PO Box 302 469, North Harbour, Auckland 0751, New Zealand
Tel +64 9 475 0214 Email professionalstandards@speechtherapy.org.nz
www.speechtherapy.org.nz

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

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

Developed by
Anna Miles, Expert Adviser- COVID-19, New Zealand Speech-language Therapists' Association / The University of Auckland and The New Zealand SLT Health Leaders Group

Launched 15th May 2020
Revised September 2021
Revised December 2021
Revised January 2022

Copyright © 2022 The New Zealand Speech-language Therapists' Association. All rights reserved.

Disclaimer: To the best of the New Zealand Speech-language Therapists' Association (NZSTA) ("the Association") knowledge, this information is valid at the time of publication. The Association makes no warranty or representation in relation to the content or accuracy of the material in this publication. The Association expressly disclaims any and all liability (including liability for negligence) in respect of the use of the information provided. The Association recommends you seek independent professional advice prior to making any decision involving matters outlined in this publication.

Working safely in the COVID-19 pandemic: guidance for hospital based SLTs

As the pandemic continues, the Ministry of Health has asked health professionals to continue their work to ensure patients 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.

These guidelines are specific to the tasks conducted by **speech-language therapists (SLTs) in inpatient settings.** This includes DHB inpatient rehabilitation facilities. They should always be followed alongside government and DHB level policies and recommended procedures. Contact your senior management team and local infection control officer for clarification and guidance.

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 patient to wear a mask i.e. during an oral exam or oral trials
- contact with oral and respiratory secretions
- assessment tasks, such asking patients to cough, talk, vocalise loudly, forced expiration
- triggering a cough in patients 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.

General Infection Control for COVID-19

In accordance with the COVID-19 Public Health Response (Protection Framework) Order 2021, all SLTs working in an inpatient setting, at all levels of the NZ COVID-19 Protection Framework (CPF) are expected to adhere to the following general strategies, as guided by local policy:

- inpatient SLTs must be fully vaccinated for COVID-19 by 01 January 2022
- maintain contact tracing records
- regular health risk assessments and surveillance swabbing
- risk assessment of all patients and triaged care based on COVID risk status of patient
- physical distancing where able
- PPE at appropriate level for activity and COVID risk status of patient
- 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.

Risk assessment

While different DHBs have different codes for the COVID risk status of patients, all DHBs are conducting risk assessment, triaging and classifying patients by their COVID risk. For the purposes of this guidance, we use the terms 'COVID stream' and 'non-COVID stream'.

NON-COVID STREAM	COVID STREAM
Low risk patients are: • those identified as COVID-ve • those deemed to be at low risk of being infected based on hospital risk assessment	Medium and High-risk patients are: • those identified by hospital risk assessment as possible, suspected or probable cases of COVID • those with a confirmed positive test result

Key strategies for risk assessment include:

- Do not enter a ward before you have checked the PPE guidance for the hospital and specific ward on that day.
- Check the COVID-19 status of patient and visitors before any contact.

For COVID stream patients:

- Minimise in person contact where practical (e.g. phone to ward to triage as well as to check progress with nurse) while the patient remains infectious.
- 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)?
  - Can you undertake the assessment using physical distancing?
  - Can you delegate responsibility to a staff member already in the room?
- 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 patient.

For SLTs, essential care includes:

- Dysphagia assessment or intervention where the patient 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.

PPE and Procedures

A SLT should base their decision of PPE level on:

- COVID status of the patient
- traffic light level of the region
- whether the patient has an infectious disease other than COVID-19
- whether the patient 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 patient. This is frequently not practical for SLTs in the hospital setting.

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

Direct contact is defined as being in physical contact with a patient'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 particalised, resulting in the release of airborne particles (aerosols).

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 PPE 1. Examples of low-risk AGP/Bs include **communication management, bedside clinical swallowing evaluations, mouth cares, and VFSS.**

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

For COVID stream patients: PPE 2 is required for all COVID stream contacts. At all levels of the COVID-19 Protection Framework, patients in the COVID stream should be offered low risk procedures **first** (i.e. clinical swallow assessment rather than instrumentation) wherever possible. PPE requirements for inpatients is based on rigorous inpatient screening procedures and thus is the same at all levels of the COVID-19 Protection Framework. See PPE Summary Table.

VFSS suite decontamination is required for all COVID-19 stream patients. This may include PPE 2 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.

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 patients, ventilation, physical distancing and PPE 1 is recommended for medium-risk AGP/Bs. For COVID stream patients, intervention should be delayed until a negative test result is obtained where possible.

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)**.

FEES

FEES is a medium-risk AGP as respiratory droplets and aerosols may be transmitted into the air during the procedure. While early in the pandemic, FEES and endoscopy were ceased across the world, we have now all transitioned towards providing a safe and effective FEES service for patients and staff. NZSTA recommends FEES should be conducted where appropriate to best treat patients.

For non-COVID stream patients, FEES should be conducted when clinically indicated as per usual reasoning. Decisions should be made with the medical team and usual clinical reasoning around FEES must occur. PPE 1 or 1+ should be used depending on the Traffic Light Level (see PPE Summary Table).

For COVID stream patients, FEES should be delayed until a negative COVID-19 test result is obtained, if possible.

FEES may be completed if essential, taking into account the following considerations:

- alternative source of nutrition unavailable
- alternative instrumental assessment unavailable

- indirect assessment & management of dysphagia via delegated tasks to nursing staff unsuccessful/inconclusive
- 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).

Where a low-risk AGP/Bs cannot provide the information required for COVID stream patients:

- FEES should be considered with discussion with treating medical team
- PPE 2 must be strictly adhered to for both procedure and decontamination
- negative pressure room is required
- all equipment will need to remain in situ until decontaminated
- limit number of staff who come into contact with patient, consider using nurse or family member as support person where appropriate.

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 hospitals are providing clearance for cough reflex testing in patients 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 patients:
At **red and orange**, it is the NZSTA recommendation that CRT should be used only with patients 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 patients, 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 patients with laryngectomy, tracheostomy, and patients 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 patients, 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 patients, 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 patients:

- Where a patient 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 patient's communication is impaired and a face covering impacts on intelligibility, the patient 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 DHB policy on this before deviating from hospital 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., Riiquelme, 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 AGPs	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 Clinical Swallowing Evaluation protocol	✔ Level **1+** PPE	✔ Level **1+** PPE Use **only** 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