

Mr Michael Brodie

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

Sent by email

13 January 2021

Dear Michael,

Re: Enhanced PPE protection for healthcare staff

BMA members are increasingly raising concerns that they feel inadequately protected by current 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), increased spread of the virus and growing evidence of aerosol transmission, I am writing to you to request that **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 (RPE) to ensure staff are protected from aerosol transmission.

The BMA has consistently emphasised the importance of providing doctors with adequate protection from the virus. During the first wave, 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.

There are significant and growing concerns about the role of aerosol transmission of COVID-19 in healthcare settings, and the need for wider use of RPE (for example, FFP3 respirators) outside of those procedures designated as aerosol generating. We are therefore calling on PHE to support the wider use of RPE in other high-risk settings across primary and secondary care. In areas where higher grade RPE is currently recommended, there is evidence indicating lower infection rates amongst staff. Additionally, the WHO has modified its guidance such that where respirators are available, they should be considered for wider use.

The BMA has recently 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, for example by protecting their staff with a higher level of RPE in 'amber' as well as 'red' settings, with reports that this has reduced COVID-19 related staff absence



rates. This is clearly essential during this time of unprecedented stress on the NHS – and we would like to see this extended across the board. Extra protection is similarly important in other settings, like General Practice (including COVID ‘hot-hubs’) where there is also a high risk of transmission. To support this, steps must be taken to provide access to fit testing to staff working in primary care, or access to alternative equipment.

Ensuring the appropriate level of protection is especially important to minimise the risk for staff who have a higher vulnerability to COVID-19, as was noted last year in the disproportionate deaths from COVID-19 that occurred amongst doctors from a BAME background. 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.

It is equally vital to protect doctors and healthcare staff in order that they can continue their work at a time of NHS pressures reaching a parlous state. Effective and adequate PPE will also provide protection to patients in reducing nosocomial infections.

We have written separately to DHSC to raise concerns about PPE failing to meet the diverse needs of the medical workforce – in particular, that many female doctors have reported struggling to find respirator masks that pass fit testing.

I look forward to an early response to the issues in this letter, or via a meeting with your relevant leads.

With best wishes,

A handwritten signature in black ink, appearing to read 'Chaand Nagpaul', enclosed in a simple oval outline.

Dr Chaand Nagpaul CBE
BMA council chair

cc. Susan Hopkins, PHE Incident Director

cc. Jo Churchill MP, Parliamentary Under Secretary of State