1. Introduction
There is a communication challenge for all regarding reduced clarity and audibility while wearing face masks and face coverings. There is also an issue of equality in respect of the deaf community and those with hearing impairment, who rely on lip reading to communicate on an equal basis. It is also the case that the appearance of opaque personal protective equipment (PPE) may be distressing or confusing for people with communication challenge, including people with aphasia, autism, dementia or with learning disability as well as for children.

By nature of what they do, which is supporting and developing someone’s speech, language and communication, it is really important that the client can see the speech and language therapists’ mouth and face. Surgical masks prevent visual access to the speaker’s lip patterns and facial expressions and so create barriers to communication. The use of transparent face masks is vital to delivering speech and language therapy.

It is worth noting that transparent masks may be beneficial to a range of clinical and support staff who interact with, and provide information to, people before, during and after an intervention. However, in this briefing we have just focused on speech and language therapists.

This information has been compiled by speech and language therapists in Scotland in October 2020 and updated following wider consultation in June 2021. The RCSLT would be happy to discuss any of these points further.

2. Who can benefit?
The RCSLT is very clear that transparent masks worn by speech and language therapists would benefit all their interactions, with clients of all ages, who have speech, language and communication difficulties.

Speech and language therapists working with the following client groups could benefit from wearing a transparent face mask:

**Children and Young People with:**
- Additional support needs (speech, language and communication needs most common in the group)
- Cleft and Craniofacial Anomalies conditions or Cleft Lip and Palate
- Specific Language Impairment
- Speech sound disorders

**Adults with:**
- Brain injury
- Delirium
- Head and neck cancer
- Long COVID
- Long term conditions, progressive neurological conditions
- Stroke
- All older people, including people with dementia

**People of all ages with:**
- Autistic Spectrum Disorder (ASD) or Asperger’s
• Developmental language disorder (DLD)
• Dysphagia (eating, drinking and swallowing disorders)
• Hearing impairment or hearing loss
• Learning disability
• Mental health needs
• Profound and multiple disability

3. Which setting
Speech and language therapists who may benefit from a transparent mask include those working in a range of settings including:
• Clinics or any community setting
• Inpatient acute, inpatient mental health or inpatient learning disability
• People’s own homes
• Care homes
• Hospice’s
• Nursery or school settings

4. Risk assessment
We recommend that a risk assessment must underpin local decisions when considering the use of a transparent mask. A transparent mask, being type II equivalent, would be suitable in any setting where a surgical mask is currently used. However, the use of the transparent mask would depend on a risk assessment to determine its suitability for that setting. The RCSLT advises all members to use the RCSLT risk assessment framework\(^*\) to support local decisions around selecting appropriate personal protective equipment.

The transparent mask would not be appropriate in certain situations. It is worth noting, that the RCSLT is recommending the use of FFP3 masks for members when working with people with COVID-19 or suspected COVID-19. At this present time, the transparent face mask would not be appropriate when working with these individuals.

The Royal College of Speech and Language Therapists. 2021.

REFERENCES
\(^{1}\) A robust risk assessment is crucial. Many dysphagia assessment and procedures are considered an aerosol generating procedure (Bolton et al, 2020) and require a higher level of PPE.