



Royal College of
General Practitioners



Joint Statement

PPE for those providing ongoing care for people who regularly cough - particularly during eating, drinking, and mouth care

The purposes of this document are to;

1. Raise awareness of a group of individuals who regularly and on an ongoing basis cough and who therefore present potential, ongoing and particular risks to carers. Coughing has been identified as a transmission risk by government and widely advertised to the general public¹) See also **Point for consideration** below.
2. Suggest a system whereby SLTs and other key professionals could “officially” identify individuals as being potentially high risk Covid-19 transmitting patients, for example in GP records or nursing care plans as a means of facilitating consistent access to appropriate PPE for those caring for these individuals. In this practical way Speech and Language Therapists and other members of the multi-disciplinary team can support their care colleagues to deliver personal and nursing care safely.
3. Our expert, evidence based² view is that appropriate PPE for this group would be the same as that used when caring for any other individual going through an aerosol generating procedure (AGP), i.e. gloves, disposable fluid-repellent coverall/gown, FFP3, eye/face protection.

We are aware care staff are required to follow local guidance (e.g. HPS Tables 2³ and 4⁴) and so will take the measures they deem appropriate for individual client care management, including PPE.

¹ <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/transmission-characteristics-and-principles-of-infection-prevention-and-control>

² [https://www.rcslt.org/-/media/docs/Covid/RCSLT-Dysphagia-and-AGP220420FINAL-1-\(1\).PDF?la=en&hash=816B77BE5A88976CD97F32B84754F223FA761C54](https://www.rcslt.org/-/media/docs/Covid/RCSLT-Dysphagia-and-AGP220420FINAL-1-(1).PDF?la=en&hash=816B77BE5A88976CD97F32B84754F223FA761C54)

³ [Table 2. Recommended PPE for primary, outpatient, community and social care](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary__outpatient__community_and_social_care_by_setting.pdf)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary__outpatient__community_and_social_care_by_setting.pdf

⁴ [Table 4. Additional considerations \(any setting\) for COVID-19](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879111/T4_poster_Recommended_PPE_additional_considerations_of_COVID-19.pdf)
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Care activities which can induce cough and their safe management:

- People can cough when they are eating and drinking, particularly those people with compromised swallowing capacity. The cough is associated with aspiration, i.e. the direct instillation of saliva/food/fluid into the airway that induces reflexive coughing of unpredictable quality and duration. While eating and drinking the addition of aspirated fluids likely increases the risk of aerosolisation
- Receiving mouth care
- People can cough when they move or are moved - during these care procedures, the risk can be reduced (to some extent) by the patient being asked to wear a FRSM which acts as a physical barrier to large and small droplets produced if they cough. This reduces the risk to the health care worker also. This is not practical however for eating, drinking and mouth care procedures

The concern

- Some people with ongoing, long term eating, drinking and swallowing difficulties may regularly cough which is unresponsive to treatment and tolerated. These people are generally already known to SLT services.
- Some are in the “shielded” category but not all are.
- We believe that people who cough are potentially “high risk” transmitters of Covid-19.
- It is our view that those caring for such people should be provided with the highest levels of PPE associated with aerosol generating procedures (AGPs) as the exposure risk is high for the following reasons - a) very close contact is required during feeding and mouth care (<1 metre), 2) there is prolonged contact (>15 minutes), 3) and there is high frequency of exposure (3 meals a day, drinks/snacks / medication etc.) A opinion piece published in *Anaesthesia 2020*⁵ also states the case for why “PPE should be directed towards ward-based healthcare workers exposed to infected, coughing patients as much as to the controlled environment of ICU or the operating theatres.”
- Although HPS Guidance⁶ recommends risk assessment and so already offers the potential for people to be identified as high risk transmitters it does not set out a means for professionals who know individual’s history to “officially” or formally do so.

The solution

SLTs and other key professionals such as nurses can;

- a) Identify the individuals known to services who regularly and on an ongoing basis cough and then -
- b) “Officially communicate this to health and care colleagues (e.g. GPs, care home staff, nursing and AHP colleagues), using a preferably standard pro-forma which a GP practice could then use to add a reminder to the patient’s electronic record and update the KIS so Out of Hours and

⁵ <https://onlinelibrary.wiley.com/doi/pdf/10.1111/anae.15097>

⁶ Ibid – Reference 4

hospital staff would be aware and care plans, notes and records could also be updated.

Benefits

1. Consistent identification of potentially high risk transmitters across the multi-disciplinary health and care team.
2. Remove the requirement for repeated risk assessments by different care staff (some of whom may not know the person well) potentially leading to varied approaches to care.
3. Consistent use of appropriate PPE during care of the individual across the multi-disciplinary team.
4. Reduction in transmission risk to carers when caring for diagnosed, asymptomatic Covid-19 patients
5. Reduction in transmission risk to other patients from infected, asymptomatic carers transmitting COVID-19.

Costs

1. Small cost of producing and circulating short guidance and standard pro-forma or “record marker” for use by multi-disciplinary team.
2. Determinable increase in demand for appropriate PPE by care staff.

Point for consideration - Does coughing represent a high risk of transmission?

“Aerosol generating procedures, dysphagia assessment and COVID-19” RCSLT, April 2020⁷ draws on substantial evidence and the expertise of SLT consultants and leaders from across the UK and internationally. The position set out in the paper (that dysphagia assessment which typically induces coughing is an AGP) is publicly supported by Intensive Care Society; National Tracheostomy Safety Project; British Thoracic Society; ENT-UK; UK Swallow Research Group; European Society for Swallowing Disorders; British Association of Parenteral and Enteral Nutrition (BAPEN). The Dysphagia Research Society guidance takes the same position and references the RCSLT paper

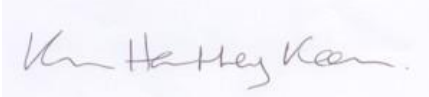
The document highlights;

- The World Health Organisation (WHO) recently concluded that, based on the current evidence, transmission of COVID-19 is primarily through respiratory droplets and contact. In addition, very small droplets (aerosols) may demonstrate opportunistic airborne transmission through certain medical and care procedures that induce patient coughing
- Respiratory emissions when coughing or sneezing have been widely acknowledged as important routes of COVID-19 transmission.
- International and national COVID-19 policy and practice recommendations consistently highlight the emission of aerosols (very small droplets) from COVID-19 positive patients as increasing the risk of the airborne transmission.

⁷ [https://www.rcslt.org/-/media/docs/Covid/RCSLT-Dysphagia-and-AGP220420FINAL-1-\(1\).PDF?la=en&hash=816B77BE5A88976CD97F32B84754F223FA761C54](https://www.rcslt.org/-/media/docs/Covid/RCSLT-Dysphagia-and-AGP220420FINAL-1-(1).PDF?la=en&hash=816B77BE5A88976CD97F32B84754F223FA761C54)

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