1. Background and purpose

- The guidance provided in this document cannot mitigate all risks.
- This guidance document provides COVID-19 risk reduction recommendations for patients, families and healthcare workers (HCWs) participating in:
  - group therapy (both inpatient and ambulatory care)
  - day programs
  - in-person patient/family education
- In-person participation can increase the risk of exposure to and/or transmission of COVID-19; therefore, any group activities are to be consistent with care goals and discharge plans.
- Should a staff member believe that dangerous working conditions exist that risks their own personal health and safety (or that of others), they should discuss this with their leadership.
- Consult your local Infection Prevention and Control (IPC) team for site-specific and/or program-specific strategies.

2. Daily screening

2.1 Healthcare Workers (HCWs)

- All HCWs are required to complete daily COVID-19 Fit for Work screening before entering the healthcare facility using the applicable paper or online tool.
- Upon completion of the questionnaire, follow all instructions provided about next steps.

2.2 Patients

- Screen patients for COVID-19 symptoms and exposure risk factors prior to attending group therapy/education session.
- Inpatients should undergo (at least) twice daily symptom monitoring using COVID-19 Inpatient Symptom Identification and Monitoring (Form 21616).
- Ambulatory care patients should be screened 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 Lab Collection sites) and Home Care during COVID-19 Pandemic
  - COVID-19 Expanded Testing Algorithm For Ambulatory Care/OPD
  - Ambulatory Care Respiratory Communicable Disease Screening Form (21666) - follow directions as provided by the form.
- If a patient answers "YES" to any of the screening questions, they will not be permitted to attend. These patients should complete the Self-Assessment Tool COVID-19 Testing / Online Booking | Alberta Health Services to determine their need for COVID-19 testing and/or self-isolation.
- If a patient answers "NO" to all of the screening questions, they may participate.
COVID-19 Risk Reduction Guidance for Group Therapy and Patient/Family Education

- If the patient has any other symptoms not identified on the symptom screening/assessment, which are new or a change from their usual symptoms, then they 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 COVID-19-related isolation in the community or in a facility are excluded from group therapy and in-person classes.

2.4 Designated Support Persons (DSPs)/Visitors
- Screen DSPs on arrival to the facility/therapy area using the Daily Designated Family Support and Visitor Screening Questionnaire for Acute Care, Ambulatory, Emergency and Urgent Care.
- DSP/visitor restrictions and exceptions (including parent/guardians accompanying children) are outlined in the COVID-19 Visitor Guidance.

2.5 Keep a roster of group members to assist in contact tracing, should any exposures occur.

3. Continuous masking

3.1 For any group sessions, all participants (patients, HCWs, any permitted DSPs) must adhere to AHS continuous masking requirements. See Directive: Use of Masks During COVID-19.
- Post signs for continuous masking in group therapy areas/classrooms to cue patients, HCWs and DSPs.

3.2 Healthcare Workers (HCWs)
- All HCWs are required to use continuous masking and continuous eye protection.
  - Continuous eye protection must be maintained in any setting where there are unanticipated or frequent COVID-19 exposures, it is an initial point of contact, or there is greater risk of exposure or transmission.
  - See Personal Protective Equipment (PPE) – Frequently Asked Questions.
- Masks/respirators and disposable eye protection should be immediately changed and safely disposed of as a unit when:
  - 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 Point-of-Care Risk Assessment.

3.3 Patients and DSPs
- Perform hand hygiene and don a new procedure mask at the entrance of the facility/clinic (i.e., prior to presenting to group therapy area or classroom).
  - Cloth or homemade masks are not permitted.
  - Non-AHS medical grade masks/respirators can be worn if correctly donned, in good condition, and not visibly soiled.
  - Options for patients that cannot or will not don a mask are provided in Managing Mask Exceptions at Care Facilities Memo on Insite>Tools>COVID-19.
3.4 Resources to assist with continuous masking compliance:

- How to Support Mask Wearing (Patients, HCWs, DSPs)
- Guidance to Help Make Continuous Masking Work for You (HCWs)
- Options and Adaptations for Healthcare Providers to address Patient Communication Challenges in Acute Care, Ambulatory Care and Community Settings (Patients)

4. Physical distancing

4.1 All participants, including HCWs, are to maintain a 2 metre (2m) distance from other individuals throughout the session, including during breaks.

4.2 If there is a physical activity component, increase to 3 metre (3m) distancing where possible.

4.3 Each site/program should limit group sizes to no more than 9 patients to 1 HCW (i.e., 9:1 ratio).
   - This ensures that ratios of patient (plus any required DSPs) to HCW allow for supervision and safety.
   - Size and composition of groups should be based on cohorting practices, infrastructure and resource limitations. Maintain cohorts as much as possible.
   - Limits on group size can also recognize that separate groups may be able to operate in the same space with adequate distance, no intermingling of groups or shared items.

4.4 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.

4.5 Minimize (as much as possible) the duration of any close physical interaction between the HCW and patient to only what is absolutely necessary for therapy purposes.

5. Hand hygiene

5.1 Ensure sufficient hand hygiene stations and supplies are available and accessible to HCWs and patients.
   - 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.

5.2 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.

5.3 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.
5.4 Assist patients who are unable to perform hand hygiene independently.

5.5 Hand hygiene must be performed immediately before accessing PPE supplies (patients, HCWs, DSPs).

6. **Disinfection and cleaning**

6.1 **High touch surfaces**

- Room and work surfaces that are touched frequently (e.g., counter or tabletops, door handles, etc.) should be cleaned/disinfected using AHS-supplied disinfection products.

- At minimum this should be done:
  - before starting each day;
  - when returning from breaks/lunch;
  - at the completion of the session.

6.2 Minimize the sharing of common objects wherever possible, e.g., patients should use their own pen rather than sharing pens with others.

6.3 Dedicate equipment to one patient for the duration of the session wherever possible.

6.4 Clean and disinfect (i.e., “wipe down”) any shared equipment/items or common objects that multiple individuals will touch between each patient use and after each session.

6.5 Place on a separate and dedicated clean space.

7. **Limits on activities**

7.1 No singing or musical wind or brass instruments are permitted.

7.2 No communal food service is permitted (e.g., coffee stations).

8. **Animal-assisted therapy**

8.1 Animal assisted activities and animal assisted therapy (pet therapy) may proceed if:

- patients are not on additional precautions; and
- the unit/facility is not experiencing or under investigation for a COVID-19 outbreak.

8.2 Animals must meet all recommendations in Animals in Healthcare Facilities.

8.3 Animals must be fully immunized and free of disease, with required documentation provided to the appropriate team (i.e., Volunteer Resources, Recreation Therapy, or the site manager);

8.4 Animal handlers must follow COVID-19 risk reduction measures including physical distancing between patients, physical distancing between patients and animal handlers (as best as possible), daily screening, continuous masking, and hand hygiene.

8.5 All patients involved in pet therapy must perform hand hygiene before and after contact with the animal.

9. **Sweat lodges**

9.1 Group size should be limited to no more than 4 participants to 1 HCW (i.e., 4:1 ratio) to ensure adequate safety and supervision. Cohort participants where possible.

9.2 Participants should be screened for symptoms.
9.3 Continuous masking
- Participants should continuously mask until entering the sweat lodge.
- Mask must be worn again upon exit.

9.4 Physical distancing should be maintained as best as possible, especially when masks are not being worn.

10. Outbreaks
10.1 Unit-specific cancellation of group activities may occur during outbreaks.
10.2 Outpatient groups and education sessions may also be affected depending on the nature of the outbreak.
10.3 Consider other therapy/therapeutic measures in the absence of group activities.