

## PANDEMIC PLANNING – COLLECTIVE RESPONSE CALGARY SERVICE PROVIDER COUNCIL

The Calgary Service Provider Council membership met to discuss Pandemic Planning to consider the opportunities for ***collective approaches and responses***.

General issues that apply to all, like Human Resources Policy and impacts, were considered as well as two inter-related support models: residential supports and day programs. Then, a look at how Service Providers might work collectively, sharing staff and other resources, was considered.

The input from this initial discussion could create a more concrete plan. The Service Provider Executive Committee is meeting March 23<sup>rd</sup> to map out communications and resource sharing mechanisms so that our network can act on these recommendations.

Pandemic Planning is an active process responding to fast-changing information. All input is welcome to ensure we can best support the disability community in Calgary.

### 1. RESIDENTIAL SUPPORTS

#### A. Reduced workforce – staff are ill or unable to work

- i. Management to identify and define minimum staffing standard.
- ii. Triage individuals and identify who could go to their family's home or have other support network.
- iii. Provide staff sleeping areas for those working around the clock or working in setting under quarantine
- iv. Opportunity for staff who work in programs that are shut down to provide support to Residential Services
- v. Volunteers and students, neighbours and other informal supports, could be engaged for administrative tasks, cleaning and organizing, answering phones, delivering goods, and driving individuals.

**U of C and BVC social work and disability students:** Could students provide supports, particularly obtaining/stocking supplies, cooking and cleaning, etc.

#### B. HR Policy changes and Management issues

- i. Supported Living Standards licensing needs temporary exemptions workplace adjustments that may fall below ideal standards
- ii. Alberta Labour laws on maximum hours need to be lifted; employee vacation approval and personal travel plans become management issue. Policy changes may infringe on individual rights.

- iii. Policy on right to refuse work, identifying who cannot work (immune and underlying health issues),
- iv. EI availability and support to obtain EI for those quarantined or unable to work;
- v. Ability to share with network names of staff who are unable to work or are quarantined because of high portion of staff who work for more than one organization.

C. Rules and guidance changes

- i. Employees, families and individuals to notify Service Provider of exposure, potential exposure.
- ii. Volunteer supports should be screened and provided training as needed, without necessarily completing vulnerable persons check, to allow for short-term, additional manpower.
- iii. Cancelling all social gatherings, limiting agency visits by individuals before and after appointments.

D. PDD support recommendations

- i. PDD to ensure **GOA Medical Director** orders include explicit reference to disability services so that agencies have directive needed to make emergency decisions. Licensing and accrediting groups (Supported Living Standards and CET) also need to acknowledge suspension of usual situation and standards.
- ii. PDD to co-ordinate housing vacancies in order to create quarantines or as needed
- iii. PDD to arrange for alternative transportation, particularly if Access Calgary unavailable, or service providers have staff to transport who do not have their own transportation
- iv. PDD to purchase and stock supplies that may be needed by residential support workers, service providers, and families.
- v. PDD to accept and cover all costs incurred by general category, not requiring additional coding or breakdown, in order to support crisis, responsive

**RECOMMENDATION  
PDD stores supplies:**

Medical supplies  
Masks  
Medical gloves  
Disinfectant Wipes  
Spray Disinfectant  
Hand Sanitizer  
Fingernail brushes  
Paper Towels  
Tissues  
Disposable dishes and utensils  
Garbage Bags  
Hand/Body Soap  
Laundry Soap  
Dishwasher Soap  
Pedialyte, Pediasure,  
Gatorade

**RECOMMENDATION: PDD transportation coverage**

Taxi service account established by PDD so that all Service Providers can transport staff or clients and bill directly to PDD.

## 2. DAY PROGRAMS

### A. Closing Day Programs

- i. Decision to close: If not directed by GOA Medical Officer, then decision may be based on: (a) Number of participants; (b) Staffing available; (c) Exercising caution.
- ii. Alternative services: consider continuing with a small number of participants and/or using outdoor spaces as weather permits.
- iii. Impact on participants:  
Service Provider will assess each individual in terms of
  - intensity of support needs;
  - impact on family (can individual stay home?);
  - impact on Residential Support program or other people/Service Providers who support the individual.

### B. Staffing Issues

- i. Employees required to inform Service Provider of recent travel, possible exposure and to be encouraged not to work if any potential of exposure.
- ii. Re-deploying Day Program staff as Outreach to attend to an individual in their home is far more labour intensive and would require additional staffing. Also requires advising staff on Working Alone Legislation and covering costs of mileage and cell phones.

### C. PDD Support Recommendations

- i. Ensure other Ministries are informed about Disability Services eg. Individual advised to call 8-1-1 and then the operator did not understand the issue or question – unfamiliar with individuals with disabilities.
- ii. Ensure GOA Medical Director's guidance includes explicit reference to Disability Services Day Programming in order to give Service Providers authority and support for decisions.

### 3. HUMAN RESOURCES POLICY

#### A. Employee absences

- i. Absences and reduction in workforce could be significant if directives are for a full month (i.e. schools closing for a month) or longer, rather than with past crises that were limited to a few days or a week.

Service Providers may have one Pandemic Plan that outlines initial response, but then implications for staffing and support levels could change over time and require a new or significantly enhanced Plan.

- ii. Employees need to be encouraged to report exposure and each Service Provider will need to put in writing their clear direction on when a staff needs to stay away from work or leave work. As well, policies on returning to work are required.

**Tool link:** [CBI Assessment tools](#)

- iii. Vacation policies need to be addressed and may include not allowing vacations. There will be implications post-pandemic for scheduling postponed vacations and the liability of accrued vacation. Service Providers need to clarify any differences in policy if employees knowingly take risks or take risks after formal caution advice was given.
- iv. Service Providers with part-time, occasional and respite employees may have to expand paid sick leave and other policies, at a cost to the Service Provider, in order to encourage appropriate decisions by those staff to self-quarantine or not work.
- v. Personnel working at more than one agency add to the risk assessment. Employers need to know if an employee also works at another agency in order to share information with those other agencies of exposure of that employee. This may conflict with conventional confidentiality guidelines, but is important for the safety of individuals receiving supports.

#### B. Communications considerations

- i. Communications need to be carefully considered, to ensure appropriate precaution without causing panic.
- ii. Communication to families and guardians when services are reduced or cancelled needs to be timely and clear. **Recommendation:** Service Providers survey families and guardians now to find out family capacity to support individual during the day and barriers that might exist or special considerations.
- iii. Important that management make clear that direction and information from official sources will influence management decisions and that employees are

cautioned to not repeat or share information other than from those same sources.

C. Service Provider network considerations and recommendations

- i. Service Provider Council members should, ideally, use the same official sources for information, which will support continuity among agencies.

**City of Calgary:** Calgary Emergency Management Agency (CEMA)  
[www.calgary.ca/CSPS/cema/Pages/home.aspx](http://www.calgary.ca/CSPS/cema/Pages/home.aspx)

**Government of Alberta:** Alberta Health,  
<https://www.alberta.ca/coronavirus-info-for-albertans.aspx>

**Government of Canada:** Public Health Agency of Canada  
<https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>

- ii. Shared portal ([Google Docs](#)) will be valuable for information, samples, and improved communication.
- iii. Pandemic Co-ordinator role established at each Service Provider, and a shared contact list, would allow for easy, centralized information, like employee or individual testing positive and list of public places and other Service Provider sites they have been.

#### 4. EMERGENCY INTER-SERVICE-PROVIDER SUPPORTS

- A. Service Providers should start now and each identify a point person to be part of a Task Force. The Task Force will meet and agree on basic processes for collaborating. The objective will be **creating opportunities for the sector to work together to backstop supports and maximize capacity**, even temporarily, to get through the pandemic period.
- B. Common form will be created and shared where Service Providers can survey, assess and document:
  - employees with their current role, expertise, training
  - employee willingness to take on different role
  - employee availability (shifts, number of hours)
- C. Task Force members will commit to actively communicating among Service Providers, setting up ways to update information (particularly changing staff availability), share forms and information, etc.
- D. Task Force will:
  - articulate guidelines for standards, particularly clearly defining minimum

standards, to ensure Service Providers, all staff and families/guardians are aware of what is acceptable, even in a crisis.

- determine simplest systems (i.e. employee continues to be paid by employer Service Provider)
- identify from within Service Providers or externally, IT expertise and communications expertise to support with tools
- identify and fill placements
- work with each Service Provider to ensure supervision and training is in place to support staff from another agency
- 'hotline' or other immediate, 24/7 communication system required to support changes and movement of people, respond to challenges, concerns about falling below minimum standards, and fix what isn't working
- include a PDD staff person to ensure PDD is informed of planning, decisions and activity

E. Task Force, with additional key Service Provider management, will plan post-pandemic activities: identify ways to celebrate successes, thank Service Provider staff, include families and guardians. In addition, a post mortem should ensure identification of processes that worked, process improvements, and opportunities to apply learnings in non-pandemic times.

## SUMMARY

Pandemic Planning will need to be **active, responsive and allow** for quick changes.

Service Providers will have to **assess needs and impacts** now to initiate a Plan but then those assessments will have to be **active and continuing**. Impacts on individuals and families, may be at one level initially, but become more significant over time as individuals lose their routines, interactions with others, or are receiving a lower standard of support. Temporary supports may not be able to extend the duration of the pandemic necessitating a new plan.

Government agency pandemic response needs to **trust the expertise and advice from the community**, recognize that a crisis requires a reduction in processes and red tape for **quick approvals** and immediate provision of resources.

As well, Service Providers will be able to better respond with **co-ordination among Ministries** and with municipal and federal governments. The more that Disability Services can increase continuity and shared information between jurisdictions, Service Providers will be better able to assess impacts, including closures of supports and programming from other Ministries and levels of government.

Important considerations, such as the limits of AISH to purchase extra medications and supplies, need to be addressed by the GOA, for individuals' well-being and so Service Providers aren't put in position to cover these costs.

An Emergency Inter-Service-Provider Plan to **share employees and resources across Service Providers** is recommended to commence immediately. While there may be limited scale and scope to sharing capacity, it is a plan worth exploring to improve our ability to work as a sector to withstand a pandemic.

*Thank you to Pat Firminger, Regional Executive Director, Allan Govender, Regional Director, Regional Supports and Services; Heather Hansen, Regional Director, Disability Services for joining our Council meeting.*

## **Calgary Region Service Providers**

### **Members:**

Accessible Housing Society, Alberta Council of Disability Services, Calgary Alternative Support Services, Calgary Community Day Services, Calgary Progressive Lifestyles Foundation, Calgary Scope Society, Calgary Society for Persons with Disabilities (CSPD), Calgary Society of Community Opportunities (CSCO), CBI Home Health (AB) Ltd. Partnership, Chrysalis, Columbia College, Community Living Alternative Services (CLAS), Connections Counselling and Consulting Foundation, Developmental Disabilities Resource Centre (DDRC), Excel Society, Foothills Advocacy in Motion Society (FAIM), In-Definite Arts Society, Independent Counselling Enterprises Inc. (ICE), L'Arche Calgary, New Age Services Inc., Optional Rehabilitation Services (OPTIONS), Progressive Alternatives Society of Calgary (PASC), Prospect Human Services Society, Rehoboth Christian Ministries, Resicare Society of Calgary, Resourceful Futures Community Support Ltd., Springboard Centre for Adults with Disabilities, Supported Lifestyles, The Venturers Society, Universal, Rehabilitation Service Agency, Vantage Enterprises Ltd, Vecova, Wheat Country Special Needs Society

### **Associate Members:**

Connect Up with Downs, Janus Academy

### **Executive Committee:**

Alexi Davis, Prospect; Helene de Klerk, New Age; Johh Eng, L'Arche; Ryan Geake, Calgary Scope; Heather-Anne McGilvary, CLAS; Kathryn Melrose, Springboard; Tracey Reece, CASS; Bruce Skorbohoch, Columbia; Erin Waite, Connections; Elaine Yost, Options.

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