



## COVID-19 Day Services **Risk/ Benefit Discussion Guide**

This guide is intended for use by interdisciplinary teams, supervisory and agency administrative staff to assist with identifying risks and benefits to individual for attending day support activities during the COVID-19 pandemic.

The team should consider the risks and benefits to the individual to determine when/how an individual should return to a congregate day setting as it relates to the overall reopening plan. Providers are encouraged to consider additional areas specific to their own organization.

**This assessment tool is not a validated tool and is intended to guide team discussion. Each agency should determine how best to utilize this tool.**

**Section 1: Benefit to the Individual**

Benefits to Person	Check the Box if Accurate
Socialization is import to the person	1 <input type="checkbox"/>
Lack of socialization has serious risks to known mental health conditions	2 <input type="checkbox"/>
A sense of routine is important to the person	1 <input type="checkbox"/>
A lack of routine has serious risks to known mental health conditions	2 <input type="checkbox"/>
Daily activity is likely to reduce the frequency of behavioral issues	2 <input type="checkbox"/>
Income is important to the person	2 <input type="checkbox"/>
Parents are employed and supervision is needed	1 <input type="checkbox"/>
No other supervision is available	2 <input type="checkbox"/>
Need the medical support of the staff (i.e. med admin, medical check-in)	1 <input type="checkbox"/>
If not in a structured day setting, the person may be wondering in the community or engaging in risky, non-social distancing activities	3 <input type="checkbox"/>
Other benefit:	1 <input type="checkbox"/>

**Total of benefits above:** \_\_\_\_\_

Each agency should evaluate the total benefit to determine the range for **High Benefit, Moderate Benefit, and Low Benefit** for the purposes of the team and administrative discussions.

**High Benefit**                      **Range:** \_\_\_\_\_

**Moderate Benefit**              **Range:** \_\_\_\_\_

**Low Benefit**                      **Range:** \_\_\_\_\_

**Section 2: Risk to the individual**

Situational Risks	Check the Box if Accurate
The person <u>is able</u> to follow the social distancing protocol maintaining 6 feet of distance	0 <input type="checkbox"/>
The person <u>is able</u> to follow the social distancing protocol maintaining 6 feet of distance <u>with minimal prompting</u>	1 <input type="checkbox"/>
The person is <u>not able</u> to follow the social distancing protocol	2 <input type="checkbox"/>
The person <u>is able</u> to use personal protective equipment (PPE) for extended periods of time	0 <input type="checkbox"/>
The person is able to use personal protective equipment (PPE) for extended periods of time <u>with minimal prompting</u>	1 <input type="checkbox"/>
The person is <u>not able</u> to use personal protective equipment (PPE) for extended periods of time	2 <input type="checkbox"/>
The person requires physical prompting/assistant to complete ADL's, such as toileting, eating, or mobility (requires close contact with a DSP)	2 <input type="checkbox"/>
The person is not able to keep hands away from face or maintain hygienic practices	2 <input type="checkbox"/>

**Total number of risks above:** \_\_\_\_\_

Heath Related Risks	Check the Box if Accurate
The person has diabetes	2 <input type="checkbox"/>
The person is severely obese	2 <input type="checkbox"/>
The person is older than 40 – 59 years	1 <input type="checkbox"/>

*chart continues on next page*

Heath Related Risks	Check the Box if Accurate
<i>chart continues from previous page</i>	
The person is older than 60 years	2 <input type="checkbox"/>
The person has known respiratory issues	2 <input type="checkbox"/>
The person has known cardiac disease, including hypertension	2 <input type="checkbox"/>
The person has known immunocompromising conditions (ex: HIV, cancer, post-transplant, Prednisone treatment, etc.)	2 <input type="checkbox"/>
The person has a renal disease	2 <input type="checkbox"/>
The person has any other underlying health problems	1 <input type="checkbox"/>

**Total number of risks above:** \_\_\_\_\_

Home and Other Environmental Risks	Check the Box if Accurate
The individual lives in a congregate setting	2 <input type="checkbox"/>
A family member or another individual living in the home has an underlying health conditional as listed above	2 <input type="checkbox"/>
The person typically travels with several other people living in various locations to the program	2 <input type="checkbox"/>
The individual does not require staff at all times and independently moves about the program/building	2 <input type="checkbox"/>
The individual <u>is able to</u> follow directional indicators for traffic flow within the building	0 <input type="checkbox"/>
The individual <u>is able to</u> follow directional indicators for traffic flow within the building <u>with minimal supervision</u>	1 <input type="checkbox"/>
The individual <u>is not able to</u> follow directional indicators for traffic flow within the building	2 <input type="checkbox"/>

**Total number of risks above:** \_\_\_\_\_

**Total Combined Risk Level:** \_\_\_\_\_



Total all situational, health, home, and environmental risks. Each agency should evaluate the total risk to determine the range for **High Risk, Moderate Risk, and Low Risk** for the purposes of the team and administrative discussions.

**High Risk**                      **Range:** \_\_\_\_\_

**Moderate Risk**              **Range:** \_\_\_\_\_

**Low Risk**                      **Range:** \_\_\_\_\_

**Other Considerations:**

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Person Conducting Review: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_