

8 February 2022

OPEN LETTER

To: The Rt Hon Jeremy Hunt MP, Chair, Commons Health and Social Care Select Committee

Subject: Select Committee ignores evidence of danger to healthcare workers (HCWs)

I was pleased that, back in May last year, you invited me to submit evidence to your Select Committee as a part of its inquiry “Coronavirus: Lessons learned to date”. You may recall that I presented a detailed report comprising almost 40 pages: <https://committees.parliament.uk/writtenevidence/36672/pdf/>.

In the report I sought to alert members of the committee to the fact that our healthcare workers were not being given adequate respiratory protection to keep them safe from coronavirus and I submitted recommendations for the committee’s consideration.

I was disappointed to find that, when the committee’s report was published in September, no notice had been taken of my concerns. <https://committees.parliament.uk/publications/7496/documents/78687/default/>

I am a health and safety practitioner, with 27 years of experience in the field of hazardous substances (including microbiological) and respiratory protective equipment (RPE). The facts that I presented to you were supported with sound, credible evidence, both from a technical and legal perspective.

The only reference to my evidence in your report was a one-liner at item 71 at the tail-end of your report, just confirming the written evidence had been received. The only mention of ‘PPE’ was in connection with the shortages noted during the first wave and concerns expressed by BAME HCWs – both of which were entirely relevant and it was good to see these issues discussed.

However, within your report there was not one single mention of the word “mask” or “FFP3” (the type of mask HCWs should have been wearing). It seems that the fact that HCWs were being given the **wrong type of mask** which greatly imperilled their health and safety was not considered important enough to be discussed. When it comes to respiratory protection of workers, if someone is issued the wrong PPE and are told that it is the right PPE and it will keep them safe, then they are lulled into a false sense of security, believing that they are protected when actually they are not.

In reality, when providing close-quarter care to infectious patients, they are breathing in the airborne particles (aka ‘aerosols’) which have been so well illustrated in the Government’s public education videos. They breathe these in, they become ill, some die, others sustain catastrophic life-changing health conditions from Long-Covid.

The surgical masks which they are given do not guard against the inhalation of virus-laden aerosols. Neither do they adequately prevent the emission of aerosols from infectious patients, even when they are wearing surgical masks as so-called “source-control”. In order to effectively guard against inhalation of aerosols proper Respiratory Protective Equipment (RPE) is required, certified and approved by the Health and Safety Executive.

Surgical masks are not, and never have been certified or approved as RPE - despite some misguided members of the policy-setting teams within the UK-HSA and NHS believing that they are.

I recall that you, yourself, have publicly raised concern that up to 40% of all covid deaths in the country have originated from hospital acquired infection. Given that there are only 3 main sources of transmission, further consideration should be given to which is the most probable reason for this:

- Fomite – i.e. touching contaminated surfaces, then hand-to-face (eyes/mouth/nose) transfer:
 - Do we really think that the standard of cleanliness, hygiene and disinfection in our hospitals is so abysmal that it could account for disease spread on such an astronomical scale?
 - Many experts now believe that fomite transmission is not nearly such a significant issue as first thought. The evidence of two eminent professors to the Science and Technology Select Committee [meeting](#) on 26 October 2021 demonstrates this.

- Droplets – the emission of droplets of spittle, mucus etc from the mouths and noses of infected patients impacting directly upon the noses, mouths or eyes of other persons. In other words, droplets that are so large that they fall to the ground within 2 metres and would not remain suspended in the air (i.e. not inhalable).
 - Given the policy of ‘universal wearing of masks’ in hospitals and taking account of the fact that surgical masks are designed for, and good at, preventing the passage of droplets and spurting liquids, do we really believe that there is so much spittle and mucus flying around in patients’ faces to account for the massive amount of hospital acquired infection?
- Airborne/aerosol transmission – Very small droplets, laden with infectious viruses (or virions to give them their correct name in this state) are so tiny that they remain suspended in the air for hours, readily inhalable
 - Clearly the concentration of aerosol is greatest when it is closest to the source.
 - HCWs caring for infectious patients, being close to the source, are inhaling the exhaled air of the patients and, without effective respiratory protection, will most likely acquire the disease – especially when their work exposes them to the virus day after day.

For more details about the scientific, technical and legal aspects of this, you might wish to read the report that I submitted to you last summer. Had you been acquainted with the facts presented in that report, when you commented on the 40% fatality rate it may have occurred to you that perhaps this massive death toll may, at least in part, be attributable to the provision of the wrong type of protective equipment being used in our hospitals.

Your ‘Lessons Learned’ inquiry was jointly conducted with the Public Accounts Committee (PAC). I am aware that a number of highly respected medical professional institutions, royal colleges and other experts also submitted a report. <https://committees.parliament.uk/writtenevidence/36669/pdf/> to the PAC. Any written evidence submitted to the joint inquiry was available to both committees and their evidence was also totally disregarded, as have been the heartfelt pleas of these same organisations in the midst of the second wave when healthcare workers were dropping like flies. For example the letter to the former Health and Social Care Secretary “[Stop praising us and start protecting us](#)”.

Sadly these pleas fell on deaf ears, other than the trite remarks of ministers that “*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*” – this being a quote from a letter that I received from the Rt Hon Jo Churchill MP, the then Minister for Protection, Health and Primary Care. The self-same letter (word for word) was received by others who had written to the Minister raising similar concerns about respiratory protection. The Minister sent out a standard word-processed reply without any substantive response to the technical issues that were being raised with her.

When taken together:

- such a dismissive response from a Minister;
- the rejection of pleas for effective PPE from frontline healthcare professionals by the Secretary of State; and
- the fact that the 38 MPs who make up the H&SC and PAC Select Committees were insufficiently interested to consider representations made to them;

this paints a woeful picture of a Government which simply has neither care nor compassion for the brave healthcare workers who have seen us through the darkest days of this pandemic.

The House of Commons [online explanation](#) of select committees states in its audio-visual presentation: “*We want to know how the government’s policies are working in the real world, and we want to know what needs to change to make things better. We call out for comments and views from the public ... there’s lots we can learn from them*”.

These are fine words indeed, though clearly not met in practice if the committees simply call for evidence and then blatantly ignore it. This is particularly irksome when the issues relate to the life and death of citizens (with no exaggeration). To brush such concerns aside represents a serious dereliction of duty.

May I respectfully suggest that you convene a further “Lessons Learned Inquiry” comprising members drawn from all three Select Committees that have taken evidence on the matter of respiratory protection of healthcare workers (i.e. Health and Social Care, “Science and Technology” and “Work and Pensions”. By taking a joined-up approach you may find that lessons are indeed learned.

Although we all hope that this pandemic may be drawing to an end, the Director General of the World Health Organisation sends a 'wake-up call' via his message to the world on 1st February:

We're concerned that a narrative has taken hold in some countries that because of vaccines, and because of Omicron's high transmissibility and lower severity, preventing transmission is no longer possible, and no longer necessary.

Nothing could be further from the truth. More transmission means more deaths. We are not calling for any country to return to so-called lockdown but we are calling on all countries to protect their people using every tool in the toolkit, not vaccines alone.

It's premature for any country either to surrender or to declare victory. This virus is dangerous and it continues to evolve before our very eyes. WHO is currently tracking four sub-lineages of the Omicron variant of concern, including BA.2.

This virus will continue to evolve, which is why we call on countries to continue testing, surveillance and sequencing. We can't fight this virus if we don't know what it's doing and we must continue to work to ensure all people have access to vaccines.

I respectfully suggest that the top priority of any Government, in the event of a pandemic (after effectively sealing the borders at the earliest possible moment) is to ensure that the health and safety of its healthcare workers is, so far as is practicable, assured.

I entreat you to do everything in your power to remedy this appalling situation and ensure that our healthcare workers are given the protection that they so richly deserve.

Yours Sincerely

DFJ Osborn BSc CMIOSH SpDipEM



(Contact details provided on accompanying e-mail)

cc: The Rt Hon Chris Skidmore MP, Member for Kingswood;

The Rt Hon Sajid Javid MP, Secretary of State for Health and Social Care
Baroness Eluned Morgan AM, Minister for Health and Social Care (Wales)
Humza Yousaf MSP, Cabinet Secretary for Health and Social Care (Scotland)
Mr Robin Swann MLA, Health Minister (Northern Ireland)

The Rt Hon Stephen Timms MP, Chair, Work and Pensions Select Committee
The Rt Hon Greg Clark MP, Chair, Science and Technology Select Committee

Ms Sarah Newton, Chair, Health and Safety Executive
Ms Sarah Albon, Chief Executive, Health and Safety Executive.

Dr Barry Jones, Chair, Covid Airborne Protection Alliance
Professor Emeritus Raymond Agius, Co-Chair, BMA Occupational Medicine Committee,
Dr David Bailey, Chair, BMA Welsh Council