

Mr Michael Brodie

Interim Chief Executive
Public Health England
Wellington House
133-155 Waterloo Road
London, SE1 8UG

Sent by email

XX January 2021

Dear Michael,

BMA members are increasingly raising concerns with us about the inadequacy of PPE provision and inflexibility from Trusts to adopt a precautionary approach in what PPE can be worn in clinical areas. In light of the identification of the new COVID-19 variant (designated VOC-202012/01), and recent increases in transmission, I am writing to you to request that:

- the appropriate PPE is made available to meet the diverse needs of the healthcare workforce; and
- PHE urgently reviews the adequacy of its infection prevention and control guidance for healthcare staff - specifically, to review the recommendations on PPE usage so that a more precautionary approach is adopted to the provision of respiratory protective equipment to better protect staff from aerosol transmission.

PPE that meets the diverse needs of the healthcare workforce

It is vital that PPE guidance and provision takes account of differing needs, such as religion and gender. For example, our members have told us that female doctors struggle to find masks that fit, often failing the 'fit test' or being left with sores and ulcers after long shifts when wearing masks that didn't fit. We have raised concerns in the past that PPE is designed to fit men, not women, despite the fact that 75% of the NHS workforce are women. This is simply not a situation which should be tolerated and provision of alternative PPE, such as hoods, should be made available.

A more precautionary approach to protect healthcare staff from aerosol transmission

The BMA has consistently emphasised the importance of providing doctors with adequate protection from the virus. During the spring, PHE guidance on PPE use was being driven by supply, or lack of it. Now that we have been assured that supply is no longer an issue, we believe guidance should be updated to take a more precautionary approach to better protect those working on the frontline.

As the evidence base surrounding COVID-19 evolves, recommendations and guidance should be revised continually to reflect the most effective, and appropriate, levels of protection for staff. A precautionary approach must be applied where the level of risk is not fully known.



NERVTAG's consideration of the new variant of COVID-19 (18 December) concluded there is "moderate confidence" that the new variant demonstrates a substantial increase in transmissibility, compared to other variants. Alongside this, COVID-19 cases and hospital activity are increasing at an alarming rate, with hospitalisation levels now significantly higher than in the first peak.

Prior to the emergence of this variant, there were already growing concerns about the role of aerosol transmission of COVID-19 in healthcare settings, and the need for wider use of respiratory protective equipment (for example, FFP3 masks) outside of those procedures designated as aerosol generating - expanding to other high risk settings, across primary and secondary care, where staff may be working in environments that pose a high risk of transmission.

There is evidence indicating lower infection rates among staff working in areas where full respiratory protective equipment is currently recommended, and the WHO now identifies that where respirators are available, they should be considered for wider use. We have highlighted the need to review the use of respiratory protective equipment in recommendations sent to Trusts in England for reducing the risk of infection amongst healthcare staff.

Some Trusts are leading the way by protecting their staff with enhanced PPE (such as FFP3 respirators) in 'amber' as well as 'red' settings, and in 'green' areas where proven or potential AGPs may take place - we would like to see this extended across the board. Extra protection is similarly important in other settings, like General Practice, where there is a high risk of transmission and little possibility for remedial actions, such as better ventilation.

Ensuring the appropriate level of protection is especially important for staff who are at increased risk of infection. The BMA's most recent COVID-19 tracker survey displays the continued and concerning trend of disparities in doctors' experiences by ethnicity, with those at greater risk too often feeling less protected. Where doctors feel it necessary to wear higher grades of PPE in settings which may fall outside of current guidance, we feel they should be allowed to do so, and that PHE should recommend this approach.

If healthcare workers fall ill from being infected and are unable to work, it will be devastating for the health service at this time of critical pressures, and it will compound the pressures besieging hospitals and GP practices. As the virus surges, all measures must be taken to keep staff safe and, as part of this, I urge you to address the points raised in this letter.

Yours sincerely,

Dr Chaand Nagpaul CBE
BMA council chair

cc. Susan Hopkins, PHE