

PE2071/K: Take action to protect people from airborne infections in health and social care settings

The Royal College of Physicians of Edinburgh written submission, 16 January 2025

Thank you for your recent letter from the Citizen Participation and Public Petitions Committee. The Royal College of Physicians of Edinburgh welcomes the opportunity to comment on petition PE2071.

We recognise the concerns behind PE2017 and consider that this is an important area of health policy and practice which is of real interest to many members of the public, patients and their families as well as health and social care professionals. In general terms, we understand that the current decision making processes around these matters aim to ensure an evidence-based approach and we would support this, but we understand that systems must be as flexible as possible to respond nimbly to developments and emerging evidence and epidemiological data at national and international levels.

With regard to the specific requests in the petition:

- We would support all appropriate measures to improve air quality in health and social care settings through addressing ventilation, air filtration and sterilisation. It is vital that all regulations in this regard for existing and new buildings within the NHS and social care settings must be followed completely. Regular inspections are an important part of ensuring that this is happening.
- Regarding reintroducing routine mask-wearing in NHS and social care settings, particularly respiratory masks, and reintroducing routine Covid testing, we are aware that all the agencies involved, including Antimicrobial Resistance Healthcare Associated Infection (ARHAI), the Scottish Government and the Chief Medical Officer Directorate, monitor the evidence extremely closely on an ongoing basis and we consider this is the correct approach. We would of course support any patient, relative or NHS or social care employee who wishes to use a mask in an NHS or social care setting and believe that they should have the full support of their employer in doing so. In addition, there is of course specific guidance in place for NHS staff regarding wearing masks in those circumstances where a patient is admitted with a known or

suspected infectious airborne disease. Discretion on mask wearing may also be required during peak winter periods, when the circulation of respiratory viruses is normally higher. In saying so, we bear in mind the decision made by some hospitals in England to encourage mask wearing in January 2025, in order to prevent the spread of flu

- In terms of staff manuals, we consider that these should be updated as regularly as possible to reflect the most recent guidance.
- We strongly believe that NHS and social care staff should be fully supported to stay at home when they are ill; this is in the best interests of staff members as well as patients. We recognise that many NHS and social care professionals are working under extreme pressure, often right through the year and not just at times of winter pressures. Many may feel uncomfortable or guilty taking time off and worry about the impact this could have on their colleagues but they must be encouraged to take sick leave if they require it and be reassured that employers have robust plans in place for cover. NHS and social care employers must ensure this is clearly communicated to staff.
- We would encourage all the relevant agencies including Public Health Scotland to continually assess what information is available for the public on these matters and the effectiveness of that information and be ready to consider renewing and updating this when appropriate.

In conclusion, we are pleased that this petition has raised the profile of the vitally important issue of airborne infections in health and social care settings. We hope that those bodies which have decision making powers in relation to the petition's specific points may be able to help provide further reassurance and detail on the extent of their ongoing work in these areas and ability to respond quickly and with flexibility to ensure evidence based best practice is being achieved consistently.