

**Group Work Safety Considerations in light of Covid-19**

In March 2020 the required social / physical distancing measures to protect the NHS and in turn Service Users and Staff within the Forensic Directorate from Covid-19 resulted in the delivery of therapeutic group work being suspended.

This guidance is a working document as part of the service wide restoration. It is intended to cover points to be considered as the landscape changes and we find ourselves in a position to be offering groups with a mixed population from all wards on Sandon and Sycamore.

**Issues to consider -**

**Environment:**

* Small group-based interventions should be provided in areas large enough to adhere to social distancing requirements, e.g. outside (whilst maintaining confidentiality) or in large enough rooms that are regularly cleaned and well ventilated.
* Observation levels will need to be considered in the numbers to ensure social distancing.
* Size of room (agreed number of people room can safely accommodate).
* Furniture arranged in preparation for the number of anticipated attendees in the session. Additional furniture removed.

**PPE:**

* Current PHE guidance for use and potential impact on therapeutic rapport and group dynamics. All forms of PPE hold the risk of presenting a psychological and emotional barrier between therapists and service users so the impact of this needs to be considered carefully in the group setting.
* Consider the impact on your communication and the service user’s understanding. There will be additional energy required to concentrate and interpret non-verbal communication for both parties. Allow extra time for processing and repetition during the session and time between sessions to rest your voice and keep hydrated.
* Please access the communication and voice care training before delivering group sessions.

**Infection Control:**

* Consider availability of hand sanitiser and frequency/availability of hand washing facilities.
* Shielding service users require enhanced infection control measures i.e. items cleaned to a high standard and use new items only. Activity-based intervention should be guided by a protocol.
* If the service user is known to have current infection they should not attend the group.
* Condense use of materials, objects and tools to those that can be wiped clean and disinfected, and those which can be disposed after one use.
* Equipment to be stored in lidded containers to prevent contamination when not in use.
* Materials, objects and tools should be individually used by service users, not shared.
* Clean and disinfect materials, objects and tools before and after use.
* Used items waiting to be cleaned should be stored separately from clean and unused items.

**Time considerations:**

* Length of time group runs for (consider the evidence base regarding infection e.g. risk increases with prolonged exposure to others).
* Time for facilitators to prepare space before, and clean space and equipment after the group.
* Additional attention and concentration required to process information may mean service users require more time following the session before further activity demands are made.
* Consider additional demand for cover that may arise due to staff shielding.

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**References**

National Association of Psychiatric Intensive Care Units (2020) ***Practice issues and guidance on delivering and managing occupational therapy and activity-based intervention in PICU in the context of Covid-19*** (NAPICU, June 2020)

The British Psychological Society ***Returning to the workplace: Safety Considerations for Practicing Psychologists*** (BPS, 3.6.20)