

Dr Susan Hopkins
Deputy Director of Infection Prevention & Control for Public Health England
c/o Public Health England

Tuesday 28th April 2020

Dear Dr Hopkins

Re: Shortage of and confusion re PPE during current Covid-19 pandemic – specific to ambulance Staff

I write to you today as the Chair of the Unite the union national ambulance committee – which represents over 3,000 ambulance workers from all parts of the UK. We write following the teleconference briefing with Trade Unions last week on Personal Protective Equipment, during which you spoke with our Unite national officer, Colenzo Jarrett -Thorpe. Because of your position and input, Colenzo felt you may be the best person to address our concerns.

As ambulance clinicians we are on the front line of the NHS – responding to all categories of calls including 999, 111 and patient transport calls. We also represent ambulance staff in all areas of Trusts – including call centres, voluntary responders and many other key workers. Our main concern at the moment is the issue of personal protective equipment or PPE across all areas and conflicting advice as to the level of PPE to be worn to various jobs we attend. As you would appreciate, in the current climate we are treating all patients we attend as Covid-positive until clinically we can rule this out.

Shortages of PPE

There are still shortages of PPE across many ambulance trusts and major discrepancies in the types of PPE used in all the different Trusts. Often, we arrive for a shift and we don't have the correct kit available on our ambulances to commence the shift – thereby having to go 'unavailable' to respond to emergency and urgent calls until this is resolved. This wastes precious time and resources having to go to another station or collection point to pick up sufficient supplies.

The shortages range across:

- Insufficient masks of the correct quality,
- Huge variance in types of mask including up to seven different types in one Trust
- Masks being past their expiry dates and these dates being over-labelled several times over

- Lack of or inferior quality plastic aprons
- Lack of various sizes of fluid repellent suits (often named Tyvek suits)
- Lack of testing fluids for filtering face piece particles (FFP) masks

Because of these shortages ambulance clinicians are being put at risk and this also represents a risk to patients.

Confusion over the levels of PPE to be worn for different procedures

I am sure you are aware that there is currently a large amount of confusion around mixed messages coming from Public Health England (PHE), the World Health Organisation (WHO) and the Resus Council UK (RCUK). Specifically, this is confusion around aerosol generating procedures (AGPs) and the levels of PPE required to deal with patients when carrying out defibrillation and cardiac chest compressions. This confusion centres around which level of PPE to be worn – Level 2 or Level 3. As frontline ambulance clinicians – this affects us more than any other part of the NHS as we are literally the ‘First Person on Scene’ (FPOS).

RCUK Guidance advocates that level 3 PPE should be worn when carrying out cardiac chest compressions, due to excretions from a patient’s nose and mouth. However PHE and NERVTAG (New and Emerging Respiratory Virus Advisory Group) still maintains that chest compressions can be carried out wearing level 2 PPE, in direct contradiction to RCUK guidance.

This was underlined by the updated RCUK Statement on PHE PPE Guidance by Professor Jonathan Wyllie, RCUK President: 20 April 2020 which designates that level 3 PPE should be donned before chest compressions are undertaken by Health Care Professionals and asks PHE to recommend Level 3 PPE for chest compressions to ensure safety for the healthcare workforce.¹

It is stated in the Guidance that “*We are deeply concerned by Public Health England (PHE)’s continued insistence on designating Chest Compressions as non-Aerosol Generating Procedures (AGPs)*” and that until policy is altered “*Significant confusion exists across the NHS, with many Trusts and HCPs choosing to follow RCUK Guidance, in opposition to that of PHE*”.

As you can appreciate as front line responders attending 999 calls, we are already under a huge amount of pressure to make what are essentially life and death decisions. This includes having to make the decision to delay life-saving cardio pulmonary resuscitation (CPR) until we have donned the correct level of PPE. We totally agree with the RCUK, that the confusion over this issue regarding PPE is massively adding to that front-line pressure.

¹ <https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/statement-on-phe-ppe-guidance/>

Differing opinions of what is and is not an AGP greatly increases the stress and fear amongst an already exhausted workforce. Ambulance service staff have traditionally always followed the guidance of the RCUK and it feels unrealistic to expect us to disregard their expert opinion when we feel it matters most. The seeming refusal of PHE to accept the advice of such a well-respected body leads to suspicion and fear that PPE decisions are being made based more on availability and cost rather than the health, safety and welfare of staff and patients.

In discussion with colleagues, we have witnessed a large increase in cardiac arrests and sudden deaths in the community, which has been borne out by recently released Government figures. Despite this, we have received what we feel are empty promises about the levels of PPE being made available to the NHS. For many of us it is now considered a bonus if we start our shift to find we do have enough PPE and we are then expected to make huge decisions over the levels to be worn when carrying out resuscitation. With an alarmingly high and increasing death rate amongst health care workers, including several from the Ambulance Service, it is simply not acceptable being needlessly exposed to this level of risk.

We are all clinicians and believe that the confusion over this one issue of AGP and the levels of PPE to be worn – specifically for chest compressions, is potentially costing lives on a daily basis. Whilst we respect the opinions different parties hold on this subject – when it comes to dealing with a member of the public in cardiac arrest – we are the experts. Only staff who experience it first-hand can truly comprehend the amount of ‘excretions’ that can be emitted from a patient in a pre-hospital setting.

We are therefore of the opinion that chest compressions should be classed as AGP and hence Level 3 PPE is the most important protection in these cases.

We ask that these issues are addressed urgently to prevent more needless loss of life. On behalf of the Unite in Health Ambulance OPC we ask for:

- Public Health England with the other UK Health protection agencies to urgently clarify its’ position and issue joint guidance with RCUK to endorse their position in recommending level 3 PPE for chest compressions

This will allow confusion over this matter to end for Ambulance staff and Ambulance service employers.

We look forward to your response to this letter.

Yours sincerely



Debbie Wilkinson (Chair)

On behalf of the Unite Ambulance Organising Professional Committee

cc: Mr Duncan Selbie, Chief Executive, Public Health England
Mr Colenzo Jarrett-Thorpe, National Officer, Unite the Union