

August 25, 2020

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

# Official Statement on Speech-Language Pathology Services in Schools During the COVID-19 Pandemic

***Provision of high-quality speech-language pathology services must be an educational priority during the COVID-19 pandemic to ensure children with speech, language and communication challenges have equitable access to the curriculum. Appropriate risk mitigation strategies should be employed in schools to protect speech-language pathologists (S-LPs) and communication health assistants as well as their students.***

Loss of access to speech-language pathology services in schools during the COVID-19 pandemic has had a significant impact on children with speech, language and communication challenges (Public Health Agency of Canada [PHAC], 2020). Over 10% of school-aged children have speech, language and communication challenges (Beitchman et al., 1986; Norbury et al., 2016). They often need support to make the transition to literacy, which is key to academic success. Without ongoing speech-language pathology interventions, these children risk long-lasting academic, social and emotional difficulties (Beitchman et al., 2001; Bryan et al., 2007; Conti-Ramsden et al., 2018; Forrest et al., 2018; Hallo et al., 2014; Johnson et al., 2010; Lewis et al., 2019; McLeod et al., 2017).

[S-LPs](#), with [communication health assistants](#) who work under their supervision, provide essential services that help students with speech, language and communication challenges to access the curriculum. S-LPs and communication health assistants use a variety of effective [service delivery models](#) including individual and group therapy as well as engaging in collaborative classroom services with teachers and other educators. In cases when in-school services are not available, [telepractice](#) is a viable alternative to facilitate access to speech-language pathology services.

[COVID-19 Guidance for Schools Kindergarten to Grade 12](#) (PHAC, 2020) supports school administrators and local public health authorities taking into consideration the potential risks and mitigation strategies associated with the resumption of in-school classes during the COVID-19 pandemic. [Risk mitigation measures](#) include personal preventive practices taken by individuals to protect themselves and others, as well as community-based measures implemented by school boards or individual schools to protect the school and surrounding community.

When preparing for in-school services, risks uniquely associated with speech-language pathology services during the COVID-19 pandemic should be considered. S-LPs and communication health assistants usually work in multiple schools. They usually work in close proximity to their students for

extended periods of time. Many children with speech, language and communication challenges have trouble applying personal strategies such as physical distancing and the use of non-medical cloth masks. As well, some speech-language pathology interventions are associated with a high risk of direct contact with body fluids that transmit COVID-19 such as saliva and respiratory droplets (World Health Organization, 2020). Many speech-language pathology interventions are difficult, if not impossible, when wearing masks.

To minimize the risk of exposure to COVID-19 while providing in-person services in schools, S-LPs and communication health assistants conduct a **point-of-care risk assessment** before every student interaction to determine the need for personal protective equipment (PPE) and other actions. **Importantly, since S-LPs are regulated health professionals in most Canadian jurisdictions, they must also follow infection prevention and control guidance issued by their regulatory body.**

S-LPs and communication health assistants should work with school administrators to determine the risk mitigation measures needed for safe resumption of speech-language pathology services in schools during the COVID-19 pandemic. These measures include access to well-ventilated office space of sufficient size to allow for physical distancing; clear, physical barriers; adequate supplies of non-medical masks, surgical masks and other PPE; cleaning products; technology such as voice amplifiers, personal remote microphone and other wireless systems as well as augmentative and alternative communication devices. Clear face coverings (transparent masks and face shields) must also be available to facilitate speech-language pathology interventions. In addition, S-LPs and communication health assistants must be able to access appropriate telepractice technology and supports when they are unable to provide in-school services.

Canada cannot afford, socially or economically, to allow children with speech, language and communication challenges to be disproportionately affected by the COVID-19 pandemic. It is important that S-LPs and communication health assistants help determine the risk mitigation measures needed to allow for the safe resumption of speech-language pathology services in schools.

## References

- Beitchman, J., H., Nair, R., Clegg, M., & Patel, P. G. (1986). Prevalence of speech and language disorders in 5-year-old kindergarten children in the Ottawa-Carleton region. *Journal of Speech and Hearing Disorders, 51*, 98-110.
- Beitchman, J. H., Wilson, B., Johnson, C. J., Atkinson, L., Young, A., Adlaf, E., ... & Douglas, L. (2001). Fourteen-year follow-up of speech/language-impaired and control children: Psychiatric outcome. *Journal of the American Academy of Child & Adolescent Psychiatry, 40*(1), 75-82.
- Bryan, K., Freer, J., & Furlong, C. (2007). Language and communication difficulties in juvenile offenders. *International Journal of Language & Communication Disorders, 42*(5), 505-520.



Conti-Ramsden, G., Durkin, K., Toseeb, U., Botting, N., & Pickles, A. (2018). Education and employment outcomes of young adults with a history of developmental language disorder. *International Journal of Language & Communication Disorders, 53*(2), 237-255.

Forrest, C. L., Gibson, J. L., Halligan, S. L., & St Clair, M. C. (2018). A longitudinal analysis of early language difficulty and peer problems on later emotional difficulties in adolescence: Evidence from the Millennium Cohort Study. *Autism & Developmental Language Impairments, 3*, 1-15.

Hollo, A., Wehby, J. H., & Oliver, R. M. (2014). Unidentified language deficits in children with emotional and behavioral disorders: A meta-analysis. *Exceptional Children, 80*(2), 169-186.

Johnson, C. J., Beitchman, J. H., & Brownlie, E. B. (2010). Twenty-year follow-up of children with and without speech-language impairments: Family, educational, occupational, and quality of life outcomes. *American Journal of Speech-Language Pathology, 16*, 51-65.

Lewis, B. A., Freebairn, L., Tag, J., Igo Jr, R. P., Ciesla, A., Iyengar, S. K., ... & Taylor, H. G. (2019). Differential long-term outcomes for individuals with histories of preschool speech sound disorders. *American Journal of Speech-Language Pathology, 28*(4), 1582-1596.

McLeod, S., Crowe, K., Masso, S., Baker, E., McCormack, J., Wren, Y., ... & Howland, C. (2017). Profile of Australian preschool children with speech sound disorders at risk for literacy difficulties. *Australian Journal of Learning Difficulties, 22*(1), 15-33.

Norbury, C.F., Gooch, D., Wray, C., Baird, G., Charman, T., Simonoff, E., ... & Pickles, A. (2016). The impact of nonverbal ability on prevalence and clinical presentation of language disorder: Evidence from a population study. *Journal of Child Psychology and Psychiatry, 57*(11), 1247-1257.

[doi:10.1111/jcpp.12573](https://doi.org/10.1111/jcpp.12573)

Public Health Agency of Canada (PHAC) (2020). *COVID-19 Guidance for Schools Kindergarten to Grade 12*. <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/guidance-schools-childcare-programs.html>

World Health Organization (2020). *Transmission of SARS-CoV-2: Implications for Infection Prevention Precautions*. <https://www.who.int/news-room/commentaries/detail/transmission-of-sars-cov-2-implications-for-infection-prevention-precautions>

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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.*

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**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



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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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