IASLT

IASLT COVID -19

Guidance for IASLT Members

IRISH ASSOCIATION OF SPEECH & LANGUAGE THERAPISTS
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Introduction

The Irish Association of Speech and Language Therapists (IASLT) acknowledges the additional challenges the current COVID-19 global pandemic brings for our Members. We acknowledge the incredible work that is ongoing as our members prepare and plan for a surge in COVID 19 numbers. We also acknowledge the fact that a large number of members are and have been redeployed into new roles in testing and contacting tracing. We are so proud of our members and their willingness to take on new challenges. Members continue to put service users at the centre of care and TO develop resources to implement nationally such as accessible information for children and adults. Members are also facing challenges in the delivery of direct face-to-face care to service users and are proactively managing this through changes to work practices and alternative modes of service delivery to ensure service user and clinician safety. There are also challenges in relation to new and changing work environments. The profession has come together supporting each other, sharing fears, plans and protocols.

IASLT have produced this guide to support members in keeping themselves safe and informed and in delivering safe, effective, and essential care to patients and service users during the COVID-19 pandemic.

IASLT members should note that this is a working document. IASLT will continue to lobby and advocate for members and will be issuing updates on guidance in due course.

What is Covid-19?

A coronavirus is a common type of virus: COVID-19 is a new strain of coronavirus first identified in Wuhan City, China. On 31 December 2019, Chinese authorities notified the World Health Organization (WHO) of an outbreak of suspected pneumonia, which was later classified as a new disease: COVID-19. On 30 January 2020, WHO declared the outbreak of COVID-19 a 'Public Health Emergency of International Concern' (PHEIC). On 11 March 2020, COVID-19 was categorised a pandemic by the Director General of the World Health Organisation.

The illness can develop over a period of a week or longer. Symptoms are initially mild but may progress in some cases to dyspnoea or shock. Symptoms can range from mild

to severe illness. Some people will recover easily, and others may get very sick very quickly. People with coronavirus COVID-19 may experience:

- Cough (typically non-productive)
  - Myalgia and fatigue
  - shortness of breath
- Fever

See www2.hse.ie/conditions/coronavirus/coronavirus.html which covers symptoms, causes and treatment

Advice and guidance:

IASLT recommends that members, in addition to following their local organisation policies, refer to the the most up-to-date source of guidance from the *Health Protection Surveillance Centre* (HPSC), which is the co-ordinating HSE office for COVID-19 (www.hpsc.ie). The HPSC provides the latest information for health professionals and the public which is continuously updated. They have developed a helpful FAQ and in addition to general information they also provide information on prevention, signs/symptoms/ travel advice and the global situation. The HPSC's advice and guidance for healthcare workers, including video posters and video resources, is available here: https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/guidanceforhealthcareworkers/

Further resources can be found in the Appendix below.

Information from CORU:

CORU has issued two statements to date in relation to COVID-19.
A statement from the Chairperson and Chief Executive Officer of the Health and Social Care Professional Council, CORU, to all registered health and social care professionals in relation to COVID-19 is available here https://www.coru.ie/health-and-social-care-professionals/covid-19-updates/covid-19-update/
A second statement was issued on 20th March 2020
https://coru.ie/health-and-social-care-professionals/covid-19-updates/covid-19-update/

SLT Intervention Considerations:

Where possible, information should be obtained from the referral source, healthcare record and other members of the multidisciplinary team (MDT) before any direct face-to-face contact with any service user. Where possible consent should be sought for discussion with next of kin/family.

It is necessary to risk assess every new referral, assessment, and intervention prior to direct contact. Consideration should be given to the individual's current COVID-19 status, personal protective equipment (PPE) requirements, and the urgency of any assessment or intervention at each planned contact. This should be done in line with local policies and procedures and the MDT as appropriate.

If a patient/service user is awaiting results of a COVID-19 test triage the urgency of SLT assessment or intervention and the indication for direct or in-direct contact and discuss with the MDT. Where direct SLT contact is not deemed immediately essential defer where possible until the outcome of the test is known and continue to deliver care indirectly. If immediate direct SLT contact is deemed essential deliver care in partnership with the MDT and in line with local policies and procedures, including infection, prevention and control. In this circumstance consideration may be given to cohorting a patient/service user as your last direct contact of the day.

For patients with a confirmed diagnosis of COVID-19 risk assess the urgency of any assessment or intervention at each planned direct contact. This should be done in conjunction with the MDT and in line with local policies and procedures, including infection, prevention and control. SLTs should make every effort to maximize safety by delivering SLT care via indirect means where possible e.g. therapy programmes should be given to patients who can work independently. A system of reviewing and amending these programmes should be implemented. The use of technology should be maximised.

Circumstances may also mean considering delivering care in different modalities, e.g. telehealth. Please see IASLT Telepractice Statement, 2020.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

We recognise that COVID-19 is a new virus and we are researching and learning more about it every day. As a result, advice and guidance is continuously evolving and changing. It is the responsibility of each individual SLT to keep up to date with local policies and procedures around infection, prevention and control and COVID-19 response, as well as changing guidance from the HSE.

IASLT recommends that local policies are developed for SLTs undertaking assessments, including access to PPE in line with local/national HSE, I and IASLT guidance.

Prior to any direct face-to-face contact SLTs should confirm the individual's current COVID-19 status, PPE requirements, and risk assess the urgency of any assessment or intervention at each planned contact.

All staff having clinical contact with patients should be familiar with PPE requirements and trained in donning and removing PPE in line with local policy. Please refer to www.hpsc.ie for PPE guidance and regular updates or changes, and video resources https://youtu.be/BEbcuqWF-oE.

Please see the link below for current PPE guidance for the management of suspected or confirmed COVID-19 cases:
https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017_03_20.pdf

SLTs need to be aware of COVID-19 patient cohorting arrangements in their local setting. In areas that have been assessed as high risk, it is appropriate to ensure the use of a buddy to support putting on and removing PPE.

When working with individuals who do not have a diagnosis of COVID-19, or where it is unknown SLTs, should continue to follow local policy and procedures with regard to infection, prevention, and control including PPE, bearing in mind that individuals may be asymptomatic for COVID-19.

IASLT recommends members follow HSE and local policy around PPE to ensure safe delivery of SLT care.

TYPES OF PPE (as per HSE Guidance, 23rd March 2020)

- Disposable plastic aprons: are recommended to protect staff uniform and clothes from contamination when providing direct patient care and when carrying out environmental and equipment decontamination.
- Fluid resistant disposable gowns: are recommended when there is a risk of extensive splashing of blood and or other body fluids and a disposable plastic apron does not provide adequate cover to protect health care workers (HCWs) uniform or clothing.
- If non- fluid resistant gowns are used and there is a risk of splashing with blood or other body fluids a disposable plastic apron should be worn underneath.
- Eye protection/Face visor: should be worn when there is a risk of contamination to the eyes from splashing of blood, body fluids, excretions or secretions (including respiratory secretions)
- Surgical mask with integrated visor
- Full face shield or visor
- Goggles / safety spectacles
- Surgical Face Masks
- Surgical Face Masks (Fluid Resistant Type 11R)
- Respirator Face mask (FFP2)

AEROSOL GENERATING PROCEDURES (AGPs)

Aerosol-generating procedures (AGP) are procedures that stimulate coughing and promote the generation of aerosols. AGPs can create a risk of airborne transmissions of infections that are usually only spread by droplet transmission. Infection can be by infected droplet contact with mucous membranes (i.e. by breathing in through mouth or nose, by droplets into the eyes, or by droplets picked up on the hands being transferred to mouth, nose or eyes by touching the face).

The transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces. During AGPs there is an increased risk of aerosol spread of infectious agents irrespective of the mode of transmission (contact, droplet, or airborne), and airborne precautions **must** be implemented when performing AGPs, including those carried out on a suspected or confirmed case of COVID-19.

IASLT have raised concerns with the HSE that the AGPs included in their PPE Guidance for AGPs in the management of COVID-19 do not include all the procedures and areas of care SLTs consider to be AGPs. The HSE have reviewed this information and have included a number of SLT procedures in the most recent guidance issued. Please see the below link for the current guidance
https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/AGPs%20for%20confirmed%20or%20possible%20COVID19_v2.0_23032020.pdf

Of particular note PPE recommendations for clinical dysphagia examination, including orofacial assessment include:

Hand Hygiene
Surgical Face Mask
Gloves
Gown OR Plastic Apron
Risk Assessment re. Eye Protection

Whilst not all procedures and elements of SLT care are listed as AGPs these areas of care may be considered high risk and require assessment for appropriate PPE.

These can include (please note that this is not an exhaustive list):

a) Delivery of mouth care
b) Videofluoroscopic swallow study (VFSS)
c) Cough reflex testing
d) Tracheostomy care and management
e) SLT-led laryngectomy care and management

IASLT are continuing to liaise with the HSE in relation to risks associated with these areas of SLT care and will keep members informed of any updates or changes.

IASLT advises that members familiarise themselves with HSE guidance on COVID-19 Guidance for Infection Prevention and Control.

Like all guidance at this time, it will be continuously reviewed alongside the evidence base for this virus.

ACUTE CARE

The SLT plays a vital role in acute and critical care, and SLTs within this setting will encounter individuals with and without COVID-19.

IASLT recommends that a risk assessment to determine the necessity of any direct patient contact, is carried out in line with local policy.

Upon referral/planned contact:

- Establish COVID-19 status (negative, pending results, positive)
- Determine priority and urgency of planned contact; requirements for direct and/or indirect contact.
- Confirm PPE requirements and ensure you have been trained/fit tested for same.

Guidelines for Clinical Swallow Evaluation (when deemed necessary)

Where direct contact is required based on discussion with referring team, ensure SLT has donned PPE as per local guidelines. During the assessment/contact consider the following to minimize risk of transmission:

1. Case history- complete remotely where possible (e.g., phone call to patients' room, family/carer report, liaison with nursing staff)
2. Oro-facial exam- examination of oral cavity and pharynx considered high risk by ENTUK and as it is activity that can provoke aerosol duration such as coughing (4). Instead, observe oro-facial neuromusculature at rest +/during speech. Ask patient to

complete a throat clear with mouth closed. Do not assess gag reflex or voluntary cough.

3. Swallow trials- avoid trials on multiple consistencies to limit contact time.
4. Consider use of a validated swallow screening tool with acceptable diagnostic accuracy (e.g. Yale, 3oz water swallow test) to determine aspiration risk. Complete mealtime observation from 2 metre distance, where possible. Given limited evidence base and high contamination risk, avoid laryngeal palpation, pulse oximetry/cervical auscultation during swallow trials.
5. Avoid direct mouth care. However, ensure an oral hygiene plan is established with HSCP colleagues to reduce pneumonia risk.
6. Direct swallow rehabilitation is not recommended during the pandemic to reduce direct patient contact. Nevertheless, general exercises to maintain/stimulate swallowing can be left with patients at bedside to limit deconditioning of swallow.

Videofluoroscopic Swallow Study (VFSS)

Given the contamination risks associated with transport to x-ray, the infection risk within the fluoroscopy suite and limited radiography or radiology staffing, VFSS should only be considered in exceptional cases for the duration of COVID-19.

- Each VFSS should be risk assessed in line with the requirement to meet the needs of patients and local policies. Do not undertake VFSS with patients with confirmed COVID-19
- Delay any procedures for unconfirmed cases who are awaiting test results.

Endoscopy

It is essential for SLTs to note the recent guidance from the British Laryngological Association (BLA) who recommend that all therapist-led endoscopy should cease and the IASLT would support this position.

Fiberoptic endoscopic evaluation of swallowing (FEES) is seen as particularly high risk for SLTs. As per guidelines from other professions, all therapy-led endoscopy, including

FEES, manometry and videostroboscopy, should cease for the duration of the COVID-19 pandemic (see guidelines from RCSLT, BLA, ENT UK, BSG in reference list).

Tracheostomy

Tracheostomy is seen as particularly high risk during the procedure and for subsequent care. ENT UK recommend that only cuffed non-fenestrated tubes are to be used. Cuff should remain inflated and inner tubes should not be changed during pandemic due to contamination risk and until the individual is confirmed COVID-19 negative. As a result, no speaking valve trials should be trialled during the pandemic. Support for communication will be provided (see below).

Communication/AAC during COVID-19

Where patients are unable to communicate due to ventilation or inflated tracheostomy cuff, low tech AAC may be provided via the nursing staff. See: www.patientprovidercommunication.org/supporting-communication-covid-19.htm.

Aphasia resources specific to COVID 19 are available here: www.latrobe.edu.au/research/centres/health/aphasia/resources

Laryngectomy/surgical voice restoration (SVR) prosthesis changes

It is important to note that voice prosthesis changes or open stoma inspections are considered high risk and should cease for the duration of COVID-19. For the duration of COVID-19, people with laryngectomy who are due for regular review should be reviewed via telephone (or via telehealth service) Patients who experience valve leakages or dislodgements should be supported to self-manage at home and they should not visit the hospital setting for "valve services". Where necessary, they should be advised to phone SLT staff for education and support. Self-management strategies may include:

1. Use of a plug device
2. Thickening powder in drinks.

REHAB/RESIDENTIAL/COMMUNITY / OUTPATIENT SETTINGS

The IASLT recognises that individuals in residential, rehabilitation, community and outpatient settings may also present with COVID-19.

It is critical that SLTs undertake a risk assessment of individuals and develop safe protocols to meet their needs and to help with prioritisation of caseloads. Assessments that may prevent hospital admission and expedite discharge from acute services may be deemed a priority. PPE measures should be put in place.

Refer to local infection, prevention and control policy, local COVID-19 response plans as well as HSE guidance. See HSE link below on visiting homes: https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/V1.0-Guidance-HealthSocialCareWorkersWhoVisitHomes.pdf

IASLT recommends:

a) Non-urgent appointments are reviewed/postponed
b) Clinicians call ahead of seeing any urgent patients to:
    i. ask if they are self-isolating or if they or a person in the household have any symptoms of COVID-19
    ii. discuss with the individual whether or not they are happy to be seen given that most individuals may be in the vulnerable/at risk groups. Where an individual is not able to give informed consent, it is essential that local policies with respect to consent and best interest are followed.
c) Reviews can be conducted remotely as appropriate.
d) Any urgent assessments undertaken should be done so in line with PPE guidance and local infection control. It is crucial that you have the support of the hospital/community/residential setting in providing appropriate PPE.
e) If a client or anyone in the household has been diagnosed with COVID-19 or is in self-isolation we recommend that members do not visit their home.
f) Regular dysphagia rehabilitation programmes and rehabilitation sessions should be reviewed in light of risk of exposure to staff and patients. This includes AGPs that may result in coughing / sneezing / exposure to saliva droplets. Therapists should cease high risk procedures such as Thermal Tactile Stimulation, DPNS,

Respiratory Muscle Strength Training , speaking valve trials, and oromotor work that may involve examining or touching the inside of a patient's oral cavity, face, or throat. This list is not exhaustive. A common sense approach is recommended when risk assessing the benefits of dysphagia rehabilitation techniques.

g) Swallow care recommendations should not be changed for patients who are tolerating modified diet and fluids in the absence of signs and symptoms of aspiration.

h) Patients who are NPO should remain NPO at present. Alternative means of nutrition and hydration should be implemented. This may be reviewed on discussion with the patient and the interdisciplinary team. Informed consent and a risk assessment should be implemented if the patient wishes to return to per oral feeding.

Community Referral for Videofluoroscopic Swallow Study (VFSS)

Liaise with the local VFSS service for further information on the service during the pandemic:

- Do not undertake VFSS with patients with confirmed COVID-19
- Delay any procedures for any unconfirmed cases for those who are awaiting test results.
- Each VFSS should be risk assessed in line with the requirement to meet the needs of patients and local policies.

Accessible information to support service users during COVID

https://www.patientprovidercommunication.org/supporting-communication-covid-19.htm

SLT Team Cheeverstown:

https://drive.google.com/open?id=1f1TVERvsjEbaySZQBTWso5VutJGJWQte.

Talking Mats; https://www.talkingmats.com/corona-virus-easy-read-resource-version-2/

http://nebula.wsimg.com/4385 14d864d2d7decad3083254de2b35?AccessKeyId=5861B1733117182DC99B&disposition=0&alloworigin=1

References/Supporting Guidelines

1. https://www.asha.org/SLP/healthcare/Service-Delivery-Considerations-in-Health-Care-During-Coronavirus/

2. https://www.entuk.org/tracheostomy-guidance-during-covid-19-pandemic

3. https://www.entuk.org/entuk-guidelines-changes-ent-during-covid-19-pandemic

4. https://www.entuk.org/sites/default/files/files/Aerosol-generating%20procedures%20in%20ENT_compressed.pdf

5. https://www.bsg.org.uk/covid-19-advice/endoscopy-activity-and-covid-19-bsg-and-jag-guidance/

6. https://www.rcslt.org/-/media/RCSLT-PPE-guidance-20-March-2020-

7. www.who.int

APPENDIX

The *HSE* website https://www2.hse.ie/coronavirus/ is another useful resource, which is regularly updated.

The *European Centre for Disease Prevention and Control* (ECDC) has helpful resources:

• Infographic on hand washing:
https://www.ecdc.europa.eu/en/publications-data/poster-effective-hand-washing

• Infographic on how to minimise the spread of the virus:
https://www.ecdc.europa.eu/en/search?f%5B0%5D=diseases%3A2942

Posters to display at your clinic/workplace

There are also some posters developed by the HSE and HPSC which may be of help for your practices:

COVID-19 Posters

Hand hygiene poster (PDF, 129KB, 1 page)

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/posters/

WHO infection control signage for patients and travellers – downloads are available in multiple languages.

http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic

WHO Resources

World Health Organization (2020) Coronavirus disease (COVID-19) technical guidance: Infection prevention and control.
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control.