



Advice on Covid Vaccination, Testing and Face Coverings for Voluntary/Non-Statutory Sector Organisations

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Introduction on April 1st 2022

Since all national legal COVID restrictions were removed, there has been an increasing lack of clarity about what measures can be taken to mitigate transmission of COVID and the interpretation of what national guidance remains in place.

The following information is based on current evidence and government guidance and is designed to help voluntary and non-statutory organisations continue to provide COVID-secure services in non-formal care settings to protect employees and clients from infection and encourage safe use of services.

It is important to note that this information is subject to change as the circumstances of the COVID pandemic continue to evolve.

Vaccines.

The most important and effective means of protecting yourself and others from serious ill health and long-term side effects associated with Covid 19, is to have the recommended course of Covid vaccines, and further boosters when recommended. The JCVI (Joint Committee on Vaccinations and Immunisations) recently released this: [Over 50s to be offered COVID-19 booster and flu jab this autumn - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/over-50s-to-be-offered-covid-19-booster-and-flu-jab-this-autumn)

There are 3 vaccinations currently available in the UK:

- Oxford/AstraZeneca
- Pfizer/BioNTek
- Moderna

You can't choose which vaccine you have but some people will be offered certain vaccines:

- If you are pregnant or under 40, you'll be offered the Pfizer or Moderna vaccines.
- Under 18's will be offered only the Pfizer vaccine.
- You should have the same vaccine for your 1st and 2nd dose.
- Booster jabs are usually the Pfizer or Moderna vaccines. There are no ill effects from mixing vaccines.

[How mRNA Vaccines Work - Simply Explained - YouTube](https://www.youtube.com/watch?v=IFjIVllcCvc)

<https://youtu.be/IFjIVllcCvc> 4 different types of Covid vaccines.

The first dose of the vaccine gives you some protection from 3-4 weeks after you've had it, however after 2 doses (usually 3 months apart), this gives you longer lasting protection. Further boosters can lengthen your protection. For certain immune-compromised people, more booster doses are available.

Testing

There is no requirement for the general public to test unless they wish to, usually because they suspect they have Covid, or they have been asked to by an employer. There is no legal obligation to self-isolate if someone is Covid positive however the Government recommends that people do. Most people in England can no longer acquire free tests, however, you may still be issued with free tests, if

- you're eligible for COVID-19 treatments
- you're being admitted into hospital
- you work in the NHS or in adult social care (including Personal Assistants)
- your GP or healthcare professional has recently asked you to get a test

[Find out who can get free tests \(opens in new tab\)](#)

LFD kits can easily be bought on-line and at many pharmacies.

For those who work in Adult Social Care, **all** employees who have service user contact are expected to LFD twice weekly (before leaving for work) 3-4 days apart eg, Sunday then Thursday for example. Test results must be reported to the employer who can upload them into the national system. If a test is positive, the worker must self-isolate for a minimum of 5 days. On day 5 then on day 6 if both LFD tests - 24 hours apart - are negative, that person can return to work. If tests continue to be positive, they must remain off work until a negative test is recorded. In the highly unlikely event that tests are still positive at day 14, people are no longer considered to be infectious, so can return to work. Current guidance is [Summary of changes to COVID-19 guidance for adult social care providers - GOV.UK \(www.gov.uk\)](#)

DO bear in mind that current evidence suggests that:

At day 10, 1% of people who are LFD -ve remain infectious.

At day 8 = 15%

At day 6 = $\leq 30!$

Face Coverings

For the general public, all Covid-protective measures were removed from April 1st 2022. Gov.UK now *advises* that people wear masks in crowded places (eg, on public transport) and when with people who are unfamiliar to them. Members of the public are *advised* to self-isolate for a minimum of 5 days if they are Covid +ve. **Read Section 3 of this guidance:** Removing the last domestic restrictions:

[COVID-19 Response: Living with COVID-19 - GOV.UK \(www.gov.uk\)](#)

For care workers, the use of surgical masks by care workers and visitors in all indoor care settings is still recommended, irrespective of whether or not the service user is known or suspected to have COVID-19. This is called source control. There is advice for specific settings such as:

[Practical information: What to consider when re-opening day care services \(scie.org.uk\)](#)

There is also advice for general workplaces here: [Coronavirus \(COVID-19\) – Advice for workplaces \(hse.gov.uk\)](https://www.hse.gov.uk/coronavirus/)

There are a variety of different face masks which are useful for both protecting the wearer (PPE) and protecting others (source control).

The blue surfaced 'surgical' masks we can buy in shops are either Type I and/or type II, are not considered PPE and are worn to protect others from the wearer's respiratory droplets should they have asymptomatic COVID-19 infection. A type I or type II mask should be worn in care settings when undertaking any social, care or domestic activity.

The use of face masks can be distressing or inhibit communication for some people. There may be circumstances where the use of masks is challenging for the client, for example, where lip-reading or facial recognition is important, or the use of PPE is causing distress. Careful consideration should be taken into account when making reasonable adjustments for service users as part of a risk assessment. It may be appropriate in certain circumstances to consider transparent face masks.

Face masks are not routinely required when supporting someone outdoors as exhaled air is quickly dispersed. Care staff should consider wearing face masks if supporting people in indoor public spaces outside of a care setting.

Precautions.

A poster demonstrating the Near and Far Field Effects is at the end of this message. This explains how and why we catch Covid. There are 4 main Covid receptor sites in our body:

1. the back of the nose,
2. the back of the throat,
3. the vast majority are in our lungs, and
4. there are lots along our gut.

We inhale Covid which can hit areas 1-3. Although food is not a recognised harbour for Covid, if we have Covid on our hands (after touching the outside of our mask, a contaminated surface such as a cash machine) we can contaminate the surface of our food which then hits areas 3 & 4.

It is very important that everyone deploys the lid on a toilet (where there is one) before flushing it. Poo and Wee can be Covid rich (remember all those receptors along our gut?). Deploying the lid keeps all the faecal and urinary germs in the pot instead of aerosolling them around the room for us to inhale. If there is no lid, ensure you look away from the toilet as you flush. Because the surface of your mask could be Covid rich, every time you touch the outside surface of your mask, gel your hands.

Physical distancing remains important whilst Covid case numbers remain elevated. Please read the N&F effect poster.

With Covid infection rates remaining high it is important that people continue to wash their hands regularly, cough/sneeze into their elbow (if a tissue is used, throw it away then wash/gel your hands) and stay home if feeling ill.

Other Useful Links:

[Coronavirus \(COVID-19\) - NHS \(www.nhs.uk\)](https://www.nhs.uk)

[Coronavirus \(COVID-19\): guidance and support - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[British Society for Immunology |](https://www.britishsocietyforimmunology.org/)

[Responding to COVID-19 \(gavi.org\)](https://www.gavi.org/)

[Coronavirus disease \(COVID-19\): Variants of SARS-COV-2 \(who.int\)](https://www.who.int)

[Is the information you're accessing on COVID-19 reliable? | Barnardo's \(barnardos.org.uk\)](https://www.barnardos.org.uk)

HOW COVID SPREADS

The Near Field and Far Field Effects...



Rising smoke shows how the Covid aerosol infected people exhale behaves.

THE NEAR-FIELD EFFECT

When we breathe out, our breath is the shape of a cone which travels roughly 3 feet or 1 metre away from us. Because it is warm, it rises. If we are carrying viruses such as Covid (or a cold, flu, chicken pox etc) our breath contains these viruses. When we sit together talking, chatting over a meal or a drink, if we are within 3 feet of each other, we can easily transfer those viruses to those nearby (think of crowded buses, trains, pubs etc).



We radiate the same heat as a single-bar electric fire which causes minor warm air currents in a room as we move. As our breath rises to the ceiling, this creates what is called the breathing zone. The warmth we radiate helps move the viruses around within the breathing zone. The more people there are in the room, the thicker or denser the breathing zone becomes with a (potentially) larger concentration of virus.

THE FAR-FIELD EFFECT

If someone with Covid walks into a room and is not wearing a mask, the Covid they are exhaling will join the breathing zone and be moved around by the same warm air currents. Even though you are 20 feet away from that person, if you stand up in a crowded area without a mask on, you could inhale their Covid. This is the far field effect.



How easy would it be to catch Covid in these environments?

Keeping windows ajar or being outdoors significantly reduces the chance of catching a respiratory virus like Covid.

THINK about how low the ceiling is at the back of the bus - *remember* the breathing zone. Try to sit beside an open window that allows fresh air in and covid out.

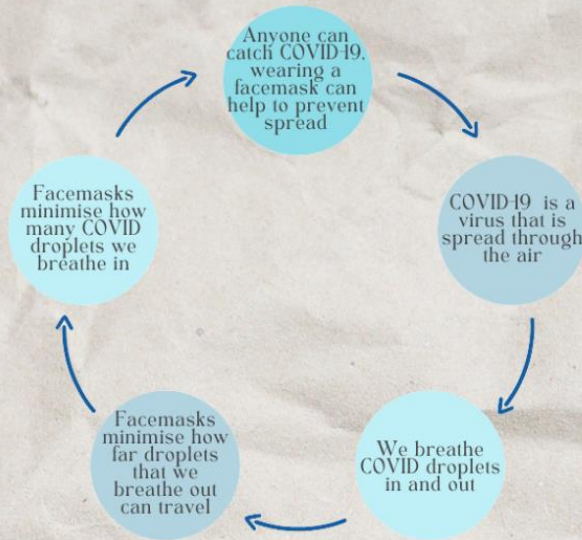


Masks are worn predominantly to protect those around us. They reduce the density of germs we breathe out.

A surgical face mask is furry on the inside and is designed to trap germs (in this case Covid) particles we breathe out. The outside is layered, water repellent and smooth (folds always pointing downwards) to help prevent us breathing in Covid. We mostly breathe through our noses and talk through our mouths, so keeping our nose and mouth fully covered at all times by the mask, really matters.

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THE CHAIN OF INFECTION



This is the chain of infection which demonstrates how we transmit Covid to others.

It can be broken at any point by people (especially staff providing close contact health and social care) wearing good quality surgical masks. The most up to date evidence shows that ALL well-fitting face coverings help reduce the spread of Covid when we are close to other people.

Most measures have now been removed for the general public however it is important to remember that in health and social care where the risk is considered especially high, precautions such as universal mask wearing and regular testing remain.

If you have any questions, please contact ipcenquiries@sheffield.gov.uk



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