



## COVID-19 Reopening Risk/Benefit Discussion Guide (May 2020)

Name of Person: \_\_\_\_\_

| <b>Situational Risks</b>   | <b>Check if present</b>                                  |
|--|--|
| 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"/> 2    1 <input type="checkbox"/> |
| 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"/> 2    1 <input type="checkbox"/> |
| The person requires Direct Service Professional (DSP) or other paid support personnel to provide services in their home                      | 1 <input type="checkbox"/>                               |
| The person requires physical prompting/assistance to complete ADLs, such as toileting, eating, or mobility (Requires close contact with DSP) | 2 <input type="checkbox"/>                               |

Total Number of Situational Risks above: \_\_\_\_\_

| <b>Health Related Risks</b>   | <b>Check if present</b>                                  |
|---|--|
| The person has chronic lung disease or moderate to severe asthma  | 2 <input type="checkbox"/>                               |
| The person has a serious heart condition or known cardiac disease   | 2 <input type="checkbox"/>                               |
| The person is older than 20 years old (1); 55 years old (2)   | <input type="checkbox"/> 1    2 <input type="checkbox"/> |
| The person has severe obesity (Body Mass Index of 40 or higher)   | 2 <input type="checkbox"/>                               |
| The person has liver disease  | 2 <input type="checkbox"/>                               |
| The person has diabetes   | 2 <input type="checkbox"/>                               |
| The person is immunocompromised (including cancer treatment, smoking, post-transplant, immune deficiencies, HIV/AIDS, corticosteroids and other immune weakening medications) | 2 <input type="checkbox"/>                               |
| The person has chronic kidney disease   | 1 <input type="checkbox"/>                               |
| The person has any other underlying health problems   | 1 <input type="checkbox"/>                               |

Total Number of Health Related Risks above: \_\_\_\_\_

| <b>Home Setting Related Risks</b><br>(Select one)                   | Check if present           |
|---|----------------------------|
| Family Home < 5 people, occupants following guidelines              | 1 <input type="checkbox"/> |
| Family Home, 5-8 people, occupants following guidelines             | 2 <input type="checkbox"/> |
| Family Home, occupants not following guidelines                     | 3 <input type="checkbox"/> |
| Independent Apartment, <2 people with support                       | 1 <input type="checkbox"/> |
| Independent Apartment, 2-3 people with support                      | 2 <input type="checkbox"/> |
| Independent Apartment, frequent independent outings without support | 3 <input type="checkbox"/> |
| Licensed Assisted Living with live-in staff                         | 2 <input type="checkbox"/> |
| Licensed Assisted Living with shift staff                           | 3 <input type="checkbox"/> |

Home Setting Related Risk \_\_\_\_\_

| <b>Home Related Risks to Others</b><br>Risks to others who live with the person (family, caregivers, roommates)               | Check if present   |
|---|--|
| People with chronic lung disease or moderate to severe asthma   | 2 <input type="checkbox"/>                               |
| People with a serious heart condition or known cardiac disease  | 2 <input type="checkbox"/>                               |
| People older than 40 years old (1); 55 years old (2)  | <input type="checkbox"/> 1    2 <input type="checkbox"/> |
| People with severe obesity (BMI of 40 or higher)  | 2 <input type="checkbox"/>                               |
| People who have liver disease   | 2 <input type="checkbox"/>                               |
| People who have any immunocompromised conditions (incl. cancer treatment, smoking, post-transplant, immune deficiencies, etc) | 2 <input type="checkbox"/>                               |
| People with chronic kidney disease  | 2 <input type="checkbox"/>                               |
| People with any other underlying health problems  | 2 <input type="checkbox"/>                               |

Sum of Situational Related Risks: \_\_\_\_\_  
 Sum of Health Related Risks:        + \_\_\_\_\_  
 Home Setting Related Risk:         + \_\_\_\_\_  
 Sum of Home Related Risks to Others + \_\_\_\_\_  
 Situational + Health + Home = **TOTAL RISK** = \_\_\_\_\_

If Total Risk is **10 or greater**,

If Total Risk is **between 5-9**,

If Total Risk is **less than 5**,

**HIGH RISK** = most additional safeguards, less flexibility

**MODERATE RISK** = more additional safeguards, more flexibility

**LOW RISK** = less additional safeguards, most flexibility

| 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. | 1 <input type="checkbox"/> |
| A sense of normalcy/routine for the person (1); lack of routine has known serious risks to know mental health conditions.      | 1 <input type="checkbox"/> |
| (2) Daily activity outside the home is likely to reduce the frequency of behavioral issues.                                    | 2 <input type="checkbox"/> |
| Maintaining supported employment is needed for income and self-esteem  | 2 <input type="checkbox"/> |
| Natural supports are unavailable due to returning to work  | 1 <input type="checkbox"/> |
|  |                            |
| Needs the medical support of (i.e. med admin, medical check- in)   | 1 <input type="checkbox"/> |
| Without support, the person may be wandering in the community or engaging in risky, non-social distancing activities           | 3 <input type="checkbox"/> |
| Other Benefit: (for example, normally has weekend visits with family)  | 1 <input type="checkbox"/> |

**Sum of Benefits:** \_\_\_\_\_

**BENEFIT LEVEL:** \_\_\_\_\_

If Benefits are **5 or greater**,

If Benefits are **3-4**,

If Benefits are **0-2**,

**HIGH BENEFIT** to adding more safeguards for more flexibility

**MODERATE BENEFIT**

**LOW BENEFIT** adding more safeguards to increase flexibility

**Other Considerations:** \_\_\_\_\_

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 only indicates a level of risk/benefit discussion for person-centered planning purposes that maximize freedom with mitigation plans defined. Please consult with the person's primary health care providers for specific health care considerations related to person-centered planning. Discuss with a health care professional to determine if there any potential mitigation of risks if a person has had COVID-19 and recovered.

Note: This is a guide, not a validated tool to be used for level of care assessment purposes.

Completed By: \_\_\_\_\_

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

## Interpretation of RISK/BENEFIT LEVELS

Support Team Might Recommend  
More flexibility...

Support Team Might Recommend  
More safeguards...

