Guidance for the use of PPE

3.3 To ensure that they are properly protected, front-line workers in health and social care use official guidance on infection prevention and control to understand what PPE is needed, and when and how to use it. Employers must also understand the requirements because they have a duty to protect the health and safety of their employees and must do whatever is reasonably practicable to achieve this. Guidance on infection prevention and control for COVID-19, which includes the use of PPE in healthcare settings, is issued jointly by the Department, Public Health England (PHE) and NHS England & NHS Improvement (NHSE&I) (and the public health bodies of the devolved administrations). Earlier versions of the guidance were published solely by PHE, with the first version published on 10 January. The guidance would need to be updated regularly, in particular to reflect an increasing understanding of a new virus including the realisation in early April that COVID-19 patients not displaying symptoms could transmit the virus to others. In producing the guidance, authors have access to advice from the Scientific Advisory Group for Emergencies and from the New and Emerging Respiratory Virus Threats Advisory Group. Separate guidance for the use of PPE in social care settings is published by the Department and PHE. By 31 July, the guidance had been updated 30 times — these were a mixture of significant and relatively minor changes.

Concerns over the guidance

3.4 Between January and 19 March, COVID-19 was classed in the UK as a High Consequence Infectious Disease (HCID), which meant that specific infection prevention and control measures were required. It was then declassified as more became known about the virus, in particular its relatively low mortality rate. As a result, the guidance changed from advising that anybody entering the room of an isolating patient wear a gown, long gloves, respirator masks (FFP3) and eye protection to tailoring the guidance to the setting and whether the patient was known or likely to have COVID-19.

3.5 Following declassification of COVID-19 as an HCID in March, some healthcare workers became concerned that the recommended PPE was not sufficient to protect them. The British Medical Association (BMA) warned that the PPE recommended by PHE provided less protection than that recommended by the World Health Organization. Specifically, they felt that workers in all healthcare settings should wear gowns (rather than aprons) and eye protection. PHE said its guidance was informed by clinicians and other experts, and that its long-standing policy was to use aprons and have clinicians 'bare below the elbows' to prevent the spread of hospital-acquired infections. It also said that doctors should make a risk assessment as to whether they needed eye protection.[12]

12 House of Commons Health and Social Care Committee, *Oral evidence: Preparations for coronavirus*, Session 2019-2021, HC 36, 26 March 2020.

3.20 Through these surveys, health and care workers reported issues with the availability of PPE, the suitability of the PPE supplied, their confidence in the PPE guidance and the potential links to contracting or transmitting the virus in a hospital. These quotes are from clinicians in different parts of England:

- "We were slow to wear fluid-repellent masks in clinical areas and perhaps for this and other reasons have had people contract COVID-19 in the areas reserved for non-COVID patients. I think early guidance to treat everyone as a possible carrier would have helped limit cross infection. I have seen most of the ward become COVID-19 positive which is very frustrating. Lots of nursing and therapy staff are off sick. A high number of consultants were off sick early on."
- "Equipment is available to fulfil Public Health England guidance, but from the numbers of staff developing sickness, it would seem that this is not adequate. I do not feel that a surgical mask offers much protection when seeing a coughing patient in an enclosed space."
- "Don't think we actually are short of oxygen or PPE but people are trying to use less just in case. It's very difficult to establish the truth, either locally or nationally."
- "Although we have sufficient PPE supplies I have had no training at all in its use."

3.21 The BMA and RCN repeated their surveys, and these suggested that PPE shortages were less of a concern in May. For example, responses to the BMA survey of 14 May showed that 28% of respondents in England reported a shortage of gowns, compared with 43% in the April survey, and 31% reported shortages of eye protection (goggles) in May, compared with 65% previously. Similarly, the RCN survey showed that, by 11 May, the percentage of respondents who reported shortages of eye protection was 12% compared with 30% in April, and reports of shortages of face masks had moved from 27% in May to 11% in April. However, as noted in paragraph 3.19, these surveys were not random samples and so the results should be treated with caution.