

By Email

14<sup>th</sup> December 2020

Rt Hon Matt Hancock MP  
Secretary of State for Health & Social Care  
Department of Health & Social Care  
Richmond House  
79 Whitehall  
London  
SW1A 2NS



Dear Secretary of State,

**Re: Personal Protective Equipment (PPE) for all Healthcare Staff**

I am contacting you with concerns that GMB Union and our members have about the current guidance for the use of Personal Protective Equipment (PPE) in healthcare during the Coronavirus Pandemic (Covid-19). I have written to you twice previously to raise issues regarding PPE on 29<sup>th</sup> March and 2<sup>nd</sup> August.

The Coronavirus Pandemic (Covid-19) has highlighted the severe shortcomings within health and social care in terms of workers health and safety. It is without doubt that inadequate staffing levels have worsened the effects of the crisis. Despite the commitment of health and social care professionals to maintain quality services during Covid-19, their workplaces (often understaff and under resourced) have been full of hazards and psychological risks. Health and social care workers have been left to compensate for the shortcomings within the system, by making individual adjustments such as wearing incorrect PPE, often to the detriment of their own health and safety.

It is becoming increasingly recognised that a mental health crisis is on the horizon for health and social care staff and whilst we are supportive of any measures being put in place to assist these exhausted and burnt out workers - their physical needs at work are just as important. e.g. uninterrupted breaks; refreshments; and PPE.

At the start of the pandemic there was a lack of PPE right across health and social care, in hospitals, care settings and in the community, across many occupational roles - Nurses, Paramedics, Cleaners, Care Workers, etc. PPE that was available was not always suitable - whether that was due to poor quality or for specific reasons, such as for women, the design of PPE was based on sizes and characteristics of the male population. Fit testing of masks for women is only now being rolled out in some areas.

Tens of thousands of health and social care workers have been infected with Covid-19 globally. Hundreds have died in the UK. The government's main focus must now be on prevention of any further exposure of all health and social care workers.

GMB gave written and oral evidence to the APPG on the UK Government's handling of Coronavirus, the purpose of which is to ensure that lessons are learned from the first wave to benefit the second wave. GMB supports the APPG recommendation:

*“The APPG recommends that the UK Government continues to assume direct responsibility and oversight for the stockpiling , coordinated supply and distribution of PPE beyond March 2021, in order to ensure that there continues to be a sufficient supply of PPE for health and social care workers, which is fit for purpose and accounts for cultural, religious, ethnic, gender and disability considerations, to meet any future need.”*

The APPG found that the UK government did not adequately prepare in terms of stockpiling sufficient and adequate PPE. The procurement, supply and distribution of PPE to the health and social care systems was delayed and poorly coordinated, with ineffective oversight. The APPG also recognised that the UK government suggested that PPE was being wasted by frontline staff. An inaccurate statement which attempted to blame workers for the poor planning by government. They also found that equalities considerations were not done when commissioning and supplying PPE - doctors with beards for religious reasons were told there was no alternatives to the FFP3 masks and so to shave it off, despite the Health & Safety Executive (HSE) recognising hoods as a suitable replacement which should be offered to replace. Women’s face masks did not fit. Staff who are deaf or hard of hearing and rely on lip reading highlighted the need for transparent masks to be developed.

Government have given assurances that as we continue through the second wave and potential winter crisis, we will not see the same issues we saw at the start of the pandemic, in terms of shortages of supplies. However, we are led to believe that the current stockpiles are very much based on the current guidelines - guidance which we believe still does not afford our members the protection they need despite emerging evidence which would support our call for increased protection. This therefore leads us to believe that decisions regarding what are appropriate levels of PPE are being determined based on stock supplies and not on emerging scientific evidence.

There is now more understanding about Covid-19 and transmission of the virus than there was at the start of the pandemic and we feel as a result the guidance needs to be reviewed and revised, specifically in healthcare settings where Covid-19 positive patients are present. Some points to note:

- There is increasing evidence regarding airborne transmission.

Covid-19 is spread through the air, especially in indoor spaces. Scientists now openly acknowledge the role played by the transmission of aerosols. Due to the overwhelming evidence that airborne transmission is a major transmission route for Covid-19, GMB believes that all Covid-19 patient facing roles should have access to the highest level of PPE e.g. FFP3 masks that have been correctly fit tested. This includes non-clinical staff working in those areas such as porters and cleaners.

- Lack of ventilation and space in many healthcare settings.

The risk of contagion is highest in indoor spaces. Many wards are short of space and ventilation and the emerging evidence now shows that this contributes to the risk of transmission. This includes lifts which are used to transport Covid-19 patients around the hospital. At busy times in some hospitals, at risk patients are left in corridors without being tested for Covid-19. GMB believes therefore that all Covid-19 patient facing roles should have access to the highest level of PPE (FFP3 masks that have been correctly fit tested). This is necessary for all roles, including porters and cleaners working in those areas.

- Increasing numbers of asymptomatic staff testing positive for Covid-19.

This calls into question whether PPE is fit for purpose if there are so many healthcare staff contracting Covid-19. Higher levels of PPE protection for all staff working in patient facing roles would help to reduce numbers of staff testing positive. This should include first responders and non-clinical staff such as porters and cleaners. As well as access to FFP3 masks, staff should also have access to footwear that can be decontaminated, such as clogs. We have reports of members being unable to access these on Covid-19 wards. The guidance around goggles is also an area of concern as they are to be worn for Aerosol Generating Procedures (AGPs) but not generally, despite the eyes being one of the greatest risks for someone to become infected. Visors which are routinely issued do not cover the eyes sufficiently and protect from airborne transmissions. Hoods or head coverings should also be provided.

- Aerosol Generating Procedures (AGPs)

GMB also still has concerns about the exclusion of chest compressions from the list of AGPs and therefore excluded from access to the highest level of PPE. We have raised this issue continuously since the start of the pandemic and believe that the Resuscitation Council UK Guidance on this should be the one followed by employers rather than PHE guidance which affords lesser protections.

- Insufficient protection with surgical masks.

There is also little evidence to date on the use of surgical masks being effective, other than for droplets and for protection for influenzas. Aerosol research is lacking for Covid-19 and all current research suggests that surgical masks are inadequate for virus aerosol particles such as SARS. Transmission research suggests that speaking will produce particles enough to get through surgical masks. Current guidance states to wear surgical masks and visors for Covid-19 positive patients unless AGPs are being performed. GMB has requested to see any evidence that surgical masks are 100% effective in preventing the transmission and spread of Covid-19. GMB believes that FFP3 masks should be provided for all staff who are providing care or are in close contact with Covid-19 positive patients. This would be to protect staff and patients.

GMB is calling on Government and Public Health England to review and upgrade current PPE guidance to allow Covid-19 patient facing healthcare staff to have access to and be able to wear the highest level of protection. The justification for this is as mentioned above:

- Increasing evidence regarding airborne transmission.
- Lack of ventilation and social distancing space in many healthcare settings.
- Increasing numbers of staff testing positive for Covid-19.
- Incorrect list of what constitutes an Aerosol Generating Procedure.
- Insufficient protection with surgical mask.

GMB is requesting that Government and Public Health England works with the Union to review and strengthen the current PPE guidance for all health and social care workers. We believe that optimal PPE includes full coverage of skin, hair and clothing with items such as: head covers; goggles; FFP3 masks; coveralls or long-sleeved gowns; shoe coverings; medical grade gloves.

Without adequate PPE, health and social care workers will continue to contract Covid-19 at work and some more of our essential key workers will die.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'R. Harrison', with a long horizontal flourish extending to the right.

Rachel Harrison  
National Officer

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