

29<sup>th</sup> March 2020

Yvonne Doyle CB MD  
Medical Director & Director of Health Protection  
Public Health England

By email: [Yvonne.doyle@phe.gov.uk](mailto:Yvonne.doyle@phe.gov.uk)



Dear Yvonne,

**Re: The use of Personal Protective Equipment (PPE) and Face Masks or FFP3 Respirators**

I am contacting you with concerns the GMB and our members have about the advice which has recently been issued by Public Health England on the use of Personal Protective Equipment (PPE) and face masks or FFP3 respirators.

- **Personal Protective Equipment (PPE)**

In response to the letter that was published on 28<sup>th</sup> March 2020 from Public Health England, NHS England & NHS Improvement and the Academy of Medical Royal College. Although it is welcomed that further guidance has been issued, the rationale for the changing position is still unclear. The letter states that further and clearer guidance will follow shortly, this is needed immediately and with clear explanations of how the latest guidance has been determined.

The GMB is seeking clarification on:

1. Why is Covid-19 no longer classified as a high consequence infectious disease?
2. The evidence and rationale for this new guidance.
3. If the risk is highest for those generating aerosols, surely ambulance crews will be in that category?
4. Why NHS staff caring for Covid-19 positive patients in hospitals are not entitled to the full PPE, despite patients spreading the virus via coughing?

Cont...

- **When to use a surgical face mask or FFP3 respirator?**

The GMB also has concerns about the advice issued on the recently published poster by Public Health England. Staff nursing covid-19 positive patients are being told that they do not have to wear FFP3 masks by senior nurses and managers because of this notice.

GMB is requesting of you the evidence and rationale for this decision. Staff are feeling hugely let down during this crisis and there has been a complete lack of consistent messaging and guidance. Without transparent evidence and rationale, staff are in fear that these decisions are being made purely because there is an FFP3 mask shortage.

The GMB also has concerns that the notice informs staff that they do not have to gown up for a patient who is not on high flow oxygen, CPAP, BNIV etc. Clearly a covid-19 positive patient can pass on the virus no matter what level of oxygen they are on. They present with a cough and it is that cough that spreads the virus, just as much as high flow oxygen.

These notices have been displayed all over hospitals and ambulance services and managers are informing staff that they do not have to wear gowns, masks, visors etc. because the patient is not on high flow oxygen. The result of this is that staff, who are less experienced, are nursing patients in latex gloves, a plastic apron and a flimsy ill-fitting face mask.

Staff looking after covid-19 patients (either suspected or positive), need to be wearing full protection, no matter what their job role is or the cost. This advice has the potential to cause the spread of the virus around hospital and ambulance staff like wildfire.

GMB believes that all potentially exposed staff should have the highest form of protection available. We are therefore seeking an explanation, transparency of the science and the risk rating used in the making of this guidance. I await your response to this so that we can reassure our members that their health, safety and wellbeing is of the utmost of importance to yourselves, their employers and the Government.

Yours sincerely,



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Martin Jackson  
Chair - GMB National NHS Advisory Group