Vaughan Gething MS,
Minister for Health and Social Services
Senedd Cymru
CF99 1SN

Dear Minister,

Definitions of Aerosol Generating Procedures

We write as the Welsh representatives of the newly formed AGP Alliance, which brings together Royal Colleges, trade unions and professional bodies from across the health and care sector to call for an urgent review of the definition of Aerosol Generating Procedures (AGPs) involving the upper airways and gastrointestinal tract for the purposes of Personal Protective Equipment (PPE). We strongly believe that current UK Government guidance does not reflect the best available evidence on AGP and leaves health and care professionals, their patients and colleagues at increased risk of COVID-19 transmission.

Currently, a range of procedures, including;
- the fitting of naso-gastric tubes and retention devices for drainage or feeding,
- assessment of safe swallowing,
- chest physiotherapy,
- cardiopulmonary resuscitation and associated procedures linked to advanced airway management particularly in the out of hospital environment, and
- gastrointestinal physiology investigations

amongst others, are wrongly excluded from the list of AGPs in government guidance. This is despite the fact that they require close physical contact with patients (within one metre) for prolonged periods of time and induce coughing and sneezing. As a consequence, health services are not required to provide staff undertaking these
procedures with full PPE including disposable fluid repellent gowns, filtering face piece class 3 (FFP3) respirators and face shields.

There is substantial evidence that as part of these procedures, coughing and sneezing generate aerosols with significant viral load, creating a higher risk of transmission of COVID-19, which itself causes profuse coughing.

The current guidance from Government (Health Protection Scotland, PHE, NERVTAG) makes much of the distinction between droplet and aerosol generation as determinants of PPE level, but instead uses poor quality transmission studies to determine AGP status. It also ignores the huge weight of professional experience and expert opinion from during the COVID-19 pandemic that such procedures significantly increase transmission risk. A number of our members have already been forced to issue independent guidance to their members that contradicts Government advice and defines these procedures as AGP.

We have repeatedly asked UK Ministers and officials to review this guidance and explain how and by whom decisions on AGP have been made. We have received an insufficient response, and have been unable to challenge the evidence behind the decision with the scientists or civil servants responsible. The most recent review of AGP guidance, updated 16 September 2020, indicates that no new evidence has been considered, despite the wealth of evidence submitted by our members.

As we head into the winter months, the health and care professionals we represent in Wales are gearing up to respond to the second wave of COVID-19 cases. It is vitally important that they are able to do so as safely as possible. We would ask you to personally intervene to call on the UK government to instigate an urgent review of AGP and provide transparency on how such guidance is determined. At the very least, the precautionary principle should be used and all healthcare professionals provided with appropriate PPE where there is any reasonable chance that a procedure is aerosol generating.

There is more detail in the enclosed position statement and we would be very happy to brief a member of your team further if this would be helpful.

Yours sincerely,

Dr Caroline Walters, Policy Adviser (Wales), Royal College of Speech and language Therapists

Tom Embury, Public Affairs Manager, British Dietetic Association

Professor Julia Williams, Head of Research, College of Paramedics

Calum Higgins, Public Affairs and Policy Manager, Chartered Society of Physiotherapy

Richard Munn, Regional Officer, Unite the Union

Paul Summers, Health Lead/ Regional Organiser, UNISON Cymru Wales

cc. Ruth Crowder, Chief Therapies Adviser, Welsh Government