



Please consult the website regularly for potential revisions to these documents.

PANDEMIC PRACTICE ADVICE 6: COMBINED IN-PERSON AND VIRTUAL CARE

EFFECTIVE: MAY 19, 2020

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These Information sheets are intended to help audiologists and speech-language pathologists (SLPs) to provide in-person and virtual patient care during the COVID-19 pandemic.

The information sheets include three different types of information:

- 1) **Requirements** – Legislation, regulations and College standards
- 2) **Principles** – Information from various agencies
- 3) **Suggestions** – Ideas on how to proceed

Registrants can see patients ***in-person***, using ***virtual care***, or a combination. How should that decision be made? Consider:

- ✓ Using your professional and clinical judgement
- ✓ Patient and SDM choice
- ✓ Ensuring patient care is not compromised

An effective way to reduce the spread of COVID-19 is to carry out as much patient care via virtual means, as appropriate, limiting the time spent face-to-face.

REQUIREMENTS:

- Obtain consent for the use of virtual or in-person care as well as for your proposed assessment and treatment plan
- For all intervention, make sure you keep patient's personal health information secure (CASLPO COVID-19 [FAQs](#))
- Follow the [Standard for Virtual Care in Ontario by CASLPO's Audiologists and Speech-Language Pathologists](#).

PRINCIPLES:

- When appropriate, carry out patient care via virtual means. This may entail using a combination of telephone, virtual care platforms and in-person care with patients for different phases of their intervention.
- Virtual care includes the use of technologies such as telephone, real-time video, video conferencing, email, texting, online chat, apps and therapy platforms accessed through computers and mobile devices.

- For *virtual care*:
 - Implement assessment and treatment adaptations
 - See [Practice Standards for Virtual Care in Ontario](#) and [FAQs on Virtual Care](#)
- For *in-person intervention*:

Step 1: Carry out or obtain the active COVID-19 screening as close to the in-person appointment as possible.

 - **If the patient screens positive for COVID-19**, you can **defer** the in-person appointment, see the patient virtually OR see the patient with appropriate PPE and precautions
 - **If the patient screens negative for COVID-19**, see the patient with appropriate PPE and precautions
 - **Document** the results in the patient record
 - See [School Services in a Pandemic FAQ](#) for more information

Step 2: Carry out a Point of Care Risk Assessment (See [Pandemic Practice Advice 2](#))

Step 3:

 - Keep evaluating the point of care risk assessment on each patient
 - Determine selection and use of Personal Protective Equipment (PPE)
 - Limit visitors to those who are essential and have undergone Covid-19 screening
 - Ensure hand hygiene before in-person appointment
 - See [Pandemic Practice Advice 1 to 5](#)

Step 4: Provide in-person care

 - Focus on clinical activities that must be done with the patient in-person
 - Continue to adapt your services as needed
 - Implement and follow organizational policies around:
 - Infection prevention and control between patients (office area, clinical spaces, sound booth and equipment cleaning)
 - Hand hygiene & proper donning, doffing and disposal of PPE
 - Physical distancing measures

SUGGESTIONS:

Consider using virtual care for the following:

- Carrying out the consent to treatment and consent to collect, use and disclose personal health information processes – don't forget to document consent in the patient record
- Obtaining a patient case history
- Patient or Substitute Decision Maker (SDM) report regarding progress and areas of concern
- Screening for COVID-19
- Parts of the patient assessment, treatment, counselling, consultation, education

As a self-regulated professional you must always use your professional judgement. The College's [Practice Advice team](#) is here to discuss any questions or issues with you.