



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 | <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 assistance or prompting 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 (increased age = higher risk) | <input type="checkbox"/> |
| The participant has known respiratory issues | <input type="checkbox"/> |
| The participant has known serious heart conditions, including coronary artery disease and 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 which could be considered a risk | <input type="checkbox"/> |

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 | <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's health; 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's health; 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 is unable or unwilling to engage in virtual/video 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 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.