



Health model for care in COVID-PROTECT sites

Essential requirements of hotel site to support medical and clinical provision

- Lifts
- Rooms of a good size for medical equipment
- Wide corridors for putting on and taking of medical equipment
- Access via ambulance
- Generally - laminate/wipeable surfaces where possible
- Infection control:
 - Regular cleaning especially of hard surfaces
 - Including bedding change every week
 - Deep clean arrangements
 - All communal areas cleaned daily

Practical considerations for the site

- Screening of staff for any risks that result in them needing to self-isolate
- Posters in hotel to remind people to wash hands/avoid touching surfaces/social distancing keep a 2m away from others
- Hand gel available for staff use only
- Clinell wipes available for high risk areas
- Cards given to patients describing what symptoms to look out for and how/when to inform staff if they feel unwell
- Nicotine replacement/electronic cigarette needs consideration? Stock available onsite
- Provision of cleaners
- Information about use of masks

Liaison

- Liaison with MH trusts within the local borough in the event of people needing CMHT/HTT input
- Discharge to the hotels for those with high levels of mental health needs should only be used if there is no possibility of accommodation within boroughs
- Liaison local substance misuse services to provide advice and possibly take on patients not currently linked to a service
- Liaison with social care services locally as needed
- Brokering relationship with local pharmacist – particularly around OST
- Brokering relationship with local GP surgery (ideally specialist homeless practice where this exists but if not a local surgery) and requesting registration forms to be sent for completion.

Referral information needed:

- Health teams need to know WHO is coming in and need the first contact health triage service to have gathered the following information:
 - a. Demographics incl need for interpreter
 - b. Mobile number (VITAL for keeping medical contact remotely). Referrers to issue patient with a phone if needed
 - c. Vulnerability factor (eligibility criteria for PROTECT)
 - d. GP details
 - e. Next of kin (if possible)

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- f. Evidence of a NEGATIVE COVID symptom screen or test.
- g. No known contact with anyone that is COVID19 positive

Further information gathered once in hotel:

- List of medical problems
- Regular medications
 - a. How much medication do they have?
 - b. When will they need next script?
- Addictions needs
 - a. Name of current or recent substance misuse team for arm's length scripting, particular attention to if injecting and any needs around needle/syringe provision
- Mental health needs
 - a. Name of current or recent mental health team and medication including who administers
- Other services currently linked with including Social Care, Probation or other support
- Do they smoke/vape? How much etc? Access to tobacco/e-liquid – discussion around smoking policy of hotel

At induction to the venue:

- Medical history as above
- Information about hygiene measures, hand washing, sanitising surfaces
- Information about symptoms and who to inform

Practicalities:

- Check patient's details on NHS spine
- Patients well linked to own GP to remain under their care remotely
 - a. Patient or Staff to contact GP to confirm (1) medical history, (2) request GP summary emailed and (3) transfer prescription to pharmacy nearest the venue (4) request a prescription issue if patient running low
- Patients without GP registration to register with local specialist practice as a temporary patient or immediate and necessary. Where this is impossible, to liaise with local practice for consideration of temp reg.
- Patients known to drug treatment services to remain under their care at arm's length
 - a. Contact DTS to organise local pharmacy for scripting
- Patients not known to a DTS to be managed by primary care team with support /referral local DTS as needed (see DTS information on local services and links)
- Patients currently under CMHT – to liaise re provision of remote support where needed.
- Patients with acute mental health concerns - support likely needs to come from local teams

Governance and safety

- Clinical notes for patients to be kept in locked cabinet in medical room
- Medical room to be equipped to with supplies as per previous lists

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- Naloxone available onsite
- PPE to be available to staff as needed
- Patients who need medical review to be screened for COVID symptoms before any face to face medical intervention.
- Patients reporting suspected COVID symptoms to have a remote consultation
- Followed by a brief face to face assessment in PPE
- Need for locked box/locked access to controlled drugs if dispensing onsite considered
- On-site homeless service support team to hold any alcohol needed to prevent withdrawals

Daily input:

- Response to urgent medical need
- Response to concerns over self-reported symptoms
- Response to concerns noted by on-site homeless support team
- Unavoidable medical intervention such as leg dressings, infections (non COVID)
- Management of alcohol withdrawal and supporting self-detoxes/reduction in use
- Management of opiate withdrawal
- Management of opiate substitution prescribing and issues around moving of scripting locally
- Management of acute mental health issues and liaison with services
- Responding to issues around safeguarding and care act assessments / social care for patients who previously had care needs
- Managing issues around patients long-term conditions including diabetes / cancer / heart disease etc

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