

Protecting and improving the nation's health

6 April 2020

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By email: Rachel.harrison@gmb.org.uk

Dear Rachel

### The use of Personal Protective Equipment (PPE) and Face Masks or FFP3 Respirators

Thank you for your letter of 29 March regarding advice on NHS personal protective equipment (PPE) raised by your members. I have sought to address each of your questions below.

#### Why is COVID-19 no longer classified as a high consequence infectious disease?

The four nations public health High Consequence Infectious Disease (HCID) group made an interim recommendation in January 2020 to classify COVID-19 as an HCID. This was based on consideration of the UK HCID criteria about the virus and the disease using information available during the early stages of the outbreak. Now that more is known about COVID-19, the public health bodies in the UK have reviewed the most up to date information about COVID-19 against the UK HCID criteria. They have determined that several features have now changed; more information is available about mortality rates (low overall), and there is now greater clinical awareness and a specific and sensitive laboratory test, the availability of which continues to increase.

As of 19 March 2020, COVID-19 is no longer considered to be a high consequence infectious disease (HCID) in the UK. The Advisory Committee on Dangerous Pathogens (ACDP), an expert committee of the Department of Health and Social Care (DHSC), is also of the opinion that COVID-19 should no longer be classified as an HCID.

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### The evidence and rationale for the new guidance

On 2 April, the UK Government and NHS leaders from a range of medical and nursing royal colleges published new guidance about PPE for healthcare workers who are likely to come into contact with patients with coronavirus. This guidance can be found by following the below link: <u>https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control</u>

This guidance has been agreed by the 4 Chief Medical Officers, Chief Nursing Officers and Chief Dental Officers in the UK and is applicable in all parts of the UK. The guidance is based on the best scientific evidence and the World Health Organization (WHO) has confirmed it is consistent with what it recommends in circumstances and settings with the highest risk of transmission. Links to all evidence reviews used for the guidance can be found by following the below link:

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-andcontrol/covid-19-personal-protective-equipment-ppe

# If the risk is highest for those garnering aerosols, surely ambulance crews will be in that category?

Certain work environments and procedures convey higher risk of transmission and aerosol generating procedures (AGPs) present risk of aerosolised transmission. The guidance therefore seeks to set out clear and actionable recommendations on the use of PPE, as part of safe systems of working, for health and social care workers relative to their day-to-day work and specifically includes ambulance crews. Further details on the recommended PPE for ambulance crews can be found following the below link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/87 7602/T3 Recommended PPE for ambulance staff paramedics first responders and pharmacists \_poster.pdf

# Why NHS staff caring for COVID-19 positive patient in hospitals are not entitled to the full PPE, despite patients spreading virus via coughing?

Protecting our NHS colleagues on the frontline is vitally important. This updated guidance provides a greater degree of clarity so that NHS clinicians caring for patients feel confident in the PPE they need to wear. All staff undertaking or assisting with an AGP should wear the recommended PPE, there are no exceptions to this.

The guidance has been updated to reflect pandemic evolution and the changing level of risk of healthcare exposure to SARS-CoV-2 in the UK. It is recognised that in contexts where SARS CoV-2 is circulating in the community at high rates, health and social care workers may be subject to repeated risk of contact and droplet transmission during their daily work via coughing. It is also

understood that in routine work there may be challenges in establishing whether patients and individuals meet the case definition for COVID-19 prior to a face-to-face assessment or care episode.

Where staff consider there is a risk to themselves, or the individuals they are caring for, they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member responsible for the episode of care or single session.

#### When to use a surgical face mask or FFP3 respirator?

FFP3 respirators are used to prevent inhalation of small airborne particles arising from AGPs. The updated guidance clearly sets out when FFP3 respirators should be used. Fluid-resistant (Type IIR) surgical masks (FRSM) provide barrier protection against respiratory droplets reaching the mucosa of the mouth and nose. The protective effect of masks against severe acute respiratory syndrome (SARS) and other respiratory viral infections has been well established. There is no evidence that respirators add value over FRSMs for droplet protection when both are used with recommended wider PPE measures in clinical care, except in the context of AGPs.

We will continue to work with partners and ensure that the guidance is continuously reviewed as further evidence about this new pathogen emerges.

I hope you find this response reassuring.

Kind regards

Mvonne Dople.

Yvonne Doyle CB MD Medical Director and Director for Health Protection