ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

9 April 2020

RCSLT statement on personal protective equipment (PPE)

The RCSLT understands that due to the differences between national guidance on personal protective equipment (PPE) usage, which is informing local policy, and RCSLT guidance, staff are being presented with difficult decisions to be made. This is particularly with respect to dysphagia assessments not being included in the list of aerosol generating procedures (AGPs) in the government guidance. The impact of this is that members are not routinely able to access the full PPE they need to provide safe care (see Table 1, row 1; Table 2, row 1; and Table 4, row 2 of the official guidance).

To address this, the RCSLT is working to develop an evidence-base to support our position that dysphagia assessments, which result in a cough, are high risk procedures. In the meantime, we would expect SLTs to use their clinical judgement to assess risks. Please see the decision-making guide below, and also refer to the following paragraph in section 7 of the national guidance:

> *Risk assessment at organisational level requires that organisations consider healthcare-associated COVID-19 risk at local level and according to the local context. Organisational risk assessment and local guidance should not replace or reduce the ability of the health and social care worker to use appropriate PPE while providing care to patients or residents.*
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> *Local acute provider risk assessment may assist in determining higher risk areas and identify specific areas of a hospital where sessional use of PPE is required (for example, certain wards, clinical areas).*

In addition, please refer to Table 1, row 2 in the government guidance which states that full PPE is required when working in higher risk acute care areas with possible or confirmed COVID-19 cases.

Footnote 4 in Table 1 states: Higher risk acute areas include: ICU/HDUs; ED resuscitation areas; wards with non-invasive ventilation; operating theatres; endoscopy units for upper Respiratory, ENT or upper GI endoscopy; and other clinical areas where AGPs are regularly performed.

Personal protective equipment: clinical decision-making guide

The RCSLT has created this guide to help you determine how best to ensure your safety and the safety of colleagues and service users when providing care.

Always use your expertise and clinical judgement. Refer to RCSLT PPE guidance on high risk procedures and those that should not be undertaken. SLTs will also need to consider local Trust policies and remain up-to-date with government guidance.

1. Have you established the individual's current COVID-19 status?

2. What is the aim of your assessment or intervention?

3. What are **the risks of not undertaking** the assessment or intervention now? How urgent is it? Can it be delayed?

4. What are **the risks of undertaking** the assessment or intervention? For example assessing and /or supporting communication may be seen as lower risk in some populations.

5. If the risk is high, e.g. a dysphagia assessment or communication assessment/support that involves an altered airway procedure where the risk of generating an aerosol is higher:

    a. Can the assessment/intervention be undertaken remotely? If yes, refer to RCSLT guidance.

    b. Can it be done via a third party who is wearing full PPE? If yes, provide some initial instruction and/or coaching and stand at an appropriate distance (with appropriate PPE) to guide them in undertaking the assessment or intervention.

6. If not, can it be done by sitting 2 metres away? If so, refer to RCSLT PPE guidance and government guidance on appropriate PPE (See Table 1, Table 2 and Table 4 in the official guidance).

7. If you need to be closer than 2 metres, what is the risk of the patient coughing?

8. If the risk of the patient coughing is high, refer to the RCSLT PPE guidance.