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New Zealand Speech-language Therapists' Association
Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

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

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COVID-19 and speech-language therapy at NZ Government Alert Level 2

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.

Inpatient and outpatients services

In-person appointments 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. **Telephone consults and virtual appointments** are still the preferred options in Alert Level 2 and should be provided where possible**.**

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

- for outpatient consults, household risk assessment including checking health / travel / COVID-19 status of patient / family
- for inpatient consults, 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
- local infection control procedures must be followed including physical distancing and reducing contact time where possible
- follow recommended PPE requirements dependent on the tasks conducted (see below) and as required by your work place
- 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.

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 3 to Level 2 and community transmission of COVID-19 remains low, 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 recommenced 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 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.

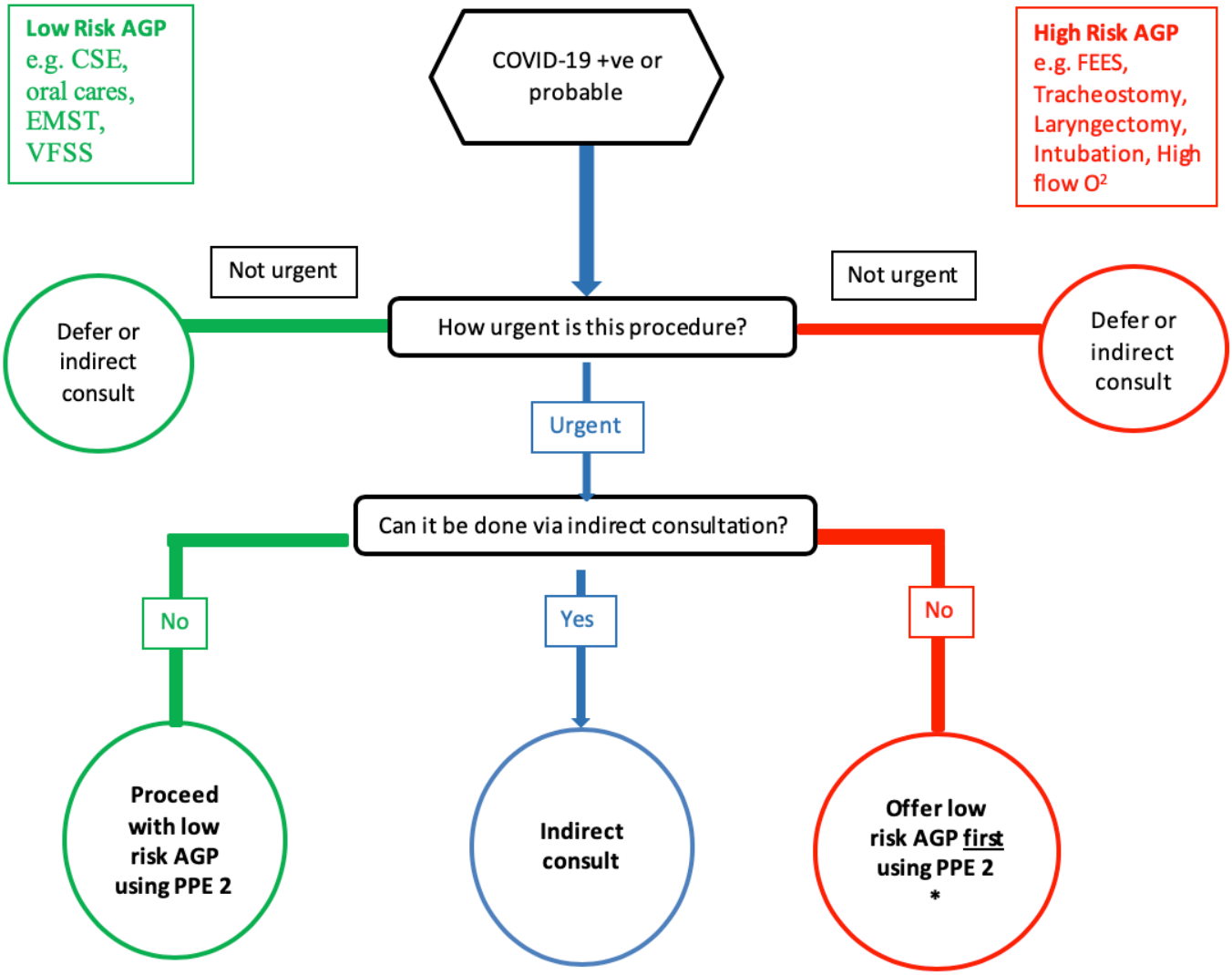
As screening of COVID-19 improves and if NZ continues to have low rates of community transmission, we may find that CRT can be employed at MoH Alert Level 2 (Yellow) in patients who have been adequately screened as COVID-19 -ve. This should not happen until we are given clearance to use nebulisers within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

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

Endoscopy Infection Control Checklist

This checklist is to guide infection control practices when carrying out endoscopy. Endoscopy is considered an aerosol generating procedure (AGP) and droplet precaution infection control practices (including PPE 1) should be followed.

Pre procedure
• Confirm the patient's infection control status prior to contact
• All surfaces / equipment should be wiped down with a disinfectant wipe
• Confirm the sterility of the endoscope and that this is in date and have cleaned if needed
• Only take in necessary items to procedure space
• Prepare scope prior to patient arrival
• Apply PPE as per infection control policy for droplet precautions (PPE 1) or enhanced PPE 2 (where dictated by local infection control guidance)
Post procedure
• Equipment should be immediately taken outside of the procedure space and placed in a lidded container for cleaning. Ideally one person would take off their gloves and open the door or curtains and the other person with PPE 1 would take the equipment outside
• All disposable equipment used and all food/drink items, even if unused, that were taken into the procedure space should be discarded in the procedure space
• PPE should be taken off and immediately placed in bin. Gloves and gown should be removed prior to leaving the procedure space with hand hygiene in between
• Eyewear and mask (if worn) should be removed outside of the procedure space with hand hygiene in between
• A new pair of gloves and full PPE 1 should be used to clean the endoscope or catheter (if cleaning is conducted locally rather than sent to sterile services)
• All surfaces / equipment should be wiped down with a disinfectant wipe (using gloves)

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

MoH COVID-19 Hospital Readiness Alert Levels (row) NZ Government COVID-19 Alert Levels (column)	**COVID-19 Hospital Readiness** **GREEN ALERT** **Alert level 1** ***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***	**COVID-19 Hospital Initial Impact** **YELLOW ALERT** **Alert level 2** ***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***	**COVID-19 Hospital Moderate Impact** **ORANGE ALERT** **Alert level 3** ***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***	**COVID-19 Hospital Severe Impact** **RED ALERT** **Alert level 4** ***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***
Level 1 – Prepare • 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.	**All assessments are available.** **PPE 0** for low risk AGPs. **PPE 1** for high risk AGPs.		

MoH COVID-19 Hospital Readiness Alert Levels (row) Government COVID-19 Alert levels (column)	**COVID-19 Hospital Readiness** **GREEN ALERT** **Alert level 1** ***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***	**COVID-19 Hospital Initial Impact** **YELLOW ALERT** **Alert level 2** ***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***	**COVID-19 Hospital Moderate Impact** **ORANGE ALERT** **Alert level 3** ***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***	**COVID-19 Hospital Severe Impact** **RED ALERT** **Alert level 4** ***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***
Level 2 – Reduce High risk of importing COVID-19 OR • 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.	**No high risk AGPs.** No CRT. **PPE 1** for low risk AGPs
Level 3 – Restrict • Community transmission occurring OR • Multiple clusters break out	**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 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.	**No high risk AGPs.** No CRT. **PPE 1** for low risk AGPs

MoH COVID-19 Hospital Readiness Alert Levels (row) Government COVID-19 Alert levels (column)	**COVID-19 Hospital Readiness GREEN ALERT Alert level 1** ***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***	**COVID-19 Hospital Initial Impact YELLOW ALERT Alert level 2** ***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***	**COVID-19 Hospital Moderate Impact ORANGE ALERT Alert level 3** ***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***	**COVID-19 Hospital Severe Impact RED ALERT Alert level 4** ***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***
Level 4 – Eliminate • 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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