



**Purpose:**

To assess an individual’s safety when returning to public activity as NYS workplaces and businesses reopen. Once assessed, this information can be used to individualize supports to ensure the individual remains safe and healthy.

**Instructions:**

Consider an individual’s physical, emotional, and cognitive ability and respond to each item in this assessment. In the 4 sections after the profile, answers on the left indicate a higher level of safety and answers on the right indicate a higher level of risk. Develop a plan to provide individualized support in areas where the individual has a higher level of risk.

**Profile and general Risk Factors:**

Name: \_\_\_\_\_ Service(s): \_\_\_\_\_

Underlying conditions / Heightened risk factors:

- Compromised immune system  Chronic respiratory condition  65 or older
- BMI over 40  Diabetes  Heart condition  Kidney or liver disease

Living Arrangements:

- OPWDD Residence  Family Care Home  Supported Apartment
- With Family / Friends  Independent Apartment  Independent Single House

Transportation:

- Mass Transit / Subway  Public Transportation / Bus  Taxi / Family / Residential Staff
- Ambulatory Transportation Contractor /  Walks / Bikes / Drives

Career area(s) returning to work or Job Developing:

\_\_\_\_\_

**Indicate the Individual’s level of independence with the following Self Care Skills:**

	Independent	Some Support	High Support
Maintaining general good health and hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding when hands should be washed or sanitized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitizing or washing hands with soap and hot water for at least 20 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding touching face, eyes, and mouth with unwashed hands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizing the symptoms of illness, staying home, and notifying appropriate supports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Indicate the individual’s level of independence with the following Social Distancing Skills:**

	Independent	Some Support	High Support
Understanding how far six feet is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining six foot spacing from others they do not live with while in public spaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctly and completely covering coughs and sneezes with the inner elbow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding personal contact such as hugs, handshakes, high fives, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not participating in social gatherings of more than 10 people unless required by work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Choose the best answer about the individual’s work or program environment:**

How many other employees or participants will the individual come into contact with during a typical day?	1-10 <input type="checkbox"/>	11-20 <input type="checkbox"/>	20+ <input type="checkbox"/>
How many customers or staff will the individual come into contact with during a typical day?	1-10 <input type="checkbox"/>	11-20 <input type="checkbox"/>	20+ <input type="checkbox"/>
How independent is the individual with identifying frequent contact surfaces?	Independent <input type="checkbox"/>	Some Support <input type="checkbox"/>	High Support <input type="checkbox"/>
How often does the individual touch frequent contact surfaces?	Never <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Often <input type="checkbox"/>
How independent is the individual with properly cleaning and disinfecting surfaces?	Independent <input type="checkbox"/>	Some Support <input type="checkbox"/>	High Support <input type="checkbox"/>

**How independent is the individual using the following protective resources or PPE?**

	Independent	Some Support	High Support	Not Available
Face Masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfectant Spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfectant Wipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessment completed by:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Title \_\_\_\_\_ Date: \_\_\_\_\_