

Memo to All Membership/families/guardians & RHA Staff,

May 26, 2020 Updates

From: Chief Executive Officer and Emergency Operating Team (EOT), approved by RHA Board of Directors

RHA Stages for Relaunch of Services

As we all enter into a new stage of relaunching/reopening of our communities, EOT must continue to balance the relaxing of some restrictive measures put into place while still continuing to comply with Alberta Public Health Orders for Supportive Living Environments, congregate group programs (Adult Day Programs; Children Summer camp/respice) and the real risk that the Covid-19 virus is still the same risk to us all as it was when this all started. RHA continues to support vulnerable individuals and must cautiously proceed with how and when to relax some of the many restrictions that have been put into place which ultimately is to safeguard us all.

An individual's service may be different and require adjusting due to the limitation of facility access for group programs, access to staffing resources, budget restraints/lack of funding, Occupational Health & Safety and the Public Health Orders and other government regulations. This is the time to work more collaboratively with family/guardians. Natural family supports for individuals in services has far higher expectations by our Ministry, Community and Social Services. RHA may not be able to entirely meet the total deliverable hours an individual was previously receiving as program ratios of support must decrease in many cases, this means an individual in shared staffing models will likely have increased staffing support for their community access/mobile services/facility based programs, but decreased direct amount of hours in a week as a result. Government funding has not and likely will not increase to manage the increased costs incurred due to Covid. RHA like so many others has serious sustainability challenges now and will for many more months ahead.

This plan has been reviewed and approved by the RHA Board of Directors and the Emergency Operating Team. We appreciate your understanding and patience as we unroll all the details needed to successfully implement a safe return to RHA services. We know this may prompt many more questions than gives you answers at this time. We request that you communicate directly with the program CDP or Team Leader for the individual this impacts and to discuss and explore ways to collectively find the service outcomes that can be supported as we enter into Stage 1.

Thank you,



Ann Marie LePan

Chief Executive Officer

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The Following chart outlines RHA Current Stage and Stage 1 of some relaunching of services. Stage 1 will be implemented as best as we can starting June 1, 2020 and over the next couple of weeks. Stage 2 and 3 is provided only as a potential plan (subject to changes) we currently cannot predict the timelines for stages 2 and 3 at this time. EOT will continue to monitor and evaluate our risks, priorities, capacities and all government compliances:

<p>Current Stage March 13, 2020 – May 31, 2020</p> <p>Transitional Planning time needed to enter Stage 1 June 1- 15, 2020</p>	<ul style="list-style-type: none"> • Creation of Emergency Operating Team (EOT) meeting daily focused on pillars: Operations; Staffing; Logistics; Finance/Policy; Communications/messaging • Creation of PPE (Personal Protective Equipment) and Enhanced Sanitization Teams to support operations. • Creation of internal courier services (Transportation Services). • Establishment of central purchasing and delivery of products, ie. Groceries. • 3 month deferral on RHA mortgages • Tracking all increased costs related to covid expenses, ie. PPE, sick pay, etc. RHA has had limited to no eligibility to apply for many of the federal grants. • Alternative Staffing Model – residential services in self isolation. • 2X day/shift health assessment/body temperature checks for all staff, essential visitors in facilities and individuals in services. • AHS Public Health Order 12-2020/14-2020 compliance followed for all residential homes; commercial facilities; all direct client services • In and out of home respite services suspended • Control what we can control philosophy – priority to ensure health and safety of individuals in service and staff, limit exposures to covid-19 virus. • Creation of 7/7 live in staffing models in residential services. • Staff assigned to only work in one site/location • Creation of virtual supports • Work from home for majority of administration, supervisory staff, managers and leadership teams • On line staff training and communication provided through RHA Central • Communication using email to membership and staff messaging from EOT • Continuous masking if social distancing cannot be maintained
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<p>Cont.</p>	<ul style="list-style-type: none"> • No visitor policy in all facilities, essential service visitors or workers as approved by EOT. • Implementation of Health Assessments and body temperatures upon entry to any facility • Enhanced sanitization and hygiene protocols in place at all times in facilities. • Increased universal practice protocols and staff training. • Tracking all Covid related costs and increased reporting requirements of government funders. • RHA Cafeteria remains closed, no coffee service or usage of cutlery/dinnerware. • Creation of “meal care plan” through a referral process for staff and community in need. (Supported through RHA Collective Kitchen and grant funding from Strathcona County).
<p>Stage 1</p> <p>June 1, 2020 Begin to plan for services to be established, contingent on staffing, capacity maximums, signage, facilities must be ready to support, approved by EOT.</p>	<p>General Operating</p> <ul style="list-style-type: none"> • Maintaining of Emergency Operating Team (EOT) meeting 5X/week focused on pillars: RHA Operations; Staffing; Logistics; Finance/Policy; Communications/messaging • Staff who have been off due to shortage of work will be contacted to determine availability to return to work when recalled. • 2X day/shift health assessment/body temperature checks for all staff, essential service visitors in facilities and individuals in services. • Maintain protocols for continuous enhanced sanitization requirements for all commercial facilities. • Removal of items from commercial facility rooms that are not able to be sanitized in congregated settings. • Post signage for education, social distancing, sanitization, traffic flow and maximum capacity in all facilities. • Implement increased online and virtual staff training to meet training compliances. • Office manager/reception to return to facilities to manage reception by June 3, 2020 • Maintain work accommodations/work from home for administration, supervisory/managers and leadership teams • With increased reopening access and increased exposure, staff must stringently comply to continuous masking with proper AHS surgical/procedure masks at all times while providing direct service supports. <p>Adult and Children Services</p> <ul style="list-style-type: none"> • In-home/out of home hourly respite services may be provided with available resources and adhere to new guidelines to deliver services.

Stage 1

June 1, 2020
Begin to plan for services to be established, contingent on staffing, capacity maximums, signage, facilities must be ready and in place to support, approved by EOT.

- Staff may be able to work in more than one RHA site/other work locations/with individuals that are not in supportive living licensed homes. i.e. Day Programs, respite, CYCC. Best practice guidelines will be to have no more than 2 work assignments. More than 2 assignments must be communicated to Program Director prior to additional work assignments to evaluate risk.
- Follow maximum capacity guidelines for each facility and group activities, day camps (only for non-symptomatic persons) and AHS health orders.
- Triage with available resources to offer out of home respite services, ie. Host Family placements/Respite Home.
- All children/adults attending facility based programs must feel well and be free of the symptoms of illness, individuals will not be allowed to enter facility with symptoms or will be sent home immediately if symptoms develop.
- Individuals who wish to wear a mask while in the program must provide their own. RHA will provide education and support to individuals to use appropriately.
- Enhanced sanitization and hygiene protocols in place at all times in Programs.

Adult Service Day Programs

- Continue to support day programming alternatives through community access, community employment, virtual and/or mobile options.
- Determine Day program service needed as per individual/family request, (limited amount of days and times available for facility programs) – triage, rotational schedules, virtual and development of mobile team supports for individuals **who only** have Community Access, Respite and/or Employment Services and do not currently reside in a RHA Residential Home.
- RHA Cafeteria remains closed, no coffee service or usage of cutlery/dinnerware.
- RHA Transportation for individuals attending Day Program will be limited to maximum capacity requirements per trip, resulting in decreased ability to deliver services. Alternate arrangements may be required to transport individual to/from facility.

Adult Service Residential Homes

- Maintain 7/7 staffing models in residential homes for individuals with higher health risks, Identify smaller homes to return to original staffing models as appropriate.

<p>Stage 1</p> <p>June 1, 2020 Begin to plan for services to be established, contingent on staffing, capacity maximums, signage, facilities must be ready and in place to support, approved by EOT.</p>	<ul style="list-style-type: none"> • Resume visitor access for outdoor/community access only for individuals living in RHA Residential homes. Establish process for visitor booking, guidelines for social distancing. The visitor must provide and wear their own mask at all times. • Alternative Day Programs maintained for individuals living in RHA Residential Homes. Day supports provided by mobile team; in home; in community, employment and virtual programming. • Contact will be made with families who have taken individuals to the family home to consider if returning back to RHA Residential Home is possible. Family may request for individual to return to their RHA home, RHA will require at least 2 weeks to establish staffing supports and prepare for the home set up. Individuals to be tested for Covid, if possible, one week prior to return date or may be subject to 14 days quarantine if required. <p>Children and Youth Service Programs</p> <ul style="list-style-type: none"> • Children Services summer camp/respite service resume following day camp guidelines/public health requirements <p>Visitor/Essential Services</p> <ul style="list-style-type: none"> • Access in commercial facilities and RHA Residential homes will continue to be closed to visitors. • Protocols for drop off/pick up of individuals in day programs will be established, drivers will not be permitted to go into the facility. (Does not include RHA Transportation Drivers). • Essential Services (ie. maintenance & repairs, Homecare) must complete and pass health assessment and body temperature prior to entrance to any RHA commercial facility.
<p>Stage 2</p> <p>TBD Unrefined document subject to changes</p>	<ul style="list-style-type: none"> • Maintaining of Emergency Operating Team (EOT) meeting 5X/week or as needed focused on pillars: Operations; Staffing; Logistics; Finance/Policy; Communications/messaging • Alternative Day Programs maintained for individuals living in RHA Community Homes. Day supports provided by mobile team; in home; in community, employment and virtual programming. • Continue to triage individuals requiring day support, increased rotational supports, virtual and mobile supports established. Group sizes may increase, based on public health order. • Identify all smaller homes to return to original staffing models, homes identified with high risk individuals to remain on 7/7 live in staffing models. • 1X day/shift health assessment/body temperature checks for all staff, individuals in services and visitors.

<p>Stage 2 TBD Unrefined document subject to changes</p>	<ul style="list-style-type: none"> • All individuals who went to family homes have returned to their RHA homes. • Individuals in Residential Homes may go to visit or stay in family/friends' home and be able to return to their RHA Home if passing health assessment/body temperature. • Optional work accommodations/work from home for administration staff or staff who have high health risks. • Enhanced sanitization and hygiene protocols in place at all times in facilities • RHA Cafeteria opens, coffee available. Common use cutlery/dinnerware not provided, individuals to bring their own cutlery, coffee mugs, water bottles, etc. • Start Canada Job Grant positions for QA and HR departments • Individuals going to visit for overnight days at family/friends home and all persons in that home must pass Health Assessment/body temperatures and be non-symptomatic before returning to RHA residential home.
<p>Stage 3 TBD – ongoing Unrefined list subject to changes</p>	<ul style="list-style-type: none"> • Maintain Leadership Team meetings 2-3X/week or as needed focused on pillars: Operations; Staffing; Logistics; Finance/Policy; Communications/messaging • Alternative Day Programs for individuals living in RHA Community Homes are provided opportunity to access Learning Centered Based programming. • Increased use of virtual and mobile supports for training and programming ongoing. • Visitors allowed in all facilities including in homes. • Maintain good sanitization and hygiene practices at all times. • 1X day/shift health assessment/body temperature checks for all staff, individuals in services and visitors entering facilities. • Large gatherings in place. • Full reopening of cafeteria services • RHA Transportation for individuals are operating at full capacity.