

Speech-language pathologists require access to N95 or equivalent respirators in healthcare settings during the COVID-19 pandemic.

An N95 or equivalent respirator is critical for preventing transmission of SARS-CoV-2, the virus that causes COVID-19, when speech-language pathologists (S-LPs) conduct aerosol-generating procedures, as well as in other circumstances where exposure to aerosolized virus may occur.

Q: Why is this important?

Access to appropriate respiratory personal protective equipment (PPE) is necessary to prevent the spread of SARS-CoV-2 in healthcare settings (Public Health Agency of Canada [PHAC], 2020b). SARS-CoV-2 may spread through respiratory droplets and aerosols created when an infected person coughs, sneezes or shouts. Some healthcare procedures have been found to be associated with an increased risk of aerosol generation and transmission of respiratory viruses. The virus may also spread through contact with contaminated surfaces or objects (PHAC, 2020a).

Q: What is an aerosol-generating procedure (AGP)?

An AGP is a healthcare procedure found to be associated with increase risk of generating aerosols and transmission of respiratory viruses. It is unclear which procedures pose the greatest risk of aerosol generation and transmission of SARS-COV-2 (PHAC, 2020b).

Q: When should an S-LP wear an N95 or equivalent respirator?

Selection of PPE is informed by a point-of-care risk assessment conducted prior to each patient interaction. S-LPs should wear an N95 or equivalent respirator of an appropriate size in place of a medical mask when performing AGPs or when frequent or unexpected exposure to AGPs is anticipated. An N95 or equivalent respirator should also be considered in other circumstances under which risk of exposure to aerosolized virus may occur (PHAC, 2020b).

Q: Which speech-language pathology procedures are associated with risk of exposure to aerosolized virus?

Procedures on the upper airway may generate aerosols (Canadian Society of Otolaryngology – Head and Neck Surgery, 2020a, b; Chan et al., 2020; Lu et al., 2020; Vukkadala et al., 2020) including:

- Nasopharyngeal endoscopy for voice and swallowing assessment
- Laryngectomy management
- Tracheostomy management

Other speech-language pathology procedures have the potential to generate aerosols when a cough is triggered (Bolton et al., 2020; Freeman-Sanderson et al., 2020; Miles et al., 2020; Namasivayam-MacDonald & Riquelme, 2020). These procedures include:

- Oral mechanism assessments
- Clinical swallowing assessments
- Videofluoroscopic swallow studies
- Dysphagia rehabilitation

Q. How do S-LPs determine when an N95 or equivalent respirator is required?

In the context of this rapidly changing health emergency, S-LPs use the best available evidence about the risk of exposure to aerosolized virus associated with speech-language pathology procedures to inform the point-of-care risk assessments they conduct prior to each patient interaction. Through this assessment, S-LPs determine whether an N95 or equivalent respirator is required.

Q: Will all S-LPs who provide services in healthcare settings require access to N95 or equivalent respirators?

Only S-LPs who are at risk of exposure to aerosolized virus require access to N95 or equivalent respirators. Contact and droplet precautions are recommended for the many other speech-language pathology procedures that require close proximity to patients, and may involve potential contact with the mucous membranes of the upper respiratory tract, saliva and sputum.

Q: Will all patients with suspected or confirmed COVID-19 receive speech-language pathology services?

As with other patient groups, S-LPs receive consults from the interprofessional team based on patient need and institutional policies and procedures.

Q: Will N95 or equivalent respirators be required for all speech-language pathology management of patients with suspected or confirmed COVID-19?

An N95 or equivalent respirator is required when S-LPs perform procedures that are associated with risk of exposure to aerosolized virus. To preserve PPE, S-LPs should only conduct these procedures when they are essential for patient care and where no alternative procedure can achieve the desired outcome.

Q: What actions will S-LPs take if an N95 or equivalent respirator is not available for a procedure that is associated with risk of exposure to aerosolized virus?

S-LPs will explore the possibility of undertaking the assessment or intervention without entering the patient's room (e.g., by using telepractice or enlisting the assistance of a healthcare team member with access to the required PPE), or they will consider using an alternative assessment or intervention approach.

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