

Ruth May  
Chief Nursing Officer  
Department of Health and Social Care

14<sup>th</sup> July 2020

Dear Ruth

We are writing to express our concern about the recent guidance issued about the requirement to wear gloves and aprons for all vaccinations.  
<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/clinical-guidance-for-hcps-on-imms-for-covid-19.pdf>

This guidance makes it clear that vaccination should only be conducted on non-COVID patients and therefore standard infection control precautions should be considered as perfectly acceptable in these circumstances. This new guidance is completely against the standard vaccination practice and we would strongly advise that there is no indication for this requirement on infection control grounds.

Transmission of SARS-CoV-2 requires contact with respiratory secretions. In the overwhelming majority of vaccinations there is absolutely no contact with respiratory secretions and therefore no indication to wear gloves. Hand hygiene is perfectly effective in removing any pathogens, including viruses, acquired through touching intact skin on a patient. Whilst many people perceive gloves as providing some sort of 'additional protection' this is unnecessary. In addition, there is extensive evidence that they can increase the risk of transmission of pathogens because they are put on too early and removed too late. Staff also contaminate themselves by touching their own mucous membranes whilst wearing gloves. The unnecessary use of gloves during a pandemic is also extremely wasteful in given that we should be focusing on conserving stocks of PPE for proper use.

The problem we are highlighting in relation to vaccinations applies equally to a wide range of other healthcare interventions in non-COVID patients where NHSE guidance indicates the use of gloves for contact when they confer no infection control benefit and are not necessary.

As health care professionals it is imperative that we demonstrate good, evidenced based practice when interfacing with the public, especially as inappropriate and unsafe glove use is already widespread. The requirement to use gloves and aprons for vaccinations on people who do not have COVID-19 when the public are being told to use alcohol gel and wash their hands is conflicting and inappropriate.

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We are concerned that our respective organisations, who are experts in IPC practice and the safety of healthcare workers, are not being involved in the process of developing IPC guidance on COVID-19 for healthcare settings. Recognising our professional groups as stakeholder is not sufficient because it is clear that the guidance needs our expertise in drafting it, not just commenting on it at late stage. This matter need urgent attention as the persistent release of inconsistent or inappropriate advice will significantly undermine its usefulness.

We would appreciate your response on how you will address these concerns.

Kind regards



Pat Cattini  
President Infection Prevention Society



Anne Harriss  
President Society of Occupational Medicine

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