



HOUSE OF COMMONS

17 August 2020



John Penrose MP

Dear [REDACTED]

Further to your follow-up email with various question about covid-19, I can confirm I have now received a reply from the House of Commons Library as below:

1. Please can you tell me whether COVID-19 is still removed from the High Consequence Infection Disease register?

Public Health England (PHE) defines a high consequence infectious disease (HCID) according to the following criteria:

- acute infectious disease;
- typically has a high case-fatality rate;
- may not have effective prophylaxis or treatment;
- often difficult to recognise and detect rapidly;
- ability to spread in the community and within healthcare settings;
- requires an enhanced individual, population and system response to ensure it is managed effectively, efficiently and safely. (see Public Health England, Guidance: High consequence infectious diseases (HCID), last updated 17 June 2020)

An HCID is also classified according to whether it is spread through contact or whether it is airborne. Once an HCID has been confirmed by laboratory testing, cases in England are transferred to a designated HCID Treatment Centre. There are 2 principal Contact HCID Treatment Centres, and 4 Airborne HCID Treatment Centres, in England. PHE's webpage on HClDs states that Covid-19 was defined as an HCID on an 'interim' basis in January 2020. As more information on the virus has become available, the "4 nations public health HCID group" has reassessed it against the criteria above. The group determined that:

several features have now changed; in particular, more information is available about mortality rates (low overall), and there is now greater clinical awareness and a specific and sensitive laboratory test, the availability of which continues to increase. (see Public Health England, Guidance: High consequence infectious diseases (HCID), last updated 17 June 2020)

The statement on PHE's website confirms that both the '4 nations public health HCID group' and the Advisory Committee on Dangerous Pathogens (ACDP) are of the opinion that COVID-19 should no longer be classified as an HCID. The statement adds that "the need to have a national, coordinated response remains, but this is being met by the government's COVID-19 response" and that cases of COVID-19 are no longer being managed solely by HCID treatment centres. (see, Public Health England, Guidance: High consequence infectious diseases (HCID) - Status of COVID-19, last updated 17 June 2020) The independent fact checking organisation, Full Fact, has also run a piece on why Covid-19 is no longer classified as an HCID, which may be of use, see <https://fullfact.org/health/coronavirus-hcid/>

2. Please send me the up-to-date medical risk assessments for the wearing of mask and face covering that have led to the government mandating public usage, including physical, social, psychological and emotional aspects, also any harms or disadvantages of their usage.

The relevant Regulations mandating the use of face coverings in certain places in England are:

· The Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place) (England) (Amendment) Regulations 2020

· The Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place) (England) Regulations 2020

· The Health Protection (Coronavirus, Wearing of Face Coverings on Public Transport) (England) Regulations 2020

Each of the Regulations listed above have been made in exercise of the powers conferred by sections 45C(1), (3)(c) and (4)(d), 45F(2) and 45P(2) (all found in Part 2A - Public Health Protection) of the Public Health (Control of Disease) Act 1984. The Public Health (Control of Disease) Act 1984 does not require the Government to undertake or publish a "risk assessment" before making regulations under Part 2A. A Government might produce and publish a "regulatory impact assessment" before introducing a new policy. Such a document would (among other things) identify risk factors and set out part of the evidence base for a policy change.

Governments normally only produce an impact assessment if the measure in question is expected to be in force for more than a year. The Regulations relating to face coverings are all time-limited; they expire at the end of the period of 12 months beginning with the day on which they come into force. The Explanatory Memorandum to the Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place) (England) Regulations 2020 states that a formal impact assessment "has not been prepared for this instrument because this measure will be in place for 12 months" (see para 12.4). A similar statement about 'impact' is also made in the Explanatory Memorandum to the Health Protection (Coronavirus, Wearing of Face Coverings on Public Transport) (England) Regulations 2020, see paras 12.1-12.4.

The Government set out how it has considered the broad 'impact' of face coverings in its 'Explanatory Memorandum' to the Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place) (England) Regulations 2020:

The impact on business, charities or voluntary bodies is expected to be positive. Mandating face coverings in shops and supermarket may give members of the public confidence to visit these premises which may increase visitors to these settings bringing benefit to the business. The policy may also offer added protection to employees working in these settings, in addition to the existing mitigations that have been put in place by businesses already.

The Department has considered the fact that some people may be deterred from visiting the relevant settings where these Regulations apply due to them being required to wear a face covering either because they cannot source a suitable face covering or they have protected characteristics (e.g. a disability) which makes it difficult to wear a face covering. The definition of face covering used is broad and includes any covering that covers the mouth and nose. As such, the Department considers that it will not be prohibitively costly or difficult for people to obtain a suitable face covering. The Department has also included a range of exemptions to ensure that this policy does not unfairly discriminate against those with protected characteristics. Furthermore, the policy will be supported by a communications campaign that will make clear that some people are exempt from these regulations and people should not be challenged by members of the public for not wearing a face covering. (see 'Explanatory Memorandum' to the Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place) (England) Regulations 2020, paras 12.1-12.2)

3. Please send me the government's feasibility, scientific effectiveness and impact studies/reports as indicated in WHO items [b], [c] and [d] in Note: 2 below?

I am afraid we do not have access to / have not received the notes referred to in the constituent's questions, so I am not sure what the 'WHO items' are to which the constituent is referring. The World Health Organization published 'Interim guidance' on 5 June 2020 on Advice on the use of masks in the context of COVID-19. This provides advice on masks used in clinical settings and by health workers more generally. Pages 7-8 of the document also set out the potential benefits and harms of the use of masks "by healthy people in the general public."

In case it is of use, I have outlined below some of the scientific analysis / advice on face masks/coverings considered by the Scientific Advisory Group for Emergencies (SAGE) as well as a PQ which highlights a rapid evidence review undertaken by Public Health England of different types of face coverings.

Scientific Advisory Group for Emergencies

The Scientific Advisory Group for Emergencies (SAGE) provides scientific and technical advice to support government decision makers during emergencies. The advice provided by SAGE does not represent official government policy. The Parliamentary Office of Science and Technology (POST) has published a briefing on COVID-19: July update on face masks and face coverings for the general public (24 July 2020). This contains a timeline of how SAGE has considered evidence on the use of face coverings/ masks by the public which may be of interest / use. For example, it highlights the minutes of the SAGE meeting that took place on 16 April 2020 which state:

SAGE remained of the view that mask supply should be prioritised for high-risk environments, where they are clearly necessary. Beyond healthcare settings, evidence of effectiveness is weak but as noted at the last meeting, marginally positive. (see Twenty-sixth SAGE meeting on Covid-19, Held via Zoom, 16th April 2020, para 24) Papers that were considered by SAGE on face masks (which have subsequently been published) include:

- Potential impact of face covering on the transmissibility of SARS-CoV-2 in the UK - 20 April 2020 (published 19 June 2020). Paper prepared by Imperial College, London.*
- DELVE: Report on face masks for the general public, 21 April 2020 (published 19 June 2020). Paper prepared by the Data Evaluation and Learning for Viral Epidemics (DELVE) group in the Royal Society*
- SPI-B: The use of facemasks in a community setting, 20 April 2020 (published 29 May 2020). The Scientific Pandemic Influenza Group on Behaviours (SPI-B) to the Scientific Advisory Group for Emergencies (SAGE) examination of the use of facemasks in a community setting.*
- Does the use of face marks in the general population make a difference to spread of infection? - 7 April 2020 (Published 5 June 2020). Paper prepared by UNCOVER (Usher Network for COVID-19 Evidence Reviews) at the University of Edinburgh.*

SAGE emphasises that the papers should be viewed in context: the national and global response to the spread of coronavirus continues to develop quickly and our knowledge of the virus is growing. These statements and accompanying evidence demonstrate how our understanding of coronavirus has evolved as new data has emerged. The evidence was often compiled very rapidly during a fast-moving response and should be viewed in this context. The papers presented here are the best assessment of the evidence at the time of writing, and their conclusions were formed on this basis. As new evidence or data emerges, SAGE updates its advice accordingly. Therefore, some of the information in these papers may have been superseded at a later date. (See SAGE, Scientific evidence supporting the government response to coronavirus (COVID-19), last updated 7 August 2020)

Public Health England rapid review

In response to a Parliamentary Question, asked by Sir Graham Brady, on what assessment the Government "has made of the efficacy of routinely available, non-clinical face masks in preventing aerosol spread of viruses" the junior Health Minister, Jo Churchill, highlighted a "rapid evidence review" conducted by Public Health England (PHE):

In June 2020 Public Health England conducted a rapid evidence review on the efficacy of different types of face coverings designed for use in community settings, and the effectiveness of face coverings to reduce the spread of SARS-CoV2 in the community. The review found evidence from eight laboratory studies that materials commonly used in non-medical masks such as cotton and polyester may block droplets with a filtering efficiency similar to medical masks when folded in two or three layers. This evidence was limited by variations in materials, study design and testing methods, and judged to be weak. The review identified evidence from epidemiological and modelling studies that mask wearing in the community may contribute to reducing the spread of COVID-19, but again the evidence was limited by study design and quality.

'Face coverings in the community and COVID-19: a rapid review' is available to view at the following

link:

<https://phe.koha-ptfs.co.uk/cgi-bin/koha/opac-retrieve-file.pl?id=5f043ca658db1188ffae74827fa650d9> (see PQ 75984 [on Coronavirus: Protective Clothing], 5 August 2020)

Government guidance

The Cabinet Office has published guidance on Face coverings: when to wear one and how to make your own (last updated 14 August 2020). It includes a section on "the reason for using face coverings" and states the following:

Coronavirus (COVID-19) usually spreads by droplets from coughs, sneezes and speaking. These droplets can also be picked up from surfaces, if you touch a surface and then your face without washing your hands first. This is why social distancing, regular hand hygiene, and covering coughs and sneezes is so important in controlling the spread of the virus. The best available scientific evidence is that, when used correctly, wearing a face covering may reduce the spread of coronavirus droplets in certain circumstances, helping to protect others.

Because face coverings are mainly intended to protect others, not the wearer, from coronavirus (COVID-19) they are not a replacement for social distancing and regular hand washing. It is important to follow all the other government advice on coronavirus (COVID-19) including staying safe outside your home. If you have recent onset of any of the most important symptoms of coronavirus (COVID-19):

- a new continuous cough*
- a high temperature*
- a loss of, or change in, your normal sense of smell or taste (anosmia) you and your household must isolate at home: wearing a face covering does not change this. You should arrange to have a test to see if you have COVID-19.*

4. Please tell me how the government is informing and warning people of any harmful effects/disadvantages of using masks/face coverings, including those from the WHO?

As noted above, in the 'Explanatory Memorandum' to the Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place) (England) Regulations 2020 (paras 12.1-12.2), it states that the:

Department has also included a range of exemptions to ensure that this policy does not unfairly discriminate against those with protected characteristics. Furthermore, the policy will be supported by a communications campaign that will make clear that some people are exempt from these regulations and people should not be challenged by members of the public for not wearing a face covering.

The range of exemptions referred to above is set out in Regulation 3(2) of the Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place) (England) Regulations 2020 and in Regulation 3(3) of the Health Protection (Coronavirus, Wearing of Face Coverings on Public Transport) (England) Regulations 2020. There is also an exhaustive list of "reasonable excuses" for not wearing a face covering in each set of Health Protection (Coronavirus, Wearing of Face Coverings) Regulations. The Cabinet Office

guidance summarises the lists as follows:

- children under the age of 11 (Public Health England do not recommend face coverings for children under the age of 3 for health and safety reasons)
 - people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability
 - employees of indoor settings (or people acting on their behalf, such as someone leading part of a prayer service) or transport workers (see section 6) - although employers may consider their use where appropriate and where other mitigations are not in place, in line with COVID-19 Secure guidelines
 - police officers and other emergency workers, given that this may interfere with their ability to serve the public
 - where putting on, wearing or removing a face covering will cause you severe distress
 - if you are speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate
 - to avoid harm or injury, or the risk of harm or injury, to yourself or others - including if it would negatively impact on your ability to exercise or participate in a strenuous activity
- (see Cabinet Office, Guidance: Face coverings: when to wear one and how to make your own, last updated 14 August 2020).

Full information on "reasonable excuses" can be found in Regulation 4 of the Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place) (England) Regulations 2020, and in Regulation 4 of the Health Protection (Coronavirus, Wearing of Face Coverings on Public Transport) (England) Regulations 2020.

In response to a Parliamentary Question, asked by Clive Betts, on what plans the Government "has to undertake a public health campaign on (a) the need to wear face masks (i) on public transport and (ii) in shops and (b) the correct way to wear them", the junior Health Minister, Jo Churchill, replied:

The Government is running a major proactive communications campaign on face coverings to alert the public where they are now required to wear a face covering, who is exempt from wearing one, and how to wear one correctly. As part of this campaign, we are prioritising the need to communicate who is exempt from wearing one. We are actively engaging with stakeholders including disability charities to communicate new guidance to their members as well as highlighting this message to the general public on social media and via broadcasting opportunities.

The Government is also communicating the key difference between face coverings and medical grade personal protective equipment, highlighting that face coverings protect others, they do not protect the wearer, and so other behaviours, such as social distancing and hand washing, are crucial. (See PQ 74434, [on Protective Clothing], 5 August 2020)

5. Please confirm whether the Teaching Unions are asking the government to mandate masks after the summer holidays, and if so on what scientific basis?

The National Education Union (NEU) is not advocating that all teachers and pupils wear masks after the summer holidays. However, it thinks that PPE should be provided to staff working in specific circumstances, for example:

- teachers in special schools where there may be airborne risks that cannot be controlled in other ways, and any setting where there is close personal contact with pupils who cannot control behaviour such as coughing or sneezing, or whose behaviour needs physical intervention. This includes early years and SEND settings. and young people with learning disabilities.
- Cleaning and laundry staff and anyone administering first aid or medical care should also be provided with appropriate PPE as necessary following a risk assessment.

They also recommend that schools' risk assessments should consider whether PPE needs to be provided for staff previously deemed clinically, or extremely clinically vulnerable, or those with family members in these categories. Finally, they advocate that any staff or pupils who want to wear PPE should be permitted to do so.[1]

The NASUWT doesn't recommend the universal wearing of face masks, either, saying:

The medical advice indicates that face masks may not be an effective protection for individuals against the spread of coronavirus and if they are not used and disposed of properly can themselves be a source of infection. However, the NASUWT has been clear that if staff choose to wear face masks then they should be supported in doing so. Where staff are asked to physically support, assist or restrain pupils, schools should undertake a risk assessment of the activity with a view to providing consider the provision PPE to staff, including of protective clothing, gloves, masks, transparent face shields if appropriate and other protective equipment which may be required.[2]

The National Association of Head Teachers (NAHT) takes a similar position to the NEU and NASUWT.[3]

6. Please tell me how children, teachers, parents and adults will be protected against schools, and other organisations, mandating wearing face coverings, especially if they are proven to be ineffective?

Any parent concerned about a school's advice on face coverings would need to take this up with the school, via their complaints procedure. If the school was acting in a way that was contrary to Health and Safety Executive (HSE) or Public Health England/ local teams' advice, then these bodies also be able to provide support.

It's not clear on what grounds a school could actually enforce a blanket rule requiring pupils to wear face masks, short of new legislation being passed. Schools are unable to send children home, or informally exclude them, for anything other than disciplinary reasons, and exclusions (whether temporary or permanent) need to be reasonable, and lawful. School staff who disagreed with any decision to mandate face coverings would need to take advice from their union (if they have membership of one), in light of their contractual terms and any general protections afforded under employment or health and safety law.

7 & 8. Please tell me how members of the public, with small scale/home production making of face coverings, are being told of this requirement, and about any potential future liability that may arise from selling the product? E.g. people who are making and selling masks to friends, family, neighbours, customers via facebook posts, etc.

Please confirm whether producers, including small scale/home business, should therefore include risk assessments for breathing difficulties, contamination and other issues, e.g. as indicated by the WHO [See Note: 2 below]; and confirm that producers should therefore inform buyers of the potential risks/harms of using their face coverings?

Regarding questions 7 & 8, about small-scale / home production of face coverings, the Office for Product Safety & Standards published Guidance for manufacturers and makers of face coverings to comply with the General Product Safety Regulations 2005, Version 3 in July 2020. It explains that the guidance is designed "to help businesses (large or small), organisations or individuals who may want to make for sale, face coverings which are regulated under the existing General Products Safety Regulations 2005".

It is emphasised in the guidance that face coverings are "not a medical device" and that, if a person / organisation / business wishes to sell face coverings, the product "must meet the existing requirements of the General Product Safety Regulations 2005". Information is included in the document about the specific obligations that the producer has, as well as the responsibilities of those distributing the products, and includes an example of how the safety of the product could be assessed.

[1] *National Education Union, Coronavirus: what you need to know - personal protective equipment, 1 August 2020.*

[2] *NASUWT, Coronavirus: FAQs, relevant section updated 10 August 2020.*

[3] *National Association of Head Teachers, The full opening of schools: members' questions, 14 August 2020.*

I hope this provides the information you need. If you have further or followup research queries then can I encourage you to use alternative sources as I am hesitant to ask many more highly-detailed requests like this one of the House of Commons Library staff, since they are likely to respond that they are not a public research tool, but are supposed to be available to answer MPs specific questions instead!

Yours sincerely,

John Penrose

John Penrose
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