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Welsh Government

GUIDANCE

# Interim Operational guide on the safe recovery of routine community group interventions following the initial COVID-19 response

Guidance for health and social care staff delivering therapeutic groups in community settings.

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## Interim operational guidance

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The NHS and its partners in Wales are moving towards recommencing routine work in health and other community settings.

Infection prevention and control is a hugely important component of this next phase to reduce the risk of transmission of the coronavirus.

This guidance is intended for health, social care and third sector services delivering therapeutic interventions. There is a need to recognize the value and importance of therapeutic groups in providing advice and expert management, enabling optimization, behavior change and self-management to support what matters to the individual. These can be undertaken in a small and controlled manner across settings.

Principles of infection prevention and control must remain at the forefront of planning.

Services will have maintained or already safely re-introduced care interventions for individuals needing one to one support, which might include distance consultation using digital technologies or face to face consultations for those judged at higher levels of need, following generic PHW advice and guidance specific to **NHS hospital settings**. Where existing arrangements meet an individual's clinical need this approach should continue.

Some individuals requiring therapeutic group interventions can have their needs met remotely; others will require that these be delivered face to face. For such group work to recommence the following principles should be followed;

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1. A documented, formal COVID-19 risk assessment of the proposed physical or digital environment and materials. Such assessments are necessarily dynamic, may need regular review and will take into account factors such as local transmission rates and local public health advice.
2. It is anticipated group work will be undertaken in community locations such as integrated care, local authority, leisure and third sector settings, rather than in acute health settings. Such locations should follow COVID-19 guidance for both health and where helpful, hospitality settings; rooms should be large and well-ventilated, allowing 2 metres of separation between group members. Hand sanitisation on entry and leaving the group and the cleaning of chairs, surfaces and toilet facilities between each session are essential to reduce risk. Principles such as communication, signage, social distancing, infection control, general, staff and office areas, etc. in line with current operational guidance should be followed. Refreshments should not be provided, individuals could bring their own drinks in their own containers but must take them away with them. A record should be kept of group participant contact details and informed consent. The group facilitator should ensure that social distancing is maintained wherever possible, and all attendees including the facilitator must wear a face covering indoors in line with current guidance. Participants should be asked about whether they have any symptoms suggestive of coronavirus and should be given clear instructions as to what to do should they develop them. They should inform the group facilitator if symptoms develop, and should be instructed to contact Test, Trace and Protect. Participants who have been instructed to self-isolate or quarantine for any reason should not attend the group during that period.
3. A documented formal risk assessment including the benefits of each individual participating in group work, considering factors such as whether they might be at raised risk if they contract virus; e.g. concurrent health conditions, medications, age etc. and/or whether they would be able to comply with social distancing, to ensure the safety of others in the group. There may be cases where physical health risks will outweigh the benefits of group work. **Where an individual lacks mental capacity in relation to these matters, you may wish to access additional guidance.** If an individual will struggle to maintain social distancing, they should not access groups at this time.

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4. A documented formal risk assessment of staff undertaking group work should be maintained, again taking into account their individual personal risks, in line with relevant employment procedures.
5. For the time being, participant numbers should be limited to the maximum for therapeutic benefit of the group and space available to enable social distancing.
6. Drop-in open access groups should not continue at present, due to the inability to control numbers attending and the possibility of crowding outside the venue. Pre-registration is required to ensure sufficient social distancing and safety protocols can be followed.
7. It is appropriate and encouraged to offer some groups via digital technologies. Providers should operate under the principle of service user need and choice and maximizes the update of therapeutic interventions whilst safeguarding participants and avoiding exclusion of those most vulnerable.

## About this document

This document is a copy of the web page [Interim Operational guide on the safe recovery of routine community group interventions following the initial COVID-19 response](#) downloaded.

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