REOPENING COMMUNITY ACCESS PROGRAMS: A DECISION-MAKING AND PLANNING TOOL

May 21, 2020

Background

As Alberta's Relaunch Strategy gets underway, non-residential facility-based services for people with disabilities ('community access' or 'day programs') will be encouraged to resume operations in a phased and gradual manner. Specific timelines for reopening will be communicated to the sector by Alberta Community & Social Services (CSS). To support service providers plan for relaunching community access programs, CSS, in consultation with the Chief Medical Officer of Health (CMOH), Alberta Health and input from ACDS, are developing a guidance document. In the meantime, general information for Alberta disability service providers can be found here.

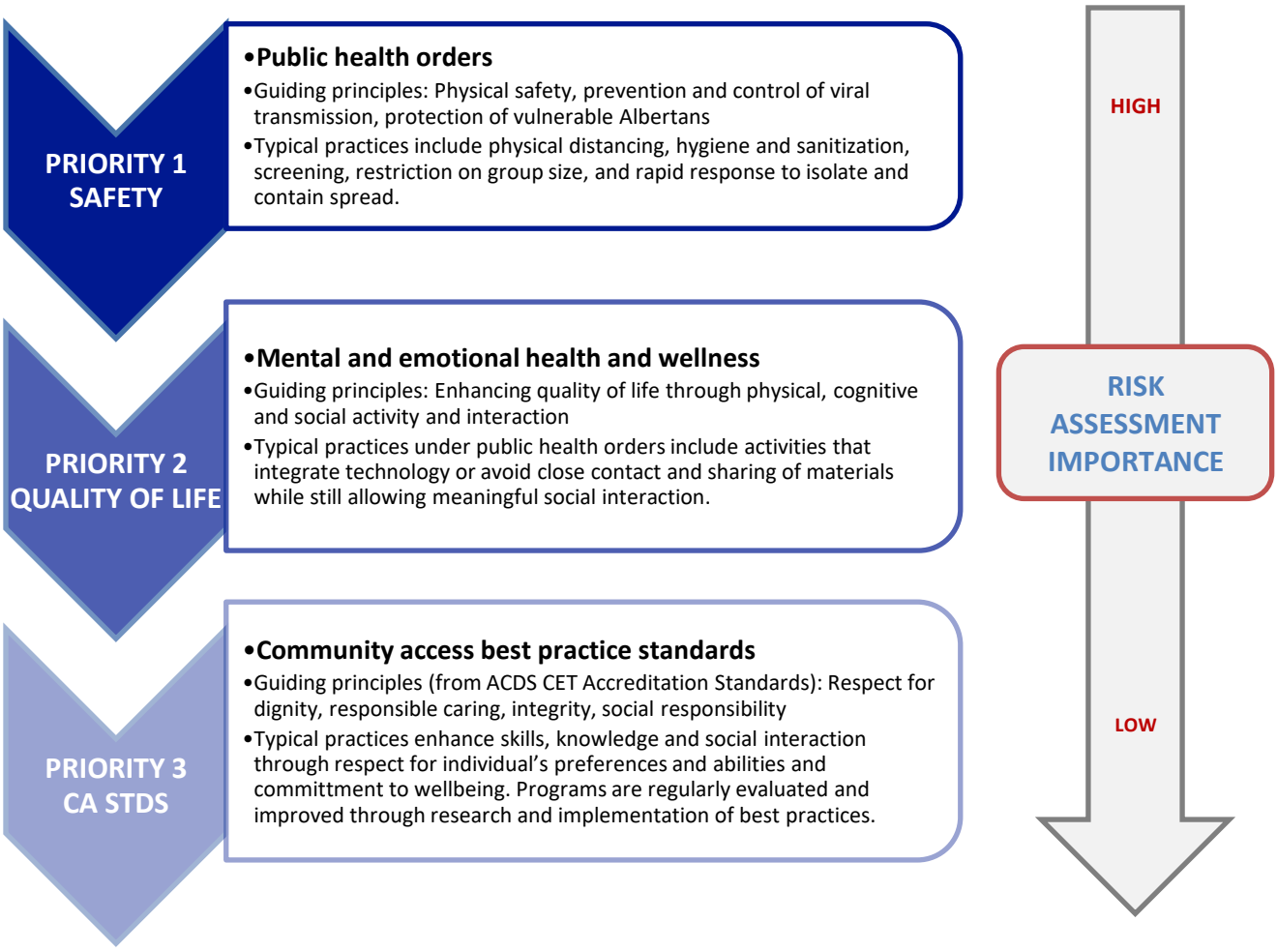
The ACDS Decision-Making and Planning Tool is an additional resource to help service providers develop their plans with the aid of a risk-informed decision-making framework. Since each operator's facility, programs, clientele, capacity and risk exposure are unique, this tool poses questions for service providers to think through to implement practices that are appropriate for their own contexts within the constraints of the prescribed public health measures.[1] The information in this tool is not intended to be comprehensive of all possible scenarios; service providers are solely responsible for knowing and implementing all mandatory requirements and practices relevant to their operations to ensure safety, wellbeing and prudent risk-management.

An evolving balancing act. Like all Albertans, as people with disabilities begin to resume normal activities, they will have to balance freedom and equity with restrictions to ensure safety for themselves and others. Service providers will have to meet evolving public health requirements and adapt their programs and operational practices by taking into consideration their own contexts and capacities. Based on their risk assessment and tolerance, organizations will have to decide for themselves whether to delay reopening programs, open revised versions, or adopt practices beyond the minimum stipulated requirements. The focus should be to address areas of greatest need while minimizing risk; alternate service models requiring physical distancing will likely need to be in place, particularly for individuals at greatest risk, for some time to come.

[1] We thank Blayne Blackburn, Vice President of ACDS member agency Chrysalis, for sharing with us their process for developing the policy direction and operational plans for their programs and services in response to the COVID-19 public health measures. We also thank Ann Marie LePan (Robin Hood Society, Sherwood Park), Elaine Yost (Options, Calgary) and Pam McGladdery (URSA, Calgary) for contributing their experiences in managing their programs during this pandemic.

Decision-Making Framework

This decision-making framework proposes a hierarchy of priorities and guiding principles. Higher priorities carry greater risk assessment weight and take precedence over lower ones. At each level, organizations need to assess potential operational practices and support models in light of their own context, and determine how selected practices will be supported and controlled to mitigate risk and maximize positive outcomes. Even though some practices may expand as public health restrictions are relaxed, while others may need to continue to be controlled (e.g., for at-risk populations), the hierarchy of priorities and the level of importance of risk assessment remain the same.



Planning Considerations

This section provides some factors to consider related to: who to prioritize for access to programs when they reopen; implications on physical space and group size due to measures to prevent viral transmission; protocols for use of personal protective equipment (PPE), screening, and isolation of symptomatic individuals; and transportation.

Risk mitigation options are provided solely to stimulate creative thinking. Service providers are responsible for assessing if any options they choose meet evolving public health measures and other requirements mandated or appropriate for their contexts.

Prioritizing Access to Community Access Programs

Service providers are encouraged by CSS to give priority to individuals for whom supports might have been more limited or social isolation likely more acute. These include individuals in Family Managed Services, and those living independently, with family, with supportive roommates or in support homes. Individuals living in group homes are to be considered next. Individuals over age 60 or who may be at higher risk for contracting the virus are to be offered remote programming, if possible, until restrictions are relaxed.

Additional considerations

Risk consideration (H) = High; (M) = Medium; (L) = Low	**Risk mitigation option**
Does the individual have age or health factors that puts them at higher risk of adverse outcomes? (H)	Remote programming
Does the individual's personal care needs or limitations impact their ability to comply with physical distancing requirements? (H)	
Is the individual living in a congregate setting where the risk of outbreak might be higher? (H)	
What transportation options are available and how do these impact risk to staff or other participants? (H)	Low occupancy transportation options
How is the individual or their primary caregiver being impacted by the absence of programming including social isolation and mental health and wellness? (M)	Triage based on need
Other considerations or resources	
How have the individual's other service providers addressed risks and benefits for this person to participate in on-site community access programs?	

Physical Space and Group Sizes

Providing on-site programs will require measures to restrict group size by separating participants into cohorts if needed and staggering and managing arrivals and departures in ways that minimize risk. This will include access to washrooms and other shared facilities to keep cohorts separate and allow for frequent and regular cleaning between groups. Staffing capacity to manage these requirements will have to be assessed. The service provider may wish to consider a staged approach,

starting with a small group of participants to test the organization's capacity to successfully implement the new measures, and then gradually increase number of participants.

At the time of writing, a gathering (i.e., "event or assembly that brings people together in the same space at the same time") was not allowed for more than 15 people indoors or more than 50 people outdoors, *unless other setting-specific guidelines were in place*, assuming physical distancing was maintained. A key element in different group size allowances for different contexts is whether an accountable organizational entity is present to ensure physical distancing and other risk mitigation measures (e.g., screening and cleaning) are taken. The following guidelines offer some guidance based on risk profile of participants and ability to maintain physical distancing in interactions.

- Operational standards for long-term and continuing care encourage 1:1 programming where possible and limit group programming to 5 people
- Current guidelines for day camps and childcare settings limit group size to 10 including staff
- Businesses may not have a gathering of more that 15 people in an indoor location, although it can have more than 15 workers in the workplace if they are not in a single space all at the same time
- Outdoor recreation guidelines currently allow up to 50 people, assuming physical distancing

Additional considerations

Risk consideration (H) = High; (M) = Medium; (L) = Low	**Risk mitigation option**
Is the space large enough to implement 2metre physical distancing between participants? (H)	Fewer participants Breakout rooms Shielding barriers between participants Staggered cohorts Remote/on-site rotations Outdoor programming
Are the individual risk profiles and personal support needs of participants high? (H)	Reduce group size Increase staffing
Is there staffing capacity for the modified physical set-up or participant risk profiles/needs? (H)	
How many entrances/exits are available and how can the space support screening of individuals prior to entering? (H)	Separate entrances/exits Staggered arrival/departure times 2metre markers on floors Non-medical mask usage
Can shared spaces such as washrooms, hallways, kitchen, etc., accommodate physical distancing? (H)	Staggered access Adequate staffing to maintain cleanliness
Can shared spaces be cleaned adequately between groups? (H)	
Will the participant's experience of the program be negatively impacted by physical distancing measures? (L)	Plain language training on COVID-19 and safety measures Modify program design to improve participant experience in other ways
How will the facility be monitored to ensure all these new rules are in place and properly followed? Should there be a point-person?	Designate one or two staff as Site Marshals (perhaps the person(s) who are also the organization's OHS staff representatives)

PPE and Cleaning Protocols

Organizations will need to procure adequate Personal Protective Equipment (PPE) and approved cleaning supplies prior to reopening. They will also need to ensure staff are supported and trained on the proper use of PPE. Cleaning protocols include frequent sanitizing and cleaning of surface and equipment, removing shared access to food and beverage supplies or therapeutic or recreational equipment, adequate signage on handwashing, and access to hand sanitizer throughout the facility.

Additional considerations

Risk consideration (H) = High; (M) = Medium; (L) = Low	**Risk mitigation option**
Are there enough PPE and cleaning supplies in stock on site before reopening? (H)	Develop formula for anticipated usage Order supplies, restock Designated places to access PPE and supplies safely and readily
Is adequate staffing and staff training in place to accommodate cleaning protocols? (H)	Train all staff Determine staff/client ratio to include cleaning work
Does program require use of shared materials or equipment? (H)	Reduce or eliminate shared objects Strict cleaning protocols before/during/after program
Do participants or staff use shared spaces, cutlery or utensils for meals? (H)	Staggered meal/snack times No sharing of objects (ask people to bring their own cutlery/utensils) Frequent cleaning of shared spaces or objects Strict hand hygiene before/after meals
Other considerations and resources	
Resources for PPE access, use and staff training are linked below in the resource section.	
Consult residential service providers who may already have experience with these protocols.	

Screening and Responding to Illness or Outbreak

Arrivals and departures will need to be managed to minimize contact between individuals, and to conduct screening protocols such as administering questionnaires or taking temperatures. Anyone visiting the facility for more than 15 minutes will need to be documented for contact tracing should a confirmed case or outbreak be identified.

The facility will need to have adequate space and capacity to isolate any person displaying viral symptoms until they can be transported from the facility. Protocols will need to be in place for responding to any suspected or confirmed outbreak including plans for the potential temporary closure of programming, isolation of staff and/or participants and enhanced cleaning of the facility.

Additional considerations

Risk consideration (H) = High; (M) = Medium; (L) = Low	**Risk mitigation option**
How can screening and minimal contact be accommodated during arrivals and departures? (H)	Staggered programs Separate entrance/exits Staff dedicated to screening duty
Is adequate staffing and staff training in place to accommodate screening protocols? (H)	Train all staff Increase staff/client ratio for peak arrival/departure times Fewer participants
Is there a process to document all visitors for the purpose of contact tracing? (H)	Review policies and adopt/modify guidelines and protocols Train staff on policies and procedures
Are there policies and procedures for when an individual becomes ill during programming? Do these include isolation, use of PPE, arranging transportation and reporting and arranging for testing of staff?	
Is there a plan to isolate and support any individual showing symptoms?	
Is there a communications protocol to notify individuals/families/other service providers in the event of an outbreak?	
Other considerations and resources	
Screening questionnaires and protocols for use are included in the public health orders and in the guidance documents for other settings linked below in the resource section.	
Consult residential service providers who may already have experience with these protocols.	

Transportation

Transporting individuals to and from programs may be challenging for some time. Municipalities have largely reduced access to public transportation and this option may not be easily available. In addition, public transportation creates added risk of exposure to COVID-19 that must be considered together with the ability of individuals to follow safety protocols. If private transportation is being provided by family or other service providers, appropriate protocols recommended by health authorities should be followed to minimize risk, including the use of PPE if required. These considerations should inform both your risk assessment regarding access to programs as well as daily screenings of participants and visitors.

Resources

This list will be updated when any relevant public health orders or guidelines are released. See also ACDS COVID-19 Resources for our most current list of ACDS updates, government information and pandemic planning resources.

Disability Services and Public Health Orders

COVID-19 Information for Disability Service Providers: Contains general guidance and links to Alberta CMOH health orders relevant to PDD congregate care/residential services.

Updated Operational and Outbreak Standards for Licensed Supportive Living and Long-Term Care under Record of Decision – CMOH Order 12-2020: PDD residential services licensed under SLALA are currently subject to CMOH Order 12-2020; PDD non-licensed residential services and group homes have been recommended to comply with these standards. Community access providers may wish to adapt these standards for their own programming: cleaning protocols and use of PPE; screening tools and practices; isolation procedures; guidance for group/recreational activities.

General Resources for Businesses and Services

Alberta Biz Connect: All guidelines and information from the Government of Alberta to support businesses and non-profits to reopen, including templates, tips on PPE use, information posters and sector specific guidance documents.

General Guidance for Business Owners: Includes information regarding communication, prevention including screening, hygiene and cleaning, PPE use and illness in staff or volunteers.

Guidelines for other group program settings issued for Stage 1

Guidelines are available for other settings where small groups of individuals access programs in a non home-based setting or where capacity for physical distancing may be challenged. These may help you develop your own practices for group sizes, screening, hygiene protocols, managing arrivals and departures, space considerations, use of shared equipment, and responding to illness.

- Guidance for day camps
- Guidance for day cares and out of school care settings
- Guidance for outdoor recreation facilities

PPE supplies, guidelines and training

Service providers can access approved PPE through their own external suppliers, through AHS via the PPE Request Form, or by emailing their needs to PESSECC-LOGISTICS@gov.ab.ca.

PPE guidelines for health care settings: The guidelines are applicable to any care setting.

PPE Resources: ACDS list of training documents and video on proper use of PPE.