BAPEN

COVID-19 Update

June 2022

COVID-19: An update on transmission and guidance to reduce health risks in the post pandemic workplace

While cases and hospitalisations attributable to COVID-19 may be in decline, they remain unpredictable and may fluctuate, presenting ongoing risks and challenges for BAPEN members.

Since the pandemic began, for more than two years now, BAPEN has worked with partner organisations to relentlessly lobby on a number of issues to ensure the right measures and guidance are in place to protect staff and service users.

We are aware that, with ongoing changes to national guidance, including the National Infection Protection Control Manual, it is vitally important to share and update members on the campaigning that we, as active members of the COVID Airborne Protection Alliance (CAPA), along with others (in particular the Royal College of Nursing, British Medical Association, and Royal College of Speech and Language Therapists), have been undertaking behind the scenes. This update will also support you with local discussions.

We take your health, safety and wellbeing very seriously and have identified a number of critical issues which still need clarification, as detailed below. It's important to get this right, not only for the current situation, but also to ensure we are ready and prepared for any future waves of Covid-19 or new pandemics.

Explicit clarification on the transmission route for SARS-CoV-2

As a coalition of partners, we have made clear that there is a significant scientific consensus around the route of transmission of SARS-CoV-2. The majority of official bodies state that SARS-CoV-2 is transmitted by the airborne route as well as by droplets and contaminated surfaces or objects (fomites). All three routes are important, and all require mitigation to ensure the correct level of protection for staff and patients.

While BAPEN has kept up-to-date with the evidence surrounding transmission routes and the subsequent implications for respiratory protective equipment (RPE), the now disbanded Infection Prevention Control (IPC) Cell, implemented for the pandemic response, has not done so. In line with the government move to 'living with COVID', disease-specific guidance for COVID-19 has been incorporated into broader guidance: 'Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022'. This guidance is expected to be replaced with 'business as usual' IPC advice from the national infection prevention and control manual, which again is not explicit on the transmission route for COVID-19.

As a result, national guidance still does not reflect the evidence, which has been incorporated into guidance by other countries – for example in Europe and the USA.

Changes to national guidance and scientific evidence which should be used to support more effective provision of RPE at a local level

While the science is clear on transmission routes of SARS-CoV-2, we are aware that the latest iterations of UK IPC guidance continue to avoid **detailed information** on the transmission route. This makes decisions on local risk assessments much harder, with the risk that they may not be suitable and/or sufficient. It is unclear how the phrase 'predominantly airborne' should be interpreted by healthcare workers, and NHS Trust executives and managers, who are reading this guidance and trying to implement it.

In addition, we are aware that the current review of procedures on the aerosol generating procedures (AGP) list is causing concern. In some organisations, the AGP list is the sole focus of supporting and informing decision-making regarding access to the appropriate RPE. We believe this is incorrect. As you will be aware, nasogastric tube insertion is not classified as an AGP despite our strenuous efforts.

This is particularly the case where local risk assessment considerations relating to infection risk are led by the local IPC leads and, due to the focus on AGPs, decisions made on the appropriate provision of RPE are not correct.

Respiratory protection should be available **for all close contact care** involving risk of airborne/ inhalable particles from infectious patients, **not just AGPs**, and it is the view of the coalition (CAPA, RCN and BMA) that the **AGP list is now obsolete.**

Under the Control of Substances Hazardous to Health (COSHH) Regulations, there is no distinction between aerosols and droplets/mists, vapours or dusts. If it is hazardous to health and it is inhalable, then the COSHH Regulations will apply regardless of the mode of transmission.

COVID-19 is transmitted by the airborne route; therefore it demands appropriate protection for any healthcare worker coming into contact with suspected or proven infected patients during the course of their work activities. This should be in line with local policies, as we are aware that guidance on the infectious period has changed over time. The employer has a legal obligation under the Health and Safety at Work etc Act 1974, and specifically the COSHH Regulations, to protect their employees from hazardous biological agents such as SARS-CoV-2, so far as is reasonably practicable.

See section on approaches to risk assessment and selection of appropriate RPE and the different masks available.

As a coalition, we have written a number of letters, including to the following organisations and individuals seeking clarification on these issues:

- The Prime Minister
- Public Health England (now UK Health Security Agency)
- Health and Safety Executive
- Secretary of State for Health and Social Care
- First Ministers
- Chair of Parliamentary Select Health Committee
- The Chief Medical Officers
- The Chief Nursing Officers
- Independent High Risk AGP Panel

These letters and the responses received, where available, are on the BAPEN website.

Removal of restrictions and requirement for testing on staffing and healthcare provision

With the removal of domestic restrictions and testing across the UK, the ability to manage risk and reduce the risk of transmission of COVID-19 to patients, carers and healthcare staff is challenging, and practice is inconsistent.

We remain deeply concerned about the scaling back of restrictions and testing capacity across the UK.

Ongoing vaccination programme for COVID-19

NHS England wrote to NHS leaders in February 2022 to inform them of an autumn vaccination programme, and to plan for a minimum scenario to offer vaccination to Joint Committee on

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Vaccination and Immunisation (JCVI) cohorts 1-6*, and for a maximum scenario to include JCVI cohorts 1-9. Vaccination is to be offered within 15 weeks between September and December 2022. This is predicated on a recommendation from the JCVI.

We will continue to push for details of how and when staff and patients will continue to be protected through a vaccination programme. We are concerned that waning immunity could result in more staff being susceptible to infection.

*frontline cohort workers are in cohort 2.

Clinical, risk assessment and RPE guidance for BAPEN members

Please visit our COVID-19 resources page for information, guidance and resources for members.

We recommend that members continue to protect themselves through appropriate risk assessments and take precautions using the guidance provided in the RCN Risk Assessment Toolkit. Please note that airborne transmission can occur during the asymptomatic phase and with normal breathing, talking, shouting, coughing, singing etc.

UK COVID-19 Inquiry

BAPEN – as part of CAPA and CATA (Covid Airborne Transmission Alliance) – recently submitted a consultation response to the UK COVID-19 Inquiry calling on its terms of reference to be strengthened to ensure that the public inquiry can examine and understand the following:

- To examine the IPC guidance throughout the pandemic with a special focus on the failure to acknowledge the airborne route of transmission.
- To examine the failure to provide proper respiratory protective equipment (RPE) for all close contact care including nasogastric tube insertion and dysphagia assessment. Neither of these procedures are included in the AGP list still espoused by the WHO and UKHSA.
- To assess the impact of nosocomial transmission on patients and the workforce in hospitals, care homes, ambulances etc. as a result of inadequate RPE.
- To examine the failure to engage meaningfully with stakeholders such as BAPEN, NNNG, the BDA and others throughout the pandemic on the subject of airborne transmission.
- To examine inconsistencies in IPC guidance from various official sources in the UK and internationally.

We will be submitting evidence as soon as submissions open, but public hearings are not expected until 2023. Not all CAPA members are participating in CATA with BAPEN.

This is why it is so important that the issues with the current national guidance are addressed immediately.

CAPA members

BAPEN (Dr Barry Jones, Chair of AGPA/CAPA)

NNNG

BDA

RCSLT

BSG

BIASP- British & Irish Association of Stroke PHysicians

BOHS – British Occupational Hygiene Society

CSP – Chartered Society of Physiotherapists

FreshAir NHS

Medical Supply Drive UK

College of Paramedics

DAUK -Doctors Association UK

ARTP - Association of Respiratory Technicians and Physiologists

QNI – Queen’s Nursing Institute

HCSA- Hospital Consultants and Specialists Association

Unite the Union

GMB Union

Trident H&S (David Osborn)

CAPA partners

BMA & RCN