# Massachusetts 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. **Upon completion,** you will have a visual representation of 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.

**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.**

## There is not a specific designated score that qualifies or excludes a participant from returning to their day program.

**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 |  |
| The participant needs prompting/assistance to socially distance |  |
| The participant is not able to use personal protective equipment (PPE) for extended periods of time |  |
| The participant requires physical assistance or prompting to complete ADLs, such as toileting, eating, or mobility |  |
| The participant is not willing or able to answer a series of health screening questions at several intervals throughout the day |  |

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

|  |  |
| --- | --- |
| **Part B: Health Related Risks** | **Check box if present** (**= 1)** |
| The participant has diabetes |  |
| The participant is severely obese |  |
| The participant is older (increased age = higher risk) |  |
| The participant has known respiratory issues |  |
| The participant has known serious heart conditions, including coronary artery disease and hypertension |  |
| The participant has immunocompromising conditions (i.e. HIV, cancer, post-transplant, prednisone treatment, etc.) |  |
| The participant has a chronic kidney disease |  |
| The participant has any other underlying health problems which could be considered a risk |  |

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

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

## *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 facilitate discussion and to assist participants and their loved ones in determining their comfort level in returning to a day program based on their individual experiences.*