

Vermont Department of Disabilities, Aging, and Independent Living

Developmental Disability Services

COVID – 19 Return to Community Activities Assessment Tool

Date:

Individual:

Agency:

Team Members: Individual, Service Coordinator, Guardian, Shared Living Provider, Direct Support Workers (DSW), Others _____

1. What is the person's level of interest and concerns with restarting participating in activities in the community?

- a. Ask the person their thoughts about returning to activities in the community;
- b. Ask the person what they are worried about;
- c. Ask the person what activities they would like to start doing or places they would like to start going to;
- d. Ask the person which activities are the most important to them.

2. Individual Risk Assessment:

- a. General health status – including any underlying medical conditions

<https://apps.health.vermont.gov/COVID/faq/>

High Risk Health Status;

Normal Risk Health Status.

- b. Impact on person's mental health of participating/not participating in community activities.

c. Ability to follow safety precautions (see [GMSA guidance](#) on precautions) such as:

- Wearing mask;
- Handwashing;
- Physical distancing;
- Wearing gloves;
- Limiting touching surfaces;
- Other:

d. Barriers and Supporting strategies

e. Appropriate Personal Protective Equipment (PPE) is available;

f. If the person is returning to a volunteer job and it is required by the business, the person has completed required VOSHA training (see [Plain Language Version](#));

- Additional training and/or follow up needed?

g. If the person is returning to a volunteer job and it is required by the business, the person's understanding and ability to follow new employer safety requirements related to COVID in the specific business.

h. Any individual training for better understanding of guidelines?

i. Need for close contact from workers for support.

j. Able to quarantine if the individual is exposed to COVID-19.

3. Home Risk Assessment:

a. Describe Home environment: What are the rules the household has been operating under related to COVID emergency? Would a return to community activities change those rules?

- Identify household members going into community settings and practices to keep others safe;

- Identify others that may be coming and going in the home and practices to keep others safe;
 - Identify plans in the event the person or another household member becomes ill with COVID-19;
- b. General health status – including any underlying medical conditions of others living in the home <https://apps.health.vermont.gov/COVID/faq/> .
- High Risk Health Status;
 - Normal Risk Health Status.
- c. Other individuals for whom the home is paid to provide care in the home – health status/underlying medical conditions.
- Other individual(s)/guardian(s) understand the risks involved with the individual returning to community activities and consents to continue living in that home under those circumstances, including mitigation strategies;
 - Anyone in the household in quarantine, or expected to be quarantined (examples: travel out of state, contact tracing, etc.)

4. Community locations/activities information and protective mandates:

- a. For each location/activity describe the following:

Location:

- Purpose:
- Size/number of people in location:
- Location/Business's Written COVID-Plans (attach if available):
- Number of times per week Individual is frequenting and duration:

Location:

- Purpose:
- Size/number of people in location:
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Location:

- Purpose:
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- Location/Business's Written COVID-Plans (attach if available):
- Number of times per week Individual is frequenting and duration:

5. Community Locations/Activity Risk Assessment:

- a. For each location/activity consider:
 - Cleaning protocols, including shared spaces such as restrooms, etc.
 - Ability to maintain safe distance;
 - Safe place for meals to be eaten, if applicable;
 - Training offered to person and DSW in safety requirements (such as for volunteer jobs, gyms, etc);
 - Outdoor or indoor location (indoor is higher risk) and ventilation;
 - Frequent contact with others;
 - Any known risks of others who are typically in the location;
 - High touch activities (surfaces, products, people);
 - Access to restrooms;
 - Whether person's participation in the environment pose risk to others;
 - Access to PPE, if needed.
- b. Based on the above location/activity risk assessment, describe what the individual will need to do to stay safe:

Resources to help assess or mitigate risk:

- VT Dept of Health guidance of safely connecting with family/friends:
https://www.healthvermont.gov/sites/default/files/documents/pdf/Safely_Connect_with_Friends_and_Family_FINAL.pdf
- VT Dept of Health answers to questions about managing the spread and how to be safe in various activities: <https://apps.health.vermont.gov/COVID/faq/>
- CDC guidance around safe recreation: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/visitors.html>
- CDC guidance on using typical community resources:<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/essential-goods-services.html>

6. Direct Support Workers (DSW) Risk Assessment:

- a. General health status/ including any underlying medical conditions of DSWs

<https://apps.health.vermont.gov/COVID/faq/>

High Risk Health Status;

Normal Risk Health Status.

- b. Consider support worker's risk to spread virus to others:

- home setting
- other environments they go to
- people the DSW is with
- travel out of state
- ability to follow safety precautions
- need for close contact for personal care, teaching or behavior support
- number of other individuals whom the DSW will be supporting.
- Does the DSW work in other locations where risk of coronavirus is high?

- c. What is person's risk to spread virus to DSW?

- Home setting/other environments they go to
- people they are with

- travel
 - ability to follow safety precautions
 - need for close contact for personal care, teaching or behavior support.
- d. If current DSW assigned cannot work with person, availability of alternate support worker?

7. Direct Support Worker (DSW): Training and Support

- Agency training plan updated with new safety requirements (ACCD and VOSHA);
 - Mandated trainings are complete or have a plan to be completed;
 - Documentation of all required training – VOSHA, Infectious Disease Control, PPE and protection measures, Person specific training;
 - Needed PPE is available;
 - Protocols are established for screening DSWs prior to each shift, by agency, by person’s employer of record for independent DSWs;
 - There is a plan in place if trained workers are unavailable, or become unavailable, due to COVID emergency;
 - Agency has the capacity to support DSW to follow safety requirements in a community-based setting with limited supervision;
 - For share-managed DSW, the agency has verified that required or needed training has occurred.
- a. Describe the support plan for the DSW while providing direct service:
 - b. Describe training documentation expectations:

8. Monitoring Health Status at home prior to work:

a. Describe the plan to monitor health status before leaving home to access community environments. This may include a series of questions and a temperature check.

- Person or household member does not currently have COVID-19;
- Person or household member is not sick and does not have any of the following symptoms (fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, sore throat, new loss of taste or smell);
- No contact with an individual who has tested positive for COVID-19 in the past 14 days;
- Person is able to be screened for COVID, if needed
- Plan for COVID testing as necessary.

9. Transportation Risk Assessment and plan: (See [VOSHA requirements](#))

- a. Identify the mode of transportation (private or public)
- b. Describe risk factors for transportation, Including:
 - Number of individuals traveling together in a vehicle;
 - Is travel with household members or paid support worker;
 - Is the vehicle being used for other individuals and cleaning between users;
 - Ability to maintain maximum distance;
 - Ability to open windows;
 - Length of time traveling;
 - Ability of person and others to adhere to safety precautions (physical distance, use of masks, limiting touching of surfaces, etc.)

NOTE: Plastic shields are not necessary or appropriate if individuals are able to use masks and/or face shields. Masks are not generally required for members of the same household when in a vehicle together.

- c. Describe the plan for PPE use and sanitization practices while accessing private vehicles or public transportation.

10. Protection measure for returning home after a day in the public:

- a. Describe what practices the person is committed to when returning home each day to decrease the risk of exposure to members of the household (e.g., washing hands, washing mask, changing clothes, showering, etc. as appropriate)

11. Team members level of comfort and concerns:

After being provided information regarding the risks/benefits of returning to work, indicate team members:

- Opinion/comfort level about person returning to services;
- Concerns/barriers;
- Specific conditions to mitigate risks (PPE, training, finding a new support worker, etc.)

Assessment Plan:

Individual's input:

Guardian's input, if applicable:

Home/Family input:

Service Coordinator input:

Employment Representative:

DSW input:

DSW input:

Decision:

- Not to resume community activities at this time.

Rationale:

- Resume community after certain protections are put into place (PPE, training, finding a new support worker, etc.)

Rationale:

- Resume community activities based on this assessment. Specify which activities/locations:

Next Planned Check-in Date:

A summary of this assessment and important considerations for the individual should be included in Part 2 of the ISA COVID-19 Change Form.