and all liability due to negligence, including claims, demands, losses, costs, damages, and expenses of every kind and description including injury, illness, death, or damage to my person or property, which arises out of, in connection with, or occurs during my volunteer work with the Volunteer Ombudsman Program. This waiver does not apply to any harm caused by reckless or intentional misconduct by BOALTC.

By signing below, Volunteer agrees Volunteer has received and read, understands, and will abide by the provisions in this acknowledgment and waiver and BOALTC's Guide for Resuming In-Person Field Work & Volunteer Visits, as it applies to the Volunteer Ombudsman Program.

Signature of Volunteer Ombudsman _____

Date _____