Risk Management Summary for Infection Control Guidelines under COVID-19

Period of risk management program: Jul 2020 to Jun 2021

Person in-charge:

Parties involved: members of the Education Committee, personnel providing clerical support service, council members of the Professional Council

Date of Record: 02-07-2021

1. Part A: Identification of Risk

   1.1 Identify the problem: The COVID-19 is a highly contagious respiratory disease that spreads between people mainly through droplet and contact. According to the Risk Matrix of Common Clinical Risks in Speech Therapy, risks due to infectious diseases are estimated to be highly likely to occur in clinics that would potentially lead to major consequences. Hence, a strong need of guidelines for infection control under the coronavirus Disease 2019 (COVID-19) specific to speech therapy practice in Hong Kong was identified.

   1.2 Describing the problem: With reference to the severe increase in infection rate worldwide in early 2020, the World Health Organization declared a pandemic on 11 March 2020. The disease has brought new challenges to healthcare system worldwide. It has been identified that there was a lack of infection control guidelines specific to speech therapy practice under COVID-19 in Hong Kong.

   1.3 Analyzing the problem: 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 of a variety of patients. Some procedures may even trigger the release of airborne particles (aerosols). Although there were infection control guidelines given by different heath care settings in response to the outbreak, those guidelines were usually considered too general which did not address the specific needs in speech therapy practice. As such, a set of infection control guidelines that allows members to conduct speech therapy sessions without sacrificing therapy quality and at the same time prevent the risks of getting infected or further transmission was needed.

2. Part B: Planning the solution (Plan)

    2.1 The range of practice of speech therapy in different settings in Hong Kong and the corresponding risk levels were first reviewed

    2.2 The content of similar infection control guidelines published by the American Speech-Language Hearing Association and the Royal College of Speech and Language Therapists and their applicability in the Hong Kong situation were also reviewed

    2.3 It was decided that the members of the Education Committee would be responsible for drafting the specific infection control guidelines specific to the Hong Kong situation accordingly

3. Implementing the solutions (Do)

    3.1 The first draft of the guidelines was completed in Feb 2021

    3.2 Comments from members of the Education Committee of the first draft were collected through email circulation

    3.3 The second draft of the guidelines were discussed in the 9th Education Committee meeting

    3.4 The final draft of the guidelines was circulated among members of the Education Committee through email in Mar 2021

    3.5 The final draft was submitted to the Professional Council in June 2021for approval

    3.6 In the final draft, a list of Personal Protective Equipment suitable for speech therapy practice and their relevance to common therapy scenarios were described

    3.7 In addition, options for modifications applicable to face-to-face therapy sessions to further reduce the risk of getting infected or further transmission were also suggested in the final draft

4. Monitoring the solutions (Check)

    4.1 The Professional Council approved the final draft in the 12th Council meeting on 10th June 2021

    4.2 The *Infection Control Guideline under COVID-19 Pandemic* would be uploaded to the HKIST website for members to assess

5. Evaluating the solutions (Act)

    5.1 The Committee will review the need to update the document according to future updates, in any, of infection control guidelines specific to COVID-19 published by ASHA, RCSLT, and WHO every 6 months