The Covid Airborne Protection Alliance

CAPA statement

31January 2022

Shift in government guidance

As we know, the NHS and the wider system across the UK are still in the grips of dealing with the usual winter pressures along with the significant impact of COVID-19, not only on staff sickness levels but on the ongoing delivery of services to meet the needs of the populations we serve. As a result, the challenges of ensuring the safety and resilience of the NHS and wider workforce along with patient safety are greater than ever, not withstanding the planned reduction in Covid restrictions announced 19th January in England.

The Covid Airborne Protection Alliance (CAPA) has continued to campaign and work jointly with the BMA, RCN and BOHS (BOHS have now joined CAPA) to support consistency of messaging to our healthcare workforce and to also ensure that the levers for change, particularly Health and Safety (H&S) legislation and legal duties of employers are brought to the attention of key stakeholders including NHS Confederation and NHS Employers.

As previously reported to CAPA members, a letter to the CEO of NHS Confederation was sent on 10 January about this and we received a positive response.

Since the beginning of January 2022, the Government made important updates to two pieces of guidance which will help to keep healthcare workers, patients and the public safe.

The latest IPC guidance (17 January 2022) provides more flexibility in the use of enhanced RPE such as FFP3 or equivalent using **a risk assessed approach**.

The updated IPC guidance makes clear that healthcare workers can have access to enhanced levels of respiratory protective equipment without being restricted to the current list of aerosol generating procedures (AGPs).

This IPC guidance now accords with latest WHO guidance on using FFP3 or equivalent when entering an infected patient's room.

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-guidance-for-maintaining-services-within-health-and-care-settings-infection-prevention-and-control-recommendations

“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 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

Where a risk assessment indicates it, RPE should be available to all relevant staff”.

While the IPC guidance no longer specifies the routes of transmission, **the Cabinet Office guidance (18 January 2022) makes it clear that COVID-19 is airborne.**

https://www.gov.uk/guidance/covid-19-coronavirus-restrictions-what-you-can-and-cannot-do#understanding-the-risks-of-covid-19

It states that:

“COVID-19 is spread by airborne transmission, close contact via droplets, and via surfaces. Airborne transmission is a very significant way that the virus circulates. It is possible to be infected by someone you don’t have close contact with, especially if you’re in a crowded and/or poorly ventilated space. Airborne transmission is a very significant way that the virus circulates”.

System leaders now need to mobilise their IPC teams to ensure appropriate risk assessments are carried out and the right level of RPE is provided in a safe and effective manner. This includes ensuring that fit-testing for FFP3 is available, and reusable FFP3 equivalent masks can also be accessed.

This includes transparent reusable masks which are coming onto the market and are equivalent to FFP3 such as https://www.mymaskfit.co.uk/

Reusable P3 respirators also resolve issues with supply chain failure, and repeated fit testing in clinical practice due to different disposable brand availability

In addition, a risk assessment tool has been produced:
https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/12/C1490-ii-every-action-counts-criteria-for-completing-a-local-risk-assessment-acute-inpatient.pdf

which looks very much like RCN/BOHS/CAPA risk tools which are hosted on the RCN website

Use of risk assessment and implementation of the “hierarchy of controls” may indicate that RPE is not required e.g. in operating theatres with good ventilation, intubated anesthetised patients and good exhaust gas management. Since Covid-19 is airborne even when breathing, coughing, talking or shouting, it follows that the

AGP list is now irrelevant and obsolete despite WHO and the IPC Cell still adhering to this policy.

It is essential to note that**, when providing care within 2 metres of a COVID-19 positive patient, ventilation will not mitigate the risk of transmission and so an FFP3 or equivalent will be needed.**

In conclusion, the past insistence that surgical masks provide adequate protection to the Healthcare wearer is no longer acceptable under Health & Safety legislation or the latest IPC guidance.

*CAPA members

- ARTP - Association for Respiratory Technology & Physiology
- BAPEN – British Association for Parenteral and Enteral Nutrition
- BDA – British Dietetic Association
- BIASP – British and Irish Association of Stroke Physicians
- BOHS – British Occupational Hygiene Society
- BSG - British Society of Gastroenterology
- CBS - Confederation of British Surgery
- College of Paramedics
- CSP – Chartered Society of Physiotherapy
- FreshAir NHS
- GMB Union
- HCSA - Hospital Consultants and Specialists Association
- Medical Supply Drive UK
- NNNG - National Nurses Nutrition Group
- QNI - Queen’s Nursing Institute
- RCSLT – Royal College of Speech and Language Therapists
- Unite the Union
- DAUK – The Doctors Association
- Trident HS&E