Music Therapy Center Protocols for COVID-19
For Clients, Caregivers & Stakeholders

These protocols are subject to change based on changing guidance from the CDC and the state of Massachusetts.

All Center Visitors
Roman Music Therapy Services Center Protocols
- All music therapy sessions must be scheduled at least 24-hours in advance to allow the Music Therapist proper time to prepare and adhere to the health and safety protocols recommended by the CDC.
- Masks and face coverings are optional for all staff, clients, and guests who are fully vaccinated while in the Roman Music Therapy Services center. Unvaccinated or partially vaccinated individuals will be required to wear masks.
- Clients and caregivers are encouraged to engage in social distancing whenever and wherever possible during music therapy sessions.
- Safety considerations will continue to be assessed and services may be offered in the home, in our center or virtually depending on the ability to comply with safety protocols.

Health Protocols
Testing Positive for COVID-19

- ***Clients or caregivers who have symptoms of COVID-19, including fever, cough, shortness of breath, sore throat, muscle pain, chills, or new loss of taste or smell will need to cancel their session as soon as symptoms appear.***
- Clients who have tested positive or have been exposed to COVID-19 are required to cancel their session. Services will be resumed when the criteria to discontinue home isolation are met, in consultation with healthcare providers.
- If a client/caregiver has tested positive they are required to alert Roman Music Therapy Services for purposes of contact tracing and cleaning/disinfecting if applicable.

Exposure to COVID-19

- Clients who have been exposed to COVID-19 and determined a close contact and are not up-to-date on COVID-19 vaccinations are required to cancel their music therapy session, unless they had a confirmed case of COVID-19 within the past 90 days. Services can resume when the following criteria have been met:
  - o A completed 5-day quarantine without showing symptoms of COVID-19.
  - o A negative test at least 5 days after close contact with someone with COVID-19
- Clients who have been exposed to COVID-19 and determined a close contact, and are up-to-date on COVID-19 vaccination are not required to quarantine and may continue to come to their regularly scheduled music therapy session.

Please note that all clients and staff that test positive for COVID-19 should consult with their healthcare provider to determine the best course of treatment and information on quarantine and isolation as it pertains to their specific case.

What We're Doing to Keep Our Staff and Clients Safe

- Staff must practice frequent handwashing and Music Therapists must wash their hands with soap and warm water for a minimum of 20 seconds before and after working with each client.
- Between each appointment, the Music Therapist must disinfect all materials used within a session with COVID-19 approved cleaning products.
- The Roman Music Therapy Services office spaces are professionally cleaned on a weekly basis.
- Roman Music Therapy Services staff will follow all outlined health protocols.

We sincerely appreciate everyone's commitment to helping maintain the health and well-being of our community. We welcome the opportunity to collaborate and address any potential concerns before beginning services. If you have any concerns, questions, or suggestions, we encourage you to reach out to us so that we can work together to create a safe and supportive environment for music therapy. In order to maintain health and safety standards, **please note that the Music Therapist reserves the right to terminate a session if they determine that health & safety are at risk.**

I have read and agree to the outlined procedures and protocols above to help keep everyone safe and healthy.

_____

Print Name of Client

_____   _____
Client Address   Date of Birth

_____   _____
Signature of Client (if able)   Date

_____   _____
Print Name of Caregiver/Legal Guardian (if necessary)   Date

_____   _____
Signature of Caregiver/Legal Guardian (if necessary)   Date