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Report on aerosol generating procedures, dysphagia assessment and COVID-19: a statement by the RCSLT

The COVID-19 pandemic has resulted in the need for a national response to an unprecedented health emergency. Much of this has been reactive as coronavirus is a new virus and we currently have no vaccine or treatment.

Guidance from the government on personal protective equipment (PPE) continues to be reviewed and updated. This guidance is based on risks for contracting the virus related to the current list of aerosol generating procedures (AGPs) as well as a growing evidence base about the virus, including how it can be transmitted.

When this PPE government guidance was initially issued, RCSLT staff received a number of concerns from members related to the list of AGPs.

In response to these concerns and requests for the RCSLT to examine the debate surrounding oropharyngeal dysphagia assessment and aerosol generating procedures (AGPs), a COVID-19 advisory group was established to review the research evidence and report on their findings.

Oropharyngeal dysphagia assessment is highly complex and may comprise a wide spectrum of interventions, including: clinical (bedside) swallowing assessment, provision of therapeutic oral care, fiberoptic endoscopic evaluation of swallowing, videofluoroscopy swallowing study and cough reflex testing.

The review has focused on clinical (bedside) swallowing assessment only and reviews the risk of COVID-19 transmission through aerosol emissions, the likelihood of aerosol emissions during dysphagia assessment and the evidence supporting the identification of the aerosol generating procedures identified in COVID-19 healthcare recommendations.

This evidence paper has been submitted to government and to Professor Greenhalgh at the Oxford Centre for Evidence-Based Medicine.

In early March 2020, as the COVID-19 crisis began to break in the UK, the Oxford Centre for Evidence-Based Medicine set up the [COVID-19 Evidence Service](#) and they are currently leading on a review of AGPs as highlighted in [this recent article](#).

The RCSLT is grateful to our speech and language therapy experts (both main and supporting authors) for their time and leadership in drawing the evidence together and in drafting this paper: Lee Bolton, Speech & Language Therapy Service, Imperial College Healthcare NHS Trust; Claire Mills, Speech & Language Therapy Department, Leeds Teaching Hospitals NHS Trust, Academic Unit of Health Economics, University of Leeds; Sarah Wallace, Speech & Language Therapy Department, Wythenshawe Hospital, Manchester University NHS Foundation Trust, University of Manchester, RCSLT Tracheostomy Clinical Excellence Network, National Tracheostomy Safety Project; Marian C. Brady, Nursing, Midwifery and Allied Health Professions Research Unit, Glasgow Caledonian University.