Evaluation of Risk Factors for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program/Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Risk Factors for Severe COVID-19 Illness**  | **Yes** | **No** |
| 65 years or older | [ ]  | [ ]  |
| Chronic lung disease | [ ]  | [ ]  |
| Moderate to severe asthma | [ ]  | [ ]  |
| Serious heart condition | [ ]  | [ ]  |
| Immunocompromised due to the following: |  |  |
| * Undergoing cancer treatment
 | [ ]  | [ ]  |
| * Smoker
 | [ ]  | [ ]  |
| * Bone Marrow or organ transplantation
 | [ ]  | [ ]  |
| * Immune deficiencies
 | [ ]  | [ ]  |
| * HIV/AIDS
 | [ ]  | [ ]  |
| * Prolonged use of corticosteroids/immune weakening medications
 | [ ]  | [ ]  |
| Severe Obesity (BMI 40 or higher) | [ ]  | [ ]  |
| Diabetes | [ ]  | [ ]  |
| Chronic kidney disease undergoing dialysis | [ ]  | [ ]  |
| Liver disease | [ ]  | [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Function** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| **Ability to Problem Solve** | Knows what to do and can follow COVID-19 Protocol[ ]  | Knows what to do/May need assistance[ ]  | Inconsistence in knowledge of what to do/May need assistance[ ]  | Needs full assistance[ ]  |
| **Ability to Self-Isolate** | Ability to self-isolate independently[ ]  | Knows how to self-isolate/May need assistance[ ]  | Inconsistence in response to self-isolation/Needs assistance[ ]  | Cannot self-isolate/alternative plan required[ ]  |
| **Ability to Utilize Personal Protective Equipment** | Ability to utilize PPE independently[ ]  | Knows how to utilize PPE/May need assistance[ ]  | Inconsistence in response to utilizing PPE/Alternative plan required[ ]  | Cannot utilize PPE/Alternative plan required[ ]  |
| **Compliance Issues** | No compliance issues[ ]  | Responds with assistance[ ]  | May refuse to cooperate[ ]  | Consistently refuses to cooperate[ ]  |
| **Behavioral Factors** | No inhibiting behavioral factors[ ]  | Requires staff reassurance/ May respond unpredictably in adverse circumstances[ ]  | Requires behavioral guidelines for successful support in program[ ]  | Will have significant difficulty being supported in program due to environmental factors during COVID-19 infection[ ]  |
| **Environmental Factors** | No inhibiting environmental factors[ ]  | Requires minimal environmental change for successful support in program[ ]  | Requires moderate environmental change for successful support in program[ ]  | Will have significant difficulty being supported in program due to environmental factors during COVID-19 infection[ ]  |

**Summarize anticipated individual response:**

**Risks/barriers to residential support:**

**Alternative plans for reduction and/or elimination of barriers:**

**Level of anticipated staffing support needed during COVID-19 infection:**

**Special instructions or additional considerations:**

SCARC, Inc. will do everything in the organization’s power to keep each individual safely in their residential program in the event of a COVID-19 related emergency. However, if in the event of a COVID-19 infection in the home, the medical or behavioral needs of this individual requires a higher level of care than SCARC, Inc. is able to provide to ensure the individual’s, fellow residents or SCARC, Inc. employees health and safety, this individual may require more critical care outside the individual’s residence. SCARC, Inc. maintains the right to seek out adequate support outside the organization and alternative temporary placement as needed.

Plan Coordinator: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan Approved by: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_