Infection Control Guideline under COVID-19 Pandemic

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Content

1. Introduction

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), which is transmitted mainly by droplets and contact, has brought new challenges for healthcare systems and workers worldwide.

Speech Therapists undertake a number of clinical procedures that involve contact with the mucous membranes of the upper airway, as well as exposure to body fluids such as saliva and respiratory droplets. In addition, some procedures may trigger release of airborne particles (aerosols). As such the following is an updated guideline intended to guide Speech Therapist's practice when working in various health care settings, from acute general hospital with confirmed COVID-19 cases, across to other health and residential or community settings where individuals who may be at risk of contracting the virus. Medical and background history should be obtained prior to any direct contact with the patient.

2. Risk Stratification

Individuals can be categorized to 4 main categories.

2.1 All settings

(1) COVID negative

- A person who is tested negative to a validated SARS-CoV-2 nucleic acid test, OR a person who is a cleared case, OR a person who is screened negative and/or has no clinical or epidemiological risk factors for coronavirus.

(2) Low-risk suspected COVID-19

- Persons with symptoms that could be consistent with coronavirus (COVID-19) (for example, cough, sore throat, fever, shortness of breath or runny nose) but no epidemiological risk factors as listed in the high-risk definition**.**

(3) High-risk suspected COVID-19

- A person in quarantine for any reason (including being a close contact of a confirmed case of coronavirus or a returned traveler from overseas in the last 14 days) with or without a compatible clinical illness, OR a person with a

compatible clinical illness who meets one or more of the following epidemiological risk factors in the 14 days prior to illness onset:

- Contact with a confirmed case as defined by public health
- Was employed in an area where there is an increased risk of coronavirus (COVID-19) transmission for example:
  - Hotel quarantine workers or any workers at ports of entry,
  - Aged care workers/healthcare workers,
  - Other high-risk industries where there are known cases or high levels of community transmission.
  - Lived in or visited a geographically localized area at high risk as determined by the public health unit, Centre of Health Protection, Department of Health

2.2 <u>Acute general Hospital</u>

(4) <u>Confirmed COVID-19</u>

- A person who is tested positive to a validated SARS-CoV-2 test.

3. <u>Recommended Personal Protective Equipment (PPE)</u>

The following is a recommendation of personal protective equipment (PPE) under the COVID-19 pandemic according to the categorization of each individual as described above. Local policies and guidelines should be followed wherever appropriate.

Stepping up of PPE under any patient category may still be necessary depending on type of clinical activity, procedure (e.g. aerosol generating procedure), or patient behavior (e.g. excessive coughing).

PPE Recommendations for Speech Therapist under COVID-19 Pandemic

	Category			
	(1) COVID negative	**(2)** Low-risk suspected COVID-19	**(3)** High-risk suspected COVID-19	**(4)** Confirmed COVID-19
Hand Hygiene	**√**	**√**	**√**	**√**
Mask	**Surgical Mask**	**Surgical Mask**	**N95**	**N95**
Gloves	**√**	**√**	**√**	**√**
Disposable Gown	**If splashing of blood or body fluids is likely**	**√**	**√**	**√**
Eye Protection	**Visor/ Goggles**	**Visor/ Goggles**	**Face Shield**	**Face Shield**

Source: PPE for Allied Health in Private Practice Settings (16 Dec 2020) Health & Human Services, Victoria State Government, Australia

3.1 Aerosol Generating Procedures (AGP)

Additional PPE may be required under each category of patient should AGP need to be performed.

<u>Examples of AGP in Speech Therapy</u>

a) Dysphagia care (instrumental and non-instrumental assessment and treatment)
    i. Non-instrumental swallowing assessment, which includes structural and functional assessment of oral mechanism, testing oral reflexes (e.g. gag and cough reflexes), and clinical (bedside) administration of food and liquid
    ii. Instrumental assessment of swallowing, which includes fiberoptic

endoscopic evaluation of swallowing (FEES)—with or without sensory testing, and video-fluoroscopic swallowing study (VFSS) etc.

b) Dysphagia treatment, which includes rehabilitative and compensatory approaches
c) Assessment and management of laryngectomy, including voice restoration using voice prosthesis and stoma care
d) Assessment and treatment of tracheostomies, with or without mechanical ventilation, including suctioning
e) Non-invasive ventilation such as high-flow nasal oxygen and nasal cannulae
f) Instrumental assessment of voice via endoscopy, with or without stroboscopy

3.2 Other considerations

Wearing a mask (either on the patient or Speech Therapist) may pose restriction to the interaction with some of our patients or taking off the surgical mask may be inevitable during Speech Therapy. It is recommended that only patient should take off his/her mask when necessary, and good hygiene on hand and PPE is observed before and after taking off the mask.

Below are some examples of “Mask Off” Scenarios:

a) Oro-motor examination and training
b) Reduced intelligibility of the wearer’s speech
c) Loss of visual means of communication (speech reading and facial expression cues)
d) Increased difficulty of verbal communication (aphasia, voice problem, autism)
e) Noncompliance of mask wearing

3.3 Options for Modification

For low risk, non AGPs provided to clients who do not have COVID-19, modifications may include:

- masks with clear panels (ClearMask™)
- face shields
- plexiglass or other clear barriers
- physical distancing
- use of voice amplifiers

- use of videos for demonstration
- use of family member/ caregiver as model or extension of clinician's hands
- use of videos or images for demonstration

It is important to note that there is no documented clinical evidence on how these modifications impact effectiveness of overall infection control processes used in clinical practice.

4. References

a. ASHA to CDC: Recognize need for clear face masks, flexible communication methods to protect those with hearing and other communication disorders, ASHA, June 2020
b. Coronavirus disease 2019 (COVID-19) – PPE for Allied Health in Private Practice Settings Update 16 December 2020 Health & Human Services, Victoria Government, Australia
c. ASHA Guidance to SLPs Regarding Aerosol Generating Procedures Updated, ASHA, October 8, 2020
d. RCSLT policy statement: Transparent face masks, 22 September 2020