

New Zealand Speech-language Therapists' Association COVID-19 GUIDANCE FOR DHB SLTs

Developed by

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COVID-19 and speech-language therapy at NZ Government Alert Level 3

These guidelines are specific to the tasks conducted by speech-language therapists (SLTs). They should always be followed alongside Government and DHB level policies and recommended procedures. If in doubt, contact your senior management team and local infection control officer for clarification and support.

Throughout this document, we refer to the NZ Government Alert Levels 1-4 <https://covid19.govt.nz/alert-system/covid-19-alert-system/>. We also refer to the Ministry of Health (MoH) Hospital Readiness Alert Levels 1-4 (Green-Red). There will be times when the hospital you work in is at a different MoH Hospital Readiness Alert Level to that of the Government / country. It is critical as a DHB employee that you understand these levels and their implications for you.

DHB community/outpatient services

Telephone consults and virtual appointments should be provided where possible and are the preferred methods of service delivery at NZ Government Alert Level 3. In-person appointments may be provided for **urgent care only** so long as SLTs can take appropriate measures to manage public health.

‘Urgent care’ for community allied health professionals is defined as:

- a condition which is life or limb threatening
- treatment required to maintain the basic necessities of life
- treatment that cannot be delayed or carried out remotely without risk of significant harm or permanent and/or significant disability
- treatment which cannot be delivered by a service which is currently operating or by health professionals that are already in contact with the patient.

If you do need to see a patient in-person, in line with MoH guidelines, please do the following:

- household risk assessment including checking health / travel / COVID-19 status of patient / family where possible
- local infection control procedures must be followed using PPE, physical distancing and reducing contact time where possible
- follow recommended PPE requirements dependent on the tasks conducted (see below)
- stringent contact tracing processes should be followed using internal existing processes where possible. Where DHB systems for this are not in place, all people who were present at the time of the visit are to be logged with their name and contact details. Additional in-person contact with other people on the journey must also be logged.

The NZSTA and the SLT DHB Leaders consider communication and swallowing intervention to be a health and disability service that provides direct support that maintains a person’s basic necessities of life. There are some situations where treatment that cannot be delayed or carried out remotely would cause risk of significant harm or permanent and/or significant disability and as such is an **essential service**.

For SLTs, there are a small group of patients whose health status would be at risk without an in-person consult *or* a community-based intervention is considered essential in order to avoid need for a hospital admission. SLTs must make clinical decisions about whether a remote assessment is possible and when an in-person consult is needed to gather critical clinical information.

Barriers identified for accessing telehealth and video calling for some patients with dysphagia and/or communication disorders are:

- living remotely with limited internet access
- living alone with minimal family support nearby to assist with technology
- having reduced ability to access telehealth and video calling due to communication or cognitive difficulties
- being unable to complete essential ADLs because of a communication impairment (we might need to support another service in joint visiting e.g. SW or NASC to facilitate their essential assessment)
- being from a priority population (e.g., Māori, Pacific) and are at greater risk of poor outcome

Inpatient services

Do not enter a ward before you have checked the MoH Alert Level within your hospital for that day. Check the COVID-19 status of your patient and their visitors before any contact.

For Low risk patients (low risk or COVID-19-ve)

- see low risk table and PPE requirements below

For Medium and High risk patients (possible, suspected, probable or confirmed COVID-19 +ve)

- minimise in-person contact where practical (e.g. phone ward to triage as well as to check progress with nurse)
- triage before visiting
 - if the patient is COVID-19 suspected, can you delay input until the test results have been received?
 - if the patient is COVID-19 probable/confirmed, review the clinical record and liaise with nursing/medical staff in the first instance. Are you able to provide them with information/advice based on information gathered? What options do you have for utilising telehealth e.g. iPad in room, nurse performing telehealth (note any device would need to stay with the patient and /or be cleaned as per local guidelines? Finally can you undertake the assessment using physical distancing?
 - if not able to provide physical distancing, see flow chart and PPE requirements below.

Low and High-risk procedures

Low risk Aerosol Generating Procedures (AGPs)

Bedside clinical swallowing evaluations (CSE), oral cares, EMST and VFSS are low risk AGPs. While these procedures potentially aerosolise viruses, it is controversial as to whether coughing alone is sufficiently aerosolising to increase risk of transmission when two-metre distancing and PPE 1 is being used. Low risk AGPs can be conducted at MoH Alert Levels 1-4, with appropriate infection control procedures, where clinically needed.

VFSS suite decontamination is required for all COVID-19 +ve patients and suspected/probable COVID-19 +ve patients. This may include PPE 2 for all staff within two-metres of the patient, removal of all non-essential equipment and suite decontamination processes post-procedure. It may

therefore not be a feasible assessment option in some cases. This should be a consideration in decision-making.

High risk AGPs

FEES

FEES is a high risk AGP and there are reports of infection related to flexible endoscopy procedures and confirmed cases of death in otolaryngologists and other clinicians performing these procedures even with PPE. On 23 March, the New Zealand Speech-language Therapists' Association (NZSTA) recommended that FEES practitioners 'stop all FEES unless absolutely necessary', a position supported and followed by our colleagues working in Otorhinolaryngology both in NZ and internationally. For many speech-language therapy services across NZ, this has meant a complete closure of their FEES service during NZ Government Alert Level 4.

As NZ moves from NZ Government Alert Level 4 to Alert Level 3 with low community transmission of COVID-19, consideration must go into how we can transition towards providing a safe and effective FEES service.

During NZ Government Alert Levels 2-4 of the COVID-19 pandemic, we still recommend only essential FEES should be conducted due to the high risk transmission associated with endoscopy. FEES on non-essential patients will not be recommended until our ORL colleagues also receive guidance from ASOHNS to commence non-essential endoscopy. Any change in recommendation will be communicated widely.

Decisions must be made with the medical team and usual clinical reasoning around FEES must occur.

Considerations for when FEES may be considered essential include:

- alternative source of nutrition unavailable
- alternative instrumental assessment unavailable
- indirect assessment & management of dysphagia via delegated tasks to nursing staff unsuccessful
- dysphagia management will significantly improve health status and clinical swallowing evaluation would not be sufficient e.g. patient has known history of silent aspiration or risk factors for silent aspiration are high e.g. lung transplant.

If FEES is considered by the team and infection control to be absolutely necessary, it needs to be conducted to recommended PPE standards (see below).

Cough reflex testing (CRT)

CRT is a high risk AGP due to the use of the nebuliser. In suspected, probable or confirmed COVID-19 patients, it should never be used.

As screening of COVID-19 improves and if NZ continues to have low rates of community transmission, we may find that CRT can be employed at MoH Alert Level 2 (Yellow) in patients who have been adequately screened as COVID-19 -ve. This should not happen until we are given clearance to use nebulisers within individual workplaces and only where the benefit is perceived to outweigh the risk.

It is therefore anticipated that the first group to begin to receive CRT will be patients following stroke who have been adequately screened as COVID-19 -ve once we are at MoH Alert Level 2 (Yellow) status.

Laryngectomy and Tracheostomy

Local infection control procedures should be followed for patients with laryngectomy, tracheostomy, and patients who are intubated or on high flow oxygen. The proximity to the airway and the risk of aerosolised virus is high. Telephone consults and virtual appointments should be provided where possible and in-person appointments should be provided for **urgent care only**. Where SLT intervention is deemed **necessary**, PPE 1 should be used in patients deemed low risk of COVID-19. In COVID-19 +ve patients, all in-person interventions should be avoided and where deemed **essential** by the team, enhanced PPE 2 should be used. Team consultation should be sought to establish whether a patient needs essential SLT input.

Useful resources

Government Alert Levels

<https://covid19.govt.nz/alert-system/covid-19-alert-system/>

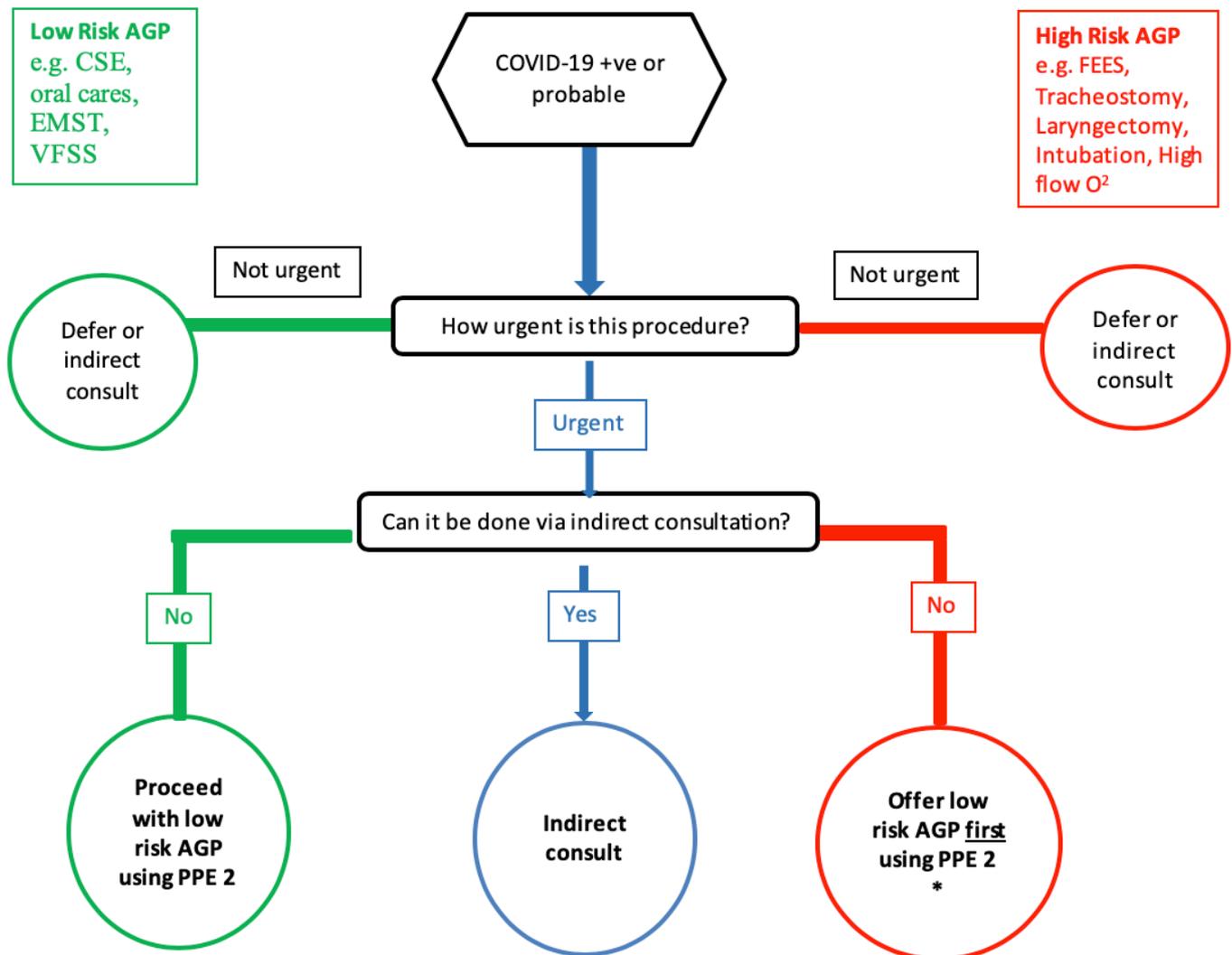
MoH Allied Health information

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-health-professionals/covid-19-allied-health-professionals>

NZSTA COVID-19 Guidance

<https://speechtherapy.org.nz/info-for-slts/information-regarding-covid-19/>

AGP procedures (excluding CRT) for COVID-19 +ve patients



*WHERE A LOW RISK AGP ALONE CANNOT PROVIDE THE INFORMATION URGENTLY REQUIRED CONSIDER THE FOLLOWING:

- all essential instrumental assessments must be discussed with treating medical teams on a risk versus benefit basis
- PPE 2 must be strictly adhered to for both procedure and decontamination
- all equipment will need to remain in situ until it is fully decontaminated
- all essential instrumental assessments in a high COVID risk patient must be conducted in a single room.

NZSTA PPE for SLT

PPE Type	Equipment requirements
PPE 0 (standard care)	Pre- and post- surface / equipment sanitation practices Good hand hygiene practices Gloves for all activities requiring touch of patient / client
PPE 1 (droplet precautions)	Pre- and post- surface / equipment sanitation practices Good hand hygiene practices Gloves Face shield or goggles (for close proximity oral / airway examination only) Surgical mask Disposable fluid repellent gown Limit belongings taken into procedure
PPE 2 (airborne precautions – closed single room required)	Pre- and post- surface / equipment sanitation practices Good hand hygiene practices Gloves Face shield or goggles N95 mask Disposable fluid repellent gown Limit belongings taken into procedure Limit number of people present at procedure Physical distancing within room wherever possible

SLT guideline for patients deemed at low risk or negative for COVID-19

MoH COVID-19 Hospital Readiness Alert Levels (row)	COVID-19 Hospital Readiness GREEN ALERT Alert level 1 <i>No COVID-19 positive patients in your hospital; no cases in your community; managing service delivery as usual with only staffing and facility impact being for training & readiness purposes</i>	COVID-19 Hospital Initial Impact YELLOW ALERT Alert level 2 <i>One or more COVID-19 positive patients in your hospital; cases quarantined in your community; isolation capacity and ICU capacity manageable; some staff absence and some staff redeployment to support response and manage key gaps</i>	COVID-19 Hospital Moderate Impact ORANGE ALERT Alert level 3 <i>One or more COVID-19 positive patients in your hospital; community transmission/multiple clusters in your community; isolation capacity and ICU capacity impacted; significant staff absence, extensive staff redeployment, gaps not being covered</i>	COVID-19 Hospital Severe Impact RED ALERT Alert level 4 <i>One or more COVID-19 positive patients in your hospital; community transmission/widespread outbreaks in your community; isolation capacity, ICU capacity at capacity; all available staff redeployed to critical care</i>
NZ Government COVID-19 Alert Levels (column)				
Level 1 – Prepare <ul style="list-style-type: none"> Heightened risk of importing COVID-19 OR Sporadic imported cases OR Isolated household transmission associated with imported cases 	All assessments are available. PPE 0 for low risk AGPs. PPE 1 for high risk AGPs.			

MoH COVID-19 Hospital Readiness Alert Levels (row)	COVID-19 Hospital Readiness GREEN ALERT Alert level 1 <i>No COVID-19 positive patients in your hospital; no cases in your community; managing service delivery as usual with only staffing and facility impact being for training & readiness purposes</i>	COVID-19 Hospital Initial Impact YELLOW ALERT Alert level 2 <i>One or more COVID-19 positive patients in your hospital; cases quarantined in your community; isolation capacity and ICU capacity manageable; some staff absence and some staff redeployment to support response and manage key gaps</i>	COVID-19 Hospital Moderate Impact ORANGE ALERT Alert level 3 <i>One or more COVID-19 positive patients in your hospital; community transmission/multiple clusters in your community; isolation capacity and ICU capacity impacted; significant staff absence, extensive staff redeployment, gaps not being covered</i>	COVID-19 Hospital Severe Impact RED ALERT Alert level 4 <i>One or more COVID-19 positive patients in your hospital; community transmission/widespread outbreaks in your community; isolation capacity, ICU capacity at capacity; all available staff redeployed to critical care</i>
Government COVID-19 Alert levels (column)				
Level 2 – Reduce High risk of importing COVID-19 OR <ul style="list-style-type: none"> • Uptick in imported cases OR • Uptick in household transmission OR • Single or isolated cluster outbreak 	All SLT assessments are available. PPE 0 for low risk AGPs. PPE 1 for high risk AGPs.	CRT only if hospital has cleared use of nebulisers. All other procedures are available PPE 0 for low risk AGPs. PPE 1 for high risk AGPs.	CRT only if hospital has cleared use of nebulisers. All other procedures available but with heightened PPE. PPE 1 for low risk AGPs. PPE 2 for high risk AGPs.	
Level 3 – Restrict <ul style="list-style-type: none"> • Community transmission occurring OR • Multiple clusters break out 		CRT only if hospital has cleared use of nebulisers. All other procedures available but with heightened PPE. PPE 1 for low risk AGPs PPE 2 for high risk AGPs.	CRT only if hospital has cleared use of nebulisers. All other procedures available but with heightened PPE. PPE 1 for low risk AGPs PPE 2 for high risk AGPs.	No high risk AGPs. No CRT. PPE 1 for low risk AGPs

MoH COVID-19 Hospital Readiness Alert Levels (row)	COVID-19 Hospital Readiness GREEN ALERT Alert level 1 <i>No COVID-19 positive patients in your hospital; no cases in your community; managing service delivery as usual with only staffing and facility impact being for training & readiness purposes</i>	COVID-19 Hospital Initial Impact YELLOW ALERT Alert level 2 <i>One or more COVID-19 positive patients in your hospital; cases quarantined in your community; isolation capacity and ICU capacity manageable; some staff absence and some staff redeployment to support response and manage key gaps</i>	COVID-19 Hospital Moderate Impact ORANGE ALERT Alert level 3 <i>One or more COVID-19 positive patients in your hospital; community transmission/multiple clusters in your community; isolation capacity and ICU capacity impacted; significant staff absence, extensive staff redeployment, gaps not being covered</i>	COVID-19 Hospital Severe Impact RED ALERT Alert level 4 <i>One or more COVID-19 positive patients in your hospital; community transmission/widespread outbreaks in your community; isolation capacity, ICU capacity at capacity; all available staff redeployed to critical care</i>
Government COVID-19 Alert levels (column)				
Level 4 – Eliminate <ul style="list-style-type: none"> Sustained and intensive transmission Widespread outbreaks 		No high risk AGPs. No CRT. PPE 1 for low risk AGPs	No high risk AGPs. No CRT. PPE 1 for low risk AGPs	No high risk AGPs. No CRT. PPE 1 for low risk AGPs

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