



BERRY FAMILY SERVICES, INC.

"Meeting the Needs of the Disabled and Their Families"

COVID-19 RISK ASSESSMENT FOR DAY PROGRAMS/WORK/TRANSPORTATION (Adapted from the Iowa Department of Health COVID-19 Risk/Benefit Discussion Guide)

Individual: _____

Date: _____

Situational Risks	Circle/Check If Present
The person is not able to follow the social distancing protocol with 6 feet of distance (2); with minimal prompting/ assistance (1)	<input type="checkbox"/> 1 <input type="checkbox"/> 2
The person is not able to use personal protective equipment (PPE) for extended periods of time (2); or with minimal prompting/assistance (1)	<input type="checkbox"/> 1 <input type="checkbox"/> 2
The person has paid support personnel at home	<input type="checkbox"/> 1
The requires physical prompting/assistance to complete ADLs, such as toileting, eating, or mobility (Requires close contact with Direct Care Personnel)	<input type="checkbox"/> 2

Total Number of Situational Risks above: _____

Health-Related Risks	Circle/Check If Present
The person has diabetes	<input type="checkbox"/> 2
The person is severely obese	<input type="checkbox"/> 2
The person is older than 40 years old (1); 60 years old (2)	<input type="checkbox"/> 1 <input type="checkbox"/> 2
The person has known respiratory issues	<input type="checkbox"/> 2
The person has known cardiac disease, including hypertension	<input type="checkbox"/> 2
The person has immunocompromising, conditions (ex: HIV, cancer, post-transplant, Prednisone treatment, etc.	<input type="checkbox"/> 2
The person has a renal disease	<input type="checkbox"/> 2
The person has any other underlying health problems	<input type="checkbox"/> 1

Total Number of Health-Related Risks above: _____

Home Related Risks	Circle/Check If Present
The person has diabetes	<input type="checkbox"/> 2
The person is severely obese	<input type="checkbox"/> 2
The person is older than 40 years old (1); 60 years old (2)	<input type="checkbox"/> 1 <input type="checkbox"/> 2
The person has known respiratory issues	<input type="checkbox"/> 2
The person has known cardiac disease, including hypertension	<input type="checkbox"/> 2
The person has immunocompromising, conditions (ex: HIV, cancer, post-transplant, Prednisone treatment, etc.	<input type="checkbox"/> 2
The person has a renal disease	<input type="checkbox"/> 2
The person has any other underlying health problems	<input type="checkbox"/> 1

Sum of Situational Related Risks: _____

Sum of Health-Related Risks: _____

Sum of Home Related Risk: _____

Situational + Health + Home = TOTAL RISK = _____

If Total Risk is **greater than 8**,
If Total Risk is **between 3 – 7**,
If Total Risk is **less than 3**,

HIGH RISK to return to Day Program/Work/Transportation
MODERATE RISK to return to Day Program/Work/Transportation
LOW RISK to return to Day Program/Work/Transportation

RISK LEVEL: _____



BERRY FAMILY SERVICES, INC.

"Meeting the Needs of the Disabled and Their Families"

Benefits to Person	Circle/Check If Present
Socialization is important to the person (1); Lack of socialization has known serious risks to known mental health conditions. (2)	<input type="checkbox"/> 1 <input type="checkbox"/> 2
A sense of normalcy/routine is important to the person (1); lack of routine has known serious risks to know mental health conditions. (2)	<input type="checkbox"/> 1 <input type="checkbox"/> 2
Daily activity outside the home is likely to reduce the frequency of behavioral issues	<input type="checkbox"/> 2
Income	<input type="checkbox"/> 2
Parents are employed and supervision is needed	<input type="checkbox"/> 1
No other supervision is available	<input type="checkbox"/> 2
If not in a structured program, the person may be wandering in the community or engaging in risky, non-social distancing activities	<input type="checkbox"/> 3
Other Benefits:	<input type="checkbox"/> 1

Sum of Benefits: _____

BENEFIT LEVEL: _____

If Benefits are **5 or greater**, **HIGH BENEFIT** from returning to Day Program/Work/Transportation
 If Benefits are **3 – 4**, **MODERATE BENEFIT** from returning to Day Program/Work/Transportation
 If Benefits are **0 – 2**, **LOW BENEFIT** from returning to Day Program/Work/Transportation

Other Considerations: _____

If any member of the team (including all providers: day programs and residential) and the housemates' team disagree about a return to facility-based day programs and/or work at this time and reassess at a later time (for example, in one week). The team should consider, any time in the process, the option for in-home day program service delivery.

Higher total scores indicate a greater risk of poor health outcomes from COVID-19 infection. There is not a specifically designated score that qualifies or excludes a person. The score here is to gain data for planning purposes. Please consult with the person's primary health care providers for specific health care considerations related to person-centered planning.

Discuss with the health care professional to determine if there is any potential mitigation of risks if a person has had COVID-19 and recovered.

Note: This is not a validated tool. The total score may be reported to facility/agency personnel for the estimation of stratified consumer risk.

Completed By:

BFS Representative

Title

Date

BFS Representative

Title

Date



BERRY FAMILY SERVICES, INC.

"Meeting the Needs of the Disabled and Their Families"

COVID-19 Pandemic Day Habilitation Consent Form

I, _____, want/am allowing, _____, to go to day habilitation programming during the COVID-19 pandemic and put my initials below to show that I have had read and understand this consent.

I understand that some people do not have any signs of the COVID-19 virus for a long time and other people never have signs and these people are still highly contagious. With current testing, it is not possible to be sure that all people at the day habilitation program are virus free. _____
(Initials)

I understand that places with more people, like a day habilitation program increase my loved one's risk of getting the Corona virus. _____ (Initials)

The day habilitation center has rules to protect my loved one and I understand that they must follow the day habilitation center's rules to stay healthy and protect everyone. _____ (Initials)

I understand that my loved one cannot be at the day habilitation center if they do not follow the rules.
_____ (Initials)

Parent/Guardian

Date

BFS Representative

Date