



New Zealand Speech-language Therapists' Association Infection Control Standards

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Speech-language Therapists' Association

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CONTEXT

Speech-language therapists (SLTs) work with adults, children and infants across many clinical settings – early learning centres, schools, hospitals, clinics and day centres, residential care facilities and family's own homes. Infection control standards should be considered a mandatory component of the health and safety protocols in all settings irrespective of whether SLTs work for the Ministry of Health, Ministry of Education or privately. This ensures safety of the individual SLT, their clients and the public.

INFECTION CONTROL PROCEDURES

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment (PPE) protect the professional but also protect the patient/ client and their family and close contacts. Health and education professionals are often carriers of infection on their skin, equipment and clothing to other vulnerable people.

The NZSTA recommends that local policies are developed for all SLTs including access to PPE in line with government, local and NZSTA guidance.

The NZSTA recommends that, prior to in-person contact, that the SLT confirms the client's and the workplace's infection status, infection risks and PPE requirements.

The NZSTA recommends that where infection risk of an individual or a workplace is considered low (i.e. an individual is well and there is no known contact with someone with an identified infectious disease), that standard PPE guidelines are always followed (see below).

The NZSTA recommends that where an infection risk of an individual or a workplace is identified that government and / or local infection control guidance is sought and recommended PPE standards are always followed.

The NZSTA recommends that where an infection risk of an individual or a workplace is identified, and recommended PPE equipment are NOT available that the SLT does not visit that client/ patient until the appropriate PPE is sought. Where a SLT feels ill-prepared or un-safe with regards to the infection risk of a patient / client / family or work place, the NZSTA recommends that the SLT delays contact until the required procedures are in place.

The NZSTA recommends that where an infection risk of an individual or a workplace is identified, that the SLT should, in the first instance, consider telephone or telehealth options to avoid the need for in-person contact.

The NZSTA recommends that where an infection risk of an individual or a workplace is identified, this is documented for the purposes of monitoring infection.

The NZSTA recommends that where a SLT is feeling unwell, it is their responsibility to NOT return to work until well.

STANDARD PPE GUIDELINES

- practice appropriate hand hygiene
- use gloves for all contact procedures including dysphagia assessments and communication aid / hearing aid handling
- limit equipment / personal items/ toys taken into a patient bed space / client's home / educational facility to only those essential for the procedure / session
- wipe down any reusable equipment with a disinfection wipe / solution before *and* after all procedures. e.g. food boxes, FEES stack, reusable assessment materials, toys
- daily routine cleaning / sanitizing / disinfection of work surfaces including high touch items like handles and light switches is expected.
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a4.htm>
- consider plastic shields for equipment trolleys e.g. FEES stacks to reduce risk of infection spread on electronics
- local protocols for handling and storing food safely must be followed at all times
- use plastic covers that can be removed and cleaned on all electrical equipment (including iPads, tablets, and smartphones) and keep smartphones in pockets
- ensure you have a well ventilated work place. Whether you are working in your own clinic space or one allocated for you at the workplaces that you work within, you may want to read the government [property workplace guidelines](#) including the guidance on good ventilation. The UK [Breathe Freely information and ventilation tool](#) is a great resource to review the safety of your workplace.

ADDITIONAL REQUIREMENTS

Additional infection control practices may or may not include:

- gowns,
- eye protection / face visor and
- a range of face masks depending on the DHB and client / patient's infection status.

SLTs must ensure they have the required equipment available to them prior to a client /patient visit.

SLTs must ensure they have the required training in putting on and removing PPE to reduce risk of contamination including appropriate disposal of used PPE.

AEROSOL GENERATING PROCEDURES (AGPs)

An aerosol generating procedure is one that may stimulate coughing, sneezing and/or result in nasal, nasopharyngeal or pharyngolaryngeal secretions becoming particulated, resulting in the release of airborne, virus laden particles [aerosols]. AGPs increase the risk of airborne transmission due to larger amounts of potentially infectious aerosols generated than from typical speaking and breathing. The exposure risk for many SLTs to airborne transmitted diseases is specifically increased due to i) an inability for the patient to wear a face covering, ii) requirement of close proximity to the airway, and iii) prolonged duration of exposure.

Airborne precautions must be implemented when performing AGPs on clients with a known airborne infection. In addition to hand hygiene and gloves, airborne precautions may include gowns and face protection. Infection control recommendations should be sought before commencing any of these procedures.

The following procedures are all considered AGPs or potential AGPs and require airborne precautions to be in place:

Classified AGPs

- a. cardiopulmonary resuscitation
- b. intubation, tracheostomy care and management
 - i. with or without mechanical ventilation
 - ii. sputum induction / suctioning procedures
 - iii. deflating cuff, digital occlusion and speaking valve use
- c. non-invasive ventilation (NIV) and high-flow nasal oxygen (HFNO)
- d. respiratory support via nasal cannulae, high flow nasal cannulae, and face mask
- e. laryngectomy care and management, including:
 - i. surgical voice restoration (voice prosthesis changes; and open stoma inspection)
 - ii. communication management/assessment with laryngectomy patients due to risk of coughing
- f. nebulization and therefore, cough reflex testing

Potential AGPs

Any examination or procedure performed on the aerodigestive tract (middle ear, nose, pharynx, oral cavity, oropharynx, hypopharynx or esophagus), including:

- a. clinical evaluation of swallowing, including oro-motor/cranial nerve examination, trial swallows, and oral care
- b. endoscopy, including SLP-led flexible endoscopic evaluation of swallowing (FEES)
- c. laryngoscopy, stroboscopy, or transnasal endoscopy (TNE)
- d. videofluoroscopic swallow study (VFSS)
- e. transnasal endoscopic procedures
- f. respiratory muscle strength training (expiratory muscle strength training [EMST], inspiratory muscle strength training [IMST])
- g. pharyngeal-esophageal manometry and pH-MII procedures
- h. all interventions requiring close proximity to / contact with the aerodigestive tract.

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 particalized, resulting in the release of airborne particles [aerosols].

For consults with physical distancing and close contact, no PPE is required if the tamariki/client and their whānau / carer / support person are consider at low risk of an airborne infectious disease.

PPE should always 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.

PPE should always be considered if the tamariki/client or their close contacts have a confirmed or suspected infectious disease. <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-health-professionals/case-definition-covid-19-infection>

Examples of tasks conducted by SLTs and recommended PPE requirements

Low-risk clients (client who are well and have had no contact with a person with an infectious disease)	Medium & High-risk clients (confirmed infectious disease or fails under the Higher Index of Suspicion (HIS) Criteria)
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 or PPE 1+* for all potential AGPs	See 'NZSTA PPE for SLT table' for all ESSENTIAL direct contact activities
PPE 1+ for all classified AGPs	PPE 2 for AGPs (see NZSTA health SLT guidance for COVID 19 for prohibited AGPs at different COVID levels)

**it is at the discretion of the SLT and their workplace to decide if PPE is required depending on the vulnerability of the client, the setting and activity being conducted.*

NZSTA PPE for SLT

PPE Type	Requirements
<p>PPE 0 (standard care outside of a Pandemic)</p>	<p>Pre- and post- surface / equipment sanitation practices Good hand hygiene practices Gloves for all activities requiring direct contact with the client</p>
<p>PPE 1 (droplet precautions)</p>	<p>Pre- and post- surface / equipment sanitation practices Good hand hygiene practices Surgical mask Limit belongings taken into procedure Gloves for all activities requiring direct contact with the client Face shield or goggles (for close proximity oral / airway examination only) Disposable fluid repellent gown (for close proximity oral / airway examination only)</p>
<p>PPE 1+ (droplet precautions with added respiratory precautions to be used, for example where close contact is required or, on high risk wards and there is significant community spread of a respiratory disease e.g. COVID-19 *) * follow local guidance</p>	<p>Pre- and post- surface / equipment sanitation practices Good hand hygiene practices N95 mask Limit belongings taken into procedure Gloves for all activities requiring direct contact with the client Face shield or goggles Disposable fluid repellent gown (for close proximity oral / airway examination only)</p>
<p>PPE 2 (airborne precautions)</p>	<p>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 Closed single room where possible</p>