Citizen Participation and Public Petitions Committee
Wednesday 17 April 2024
6th Meeting, 2023 (Session 6)

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

Introduction

Petitioner Sally Witcher

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to:

- improve air quality in health and social care settings through addressing ventilation, air filtration and sterilisation;
- reintroduce routine mask-wearing in those settings, particularly respiratory masks;
- reintroduce routine Covid testing;
- ensure staff manuals fully cover preventing airborne infection;
- support ill staff to stay home;
- provide public health information on the use of respiratory masks and the HEPA air filtration against airborne infections.

Webpage https://petitions.parliament.scot/petitions/PE2071

1. This is a new petition that was lodged on 6 December 2023.

2. A full summary of this petition and its aims can be found at **Annexe A**.

3. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B.**

4. Every petition collects signatures while it remains under consideration. At the time of writing, 585 signatures have been received on this petition.

5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered.

6. The Committee has received written submissions from the Scottish Government, the Petitioner, and the Care Inspectorate which are set out at **Annexe C** of this paper.

Action

The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
April 2024

Annexe A: Summary of petition

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

Petitioner

Sally Witcher

Date Lodged

6 December 2023

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to:

- improve air quality in health and social care settings through addressing ventilation, air filtration and sterilisation;
- reintroduce routine mask-wearing in those settings, particularly respiratory masks;
- reintroduce routine Covid testing;
- ensure staff manuals fully cover preventing airborne infection;
- support ill staff to stay home;
- provide public health information on the use of respiratory masks and the HEPA air filtration against airborne infections.

Previous action

I have:

- met with my constituency MSP, suggested PQs
- met and corresponded with lead officials on masking, ventilation, vaccination and clinical risk
- submitted FoI requests
- requested meeting with Antimicrobal Resistance and Healthcare Associated Infection Scotland (declined).
- I have met with the Director for Strategy, Governance and Performance at Public Health Scotland.

Background information

Infections like Covid, flu, Respiratory Syncytial Virus Infection, measles and TB spread by inhaling tiny airborne aerosols hanging in the air like smoke. Key ways to prevent it are to improve air quality and wear well-fitting respiratory masks. Reinfection increases risk of long-term serious damage potentially for anyone, to brain, heart, immune system, etc. Care workers top the long Covid league. Repeated illness and job loss put avoidable pressure on services. The rate of hospital acquired Covid infection has been shown to be higher than in the community (ARHAI ceased

collecting that data in March, prior to the removal of masking guidance in May). Clinically vulnerable people often must use care but some are cancelling essential health appointments. Transmission is often asymptomatic. Covid isn't seasonal. Routine testing is thus essential. There are many tools to protect health and the NHS. Only one is being used: vaccination – which is unavailable to many, including some clinically vulnerable people.

Annexe B: SPICe briefing on petition PE2071

The petition is calling on the Scottish Parliament to urge the Scottish Government to:

- improve air quality in health and social care settings through addressing ventilation, air filtration and sterilisation;
- reintroduce routine mask-wearing in those settings, particularly respiratory masks;
- reintroduce routine Covid testing;
- ensure staff manuals fully cover preventing airborne infection;
- support ill staff to stay home;
- provide public health information on the use of respiratory masks and the HEPA air filtration against airborne infections.

Background

General advice on infection and prevention control in health and care settings is set out in the National Infection and Prevention Control Manual (NIPCM) and the Care Home Infection and Prevention Control Manual (CH-IPCM).

These manuals are published by Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland and cover all of the main pathogens with links to further guidance specific to a certain pathogen (e.g. Collection of COVID-19 information and guidance for adult social care settings).

During the COVID-19 pandemic, people with certain conditions which placed them at higher risk from the virus were added to a 'shielding list'. This later became the 'highest risk list'.

The highest risk list ended on 31 May 2022 and the Scottish Government press release explained that this was because the risk of hospitalisation or death from the virus was no greater for those on the list than for the general public.

Facemasks

The extended use of face masks and face coverings guidance across health and social care settings was withdrawn on 16 May 2023.

The infection control manuals now take a person-centred approach based on clinical need and as such there is no mandate for widespread use of facemasks. There is different advice for face masks based on the clinical need of the patient and the infection risk posed by the procedure.

However, this does not prevent staff from wearing facemasks if they wish. In addition, according to DL(2022)10, health and social care staff are also able to request respiratory protective equipment (such as FFP3 masks) if they wish.

Testing

According to the Scottish Government guidance, most people cannot get free covid tests. However, people with specific health conditions can access tests. These conditions include (but are not limited to):

- Down's syndrome, or another chromosomal disorder that affects your immune system
- certain types of cancer, or people who have received treatment for certain types of cancer
- sickle cell disease
- certain conditions affecting your blood
- chronic kidney disease (CKD) stage 4 or 5
- severe liver disease
- had an organ transplant
- certain autoimmune or inflammatory conditions (such as rheumatoid arthritis or inflammatory bowel disease)
- HIV or AIDS and have a weakened immune system
- a condition affecting your immune system
- a condition affecting the brain or nerves, such as multiple sclerosis, muscular dystrophy, motor neurone disease, myasthenia gravis, Huntington's disease, Parkinson's disease or certain types of dementia
- certain lung conditions or treatments for lung conditions.

In August 2023, the Scottish Government announced that routine COVID-19 testing would be substantially reduced in hospitals and care homes. Testing is now based on 'person-centred clinical decisions'.

Routine testing for people moving from hospitals to a care home has continued.

Ventilation

Ventilation requirements in healthcare settings are set out in the Scottish Health Technical Memorandum (SHTM) 03-01 published in February 2022. This sets out requirements for different settings with no 'one-size fits all' approach. Instead,

recommendations are based on different risk profiles for patients, staff and procedures.

There are no specific technical requirements for ventilation in care homes but regulations specify that services must provide “adequate and suitable ventilation”.

Care Inspectorate guidance on care home design advises:

> “Ventilation or air conditioning systems should have a dedicated source of outdoor air. Recirculation units could be responsible for recirculating and spreading airborne viral particles into the path of socially distanced users. Where units that recirculate air in rooms are in situ they should be turned off because of the risk of spreading a virus. Care homes must not rely on mechanical ventilation only. There must be the ability for fresh air to be provided.”

During the pandemic, the Scottish Government established a short-life working group on ventilation in non-healthcare settings. The purpose of the group was to provide advice and make recommendations on actions to improve ventilation and support the creation of ‘infection resilient environments’. This led to the creation of the COVID-19 Adaptations Expert Advisory Group. The work of this group has now been embedded into wider pandemic preparedness work.

Support for staff

Scottish Government guidance advises people with symptoms of respiratory infections, including COVID, to stay at home and avoid contact with others.

Extra financial support which was put in place during the pandemic is no longer available to employees. What support staff receive will depend on their specific terms and conditions.

Scottish Government action

The Scottish Government, along with bodies such as Public Health Scotland, continuously monitors communicable diseases and is responsible for implementing control measures.

On 15 January 2024, the Chief Nursing Officer published Extant guidance on infection prevention and control, surveillance and vaccinations for influenza and covid-19. This restated advice on risk assessments, reporting incidents and outbreaks, ventilation, water, bed spacing, vaccinations and antimicrobial prescribing.

Scottish Parliament action

The Scottish parliament has not undertaken any work on the specific issues raised in the petition since the end of the pandemic.

Annexe C: Written submissions

Scottish Government submission of 15 January 2024

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

Thank you for your email of 6 December 2023 on behalf of the Citizen Participation and Public Petitions Committee in relation to PE2071, regarding a call for the Scottish Government to take action to protect people from airborne infections in health and social care settings.

The petition urges the Scottish Government to consider the following actions:

- improve air quality in health and social care settings through addressing ventilation, air filtration and sterilisation;
- reintroduce routine mask-wearing in those settings, particularly respiratory masks;
- reintroduce routine Covid testing;
- ensure staff manuals fully cover preventing airborne infection;
- support ill staff to stay home;
- provide public health information on the use of respiratory masks and the HEPA air filtration against airborne infections.

Background

As our national clinical infection prevention and control (IPC) experts, Antimicrobial Resistance Healthcare Associated Infection (ARHAI) Scotland is responsible for providing expert intelligence, support, advice, evidence-based guidance, clinical assurance and clinical leadership in relation to IPC and healthcare associated infections (HAI).

During the pandemic, the Scottish Government issued additional guidance in relation to asymptomatic Healthcare/Social Care Worker COVID-19 testing and extended guidance on face masks and face coverings in health and social care settings. This guidance was either paused (asymptomatic worker testing) or withdrawn (extended guidance on face masks, face coverings) during 2023 in response to the changing COVID context. Please be assured that the Scottish Government has a robust process in place for creating, updating, and removing COVID-19 guidance.

Guidance is developed using a variety of sources, as is the decision to withdraw any guidance. This includes scientific evidence, recommendations made by the World Health Organisation, alongside other national and UK clinical expertise, research reviews and contextual considerations for example prevalence of infection. These sources and decisions remain under continual review.

The high uptake of COVID-19 vaccinations, reduced severity of illness and hospitalisations, as well as the availability of treatments for COVID-19 were highlighted as key drivers in the stepping down of the guidance. This is seen as a

proportionate approach which recognises that Scotland is continuing to adapt to COVID-19 and at this stage we are now living with COVID-19 as a respiratory infection.

Furthermore, the winter booster campaign is currently underway for people at greatest risk, including:

- Residents and staff in care homes for older adults;
- Those aged 65 years and over;
- Those aged 6 months to 64 years in a clinical risk group, as defined in tables 3 and 4 of the COVID-19 chapter of the Green book;
- Frontline health and social care workers;
- Those aged 12 to 64 years who are household contacts, as defined in the Green book, of people with immunosuppression;
- Those aged 16 to 64 years who are carers, as defined in the Green book;
- Pregnant women.

Actions called for in the petition

The Scottish Government is pleased to offer the Committee our views on the actions called for in the petition and will take each action in turn.

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

NHS Scotland Assure exists to improve how we manage risk in the healthcare built environment across Scotland. Managing risk in the right way gives those involved in maintaining NHS buildings, facilities and equipment confidence and reassurance.

Health Boards use their delegated capital budgets to maintain their estates, replace equipment and minimise risk to patients, staff and visitors. There are a number of critical systems in NHS facilities, including ventilation, which require on-going investment and Health Boards should prioritise their investment decisions using a balanced, risk-based approach.

In respect of social care, there are several sources providing guidance or regulation on ventilation, for example Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 10(2)(c) – Fitness of Premises states that all services must provide “adequate and suitable ventilation, heating and lighting”. Health and Social Care Standard 5.19 states “My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes”, and the Care Inspectorate’s Building better care homes for adults guidance includes that “a ventilation system that will minimise the level of airborne contamination and dust to

minimise the risk of cross infection" needs to be considered when designing, planning or constructing new or converted care homes for adults.

Reintroduce routine mask-wearing in those settings particularly respiratory masks

The extended use of face masks and face coverings guidance across health and social care settings was withdrawn on 16 May 2023. This followed advice from ARHAI Scotland and Public Health Scotland (PHS) that health and social care settings should revert to the National Infection Prevention and Control Manual (NIPCM) and the Care Home Infection Prevention and Control Manual (CH IPCM). The NIPCM and CH IPCM provide evidence-based guidance on the use of personal protective equipment (PPE), including face masks and respiratory protective equipment (RPE) centred on clinical need and risk assessment.

The withdrawal of this extended guidance does not stop or prevent staff, patients, service users or visitors from wearing a mask however they may not be routinely provided by health or social care providers. It is recognised that some staff may have concerns regarding the withdrawal of this guidance and would expect organisations to undertake individual occupational health assessments and risk assessments as appropriate.

The guidance on the use of PPE and what PPE is appropriate in what circumstances is very carefully considered. For IPC purposes respiratory protective equipment (RPE) and facial protection, must be considered when:

- a patient is admitted with a known/suspected infectious agent/disease spread wholly by the airborne route
- and when carrying out aerosol generating procedures (AGPs) on patients with a known/suspected infectious agent spread wholly or partly by the airborne or droplet route.

As per DL(2022)10, Health and Social Care Staff are also able to request RPE (FFP3 masks) based on their personal preference. It should be noted that FFP3 respirators must only be worn by staff who have undergone and passed a fit test.

ARHAI Scotland and PHS continue to monitor and analyse COVID-19 and other respiratory infections data, including variants, hospital clusters and deaths. This is considered alongside reviews of the current scientific literature. The Scottish Government regularly reviews this information together with any new emerging evidence. Any change to guidance would consider the epidemiological context and the latest scientific evidence and is continually under review.

Reintroduce routine Covid testing

As of 9 August 2023, the Scottish Government agreed to pause all COVID-19 routine testing guidance in health, social care and prison settings. An exception to this pause is for individuals in hospital, prior to being discharged to a care home or a

hospice: this routine testing will remain. This was due to the success of the COVID-19 vaccination programme, reduced severity of illness and hospitalisations, and availability of treatments for COVID-19.

Testing policy is guided by clinical advice. The current pause follows advice from ARHAI Scotland, PHS, and Scottish Government Professional Clinical Advisors in Infection Prevention and Control.

Testing protocol for COVID-19 has reverted to testing as appropriate to support clinical diagnosis and for outbreak management as per the NIPCM, or on advice from local Infection Prevention and Control Teams, or local Health Protection Teams. Testing for those who are eligible for COVID-19 treatments will also continue to be available. Routine testing for COVID-19 pre-discharge from hospital to a care home or hospice will be retained to provide additional reassurance for these settings.

This includes pausing the testing of symptomatic health and social care staff. Staff should adhere to the NHS Inform Advice on managing symptoms of a respiratory infection. The Scottish Government regularly reviews guidance as the pandemic situation changes and new emerging evidence is received. Testing will be based on person-centred clinical decisions, rather than a routine policy for all individuals. This will ensure the testing regime remains effective and proportionate.

Ensure staff manuals fully cover preventing airborne infection

The Scottish Government has no ownership or control over the content held within the National Infection Prevention and Control Manual (NICPM). As previously mentioned, ARHAI Scotland is responsible for the development and maintenance of the NIPCM. ARHAI liaises with other UK countries and international counterparts in the delivery and development of their national priority programmes including the review and updating of the Manual based on new and emerging evidence.

The Scottish Government is aware that Chapter 2 of the NICPM (Transmission Based Precautions) is currently undergoing a full update. This is based on a scientific literature review which may lead to changes being made to the NIPCM following stakeholder engagement. It is expected that this update will conclude within the 2024/2025 financial year.

Please contact ARHAI Scotland if you would like further information on the processes involved in the development and maintenance of the NIPCM including information on preventing airborne infection. ARHAI Scotland can be contacted at NSS.HPSInfectionControl@nhs.scot

Support ill staff to stay home

If staff are unwell and are unable to perform their job, then they should not attend work until they are well enough to do so. This approach is not exclusive to cases of Covid-19 and other respiratory infections. However, to help support staff who are experiencing symptoms of a respiratory infection, the Scottish Government has

created an FAQ section within the following health and social care guidance: Advance notice of changes to Scottish Government's COVID-19 testing guidance

Health and social care staff should follow NHS Inform advice if they have symptoms or have tested positive for Covid-19. This webpage provides a list of symptoms, stay at home advice, and testing guidance.

For NHS staff, if they remain concerned about their risk of Covid-19 they can speak to their manager about a personal risk assessment. Their manager may then consider an occupational health referral.

Provide public health information on the use of respiratory masks and the HEPA air Filtration against airborne infections

COVID-19 specific guidance is still in place for the public and wider guidance for individuals and non-clinical workplaces. The guidance promotes a risk-based approach to building resilience to respiratory infections, including Covid-19. The guidance recognises the importance of reducing risk from all transmission routes of respiratory infections including aerosol and droplet transmission.

A new set of ventilation guidance for non-clinical workplaces was developed by the Scottish Government, reviewed by PHS and published in October 2022, on the recommendation of the Covid-19 Ventilation Short Life Working Group. This guidance included refreshed advice on measures to consider taking to improve ventilation for individuals and workplaces, as well as new guidance detailing the most appropriate use of air cleaning technologies. The guidance provides advice on best practice models, it should be noted that there is no legal obligation or enforcement to comply with this advice.

I would like to thank you again for raising these concerns with the Scottish Government and I hope that you find this response helpful.

Chief Nursing Officer Directorate

Petitioner submission of 13 February 2024

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

1. Background

As confirmed by a lead official from the World Health Organisation (WHO), we are still in a pandemic. The PHS dashboard for acute hospital admissions reveals a higher rate over this Winter than when extended guidance on masks was withdrawn (May 2023) and shows, unlike other respiratory infections, Covid-19 is not seasonal.

Also unlike other respiratory conditions it is not just a respiratory infection but a coagulative, neuropathic disease, affecting any part of the body and dysregulating the immune system, provoking widespread damage and making it harder to repel other infections. An estimated 1 in 10 infections result in long Covid, often

irrespective of severity of acute infection, age or clinical status. Risks of long-term disability and death rise with reinfection. Professions with high exposure risks, notably care workers, experience disproportionately high rates and receive little support. Repeated illness and long-term health impacts inevitably compound pressure on the NHS, lower economic activity and life expectancy. Data on hospitalisation/ deaths from sequelae is not tracked. Only reporting on acute, identified, infection provides an incomplete picture of damage to public health generated by infection prevention and control (IPC) failure.

2. Vaccination

Scottish Government (SG) counterargues "the success of the vaccine programme" and availability of treatments has neutralised clinical risk except for immuno-suppressed people. Others in the former Shielding Group (notably younger people with comorbidities/ extensive pre-existing clinical damage) have not recently been eligible for boosters, and never were for antivirals, placing them at considerable risk. Vaccines do have the capability to reduce severity of acute infection and probably likelihood of Long Covid. Yet, protection only lasts a few months, needs constantly updated against new variants and immunity from reinfection is short-lived. Boosters have been unavailable to most people for some time or to children, despite evidence of benefits. Yet, JCVI suggests the Autumn 2024 programme be even more limited due to 'cost-effectiveness'; a calculation meriting investigation. Even if boosters become purchasable, health inequalities will increase. Having put all its eggs in the vaccination basket, government removes the basket.

Misunderstanding of risk - just inability to generate antibodies, not intolerance to additional damage; just pre-existing clinical, not consequence of reinfection - increases the high clinical risk population. The mere existence of a vaccination programme and treatments provide no grounds for abandoning preventative measures. "Living with Covid"- not prioritising preventative action and treating Covid like another, acute, usually mild, seasonal respiratory infection - causes more people to die with Covid, or lead restricted, precarious lives.

3. Antimicrobial Resistance and Healthcare Acquired Infections (ARHAI)

SG 'follows the advice of ARHAI': a remarkably influential body, also driving IPC policy in the UK nations who adopted the National Infection Protection and Control Manual (NIPCM) and ARHAI evidence. Yet, the NIPCM has incomplete chapters and says very little on preventing airborne infection.

Few will have heard of ARHAI, a far from transparent body. The process of developing and reviewing the NIPCM appears largely internal to NHS and professional bodies, without representation from scientists, aerosol physicists, ventilation engineers, Trades Unions, patient groups or research methodology experts. It is deeply concerning that SG has "no ownership or control" over NIPCM content, removing ARHAI and the NIPCM from democratic accountability. Is NHS Scotland marking its own homework? Its extraordinarily poor quality provides no sound basis for action.

4. Ventilation, air filtration and sterilisation

NIPCM Chapter 4 on "Infection control in the built environment and decontamination"- has just been a tiny 'repository of information' on other matters since 2022. Yet, the role of clean air in preventing airborne infection is unequivocal. While SG and NHS bodies' focus has been on ventilation, NHS England also has guidance on the use of HEPAs and sterilisation in hospitals.

Like ARHAI, NHS ASSURE seems to be a closed, untransparent body with an out-of-date website. Its role seems to be new build and project management. A trawl revealed some ventilation equipment reviews, and one study on far UVC light. There were no hits in the NHS Scotland publications database on HEPAs. Meanwhile, in England research by Cambridge University and Addenbrookes has found air filters significantly reduce the presence of SARS CoV2 in Covid wards. There is research on their role in care homes, while the Care Inspectorate's "Building Better Homes" (2018!) only refers to ventilation in new builds and conversions.

5. Facemasks

When removing extended guidance, SG claimed 'the pandemic is in a calmer phase'. It is debatable how it knew when much data collection had ceased (contrary to WHO entreaties). It clearly has not been 'calmer' recently. WHO called for reinstatement of mask-wearing; echoed by the RCN. SG and ARHAI seem highly selective about which WHO guidance they follow.

ARHAIs advice to SG on removing guidance (FOI) claims a "paucity of evidence" on its benefits. There is no acknowledgement of robust evidence on protective efficacy of masks, particularly well-fitting respiratory. Studies cited as supporting detrimental effects of maskwearing hardly refer to masks.

Problematically, ARHAI uses SIGN methodology, prioritising meta-analysis of randomised control trials and unsuited to assessing masks, where RCTs have multiple variables, or safety of equipment.

6. Increasing risk

Current practice increases risk of outbreaks:

- Respiratory protective equipment (RPE) is only considered when admitting patients with known/ suspected airborne infection. Yet, up to 60% of transmission may be asymptomatic.
- Risk is not just to staff but patients and visitors; not just clinical but environmental – in the air. That is why individual, person-centred clinical risk assessment for RPE and testing is nonsense.
- Testing of symptomatic staff is paused, advice is that there is no need to test and work if feeling well enough, risking unwittingly exposing patients and colleagues.
- There are reports of staff being pressurised to work with infected patients, without adequate PPE.

- Whether to risk exposing patients and colleagues should surely never be a personal choice
- SG confirms they provide no advice to the general public on clean air or respiratory masks.

Care Inspectorate submission of 11 March 2024

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

As noted in both the petitioner and Scottish Government submissions, Care Inspectorate guidance includes information on the need to consider ventilation in the design of care homes.

We note that the guidance cited in both submissions is now out of date and would draw attention to the following version: Care Homes for Adults – The Design Guide (2022). As well as setting out what needs to be considered in relation to new or converted care homes, the guidance is also relevant when planning to improve the environment of existing premises, as noted in the introduction.

The guidance includes a section titled Ventilation, lighting and heating, which contains advice supplementing the following regulations and Health and Social Care Standards:

- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation10(2)(c) – Fitness of Premises states that all services must provide "adequate and suitable ventilation, heating and lighting".
- Standard 5.12 states: "If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom."
- Standard 5.18 states: "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells."
- Standard 5.19 states: "My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes."

The guidance makes clear that care homes must not rely on mechanical ventilation only and must have the ability for fresh air to be provided.

We note that there are other relevant bodies with roles and responsibilities in relation to the topic of the petition. In our guidance we signpost a range of other appropriate sources of advice and information on ventilation, including guidance by the Health and Safety Executive (HSE), the Chartered Institution of Building Services Engineers (CIBSE) and Health Facilities Scotland (HFS).

We hope that this clarification is helpful in your consideration of this petition.

Petitioner submission of 5 April 2024

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

1. SPICe briefing

a) The pandemic is not over

SPICe's role is "to provide impartial, factual, accurate and timely information and analysis" to Members and Parliament." It is surprising and unfortunate that their briefing on this occasion does not meet their usual high standards, notably where it states:

> "The Scottish parliament has not undertaken any work on the specific issues raised in the petition **since the end of the pandemic**".

It is similarly inaccurate to refer to the shielding list **'during the pandemic'**. We are still 'during the pandemic'.

SPICe needs to explain why it disagrees with the World Health Organisation's repeated statements that **the pandemic is not over**, notably in May 2023 and recently in Indoor airborne risk assessment in the context of SARS CoV2. NB this publication also makes clear that transmission is airborne (so clean air and respiratory masks are key protections).

b) High clinical risk continues and increases

If risk no longer exists neither does the case for protections nor this petition. It is therefore regrettable that the briefing inaccurately reports that Scottish Government's press release on cessation of the Highest Risk List states the risk of hospitalisation or death from the virus was no greater for those on the list than for the general public. Instead it says the 'vast majority' – a claim which analysis of their evidence review does not support.

Subsequently the Scottish Government's attempt to negate the continued reality of high clinical risk has been further undermined by research showing that people with pre-existing health conditions continue to be over-represented in Covid mortality and Long Covid data. However, evidence has also accumulated of how reinfection increases risk of sequelae including Long Covid and access to vaccination has been restricted. Thus, far from neutralising high clinical risk, the population experiencing it – potentially anyone - continues to expand.

Recent parliamentary activity

As SPICe has not understood the relevance of protections to people with Long Covid it has missed the fact that this petition, the ongoing need for protection from reinfection (including HEPA) and devastating consequences of failure were raised in a recent parliamentary debate.

2. Care Inspectorate submission

a) Health and social care standards – safety and rights

Standards related to ventilation where it concerns resident comfort and personal control are referred to. Those concerning safety and related rights are not e.g.:

4.1 My human rights are central to the organisations that support and care for me.

4.2 The organisations that support and care for me help tackle health and social inequalities.

5.19 My environment is secure and safe.

Action set out in the petition, to protect residents, workers and visitors from airborne infections, is directly relevant to these standards. What does the Care inspectorate regard as “adequate and suitable” ventilation? How does it assess and enforce this? Why no mention of HEPA, UVC and CO2 monitoring?

b) Social care at home

People’s own homes can be social care settings and the Care Inspectorate’s remit also covers these service-providers. How do safety and rights standards apply there?

c) Denying personal choice to self-protection

What can any health or social care user do if forced to interact with potentially infected unmasked workers in health or social care settings? Why is it acceptable for some people to exercise personal choice that denies others the personal choice to protect themselves – even in their homes?

3. Protection - a health equalities issue

Failure to protect generates massive health inequalities (aside from those raised in the Long Covid debate). Polls carried out by Clinically Vulnerable Families found that:

- 98% feel healthcare is unsafe (March 2024, 534 Clinically Vulnerable people)
- 90% have or would delay or cancel medical appointments due to high Covid risk (November 2023, 827 Clinically Vulnerable people)

I asked on Twitter (https://twitter.com/SalWitcher/status/1775466734750724338)(03/04/24) what are the key inequalities still experienced by people at high clinical risk, with Long Covid or household members. The huge response featured repeated calls for action on clean air and use of respiratory masks in healthcare settings, with many distressing personal accounts of the impact of failure to act.

Covid-safety is a significant equalities issue; one that Scottish Government Ministers and all who proclaim commitment to equality need to act on to have any credibility.

4. Scotland's lead on Infection Prevention and Control (IPC) across the UK

What happens in Scotland has ramifications beyond Scotland. Of course nations have devolved responsibilities for health (something Scotland has often forgotten when bad practice has been led by the UK Government). This has prompted very similar petitions to the UK and Welsh Governments.

All governments have abysmally failed to provide accurate public health information on the reality of ongoing risk; instead minimising risk and perpetrating disinformation. General public awareness of why actions called for in the petition are important is therefore negligible.

5. Key points

a) Why are Scottish Government, NHS Assure/ ARHAI and the Care Inspectorate not taking seriously the key contributions to clean air of HEPA air purifiers, UVC air sterilisation and CO2 monitoring?
b) How can individualised 'person-centred' approaches to risk assessment, and relacing collective public health and IPC policy with personal choice, logically ever work where it concerns infection spread through air we share? Risk will **always** extend beyond the individual. Personal choice impacts on others, including depriving them of personal choice to protection from airborne infections.
c) Why, as it confirmed, has Scottish Government done nothing to empower the public with critically important information about respiratory masks and HEPA air filtration, testing, etc, and the reality of ongoing risks, potentially to everyone, that necessitate them? Why is it content for people to be repeatedly reinfected, despite the consequences of accumulating clinical risk, to economy and education?
d) Why the failure to recognise that clean air and mitigations for Covid-safety more generally are equalities and human rights issues? NB not because people are compelled to protect others but for those compelled to be in unsafe environments due to other people's personal choice not to protect them from risk of harm - never more so than in health and social care settings where clinically vulnerable people are disproportionately likely to be.