COVID-19 Virtual Town Hall
Town Hall Panelists

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What is teletherapy, telehealth, telepractice, telemedicine, teleaudiology…

- **Telepractice**: The application of telecommunications technology to the delivery of speech-language pathology and audiology professional services at a distance by linking clinician to client or clinician to clinical for assessment, intervention, and/or consultation.

- **ASHA** adopted the term *telepractice* rather than the frequently used terms *telemedicine* or *telehealth* to avoid the misperception that these services are used only in healthcare settings.

- Other terms such as *teleaudiology*, *telespeech*, and *teletherapy* are also used.
Teletherapy: Important Considerations

- Technology
- Environment
- Client Selection
- Documentation
- Privacy and Security
- Facilitator
- Informed Consent
Scenario: Licensing across state lines during COVID-19

• I am an SLP in the healthcare setting who lives in Missouri and holds licensure in Missouri. Due to the pandemic, a current client now resides in Illinois. I do not hold licensure in Illinois. Can I deliver services via telepractice from my home in Missouri to my client in Illinois?

• During “normal” times, ASHA would expect a telepractioner to have a license in his/her home state and the state where the client resides. For states that have passed licensure compact language (ASLP-IC) and the receiving is a member state, this will not be an issue.
Scenario continued…

- Illinois' Department of Financial and Professional Regulation interprets Governor Pritzker's Executive Order 2020-9 to mean that out-of-state providers may practice via telehealth to maintain a continuation of care with clients previously in their care: "The Department interprets Executive Order 2020-9 to permit an out-of-state health care provider not licensed in Illinois to continue to provide health care services to an Illinois patient via telehealth where there is a previously established provider/patient relationship. The Department deems such a provider to be 'authorized to practice in the State of Illinois' pursuant to Section 5 of the Executive Order without further need to obtain licensure in Illinois."

- [http://www.illinois.gov](http://www.illinois.gov)
Scenario: Licensing and CFs across state lines during COVID-19

• I am a CF with a temporary license in Illinois, where I have been providing services. Due to COVID-19, I am now residing in Missouri to be with family. Can I continue to deliver services via teletherapy from Missouri to my clients in Illinois?

• With regard to a CF currently providing services to clients in the state where she holds a CF license, we do not believe that the board where she is currently residing has jurisdiction over services provided to clients residing in another state. However, the CF should check with the board where she is temporarily residing for any questions/concerns. Missouri for instance, does not offer CF licensure. Consideration as to licensure of the supervising SLP must also be considered.
Ethical Considerations

Client Privacy

- U.S. Department of Health & Human Services (HHS) relaxed requirements to comply with HIPPA
- You may use non-HIPPA compliant platforms for telepractice without penalty from HHS or ASHA’s Board of Ethics

Use of Technology

- Obtain consent from patient or family
- Explain risk of using technology
- Check with your organization as to needs related to signed forms/waivers
Client Abandonment

• ASHA states, “no clinician is ever ethically required to work in physical danger in order to offer client care.”

• During COVID-19, employees who are pregnant, immuno compromised, or over the age of 65 are considered at-risk

• Must create a plan for continued services (i.e. provide teletherapy, home practice activities, transition to another provider)
ASHA Resources: Teletherapy

- Supplemental Fact Sheet-U.S. Department of Education Office of Civil Rights
- Health Insurance Portability and Accountability Act
- HIPAA Security Rule: Frequently Asked Questions
- HIPAA Security Technical Safeguards
- HIPAA: Electronic Data Interchange (EDI) Rule
- Model Language for Interstate Telepractice [PDF]
- ASHA Telepractice Perspectives
Telepractice Assessment Considerations

- ASHA's Telepractice Checklist for School-based SLPs
- ASHA’s Telepractice Resources
- ASHA-Modifications of Assessment & Treatment:

  Clinicians who deliver telepractice services must possess specialized knowledge and skills selecting assessments and interventions that are appropriate to the technology and that take into consideration client and disorder variables. Assessment and therapy procedures and materials may need to be modified or adapted to accommodate the lack of physical contact with the client. These modifications should be reflected in the interpretation and documentation of the service.

Some publishers of standardized assessments have developed guidance about administration via telepractice. Other researchers have compared the validity of in-person and remoted assessment protocols (Sutherland et al., 2016; Taylor, Armfield, Dodrill, & Smith, 2014).
Telepractice: Assessment

• Contact the publishers of tests you want to use to see if they have any information about remote administration of the test. For example, Pearson offers resources and assessments that are compatible with online administration.

• ASHA's Evidence Map on Telepractice
Telepractice: Assessment

Here is the information that **Special Interest Group 18's (Telepractice) Coordinator, Joneen Lowman, shared:**

The following discussion is only about using standardized, norm-referenced tests if they are required to qualify a child for services. If provider policies/regulations allow, it might be preferable to qualify using informal options, such as teacher or parent report, student observation via videoconferencing, a store-and-forward language sample, etc. However, if you are required to administer standardized, norm-referenced testing for a student in a home environment, or you are using a test that is not digitized, here are a couple of suggestions:

1. Verify that your state's licensure law permits evaluations to be conducted via videoconferencing and or store-and-forward methods.

2. Abide by informed consent requirements if specified in your state's licensure law.

3. Meet with the person who will be facilitating, likely a parent or caregiver, prior to test administration. Make sure they understand, whether you are using digitized materials or not, what is expected of them. They need to make sure they are in a quiet, separate room free from distractions. They may need to make childcare arrangements during the time period.

4. They should have adequate internet access and a computer with a webcam, microphone and speakers.

5. Explain what you expect of the family facilitator in terms of prompting and reinforcing. You need to make it clear that you are the only one who can give instructions or provide feedback. They cannot provide feedback on the accuracy of the child's response during the test. I usually say something like, "there are going to be things you know your child knows and yet they don't give the correct response. It's okay. After we are done testing, we can talk about it."

**OR** "I know you want to help your child be successful. It might be hard not to want to rephrase something or say the item again. But for this particular activity, we have to follow strict guidelines. We will definitely want your insights about your child's performance, but that will have to wait until after this test. We will also be doing things that are above what we might expect your child to do – we don't expect them to do everything. Your child might get frustrated. That's okay. We are just trying to get an idea of your child's speech (and/or) language skills. We will also do other activities that are less structured in order to get the big picture. This is just one part of what we do."
Telepractice: Assessments

6. As far as the testing itself, you have a couple of options. You can use a digitized test. Right now, Pearson has digitized some tests that you can access through Q Global. Otherwise, you can use a document camera to show test plates if the materials are not digitized. Do not hold stimuli up to the webcam. There are some great document cameras for about $100 dollars. For receptive tasks requiring pointing, the child can touch the screen and the parent tell you what they pointed to. If there's no picture-in-picture, and the item does not have a letter or number under it, the parent facilitator can give an “up or down”. If you are going to do an activity like this, make sure you do some practice items.

Expressive items are a little easier to administer but can be difficult to interpret if there is poor sound quality. It would be preferable if the student had access to headphones with a lavalier microphone and a splitter so that the family facilitator could also hear, but that probably won't happen. Unfortunately, tests typically are designed to assess specific aspects of syntax or sound productions on a limited number of trials. It's likely there may be less sensitivity or specificity for these tests given in a less than optimal environment. Use your best judgment. Hopefully we’re talking about 3 months until you can see the child in person. Studies have shown that the phoneme /s/ can be problematic to detect on tests of morphology (CELF-4, SPELT-3) and articulation (Waite, Theodoros, Russell, & Cahill, 2010; Mullins & Lowman, unpublished) as well as certain phoneme classes such as affricates, fricatives, perception of voicing ([k] vs [g]) (Dantuma, 2014; Waite, Cahill, Theodoros, Busuttin, & Russell, 2006). However, the same studies reported strong inter-rater reliability between in-person and telehealth administration and thus concluded the tests could be administered in a telehealth environment with a high degree of reliability.

7. When reporting findings, describe, in detail, the testing situation in terms of the environment, the equipment, the teleconferencing platform and the facilitator. Just describe – don’t judge. For example, you could say “for some items, the facilitator repeated the prompt” rather than “the facilitator invalidated the student’s response by repeating the prompt.”

8. Two things to remember: You can make a judgment, and state in your report, as to the reliability of the test. Also, you can always use standard error of measurement to make your judgment (I do this, even with on-site students, if they are on the borderline).

- “This test was administered via live videoconferencing to Nell’s home, and these results represent only one measure of Nell’s speech and language abilities. Further testing is recommended in person or at a designated remote teleconferencing site as soon as possible.” I know there are guidelines about retesting within a certain time period, but by then you might be able to give a different test or get a more reliable sample.
Legislative & Regulatory
Governor Issues Disaster Proclamation
3/9/2020

• JB Pritzker, Governor of the State of Illinois, in the interest of aiding the people of Illinois and the local governments responsible for ensuring public health and safety issues a Gubernatorial Disaster Proclamation in response to the ongoing Coronavirus (COVID-19) situation.

• This proclamation will assist Illinois agencies in coordinating State and Federal resources, including the Strategic National Stockpile of medicines and protective equipment, to support local governments in preparation for any action that may be necessary related to the potential impact of COVID-19 in the State of Illinois.
Executive Order 2020-05

- 3-13-2020

- K-12 SCHOOLS — All public and private K-12 schools must close for educational purposes; however, this will not affect the availability of school buildings to supply food for students in need.

- [https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-05.aspx](https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-05.aspx)
Executive Order 2020-09

- 3-19-2020

- TELEHEALTH — All health insurers regulated by the Department of Insurance are required to cover telehealth services and reimburse providers at the same rate as in-person visits and are prohibited from imposing any cost-sharing for in-network providers.

- [https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-09.aspx](https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-09.aspx)
Executive Order 2020-10

- 3-20-2020

- STAY AT HOME — All individuals must stay at home, with exceptions for essential activities, essential government functions, and essential businesses and operations. All non-essential business and operations must cease, aside from Minimum Basic Operations. Business can continue with employees working from home. Local government units across the state must halt all evictions, and gatherings of more than 10 people are prohibited.

- [https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-10.aspx](https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-10.aspx)
Executive Order 2020-11

- 3-23-2020

- ESSENTIAL HUMAN SERVICES OPERATIONS — Individuals may leave their residence to work for or obtain any Human Services Operations, such as adoption agencies, long-term care facilities, residential settings for individuals with disabilities and day care centers for children of essential employees. Illinois school districts do not need approval by the school board for an e-learning curriculum.

- [https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-11.aspx](https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-11.aspx)
Executive Order 2020-18

- 4-1-2020

- STAY AT HOME ORDER EXTENSION — An extension of the state’s disaster proclamation, requiring individuals to stay at home or their place of residence for an additional 30 days. Individuals may leave their homes only for essential activities or for essential operations. Extends the suspension of on-site learning in K-12 schools, with schools transitioning from Act of God Days to Remote Learning Days. Provides the authority for the governor to sign additional executive orders to extend the Stay at Home order. This supersedes Executive Order 2020-10.

- [https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-18.aspx](https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-18.aspx)
Executive Order 2020-19

- 4-1-2020

- HEALTH CARE FACILITIES, PROFESSIONALS, AND VOLUNTEERS — Defines healthcare facilities, health care professionals and health care volunteers. Calls for the postponement or cancelation of elective surgeries. Health care facilities, professionals, and volunteers are immune from civil liability for any injury or death alleged, unless caused by gross negligence or willful misconduct.

- [https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-19.aspx](https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-19.aspx)
Executive Order 2020-31

- 4-24-2020

- AMENDS PROVISIONS IN THE ILLINOIS SCHOOL CODE — Suspends provisions in the teacher preparation programs. Suspends requiring internships for endorsements on professional educator licenses. Suspends requiring certain courses as a prerequisite to receiving a high school diploma for twelfth grade students who are unable to complete coursework as a result of the suspension of in-person instruction due to COVID-19.

- https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-31.aspx
What’s Coming?

- Governor Pritzker will file an Executive Order on April 30th that will extend the stay at home order until May 30th. The restrictions will be slightly relaxed.

- The following modifications are relevant to ISHA:
  - Individuals will be required to wear a face covering in a public place where they cannot maintain a 6 foot distance and in public indoor spaces such as stores.
  - Schools may establish procedures for pick up of necessary supplies or student belongings. Dormitory move-outs must follow public health guidelines, including social distancing.
Medicaid

- FAQ’s for IL Medicaid Virtual Healthcare Expansion/Telehealth Emergency Rules

- Illinois Medicaid COVID-19 Virtual Healthcare Expansion Billing Codes
Insurance

- IL Department of Insurance Memorandum to All Health Insurance Issuers
Early Intervention

- IL DHS Memo to All EI Payees and Providers 3-16-2020 (EI discontinues face to face services)
- IL DHS Memo to All EI Payees and Providers 4-5-2020 (In the final stages to implement teletherapy)
- IL Part C Early Intervention Live Video Visits (i.e. EI Teletherapy) during COVID-19 Pandemic (4-6-2020)
Illinois Department of Financial and Professional Regulation (IDFPR)

- Resources for Illinois Residents and Licensees Impacted by Coronavirus Disease 2019 (COVID-19)

Issues in Higher Education
Speech Language Pathology Standards

- No change in clinical hours required
  - 400 clinical hours
    - 25 hours of guided observation
    - 375 hours of supervised clinical experiences
      - 325 hours must be completed at the graduate level
      - 75 hours may be comprised of clinical simulation experiences, such as Simucase
    - Telepractice and telesupervision have been approved methods to earn supervised clinical hours between March 16-August 1, 2020.

- Resource:
  - [https://www.asha.org/Certification/2020-SLP-Certification-Standards/]
Audiology Standards

- No change in clinical hours/length required
  - Minimum of 12-months of full-time equivalent experience as part of the graduate program
    - Short-term and long-term experiences throughout the graduate program can be used
  - 10% of clinical hours can be comprised of clinical simulation experiences
  - If all hours (1,820) are not completed under the supervision of a CCC-A, these hours can be completed post graduation
  - Telepractice and telesupervision have been approved methods to earn supervised clinical hours between March 16-August 1, 2020.

- Resource:
  - [https://www.asha.org/Certification/2020-Audiology-Certification-Standards/](https://www.asha.org/Certification/2020-Audiology-Certification-Standards/)
Telepractice with Telesupervision

- Permitted between March 16-August 1, 2020
- 100% of supervision is required
- Multiple students may participate in the same sessions and earn the full amount of clock hours
  - This is up to the discretion of the program
- No cap of hours by ASHA towards certification
  - These are NOT clinical simulation hours
  - Up to the discretion of the program
Academic and Clinical Grading

- Grading for academic and clinical courses is up to the discretion of the program
  - Must align with University requirements
- Grading requirements are NOT set by ASHA standards or for certification
  - This includes using the option pass/fail
Praxis Exams

- Does your program have this listed as a graduation requirement?
- ASHA certification standards require a passing score no later that two years after application.

- Resource
Telesupervision Guidance from the State of Illinois

- Telesupervision to earn clinical hours

- Between April 6-July 31, 2020, the Variance issued by the Governor allows:
  - “…licensed speech-language pathologists and audiologists to supervise their students remotely using video or audio technology as appropriate, rather than on-site.”
  - “Remote supervision may be performed telephonically or using video technology.”
  - “The supervisor should be available and prepared to offer assistance as needed when a student is providing services to a client.”
Implications pertaining to ISBE

• Indications of Executive Order 2020-31 (issued on 4.24.2020)
  • ISBE will file emergency rules to suspend any regulatory provision related to student teaching, supervised field experience, or internship requirements for professional educator license or endorsements
  • A grade of NP indicates it must be repeated. A grade of D would indicate passing.
  • Graduating students seeking school support personnel licensure who have met all requirements except either/both required field experience and/or content test and will be eligible for a non-renewable, short-term approval.
  • These are in place for the length of the Gubernatorial Disaster Proclamations; not the same as shelter-in-place.
Early Intervention
Question: What is the role and responsibility of the Service Coordinator during Covid-19?

Answer:

- Coordination of the informed consent
  - Contacting family for an email address
  - Emailing consent form / discussing procedure
  - Obtaining verbal consent / refusal
  - Obtaining written consent / sending to direct service provider

- Coordination of the annual IFSP
  - Discuss with families who need an annual IFSP if they want an LVV evaluation or wait until face-to-face services begin
  - Other tasks include - obtaining a new dr script, re-verifying insurance, obtaining updated proof of income from the family

- Intake meetings
  - Via LVVs w/ family’s consent
Question: How do you see this pandemic affecting the future of in-home Early Intervention services when the time comes to return to work?

Answer:

- Our “new” normal will look different for a while until we all can be safe
- DHS is looking to formulate “best practices” for direct service providers and families based on data and stakeholder input
SLPAs and Teletherapy

**Question:** Why aren’t SLPAs allowed to do teletherapy for EI while OTAs and PTAs can provide teletherapy services?

**Answer:**

- Illinois Practice Act for SLPAs states speech-language pathology assistant must be under the direct supervision of a licensed speech-language pathologist at least 20% of the speech-language pathology assistant’s actual patient or client contact time per patient or client on a weekly basis.

- Illinois Early Intervention Program require SLPAs to be supervised 1x/month for each client they serve.

- The IL Tele Supervision Variance, issued by the governor, is only valid for students.

- OTAs and PTAs Practice Act does not have this requirement.

- ISHA is working with IDFPR to either get a variance to the weekly requirement or an executive order from the governor.
Safety Precautions for Service Providers

Question: Will EI be extra careful not to throw us back into the homes after shelter in place is lifted?

Answer:

- DHS is looking to develop a workgroup to establish a plan to be ready when the time comes
- DHS is sensitive in making sure EI service providers are safe
- DHS wants to develop “best practices” for both families and providers to ensure their ability to do EI services under our “new” normal
- Prediction – will not be normal for some time
- Goal – to make stakeholder and data-driven decisions
Initial Evaluations

**Question:** Do you believe the EI Bureau will approve initial evaluations via live video visits during this shelter in place order?

**Answer:**

- Only children who are *auto eligible* for EI can be assessed for an initial IFSP
  - To determine the child’s individual strengths and barriers to assist in the IFSP development
  - Meetings may be held via Live Video Visits, following all other written guidance
- Other Initial evaluations are *not being performed* via Teletherapy
Annual Assessments

**Question:** Can Annual Assessments be completed via LVVs?

**Answer:**

- Yes - We CAN complete *annual assessments* for all children
- Redetermination of eligibility is not required during this period
- We CAN complete an *assessment* through Live Video Visit to determine the appropriateness and need for that child to continue to receive EI services
- The team can convene either through phone conference or LVV to hold the annual IFSP meeting
- Family makes the decision
- Family has the option to extent their IFSP throughout the “stay-at-home” order - & then have annual assessments and IFSP via face-to-face
Make-up Services

**Question:** Is there any way to make up speech minutes once restrictions are lifted in Early Intervention?

**Answer:**

- From the Office of Special Education (OSEP)
  - When we resume with business as normal, each team should be assessing the current needs/status of the child and family
  - Decisions should be made accordingly
  - For some children – we may need to increase frequency, duration, & intensity

- There is **NO** “one response that fits all” to this question

- It is based on the individual and child we serve
Question: Can service providers make-up LVVs sessions?

Answer:
- Yes – Follow the written guidance within the EI Provider Handbook for face-to-face sessions
Acceptable Teletherapy Platforms

**Question**: What platforms are we allowed to use for LVVs?

**Answer**:  
- Recommended to use a vetted platform that is HIPAA and FERPA compliant  
- Examples of platforms being used: Zoom, Google Meet, Therapplatform, Doxy.me  
- We **CANNOT** use a public-facing platform (e.g. Facebook Live, Instagram, or TikTok)  
- The provider is responsible for ensuring that the platform is not a public-facing platform.
AAC Requests

Question: Can we order AAC devices from the Illinois Assistive Technology Program (IATP) during the COVID-19 period?

Answer:

- In response to medical, public health, and other governmental recommendations regarding COVID-19, the IATP altered its operations to reduce the risk of exposure of the virus for individuals with disabilities.
- When possible and appropriate - IATP will make every attempt to fill customer’s requests to borrow Assistive Technology devices and reused Durable Medical Equipment (DME).
- Arrangements will be made to ship the equipment to the customer’s home and customers picking up reused DME will have to follow the CDC’s recommendation of social distancing of no less than 6 feet.
School-Based Issues
Licensing for SLPs

**Question:** Are school-based SLPs subject to the state Department of Education Telepractice Laws?

**Answer:**
- Yes. Rules set by DOE.
- Best practice to have both Professional Educator’s License (PEL)+ IFDPR state licensure
- View ISBE to apply online for PEL
- No additional certification/endorsement is required
Starting Teletherapy

**Question:** I’ve been asked to provide teletherapy to my students for the first time. Where to do I begin?

**Answer:**

- ASHA checklist for School-Based Professionals
  - Preparation: Familiarize yourself with federal, state and ASHA resources
  - Planning: Begin laying the groundwork for effective telepractice service delivery.
  - Environment: Create a professional environment in your workspace.
  - Technology/Equipment: Tips and techniques to optimize your technology and equipment.
  - Tips for Working with Parents and Caregivers as Facilitators: Help parents/caregivers understand their roles and the value they add to the session.
- Facebook Group Communities
- ASHA Telepractice Portal
Technology

Question: What technology is required to provide teletherapy services to students?

Answer:
- Ideally, student + provider participates from a computer.
  - Chromebooks/iPads have limitations
    - Lost interactivity with materials
    - Some features not available
- Computer should have microphone and camera
- Headsets/earbuds if possible
- HIPAA compliant Platform
- High Speed Internet
  - Near modem or hard wired
  - Streaming will reduce speeds
Missed Sessions

**Question:** Will I have to provide compensatory services for sessions that were missed due to COVID-19?

**Answer:**
- ISBE urges districts to account for every student who is enrolled.
- ISBE recommends that schools and school districts document multiple and varied attempts to contact students, establish remote learning, and provide FAPE to students.
- Documentation is extremely important during this time.
- Parent requests for compensatory services must be completed. If asked, refer to your Special Education Director for details.
Low Incidence Disabilities

**Question:** How to I provide teletherapy services to my students who have more significant disabilities and can’t attend to a computer screen?

**Answer:**
- Parent Coaching Model
  - Home supports
  - AAC support + training
  - Functional communication activities
- Simple Activities
  - Videos
  - Books
  - Communication exchanges
  - Functional activities
- Frequent breaks or smaller sessions spread over time
Group Therapy

**Question:** Can I provide services to students in groups? How to I ensure confidentiality?

**Answer:**
- Yes with informed consent.
  - ISBE mandates written consent
  - Adhere to HIPAA + FERPA
  - ASHA checklist has a sample
- Confirm your School District has a BAA (Business Associates Agreement) to ensure encryption.
- Platform considerations
  - HIPAA compliance
  - Securing “therapy room” with passwords/locks
IEP Meetings + Evaluations

**Question:** Do I still have to hold IEP meetings during the COVID-19 shutdown?

**Answer:**
- IEP Team may agree to conduct IEP meetings through alternate means (teletherapy, phone, etc.).
- Teams are encouraged to work collaboratively and creatively to meet IEP timeline requirements for annual reviews, initial evaluations, reevaluations and changes in placement.
- ISBE states “no flexibility concerning a district’s responsibility to conduct and develop initial IEPs in timely fashion.”
- Also “no flexibility for compliance with federal requirements concerning referrals and evaluations.”
ASHA Issues in Ethics: Client Abandonment
ASHA Ethical Guidance during Natural Disasters (ex: COVID)

- Clinical relationships may be interrupted if an organization decides to close a program or when natural disasters occur
- Even in these types of situations, practitioners would hold paramount the welfare of the clients they serve
- Every effort should be made to ensure continuity of care and to accommodate the needs of clients
- When we cannot guarantee continued services, acceptable alternative plans should be pursued
- Such plans might involve:
  - interprofessional collaboration / team approach to care
  - developing home programs that could be used during an interim period without professional services
  - referring clients to appropriately qualified professionals in the surrounding area
  - providing clients and their families with troubleshooting techniques and maintenance activities

*These statements do not absolutely prohibit or require specified activity. The facts and circumstances surrounding a matter of concern will determine whether the activity is ethical

*No clinician is ever ethically required to work without pay or to place themselves in physical danger in order to offer client care

Reference: Published 2019. This Issues in Ethics statement is a revision of Client Abandonment (originally published in 2007, and revised in 2010 and 2017). It has been updated to make any references to the Code of Ethics consistent with the Code of Ethics (2016)
Prioritizing Patient Care

ASHA maintains that decisions about patients’ care should be made based on the clinician's professional judgement and clinical expertise. If clinicians are faced with dilemmas of prioritizing patients, decisions should be made:

- using a team approach
- by also seeking guidance from organization for organization specific policies
- by also seeking guidance from administrators for facility specific policies

Specific Guidance for Nursing Homes from CMS and CDC:

“...facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care. Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.”

ASHA: Updated April 17, 2020

CMS: Updated March 13, 2020
Documentation of Delays/Gaps in Services

If there are interruptions to clinical services that delay continued access to care, here’s some additional guidance:

• Review patients’ plans of care and consider making any updates or modifications that may be necessary to account for patient access issues related to COVID-19 (e.g., contacting the family by phone for discharge planning, providing treatment only in the patient’s room, following CDC guidance for PPE while providing services, etc.)
• Communicate with patients and their families to help them understand the situation and assure them that you are doing all that you can to provide (or resume) services; and
• Ensure that all members of the care team are documenting in the medical record their efforts to adhere to the patient’s plan of care, including all refused attempts to see patients in-person and all alternative methods used to perform patient visits (e.g., virtual visits via telepractice or e-visits).

ASHA: Updated April 17, 2020
Cleaning and disinfecting

ISOLATING PERSONS UNDER INVESTIGATION (PUI) OR CONFIRMED CASES

REMOVING ITEMS to reduce what needs to be cleaned

CLEANING

Relatively easy to kill with basic cleaning products

Higher temperatures recommended for laundry scrubs and clothing

CDC and EPA will direct you towards a list of currently almost 400 items that have been identified with a code as effective at cleaning surfaces given the adequate surface contact time.

https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
At Risk Populations Per CDC

- People 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
  - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

PPE

Personal protective equipment is highly recommended at this time for all interaction with individuals with confirmed or suspected Covid 19. Make yourself safe first before entering the patient’s area.

DROPLET PRECAUTIONS

At this time it is wise to treat everyone as potentially contagious and use general universal precautions. The Covid-19 virus is under ongoing study to learn more about the infectious transmission period from individuals before symptoms occur,

with symptoms,

and without symptoms.
Cloth vs N95 vs Standard (surgical) Masks

Cloth masks are not rated for protection against standard splash spills.

Facial masks in use should be FDA approved or rated to protect against splash and spills. However they do not filter air even when worn properly covering the mouth and nose.

Air filtering masks. N95 are the most discussed at this time. Air filtering masks should be used with prior fit testing otherwise another option such as a PAPR should be explored.

**Question** - How is an N95 respirator different from a medical, surgical, or patient care mask?

**A** - N95 respirators help reduce the wearer’s inhalation exposure to certain airborne particulates. These respirator filters have been tested and certified by NIOSH to be at least 95% efficient when tested against very “small” particles that are the most difficult size to filter (approximately 0.3 microns).

Retrieved from 3m website - [http://multimedia.3m.com/mws/media/323208O/n95-particulate-respirators-1860-1860s-1870-faqs.pdf](http://multimedia.3m.com/mws/media/323208O/n95-particulate-respirators-1860-1860s-1870-faqs.pdf)
Masks should be discarded when soiled by bodily fluids, when fit is compromised, or if breathing becomes more difficult through the mask after prolonged use.

http://multimedia.3m.com/mws/media/323208O/n95-particulate-respirators-1860-1860s-1870-faqs.pdf

Avoid touching the front of any type of mask. That is where a collection of potentially filtered material can collect.

Patients with covid-19 are not required to wear N95 masks, but a covering with a surgical mask can help limit spread when they are coughing. Be mindful that masks on patients should only be used if it does not impair their breathing.

Due to Co2 build-up prolonged mask use may lead to adverse effects like headaches to be sure to take breaks in isolated areas.

Powered Air-Purifying Respirators (PAPRs)

What are Air-Purifying Respirators?

Filtering Facepiece Respirator (FFR)
- Disposable
- Covers the nose and mouth
- Filters out particles such as dust, mist, and fumes
- Select from N, R, P series and 95, W, 100 efficiency level
- Does NOT provide protection against gases and vapors
- Fit testing required

Elastomeric Half Facepiece Respirator
- Reusable facepiece and replaceable cartridges or filters
- Can be used to protect against gases, vapors, or particles, if equipped with the appropriate cartridge or filter
- Covers the nose and mouth
- Fit testing required

Elastomeric Full Facepiece Respirator
- Reusable facepiece and replaceable canisters, cartridges, or filters
- Can be used to protect against gases, vapors, or particles, if equipped with the appropriate cartridge, canister, or filter
- Provides eye protection
- More effective face seal than FFRs or elastomeric half-facepiece respirators
- Fit testing required

Powered Air-Purifying Respirator (PAPR)
- Reusable components and replaceable filters or cartridges
- Can be used to protect against gases, vapors, or particles, if equipped with the appropriate cartridge, canister, or filter
- Battery-powered with blower that pulls air through attached filters or cartridges
- Provides eye protection
- Low breathing resistance
- Loose-fitting PAPR does NOT require fit testing and can be used with facial hair
- Tight-fitting PAPR requires fit testing

Powered Air-Purifying Respirators (PAPRs) work by removing gases, vapors, aerosols (droplets and solid particles), or a combination of contaminants from the air through the use of filters, cartridges, or canisters. These respirators do not supply oxygen and therefore cannot be used in an atmosphere that is oxygen-deficient or immediately dangerous to life or health. The appropriate respirator for a particular situation will depend on the environmental contaminants.
Face shield / goggles

Eye mucous membranes are considered another site infection could occur. Eyes require protection during any aerosolized particle generating activity or procedure. Eg, Coughing, suctioning, intubation, trach tube changes.
How to Put On (Don) PPE Gear

More than one donning method may be acceptable. Training and practice using your healthcare facility’s procedure is critical. Below is one example of donning.

1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training).
2. Perform hand hygiene using hand sanitizer.
3. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel.
4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.*
   + Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
   + Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. Put on face shield or goggles. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. Perform hand hygiene before putting on gloves. Gloves should cover the cuff (wrist) of gown.
7. Healthcare personnel may now enter patient room.

How to Take Off (Doff) PPE Gear

More than one doffing method may be acceptable. Training and practice using your healthcare facility’s procedure is critical. Below is one example of doffing.

1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. *
3. Healthcare personnel may now exit patient room.
4. Perform hand hygiene.
5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask.*
   • Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
   • Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse.*

IDFPR recently shared an article by Kirsten Weir April 2020 from the American Psychological Association

Be aware of managing grief in yourself and those around you when we are up against so many “ambiguous losses”

“name and claim” our grief can be one of many strategies recommended to collect and identify our personal strengths and aid our coping skills

Maintain physical distancing while maintaining social connection.

Seek help with available online or phone counseling if needed, many employers or HR departments will already have access to these services for you
Thank You
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