



Speech Language Therapy and Audiology Services during COVID -19

Monday evening, 23 March 2020, will go down in history as a turning point for South Africa and its citizens. Never before have we faced such uncertain times. Unprecedented measures implemented by the SA government, while necessary, have caused fear, panic and uncertainty. These measures not only impact on our personal lives but also on the extent of our ability to deliver essential services to our patients across the private and public health sectors.

As per Government decree all health workers (which include rehabilitation services) are part of essential services required during the imposition of restricted movement during COVID-19. It is SASLHA's position that our professions are essential services. Our work, not only at this time, should be guided by the fact that communication (including hearing) and eating/food are basic human rights. Persons with communication, hearing and swallowing disabilities must be recognised as at risk populations within the health care sector. Children with or at risk of feeding difficulties, communication and neurodevelopmental delay or disorders are also included due to the effect on their developmental trajectory, future health and wellbeing.

Importantly, SASLHA is not a regulating body and we provide these statements only as guidelines to our members. Managers and service providers at hospitals and other health care institutions should operate under their ethical codes of conduct and their scopes of practice. Audiologists' and Speech Language Therapists' places of work and caseloads vary and each will attract specific regulations, require specific services and will implement measures based on risk factors to protect professionals and patients. Irrespective of this, SASLHA urges all to adhere to the regulations as set out in the *Government Gazette, Regulation Gazette No. 11062, Vol. 657, 25 March 2020*, which we attach for your attention. Measures are outlined that aim to protect those we serve and to reduce the risk we face within our place of work.

In order to address the concerns raised by our members in the private and public health care sector, we have prepared the following guidelines to assist you:

1. Private Practice Setting

- Private practices (those providing service to/in hospitals) treating individuals with life-threatening conditions such as dysphagia with aspiration risks should continue to operate (providing service to/in hospitals).
- All other private practices should close.

2. Public Health Facilities

- Services delivered by Speech Language Therapists play a major role in a patient's standard of health care, health outcomes, quality of life and comfort. It is well-established that rehabilitation services can indeed facilitate reduced lengths of stay in hospital and an earlier discharge which reduces the risk of exposure to the virus.
- When faced with the decision to prioritise services, therapists should consult hospital management and heads of the COVID response teams to determine if policies have been put in place, but above all decisions should be made based on professional judgement and clinical expertise.
- Along with several other countries, we support that Fiberoptic/Flexible Endoscopic Evaluation of Swallowing (FEES) studies are postponed for all dysphagia patients. Existing evidence indicates



that viral density is greatest in the nose and nasopharynx; it is likely that use of instrumentation in and through these areas would lead to increased risk for transmission of COVID-19 in providers completing these tasks, and in the patients who undergo these investigations. Additionally, procedures such as FEES may involve the use of sprays, which can aerosolize the pathogens on the mucosa.

- While each patient will present with a unique set of circumstances, an individual therapist might in consultation with administration and her team, consider prioritising services as follows:

HIGH PRIORITY:

- Essential, intra-operative and pre-operative surgical cases that require SLT or Audiology input e.g., language mapping for tumour resections/awake brain surgeries or essential cochlear mapping.
- All acute care inpatient dysphagic patients at risk for aspiration pneumonia
- All patients with communication disorders who cannot make their basic needs (including emergency signals) known

MEDIUM PRIORITY:

- Dysphagia in the home setting
- Patients who use hearing aids or high-tech AAC devices for communication and whose assistive devices develop problems that interfere with communication
- Children with or at risk of feeding difficulties, communication and neurodevelopmental delay or disorders.

LOW PRIORITY:

- Communication and speech at home

3. Teletherapy/Telerehab

- Services delivered by Speech Language Therapists and Audiologists play a major role in a many aspects of a patient's well-being and quality of life. Private practitioners should consult the interim guidelines published by the HPCSA on telepractice. SASLHA's ethics committee worked hard to collate additional guidelines that align nationally with other rehabilitation professions and from audiology and speech-language therapy COVID responses in other countries. The intention is to offer guidance as to best practice to minimise the impact of non- service delivery. These guidelines will be shared with you.

4. Personal Protection Equipment (PPE)

- According to guidelines issued by government, all speech language therapists and audiologists employed in public and private sector facilities are expected to report for work which will place them at high-risk for contracting the virus. It is therefore vital to adhere to the use of personal protective equipment (PPE) and to be trained via registered infection control officers regarding the measures in place to prevent the transmission of COVID-19.

SASLHA will continue to engage with other associations and stakeholders to keep you informed and to advocate for the professions' role in patient care during these challenging times

As healthcare professionals, we trust that you will aspire to standards of excellence in practice when faced with complex situations and scenarios that require an ethical response.



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We reiterate that, as a non-regulatory body, SASLHA can only serve to guide its members and remind you to be cognisant of HPCSA regulations and COVID-19 updates for health care workers.

Our thoughts are with all of you and know that you will implement all the necessary protective measures to protect yourselves, your families and your patients.

SASLHA Executive Council