CPPP/S6/26/1/10

Citizen Participation and Public Petitions Committee
Wednesday 14 January 2026
1st Meeting, 2026 (Session 6)

PE2071: Take action to protect people from airborne infections in health and social care settings

Introduction

Petitioner Sally Witcher

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to:

- improve air quality in health and social care settings through addressing ventilation, air filtration and sterilisation;
- reintroduce routine mask-wearing in those settings, particularly respiratory masks;
- reintroduce routine Covid testing;
- ensure staff manuals fully cover preventing airborne infection;
- support ill staff to stay home;
- provide public health information on the use of respiratory masks and the HEPA air filtration against airborne infections.

Webpage https://petitions.parliament.scot/petitions/PE2071

1. The Committee last considered this petition at its meeting on 5 March 2025. At that meeting, the Committee agreed to write to the Cabinet Secretary for Health and Social Care. The Committee also agreed to hold an evidence session on issues raised in healthcare petitions and to consider themes for this session at a future meeting.

2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.

3. The Committee has received new written submissions from the Scottish Government and the Petitioner, which are set out in **Annexe C**.

4. Written submissions received prior to the Committee's last consideration can be found on the petition's webpage.

5. Further background information about this petition can be found in the SPICe briefing for this petition.

6. The Scottish Government gave its initial response to the petition on 15 January 2024.

7. Every petition collects signatures while it remains under consideration. At the time of writing, 910 signatures have been received on this petition.

8. At its meeting on 24 September 2025, the Committee took evidence on thematic healthcare issues that have been raised in multiple petitions, including this petition.

Action

9. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
January 2026

Annexe A: Summary of petition

PE2071: Take action to protect people from airborne infections in health and social care settings

Petitioner

Sally Witcher

Date Lodged

6 December 2023

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to:

- improve air quality in health and social care settings through addressing ventilation, air filtration and sterilisation;
- reintroduce routine mask-wearing in those settings, particularly respiratory masks;
- reintroduce routine Covid testing;
- ensure staff manuals fully cover preventing airborne infection;
- support ill staff to stay home;
- provide public health information on the use of respiratory masks and the HEPA air filtration against airborne infections.

Previous action

I have:

- met with my constituency MSP, suggested PQs
- met and corresponded with lead officials on masking, ventilation, vaccination and clinical risk
- submitted FoI requests
- requested meeting with Antimicrobal Resistance and Healthcare Associated Infection Scotland (declined).
- I have met with the Director for Strategy, Governance and Performance at Public Health Scotland.

Background information

Infections like Covid, flu, Respiratory Syncytial Virus Infection, measles and TB spread by inhaling tiny airborne aerosols hanging in the air like smoke. Key ways to prevent it are to improve air quality and wear well-fitting respiratory masks. Reinfection increases risk of long-term serious damage potentially for anyone, to brain, heart, immune system, etc. Care workers top the long Covid league. Repeated illness and job loss put avoidable pressure on services. The rate of hospital acquired Covid infection has been shown to be higher than in the community (ARHAI ceased collecting that data in March, prior to the removal of masking guidance in May).

Clinically vulnerable people often must use care but some are cancelling essential health appointments. Transmission is often asymptomatic. Covid isn't seasonal. Routine testing is thus essential. There are many tools to protect health and the NHS. Only one is being used: vaccination – which is unavailable to many, including some clinically vulnerable people.

Annexe B: Extract from Official Report of last consideration of PE2071 on 5 March 2025

The Convener: That brings us to PE2071. I apologise, as I have quite a long narrative to deliver at this point—I will do my best. The petition, which was lodged by Dr Sally Witcher, is on protecting people from airborne infections in health and social care settings, and we last considered it on 17 April 2024. It calls on the Scottish Parliament to urge the Scottish Government to improve air quality in health and social care settings through addressing ventilation, air filtration and sterilisation; to reintroduce routine mask wearing in those settings, particularly of respiratory masks; to reintroduce routine Covid testing; to ensure that staff manuals fully cover the prevention of airborne infection; to support ill staff to stay at home; and to provide public health information on the use of respiratory masks and high-efficiency particulate air—HEPA—filtration against airborne infections.

We were hoping to be joined by our colleague Jackie Baillie. Unfortunately, however, parliamentary business elsewhere means that she is not, after all, able to do so.

When we last considered the petition, we agreed to write to the Scottish Government, the Royal College of Nursing, the Royal College of Physicians, Scottish Care, the Health and Social Care Alliance Scotland, which is known as the ALLIANCE, and the Care Inspectorate. We have received responses to all of our correspondence, as well as a submission from the petitioner. Members will note the considerable volume of evidence that has been provided to the committee, which is included with your meeting papers.

We asked the Scottish Government for information about its reviews of information sources and decisions relating to the pause in or withdrawal of Covid-19 guidance. Its response sets out that the latest review on the extended use of face masks and face coverings guidance across health and social care settings occurred between March and April 2023. The agreed outcome of that review was to withdraw the Government's extended guidance, which took effect on 16 May 2023.

On routine testing, a review was conducted in June 2023, which recommended pausing routine testing in health, social care and prison settings. The recommendation was implemented in August 2023. A further review, in March 2024, recommended ending routine testing for care home residents discharged from hospitals or hospices, with implementation expected by summer last year.

The Scottish Government's response highlights the on-going data gathering and monitoring of respiratory infection levels and their impact. The submission states that, if the data gathered through that routine surveillance indicated a need to consider enhanced public health mitigations, that recommendation would be offered to the Scottish Government to consider.

The RCN highlighted its respiratory risk assessment toolkit, which aids local decision making on the level of personal protective equipment—PPE—required to protect staff while at work.

A number of points were raised in the written responses. They covered the need to balance the rights of those receiving care with the needs of staff, concerns from vulnerable people about their safety and inclusion in decision making about their care, staff health and wellbeing, and the need for capital funding to deliver improved ventilation across the national health service estate.

The response from the ALLIANCE states that many vulnerable people "are not reassured that the removal of protections is safe or that they are considered in decision-making ... This unequal partnership in care, where people are not involved in decision-making regarding how their care is delivered, disempowers individuals and does not recognise their expertise in their own health."

The petitioner's written submission states that antimicrobial resistance in healthcare associated infections Scotland will not engage with wider stakeholders and that Scottish ministers are "nowhere to be seen." She asks, "Where is public accountability?"

The petitioner highlights that, in July last year, Covid-19 infection peaked at its highest level since 2022, demonstrating that Covid is not in a calmer phase. The submission highlights a survey of nursing professionals, which found that 58 per cent of respondents would welcome more Covid-19 prevention measures in their workplaces, and 40 per cent reported having had Covid-19 in the summer of 2024. Of those, 21 per cent had attended work while infected with the virus. Many of them felt pressured to come to work with Covid-19 and felt discouraged from testing themselves and patients.

Lastly, the committee asked the Care Inspectorate how "adequate and suitable" ventilation is defined in practice and how it assesses and enforces ventilation standards. Its response points to the health and social standards, which include three standards that relate to ventilation. The standards are incorporated into the inspection methodology in order to inform scrutiny and quality improvement support.

The Care Inspectorate's submission also explains that it expects services to ensure there is natural ventilation wherever possible and supports the implementation of good infection protection control practice. Where services are not operating at the expected standard, the Care Inspectorate supports improvement and can impose extra registration conditions, serve formal improvement notices and cancel registration if an improvement notice is not complied with.

The response highlights that prolonged use of face masks can inhibit communication, particularly for people who are living with dementia and communication difficulties, and can be detrimental to wellbeing. However, it states that face masks should be worn when staff think that there is a risk or if the person being cared for expresses a wish for their carer to do so.

I apologise for the long summation, but we wrote to quite a number of people and received comprehensive responses. In the light of all that I have said, do colleagues have any suggestions for action?

Marie McNair (Clydebank and Milngavie) (SNP): Given the concerns that the ALLIANCE has raised, we should write to the Cabinet Secretary for Health and Social Care to highlight its assessment that

"many vulnerable people are not reassured that the removal of protections is safe or that they are considered in decision-making"

in relation to changes to protective measures, and we should ask how people in high-risk groups are being involved in decision-making policies to amend and remove protections from airborne infections in health and social care settings.

Foysol Choudhury: I am sure that, like me, colleagues are getting emails from people who have long Covid. Can we invite the Cabinet Secretary for Health and Social Care to come before us and give evidence?

The Convener: I welcome that sensible suggestion, Mr Choudhury.

Marie McNair: That is a good suggestion, but we could wait until we receive a response from the cabinet secretary, then maybe invite him to attend.

Foysol Choudhury: I was thinking about the time that we have left.

The Convener: Yes, we are running out of time in this parliamentary session, and we have quite a number of health-related petitions before us. Perhaps we could identify a basket of them for the cabinet secretary, with a view to taking evidence across a number of fronts in order to get to a satisfactory point on a number of petitions that remain open in this parliamentary session.

It might be sensible that that meeting takes place after the cabinet secretary has had an opportunity to consider what the response that we are seeking will be to this particular petition, but perhaps we could flag up the opportunity to have a broader discussion with the cabinet secretary about a number of open petitions.

Fergus Ewing: The idea of having a conjoined session that deals with various important outstanding health petitions and hearing from the cabinet secretary on all of them is sensible. Incidentally, that is what we are doing with Fiona Hyslop on transport issues. It would be a good use of the committee's time and save the cabinet secretary from repeatedly attending.

However, to take up Foysol Choudhury's suggestion, we should make it clear that, prior to the oral evidence session, we would benefit from receiving a written response from the cabinet secretary and ask that he provides that. Actually, was it Marie McNair who made that suggestion?

The Convener: Yes.

Fergus Ewing: In other words, we would have both. First, we have the written response, which we can study, and that will better inform our examination and evidence-taking session.

The Convener: I suspect that the session would be post summer recess, so we would expect to have the information by then. However, given that the Parliament

will dissolve in a year's time, it would also allow us to bring all the various health petitions before us. Given the rate that we are able to discuss petitions, that would ensure that we make progress on a number of them.

We will keep PE2071 open and, as has been suggested, write to the cabinet secretary, with a view to hearing evidence from him later in the year. Are colleagues content with the proposals?

Members *indicated agreement.*

Annexe C: Written submissions

Scottish Government written submission, 8 April 2025

PE2071/L: Take action to protect people from airborne infections in health and social care settings

Thank you for your email of 10 March 2025 on behalf of the Citizen Participation and Public Petitions Committee in relation to PE2071, regarding a call for the Scottish Government to take action to protect people from airborne infections in health and social care settings.

The Committee has requested that the Scottish Government provides information on:

"how people from high-risk groups are involved in decision making regarding policies to amend or remove protections from airborne infections in health and social care settings."

In order to fully respond to this request, the Scottish Government has provided detail on both the business-as-usual approach to transmission based precautions guidance, as well as the extended use of facemask guidance issued and withdrawn by the Scottish Government in response to the Covid-19 pandemic.

Transmission based precautions guidance for health and social care settings

As our national clinical infection prevention and control (IPC) experts, Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland is responsible for providing expert intelligence, support, advice, evidence-based guidance, clinical assurance and clinical leadership in relation to IPC and healthcare associated infections (HCAI).

As noted in our previous letters, the Scottish Government has no role in the development of the National Infection Prevention and Control Manual (NIPCM) or the Care Home Infection Prevention and Control Manual (CH IPCM). ARHAI liaises with other UK countries and international counterparts in the delivery and development of their national priority programmes including the review and updating of the Manual based on new and emerging evidence.

The Scottish Government has engaged with ARHAI Scotland in relation to the recent request from the Committee. ARHAI Scotland have provided the following response:

"ARHAI Scotland are currently recruiting new laypersons into the NIPCM (National Infection Prevention and Control Manual) guidance groups to ensure broad active representation. The NIPCM is publicly available and provides a direct "Contact Us" link and we have received feedback and provided responses to a number of individuals and organisations both advocating for extended mask use as well as those opposing it.

The methods used in the development of the NIPCM have recently been updated, and published, to ensure an open and transparent approach allowing anyone with an

interest to view the evidence base and considered judgements that have been used to inform NIPCM content.

The guidance within the NIPCM is founded on evidence-based practice, balancing risk assessment with ongoing monitoring of national epidemiology. During the winter months, surveillance of respiratory infections informed the Scottish Government's decision to advise local NHS Boards to assess their respective areas and implement appropriate local control measures, such as universal masking where necessary.

We recognise the value of including public perspectives, our primary focus remains on ensuring that guidance is driven by robust evidence, supported by continuous data monitoring. Our approach aims to provide safe and effective infection prevention measures while acknowledging the range of perspectives."

Please contact ARHAI Scotland if you would like further information on the processes involved in the development and maintenance of the NIPCM. ARHAI Scotland can be contacted at NSS.HPSInfectionControl@nhs.scot

Extended Use of Face Masks and Face Coverings across Health and Social Care Settings

The Scottish Government acknowledges and understands the impact that the publication and subsequent withdrawal of the extended use of facemask guidance has had on a range of people. As we set out in our previous response (sent to the committee on 15 January 2024), decisions in relation to the extended guidance were informed by the epidemiological evidence and an assessment of the risk and harm caused by Covid-19 at the time.

With regards to how high-risk groups were involved in the decision making process in relation to this guidance, this is an area in which the Scottish Government acknowledges that we can, and will, do better. The Committee will understand that in response to the pandemic, policies and guidance were developed rapidly in order to try and protect as many people as possible in society. The process for developing those policies and guidance was streamlined in order to support fast deployment and bolster our pandemic response. It was therefore not possible to engage with all affected groups as part of that process.

However, the Scottish Government has taken account of all the learning from the pandemic in relation to IPC in health and social care settings. We want to ensure that the diverse experiences of the people of Scotland are fully considered. As such, we have started the initial planning for ensuring participation and engagement with the public and undertaking an equality impact assessment in the development of the future 'Infection Prevention and Control Strategy' for Scotland. We will ensure that the voice of those with lived experience is heard as part of how we develop the strategy and any associated policies arising from the Strategy.

I would like to thank you again for requesting this information from the Scottish Government and I hope that you find this response helpful.

Chief Nursing Officer Directorate

Petitioner written submission, 7 January 2026

PE2071/L: Take action to protect people from airborne infections in health and social care settings

Previous submissions have provided valuable information on the current state of play regarding areas addressed in the petition. Disappointing, critically important matters revealed, requiring urgent investigation, have not been pursued.

The 24/09/2025 evidence session underlined that submissions have not been taken on board. The question to the Cabinet Secretary, framed in the past tense — "How does the Cabinet Secretary see the NHS's ability to recover from the problems of Covid, which **were**, plainly, all-engulfing?" — and his response, ignored evidence presented that the pandemic remains ongoing, as do its wide-ranging cumulative health impacts (now almost 500,000 studies[1]), including immune system damage that makes it harder to fight off infections, with the consequent ongoing engulfing of the NHS. Across many datasets covering illness prevalence, disability, labour-force inactivity due to sickness, and disability-benefit expenditure a similar trajectory appears - roughly flat/ slightly rising baselines, flattening or falling in 2020–21, followed by sharp increases. Coincidence? I think not.

Annual Winter crises

Like previous Winters since lockdowns, this year the NHS has been overwhelmed by airborne infection without preventative action until mid-crisis, despite monitoring showing its approach. Had actions in the petition been in place, much could have been prevented. It is like watching a preventable car crash in slow motion; like knowing water is contaminated with cholera yet only thinking about whether to clean it once in the middle of a major outbreak, then opening a window. **How can this still be happening?**

Yet again, Public Health Scotland (PHS)'s advice to the public[2] was largely based on droplet/ contact transmission (hand-washing, covering mouth/ nose, binning tissues) when it is well established that flu, like Covid and RSV, spreads primarily via the airborne aerosol route. There was no reference to testing or air cleaning, though suggested that if symptomatic people must go out, they consider a 'face-covering' (unspecified) and avoid contact with higher clinical risk people. And what are they supposed to do?

ARHAI

Previous submissions, FOIs, make clear that Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)[3], from whom PHS confirms it takes its lead, lies at the heart of airborne Infection Prevention and Control (IPC) failure in Scotland. They reveal an extraordinary failure of governance oversight, no

[1] https://www.ncbi.nlm.nih.gov/research/coronavirus/
[2] https://publichealthscotland.scot/news/2025/december/phs-urges-simple-steps-to-reduce-spread-of-flu-over-festive-period
[3] https://www.nss.nhs.scot/departments/antimicrobial-resistance-and-healthcare-associated-infection-scotland/

government responsibility or parliamentary and public accountability, with dire consequences for public and economic health and the NHS.

Despite assurances[4] to expand involvement and greater transparency, despite repeatedly contacting ARHAI and many FOIs, I can still find no evidence of expert input and quality assurance on airborne infection IPC e.g. aerosol physicists/ chemists, industry standards, air-cleaning technology, or people with lived experience of high clinical risk.

PHS advice to the public and ARHAI's to health and social care staff remain based on incorrect understanding of transmission as droplet/ contact. Chapter 2 ("Transmission-based precautions"[5]) of its manual offers no guidance on airborne aerosol infection, just flags its reviews of transmission definitions, particle size and mask types — issues already extensively researched and concluded upon. Even during periods of high respiratory infection, health boards are only advised to consider surgical masks not designed for airborne respiratory infection protection.

Six years after an airborne pandemic arrived, it beggars belief how out-of-date, inaccurate and incomplete their manual is. ARHAIs mission "To enable Scotland to have a world leading approach to reducing the burden of infection and antimicrobial resistance." has singularly failed.

Submissions exposed that ARHAI, its processes and expertise urgently need a root and branch overhaul yet no one in Government is taking responsibility. Why has the Committee not pursued this?

IPC strategy

In subsequent evidence-session correspondence, the Cabinet Secretary states that IPC in NHS buildings, "ensuring people are able to continue to access safe and effective care is a priority for the Scottish Government". He cites two workforce IPC strategies where I can find no reference to airborne transmission. He says a 10-year IPC strategy is due out in Spring 2026.[6] **What kinds of expertise have contributed?** The CNOs last submission acknowledged Scottish Government past failures on involving people with lived experience and claimed they had "started the initial planning for ensuring participation and engagement with the public and undertaking an equality impact assessment in the development of the future 'Infection Prevention and Control Strategy' for Scotland involve". **Where is it? How have we been involved?**

Recent FOIs and correspondence reveal Scottish Government has not grasped the substantial differences between IAQ and outdoor air quality challenges and solutions, or the importance of IA cleaning technologies beyond ventilation.

[4] CNO submission to Committee 25/03/ 2025: https://www.parliament.scot/-/media/files/committees/citizen-participation-and-public-petitions-committee/correspondence/2023/pe2071/pe2071_l.pdf
[5] https://www.nipcm.hps.scot.nhs.uk/chapter-2-transmission-based-precautions-tbps/
[6] https://www.parliament.scot/-/media/files/committees/citizen-participation-and-public-petitions-committee/correspondence/cabinet-secretary-for-health-and-social-care-to-cpppc.pdf

Incredibly, even their respiratory infections action plan makes no mention of IAQ[7]. Their approach appears rudimentary: 'address outdoor air quality and ventilate', lagging very far behind current knowledge and best practice.

IAQ expertise

Yet, there is vast IAQ expertise, including large networks across Scotland and the UK[8], and major developments in air-cleaning technology, ventilation, filtration, sterilisation and monitoring (also improvements to respiratory mask design).

UKHSA recently published its: **Response to the Air Quality Expert Group (AQEG) report on indoor air quality** [9]. This focuses on airborne pollution, highlighting that elevated concentrations in UK schools and hospitals are of particular significance as occupied by more vulnerable groups (p10), also noting the relevance of 'bioaerosols' – airborne viruses and bacteria, though paying them less attention.

I was recently appointed to the **Global Commission for Healthy Indoor Air**[10] comprised of 200+ experts from 40 countries, to develop a global framework for action and national-level blueprints, launched during the UN Assembly in New York, alongside a global pledge positioning healthy indoor air as a human right[11].

Expertise is plentiful. Why has Scotland made such little use of it?

[7] See chapter 2, 1.2 in particular https://www.gov.scot/publications/respiratory-care-action-plan-scotland-2021-2026/pages/5/

[8] Scottish researcH partnership for Air Pollution health Effects (SHAPE), The UK Indoor Environments Group (UKIEG), the Covid-19 Airborne. Transmission Alliance (CATA), UKRI Clean Air Programme, among others.

[9] 18/12/2025 https://www.gov.uk/government/publications/comeap-response-to-aqeg-report-on-indoor-air-quality/response-to-the-air-quality-expert-group-aqeg-report-on-indoor-air-quality

[10] https://www.wellcertified.com/global-commission)

[11] https://www.airclub.org/