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Covid-19: Advice on wider use of FFP3 masks should extend to GPs, BMA says

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FFP3 masks should be worn by staff caring for patients with suspected or confirmed respiratory viral infections that are spread by airborne transmission, such as SARS-CoV-2, winter guidance from the UK Health Security Agency has said.¹

This is a change from previous guidance which said that high grade masks should only be worn in intensive care units or where certain aerosol generating procedures (AGPs) are carried out.

The move follows the recognition of SARS-CoV-2 as a virus that can be spread through airborne transmission, as well as droplets, and comes a year after healthcare workers wrote an open letter calling for recognition of airborne transmission and FFP3 masks for all staff working with patients with confirmed or suspected covid-19.²

The BMA has welcomed the recommendation but stressed that it must now also be extended to GP practices. Occupational medicine co-chair Raymond Agius said, “Now that doctors and healthcare workers in hospitals will be wearing respiratory protective equipment (RPE) it makes no sense that GP colleagues are still having to make do with ineffective surgical masks, often in small and cramped surgeries, particularly as we know that the omicron variant is highly transmissible.

“With this change in guidance, we ask that, without delay, GPs and their staff have better access to safe and effective RPE through the newly announced national portal.”

The guidance—which considered how transmission of influenza, SARS-CoV-2, and respiratory syncytial virus (RSV) could be prevented—said FFP3 respirators must be worn by staff caring for patients with a suspected or confirmed infection spread by the airborne route and when performing AGPs on a patient with a suspected or confirmed infection spread by the droplet or airborne route. It added that where a risk assessment—which should consider ventilation, operational capacity, prevalence of infection, and new SARS-CoV-2 variants—indicates it, RPE should be available to all relevant staff.

The guidance also recommended that the inpatient isolation period for covid-19 cases or contacts should be reduced from 14 to 10 days—a change previously suggested as a short term solution to help relieve pressure on hospitals.³

1 UK Health Security Agency. Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022. 17 January 2022 www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-guidance-for-maintaining-services-within-health-and-care-settings-infection-prevention-and-control-recommendations#transmission-based-precautions.

2 Wise J. Covid-19: Doctors and nurses demand better PPE for wider range of procedures. *BMJ* 2021;372:n30. doi: 10.1136/bmj.n30 pmid: 33408072

3 Mahase E. Covid-19: Shorten isolation periods to relieve NHS pressures, say leaders. *BMJ* 2022;376:o38. doi: 10.1136/bmj.o38 pmid: 34996760

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