

## Return to Day Program Risk/Benefit Discussion Checklist

This tool is designed for use by participants, caregivers, and providers collectively to help inform the decision to return to a day program. Checked boxes should be tallied for each section. At the end of the tool you will have a visual representation of the total risks and benefits associated with returning to a day program. Higher tallies in the risk categories indicate a greater risk of poor health outcomes from Covid-19 infections. **There is not a specific designated score that qualifies or excludes a participant from returning to their day program.**

If the participant, caregivers, and provider all acknowledge the risks and benefits, then a return to the day program can be considered. Those participants who have experienced a loss of caregiver or informal supports in their home, and for whom the benefits of returning to the day program outweigh the risks, should be given priority.

Name of Participant: \_\_\_\_\_ Date of Completion: \_\_\_/\_\_\_/\_\_\_

Part A: Situational Risks	Check box if present (☒ = 1)
The participant is not able to follow social distancing protocol with 6 feet of distance	<input type="checkbox"/>
The participant needs prompting/assistance to socially distance	<input type="checkbox"/>
The participant is not able to use personal protective equipment (PPE) for extended periods of time	<input type="checkbox"/>
The participant requires physical prompting/assistance to complete ADLs, such as toileting, eating, or mobility	<input type="checkbox"/>
The participant is not willing or able to answer a series of health screening questions at several intervals throughout the day	<input type="checkbox"/>

**Total # of Situational Risks (Part A):** \_\_\_\_\_

Part B: Health Related Risks	Check box if present (☒ = 1)
The participant has diabetes	<input type="checkbox"/>
The participant is severely obese	<input type="checkbox"/>
The participant is older than 50 years old (increased age = higher risk)	<input type="checkbox"/>
The participant has known respiratory issues	<input type="checkbox"/>
The participant has known cardiac disease, including hypertension	<input type="checkbox"/>
The participant has immunocompromising conditions (i.e. HIV, cancer, post-transplant, prednisone treatment, etc.)	<input type="checkbox"/>

The participant has a Chronic Kidney Disease	<input type="checkbox"/>
The participant has any other underlying health problems	<input type="checkbox"/>

**Total # Health Related Risks (Part B):** \_\_\_\_\_

<b>Part C: Benefits to Participant</b>	<b>Check box if present (☒ = 1)</b>
Participant cannot be left home alone and supervision at home is likely unavailable	<input type="checkbox"/>
Needs the medical support of day programming (i.e. med admin, medical check-in)	<input type="checkbox"/>
If not in a structured program, the participant may be wandering in the community or engaging in risky, non-distanced activities.	<input type="checkbox"/>
Socialization is important to the participant or lack of socialization has known serious risks to mental health conditions.	<input type="checkbox"/>
A sense of normalcy/routine is important to the participant or lack of routine has known serious risks to mental health conditions	<input type="checkbox"/>
Daily activity outside the home is likely to reduce the frequency of behavioral issues	<input type="checkbox"/>
The participant cannot currently engage in virtual/video programming due to lack of technology in the home/day program or because the participant/caregiver is not interested in virtual programming	<input type="checkbox"/>
Other Benefit(s):	<input type="checkbox"/>

**Total # Benefits (Part C):** \_\_\_\_\_

**Overall Total Risk Score (Part A + Part B):** \_\_\_\_\_

**Overall Total Benefit Score (Part C):** \_\_\_\_\_

**Note:** *This Risk/Benefit Tool is meant to assist participants and their loved ones in determining their comfort level in returning to a day program based on their individual experiences.*