American Cleft Palate–
Craniofacial Association

ACPA STATEMENT ON SPEECH AND AUDIOLOGY SERVICES DURING THE COVID-19 PANDEMIC

The American Cleft Palate-Craniofacial Association (ACPA) has prepared this statement in response to the national and institutional calls for the cessation of non-essential clinic visits in the wake of the COVID-19 pandemic, and the member questions regarding the multidisciplinary care of children with facial differences. This guidance is intended to complement, rather than replace, existing advice and should be considered "expert opinion." ACPA will update this statement as the situation evolves.

Because COVID-19 transmission is primarily through droplet spread and aerosol, teams that perform procedures in the head and neck are at high risk for infection. Although many procedures performed by teams are important and somewhat time sensitive, this national health care crisis will cause delays. The health and safety of patients, members, trainees and hospital teams are the top priority.

All providers should first consider individual circumstances and the best interests of their unique patients, as well as the constrained resources of their institutions. Hospital, local and regional regulatory bodies will determine the actual practice in each hospital or facility, and any additional restrictions that are applied by such bodies should supersede these guidelines.

Audiology Considerations

The American Academy of Otolaryngology-Head & Neck Surgery (AAO-HNS) agrees that universal newborn hearing screening with subsequent evaluation and treatment for hearing concerns is essential during COVID-19 crisis (AAO-HNS, 2020). Given the significant consequences of hearing loss in infants, ACPA encourages teams to know the status of universal newborn hearing screenings for new infants and to formulate follow-ups. This could be considered essential care.

Tele-audiology practice has been shown to provide comparable services when compared to in-person service. Audiology telehealth is often contingent on equipment and support at the patient site. Audiologists could prioritize patients, especially infants, who need new diagnostic testing and possible amplification when there is a critical need.

If these children do not have adequate access to sound to facilitate continued speech and language development, the audiologist can provide troubleshooting via telehealth. Similarly, children with pre lingual hearing loss could be considered essential candidates for cochlear implantation. Individual clinical patient variables should guide care.

Speech and Language Considerations

Options to conduct face-to-face speech-language assessment during COVID-19 are limited at most cleft centers and currently vary based on state policies, institutional guidelines, available PPE, etc. Each team and clinician should carefully consider what is feasible and appropriate to prioritize needs for each patient.

There is a high degree of variation between local institutions regarding current telehealth capabilities. Technology limitations, variations in state laws, as well as institutional billing practices are all potential barriers. Local constraints will certainly guide speech and language telehealth care.

The speech-language pathologist (SLP) should use a headset and microphone when carrying out telehealth evaluations to optimize signal to noise ratio and loudness whenever possible. Audio and video quality is particularly crucial when a speech/articulation evaluation is undertaken.

For preschoolers and young school-age children, assessment and treatment of

language deficits, and to some extent, articulation errors, may also be possible. This will depend heavily on clinician experience and comfort with telehealth options and available technology at individual institutions.

If there is a concern for or clear evidence of receptive or expressive language delays or limited speech output, teletherapy services and parent coaching through a HIPAA-compliant video-based modality could be considered.

The SLP should use their judgment in determining what is appropriate for telehealth and what can and should wait to be targeted when in-person therapy services can resume. Perceptual assessment of resonance and audible nasal emission may be deferred until in-person clinic visits can resume.

Parents could be asked to record a short sample of their child's speech and submit through secure transfer modalities. This may provide the SLP with an opportunity to screen for resonance, articulation or other speech concerns. This information could also supplement formal articulation tele-assessment, when possible.

For an extensive list of SLP tele-practice resources, references, and state requirements, visit https://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/.

Feeding/Swallowing

Children born with a cleft lip and/ or palate need to be assessed within first few weeks of life. Weight checks are critical, as well as frequent calls from the team to check on the status of feeding. Weight checks with the primary care physician or at home are also recommended. If there are concerns for weight gain, an in-person visit may be appropriate. Teams can also work closely with pediatricians to assist with feeding and weight monitoring if possible.

For infants with concern for aspiration, cough or pneumonia, or concern for failure to thrive, there should be consideration for an in-person visit.

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