https://covidpledge.uk/

"WE ARE FOLLOWING OFFICIAL GUIDELINES"

Several people have received this reply when raising the issue of lack of protections in healthcare, sometimes in a way which implies that's the end of the discussion, or the hospital can do nothing more. You can challenge this, the guidelines are not fit for purpose, and do not protect patients or staff adequately.

The guideline they are referring to are the official "Infection Prevention and Control (IPC) guidelines". There is information in the Campaign for Safe Healthcare Factsheet about the guidelines; the following information is more detailed and can help you challenge this response.

a) Clinical guidelines are not set in tablets of stone, nor are they the law, and they do not remove or replace the duty of healthcare providers to provide you with safe care, or to protect their staff.

b) IPC in a hospital is usually headed by a doctor or nurse specialist in infection control. As clinicians they can depart from guidance when it is in their patients' best interests to do so. IPC guidance is determined nationally, by the "IPC Cell", but NHS Trusts can choose to go beyond the guidance and implement airborne protections locally. A few have done so, implementing FFP3 masks for staff for example. This is a management decision, taken in consultation with the head of IPC team. You can ask the doctors and nurses providing your care if they will also ask for the guidelines to be changed.

c) Sometimes guidelines are wrong. There is a good paper called "*The potential benefits, limitations and harms of clinical guidelines*" The limitations and harms section lists reasons why guideline recommendations may be wrong. These include: failing to take evidence into account; not having the right experts in guideline committees; allowing opinions, beliefs and clinical experience to take precedence over objective evidence; and allowing other interests to influence the recommendations, such as reducing costs, commercial interests and the interests of doctors themselves, managers, or politicians.

d) IPC guidelines have a fundamental flaw: they do not accept that SARS-CoV-2 is mainly spread through the air, so they do not recognise that there is risk of spread wherever people share the same indoor space and breathe the same air.

e) Many of the reasons given above in c) apply to the IPC guidelines, including:

i. They are based on outdated and unscientific beliefs, which deny that airborne spread of SARS-CoV-2 is the main route of spread. There is no convincing evidence for droplet transmission or for aerosol generating procedures (AGPs), yet these remain the basis for current guidance.

ii. They fail to include the important precautionary principle, which says that in a pandemic all routes of spread should be protected against, including airborne protections. This breaches WHO guidance on the management of pandemics.

iii. They contradict UKHSA "pathogen specific guidance" which says that SARS-CoV-2 is spread by aerosols and droplets when people breathe, speak, cough and sneeze. IPC guidance says aerosol spread happens only with AGPs.

iv. IPC guidance is not followed in practice, in terms of risk assessments. With current high levels of community transmission all patients are at risk of getting infected, with potentially serious consequences, especially for clinically vulnerable people. All staff should be wearing respiratory protective equipment (RPE).

v. There is nothing in the guidance on the importance of clean air within the healthcare environment or on the benefits of ventilation and air filtration.

vi. There is no-one on the IPC Cell who is an expert in the behaviour of aerosols, monitoring of air quality or how we should and could clean the air in our hospitals and care homes. It has 41 members, none of whom is an aerosol scientist, occupational hygienist, air quality specialist or ventilation engineer.

vii. The IPC guidelines have been criticised since early on in the pandemic by many healthcare workers, trade unions and professional organisations. The BMA and 16 health organisations wrote to the Prime Minister in February 2021 stating the guidance needed revision as it failed to take into account airborne spread or recommend airborne mitigations. In March 2021 an independent report commissioned by the Royal College of Nursing found the guidelines to be "*fundamentally flawed and need replacing*". In July 2021 a demonstration by healthcare workers was held outside the Department of Health and Social Care demanding airborne protections. Twenty-six health organisations have now called

for airborne protections for staff, but to no avail; the guidance remains droplet-based.

f) “Following official guidelines” is therefore not a justification for failing to provide safe healthcare. If guidelines or rules are wrong, they can and need to be changed. We have the right to safe healthcare.