



Department  
of Health &  
Social Care

From Jo Churchill MP  
Parliamentary Under Secretary of State for Primary Care and Health Promotion

39 Victoria Street  
London  
SW1H 0EU

020 7210 4850

PO-1298718

The Rt Hon Sir George Howarth MP  
By email to: [george.howarth.mp@parliament.uk](mailto:george.howarth.mp@parliament.uk)

17 May 2021

Dear Sir George,

Thank you for your correspondence of 28 January on behalf of your constituent, about personal protective equipment (PPE). I apologise for the delay in replying, which has been caused by an unprecedented volume of correspondence throughout the pandemic and work to ensure frontline services are delivered.

The safety of NHS and social care staff has always been our top priority, and we continue to work tirelessly to deliver PPE to protect those on the frontline.

The infection prevention and control (IPC) guidance for COVID-19 is underpinned by the *National Infection Prevention and Control Manual* practice guide and associated literature reviews. This guidance is consistent with the World Health Organization's recommendations for protecting health and social care workers from COVID-19.

The guidance is issued jointly by the Department of Health and Social Care, Public Health Wales, Public Health Agency Northern Ireland, Health Protection Scotland/ National Services Scotland, Public Health England, and NHS England (NHSE). This is official guidance and pertains to all patient-facing roles.

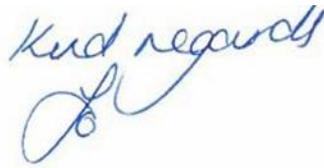
There is now a better understanding of the role of COVID-19 airborne transmission than at the start of the pandemic, along with the importance of ventilation to decrease transmission risk. The UK-wide IPC Cell, a team within NHSE that looks at the updating of the IPC guidance, recently reviewed evidence in relation to the transmission route of COVID-19 and the IPC precautions required, and agreed that no changes to the current PPE requirements were needed.

There is also consensus among the Chief Medical Officers in the four nations of the UK that existing guidance regarding the use of face masks and FFP3 masks by healthcare workers is correct. Emerging evidence and data on variant strains will be continually monitored and the recommendations on IPC and use of PPE, including FFP3s, will be amended accordingly if needed. PPE should continue to be worn as per current IPC guidance, with FFP3s being worn for aerosol-generating procedures.

The implementation of the IPC guidance should be underpinned by a risk assessment that takes into consideration the patient, environment, procedure and task being undertaken by any member of healthcare staff, with the risk assessments and use of PPE determined at an organisational level. This will include the use of FFP3 respirators and eye or face protection.

There is no requirement to increase the level of PPE worn by the clinicians unless the level of care or clinical intervention indicate that a different level of PPE is required. This should be based upon the individual's dynamic risk assessment, with consideration of the transmission route and PPE guidance.

I hope this reply is helpful



**JO CHURCHILL**