



1st May, 2020

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 & post

Dear Secretary of State,

Nasogastric tube insertion and aerosol generation during the Covid-19 crisis

We are writing to draw your attention to a divergence of opinion between a number of professional organisations and Public Health England with regard to the designation of nasogastric tube (NGT) insertion as a NON-Aerosol generating procedure (AGP). Together with many other organisations involved in delivering patient care in hospitals and the community during this crisis, we have come to the opinion that NGT insertion is an AGP¹, contrary to the position of PHE and WHO. This is of great importance when considering the appropriate PPE to protect all those involved in care of patients during the Covid-19 response.

NGT insertion is a common practice in patients suffering from Covid-19 in Critical Care, often under the difficult conditions associated with non-invasive ventilation or prone nursing and within a one metre range.

We have come to our opinion based on a review of the available literature used by WHO, Health Protection Scotland² and PHE³ to justify the present list of AGPs. In addition, there is a growing literature indicating that NGTs are AGPs⁴. Paradoxically, WHO and PHE list “sputum induction” as an AGP³. Since NGT insertion predictably leads to coughing and sputum production, we would submit that any procedure so doing should be designated as an AGP. This is also the view of other professional bodies involved with other procedures involving the upper airways. Thus ENTUK⁵, the BSG⁶, the RCSLT⁷ and BASP⁸ now regard such procedures as aerosol generating. Further support for this view comes from the stated positions of RCN⁹, BDA¹⁰, NNNG¹¹, Intercollegiate General Surgical Group¹² and the RCP¹³. The American Society of Parenteral and Enteral Nutrition (ASPEN) also holds this view¹⁴.

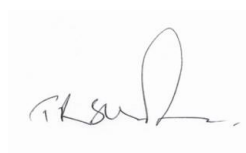
In our letter of 16th April, 2020 (as yet unanswered) to PHE, we set out our review of the evidence against NGT as a NON-AGP. That letter was endorsed by the RCN and BDA. The RCSLT has produced a paper⁴ on the evidence in favour of procedures involving the upper airways being AGP and submitted this to you in a letter on 22nd April, 2020⁷.

This letter has been endorsed by the RCP London¹³, BSG⁶ and BASP⁸.

We respectfully submit that the present position of PHE on the AGP status of upper airways procedures including nasogastric tube insertion should be revised urgently to enable the appropriate PPE to be used by all healthcare staff involved.

We look forward to hearing from you.

Signed:



Dr Trevor Smith DM, FRCP, President BAPEN

Dr Barry Jones, BSc, MD, FRCP Chair, BAPEN IAC

Cc: Sir Simon Stevens, Chief Executive of the NHS
Duncan Selbie, Chief Executive, Public Health England
Prof Stephen Powis, National Medical Director, NHS England
Suzanne Rastrick, Chief allied Health Professions Officer, NHS England
Alastair Henderson, Chief Executive, Academy of Medical Royal Colleges.

References and sources:

1. BAPEN: <https://www.bapen.org.uk/pdfs/covid-19/ngt-and-agp-and-ppe-15-04-20.pdf>
2. Health Protection, Scotland: https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2893/documents/1_tbp-lr-agp-v1.pdf
3. PHE: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>
4. RCSLT evidence document: [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)
5. ENTUK: <https://www.entuk.org/nasal-endoscopy-and-laryngoscopy-examination-ent-patients>
6. BSG: Letter to follow. Agreement in principal expressed by personal communications.
7. RCSLT letter to Secretary of State, 22.4.20 – *see Appendix 1*:




RCSLT letter Matt
Hancock.pdf

8. BASP: Letter attached – *See Appendix 2*:



2020_04_30_BASP
letter for BAPEN.pdf

9. RCN: See BAPEN letter to PHE – *Ref 15 below*.

10. BDA: <https://www.bda.uk.com/resource/covid-19-coronavirus.html> and ref 15
11. NNNG: Practical Advice and Guidance for management of nutritional support during Covid-19. NNNG. Version 1.0, April, 2020 <https://www.nnng.org.uk/covid-nnng-document-v1-final/>
12. ICSG: Updated Intercollegiate General Surgery Guidance on COVID-19 27th March 2020 <https://news.rcpsg.ac.uk/wp-content/uploads/2020/03/Updated-Intercollegiate-General-Surgery-Guidance-on-COVID-19-Amended-27-March-2020.pdf>
13. RCP Letter attached – see *Appendix 3*:

RCP response -
Nasogastric tube pl:
14. ASPEN: Nutrition Therapy in the Patient with COVID-19 Disease Requiring ICU Care. Martindale et al. https://www.nutritioncare.org/uploadedFiles/Documents/Guidelines_and_Clinical_Resources/Nutrition%20Therapy%20covid-19_SCCM-ASPEN.pdf
15. BAPEN letter to PHE 16.4.20: <https://www.bapen.org.uk/pdfs/covid-19/bapen-letter-to-public-health-england.pdf>

Acronym index

ASPEN: American Society for Parenteral and Enteral Nutrition

BAPEN: British Association for Parenteral and Enteral Nutrition

BASP: British Association of Stroke Physicians

BDA: British Dietetic Association

BSG: British Society of Gastroenterology

ENTUK: Professional body representing Ear, nose and throat surgery and associated specialties

Intercollegiate General Surgical Group: Royal Colleges of Surgeons of England, Edinburgh and Glasgow, and Royal College of Surgeons in Ireland, The Association of Coloproctology of Great Britain & Ireland, The Association of Surgeons of Great Britain and Ireland, The Association of Upper Gastrointestinal Surgeons.

NNNG: National Nutrition Nurse Group

RCN: Royal College of Nursing

RCP: Royal College of Physicians, London

RCSLT: Royal College of Speech & Language Therapists

The British Association for Parenteral and Enteral Nutrition (BAPEN)
Seven Elms, Dark Lane, Astwood Bank, Redditch, Worcestershire, B96 6HB
Tel: 01527 457850

Appendix 1



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

22 April 2020

Dear Secretary of State,

Aerosol generation: experiences and evidence from the speech and language therapy profession

Further to my letter to you of 2 April, I am writing to draw your attention to the attached review of evidence regarding aerosol generation, which has implications for the appropriate provision of PPE. This has been prepared by expert speech and language therapists in this field, and has the support of among others the Intensive Care Society, the National Tracheostomy Safety Project, the British Thoracic Society, ENT-UK, the UK Swallow Research Group, the European Society for Swallowing Disorders and the British Association for Parenteral and Enteral Nutrition.

As you know, this has been a key area of concern for the Royal College of Speech & Language Therapists during the COVID-19 outbreak as there are a range of procedures carried out by speech and language therapists that are pertinent to the discussion of PPE and COVID-19. These include, amongst others, dysphagia assessments, interventions related to tracheostomy and laryngectomy management, and additional roles performed in the intensive care unit including both whilst patients are intubated and post-extubation.

Our concern is that speech and language therapists, the patients with whom they work and others with whom they come into contact are kept as safe as possible from infection. As the attached review of evidence shows, the best available evidence and the experience and consensus of our expert practitioners is that there is a high likelihood (or high risk) of aerosol generation during oropharyngeal dysphagia assessment.

This is because such assessments provoke coughing and the induction of sputum. Dysphagia assessments are not currently listed in the government's official list of AGPs and as a result SLTs are not getting the PPE they require.

We hope this evidence will result in appropriate changes to Public Health England's PPE Guidance and I have copied this letter and evidence to relevant officials in NHS England/Improvement and Public Health England.

I would be pleased to discuss this further as a matter of urgency and look forward to hearing from you.

Yours sincerely,



Kamini Gadhok MBE
Chief Executive

cc: Sir Simon Stevens, Chief Executive of the NHS
Duncan Selbie, Chief Executive, Public Health England
Professor Stephen Powis, National Medical Director, NHS England
Suzanne Rastrick, Chief Allied Health Professions Officer, NHS England

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

A company limited by guarantee, with exemption not to use the term "Ltd" in its name
Incorporated in England No. 518344 VAT No 821 1602 77 Registered Charity No. 273724 Scotland Charity No.
SC041191

BRITISH ASSOCIATION OF STROKE PHYSICIANS

ADVANCING STROKE MEDICINE

REGISTERED CHARITY NO. 1134589



Dr Trevor Smith
President
British Association for Parenteral and Enteral Nutrition (BAPEN)

30 April 2020

Dear Trevor

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 to indicate BASP's support for the British Association for Parenteral and Enteral Nutrition (BAPEN) in requesting that nasogastric tube insertion is recognised as an aerosol-generating procedure (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 to make this decision.

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 GRADE study 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 Consequently, the authors concluded, "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

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.

The British Association of Stroke Physicians is a registered charity (no. 1134589) promoting the advancement of Stroke Medicine in the UK

British Association of Stroke Physicians, Blackburn House, Redhouse Road, Bathgate. EH47 7AQ
Tel: 01506 292046 **Email:** stacy.martin@fitwise.co.uk **Website:** www.basp.ac.uk

BRITISH ASSOCIATION OF STROKE PHYSICIANS

ADVANCING STROKE MEDICINE

REGISTERED CHARITY NO. 1134589



BASP believes that swallow assessments and nasogastric tube insertion are AGPs. In our extensive clinical experience, patients with dysphagia after stroke who undergo swallow assessments often cough or choke. Nasogastric tube insertions are upper ENT procedures involving suction, with occasional instrumentation of the upper and lower airways, with frequent coughing. 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 BAPEN,⁶ the Intercollegiate General Surgical Group,⁷ the British Dietetic Association, the Royal College of Nursing, the American Society for Parenteral & 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 2020,⁸ we ask for swallow assessments for patients with stroke and nasogastric tube insertion 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.⁹

Yours sincerely

Rustam Al-Shahi Salman MA PhD FHEA FRCP Edin FESO

Professor of clinical neurology (University of Edinburgh) and honorary consultant neurologist (NHS Lothian), President of the British Association of Stroke Physicians, GMC No. 4067993

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-agg-and-ppe-15-04-20.pdf>

⁷ www.rcsed.ac.uk/news-public-affairs/news/2020/march/intercollegiate-general-surgery-guidance-on-covid-19-update

⁸ BBC News. Coronavirus: Remembering 100 NHS and healthcare workers who have died.

<https://www.bbc.co.uk/news/health-52242856> (accessed 28 April 2020)

⁹ 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)

The British Association of Stroke Physicians is a registered charity (no. 1134589) promoting the advancement of Stroke Medicine in the UK

British Association of Stroke Physicians, Blackburn House, Redhouse Road, Bathgate. EH47 7AQ

Tel: 01506 292046 **Email:** stacy.martin@fitwise.co.uk **Website:** www.basp.ac.uk

Appendix 3



Royal College
of Physicians

Royal College of Physicians
11 St Andrews Place
Regent's Park
London NW1 4LE
Tel: +44 (0)20 3075 1560

www.rcplondon.ac.uk

The British Association for Parenteral and Enteral Nutrition (BAPEN)
Seven Elms
Dark Lane
Astwood Bank
Redditch
Worcestershire
B96 6HB

From The Registrar
Professor Donal O'Donoghue FRCP
Donal.O'Donoghue@rcplondon.ac.uk

28 April 2020

Dear Trevor and Barry

Re: Nasogastric tube placement and AGP status during the Covid-19 crisis

The Royal College of Physicians (RCP) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing over 37,000 Fellows and Members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare.

The RCP is grateful for the opportunity to respond to the above. We are writing to confirm that we support the BAPEN position that nasogastric tube insertion is an AGP.

Yours sincerely

A handwritten signature in black ink that reads "Donal J. O'Donoghue".

Professor Donal O'Donoghue
Registrar