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1. Home (https://www.gov.uk/)
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4. Health protection (https://www.gov.uk/health-and-social-care/health-protection)
5. Infectious diseases (https://www.gov.uk/health-and-social-care/health-protection-infectious-diseases)
6. COVID-19: guidance for hostel services for people experiencing homelessness and rough sleeping (https://www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping)

- Ministry of Housing, Communities & Local Government (https://www.gov.uk/government/organisations/ministry-of-housing-communities-and-local-government)
- Public Health England (https://www.gov.uk/government/organisations/public-health-england)

Guidance

COVID-19: guidance for commissioners and providers of hostel services for people experiencing homelessness and rough sleeping

Updated 21 July 2021

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Who this guidance is for

This is updated guidance for commissioners, managers and staff of hostels which provide services for single adults experiencing homelessness and rough sleeping.

What has changed

Most coronavirus (COVID-19) restrictions have now been lifted. This guidance has been updated to reflect these changes. COVID-19 has not gone away and everyone should continue to take precautions. See How to stay safe and help prevent the spread (https://www.gov.uk/guidance/covid-19-coronavirus-restrictions-what-you-can-and-cannot-do) for more information.

This guidance covers:

- hostels with individual self-contained rooms with en-suite facilities that have shared kitchens
- hostels without individual self-contained rooms and that have communal facilities

This guidance does not cover night shelters.

In addition to hostels, a range of accommodation has and continues to be used as part of the COVID-19 response to support people who were experiencing homelessness and rough sleeping. This includes hotel, bed and breakfast and supported accommodation. While this guidance does not cover night shelters, some of this guidance may be relevant to other types of accommodation.

Some of this guidance may also be relevant for temporary accommodation with shared facilities which is provided by local authorities to fulfil statutory homelessness duties.

Local providers will need to make an assessment on which areas of this guidance are most relevant for their circumstances and setting. Factors determining this could include the extent to which any facilities are shared, and the staffing set-up in the accommodation.

Symptoms

The most important symptoms of COVID-19 are recent onset of any of the following:

- a new continuous cough
- a high temperature
- a loss of, or change in, your normal sense of taste or smell (anosmia)

For most people, COVID-19 will be a mild illness. However, if anyone has any of the symptoms above, even if these symptoms are mild, they should be isolated and testing arranged (https://www.gov.uk/get-coronavirus-test).

General guidance for all hostel settings

The homeless population is likely to be at higher risk of severe outcomes from COVID- 19, and less able to manage the risk of transmission of infection. Hostels should implement daily monitoring of COVID-19 symptoms among residents and staff. Each resident should be assessed for the main symptoms listed above.

Everyone should follow these general principles to help prevent the spread of infections caused by COVID-19 and other respiratory viruses:

- washing hands frequently with soap and water for at least 20 seconds, or use a hand sanitiser. This is especially important after you blow your nose, sneeze or cough, before you eat or handle food, after coming into contact with surfaces touched by many others, such as handles, handrails and light switches, and after coming into contact with shared areas such as kitchens and bathrooms
- avoiding touching your eyes, nose, and mouth with unwashed hands
- covering your cough or sneeze with a tissue, then throwing the tissue in a bin and washing your hands or using a hand sanitiser. If you do not have a tissue, cough or sneeze into the crook of your elbow, not onto your hands
- cleaning and disinfecting frequently touched objects and surfaces in the hostel, such as door handles, handrails, tabletops, and electronic devices (such as phones)

Some individuals are at a higher risk of becoming seriously ill if they were to catch COVID-19, including those who are clinically extremely vulnerable (https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19). Providers should think particularly carefully about supporting these individuals to take the precautions described in the How to Stay Safe guidance (https://www.gov.uk/guidance/covid-19-coronavirus-restrictions-what-you-can-and-cannot-do).

Face coverings

COVID-19 spreads through the air by droplets and aerosols that are exhaled from the nose and mouth of an infected person. Though face coverings are no longer required by law in any setting, the government expects and recommends that they are used in crowded areas. This is because face coverings reduce the risk of spreading COVID-19, especially when there is close contact between people in enclosed and crowded spaces. Providers of hostel accommodation are strongly recommended to limit close contact between people in enclosed spaces and to support the use of face coverings in these circumstances and where people are unable to maintain social distancing. It is important that face coverings fit securely around the face so as to safely cover the mouth and the nose.

Testing

Around 1 in 3 people with COVID-19 do not have any symptoms. This means they could be spreading the virus without knowing it. Testing twice a week increases the chances of detecting COVID-19 when a person is infectious – helping to make sure people do not spread COVID-19.

Rapid lateral flow testing is available for free to anybody, but is particularly focused on those who are not fully vaccinated and those in higher-risk settings, including settings for people experiencing homelessness and rough sleeping. You can get tests from pharmacies or online.

Those working in hostels are included in the list of essential workers prioritised for COVID-19 testing (https://www.gov.uk/guidance/essential-workers-prioritised-for-covid-19-testing). Find out more about how to get rapid lateral flow tests (https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests).

This guidance is advisory but you should follow it to help you to meet your obligations under public health legislation. In particular, you should ensure that a risk assessment is completed which takes account of COVID-19 and that sufficient measures to manage the risk of COVID-19 are put in place.

Vaccination

People who experience homelessness and rough sleeping are likely to have underlying health conditions, which can make them vulnerable to COVID-19. The Joint Committee on Vaccination and Immunisation has therefore prioritised them for being offered COVID-19 vaccines.

COVID-19 vaccines are available to everyone free of charge (https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nhs.uk%2Fconditions%2Fcoronavirus-covid-19%2Fcoronavirus-vaccination%2Fcoronavirus-vaccine%2F%3Fpriority-taxon%3D774cee22-d896-44c1-a611-e3109cce8eae&data=04%7C01%7CFatima.Wurie%40phe.gov.uk%7Ccccfabe4d5bf4a447a9908d8e4cfb284%7Cee4e14994a354b2ead475f3cf9de8666%7C0%7C0%7C637510927989851150%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=nFg%2FGn2ceqqovmKN6np72NlYPlXYFbH1yM%2FmVXZ6Fh0%3D&reserved=0).

Accommodation providers should work with local public health teams to support the development of solutions to deliver COVID-19 vaccinations for people experiencing homelessness and rough sleeping. This includes informing people about the vaccine and in supporting them to feel confident in having it. They will also have a role in helping to identify the population and access appropriate sites to deliver vaccinations. There are leaflets and posters about the vaccination programme available (https://www.gov.uk/government/collections/covid-19-vaccination-programme).

There is no requirement for people to have an NHS number or to be registered with a GP to receive the COVID-19 vaccine. The COVID-19 vaccine is also available irrespective of immigration status and no data will be shared with immigration authorities when a vaccination offer is accepted. It is important to communicate that GP registration is not necessary in order to get the vaccine.

Optimal timing of the second dose of the vaccine is 8 to 12 weeks after the first dose. A shorter schedule may be offered in cases where the individual is unlikely to return for receipt of the second dose at 12 weeks, and where they may be lost to follow-up.

Caring for residents during the COVID-19 pandemic

Managing the hostel

Wider guidance from Public Health England (PHE) on managing possible and confirmed cases of COVID-19 and their contacts distinguishes between household (https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance) and non-household (https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person) contacts.

To use this guidance in local settings, hostel providers will need to interpret the meaning of 'household' based on the set-up of their hostel. This will depend on the layout of the accommodation and how it is organised.

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 as a household for this guidance. In complex situations, hostels can seek advice from PHE's local Health Protection Teams (HPT) (https://www.gov.uk/health-protection-team).

Hostel providers should make local assessments and draw up a plan for how to manage the hostel space to support isolation for:

- residents who have symptoms of COVID-19 and may be waiting for a test result (possible case)
- residents who have received a positive test result for COVID-19 (confirmed case)
- residents considered to be in the same household as someone with symptoms or who has had a positive test (household contacts)
- residents who have been identified as contacts of a confirmed case who they don't live with via NHS Test and Trace (non-household contacts)

Ideally, all people in the above categories should have their own self-contained accommodation (with their own bathroom and kitchen). If this is not possible, 'cohorting' based on COVID-19 status may be used to minimise health risks. Cohorting is a strategy which can be effective in limiting the spread of disease by gathering people into different areas depending on their status. For example, confirmed cases can be in one area of the hostel and residents without symptoms in another.

Residents with suspected or confirmed COVID-19 should not mix with, be cohorted with, or spend time in rooms next to residents who are clinically extremely vulnerable (https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19). This includes not sharing bathrooms or communal areas within the hostel.

The Clinical homeless sector plan published by Pathway (https://www.pathway.org.uk/covid-19-clinical-homeless-sector-plan-160420-1/) provides more details on cohorting in the context of emergency accommodation for people experiencing rough sleeping.

Where hostels have a mix of residents with symptoms and/or confirmed cases and residents who are asymptomatic, they should consider:

- whether residents can safely isolate in their own room with an en-suite bathroom and have access to their own kitchen
- if residents cannot safely isolate in the hostel, what other local options are available to support them
- the physical layout of the hostel to ensure that there is no contact between groups outlined above
- arranging staff teams so the same people are consistently working with the same staff group
- seeking advice from PHE's local HPTs in complex situations

Suspected or confirmed cases of COVID-19

If someone has COVID-19 symptoms or has a positive COVID-19 test result

Anyone who develops COVID-19 symptoms, however mild, should self-isolate immediately and get a PCR test. Those who test positive must self-isolate. This is the law. For further details on the duration of self-isolation, see the stay at home guidance (https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection).

They should not go to a GP surgery, pharmacy or hospital except in an emergency. Where a resident has symptoms, managers should support residents to arrange to have a test to see if they have COVID-19 – this can be arranged online (https://www.gov.uk/get-coronavirus-test) or contact NHS 119 via telephone if internet access is not available.

If their symptoms do not get better after 10 days, or their condition gets worse, use the NHS 111 online coronavirus service, or call NHS 111 if internet access is not available. For a medical emergency call 999.

Hostels should provide support to residents with a positive test result to provide details to the NHS Test and Trace service.

If the resident does not need to go to hospital, the Stay at home: guidance for households with possible or confirmed COVID-19 (https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection) should be followed and used alongside this guidance.

Staff should follow guidance for cleaning in non-healthcare settings (https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings), which includes guidance on dealing with laundry and waste.

If a resident is identified as a contact of someone with COVID-19 symptoms or of someone with a positive COVID -19 test result

Refer to the section on Managing the hostel (https://www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping/covid-19-guidance-for-commissioners-and-providers-of-hostel-services-for-people-experiencing-homelessness-and-rough-sleeping#_1fob9te) for help in determining if a resident is a household or non-household contact.

Residents considered to be in the same 'household' as someone who has symptoms of, or has received, a positive test for COVID-19 are considered 'household contacts'. They should self-isolate and follow the Stay at home: guidance for households with possible or confirmed COVID-19 (https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection).

If a household contact develops COVID-19 symptoms (https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/), they should be helped to arrange a PCR test (https://www.nhs.uk/conditions/coronavirus-covid-19/testing/get-tested-for-coronavirus/), self-isolate immediately and follow the advice in the stay at home guidance (https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection), even if their symptoms are mild.

If a resident is notified by NHS Test and Trace that they are a contact of someone who has received a positive COVID-19 test who they do not share a household with, they are a 'non-household contact'. They must self-isolate and follow the guidance for non-household contacts (https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person). Managers of hostels should encourage residents to tell them if they need to self-isolate because they are a non-household contact.

Those who share a household with the person identified as a contact do not need to self-isolate at this stage.

Managing an outbreak

An outbreak is defined as 2 or more confirmed cases in a single facility. In the event of an outbreak, hostel providers should refer to the COVID-19 outbreak management framework for their local area. All hostel providers should seek advice from their local HPT (https://www.gov.uk/health-protection-team) and

contact their local authority and local health services for support, whether the hostel provider has a contract with the local authority or not.

Local authorities need a clear picture of all alternative local provision that could be used in the case of an outbreak. Where local authorities are unable to meet the emergency needs of a hostel provider, they should liaise with the Strategic Coordination Group of their Local Resilience Forum (LRF) for additional support. Contact details for the LRFs can be found at Local resilience forums: contact details (https://www.gov.uk/guidance/local-resilience-forums-contact-details).

Staff rotas should be used where possible. This includes arranging staff teams so the same people are working on the same shifts (arranging staff teams into working cohorts) and where possible not mixing these. Staff should follow infection control procedures (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control) and follow guidance for cleaning (https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings) for all shared spaces including corridors.

Meeting the health and wellbeing needs of residents who are self-isolating

As well as having their own room, residents who are self-isolating should have personalised plans in place, which include:

- provision of food and water
- support for physical and mental health (including drug, alcohol and nicotine dependence and/or treatment needs)
- wellbeing
- communication (for example being provided with a mobile phone)
- Homeless Link has guidance on trauma and psychologically informed approaches (https://www.homeless.org.uk/trauma-informed-care-and-psychologically-informed-environments)

Visitors where a resident is self-isolating

If a resident is self-isolating with COVID-19 symptoms or is a confirmed case:

- do not invite or allow social visitors to enter the hostel. This includes visitors for all members of the hostel, not just the symptomatic resident or case. If residents want to speak to someone, they should use the phone or social media
- if the resident is receiving essential care, then carers should continue to visit and follow the relevant adult social care guidance (https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance) to reduce the risk of becoming infected

Visits that are unavoidable (for example, for health reasons or to undertake urgent repairs in the hostel) can be conducted providing the visitor does not have symptoms. Routine infection control measures such as environmental cleanliness, good ventilation, hand hygiene, minimising contact and wearing face coverings should be maintained to minimise the risk of infection and cross-contamination.

No-one with symptoms of COVID-19 should visit a hostel, including staff and visitors.

Personal protective equipment use

The majority of staff will not require personal protective equipment (PPE) beyond what they would normally need for their work.

PPE is only needed in a very small number of circumstances:

- if providing care to a resident whose care routinely already involves the use of PPE
- if there is a known risk of contamination of blood or body fluids from the resident (regardless of their COVID-19 status)
- if providing care to someone displaying symptoms or who has had a positive test, and close contact cannot be avoided
- if spending prolonged time (greater than 15 minutes) at closer than 2 metres distance from someone displaying symptoms or who has had a positive test

PPE should include a fluid-repellent surgical mask, single use disposable apron, single use disposable gloves, and eye protection if appropriate following a risk assessment about the risk of splashing into the face or eyes. Further information on what PPE to wear and when (https://www.gov.uk/government/publications/personal-protective-equipment-ppe-illustrated-guide-for-community-and-social-care-settings) is available. It is also important to make sure staff put PPE on and take PPE off (https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes) safely to avoid self-contamination.

Providers should use their local supply chains to obtain PPE. If they cannot obtain the PPE they need they should approach their local authority, who should support them to access PPE.

If the local authority is not able to meet the PPE needs of providers, the local authority should approach their nearest LRF.

If neither the local authority or LRF are able to respond to an unmet urgent need for PPE, providers will need to make a judgement in line with their risk assessment as to whether it is safe to continue to operate.

Transferring residents between accommodation

If a resident is suspected of having COVID-19 and needs to be moved for assessment, isolation or treatment, inform staff at the receiving destination that the patient is suspected to have COVID-19.

If residents who are symptomatic or who have received a positive COVID-19 test result require transfer, public transport should not be used. Individuals should be separated from others within well-ventilated transport vehicles, social distancing should be maintained, and face coverings should be worn by all passengers and operators unless exempt through health, disability of other reason. If PPE is needed this should include a fluid-resistant surgical mask, single use disposable apron, single use disposable gloves, and eye or face protection (the use of eye or face protection can be risk assessed for the situation). See COVID-19: safer transport guidance for operators (https://www.gov.uk/government/publications/coronavirus-covid-19-safer-transport-guidance-for-operators/coronavirus-covid-19-safer-transport-guidance-for-operators#personal-protective-equipment) for further guidance.

Safeguarding

It is particularly important to safeguard adults with care and support needs. They may be more vulnerable to abuse and neglect as others may seek to exploit them due to age, disability, mental or physical impairment or illness. Services and existing safeguards may have been affected.

Hostel managers and staff should pay particular attention to increases in self-neglect, the possible criminal exploitation of residents (for example in supplying drugs) and increases in intimate partner violence.

Commissioners, providers and their staff should refer to COVID-19 and safeguarding resources (https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding-adults) and positive practice in adult safeguarding and homelessness (https://www.local.gov.uk/adult-safeguarding-and-homelessness-briefing-positive-practice).

Providing care after death

Should someone die while staying in a hostel due to a suspected or confirmed COVID-19 related death, please refer to the guidance for care of the deceased (https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased).

Other sources of information

NHS England and Improvement has produced a homelessness and rough sleeping mobilisation support pack, which can be accessed by joining NHS England's online Homelessness and Inclusion Health workspace:

- register for free on www.future.nhs.uk (https://future.nhs.uk/)
- once registered request access to the workspace by emailing HomelessHealthCOVID19-manager@future.nhs.uk
- follow the steps in the confirmation email to confirm that you want to join

Other sector guidance and collections that commissioners, and providers of services to people experiencing homelessness and rough sleeping, might find useful include:

- COVID-19: provision of night shelters (https://www.gov.uk/guidance/covid-19-provision-of-night-shelters)
- Clinical Homeless Sector Plan (https://www.pathway.org.uk/covid-19-clinical-homeless-sector-plan-160420-1/)
- Collective Voice – COVID-19 support for alcohol and drug treatment and recovery services (https://www.collectivevoice.org.uk/blog/treatment-and-recovery-services-and-covid-19/)
- Healthy London Partnership (https://www.healthylondon.org/resource/homeless-health-during-covid-19/)
- Homeless Link (https://www.homeless.org.uk/covid19-homelessness)
- LGA – COVID-19: housing, planning and homelessness (https://www.local.gov.uk/our-support/coronavirus-information-councils/covid-19-housing-planning-and-homelessness)
- MEAM Coalition (http://meam.org.uk/covid-19-resources/)
- Pathway (https://www.pathway.org.uk/blog/covid-19-coronavirus-homelessness/)
- Royal College of Psychiatrists – COVID-19: Working with vulnerable people (https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/community-and-inpatient-services/covid-19-working-with-vulnerable-patients)

- Groundswell (https://groundswell.org.uk/)
- Centre for Homelessness Impact (https://www.homelessnessimpact.org/)
- Local resilience forums (LRF) (https://www.gov.uk/government/publications/the-role-of-local-resilience-forums-a-reference-document)
- Homelessness and safeguarding practice briefing (https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding-adults)

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