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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 DHB SLTs

Developed by
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## COVID-19 and speech-language therapy at Government Alert Level 3/4

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.

## DHB community/outpatient services

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

'Essential care' for 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
- all treatment that facilitates discharge/ transfer to the community
- all treatment that supports and avoids admission into hospital
- 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 the community, 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 for all direct contacts, 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 external 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 direct 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 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 patients whose health status would be at risk without an in-person consult. 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 their 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 alert level within your hospital for that day. Check the COVID-19 status of patient and visitors before any contact.

For Low risk patients (see criteria below):

- see low risk Alert Level and PPE requirements below

For Medium and High risk patients: those identified as possible, suspected, probable or confirmed COVID-19 +ve):

- minimise in-person contact where practical (e.g. phone to 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 PPE requirements below.

## Low and High-risk procedures

The NZSTA Infection Control Standards provides a list of Classified AGPs and Potential AGPs (attached at end of document). The Working Group have summarised some key risk areas in COVID below.

### *Low risk Aerosol Generating Procedures (AGPs)*

Bedside clinical swallowing evaluations, mouth 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 Level 1 PPE is being used. Low risk AGPs can be conducted at MoH Alert Levels 1-4, with appropriate infection control procedures, where clinically needed (see below).

VFSS suite decontamination is required for all COVID-19 +ve patients and suspected/probable COVID-19 +ve patients. This may include Level 2 PPE for all staff, removal of all non-essential

equipment and suite decontamination processes post-procedure. It may therefore not be a feasible assessment option. This should be a consideration in decision-making.

## *Potential for high risk AGPs*

### *FEES*

FEES is potentially a high risk AGP as aerosols may be transmitted into the air during the procedure. While early in the pandemic, FEES and endoscopy was ceased across the world, we have now all transitioned towards providing a safe and effective FEES service for patients and staff.

During NZ Government Alert Levels 3-4 of the COVID-19 pandemic, we still recommend only essential FEES should be conducted due to the risk of aerosol transmission associated with endoscopy. Decisions must be made with the medical team and usual clinical reasoning around FEES must occur.

**Considerations for when FEES may be considered essential in COVID-19 +ve patients 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
- assessment will facilitate hospital discharge or prevent hospital admissions
- assessment will facilitate extubation or decannulation and therefore expediate closure of open stomas (and therefore reducing AGPs related to open stoma management).

**If FEES is considered by the team and infection control to be absolutely necessary, it needs to conducted to Level 2 PPE standards (see below).**

### *Cough reflex testing (CRT)*

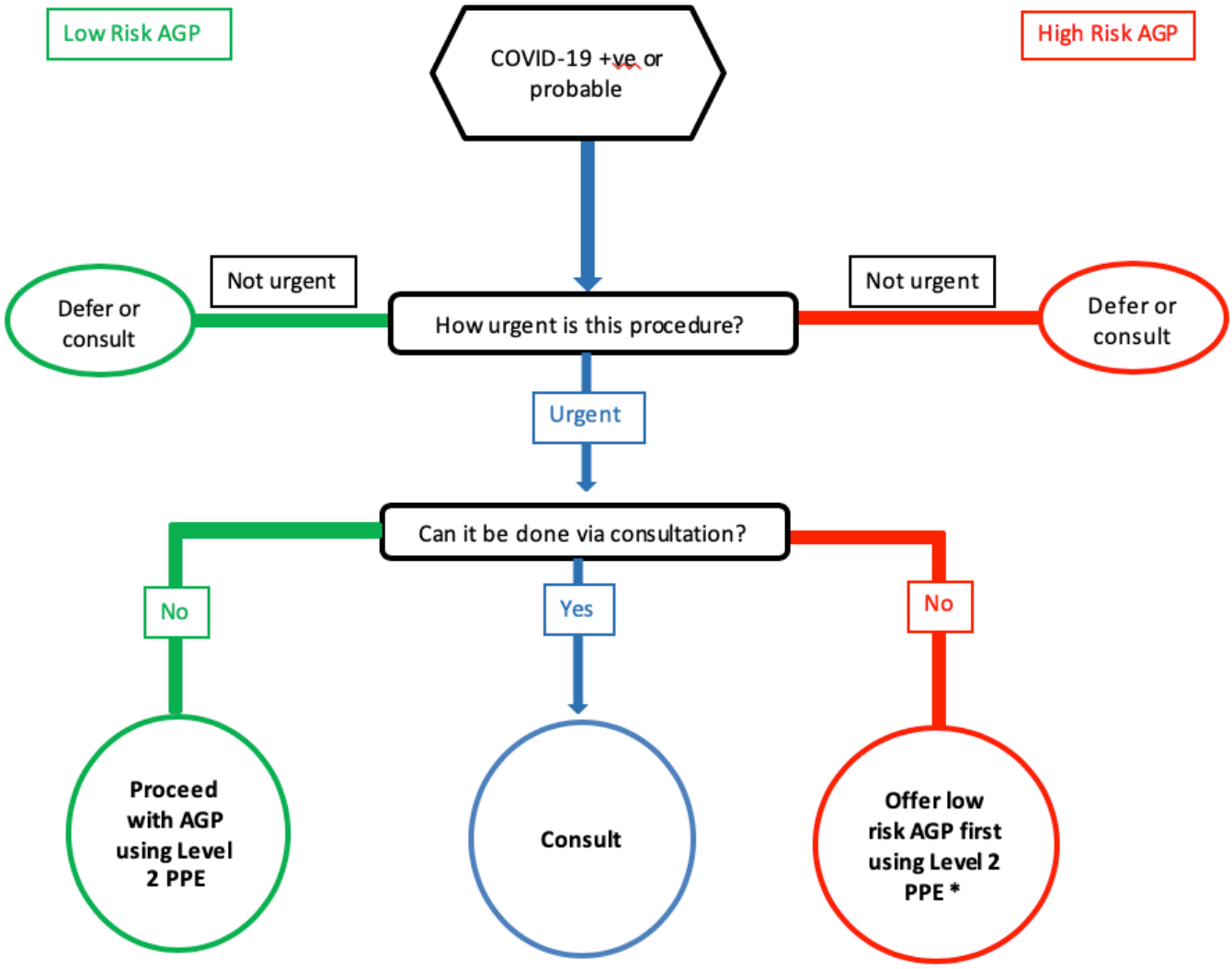
CRT is a high risk AGP due to the use of the nebuliser. In suspected, probable or confirmed COVID-19 patients, it should never be used.

As screening of COVID-19 improves and while NZ continues to have low rates of community transmission, we have found 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 you are given clearance to use nebulisers within your individual workplaces and only where the benefit is perceived to outweigh the risk.

### *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 **essential care only**. Where SLT intervention is deemed **necessary,** Level 1 PPE should be used in patients deemed low risk of COVID-19. In COVID-19 patients, all in-person interventions should be avoided and where deemed **essential** by the team enhanced Level 2 PPE should be used.

## 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
- Level 2 PPE 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.

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

| **COVID-19 Hospital Readiness (row)**<br><br>NZ COVID-19 Alert levels (column) | **COVID-19 Hospital Readiness GREEN ALERT Alert level 1**<br>***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**<br>***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**<br>***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**<br>***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**<br>• Heightened risk of importing COVID-19 OR<br>• Sporadic imported cases OR<br>• Isolated household transmission associated with imported cases | **All assessments are available.**<br><br>**Level 0 PPE** for low risk AGPs.<br><br>**Level 1 PPE** for high risk AGPs. | **CRT only if hospital has cleared use of nebulisers.**<br>All other procedures are available<br><br>**Level 0 PPE** for low risk AGPs.<br><br>**Level 1 PPE** for high risk AGPs. | **CRT only if hospital has cleared use of nebulisers.**<br>All other procedures available but with heightened PPE.<br><br>**Level 1 PPE** for low risk AGPs.<br><br>**Level 2 PPE** for high risk AGPs. | **No high risk AGPs unless essential. Level 2 PPE.**<br>No CRT.<br><br>**Level 1 PPE** for low risk AGPs |

| **COVID-19 Hospital Readiness (row)**<br><br>NZ COVID-19 Alert levels (column) | **COVID-19 Hospital Readiness GREEN ALERT**<br>**Alert level 1**<br>***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**<br>**Alert level 2**<br>***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**<br>**Alert level 3**<br>***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**<br>**Alert level 4**<br>***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**<br>High risk of importing COVID-19 OR<br>• Uptick in imported cases OR<br>• Uptick in household transmission OR<br>• Single or isolated cluster outbreak | **CRT only if hospital has cleared use of nebulisers.**<br><br>All other procedures are available<br><br>**Level 0 PPE** for low risk AGPs.<br><br>**Level 1 PPE** for high risk AGPs. | **CRT only if hospital has cleared use of nebulisers.**<br><br>All other procedures are available<br><br>**Level 0 PPE** for low risk AGPs.<br><br>**Level 1 PPE** for high risk AGPs. | **CRT only if hospital has cleared use of nebulisers.**<br><br>All other procedures available but with heightened PPE.<br><br>**Level 1 PPE** for low risk AGPs.<br><br>**Level 2 PPE** for high risk AGPs. | **Level 2 PPE** for high risk AGPs if essential.<br><br>No CRT.<br><br>**Level 1 PPE** for low risk AGPs |
| **Level 3 – Restrict**<br>• Community transmission occurring OR<br>• Multiple clusters break out | **CRT only if hospital has cleared use of nebulisers**.<br><br>All other procedures available but with heightened PPE.<br><br>**Level 1 PPE** for low risk AGPs<br><br>**Level 2 PPE** for high risk AGPs if essential. | **CRT only if hospital has cleared use of nebulisers**.<br><br>All other procedures available but with heightened PPE.<br><br>**Level 1 PPE** for low risk AGPs<br><br>**Level 2 PPE** for high risk AGPs if essential. | **CRT only if hospital has cleared use of nebulisers.**<br><br>All other procedures available but with heightened PPE.<br><br>**Level 1 PPE** for low risk AGPs<br><br>**Level 2 PPE** for high risk AGPs if essential. | **Level 2 PPE** for high risk AGPs if essential.<br><br>No CRT.<br><br>**Level 1 PPE** for low risk AGPs |

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| **Level 4 – Eliminate**<br>• Sustained and intensive transmission<br>• Widespread outbreaks | **Level 2 PPE** for high risk AGPs if essential.<br><br>No CRT.<br><br>**Level 1 PPE** for low risk AGPs | **Level 2 PPE** for high risk AGPs if essential.<br><br>No CRT.<br><br>**Level 1 PPE** for low risk AGPs | **Level 2 PPE** for high risk AGPs if essential.<br><br>No CRT.<br><br>**Level 1 PPE** for low risk AGPs | **Level 2 PPE** for high risk AGPs if essential.<br><br>No CRT.<br><br>**Level 1 PPE** for low risk AGPs |

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