

PUBLISHED 7 MAY 2020

REVISED 19 JUNE 2020

RCSLT GUIDANCE

Speech and language therapist-led endoscopic procedures in the COVID-19 pandemic



Acknowledgements

This paper has been written on behalf of the Royal College of Speech and Language Therapists (RCSLT) by the following expert panel:

Lee Bolton, Clinical Lead Speech and Language Therapist, Imperial College Healthcare NHS Trust

Grainne Brady, Clinical Lead Speech and Language Therapist Head & Neck, The Royal Marsden NHS Foundation Trust

Dr Margaret Coffey, Clinical Service Lead Speech and Language Therapist (Head & Neck/Voice/Airways-ENT), Imperial College Healthcare NHS Trust. Honorary Clinical Research Fellow, Department of Surgery & Cancer, Faculty of Medicine, Imperial College London

Jemma Haines, Consultant Respiratory Speech and Language Therapist, NIHR Manchester BRC PhD Fellow & Service Lead for Manchester Airways Service, Manchester University NHS Foundation Trust

Dr Justin Roe, Consultant and Joint Head - Department of Speech, Voice and Swallowing, The Royal Marsden NHS Foundation Trust; Clinical Service Lead - Speech & Language Therapy, National Centre for Airway Reconstruction/ Department of Otolaryngology, Head and Neck Surgery, Imperial College Healthcare NHS Trust; Honorary Lecturer - Division of Surgery, Department of Surgery and Cancer, Imperial College London

Sarah Wallace, Consultant Speech and Language Therapist (Critical Care, Dysphagia), Wythenshawe Hospital, Manchester University NHS Foundation Trust; Chair RCSLT Tracheostomy Clinical Excellence Network; NIHR Research Associate, National Tracheostomy Safety Project SLT lead

1. INTRODUCTION

At the start of the COVID-19 pandemic, consensus was reached in partnership with ENT colleagues that all SLT-led endoscopy procedures should temporarily cease due to concerns about higher risk of viral transmission during nasendoscopy (BLA, 2020; ENT UK, 2020a). As we enter a new phase of restoration of services, and in response to feedback from RCSLT members, the first version of the SLT-led endoscopy guidance has now been revised. This review is in line with updated guidance from ENT-UK (ENTUK, 2020b). As we continue through the pandemic, there remains a need to be cautious in our approach to returning to SLT-led endoscopy procedures. We recommend that, along with this guidance, members refer to the [updated RCSLT guidance on the risk of transmission and personal protective equipment](#).

This is a working document that will be reviewed and revised as further evidence becomes available. Other important resources used to update this document include feedback from RCSLT members and information based on the ongoing trajectory of the COVID-19 situation. The RCSLT expert advisory group responsible for this document will seek feedback from members to inform a review via [this survey](#) (deadline **31 August 2020**)

2. KEY REVISED RECOMMENDATIONS

This document provides revised guidance to support the delivery of SLT-led endoscopy during the COVID-19 pandemic and is relevant to a wider range of clinical conditions than previously. The expert group have considered the feedback from RCSLT members and made the following key recommendations:

1. This paper clarifies that the guidance applies to **all patients regardless of their COVID-19 status**
2. SLT-led endoscopy can be performed by a level 2 or 3 endoscopist
3. The abbreviated FEES protocol has been removed
4. The standard protocols for all SLT-led endoscopy procedures should be followed as set out in the relevant RCSLT position papers ([FEES](#), [EEL](#), [Adult Respiratory Care](#)).
5. SLT-led endoscopy may be used for the purposes of clinical assessment, research, audit and service evaluation where relevant approvals have been obtained.

3. CONTEXT

The RCSLT considers that SLT-led endoscopy for the purposes of upper airway functional assessment is an aerosol generating procedure (AGP) (Bolton et al, 2020). This is in line with upper airway endoscopy guidance produced by ENT-UK, British Laryngological Society, British Thoracic Society and the British Society of Gastroenterologists.

In patients with COVID-19, endoscopy remains a higher risk procedure (Ku et al, 2020) for healthcare workers as the nose and nasopharynx are known to be reservoirs for high concentrations of the virus (Zou et al, 2020), and upper airway endoscopy has the potential to generate aerosols through sneezing, coughing and gagging (Lui et al, 2019; Rameau et al 2020; Workman et al, 2020). The highest risk of transmission of viruses is during AGPs of the respiratory tract, which requires the use of enhanced respiratory protective equipment for healthcare workers performing or assisting in such procedures (PHE, 2020a).

4. CLINICAL DECISION-MAKING

It is essential that prior to undertaking any SLT-led endoscopy procedures, members refer to the [updated RCSLT guidance on reducing risk of transmission, use of personal protective equipment \(PPE\) in the context of COVID-19](#) which includes a risk framework to support clinical decision making and full consideration of alternative options.

The decision to perform SLT-led endoscopy should continue to be a multidisciplinary one. Discussion and planning with the patient's clinical team in advance of the procedure will ensure that the risk-benefits are clearly identified, understood and mitigated to inform the appropriateness of the procedure.

It is important that steps are taken to establish the patient's current COVID status as per local guidelines prior to undertaking any SLT-led endoscopy procedure. In suspected or confirmed COVID-19 patients, consideration should be given to delaying the procedure until the exposure risk is lower where this does not adversely compromise patient care. For confirmed COVID-19 negative or non-suspected patients, proceed as clinically appropriate.

In addition, for patients with COVID-19 in acute and critical care settings, the following risk factors should be considered:

- Delirium
- Desaturation on suctioning or other procedures, including repositioning

- Coagulopathy issues and need for anticoagulants (due to bleeding risks on nasendoscope insertion)
- Rapid fatigue

5. INFECTION PREVENTION AND CONTROL

5.1. Areas where SLT-led endoscopy is performed

National and local infection prevention control guidance should be followed (PHE 2020a) regarding recommended clinical areas where endoscopy can be performed (e.g. designated rooms, endoscopy units, ICU). Procedures to be followed include ensuring sufficient ventilation and room air changes to facilitate clearance of any potentially infectious particles. The endoscopy procedure end time should be clearly communicated to appropriate team members.

5.2. PPE

When performing an SLT-led endoscopy procedure in patients with suspected or confirmed COVID-19, full PPE is required for the endoscopist and other staff present for the procedure (PHE, 2020b; RCSLT, 2020; ENT UK, 2020b), which comprises:

- A fit-tested filtering face piece class 3 (FFP3) respirator
- Long-sleeved fluid-repellent disposable gown
- A full face shield or visor
- Gloves

For patients who are confirmed COVID-19 negative (as per local policies), then it is recommended that the SLT performs a risk assessment in conjunction with the MDT to determine the level of PPE required (see the risk assessment framework in the [updated RCSLT guidance on reducing risk of transmission, use of personal protective equipment \(PPE\) in the context of COVID-19](#)).

For AGPs performed as a single procedure, PPE is subject to single use with immediate disposal following completion of the procedure. Strict adherence to PPE donning and doffing procedures according to national guidance is required (PHE, 2020b).

Consideration should also be made regarding the use of face masks by the patient (PHE, 2020b) to reduce risk of transmission, where this can be tolerated and where the mask does not interfere with aspects of their care (e.g. oxygen delivery). Patients may be able to wear a simple or modified surgical mask or other suitable face covering during SLT-led endoscopy procedures which do not involve eating and drinking. A number of devices have been proposed and developed. These must receive relevant national and local approval before being used on patients.

5.3. Equipment and decontamination

It is essential to ensure that local infection prevention and control (IPC) approval and equipment manufacturer guidance has been sought as part of the risk assessment. When appropriate, disposable patient equipment should be considered (PHE, 2020a). Therefore, consideration should be given to the use of disposable flexible endoscopes, where this is available. IPC guidance on endoscopy decontamination and disposal of equipment and consumables should be followed immediately after the procedure to avoid virus transmission and cross-contamination.

6. CONSIDERATIONS FOR THE PROCEDURE

When undertaking SLT-led endoscopy procedures, ensure you have the right workforce available e.g. a level 2 or 3 endoscopist for FEES. We recommend that endoscopy is always performed with visualisation on a monitor.

For FEES, an abbreviated procedure is no longer indicated and it is recommended that SLTs utilise the standard protocol as set out in the RCSLT FEES position paper. Careful assessment of the structures of the larynx and upper airway is required due to the known laryngeal complications associated with COVID-19 disease and intubation trauma, (McGrath et al, 2020). For voice and upper airway disorders, follow existing protocols and [RCSLT guidance](#).

To maximise the diagnostic yield and value of the images for the wider MDT, the evaluation should be recorded. This may avoid unnecessary repetition of endoscopic procedures.

7. FUTURE DIRECTION

To inform a further review of this revised guidance, members are encouraged to complete [this survey](#) by **31 August 2020**.

In addition, the RCSLT recommends that members collect clinical outcome data using the [COVID-19 speech and language therapy data collection tools](#) for confirmed COVID-19 patients.

REFERENCES

Bolton, L., Mills, C., Wallace S., Brady, M. C. (2020), Aerosol generating procedures, dysphagia assessment and COVID-19. Royal College of Speech and Language Therapists. [Online]. Available at: [https://www.rcslt.org/-/media/docs/Covid/RCSLT-Dysphagia-and-AGP220420FINAL-1-\(1\).PDF?la=en&hash=816B77BE5A88976CD97F32B84754F223FA761C54](https://www.rcslt.org/-/media/docs/Covid/RCSLT-Dysphagia-and-AGP220420FINAL-1-(1).PDF?la=en&hash=816B77BE5A88976CD97F32B84754F223FA761C54)

British Laryngological Association (2020). Updated and amended message from the BLA president, Mark Watson. [Online]. Available at: <http://www.britishlaryngological.org/news/updated-and-amended-message-bla-president-mark-watson>

ENT-UK (2020a). Nasal endoscopy and laryngoscopy examination of ENT patients. [Online]. Available at: <https://www.entuk.org/nasal-endoscopy-and-laryngoscopy-examination-ent-patients>

ENT-UK (2020b). A graduated return to elective ENT within the COVID-19 pandemic. [Online] <https://www.entuk.org/graduated-return-elective-ent-within-covid-19-pandemic>

Lui, R. N., Wong, S. H., Sánchez-Luna, S. A., Pellino, G., Bollipo, S., Wong, M., Chiu, P. W. Y. and Sung, J. J. Y. (2020). Overview of guidance for endoscopy during the coronavirus disease 2019 pandemic. *Journal of Gastroenterology and Hepatology*, 35, 749–759. [Online]. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1111/jgh.15053>

McGrath, B. A., Wallace, S., Goswamy, J. (2020), Laryngeal oedema associated with COVID-19 complicating airway management. *Anaesthesia*. <https://doi.org/10.1111/anae.15092>

Public Health England (2020a). COVID-19: infection prevention and control (IPC) [Online]. Available at: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Public Health England (2020b). COVID-19 personal protective equipment (PPE). [Online]. Available at: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

Rameau, A., Young, V. N., Amin, M. R. and Sulica, L. (2020). Flexible Laryngoscopy and COVID-19. *Otolaryngology–Head and Neck Surgery*, 1-3. [Online]. Available at: <https://journals.sagepub.com/doi/full/10.1177/0194599820921395>

RCSLT (2020a). Speech and language therapy Endoscopic Evaluation of the Larynx for clinical voice disorders. Available at: <https://www.rcslt.org/members/clinical-guidance/voice/voice-guidance/endoscopic-evaluation-of-the-larynx>

RCSLT (2020b). RCSLT Position paper: Fiberoptic Endoscopic Evaluation of Swallowing (FEES): the role of speech and language therapy. Available at: <https://www.rcslt.org/members/clinical-guidance/dysphagia/dysphagia-learning>

Workman, A. D., Welling, D. B., Carter, B. S., Curry, W. T., Holbrook, E. H., Gray, S. T., Scangas, G. A. and Bleier, B. S. (2020). Endonasal instrumentation and aerosolization risk in the era of COVID-19: simulation, literature review, and proposed mitigation strategies. *International Forum of Allergy & Rhinology*. [Online]. Available at <https://onlinelibrary.wiley.com/doi/abs/10.1002/alr.22577>

Zou, L., Ruan, F., Huang, M., Liang, L., Huang, H., Hong, Z., Yu, J., Kang, M., Song, Y., Xia, J. and Guo, Q. (2020). SARS-CoV-2 viral load in upper respiratory specimens of infected patients. *New England Journal of Medicine*, 382(12), 1177-1179.

Ku, P., Holsinger, F., Chan, J., Yeung, Z., Chan, B., Tong, M. and Starmer, H. (2020). Management of Dysphagia in The Head and Neck Cancer Patient during COVID-19 Pandemic: A Practical Strategy. *Head & Neck*. [Online]. Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1002/hed.26224>