

New Zealand Speech-language Therapists' Association COVID-19 GUIDANCE FOR COMMUNITY BASED SLTs

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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 employer recommended procedures. Contact your local infection control officer for clarification and guidance.

On 2 December 2021, the COVID-19 Public Health Response (Protection Framework) Order 2021 came into force (CPF). Workers who provide a health service, disability service or ACC work and /or work in a designated premise (including DHBs, Oranga Tamariki, Justice sector, Education) are exempt from some requirements of the Order. These workers may continue to **work through all traffic light phases** and **cannot require vaccination in their clients to access their services**. The Order outlines public health protection strategies that are essential for all close proximity services, including health and disability work, and SLTs need to work within the Order. These strategies include:

- mandatory vaccination
- maintain contact tracing records
- regular health risk assessments and surveillance swabbing
- risk assessment of all client and triaged care based on COVID risk status of client
- physical distancing where able
- PPE at appropriate level for activity and COVID risk status of client
- vigilant cleaning and ventilation standards
- stay away from your workplace and from clients if sick.

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

* It is acceptable for SLTs to ask for vaccination status of clients and those attending with them for risk assessment/ management decision-making. However, a client has the right not to divulge their vaccination status and, a SLT cannot refuse access to their services based on vaccination status.

For those working in Health, please refer to the Ministry of Health health professionals COVID pages and the NZSTA COVID guidance for hospital SLTs. For those working in Education, please refer to the Ministry of Education's COVID information on the intranet (Te Tahuhu), which is updated regularly, and to the Ministry'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) including face coverings.

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

Community Services including Home Visits and Outpatient Clinics

Community Services are delivered from and within a wide variety of locations, including:

- In client's homes
- In DHB/public health/education community sites
- In DHB hospital sites
- In residential rehabilitation, supported and aged care settings
- Community sites such as schools

Telephone support and virtual appointments should be offered and provided as the first choice, where possible and able to meet client and whānau needs.

In person support may be provided 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 Level
- complete a risk assessment, using your employer's guidelines and risk assessment questions, including checking health / travel / vaccine and COVID-19 status of tamariki/client and whānau prior to visit
- follow local infection control procedures including equipment sanitation, physical distancing (2 metre - wherever possible), preference for ventilated spaces/outdoor appointments and reducing contact time where possible
- follow recommended PPE requirements (including use of face coverings) as required by your workplace and depending on the tasks conducted (see below)
- **follow stringent contact tracing** processes using the New Zealand Ministry of Health contact tracing app taking of all persons present at the time of the visit
- follow usual internal existing processes where possible e.g. clinical notes / diary. You will need to record names and contact details of all people who were present at the time of the visit. PPE worn and type of contact (distance, close, direct) should be recorded. 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

While different services/organisations have different codes for the COVID risk status of client /tamariki and whānau, risk assessment is essential as part of triaging and classifying clients by their COVID risk.

Risk assessment screening questions:

<https://speechtherapy.org.nz/wp-content/uploads/2021/09/Alert-Level-2-Health-Questions-10.9.21.pdf>

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 essential care, enhanced PPE must be used.

For those working in Education, please refer to the Ministry's risk assessment questions.

For the purposes of this guidance, we use the terms 'COVID stream' and 'non-COVID stream'.

NON-COVID STREAM

Low risk clients are:

- those identified as COVID-ve
- those deemed to be at low risk of being infected based on risk assessment

COVID STREAM

Medium and High-risk clients are:

- those identified by risk assessment as exposed, possible, suspected or probable cases of COVID
- those with a confirmed positive test result

For COVID stream clients:

- Minimise in person contact where practical (e.g. phone to triage as well as to check progress with client / 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 referral information and liaise with family / 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?
 - Can you undertake the assessment using physical distancing?
- Where **essential** SLT care is needed, and you are not able to provide this care with physical distancing, see PPE requirements below.

Essential Care

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/or significantly negatively impact quality of life and as such is **essential care**.

'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
- where failure to access services will lead to an acute deterioration of a known condition
- where delay in access to services will impact the consumer's ability to maintain functional independence and significantly negatively impact quality of life
- 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 client.

For SLTs, essential care includes:

- Dysphagia assessment or intervention where the client is at risk of deterioration in respiratory status, nutritional status, or significant deterioration in quality of life without that intervention.
- Communication intervention where failure to access that service will impact ability to maintain functional independence or significantly impact quality of life.

For SLTs, there are clients 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 clients 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.

Equity

Te Tiriti o Waitangi and equity must remain at the centre of the principles of speech-language therapy care :

- Complex layers of history, marginalisation, and socioeconomic situation may result in late engagement of Māori clients and whānau. We must therefore make every endeavour to implement engagement and access to care strategies to overcome late engagement.
- Pacific people may delay accessing care so every endeavour is to be made to strengthen and maintain engagement and access to care.

Paediatric Home Visits

Decisions about where support takes place should balance the health and safety needs of whānau and SLTs with the support need. Different settings and tasks carry different levels of risk. Where possible, we encourage staff to provide support in settings where they have more ability to control variables such as surface cleaning, number of people, distancing, and ventilation. This is likely to be in an educational setting, Ministry building or some community settings.

Visits to educational settings are recommended over visits to homes while COVID-19 is in the community. This is because they provide the additional protections of the Public Health Order. There will be some children, young people and whānau who may be best supported in their homes. Professional judgement, knowledge of the context and communication with whānau will support SLTs to make good decisions on the risk of visiting whānau in their homes under all levels of the CPF.

Schools and Early Learning Services

All early learning services, schools, kura and tertiary education facilities are open to vaccinated and unvaccinated children. All visitors must show a vaccination certificate to enter the facility. **SLTs are able to provide in person support** to schools, kura and early learning services under the CPF, but extra precautionary measures may be in place during Orange and Red. If you are visiting education facilities, you will need to check to see what specific requirements are required for each site around PPE/Face coverings, etc. Some children and young people may be learning offsite due for medical reasons. In these cases, telepractice should be provided as needed.

SLTs planning visits should contact the facility prior to arrival to confirm any visitor requirements and to plan the most appropriate form of support. It is likely that many schools, kura and early learning services will choose to limit visiting professionals especially while in Red. In these cases, virtual support should continue.

Where schools, kura and early learning services are requesting visiting professionals, SLTs need to ensure they are recorded as being on site through the timetable and/or visitor register and by using the contact tracing app. SLTs also need to follow appropriate hygiene and other health and safety measures required by each school, kura or early learning service.

Whilst ākonga (students) and teachers do not need to physically distance, SLTs visiting facilities should try to keep 2 metres apart from people they do not know.

SLTs working across different sites must ensure they follow the New Zealand Ministry of Health contact tracing app, hygiene and health and safety guidelines for each different facility visited. They should also follow the latest Ministry of Education advice for staff working across different facilities: *these staff members should be extra mindful. They should be encouraged to be vaccinated, look out for symptoms, get tested if sick, and use the COVID-19 tracing app.*

During visits, you will need to:

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

PPE (including face coverings) and physical distancing at schools, kura and early learning services

In schools, kura and early learning services, all children, young people, and teachers with any symptoms are being asked to stay at home. Facilities are being asked to send anyone home who has or develops symptoms.

At Red level, face coverings must be worn when indoors by visitors working to support the education for students in Years 4 and above. Physical distancing of 2 metre when indoors should be observed where practicable.

At Orange and Green levels, face coverings are encouraged but not required when inside. Physical distancing is not a requirement.

For further information on mask wearing: [Face coverings guidance – Education in New Zealand](#)

Use of equipment

Equipment taken into homes, residential facilities, schools, kura 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 Red and Orange, 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.

Working safely in the COVID-19 pandemic

As the pandemic continues, the government has asked us to continue our work to ensure clients receive safe, evidence-based assessment and management. The goal is to improve the health and quality of life of New Zealanders, avoid delays in hospital discharge, and prevent hospital admissions and readmissions.

The [NZSTA Infection Control Standards](#) provides a list of Classified Aerosol Generating Procedures (AGPs) and Potential AGPs or potential aerosol generating behaviours.

Due to the nature of speech-language therapy, working in the context of COVID-19, or any airborne disease, is particularly challenging. The following are risk factors for viral transmission that are common in SLT work:

- inability for a client to wear a mask i.e. during an oral exam or oral trials
- contact with oral and respiratory secretions
- assessment tasks, such asking client to cough, talk, vocalise loudly, forced expiration
- triggering a cough in clients through tasks performed
- close proximity to the airway
- working in open airway (e.g., tracheostomy and laryngectomy)
- use of short bursts of nebulisation for cough reflex testing
- endoscopic evaluations with entrance through nose
- prolonged assessment times.

PPE and Procedures

A SLT should base their decision of PPE level on:

- COVID status of the client
- traffic light level of the region
- whether the client has an infectious disease other than COVID-19
- whether the client has productive secretions or difficulties controlling their secretions
- type of contact and type of procedure to be conducted.

A SLT can always increase their PPE level based on their own risk assessment of the above criteria.

Physical distancing is defined as more than 2 metre distance between therapist and client. This is frequently not practical for SLTs.

Close contact is defined as being within 2 metres of client for over 15 minutes.

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

A potential aerosol generating procedure or behaviour (APG/B) is one 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).

Non-COVID Stream (low-risk of COVID-19)

This classification means the tamariki/client and their whānau / carer / support person have answered 'no' to all risk management screening questions.

For consults with outdoor physical distancing: no PPE is required, e.g. a distanced conversation with a client, family or residential care staff member.

For consults with indoor physical distancing, PPE 0 (Green) PPE 1 (Orange and Red or if any concerns) is required.

For indoor public venues where physical distancing is not possible, PPE 1 is required.

For close contacts, PPE 1 or 1+ is required, e.g. close play, communication management.

If there is any chance of direct contact with the tamariki/client's saliva, respiratory secretions, food/drink or their nose, mouth or eyes, **PPE 1 or 1+ is required**, See below for suggestions for PPE 1+.

Many SLT activities are considered internationally to be medium and high-risk **aerosol generating procedures (AGPs) or aerosol generating behaviours (AGBs)**. 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 instrumental assessments. See PPE Summary Table below.

COVID-stream (Medium and high risk of COVID-19)

This classification means the tamariki/client and their whānau / carer / support person have been exposed, suspected, probable or confirmed COVID-19 positive, and/ or are awaiting COVID-19 results and/or those who say 'yes' to risk screening questions.

For all consults **PPE 2 is required**.

Low Risk AGP/Bs

Low-risk AGP/Bs spread respiratory droplets and potentially aerosolise viruses, however, 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 (Miles et al., 2021). Low-risk AGP/Bs should be conducted with appropriate infection control procedures. including ventilation, sanitation, and appropriate PPE. Examples of low-risk AGP/Bs include **communication management, bedside clinical swallowing evaluations, mouth cares, and VFSS**.

For non-COVID stream clients: PPE 1 is required for all low risk aerosol-generating behaviours.

For COVID stream clients: PPE 2 is required for all COVID stream contacts. At all levels of the COVID-19 Protection Framework, clients in the COVID stream should first be offered remote SLT intervention. If in person SLT intervention is considered essential, clients should be offered low risk procedures **first** (i.e. clinical swallow assessment rather than instrumentation) wherever possible. PPE requirements are the same at all levels of the COVID-19 Protection Framework. See PPE Summary Table.

Medium Risk AGP/Bs

Medium-risk AGP/Bs require sustained periods of expiratory behaviours and as such have potential to produce significantly greater aerosols into this room. For non-COVID stream clients, ventilation, physical distancing and PPE 1 is recommended for medium-risk AGP/Bs. For COVID stream clients, intervention should be delayed until a negative test result is obtained. Examples of medium-risk AGP/Bs include **Expiratory Muscle Strength Training (EMST), Lee Silverman Voice Treatment (LSVT), Flexible Endoscopic Evaluation of Swallowing (FEES) and Cough Reflex Testing (CRT).**

Cough reflex testing (CRT)

CRT is a medium risk AGP due to the use of 15 second bursts of the nebuliser. As screening of COVID-19 has improved, some DHBs are providing clearance for cough reflex testing in the community for some clients who have been adequately screened as non-COVID-19 stream. This should not happen until you are given clearance to use nebulisers within your individual DHB.

For non-COVID stream clients:

At **red and orange**, it is the NZSTA recommendation that CRT should be used only with clients who have had a stroke, to avoid secondary complications of undetected silent aspiration and / or delays in oral intake while awaiting instrumental assessment, with PPE 1+.

At **green**, CRT may be used when clinically indicated using PPE 1.

For COVID stream clients, CRT should be avoided.

High Risk AGPs

Laryngectomy and Tracheostomy

High-risk AGPs are identified in situations where the proximity to the airway and the risk of aerosolised virus is high. Laryngectomy and tracheostomy are high-risk, classified AGPs. Local infection control procedures should be followed for clients with laryngectomy, tracheostomy, and clients who are intubated or on high flow oxygen. Telephone consults and virtual appointments should be considered but in person sessions should be provided where clinically indicated for best clinical care.

For non-COVID stream clients, where SLT intervention is clinically indicated by the multidisciplinary team, PPE 1 or 1+ should be used depending on the Traffic Light Level (see PPE Summary Table).

For COVID stream clients, all in person interventions should be avoided and where deemed **essential** by the team, PPE 2 should be used.

PPE when working with Deaf clients/clients with other communication difficulties

For non-COVID stream clients:

- Where a client relies on New Zealand Sign Language or visual facial cues such as lip reading or facial expression, The Ministry of Health states that you may remove your face covering to communicate, but you must maintain a physical distance of 2 metres.
- Where a client's communication is impaired and a face covering impacts on intelligibility, the client may remove their face covering to communicate, but, again, you must maintain a physical distance of 2 metres.
- Clear face masks may be available in some areas which provide the equivalent protection to surgical masks.
- Please check with your policy on this before deviating from PPE protocols.

Reference:

Miles, A., Connor, NP., Desai, R., Jadcherla, S., Allen, J., Brodsky, M., Garand, K.L., Malandraki, G.A., McCullough, T.M., Moss, M., Murray, J., Pulia, M., Riquelme, L., Langmore, S. (2021) Dysphagia care across the continuum: A multidisciplinary Dysphagia Research Society taskforce report of service-delivery during the COVID-19 global pandemic. *Dysphagia*, 36(2):170-182. 10.1007/s00455-020-10153-8.

PPE GUIDANCE for SLTs Summary Table

		PPE Requirements			
		COVID Stream – all levels	Non-COVID Stream		
			Confirmed COVID -ve but residual respiratory symptoms	Regional Status Red/Orange	Regional Status Green
High-risk AGBs	Laryngectomy Mx	Only if essential Level 2 PPE	✓ Level 1+ PPE	✓ Level 1+ PPE	✓ Level 1 PPE
	Trache Mx	Only if essential Level 2 PPE	✓ Level 1+ PPE	✓ Level 1+ PPE	✓ Level 1 PPE
Medium-risk AGBs	CRT	X Do NOT use CRT Use <u>Clinical Swallowing Evaluation</u> protocol	✓ Level 1+ PPE	✓ Level 1+ PPE Use <u>only</u> for stroke patients in well-ventilated spaces	✓ Level 1 PPE
	FEES	Only if essential Level 2 PPE	✓ Level 1+ PPE	✓ Level 1+ PPE	✓ Level 1 PPE
	High-flow oxygen	Only if essential Level 2 PPE	✓ Level 1+ PPE	✓ Level 1 PPE	
	LSVT	Only if essential Level 2 PPE	✓ Level 1+ PPE	✓ Level 1 PPE	
	EMST	Only if essential Level 2 PPE	✓ Level 1+ PPE	✓ Level 1 PPE	
Low risk AGBs	VFSS	Only if essential Level 2 PPE	✓ Level 1+ PPE	✓ Level 1 PPE	
	Clinical swallow exam	✓ Level 2 PPE	✓ Level 1+ PPE	✓ Level 1 PPE	
	Voice therapy	✓ Level 2 PPE	✓ Level 1+ PPE	✓ Level 1 PPE	
	Communication management	✓ Level 2 PPE	✓ Level 1+ PPE	✓ Level 1 PPE	

PPE Type	Requirements
PPE 0 (standard care outside of a Pandemic)	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 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)
PPE 1+ (droplet precautions with added respiratory precautions to be used for example where close contact is required and there is community spread of COVID-19)	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 (for close proximity oral / airway examination only) Disposable fluid repellent gown (for close proximity oral / airway examination only)
PPE 2 (airborne precautions)	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