

# PE2071/J: Take action to protect people from airborne infections in health and social care settings

Petitioner written submission, 15 November 2024

## UK Covid Inquiry

At this petition's heart lies profound disagreement with those responsible for UK-wide Infection Prevention and Control (IPC), regarding Covid-19 transmission – whether droplet/ contact or airborne - health impacts and protections; now playing out [via the UK Covid Inquiry](#).

- [Prof Clive Beggs](#) and Dr Barry Jones/ [Covid Airborne Transmission Alliance \(CATA\)](#), explained Covid's airborne transmission, hence the importance of clean air and respiratory protective equipment (RPE). [See also DHSC 'Report to future CMOs' – Chapter 1 [section 8](#)]
- HEPA filtration units are “low hanging fruit” – cheap and easy to install. (Clive Beggs)
- “The rebuffing of many experts – clinicians, aerosol physicists, engineers - who disagreed, wholesale lack of accountability of the IPC cell” (CATA)
- “It was defined as aerosol transmitted from the very moment it came into the country...an airborne Highly Consequential Infectious Disease [HCID].” (CATA)
- UK IPC Cell Chair Lisa Ritchie nonetheless remained adamant transmission is droplet and contact, not airborne. The UK Health Security Agency's Susan Hopkins insisted that FFP3s gave no more protection than surgical masks (FRSM) in clinical practice, even if proven in laboratories (misunderstanding Randomised Controlled Trial limitations, e.g. [testing parachutes!](#)).
- Scotland's Chief Medical Officer (CMO) acknowledged long term health impacts and accepted that FFP3s protect better than FRSM against aerosols
- He and others cited discomfort/skin problems from wearing FFP3s. Lady Hallett intimated discomfort may be outweighed by significant risk. (Hopefully those working with such pathogens in laboratories take protection more seriously).
- The Welsh CMO claimed that downgrading severity arose due to insufficient capacity and it becoming clear that Covid could be treated like any normal respiratory disease, while demonstrating failure to engage with Long Covid. [Dr Kevin Fong's testimony](#) of the appalling impact and ICU expert Prof Summers' evidence on multiple non-respiratory damages caused, suggested otherwise.

## FOIs

Scotland's Antimicrobial Resistance in Healthcare Associated Infections (ARHAI)'s National Infection Prevention and Control Manual (NIPCM) and literature reviews underpin [UK IPC](#). Errors enabled by poor governance, accountability and quality assurance thus have major repercussions.

Scottish Government's (SG's) Chief Nursing Officer's (CNO's) submission confirmed ARHAI's IPC leadership role, claiming SG has "no ownership or control over NIPCM content". [FOIs](#) apparently contradict this:

"ARHAI Scotland reports through NHS Scotland Assure Directorate Management Team who are accountable to NSS Executive Management Team into the NHS NSS Board. ARHAI Scotland also report directly to Chief Nursing Officer Directorate (CNOD) part of the Scottish Government."

ARHAI seemingly will not engage with wider stakeholders, SG's CNO distances themselves, the NHS NSS Board is ill-informed (no mention of significant risks as per Inquiry evidence, new data, etc at their meeting 27/09/24), Ministers nowhere to be seen. Where is public accountability?

SG says it took advice from ARHAI and Public Health Scotland (PHS) before withdrawing facemask requirements. Yet an [FOI](#) confirmed PHS "does not hold that information [on its advice]" and would not provide separate advice to ARHAI on health and social care setting IPC. [More FOIs](#) reveal the Care Inspectorate pushed for that guidance's removal, with provider bodies' support; seemingly prioritising anecdotal staff discomfort/difficulties over safety, thereby potentially exposing vulnerable people to significant risk of life-changing/ ending infection in their own homes.

### **Summer wave**

PHS July 2024 wastewater charts showed Scotland experienced the highest Covid infection peak since 2022, alongside rapidly rising hospital admissions (likely underestimated given asymptomatic transmission and that testing is no longer routine), positive swabs and deaths, with untold longer-term health damage. Nothing was done, except PHS 'paused' wastewater data publication.

No claim made when withdrawing facemask requirements holds true. Covid is not in a 'calmer phase' ([PHS now acknowledges there are waves throughout the year](#)), most have had no vaccine for ages, rapidly mutating immunity-evading variants anyway make lasting 'herd' immunity impossible, and there is ever-increasing evidence of long-term harm. Another variant is already rising (<https://theconversation.com/xec-what-you-need-to-know-about-the-new-covid-variant-239125>).

In March 2024, [special leave for NHS staff testing positive was removed](#): "There is no longer any requirement for staff to have a negative LFD test before returning to work."

Unsurprisingly, a snap survey of almost 550 nursing professionals (<https://www.nursingtimes.net/respiratory/covid-19-nurses-concerned-amid-summer-upsurge-16-08-2024/>) found:

- 85% noticed a rise in recent workplace cases;

- 58% would welcome more Covid-19 prevention measures in their workplaces (22% unsure);
- 40% reported having had Covid-19 themselves this summer. Of those, 21% had attended work while infected with the virus;
- Many felt pressured to come to work even with Covid-19 and discouraged from testing themselves and patients.

[RCN](#) mentions that 64.4% of survey respondents in Scotland had gone to work at least twice in the last year despite feeling too ill.

How can IPC *guidance* override workplace health and safety *law*?

## **New data**

Recent examples include:

Health impacts:

- [Interdisciplinary review on Long Covid](#)
- [A synthesis of the state of scientific evidence on long COVID](#)
- [Long Covid in kids](#)
- [Does Covid lead to dementia?](#)
- [Immune system impact – new form of AIDS](#)
- Molecular interaction causing thromboinflammation and brain damage (<https://www.news-medical.net/news/20240829/Fibrin-fuels-thromboinflammation-and-brain-damage-in-COVID-19.aspx> )
- [Underlying mechanisms of ‘brain fog’](#)
- [Associations with accelerated ageing](#)
- Long-Term Cognitive Impacts of Mild COVID-19 (<https://scitechdaily.com/scientists-expose-long-term-cognitive-impacts-of-mild-covid-19/>)
- Mild COVID-19 disrupts brain connectivity and reduces memory function in adolescents and young adults (<https://www.news-medical.net/news/20241003/Mild-COVID-19-disrupts-brain-connectivity-and-reduces-memory-function-in-adolescents-and-young-adults.aspx>)
- [How Covid affects the heart](#)

Protections:

- [Comprehensive review confirms mask effectiveness, urges better design and policy support](#)
- [Simple measures lessen hospital-acquired COVID-19 infections](#)
- [Admission screening testing of patients and staff N95 respirators are cost-effective in reducing COVID-19 hospital-acquired infections](#)
- [N95 Masks Nearly Perfect at Blocking COVID](#)
- Lessons from the COVID-19 pandemic for indoor air quality (<https://www.science.org/doi/10.1126/science.adp2241>)

- [Air filter significantly reduces airborne SARS-CoV-2 in COVID-19 wards](#)
- Recommitting to Ventilation Standards for Healthy Indoor Air Quality (<https://www.science.org/doi/10.1126/science.adp2241>)

## **Urgency**

Nothing is done, despite vast new learning, [WHO recognising aerosol transmission](#) and its [indoor airborne risk assessment in the context of SARS-CoV-2](#), continual waves, 8,024 UK deaths this year, mass sickness and disablement. Despite SG asserting that ARHAI's Manual is "continually under review"; SG "regularly reviews guidance as the pandemic situation changes and new emerging evidence is received", key NIPCM sections remain 'pending'. Meanwhile, ARHAI works on a massive [Transmission-based Precautions Definitions](#) literature review, citing evidence seemingly contradicting their Manuals.

This petition is a plea for urgent action; for those responsible for IPC to prevent and control airborne infections; for Scottish Ministers to take responsibility for devolved matters and for parliamentarians to hold them and key players to account.