

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, NSHA*
Date: May 13th, 2020
Subject: Dysphagia Team Services

As per NSHA Infection, Prevention and Control (IPAC) guidelines, “*Plan of Care for Admitted COVID-19 Patient*” (April 29th, 2020), the number of staff entering patient rooms should be limited to essential personnel; unnecessary entries into the room should be avoided. Dysphagia Teams, which include the Clinical Dietitian (PDT) and Speech-Language Pathologist (SLP), have realigned their services to comply with IPAC recommendations.

All inpatients (non-COVID-19, suspected/positive/recovered COVID-19) requiring support from the Dysphagia Team will be assessed and prioritized on a case-by case basis according to clinical need and resources. A COVID-19 positive patient will receive essential (urgent & medically necessary) services required for their care; this may include dysphagia services. IPAC guidelines should be followed for patients suspected/confirmed to have influenza-like-illness (ILI) or COVID-19. The Dysphagia Team will refer to the [Point of Care Risk Assessment](#) for appropriate guidance on the selection of required PPE. Use droplet and contact precautions unless the patient is undergoing an AGMP; as per NSHA IPAC guidelines, cough induction is not considered an AGMP.

The Dysphagia Team will work collaboratively with the patient/client, family, and health care team to develop and provide the safest and most clinically appropriate care possible. Clinical judgement, the use of innovative practice if available, and adherence to policies developed to minimize viral transmission will be key considerations in the development of individualized and evidence-based care plans to manage dysphagia in COVID-19 patient/clients. Collaborative care plans may include screening for dysphagia risk; the prescription of texture-modified diets; discussions surrounding eating at potential or known risk, and the use of nutrition support (enteral or parenteral nutrition).

As with other specialized services, the following suggestions may be considered when a dysphagia assessment on a COVID-19 inpatient is required:

- Limit procedures to situations where the assessment is critical to the individual’s potential to recover and/or to facilitate discharge.
- Use technology to deliver service whenever possible. Engage with collaborative care team for all procedures.
- Schedule assessment of COVID-19 inpatients at end of shift (after seeing non-COVID patients), if possible.
- Instrumental swallowing assessments (Modified Barium Swallow) will continue as per Diagnostic Imaging guidelines.

Thank you