



UK Health
Security
Agency

21 March 2022

By email

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Dear Dr Barry Jones and Kamini Gadhok

Re: Inconsistencies between public messaging on airborne transmission of Covid-19 and IPC guidance across the UK

Thank you for your letter, dated 11 February 2022 to Sir Professor Chris Whitty, Chief Medical Officer, sent on behalf of Alliance members. Sir Professor Chris Whitty has asked me to respond as the Chief Medical Advisor for UK Health Security Agency. As you are aware, the UK IPC guidance is issued jointly by the Department of Health and Social Care, Public Health Wales, Public Health Agency Northern Ireland, NHS National Services Scotland, the UK Health Security Agency (UKHSA) and NHS England as official consensus guidance for the four nations of the United Kingdom.

Firstly, I would like to offer my thanks to all health and care professionals for their continuing engagement on this issue and for all their hard work and support to keep patients and staff safe during the coronavirus pandemic.

The letter describes a number of issues relating to the UK Infection Prevention and Control (IPC) guidance.

What is being done to update the text in the guidance relating to routes of transmission of SARS-CoV-2 and clarification of the appropriate use of RPE when in close contact with COVID-19 infected patients?

Further to communications/discussions regarding clarification to the UK IPC Guidance update on the 17th January 2022, the below text in bold was agreed by the UK IPC Cell members at a meeting held on 3rd March 2022.

The PPE/RPE recommendations in the guidance have not changed since the last (UK COVID-19 IPC) guidance update on the 17th January 2022.

The guidance in relation to the use of RPE when caring for patients with suspected/confirmed seasonal respiratory viruses including SARS-CoV-2 when carrying out AGPs is unchanged.

- **The guidance in relation to the use of PPE (including FRSM) when caring for patients with suspected/confirmed seasonal respiratory viruses including SARS-CoV-2 is unchanged.**
- **The guidance on local risk assessments based on the measures as prioritised in the hierarchy of controls in the context of managing infectious agents such as COVID-19 has been strengthened and PPE/RPE should only be considered once all other control measures further up the hierarchy have been exhausted.**

The evidence base includes a review of the latest evidence (including evidence reviews from ARHAI Scotland) relating to IPC in the context of COVID. The guidance also includes policy recommendations from the World Health Organisation (WHO). In relation to the use of respiratory protective equipment (RPE) The January update included a recommendation that staff continue to undertake risk assessments using the hierarchy of controls and where indicated by a risk assessment, that RPE should be available to all relevant staff.

The IPC cell also agreed at the meeting that the clarification needed to be placed prominently at initial link of the [IPC guidance](#) website and also within the key messages of the IPC guidance document.

Following a meeting in March 2022, a minor amendment of section 6.5.6 of the COVID-19 IPC guidance has been agreed. The term 'predominately' will be used instead of 'wholly'. The guidance has been redrafted and published on Tuesday 15 March to reflect this.

6.5.6 Respiratory protective equipment (RPE)/FFP3 (filtering face piece) or powered air purifying respirator (PAPR) hood

A respirator with an assigned protection factor (APF) 20, that is, an FFP3 respirator (or equivalent), must be worn by staff when:

- caring for patients with a suspected or confirmed infection spread **predominantly** by the airborne route (during the infectious period)
- when performing AGPs on a patient with a suspected or confirmed infection spread by the droplet or airborne route

Managing healthcare work exposure in poorly ventilated education (and other) settings and reinforcing the limitations of FRSM on protection from infection for healthcare workers.

Section 6.5.7 of the guidance outline a summary of PPE required for direct care of patients with suspected or confirmed respiratory infections. This guidance outlines the criteria for the appropriate use of RPE in relation to COVID and this approach has been agreed by the 4 UK CMOs (as per the consensus statement). The IPC Guidance aligns with the WHO IPC advice and stated “modes of transmission”.

Future plans as these have not yet been agreed for healthcare workers. These plans need to consider the future testing capacity for the general public and a scientific viewpoint on the impact of Omicron on morbidity and mortality, to allow for risk balanced advice on IPC measures to be provided.

The UK IPC guidance, and the evidence underpinning it, remain under constant review. As we move into a new phase of the pandemic, this review process will continue.

Yours sincerely



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Prof Steve Powis, NHSE National Medical Director
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