PE2071/G: Take action to protect people from airborne infections in health and social care settings
ALLIANCE submission, 28 June 2024

Thank you for your 30 April 2024 letter from the Citizen Participation and Public Petitions Committee. The Health and Social Care Alliance Scotland (the ALLIANCE) welcomes the opportunity to comment on petition PE2071.

The ALLIANCE and its members have emphasised that people continue to be directly and indirectly affected by COVID-19, especially disabled people, people with long term conditions, unpaid carers and the health and social care workforce[1]. Ongoing impacts, including non-COVID related health impacts, must be considered and addressed[2].

Despite the official end of shielding, many people continue to protect themselves from social contact, keeping away from possible infection[3]. They are not reassured that the removal of protections is safe or that they are considered in decision-making. We must listen to those with lived experience, designing support and permanent protections to allow them to enjoy their right to live well.

In our research, Health, Wellbeing and the COVID-19 Pandemic, people told us that they had requested that health services visit them at home as they were shielding, frightened to use public transport or have physical accessibility requirements, but were denied[4]. Many people still feel that they are "being left to fend for themselves" with limited prevention measures in place[5].

This unequal partnership in care, where people are not involved in decision-making regarding how their care is delivered, disempowers individuals and does not recognise their expertise in their own health. It also does not adhere to the principles and practice of Realistic Medicine[6].

People need to be involved in the process of establishing and identifying their own acceptable risk levels. The voices of lived experience should be prioritised as an ongoing solution to infection prevention and control. These individuals and groups should co-produce all related prevention and improvement strategies[7].

Preventing infections, including COVID-19, in health and social care settings requires a multi-pronged, integrated approach alongside occupational health and safety measures. Appropriate safeguards to prevent the spread of COVID-19, repeat infections and developing long term conditions include, but are not limited to, surveillance and reporting, vaccine administration, HEPA filtration and ventilation improvements, and regular and inclusive public health communication[8].

In line with World Health Organisation (WHO) guidance, "adequate" ventilation equipped with HEPA filters, is a minimum rate of 60 litres of natural, mechanical or hybrid ventilation per second, per occupant[9]. Such a rate must be continuously maintained in all occupied patient and service user care areas. The guidance provides further information on filtration and ventilation in other public areas. Assessments and improvements of current Scottish guidance and systems, and future strategies, should be made assuming maximum occupancy of each area and the risk of infection for the most vulnerable patient or service user.

Experts have noted that mask wearing should also be reintroduced in health and social care settings and workplaces, alongside accessible personal protective equipment (PPE)[10]. Inclusive communication resources and best practice guidelines should be integral to mask policy and operational use in every setting where masking is required. These measures will protect people using services, health and social care workers, families and carers.

A blame-free system for managing health and social care staff exposure to COVID-19, and infectious illness generally, should be in place, promoting and supporting routine COVID-19 testing and reporting. The health and social care workforce should be encouraged to report both occupational and non-occupational exposures to COVID-19 and to stay at home if they have been exposed or feel generally unwell. In placing less emphasis on people as resources, and instead as humans, recruitment and retention in health and social care would ultimately improve[11].

With NHS and social care staff shortages being a concern pre-pandemic, these shortages will likely continue especially if recommended infection and control measures are not put in place. For example, in Scotland, the number of healthcare workers testing positive for COVID-19 was seven times higher than for non-essential workers[12]. Despite precautions taken, their households contributed to a sixth of COVID-19 hospital admissions. Recent estimates found approximately 122,000 NHS workers in the UK were living with Long Covid, with a prevalence of almost 14% at 12 weeks post-infection[13].

In research published by the ALLIANCE and Chest Heart & Stroke Scotland, participants were keen to see the lack of public awareness of the impact of infection, including Long Covid, remedied with health and social care professionals and across wider society[14]. Staff should be trained in infection prevention and control and supported decision-making. An aspect of this will be providing support and resources to people more susceptible to infection or who have Long Covid, using a human rights based approach rooted in choice, flexibility, dignity and respect[15].

With measures taken to control COVID-19 now removed, people told us that it now feels like public perception and public health messaging has shifted to the COVID-19 pandemic being over. Fewer people are wearing masks, yet some people, social

care staff and their unpaid carers remain at high risk of infection. Many unpaid carers and those they support feel left behind[16].

National public health messaging must be informed by human rights standards and principles, consider those who are likely to be more affected by any future public health crisis and inform the public of the importance of infection prevention measures[17]. Communications must be accessible, inclusive and consistent, recognising the disproportionate impact the COVID-19 pandemic has had and its long-lasting effects on different population groups, including reasons behind any reintroduction of infection prevention and control measures[18].

Comprehensive prevention and control measures that can limit the spread of viral diseases should be implemented alongside a ventilation strategy for health and social care settings and accompanying public health guidance and communications for staff and members of the public. Maintaining and improving infection prevention and control is key to creating a safe environment for all[19].

---

[1] Health and Social Care Alliance (the ALLIANCE), "COVID-19", available at: COVID-19 - Policy and research (alliance-scotland.org.uk); Health and Social Care Alliance (the ALLIANCE), "Scottish COVID-19 Inquiry", available at: Scottish COVID-19 Inquiry - Policy and research (alliance-scotland.org.uk).

[2] Health and Social Care Alliance (the ALLIANCE), *Putting people at the centre of an independent inquiry into COVID-19,* (2021) available at: Putting people at the centre of an independent inquiry into COVID-19 - Health and Social Care Alliance Scotland (alliance-scotland.org.uk).

[3] Health and Social Care Alliance (the ALLIANCE), *Living with COVID: an anthology,* (2022) available at: Living with Long Covid - an anthology - Health and Social Care Alliance Scotland (alliance-scotland.org.uk)

[4] Health and Social Care (the ALLIANCE), *Health, Wellbeing and the COVID-19: Scottish Experiences and Priorities for the Future,* (2021) available at: Health-Wellbeing-and-the-COVID-19-Pandemic-Final-Report.pdf (alliance-scotland.org.uk).

[5] Health and Social Care Alliance (the ALLIANCE), 'Living with COVID-19: Carers Parliament event report' (26 April 2023). Available at https://www.alliance-scotland.org.uk/blog/news/living-with-covid-19-report-highlights-continued-impact-of-covid-19-in-scotland/; Health and Social Care Alliance Scotland (the ALLIANCE) Briefing: Putting people at the centre of an independent inquiry into COVID-19, available at: https://drive.google.com/drive/folders/1WFwXX5Yzzxes__h8- UfTHa7qiaznEvzO.

[6] Realistic Medicine Scotland, *Working Together to provide the right care for you,* (2024) available at: Realistic Medicine – Shared decision making, reducing harm, waste and tackling unwarranted variation.

[7] World Health Organisation (WHO), *WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions,* (2023) available at: WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions.

[8] World Health Organisation (WHO), *COVID-19 epidemiological update – 19 January 2024,* (2024) available at: COVID-19 epidemiological update – 19 January 2024 (who.int); Conway Morris, A., et al., *The Removal of Airborne Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and Other Microbial Bioaerosols by Air Filtration on Coronavirus Disease 2019 (COVID-19) Surge Units,* (2022) available at: Removal of Airborne Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and Other Microbial Bioaerosols by Air Filtration on Coronavirus Disease 2019 (COVID-19) Surge Units | Clinical Infectious Diseases | Oxford Academic (oup.com).

[9] World Health Organisation (WHO), *Strategic preparedness and response plan: April 2023 – April 2025,* (2023) available at: WHO-WHE-SPP-2023.2-eng.pdf; Ueki, H. et al, *Effectiveness of HEPA*

Filters at Removing Infectious SARS-CoV-2 from the Air, (2022) available at: Effectiveness of HEPA Filters at Removing Infectious SARS-CoV-2 from the Air - PubMed (nih.gov).

[10] Greenhalgh, T., et al., *Masks and respirators for prevention of respiratory infections: a state of the science review,* (2024) available at: Masks and respirators for prevention of respiratory infections: a state of the science review | Clinical Microbiology Reviews (asm.org).

[11] Health and Social Care Alliance (the ALLIANCE), *Accessing Social Support for Long Covid,* (2022) available at: Accessing social support for Long Covid - Policy and research (alliance-scotland.org.uk).

[12] Mutumbudzi, M., et al., *Occupation and risk of severe COVID-19: prospective cohort study of 120 075 UK Biobank participants,* (2021) available at: Occupation and risk of severe COVID-19: prospective cohort study of 120 075 UK Biobank participants | Occupational & Environmental Medicine (bmj.com).

[13] NHS England, *Supporting colleagues affected by Long COVID,* (2021) available at: NHS England » Supporting colleagues affected by Long COVID.

[14] Health and Social Care Alliance (the ALLIANCE), 'Research report: Accessing social support for Long Covid', p.15. (1 June 2022). Available at: https://www.alliance-scotland.org.uk/blog/news/research-report-accessing-social-support-for-long-covid/.

[15] Health and Social care Alliance (the ALLIANCE), 'Health, Wellbeing and the COVID-19 Pandemic: Scottish Experiences and Priorities for the Future'. Available from https://www.alliance-scotland.org.uk/wp-content/uploads/2021/02/Health-Wellbeing-and-the-COVID-19-Pandemic-Final-Report.pdf

[16] Health and Social Care Alliance (the ALLIANCE), 'Living with COVID-19: Carers Parliament event report' (26 April 2023). Available at https://www.alliance-scotland.org.uk/blog/news/living-with-covid-19-report-highlights-continued-impact-ofcovid-19-in-scotland/.

[17] Health and Social Care Alliance (the ALLIANCE), *Written evidence to Scottish COVID-19 Inquiry from the Health and Social Care Alliance Scotland (the ALLIANCE),* (2023) available at: ALLIANCE written statement to Scottish COVID-19 Inquiry - Health and Social Care Alliance Scotland (alliance-scotland.org.uk).

[18] Disability Equality Scotland, *Six principles of inclusive communication,* (2011) available at: The six principles of inclusive communication - Welcome to the Inclusive Communication Hub.

[19] World Health Organisation (WHO), *Strategic preparedness and response plan: April 2023 – April 2025,* (2023) available at: WHO-WHE-SPP-2023.2-eng.pdf.