Making a Plan for Work and Community Activities

Due to the risks presented by COVID-19, people who get support from the Office of Developmental Disabilities Services (ODDS) must have an opportunity to make informed choices about returning to work and accessing their community. ODDS asks people to continue to be careful, wear masks, and try to physically distance. Following safety measures can protect both you and those around you. People with intellectual and developmental disabilities (I/DD) face a greater risk of serious complications if they get COVID-19. If you need to go out for work, services, recreation, or exercise, then we recommend you make a plan.

The enclosed tools can help you make a plan. You can ask your case manager or someone else you trust to help make a plan if you might be returning to work or other activities in your community while COVID-19 remains a risk.

To make a plan, start thinking about:

1. What do I want to do?
   *(For example: work, exercise, see family or friends, go shopping)*

2. What do I want to avoid?
   *(For example: get sick, feel isolated, go to the hospital)*

3. What are my options?

4. What support do I need to stay safe?
   *(For example: vaccine, mask, hand sanitizer, reminders, cell phone)*

New as of April 2021:

5. Have I had the COVID-19 vaccine? There is risk of severe illness from COVID-19 without a COVID-19 vaccine. The risk of severe illness is reduced with the COVID-19 vaccine. Every individual has the choice to be vaccinated or not, so long as it is not required by your employer. If you choose not to be vaccinated, are you aware that you have risk of severe illness from COVID-19 if you contract the virus through return to work or group activities?

It may help to write your plan down and review it often with people you know and trust. The enclosed tools can help you brainstorm your options. See links at the end for examples of completed tools. *Case managers holding this discussion should document it in progressnotes. The enclosed tools may also be used as examples.*
Sample tool for supporting people to make an informed choice about returning to work or activities in the community

1. What do I want? (For example: return to work; exercise and fresh air; see friends/family, etc).
2. What do I want to avoid?
3. What are my options?
4. What are the benefits?
5. What are the risks?
6. Have I had the COVID-19 vaccine? There is risk of severe illness from COVID-19 without a COVID-19 vaccine. The risk of severe illness is reduced with the COVID-19 vaccine. Every individual has the choice to be vaccinated or not, so long as it is not required by your employer. If you choose not to be vaccinated, are you aware that you have risk of severe illness from COVID-19 if you contract the virus through work or group activities?
7. What supports can help me avoid or reduce risks?

The following is a brainstorm of multiple options and alternatives for obtaining what I want or need (list as many as needed; see also the LifeCourse Star and Trajectory tools. Links can be found at the end of this document):

<table>
<thead>
<tr>
<th>Pros (benefits)</th>
<th>Cons (risks)</th>
<th>How can risks be avoided or reduced?</th>
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<tbody>
<tr>
<td>Option 1:</td>
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<td>Option 2:</td>
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<td>Option 3:</td>
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After thinking about my options (including looking at all the risks, benefits, and supports) this is the option I am choosing:

<table>
<thead>
<tr>
<th>Chosen Community Activity:</th>
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<table>
<thead>
<tr>
<th><strong>My Plans to Stay Safe</strong></th>
<th><strong>What / Who Will Help</strong></th>
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<tbody>
<tr>
<td>My plan for physical distancing:</td>
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<td>My plan for whether and how to get the COVID-19 vaccine (or if I have already gotten it):</td>
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<td>My plan for using Personal Protective Equipment (PPE) like masks and gloves</td>
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<td>My plan for regular handwashing and sanitizing:</td>
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<td>Accommodations I would like to request from my employer (if applicable)?</td>
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<td>I will contact the following trusted person(s) if I get sick, or have concerns and questions:</td>
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<th><strong>Other risk(s) identified:</strong></th>
<th><strong>Plan to address risk:</strong></th>
<th><strong>Follow up Required:</strong></th>
<th><strong>Person for support to follow up:</strong></th>
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I would like to have more conversation about my plan if I do get sick. ___(Yes)___ (No) | I would like to have that conversation with the following people:

The following people participated in this conversation:

Date:
Additional Discussion Points to Consider When Evaluating Options Above:

- Is the activity open or permissible based on the phase for the county where I live and also where the activity will be? And also based on federal, state, and local restrictions? [https://govstatus.egov.com/or-covid-19?gclid=Cj0KCQjwn7j2BRDrARIsAHJkxmymWyfrm4De9A-JvpEULyqxbqTZU2aWurYJVWVy8plUtZHk35TofkaAkoREALw_wcB](https://govstatus.egov.com/or-covid-19?gclid=Cj0KCQjwn7j2BRDrARIsAHJkxmymWyfrm4De9A-JvpEULyqxbqTZU2aWurYJVWVy8plUtZHk35TofkaAkoREALw_wcB)

- Have I had the COVID-19 vaccine? There is risk of severe illness from COVID-19 without a COVID-19 vaccine. The risk of severe illness is reduced with the COVID-19 vaccine. Every individual has the choice to be vaccinated or not, so long as it is not required by your employer. If you choose not to be vaccinated, are you aware that you have risk of severe illness from COVID-19 if you contract the virus through return to work or group activities?

- Do I have any risk factors identified by the CDC that places me at a higher risk level? [https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html)

- Can I do anything to improve my risks? (for example: stop smoking, exercise, eat better)

- Can I protect myself and others by taking the following precautions: washing my hands often; avoiding touching my eyes, nose and mouth; covering coughs and sneezes; wearing protective mask or cloth face covering?

- Protective Equipment:
  - Will I be able to wear a mask or face covering in this setting?
  - Do I have access to the protective equipment I need? (Mask or cloth face covering and disposable gloves if needed. Be sure to identify who is responsible for providing the PPE.
  - Have I been trained on proper hand washing and use of PPE? [https://www.cdc.gov/handwashing/when-how-handwashing.html](https://www.cdc.gov/handwashing/when-how-handwashing.html)
• Physical Distancing
  o What kind of physical distancing can occur in this setting?
  o Can I stay 6-feet or more away from others? If not, what other precautions
  o Can I go at a different time when there are fewer people?
  o For work, can I work different shifts when there are fewer people? Or
    work with the same group of people every day?
• Can I take measures when I return home to minimize any further risk of
  exposure (wash hands upon return, change clothes, etc.)?
• Transportation
  o Do you use the public bus, taxi or other ride service to get to work?
  o Can you maintain 6-feet distance from other passengers, avoid
    touching high-touch surfaces (grab bars & handrails), and wash
    hands or use hand sanitizers as soon as possible after leaving?
  o If you need support for transportation, can you get a ride from
    someone? Family, friend, coworkers, employment/DSA, or residential
    support staff?
  o Any additional concerns related to transportation?
• Work
  o Does the benefit of returning to work outweigh health the risk?
  o Can the Employer offer some flexibility or accommodations?
  o Is the employer willing to offer staggering start time; early shifts or
    late shifts to accommodate social distancing?
  o I have someone I trust who can support me to have a conversation
    with my Employer?
  o If you take leave from work, will you be able to return? Do you love
    your job and worry about losing it? Would you like to instead try and
    find a new job later?
  o Will there be a significant impact to your life if you do not return to
    work? (financial, support needs, etc.)?
  o Do you have access to unemployment benefits? Do you need support
    to make a claim for unemployment benefits?
  o Do you have a back up plan if a job coach or other supports get sick?

  ▪ Who is a trusted person I can contact if I get sick?
  ▪ Knowing my Rights
• Do I know my rights if I do get sick? *(Right to treatment; documenting type of care that I want even before I get sick; choose someone I trust to make decisions in case I get too sick to communicate my own decisions. See more information in ODDS guidance: [https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/Covid-Medical-Rights-Fact-Sheet-Final.pdf](https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/Covid-Medical-Rights-Fact-Sheet-Final.pdf)*

• Do you want to make a plan if you do get sick? *(who to call, where/how to isolate yourself from others, when to go to the hospital, how to document your treatment preferences)*

More Resources and Information:


• ODDS Reopening Video: [https://youtu.be/Aqp_3naDe64](https://youtu.be/Aqp_3naDe64)


• ODDS Infographic on Mask Wearing: [https://www.oregon.gov/DHS/SENIORS-](https://www.oregon.gov/DHS/SENIORS-
DISABILITIES/DD/ODDS%20Resource%20Library/COVID-ODDS-Mask-Infographic-Final.pdf

- OHA COVID-19 Website: https://govstatus.egov.com/OR-OHA-COVID-19

Technical assistance contact(s):

- Field Liaison Team (Regarding residential service questions): ODDS.FieldLiaison@dhsoha.state.or.us