



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

*June 10, 2020 (replacing May 28, 2020)*

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#### Background

As Alberta moves into [Stage 2 of the relaunch](#) on June 12, community access ('day programs') for people with disabilities are encouraged to resume operations in a phased and gradual manner. Alberta Community & Social Services (CSS) has released:

- [COVID-19 information for disability service providers](#) (general information)
- [Guidance to support disability service providers prepare for the relaunch](#) (NEW; released June 11)
- [Plain language information on COVID-19](#) for individuals with cognitive limitations

**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 determine practices appropriate for their own contexts within the constraints of the prescribed public health measures.<sup>1</sup>

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.** As the relaunch progresses, like all Albertans, people with disabilities 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 its unique risk assessment and tolerance, each organization will have to decide for itself 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.

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<sup>1</sup> 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 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 operational practices and support models for their own context, and determine how selected practices will be supported and controlled to mitigate risk and maximize positive outcomes.



In addition, the **Hierarchy of Hazard Controls Framework**<sup>2</sup> is a useful tool to determine which measures are likely to be most effective and protective.

1	ELIMINATION: Physically remove the hazard	Most effective; not often feasible or possible
2	SUBSTITUTION: Replace the hazard	
3	ENGINEERING CONTROLS: Isolate people from the hazard	Less effective; may be easier to implement
4	ADMINISTRATIVE CONTROLS: Change the way people work	
5	PERSONAL PROTECTIVE EQUIPMENT: Protect with PPE	Least effective; should not be used without other measures

<sup>2</sup> Alberta COVID-19 Information. [General Relaunch Guidance](#) (updated June 2020). Appendix D

## 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

<b>Risk consideration</b> (H) = High; (M) = Medium; (L) = Low	<b>Risk mitigation option</b>
Does the individual or anyone they live with 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
<b>Other considerations or resources</b>	
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.

Community access programs may find guidelines provided for other sites useful to determine the group size for their own programming contexts, based on risk profile of participants and ability to maintain physical distancing. At the time of writing, *unless other setting-specific guidelines were in place*, gathering sizes in [Stage Two of the relaunch](#) were restricted as follows, *assuming public health measures and physical distancing were also in place*:

- Indoor social gatherings (non-seated events): max. 50 people
- Indoor seated/audience events: max. 100 people
- Indoor sports, physical activity and recreation facilities: (gyms, courts, arcades, bowling alleys, etc.); no cap, but special considerations for vulnerable persons, high intensity activities, additional site-specific guidelines, spectators max. 100 people
- Swimming pools: max 100 people
- Outdoor events: max. 100 people
- [Places of worship](#), [casinos](#) (table games not permitted), [restaurants/bars](#) (max 50% seating capacity), [bingo halls](#): no cap (performances with live singing restricted, and other indoor social gathering restrictions may apply)
- Long-term and continuing care sites group/recreational activities: indoor or outdoor max. 15 people (including participants, staff and other permitted individuals; however, groups are advised to be ideally as small as possible ([CMOH Order 23-2020, p.23](#), May 25, 2020))
- [Day camps](#): max. 50 people in cohort
- [Childcare settings](#): max 10 people in cohort
- [Outdoor recreation](#) sites are allowed groups of up to 50 people, assuming physical distancing

A key element in determining group size allowed in a particular context is whether an accountable organizational entity is present to ensure risk mitigation measures are followed. Stage Two also allows more flexibility for “cohort” groups (i.e., small groups of people whose members do not always keep two metres apart, e.g., families, households, performers, sports teams)

### Additional considerations

<b>Risk consideration</b> (H) = High; (M) = Medium; (L) = Low	<b>Risk mitigation option</b>
Is the space large enough to implement 2metre physical distancing between participants? (H)	Fewer participants Breakout rooms Physical barriers (shields) 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)	

<b>Risk consideration</b> (H) = High; (M) = Medium; (L) = Low	<b>Risk mitigation option</b>
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
Can shared spaces be cleaned adequately between groups? (H)	Staggered access Adequate staffing to maintain cleanliness
Will the participant's experience of the program be negatively impacted by physical distancing measures? (L)	Prepare participant ahead of time with 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)

### Personal Protective Equipment (PPE) and Cleaning Protocols

Use of PPE and enhanced cleaning are critical as Albertans are increasingly allowed to be out and about in the community. Organizations will need to procure adequate PPE and approved cleaning supplies prior to reopening. They will also need to support and train their staff and familiarize all visitors (program participants and any other visitors to the site) in proper PPE use. 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

<b>Risk consideration</b> (H) = High; (M) = Medium; (L) = Low	<b>Risk mitigation option</b>
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; daily reminders Determine staff/client ratio to include cleaning work
Are PPE/cleaning protocols well communicated? (H)	Posters and signage easily visible
Do staff use shared spaces or equipment? (H)	Reorganize office set up Strict cleaning protocols
Does program require participants and staff to share materials or equipment? (H)	Adapt program to reduce or eliminate shared objects Strict cleaning protocols before, during, and after program

Risk consideration (H) = High; (M) = Medium; (L) = Low	Risk mitigation option
Do participants or staff use shared spaces, cutlery or utensils for meals? (H)	Staggered meal/snack times No sharing of utensils (ask people to bring their own) Frequent cleaning of shared spaces or objects Strict hand hygiene before and after meals
Other considerations and resources	
<ul style="list-style-type: none"> <li>• Service providers can access approved PPE through their own external suppliers, through AHS via the <a href="#">PPE Request Form</a>, or by emailing their needs to <a href="mailto:PESSECC-LOGISTICS@gov.ab.ca">PESSECC-LOGISTICS@gov.ab.ca</a>.</li> <li>• <a href="#">PPE guidelines for health care settings</a>: may be applicable to any care setting</li> <li>• <a href="#">CMOH 23-2020; Environmental Cleaning, p.20</a></li> <li>• <a href="#">PPE Resources</a>: ACDS list of training documents and video on proper use of PPE</li> <li>• <a href="#">CMOH 23-2020, Shared Dining, p.22</a></li> <li>• <a href="#">CMOH 23-2020; Group/Recreational Activities, p.23</a></li> <li>• Consider consulting residential service providers who already have experience with these protocols</li> </ul>	

### 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. Staff may be required to conduct self-checks prior to coming to work and while at work.

If any person displays viral symptoms, the facility will need to have adequate space and capacity to isolate the person 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
Are there policies and procedures for when an individual becomes ill during programming? Does this include isolation, use of PPE, transportation and reporting and arranging for testing of staff? (H)	Train staff on policies and procedures

Risk consideration (H) = High; (M) = Medium; (L) = Low	Risk mitigation option
Is there a plan to isolate and support any individual showing symptoms? (H)	
Is there a communications protocol to notify individuals/families/other service providers in the event of an outbreak? (H)	
<b>Other considerations and resources</b>	
<ul style="list-style-type: none"> <li>• Screening tools and practices (<a href="#">CMOH 23-2020, Visitor Screening, p.40</a>)</li> <li>• Consider consulting residential service providers who already have experience with these protocols</li> </ul>	

## Transportation

Transporting individuals to and from programs may require extra planning. Public transportation creates added risk of exposure to COVID-19 that must be considered alongside the ability of individuals to follow safety protocols. If private transportation is being provided by family or other service providers, appropriate health protocols 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.

[CMOH Order 23-2020 \(page 25\)](#) provides safe transportation guidelines for licensed supportive living and long-term care providers that may be adapted by community access providers including those who operate their own vehicles (vans, shuttle buses, etc.) to provide shared transport options for participants or staff.

## Other Resources

### Most recent public health orders relevant for disability service providers

[Updated Operational and Outbreak Standards for Licensed Supportive Living and Long-Term Care under Record of Decision – CMOH Order 23-2020](#) together with [CMOH Order 12-2020](#): PDD residential services licensed under SLALA are currently subject to these Orders; PDD non-licensed residential services and group homes have been recommended to comply with these standards.

### 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

[Alberta COVID-19 General Relaunch Guidance](#): Includes practical guidance for all operators (except health care settings) including communicating about COVID-19, mental health, screening, hygiene and cleaning, PPE use and responding to illness in staff or volunteers. It also contains a useful template for relaunch considerations. The document should be used if no other sector-specific guidance is available.