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Infection Control Guidelines for Speech Therapy

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1.0 Introduction

Speech therapists perform various procedures in swallowing and communication management. In assessments and interventions, speech therapists and clients are usually in close proximity. There is risk of transmission of diseases through patient contact or contact with patient's body fluid (e.g. saliva). Provision of guidelines on infection control in speech therapy promotes occupational safety and prevents transmission of diseases to other clients.

2.0 Objective

To provide guidelines for Speech Therapists in applying appropriate infection control measures in provision of speech therapy service in order to reduce risk of infection to staff or cross infection to other clients.

3.0 Guidelines

Different speech therapy procedures require different types of infection control measures and necessary cleansing. Speech therapists are recommended to implement relevant measures when conducting different procedures according to two tiers of precautions to prevent transmission of infections agents, namely standard and transmission precautions.

3.1 Standard Precautions

Standard Precautions include all the measures that should be implemented to prevent infection from person to person or from contaminated environmental surfaces/healthcare items. They apply to situations when there is anticipated contact with: blood, body fluids, secretions, excretions, non-intact skin (e.g. open wound) and mucous membranes (e.g. oral cavity). They are applied to all clients regardless of their diagnosis or presumed infection status. The Standard Precautions include:

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3.1.1 Hand Hygiene

Good hand hygiene is important to minimise the risk of spreading healthcare-associated infection. Hand hygiene can be achieved by rubbing hands with 70-80% alcohol-based formulation or washing hands with soap and water (Appendix I). It has been shown in evidence that use of alcohol-based hand rubs in clinical procedures facilitates hand hygiene, results in less irritation to hands and enhances compliance. Speech therapists are recommended to:

- 3.1.1.1 Apply hand hygiene practice according to W.H.O. Five moments recommendations:
- Before touching a patient
 - Before clean/ aseptic procedure
 - After body fluid exposure risk
 - After touching a patient
 - After touching patient surroundings
- 3.1.1.2 Use alcohol-based hand rub for routine hand hygiene if hands are not visibly soiled.
- 3.1.1.3 Wash hands with soap and water when hands are visibly soiled, after using the toilet, or after contacting clients with hand-mouth-diseases or diarrheal diseases (e.g. norovirus infection).
- 3.1.1.4 Alcohol-based hand rub and soap should not be used concomitantly.

3.1.2 Use of Personal Protective Equipment (PPE)

A physical barrier between micro-organisms and the user is created with the use of PPE, thus reducing the exposure risk. Selection of PPE should be based on risk assessment. PPE should be stored in areas free from sunlight, dampness and dirt, and should be checked regularly for the expiry date and integrity. The following PPE are recommended to be used based

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on risk assessment in Standard Precautions and Transmissions-Based Precautions:

3.1.2.1 Gloves

Gloves should be worn when contact with blood, body fluid, secretion, excretion, mucous membrane and non-intact skin. To prevent transmission of the organisms, gloves should be removed once the procedure is completed.

3.1.2.2 Surgical masks

i. Masks should be worn by therapists to protect themselves from contact with infectious agents from clients (e.g. respiratory secretions), especially when applying droplet precautions.

ii. Clients with coughing or respiratory infection symptoms should wear masks.

3.1.2.3 Gowns

Gowns should be worn to protect the skin and prevent soiling of the clothing of therapists when splashing procedure is anticipated. They should be worn when applying contact precautions.

3.1.3 Reusable healthcare equipments

Decontamination of reusable healthcare equipments is necessary to prevent transmission of infective agents between clients. Disinfection is used to eliminate many or all pathogenic micro-organisms on inanimate objects. Sterilisation is used to destroy or eliminate all forms of microbial life. Used equipments should be handled with Standard Precautions.

3.1.3.1 Cleansing is the removal of visible soil from surfaces and objects and normally is using water with detergents or enzymatic products. It must be applied before disinfection.

3.1.3.2 Low-level disinfection with alcohol to diluted sodium hypochlorite solution is sufficient for item that comes into contact with intact skin (e.g. oximeters, stethoscopes).

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3.1.3.3 High-level disinfection or sterilization should be conducted to devices that come into contact with mucous membranes or non-intact skin (e.g. endoscopes).

3.1.4 Environmental hygiene

3.1.4.1 Clean and disinfect the room after used by clients with symptoms suggestive of infectious diseases.

3.1.4.2 The floor should be cleaned daily by detergent and water or more frequently consistent with the need in the facilities.

3.1.4.3 Regular cleansing of furniture in the waiting rooms should be conducted regularly with detergent and water/disinfectant.

3.1.4.4 Cleansing should start from the clean areas then progress to the dirty areas.

3.1.4.5 Put on appropriate PPE for disinfectant dilution and cleaning procedures.

3.1.4.6 In case of splashing body fluids substances (e.g. vomitus, excreta or secretions), environment decontamination and disinfection should be carried out immediately. The area should be mopped extensively of at least 1-meter from contamination with appropriate disinfectant e.g. sodium hypochlorite solution 1,000 ppm, and then allowed to air dry. On completion, dispose of cloths, gloves and other PPE. Perform hand hygiene after the procedure.

3.2 Transmission-based Precautions

In addition to standard precautions, follow infection control measures of transmission based precautions (Appendix II):

3.2.1 Airborne precautions: For patient who have infectious disease e.g. TB or for staff not immune to chickenpox and measles, attend the patient after effective treatment and become non-infectious. If unavoidable, put on N95 respirator and perform seal check before entering into the airborne isolation

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room.

3.2.2 Droplet precautions: put on surgical masks e.g. Influenza like illness

3.2.3 Contact precautions: put on gown and gloves if patient contact is anticipated.

3. References

4.1 Guidelines on Infection Control Practice in the Clinic Settings of Department of Health, Infection Control Committee, Department of Health (February, 2016)

4.2 Infection Control Guidelines for Speech Therapy Clinical Procedures, Quality and Safety Committee, COC Speech Therapy, Hospital Authority (February, 2015)

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Appendix I

Hand Hygiene techniques

A. Handrubbing with 70-80% Alcohol-based Handrub (ABHR):

- Apply a palmful of ABHR (~3-5ml) and cover all surfaces of the hands including palms, back of hands, between fingers, back of fingers, thumbs, finger tips and wrists (Appendix I).
- Rub all hand surfaces for at least 20 seconds until hands are dry.

B. Handwashing with Soap and Water:

- Wet hands with water and apply enough amount of liquid soap necessary to cover
- all hand surfaces.
- Rub all surfaces of the hands for at least 20 seconds before rinsing under running
- water.
- Dry hands thoroughly with paper towel or a hand dryer.
- The whole procedure usually takes about 40-60 seconds.
- Avoid using hot water for handwashing because repeated exposure to hot water
- may increase the risk of dermatitis.

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Appendix II

Infection Diseases and Personal Protective Equipment (PPE) Requirement Under Different “Transmission Precautions”

	Standard	Contact	Droplet	Airborne
	<ul style="list-style-type: none"> All patients All blood, body fluids, secretions, excretions and contaminated items 	<ul style="list-style-type: none"> Multidrug-resistant organisms SARS RSV (in infants and young children), plus Droplet precautions Hepatitis A Scabies Gastroenteritis caused by <i>Clostridium difficile</i>, Norovirus or Rotavirus 	<ul style="list-style-type: none"> Haemophilus Influenza – pneumonia (in infants and young children), epiglottitis or meningitis Group A Streptococcus disease (in infants and young children) – pharyngitis, pneumonia or scarlet fever Diphtheria, Pertussis Influenza 	<ul style="list-style-type: none"> Tuberculosis, Measles <p>Add Contact Precautions for:</p> <ul style="list-style-type: none"> Chickenpox Herpes Zoster, localized in immunocompromised patient or disseminated SARS* (plus Droplet and Contact precautions) Avian Influenza (plus Droplet and Contact precautions)
Hand hygiene	<ul style="list-style-type: none"> According to the WHO’s five moments for hand hygiene Before touching a patient Before clean / aseptic procedure After body fluid exposure risk After touching a patient 			
Mask	<ul style="list-style-type: none"> Wear surgical mask if splashing of blood or body fluids likely Staff should wear mask if he/she has respiratory symptoms or when caring patient with respiratory symptoms. 		<ul style="list-style-type: none"> Wear surgical mask when within 3 feet of patients 	<ul style="list-style-type: none"> TB, SARS, Avian Influenza: wear N95 respirator when entering the room Chickenpox, measles: wear
Gloves	<ul style="list-style-type: none"> Contact of blood, body fluids, secretions, contaminated items, mucous membrane or non-intact skin 	<ul style="list-style-type: none"> When in close contact with patients or their potentially contaminated environment 	<ul style="list-style-type: none"> Contact of blood, body fluids, secretions, contaminated items, mucous membrane or non-intact skin 	

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sable gown	<ul style="list-style-type: none"> If splashing of blood or body fluids likely 	<ul style="list-style-type: none"> When in close contact with patients or their potentially contaminated environment 	<ul style="list-style-type: none"> If splashing of blood or body fluids likely
Goggles / Face shield	<ul style="list-style-type: none"> If splashing of blood or body fluids likely 		