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 13 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. Daily screening

2.1 Healthcare Workers (HCWs) including volunteers and contractors

- 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/Clients

- **Acute care**
  - Inpatients should undergo (at least) twice daily symptom monitoring using [COVID-19 Inpatient Symptom Identification and Monitoring Form (21616)](#) prior to attending group therapy/education session.
  - Outpatients should follow direction for “all other settings” below.

- **Residential treatment**
  - [AHS COVID-19 Expanded Testing Algorithm for Residential Treatment Centres](#)
  - [IPC Recommendations for Residential Treatment Centres](#)
• **All other settings**
  
o Patients/clients 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 Laboratory Collection sites)]
  - [AHS COVID-19 Assessment Algorithm for all Ambulatory Settings]
  - [Ambulatory Communicable (Respiratory) Disease Screening Form (21666)] follow directions as provided by the form.

  - If a client/outpatient answers "YES" to any of the screening questions, they will not be permitted to attend. They should complete the Self-Assessment Tool COVID-19 Testing / Online Booking | Alberta Health Services to determine their eligibility for COVID-19 testing and the need for self-isolation.
  
  - If a client/outpatient answers "NO" to all screening questions, they may participate.
  
  - If the patient/client/resident has any new symptoms 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 may be excluded from group therapy and in-person classes.

- Consider other therapy/therapeutic measures in the absence of group activities.
- Consult with IPC and/or Public Health as needed.

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 [Designated Family/Support Person & Visitor Access website](#).

4. **Continuous masking & eye protection**

- Patients/clients and DFSPs should perform hand hygiene and don a new procedure mask at the entrance of the facility/clinic 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 individuals that cannot or will not don a mask are provided in [Managing Mask Exceptions at Care Facilities Memo](#) on Insite > Tools > COVID-19.
- Maintain masking throughout all group therapy/education sessions. Masks should remain in place unless a HCW requests removal.
4.1 Patients/ Clients

- All participants (including any permitted DFSPs) 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/clients, HCWs and DFSPs.
- Consider alternate therapy options (including virtual) if attendees cannot or will not continuously mask.
- Consult with local IPC team as needed.

4.2 Healthcare Workers (HCWs)

- Use continuous masking and continuous eye protection.
  - Continuous eye protection is recommended in any setting where there are unanticipated or frequent COVID-19 exposures, if 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 (PCRA).

4.3 Resources to assist with continuous masking compliance:

- Educate and post signage to encourage appropriate mask use:
  - Patients: When & How to Wear a Mask
  - Masks Required
- Other resources:
  - How to support mask wearing (Patients, HCWs, DFSPs)
  - Options and Adaptations for Healthcare Providers to Address Patient Communication Challenges in Acute Care, Ambulatory Care and Community Settings (Patients, Clients)

5. Physical distancing and space

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

5.2 All other settings: Maximize physical distancing as best as possible.

- Where physical distancing cannot be maintained clients should be masked.
- Symptomatic clients must be masked.
5.3 **For Outdoor group activities:** Patients/clients must mask if physical distancing cannot be maintained.

5.4 Each site/program should limit group sizes as needed to ensure that ratios of patient (plus any required DFSPs) to HCW allow for supervision and safety.
   - 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.

5.5 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.

5.6 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.

### 6. Hand hygiene

6.1 Ensure sufficient **hand hygiene** stations and supplies are available and accessible to HCWs and patients/clients.
   - 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 patients/clients who are unable to perform hand hygiene independently.

6.5 Hand hygiene must be performed *by anyone* who is accessing PPE supplies.

### 7. Disinfection and cleaning

7.1 **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.
   - As per IPC Routine Practices, this should be done at minimum:
     - before starting each day;
     - when returning from breaks/lunch;
     - at the completion of the session.
7.2 Minimize sharing of common objects wherever possible. If equipment/items or common objects must be shared, clean and disinfect (i.e., “wipe down”) between each patient use and after each session.

7.3 Dedicate equipment to one patient for the duration of the session wherever possible. Place on a separate and dedicated clean space.

8. Limits on activities
8.1 No singing or musical wind or brass instruments are permitted in non-continuing care settings.
8.2 No communal food service is permitted (e.g., coffee stations) in non-continuing care settings.

9. Animal-assisted therapy
9.1 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 a COVID-19 outbreak.
9.2 Animals must meet all recommendations in Animals in Healthcare Facilities.
9.3 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).
9.4 Animal handlers must follow COVID-19 risk reduction measures including physical distancing between participants, physical distancing between participants and animal handlers (as best as possible), self-symptom monitoring (must be asymptomatic), continuous masking, and hand hygiene.
9.5 All participants involved in pet therapy must perform hand hygiene before and after contact with the animal.

10. Sweat lodges
10.1 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.
10.2 Elder/leader and participants should be asymptomatic.
   - Acute care: Consult IPC if participant is a patient on additional precautions.
10.3 Elder/leader and participants should perform hand hygiene when entering and exiting the area in which the ceremony will occur.
10.4 Continuous masking:
   - Participants should continuously mask until entering the sweat lodge.
   - Mask must be worn again upon exit.
10.5 Physical distancing should be maintained as best as possible, especially when masks are not being worn.
11. Smudging ceremonies

11.1 Group size should be limited to the physical space being used.

- Physical distancing should be maintained as best as possible, especially when masks are not being worn.
- Cohort participants where possible (e.g., to same family and/or household).

11.2 Elder/leader and participants should be asymptomatic.

- **Acute care:** Consult IPC if participant is a patient on additional precautions.

11.3 Elder/leader and participants should perform hand hygiene when entering and exiting the area in which the ceremony will occur.

11.4 Continuous masking:

- Elder/leader should maintain continuous masking throughout ceremony.
- Participants should continuously mask until they are actively participating in the ceremony. Mask must be worn again once they are not actively participating.

12. Religious services

12.1 Group size should be limited to the physical space being used.

- Physical distancing should be maintained as best as possible.
- Cohort participants where possible (e.g., to same family and/or household).

12.2 Leader and participants should:

- be asymptomatic
- perform hand hygiene when entering and exiting the area in which the service will occur
- maintain continuous masking throughout the service

12.3 **Acute care:** Consult IPC if participant is a patient on additional precautions.

12.4 No shared items as part of religious ceremonies (e.g., communion).

13. Outbreaks

13.1 Unit-specific cancellation of group activities may occur during acute care outbreaks.

13.2 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 and/or Public Health.

13.3 Consider other therapy/therapeutic measures in the absence of group activities.

14. Continuing care

14.1 Continuing care includes home care (inclusive of home living and adult day programs), designated supportive living and long-term care.
14.2 For continuing care group therapy, group programs and adult 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.

14.3 The following resources should guide program delivery in continuing care:

- **Routine Practices in Continuing Care**
- **Additional precautions including:**
  - Directive: Attending Work with COVID-19 Symptoms or a Positive COVID-19 Test (AHS owned and operated only) or operator specific policy related to staff wellness screening
  - COVID-19 Continuing Care Resident Screening Tool or Resident Daily Screening Questionnaire for symptom screening when clinically indicated
- **Resource Manuals** for the setting including:
  - Recreational, Comfort, Therapeutic and Play Items
  - Point-of-Care Risk Assessment (PCRA) Algorithm
  - 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
- **Outbreak Management**
  - Use guide appropriate to the setting
- **Personal Protective Equipment (PPE)** resources including:
  - Directive: Use of Masks
  - Guidelines for Continuous Mask and Eye Protection Use Home Care and Congregate Living Settings
  - Continuing Care - PPE FAQ