Missouri Division of Developmental Disabilities

Return to Work & Community Activities

Planning Tool

Date: Click or tap to enter a date. Individual:

Residential Provider (if applicable):

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| Name of Team Member | Role of Team Member |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
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| **General Planning Analysis** | **Response** | **Support Needs** |
| How ready are you to return to work/community activities? | Choose an item. |  |
| How worried are you about returning to work/community activities? | Choose an item. |  |
| How supportive is the planning team with returning to work/community activities? | Choose an item. |  |
| How worried is the planning team about returning to work/community activities? | Choose an item. |  |
| Is the planning team willing to help make returning to work/community activities possible? | Choose an item. |  |
| How socially connected are you with others outside of your home? | Choose an item. |  |
| How socially connected did you feel with others when you were working/participating in community activities? | Choose an item. |  |
| How happy do you currently feel? | Choose an item. |  |
| Would going to work/community activities increase your happiness? | Choose an item. |  |
| Do you currently have enough money? | Choose an item. |  |
| Would you like to return to work to make more money? | Choose an item. |  |
| Are you at risk of losing your job if you don’t return to work? | Choose an item. |  |
| **Health Analysis** | **Response** | **Support Needs** |
| What underlying COVID-19 [CDC increased health risks](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html) **for severe illness** do you have? | Choose an item.  Choose an item.  Choose an item. |  |
| What underlying COVID-19 [CDC potential health risks](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html) do you have? | Choose an item.  Choose an item.  Choose an item. |  |
| **Safety Skills Analysis** | **Response** | **Support Needs** |
| Wearing a face covering | Choose an item. |  |
| Physical distancing | Choose an item. |  |
| Hand washing or using hand sanitizer | Choose an item. |  |
| Limiting touching surfaces | Choose an item. |  |
| Wearing gloves or other PPE (if needed) | Choose an item. |  |
| Do you have plenty of supplies (face covering, gloves, hand sanitizer, wipes, etc.) available? | Choose an item. |  |
| Have you completed any training on how COVID-19 is transmitted, using PPE, proper cleaning protocol including hand washing, social distancing, etc.? | Choose an item. |  |
| Do you require any additional training or follow-up? | Choose an item. |  |

Name of business/employer:

Location of business:

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| **Workplace Analysis** | | **Response** | | **Support Needs** | | |
| Number of employees in workplace | | Choose an item. | |  | | |
| Type of business | | Choose an item. | |  | | |
| How high is the employee’s [exposure risk according to OSHA](https://www.osha.gov/Publications/OSHA3990.pdf)? | | Choose an item. | |  | | |
| Number of days scheduled to work each week: | | Choose an item. | |  | | |
| Is workplace closed to non-employees? | | Choose an item. | |  | | |
| Is workspace open-air or enclosed environment? | | Choose an item. | |  | | |
| Does the workplace require masks be worn by employees? | | Choose an item. | |  | | |
| Does the workplace require masks be worn by customers, visitors, general public, etc.? | | Choose an item. | |  | | |
| Does the employer have a written COVID-19 plan for employees with positive tests or suspected of having COVID-19? | | Choose an item. | |  | | |
| Do you require any specific training to follow safety protocols at work related to COVID-19? | | Choose an item. | |  | | |
| Are supports required at work to help ensure your safety at the worksite? | | Choose an item. | |  | | |
| What type of supports will your employer allow? | | Choose an item. | |  | | |
| What steps has the employer taken to protect employees? | | | | | | | |
| Physical accommodations such as Plexiglas between employee & customers  High efficiency air filters  Increased ventilation in the work environment  Virtual or remote work  Reduced number of employees on site at one time  Employee training on use of PPE and cleaning protocols  Provides antibacterial soap & alcohol-based hand rubs  Provides bleach wipes, disinfectants, and disposable towels  Required frequent handwashing  Signage promoting handwashing, safe distancing, and wearing masks  Screenings or health checks are required to be in the building  Frequent disinfecting of community areas (restrooms, break areas, etc.)  Physical accommodations to workspace to allow social distancing  Other | | | | | | | |
| Workplace risk factors to consider | | | | | | | |
| Name of day/community activity:  Location of day/community activity: | | | | | | | |
| **Day/Community Activity Analysis** | | **Response** | | **Support Needs** | | |
| Number of individuals in environment | | Choose an item. | |  | | |
| Type of business (if volunteering or doing other community based activity) | | Choose an item. | |  | | |
| Number of days scheduled to participate each week: | | Choose an item. | |  | | |
| Is the environment closed to visitors? | | Choose an item. | |  | | |
| Is the environment open-air or enclosed? | | Choose an item. | |  | | |
| Does the day/community activity require masks be worn by participants & staff? | | Choose an item. | |  | | |
| Does the day/community activity require masks be worn by customers, visitors, general public, support coordinators, etc. (if allowed in environment)? | | Choose an item. | |  | | |
| Does the day program or community place have a written COVID-19 plan for employees/patrons with positive tests or suspected of having COVID-19? | | Choose an item. | |  | | |
| Do you require any specific training to follow safety protocols while participating in day/community activities related to COVID-19? | | Choose an item. | |  | | |
| Are supports required at day/community setting to help ensure your safety? | | Choose an item. | |  | | |
| What steps have been taken at the day program/community activity to protect participants? | | | | | | |
| Physical barriers such as Plexiglas  High efficiency air filters  Increased ventilation in the environment  Limiting number of people on site at one time  Training volunteers on use of PPE and cleaning protocols  Provides antibacterial soap & alcohol-based hand rubs  Provides bleach wipes, disinfectants, and disposable towels  Required frequent handwashing  Signage promoting handwashing, safe distancing, and wearing masks  Screenings or health checks are required to be in the building  Frequent disinfecting of community areas (restrooms, break areas, etc.)  Virtual/remote activities  Physical accommodations to workspace to allow social distancing  Other | | | | | | |
| Day/Community activity risk factors to consider | | | | | | |
| **Home Analysis** | | **Response** | | **Support Needs** | | |
| How many people do you live with? | | Choose an item. | |  | | |
| Do any of them have [underlying health risks indicated by CDC](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html) to possibly or definitely increase one’s risk of COVID-19? | | Choose an item. | |  | | |
| Do you have the ability to isolate & quarantine should you be exposed to COVID-19 or test positive? | | Choose an item. | |  | | |
| If you are using ISL, Group Home or Shared Living, does the provider have a COVID-19 Plan? | | Choose an item. | |  | | |
| Do you require physical assistance with activities of daily living within your home? | | Choose an item. | |  | | |
| Is this support provided by someone you live with or someone outside of your home? | | Choose an item. | |  | | |
| Will protocols or procedures need to change for you to return to work/community activities & keep those you live with safe? | | Choose an item. | |  | | |
| What additional considerations may need to be contemplated in order for you to return to work/community activities & minimize risk to those who you share a home? | | | | | | | |
| **Transportation Analysis** | | | **Response** | | **Support Needs** | | |
| Do you have transportation to get to & from work and the community? | | | Choose an item. | |  | | |
| Is the vehicle used by others outside of your home? | | | Choose an item. | |  | | |
| How many individuals will be riding with you? | | | Choose an item. | |  | | |
| Are there safety precautions being used for that mode of transportation? | | | Choose an item. | |  | | |
| Do you require physical assistance with adhering to any mandated transportation safety precautions (wearing a mask, maintaining safe social distancing from others, etc.)? | | | Choose an item. | |  | | |
| What additional transportation considerations may need to be contemplated in order for you to return to work & minimize risk to co-workers and those who you share a home? | | | | | | | |
| **Direct Support Risk Assessment** | | | | | | | |
| What training or support might direct support workers need to ensure their safety? | | | | | | | |
| Are there enough supplies (masks, hand sanitizer, etc.) available for the direct support worker? | | | | | | | |
| What is the protocol should the direct support worker be exposed to COVID-19? | | | | | | | |
| **COVID-19 Analysis** | **Response** | | | | | **Support Needs** | |
| Do you live in area where there is [an](http://mophep.maps.arcgis.com/apps/MapSeries/index.html?appid=8e01a5d8d8bd4b4f85add006f9e14a9d) elevated outbreak of Covid-19? | Choose an item. | | | | |  | |
| Will you work or access community services in an area where there is [[an](http://mophep.maps.arcgis.com/apps/MapSeries/index.html?appid=8e01a5d8d8bd4b4f85add006f9e14a9d) elevated outbreak of Covid-19?](http://mophep.maps.arcgis.com/apps/MapSeries/index.html?appid=8e01a5d8d8bd4b4f85add006f9e14a9d) | Choose an item. | | | | |  | |
| Does anyone living in the household work in an area where there is [[an](http://mophep.maps.arcgis.com/apps/MapSeries/index.html?appid=8e01a5d8d8bd4b4f85add006f9e14a9d) elevated outbreak of Covid-19?](http://mophep.maps.arcgis.com/apps/MapSeries/index.html?appid=8e01a5d8d8bd4b4f85add006f9e14a9d) | Choose an item. | | | | |  | |
| Do any of the direct support workers live in an area where there is [[an](http://mophep.maps.arcgis.com/apps/MapSeries/index.html?appid=8e01a5d8d8bd4b4f85add006f9e14a9d) elevated outbreak of Covid-19?](http://mophep.maps.arcgis.com/apps/MapSeries/index.html?appid=8e01a5d8d8bd4b4f85add006f9e14a9d) | Choose an item. | | | | |  | |

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| **Not to resume work/community activities at this time.**  **Rationale: Click or tap here to enter text.** |
| What steps will be taken to help you become more comfortable with returning to work/community activities?  Click or tap here to enter text. |
| Resume work/community activities after certain protections are put into place (PPE, training, finding a new support worker, etc.).  Rationale: Click or tap here to enter text. |
| What steps will be taken to help ensure your safety as well as those you live with and any direct support you may rely on?  Click or tap here to enter text. |
| Resume work/community activities.    Rationale: Click or tap here to enter text. |
| What steps will be taken to help ensure your safety as well as those you live with and any direct support you may rely on?  Click or tap here to enter text. |
| Next planned check-in date: Click or tap to enter a date. |