Early in the pandemic, neither the NHS’s clinical or ancillary staff nor social care workers were adequately protected from the risks of catching covid-19 in the course of their work. In the UK alone, hundreds of infected workers have died, thousands have been admitted to hospital, and tens of thousands have experienced long term effects.\(^1\)\(^-\)\(^3\) How do we improve staff protection next time? Here’s my manifesto.

We should ensure sufficient stockpiles of PPE throughout an outbreak, with adequate supply lines from trusted providers of high specification equipment. The contracting should be open and transparent, and due diligence should be applied in tendering.

Before covid, our government had carried out pandemic preparedness exercises and then ignored the recommendations.\(^4\) Several other countries had sufficient PPE reserves for years, not months. We had left things to chance.\(^5\)\(^-\)\(^6\) And then, in desperation, we placed numerous public contracts with PPE suppliers, some providing substandard or unusable PPE. Some had financial or personal links to government ministers.

Those in charge of infection control and health protection advice in national bodies need to be more responsive and flexible in response to the changing evidence. In the first months of the pandemic the UK departed from the World Health Organization’s guidance on PPE specification and downgraded the requirements. Basic surgical masks were said to offer sufficient protection in clinical work not involving aerosol generating procedures (AGPs) such as mechanical ventilation—generally in critical care and high dependency areas. Concerns were raised that equipment shortages, not data, might be driving our response.

Research data subsequently showed that workers looking after covid patients in other ward areas without AGPs were far more likely to develop severe covid infection than other staff groups,\(^7\) that covid had a partially airborne route of transmission, and that better building ventilation was an important protective measure.\(^8\)\(^-\)\(^10\) Higher specifications of protective masks could have been recommended, but the guidelines were slow to reflect this.

Staff members need individualised risk assessments incorporating their underlying health, their age, sex, and ethnicity, and their previous infection and vaccination status. Details should be noted of the clinical area they work in, and they should be fitted for masks that are reliably available for use. This didn’t happen consistently despite commitments from NHS Employers.\(^11\)\(^-\)\(^13\) The concerns of staff who are putting their own health on the line shouldn’t be ignored. Surely it’s reasonable for the precautionary principle to be applied, even if it means supplying PPE of a higher specification than is technically indicated? Too often, staff who raised concerns or wore higher grade PPE were silenced or warned off.\(^14\)\(^-\)\(^15\)

We should be more open to learning from cases of staff becoming infected, admitted to hospital, or dying in the course of their work. My news investigation in The BMJ on the issue of staff PPE prompted obfuscation and denial from official bodies, while government communication teams and ministers repeatedly played down the subject of staff protection.\(^16\) This is the antithesis of an open culture and a learning organisation.

We must no longer allow social care to be treated as an afterthought—specifically, workers in care homes or clients’ own homes, or even community and primary healthcare staff—while PPE is preferentially supplied to hospitals.\(^17\) Everyone in hands-on caring and clinical roles deserves sufficient protection. We should ensure adequate, rapid access to free infection testing for staff in direct contact roles. This hasn’t always been present.\(^18\)\(^-\)\(^19\)

Finally, England’s health and social care secretary, who is not a clinician or an operational manager, should not be ordering hospitals (as was recently reported) to ask them to over-ride their own local risk assessments and policies on infection control to help them meet politically motivated imperatives.\(^20\)\(^-\)\(^21\)

Let’s see a clear set of commitments to such actions from the government and its agencies, rather than waiting for reports to appear. The next pandemic could be around the corner.

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