

Integration Plan

This plan is intended to reduce the risk of contracting Covid-19 by implementing safety measures for the person when integrating back into work, with loved ones, and or public settings (non-essential health appointments, shopping, etc.). This plan will be reviewed by the Admin team prior to ISP team approval.

Program:

DATE:

Name:

Location:

TIME:

Begin

End

TRANSPORTATION:

VAN/PERS. AUTO/BUS/ETC..

OSLP STAFF:

Contact:

(who will the person be in contact with?)

Are there any staffing concerns?

Is there sufficient staffing? Any health concerns to consider? .

Are there any screening results that need to be considered?

Has anyone traveled or participated in activities that puts them at a high risk for contact with COVID-19?

- If coming from outside the Eugene/Springfield area please list where.
- Activities: Gatherings of large groups of people.

What are the risk for the person?

Are there any medical or behavioral considerations?

What are the risks for others (housemates, family, etc.) who live in the home?

Medical or behavioral considerations?

What are the risk for the community member(s) in contact?

What PPE's will be used?

What environmental accommodations will be made?

Sanitization procedures, distancing measures, etc..

What will occur if a risk presents itself?

Who will be notified? What documentation will occur?.

Is there a support document for this occurrence?

ISP Team Approval:

Name	Title	Date	Approved Yes/No	Comments