



Eich cyf/Your ref P-06-1450
Ein cyf/Our ref JMHSC/00535/25

Carolyn Thomas MS
Chair
Petitions Committee

petitions@senedd.wales

18 March 2025

Dear Carolyn,

Petition P-06-1450 Welsh Government to take action to protect people from airborne infections in health care settings

Thank you for your letter of 18 February regarding this petition. I note the petition has now been closed and the further comments and recommendations from the petitioner have been sent to the co-chairs of the Wales Covid-19 Inquiry Special Purpose Committee for information.

I will address the further comments and recommendations made by the petitioner in turn.

1. Airborne v Droplet Transmission

There are well-established infection prevention and control measures in place in hospital settings to mitigate the spread of infection. For most people, Covid-19 is a common respiratory illness and should be managed accordingly. Those who are considered to be most at risk of becoming severely unwell due to Covid-19 are eligible for testing and antiviral treatment.

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.

NWSSP-SES agree with the collective risk mitigation measures, such as air quality purification and monitoring installations which may be advantageous in the absence of a fully compliant ventilation installation. There is guidance available on the deployment of air purifiers and these requirements should be followed:

[Application of High Efficiency Particulate Air \(HEPA\) Devices](#)

[Application of Ultraviolet \(UVC\) Devices](#)

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Jeremy.Miles@llyw.cymru
Correspondence.Jeremy.Miles@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

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.

Fluid resistant surgical masks are a source control measure intended to contain respiratory secretions in order to limit transmission of respiratory pathogens spread by droplet or airborne routes. If aerosol generating procedures are required for a patient with a confirmed acute respiratory infection or suspected acute respiratory infection, then respiratory protective equipment (RPE), providing wearer protection, such as FFP3 masks would be the recommended PPE in accordance with transmission-based precautions.

When universal masking is recommended for consideration, the type of mask would depend on a number of factors, including the type of infection and the nature of the clinical care or procedure being carried out.

2. Long Term Health Impacts

The most effective way of preventing people from developing long COVID is to interrupt and limit the spread of SARS-CoV-2. The measures being taken to achieve this are outlined in other parts of this response. However, the need to support people who experience Long-Covid was identified as early as 2020, and it was anticipated that such support would need to continue. Following an initial investment of £10m between 2021-2023 to establish services – known as the Adferiad (Recovery) programme – from 2023 onwards this investment was increased to £8m recurrently. We remain committed to ensuring these services continue to be available, and as the evidence base grows, including evidence about treatments, and different types or presentations of Long-Covid, this will further inform the optimal model and pathways of care going forward.

Employers are responsible for ensuring staff are supported to return to work after any period of illness, including Long-Covid. Where necessary, they should make reasonable adjustments to facilitate this.

In line with the All Wales Managing Attendance at Work Policy, NHS Wales staff will have individual bespoke support to facilitate their recovery and return to work. NHS managers are encouraged to consider different approaches most appropriate to the individual's situation for examples, phased return, temporary redeployment and tailored adjustments. [NHS Wales guidance for managers - supporting employees on long term sickness absence with a diagnosis of post-COVID-19 syndrome | NHS Confederation](#)

Guidance was updated in 2023 to support NHS organisations to consider planning for individual team members with long Covid: [Guidance to Support Individuals with Long COVID-19 to Return to Work & Guidance to Support Individuals who are asymptomatic but test positive | NHS Confederation](#)

3. Ventilation Monitoring

Effective ventilation and filtration are key to achieving this and 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 and B which covers design, validation and operational performance. These documents provide detailed ventilation recommendations for all healthcare buildings, including primary and social care.

- 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.
- Ventilation Safety Groups are in place in 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.
- NWSSP-SES provides the services of an Authorising Engineer-Ventilation, 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.
- 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.

NWSSP-SES have advised that implementing CO2 monitoring and centralised reporting would be extremely challenging.

4. Testing Strategy

Covid-19 has existed for more than four years and natural immunity has built up in the general public during this time following successive waves of infection. The combination of natural immunity plus vaccination, which was deployed from December 2020, has further increased immunity to the virus. The testing strategy in Wales is designed to inform clinical care and is consistent with the UK wide position on testing of health care workers. Testing is designed to protect our most vulnerable citizens from severe illness by supporting decisions around Covid-19 antiviral treatment where clinically indicated.

In its latest [advice](#) in August 2024, the Joint Committee for Vaccination and Immunisation states that “the current situation is one of very high levels of population immunity against the SARS-CoV-2 virus and the emergence of new omicron sub-variants that are not associated with increased disease severity compared with earlier variants.”

In accordance with our strategy of living alongside Covid-19, our [Guidance for employers](#) outlines public health control measures, which could be used to support workplaces with the management of risk from the most common communicable diseases, which includes Covid-19, flu and norovirus. PHW [infection prevention and control guidance](#) also provides advice to employers and staff on occupational health matters relating to the workplace. There is an expectation set out through this guidance, that staff do not work when they are unwell.

These measures provide advice for the workplace, including the risk associated with staff who have respiratory symptoms and how to manage this. Those who are considered to be most at risk of becoming severely unwell due to Covid-19, are eligible for testing and antiviral treatment.

We note the request that healthcare workers are encouraged to take up Covid-19 vaccinations. The Welsh Government’s national vaccination programmes are informed by the advice of the Joint Committee on Vaccination and Immunisation (JCVI). When it issued its [advice on the eligible cohorts for the autumn 2024 COVID-19 vaccination programme](#), the JCVI advised against the inclusion of health and social care workers in the national Covid-19 programme. In the light of the available evidence, the committee concluded there

is no patient benefit from reducing infection in health and social care workers through a national offer of vaccination.

The Welsh Government accepted the committee's advice in August 2024, but because the autumn vaccination programme was due to start shortly thereafter, decided to make vaccination available to these groups as part of the 2024 autumn programme. In doing so, the Welsh Government [indicated](#) that this would be the last time a proactive offer was made to these groups, subject to the future public health position and ongoing review by the JCVI. That position is unchanged, and it is not expected that health care workers will be included in the autumn 2025 programme. Instead, the programme will focus solely on vaccinating those at significant risk hospitalisation and severe disease.

The Covid-19 Infection Survey (CIS), by the Office of National Statistics (ONS), played an important role in the community surveillance of Covid-19 infections during the pandemic. The devolved governments worked with the ONS study team to deliver world-leading UK-wide insights into positivity rates, levels of incidence including Long-Covid, antibody levels and the impact of variants of concern.

Discussions took place in early 2023 aimed at widening the scope of CIS to include other respiratory infections through a public health monitoring study. However, the UK Government decided to pause the data collection under the Covid-19 Infection Survey while decisions were made about funding of future surveillance models. The CIS was decommissioned as a result in March 2023. The UK Government subsequently decided not to pursue the wider public health monitoring study.

UK Ministers subsequently agreed for UKHSA to proceed with a new, significantly reduced version of the CIS (known as the Winter CIS), which aimed to run from 1 November to 31 March 2024 (24 weeks). We decided not to participate in this survey due to a range of factors, including:

- The small sample size than CIS - around 1,200 people for Wales compared to 13,000 people at the peak of the pandemic for CIS.
- The short time period would have limited the value of the study, whereas existing PHW community and hospital surveillance could provide long-term data.
- Without PCR testing (the survey was voluntary and used lateral flow device (LFD) tests) there would have been no genomic sequencing and therefore no information on changes to variants.
- The test is also for Covid-19 only and would not provide information on other respiratory viruses. Our policy is to move away from Covid-19 specific surveillance to wider, respiratory infections.

Long-Covid status was self-reported by study participants and so misclassification is possible. Long-Covid duration is also calculated differently in the Winter CIS (from a self-reported date), compared to the CIS (from the first suspected coronavirus infection). We are unable to continue using Covid-19 test results to determine the onset of Long-Covid because of the end of repeat testing and the increase in the proportion of the population having experienced repeat infections. One option to measure Long-Covid in Wales could be to include specific questions in the Wales National Survey.

5. Air Purification

Guidance has been published by NHS England on the use of air purifiers. Their implementation should be discussed and agreed at Ventilation Safety Group (VSG)

meetings prior to deployment. As the guidance states, it is essential that each installation is competently designed and commissioned to demonstrate efficacy.

6. Staff Protection

I can confirm that appropriate staff training and continual risk assessments are undertaken around the airborne transmission risks.

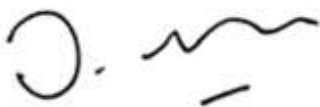
Healthcare organisations are responsible for ensuring safe systems of work, which includes managing the risk associated with infections. With regards to standards in relation to training of staff and ensuring staff know how to risk assess for best patient placement, management of the environment and application of control measures, the national infection prevention and control manual (NIPCM) is an evidence-based set of principles which provides guidance and support to health care workers on minimum precautions and IPC principles required to prevent the transmission of acute respiratory infections, including Covid-19. PHW also provides risk assessments for use in different clinical settings which support organisations to manage the risks associated with their specific conditions of work. The approach to monitoring compliance with implementation of correct IPC measures to reduce spread of infection is the responsibility of individual health boards and trusts. Healthcare Inspectorate Wales on occasions undertake specific reviews and include a consideration of IPC measures in place when they do more general reviews also.

Covid-19 is one of a number of infection challenges that the NHS deals with on a day-to-day basis and annual IPC training is a mandatory requirement which ensures staff skills in applying up to date IPC measures are kept up to date. The IPC measures and guidance in place are designed to address the IPC requirements of all infection challenges to the healthcare system. This includes COVID-19, but also influenza, norovirus for example. Fit testing is also undertaken regularly so that when Respiratory Protective Equipment is required, staff can apply this correctly. Health boards also have IPC teams with education and training roles to support front line clinical staff to apply the correct measures.

7. Nosocomial Covid Protection

Over the winter months in particular, rises in circulating respiratory viruses are anticipated and NHS planning for this is integral to the year-round planning cycle. Surveillance of respiratory case numbers is in place and is used to support with planning and application of IPC and risk management procedures across healthcare settings. The Welsh Government produced a [2024-25 Winter Respiratory Framework](#) which set out measures for health services to support those with existing respiratory disease to stay well and minimise risk from additional circulating illness. We have placed a strong emphasis on the use of PPE in hospitals to further mitigate risk and health boards in Wales initiated universal masking this winter for a period of time.

Yours sincerely,



Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care