



Briefing on issues with regard to the use of PPE for health professionals who work in early years and education settings

The context

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.’

<https://gov.wales/operational-guidance-schools-and-settings-autumn-term-covid-19>

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

<https://gov.wales/protecting-staff-and-children-coronavirus-childcare>

There is however currently some confusion and anxiety around PPE needs for SLTs working in schools.

In addition to standard infection prevention control precautions which are expected to be followed in all pathways and care settings, LHB infection control teams have told staff that they need to wear gloves, aprons and masks if they are unable to remain a 2m 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.

Members are concerned about the impact of wearing masks for work on communication issues and relationships with school staff. There are also issues with regards to whether speech and language therapists are able to attend more than one school a day and guidance

for speech and language therapists working in independent practice. We believe these issues may be relevant to all AHPs working with children.

We are asking governments in all four nations for guidance for health professionals who work in early years and education settings. A recent letter from Children's Minister Vicky Ford to children and young people with SEND, their families and carers, and those who work to support them (2nd September) highlights exemptions for the use of face coverings for individuals with communication needs and staff providing specialist interventions and therapies. In the letter, these **exemptions do not apply to the wearing of face masks** by visiting specialists including therapists. The expectation is for visiting specialists to be aware of PPE requirements. The full letter may be read [here](#)

We would be grateful for specific guidance from Welsh Government to ensure the position for health care professionals working in early years and education settings is clarified. We have raised concerns with the Chief Therapies Adviser who has suggested we contact the Wales Therapies Advisory Committee to draft guidance. We have spoken to the WTAC Chair and vice-chair and this work is being taken forward.

RCSLT position

Given Government guidance for other settings, evidence about the way the virus is transmitted, and the risks to the SLT if the virus is contracted, the RCSLT recommends that SLTs working in early years and education settings try to ensure that the environment can be COVID-19 secure. Key measures include:-

- *Social distance of 2 metres,*
- *optimal hand hygiene,*
- *frequent surface decontamination,*
- *ventilation*
- *other measures where appropriate*

SLTs who have access to local infection prevention teams should discuss IPC measures with the team along with this RCSLT guidance.

A risk assessment should be undertaken using the RCSLT risk assessment which may conclude:

- No need for any PPE as managing to meet COVID-19 secure environment and risk assessment does not identify a high level of need
- PPE required as cannot maintain/ meet COVID-19 secure environment (e.g, 2 metre distance) and / or other risks are identified. We would recommend a type 1 or type 11 face mask if under 2 metres given the risk of transmission. (See below re: visors and face shields).

SLTs need to record:

1. The policy for maintaining the minimum standard IPC measures as outlined above
2. The outcome of risk assessments of individual children

3. The rationale for any variation from IPC minimum standards, decisions on PPE requirements and that these have been agreed with parents/ carers and the setting. This will include implications for track and trace testing and for self isolation (in line with government guidance).

Visors or face shields are not a substitute for a fluid resistant surgical mask. Although they block initial forward movement of air, aerosolised droplets move around the visor and can disperse over wide areas (Verma, Dhanak & Frankenfield, 2020) and can result in an intense downward jet (Viola et al., 2020 *pre-print*). This downward jet could pose a particular hazard when the wearer is in a more elevated position e.g. sat or stood above a child.

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