

Speech Language Pathologists/Therapists Guidelines for service delivery, clinical procedures and infection control during COVID-19 Pandemic

Government Union of Speech and Language Pathologists/Therapists, Sri Lanka

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Dear Colleagues,

Please note that the following is a brief guideline developed for the reference of working SLTs in Sri Lanka, during the time of COVID -19.

It contains points raised by the expert panel, which came up during the discussions held on creating a baseline for good safe practice at clinical settings.

THIS IS BY NO MEANS A LEGAL DOCUMENT, BUT A REFERENCE FOR BETTER CLINICAL PRACTICE during COVID- 19

Instances may occur which are completely outside this general guideline and we strongly advise you to seek support from your team before proceeding.

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Speech and Language service provision during COVID-19 pandemic

Speech and Language Therapists are responsible for providing services to the patients with voice, speech, language and swallowing disorders. Some of their services require Aerosol Generating Procedures (AGPs), such as testing of reflexive cough, voluntary cough, forceful voicing and gag, especially during the assessment and treatment of swallowing disorders (American Speech Language Hearing Association, 2020). Within further treatment of swallowing disorders, (food or liquid tolerance testing) the patients are required to remove their facial masks. These procedures potentially put the speech and language therapists at an increased risk of pathogen exposure. Under the circumstances of COVID-19 pandemic in the country, the provision of speech and language therapy services has been a challenge. This is a collective attempt to protect speech and language therapists from unnecessary exposure to potential pathogens, without mitigating the service delivery to the patients in need. Speech and language therapists working at government hospital settings are encouraged to practice the following key principles in order to prevent infection in their respective facilities.

1. Distancing/ Separation /Movement restrictions

- Organize the clinic space to ensure one-way flow of outpatients. It is always encouraged to have good ventilation within the clinic space
- When more than one clinician is available for service provision, make sure to keep a minimum of 2 meters distance between the patient observation points
- Maintain recommended distance (1 meter) during assessment and therapy
- Minimize the number of entries and exits to the clinic

- Restrict movements during demonstration of exercises, assessment, and other therapeutic activities
- Minimize the length of one-to-one interaction with the patient. Employ strategies as giving appointments, gathering patient' history information via phone conversation/tele health options
- Minimize bringing in the bed tickets in to the unit/rest area when giving out appointments or making a note. It is encouraged to keep a separate or a designated area to keep these tickets to minimize contamination with other materials.
- Patients should be inquired whether they are from (COVID-19 high risk area, their travel history, PCR results (if available) before allowing to enter the patient waiting area
- Adhering to your clinical area limits unnecessary exposure

2. Protective gear

2.1 Standard precautions

Standard precautions should be applied to all patients seen by the therapists regardless of their COVID-19 status (Australian Government Department of Health. 2020). Since, not all clinical procedures can be carried out in the context of physical distancing; therapists are encouraged to wear surgical masks and disposable gloves at all occasions.

2.2 Additional transmission-based precautions (Personal Protective Equipment-PPE)

When it is difficult to conduct clinical procedures maintaining 1 meter distance and if the patient is an unconfirmed or suspected COVID-19 patient, therapists are

encouraged to wear PPE(especially, when conducting swallowing assessment and treatment procedures) to protect themselves from droplets.

PPE kit include,

- I. Surgical/KN 95 masks*
- II. Disposable or washable Face shield/Goggles
- III. Disposable/surgical gloves
- IV. Head cap
- V. Disposable polythene apron(preferably long sleeved)
- VI. Covered shoes/shoe covers
- VII. Hospital scrubs
- VIII. Hospital Overalls

*Note: It is important to request and obtain KN 95 masks mainly due to the fact that therapists are exposed to patients' droplets when conducting speech and language therapy assessments.

However, if the patient has been subjected to a PCR test, it is recommended to wait for the results, before initiating a comprehensive swallowing assessment.

Order of removal of PPE;

- 1)Face shield/goggles
- 2)cap
- 3) Apron
- 4) Gown
- 5)shoe cover
- 6) Gloves
- 7)Alcohol hand rub or wash hands
- 8) Remove mask without touching the front
- 9)Alcohol hand rub or wash hands

3. Hand Hygiene

Speech therapists are encouraged to practice hand hygiene before touching a patient, after, after fluid exposure, after touching the patient and his/her surrounding (World Health Organization, 2020). Additionally, follow standard hand washing technique before and after wearing gloves. If there's a shortage of hand gloves, use alcoholic hand rub to clean the surface of the glove and reuse it (try and use the resources provided to you wisely and economically for the safety of you and all the others).

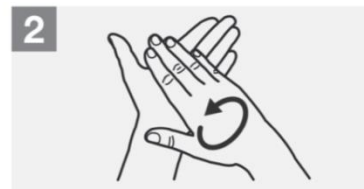
3.1 How to hand wash



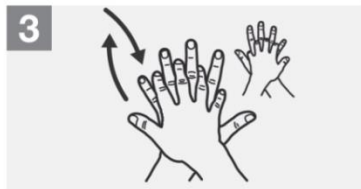
0 Wet hands with water;



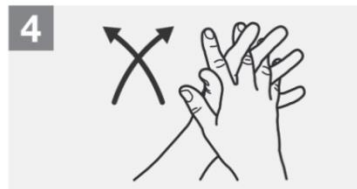
1 Apply enough soap to cover all hand surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



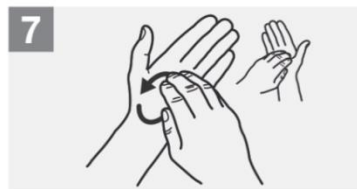
4 Palm to palm with fingers interlaced;



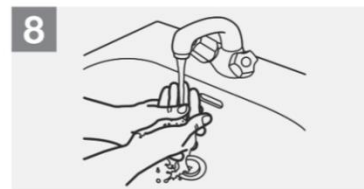
5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



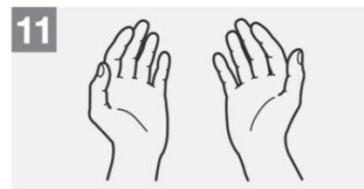
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.

Figure1. WHO instructions on cleaning hands with soap water.

<https://www.who.int/campaigns/save-lives-clean-your-hands>

3.2 How to use hand rub to clean hands



Figure 2. WHO instructions on cleaning hands using hand rub or sanitizers.

<https://www.who.int/campaigns/save-lives-clean-your-hands>

4. Cleaning/Disinfecting and Sterilizing

Clean the objects used to assess and treat the patient using soap water or disinfecting liquids provided (pens, toys, stethoscope, spoon, cup etc.). Do not use them on another patient without adhering to proper cleaning process.

Instead therapists can use disposable cups, spoons and tongue depressors if those are available. Also therapists can use patients' personal cups, spoons instead of reusing the common ones.

General suggestions

- Avoid taking clinic files to the ward to take notes
- Keep a separate pen to note on BHTs. Clean them before entering your rest area/your writing desk
- Have a separate set of covered shoes to be used and bring a spare to go home with. Clean the shoes worn in the hospital clinic/wards using sanitizer spray. If possible dry them in the sun

5. Waste management

Make sure to dispose used gloves, masks, polythene aprons, head caps appropriately. Dispose the polythene aprons and gloves within the same ward and avoid carrying them to the next ward if the therapist has to see patients in different wards.

6. Safeguard staff health

Since, there will be more than one therapist working/present at the unit/department, following measures should be taken to safeguard the staff health.

- Wear a mask at all times amongst colleagues / co- workers and friends
- Wear scrubs when working with patients
- Keep hair neatly tied up
- Make sure to follow the hand washing techniques appropriately when returning to the unit and after the ward visits
- Dispose masks, aprons, gloves appropriately before interacting with any of the staff members within the unit

- Reusable head caps, masks and washable wrap around gowns (overalls), covers should be cleaned following appropriate safety protocol practiced in the hospital setting or established in the unit/ department.
- During the lunch break and tea time, try to use the dining area one at a time
- Maintain safe distance between colleagues and other staff during interaction for the safety of you and all the others you come in to contact.
- Try not to use Air conditioner installed in the unit for the safety of all, try and keep the units safe from droplets

7. Patient care

Postpone non-essential dysphagia assessments and do assessments only for people at high risk of developing swallowing related complications (Schindler et al., 2020).

Avoid aerosol generating procedures mentioned bellow;

- Voluntary cough
- Coughing maneuvers for therapy activities(e.g. Super supraglottic swallow) in the presence of the therapist/others in the hospital
- Instrumental assessment (e.g. FEES)
- Thermo tactile stimulation by the therapist

Instead, encourage use of compensatory strategies for swallowing

Use videos to help your management. Ask care givers to video the client/patient (can use this for other speech and language difficulties as well as swallowing) and review these to get a better understanding of the patients' situation. Show videos of procedures to explain the treatment (Eg thermo tactile stimulation).

Be sure to maintain distance and let each person operate their own device while reviewing videos. Encourage the patient to wear the mask at all times.

8. Recommendations to manage patients with COVID 19

It is recommended to assess COVID 19 patients only if they have passed the contagious phase (Mattei et al., 2020), which is approximately between one to two weeks' time after contacting the virus (Finnish institute for health and welfare, 2021). In situations where the swallowing assessment cannot be postponed, clinicians are advised to follow the guidelines below

- ✓ Discuss and agree upon the clinical indicators and necessity for direct speech language and swallow interventions to avoid unnecessary exposure to patients with covid-19 and unnecessary PPE consumption

- ✓ Gather information on patients' medical history, background information, current communication ability, and current feeding method, patients' level of consciousness, oxygen saturation and respiratory rate through phone conversations/video conferencing with medical personnel, prior to conducting direct assessment. Avoid taking case notes at the bedside

- ✓ Make sure to request appropriate protective gear (PPE) for the direct assessments. Also, avoid using medical devices and reusable equipment that you will be using with all patients. Discuss with the medical team and arrange necessary equipment, which has been allocated for COVID-19 patients already

- ✓ During the assessment, avoid volitional AGPs as much as possible. When the assessment includes introducing food/liquid bolus, encourage patients to self-feed with strict instructions. In situations where the patient cannot perform self-feeding activity,

clinicians should step aside and avoid positioning themselves face-to-face with the patient after bolus administration

- ✓ In the absence of PPE, clinicians may consider practicing telehealth approach to facilitate clinical evaluation of swallowing (Malandraki & Kantarcigil, 2017) with relevant institutional permission. This can be a temporary option of service delivery in rare occasions where the assessment cannot be postponed (Namasivayam-McDonald & Riquelme, 2020)
- ✓ Clinicians should avoid instrumental dysphagia assessments with confirmed and suspected COVID-19 patients
- ✓ Use compensatory strategies for treatments. Therapeutic tasks that include AGPs with direct involvement of a healthcare professional should be avoided (Schindler et al., 2020)
- ✓ All clinicians are encouraged to develop and implement augmentative and alternative communication systems to support patients who depend upon mechanical ventilators to communicate with medical staff (Namasivayam-McDonald & Riquelme, 2020)

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