



20 April 2020

Prof Yvonne Doyle,  
Director for Health Protection and Medical Director,  
Public Health England.

Dear Prof Doyle,

**URGENT: Recognition of all community neck breathing patients (Laryngectomies and Tracheostomies) as extremely vulnerable, qualifying for Shielding and Protection from Covid-19.**

We write jointly as a multi-disciplinary group to stress the urgent need for Public Health England (PHE) to recognise and protect an important but forgotten group of neck breathing patients.

Community neck breathing patients include those for whom the larynx has been surgically removed for a variety of conditions including cancer, the trachea opening directly to neck skin. Also, longer-term tracheostomy patients, in whom there may or may not be airway continuity between the mouth, nose and trachea. They encompass a wide-spectrum of socio-economic class and age groups including children, cared for by a variety of health and social care professionals.

Previous national patient safety alerts have highlighted repeated medical errors during resuscitation of neck breathing patients, resuscitators struggling to differentiate the anatomical and physiological differences between these two patient groups and the general population. Early recognition with tailored oxygenation and ventilation support continues to be a priority focus for training on resuscitation courses.

Patients have contacted us frightened by their present circumstances amidst community Covid-19. Some qualify under other categories for high vulnerability including cancer and chronic respiratory disorders. Others however do not and feel exposed, unprotected and forgotten by present guidance. Many by virtue of pathology and/or anatomy are unable to communicate through loss of normal ability to voice. Associated swallowing issues further compound risks and vulnerability, resulting in additional difficulties acquiring appropriate dietary and nutritional support during the lock-down.

These patients are cared for in various community localities including their own homes, schools, residential and nursing facilities by carers skilled in neck stoma care. Acquired brain injury patients may have a high dependency for community tracheostomy support. Laryngectomees conversely may hold full-time jobs, having survived their cancers and integrated into main-stream living through surgical voice restoration or rehabilitation aids (speaking valves and electronic voice-boxes). We have received reports of major employers refusing to acknowledge laryngectomee vulnerability and insisting they continue in essential roles such as lorry driving.

We are further concerned about the higher risk neck breathing patients pose for others that surround or care for them in the community through aerosol generating procedures (AGPs), including airway suctioning, tube, cuff and valve care, and endoscopy for airway, voice and swallow assessment.

We welcome the extra clarification PHE has provided for personal protective equipment (PPE) requirements in AGPs. These are increased disproportionately for those providing community and hospital-based care of neck breathers. We have received multiple reports from rehabilitation units, nursing homes and community groups presently lacking enhanced PPE for AGPs, compromising the protection and personal safety of carers, as well as the standard and quality of care they can deliver. For ambulatory neck breathing patients, aerosol generation and droplet spread from simple coughing alone is unpredictable and hazardous for those they encounter.

To document hospital and community impact upon healthcare in neck breathers amidst Covid-19 restrictions, our teams have commenced active audit for data collection. Initial reports suggest a disproportionate and negative impact with increased morbidity and mortality for both sub-groups. This is particularly alarming at this time point when we have started seeing an increased number of tracheostomies being performed to support ventilator weaning and potential decanting of ICU patients onto hospital wards.

We are aware that these are extraordinary times and fully appreciate the mammoth operational efforts underway by the Government, PHE and social services to urgently and effectively respond to this unprecedented emergency. We are indeed grateful for the listening already shown and changes implemented to improve clarity and provisions for PPE. We stand united requesting all neck breathing patients be formally classed as an extremely vulnerable patient group, qualifying routinely for necessary shielding and protection from Covid-19.

Yours sincerely,



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Mr Taran Tatla, Honorary Secretary, ENT UK



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Mr Mark Watson, President British Laryngological Association



Mr Paul Pracy, President ENT UK Head & Neck Society



Mr Cyrus Kerawala, President, British Association of Head and Neck Oncologists



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