

SPEECH-LANGUAGE THERAPY PRACTICE during COVID-19 EMERGENCY CRISIS

Europe is living an unprecedented situation that changed our lives overnight. Health care professionals, such as Speech-Language Therapists (SLTs)/Logopedists, continue to provide services to their clients/patients in various settings despite potential danger to themselves and their families. CPLOL is the authoritative voice of SLT Associations in Europe, comprising of more than 40,000 SLTs. The purpose of this document is to provide information on CPLOL's position about two critical aspects that should guide service delivery during the acute phase of the pandemic and also during the post-acute phase in the upcoming months. *First*, on the implementation of appropriate safety/protection measures; *second*, on the use of telehealth and telepractice to ensure the continuation of therapy/rehabilitation.

SLTs offering services in hospitals and other healthcare settings are at the forefront of this crisis together with other front-liners who must continue provide services to the most vulnerable. While supplies of Personal Protective Equipment (PPEs) are scarce in some countries, it is imperative that authorities ensure that PPEs are available to SLTs. Proper protection safeguards not only the professional who uses it, but also other patients and health care workers in the system. In addition, the WHO recommends wider testing of hospitalised patients and professionals in order to better monitor the outbreaks and isolate persons with COVID-19 infections who may be asymptomatic but continue to spread the disease.

In addition to treating hospitalized patients with or without COVID-19, SLTs treat individuals with communication and swallowing disorders who must continue to receive services. These conditions have an impact on the quality of life of individuals and halting therapy is detrimental to the overall progress of the client. In the case of swallowing disorders, halting treatment, may be life-threatening. Furthermore, the COVID-19 has generated a new clinical group of patients with potentially swallowing and communication needs requiring SLT services beyond the acute phase of hospitalization.

Other types of conditions, such as Autism Spectrum Disorders, require intensive involvement by the SLT professional due to the extreme changes and disruption to our daily routine. Therefore, in line with WHO recommendations as well as directives issued by several European governments for home confinement and social distancing, CPLOL recommends that SLTs carry out telepractice whenever appropriate so that the clients may continue to benefit from therapy.

There is scientific evidence that telepractice which is one aspect of telehealth, can be safely and effectively performed in SLT and research supports this service model as a legitimate and viable clinical mode of service delivery. Prior to the current pandemic, guidelines had already been issued by national and international associations. There are guidelines on implementing telepractice in children and adults with a variety of communication disorders. Considerations such as protection of personal data and quality of service delivery are in the forefront of such

methodologies. Research evidence supports the use of several means for this purpose, whilst taking into account all ethical obligations and online security issues.

We are living a crisis that is drastically impacting all economic sectors and is having severe financial implications for families. We appeal to insurance companies to review their current policies with regard to telehealth and telepractice and include this service delivery model in the list of services that may be claimed for reimbursement by policy holders. It is imperative that individuals with communication and swallowing difficulties are not deprived of their right for therapy where this is available.

CPLLOL appreciates that Covid-19 has drawn the whole world to its knees and that there are several difficulties and concerns that authorities are facing. At the same time, countries should not neglect those with existing conditions because that will result in additional immediate health, economic and societal burden. We thank all authorities and institutions who already have a system in place for SLTs and hope that our recommendations will be taken into serious consideration by the others.



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