



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

May 28, 2020 (replacing 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, CSS has provided [general information for Alberta disability service providers](#).

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 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 Framework²** 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 by itself

² Government of Alberta COVID-19 Information. [Workplace Guidance for Business Owners](#) (updated May 16, 2020). Appendix C: Hierarchy of Control: Infection Prevention and Control Measures to Reduce Risk of Transmission.

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 determining the group size allowed in a particular context is whether an accountable organizational entity is present to ensure physical distancing and other risk mitigation measures (e.g., screening and cleaning).

Community access programs may find the following 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.

- Long-term and continuing care sites are encouraged to support meaningful interactions while respecting physical distancing requirements. Currently, indoor and outdoor group sizes may be as large as 15 people, including participants, staff and other permitted individuals; however, groups are still advised to be ideally as small as possible ([CMOH Order 23-2020, p.23](#), May 25, 2020)
- [Day camps](#) and [childcare](#) settings currently 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](#) are currently allowed groups of 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 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)	
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

Risk consideration (H) = High; (M) = Medium; (L) = Low	Risk mitigation option
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)

PPE and Cleaning Protocols

Use of PPE and enhanced cleaning are especially critical as Albertans are increasingly allowed to be out and about in the community, and in zones where transmission rates remain higher than average. 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, and that they are able to train all visitors (program participants and any other visitors to the site) in 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; daily reminders Determine staff/client ratio to include cleaning work
Are PPE and 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
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

Risk consideration (H) = High; (M) = Medium; (L) = Low	Risk mitigation option
Other considerations and resources	
Resources for PPE access, use and staff training are linked below in the resource section.	
Consider consulting residential service providers who will 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. 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, arranging transportation and reporting and arranging for testing of staff? (H)	Train staff on policies and procedures
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)	
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.	
Consider consulting residential service providers who will already have experience with these protocols.	

Transportation

Transporting individuals to and from programs may be challenging for some time. Access to public transportation may not be easily available. In addition, public transportation creates added risk of exposure to COVID-19 that must be considered 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.

[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.

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

[FAQ on COVID-19 for people with disabilities](#): Provides information in plain language

[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. Community access providers may wish to adapt these standards for their own programming:

- Cleaning protocols and use of PPE ([CMOH 23-2020; Environmental Cleaning, p.20](#))
- Screening tools and practices ([CMOH 23-2020, Visitor Screening, p.40](#))
- Shared dining ([CMOH 23-2020, Shared Dining, p.22](#))
- Guidance for group/recreational activities ([CMOH 23-2020; Group/Recreational Activities, p.23](#))

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. It also contains a useful template for relaunch considerations.

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