Covid-19 Policy

Happy Talker recognises that the majority of individuals in community settings have not been tested for COVID-19 therefore prior to face-to-face contact, Happy Talker will confirm an individual's current COVID-19 status and the urgency of any assessment or intervention at each planned contact.

Circumstances may also mean considering delivering care in different modalities, e.g. via telephone or using telehealth. This is in line with government and Health and Care Professions Council (HCPC) guidance.

Happy Talker will undertake a risk assessment categorising into red, amber, green ratings (see tables 1 & 2 below) to prioritise the caseload of individuals and develop safe protocols to meet their needs and to help with prioritisation of caseloads.

Happy Talker will then:

a) Recommend that non-urgent appointments are reviewed/postponed
b) Call ahead of seeing any individual to:
    i. Ask if the family is self-isolating or have any symptoms of COVID-19
    ii. Discuss with the parents/ carers whether or not they are happy to be seen given that some individuals may be in vulnerable/at risk groups

Happy Talker Covid-19 clinical delivery policy

This policy has been created in response to the Covid-19 Pandemic. This policy has been created in line with guidance published by the Royal College of Speech and Language Therapists titled 'RCSLT guidance on reducing the risk of transmission and use of personal protective equipment (PPE) in the context of Covid 19'. https://www.rcslt.org/-/media/docs/Covid/RCSLTreducing-risk-of-transmission--use-of-PPE-guidanceFINAL-120620.pdf?la=en&hash=E47F3EFC54CD379FB2756BA77C600E1BBF496B3C.

Context and background (taken from RCSLT guidance see above)

COVID-19 symptoms

Current NHS guidance recognises the main symptoms of COVID-19 as a new, continuous cough, a high temperature and a loss of, or change to, sense of smell (anosmia) or taste (ageusia). Other symptoms reported include shortness of breath, difficulty breathing, fatigue, muscle aches, headache, sore throat, congestion or running nose, nausea or gastrointestinal problems including diarrhoea and vomiting (CDC, 2020).

COVID-19 transmission

Based on the available evidence, transmission of COVID-19 is primarily through respiratory droplets and contact routes (WHO, 2020; PHE 2020). Respiratory droplet emissions when coughing or sneezing are considered important routes of COVID-19 transmission (WHO, 2020; PHE 2020). The incubation period of COVID-19 is typically between 5 and 6 days but may be up to 14 days (WHO, 2020). Thus, if a person remains well 14 days after contact with someone with confirmed coronavirus, they are unlikely to have been infected. Public Health England highlight that most people will not be infectious until they experience symptoms (PHE, 2020). Some individuals testing positive for COVID-19 are asymptomatic or have very mild symptoms. COVID-19 has been identified amongst pre-symptomatic and asymptomatic populations and this is likely to be a factor in the transmissibility of the virus (Arons et al 2020).

Children and transmission of COVID-19- Children make up between 1 and 5% of confirmed cases (Munro et al, 2020). A systematic review has indicated that children and young people appear 56% less likely to contract COVID-19 from others who are infected (Viner et al, 2020). Children generally present with mild symptoms or are asymptomatic, and critical illness appears to be very rare (~1%). However, the role of children in passing the disease to others is unknown, in particular given large numbers of asymptomatic cases. (Munro et al, 2020).

Decision making questions when considering clinical delivery (taken from RCSLT guidance see above)

Judith Lawrence, Speech and Language Therapist (SLT), and owner of Happy Talker, will determine/assess through discussion with families to guide decisions about clinical delivery.

1)
Can individuals be supported and outcomes met safely and effectively without direct/face-to-face contact, e.g. indirect contact, telehealth, through other members of the workforce or parents/carers?

2) If direct/face-to-face contact is indicated, how urgent and essential is the need?
If sessions within the child's home are required, these will be determined by several factors including, but are not limited to, clinical presentation, child's age/stage of development, level of parental anxiety, length of time since previous professional involvement (SLT or otherwise).

3) What is the risk versus benefit of not carrying out the intervention?
This will be determined by several factors discussed between the child's parent(s)/legal guardian(s) and the SLT. Factors include but are not limited to clinical presentation, child's age/stage of development, level of parental anxiety, length of time since previous professional involvement (SLT or otherwise). An individual risk assessment will be carried out to reduce the risk of transmission (see attached risk assessment document and table below).

Table 1: Factors associated with potential COVID-19 transmission risk
Taken from RCSLT guidance on reducing the risk of transmission and use of personal protective equipment (PPE) in the context of COVID-19

	Factors indicating higher risk	[✓]	[✓]	Factors indicating lower risk
Current COVID-19 status and history of the individual and/or household members[1]	Suspected or confirmed COVID-19 positive, or unknown COVID-19 status			Where known, individual has been identified as COVID-19 negative
	Recently positive, recovering or recovered			No COVID-19 symptoms or history
	Conditions being treated as infectious, e.g. Paediatric Multisystem Inflammatory Syndrome temporally associated with SARS-CoV2 (PIMS-TS)			No conditions being treated as infectious and associated with COVID-19
Isolation status of individual or any member of their household	Self-isolating			Not self-isolating
Time since onset of symptoms (discuss with the individual, carer, and/or MDT)	Within two weeks of symptom onset (most infectious)			More than two weeks since symptom onset
Proximity to the individual to deliver the assessment or intervention	Intervention requires proximity to be within 2 metres, e.g. cervical auscultation, videofluoroscopy, endoscopy, speech sound assessments, dysphagia assessment			Over 2 metres away from individual and parent/carer

	Factors indicating higher risk	[✓]	[✓]	Factors indicating lower risk
Ability of the individual to understand and follow social distancing and hygiene measures	Young children			Non-ambulant individuals
	Individuals who may not understand or be able to follow social distancing and hygiene measures e.g. some individuals with learning disabilities, autism, mental health conditions or dementia			Individuals can understand or be helped to understand, and are able to follow social distancing and hygiene measures
Vulnerability of the individual, member of household	Individuals with known immunocompromising factors or shielding			No known immunocompromising factors, or not shielding
Behavioural challenges (when not undertaking an AGP)	Known behavioural challenges resulting in e.g. spitting, biting, combative			No known behavioural challenges resulting in e.g. spitting, biting, combative
Care setting is high risk for exposure to infectious AGPs	COVID-19 designated ICU/HDU			Designated low risk COVID-19 clinical area
	Setting with suspected or confirmed individuals on non-invasive ventilation (NIV); continuous positive airway pressure (CPAP); or high flow nasal oxygen (HFNO)			Working in a non-COVID-19 area without AGPs occurring
	Working in other high risk COVID-19 clinical areas where AGPs may be occurring			Schools and other non-clinical settings including individuals' homes

	Factors indicating higher risk	[✓]	[✓]	Factors indicating lower risk
Assessment or intervention involves potential for aerosol generation	Swallowing, voice and communication assessment and therapy where the risks of exposure as a result of loud voice (e.g. singing, Lee Silverman Voice Therapy (LSVT)), forceful blowing (e.g. expiratory muscle strength training (EMST)) and/or production of coughing (e.g. cough reflex testing) cannot be mitigated			Swallowing, voice or communication assessment and therapy where the risks of exposure as a result of loud voice, forceful blowing and/or production of coughing can be mitigated or contact is unlikely to produce aerosols[2]
Neck breathers	Tracheostomy, laryngectomy			Non-neck breather
Airway sensitivity	Diagnosis or intervention that is likely to increase the risk of coughing e.g. chronic cough, laryngeal pathology or surgery, inducible laryngeal obstruction (ILO), hypersensitivity, recent intubation			Diagnosis or intervention that is likely to reduce the risk of coughing e.g. chronic silent aspiration, known impaired laryngeal sensitivity
Use of equipment	Equipment cannot be decontaminated in line with local infection and control guidance e.g. videofluoroscopy, cervical auscultation, endoscopy, other equipment			Equipment can be decontaminated in line with local infection and control guidance e.g. videofluoroscopy, cervical auscultation, endoscopy, other equipment

Table 2: For AGPs, what is the likelihood of the individual producing forceful or prolonged coughing or sneezing?

Consider the following factors (list not exhaustive):				
	Factors indicating higher risk	[✓]	[✓]	Factors indicating lower risk
Ability to predict potential for coughing	High risk of prolonged or forceful coughing, e.g. initial assessment where reason for referral is coughing on oral intake; review patients where a cough has previously been observed and is anticipated			Low risk of prolonged or forceful coughing, e.g. swallow review where aspiration risk has already been established and/or mitigated; paediatric feeding assessment unlikely to produce cough
Aspiration	Overt			Silent
Secretions that have the potential to become airborne	Visible drooling or suspicion of retained upper airway secretions with potential need for suctioning			No excess secretions
Cough frequency or force	Increased cough frequency or force, e.g. chronic lung disease in adults, nasendoscopy in chronic cough / ILO patients			Reduced cough frequency or force, e.g. neuromuscular disease, young children (0-2 years)
Sneezing	Nasendoscopy			No risk of sneezing
	Nasal regurgitation			
	Allergy			

Summary and consent form for parent(s)/legal guardian(s)

Please read and sign if you are in agreement with the following;

1) I have read the Happy Talker Covid-19 clinical delivery policy in full (see above).
2) I have completed the table with Judith Lawrence (SLT) and provided true information to the best of my abilities to allow her to make an accurate risk assessment to support decisions around clinical delivery.
3) I have read and understood the attached risk assessment outlining the specific risks and controls to be put in place by Judith Lawrence SLT and owner of Happy Talker.
4) I have read and understood the attached risk assessment outlining the specific risks and controls to be put in place by me.
5) The below statement

I recognise that it is not possible to entirely eliminate the risk of the spread of Covid-19 whilst working directly in a child's environment. I recognise that if my child needs close and / or direct physical contact as part of their session, this is an increase risk to the spread of Covid-19 and I accept this risk, as per the risk assessment evaluation with the protected measures outlined.

For my part, I will do the following.

- Symptom check every person in the house on the day of our appointment(s), including high temperature, new continuous cough, loss of or change in normal taste and smell. If any member of the household is symptomatic, I will notify Happy Talker as soon as possible.
- If a member of my household becomes symptomatic within 14 days of the appointment, I will notify the SLT so she can follow the government guidelines regarding testing and isolation to reduce the risk of Covid-19 transmission.
- My child and the family member attending the appointment will have a temperature check prior to the session with a non-contact thermometer on the SLT's arrival.
- To clean the area including toys used in the home before and after the home visit.

I have read and understood Happy Talker Covid-19 clinical delivery policy as well as the attached risk assessment. I agree to the practices outlined that Judith Lawrence (SLT) will be using in an effort to mitigate the risks presented by Covid-19.

I agree to take precautions as outlined above as the parent/legal guardian to

……..(insert child's name).

Print Name	Signed	Date