Developmental Disability Services

COVID – 19 Return to Employment Services Assessment Tool

Date:
Individual:
Agency:
Team Members: Individual, Service Coordinator, Guardian, Shared Living Provider, Supported
Employment Representative, Direct Support Workers (DSW), Others
What is the person's level of interest and concerns with restarting employment?
 Ask the person their thoughts about returning to work;
 Ask the person what they are worried about;
 Ask the person what they are looking forward to.
Individual Risk Assessment:
 General health status – including any underlying medical conditions
https://apps.health.vermont.gov/COVID/faq/
☐ High Risk Health Status;
☐ Normal Risk Health Status.
 Impact on person's mental health of working/not working.
 Person's risk of losing job if person does not resume work.

• Person's dependency on the income.

•	Impact on working/not working on other benefits.
	\square Person has been supported to apply for unemployment.
•	Ability to follow safety precautions (see <u>GMSA guidance</u> on precautions) such as:
	☐ Wearing mask;
	☐ Handwashing;
	☐ Physical distancing;
	☐ Wearing gloves;
	☐ Limiting touching surfaces;
	□ Other:
•	Barriers and Supporting strategies
	\square Appropriate Personal Protective Equipment (PPE) is available;
	☐ The person has completed required VOSHA training (see Plain Language Version);
	☐ Additional training and/or follow up.
•	Person's understanding and ability to follow new employer safety requirements related
	to COVID in the specific business.
•	Any individual training for better understanding of workplace guidelines?
	\square Need for close contact from workers for support.
	\square Able to quarantine if the individual is exposed to COVID-19.

Home Risk Assessment:

•	Descr	ibe Home environment: What are the rules the household has been operating
	unde	r related to COVID emergency? Would a return to employment change those rules?
	0	Identify individuals working outside the home and practices to keep others safe;
	0	Identify non-family members in the home that may be coming and going;
	0	Identify plans in the event the person or another household member becomes ill
		with COVID-19;
	0	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.
	0	Other individuals for whom the home is paid to provide care in the home – health
		status/underlying medical conditions.
		$\hfill\Box$ Other individual(s)/guardian(s) understand the risks involved with the
		individual returning to work 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.)

Employer information and protective mandates:

For each location/business describe the following:

0	Name, location	(VT, NH or o	ther border s	tate) and nature	of the business;

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0	Size/number	of employees	/number of	t emplovees in	person's workspace:

0	Written employer COVID-Plans (attach if available);
	☐ Retail or Wholesale environment (gauges the exposure)

- Number of times per week person is at the location/business and duration;

Employment Site Risk Assessment:

the business.

Describe the reliability of the environment in mandating and supporting employees/community members to comply with <u>COVID – 19 reopening guidelines</u> for businesses and public locations. If the person works in another state, include how the business meets or exceeds VT's standards. Describe the culture's reliability in complying with mandates.

- Cleaning protocols, including shared spaces such as restrooms, breakrooms, etc.
- Ability to maintain safe distance;

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- Provision of appropriate level of PPE;
- Training offered to person and DSW in safety requirements;
- o Employer conditions for return to employment.
- Based on the above site risk assessment, describe what the individual will need to do to comply:
- Other risk factors to consider:
 - Outdoor or indoor location (indoor is higher risk) and ventilation;
 - Length of time in environment;
 - Frequent contact with public or co-workers;
 - High touch activities;
 - Access to restrooms;
 - Whether person's participation in the environment pose risk to others;
 - o Access to PPE, if employer does not provide.
- If the employer has committed to holding job, willingness to hold job longer than reopening of business if needed.

Direct Support Workers (DSW) Risk Assessment:

•	General health status/including any underlying medical conditions of DSWs
	https://apps.health.vermont.gov/COVID/faq/
	☐ High Risk Health Status;
	□Normal Rick Health Status

- Consider support worker's risk to spread virus to others (home setting/other
 environments they go to/individuals the person 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 with whom the DSW will be supporting.)
- 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.)
- Does the DSW work in other locations where risk of coronavirus is high?
- If current DSW assigned cannot work with person, availability of alternate support worker?

Direct Support Worker (DSW): Training and Support

workplace;

\square Agency training plan updated with new safety requirements (ACCD and VOSHA);
\square Mandated trainings are complete or have a plan to be completed;
\square Documentation of all required training – VOSHA, Infectious Disease Control, PPE and
protection measures, Person specific training;
□ Needed PPE is available;
☐ DSW has reviewed any workplace COVID-19 plan:
 Describe the support plan for the DSW while providing direct service:
Describe training documentation expectations:

☐ Protocols are established for screening DSWs prior to each shift, by agency, by person's

Developmental Disability Services COVID – 19 Return to Employment Services Assessment Tool Page 7 of 10

\Box There is a plan in place if trained workers are unavailable, or become unavailable, due to
COVID emergency;
\square Agency has the capacity to support DSW to follow safety requirements in a community-
based setting with limited supervision;
\square For share-managed DSW, the agency has verified that required or needed training has
occurred.
Monitoring Health Status at home prior to work:
• 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 does not currently have COVID-19;
\square Person 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);
\square No contact with an individual who has tested positive for COVID-19 in the past 14
days;
\square Person is able to be screened for COVID in the workplace and outside of the
workplace;
☐ Plan for COVID testing as necessary.

Transportation Risk Assessment and plan: (See VOSHA requirements)

- Identify the mode of transportation (□ private or □ public)
- Describe risk factors for transportation, Including:
 - Number of individuals traveling together in a vehicle;
 - Is travel with household members or paid support worker;
 - o 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.

 Describe the plan for PPE use and sanitization practices while accessing private vehicles or public transportation. Developmental Disability Services COVID – 19 Return to Employment Services Assessment Tool Page 9 of 10

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

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

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;

Assessment Plan:

• Specific conditions to mitigate risks (PPE, training, finding a new support worker, etc.)

Individual's input: Guardian's input, if applicable: Home/Family input: Service Coordinator input: Employment Representative: DSW input: DSW input:

Developmental Disability Services COVID – 19 Return to Employment Services Assessment Tool Page 10 of 10

Decision: ☐ Not to resume work at this time. Rationale:
☐ Resume work after certain protections are put into place (PPE, training, finding a new support worker, etc.) Rationale:
☐ Resume work based on this assessment.

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.

05/26/2020