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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 at NZ Government Alert Level 1

DYSPHAGIA MANAGEMENT

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COVID-19 and speech-language therapy

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

In the event of a change in NZ Government Alert Level or local level Ministry of Health (MoH) Hospital Readiness Alert Level, please refer to the NZSTA Level 3 and Level 2 Guidance. https://speechtherapy.org.nz/info-for-slts/information-regarding-covid-19/

Inpatient and outpatients services

In-person appointments may be provided during NZ Government Alert Level 1 and 2 as long as SLTs can take appropriate measures to manage public health. **Telephone consults and virtual appointments** may still be utilised in some circumstances.

If you 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 necessary
- 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 (patients with confirmed COVID-19 or someone who falls under the Higher Index of Suspicion (HIS) criteria https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-health-professionals/case-definition-covid-19-infection)

- 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 potential AGPs and are therefore categorised as low risk AGPs by the NZSTA. These procedures differ significantly from routine clinical contacts in terms of exposure risk due to the following factors: **1) inability for patients to wear masks or face coverings, due to the necessity for oropharyngeal examination or oral intake; 2) requirement of close proximity to the airway; and 3) prolonged duration of exposure.**

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 patients who fall under the Higher Index of Suspicion (HIS) criteria. 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.

FEES can be used in low risk or COVID-19-ve patients during NZ Government Alert Level 1. When FEES needs to be conducted, please follow recommended PPE standards (see below).

Cough reflex testing (CRT)

CRT is a high risk AGP due to the use of the nebuliser. In COVID-19 +ve patients and patients who fall under the Higher Index of Suspicion (HIS) criteria, it should not be used.

CRT can be employed at NZ Government Alert Level 1 and 2 in patients who have been adequately screened as COVID-19 -ve. See PPE guidance below.

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. Where in-person SLT intervention is deemed **necessary,** PPE 1 should be used in patients

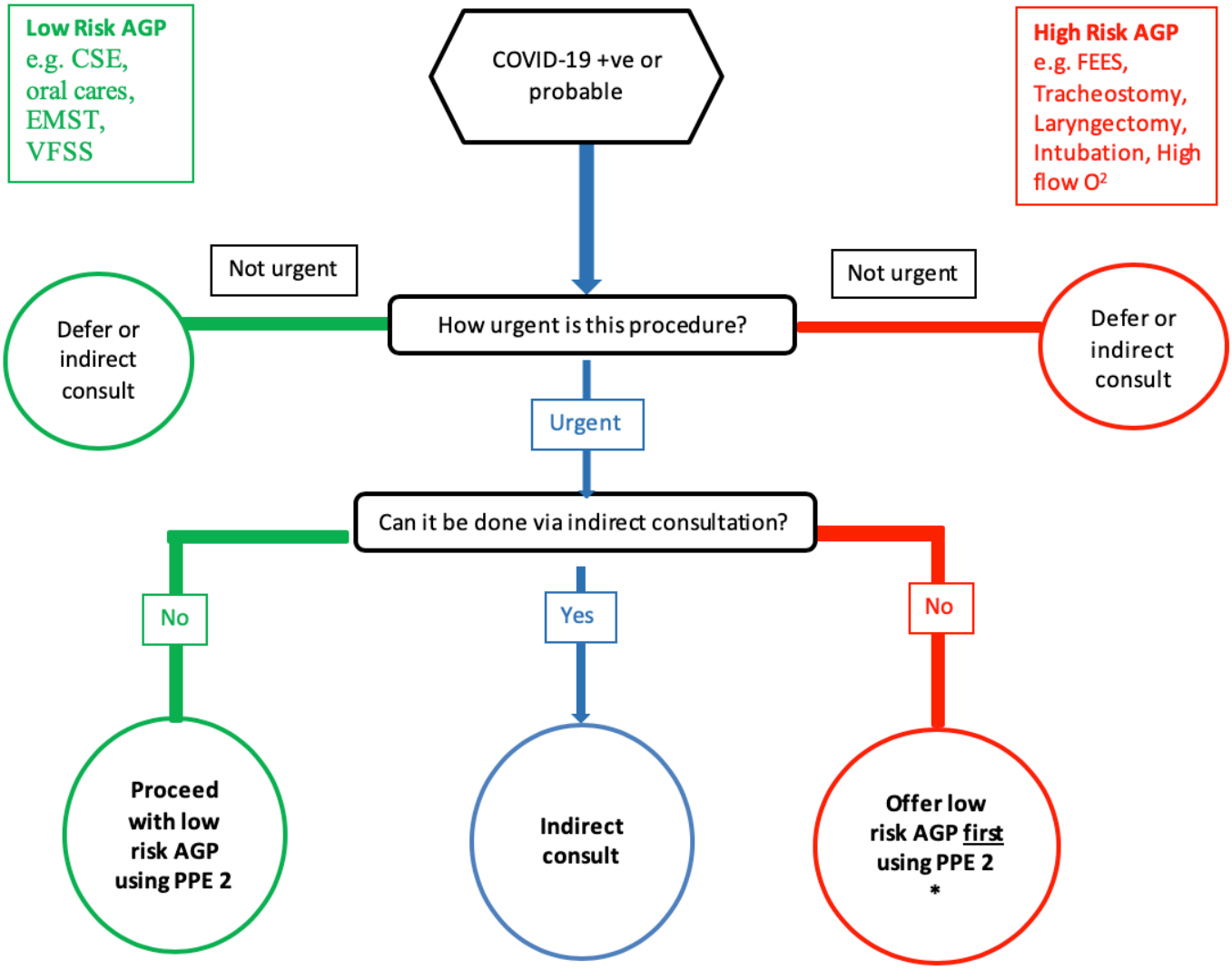
deemed low risk of COVID-19. In COVID-19 +ve patients and patients who fall under the Higher Index of Suspicion (HIS) criteria, all in-person interventions should be avoided and where deemed **essential** by the team, enhanced PPE 2 should be used. Team consultation should be sought to establish whether a patient needs essential SLT input.

AGP procedures for Low risk patients (low risk or COVID-19-ve)

PPE Type	Examples*	Equipment requirements
PPE 0 **(standard care)**	Bedside CSE Oro-motor examination Oral cares EMST VFSS	Pre- and post- surface / equipment sanitation practices Good hand hygiene practices Gloves for all activities requiring touch of patient / client
PPE 1 **(droplet precautions)**	Cough reflex testing Trans-nasal procedures including endoscopy, stroboscopy, FEES and manometry Tracheostomy cares Oral and tracheal suctioning Laryngectomy cares	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 (for close proximity oral / airway examination only) 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

** there may be situations where facility-level infection control requires, or a SLT chooses, an upgrade in PPE level for a patient. Examples include: if the patient has an identified other respiratory disease, the patient is coughing a lot, or the SLT has close proximity to the airway for a prolonged time.*

AGP procedures (excluding CRT) for patients with confirmed COVID-19 or someone who falls under the Higher Index of Suspicion (HIS) criteria



*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.

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)

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