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Covid-19 Public Inquiry Module 3

By email only

20 December 2024

Dear Chair

Urgent Interim Recommendation

1. We write collectively with the Core Participant groups listed below to invite you to make the following urgent interim recommendation:

By 1 March 2025, UKHSA, NHSE, DHSC and other public health agencies (including those in the Devolved Nations), with the benefit of multi-disciplinary input from experts in physical sciences and the UK's Health and Safety regulator, the HSE, revise IPC guidance in the NIPCM and HTM guidelines to ensure:

(a) recognition of the role of airborne transmission of SARS-Cov-2; and

(b) there is appropriate guidance on measures to limit airborne transmission of respiratory viruses such as Covid-19 including the use of FFP3 masks, improved standards of ventilation and air filter devices in healthcare settings (both clinical and non-clinical) and ensure the distribution of those guidelines to all employers/providers of clinical and non-clinical healthcare workers.

Any such review must include consultation with key stakeholders

2. Over the course of ten weeks of hearings into the UK healthcare system's response to the Covid-19 pandemic, you have heard evidence from your experts on Infection Prevention Controls ('IPC') and others that SARS-CoV-2 is transmitted through airborne routes, and that mitigation measures to limit transmission of the virus are dependent on that recognition (such as recommendations on the use of respirators outside of Aerosol Generating Procedures ('AGP') procedures, improved ventilation and introduction of air cleaning devices). You have also heard compelling evidence from clinical and non-clinical healthcare workers and patients of the devastating impact that the lack of adequate protections to limit transmission of SARS-CoV-2 has had.

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3. Although the evidence in Module 3 has overwhelmingly supported the need for adequate IPC measures to limit airborne transmission of Covid-19, the current National infection prevention and control manual ('NIPCM') still only require FFP3 masks to be worn when AGPs are performed and HTM Guidelines "*are in urgent need of updating*" (Professor Begg's expert report key findings on page 87 and paragraphs 144, 146, 232, 302-303)¹.
4. On 5 December 2024, NHSE issued a public statement warning about rising Covid-19 cases as well as other respiratory viruses including flu and respiratory syncytial virus (RSV).² On 10 December 2024 the Director General of the WHO, Dr Ghebreyesus said "*We cannot talk about COVID in the past tense. It's still with us, it still causes acute disease and "long COVID", and it still kills...The world might want to forget about COVID-19, but we cannot afford to.*"³
5. At the same time, while recommending vaccine uptake, the NHS vaccine eligibility for Covid-19 vaccines has become even more limited for the wider population.⁴ Given the very immediate risks of harm to patients and clinical and non-clinical healthcare workers from hospitalisation, death and Long Covid, we are concerned that recommendations to mitigate the transmission of Covid-19 cannot wait more than a year until the publication of the Module 3 report⁵.
6. There is a compelling and urgent need for the Inquiry to exercise its powers under section 24(3) of the Inquiries Act 2005 to issue an interim report and recommendations addressing the need to revise the current IPC guidelines. Whilst each core participant will necessarily provide further submissions on these issues in their closing statement, we provide this joint letter to underscore that this is a matter of urgent public health protection.
7. **In short**, recommendations about the current IPC guidance cannot wait until Spring 2026 for publication of the final Module 3 report. There is an ongoing and immediate risk of harm to clinical and non-clinical healthcare workers and patients arising from inadequate IPC guidance. The Inquiry has heard extensive evidence on nosocomial infections, preventable deaths, risks to clinically vulnerable patients and the risk and impact of Long Covid: immediate action is required to prevent further avoidable harm.

¹ Professor Beggs, "An expert report on the physical sciences underpinning Covid-19 transmission and its implications for infection prevention and control in healthcare settings" dated 7 August 2024, [INQ000474276/87, 88] <https://covid19.public-inquiry.uk/wp-content/uploads/2024/09/11163602/INQ000474276.pdf>

² NHS News Hospitals managing record flu levels going into Winter.

<https://www.england.nhs.uk/2024/12/hospitals-managing-record-flu-levels-going-into-winter/>

³ <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing--10-december-2024>

⁴ See Open Letter to JCVI and UK Government from Clinically Vulnerable Families, 19 November 2024 and House of Commons written questions 9 December 2024

⁵ See letter to CNOs from CATA dated 22 October 2024

8. The Core Participants are grateful for the Inquiry team and Chair's careful consideration of the evidence in this matter, which has extensively exposed the current dangers of inadequate protections within healthcare settings. The Chair is respectfully requested to please make this urgent recommendation without further delay.

Yours faithfully

British Medical Association, represented by Innovo Law

Covid-19 Airborne Transmission Alliance, represented by Saunders Law

Covid-19 Bereaved Families for Justice UK, represented by Broudie Jackson Canter Solicitors

Clinically Vulnerable Families ("CVF"), represented by Slater Gordon Solicitors

The Frontline Migrant Health Workers Group, represented by Public Interest Law Centre

The Long Covid Groups: Long Covid Kids, Long Covid Physio, Long Covid SOS, Long Covid Support, represented by Bhatt Murphy Solicitors

Northern Ireland Covid Bereaved Families for Justice, represented by PA Duffy Solicitors