

# Risk/Benefit Return to Activity Form



*Disclaimer: This is a decision support document. It is intended to assist in the decision-making process as support teams weigh the risks and benefits of people returning to activities. It is not intended to recommend or prescribe any course of action.*

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Date \_\_\_\_\_

Diagnoses \_\_\_\_\_

## Event Details

## Comments

Name of Event \_\_\_\_\_

Type of Event (sports, concert, etc) \_\_\_\_\_

Will this activity be recurring?  Yes  No

If yes, how often will this event recur? \_\_\_\_\_

Will this activity be a single event?  Yes  No

## Personal Risks

	Yes	No	Comments
Can the person follow the social distancing protocol of remaining 6 feet away from others independently?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, can the person follow the social distancing protocol with support?	<input type="checkbox"/>	<input type="checkbox"/>	
Can the person tolerate a mask when needed?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, approximately how long can the person tolerate a mask? _____ minutes/ _____ hours			
Can the person wash their hands independently?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, can the person wash their hands with support?	<input type="checkbox"/>	<input type="checkbox"/>	
Can the person independently complete activities of daily living such as toileting, eating or mobility, and manage any bodily fluids?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, can the person complete activities of daily living such as toileting, eating or mobility, and manage any bodily fluids with support?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the person have habits or behaviors such as putting hands in their mouth, touching their face or eyes, touching objects or people in any environment?	<input type="checkbox"/>	<input type="checkbox"/>	

### Situational Risk

	Yes	No	Comments
Is the level of community spread in the location of the activity considered reasonable by health authorities? (please explain)	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a law or ordinance in place that all persons in the community must wear masks even with social distancing?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a higher risk to housemates if this person is allowed to participate in this activity?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the place of the activity have policies, procedures and plans in place to reduce the spread of infection?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a virtual option for this event?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, would the person receive the same benefit if they participate virtually?	<input type="checkbox"/>	<input type="checkbox"/>	

### Health Risks

	Yes	No	Comments
Does the person have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the person obese? (BMI 30 or higher)	<input type="checkbox"/>	<input type="checkbox"/>	
The person is over the age of: <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80	<input type="checkbox"/>	<input type="checkbox"/>	
Does the person have known respiratory issues?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the person have known cardiovascular issues, including high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the person have any immunocompromising conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the person take any immunosuppressant medications?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the person have kidney disease?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the person have any other specific serious health issues or risks?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the person's vaccination status up-to-date for this condition as per current recommendations? (list vaccination date)	<input type="checkbox"/>	<input type="checkbox"/>	

### Benefits

Is socialization important to help manage or improve the person's anxiety, mood, mental status, behavior, or mental health disorder?

Yes No

Is routine important to help manage or improve the person's anxiety, mood, mental status, behavior, mental health disorder, sleep or dementia?

Does the person earn a wage when participating in this activity?

Is this specific activity important in maintaining relationships with friends, family, and/or co-workers?

Does it appear that the person feels a sense of pride and accomplishment when participating in this activity (If "yes", how was this determined?)

Does the person get to interact with non-disabled persons while participating in this activity?

Would the person receive positive reinforcement from others outside of the home while participating in this activity?

### Comments


### Additional Comments

Signature of person completing form

Date

Name \_\_\_\_\_

**Team meeting discussion:**

Date of meeting: \_\_\_\_\_

**Team conferred with the person and decided:**

Benefits outweigh the risks in participating in this activity.

Why?

Benefits do **NOT** outweigh the risks in participating in this activity.

Why?

**Person contribution:**

I agree with the decision made.       I do not agree with the decision made.

If the person does not agree with the decision made, what is their objection?

How can the team work with the person to reach a compromise or help them better understand why the decision was made?

Team members present:

**Primary decision-maker consultation:**

Legal Guardian     Parent     Sibling     Other \_\_\_\_\_

Date of discussion \_\_\_\_\_

The primary decision-maker for this person has been consulted and agrees the benefits outweigh the risks.

Why?

The primary decision-maker for this person has been consulted and does **NOT** agree the benefits outweigh the risks.

Why?

\_\_\_\_\_  
Person signature or mark

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary decision-maker signature     N/A

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing team meeting form

\_\_\_\_\_  
Date