

# Risk Reduction Guidance for Group Therapy and In-person Patient/Family Education

Refer to the appropriate AHS websites for a comprehensive listing of all [Infection Prevention and Control](#) (IPC) or [COVID-19](#) specific resources. If you have any questions or comments, contact [ipcsurvstdadmin@ahs.ca](mailto:ipcsurvstdadmin@ahs.ca).

## 1. Background and purpose

- In-person participation can increase the risk of exposure to and/or transmission of communicable diseases (including COVID-19). Therefore, any group activities should be consistent with care goals and/or discharge plans.
- This guidance document:
  - i. provides recommendations for patients, families and healthcare workers (HCWs) participating in:
    - group therapy
    - day programs
    - in-person patient/family education
  - ii. applies to AHS operated and contracted inpatient, ambulatory care/outpatient, continuing care and community facilities and settings.
    - See Section 14 for continuing care-specific guidance.
  - iii. applies to pediatrics, adults, and geriatrics.
- At combined sites/settings, use the more stringent recommendations.
- The guidance provided in this document cannot mitigate all risks.
- Consult your local Infection Prevention and Control (IPC) team for site-specific and/or program-specific strategies.

## 2. Screening

### 2.1 Healthcare Workers (HCWs) including volunteers and contractors

- Self-monitor for symptoms. The daily [Fit for Work Screen](#) is no longer required.
- If respiratory symptoms develop or positive test for COVID-19 (or other respiratory viruses) then refer to:
  - [Attending Work Directive](#)
  - [Changes to the Attending Work Directive Frequently Asked Questions \(FAQ\)](#)
- Stay at home when sick until:
  - all symptoms have improved **AND**
  - feeling well enough to resume normal activities **AND**
  - fever-free for 24 hours without using fever-reducing medications.
- Remain diligent with hand hygiene.

### 2.2 Patients/Residents/Clients

- **Acute care**
  - Inpatients: Twice daily (at least) symptom monitoring using the appropriate screening tool (e.g. [Inpatient Symptom Identification and Monitoring \[Form 21616\]](#) or Connect Care equivalent) prior to attending group therapy/education session.

- Outpatients: Follow direction for “all other settings” below.
  - **Residential treatment**
    - [IPC Recommendations for Residential Treatment Centres](#)
  - **All other settings:** Screen when presenting to the healthcare facility or therapy area, and possibly again at the point-of-care. See:
    - [IPC Resources for Ambulatory Care Clinics \(including Laboratory Collection sites\)](#)
    - [Ambulatory Care Respiratory Communicable Disease Screening Form \(21666\)](#) - follow directions as provided by the form.
  - If "YES" to any screening questions:
    - Symptomatic individuals are recommended to isolate.
    - Refer to:
      - [COVID-19 Info for Albertans – Prevent the Spread](#)
      - Setting-specific [outbreak prevention and control guidance](#)
  - Testing: Follow appropriate testing recommendations based on symptomology (e.g., respiratory, gastrointestinal).
    - Individuals should refer to [COVID-19 Info for Albertans – Symptoms and testing as applicable](#).
      - Use home rapid antigen test if available.
      - If COVID-19 test is positive: Follow the instructions provided by group lead/coordinator.
  - If "NO" to all screening questions: No limitations to participation.
  - Individuals with new symptoms or a change from their usual symptoms should consult their healthcare provider, group therapy leader, or instructor prior to attending.
  - Sites/programs may have additional criteria to consider.
- 2.3 Patients on isolation for any reason in a facility or in the community may be excluded from group therapy and in-person classes.
- Consider other therapy/therapeutic measures in the absence of group activities.
  - Consult with IPC.
- 2.4 Consider keeping a roster of group members to assist in contact tracing should any exposures occur.

### 3. Designated Family/Support Persons (DFSPs) & Visitors

- DFSP/visitor guidance is outlined on the [Family/Visitors of Patients & Residents](#) website.

### 4. Continuous masking & eye protection

- Healthcare workers (HCWs) should consider mask and eye protection in any setting where there are unanticipated or frequent communicable disease exposures, if it is an initial point of contact, or there is greater risk of exposure or transmission.
- See [Updates to Continuous Masking for COVID-19 Frequently Asked Questions \(FAQ\) - June 2023](#).

- Masks/respirators and disposable eye protection should be thought of as a single unit. Immediately change and safely discard both:
  - If one or both becomes visibly soiled or moist/wet;
  - whenever the HCW feels mask may have become contaminated;
  - after care/therapy for any symptomatic patient;
  - when going on breaks or shift change.
- Reusable eye protection can be cleaned and disinfected.
- Additional PPE should always be chosen based on [IPC Point-of-Care Risk Assessment](#).

## 5. Physical environment

Respiratory and gastrointestinal infections tend to spread rapidly in enclosed, small spaces with a large number of people; increasing space between people reduces the risk of transmission.

Display appropriate signage at entrance to encourage immediate hand hygiene.

- 5.1 Physical distance as best as possible in all settings (indoor and outdoor).
- 5.2 Select spaces that are as large as possible, provide for appropriate physical distancing between participants, and are well-ventilated. Ensure walkways between the door and therapy areas provide adequate space.
- 5.3 Group Cohorts:
  - Separate groups may be able to operate in the same space with consideration of adequate distance and minimizing shared items (clean between uses) or intermingling of groups.
  - **Acute care:** Size and composition of groups should be based on cohorting practices, infrastructure and resource limitations. Maintain cohorts as much as possible.

## 6. Hand hygiene

- 6.1 Ensure sufficient [hand hygiene](#) stations and supplies are available and accessible to everyone.
  - Follow Safer Practice Notice [Alcohol Based Hand Rub Safety](#), including completing a Substance Misuse Screen to determine if a Safety Plan for ABHR ingestion should be initiated.
- 6.2 [Performing hand hygiene](#) frequently with ABHR is the preferred method for hand hygiene.
  - If handwashing with soap and water is required or availability of ABHR is limited, then wash with soap and water.
  - Ensure friction and wet time for a minimum of 20 seconds when using soap and water.
- 6.3 Patient moments for hand hygiene include, but are not limited to:
  - upon arrival;
  - prior to any close physical contact;
  - immediately following the use of any shared equipment or close physical contact;
  - at the end of the session.
- 6.4 Assist anyone who is unable to perform hand hygiene independently.
- 6.5 Hand hygiene must be performed by anyone who is accessing PPE supplies.

## 7. Environmental and equipment cleaning

- 7.1 Minimize all non-essential or non-cleanable items. Whenever possible, remaining items are to meet Infection Prevention and Control (IPC) furniture replacement requirements.
  - See [Selection of Furniture and other Non-Medical Items for Patient Areas](#)
- 7.2 Implement daily environmental cleaning.
- 7.3 High touch surfaces
  - Implement **daily** cleaning for all high touch surfaces (twice daily preferable).
  - Use an AHS approved low-level disinfectant.
  - Examples of high touch surfaces include but are not limited to:
    - door knobs
    - light switches
    - handrails
    - workstations
    - eating spaces
    - etc.
- 7.4 Shared items
  - Minimize sharing of common objects wherever possible.
  - Dedicate items to one patient for the duration of the session wherever possible.
  - Ensure all shared items are **cleaned after each use**.
  - Shared items should be cleaned by the user or by a designated staff member.
    - Clean shared items before and after each use.
  - Use an AHS approved low-level disinfectant in a ready-to-use (RTU) wipe.
    - Perform hand hygiene before and after using RTU wipe.
    - Examples of shared items include (but are not limited to): fitness equipment, board games/game pieces and therapy equipment.
    - Note: Cards & other paper materials are excluded. Perform hand hygiene before and after use.
  - Perform hand hygiene before and after use of shared items.

## 8. Animal-assisted therapy

- 8.1 See Best Practice Recommendation: [Animals in Healthcare Facilities](#)
- 8.2 Animal assisted activities and animal assisted therapy (pet therapy) may proceed if:
  - Patients/clients are not on additional precautions; **and**
  - the unit/facility is not experiencing or under investigation for an outbreak.
- 8.3 Animal handlers should self-monitor for symptoms (must be asymptomatic) and should perform hand hygiene between rooms at minimum.
- 8.4 All participants involved in pet therapy must perform hand hygiene before and after contact with the animal.

## 9. Indigenous Spiritual Ceremonies (including sweat lodges and smudging)

- 9.1 Elder/leader and participants should be asymptomatic.
  - **Acute care:** Consult IPC if participant is a patient who is isolated/on additional precautions.
- 9.2 Elder/leader and participants should perform hand hygiene when entering **and** exiting the area in which the ceremony will occur.
- 9.3 Group size should be limited to the physical space being used.
  - Physical distance as best as possible. There is no required minimum distance.
  - Cohort participants as able.
- 9.4 See: [Patient Access to Indigenous Spiritual Ceremonies](#)

## 10. Religious services

- 10.1 Group size should be limited to the physical space being used.
  - Physical distance as best as possible. There is no required minimum distance.
  - Cohort participants as able.
- 10.2 Everyone present should:
  - be asymptomatic
  - perform hand hygiene when entering **and** exiting the area in which the service will occur
- 10.3 **Acute care:** Consult IPC if participant is a patient who is isolated/on additional precautions.

## 11. Outbreaks

- 11.1 Unit-specific cancellation of group activities may occur during acute care outbreaks.
- 11.2 Outpatient and community groups and education sessions may also be affected by outbreaks.
  - Additional measures will be determined on a case-by-case basis.
  - Consult with IPC as needed.
- 11.3 Consider other therapy/therapeutic measures in the absence of group activities.

## 12. Continuing care

- 12.1 Continuing Care includes home care (inclusive of home living and adult day programs), designated supportive living, long term care and hospice.
- 12.2 Continuing care group therapy, and adult or pediatric group/day programs that operate in either an acute care site or a combined site (acute care and continuing care at the same facility):
  - Follow the requirements for acute care (as above) if the program area is not physically separated from acute care.
- 12.3 The following resources should guide program delivery in continuing care:
  - [Routine Practices in Continuing Care](#)

- Setting-specific resources (not an exhaustive list):
  - [Resource Manuals](#)
  - [Recreational, Comfort, Therapeutic and Play Items](#)
  - [Infection Prevention and Control Risk Assessment \(IPCRA\) for Personal Protective Equipment \(PPE\) Selection](#)
  - [Special Situations for Hand Hygiene in Community-based Services](#)
  - [Personal Items and Laundry Tip Sheet for Continuing Care Residents Families and Visitors during COVID-19 Pandemic](#)
  - [Notifiable Disease & Outbreak Management Guides](#) and related additional support materials appropriate to the setting



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