

# COVID-19: Risk Reduction Guidance for Group Therapy

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## 1. Note to participants

Any group activities are to be consistent with care goals and discharge plans. The in-person participation required for group therapy can increase the risk of exposure to and/or transmission of COVID-19. Following the guidance provided in this document cannot mitigate all risks. Should a staff member believe that a dangerous working condition exists that risks their own personal health and safety, or that of others, they should discuss this with their leadership before leading group therapy.

## 2. Overview

The purpose of this guidance document is to provide patients and healthcare workers (HCWs) participating in group therapy (both inpatient and ambulatory care) with COVID-19 risk reduction recommendations.

## 3. Daily screening

- 3.1 HCWs are required to complete daily online Fit for Work screening before entering the healthcare facility, using the "standard" (non-continuing care) questionnaire or AHS Fit for Work app (<https://www.albertahealthservices.ca/topics/Page17076.aspx>).
- 3.2 Patients are required to be screened for COVID-19 symptoms and exposure risk factors prior to attending group therapy.
  - 3.2.1 Inpatients should undergo daily symptom monitoring.
  - 3.2.2 Ambulatory Care patients should be screened when presenting to the healthcare facility, and possibly again at the point-of-care. See [COVID-19 Expanded Testing Algorithm For All Ambulatory Care/OPD](#).
- 3.3 If a patient or HCW answers "YES" to any of the screening questions, they will not be permitted to attend group therapy. Such individuals must self-isolate and complete the Self-Assessment Tool [COVID-19 Testing / Online Booking | Alberta Health Services](#) to determine their need for COVID-19 testing.
- 3.4 If a patient or HCW answers "NO" to **all** of the screening questions, they can participate in group therapy.
  - 3.4.1 If the patient has any other symptoms not identified on the screening questionnaire, which are new or a change from their usual symptoms, then they should consult their healthcare provider or group therapy leader prior to attending group therapy.
- 3.5 Patients on isolation or quarantine are excluded from group therapy.
  - 3.5.1 In certain situations, asymptomatic fully vaccinated outpatients with certain exposure risk factors may be able to attend. See [COVID-19 Expanded Testing Algorithm For All Ambulatory Care/OPD](#).
  - 3.5.2 A patient is considered to be fully vaccinated if it has been more than 14 days since the 2<sup>nd</sup> dose of a 2-dose series (or from the 1<sup>st</sup> dose in a single-dose series).

## 4. Continuous masking

- 4.1 For any group sessions, all participants must adhere to AHS continuous masking requirements whenever possible (<https://insite.albertahealthservices.ca/tools/Page24798.aspx>; <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-ppe-continuous-use-guidance-masking.pdf>).
- 4.2 AHS-supplied procedure masks must be used by all patients and HCWs. Cloth masks that cover the nose and mouth are not permissible. Patients who are unable to wear AHS-supplied procedure masks should bring their concerns forward to their healthcare provider in advance of the session.
- 4.3 [Guidance to Help Make Continuous Masking Work for You](#) and [Options and Adaptations for Healthcare Providers to address Patient Communication Challenges in Acute Care, Ambulatory Care and Community Settings](#) can assist with compliance to continuous masking.
- 4.4 [Eye protection recommendations](#) have been updated. PPE should always be chosen based on [Point of Care Risk Assessment](#).

## 5. Physical distancing

- 5.1 Group therapy participants, including HCWs, are to maintain a 2 metre (2m) distance from other individuals throughout the group therapy session, including during breaks.
- 5.2 If group therapy has a physical activity component, increase to 3 metre (3m) distancing where possible.
- 5.3 Each site/program should limit group sizes to 9 patients to 1 HCW (i.e., 9:1) or less. This ensures that ratios of patient/designated support persons to HCW allow for supervision and safety. Size and composition of groups can be based on cohorting practices and infrastructure or resource limitations. 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.
- 5.4 To support safe group therapy, the following are recommended:
  - i. Hand hygiene for patients and HCWs, using either alcohol-based hand rub or washing with soap and water, is required:
    1. upon arrival
    2. prior to any close physical contact
    3. immediately following the use of any shared equipment or close physical contact
    4. at the end of the group therapy session
  - ii. Select group therapy 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.
  - iii. As much as possible, minimize the duration of any close physical interaction between the HCW and patient to only what is absolutely necessary for therapy purposes.
  - iv. Where possible, equipment should be dedicated to one patient for the duration of the session.
  - v. Any shared equipment/items should be wiped down (cleaned and disinfected) after use and placed on a separate and dedicated clean space.
  - vi. Masking should be maintained throughout all group therapy sessions.
  - vii. HCWs should keep a roster of group members to assist in potential contact tracing.

## 6. Outbreaks

- 6.1 Unit-specific cancellation of group activities may occur during outbreaks. Outpatient groups may also be affected, depending on the nature of the outbreak. Other therapeutic measures should be considered in the absence of group activities.

## 7. Hand hygiene and disinfection

- 7.1 AHS-supplied hand sanitizer should be made available to patients and HCWs. 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.
- 7.2 Hand hygiene, using either alcohol-based hand rub or washing with soap and water, should be performed frequently. This especially includes at the start of group therapy, after any breaks, after touching objects/surfaces that are touched frequently by more than one individual, and before taking part in any close, physical contact activities.
- 7.3 Room and work surfaces (e.g., counter or tabletops, door handles, etc.) that are touched frequently should be cleaned/disinfected using AHS-supplied disinfection products before starting each day, returning from breaks/lunch, and at the completion of the session, at minimum.
- 7.4 Wherever possible, minimize the sharing of common objects. For example, patients should use their own pen rather than sharing pens with others. Common objects or equipment that multiple individuals will touch should be disinfected before use and in-between uses.

## 8. Limits on activities

- 8.1 No singing or musical wind or brass instruments are permitted.
- 8.2 No communal food service, such as coffee stations, are permitted.



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