



COVID-19 Resource #1: What do we know

Disclaimer: This resource was compiled at 4:23EST on March 22, 2020. This is important as the situation is very fluid and changing rapidly.

This resource was compiled to empower all MedSLP Collective members to be aware of where the guidelines and regulations are coming from, so that you can make the best clinical decisions for your facility, your patients, and yourself.

We have three objectives:

- (1) enable you to find key guidelines and primary resources related to COVID-19 patient and self-protection;
- (2) encourage you to consider how the guidelines relate to your situation; and
- (3) suggest talking points to help you open dialog with your directors.

Since this is uncharted territory, this situation requires your own personal critical thinking skills now more than ever. The reason we are not putting out a “this is what you should do” resource is because every SLP’s state and facility is different. What may be a good practice or policy in one setting could be completely wrong for another.

We encourage you to visit ASHA, the CDC, CMS, and your State department of health’s website daily as they are changing that rapidly. If you are an employee of a healthcare system or university (or any other type of institution), it will also be important that you stay current on what information it is providing to healthcare providers. Except for ASHA, there is little to no information that specifically calls out how SLPs are to practice right now, so you really have to think through what the information means for YOU!

ASHA has compiled a list of resources at <https://www.asha.org/About/Coronavirus-Updates/> with links to their various statements as well as links to the CDC, WHO, and US State Department. There is a whole section on telepractice for SLPs interested in exploring that service delivery modality.

The CDC has a page of COVID-19 resources and information just for healthcare professionals at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>.

It is important to note that the CDC is a federal agency that provides research and information to protect the public health. Although they make strong statements which direct policy and practices, their statements are not considered laws.

Notably, some states are coming out with regulations that do affect our profession. Your state and local laws and regulations supersede any position statement from any organizations, so keep that in mind. Some states have made regulations regarding procedures, and also about whether SLPs are considered essential or non-essential staff to report to work.



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There have been statements made by other professions that may or may not directly impact our profession. These need to be considered and discussed within your own facility so that your team may make the best decision for your situation. For example, the American Academy of Otolaryngology-Head and Neck Surgery is dropping information which may be useful in decision making for those SLPs doing FEES. <https://www.entnet.org/>. However, since we are an autonomous profession, it does not automatically govern our practice.

FAQs:

Q: I keep hearing about droplet precautions and airborne precautions. What is the difference?

A: According to the CDC, droplet precautions are for patients with pathogens passed to others by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. Airborne precautions are practiced when the pathogen is transmitted by the airborne route.

<https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>

The NIH also offers this information about Airborne and Droplet Precautions

<https://www.ncbi.nlm.nih.gov/books/NBK470223/>

Q: Do I need to wear an N95 mask all day?

A: According to The CDC, health care professionals should use N95 face masks as protective gear when working with COVID-19 patients and airborne precautions are followed. In the event of an aerosol-generation procedure, powered air purifying respirators (PAPR) should be worn. The WHO advises people wear masks only if they are or may be sick with COVID-19. Uninfected individuals do not need to wear masks.

Again, this is the statement as of today, but as we learn more about this virus, the recommendations may change since we're learning more about asymptomatic spreading. Discuss this with your facility's infection control department.

Q: Should we stop doing FEES in our building?

A: This should be discussed within your department and the answer will depend on what setting you are in. ASHA stated on March 21, 2020: "ASHA supports the guidance issued by CMS and is in favor of delaying endoscopic examinations as much as possible, while assessing transmission risk based on the CMS framework. We recommend that these procedures be performed only after pre-screening COVID-19 status and, performed only with appropriate PPE as recommended by the Centers for Disease Control (CDC). CMS guidance does provide reasons for furnishing the service based upon the needs of the patients. The rationale for completing the service would need to be documented by justifying why the procedure is critical at the present time for the patient. Per CMS communication with ASHA, clearly documented rationale is key." https://www.asha.org/SLP/healthcare/Service-Delivery-Considerations-in-Health-Care-during-Coronavirus/?fbclid=IwAR2U-C2YeEaApuuurc9OYlKUz7jUaXwNnAnVLGeHxEVM_iSaqnmaUmT1jM



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With this statement comes a large responsibility on the clinician to weigh the risk/benefits of performing FEES and considering the availability of PPE in your area. When PPE supplies are short, it is possible we may not be able to proceed with instrumental exams in the evidence based way we are used to.

Q: If our facility does not have the appropriate PPE to see a patient, is it considered abandonment if I do not treat that patient.

A: This should be discussed with your director at your facility, abandonment usually comes in to play when a "reasonable excuse" has not been provided.

In summary: While we navigate these ever changing, uncharted waters, it is especially important to make clinical decisions on a case by case basis, taking each individual situation into consideration with regards to your setting, state or local regulations, availability of PPE, and acuity of the patient.

Additional resources:

For SNFs:

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

Infection Control Resources for Audiologists and Speech-Language Pathologists

<https://www.asha.org/Practice/infection-control/>

Headspace: Free meditation app for all healthcare professionals, just include your NPI number.

<https://www.headspace.com/health-covid-19>