

Advice to RCSLT members on reducing the transmission of COVID-19

2 July 2021

Throughout the COVID-19 pandemic, the RCSLT has worked with a broad coalition of professional bodies and unions to understand the risk the virus poses to our members and patients, and to work with government to ensure appropriate personal protective equipment (PPE) is provided for all health and care staff.

Overwhelming international evidence now exists on transmission routes and how these affect your safety at work.

However, despite ongoing engagement with government and decision-makers on the issue of COVID-19-related PPE, we have been unable to reach an agreed position that recognises this evidence.

We would therefore like to reinforce our advice for our members, [in line with page 5 of our current guidance on PPE dated January 2021](#), urging all members to request access to FFP3 or equivalent respiratory protective equipment when caring for a patient with confirmed or suspected COVID 19.

1. The current UK government recommendations on the provision of PPE for health and care staff do not recognise the risks of short-range aerosol transmission. This omission is placing frontline workers at increased risk. More than 1,500 health and care workers have died of COVID-19 and more than 100,000 have been ill, many suffering the effects of Long Covid.
2. Current UK Infection Prevention and Control/Public Health England guidance recommends the use of only surgical face masks, except for a small number of medical procedures known as aerosol generating procedures (AGPs). This is despite the fact that it is well established that simply breathing, coughing, or talking is sufficient to produce aerosols capable of spreading the disease.
3. Surgical face masks are not designed or classified by the Health and Safety Executive as suitable for protecting against aerosol hazards. Only a higher grade FFP2/FFP3 respirator, properly fit-tested, is designed to protect the wearer from airborne transmission.

Ventilation is often argued as an alternative approach, but this is very difficult in many older healthcare premises, and almost impossible in settings such as ambulances or patients' own homes. Ventilation is also ineffective within two metres of a patient, where most care takes place and aerosol density is greatest.

4. Every healthcare professional should have access to a fit-tested FFP3 respirator for use when needed. They will not be needed in every scenario, but health and care staff should have the flexibility to exercise their clinical and professional judgement and wear suitable protection when the risk of infection is present.
5. We recognise that procuring appropriate respiratory protective equipment (RPE) can have cost implications over the long term. This is why we would recommend more reliance on reusable respirators, which can reduce environmental impact and enhance confidence in protection. Reusable respirators have a number of advantages: they can be cleaned and reused, they can be custom fitted to individual healthcare workers including those who struggle to wear standardised kit, and they can be manufactured quickly and sustainably in the UK.
6. The emergency of the Delta variant and escalating number of infections and hospital admissions highlight just how urgent this issue remains, with the possibility of future variants being introduced that may evade current vaccinations. The health and safety of health and care professionals remains our key concern. The vaccine programme, while successful and essential, is not 100% effective in preventing infections and varies according to variant and individual immune response.
7. We are working collaboratively on a risk assessment tool, which we will share as soon as we can to support this advice. Our main focus is your safety, health and wellbeing, and that of our patients.
8. We encourage all members to request access to FFP3 or equivalent respiratory protective equipment when caring for a patient with confirmed or suspected COVID-19.

The following resources may be of help in influencing local decision-makers:

- [Letter to the Prime Minister from the AGP Alliance and wider partners](#)
- [Briefing from the AGP Alliance and partners](#)
- [Presentation to the UK Infection Prevention and Control Cell, delivered by the AGP Alliance and partners](#)

The AGP Alliance, as representatives of the majority of the UK's front-line workforce, would like to extend sincere gratitude and thanks to all of our collective members for the incredible work you have done, and continue to do, in diligently supporting patients at their point of care.