

RPE Roundtable discussion: Summary notes and actions

Date: 7 Jan 2022

Time: 0900 to 1100

Chair: Dame Jenny Harries

This is a summary note of main discussion items and actions from the RPE checkpoint roundtable held on 7 Jan 2022. The meeting was convened as part of a longer-term commitment for ongoing scientific and practical review of IPC and PPE evidence and utilisation through the pandemic, and in particular in the light of increasing knowledge of omicron as a new variant given recent higher prevalence.

The purpose was to allow stakeholders from across the system and 4-nations to gain a shared understanding and contribute jointly to discussions on: the current evidence base regarding RPE usage, the current UK guidance, how this guidance is being implemented in practice, and what the practical considerations are regarding RPE usage (fit-testing and supply).

Attendees

UKHSA: Jenny Harries	Name	Carole Fry, Renu Bindra, Colin Brown,	Name Redacted	NR
NR	Name Redacted	Marina Pirotta, Richard Amlot,	Name Redacted	
Name Redacted				

UK IPC Cell: Eleri Davies
DHSC: Peter Howitt, Darren Mann, Deborah Sturdy, Claire Armstrong
Scotland: Laura Imrie, Lesley Shephard, Jacqui Reilly
Wales: Sue Tranka, Eleri Davies
Northern Ireland: Lourda Geoghegan, Name Redacted
NHSE: Ruth May, Name Redacted, Mark Wilcox, Lisa Ritchie, Giancarlo Laura
Faculty of Occupational Medicine: Anne De Bono
Health and Safety Executive: Name Redacted

Summary

- The scope and purpose of the meeting as outlined above was agreed
- Colleagues from the IPC Cell, UKHSA evidence groups, Devolved Administration, NHS operations, Adults social care and prisons teams, Health and Safety Executive, and DHSC IPC teams all provided updates.
- The majority of colleagues note receiving external pressure in various forms on the issue of FFP3 usage.
- Evidence – attendees jointly noted that:
 - There are still areas for knowledge accrual to fully cover all aspects of IPC evidence.
 - Given the evidence relating to RPE was accrued up to April 2020 and pre-omicron there may be value in revisiting this work.
 - There is need to recognise the uncertainty that remains in our knowledge of Omicron, and the UKHSA will continue to review evidence on this
- Guidance – attendees jointly noted that:
 - The UK IPC Guidance already enables the use of FFP3 in appropriate risk settings. However, there was some agreement that further messaging may ‘enable’ appropriate wider use where needed.
 - Staff to Staff transmission needs to be noted as a significant risk factor (both in hospitals and ASC), and will not be solved by FFP3 use in clinical settings alone.
 - Nobody should be using FFP2 if FFP3 is available, and no one should be using either mask if not fit-tested.