

New Zealand Speech-language Therapists' Association COVID-19 GUIDANCE FOR COMMUNITY BASED SLTs NZ Government Alert Level 2

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Speech-language therapy at NZ Government Alert Level 2 - COVID-19 guidance for community-based SLTs

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

Throughout this document, we refer to the NZ Government Alert Levels <https://covid19.govt.nz/alert-system/covid-19-alert-system>, and specific details about life and work at [level 2 can be found here](#).

For those working in health-related services e.g. DHB or ACC, please see the [NZSTA COVID-19 Guidance for health-based SLTs](#) for details of health-related procedures.

For those working in Education, please refer to the Ministry Alert Level Plan on the intranet, which is updated regularly, and to the Ministry of Education's [Early Learning and School Bulletins](#)

General expected practices:

- stay away from your workplace and from clients if sick
- follow cleaning and contact tracing protocols
- follow recommendations around physical distancing (see below)
- where recommended, use personal protective equipment (PPE)

Please refer to the [NZSTA Infection control standards](#) for general advice.

Risk profile and suggestions for different procedures

Physical distancing is defined as more than 1 metre distance between therapist, tamariki/client and their whānau / carer / support person. In some cases, this is not practical for SLTs in clinical practice.

Close contact is defined as within 1 metre of tamariki/client, whānau / carer / support person for over 15 minutes.

Direct contact is defined as being in physical contact with a person's saliva, respiratory secretions, food/drink or their nose, mouth or eyes.

An **aerosol generating procedure** is a procedure that may stimulate coughing and/or sneezing, and/or result in nasal, nasopharyngeal or pharyngolaryngeal secretions becoming particulated, resulting in the release of airborne particles [aerosols].

For consults with physical distancing, no PPE is required if the tamariki/client and their whānau / carer / support person has answered 'no' to all risk management screening questions (see below).

For close contacts, no PPE is required if the tamariki/client and their whānau / carer / support person has answered 'no' to all risk management screening questions (see below).

PPE should be considered if there is a chance of any direct contact with the tamariki/client's saliva, respiratory secretions, food/drink or their nose, mouth or eyes.

Many SLT activities are considered internationally to be aerosol generating procedures (AGPs). For definitions and listings of aerosol generating procedures (AGPs) see:

<https://www.dysphagiaresearch.org/page/COVID19AGPs>

Please see [NZSTA COVID-19 Guidance for health-based SLTs](#) for detailed guidance on enhanced PPE for AGPs in New Zealand across government alert levels.

Specific advice by workplace setting

Community Services including Home Visits

Telephone support and virtual appointments are still the preferred options in Alert Level 2 and should be provided where possible.

In person support may be provided at Alert Level 2 so long as SLTs can take appropriate measures to manage public health. This includes travelling within and to the neighbouring regions to provide care or receive training. Group treatment can occur as long as physical distancing is in place and government guidelines around gatherings and hui are followed.

If you do need to see a client in-person, in line with MoH guidelines, you must:

- check if there is a recurrence of community transmission in your area that has led to a localised upgrade in NZ Government Alert Level
- complete a risk assessment including checking health / travel / COVID-19 status of tamariki/client and whānau prior to visit
- follow local infection control procedures including equipment sanitation, physical distancing (1 metre) and reducing contact time where possible

- follow recommended PPE requirements as required by your workplace and depending on the tasks conducted (see below)
- follow stringent contact tracing processes using internal existing processes where possible e.g. clinical notes / diary. You will need to log names and contact details of all people who were present at the time of the visit. Additional in-person contact with other people on the journey must also be logged. Refer to [Worksafe advice](#) for further details about contact tracing,

Risk assessment screening questions:

1. Do you have any new or worsened symptoms of cough, sore throat, runny nose or loss of smell?
2. In the last 2 weeks, have you been in contact with anyone with these symptoms or has tested positive or is probable case of COVID-19?

If a client or anyone in their household answer 'yes' to either of the above questions, an in-person consult should be avoided. If the consult meets MoH criteria for [urgent care](#), enhanced PPE must be used.

Low risk clients (low risk or COVID-19 negative) are clients who say 'no' to risk screening questions. When working with low risk clients:

- see PPE requirements below

Medium and High risk clients (possible, suspected, probable or confirmed COVID-19 positive) are clients with confirmed COVID-19, those awaiting COVID-19 results and/or those who say 'yes' to risk screening questions. When working with medium and high risk clients:

- minimise in-person contact where practical (e.g. phone to triage as well as to check progress with nurse / family / carers)
- triage before visiting
- If the client is COVID-19 suspected, can you delay input until the test results have been received?
- If the client is COVID-19 probable/confirmed, review the clinical records / referral information and liaise with family / nursing or medical staff / carers 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, carer/nurse performing telehealth (note any device would need to stay with the client and /or be cleaned as per local guidelines)? Finally can you undertake the assessment using physical distancing?
- If you are not able to follow physical distancing recommendations, see PPE requirements below.

Examples of tasks conducted by SLTs and recommended PPE requirements

Low-risk clients (low risk or COVID-19-ve)	Medium & High-risk clients (possible, suspected, probable or confirmed COVID-19 positive)
PPE 0 for all physical distanced activities e.g. a distanced conversation with a client, family or residential care staff member	Defer or provide remote tele-practice wherever possible
PPE 0 or PPE 1* for all close and direct contact activities e.g. close play, communication interventions	PPE 0 for all physical distanced activities e.g. a distanced conversation with a client, family or residential care staff member
PPE 1 for all AGPs** e.g. most dysphagia interventions	All ESSENTIAL contact activities (see NZSTA health SLT guidance)
	All AGPs** prohibited (see NZSTA health SLT guidance)

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 direct contact with the 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

**it is at the discretion of the SLT to decide if PPE is required depending on the vulnerability of the client, the setting and activity being conducted. At Alert Level 2, face masks are NOT mandated for those without possible, suspected, probable or confirmed COVID-19 positive.*

** see <https://www.dysphagiaresearch.org/page/COVID19AGPs>

Schools and Early Learning Services

SLTs are able to provide in person support to schools and early learning services during Level 2. All visitors need to ensure they are recorded as being on site through the timetable and/or visitor register, and follow appropriate hygiene and other health and safety measures required by each school or early learning service. Please contact the school or early learning service prior to visiting to confirm their protocols.

SLTs should consult with teachers to plan the most appropriate form of support. It is likely that some schools and early learning services will choose to limit visitors during Level 2. In these cases, virtual support should continue.

SLTs working across different sites must ensure they follow the contact tracing procedures, hygiene and health and safety guidelines for each different facility visited. A tracking tool is currently being developed for MoE staff and will soon be available. In the meantime please keep a record of all places you visit during the day and the details of anyone with whom you come into contact.

During visits, you will need to:

- confirm that you know who contact if you are exposed to COVID in 14 days after your visit
- follow the school's contact tracing procedures to ensure they register your visit
- ensure that your own contact tracing logs which sections of the school you visited, date, and time
- follow your employer's Level 2 guidelines at all times

PPE at schools or early learning services during Alert Level 2

In schools and early learning services, all children, young people, and teachers with any symptoms are being asked to stay at home. Schools and early learning services are being asked to send anyone home who has or develops symptoms. PPE is not required or recommended as necessary in any educational facility by the Public Health Service.

Use of equipment

Equipment taken into schools and early learning services must be limited to only that essential for the session. It is recommended that in person standardised assessment are not completed during Level 2, and that all other SLT activities use toys and resources available within the classroom.

Where specialist equipment is deemed essential:

- wipe down all equipment with disinfection wipes / solution before and after all visits
- use plastic covers that can be removed and cleaned on all electrical equipment including iPads, tablets, and smartphones and wipe down before and after visits
- keep smartphones in pockets.

Please refer to the [NZSTA Infection control standards](#) for further details.