



Alberta College of  
Speech-Language Pathologists  
and Audiologists

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*Advisory Statement:*

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

In effect: January 7, 2022



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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 December 2021, the Government of Alberta introduced new public health measures and recommendations to take action against the highly transmissible Omicron variant of the COVID-19 virus. These new measures are in addition to the public health measures that were introduced following the declaration of a public health emergency in September 2021.

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.

This advisory statement is based on current public health measures, which describe the minimum standards required when providing services under public health emergency pandemic restrictions. ACSLPA members are expected to meet the minimum requirements at all times. Members are also advised to use their professional judgement and decision-making to employ innovative service delivery options and utilize additional measures that may exceed the minimum requirements, to minimize risks both to their clients and to themselves.

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, including getting a third dose of the vaccine when appropriate.

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](#).

## Isolation and Quarantine

As per the [Government of Alberta isolation requirements](#), members who have [symptoms of COVID-19](#) or test positive for COVID-19 are legally required to isolate as outlined below. Rapid antigen testing kits for at-home use are now available for free at participating pharmacies and select AHS clinics.

| Status                                | Isolation Requirements   |
|---------------------------------------|--|
| Fully Vaccinated                      | <ul style="list-style-type: none"> <li>Isolate for a minimum of 5 days from start of symptoms or until they resolve, whichever is longer.</li> <li>For 5 days following isolation, wear a mask at all times when around others outside of home.</li> </ul> |
| Not Fully Vaccinated (1 dose or less) | <ul style="list-style-type: none"> <li>Isolate for 10 days from the start of symptoms or until they resolve, whichever is longer.</li> </ul>   |
| Symptoms with Negative Test Result    | <ul style="list-style-type: none"> <li>Stay at home and away from others until symptoms resolve.</li> </ul>  |

[Public Health Order 01-2022](#) outlines critical worker exemptions to the isolation and quarantine requirements above. This order defines a ‘critical worker’ as “an individual identified by the owner or operator of a business or entity who is essential to continued safe operations or who provides or is responsible for services that are essential to the safe operation of a business or entity”. Critical workers are exempt from the isolation requirements shown above when the owner or operator of a business, sector, or service determines that:

- Certain workers are critical to continued safe operations, and
- Substantive disruption of services would be harmful to the public.

It is possible that SLP’s and Audiologists may be identified as critical workers, based on their practice setting and scope of practice.

## Close Contacts

As per [Government of Alberta Guidelines](#), individuals who are close contacts of COVID-19 cases are no longer required to quarantine but should follow the recommendations below:

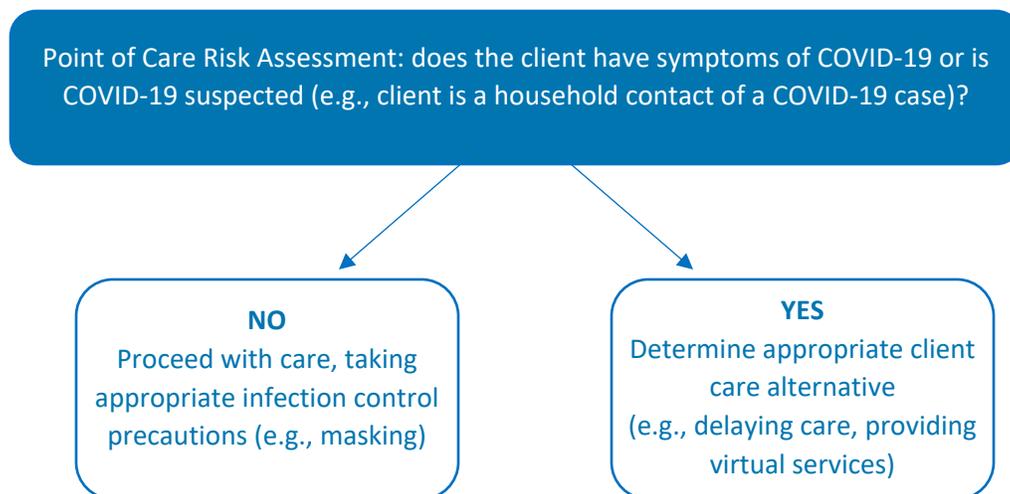
- Unvaccinated household contacts of COVID-19 cases should stay home for 14 days and monitor themselves for symptoms
- Other close contacts (i.e., exposure to a COVID-19 case outside of the household) should avoid high risk locations (e.g., continuing care facilities and crowded indoor spaces) and monitor themselves for symptoms.

Individuals who are notified that they have tested positive for COVID are also asked to notify their close contacts themselves.

## Point of Care Risk Assessments

Continued screening of providers (self-screening) and clients for illness and quarantine requirements is strongly encouraged. Members should delay services or provide virtual services when they are experiencing symptoms of COVID-19, depending on whether the member has been deemed a critical worker.

[AHS Guidelines](#) recommends alternative client care options when clients present with symptoms of COVID-19 or if COVID-19 is suspected:



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

## Masking & Physical Distancing

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.

Under the guidance from [AHS Guidelines](#) and [Government of Alberta Guidelines](#), community health providers, including SLP's and Audiologists, should use surgical or procedure masks during in-person interactions with clients, as a minimum. ACSLPA recommends that members use the best quality mask that they can access, e.g., KN95, N95, or triple layer masks.

Under the direction of the Chief Medical Officer of Health, members are required to maintain a physical distance of two metres from all other persons in all indoor work settings, except while alone in workstations.

Members should be aware of and familiarize themselves with the public health exemptions for masking and physical distancing. Members should use sound professional judgement regarding the degree to which the efficacy of their services may be reduced, along with the degree to which their safety, and the safety of their clients may be reduced, when making determinations regarding alternatives to masking and physical distancing (e.g., using a clear mask, using a face shield, unmasking, or not physically distancing themselves from clients).

Members should prioritize service efficacy and safety, rather than clinician or client preference, when making such determinations. For example, although face to face or unmasked services may be the first choice when considering treatment efficacy alone, balancing alternative, innovative means of service provision (e.g., virtual treatment options, demonstration teaching with parents including the use of videos that focus on various treatment strategies, etc.) with the need to ensure client and clinician health and safety may be preferential.

Members are advised to document their rationale whenever alternatives to masking and/or physical distancing are implemented.

## 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.

## 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

## 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.

Members should contact the SLP Practice Advisor at [slp@acslpa.ca](mailto:slp@acslpa.ca), or the Audiology Practice Advisor at [audiology@acslpa.ca](mailto:audiology@acslpa.ca) if they have particular service delivery circumstances that they would like to discuss.

## 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 been a household contact of a case of COVID-19 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. | Have you, or anyone in your household travelled outside of Canada in the last 14 days?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Are you currently being investigated as having a suspect case of COVID-19?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Have you tested positive for COVID-19 within the last 10 days?   | <input type="checkbox"/> | <input type="checkbox"/> |