

Speech and Language Therapy

Procedure for determining correct PPE for dysphagia assessment

Background.

This advice relates to the bedside assessment of swallowing. Tracheostomy/laryngectomy management, valve changes, FEES, VF and voice assessment are covered elsewhere.

Speech and Language Therapists (SALTs) carry out dysphagia assessments to determine the safety of swallowing a variety of food/fluids. All BSUH SALTs conduct these assessments.

Context

COVID-19 is primarily transmitted through respiratory droplets and via contact routes (WHO 2020, PHE 2020). The Royal College of Speech and Language Therapists (RCSLT) review of the evidence on transmission (Bolton et al 2020) found all secretions, bar sweat, should be regarded as potentially infectious in patients with known or suspected COVID-19. They found no studies specifically investigating aerosol generation during dysphagia care procedures but did find supporting evidence that respiratory emissions during coughing contain droplets of less than 5 microns – which are classified as aerosols. Thus there is scientific evidence supporting the theoretical risk of aerosol generation associated with induced coughing. SALTs induce coughing by voluntary or reflexive means following the swallowing of food, fluid or saliva by a person at risk of aspiration. Reflexive cough in response to aspiration is a common but unpredictable outcome and may be forceful and prolonged. Oral suctioning may also be indicated in the assessment.

Risk

Theoretically there is opportunistic airborne transmission of COVID-19 which may occur in dysphagia assessments. SALTs perform these assessments in close proximity to patients, for prolonged periods and frequently during the working day. These factors increase the potential risk of exposure. Evidence and expert consensus opinion indicate precautionary steps should be taken to reduce the risk when performing dysphagia assessments.

SALTs and SALT managers/professional leads should use professional and clinical judgement to assess what is safe and effective practice in dysphagia management.

1. Risk assessment to determine necessity of face to face examination:

- Risk to patient if face to face assessment not carried out
- Can this be done non face to face or virtually?

2. Risk assessment pre face to face contact to determine correct PPE in low, medium and high risk cases.

- Current Covid status
- Time since onset of symptoms
- Proximity to the individual
- Ability of the individual to follow instructions relating to hygiene and social distancing
- Airway sensitivity
- Use of equipment
- Ability to predict potential cough and type
- Aspiration & laryngeal penetration
- Secretions (including drooling and sneezing) with the potential to become airborne
- Cough frequency and force

(RCSLT 2020)

PPE required for Face to Face contact and dysphagia assessment in close proximity:

Category of patient	Usual	Exception
High Risk	Enhanced PPE	No exception
Medium Risk	Enhanced PPE	No/rare exception
Low Risk	Standard PPE	Enhanced PPE/variation of

Enhanced PPE:

- FFP3
- Full face visor
- Fluid resistant long sleeved gown
- Gloves

Standard PPE

- FRSM
- Full face visor
- Disposable apron
- Gloves

Variation

- Usually FFP3
- Full face visor
- Disposable apron
- Gloves

- All SALTs to ensure they are appropriately Fit tested for FFP3.
- All staff to ensure they are fully trained in/compliant with donning and doffing procedure.
- All staff to ensure compliance with decontamination of re-usable equipment and correct disposal of single use equipment including food and fluids used for assessment.

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References

1. WHO. Advice on the use of masks in the context of Covid-19. Interim guidance. June 2020
2. PHE. Covid-19. Infection prevention and control. Guidance on infection prevention and control of Covid-19. January 2020. Updated August 2020.
3. Bolton L, Mills C, Wallace S and Brady M, on behalf of RCSLT. Aerosol Generating Procedures, dysphagia assessment and COVID-19. April 22 2020.
4. RCSLT Guidance on reducing risk of transmission, use of personal protective equipment (PPE) in the context of COVID-19. Updated September 11 2020.