



August 25, 2020

## 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.***

Coronavirus disease 2019 (COVID-19) infects both the upper and lower respiratory tracts, with active virus replication thought to occur in the upper respiratory tract tissues (Wölfel et al., 2020). Current evidence suggests that human-to-human transmission of COVID-19 occurs through contact with respiratory droplets generated by coughing and sneezing, infected secretions (such as saliva and sputum) and contaminated surfaces. Scientists are debating the possibility of airborne transmission of COVID-19 (World Health Organization, 2020).

S-LPs, with communication health assistants who work under their supervision, are essential members of interprofessional care teams providing services to patients in a variety of healthcare settings during the COVID-19 pandemic. S-LPs are responsible for assessing and managing swallowing disorders as well as communication and cognitive-communication disorders across the continuum of care. The role of S-LPs and communication health assistants on interdisciplinary 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; Kho et al., 2020; Namasivayam-MacDonald & Riquelme, 2020).

S-LPs and communication health assistants work in close proximity to their patients or clients in healthcare settings. A number of 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 trigger release of airborne particles (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 have the potential to be aerosol generating 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 guidelines are available to inform the conduct of speech-language pathology procedures in healthcare settings during the COVID-19 pandemic (for example, Kho 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 (Kho et al., 2020; Miles 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. [Public Health Agency of Canada \(PHAC\) 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 medical procedures](#) (PHAC, 2020a). Although PHAC recommends use of [transparent masks](#) to facilitate communication with people hearing loss or communication difficulties (PHAC, 2020b), transparent masks currently available in Canada are intended for use in non-infectious environments and should not be used in place of a surgical mask or respirator (Speech-Language & Audiology Canada, 2020).

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](http://www.sac-oac.ca) to learn more.

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