Department of Health & Social Care

From:	**Department of Health and Social Care**
Sent:	02 February 2021 15:13
To:	**Rachel Harrison**
Subject:	Your recent correspondence
Our ref:	DE-1282170

Dear Ms Harrison,

Thank you for your correspondence of 14 December and 12 January about personal protective equipment (PPE). I have been asked to reply and I apologise for the delayed response.

The safety of NHS and social care staff has always been the Government's top priority and it continues to work tirelessly to deliver PPE to protect those on the frontline.

The challenges brought about by the COVID-19 pandemic have been unprecedented. Everyone involved within Government has been working around the clock to find the best ways of dealing with those challenges – in particular, so as to ensure that PPE, and other equipment and support is delivered to the NHS and social care sectors working on the front line.

The Infection Prevention and Control (IPC) recommendations set out in the COVID-19 IPC guidance are underpinned by the National IPC Manual practice guide and associated literature reviews http://www.nipcm.hps.scot.nhs.uk/ and are consistent with WHO guidance for protecting health and social care workers from COVID-19.

Due to the identification of new COVID-19 variants, the UK Infection Prevention Control Cell conducted a comprehensive review of available evidence to inform any necessary changes to the guidance for health workers in England including recommended levels of PPE.

Based on the evidence, it concluded that current guidance and PPE recommendations remain appropriate. Emerging evidence and data on variant strains and transmission is continually monitored and reviewed.

The Secretary of State developed a series of actions and plans, including the PPE Strategy (https://www.gov.uk/government/publications/personal-protective-equipment-ppe-strategy-stabilise-and-build-resilience/personal-protective-equipment-ppe-strategy-stabilise-and-build-resilience), which is ongoing and kept continually under review. It covers 3 strands:

1) Guidance: being clear who needs PPE and when, and who does not, based on UK clinical expertise and WHO standards. This is to ensure workers on the frontline are able to do their jobs safely, while making sure PPE is only used when clinically necessary and is not wasted or stockpiled.

2) Distribution: making sure those who need PPE can get it and at the right time. The Government will ensure those who need critical PPE receive it as quickly as possible by setting up a new national supply system.

3) Future supply: taking action to secure enough PPE to see us through the crisis. The actions are being taken to ensure we have enough critical PPE to last the UK through the COVID-19 pandemic, working alongside industry to boost future supply.

There is no requirement to increase the level of PPE worn by the clinicians unless the level of care/ clinical interventions indicate that a different level of PPE is required. This should be based upon the individuals' dynamic risk assessment, with consideration of the transmission route and PPE IPC guidance.

The guidance sets out a number of safe systems of working: administrative, environmental and engineering measures/controls that also need to be adopted to reduce the risk of transmission; these include: social distancing, increased decontamination of the environment and equipment, good ventilation, separation and segregation of patient and staff within the high, medium and low risk pathways and hand hygiene.

The need for increasing ventilation is well recognised and reflected in the latest IPC guidance; the IPC cell continues to review the evidence.

There is currently no evidence of any association between the new variant strains (SARS-CoV-2 VOC-202012/01 and UK VOC122020/02) and previous circulating strains of COVID-19 and increases in transmission in particular settings and there is no evidence for differences in routes of transmission or different survival on surfaces.

The Scientific Pandemic Influenza Group on Modelling (SPI-M) estimated the importance of different routes of SARS-CoV-2 transmission in hospital settings. Findings indicated that, in areas where the new variant is prevalent, there is no current evidence that staff absence rates are higher than would be expected given community transmission rates in December 2020.

Regarding the asymptomatic staff testing positive for COVID-19, it is important to note that transmission can occur in the community as well as healthcare settings. PPE is only one part of risk mitigation and all individuals should be encouraged to take as many risk reducing actions as practicable and permitted within their role.

The Independent High Risk Aerosol Generating Procedures (AGPs) Panel provides scientific advice to the CMOs of all 4 nations on specific high risk AGPs for the COVID-19 pandemic. The panel was commissioned by the Government to review the evidence base around high-risk AGPs in relation to COVID. The systematic review and recommendations are published here:

https://www.gov.uk/government/publications/independent-high-risk-agp-panel-summary-of-recommendations.

PPE should continue to be worn as per current IPC guidance. FFP3s should continue to be worn for AGPs. This position is being kept under close review. COVID measures in the workplace should be robustly implemented and adhered to, including reinforcing physical distancing, optimising ventilation, greater patient mask use and enhanced decontamination/cleaning (especially frequently touched surfaces). Local assurance should be obtained for optimised compliance with IPC measures. The United Kingdom Infection Prevention and Control (IPC) cell recently reviewed the evidence in relation to personal protective equipment (PPE) and concluded that at present there is no new evidence to require altered PPE levels.

The availability of a large variety of FFP3 masks in different shapes and sizes ensures that individuals will be fitted to an FFP3 that is right for them. The Government currently supplies over 12 different models including masks suitable for smaller faces and it also has a mask available in Small Size.

In addition to supplying FFP3 masks, the Government is also supporting NHS trusts and Staff with fit testing. The Government has a team of 160 fit testers who are trained to HSE recognised standards and have become experts at assessing the fit testing needs of individual NHS staff and “matching” the individual to the right mask. They are currently conducting over 4000 fit tests per week. Feedback about the fit testing service has been overwhelmingly

positive, especially about the care taken to help NHS Staff achieve the best fitting, most comfortable, mask for them.

If a user cannot pass a fit test, e.g. if they have a beard, they should always be offered alternative options such as powered hoods / half-mask respirators by their employer. DHSC has supplied thousands of hoods to NHS trusts and is currently looking at further options to help trusts offer alternatives to FFP3 to staff with beards when needed. The Government is committed to understanding staff's needs. It now knows more about how PPE is used on the frontline and that women, BAME individuals, and others have experienced practical difficulties with the use of PPE.

In the second half of 2020, DHSC procured 250,000 transparent face masks from ClearMask, which it piloted with the health and social care systems. The ClearMask pilot is now complete and the feedback has been assessed.

Based on the feedback, the Department will be running an assessment of a broader scope of products from a range of manufactures. These masks have been sourced from Trust Research and Development teams, as well as manufacturers in the UK who have engaged with the Department's innovation team.

I hope this reply is helpful.

Yours sincerely,

Anthony Moses
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Department of Health and Social Care