



1. Home (<https://www.gov.uk/>)
2. Health and social care (<https://www.gov.uk/health-and-social-care>)
3. Public health (<https://www.gov.uk/health-and-social-care/public-health>)
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>)

1. Ministry of Housing, Communities & Local Government (<https://www.gov.uk/government/organisations/ministry-of-housing-communities-and-local-government>)
2. 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 7 August 2020

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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.

The 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 coronavirus (COVID-19) response to support people who were experiencing homelessness and rough sleeping. This includes hotel accommodation, bed and breakfasts and supported accommodation. While this guidance does not cover night shelters, some of this guidance may be relevant to other types of accommodation. Those wishing to have further information on emergency hotel accommodation may find the Clinical Homeless Sector Plan (<https://www.pathway.org.uk/covid-19-clinical-homeless-sector-plan-160420-1/>) published by Pathway useful.

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 particular circumstances and setting. Factors determining this could include the extent to which any facilities are shared, and the staffing set up in the accommodation.

This guidance may be updated in line with the changing situation.

## General guidance for all hostel settings

The government's advice on social distancing and self-isolation during the COVID-19 pandemic may be challenging for people experiencing homelessness and rough sleeping. This guidance will assist commissioners, managers and staff of hostels in the period of COVID-19 restrictions.

Commissioners and providers should make an assessment on how their accommodation is able to meet current guidelines on social distancing (<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>), shielding (<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>) and self-isolation and plan their response. They should ensure that they have understood how they can apply guidance on case management and isolation to the hostel setting, particularly how the definitions of household and non-household contacts will apply to residents – there is information on this later in this guidance.

Managers and staff should adhere to these guidelines and follow appropriate measures wherever possible, including those on working safely (<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/5-steps-to-working-safely>) during COVID-19 and the guidance for hotels and other guest accommodation (<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/hotels-and-other-guest-accommodation>).

Hostel providers should ensure all residents and members of staff are familiar with social distancing (<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing>), shielding (<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) and self-isolation (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>) guidance and are supported to adhere to these guidelines.

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

- wash your hands frequently with soap and water for at least 20 seconds, or use a hand sanitiser. Do this after you blow your nose, sneeze or cough, before you eat or handle food and always immediately when you return home
- avoid touching your eyes, nose, and mouth with unwashed hands
- cover your cough or sneeze with a tissue, then throw the tissue in a bin and wash your hands or use a hand sanitiser
- clean and disinfect frequently touched objects and surfaces in the hostel, such as door handles, handrails, table tops, and electronic devices (such as phones)

Commissioners and providers should work together to ensure that staff and residents are able to follow best practices and the most up-to-date guidance.

Hostels should implement daily monitoring of COVID-19 symptoms amongst residents and staff. Each resident should be assessed daily for:

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

If residents or staff have any of the symptoms above, they must self-isolate and a test should be arranged to see if they have COVID-19. For residents – visit NHS.UK (<https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/>) to arrange or contact NHS 119 via telephone if internet access is not available.

Those working in hostels are classed as essential workers and can apply for priority testing (<https://www.gov.uk/apply-coronavirus-test-essential-workers>) through GOV.UK. There is more detail on this later in this guidance.

Colleagues working across health and care on the homeless health response to COVID-19 can access a dedicated collaborative workspace, on the Future NHS platform. You can find the latest resources and emerging practice from around the country as well as share ideas and ask questions. To join the workspace email [homelesshealthcovid19-manager@future.nhs.uk](mailto:homelesshealthcovid19-manager@future.nhs.uk).

This guidance is advisory but we strongly recommend that you follow this guidance as this will help you to meet your obligations under the public health legislation. Please note that enforcing authorities, including local authorities and the police, have been given powers to enforce compliance with public health legislation.

This includes where employers are failing to:

- take appropriate action to ensure social distancing, where possible
- complete a risk assessment which takes account of COVID-19, or completing a risk assessment but failing to put in place sufficient measures to manage the risk of COVID-19

The actions the enforcing authority can take include the provision of specific advice to employers to support them to achieve the required standard, through to issuing enforcement notices to help secure improvements. Employers are expected to respond to any advice or notices issued by enforcing authorities rapidly and are required to do so within any timescales imposed by the enforcing authorities.

## Caring for residents during the COVID-19 pandemic

### Managing the hostel

Wider guidance from Public Health England ([PHE](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance)) 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. It is important to determine the household structure of the hostel as part of prevention planning, before anyone in the hostel begins to display any symptoms of COVID-19.

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](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) local Health Protection Teams ([HPT](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)).

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

- individuals 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)
- those considered to be in the same household as someone with symptoms or who has had a positive test (household contacts)
- individuals who have been identified as contacts of a confirmed case who they don't live with through 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 the 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 be cohorted with or in rooms next to residents who require shielding (<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>).

The Clinical Homeless Sector Plan (<https://www.pathway.org.uk/covid-19-clinical-homeless-sector-plan-160420-1/>) published by Pathway 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

## **Residents who are shielding or are at increased risk of illness.**

All the population should follow the guidance on staying alert and safe (social distancing). (<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing>)

People who are clinically extremely vulnerable should follow the guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19

(<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>)

which was updated on the 1 August 2020. There may be specific advice for local areas which have experienced a surge in new cases. You should ensure you check the most up to date guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19

(<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>). If it isn't clear whether a resident should be shielding, clinical advice should be sought. Providers should actively support residents who are clinically extremely vulnerable if they wish to shield.

People who are considered generally clinically vulnerable, who may be at higher risk of severe illness from coronavirus are advised to implement strict respiratory and hand hygiene, and social distancing, wherever possible. Given the recognised poor health status of many homeless individuals such advice is likely to be relevant to many in this population. The latest guidance can be found at Staying alert and safe (social distancing) (<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>).

Commissioners and providers of hostels for people experiencing homelessness and rough sleeping should protect residents who are shielding. This may mean:

- prioritising single rooms and restricting the sharing of bathroom facilities
- considering accommodation options other than the current hostel of residence

In some areas there may be specific provision for those for who are shielding.

There is advice on transferring residents later in this guidance.

## **Suspected or confirmed cases of COVID-19**

### **If someone has symptoms of COVID-19 or has a positive test result for COVID-19**

If anyone has symptoms of COVID-19, however mild, OR they have received a positive COVID-19 test result, the clear medical advice is to immediately self-isolate for at least 10 days from when their symptoms started.

They should not go to a GP surgery, pharmacy or hospital. Where a resident has symptoms, managers should support residents to ensure that the person arranges to have a test to see if they have COVID-19 – visit NHS.UK (<https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/>) to arrange 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 (<https://111.nhs.uk/>) 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 (<https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>) 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 (<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>), which includes guidance on dealing with laundry and waste.

## **People living with someone who has symptoms of COVID-19 or has a positive test result for COVID-19 ('household contacts')**

Those residents considered to be in the same 'household' as someone who has symptoms of or has received a positive test for, coronavirus (COVID-19) are considered 'household contacts', and should self-isolate for 14 days and follow the relevant 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>).

This guidance applies in hostels, and providers should decide what constitutes the household in their particular circumstances. Household contacts do not need to arrange a test unless they develop symptoms of COVID-19 or have been advised to so by NHS Test & Trace or the local HPT. If symptoms develop, they should follow the advice in the stay at home guidance on what to do if someone has symptoms.

Ensure help is provided in isolating residents to avoid contact with other members of their household as much as possible.

- advise them to stay in a well-ventilated room with a window to the outside that can be opened, separate from other people in their 'household' if this is possible. Keep the door closed
- regular cleaning of the bathroom will be required if en-suites are not available. Residents with symptoms should try to use the facilities last, before thoroughly cleaning the bathroom. They should use separate towels from other household members, both for drying themselves after bathing or showering and for hand hygiene purposes

Symptomatic and isolating residents should avoid using shared spaces such as kitchens whilst others are present. Advise them to take their meals back to their room to eat. Use a dishwasher (if available) to clean and dry used crockery and cutlery. If this is not possible, wash them by hand using detergent and warm water and dry them thoroughly, using a separate tea towel.

## **If someone is identified as a contact of a confirmed case through NHS Test and Trace ('non-household contacts')**

Residents may be notified by NHS Test and Trace that they are a contact of a person who has had a positive test result for COVID-19. In this case they must self-isolate in their residence for 14 days because they are at risk of developing symptoms and could spread the virus to others before symptoms begin. Managers of hostels should encourage residents to report if they need to self-isolate for this reason.

- if a resident is notified that they are a contact of someone who has received a positive COVID-19 test, they are a 'non-household contact' and should self-isolate for 14 days 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>). Please refer to the section on Managing the hostel for help in determining if a resident is a household or non-household contact
- those in the rest of their 'household' do not need to self-isolate at this stage but should take extra care to follow the guidance on social distancing, handwashing and respiratory hygiene

If the person (contact) who is self-isolating develops symptoms, then everyone in their household must now 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>) Testing should only be arranged if someone has symptoms of COVID-19.

## Managing an outbreak

An outbreak is defined as 2 or more confirmed cases in a single facility. In this event, hostel providers should seek advice from their local [HPT](https://www.gov.uk/health-protection-team) (<https://www.gov.uk/health-protection-team>).

All hostel providers should look to their local authority and local health services for support. This is true whether the hostel provider has a contract with the local authority or not.

Local authorities need to have 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](https://www.gov.uk/guidance/local-resilience-forums)) 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>).

Unless advised otherwise by the [HPT](https://www.gov.uk/health-protection-team), hostels with symptomatic residents can remain open to necessary staff and visitors (for example, for health reasons or to undertake urgent repairs in the hostel).

Careful infection control measures should be followed during and after visits, in line with the social distancing guidance (<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>). Guidance on cleaning and disposal of waste (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection#cleaning-and-disposal-of-waste>) is available.

Consistent 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 must 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>) 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 shielding or 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)

There is specific guidance for services that support people who use drugs and alcohol (<https://www.gov.uk/government/publications/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol>) that hostels should be familiar with. Homeless Link has guidance on trauma and psychologically informed approaches (<https://www.homeless.org.uk/trauma-informed-care-and-psychologically-informed-environments>), and the [PHE](https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing) guidance for the public on mental health and wellbeing (<https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing>) will be useful.

## Visitors where a resident is self-isolating

No-one with symptoms of COVID-19 should visit a hostel.

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

- do not invite or allow social visitors, such as other friends or family, to enter the 'household'. If they want to speak to someone use the phone or social media
- if the resident is receiving essential care, then carers should continue to visit. Carers should follow the relevant 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. Infection control measures should be followed as described previously.

## Hostel Staff

Staff who are clinically extremely vulnerable should be supported to stay home from work, and work from home if possible.

Members of staff with COVID-19 symptoms should follow NHS advice (<https://www.nhs.uk/conditions/coronavirus-covid-19>). They are classed as essential workers and can apply for priority testing (<https://www.gov.uk/apply-coronavirus-test-essential-workers>) through GOV.UK.

If staff are advised to self-isolate at home they should follow COVID-19: stay at home guidance (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-people-with-confirmed-or-possible-coronavirus-covid-19-infection>). They should not visit the hostel or care for residents until safe to do so.

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

[PPE](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) 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 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.

In these latter 2 cases, PPE should include a fluid-resistant surgical mask, single use disposable apron, single use disposable gloves, and if appropriate following risk assessment, eye or face protection (the use of eye or face protection can be risk assessed for the particular situation).

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 according to priority needs.

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

The movement and transport of residents between accommodation should be limited to essential purposes only. The PHE guidance for conveyance and patient handover (<https://www.gov.uk/government/publications/covid-19-guidance-for-ambulance-trusts/covid-19-guidance-for-ambulance-trusts#conveyance-and-patient-handover>) can be adapted to hostel settings.

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

If residents who are symptomatic require transfer, public transport should not be used:

- if travelling in a car or minibus use a vehicle with a bulkhead or partition that separates the driver and passenger. The driver and passenger should maintain a distance of 2 metres from each other
- the passenger must wear a face mask
- if there is no partition between the driver and passenger or it is not possible to maintain a distance of 2 metres from each other, the driver should use PPE and the passenger should wear a face mask if they are able to do so. The windows should be left open for the duration of the journey
- residents must be taken straight to and returned from clinical departments and must not wait in communal areas
- surface cleaning of passenger areas should be performed after transfer

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 on **PPE** and face coverings.

## Safeguarding

During the COVID-19 crisis, 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 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 living in a hostel, the following principles should always apply:

- the deceased are treated with sensitivity, dignity and respect
- people who need to come into contact with the deceased or who work in services providing care for the deceased are protected from infection

In the case of 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

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

- 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>)