

# Restoration of rehabilitation services

## Advice for NSW health services

### Preamble

The NSW public health response to the coronavirus pandemic has been impressive, with the number of new infections now below ten a day and recent modelling demonstrating a less pronounced and postponed surge.

As such, the NSW Ministry of Health has asked the Clinical Communities of Practice to develop guidelines and principles for service restoration. The aim is to develop a gradual and controlled process to resume rehabilitation services as NSW Health services return to a modified level of business as usual in the aftermath of the COVID-19 pandemic.

This document represents the principles for restoration of rehabilitation services in NSW. These principles need to be taken into consideration with reference to the local health district's (LHD) COVID-19 response, specific to rehabilitation services.

The principles are aimed at LHDs, individual hospital chief executives and directors or senior representatives of rehabilitation services, to guide discussions and planning for the graduated resumption of rehabilitation services and community health. It is expected that local directors of allied health or heads of department will contribute to, and play an integral part in planning for any graduated resumption of post-pandemic rehabilitation services.

The infection control team in each LHD should review the implementation of these principles in accordance with current local practice.

These principles also apply to paediatric rehabilitation services. The Rehabilitation Community of Practice (COP) is mindful that some services are specific to children and adolescents, such as school visits, and training of families or carers in ongoing care of children and adolescents with a disability. However, it is understood that the restoration of rehabilitation services for children and adolescents will be decided by individual LHDs and may vary on a case-by-case basis. These principles are provided as a reference to assist that decision making.

### Guidance for restoration of services

1. Inpatient therapy groups for allied health or nursing therapy and community access trials
2. Face-to-face occupational therapy home assessments with patients
3. Home-based rehabilitation with dedicated teams
4. Community admissions to inpatient rehabilitation
5. Gate or day leave
6. Face-to-face outpatient services
7. Face-to-face home rehabilitation services with non-dedicated teams
8. Clinically indicated outpatient therapy groups for allied health or nursing therapy

## Document methodology

This document was written by the members of the Rehabilitation COP with guidance and recommendations from a number of sources. The COP is comprised of over 100 rehabilitation clinicians including medical, nursing and allied health professionals from LHDs and speciality health networks (SHNs) across NSW. Members were asked to consider their usual rehabilitation service offerings and how these had been suspended or changed as a result of COVID-19. A stepped approach to how full rehabilitation services could resume in a safe, gradual manner was the focus of three weekly meetings. Members agreed that the key principles were staff and patient safety, risk management and appropriate use of personal protective equipment (PPE) where indicated, and that these factors would vary depending on the type of rehabilitation being offered and the care setting. Guidance from the Clinical Excellence Commission (CEC) was the primary source of information used to develop this stepped approach.

Resources used for preparation of this document include:

- NSW Agency for Clinical Innovation. [Evidence Check: Rehabilitation Needs of Post-Acute COVID-19 Patients](#). Sydney: ACI; 2020.
- British Society of Rehabilitation Medicine. [Rehabilitation in the wake of Covid-19 - a phoenix from the ashes](#). Issue 1. BRSM; 2020.

All advice in this document is consistent with:

- NSW Health:
  - [Guidance for Risk Screening and Assessment for Home Visiting Health Services](#). (updated 20 September 2020)
  - [Guidance for Outpatient Clinics](#). (updated 8 July 2020)
- The Clinical Excellence Commission:
  - [COVID-19 Infection Prevention and Control: Guidance for Home Visits](#), version 1 (published 14 May 2020) and [COVID-19 Infection Prevention and Control: Guidance for Community, Primary and Outpatient Setting](#), version 2 (published 22 May 2020)
  - [COVID-19 Infection Prevention and Control: Management of COVID-19 in Healthcare Settings](#), version 3.2 (published May 2020)

- Commonwealth Dept. of Health, [The CDNA National Guidelines for Public Health – Coronavirus Disease](#), 2019 (COVID-19) version 3.8 (published 24 August 2020)

## Notes for consideration

- For the purposes of this document:
  - ‘COVID-19 patients’ or ‘COVID-19 positive’ refers to patients that have been diagnosed with SARS-CoV-2 and require rehabilitation in the aftermath of this illness to regain normal function. ‘Non-COVID-19’ patients or ‘COVID-19 negative’ patients are those who require rehabilitation as a result of another medical or traumatic episode e.g. amputation, hip fracture, frailty reconditioning.
  - ‘Dedicated’ community team or clinician refers to a team or clinician that only sees patients in the community or home-based setting and does not have contact with patients in the acute setting.
  - A ‘non-dedicated’ team or clinician sees patients in both the community or home-based and acute settings.
- Telehealth or telerehabilitation should be considered as an appropriate alternative model of care delivery in situations where provision of a rehabilitation service poses a potential risk to the safety of staff. Telehealth may not be suitable for all patients, particularly those who have specific communication needs (e.g. sign language interpreters). Each healthcare setting will need to review their lists of patients to determine the level of support, care or treatment that is required. The level of support provided must take into consideration of the risk and benefit of face-to-face therapy or appointments versus telehealth options, or a combination of both.

## Proposed order or hierarchy of service restoration according to departmental advice

It is important to read this document as advice for a stepwise reintroduction of rehabilitation services. It outlines key guidance that considers what may be an increasing risk profile of service modality. This service restoration advice is in the context of low community transmission and low active case incidence.

The order of restrictions and operational issues associated with each change in recommendation should be considered at the individual facility and LHD level, taking into consideration the safety of patients, staff, carers, support persons and others involved in the assistance and care of an individual person. Special consideration will need to be given to those with disabilities requiring assistance for daily tasks, support persons and carers, persons residing in assisted living environments and those with challenging behaviours as a consequence of their disease or disability.

Local factors, such as the number of COVID-19 cases in hospitals and the local community, the level of training of staff and available hospital resources, will affect interpretation of this hierarchy of risk to patients and staff.

1. The resumption of inpatient therapy groups for allied health or nursing therapy and community access trials.
2. Clinically indicated face-to-face occupational therapy (OT) home assessments allowed with appropriate PPE as clinically required and LHD consent.
3. Clinically indicated face-to-face home-based rehabilitation with dedicated community teams, including transitional aged care programs, allowed with LHD consent, and reference to this document, [CEC Guidance for Home Visits](#) and [Australian Government Department of Health Coronavirus Guide for Home Care Providers](#).
4. Clinically indicated admissions from the community for those who may be at risk of emergency department admission and those who are likely to benefit from inpatient rehabilitation allowed with LHD consent and reference to this document.

5. Clinically indicated day or gate leave allowed with LHD consent and reference to this document.
6. Clinically indicated face-to-face outpatient rehabilitation services allowed with appropriate access to PPE as clinically required, LHD consent and reference to this document and [CEC Guidance for Primary, Community and Outpatient Settings](#).
7. Clinically indicated face-to-face home-based rehabilitation with non-dedicated teams, who are able to work across different clinical settings, allowed with reference to this document and [CEC Guidance for Home Visits](#), and LHD consent.
8. Clinically indicated outpatient therapy groups for allied health or nursing therapy allowed with reference to this document and [CEC Guidance for Primary, Community and Outpatient Settings](#).
9. Full services.

### 1. Inpatient therapy groups for allied health or nursing therapy and community access trials

**This section is to be read with reference to the LHD isolation policy and any existing group therapy or community visiting policies.**

1. Clinically indicated and approved by the director of rehabilitation, or most senior representative of the rehabilitation service, in agreement with the director or head of allied health and nursing unit manager.
2. These groups and community access trials are specifically designed for COVID-19 negative inpatients and those who were COVID-19 positive and now satisfy the de-isolation criteria (outlined in the Communicable Diseases Network Australia's (CDNA) [COVID-19 Guideline](#) 'Release from isolation' criteria).
3. Separate arrangements need to be undertaken for COVID-19 positive groups, in accordance with LHD policies on isolation.
4. All patients should undergo a risk assessment prior to service commencement in accordance with the [CEC Guidance for Management of COVID-19 in Healthcare Settings](#). The outcome of the risk assessment screening process should be documented in the patient's medical record.

5. Staff should be mindful of promoting compliance with physical distancing while providing a service where possible, noting that children, adolescents and adults with intellectual or developmental disability are less likely to be able to immediately comply with physical distancing and risk mitigation strategies and instructions.
6. In the event that family and paid support staff are required for essential participation with patients, they may be included in these groups, e.g. children and adults with severe disabilities who request this support.
7. It is not appropriate for 'generic' carers to join these groups as these groups refer specifically to inpatient therapy.
8. Where it is clinically indicated for a patient to require a community access service, including, but not limited to, catching public transport, shopping and banking, patients should satisfy a risk assessment screen (see section 3.3 and 3.4). Community access services should be considered only for those who satisfy the criteria of the risk assessment screen. The decision regarding whether the community visits can go ahead should be made on a case-by-case basis by the director of the rehabilitation service or most senior representative of the rehabilitation service. Caution should be exercised for community visits for immunocompromised and vulnerable patients.
9. The patient should wear a surgical mask if:
  - they have been unwell with fever or cough
  - they satisfy the risk criteria
  - the rehabilitation service is deemed urgent or clinically necessary with no alternative method of delivery available.

Infection control procedures should be adhered to during the treatment, in accordance with the the NSW Health [Guidance for Risk Screening and Assessment for Home Visiting Health Services](#), [Guidance for Outpatient Clinics](#) and the [CEC Guidance for Home Visits](#).

10. Any transportation of the patient needs to occur in accordance with the [CEC Guidance for Home Visits](#).
11. During a community access service, [NSW Physical Distancing guidelines](#) should be followed.
12. The CovidSafe app is encouraged for use by the patient and those supporting the patient when out in the community.

## 2. Face-to-face occupational therapy home assessments with patients

**This section is to be read with reference to the [CEC COVID-19 Infection Prevention and Control: Guidance for Home Visits](#).**

1. Clinically indicated and approved by the director of the rehabilitation service or most senior rehabilitation representative of the service, in consultation with the relevant directors or department heads of allied health.
2. Consideration should be given to excluding patients if they do not satisfy a routine risk assessment, in accordance with the [CEC Guidance for Home Visits](#). Risk assessments should, among other things, screen for the likelihood of unpredictable behaviours which may put the safety of the patient or others at risk and take into account a person's behaviour support plan, where applicable. Mitigation strategies should be employed if such risks exist and if the patient has:
  - a. active mental illness (refer to guidance from the [Mental Health Community of Practice](#))
  - b. cognitive and behaviour disorder (factoring in risk mitigation strategies as identified in a relevant support plan)
  - c. one-to-one special nursing requirements (apart from adults and children with disabilities who have been living in the community with one-to-one care prior to admission to hospital)
  - d. COVID-19 and does not satisfy the de-isolation criteria (outlined in the CDNA's [COVID-19 Guideline](#) 'Release from isolation' criteria).
3. Carers, cohabitants or family members at home during the home assessment must also pass a routine risk assessment in accordance with the [CEC Guidance on Primary, Community and Outpatient Settings](#).
4. The outcome of the risk assessment screening process should be documented in the patient's medical record.

5. Only in the event that a patient, a carer or family member does not satisfy the risk assessment criteria, staff must don PPE prior to and during the home assessment. Following the visit, doff PPE according to [CEC COVID-19 Infection Prevention and Control resources](#) and the [CEC Guidance for Home Visits](#).
6. Staff should be mindful of promoting compliance with social distancing while providing a service where possible, noting that children, adolescents and adults with intellectual or developmental disability are less likely to be able to immediately comply with physical distancing and risk mitigation strategies and instructions.
7. Equipment (e.g. mobility aids, cameras and phones) used during the visit must be cleaned and disinfected before and after the visit using appropriate infection control and prevention measures according to [CEC Guidance for Home Visits](#). Disposable measuring tape and other devices are preferred.
8. Transportation of the patient needs to occur in accordance with the [CEC Guidance for Home Visits](#).
9. Only the patient's essential carers should be present in the room at the time of the home assessment. [NSW Physical Distancing guidelines](#) must be adhered to.
10. The CovidSafe app is encouraged for use by the patient, their cohabitants and their family members.

For adults with a severe disability returning to a group home, the location for the visit can be decided by the non-government organisation operating the group home with the aim of minimising risk to the patient and carer.

### 3. Home-based rehabilitation with dedicated teams

**This section is to be read with reference to the [CEC COVID-19 Infection Prevention and Control: Guidance for Home Visits](#).**

1. Clinically indicated and approved by the director of rehabilitation, community health service or most senior representative of the rehabilitation service, in consultation with the relevant directors or heads of allied health.
2. Where possible, dedicated community-based allied health and nursing teams should be used.
3. Consideration should be given to excluding patients if they do not satisfy a routine risk assessment, in accordance with the [CEC Guidance for Home Visits](#). Risk assessments should, among other things, screen for the likelihood of unpredictable behaviours which may put the safety of the patient or others at risk and take into account a person's behaviour support plan, where applicable. Mitigation strategies should be employed if such risks exist and if the patient has:
  - a. active mental illness (refer to guidance from the [Mental Health Community of Practice](#))
  - b. cognitive and behaviour disorder (factoring in risk mitigation strategies as identified in relevant support plan)
  - c. one-to-one special nursing requirements (apart from adults and children with disabilities who have been living in the community with one-to-one care prior to admission to hospital)
  - d. COVID-19 and does not satisfy the de-isolation criteria (outlined in the CDNA's [COVID-19 Guideline](#) 'Release from isolation' criteria).
4. Carers, cohabitants or family members at home during the home rehabilitation session must also pass a routine risk assessment in accordance with the [CEC Guidance on Primary, Community and Outpatient Settings](#).
5. The outcome of the risk assessment screening process should be documented in the patient's medical record.

6. Where a patient or a carer or family member does not satisfy the risk assessment criteria, staff must don PPE protection prior to and during the home assessment. Following the visit, doff PPE according to [CEC COVID-19 Infection Prevention and Control resources](#) and the [CEC Guidance for Home Visits](#).
7. Staff should be mindful of promoting compliance with physical distancing while providing a service where possible, noting that children, adolescents and adults with intellectual or developmental disability are less likely to be able to immediately comply with physical distancing and risk mitigation strategies and instructions.
8. Equipment (e.g. mobility aids, cameras and phones) used during the visit must be cleaned and disinfected before and after the visit using appropriate infection control and prevention measures according to [CEC Guidance for Home Visits](#). Disposable consumables and other therapy devices are preferred.
9. Transportation of the patient needs to occur in accordance with the [CEC Guidance for Home Visits](#).
10. Only essential carers should be present in the room at the time of the home visit. [NSW Physical Distancing guidelines](#) must be adhered to.
11. The patient and their carers should wear a surgical mask if:
  - they have been unwell with fever or cough
  - they satisfy the risk criteria
  - the rehabilitation service is deemed urgent or clinically necessary with no alternative method of delivery available.Infection control procedures should be adhered to during the treatment, in accordance with the the [NSW Health Guidance for Risk Screening and Assessment for Home Visiting Health Services](#) and the [CEC Guidance for Home Visits](#).
12. The CovidSafe app is encouraged for use by their patient, their cohabitants and the family members.

#### 4. Community admissions to inpatient rehabilitation

1. Clinically indicated and approved by the director of the rehabilitation service or the most senior representative of the rehabilitation or community health service.
2. Admission from the community is indicated for those people at risk of emergency department or acute hospital admission, and would benefit from inpatient rehabilitation, e.g. significant frailty and high falls risk.
3. Patient, carers or family members at home should satisfy the risk assessment criteria in accordance with the [CEC Guidance for Home Visits](#) and [CEC guidance for Management of COVID-19 in Healthcare Settings](#).
4. On admission, all patients must agree to any infection control procedures as prescribed by the LHD, including COVID-19 testing and isolation on the ward with use of appropriate PPE as clinically indicated by staff.

## 5. Gate or day leave

1. Clinically indicated and approved by the director of the rehabilitation service or most senior representative of the rehabilitation service.
2. Consideration should be given to excluding patients if they do not satisfy a routine risk assessment, in accordance with the [CEC guidance for Management of COVID-19 in Healthcare Settings](#). Risk assessments should, among other things, screen for the likelihood of unpredictable behaviours which may put the safety of the patient or others at risk and take into account a person's behaviour support plan, where applicable. Mitigation strategies should be employed if such risks exist and if the patient has:
  - a. active mental illness (refer to guidance from the [Mental Health Community of Practice](#))
  - b. cognitive and behaviour disorder (factoring in risk mitigation strategies as identified in relevant support plan)
  - c. drug and Alcohol issues (refer to guidance from the [Alcohol and Other Drugs Community of Practice](#))
  - d. one-to-one special nursing requirements (apart from adults and children with disabilities who have been living in the community with one-to-one care prior to admission to hospital)
  - e. COVID-19 and does not satisfy the de-isolation criteria (outlined in the CDNA's [COVID-19 Guideline](#) 'Release from isolation' criteria).
3. Carers, cohabitants or family members at home during the home visit must also satisfy the risk assessment criteria in accordance with the [CEC Guidance on Primary, Community and Outpatient Settings](#).
4. Carers, cohabitants, family members at home and the patient must agree to follow [NSW Physical Distancing guidelines](#).
5. On return from gate or day leave, all patients must agree to any infection control procedures as prescribed by the LHD, including COVID-19 testing and isolation on the ward with the use of appropriate PPE by staff. These conditions will stay in place for the period prescribed by the LHD.
6. The CovidSafe app is encouraged for use by the patient, their cohabitants and their family members.

## 6. Face-to-face outpatient services

**In accordance with [NSW Health Guidance for Outpatient Clinics](#).**

**This section is to be read with reference to the [CEC COVID-19 Infection Prevention and Control: Guidance for Community, Primary and Outpatient Settings](#).**

1. Clinically indicated and approved by the director of the rehabilitation service or most senior representative of the rehabilitation service, nurse manager and/or allied health heads of department.
2. Risk assessment to be performed in the waiting area or service provision environment. Both the patient and their carers or family members at home must satisfy risk assessment criteria as outlined in the [CEC Guidance on Primary, Community and Outpatient Settings](#).
3. Prior to the service commencing, all patients must agree to any infection control procedures as prescribed by the LHD including COVID-19 testing and assessment by infectious diseases staff.
4. The patient and their carers should wear a surgical mask if:
  - they have been unwell with fever or cough
  - they satisfy the risk criteria
  - the rehabilitation service is deemed urgent or clinically necessary with no alternative method of delivery available.Infection control procedures should be adhered to during the treatment, in accordance with the [NSW Health Guidance for Outpatient Clinics](#) and the [CEC Guidance for Home Visits](#).
5. Healthcare workers will use PPE according to [CEC Guidance for Primary, Community and Outpatient Settings](#).
6. In the event that patients are attending for a set course of treatment, patients, carers and family members at home must agree to follow [NSW Physical Distancing guidelines](#).
7. The CovidSafe app is encouraged for use by the patient, their cohabitants and their family members.

## 7. Face-to-face home rehabilitation services with non-dedicated teams

1. Clinically indicated and approved by the director of the rehabilitation service or most senior representative of the rehabilitation or community health service, nurse manager and/or allied health heads of department.
2. Consideration should be given to excluding patients if they do not satisfy a routine risk assessment. Risk assessments should, among other things, screen for the likelihood of unpredictable behaviours which may put the safety of the patient or others at risk and take into account a person's behaviour support plan, where applicable. Mitigation strategies should be employed if such risks exist and if the patient has:
  - a. active mental illness (refer to guidance from the [Mental Health Community of Practice](#))
  - b. cognitive and behaviour disorder (factoring in risk mitigation strategies as identified in relevant support plan)
  - c. drug and alcohol issues (refer to guidance from the [Alcohol and Other Drugs Community of Practice](#))
  - d. one-to-one special nursing requirements (apart from adults and children with disabilities who have been living in the community with one-to-one carers prior to admission to hospital)
  - e. COVID-19 and does not satisfy the de-isolation criteria (outlined in the CDNA's [COVID-19 Guideline](#) 'Release from isolation' criteria).
3. Patients, carers, family members and cohabitants at home must all satisfy risk assessment criteria as outlined in the [CEC Guidance on Primary, Community and Outpatient Settings](#).
4. Where a patient, carer or family member does not satisfy risk assessment criteria, and the service is deemed clinically necessary and appropriate, staff must don PPE prior to and during the home assessment and following the visit doff PPE according to [CEC COVID-19 Infection Prevention and Control resources](#) and the [CEC Guidance for Home Visits](#).
5. Equipment (e.g. mobility aids, cameras and phones) used during the visit must be cleaned and disinfected before and after the visit using appropriate infection control and prevention measures according to [CEC Guidance for Home Visits](#). Disposable measuring tape and other measuring devices are preferred.
6. The patient should wear a surgical mask if:
  - they have been unwell with fever or cough
  - they satisfy the risk criteria
  - the home-based service is deemed urgent or clinically necessary with no alternative method of delivery available.Infection control procedures should be adhered to during the treatment, in accordance with the [NSW Health for Risk Screening and Assessment for Home Visiting Health Services](#) and the [CEC Guidance for Home Visits](#).
7. The CovidSafe app is encouraged for use by the patient, their cohabitants and their family members.

## 8. Outpatient therapy groups for allied health or nursing therapy

In accordance with [NSW Health Guidance for Outpatient Clinics](#).

**This section is to be read with reference to the [CEC COVID-19 Infection Prevention and Control: Primary, Community and Outpatient Settings](#).**

1. Clinically indicated and approved by the director of the rehabilitation service or most senior representative of the rehabilitation service, nurse manager and/or allied health heads of department.
2. A risk assessment on each patient to be performed in the waiting area or service provision environment prior to service delivery.
3. The patient, cohabitants, carers and family members at home must satisfy the risk assessment criteria as outlined in the [CEC Guidance on Primary, Community and Outpatient Settings](#).
4. Prior to the service commencing, all patients must agree to any infection control procedures as prescribed by the LHD, including COVID-19 testing and assessment by infectious diseases staff.
5. Care should be taken to maintain appropriate physical distancing between group therapy participants according to [NSW Physical Distancing guidelines](#).
6. Therapy sessions should be structured to minimise equipment used by multiple participants. Disposable, single use equipment should be used where possible. In the event that multiple participants are required to use the same piece of equipment during a session, the equipment should be cleaned appropriately between each use, according to [CEC Guidance on Primary, Community and Outpatient Settings](#).
7. Healthcare workers will use PPE according to [CEC Guidance on Primary, Community and Outpatient Settings](#).
8. In the event that patients are attending for a set course of treatment, patients, carers and family members at home must agree to follow [NSW Physical Distancing guidelines](#).
9. The CovidSafe app is encouraged for use by the patient, their cohabitants and their family members.

## Appendix 1 – Considerations for face-to-face school visits for paediatric rehabilitation

The purpose of a face-to-face school visit is to assess and provide recommendations on how the paediatric rehabilitation patient can be best supported to function and/or transition back to school.

A school visit would typically be completed for patients with a new injury returning to school and when there has been a significant change of function or transition.

Planning for a school visit will involve the director of the relevant rehabilitation service person and policies. NSW Health, LHD and Department of Education policies for safety of staff, carers, teachers and the patient.

In relation to COVID-19, school visits will be completed according to NSW Health policy combined with the relevant school policy.

School visits can be completed by rehabilitation therapists and community therapists. School visits can be completed by various members of the multidisciplinary team (including occupational therapist, physiotherapist, speech pathologist, nurse, clinical psychologist and neuropsychologist) for the following reasons.

- Assess and make recommendations for the child or young person to access to the physical environment at school, including equipment and modifications.
- Assess and make recommendations for the child or young person to access the curriculum, including learning supports and technology.
- Provide education to school staff on how best to implement strategies to support the child or young person at school, including mobility, self-care, behaviour, social skills and learning. Specific education such as use of prosthetics and managing continence in the school environment (e.g. catheter use).

## Appendix 2: Checklist for reopening of group-based programs in NSW

The checklist below is a practical guide for reopening group-based rehabilitation programs, which highlights the key issues for consideration.

The local site should also consider the current risk level (refer the [CEC Response and escalation framework](#)), local processes and [COVID-19 prevalence data](#) when making decisions about the timing of resuming face-to-face group-based program sessions.

### Session preparation

	Measure group-based program spaces (and the environment to be utilised) and determine the maximum number of participants (including staff) permitted in the same environment according to 4m <sup>2</sup> per person public health order.
	Ensure adequate supply of cleaning products and hand hygiene products (soap and water, or antiseptic or alcohol hand rub), and conduct a stocktake.
	Ensure adequate supply of neutral detergent, antibacterial alcohol wipes or disinfectant (70% alcohol or chlorine-based).
	Ensure facility access (especially if handwashing etc. is at a sink) for those with reduced mobility.
	Ensure adequate supply of PPE for staff and participants in accordance with current <a href="#">NSW Health guidelines</a> .
	Reorganise seating in any waiting areas, meeting areas or education rooms to ensure 1.5m physical distancing. Remove non-essential chairs and non-essential items, e.g. magazines and books.
	Reorganise any equipment or workstations being used to ensure 1.5m physical distancing. If all equipment is utilised, or if equipment is located close together, consider a method for blocking off every second item, e.g. cover with sheet, use hazard tape.
	Consider the environment to determine the appropriate and optimal layout of equipment and furniture to run group activities.
	Establish priority categories for the return of people to your group-based program in accordance with <a href="#">Restoration of rehabilitation services</a> guidelines.
	Consider suitable areas for storing participants' personal belongings (e.g. bags and jackets) – use wall hooks to minimise the amount of surfaces being touched.
	Ensure attendance register is on-site and access to attending patient data for any future tracing.
	Consider whether shorter duration of sessions for smaller group numbers is more appropriate.
	Consider preparation for when participants arrive and leave group activities, e.g. <ul style="list-style-type: none"> <li>• transport to and from group activity</li> <li>• designated entry and screening point</li> <li>• scheduling arrivals at intervals to allow physical distancing.</li> </ul> Consider strategies for managing groups of clients that may congregate immediately outside the room or building, such as drop off and pick up zones.
	Has communication been provided to all clients and patients regarding the reopening of services? Refer to current CEC guidance regarding the use of masks and the type of masks (e.g. surgical or fabric) that are appropriate.
	Check that all staff, volunteers and students have received the 2020 flu vaccination in accordance with <a href="#">NSW Health Policy Directive PD2020_017</a> .
	Speech pathology groups may require extra infection precautions relating to aerosol generating procedures. Refer to the CEC's <a href="#">Decision Algorithm for Recommended PPE in Allied Health Procedures</a> .
	Follow usual local process if someone requires CPR. Ensure sufficient PPE is available on arrest trolley. In the event a participant with suspected or confirmed COVID-19 requires CPR, follow the relevant <a href="#">Basic Life Support Guidance</a> , including the mandatory donning of PPE before commencing CPR.

## Pre-screening and provision of information for participants

	In the 24 hours prior to attendance, contact participants via text message or phone call with COVID-19 screening questions (refer to example of screening text message below). Services should consult the most recent screening advice from <a href="#">NSW Health</a> on a daily basis to ensure currency and identify areas of increased surveillance.
	Provide written instructions for participants attending, including new procedures in place, contact details for program, with advice to not attend if any new acute viral illness symptoms.
	Remind participants to arrive on time and leave promptly if possible. Participants should wait outdoors if they are waiting to be collected by transport or family.
	Participants should attend the group therapy session on their own unless a carer is required to accompany them for the purposes of assistance.
	Participant to bring their own pen.
	Participant to bring their own water bottle.
	Inform participant of hospital entrance screening procedures (e.g. temperature check and COVID-19 screening questions).

## Before and during session

	Hand hygiene before entering (consider minimising the number of people touching the hand rub sanitisers by having staff distribute the product).
	Observe 1.5m physical distancing space between participants at all times, and between staff and participants when possible.
	Advise patients not to enter clinical areas and distance outside until the session begins.
	Consider staff to participant ratio and whether there is a need for more than one staff member. Considering it may be a smaller group size, is there another staff member located within the line of sight or hearing who could respond in an emergency?
	Hand hygiene before moving between or touching any equipment or workstation materials.
	Consider using single use equipment where practical and available per participant, per session (sanitised after each session).
	Sanitise any equipment after each use.
	Designate a responsible person for cleaning.
	Staff and patients to use face masks as per current <a href="#">NSW Health guidelines</a> .

## After session

	Sanitise all surfaces which have been touched, including chairs, tables, light switch, door handles, staff desk, drawers, cabinets, music players.
	Sanitise any reusable equipment.

## Example of a screening text message

'Regarding your upcoming appointment at **[insert name of service, hospital]**: if you are unwell or have been overseas in the last 14 days or have been in close contact with a person confirmed to have COVID-19 (coronavirus), please do not attend. Please refer to the current NSW hotspot list published daily.  
Please call **[insert service/hospital phone number]** if you have any concerns.'

## Example of a screening text message

- Please be patient as we ensure everyone’s health and safety by asking you COVID-19 screening questions in the 24 hours prior to your attendance, at the hospital entrance (including a temperature check), and prior to entering the area where your session is being held.
- Please do NOT attend if you have any NEW respiratory symptoms (e.g. fever, cough, runny nose, sore throat, new or worsened breathlessness).
- Hand hygiene must be performed before, during and after the sessions – we will provide suitable products.
- Please maintain 1.5 metre physical distance between yourself and other participants at all times.
- Our staff will aim to minimise the amount of time spent within 1.5 metres of you.
- Please bring a pen.
- Please bring a water bottle.
- Please minimise the number of personal belongings you bring with you – we suggest one bag and one piece of clothing outerwear.
- Please arrive on time and leave promptly at the conclusion of the session.
- Where possible, please wait outside if you are waiting for transport/family at the conclusion of the session.
- Please attend the session on your own unless you require a carer/family member for the purposes of assistance during the session.
- Questions or concerns?  
Contact: [insert service name and phone number]

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For use by	Rehabilitation clinicians in making decisions about re-instituting regular rehabilitation services



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