

Guidance for Practising During a Pandemic

Manitoba's Health Regulatory Colleges are working as quickly as possible to help support Manitoba's healthcare system during the rapidly changing novel coronavirus COVID-19 pandemic. The Guidance for Practising During a Pandemic document should be read in conjunction with the College of Audiologists and Speech-Language Pathologists of Manitoba (CASLPM) Standards of Practice, Code of Ethics, and Practice Directions.

Purpose

This document has been created to assist Manitoba audiologists and speech-language pathologists to engage in safe practice during the ongoing pandemic caused by the novel coronavirus COVID-19.

States of Emergency and Public Health Orders

The College of Audiologists and Speech-Language Pathologists regulates the professions of audiology and speech-language pathology. In order to serve and protect the public interest, CASLPM regulates by ensuring high-quality services are provided by those professionals registered with the College through safe and ethical care. Therefore, CASLPM protects clients' rights to safe, competent and ethical care by setting requirements for registration with the College and supporting audiologists and speech-language pathologists who are registered to maintain the standards of practice of the professions and by holding them accountable for their practice and conduct.

The College of Audiologists and Speech-Language Pathologists of Manitoba reminds the reader that all residents of Manitoba must obey any and all Public Health Orders issued by the Chief Public Health Officer and the Government of Manitoba. Provincial Public Health Orders can be found here: <https://manitoba.ca/covid19/soe.html>. There may also be additional precautionary measures and orders in your municipality that may affect the practice of an audiologist or speech-language pathologist.

Regulated Health Care Providers (HCPs) are expected to abide by all rules and recommendations that have been identified by their employers. Registrants of CASLPM are encouraged to check their liability insurance policies to identify any potential changes to their policy as a result of COVID-19.

Shared Health Manitoba will always be the most up-to-date resource for health directives and recommendations. To view the newest updates, visit: <https://sharedhealthmb.ca/covid19/providers/>

Risk Assessment & Risk Mitigation

Audiologists and speech-language pathologists work within a variety of settings and with clients ranging from infancy to old age. Many times, audiologists and speech-language pathologists work in close proximity to their clients and may deal with bodily fluids and/or handle personal equipment. The practice setting, the task, and the type of clients seen must be taken into consideration when determining safe practice. Older adults and people with underlying medical conditions have been identified as being at increased risk for severe illness if exposed to COVID-19. Individuals who have difficulty communicating sufficiently to follow basic directions would be a more vulnerable population than individuals who are able to follow directions.

When practising during a pandemic, the level of risk may change quickly. Best practice recommendations may also change to reflect the situation at a particular time. Health care professionals need to frequently reassess the situation and be prepared to pivot as needed.

CASLPM recognizes that in order for registrants to practice safely during the pandemic, it will be necessary for audiologists and speech-language pathologists to make some changes to the traditional manner of practice. We acknowledge that change can be difficult and confusing to health care professionals and the public alike and we are aware that there has been and may continue to be resistance to change. Nevertheless, it is necessary for registrants to evaluate ways in which practice can be modified at this time and we ask health care professionals and the public to be open-minded while new ways of practice are explored. Change can be difficult at first but will become easier and more comfortable with time.

CASLPM recommends that audiologists and speech-language pathologists utilize the following hierarchy of control when working around hazards, including COVID-19.



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<https://northamericantrainingsolutions.com/covid-19-updates-and-info/>

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Elimination of the hazard is most effective at protecting the public but in healthcare and education settings complete elimination of the hazard may not be possible. It may, however, be appropriate to offer some services in virtual/electronic formats. While medical professionals continue to research this novel coronavirus, it is generally agreed that physical distancing combined with routine hygiene practices are the most effective ways of reducing the spread of COVID-19. The best prevention controls in a workplace are achieved by first focusing on physical distancing and taking every reasonable step to restructure physical settings to increase space between people. In settings where physical distancing is not possible, making changes to the environment by creating physical barriers, increasing ventilation, and redistributing responsibilities to reduce contact between people have all been identified as ways to mitigate risk. In situations where close, prolonged contact cannot be avoided, wearing personal protective equipment (PPE) and/or non-medical cloth face coverings is recommended. For information on the appropriate use of non-medical face masks, please see: <https://sharedhealthmb.ca/files/covid-19-use-of-cloth-face-masks.pdf> and <https://sharedhealthmb.ca/files/covid-19-masks-faq.pdf>

Because of the diversity of the practice settings of audiologists and speech-language pathologists in Manitoba, CASLPM is unable to provide a one-size-fits-all approach for practitioners. The tables on the following pages provide questions, considerations, and resources for Manitoba audiologists and speech-language pathologists to reflect on and make use of while practising in a pandemic.

Audiologists and speech-language pathologists shall maintain high standards of conduct and moral judgment in their practices and relationships with clients, the public and fellow practitioners. It is expected that registrants will make responsible decisions that protect the public while following health orders and abiding by rules set out by employers. Registrants are reminded of their responsibility to abide by the legislation set out by CASLPM. All documents are easily accessible on the CASLPM website at: <https://caslpm.ca/about/regulating-the-professions/>.

ELIMINATION (Practice isolation to prevent the spread of the virus)

Questions	Considerations	Resources
Is the virus present in your community?	Complete elimination of a viral hazard is generally not possible, but the current risk level may impact practice at a given time	Visit the link below to see the current response level for your region: http://www.manitoba.ca/covid19/restartmb/prs/index.html View the document <i>Restoring Safe Services – Pandemic Response System</i> at the following link: https://sharedhealthmb.ca/covid19/providers/resources-for-providers-and-clinics/
Can you restrict visits with people who are symptomatic?	Isolation of the person with COVID-19 is the most effective control measure Shared Health recommends implementation of a screening protocol	Public Screening Tool available at: https://sharedhealthmb.ca/covid19/screening-tool/ Symptoms of COVID-19 can be found in this document: https://sharedhealthmb.ca/files/covid-19-primary-care-providers-in-community.pdf Posters for staff and visitors: https://sharedhealthmb.ca/covid19/providers/acute-care-resources/
Will staff members screen for COVID-19 symptoms and stay home when they are sick?	Maintain documentation that staff have been screened each day before their shift Adjust absenteeism policies Working from home may be an option while in self-isolation, if required	Staff Screening Tools available at: https://sharedhealthmb.ca/covid19/providers/acute-care-resources/

SUBSTITUTION (Practice physical/social distancing to effectively substitute the hazards associated with the virus)

Questions	Considerations	Resources
<p>Is it possible to deliver services over the phone or over the computer screen?</p>	<p>Virtual services may be an option for some clients and could be provided using a variety of platforms</p> <p>Consideration for the safety, privacy, and security of the selected platform would be required in order to be compliant with PHIA and FIPPA</p>	<p>CASLPM Guidance on Telepractice: https://caslpm.ca/wp-content/uploads/2020/04/CASLPM-Telepractice-Guidance-Document-2020-04-03-1.pdf</p> <p>Shared Health – Virtual Care Resources: https://sharedhealthmb.ca/covid19/providers/virtual-care-resources/</p> <p>Speech Audiology Canada – Telepractice resources: https://www.sac-oac.ca/news-events/news/covid-19-update-telepractice</p>
<p>Is it possible to maintain 6 feet/2 metres of distance for the duration of the session?</p> <p>What kinds of changes could you implement to ensure the distance is maintained?</p>	<p>Adherence to spatial separation of 6 feet/2 metres wherever possible reduces risk of coming in contact with respiratory droplets that are generated when an infected person coughs or sneezes</p> <p>Provide visual cues (e.g., directional arrows, distance markers on floors, entrance/exit ways)</p> <p>Change seating arrangements to increase distance; arrange furniture to promote the two-metre rule</p> <p>Consider using extra copies of materials so client and HCPs both have access to the same documents/tools but don't need to share those items</p>	<p>Manitoba Government – posters: https://www.gov.mb.ca/covid19/resources/index.html#posters</p> <p>Shared Health: https://sharedhealthmb.ca/files/covid-19-physical-distancing-and-restoring-services.pdf</p> <p>https://sharedhealthmb.ca/covid19/providers/resources-for-providers-and-clinics/</p> <p>https://sharedhealthmb.ca/covid19/providers/operational-updates/ (constantly updated)</p> <p>https://sharedhealthmb.ca/covid19/providers/other-resources/</p>

ENGINEERING CONTROLS (Make changes to the environment to move or displace contaminated air)

Questions	Considerations	Resources
If physical distancing is not possible, can you install non-permeable physical barriers (e.g. clear plastic/plexiglass guard or cubicles)?	<p>Consider what type and size of barrier is appropriate for your workspace</p> <p>Remember that barriers will need to be cleaned after each use</p>	<p>Physical Distancing and Restoring Services at Health Facilities and Physical Distancing Auditing Tool: https://sharedhealthmb.ca/covid19/providers/resources-for-providers-and-clinics/</p>
Does your space have air exchange? If not, can it be implemented?	<p>Creating new air exchange may require hiring professional HVAC services.</p> <p>Consider leaving the booth or office door open while the client is present (if that won't impact privacy) or after the client has left to improve ventilation.</p>	

ADMINISTRATIVE CONTROLS (Alter the way work is done)

Questions	Considerations	Resources
Will you screen clients/caregivers for COVID-19 symptoms prior to the appointment?	<p>This can be done by email, letter, or phone prior to the appointment date</p> <p>Document that you have screened the clients/caregivers</p> <p>Include signage at your entry points reminding visitors of screening protocol</p>	<p>Public Screening Tool available at: https://sharedhealthmb.ca/covid19/screening-tool/</p> <p>Posters for visitors: https://sharedhealthmb.ca/covid19/providers/acute-care-resources/</p>
Can you keep track of all people who enter your office for the contract tracing purposes if needed?	<p>Maintain a visitor and employee log. The Manitoba Government asks therapeutic and healthcare businesses to see clients by appointment only and to keep logs of appointments for the purpose of contract tracing for a minimum of 21 days</p>	<p>Restart Manitoba: https://manitoba.ca/asset_library/en/restartmb/pandemic_response_system.pdf</p>

ADMINISTRATIVE CONTROLS continued

Questions	Considerations	Resources
Is it possible to reduce the number of people on site?	<p>Reduce staff on site – flex hours or work from home if possible</p> <p>Space or stagger appointment slots</p> <p>Have clients wait outside or in vehicle until the appointment time</p> <p>Ask escorts not to come into the building if they are not needed in the therapy room</p> <p>If escorts are needed, request that clients bring no more than one escort</p> <p>If you typically work with groups of clients, consider limiting the number of clients present at one time, or mixing virtual and in-person groups</p>	<p><i>Restoring Safe Services</i>, Phase One, Manitoba Government (page 11): https://manitoba.ca/asset_library/en/proactive/2020_2021/restoring-safe-services.pdf</p> <p>Physical Distancing and Restoring Services at Health Facilities: https://sharedhealthmb.ca/files/covid-19-physical-distancing-and-restoring-services.pdf</p>
Can you implement rigorous cleaning/sanitation policies?	<p>Ensure availability of all necessary supplies for cleaning and disinfecting</p> <p>Increase frequency of cleaning of shared and commonly touched surfaces (e.g., tables/counter tops, HCP/client chairs, light switches, door handles, hand railings, office supplies, etc.)</p> <p>Allow enough drying time after cleaning</p>	<p>Shared Health – Infection Prevention and Control: https://sharedhealthmb.ca/covid19/providers/ipc-resources/</p> <p>Cleaning and Disinfecting: https://www.canada.ca/en/public-health/services/publications/diseases-conditions/cleaning-disinfecting-public-spaces.html</p>

ADMINISTRATIVE CONTROLS continued

Questions	Considerations	Resources
<p>Can frequent handwashing or sanitizing occur for both the health care provider (HCP) and the client?</p>	<p><i>Following Routine Practices</i></p> <p>Avoid touching your eyes, nose, and mouth with unclean hands.</p> <p>At the following times, engage in frequent hand hygiene with soap and water for at least 15 to 20 seconds, or use alcohol-based sanitizer:</p> <ul style="list-style-type: none"> • at the start of the day and before going home • before and after completing any support/procedure that does not allow physical distancing • before and after putting on (donning) and removing (doffing) personal protective equipment (PPE) such as gloves, masks, and eye shields, as outlined later in this document • after going to the washroom, wiping nose or handling dirty tissues, coughing, sneezing, or blowing nose • after getting hands dirty or if they have become contaminated • after completing cleaning tasks (staff) • before and after food preparation or contact with food • before and after snacks or meals <p>Source: https://www.edu.gov.mb.ca/k12/covid/docs/guides_support_students.pdf</p>	<p>For more information on hand hygiene: https://ipac-canada.org/hand-hygiene.php</p> <p>For more information on donning and doffing PPE, see resources here: https://sharedhealthmb.ca/covid19/providers/ppe-resources/</p>

ADMINISTRATIVE CONTROLS continued

Questions	Considerations	Resources
Can you make adjustments to tools/shared objects?	<p>Remove shared objects from waiting and therapy rooms (e.g. magazines, toys, pens, etc.)</p> <p>Use therapy materials that are easy to disinfect or adjust materials through the use of page-protectors or laminating</p> <p>Restrict the items that others can touch</p> <p>Set aside items that cannot be cleaned (e.g., toys & books) for a minimum of 72 hours before using again</p> <p>Consider asking families to bring their own devices, toys, or tools</p>	<p>Cleaning and Disinfecting: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/cleaning-disinfecting.html</p>
For cases where payment needs to be made, can you move to electronic formats rather than cash/cheque?	<p>Use tap where possible</p> <p>Clean devices after each use</p>	
Can you provide visual reminders for staff and clients?	<p>Make use of available posters from government websites to remind everyone about physical distancing, handwashing, screening policies, etc.</p>	<p>Find printable posters at: https://www.gov.mb.ca/covid19/resources/index.html#posters https://sharedhealthmb.ca/covid19/providers/posters/</p>

Personal Protective Equipment (PPE)

Manitoba Guidelines for Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care states, “PPE controls are the weakest tier in the hierarchy [of controls] and should not be relied on as a stand-alone primary prevention program” (page 34). While there is a role for PPE in preventing the transmission of infection, it is important for audiologists and speech-language pathologists not to rely solely on PPE.

The type of PPE required will depend on the environment. If physical separation of 6 feet/2 metres can be maintained (except for brief intervals), PPE is generally not required.

When physical separation is not possible, Shared Health requires strict hand hygiene, medical grade (surgical or procedure) face masks, and eye protection for the following settings: Acute/Subacute Care, Long Term Care, In Home Care, and Outpatient or Community Clinics. Gloves, gowns, and N95 masks are also required in some situations. N95 masks are only required in Acute/Subacute Care, and Long-Term Care settings where Aerosol Generating Medical Procedures (AGMPs) occur. N95 masks are not recommended for In Home Care, Outpatient, or Community settings, see: <https://sharedhealthmb.ca/files/covid-19-ppe-table.pdf>.

Face shields on their own have not yet been identified as medical grade PPE. Generally, face shields are recommended to be worn in conjunction with a mask. Research is ongoing. Registrants will be notified if CASLPM becomes aware of Canadian recommendations for face shields. Various clear masks are also coming on the market. Be advised that most masks with a clear mouth piece would be considered non-medical grade PPE. They are designed to assist with communication in a non-infectious environment.

For specific questions regarding the use of PPE, please visit *Shared Health Frequently Asked Questions about PPE*: <https://sharedhealthmb.ca/files/ppe-provincial-requirements-faqs.pdf>

Please read on for additional questions, considerations, and resources related to PPE.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Questions	Considerations	Resources
Do clinical services require close contact between HCP and client?	Consider if touching is necessary to the task. If the activity can be completed without touching, you may be able to use substitution, engineering, or administration controls instead	
Will you be engaging in aerosol generating medical procedures (AGMPs)?	Most audiologists and speech-language pathologists will not be engaged in AGMPs. Those who are engaged in AGMPs may need to wear a N95 mask – see resources.	<p>List of AGMPs: https://sharedhealthmb.ca/files/aerosol-generating-medical-procedures-AGMPs.pdf</p> <p>SAC document on AGMPs : https://www.sac-oac.ca/sites/default/files/resources/Aerosol_generating_procedures_in_SLP.pdf</p>
Will you be engaging in close-proximity procedures and/or procedures that may induce coughing?	<p>The following procedures may result in a cough reflex: Audiology: otoscopy, cerumen management, real-ear measurements, earmold impressions SLP: oral-motor exams, swallowing assessments</p> <p>Medical procedures that induce coughing are not in themselves AGMPs. Inducing a cough in a healthy individual is unlikely to be a cause for concern. Nevertheless, clients should be encouraged to follow respiratory etiquette. Practitioners can provide tissues for clients as well as opportunity to wash hands or use hand sanitizer after coughing.</p> <p>If it is possible for the client and/or HCP to wear a mask during a procedure that may induce coughing, they may wish to do so. N95 masks are required only for Aerosol Generating Medical Procedures.</p>	<p>Provincial Guidance for Aerosol Generating Medical Procedures (AGMPs): https://sharedhealthmb.ca/files/aerosol-generating-medical-procedures-AGMPs.pdf</p> <p>ASHA guidance on AGMPs: https://www.asha.org/SLP/healthcare/ASHA-Guidance-to-SLPs-Regarding-Aerosol-Generating-Procedures/</p>
Do your clients include seniors who may be more vulnerable to COVID-19?	If yes, PPE may be necessary.	

PERSONAL PROTECTIVE EQUIPMENT (PPE) continued

Questions	Considerations	Resources
Do your clients include people who have pre-existing medical conditions?	If yes, PPE may be necessary.	
Are your clients able to follow directions specific to safe practice protocol?	If yes, PPE may not be required. If no, PPE should be used.	
What is your organization's PPE policy for HCPs and others?		PPE requirements will vary according to task and location: https://sharedhealthmb.ca/files/covid-19-provincial-ppe-requirements.pdf
Do you and your staff know how to use, re-use, store and clean PPE correctly?	Review government websites or manufacturer instructions	https://sharedhealthmb.ca/covid19/providers/ppe-resources/(see video on removal and use) https://sharedhealthmb.ca/files/extended-use-of-face-masks.pdf
Where will you access PPE? How do you know it meets provincial/federal guidelines?	<p>Most employers will provide their employees with medical-grade PPE.</p> <p>At this time, private practitioners will need to purchase their own PPE. Although it was previously reported that health-care locations could contact the Shared Health Command Intake for access to PPE, Shared Health is currently directing businesses to procure their own PPE.</p> <p>Practitioners should wear <u>medical-grade masks</u> whenever possible when working in close proximity to clients. As noted above, masks do not need to be worn if appropriate physical distancing measures are in place.</p> <p>Registrants must be cautious when purchasing PPE. Many organizations sell <u>non-medical grade</u> materials only (for example, B2B Manitoba).</p>	<p>Shared Health Manitoba – Requirements and Resources for PPE: https://sharedhealthmb.ca/covid19/providers/ppe-resources/</p> <p>Federal Government – Info on PPE: https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/medical-devices/personal-protective-equipment.html</p> <p>RRP Canada matches supply with demand: https://www.rrpcanada.org/#/</p>

Documentation

Audiologists and speech-language pathologists should have access to written policies/protocol in their workplaces. Regional health authorities, education systems, community health providers and outreach therapy agencies should have easily accessible policies. Private practitioners should develop written policies for their practice. Types of policy topics could include screening protocols, physical distancing, staffing protocols, telepractice, infection control, contact tracing, use of PPE, etc.

Informed consent from the client/patient or their legal guardian/caregiver should be documented, particularly in situations where health care professionals may choose to modify best practices.

Tips & Considerations Specific to Profession

The information presented above should be considered by all audiologists and speech-language pathologists when practising during a pandemic. The information below contains additional suggestions and recommendations specific to the individual professions.

AUDIOLOGY SPECIFIC TIPS & CONSIDERATIONS

Audiologists must often be very close to their patients (e.g., for otoscopy, hearing aid fittings, ABRs), may deal with bodily fluids (e.g., cerumen or middle ear effusion), and must handle patient equipment (e.g., personal amplification).

Substitution	Resources
Consider <ul style="list-style-type: none">Using telepractice when possible for counselling, troubleshooting, or hearing aid adjustment.Giving your clients the manufacturer’s toll-free number for troubleshooting.	Refer to Telepractice resources in Substitution section above
Engineering	
Consider <ul style="list-style-type: none">Leaving the booth door open while the client is present (pending privacy issues) and/or after the client has left. Check with the booth manufacturer for details.Make use of Bluetooth technology (e.g., amplification fitting, ABR) to increase the physical distance between you and the client.	http://blog.e3diagnostics.com/simple-tips-to-sanitize-your-audiometric-booth

AUDIOLOGY SPECIFIC continued

Administrative	
Set aside the consumables (e.g., otoscope specula, earphone/tympanometer/OAE tips, electrodes, real ear tubes) on a tray before the client arrives so that you don't have to reach into a container. Remember to clean the tray between clients.	
Only use the booth for audiometric testing. Can you use another space for case history, tympanometry, otoacoustic emissions, ABRs, earmold impressions, cerumen management, amplification issues, counselling etc.?	
During audiometric assessment, use a hand-raise response instead of a button-press.	
Consider use of test-box verification instead of real-ear verification when possible.	
Consider mailing batteries or cleaning supplies directly to clients instead of in-clinic pickup.	
Consider "drive through" device support. Meet a patient at their car – the staff member can have a tray (covered with a sheet that can be disposed of) that the person deposits the hearing aid (or other device) onto from the car. The hearing aid can be cleaned/restored to function and then delivered back to the car.	
Be extra judicious about disinfecting and/or sanitizing the client's personal equipment and your test equipment and client environment. Different types of equipment require different types of cleaners.	https://www.asha.org/uploadedFiles/Infection-Prevention-and-Control-for-Audiology-Equipment.pdf (equipment specific table)
Remember to clean the booth walls, light switches, etc. as needed. Booth manufacturers recommend use of 60-80% alcohol on a rag to clean the booth walls. This will reduce the likelihood of rusting the walls because of the quicker drying time.	http://blog.e3diagnostics.com/simple-tips-to-sanitize-your-audiometric-booth

AUDIOLOGY SPECIFIC continued

PPE Above and Beyond Eye Shields and Face Masks	
Recent reports suggest that the COVID-19 virus has been found in middle ear effusion. Always use gloves and consider using an N95 mask when dealing with patients with active drainage.	https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2768621
Learn from your peers/colleagues. Take professional development on telepractice, visit social media/websites for Audiology tips, share what's working well with others and solicit feedback from peers when what you're doing isn't working out.	AAA roundup of documents that relate to practising during COVID-19: https://www.audiology.org/practice-management/covid-19-resources ASHA roundup of documents that relate to practising during COVID-19: https://www.asha.org/About/Coronavirus-Updates/ SAC roundup of documents that relate to practising during COVID-19: https://www.sac-oac.ca/update-members-and-associates-covid-19
Review and Provide Resources	
Refer to Audiology-specific documents for topics that relate to your practice	https://www.audiology.org/publications/guidelines-and-standards/infection-control-audiological-practice https://www.audiology.org/practice-management/covid-19/covid-19-and-clinical-recommendations https://www.audiology.org/news/booth-safety-covid-19-and-beyond https://www.audiologyonline.com/audiology-ceus/infection-control/ (especially by A.U. Bankaitis) https://www.sac-oac.ca/news-events/news/audiology-clinical-practice-guidelines https://www.sac-oac.ca/sites/default/files/resources/Infection_prevention_control_Guidelines_Audiology.pdf

AUDIOLOGY SPECIFIC continued

Be aware of new causes of hearing loss. Recent reports suggest that COVID-19 may cause sensorineural hearing loss.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7151386/
Provide resources for your clients to help them with communication.	https://canadianaudiology.ca/wp-content/uploads/2020/05/CAA-Virtual-Meetings-Poster-May-2020-1.pdf https://www.asha.org/public/covid-19-resources-for-your-clients-and-patients/

SPEECH-LANGUAGE PATHOLOGY TIPS & CONSIDERATIONS

Speech-language pathologists must often be very close to their patients, may deal with bodily fluids (e.g., when performing an oral mechanism screening), and may need to handle patient equipment (e.g., AAC devices and access devices).

Substitution	Resources
If virtual therapy is a reasonable way to provide therapy, it should be explored. Consider a blend of virtual and in-person visits if that would better suit the needs of the client.	Refer to Telepractice resources in Substitution section above
Set up your therapy room to allow for 6 feet of distance. You may wish to use visual markings/barriers to keep children in a specific area to maintain personal space (e.g. tape on the floor, hula hoops to sit in, personalized mats or chairs, tables between participants or individual tables/desks).	
Engineering	
Consider if it might be possible to deliver some services outdoors. Obtain informed consent for changes to service delivery and be mindful of privacy.	
If you have extra rooms available to you, can you use different rooms for different clients? Can you air out rooms between clients?	
Administrative	
If mask-wearing is needed and is interfering with articulation modeling, pre-record yourself demonstrating speech sounds on a digital device.	
Limit the number of items you will use during therapy. Consider requesting action rather than objects.	
Consider creating bins/bags of client-specific items.	

SPEECH-LANGUAGE PATHOLOGY SPECIFIC continued

<p>If physical distance is preventing you from sharing materials, consider having a double set of materials – one for the SLP and one for the client.</p>	
<p>Use mirrors for in-person visits so the client can watch their own mouth (ensure mirror is cleaned after use). For virtual visits, encourage the client to watch themselves on the screen.</p>	
<p>If a parent is attending the child’s session, consider opportunities for hands-off parent coaching. Have the parent assist with behaviour management as well as any games/reinforcing activities used to keep the child engaged.</p>	<p>http://www.hanen.org/Helpful-Info/Articles/COVID-19-Balance-Precautions-Build-Interactions.aspx</p>
<p>Learn from your peers/colleagues. Take professional development on telepractice, visit social media/websites for SLP tips, share what’s working well with others and solicit feedback from peers when what you’re doing isn’t working out.</p>	<p>Compiled resources from SAC: https://www.sac-oac.ca/update-members-and-associates-covid-19</p> <p>ASHA roundup of documents that relate to practising during COVID-19: https://www.asha.org/About/Coronavirus-Updates/</p>
<p>Refer to SLP-specific documents for topics that relate to your practice</p>	<p>Infection Control and Prevention Guidelines for Speech-Language Pathology – SAC: https://www.sac-oac.ca/sites/default/files/resources/Infection_Prevention_control_Guidelines_SLP.pdf</p> <p>SAC Clinical Practice Guidelines for Dysphagia and Acute Care: https://www.sac-oac.ca/news-events/news/new-speech-language-pathology-clinical-practice-guidelines</p> <p>Restoring Safe Schools Manitoba: https://www.edu.gov.mb.ca/k12/covid/index.html</p> <p>Welcoming Our Students Back: Supporting Students with Special Needs and Students at Risk as They Return to School: https://www.edu.gov.mb.ca/k12/covid/docs/welcome_back_special.pdf</p> <p>Resources Supporting Students with Special Needs: https://www.edu.gov.mb.ca/k12/covid/support/rsssn.html</p>

References

The documents listed below assisted in the creation of this document.

American Academy of Audiology, COVID-19 and Clinical Recommendations, March 16, 2020

College of Audiologists and Speech-Language Pathologists of Manitoba, Code of Ethics, Adopted October 2012

Manitoba Education, Guidelines on Supporting Students Who Require Interventions or Supports that Cannot be Delivered from a Distance, June 2020

Manitoba Government, Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care, June 2019

Manitoba Government, #RESTARTMB Pandemic Response System, August 19, 2020

New Brunswick Association of Speech-Language Pathologists and Audiologists, COVID-19 Operational Plan for Workplaces, May 15, 2020

Nova Scotia College of Audiologists and Speech-Language Pathologists: Transitioning to In-person Services by Audiologists and Speech-Language Pathologists, May 31, 2020

Shared Health Manitoba, COVID-19 Physical Distancing and Restoring Services at Health Facilities, June 23, 2020

Shared Health Manitoba, COVID-19 Provincial Guidance for Aerosol Generating Medical Procedures (AGMPs), June 9, 2020

Speech-Language and Audiology Canada, Speech-Language Pathologists Require Access to N95 masks (or equivalent) When Performing Aerosol Generating Procedures During the COVID-19 Pandemic, May 25, 2020