



Alberta College of  
Speech-Language Pathologists  
and Audiologists

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*Advisory Statement:*

# **Providing Services Under Public Health Emergency Pandemic Restrictions**

In effect: September 24, 2021



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Public Health Emergency Pandemic Restrictions*

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**Advisory Statement:** Provides direction to ensure regulated members have information to comply with legislation, standards, and other minimum requirements.

## Overview

In September 2021, the Government of Alberta introduced a series of new public health measures in response to the public health emergency which was declared on September 15, 2021. The changes supersede the “Open for Summer” public health measures previously in place, and include updated mandatory restrictions, as well as new measures.

This guidance has been developed to provide direction to regulated ACSLPA members who practice outside of the public health system. It is important to note that municipalities may also implement bylaws and rules such as indoor masking which could affect SLP and audiology practice.

ACSLPA members should keep themselves up-to-date and informed on COVID-19, including any public health orders such as quarantine/isolation requirements, masking requirements or any other requirements put forth by public health officials and their respective municipality. Note that guidance is subject to change.

## Requirements to Practice – Public Health Emergency

ACSLPA members work in a variety of contexts/settings and therefore need to remain aware of any public health orders/guidance applicable to their employment setting.

## Immunization and Immunization Status

ACSLPA members are encouraged to be immunized against COVID-19.

ACSLPA members are expected to comply with ACSLPA’s position statement: “[Vaccine Hesitancy](#)”.

Members should only take a vaccine history from clients if the immunization history is relevant to the role/treatment approach. Vaccine history should not be used to determine a client’s eligibility for service.

- In the absence of knowing a client’s vaccine history, it may be prudent to assume clients are not vaccinated. Therefore, members should take precautions (PPE) based on the point of care risk assessment.

ACSLPA members may be asked about their own immunization status by clients. Vaccine history is personal health information and members will need to decide if they wish to disclose this information to clients.

## Restrictions Exemption Program

Under the order of the Chief Medical Officer of Health, under the [Restrictions Exemption Program](#), speech language pathology and audiology services are considered ‘health services’ and are thus out-of-scope operators and ineligible to participate in the restriction exemption program.

Registered members therefore should NOT require proof of vaccination from clients as a condition for providing services, and should comply with the [operational requirements for out-of-scope providers](#), as summarized below.

## Occupational Health and Safety (OHS)

COVID-19 and other respiratory illnesses represent a biological hazard in workplaces. As such, ACSLPA members who are employers must make efforts to:

1. Eliminate the hazard where possible.
2. Control the hazard when elimination is not possible.
3. Provide for proper use of PPE when the hazard cannot be controlled.

Services should be postponed if risks cannot be appropriately managed/controlled. Controlling the hazard may include maintenance of physical distancing, barriers, rigorous infection prevention control practices and/or the use of PPE.

Additional information about OHS requirements and legislation can be found at <https://www.alberta.ca/occupational-health-safety.aspx>.

ACSLPA Members who are employees, must also follow their employer policies and guidance related to COVID-19 and OHS.

## Hand Hygiene and Respiratory Etiquette

ACSLPA members are expected to maintain good hand hygiene and respiratory etiquette in all settings, regardless of the pandemic status. Appropriate hand hygiene is never optional.

Hand hygiene can be completed using alcohol-based hand rub (minimum 60% alcohol content), or through hand washing using soap and water. Washing with soap and water is required when hands are visibly soiled.

ACSLPA members should encourage clients to perform hand hygiene and should ensure hand hygiene solutions (soap and water/hand sanitizer) are available to staff, volunteers, and clients.

For more information see <https://www.alberta.ca/infection-prevention-and-control.aspx>.

## Infection Prevention Control (IPC)

Members should maintain rigor in their IPC practices and are expected to comply with the ACSLPA Advisory Statement “[Infection Prevention Control: Single-use and Reusable Medical Devices](#)”. These are best practices and must be in place regardless of the pandemic. This advisory links to additional information on the Government of Alberta website and requires members to follow the Alberta Health IPC Standards.

## Point of Care Risk Assessments

Continued screening of providers (self-screening) and clients for illness and quarantine requirements is strongly encouraged. Members should consider delaying services when either the client or they themselves are experiencing illness.

Measures put in place should be commensurate with the point of care risk assessments. This includes the use of PPE. Where clients present while ill, full PPE is warranted (gloves, medical mask, gown, eye protection). Full PPE is essential if working with individuals who have or are suspect cases of COVID-19.

A sample point of care risk assessment can be found in Appendix A.

## Masks

Under direction from the Chief Medical Officer of Health, masking is now mandatory in all indoor public spaces and workplaces. Members must wear masks in all indoor work settings, except while alone in workstations and when separated by at least two metres distance from all other persons, or when separated from every other person by a physical barrier that prevents droplet transmission.

As in previous ACSLPA guidance and as per [AHS Guidelines](#), the following may be options for use where the mouth and lips need to be visualized by clients:

- A see-through medical mask available through MedSup Canada, model number MFTW-25-M2. Members should continue to exercise due diligence if choosing to use this mask as it would not be sufficient if working with individuals who are sick or who are on contact and droplet precautions or who have tested positive for COVID-19.
- Face shields may be used as a substitute for a face mask in specific situations when specific conditions can be met, i.e., where
  - Continuous masking interferes with the efficacy of intervention or significantly impairs the interaction,
  - All other relevant recommendations are being followed, e.g., screening protocols, physical distancing, routine practices, e.g., point of care risk assessment (PCRA), hand hygiene, cleaning and disinfection, and any additional precautions, and
  - The use of a face shield does not violate employer policies or standards

Members should continue to document their rationale if using a face shield instead of a medical-grade mask.

Members are exempt from wearing a mask in situations when providing care or assistance where a facemask would hinder that caregiving or assistance. Clients are also exempt from wearing masks when a facemask would hinder receiving caregiving or assistance. Members are advised to document their rationale whenever mask removal occurs while providing services. Members are also strongly encouraged to use alternatives to mask removal in such instances, e.g., using a clear, protective barrier, offering virtual services, or using either the clear mask or face shield options noted above.

## Physical Distancing

Under the direction of the Chief Medical Officer of Health, members are required to maintain a physical distance of two metres from any person who is not a member of the person's cohort, for all indoor and outdoor activities.

An exemption to the two-metre physical distancing requirement exists when a person is receiving a service that would be hindered by maintaining a two-metre distance.

## Private Residences

Members who provide services in clients' homes are allowed to enter private residences for the purpose of providing healthcare only. Members should continue to wear a mask, maintain physical distance, and practice hand hygiene when delivering services in private residences.

## Business Entry Restrictions

Members who are operators of a business, e.g., a private clinic, must limit the number of members of the public in their business location to the greater of:

- Thirty three percent of the total operational occupant load as determined in accordance with the Alberta Fire Code; or
- Five persons

## Close Contacts

The [Public Health Disease Management Guidelines](#) (Section 5) lay out the "case management" requirements and will help ACSLPA members make informed decisions related to their practice setting and determining precautions. For example, it is recommended that close contacts of COVID-19 cases avoid interacting with others who may still be at risk for severe outcomes from COVID-19 i.e., individuals with chronic medical conditions who are not fully immunized, or even fully immunized elderly or immunocompromised people.

## In Closing

ACSLPA remains committed to providing guidance to help its members navigate the COVID-19 pandemic. If additional directives are received from the Chief Medical Officer of Health and Alberta Health, more information will be provided to members. ACSLPA members are strongly encouraged to check the [COVID-19 information](#) on the ACSLPA website frequently as information is subject to change.

## Appendix A

### Client Pre-Screening/Point of Care Risk Assessment Questions

These questions should be asked of clients in preparation for their appointment and again at the time they arrive for their appointment.

Clients should be encouraged to answer the questions truthfully for themselves and for any other person who may be accompanying them to their appointment.

		YES	NO
1.	Do you have any of the symptoms below: <ul style="list-style-type: none"> <li>• Fever (greater than 38.0 C)</li> <li>• Cough</li> <li>• Shortness of Breath / Difficulty Breathing</li> <li>• Sore throat</li> <li>• Runny nose / Nasal Congestion</li> <li>• Chills</li> <li>• Painful swallowing</li> <li>• Feeling Unwell / Fatigued</li> <li>• Nausea / Vomiting / Diarrhea</li> <li>• Unexplained loss of appetite</li> <li>• Loss of sense of taste or smell</li> <li>• Muscle / Joint aches</li> <li>• Conjunctivitis (Pink Eye)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you, or anyone in your household travelled outside of Canada in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to have a case of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you currently being investigated as having a suspect case of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you tested positive for COVID-19 within the last 10 days?	<input type="checkbox"/>	<input type="checkbox"/>