



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

1 May 2020

Dear The Rt Hon Hancock MP

Request for swallow assessment and nasogastric tube insertion to be recognised as aerosol-generating procedures

As president of the British Association of Stroke Physicians (BASP), I am writing on behalf of the executive committee to request that bedside swallow assessments and nasogastric tube insertions are recognised as potentially infectious aerosol-generating procedures (AGP).

BASP is concerned that conducting swallow assessments and placing nasogastric tubes for patients after a stroke are AGPs of the respiratory tract. Consequently, healthcare professionals conducting these potentially infectious procedures require adequate personal protective equipment during the SARS-CoV-2 pandemic.

National guidance within the UK about which procedures may be considered AGPs is inconsistent between some nations,¹ and the guidance from all nations is not consistent with clinical experience in stroke services. This may reflect the quality and quantity of the evidence available.

The evidence available to decide which AGPs put healthcare workers at risk of infection by respiratory pathogens is poor. The most recent assessment of the risk of transmission of infection by AGPs by WHO (2014) was based on a systematic review,² which identified 5 case-control and 5 retrospective cohort studies that evaluated transmission of SARS to healthcare workers. It is important to note that the quality of all ten studies was independently rated as “very low”, the sample sizes of the studies were small, and swallow assessments were not assessed. Procedures reported to present an increased risk of transmission included tracheal intubation, non-invasive ventilation, tracheotomy and manual ventilation before intubation.² However, the authors wrote, “pooled estimates suggest that activities such as chest compressions (cardiopulmonary resuscitation), suction before intubation, suction after intubation, manipulation of oxygen mask, bronchoscopy, insertion of nasogastric tube (pooled odds ratio 1.2, 95% CI 0.4-4.0), and defibrillation might be associated with an increased risk of transmission, but the odds ratios were not statistically significant.”² Much of the evidence was from the SARS epidemic, when nasogastric tube placement was usually in intubated patients (when personal protective equipment for an AGP would have been used), so the hazards of nasogastric tube insertion may have been underestimated, and it is difficult to extrapolate these findings to the COVID-19 pandemic. Thus the authors wrote, “Any conclusions drawn from this systematic review must be interpreted with caution, given the number and quality of the identified studies”,² and Public Health Scotland concluded, “given the extremely limited volume and quality of studies available this hierarchy should be used for academic purposes only and not for clinical decision making.”¹ Furthermore, bronchoscopy has been recognised as a potentially infectious AGP,¹ despite a lack

¹ Infection Control Team. Aerosol Generating Procedures (AGPs). NHS National Services Scotland. November 2019.

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2893/documents/1_tbp-lr-agp-v1.pdf (accessed 28 April 2020)

² Tran K, Cimon K, Severn M, Pessoa-Silva CL, Conly J. Aerosol generating procedures and risk of transmission of acute respiratory infections to healthcare workers: a systematic review. *PLoS One* 2012;7(4):e35797.



of association in the systematic review,² so we hope for a similar pragmatic consideration of the hazards of swallow screen and nasogastric tube insertion.

BASP believes that swallow assessments and nasogastric tube insertion are AGPs with a risk of transmission of infection. In our extensive clinical experience, patients with dysphagia after stroke often cough or choke when undergoing swallow assessments conducted by healthcare workers in close proximity to them. Nasogastric tube insertions are upper ENT procedures that may traumatise the nasal epithelium (which is known to be a site infected by SARS-CoV-2) that are also conducted in very close proximity to patients, involving suction, with occasional instrumentation of the upper and lower airways, with frequent coughing and sneezing. Therefore, both of these procedures may generate an aerosol from a patient's upper respiratory tract. The consequences of these procedures are not dissimilar from induction of sputum, which is recognised as an AGP.¹ We are not alone in making this judgement, which is shared by the Royal College of Speech and Language Therapists,^{3,4} who have conducted a detailed review of the evidence in support of this position,⁵ the British Association for Parenteral and Enteral Nutrition,⁶ the Intercollegiate General Surgical Group, the British Dietetic Association, the Royal College of Nursing, the American Society for Parenteral and Enteral Nutrition, the National Nutrition Nurse Group and the Royal College of Physicians of London.

Therefore, BASP believes that swallow assessments and nasogastric tube insertion are AGPs and put healthcare workers at further risk during the COVID-19 pandemic. In particular, most patients with stroke are more vulnerable to SARS-CoV-2, but may not be manifesting symptoms at the time they present to healthcare services when they undergo these assessments and procedures.

As at least 113 UK healthcare workers have died with COVID-19 by 28 April 2020,⁷ we ask for the risk of SARS-CoV-2 transmission from swallow assessments for patients with stroke and nasogastric tube insertion to be monitored, and for these procedures to be classified as AGPs so that adequate personal protective equipment is recommended to be donned during the SARS-CoV-2 pandemic by the joint guidance from the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS), Public Health England and NHS England.⁸

Yours sincerely

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President, on behalf of the Executive Committee of the British Association of Stroke Physicians

³ <https://www.rcslt.org/-/media/docs/Covid/PPE-letter-to-ministers---FINAL.PDF?la=en&hash=259DE41369BF3B369DA7C8DCD2E1B4929DDAB757>

⁴ https://www.rcslt.org/-/media/docs/Covid/RCSLT-PPE-guidance-3-April-2020_FINAL.PDF?la=en&hash=BD9532BE5695A2BBF36CC549912BF73BC8C69395

⁵ [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)

⁶ <https://www.bapen.org.uk/pdfs/covid-19/ngt-and-agp-and-ppe-15-04-20.pdf>

⁷ BBC News. Coronavirus: Remembering 100 NHS and healthcare workers who have died. <https://www.bbc.co.uk/news/health-52242856> (accessed 28 April 2020)

⁸ COVID-19 personal protective equipment (PPE). <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe#summary-of-ppe-recommendations-for-health-and-social-care-workers> (accessed 28 April 2020)