



## The AGP Alliance Position statement on AGPs/PPE September 2020 – updated October 2020

A newly established coalition of organisations – The AGP Alliance – is calling on Governments and health services in all four nations of the UK to review and designate the full range of Aerosol Generating Procedures (AGPs) as a matter of urgency. This must happen to ensure that all healthcare professionals are provided with appropriate Personal Protective Equipment (PPE) to improve their safety and the safety of their patients, which is ever more urgent in light of the arrival of the second wave of Covid-19.

We are calling for this policy change due to the extensive, robust, scientific evidence that many procedures designated in national guidance across the UK as non-AGPs are in fact AGPs.

Currently, a range of procedures, including the fitting of naso-gastric tubes and their retention devices for drainage or feeding, assessment of safe swallowing, chest physiotherapy, cardiopulmonary resuscitation and associated procedures linked to advanced airway management particularly in the out of hospital environment, gastrointestinal physiology investigations, and application nebulisers are wrongly excluded from the list of AGPs in government guidance. Their exclusion is based on outdated evidence. These procedures require close physical contact with patients (within 1 metre) for prolonged periods of time, and reliably induce coughing and sneezing. A defining symptom for Covid-19 is cough. There is ample evidence that

as part of these procedures, coughing and sneezing generate aerosols with significant viral load, creating a high risk of COVID-19 transmission.

Current guidance makes much of the distinction between droplet and aerosol generation as determinants of PPE level, but instead uses poor quality transmission studies to justify PPE. There is abundant evidence that many procedures designated as non-AGP are AGP, but guidance does not take this into account. This is not a valid scientific approach and flies in the face of professional opinion from those involved in these procedures. The growing body of evidence around the world for transmission of the virus by aerosols does not appear to have been taken into account.

As a consequence of current guidance, health services are not required to provide their staff with full PPE including disposable fluid repellent gowns, filtering face piece class 3 (FFP3) respirators and face shields. This leaves staff, patients, and those they interact with at an increased risk of COVID-19 infection.

In addition, it ignores the huge weight of professional experience and expert opinion that such procedures significantly increase COVID-19 transmission risk. A number of highly respected organisations have already issued independent guidance or opinion that does include these procedures as AGP. As a result, there is inconsistency of application of guidance leading to confusion across the UK. The health and safety of individual practitioners is being disregarded.

It remains unclear why this weight of evidence has not been considered. A number of representations have been made to the Secretary for State for Health and Social Care, PHE and NERVTAG by BAPEN, the RCSLT and others but we have had no communications as to whether our cases have been heard or decisions made. **The most recent update to the guidance, made on 16 September 2020<sup>1</sup>, claims that no further evidence has been found in relation to AGP. This despite our repeated efforts to present such evidence.**

It is unclear who sits on the various bodies which have directed current guidance, making it difficult for experts in our organisations to understand or challenge their decisions.

We understand that a panel was to be set up in May. 2020 by the DHSC and CMO to re-examine the current guidance on contentious AGPs but so far there have been no decisions made by this panel, the composition of which is unclear.

The following organisations and professional bodies have made statements in publications, online or in letters of support for our case:

- British Association for Parenteral and Enteral Nutrition
- British Association of Stroke Physicians
- British Dietetic Association
- British Society of Gastroenterology
- Chartered Society of Physiotherapists

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<sup>1</sup> <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-infection-prevention-and-control-guidance-aerosol-generating-procedures>

- ENT-UK
- Intercollegiate General Surgery Group (composed of the Association of Surgeons of Great Britain & Ireland, the Association of Coloproctology of Great Britain & Ireland, the Association of Upper Gastrointestinal Surgeons, the Royal College of Surgeons of Edinburgh, Royal College of Surgeons of England, Royal College of Physicians and Surgeons of Glasgow and the Royal College of Surgeons in Ireland)
- National Nurses Nutrition Group
- Royal College of Physicians
- Royal College of Physicians of Edinburgh
- Royal College of Speech and Language Therapists

In addition, international support for nasogastric tube insertion as an AGP has come from:

- American Society for Parenteral and Enteral Nutrition
- European Society for Clinical Nutrition and Metabolism
- Indian Association for Parenteral and Enteral Nutrition
- Australasian Society for Parenteral and Enteral Nutrition

We understand that WHO is also reappraising the status of many procedures in the light of new evidence.

This call is supported by an unprecedented alliance of Royal Colleges, Professional Bodies and Trade Unions. The science is clear. The evidence is clear. The risks are clear. With the second wave of COVID-19 upon us, we need urgent action. *When doubt exists, safety of healthcare workers must come first.*

### **Background material**

<https://www.bda.uk.com/resource/bda-statement-on-personal-protective-equipment.html>

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

[https://www.rcslt.org/-/media/docs/Covid/PPE-letter-to-ministers---](https://www.rcslt.org/-/media/docs/Covid/PPE-letter-to-ministers---FINAL.PDF?la=en&hash=259DE41369BF3B369DA7C8DCD2E1B4929DDAB757)

[FINAL.PDF?la=en&hash=259DE41369BF3B369DA7C8DCD2E1B4929DDAB757](https://www.rcslt.org/-/media/docs/Covid/RCSLT-Dysphagia-and-AGP220420FINAL-1-1).PDF?la=en&hash=816B77BE5A88976CD97F32B84754F223FA761C54D)

[https://www.rcslt.org/-/media/docs/Covid/RCSLT-Dysphagia-and-AGP220420FINAL-1-1\).PDF?la=en&hash=816B77BE5A88976CD97F32B84754F223FA761C54D](https://www.rcslt.org/-/media/docs/Covid/RCSLT-Dysphagia-and-AGP220420FINAL-1-1).PDF?la=en&hash=816B77BE5A88976CD97F32B84754F223FA761C54D)

<https://www.bapen.org.uk/pdfs/covid-19/bapen-letter-to-public-health-england.pdf>

<https://www.bapen.org.uk/pdfs/covid-19/bapen-letter-to-rt-hon-matt-hancock.pdf>

<https://www.bapen.org.uk/pdfs/covid-19/bsg-support-bapens-position-ngt-njt-insertion-is-agp.pdf>

<https://www.rcpe.ac.uk/college/college-supports-call-expand-list-aerosol-generating-procedures-requiring-ppe>

<https://www.bmj.com/content/370/bmj.m3223>

<https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa939/5867798>

### **Members of the AGP Alliance**

BAPEN – British Association for Parenteral and Enteral Nutrition

BASP – British Association of Stroke Physicians

BDA – British Dietetic Association

BSG - British Society of Gastroenterology  
College of Paramedics  
CSP – Chartered Society of Physiotherapy  
GMB UNION  
HCSA - Hospital Consultants and Specialists Association  
NNNG - National Nurses Nutrition Group  
RCSLT – Royal College of Speech and Language Therapists  
Unite the Union  
Unison