Healthy London Partnership

Homeless hostels and COVID-19 webinar: supporting homeless hostels in responding to coronavirus

29 April 2020

Watch again here: https://youtu.be/fNlhfD5WbzY

pathway
Healthcare for homeless people

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Presenters

Dr Caroline Shulman

Homeless and Inclusion Health GP, Kings Health Partnership Pathway Homeless team and Honorary Senior Lecturer, UCL

Nalini Iyanger

Locum Consultant in Health Protection, North West London Health Protection Team and Communicable Disease Consultant with the London Corona Virus Response Cell

Katie Davies

Contract Manager, Look Ahead

Dr Katie Hunter

Public Health Consultant, Greater London Authority and London Coronavirus Response Cell

Chair: James Thornton, Senior Communications Manager, Healthy London Partnership

What we'll cover today

- Description of the COVID-19 infection and routes of transmission
- Key principles to reduce COVID-19 spread
- Vulnerability of the homeless population
- Update on the pan-London approach to COVID-19 within homeless services
- Understanding what to do if someone becomes symptomatic in your service
- Sharing findings from UCL Collaborative Centre for Inclusion Health's COVID-19 surveillance in hostels
- Share experiences
- Panel and Q&A

What is a coronavirus?

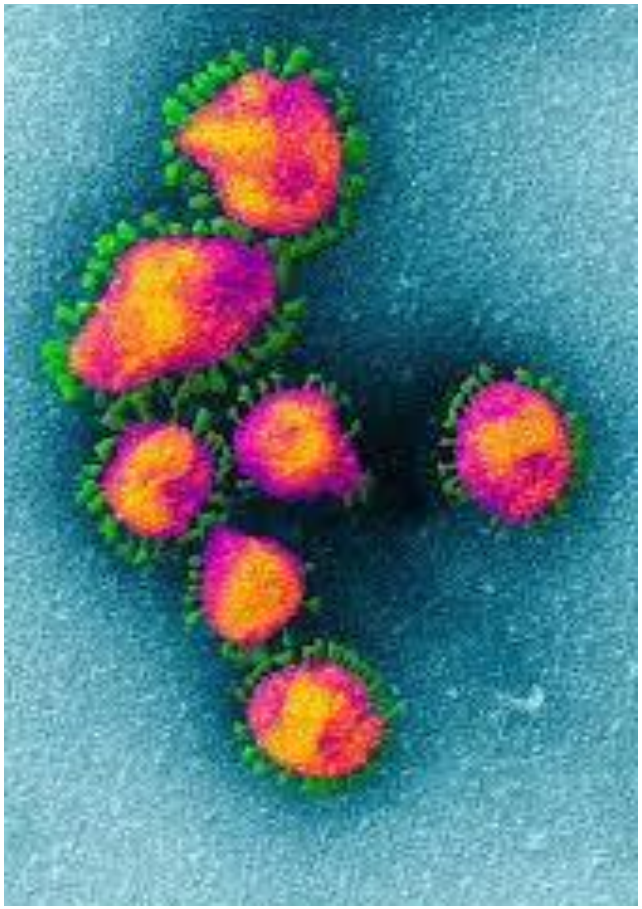
The name for a family of viruses.

Halo or crown around them – hence *corona**virus.***

Known about since 1930's.

Mainly cause lung (respiratory) diseases.

The name of the current coronavirus is SARS-COV-2.



COVID-19: symptoms

- COVID-19 is the name of the disease
- It causes an infection in the throat (upper respiratory tract) and lungs (lower respiratory tract)

Main symptoms

Cough

Fever

Fatigue

Sore throat

Muscle pain

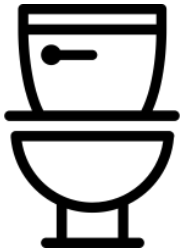
Headache

Shortness of breath or chest tightness

How is it transmitted?

Airborne droplets

Blood



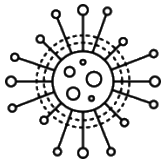
Urine & faeces

Tears

All bodily fluids (except sweat) should be regarded as potentially infectious

Main transmission is via droplet and contact with contaminated surfaces

Infectivity and recovery

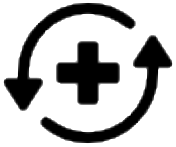


Incubation period – time when you are infected but not showing any symptoms:

- **Usually 5-6 days** (can be between 1 to 14 days).

Infectious period – time when you can infect others:

- Usually infectious up to **7 days after onset of symptoms**.
- Further evidence awaited.



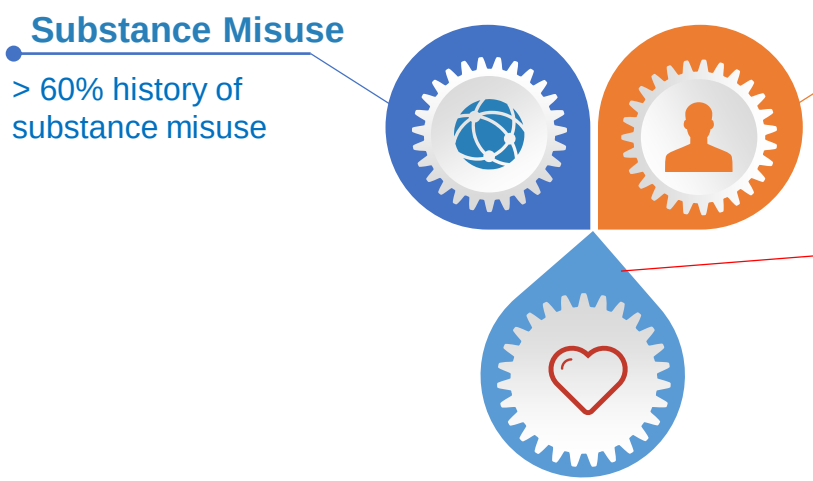
Recovery time – time taken to become well again:

- Mild/moderate cases **up to 14 days.**
- Severe cases up to 3-4 weeks.

The challenge

- COVID-19 spreading in London
- Homeless population particularly vulnerable
- Hostels could be seen as having similar risks as nursing homes
- Hostel staff often working in very challenging situations

Homelessness and health: vulnerable population, complex needs, tri-morbidity



Substance Misuse

> 60% history of substance misuse

Mental Health

70% reach criteria for personality disorder

Physical Health

>80% at least 1 health problem,
20% > 3 health problems

Hepatitis C – 50 x higher
TB – 34 x higher
Heart disease 8x higher
COPD 13 x higher
Stroke 5x higher
Epilepsy 12x higher

Onset of related functional impairment 30 years early
High prevalence of multimorbidity

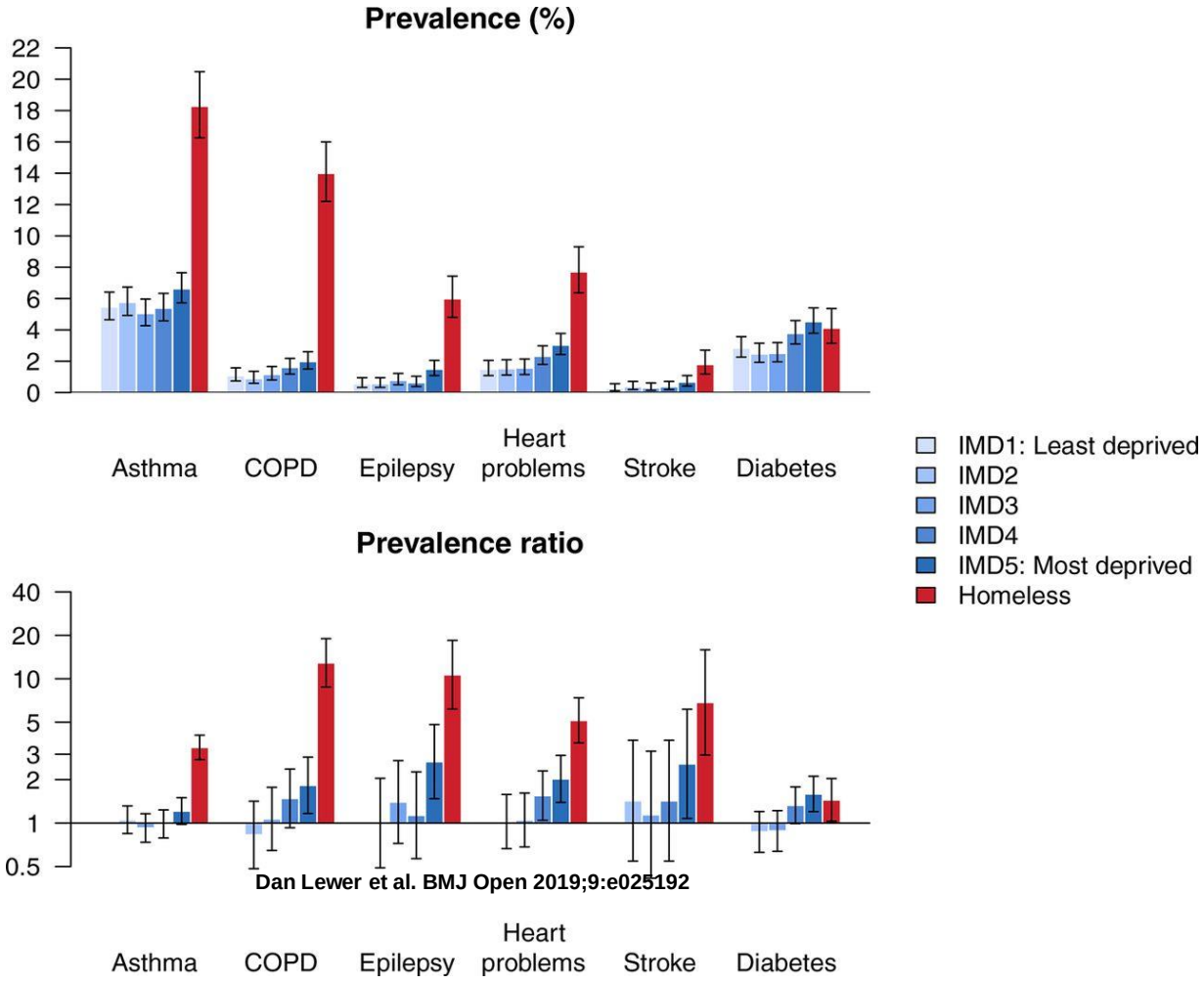
St Mungos (2010), Homelessness, it makes you sick, Homeless Link Research (n = 700)

Suzanne Fitzpatrick et al (2010) Census survey multiple exclusion homelessness in the UK (n= 1268)

Story, A. (2013) Slopes and cliffs: comparative morbidity of housed and homeless people. The Lancet. Nov 29. Volume 382. Special issue. S1-S105

Rogans-Watson R (2020) Premature ageing and Frailty among people living in a homeless hostel in London (Pathway Conference 2020)

Prevalence of long-term conditions (top panel) and prevalence ratios (bottom panel), with 95% CIs. COPD, chronic obstructive pulmonary disease; IMD, index of multiple deprivation.



Dan Lewer et al. BMJ Open 2019;9:e025192

BMJ Open

The pan-London approach

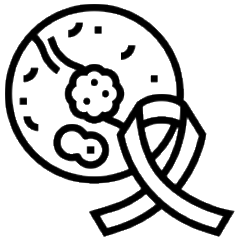
Due to vulnerability and need to social distance:

- Aim to reduce shared spaces and support people into accommodation where they could self isolate by:
  - *closure of winter night shelters*
  - *rough sleepers into accommodation*
  - *support discharges from hospital*
- Establish COVID facilities in hotels
- Support hostels

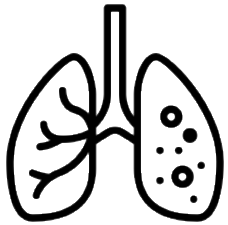
Shielding

Who are the extremely vulnerable?

Solid organ transplants

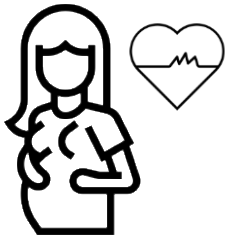


Certain cancers and treatments



Severe lung diseases

Weak immune systems (immunosuppressed)



Pregnant with significant heart disease

SHIELDING NEEDED

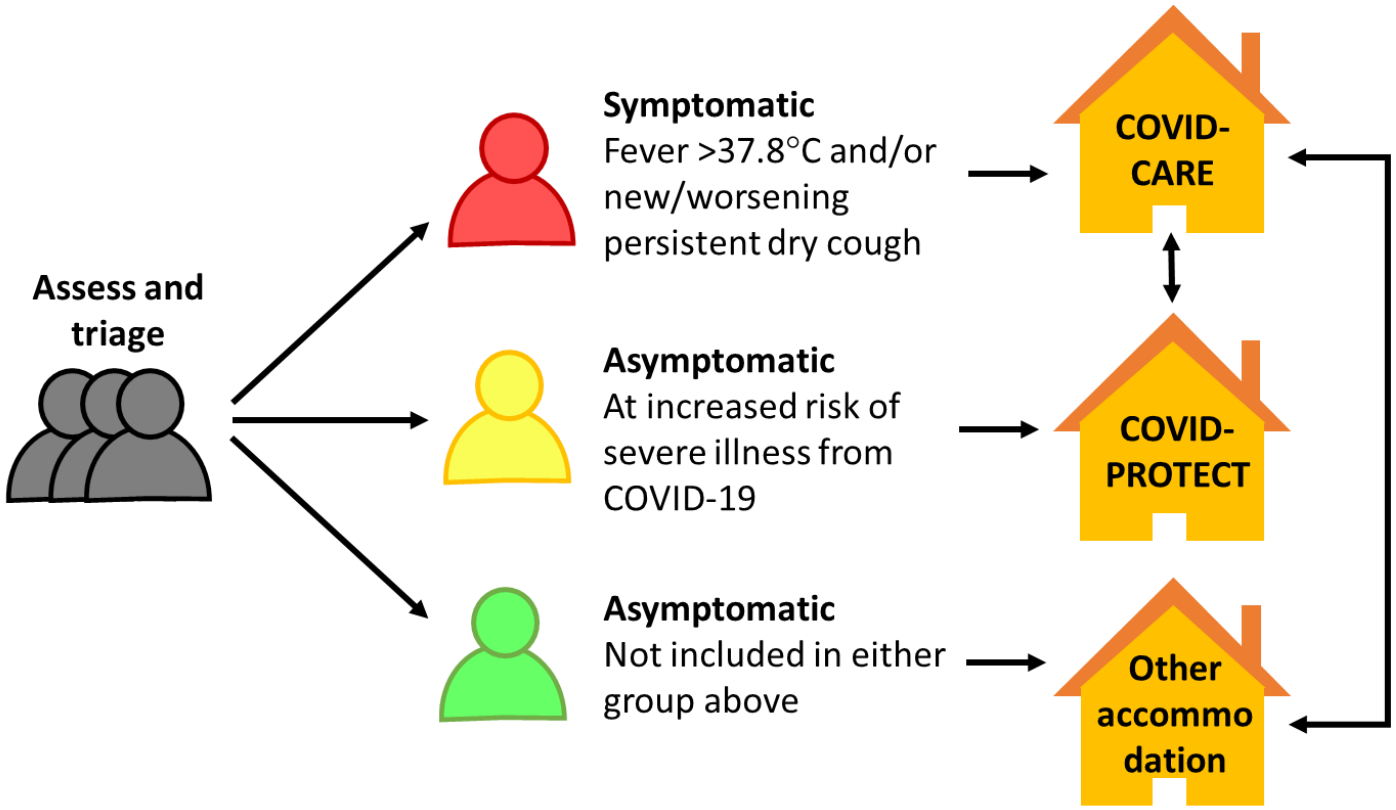
Vulnerability to COVID:

homeless population approx. 30-40% of population

Triaging used for hotels

Risk from Covid-19 **Does the client fall into any of the high risk project groups? (Tick below)**	
Is the client pregnant	Yes ☐ No ☐
Is the client over 55?	Yes ☐ No ☐
Has your doctor ever offered you Flu vaccine?	Yes ☐ No ☐
Any of the following chronic illnesses? **A problem with your lungs, heart, kidneys, liver or spleen?** **Diabetes?** **Parkinson's disease or motor neurone disease?** **Have you got a learning disability?** **A weak immune system from an illness like HIV?** **Are you on steroids?**	Yes ☐ No ☐
Does the client have other physical vulnerability leading to weakened immune system	Yes ☐ No ☐
If yes to any of the above, the client falls in **COHORT 2: COVID PROTECT**	☐ Proceed to question 3
If no, the client falls in **COHORT 3: COVID GENERAL**	☐ Proceed to question 3

Triaging into hotels

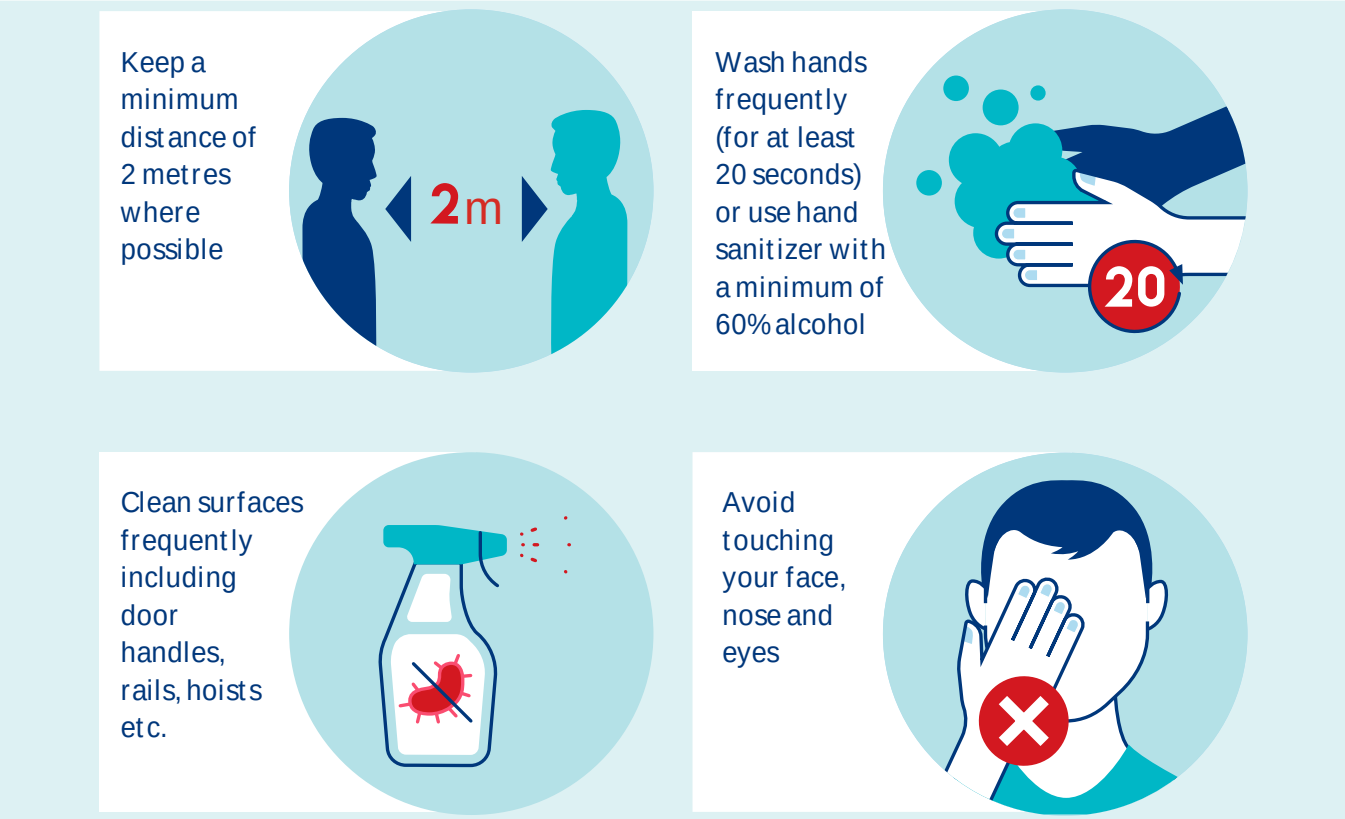


Hostels are part of this plan

- The role and function of hostels in:
  - Infection control
  - Daily symptom check-ins
  - Identification and isolation of people who are symptomatic
  - UCL Daily Symptom Survey for surveillance, testing and planning
  - Referral pathway into COVID care
- Good news: no major outbreaks in hostels in London so far – but ongoing vigilance and surveillance will continue to be essential

Key elements of infection control

- Social distancing
- Hand hygiene
- Cleaning



Social distancing

- Staff and residents should stay two metres away from other people at all times
- Close communal areas where social distancing is not possible
- If social distancing is not possible in the canteen, devise rota or deliver meals to rooms and allow residents to eat in own room
- Assign people to particular bathrooms – this reduces number of people sharing any one space
- You should have a no visitors policy in order to enforce social isolation and protect your residents and staff

Hand hygiene

- Staff and residents should wash their hands more often than usual, for 20 seconds using soap and hot water
- Frequently clean and disinfect regularly touched objects and surfaces in communal and shared spaces
- Increase frequency of cleaning of shared bathrooms
- In the absence of a suspected case, more frequent but normal cleaning is advised

Hand washing

As often as possible for at least 20 seconds:

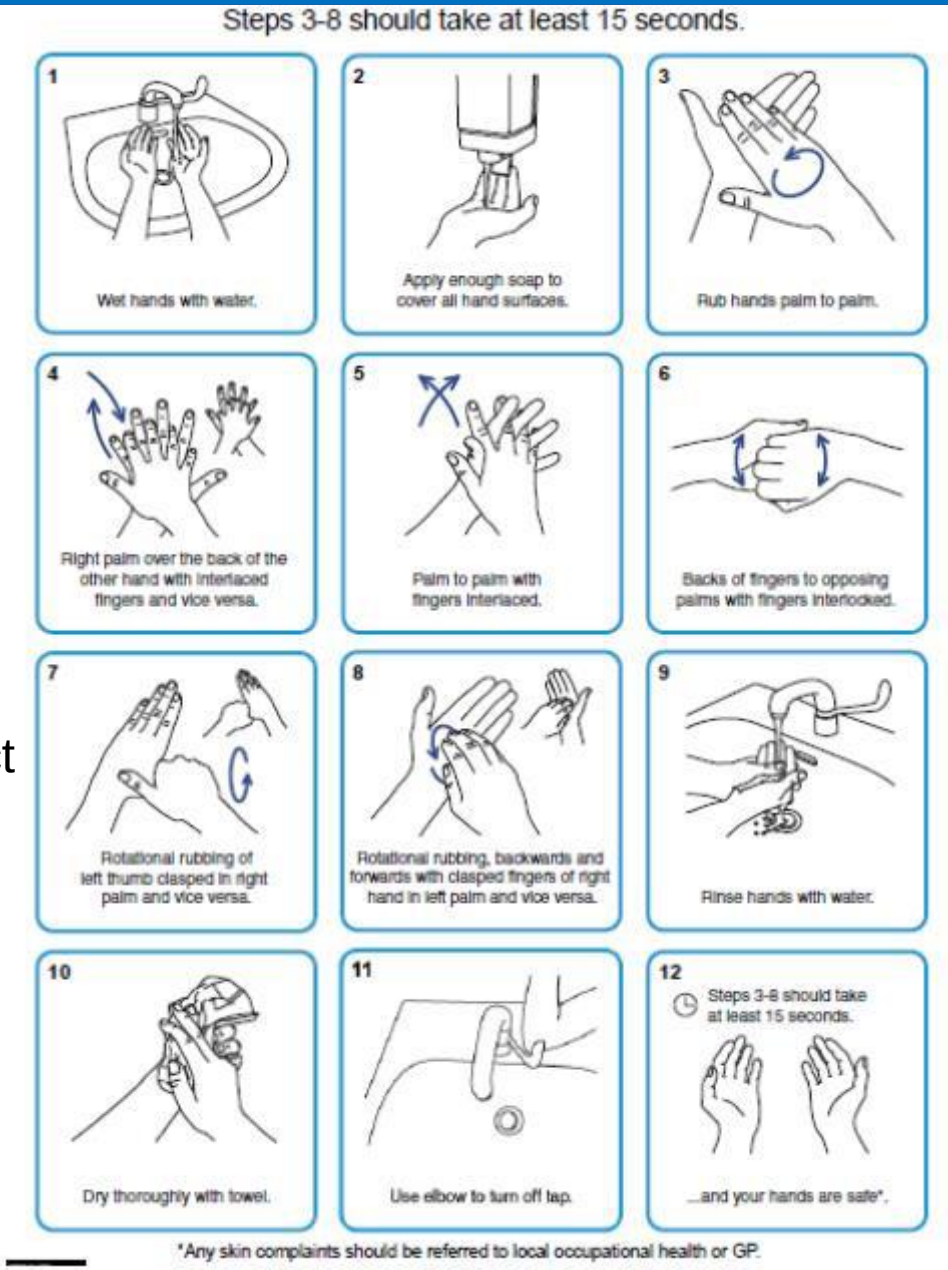
- Ideally soap and warm water
- Alcohol gel otherwise (allow to dry).

Definitely:

- Before and after resident contact
- After coughing/sneezing
- Before food preparation
- After toileting.

Correct technique essential

- Include wrist and forearm.
- Link to online video



Daily check for symptomatic residents

- Hostels should ask residents for new symptoms on a daily basis- especially cough or fever
- Verbal check is sufficient – by phone or knocking on door
- If yes, consider COVID-19 and ask the resident to self isolate

If someone becomes symptomatic

- Isolation of the case – the “case” must remain in their room/flat for at least 7 days from onset and until symptoms have resolved.
- Shared bathrooms – restrict cubicles to cases or establish rotas so cases are last to use them
- The case’s contacts (anyone sharing the same room/flat) should self isolate for 14 days
- Testing – for the case can be arranged via Find and Treat (more on this later)
- Cleaning the environment where the suspected case has been or is living – as per PHE guidance
- PPE use – as per PHE guidance

How do I clean?

- All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected. See PHE guidance for what to use
- Staff should try not to clean the room of those who are isolating.
- Consider whether residents can be facilitated to change their bed linen themselves and clean their own rooms during isolation (i.e. provided with cleaning materials)
- If possible, do not clean for a further 72 hours (3 days) after isolation finishes
- If someone who is symptomatic is admitted elsewhere, ideally their room should only be cleaned once the room has been closed for 72 hours (3 days) after the resident has left
- Facilitate the isolating resident to clean communal bathrooms after use, followed by cleaning by staff
- If staff are cleaning, use PPE – gloves and apron as a minimum
- Always wash hands following cleaning

PPE

- PPE is not needed If you are able to maintain social distancing (2 metres away) and if no one is in the extremely vulnerable group being shielded.

When do you need PPE?
If you are required to enter a room where any member of the household is showing symptoms of COVID-19 (and self-isolating)
or
is in the shielded group
or
you are unable to make an assessment of Covid-19 status
and
you are unable to maintain 2 metres social distance

PPE – what to use

- Disposable apron
- Disposable gloves
- Fluid repellent surgical mask (a non-fluid repellent surgical mask may be used with someone in the shielded group)
- Eye protection (use if there is a risk of splashing/spitting)

Waste disposal (including PPE)

Waste from possible cases and cleaning of areas where possible cases have been

- Should be put in a plastic rubbish bag and tied when full
- The plastic bag should then be placed in a second bin bag and tied
- It should be put in a suitable and secure place and marked for storage until the individual's test results are known or at least 72 hours
- Residents who are isolating should clear their own waste and put it aside for at least 72 hours
- It can then be picked up and thrown away in the regular rubbish
- If not possible to store for at least 72 hours, must be disposed of as Category B infectious waste.

Laundry

- Laundry can still be washed but it would be best to wait till resident is no longer isolating, if possible
- If laundry must be washed during isolation,
  - Ask resident to double bag it
  - use PPE to pick it up (gloves and apron)
  - do not shake dirty laundry
  - Use the warmest water setting and dry items completely
- If laundry is heavily soiled, dispose of it, with permission from the client
- Wash hands afterwards with soap and water even if you used PPE
- Clean and disinfect anything used to transport the laundry

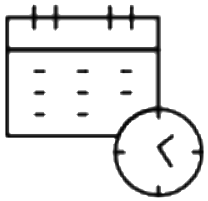
Staff health

Staff **MUST remain off work if:**

- They have symptoms; OR
- Someone in their home has symptoms.

Staff **with symptoms must remain off work for 7 days.**

- Must have improved before returning to work.
- Must have been fever free for the last 48 hours – if not continue self isolation until fever free for 48 hours.



Staff **with someone unwell in their household must remain off work for 14 days:**

- If a carer develops symptoms during their 14 day isolation they only need to self-isolate for 7 days from onset of symptoms.
- This may mean they finish before or after the 14 day period.

Reporting of cases and outbreaks

- UCL baseline survey and daily symptom survey should be used to report cases- more on this later
- Outbreaks (2 or more cases in the same setting, within 14 days of each other), should be reported to the PHE London Coronavirus Cell (LCRC), who will give advice on management.

0300 303 0450

9-8 pm, daily

UCL CCIH Symptom Survey

The UCL Collaborative Centre for Inclusion Health set up surveillance (which many of you have completed).

Consists of a *baseline* and *daily surveys.*

Completing this survey enables:

- Access to testing and support when someone in your hostel develops symptoms (from the Find & Treat team)
- Broader surveillance so we can understand how COVID-19 is affecting people who are homeless
- Awareness to be raised about the health needs of people who are homeless and to advocate for greater support for the sector

What to do if someone is symptomatic

- Seek input from GP or 111
- If concerned client is very unwell call 999
- Get client to self isolate

In addition:

- Report the case(s) using UCL CCIH Daily Symptom Survey* and complete the short, linked referral form
- The testing team will then phone and arrange testing for COVID-19 where appropriate
- Moving into a COVID CARE facility will depend on circumstances, clinical picture and test result

*If you have not yet completed the UCL COVID-19 baseline survey, please do so.

If there are more than 2 people who are symptomatic, also refer to LCRC as discussed

Survey baseline findings

- Survey – sent to London hostels
- 120 hostels have responded
- 4164 bed spaces (3985 single, 5 shared bedrooms only)
- 47% had some private bathrooms, others all shared

Summary results from the survey

- 25% of people were over 55 years of age
- 28% had chronic conditions
- 60% problematic drug or alcohol use

Survey findings:

Baseline

- Deaths - 3 hostels reported a death out of 100 hostels (not clear if COVID related)
- Hospitalisations - 11 people had been admitted with COVID symptoms
- Symptomatic cases - 25 reported one or more residents had been symptomatic in last 14 days
- This amounts to approx. 1% of the hostel resident population identified as symptomatic - lower than we might expect and may suggest **under-identification.**

Follow up

- Twenty-three settings have reported new cases (symptoms arising in the previous 24 hours).
    - Sixteen settings reported cases in residents (total of **20 residents**),
    - **Seven** reported cases in **staff**.

NB: these are unpublished preliminary findings

Survey – follow up daily reporting

Only 30 hostels are reporting daily – WE NEED THIS TO INCREASE PLEASE ☺

Daily sign up to the reminder email is very quick

It enables you to report symptoms as soon as you know about them, and allows testing to be offered and possible transfer to COVID care facility arranged if appropriate

Save the link somewhere, set a reminder to complete the survey after your daily symptom check, forward it to colleagues on shift, etc.

Some of the challenges we know you are facing

- COVID-19 is a stressful time for everyone
- Residents with complex needs can be less able to self-isolate
- Addressing substance misuse needs for people who are social distancing and self-isolating
- Staff shortages
  - due to illness, vulnerability and / or thinning staff out to reduce social contact, make it more challenging to support, encourage and monitor residents

Survey – good practice

Supporting social distancing / self isolation:

- Communal areas: 95/120
  - Half had closed them
    - Eg meals taken to room, using disposable containers from canteen, 1 had secured meal boxes from charity
  - Many others had limited their use, creating rotas, marking 2 metre on floor
- Supporting people to remain in their room:
  - Taking meals & prescriptions to room, providing TV and appliances, providing mobile phones, phone credit, televisions, delivering food, alcohol, medicines, etc
  - Asking residents what they need to allow them to self-isolate effectively – and meeting that support (including alcohol needs).
  - 4 settings mentioned they do this for people who are particularly vulnerable

- Preventing visitors, stopping residents gathering outside
- More interaction with staff taking place by phone

Survey – good practice

- Infection control general
  - Most mentioned giving some information on hand hygiene and infection control
  - Many had posters and other information about COVID-19 displayed
- Cleaning
  - Most were doing additional cleaning of shared spaces, such as hard surfaces, door handles, lift buttons
  - A few mentioned bathroom cleaning
- Hand Hygiene
  - Some had given soap and sanitiser to residents
  - Some had hand sanitiser on door

Panel and Q&A

Members of panel:

- Katie Davies, Contract Manager, Look Ahead
- Dr Katie Hunter, Public Health Consultant, Greater London Authority and London Coronavirus Response Cell (LCRC)
- Nalini Iyanger, Locum Consultant in Health Protection, North West London Health Protection Team and Communicable Disease Consultant with the London Corona Virus response cell
- Dr Caroline Shulman, Homeless and Inclusion Health GP, Kings Health Partnership Pathway Homeless team and Honorary Senior Lecturer, UCL

Contacts and resources

- **Reporting symptoms:** use the UCL CCIH symptom survey – see slides 29-30

- **Reporting COVID-19 outbreaks (two or more cases):** contact PHE's London Coronavirus Cell via 0300 303 0450 – open from 9am-8pm seven days a week – see slide 28

- **For operational policy, resource and guidance**, please check the Healthy London Partnership pages here: https://www.healthylondon.org/resource/homeless-health-during-covid-19/

- **The Homeless Health Operations Centre**, staffed by HLP, can be contacted via: hlp.homelesshealthcovid19team@nhs.net