Audit Wales study of personal protective equipment (PPE) provision to health and social care services in Wales since the start of the Covid-19 pandemic.

Executive Summary

The Royal College of Speech and Language Therapists (RCSLT) Wales welcomes the opportunity to respond to the Audit Wales study of PPE provision to health and social care services in Wales.

Our response is based on feedback from our members in local health boards and trusts across Wales and focuses on three main areas – the definition of aerosol generating procedures and impact on appropriate PPE, transparent face masks and PPE for speech and language therapists working in childcare and educational settings.

Our key points cover;

- Our concerns about the non-inclusion of certain SLT procedures on the list of aerosol generating procedures (AGPs) as part of the UK wide PPE guidance and impact on appropriate PPE.
- Feedback on the trialling of ClearMask™ and next steps.
- The need for clarity around the use of PPE for health professionals who work in early years and education settings.
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- Concern that inequalities will increase due to increasing use of new technologies.

We would be very happy to provide further information if this would be helpful.

The Royal College of Speech and Language Therapists

1. RCSLT is the professional body for speech and language therapists, SLT students and support workers working in the UK. The RCSLT has over 18,000 members in the UK (650 in Wales) representing approximately 95% of SLTs working in the UK (who are registered with the Health & Care Professions Council). We promote excellence in practice and influence health, education, care and justice policies.

2. Speech and Language Therapy manages the risk of harm and reduces functional impact for people with speech, language and communication support needs and/ or eating, drinking and swallowing difficulties.

3. Speech and Language Therapists (SLTs) are experts in supporting children, young people and adults with speech, language and communication needs and training the wider workforce so that they can identify the signs of SLCN, improve communication environments and provide effective support.

4. SLTs are also experts in the supporting the management of children, young people and adults who have eating, drinking and swallowing difficulties (dysphagia), as well as training the wider workforce so they can identify signs of dysphagia and provide effective support to improve the quality of life for these people.

Speech and Language Therapists and the pandemic

5. Across Wales, SLTs have worked tirelessly to ensure that people with COVID-19 receive as much support as possible. They are using their specialist skills to provide interventions and rehabilitation, both within and beyond intensive care units, to support immediate and longer-term recovery of communication and swallowing problems and respiratory management. During the first wave, SLTs were also redeployed to other roles across the health and care system such as testing sites and supporting the establishment of field hospitals as part of the health and social care response to the national emergency.

Personal protective equipment

6. The RCSLT has, throughout the period of the COVID-19 outbreak, sought to ensure that speech and language therapists and those with whom we work have the appropriate PPE, in line with the best evidence available.

7. We have significant concerns about the non-inclusion of certain SLT procedures on the list of aerosol generating procedures (AGPs) as part of the UK wide PPE 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.

8. We have repeatedly asked UK Ministers and officials to review the guidance and taken steps to present the evidence base for the inclusion of a range of speech and language therapy interventions as AGPs, with the support of key bodies such as the Intensive Care Society. However, 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.

9. We have recently formed the 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 PPE. Please see here the position statement from the Alliance.

10. In our evidence to the Welsh Parliament Health, Social Care and Sport Committee in the summer, we noted that we were pleased that the vast majority of local health boards in Wales recognised the need for PPE for SLTs in these circumstances. This is no longer the case with a number of local health boards now not recognising dysphagia assessments, which induces forceful coughs, and other SLT interventions as AGPs. We have recently written to the Welsh Minister for Health and Social Services as Welsh representatives of the AGP Alliance to ask him to personally intervene to call on the UK government to instigate an urgent review (for further information, please see letter attached at **Annex A**).

11. Other concerns from members in relation to PPE include challenges with requirements for retesting on different face masks for different staff and ongoing face mask fit testing.

Transparent face masks

12. In our response to the Welsh Parliament Health, Social Services and Sport committee inquiry on COVID-19, we highlighted that we believe the use of transparent face masks is vital given issues of equality in respect of the deaf community and those with hearing impairment, who rely on lip reading to communicate on an equal basis. The appearance of opaque PPE may also be distressing or confusing for people with communication difficulties, including people with aphasia, autism, dementia or learning disabilities, as well as for children. It is not always possible for SLTs to work at a two-metre distance from their clients. By the nature of what they do, which is supporting and developing someone's speech, language and communication, it is very important that their client can see their mouth and face in a safe manner.

13. We welcomed the confirmation earlier in the autumn that ClearMask™ had been approved for use across the NHS and social care in England, Wales and Northern Ireland. We understand that ClearMask™ cannot be used in high risk or surgical environments, during invasive procedures or AGPs. It is also clear that the face mask has not been assessed for bacterial efficiency to protect the client from the SLT and

should therefore not be used in place of a Type I or Type II surgical mask or Type IIR FRSM to protect vulnerable clients.

14. As a professional body we have advised that SLTs trial using the ClearMask™ before seeing their clients so that they can assess suitability and safety. RCSLT also recommends that before using this product a risk assessment must be conducted using the RCSLT risk assessment framework, which is in the RCSLT guidance on reducing the risk of transmission and use of PPE. We also recommend that SLTs who have access to local infection prevention and control (IPC) teams should also discuss IPC measures with the team.

15. Against this backdrop, SLTs have accessed small numbers of these face masks and have been trialling usage in low risk patients across Wales. We are hearing mixed feedback from members on the trials thus far. Many have noted that they welcome the principle of the clear face masks. A number of services have commented that they are helpful for seeing low risk children and adult patients who need to see the mouth or who are struggling with language and missing visual cues. However other have highlighted concerns with fit and movement of the ClearMask™ during exaggerated facial movements, resulting in gapping and uncovering of the nose and/or mouth. We have provided feedback on the trials to NHS Wales Shared Services Partnership.

16. We understand that at present only one product is available through NHS supply chains, but that other products are being developed and tested. We are following the developments with regard to the Breathe Easy masks in Scotland with interest. We would welcome the development of transparent face masks which offer greater protection but are mindful that rigorous health and safety standards must be adhered to, and that any face mask needs to be tested, certified and approved for use by government to ensure that SLTs and those with whom we work are properly protected at all times.

The use of PPE for health professionals who work in early years and education settings

17. We have consistently voiced concerns that PPE guidance for healthcare professionals visiting schools differs significantly from Welsh Government advice for educational settings. The Welsh Government operational guidance for schools and settings from the autumn term states that 'specialists, therapists, clinicians and other support staff for learners with SEN should provide interventions as usual'. In the section on PPE, the guidance states that

    'It is important to remember that social/physical distancing, hand hygiene and respiratory hygiene (catching a cough or sneeze in a tissue or covering the mouth and nose with an elbow or sleeve) remain strongly evidenced to be the most effective ways to prevent the spread of coronavirus. There is therefore no need to use personal protective equipment (PPE) when undertaking routine educational activities in classroom/school settings.'

18. Similarly the Welsh Government guidance for childcare settings sets out that PPE should be used in specific situations such as when providing intimate care.

19. However, in addition to standard infection prevention control precautions which are expected to be followed in all pathways and care settings, local health board infection control teams have told staff that they need to wear gloves, aprons and masks if they are unable to remain at a two-metre distance. This is consistent with advice for other community healthcare settings, in line with the guidance within the Public health Wales document **COVID-19: Guidance for the remobilisation of services within health and care settings** Infection prevention and control recommendations.

20. Members have highlighted concerns about the impact of wearing face masks for work on communication issues and relationships with school staff. There are also issues with regards to whether SLTs are able to attend more than one school a day and guidance for SLTs working in independent practice. We believe these issues are relevant to all AHPs working with children.

21. We have sought specific guidance from Welsh Government to ensure the position for health care professionals working in early years and education settings is clarified. In the absence of government guidance, we have clarified the RCSLT position which is available here.

22. We welcome the recent decision by the Chief Therapies Adviser to develop key messages to share with schools on how SLTs and other Allied Health Professionals are continuing to support children and young people with additional learning needs during the pandemic.

Further information

23. We would be happy to provide any additional information required to support scrutiny. For further information, please contact

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Annex A

Vaughan Gething MS,
Minister for Health and Social Services
Welsh Government
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6 November 2020

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