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The Rt. Hon Boris Johnson MP Prime Minister 10 Downing Street London SW1A 2AA

CC: Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care Mr Robin Swann MLA, Minister for Health Jeane Freeman OBE, Cabinet Secretary for Health and Sport Vaughan Gething MS, Minister for Health and Social Services

Dear Prime Minister,

Re: Protecting health care workers - better ventilation, PPE, awareness and research

Over the past 12 months, you have seen the professionalism and dedication of health and care workers across the UK and, as you know, this care has been given at huge personal risk. Across the UK, at least 930 health and care workers to date have lost their lives and many more are suffering from the long-term adverse effects of COVID-19.

As organisations and individuals representing health and care workers and patients across the UK, we are calling for your urgent intervention to prevent the further loss of lives.

Health and care workers are at three to four times greater risk of developing and dying from COVID-19 than the general public.¹ However, measures to reduce airborne spread in high-risk health and care settings, which are mission-critical to the pandemic response, have thus far been inadequate. Current policies continue to emphasise the importance of fomite, droplet and direct spread but do not properly address airborne transmission.²

There is now no scientific doubt that COVID-19 spreads via the airborne route.³ There is also direct empirical evidence that the virus is readily transmitted in health care settings beyond formally-classified aerosol generating procedures (AGPs).⁴

The importance of ventilation to prevent the spread of COVID-19 in enclosed settings is well documented by the European Centre for Disease Prevention and Control (ECDC),⁵ the Scientific Advisory Group on Emergencies (SAGE),⁶ and in guidance from the UK and devolved governments to reduce the risk of airborne spread of infection in the public's own homes.⁷

The current UK Infection Prevention and Control (IPC) guidance which leads and determines the selection and use of PPE across the UK does not accurately depict the airborne risks when sharing health and care settings including working in patients' homes and public buildings. Neither does it adequately align and convey the importance of ventilation and, more widely, engineering controls in relation to Health and Safety Executive guidance.

We believe that given the rapid emergence and evolution of new variants of concern, a change in approach must be implemented at speed to protect patients and staff consistently across the UK.

To reflect our concerns and the emerging scientific evidence, we call on you as Prime Minister to ensure that the UK Government works constructively with the devolved administrations to:

- 1. Ensure all health and care providers assess and improve the **quality of ventilation** in all settings to reduce the risks of airborne spread;
- 2. Amend the UK IPC guidance to reflect and increase the level of respiratory protection as a precautionary principle for all health and care workers providing care to people with known or suspected COVID-19, or as a result of local risk assessment;
- 3. Update all guidance to reflect the evidence on airborne transmission, ensuring representation from a truly multidisciplinary range of experts including engineering, aerosol science, occupational health, infection prevention and control and behavioural science in addition to stakeholders such as Royal Colleges, professional and scientific bodies and trade unions;
- Collect and publish consistent data on health care workers who have contracted COVID-19 from likely occupational exposure so we can identify health and care settings where staff are most affected and target responses to address this;
- 5. Publish, in accessible form, all **scientific evidence on airborne transmission** in health and care settings and **undertake research** to fill any knowledge gaps.

We have addressed this letter to you because your agencies and departments have not yet sufficiently responded to our concerns. While we are aware that a review of the IPC guidance has been carried out, we cannot agree with its apparent conclusions that the guidance should remain the same.

We recognise that our calls represent a different approach to producing and coordinating IPC guidance, using multidisciplinary collaboration as above, but this is an unprecedented situation. The evidence is clear and lives continue to be put at risk.

This is a UK-wide issue. Where coordinated, national action could make a decisive difference. We therefore look to the UK Government, and you as Prime Minister, to take the lead to address the inconsistencies and gaps in guidance and in the protection of patients and health and care workers.

Yours sincerely,

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