



## **RULING RE: REQUEST FOR THE INQUIRY TO MAKE AN INTERIM RECOMMENDATION IN MODULE 3**

1. On 20 December 2024, the Inquiry received a joint letter from seven Core Participants (“the Core Participants”) in Module 3: BMA, CATA, CBFFJ, CVF, FMHWG, Long Covid groups and NI CBFJ. The letter requested that the Inquiry make the following interim recommendation:

*“By 1 March 2025, UKHSA, NHSE, DHSC and other public health agencies (including those in the Devolved Nations), with the benefit of multi-disciplinary input from experts in physical sciences and the UK’s Health and Safety regulator, the HSE, revise IPC guidance in the NIPCM and HTM guidelines to ensure:*

*(a) recognition of the role of airborne transmission of SARS-Cov-2; and*

*(b) there is appropriate guidance on measures to limit airborne transmission of respiratory viruses such as Covid-19 including the use of FFP3 masks, improved standards of ventilation and air filter devices in healthcare settings (both clinical and non-clinical) and ensure the distribution of those guidelines to all employers/providers of clinical and non-clinical healthcare workers.*

*Any such review must include consultation with key stakeholders.”*

2. The Core Participants submit this interim recommendation is necessary for a number of reasons. They include a brief analysis of some of the evidence heard in the Module 3 hearings relating to the route(s) of transmission of Covid-19 and the appropriateness, or otherwise, of the Health Technical Memorandum (‘HTM’),<sup>1</sup> reference to the current National Infection Prevention and Control Manual (‘NIPCM’) guidance on when FFP3 masks are to be worn, the current winter pressures on the NHS as a result of a rise in cases of Covid-19, flu and RSV, an asserted limit on the eligibility of clinically vulnerable families to access Covid-19 vaccines and the risk of harm to both clinical and non-clinical healthcare workers from what is said to be inadequate IPC guidance.

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<sup>1</sup> HTM give advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare and include reference to ventilation requirements in healthcare settings.

3. For the reasons set out below, I have decided not to make this or any interim recommendation in Module 3.
4. As the Core Participants are aware, Module 3 has obtained a significant amount of other evidence on the topics which are the subject of the proposed recommendation. As the evidence and the oral and written closing submissions made clear, there is not unanimity amongst experts and witnesses about matters relating to the transmission of Covid-19, less still about the extent to which FFP3 masks should be recommended in the IPC guidance. It is therefore necessary to analyse all the evidence before making findings or recommendations.
5. Moreover, the Inquiry is aware that there is ongoing work (some national, some international) on the transmission of Covid-19 e.g. in respect of terminology and on the efficacy of FFP3 masks when compared with fluid resistant surgical masks. The progress and/or outcome of this work will need to be considered before appropriately worded recommendations can be drafted which will be meaningful and can be implemented in the event of a future pandemic. Given the importance of this contentious area, I consider that it would be premature to make this recommendation without having conducted a detailed analysis of the evidence.
6. Furthermore, I consider that the proposed interim recommendation risks the Inquiry straying into “non-pandemic” territory. Seasonal winter pressures on the NHS are not novel or unforeseen. Whilst it appears that a rise in Covid-19 cases may be contributing to the winter 2024 pressures, the Inquiry must not exceed its remit to “*examine, consider and report on*” the response of the UK’s healthcare systems to the pandemic up to and including 28 June 2022 and identify the lessons to be learned “to inform preparations for **future pandemics** across the UK” (my emphasis).
7. Finally, in accordance with the Terms of Reference, the Inquiry has made clear that it intends to “*produce its reports (including interim reports) and any recommendations in a timely manner.*” Given that the preparation of the Module 3 report will not await the conclusion of the public hearings in all the remaining modules, the report in Module 3 is in effect an interim report within the meaning of s. 24(3) Inquiries Act 2005. Accordingly, the Inquiry will be fulfilling its obligation to report in a timely manner such that I do not consider it necessary or desirable to make the requested recommendation at this time.
8. I therefore decline to make this, or indeed any, interim recommendation in Module 3.

**The Right Honourable Baroness Hallett**  
**Chair of the Covid-19 UK Inquiry**  
**27 January 2025**