

**P-06-1450 Welsh Government to take action to protect people from airborne infections in health care settings – Correspondence from the Petitioner, 23 September 2024**

Hi

Thank you for forwarding the letter from the First Minister to Jack Sergeant in response to our petition.

Responses to your questions:

- What are your thoughts on the attached document? **See below**
- Does it adequately address the issues that you raised? **No**
- Do you have further questions in response? **Yes see below**
- Is there anything additional that you would like the Committee to know at this stage, either in response to this document or as an update to the Committee? **See below**

**Our responses & further questions:**

How can Welsh Government state they have a long-term strategy for living safely with Covid when there are nosocomial acquisitions in Wales every week?

When there is still an associated risk of death and morbidity with each case? You may aspire to living safely – but your hospitals are currently unsafe whilst nosocomial Covid transmission happens every week.

For all the actions you intend. By when do you anticipate the number of infections acquired by poor ventilation will be 0?

What are the Welsh Government's nosocomial objectives e.g. nosocomial transmission halved by 2025? The overall goal being 0.

What are your ventilation objectives as the WHTM 03-01 being updated as that per se will take years and not of itself lead to improvement?

Can the Welsh Government provide an overriding statement that poor ventilation in hospitals disseminates airborne pathogens such as SARS-CoV-2, Influenza and RSV.

This statement does not say that specifically.

[The Welsh Government, with the support of NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) and Public Health Wales (PHW), continues to introduce measures to improve air quality across health and social care. Effective ventilation and filtration are key to achieving this and by doing so, to mitigate the risks of infection. Some key actions have included:

What measures are in place to indicate not just that ventilation is working – when commissioned – but when clinical areas are busy?

Can you commit to every clinical area being CO2 tested periodically- very inexpensive- to seek out poorly ventilated areas?

Can you commit that NHS Wales will applying precautionary principle by:

- regularly testing patients and staff for flu, Covid and RSV?
- wearing fit tested FFP2 masks as a minimum where ventilation isn't up to standard?

Please share your plans to keep the clinically vulnerable safe inc outpatients for the vulnerable?

Over the last 2 weeks in the UK Covid Inquiry a number of witnesses have covered the benefits of clean fresh air in hospitals and health care settings. Will the First Minister & PHW be reviewing their current ventilation plans & mitigations for nosocomial infections in light of these?

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Responses to letter - inline in red

***Improve air quality in health & social care settings through addressing ventilation, air filtration and sterilisation:***

*The Welsh Government, with the support of NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) and Public Health Wales (PHW), continues to introduce measures to improve air quality across health and social care. Effective*

*ventilation and filtration are key to achieving this and by doing so, to mitigate the risks of infection.*

*Some key actions have included:*

- The issue of a new Welsh Health Technical Memorandum (WHTM) 03-01 –Specialised Ventilation for Healthcare Buildings Parts A & B which covers design, validation and operational performance. These documents provide detailed ventilation recommendations for all healthcare buildings, including primary and social care.*

*Which hospital ventilation guidelines are you currently following?*

*Who has overall responsibility for ventilation and air cleaning in hospitals in Wales?*

*When were the new WHTM designs published?*

*How are these being implemented?*

*When standards are not met (ie with older systems) -what are your mitigation responses, eg CO2 & PM 5 monitoring, extra HEPA filters?*

- Every health board and NHS trust in Wales has appointed Authorised Persons (APs) for ventilation, they ensure installations, maintenance and monitoring is completed to*

*a compliant standard.*

*Is this a new role since Mar 20?*

*Where are the results published esp compliance, environmental data eg CO2, Pm5 etc and air filtration CADR etc?*

- Ventilation Safety Groups (VSG) are in place at all health boards and NHS trusts in Wales. These groups have the responsibility of ensuring all ventilation systems are designed, installed, tested, and maintained in accordance with the guidance.*

*Our understanding is that VSG groups were already in place in health boards before 2020. Why therefore was there so little good ventilation in hospitals when the pandemic hit?*

*What have they done since Mar 2020 to improve ventilation?*

*Are you only compliant with the date that the system was installed?*

*Are you forward compliant also? eg what is your filtration standard - MERV13 and above?*

*Could a member of our group be included in minutes from these VSGs?*

*For the current airborne nosocomial infections, is there an SOP for investigation to determine if the ventilation was poor or a contributory factor?*

*If so, what action is taken immediately to make it safe?*

- NWSSP-SES provides the services of an Authorising Engineer-Ventilation (AE-V) which is appointed as an independent advisor by health boards and NHS trusts to undertake assessments of Authorised Persons, audit systems and their associated operational management. The Authorising Engineer is also a member of the Ventilation Safety Group.

**Where are these assessments published?**

One doctor in Wales' experience of hospital filtration is that it is all a patchwork quilt with varying stds everywhere. One engineer had a migraine when asked to show him what standard the system was.

Each hospital has hundreds of systems all different, most non compliant except for some laminar flow systems in some theatres - and these were past their sell by date 20+ yrs old How is this being addressed?

- NWSSP-SES engineers undertake full validations on specialist ventilation systems when they are first installed. In addition, they complete critical ventilation plant verifications annually and external contractors are also commissioned to carry out this work which ensures all specialist ventilation systems are covered.

**Can you provide a report of the current ventilation status by health board and hospital?**

Where there are inspections, are systems replaced if they are too old and out of date? We have been formally advised that many do not have any filters in place and they usually mix dirty and clean air for energy performance. How is this being addressed?

In relation to sterilisation, including air High Efficiency Particulate Air (HEPA) filter purification, work is ongoing with NHS Improvement England NHSI/E and the rest of the UK

NHS, including representatives from the Scientific Advisory Group for Emergencies (SAGE), to validate its effectiveness in healthcare settings.

**How is this being implemented in Wales?**

**What are the standards eg CADR 9+ MERV13 filters Co2 levels below 600?**

**By when??**

**Is it funded?**

The social care sector in Wales has been provided with advisory publications through PHW and the Welsh Government with a focus on infection transmission and clearly referencing the importance of effective ventilation systems to mitigate these risks and improve air quality. Social care settings, such as care homes, are people's home and not a clinical environment. The terms 'air filtration' and 'sterilisation' in relation to air quality are only relevant for healthcare settings.

Under Section 44 (4) (a) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 providers of regulated services must ensure

premises are "accessible, adequately lit, heated and ventilated". The regulating body, Care Inspectorate Wales, carries out regular inspections of the services and the environment is one of the areas reported on.

So far in Module 3 of the UK Covid Inquiry the Group of Welsh Health Bodies, Jean White and Prof Dinah Gould state all confirm that highlights that the main issue with NHSW buildings is lack of ventilation. This contradicts what is said above. How does the FM respond to this?

**Reintroduce routine mask-wearing in those settings (as per WHO recommendation 20 Dec 2023), particularly respiratory masks:**

PHW's Infection Prevention and Control Measures for Acute Respiratory Infections (ARI) including COVID-19 for Health and Care Settings - WALES provides detailed advice about the appropriate use of face masks in clinical settings. It states that health and care staff should continue to wear FRSM (type IIR) when working in respiratory care pathways and when clinically caring for people with suspected/confirmed Covid-19 and flu.

Does the First Minister & PHW acknowledge that Covid is airborne and that FRSM masks do not protect the wearer from an airborne virus?

Does she agree that protection of staff & patients is paramount?

Clinical infection rates in hospitals are at a record high as are opportunistic infections. Approx 1 in 3 patients now get a post operative infection.

Does the FM understand that there is a correlation between Covid and overall infection rates and complications in health care settings?

How does the FM explain staff sickness since 2020?

How are you trying to limit staff sickness using preventions?

In all other clinical care areas, universal masking should be applied when there is known or suspected cluster transmission of acute respiratory infection, for example during an incident, outbreak, and/or if a new Covid-19 variant of concern emerges.  
Is the definition of universal masking still only an FRSM mask?

Universal masking should also be considered in settings where patients are at high risk of infection due to immunosuppression e.g. oncology/haematology. This should be guided by local risk assessment and includes primary and community care staff

Why only considered?

What is the risk assessment undertaken?

This guidance was reviewed by PHW's infection, prevention and control experts following the emergence of the Covid-19 variant JN.1 and was considered to remain appropriate.

What evidence do you have that WHO guidelines are incorrect?

Has PHW challenged WHO on these masking guidelines?

Please review the evidence from Prof Clive Beggs, Dr Barry James, Dr Ben Warne, Dr Gee Yen Shin and Professor Dinah Gould (Experts in Infection Prevention and Control)

### **Reintroduce routine Covid & Flu/RSV testing - it is asymptomatic:**

In line with our long-term strategy for living safely with Covid-19, access to free testing focuses on supporting clinical management of people who are eligible for anti-viral treatments.

For most people with symptoms of a respiratory infection (including Covid-19, our Guidance for people with symptoms of a respiratory infection, including Covid-19 provides advice on how to manage symptoms and how to prevent onward transmission.

As we now have high levels of population immunity to Covid-19, routine testing is no longer considered appropriate.

### **What proof do you have of high levels of immunity?**

Those who are most vulnerable to serious illness as a result of contracting Covid-19 are still protected through regular vaccinations and access to free testing and treatment.

If staff are not being tested regularly and not wearing even an FRSM how can you ensure the most vulnerable are being protected?

Since 2020 staff have shorter but more frequent infections which therefore don't trigger a full management review.

This forces presenteeism and further spreads infections amongst staff and patients. It is the staff that maintains infections all year round in hospitals. Can you confirm if Sick leave guidance must be reviewed to reflect this issue?

### **Ensure staff manuals fully cover preventing airborne infection:**

The NIPCM - Public Health Wales (nhs.wales) and Infection Prevention and Control Measures for Acute Respiratory Infections (ARI) including Covid-19 for Health and Care

Settings - WALES both cover the prevention of airborne infections.

Where can we find these guides?

### **Provide public health information on the use of respiratory masks & HEPA air filtration against airborne infections:**

The Welsh Government works closely with PHW about public health information about all communicable diseases, including airborne infections. Our guidance for the general public

on the management of acute respiratory infections includes when consideration of wearing a face mask may be appropriate.

With regards to HEPA air filter purification, work is ongoing with the NHS including representatives from the Scientific Advisory Group for Emergencies (SAGE), to validate

effectiveness in healthcare settings. Trials on their use within NHS Wales are being undertaken in conjunction with several health boards to validate their effectiveness.

Is "with the NHS" NHS England?

Is there anyone representing Wales In SAGE?

When did these trials start?

When do they finish?

Which health boards and hospitals are trailing?

What is the definition of effectiveness?

Why are HEPA filters still being trialled when many other trials have already proved their effectiveness?

We are willing to help, what can you contribute to make this happen.

Thanks

Anna-Louise