



**NOTICE OF DETERMINATION**  
**CORE PARTICIPANT APPLICATION**  
**MODULE 1 - COVID-19 AIRBORNE TRANSMISSION ALLIANCE**

**Introduction**

1. In my [Opening Statement](#) on 21 July 2022, I explained that Modules would be announced and opened in sequence, with those wishing to take a formal role in the Inquiry invited to apply to become Core Participants for each module. On the same day, the Inquiry opened Module 1 and invited anyone who wished to be considered as a Core Participant to that Module to submit an application in writing to the Solicitor to the Inquiry by 16 August 2022.
2. The [Provisional Outline of Scope](#) for Module 1 provides that this module will examine the resilience and preparedness of the United Kingdom for a Coronavirus pandemic. Further modules will be announced and opened in due course, to address other aspects of the Inquiry's Terms of Reference.
3. On 15 August 2022 the Inquiry received an application from COVID-19 Airborne Transmission Alliance ("CATA") for Core Participant status in Module 1.
4. I made a provisional decision not to designate CATA as a Core Participant in Module 1, thereby declining CATA's application ("the Provisional Decision"), on 7 September 2022. CATA was provided with an opportunity to renew the application in writing by 4pm on 16 September 2022.
5. On 16 September 2022, CATA submitted a renewed application for Core Participant status in Module 1. This notice sets out my determination of CATA's application for Core Participant status in Module 1.



## Application

6. Applications for Core Participant status are considered in accordance with Rule 5 of the Inquiry Rules 2006, which provides:

*5.—(1) The chairman may designate a person as a core participant at any time during the course of the inquiry, provided that person consents to being so designated.*

*(2) In deciding whether to designate a person as a core participant, the chairman must in particular consider whether—*

- (a) the person played, or may have played, a direct and significant role in relation to the matters to which the inquiry relates;*
- (b) the person has a significant interest in an important aspect of the matters to which the inquiry relates; or*
- (c) the person may be subject to explicit or significant criticism during the inquiry proceedings or in the report, or in any interim report.*

*(3) A person ceases to be a core participant on—*

- (a) the date specified by the chairman in writing; or*
- (b) the end of the inquiry.*

7. In accordance with the approach set out in my Opening Statement and the Inquiry's [Core Participant Protocol](#), I have considered whether the application fulfils the requirements set out in Rule 5(2) in relation to the issues set out in the Provisional Outline of Scope for Module 1.

## Summary of Application

8. CATA's original application stated that it is a multidisciplinary consortium of individuals and organisations in the health and social care sectors with a common concern that the airborne route of transmission for Covid-19 should be addressed in the Inquiry. CATA is said to represent over 65,000 members from a diverse range of expertise and experience, including: those who administer critical care, those working with the young and vulnerable in hospital and community settings, clinical groups involved with



the delivery of critical aspects of primary care and individual doctors. The application states that CATA originates from the Covid Airborne Protection Alliance, formerly the Aerosol Generating Procedures Alliance (AGPA), which has campaigned since March 2020 for the recognition of the transmission of Covid-19 by aerosols and a precautionary approach to infection control guidance. AGPA is said to have challenged inadequate protections for healthcare workers from the risk of infection by airborne transmission and to have made repeated calls to provide higher quality PPE. The application says that, in addition to campaigning, its members have provided leadership where this has otherwise been lacking, identifying scientific evidence and good practice, promoting an understanding of the challenges of managing transmission in contexts not properly considered by pandemic contingency planning and providing clear professional guidance for healthcare workers.

9. The original application was made on the basis that CATA had a direct and significant role, and a significant interest, in matters to which Module 1 relates, including: the basic characteristics and epidemiology of SARS-CoV-2 and Covid-19, government structures for risk management and civil emergency planning, pandemic planning, public health services and how bodies monitored and communicated about emerging disease and future pandemic planning. The application provides detail about CATA's asserted role and interests in these respects, including its science-led and practice-based approach, independent from government, in respect of preparedness and response infrastructure.
10. The renewed application reiterates CATA's view that the issue of airborne transmission will be central to a robust examination of resilience and emergency planning and that it will be key to establish whether, in light of such knowledge, there were appropriate preparations for the implications of airborne transmission in government policy decisions across all sectors on pandemic planning, for example in relation to the provision of PPE. CATA acknowledges that it will be able to contribute to the examination of health systems in Module 3, however, it contends that, as the



pre-eminent non-governmental source of expert knowledge and advocacy in these matters, its expertise and constitution extend further than just the healthcare system and puts it in a prime position to assist the Inquiry with matters to be dealt with in Module 1.

### **Decision for the Applicant**

11. I have considered with great care everything that is said in CATA's renewed application. I have also reminded myself of what was said in the original application to enable me to assess the application for Core Participant status as a whole.
12. I am grateful to CATA for the important and helpful points raised in its applications and I do not doubt the expertise and experience that CATA has to offer, particularly with regard to airborne transmission. I welcome CATA sharing its views and concerns, which will be considered, as necessary, by the Inquiry's independent legal team in whom I have every confidence to pursue all reasonable lines of inquiry with the investigatory and analytical rigour that a statutory inquiry of this scale and importance demands.
13. However, Module 1 is primarily concerned with the core systems and structures within the United Kingdom for preparedness and resilience for an event such as the Covid-19 pandemic and with high-level pandemic resilience, preparedness and planning. It will examine whether the correct structures, bodies, procedures and policies were in place at UK and at regional and national levels and look at their history, development, co-operation and performance. In terms of inquiring into pandemic planning, this will include examination of the forecasting processes, the extent to which lessons were learned from knowledge of actual events and simulated exercises, the degree of readiness preparation and the general resources that were available. The Module is therefore concerned with how the relevant entities prepared and whether they were ready by way of general response.



14. In order to manage the investigative work of the Inquiry in as proportionate a manner as possible and to ensure the timely publication of my findings, lessons learned and recommendations for the future, it is not possible for Module 1 to include in its examination of the state of preparedness detailed scrutiny of every aspect of a future pandemic and the extent of planning for every eventuality and potential impact.
15. In light of the scope of Module 1, I also note that, despite CATA's expertise and experience, it was formed after the start of the pandemic in or around March 2020. This means that it cannot have played a direct and significant role in relation to the matters to which Module 1 relates.
16. I will keep the Provisional Outline of Scope for Module 1 under review and, as I explained in my Opening Statement, other aspects of the Inquiry's Terms of Reference will be covered in future modules for which Provisional Outlines of Scope will be prepared and published in due course.
17. It is, of course, not necessary for an individual or organisation to be a core participant in order to provide information or evidence to the Inquiry. CATA may have relevant information to give in relation to matters being examined in the Inquiry, including in Module 1 and the Inquiry will be approaching, in due course, a range of individuals, organisations and bodies to seek information, to gain their perspective on the issues raised in the modules and, where appropriate, to ask for witness statements and documents.
18. For all of those reasons, having taken everything into account in light of the Provisional Outline of Scope for Module 1, I consider that CATA did not play a direct and significant role in relation to the matters to which Module 1 relates, nor does it have a significant interest in an important aspect of the matters to which Module 1 relates. Accordingly, in my discretion, I decline to designate CATA as a Core Participant in Module 1.



19. For the avoidance of doubt, my decision not to designate CATA as a Core Participant in Module 1 in no way prejudices the ability of any applicant to apply to be a Core Participant in any later modules. CATA may wish to consider applying to future modules which are likely to cover issues including health systems and the procurement of PPE. I will consider any future applications on their merits at the time they are made.

**Rt Hon Baroness Heather Hallett DBE**

**Chair of the UK Covid-19 Inquiry**

**28 September 2022**