where FFP3 use was not routine outside of aerosol generating procedures (AGPs). Participating staff would be randomised (at the hospital site level) to use either a) FRSM (except for AGPs), the current UK standard of care or b) FFP3 respirators for all encounters with patients.

352. On 7 January 2022 Professor Dame Jenny Harries chaired a roundtable discussion on respiratory protective equipment. [Exhibit: SH3/345 – INQ000348432]. Attendees included representatives from DHSC, the Four Nations IPC Cell, NHSE, the public health agencies of the four nations, and the Health and Safety Executive. The minutes state:

"It was agreed by attendees on the call that there was sufficient guidance already in place to allow the appropriate clinical use of FFP3s, but that in response to ongoing questions on this matter, messaging within the guidance could be more 'enabling'. Notably, even if future evidence did suggest more universal advice was needed, there would be practical challenges in wide staff deployment (including fit testing at scale)."

Actions were taken away for UKHSA to work with the UK IPC Cell on messaging in the UK IPC guidance to ensure it is more 'enabling' of FFP3 use in appropriate settings, and to review any more recent evidence relevant to RPE, with respect to Omicron transmissibility.

353. On 17 January 2022 UKHSA, on behalf of the Four Nations IPC Cell, published an updated version of the IPC guidance [Exhibit: SH3/346 – INQ000348433]. The wording, suggested by UKHSA, added and published in the guidance was: "where a risk assessment indicates it, RPE should be available to all relevant staff. The risk assessment should include evaluation of the ventilation in the area, operational capacity, and prevalence of infection/new SARS-CoV-2 variants of concern in the local area. Staff should be provided with training on correct use." The Four Nations IPC Cell also made additional edits to the existing text, removing the word "wholly" in relation to transmission and use of RPE as follows:

"A respirator with an assigned protection factor (APF) 20, that is, an FFP3 respirator (or equivalent), must be worn by staff when: caring for patients with a suspected or confirmed infection spread [wholly] by the airborne route (during the infectious period)."

The removal of this word "wholly," combined with no text in the guidance on transmission routes of SARS-CoV-2, generated significant confusion, with many concluding that this means RPE should be used for all patient encounters for those with suspected and confirmed SARS-CoV2 infections. [Exhibit: SH3/347 – INQ000348434], email [Exhibit: SH3/348 - INQ000348435].

- 354. On 31 January 2022 the NIHR rejected UKHSA's application for funding for WIPPET. [Exhibit: SH3/190 INQ000348216] However, the NIHR stated that they would be willing to review a revised application based on feedback provided by the funding committee.
- 355. On 9 February 2022 a review of the list of AGPs completed by NHSE/I at the request of the Four Nations IPC Cell was presented to the Cell. The specific research question for this review was: what is the available evidence to support the removal of any procedures currently included on the UK AGP list? NHSE/I's review recommended that some AGPs could be declassified as such in the guidance iteration. UKHSA's view was that the findings of this review, although focused on AGPs, had potential practical implications for potential airborne transmission in healthcare settings and required further consideration on the impact of the review on PPE guidance.
- 356. On 11 February 2022 the CMO received a letter, co-signed by Royal Colleges, Professional Bodies and Trade Unions, regarding inconsistencies between public messaging on airborne transmission of COVID-19 and IPC guidance across the UK.

 [Exhibit: SH3/349a INQ000074820]. Firstly, the letter argued that while there was "now significant scientific consensus" that COVID-19 was "transmitted by the airborne route as well as by droplets and fomites", the latest version of UK IPC guidance, dated