



The Rt Hon Matt Hancock MP
The Secretary of State for Health and Social Care
The Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

Sent by email

2 April 2020

Dear Secretary of State,

Provision of personal protective equipment for aerosol generating procedures (AGPs)

Further to the letter from the Allied Health Professions Federation last week, I write to you personally about the urgent need to provide personal protective equipment for speech and language therapists to enable them to do their jobs as safely as possible.

We are proud that across the United Kingdom, speech and language therapists are rising to the challenges of the current situation. They are taking on extra responsibilities in core areas such as proning and turning patients, fit testing of other staff and passing nasogastric tubes, using their unique skill sets in new areas, and supporting patients at the end of their life and families to pass on their final words to one another.

In this context, while understanding the immense pressures the NHS is under, I need to alert you to the risk facing speech and language therapists who are not being provided with the correct personal protective equipment. We are particularly concerned about those procedures that speech and language therapists undertake that are not currently listed in the National APGs Guidelines, but which elicit a cough that causes sputum to be airborne. This is recognised as a high risk secretion.

We understand that you will want to be led by scientific and medical advice. We have been pleased to have had discussions with NHS England, NHS Improvement and Public Health England and at their request provided clear evidence on this at the weekend. This included showing where the procedures concerned fall under the wording in the NHS's own guidance [and I have enclosed the evidence].

It is of great concern that some local infection control teams and local trust guidelines are denying life saving protective equipment based on national guidance which is not in line with this available evidence. Lives are being put at risk as a result.

The reasons for this are clear:

1. Speech and language therapists undertake a range of upper airway procedures including swallowing assessments and oral care in patients with dysphagia. This includes assessment of swallowing ability, cough reflex testing, care and management following removal of the voice box (laryngectomy), care and management of an incision in the windpipe made to relieve breathing difficulties (tracheostomy) and respiratory support.


2. The exposure risk to speech and language therapists is high due to:
 - a. reflexive, sequential and prolonged coughing during the swallowing evaluation of dysphagic patients secondary to the inherent and unpredictable risk of aspiration in this population;
 - b. excessive amounts of potentially contaminated saliva in the oropharynx secondary to dysphagia;
 - c. assessment practice demanding close physical distance to the dysphagic patient (within one metre) with subsequent exposure to aerosolised infectious secretions on coughing;
 - d. the importance of expert, clinical dysphagia assessment in preventing secondary complications associated with dysphagia and aspiration in COVID-19 patients.

These are just some of the contexts in which speech and language therapists risk contracting COVID-19, putting in jeopardy their own health and the health of their patients, colleagues and families, with knock-on effects on service provision and in the worst cases ICU capacity.

We are asking for your support urgently in this matter, to influence the rewriting of national guidelines to ensure that all the evidence-based AGP procedures that speech and language therapists undertake are represented in updated national guidelines as soon as possible.

Your personal input will help to ensure that speech and language therapists can play their full part in addressing the COVID-19 outbreak as safely as possible.

Yours sincerely,



Ms Kamini Gadhok MBE
Chief Executive

Patron: Her Royal Highness The Countess of Wessex GCVO
Registered Office: 2 White Hart Yard, London SE1 1NX
Tel: 020 7378 1200 Fax: 020 7403 7254
Email: ceo@rcslt.org

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