

## Frequently Asked Questions (FAQs) for hostels, and homeless hotels when dealing with COVID-19

**Update added: Given the fast changing situation we suggest you also check national guidance at [www.gov.uk](http://www.gov.uk) alongside this document for the latest position.**

**There are currently high numbers of cases of COVID-19 in London and low levels of vaccine uptake amongst the homeless population.** This population have a significant proportion (~30%) who are clinically vulnerable and are at high risk of COVID-19 complications. As such, it is advisable to maintain vigilance and **keep all existing infection control measures in place in high-risk settings such as homeless facilities** to reduce the risk of COVID-19 transmission. There is an [ongoing need for these measures](#) that is likely to continue in the long term.

These measures aim to stop person to person transmission and prevent environmental contamination from spreading the virus. Measures are described in more detail in this FAQ document. This document will be reviewed as the situation changes.

The homeless population and homeless settings are still considered high-risk for the spread of COVID-19 for several reasons including:

### 1. *Clinical vulnerabilities*

People experiencing homelessness often have poor underlying health, and high levels of undiagnosed and untreated chronic disease. This means they are likely to be at high risk of complications if they become infected with COVID-19. They often experience challenges when accessing healthcare and many individuals experiencing homelessness are not GP-registered, making it difficult to identify those who are clinically vulnerable.

### 2. *Higher risk of transmission*

Evidence from around the world has shown that there are high rates of SARS-Cov-2 infection and transmission amongst people experiencing homelessness; and that that communal, high-occupancy accommodation presents a very substantial risk for COVID-19 outbreaks, affecting both residents and staff.

Taking measures to reduce the risk of transmission not only helps to protect people's health, but also minimises the potential impact on business continuity due to staff absences.

### 3. *New variants*

It is expected that the virus will evolve and mutate over time. London is currently experiencing high numbers of COVID-19 cases of the Omicron variant. While this is an evolving situation as we learn more about this new variant, it is important to continue with the processes that are already in place, and be alert for any updates to guidance.

The measures to control this virus are the same, whatever the variant. **Wear a mask, wash your hands, keep your distance from others, ventilate rooms and reduce your social contacts.**

### 4. *Vaccination effectiveness and coverage*

Vaccinations have been shown to be effective in preventing severe disease and hospitalisation from COVID-19, however to get their full effect **three doses are needed**. Though they help to stop people from becoming seriously ill, they do not fully prevent people from catching the virus and passing it on to others. This is why it is important to remain vigilant and continue to follow the advice on preventing and controlling infections and reducing risk in this FAQ document.

Currently (December 2021) it is estimated that 57% of London's homeless population have received a single dose of the vaccine, of which 58% having received two doses.<sup>1</sup> Overall, 33-37% of the homeless

<sup>1</sup> Unpublished UKHSA London data as of 26.11.21 (based on activity reported by ICSs)

population in London have received both doses. Whilst efforts have been tremendous to vaccinate this group, levels of uptake are still not adequate to protect this population. This poses a significant increased risk of COVID-19 infections and outbreaks in a population who are likely to be more vulnerable.

It is essential to encourage all staff and residents to [get vaccinated](#).

### *Aim*

This document aims to address the most frequently asked questions relating to COVID-19 and homeless settings. Guidance and recommendations as to how best prevent and manage cases and outbreaks of COVID-19 in homeless settings are discussed. This document may be updated in line with the changing situation, but you should always check the [gov.uk website](#) for the most recent national guidance.

## **Key infection prevention and control actions**

***Coronavirus is mostly transmitted via the sharing of aerosols and close-range respiratory droplets. People can also spread COVID-19 via contaminated surfaces and hands. Everyone should follow these general principles to help prevent the spread of infections caused by COVID-19 and other respiratory viruses.***

### **Single-room accommodation**

Ideally, all residents should be offered their own room; this is essential for residents who are clinically vulnerable. [Evidence](#) shows that use of single rooms led to significantly fewer cases, hospitalisations and deaths during the first wave of the pandemic. If this is not feasible, those who share a room must be treated as a household. For further information on managing the hostel please refer to the [gov.uk guidance](#).

### **Isolate**

Support residents who are symptomatic, confirmed cases or contacts to isolate<sup>^</sup> and you should avoid all close contact (less than 2 metres). Residents with suspected or confirmed COVID-19 should not mix with residents who are clinically extremely vulnerable. Isolation is still a [legal](#) requirement.

Staff should not come into work if they have symptoms.

### **Social distancing**

Staff and residents should still maintain a 2-metre distance from other people at all times. Consider a rota system for communal areas if social distancing is not possible. Other infection control and prevention guidance should be followed regardless.

### **Face coverings**

To help stop the spread of the virus and protect others, staff and residents should be supported to continue to wear a face covering whilst indoors.

### **Ventilation**

Ventilate the premises by regularly opening windows to reduce the risk of [airborne transmission of the virus](#).

### **Vaccination**

Encourage and support all staff and residents to get three doses of the vaccine (1<sup>st</sup>, 2<sup>nd</sup> and booster).

### **Hygiene**

Wash your hands more often than usual, for 20 seconds using soap and hot water.

Frequently clean and disinfect regularly touched objects and surfaces in shared spaces. The infection spreads by droplet from mouth/nose and can remain on hard surfaces for up to 72 hours.

### **Symptom checking**

Ask residents daily about symptoms, including if they have mild ones.

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## 1. What are the main symptoms of COVID-19?

The main symptoms of coronavirus (COVID-19) are:

- **a high temperature** – feeling hot to touch on the chest or back (you do not need to measure the temperature)
- **a new or worsening, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if the person usually has a cough, it may be worse than usual).
- **loss or change to sense of smell or taste** – this means the person notices they cannot smell or taste anything, or things smell or taste different to normal

It is important to note that whilst these are the main symptoms of COVID-19, if residents or staff member feel unwell with other respiratory and additional symptoms (such as a runny nose, sore throat, headache and sinusitis) then it is advisable to be cautious and to arrange [testing](#) as soon as possible.

## 2. What should I do if someone develops symptoms of COVID-19 in a hostel?

If a **member of staff** develops a new continuous cough or a high temperature or loss/ change to their sense of smell or taste, they should not come into work. If they are already in work they should be sent home and advised to follow the [stay at home guidance](#). Staff will be eligible for statutory sick pay (SSP) when staying at home. Information on testing can be found [below](#).

If a **resident of the hostel** develops a new or worsening, continuous cough or a high temperature, or loss/ change to their sense of smell or taste they need to be immediately isolated in a separate room for 10 days from the onset of symptoms<sup>^</sup>. In practical terms, this means identifying a bedroom where they can stay alone and ideally have access to a separate bathroom facility. This may mean moving another resident from an en-suite room or restricting access to a bathroom area to the person who is unwell or transferring to a nearby hostel. Information on testing can be found [below](#).

If a resident or staff member is showing signs of the above symptoms, you should:

- For clinical advice go online to NHS 111 (or call 111 if they don't have internet access) or seek advice from a qualified clinician ideally their GP (this should not be in person).
- In an emergency, call 999 if they are seriously ill, injured or their life is at risk, and follow the advice. Do not visit a GP surgery, pharmacy, urgent care centre or a hospital.
- For a suspected case in a resident contact the **Find & Treat team** to arrange testing:
  - **Email:** [haltTeam.cnwl@nhs.net](mailto:haltTeam.cnwl@nhs.net)

- If the individual is suitable for referral into a dedicated isolation facility (previously known as COVID CARE facility), it may be possible to arrange a transfer out of the hostel.
- Identify household contacts and advise them to self-isolate for 10 days, unless they are under 5 years old or eligible for daily rapid testing\*\*. <https://www.gov.uk/government/news/daily-rapid-testing-for-covid-19-contacts-launches-this-week>

^ People who receive negative LFD results on day 5 and day 6 of their self-isolation period will no longer have to self-isolate for the full 10 days. The first test must be taken no earlier than day 5 of the self-isolation period. Further guidance on this can be found [here](#).

To further reduce the chance of passing COVID-19 on to others, anyone who ends their self-isolation period before 10 full days is strongly advised:

- to limit close contact with other people outside their household, especially in crowded, enclosed or poorly ventilated spaces
- to work from home if able to
- in addition to venues where it is a legal requirement, to wear a face covering in crowded, enclosed or poorly ventilated spaces and where they are in close contact with other people
- to limit contact with anyone who is at higher risk of severe illness if infected with COVID-19
- to follow the [guidance on how to stay safe and help prevent the spread](#)

Individuals should follow this advice until 10 full days from when your self-isolation period started.

**\*\*Daily Rapid Testing: From 14<sup>th</sup> Dec 2021** people who are fully vaccinated and identified as a contact of someone with COVID-19 – whether Omicron or not – should take an NHS rapid lateral flow test every day for 7 days to help slow the spread of COVID-19.

Daily rapid testing applies to all contacts who are:

- fully vaccinated adults – people who have had 2 vaccine doses
- all children aged 5 to 18 years and 6 months, regardless of their vaccination status
- people who can prove they are unable to be vaccinated for clinical reasons
- people taking part, or have taken part, in an approved clinical trial for a COVID-19 vaccine

Contacts are recommended to take an early PCR test, to avoid people who are clinical extremely vulnerable, and adopt other non pharmaceutical interventions (e.g. social distancing, mask wearing)

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

[~ Confirmatory PCR: From 11<sup>th</sup> Jan 2022, people who have a positive lateral flow test \(rapid test\) should be treated as a positive case and are no longer required to have a follow up confirmatory PCR test unless:](#)

- [they wish to claim the Test and Trace Support Payment](#)
- [they have a health condition that means they may be suitable for new COVID-19 treatments](#)
- [As part of research or surveillance programmes](#)
- [They have a positive day 2 LFD test after arriving in England](#)

#### Communications:

- Contact the London Coronavirus Response Cell (LCRC) on 0300 303 0450 or [LCRC@phe.gov.uk](mailto:LCRC@phe.gov.uk) for the following:

- For any new outbreak among residents (Two or more confirmed cases)
- Significant rise in the number of cases or if you require any support or advice
- Any deaths or hospitalisations of cases
- Concern around isolation and/or infection control and preventative measures
- Report new outbreak in residents to Find & Treat ([haltTeam.cnwl@nhs.net](mailto:haltTeam.cnwl@nhs.net))
- Ensure your commissioner is aware

- Whilst awaiting assessment and transfer you must adopt a careful access rota and cleaning regime of shared bathroom facilities as described in the section about shared areas.
- Residents with symptoms should not use communal areas e.g. kitchens or sitting areas, and where possible communal areas should be closed. To facilitate this, food, drink and medication should be delivered to their door. Residents with symptoms should wear a face mask whenever they leave their room for any reason.
- Support isolation of cases and contacts e.g. if cases and contacts share a flat they can be isolated together; or contacts can be assigned a dedicated bathroom.
- “Catch-it, bin it, kill it” and regular and thorough handwashing practices should apply to everyone, but especially to those with symptoms.
- All household type contacts (e.g. anyone sharing rooms or flats) of a symptomatic resident should also self-isolate for 10 days, unless they are under 5 years old or eligible for daily rapid testing\*\*, in line with the [stay at home guidance](#).

### 3. When should testing be used?

#### **Testing for staff with COVID-19 symptoms**

Anyone who has COVID symptoms (however mild) should isolate and access a PCR test; essential workers are prioritised for testing. The test is **best taken as early as possible** and within 5 days of symptoms starting.

<https://www.gov.uk/apply-coronavirus-test-essential-workers>

If you test positive for coronavirus you will be contacted by NHS Test and Trace and will need to share information about your recent interactions. People identified as having been in close contact\* with someone who has a positive test must self-isolate for 10 days, even if they have had a negative test, unless they are eligible for daily rapid test\*\*.

<https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>

\*A close contact is currently defined as:

- anyone in your household\*
- having face-to-face contact with someone (less than 1 metre away)
- spending more than 15 minutes within 2 metres of someone
- travelling in a car or other small vehicle with someone (even on a short journey) or close to them on a plane

*\* In deciding what constitutes a household, the key factor is whether residents share living spaces, in particular: bathrooms, toilets, kitchens and sleeping space. Residents who share any of these should be considered a ‘household’*

#### **Implications for hostel settings**

If hostel staff start to show COVID-19 symptoms they (and all household members) should remain at home and apply for a PCR test as essential workers. If the test is negative and if they feel well and no

longer have symptoms (temperature, cough or other respiratory symptoms), they can stop self-isolating and return to work.

If the test is positive, they must complete the remainder of their 10-day self-isolation. Anyone in their household must also complete self-isolation for 10 days from when they started having symptoms, unless they are under 5 years old or eligible for daily rapid test\*\*.

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

### **Testing for residents with COVID-19 symptoms**

For residents with [symptoms](#) (even mild) the route for testing remains referral to Find and Treat. Please see the F&T referral form and omicron testing flow chart on the [HLP website](#) for further information on testing.

When Find and Treat test an individual on site, or provide telephone advice, they will provide initial guidance about contacts along with infection control advice. If there is a positive test result you will be contacted again for further advice.

If staff members are identified as contacts of a confirmed case, they will need to isolate at home for 10 days, unless they are eligible for daily rapid testing\*\*. Their household doesn't need to self-isolate with them if they do not have symptoms, but they must take extra care to follow the guidance on social distancing and handwashing and avoid contact as much as possible at home.

<https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works#people-who-have-had-close-contact-with-someone-who-has-coronavirus>

### **Testing for contacts of cases**

If an individual is a contact of someone who has tested positive for COVID-19, they can arrange to have a single PCR test even if they do not have symptoms. This is because they are at a higher risk of being infected. If the result is negative, the individual must still continue to self-isolate for the remainder of their 10 day self-isolation unless they are under 5 years old or eligible for daily rapid test\*\*.

as they could still become infectious and pass the infection onto others. The Find & Treat team may be able arrange for testing of contacts with no symptoms as part of managing an outbreak in the setting, Contacts without any symptoms can also request a PCR test through the [gov.uk website](#).

Note: A PCR test should not be arranged if someone has previously received a positive PCR test within the last 90 days unless they develop any new symptoms, as it is possible for PCR tests to remain positive for some time after COVID-19 infection.

### **Testing for those without symptoms**

About 1 in 3 people with COVID-19 do not have symptoms but can still infect others. Regular testing will continue to help find cases and break the chains of transmission. Staff and residents should be encouraged to do regular rapid tests (using rapid Lateral Flow tests - LFTs).

Anyone who does not have symptoms can do a rapid lateral flow test; the advice is to do these tests twice a week (every 3 to 4 days) to check if you have the virus. If people test positive and self-isolate, it helps stop the virus spreading. Even if you're vaccinated, there's still a chance you can pass COVID-19 on, so you should keep getting tested regularly.

Staff can order small packs of tests: <https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests>.

Locations may already have supplies of LFTs for residents. Contact your local borough public health team to request LFT tests for your residents.

If a rapid test is positive~, the person who tests positive must isolate and all contacts must self-isolate immediately, unless they are under 5 years old or eligible for daily rapid testing\*\*

Testing for those without symptoms should be particularly focused on those who are not fully vaccinated and those in higher-risk settings, such as homeless hostels. If you would like to introduce regular testing for your setting, please contact your local public health team (their details will be on the council website).

#### 4. How can I arrange vaccinations?

Having three vaccinations is highly effective against hospitalisation with COVID-19.

You [do not need to be registered with a GP](#) or have an NHS number to get a COVID-19 vaccine. You don't need to prove your identity, your address or your immigration status to access the vaccine.

Staff and residents can get vaccinated by:

- Attending a walk-in vaccination site (available for those not registered with a GP). Visit the [local vaccine website](#) for walk-in sites in your local area.
- [Booking an appointment](#) at a local pharmacy or a mass vaccination site (for those registered with a GP and aged over 18)

If you're concerned about the level of vaccination in your setting, contact the vaccine co-ordinator in your local authority. There are a number of outreach organisations providing vaccinations for people experiencing homelessness. The Find & Treat team can also provide advice ([haltTeam.cnl@nhs.net](mailto:haltTeam.cnl@nhs.net)).

#### 5. What is the advice for communal spaces and sleeping arrangements?

Ideally shared spaces such as **common recreational areas, kitchens and dining rooms** should be closed. However, if shared spaces are used, arrangements should be put in place to minimise the risk of transmission, by reducing the number of people using the spaces, by maintaining distance between people and by [ventilating the area](#).

- [Limit the number of people](#) using shared spaces at the same time and make adjustments to allow social distancing to be observed. This may mean staggering the times at which people eat meals to reduce the number in a communal area at the same time, having residents collect food to take to their rooms, or delivering food to residents' rooms. It is especially important for vulnerable residents to avoid communal areas.
- Residents and staff should be encouraged to [wear face coverings](#) in shared spaces. It is important to note that even when wearing a face covering, social distancing must be maintained as much as possible.
- All shared spaces should be kept [well ventilated](#), ideally by opening a window (please see [section on ventilation](#)).
- If someone is unwell, they should not visit shared spaces such as kitchens, bathrooms and sitting areas and must not share a bedroom with another person.
- Ensure alcohol-based hand rub (at least 70%) is in every communal area, and stocks are adequately maintained.
- Put up posters to remind staff and residents of key infection prevention and control advice.
- When there are clinically vulnerable or [clinically extremely vulnerable](#) residents at the hostel, think carefully about how the guidance can be applied rigorously (e.g. make sure any rotas are designed so that they can use spaces without other residents). Residents with suspected or confirmed COVID-19 should not mix with residents who are clinically extremely vulnerable.
- Make sure new staff are aware of the guidance.

##### *Toilet and bathroom facilities*

- If someone has COVID-19 symptoms, a separate toilet/bathroom should be identified for their exclusive use. See "What to do if someone develops symptoms" above.
- If a separate bathroom is not available, it should be cleaned and disinfected with your cleaning products as per the national guidance every time before being used by anyone else. A rota for showering or bathing should be drawn up so that the person who is unwell uses the facilities

last, before thoroughly cleaning and disinfecting the bathroom themselves (if they are able or it is appropriate). Consult the [national guidance](#) on detergents and disinfectant to use for cleaning.

- Ensure liquid soap and disposable paper towels are available at each sink
- Residents should not share towels. It is particularly important that anyone who is unwell uses separate towels from those used by other people.

### *Sleeping arrangements*

- Ideally, all residents should be offered their own room. Evidence shows that this led to significantly fewer cases, hospitalisations and deaths during the first wave of the pandemic.
- Those who are more [vulnerable to COVID-19](#) should be prioritised for any single rooms, with their own bathroom if available.
- If it is not feasible for single rooms to be offered to all residents, those who share a room must be treated as a household. For further information on managing the hostel please refer to the [gov.uk guidance](#).

## **6. How can areas be ventilated?**

The majority of virus transmissions happen indoors. Coronavirus lingers in the air in spaces with no fresh air, increasing the risk of people breathing in infected particles. Good ventilation with fresh air can reduce airborne risks by up to 70% compared to poorly ventilated areas. To help remove any infected particles lingering in the room consider:

- Opening windows for short, sharp bursts of 10 to 15 minutes regularly throughout the day
- Leaving windows open a small amount continuously

Ventilation will not prevent spread of COVID-19 through close contact, so all other the infection prevention and risk reduction actions outlined in this document must still be followed.

## **7. When should I wear personal protective equipment?**

Personal protective equipment (such as aprons, gloves and medical-grade masks) is only required if there is likely to be close contact (less than 2 metres) with a resident with symptoms or cleaning of areas where symptomatic residents have been. Where possible, this type of close contact should be avoided. Face masks/coverings should still be worn when in close proximity to anyone (not just people with symptoms).

## **8. What do I need to do if I have been in touch with someone who was unwell?**

If a member of staff has helped someone who was taken unwell with a new, continuous cough or a high temperature, or loss/ change to their sense of smell or taste they do not need to go home unless they develop symptoms themselves or are subsequently identified as a close contact of a case. They should wash their hands for 20 seconds thoroughly and regularly, especially after any contact with someone who is unwell.

## **9. How do I clean the hostel?**

### *Individual rooms*

- Cleaners should only clean individual rooms when necessary, i.e. rooms should not be cleaned daily.
- Cleaners should not clean the room of people with symptoms during the 10 day isolation period, and ideally should only clean once the room has been closed for 72 hours (3 days) after the resident has left.
- Consider whether guests can be facilitated to change their bed linen themselves and clean their own rooms (i.e. provided with cleaning materials).
- Staff and guests should not shake dirty laundry.

- Cleaning of rooms should be conducted so that cleaning staff are able to stay more than 2 metres away from residents.
- The official guidelines for cleaning, laundry and waste are published on the [gov.uk website](https://www.gov.uk).

### Common areas

Clean regularly and thoroughly all frequently touched surfaces. This includes door handles, light switches, counters, table tops, bedside tables, bathroom fixtures, phones, tablets, keyboards, elevator buttons, door buttons, door bells. When cleaning and disinfecting facilities or spaces used by a symptomatic individual consult the guidelines for cleaning on the [gov.uk website](https://www.gov.uk). Please scan the code to be taken to the guidance around cleaning in non-healthcare settings outside the home.



## 10. How do I protect vulnerable residents?

Those who are more vulnerable to COVID-19 should be prioritised for any single rooms, with their own bathroom if available. Increased vulnerability in the homeless population is defined as:

- Those that meet the existing definition of “[extremely vulnerable](#)”
- Those who are at increased risk as a result of underlying health conditions, as set out in existing guidelines (e.g. anyone instructed to get a flu jab as an adult each year on medical grounds)
- Those aged over 55.

Consider how the [infection, prevention and control advice](#) can be applied rigorously (e.g. make sure any rotas are designed so that clinical vulnerable residents can use spaces first).

Clinically extremely vulnerable people should be encouraged to limit close contact with people they don't usually meet. They should also take precautions to minimise the risk of contact with others when social distancing is removed. This includes meeting outside if possible, making sure the space is well ventilated, continuing to practice social distancing, waiting until 14 days after you've been vaccinated, washing your hands regularly and avoiding touching your face, asking friends and family to take a lateral flow test before visiting you.

You should regularly (at least daily) check that residents have not developed symptoms. Ask all residents by phone or from outside their room if they have any new symptoms such as a fever or cough or more generic respiratory symptoms. Please record and keep this information.

Vaccines are safe and effective. Supporting all residents to have both doses of the COVID-19 vaccine will help to protect them.

## 11. What to do with new residents and visitors?

New residents should be asked about symptoms on arrival and if they have any, the [relevant advice](#) must be followed.

It is advised to limit visitors entering the facility. Visitors that do have to attend should be strongly encouraged wear a face covering whilst indoors and to maintain social distancing at all times. Hand hygiene should be encouraged on entering the facility.

## 12. Should I close the hostel?

It is not necessary to close the hostel or send any staff home if you have a **single case**, unless government policy changes. Keep monitoring the [gov.uk website](https://www.gov.uk) for the latest details. Concerns about management of outbreaks in hostels can be explored with the commissioner, LCRC and the setting.

Decisions to close the hostel will be determined by many factors including staffing, IPC concerns and case rates.

The LCRC (details [above](#)) are also available for advice on implementing UKHSA guidance, if needed.

***Check you have the most recent version of this document!***

This is a live document. The most recent version of this document will be published on the HLP website <https://www.healthylondon.org/resource/homeless-healthduring-covid-19/> which we recommend that you check regularly alongside national guidelines. There are also a number of resources designed for hotel sites that may be useful to use in a hostel setting available on the website.

Version 1.9

Published: 26/01/22

Review date: 12/02/22

This document has been produced by UKHSA London (LCRC) and GLA