Personal Protection Equipment (PPE) – establishing the truth

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The government have repeatedly stated that there was enough PPE in stock, but the experience of front-line staff tells us a different story. As of 22nd May, the government confirmed 49 deaths of NHS staff although the Guardian and BMA suggest around 200. A BMA survey in April this year received 2000 responses that revealed that many doctors were still expected to care for COVID 19 patients with little or no PPE. More than half the doctors working in high risk environments reported there were either shortage or no supply at all of adequate masks, 65% said they did not have access to eye protection. More significantly, 55% of doctors felt pressurised to work in high risk areas in the absence of adequate PPE.

Public Health England (PHE) have made revised guidelines which differ considerably from the standards set by other countries or the World Health Organisation (WHO), without a clear reason. WHO recommends medical face masks, long sleeved gowns and goggles and gloves but PHE insists on surgical masks, plastic aprons (arms bare below the elbow) and gloves in most areas although it sets higher standards for very high risk areas.

Respiratory droplets greater than 5um fall to the ground rapidly within one meter from the source. Droplets from aerosols less than 5um remain suspended in the air for a prolonged period. Coughing and sneezing, two common features of COVID 19 symptoms produce both droplets and aerosols. Surgical masks are inadequate to protect the wearer from inhaling particles smaller than 100um (droplets and aerosols). PPF2 masks have 94% efficiency compared to 99% for FFP3.

The government calls attention to the global demand for PPE as a reason to explain the shortage of PPE. This does not hold water. In March NHS officials informed Parliament that there was adequate supply of PPE to keep staff safe in the months ahead. In February, the Department of Health and Social Care sent a letter to NHS suppliers downgrading the risks of COVID 19 despite the fact that WHO had declared it as a public health emergency.

A recent paper by Thomas, JP et al in Clinical Medicine stated that PHE guidance on PPE appeared complex and convoluted. It concluded that concerns regarding the current PHE COVID 19 PPE advice remain warranted. It called for an urgent revision of the guidelines to ensure sufficient protection of NHS workforce. These problems are likely to continue given that issues of PPE supply will likely increase as we come out of lockdown and the issues of PPE supply become even more relevant for other sectors.

Hence it is not surprising that there have been calls for an inquiry into PPE supply and the procurement process as a way forward.

The government should initiate an urgent judge led review of the failure of PHE, NHSE and The secretary of State for Health and S0cial Care to identify and remedy the PPE crisis

To review the failure of the BEIS procurement process and the capability of the suppliers on the list.

Investigation into the need to turn to charities to supply PPE and the future of this as a long-term solution.

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