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OFFICIAL STATEMENT FROM SPEECH-LANGUAGE & AUDIOLOGY CANADA (SAC)

Official Statement on Speech-Language Pathology Services in Healthcare Settings during the COVID-19 Pandemic

Speech-language pathologists (S-LPs) and communication health assistants are essential members of healthcare teams during the COVID-19 pandemic. When addressing diverse communication and swallowing needs across the continuum of care, S-LPs and communication health assistants reduce the risk of exposure to COVID-19 by applying infection prevention and control strategies appropriate to the healthcare setting.

SARS-CoV-2, the virus that causes COVID-19, may spread through respiratory droplets and aerosols. SARS-CoV-2, the virus that causes COVID-19, 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 (Public Health Agency of Canada [PHAC], 2020, 2021b).

S-LPs are responsible for assessing and managing swallowing disorders as well as communication and cognitive-communication disorders across the continuum of care during the COVID-19 pandemic. S-LPs, with the communication health assistants they supervise, work in close proximity to their patients or clients to provide essential services in a variety of healthcare settings. A number of speech-language pathology procedures 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 speech-language pathology procedures may generate aerosols including nasoendoscopic evaluations of voice and swallowing as well as laryngectomy and tracheostomy management. Clinical swallowing assessments, oral mechanism assessments, videofluoroscopic swallow studies and dysphagia rehabilitation also risk exposure to aerosolized virus through the triggering of the cough reflex (American Speech-Language-Hearing Association, 2020; Bolton et al., 2020; Royal College of Speech & Language Therapists, 2020; Speech Pathology Australia, 2020).

New clinical practice guidance is available to inform the conduct of speech-language pathology procedures in healthcare settings during the COVID-19 pandemic (for example, Freeman-Sanderson et al., 2020; Ku et al., 2020; Mattei et al., 2020; Miles et al., 2020; Namasivayam-MacDonald & Riquelme, 2020; Soldatova et al., 2020; Zaga et al., 2020). [Telepractice](#) may be a viable alternative to in-person service delivery for some procedures, thereby reducing unnecessary person-to-person contact (Miles et al., 2020; Freeman-Sanderson et al., 2020; Namasivayam-MacDonald & Riquelme, 2020).

The role of S-LPs and communication health assistants on interprofessional care teams will continue to evolve as more is learned about the impact of COVID-19 on swallowing and communication (Alberta Health Services, COVID-19 Scientific Advisory Group, 2020; Freeman-Sanderson et al., 2020; Namasivayam-MacDonald & Riquelme, 2020).

S-LPs and communication health assistants follow infection prevention and control practices required in their setting during the COVID-19 pandemic. As well, S-LPs apply guidelines issued by their regulatory body. PHAC guidance documents may also assist S-LPs and communication health assistants.

The point-of-care risk assessment is a routine practice that S-LPs and communication health assistants must complete before every patient or client interaction. A point-of-care risk assessment evaluates the likelihood of exposure to COVID-19: for a specific interaction, during a specific task, with a specific patient or client, in a specific environment, under the available conditions. It informs appropriate actions including the selection and use of personal protective equipment (PPE).

Contact and droplet precautions should be used with individuals with signs, symptoms and/or exposure criteria consistent with COVID-19. Additional precautions are required for aerosol-generating procedures including use of N95 or equivalent respirators of an appropriate size. In circumstances under which risk of exposure to aerosolized virus may occur, an N95 or equivalent respirator should also be used (PHAC, 2021b). Although PHAC recommends the use of transparent masks to facilitate communication with people hearing loss or communication difficulties (PHAC, 2021a), Speech-Language & Audiology Canada (SAC) members and associates should seek infection prevention and control guidance about the level of protection that transparent masks provide against COVID-19 before using them in healthcare settings (SAC, 2021).

S-LPs and communication health assistants must be able to implement infection prevention and control strategies and access appropriate PPE to reduce the risk of transmission of COVID-19. It is important that S-LPs and communication health assistants have the ability to make decisions to protect their health and safety as well as that of their patients and clients.

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This SAC Official Statement has been developed based on the best available evidence in the context of a rapidly evolving health care emergency and is subject to change as additional information becomes available.

About SAC

Speech-Language & Audiology Canada (SAC) is a member-driven organization that supports and promotes the professions of more than 6,500 members and associates. We are the only national organization passionately supporting and representing speech-language pathologists, audiologists and communication health assistants inclusively. Through this support, we champion the needs of people with communication disorders. Visit www.sac-oac.ca to learn more.

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