To whom it may concern,

We are writing regarding the ongoing issues surrounding the lack of higher level Personal Protective Equipment (PPE) provision in the UK.

We feel very strongly that frontline staff have been completely exposed to increased risk by the advice of Public Health England (PHE). This has resulted in many workplaces not recommending and allowing the use of FFP3 masks and gowns for patient care when we are in close patient contact for prolonged periods, performing clinical and personal care to patients either suspected or confirmed with COVID-19.

We feel that PHE and this government, under pressure from original issues with obtaining PPE, based guidance on what was available and not what was and still is required. There are numerous local, national and international reports, research and studies on the importance of higher level PPE being worn by all frontline staff (full gown, FFP3 mask, goggles, gloves) to offer protection against transmission [list of references and resources available at the end]. However, this continues to be ignored and many work spaces have been exempted from higher level PPE except for when carrying out Aerosol Generating Procedures (AGPs).

There are discrepancies on what an AGP actually is. Arguably coughing, sneezing, obtaining sputum samples, taking a COVID swab and in fact breathing and talking, all produce small aerosol particles that continue to circulate in the air for a period of time and at distances greater than 2 metres. We also know that there are enough infective pathogens in these particulates to transmit/cause infection.

However, there is evidence to suggest that COVID-19 is behaving like its cousin – SARS – and the methods of transmission are the same.

WHO guidance for the SARS outbreak in 2003 were:

- Negative pressure rooms
- Side rooms with toilet facilities
- Eye protections
- Gowns
- Gloves
- Footwear that can be decontaminated
- Respiratory masks/FFP3/N95. Filter level P99 and N95 filter masks if not acceptable higher protection available.
- Handwashing
- Good ventilation, open windows, etc.

We understand that we cannot possibly have the facilities to care for Covid positive patients in negative pressure rooms at this time. However, we would like to ensure that DHSC (Department of Health and Social Care) are doing everything they can to offer all other protection measures above.

Due to PHE guidance, many NHS workplaces are wilfully choosing not to adopt higher level PPE and instead maintain that staff are adequately protected in a plastic apron which only covers a third of our scrubs and a plain surgical mask. Research shows that surgical masks do not protect from viral transmission and are only effective against macroscopic droplets

viruses and do not form a seal around the mouth and nose. There have also been reports of workplaces not providing enough eye protection leading to many staff having to pay for their own.

The issue of adequate protection is highlighted by accounts from frontline workers and their colleagues working in basic level PPE and later being treated in Intensive Treatment Units (ITUs) for COVID-19. There is no consideration for the viral load which is being reported as an escalating factor in the increase of frontline workers becoming ill, and we are not allowed access to figures of those who have died whilst working on the frontline. We know there are increasing members of staff who are contracting COVID-19 and yet others who have worked in close contact are expected to continue working.

We are hearing reports of staff transferring patients from wards and emergency departments to ITUs where ITU staff are in full PPE (FFP3 mask, gown, goggles) whilst the transferring staff are in surgical masks and plastic aprons. The staff in basic PPE helped the staff in full PPE with transferring patients into their ITU bed. This highlights the huge gap in protection of staff on Covid positive accepting wards compared to staff in other areas which is unacceptable.

Uniform related infection control is another issue which we feel is not being considered. Many staff work in personal issue uniforms. Staff come to work in their own clothes and shoes and change into work shoes and uniforms in the changing rooms. Throughout their shifts, staff have their hair, two-thirds of uniform and work shoes exposed to COVID-19 droplets. No shoe covers have been made available in many workplaces. There is as yet no conclusive evidence regarding the amount of time COVID-19 lives on material, hair or skin and general guidance is to wash uniform on a minimum 50 degrees and to iron after to kill off any residual virus. After removing basic PPE and attempting to decontaminate any exposed areas of skin, staff can be expected to go from areas of care or rest – from Covid hot areas to non-Covid cold zones, staff rest rooms, cafes/restaurant and so on, wearing their shoes and uniform which have been left exposed to COVID-19 droplets through lack of full PPE provision. Many do not have the time and therefore the choice to re-don and doff their civilian clothing as well as to ensure the safe handling of re-donning and doffing uniforms in those situations.

At the end of the shift, staff will enter changing rooms in scrubs to change out of uniforms into their own clothes and shoes. To remove contaminated uniforms, which have been exposed all shift to Covid contaminants, staff can only lift this over their heads, the only way possible to remove this item of clothing. As we all know, removal of uniform over the head increases the chance of facial contamination which ignores one of this government's key warning messages to not touch the face or mouth as this increases transmission. This is not an acceptable form of infection prevention and control. We have no assurance that plastic aprons adequately cover uniforms to prevent COVID-19 droplets contaminating them. Surely it does not take an expert to realise that providing us with gowns to cover our uniform would immediately eliminate this risk?

We do not feel we can deliver the fundamentals of safe care in our roles as effectively as we could before the Coronavirus pandemic. Many of us are suffering from an increased level of anxiety in the workplace due to the consistent fear that the basic standard of PPE issued to staff will not adequately prevent us from contracting COVID-19. We also face the anxiety of infecting our families which can contain mixed members from vulnerable backgrounds. We

want to deliver a consistent standard of nursing care to our patients which we would do pre-Covid and that includes often nursing patients within close personal proximity. When our patients are coughing and vomiting, or having nebulisers which often stimulate coughing, this is increasing droplet spread (a procedure classified as an AGP by the World Health Organisation but not Public Health England). We are now left attempting to offer care whilst maintaining an adequate distance to avoid being covered in droplets which is physically impossible. Providing patients with personal hygiene care is an essential duty and it is again not possible to clean and change patients into gowns without close personal contact. We want to be able to comfort our patients without fear that at the most difficult time in their life that we could also be facing ours.

Poor PPE provision puts our personal safety at risk, this does not only include 'physical' safety, but the capacity to practice at the best of our ability and according to standards set out by our professional bodies. That capacity is diminished by the declining emotional well-being and increased stress and anxiety that our colleagues and ourselves are experiencing and which may ultimately affect our patient care. Safety cannot be preserved working in an environment where staff are fearful for their own personal safety and feel their concerns are being minimised and ignored. This, coupled with the knowledge that other staff are falling prey to COVID-19 and becoming critically unwell and contentious discussions around the level of PPE required to feel safe, will have dire consequences for the ongoing mental and physical well-being of staff and will impact on our practice.

We are struggling to understand, after billions have been spent on PPE for this country, that when the necessary equipment needed for a higher level of protection has supposedly been made available to us, that we are still not being given the correct equipment to offer maximum protection available.

In summary, we feel that by working with basic PPE and following our workplace and PHE's current PPE guidelines, we are risking the safety of our patients and colleagues as well as that of ourselves, our families and the wider community. Furthermore, as we continue to peak with COVID-19 cases, the level of care available to future patients, just as pressure reaches its greatest, is being compromised by these risks to NHS staff.

We are calling for consistent national guidance that ensures higher level PPE to be implemented and considered as a minimum standard for those providing direct patient care in all NHS workplaces.

Sincerely,

Nurses United UK and NHS Workers Say NO

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