Guidance for Temporary and Homeless Accommodation

Direct guidance on this issue is awaited from Public Health England. The following guidance is drawn from guidance for those in places of detention, and other relevant PHE guidance, and is only a guide.

This guidance is intended for:

- Hostels and homeless Shelters
- Temporary housing for rough sleepers

When available, the guidance for hostels/accommodation housing rough sleepers will be available here: https://www.gov.uk/government/publications/covid-19-guidance-for-guidance-on-services-for-people-experiencing-rough-sleeping

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What To Do If One Or More Residents Develop Symptoms of COVID-19

The most common symptoms of COVID-19 are a new, continuous cough, a high temperature or a change or loss of smell or taste. For most people, COVID-19 will be a mild infection.

All staff should be alert to residents who have any of these three symptoms.

STEPS TO TAKE:

- Symptomatic residents should be isolated in single occupancy accommodation (for example a room with en-suite facilities and kitchenette or meals provided to the door). If such accommodation is not available, possible cases should be held alone and be transferred to a more suitable location. The resident should be asked to wear a surgical face mask while being transferred to a room, where they can self-isolate successfully.
- > The Single Point of Contact should notify the Health Protection Team (HPT); the team are able to advise on infection control measures and further steps to take. They will provide information on how to report further suspected cases or changes to the situation. The Local Authority should also be informed.
- Those who cannot cope with your symptoms at home, or whose condition gets worse or symptoms do not improve after 7 days, can use the NHS 111 online service (or if no internet access, call NHS 111). For a medical emergency dial 999.
- Symptomatic individuals who have a new, continuous cough or a high temperature, but who are well enough to remain in the community, do not need to be transferred to hospital and do not need to inform 111. However, the above steps of self-isolation and informing the HPT must be taken.

Access to a language-line, or similar translation service, must be provided as soon as a possible case enters the establishment, if required. This will ensure that information can be communicated accurately.

Personal Protective Equipment

Staff who are able to maintain 2 metre distance from the symptomatic person do not require PPE. Staff required to be within 2 metres of symptomatic resident for ≥15 minutes or providing personal care will require PPE. Information on this is provided at the link below (Table 4) and HPT will give further advice if needed. https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

Contacting the HPT and LA

If a resident develops symptoms, the HPT should be contacted; they are available 7 days a week, 9AM-6PM. Outside of these hours, notification can wait till the next day. Cambridge County Council should be informed by email.

HPT Team: 0300 303 8537 Out of Hours: 01603 481 221

Local Authority Team: audrey.walker@cambridgeshire.gov.uk

Single Point of Contact

Each facility should identify a Single Point Of Contact (SPOC), who will be responsible for contacting the Health Protection Team. For operational reasons, SPOCs should be a district council lead or housing manager.

The SPOC will be responsible for contacting the Health Protection Team. The SPOC should also inform Cambridge County Council Public Health Team of incidents and outbreaks; this can be done by email.

Staff and volunteers on site should be aware of this arrangement and be alert to symptoms and issues which need to be escalated to their SPOC and how to do so. Access to PPE onsite and clear instructions on when to use this should be prepared.

Arrangements for Contacting the Health Protection Team

HPTs are local Public Health England teams who specialise in infectious diseases. They can help with investigating and managing health protection incidents and outbreaks, and implementing and monitoring national action plans for infectious diseases at local level.

- When contacting the HPT, they will likely require information on the number of residents at the facility, the types of accommodation (e.g are they self-contained rooms, or do they have shared bathrooms or kitchens etc) and the number of residents who have symptoms.
- ➤ The HPT will provide infection control advice and they will provide instructions on what to do if further residents fall ill or the situation changes. It's important that there is a system to communicate this to all relevant staff.
- ➤ If further contact with the HPT is by email, do not include any patient identifiable information. This can only be done from a nhs.net email account to another nhs.net email account.

Telephone: 0300 303 8537

Email: eoe.crc@phe.gov.uk or phe.EoEHPT@nhs.net

Out of hours: 01603 481 221

Testing

Staff and volunteers who are unwell with symptoms of COVID-19 can arrange a test, through the gov.uk website: https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested

Testing of residents will be organised as and if appropriate, following input from the Health Protection Team. Testing may be coordinated by the HPT or other teams, and the testing provider will provide the results once the test is completed.

Limiting spread of COVID-19

All staff, volunteers and residents can help reduce the spread of COVID-19 by reminding everyone and following the public health advice.

- Staff, volunteers and residents should be reminded to wash their hands for 20 seconds more frequently than normal.
- Frequently clean and disinfect objects and surfaces that are touched regularly, using your standard cleaning products. Bleach-based disinfectant products are recommended in PPDs for disinfection

All accommodation settings should have a plan in place identifying an appropriate place to isolate patients with symptoms, preferably with input from an infection control specialist. As infection can be spread through both personal contact and environmental contamination, it is important to consider reviewing current infection prevention and control practices to ensure they follow <u>national infection prevention and control guidance</u>

Cohorting Residents

Should the numbers of cases in an establishment increase, isolation resources could be under pressure. Cohorting is a strategy which can be effective in the care of large numbers of people who are ill by gathering all those who are suspected confirmed cases into one area. Cohorting presents many advantages in infection control. However, the area used for cohorting should not be considered the only source of infection. If cohorting is required, advice on this will be given by the Health Protection Team.

Staff and Volunteers

If a member of staff or volunteer has had contact with someone who was taken unwell or tested positive for COVID-19, they do not need to go home or isolate unless they develop symptoms themselves.

Staff should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell and should regularly wash their hands.

If a member of staff becomes unwell with a new, continuous cough or a high temperature they should be sent home immediately and advised to follow the stay at home guidance.

Cleaning and waste

Clear guidance on cleaning and waste disposal is available here: https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings