Memorandum

To: NSHA
From: Brenda MacDonald, Senior Director, Nutrition and Food Services, NSHA, Barbara Stoesz, VP/Director Speech-Language Pathology, Hearing and Speech Nova Scotia, Brian Martell, Senior Director, Diagnostic Imaging

Date: April 17th, 2020 (Updated From April 8th, 2020)
Subject: Dysphagia Team Services COVID-19

COVID-19 Patients
As per the Infection, Prevention and Control (IPAC) guidelines, “Plan of Care for Admitted COVID-19 Patient” (March 15th, 2020), the number of staff entering the patient room should be limited to essential personnel; unnecessary entries into the room should be avoided. Dysphagia Teams, including the Clinical Dietitian and Speech Language Pathologist (SLP), have realigned their services to comply with IPAC recommendations:

- **Bedside** contact will be limited to primary core teams. Virtual care is not an option due to the complexity of the patients.
- The Clinical Dietitian (PDT) is a member of the secondary core team for the SPIU (COVID-19 unit) and ICUs where patients with COVID-19 will be admitted.
  - PDTs will provide nutrition care for patients who have tested positive for COVID-19 in accordance with the COVID-19-related policies and procedures defined for the SPIU and ICUs.
- As per IPAC recommendations, the Speech-Language Pathologist (SLP) is not part of the secondary core team. The SLP will not work directly with patients admitted to any location if the patient tests positive for COVID-19.
- If COVID-19 is suspected but not yet confirmed (test results pending), PDT and SLP will follow the same procedures outlined for patients who have COVID-19, unless tests confirm otherwise.
- The PDT will work with the SPIU and ICU core team members and consult with the SLP (by phone or in safe distance meetings) as appropriate.
- As per “SPIU Assumptions and Guiding Principles”, current PDT coverage is 5 days a week (Monday to Friday) as per minimal access requirements for the secondary core team. This may be subject to change.

Please see Flow Chart for Dysphagia Team Services for COVID-19 and non-COVID-19 patients as well as Table 1: Dysphagia Team Services Caseload Prioritization for Non-COVID-19 Patients.

Please contact us if any questions or concerns.

Thank you
Appendix A: Flow Chart for Dysphagia Team Services for COVID-19 and Non-COVID-19 Patients. This includes areas where patients with Covid-19 are located (Secondary Inpatient Care Unit (SRIU) and ICUs).

1) Patient not a known or suspected COVID-19 patient
2) Recovered Covid-19 patient – minimum 10 days after the onset of first symptom provided they are afebrile and have improved clinically.

**PATIENT TESTED POSITIVE FOR COVID-19?**

**NO**

- Dysphagia assessments will be completed by the dysphagia team (PDT and SLP) at bedside or MBS as appropriate on a priority basis as workload permits.

**YES**

1) Patient tested positive Covid-19
2) Patient has unknown Covid-19 status (results pending)

- Bedside contact will be limited to primary care teams
- The Clinical Dietitian (PDT) is a member of the secondary care team, whereas the Speech-Language Pathologist (SLP) is not. PDTs provide coverage M-F.
- A care plan for patients at risk for dysphagia will be established in discussion with the medical team, patient and/or family. This may include siting with potential risk of aspiration, a modified texture diet, or intubation of enteral (tube feeding) or parenteral nutrition (TPN or PPN).

- PDT to follow directions of the SRIU/Covid-19 Unit and ICU.
- PDTs may evaluate patient's ability to nourish themselves from a safe distance.
- PDTs will not be conducting bedside, or instrumental swallow assessments on Covid-19 positive patients until they have two negative swabs and have been transferred from the SRIU/Covid-19 unit and ICU.

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**Table 1: Dysphagia Team Services Caseload Prioritization for Non-COVID-19 Patients**

April 7, 2020

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<th>Priority</th>
<th>Immediate</th>
<th>High</th>
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| **Swallowing Referrals (non-COVID)** | • NPO patients with no route of nutrition  
• New onset dysphagia  
• Patients not tolerating already modified diet (pureed/minced/thickened)  
• Patients transitioning from enteral to PO nutrition (first few meals)  
• Screen for new stroke patients  
• Medically unstable patients (new onset respiratory decline, medical issues affecting intake, new onset food/refusal) | • New admissions on dysphagia diet (puree or minced and/or thickened liquids)  
• Enquiry re: medication delivery  
• Anticipation of imminent discharge; follow-up care not established |
| **Will have MBS as appropriate** | | |
| **Response** | Service within 2 working days of receipt of referral | Service within 3 working days of receipt of referral |
This includes areas where patients with Covid-19 are located (Secondary Inpatient Care Unit (SINU) AND ICUs)

**PATIENT TESTED POSITIVE FOR COVID-19?**

1) Patient tested positive Covid-19
2) Patient has unknown Covid-19 status (results pending)

**YES**

- Bedside contact will be limited to primary care teams
- The Clinical Dietitian (PDT) is a member of the secondary care team, whereas the Speech-Language Pathologist (SLP) is not. PDTs provide coverage M-F.
- A care plan for patients at risk for dysphagia will be established in discussion with the medical team, patient and/or family. This may include initiating enteral tube feeding or parenteral nutrition (TPN or PPN).

**NO**

Dysphagia assessments will be completed by the dysphagia team (PDT and SLP) at bedside or MBS as appropriate on a priority basis as workload permits.

- PDT to follow directions of the SINU/Covid-19 Unit and ICU.
- PDTs may evaluate patient's ability to nourish themselves from a safe distance.
- PDTs will not be conducting bedside, or instrumental swallow assessments on Covid-19 positive patients until they have two negative swabs and have been transferred from the SINU/Covid-19 unit and ICU.

1) Patient not a known or suspected COVID-19 patient
2) Recovered Covid-19 patient = minimum 10 days after the onset of first symptom provided they are afibrile and have improved clinically.