

Royal College of Nursing Response to the Department of Health and Social Care's Consultation on Extending Free PPE to the Health and Care sector

1. Introduction

1.1. With a membership of around 465,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

2. To what extent do you agree that free PPE should be extended beyond 31 March 2022 for 12 months?

2.1. The RCN strongly agrees that free PPE should be extended.

2.2. The RCN undertook surveys of nursing staff in April and May of 2020 to identify their experiences with the supply of and access to PPE. These results were collected before the government's online portal was established. The first findings were titled "Personal protective equipment: Use and availability during the COVID-19 pandemic"ⁱ and "Second Personal Protective Equipment Survey of UK Nursing Staff Report: Use and availability of PPE during the COVID-19 pandemic"ⁱⁱ

2.3. The RCN's May 2021 survey found that there were still shortages of essential PPE in all settings, and health and care staff were still reliant on PPE items being donated or home-made in some cases. In this survey over a third of respondents reported feeling pressure to care for individuals with possible or confirmed COVID-19 without adequate protection. This was significantly worse for BAME nursing staff, where over half (56%) felt pressure to work without the correct PPE. Those working in a care home were most likely to report that they felt pressured to care for individuals with possible or confirmed COVID-19 without adequate protection (41%) rather than those working in a hospital (38%) or the community (24%). The RCN is very concerned that the removal of the current free PPE provision could result in seeing a return to poor access to PPE and the associated implications of this for patients as a safety critical profession; as well as the significant personal risks for our members.

2.4. As a profession, nurses have led the way in reducing transmission by demonstrating excellent infection prevention and control measures. These measures are fundamental to nursing, meaning the profession is uniquely able to understand the importance and methods to reduce infection rates. The evolution of SARS-CoV-2 variants of concern has led to increased transmissions and infections. It is considered that the UK Infection Prevention Control (IPC) guidance has tended to be slow to be revised, and that employers must be supported to move quickly and urgently in order to best protect their staff and patients. As such, through our commissioned research with a broader remit than the UK IPC guidance, the RCN continues to advocate for a precautionary approach to the use of PPE, specifically respiratory protective equipment. It is considered that removing the current free PPE provision at this time would not

future-proof for potential variants and would not allow for a precautionary approach.

- 2.5. It is also recognised that compliance with national and local IPC guidance will always be dependent on an adequate supply of PPE. When the issue at hand is as essential as the protection and safety of health and care staff, it is imperative that everyone entitled to PPE has access to it, regardless of their geographical location, role, employer or finances.
- 2.6. The RCN is clear that all governments and employers in the UK must ensure that all nursing staff, regardless of practice setting, have access to the necessary PPE of the required standard. With employers now juggling pre-pandemic financial challenges and new inflation-based higher costs, it is considered that removing the current free provision of PPE would not only put safety compliance at risk but can also create safety disparities across different communities. The quality and quantity of PPE an essential health and care worker receives should not be left to chance.

3. Do you have any other views related to this consultation that you would like to express?

- 3.1. While the RCN is supportive of the Government's proposal to extend the provision of PPE for an additional 12 months, there has been no clear suggestion made on what will happen in 2023 should this extension be approved. The RCN would expect to see further proposals and consultation next year to ensure transparency on the Government's decisions and approach to managing further risk. This should include both safety and financial risks related to both the Covid-19 pandemic as well as other pandemics or public health emergencies. The RCN would expect the government to wish to engage with a broad remit of professionals with relevant expertise in public health and infection prevention and control in order to mitigate the likelihood of essential PPE becoming unavailable to those who most need it.
- 3.2. The RCN has raised concerns throughout this pandemic on the required and relevant expert stakeholder and multi-professional engagement in the development of the UK IPC guidance. The RCN would expect that considering the fundamental role the nursing profession has in IPC measures, the guidance would want to particularly engage from the outset with those who have unique and useful expertise.
- 3.3. The RCN is pleased to have been invited to provide formal comments on the latest iteration of draft IPC guidance, however, the RCN disagrees with its recommendations on the use of respiratory PPE. This UK-wide guidance represents the key resource to support and protect patients and staff from infection and is a major driver for the use of PPE. Should the guidance take on board the feedback from the RCN and other relevant stakeholders supporting the airborne transmission of SARS-CoV-2 this will have a major impact on the demand for FFP3 masks which must be provided free of charge to users.

- 3.4. In February this year the RCN published our independent review of the government’s guidelines. The review is titled “RCN Independent review of guidelines for the prevention and control of Covid-19 in health care settings in the United Kingdom: evaluation and messages for future infection-related emergency planningⁱⁱⁱ” and was written by Professor Dinah Gould, an Honorary Professor of Nursing at London’s City University, and Dr Edward Pursell, also from City University.
- 3.5. The authors of the report found that “Neither the Rapid Review nor the UK guidelines have been appropriately updated to meet the needs of an outbreak situation now progressing into its second year. In particular, the evidence relating to airborne transmission, the ventilation of health care premises and implications for the use of face-protection need to be re-considered and included in UK guidelines”. the RCN is therefore concerned that the UK Government is placing an over-reliance on guidelines and guidance that respected experts consider do not adequately reflect the most relevant information and processes.
- 3.6. As much more is now known about COVID-19, knowledge about the way that it is transmitted has changed and it is becoming apparent that airborne transmission of SARS-CoV-2 beyond the technical process of aerosol generating procedures is possible. Our independent report also highlighted that the IPC guidelines omit detail on the importance of ventilation and advise that higher level PPE must only be provided in certain high-risk settings like intensive care, but that it’s up to individual health trusts to decide whether or not to provide them more widely to other staff.
- 3.7. As a Royal College and professional trade union representing the largest directly affected workforce, with thousands of members with significant expertise in infection prevention and control, the RCN is concerned that the IPC guidance is not being consistently aligned with the most up to date information and research on the virus and its variants. With PPE provision being linked to the IPC guidance, due consideration of the current evidence and suitability of the guidance to different care settings and specialities must be given proper attention.

ⁱ <https://www.rcn.org.uk/professional-development/publications/rcn-ppe-survey-covid-19-uk-pub-009235>

ⁱⁱ <https://www.rcn.org.uk/professional-development/publications/rcn-second-ppe-survey-covid-19-pub009269>

ⁱⁱⁱ <https://www.rcn.org.uk/professional-development/publications/rcn-independent-review-control-of-covid-19-in-health-care-settings-uk-pub-009-627>