

New Zealand Speech-language Therapists' Association Infection Control Standards

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Speech-language Therapists' Association

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CONTEXT

Speech-language therapists (SLTs) work with adults, children and infants across many clinical settings – early learning centres, schools, hospitals, clinics and day centres, residential care facilities and family's own homes. Infection control standards should be considered a mandatory component of the health and safety protocols in all settings irrespective of whether SLTs work for the Ministry of Health, Ministry of Education or privately. This ensures safety of the individual SLT, their clients and the public.

INFECTION CONTROL PROCEDURES

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment (PPE) protect the health professional but also protect the patient/ client and their family and close contacts. Health professionals are often carriers of infection on their skin, equipment and clothing to other vulnerable people.

The NZSTA recommends that local policies are developed for all SLTs including access to PPE in line with government, local and NZSTA guidance.

The NZSTA recommends that, prior to face-to-face contact, that the SLT confirms the client's and the workplace's infection status, infection risks and PPE requirements.

The NZSTA recommends that where infection risk of an individual or a workplace is considered low (i.e. an individual is well and there is no known contact with someone with an identified infectious disease), that standard PPE guidelines are always followed (see below).

The NZSTA recommends that where an infection risk of an individual or a workplace is identified, that government and / or local infection control guidance is sought and recommended PPE standards are always followed.

The NZSTA recommends that where an infection risk of an individual or a workplace is identified and recommended PPE equipment are NOT available that the SLT does not visit that client/ patient until the appropriate PPE is sought. Where a SLT feels ill-prepared or un-safe with regards to the infection risk of a patient / client / family or work place, the NZSTA recommends that the SLT delays contact until the required procedures are in place.

The NZSTA recommends that where an infection risk of an individual or a workplace is identified, that the SLT should, in the first instance, consider telephone or telehealth options to avoid the need for face-to-face contact.

The NZSTA recommends that where an infection risk of an individual or a workplace is identified, this is documented for the purposes of monitoring infection.

The NZSTA recommends that where a SLT is feeling unwell, it is their responsibility to NOT return to work until well.

STANDARD PPE GUIDELINES

- practice appropriate hand hygiene
- use gloves for all contact procedures including dysphagia assessments and communication aid / hearing aid handling
- limit equipment / personal items/ toys taken into a patient bed space / client's home / educational facility to only those essential for the procedure / session
- wipe down any reusable equipment with a disinfection wipe / solution before *and* after all procedures. e.g. food boxes, FEES stack, reusable assessment materials, toys
- daily routine cleaning / sanitizing / disinfection of work surfaces including high touch items like handles and light switches is expected.
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a4.htm>
- consider plastic shields for equipment trolleys e.g. FEES stacks to reduce risk of infection spread on electronics
- local protocols for handling and storing food safely must be followed at all times
- use plastic covers that can be removed and cleaned on all electrical equipment (including iPads, tablets, and smartphones) and keep smartphones in pockets

ADDITIONAL REQUIREMENTS

Additional infection control practices may or may not include:

- gowns,
- eye protection / face visor and
- a range of face masks depending on the DHB and client / patient's infection status.

SLTs must ensure they have the required equipment available to them prior to a client /patient visit.

SLTs must ensure they have the required training in putting on and removing PPE to reduce risk of contamination including appropriate disposal of used PPE.

AEROSOL GENERATING PROCEDURES (AGPs)

An aerosol generating procedure (AGP) is a procedure which stimulates coughing / sneezing and results in the release of airborne particles. Where the transmission of a disease is thought to occur mainly through respiratory droplets (contact, airborne or droplet) generated by coughing and sneezing, and through contact with contaminated surfaces, AGPs cause increased risk of aerosol spread.

Airborne precautions must be implemented when performing AGPs on patients with a known airborne infection. In addition to hand hygiene and gloves, airborne precautions may include gowns and face protection. Infection control recommendations should be sought before commencing any of these procedures.

The following procedures are all considered AGPs and require airborne precautions to be in place:

- a) Clinical evaluation of swallowing including oro-motor examination
- b) Cough reflex testing
- c) Oral cares
- d) SLT-led flexible endoscopic evaluation of swallowing (FEES)
- e) SLT-led laryngoscopy
- f) Videofluoroscopic swallow study (VFSS)
- g) SLT-led laryngectomy care and management, including:
 - i. surgical voice restoration (voice prosthesis changes; and open stoma inspection)
 - ii. communication management/assessment with laryngectomy patients due to risk of coughing
- h) Tracheostomy care and management
 - i. with or without mechanical ventilation
 - ii. suctioning procedures
 - iii. deflating cuff, digital occlusion and speaking valve use
- i) Non-invasive ventilation (NIV) and high-flow nasal oxygen (HFNO)
- j) Respiratory support via
 - i. nasal cannulae
 - ii. face mask
 - iii. high flow nasal cannulae.