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From: cleanair@cleanairtas.com
Sent: Tuesday, 14 November 2023 15:44
To: 'Raina MacIntyre'
Cc: 'humanethics@unsw.edu.au'
Subject: RE: Bushfire study
Attachments: BREATHE_sudy14.11.2023.docx

Dear Prof MacIntyre,

Apologies for the delay.
Please find details attached.

Thank you.

Kind regards,

Clive Stott

Prof MacIntyre

Re: BREATHE Study

Dear Riana,

Thank you so much for your email.

I am sorry to learn you are also an asthmatic.

Yes, I agree there has been so much confusion about filtering face pieces, masks, half face respirators, full face respirators, PAPRs, etc., during COVID.

Wood smoke filtration is similar, but depending, the outcome can be quite different.

I do not even understand how we had a fireman suffering smoke exposure just this week.

However, I wish we could come together on the ethics of asthmatics signing up for the BREATHE Study to be fitted with surgical masks. Most of the general public unfortunately have not got a clue but would sign up thinking they are helping science by participating and as indicated, this is not just a bushfire smoke study.

You know the harmful effects of inhaling wood smoke do not just go away when the mask comes off, then they are left to talk to somebody in relation to this or have to manage their condition through private health or on the almost non-existent public health system, maybe for the rest of their life when their condition has been deliberately or unsuspectedly exacerbated. Every attack can worsen their condition or be their last.

I am sorry but a study is not needed to prove surgical masks provide little protection to wood smoke.

I as an asthmatic would not wear one during planned burns, bushfires, or wood heater smoke.

Would you? If the answer is no, we should not be asking unsuspecting, or anyone in fact, to participate in a study to expect this from them.

I don't need to go into different types of airway protection. I appreciate and respect you have been there done that also. My concern is the ethics surrounding surgical masks and wood smoke. Especially subjecting participants with already compromised lung function to a known asthma trigger just to prove a point. It is up to us to protect these people. not to expose them.

Years of research has gone into respiratory protection for wood smoke by smarter people than me long before COVID came on the scene. I have been dealing with this for many years with 3M in relation to PPE and wood smoke, and in relation to Emailair super HEPA filters used in hospital theatre air conditioning. We should now be using this knowledge together with the Precautionary Principle to prevent people breathing woodsmoke.

For completeness I will forward to you the answer I received today from 3M here in Australia in relation to wood smoke and the use of surgical masks...

"No, we would recommend a minimum of a P2 for wood smoke particulates"

██████████ (COH, MAIOH)

Certified Occupational Hygienist / Specialist Application Engineer

Personal Safety Division

And of course this does not take into account activated charcoal filtration for the woodsmoke gasses.

For these and ethical reasons I have asked for surgical masks to be removed from the BREATHE Study.

I am copying Human Ethics into this email. Please advise.

Thank you.

Kind regards,

Clive Stott

14/11/2023