



**Healthy London
Partnership**

Covid infection control in hostels and other homeless accommodation settings

London homeless health response to roadmap out of lockdown step 4

Monday 19 July 2021

Supported by and delivering for:



Public Health
England



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Overview

This webinar has been convened as part of the London response to today's step 4 out of Covid restrictions. Homeless health experts will share considerations for accommodation providers in London, including:

- updated guidance for staff in hostels and other housing accommodation on Covid IPC (isolate, protect, care) measures
- continuing the vaccine rollout offer to residents and staff
- vaccine outreach and addressing vaccine hesitance among people sleeping rough
- practical solutions and resources to help housing providers navigate changing restrictions to keep residents and staff safe as wider restrictions are eased
- how local authorities are supporting providers with community testing and vaccination rollout
- advice and responses to attendee questions through a panel Q&A

Webinar panel

Speakers:

Jemma Gilbert, Director of Transformation, Healthy London Partnership (Chair)

Professor Andrew Hayward, Professor of Infectious Disease Epidemiology and Inclusion Health Research at UCL, SAGE advisor

Professor Al Story, Clinical Lead, UCLH Find & Treat Service

Dr Sarah Kaddour, PHE London

London Coronavirus Response Cell, PHE London

St Mungo's

Eileen Speight, Head of Health & Safety

Steven Davies, Head with Matrix responsibility for Physical Health

Petra Salva, Director of Rough Sleepers, Ex-Offenders and Migrant Service (Q&A panellist)

Natasha Davies, Public Health Strategist-Bi-borough-Westminster and Royal Borough Kensington and Chelsea, Westminster City Council

Vicki Piquet, Facilities Manager, Westminster City Council



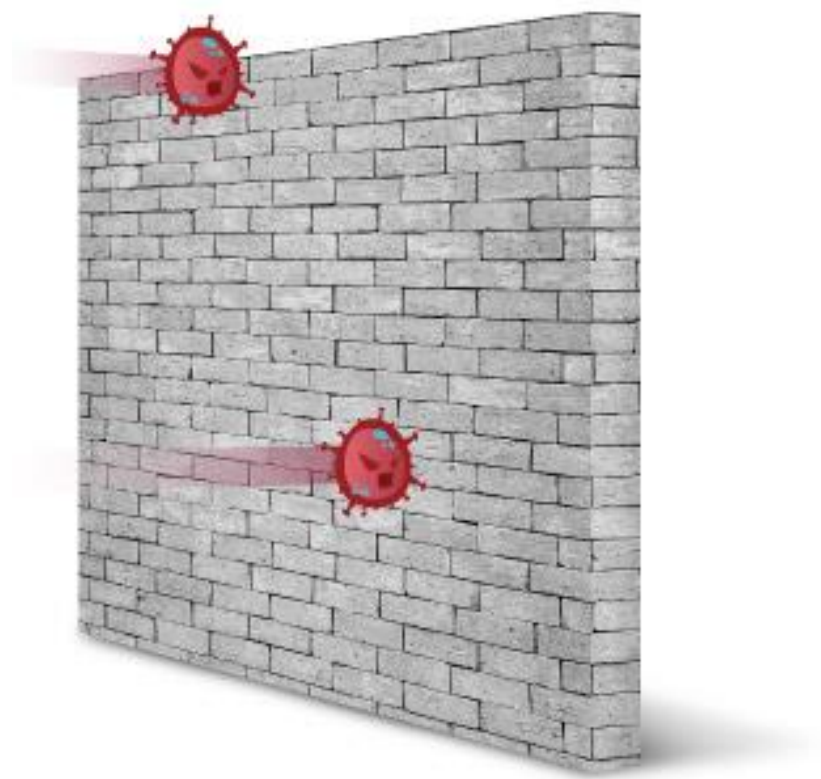
100 NEWS

UK'S FREEDOM DAY

COVID PANDEMIC

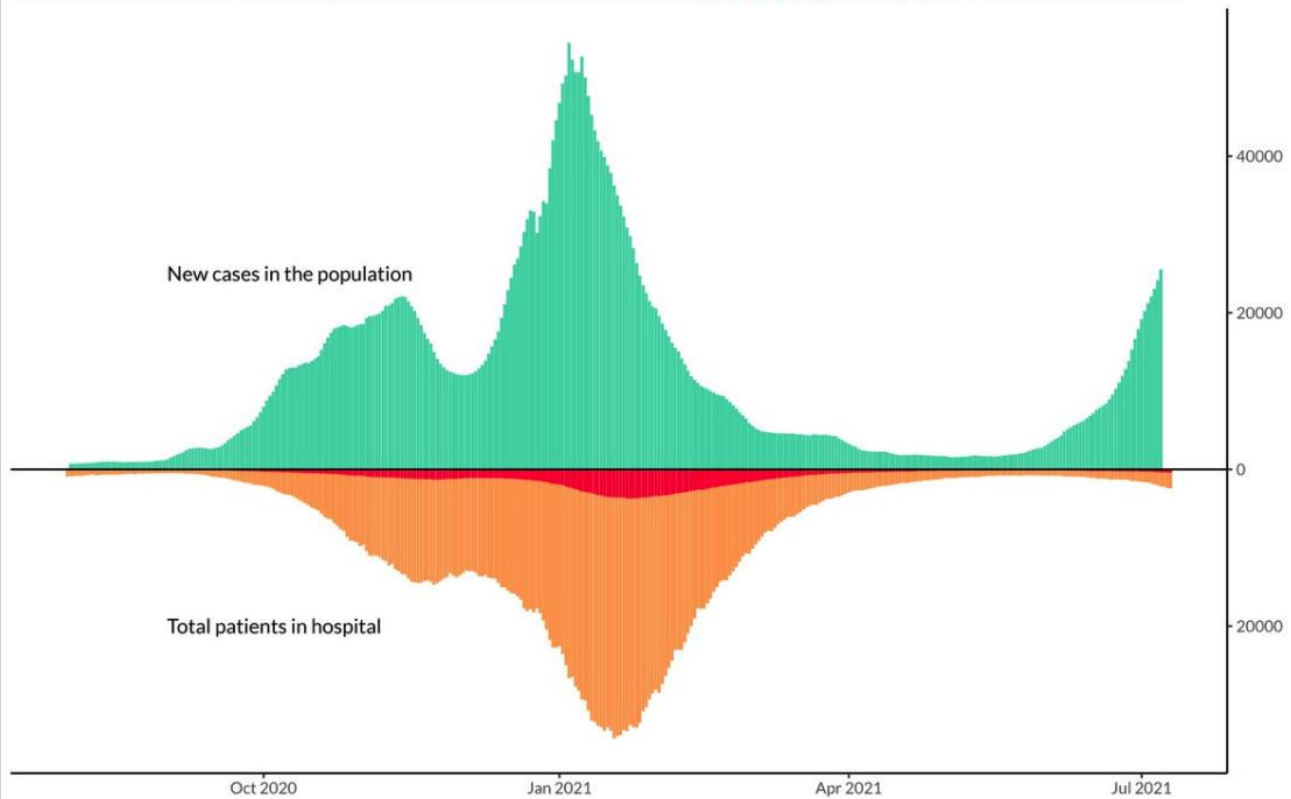
***WHAT DOES IT MEAN FOR HOMELESS
SECTOR?***

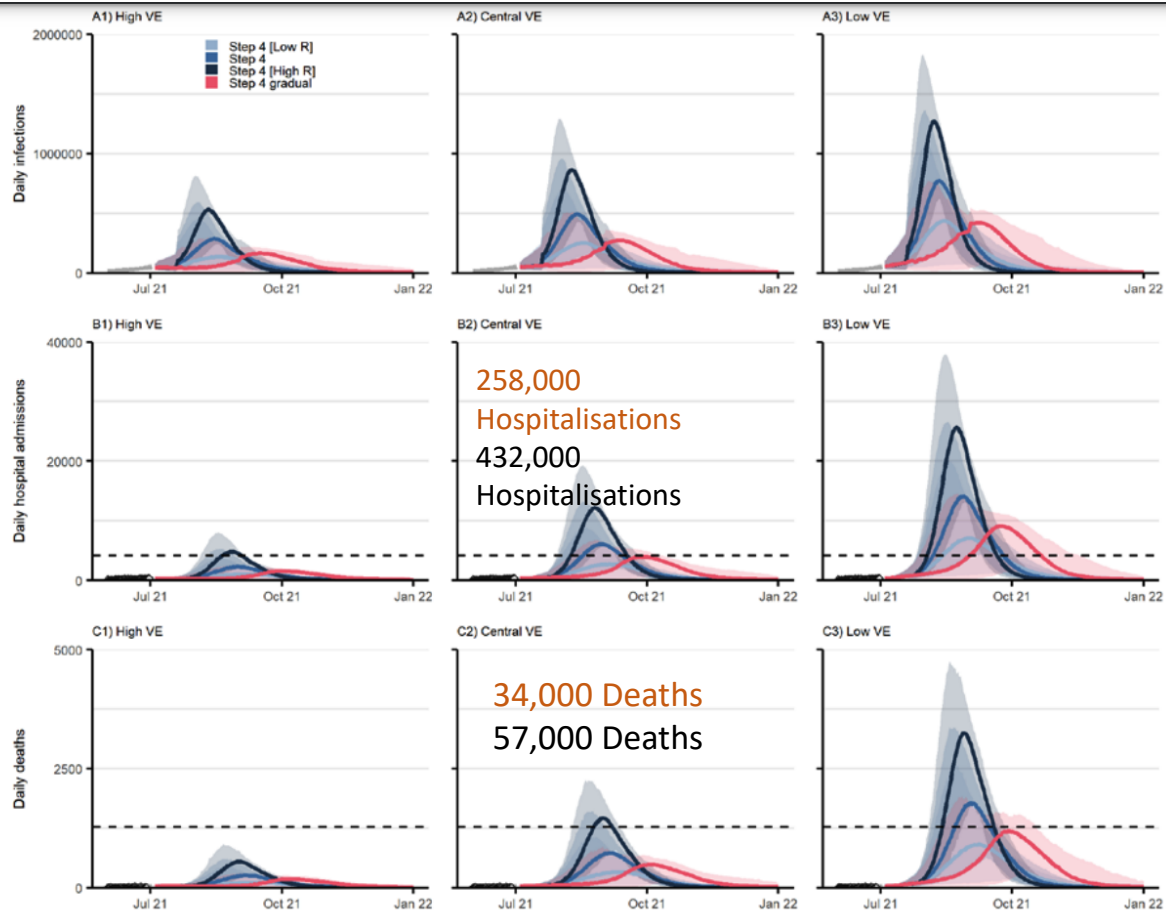
Professors Andrew Hayward and Al Story
UCL Collaborative Centre for Inclusion Health
UCLH Find&Treat

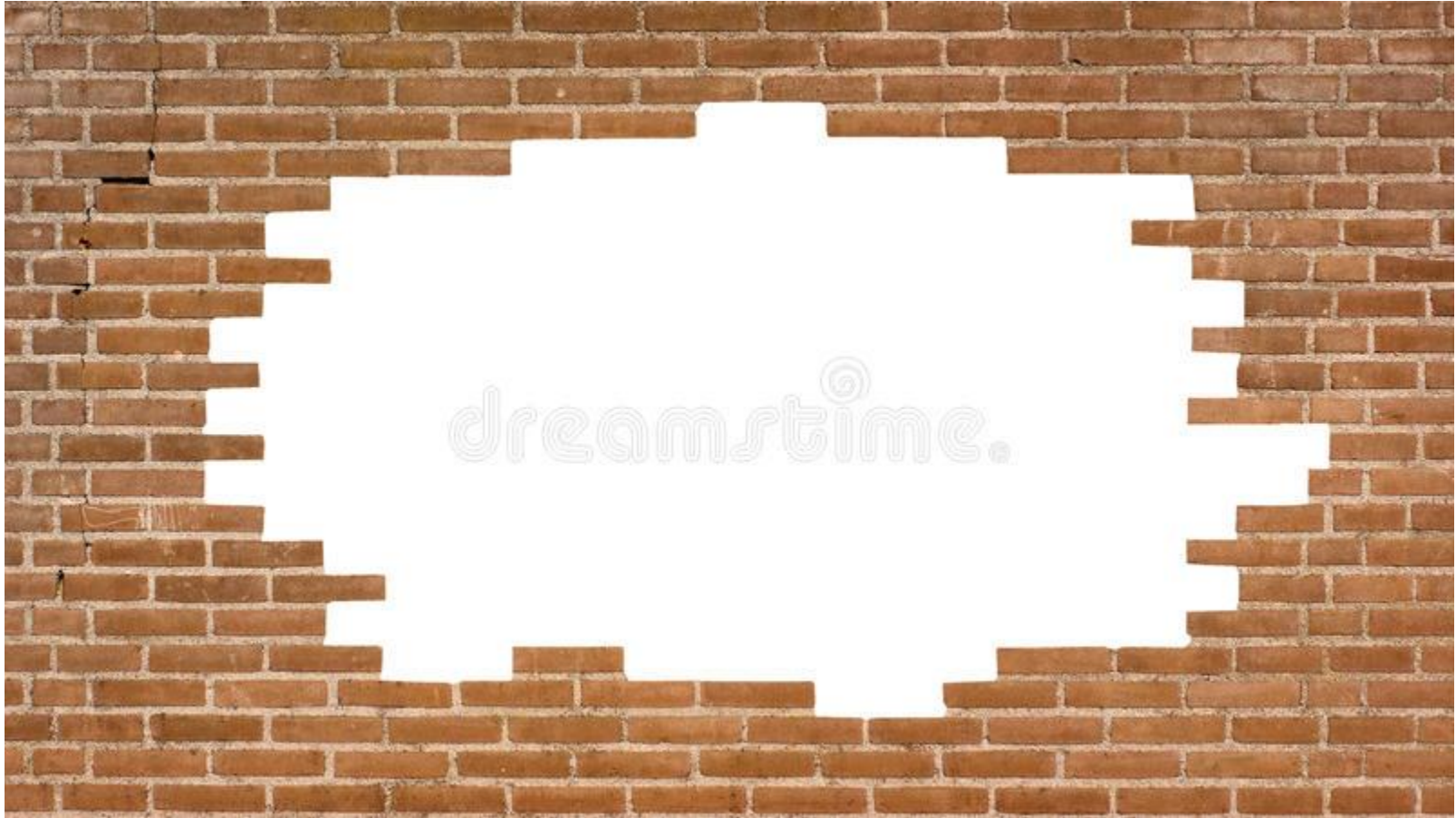


COVID beds in hospitals follow COVID cases, but the link looks weaker in this latest wave

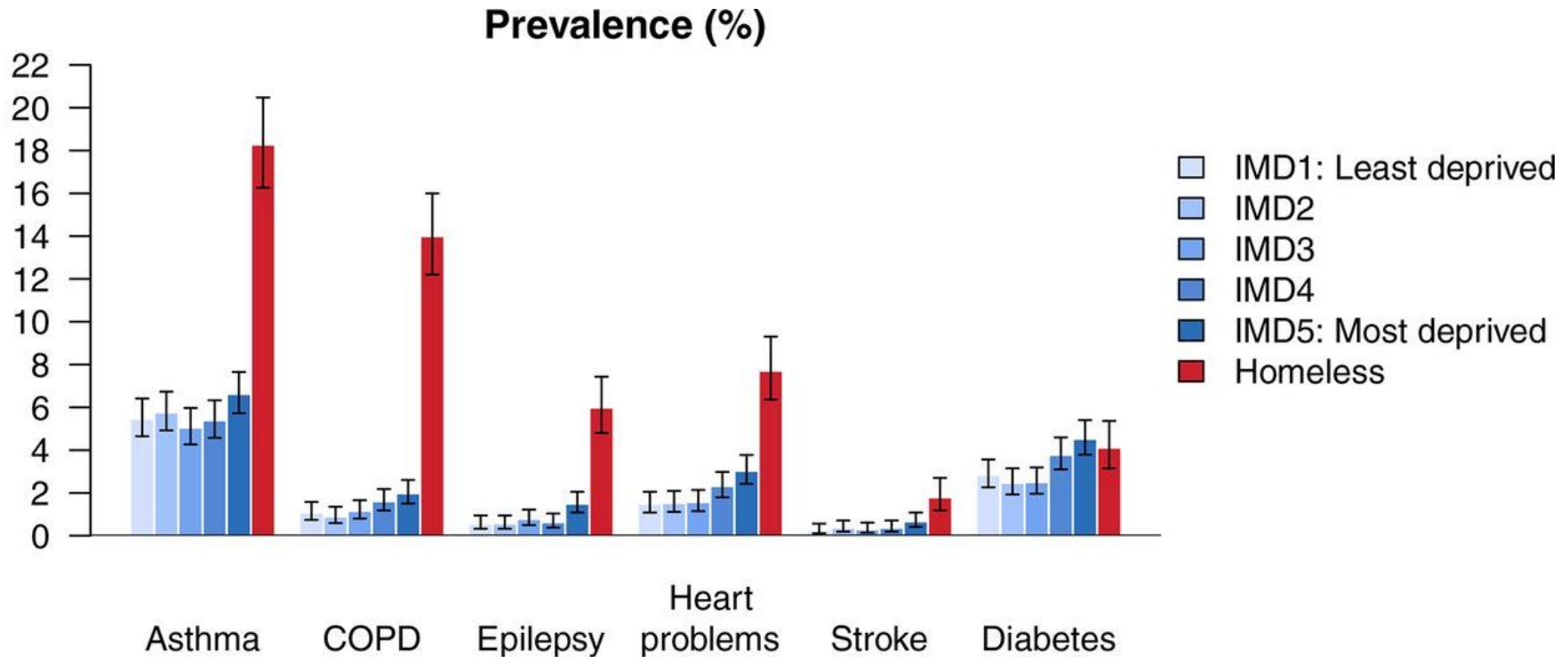
Daily confirmed new COVID-19 cases and patients in hospital with COVID-19 in Mechanically Ventilated and all other beds in England



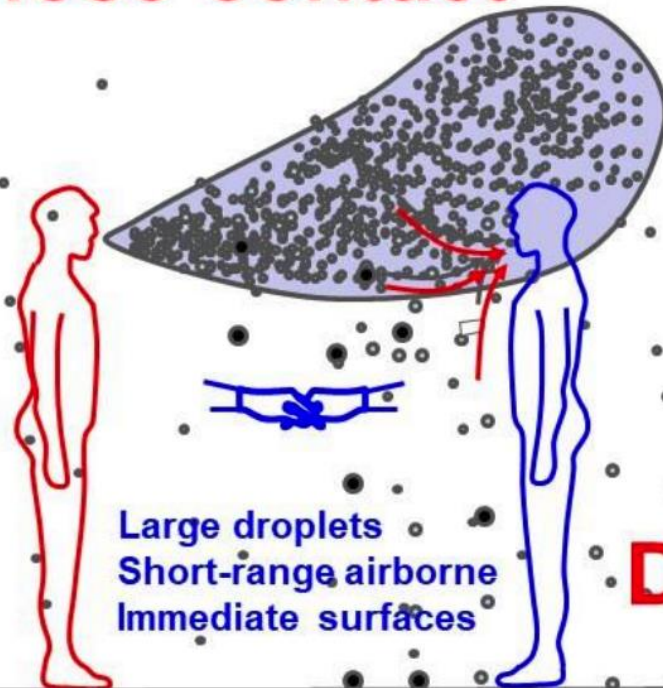




Prevalence of long-term conditions, housed and homeless people ('Find&Treat'), England

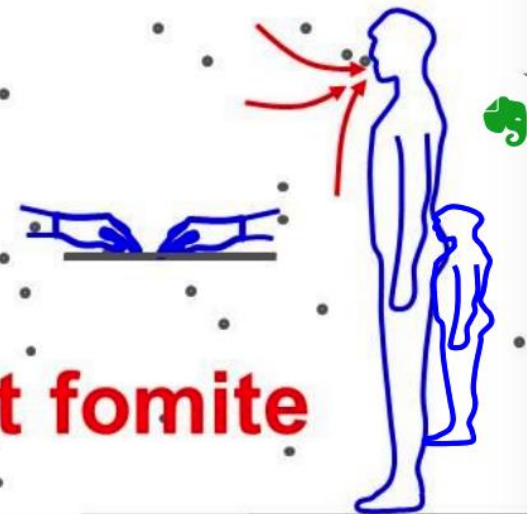


Close contact



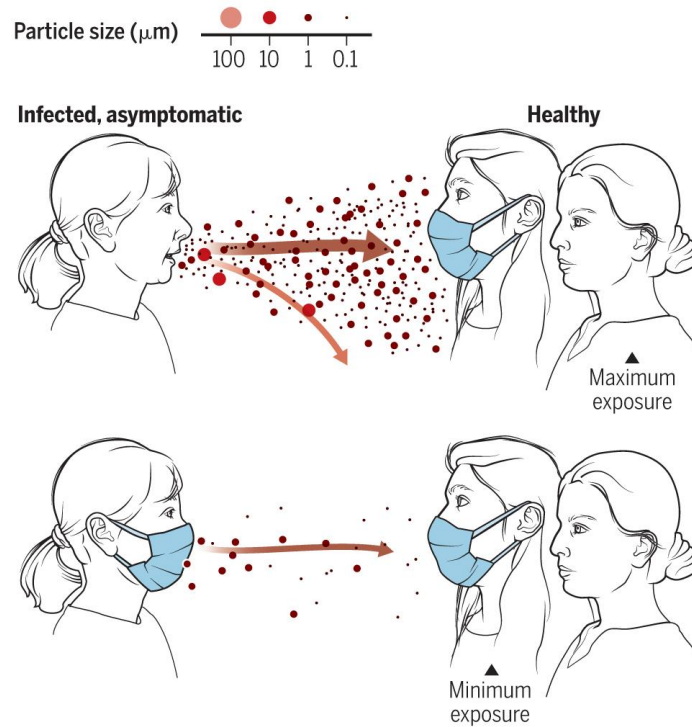
Distant airborne

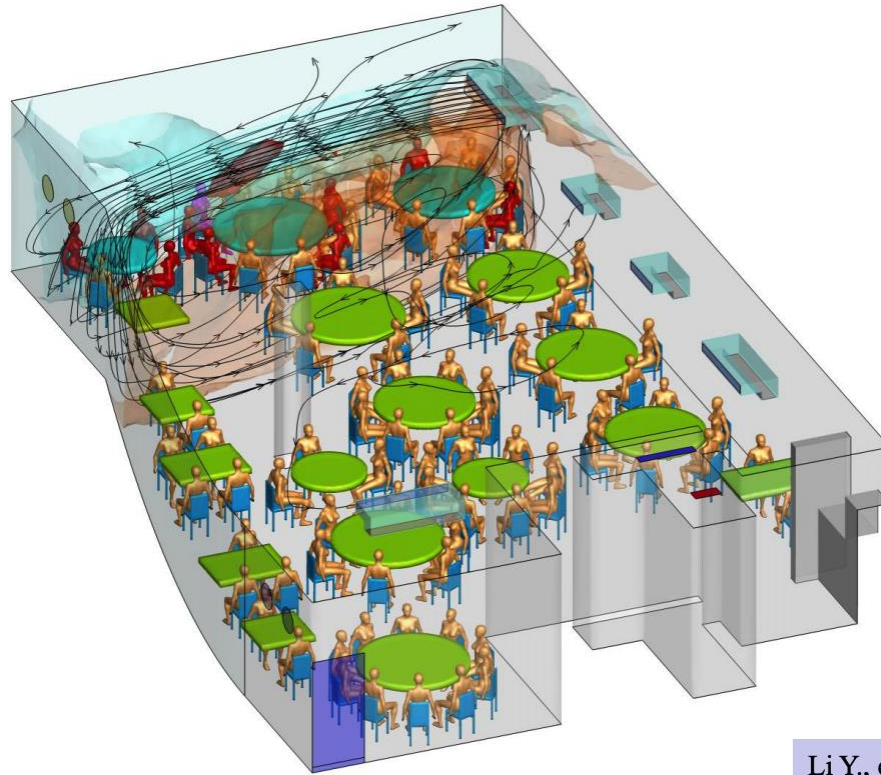
Distant fomite



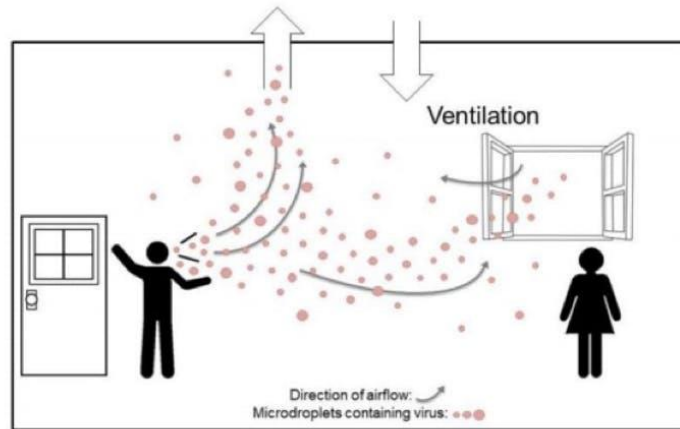
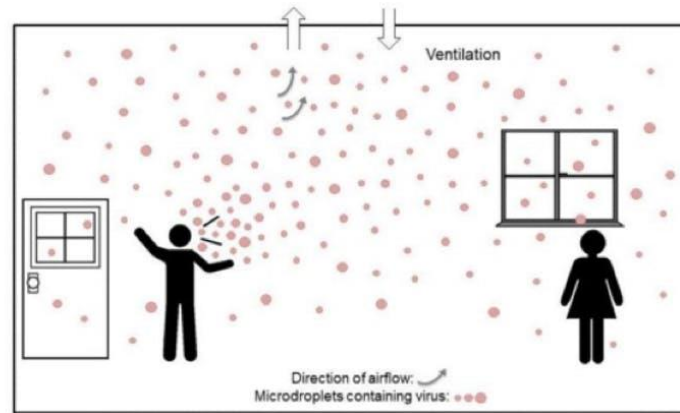
Masks reduce airborne transmission

Infectious aerosol particles can be released during breathing and speaking by asymptomatic infected individuals. No masking maximizes exposure, whereas universal masking results in the least exposure.



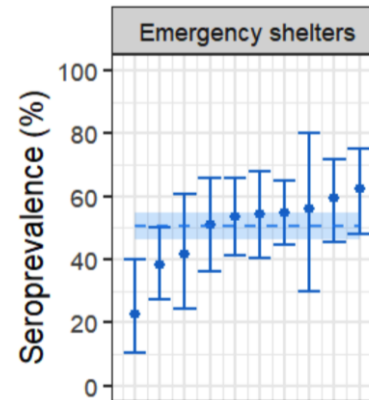


Li Y., et al.



High seroprevalence of SARS-CoV-2 antibodies among people living in precarious situations in Ile de France

- **Odds Ratios for infection**
- Sharing room with > 5 others - **4.3** $p < 0.0001$
- Sharing bathroom with > 5 others - **3.1** $p < 0.0001$



51% Infected

Mainly sharing with < 5 others

https://epicentre.msf.org/sites/default/files/2020-10/High_seroprevalence_of_SARS-CoV-2_antibodies_among_people_living_in_precarious.pdf



New Hope @NewHopeHQ · 5h



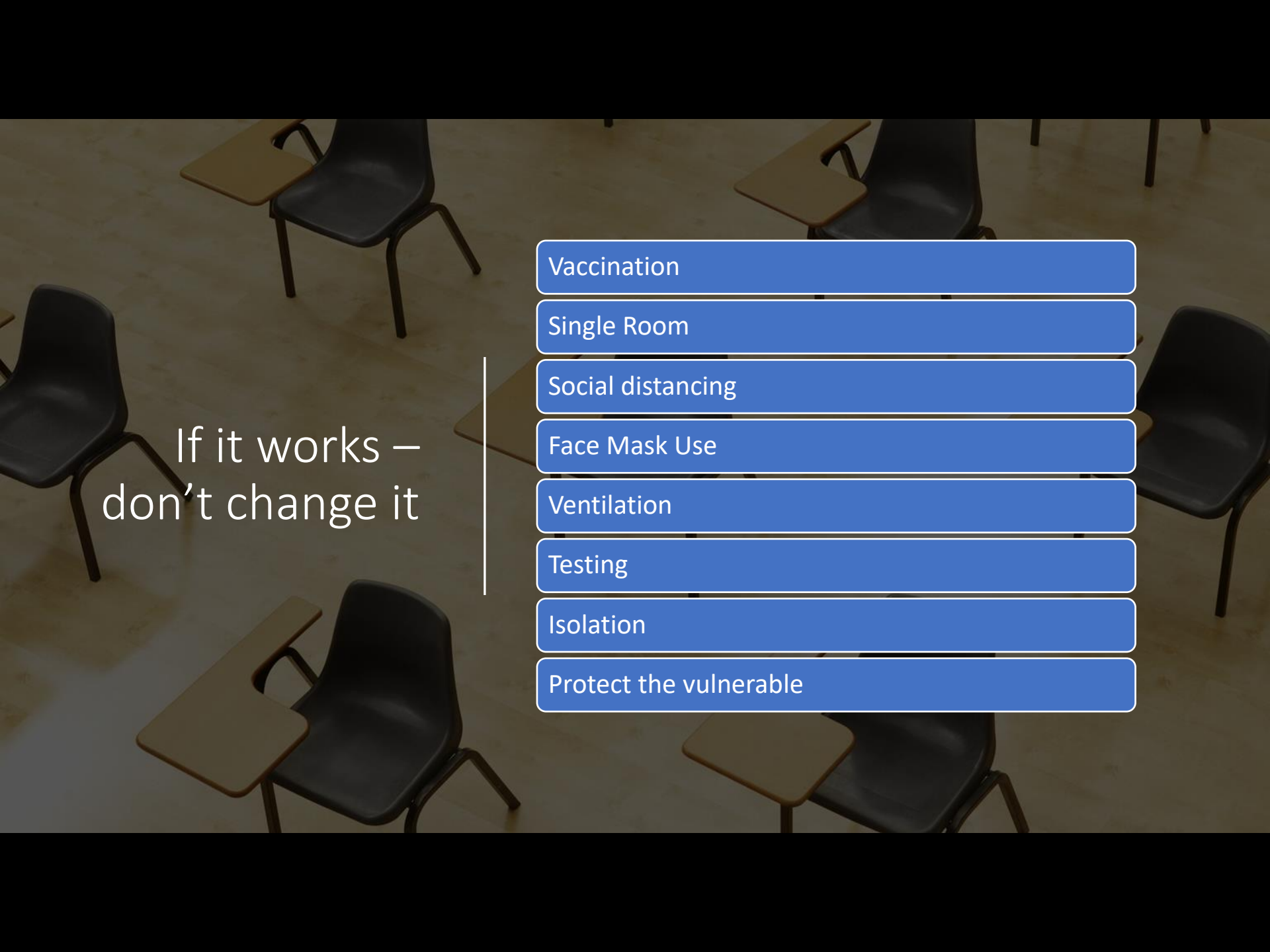
Our doors at The Haven are open!

After 488 days we will be welcoming service users back inside today for a hot breakfast between 9-10.30 am (we've been successfully serving outside during the pandemic)

Replying to @NewHopeHQ

Great news but a hot morning for cooking hot breakfasts!





If it works —
don't change it

Vaccination

Single Room

Social distancing

Face Mask Use

Ventilation

Testing

Isolation

Protect the vulnerable



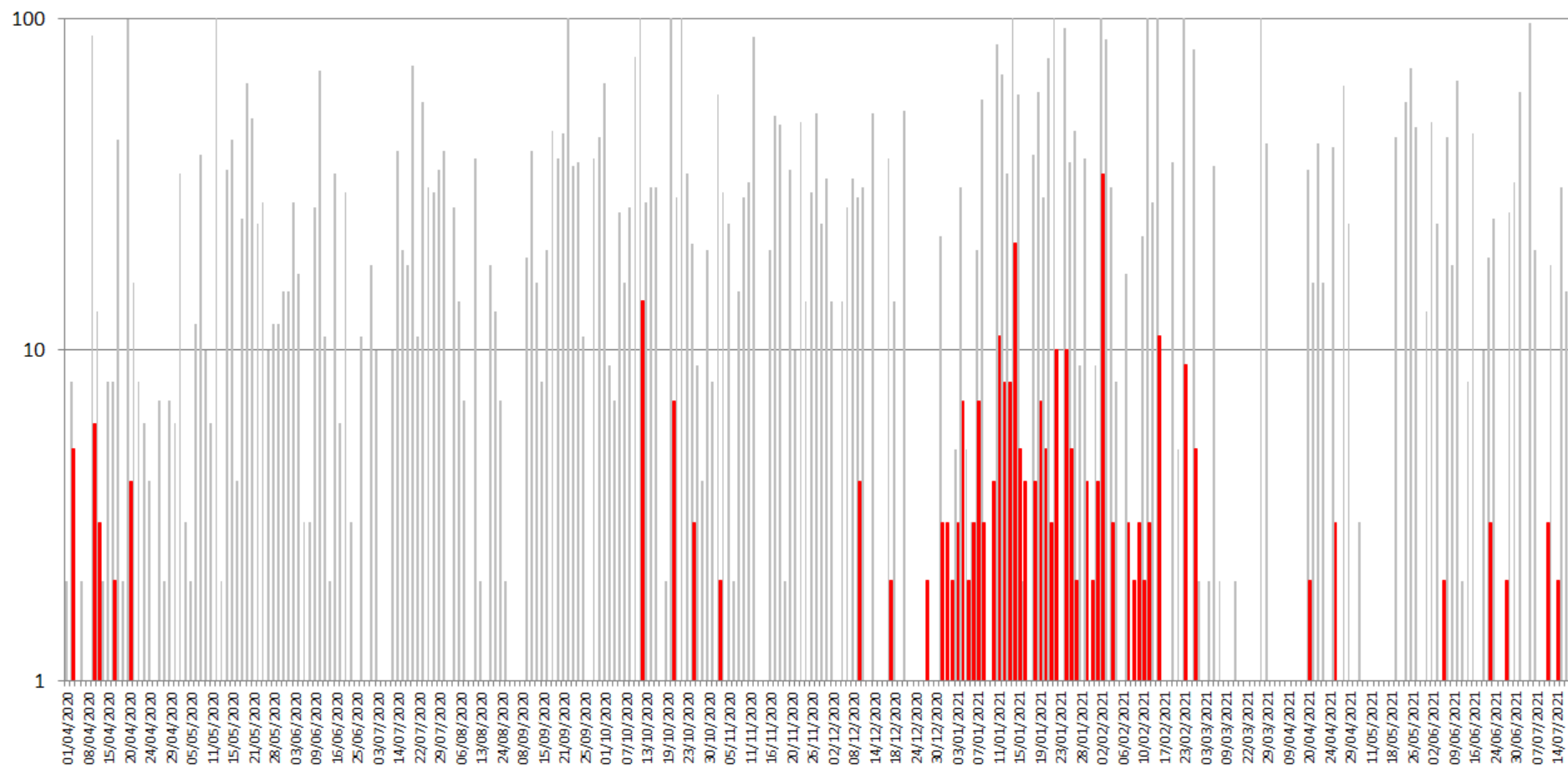
remains safest option for COVID safety

- Reducing risk
 - Fully vaccinated staff and residents
 - Clinically vulnerable need single rooms
 - High ventilation
 - Masks
 - Lateral flow
 - Testing and Isolation of cases and contacts



■ Tested - negative result

■ Tested - Positive result





"I told him as an expert in the field I strongly recommend wearing it, but he just kept bringing up his 'rights'."

SAGE - Considerations in implementing long-term 'baseline' Non-Pharmaceutical Interventions (5 July 2021)

High levels of transmission can occur in institutional settings including hospitals, care homes, prisons, **and homeless shelters** with infection seeded back into the community

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/992738/S1216_Considerations_in_implementing_longerterm_baseline_NPIs.pdf

SAGE - Considerations in implementing long-term 'baseline' Non-Pharmaceutical Interventions (5 July 2021)

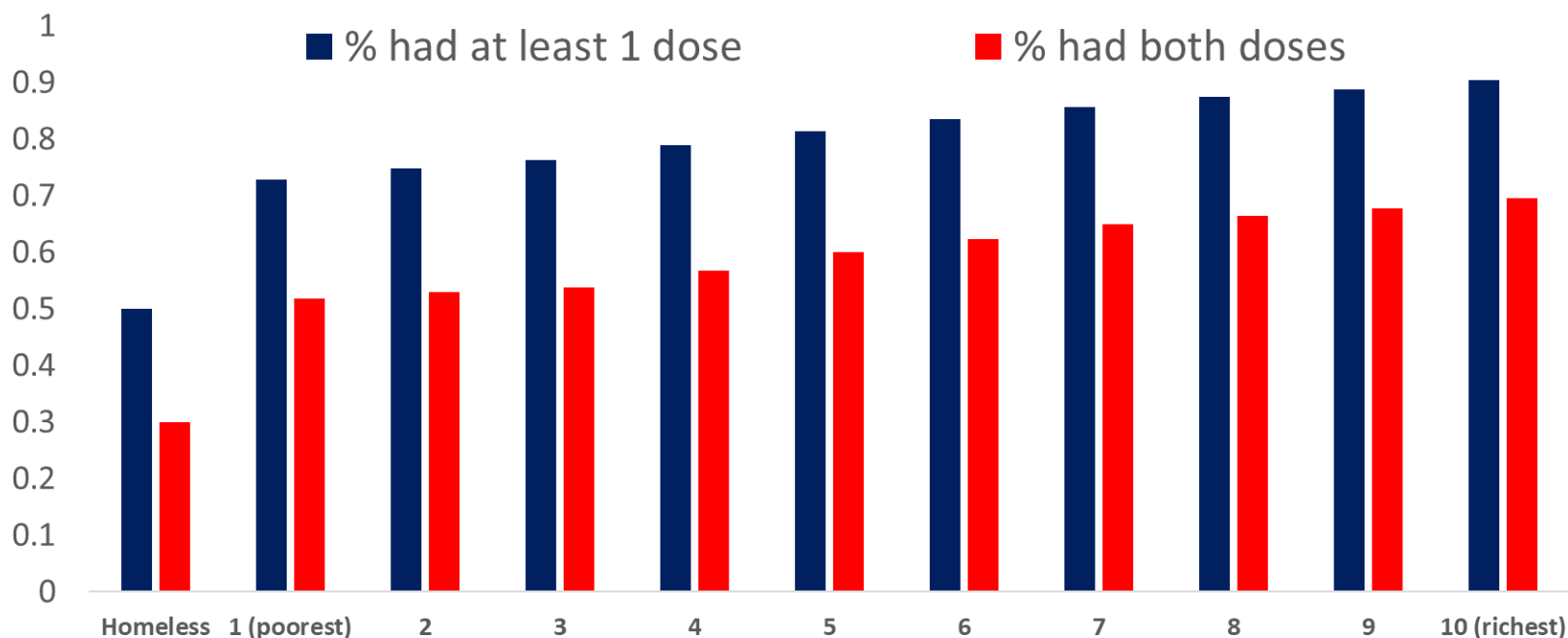
Appropriate controls will need to be maintained and/or enhanced in these settings

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/992738/S1216_Considerations_in_implementing_longerterm_baseline_NPIs.pdf

‘Vaccination has severed the link between rising coronavirus cases and deaths’ (Johnson 1 July 2021)

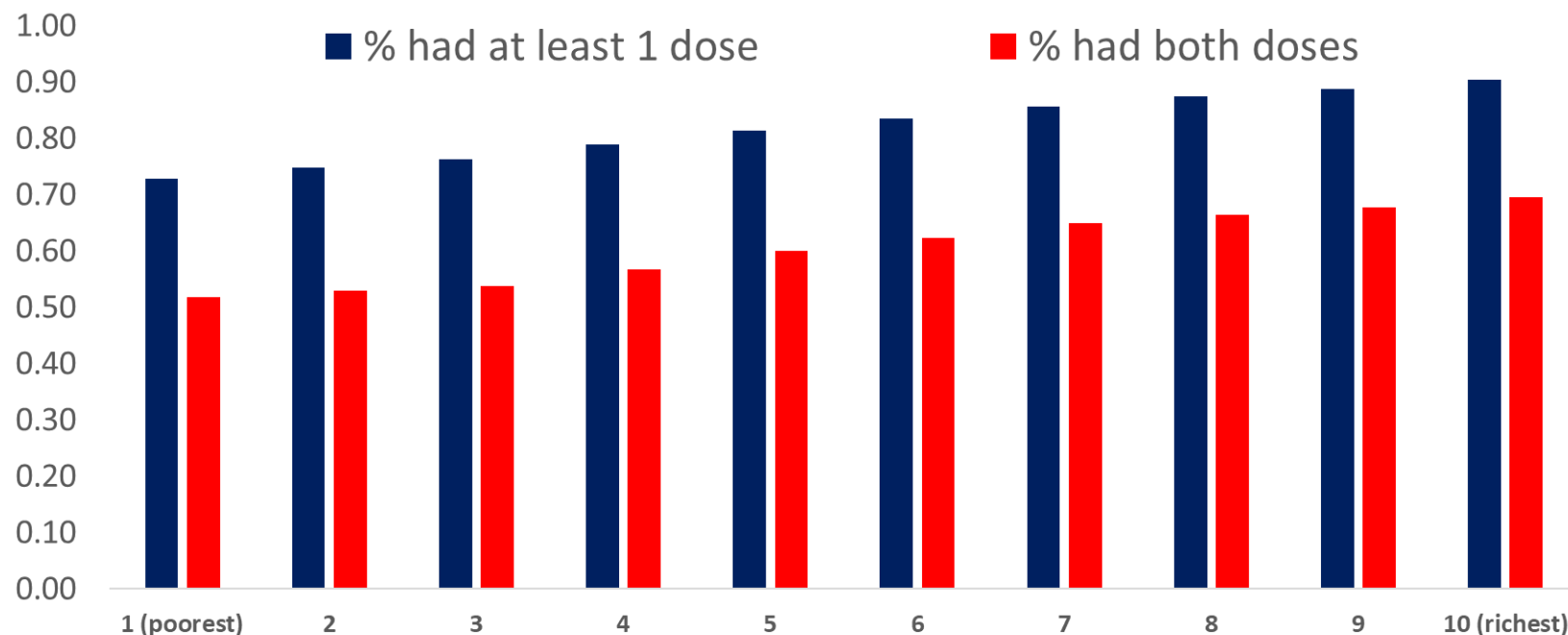
‘The link has been weakened but not broken’
(Vallance 7 July 2021)

COVID-19 Vaccinations by IMD Aged 18+



National Immunisation Management Service (NIMS), Public Health England - 8th December 2020 to 30th June 2021
<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2021/07/COVID-19-monthly-announced-vaccinations-08-July-2021.xlsx> (8th July 2021) – **Homeless data London Estimate July 2021**

COVID-19 Vaccinations by IMD Aged 18+



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<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2021/07/COVID-19-monthly-announced-vaccinations-08-July-2021.xlsx> (8th July 2021)

I don't want a Covid vaccine...

I never want Covid to go away...

**I was on the street for years and now
I've got my own room, my own toilet
and meals everyday**

Wandsworth Emergency Hotel - April 2021

Effectiveness of COVID-19 vaccines against hospital admission with the Delta variant

These findings indicate very high levels of protection against hospitalisation with the Delta variant with 1 or 2 doses of either vaccine

https://khub.net/web/phe-national/public-library/-/document_library/v2WsRK3ZIEig/view_file/479607329?_com_liferay_document_library_web_portlet_DLPortlet_INSTANCE_v2WsRK3ZIEig_redirect=https%3A%2F%2Fkhub.net%3A443%2Fweb%2Fphe-national%2Fpublic-library%2F-%2Fdocument_library%2Fv2WsRK3ZIEig%2Fview%2F479607266

Vaccine effectiveness against symptomatic disease

Vaccine Status	Vaccine Effectiveness	
	Alpha	Delta
Dose 1	49 (46 to 52)	35 (32 to 38)
Dose 2	89 (87 to 90)	79 (78 to 80)

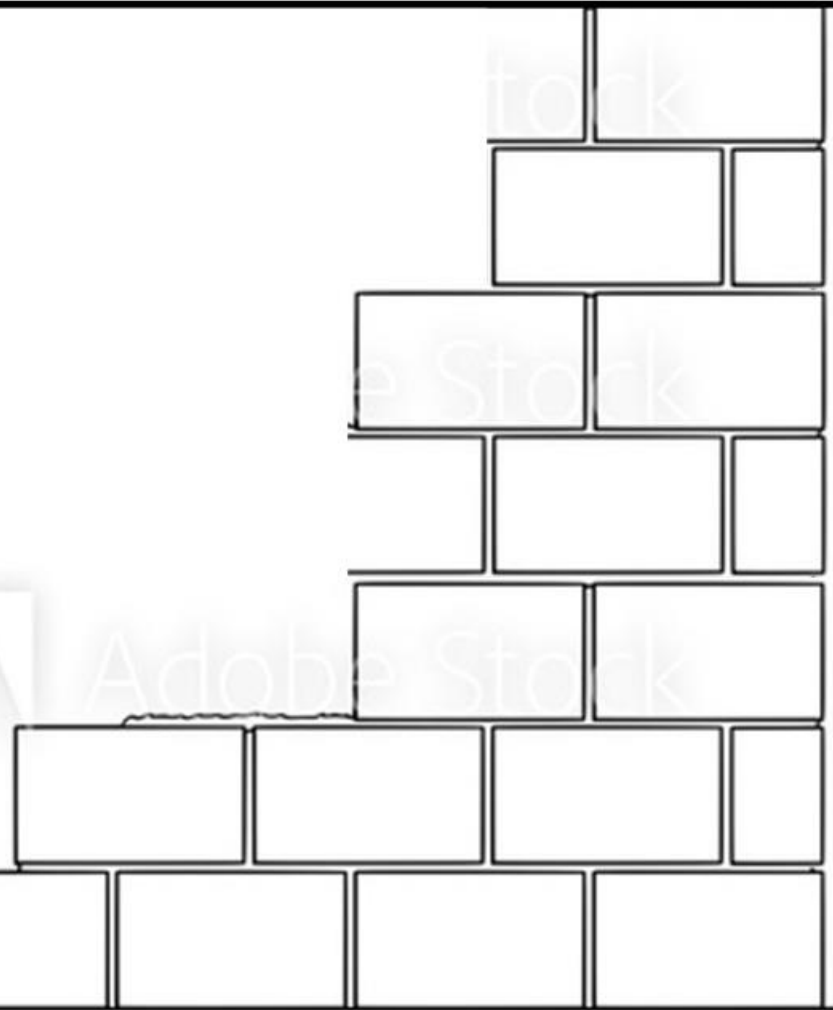
Vaccine effectiveness against hospitalisation

Vaccine Status	Vaccine Effectiveness	
	Alpha	Delta
Dose 1	78 (64 to 87)	80 (69 to 88)
Dose 2	93 (80 to 97)	96 (91 to 98)

Deprived communities are more exposed to and more at risk from COVID-19, these policies will continue to disproportionately affect the most vulnerable and marginalised, deepening inequalities

Morton B. Covid: Boris Johnson upbeat about easing lockdown in England on 19 July. July 2, 2021.
<https://www.bbc.co.uk/news/uk57681216> (accessed July 4, 2021).

**My Room
My Rules
My Right**



ARTICLES | [ONLINE FIRST](#)

COVID-19 among people experiencing homelessness in England: a modelling study

[Dan Lewer, MSc](#)   • [Isobel Braithwaite, MBBS](#) • [Miriam Bullock, MSc](#) • [Max T Eyre, MSc](#) • [Prof Peter J White, PhD](#) • [Robert W Aldridge, PhD](#) • [Alistair Story, PhD](#) • [Prof Andrew C Hayward, MD](#) • [Show less](#)

Open Access • Published: September 23, 2020 • DOI: [https://doi.org/10.1016/S2213-2600\(20\)30396-9](https://doi.org/10.1016/S2213-2600(20)30396-9) •



TRUST



Public Health
England

Protecting and improving the nation's health

Homeless settings and COVID-19 – infection prevention and control

Sarah Kaddour

Speciality Registrar in Dental Public Health, PHE London

Gunveer Plahe

Consultant in Health Protection, PHE London

Huda Yusuf

Consultant in Public Health. Clinical Lead for Homelessness, PHE London

Overview

Aim: to discuss infection, prevention and control (IPC) in homeless settings to help reduce the risk of COVID-19 outbreaks

What we will cover today:

- COVID-19 disease and routes of transmission
- Key principles to reduce COVID-19 spread
- Share experiences

Why?

- Prevention of outbreaks as restrictions ease
- New variants

Clinically Extremely Vulnerable

New Guidance published 19.07.2021

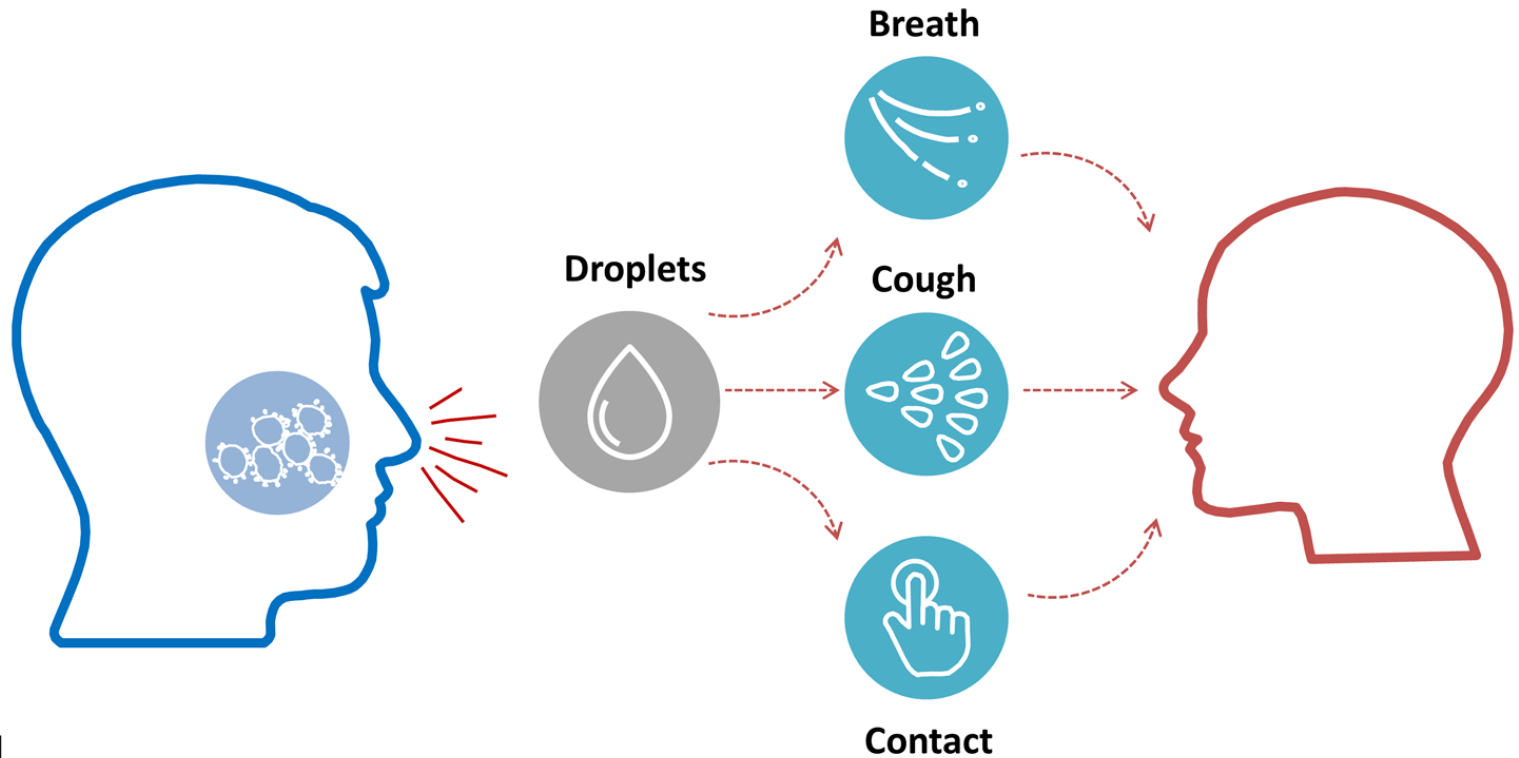
Advised to:

- Social distancing
- Ventilate
- Wash hands
- Vaccinate – and wait 14 days after second dose before close contact



<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#cev>

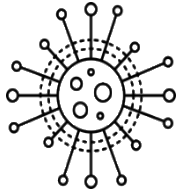
How does it spread?



But also:

- **Blood**
- **Tears**
- **Urine & Faeces**

Infectivity and recovery



Incubation period: time when you are infected but not showing symptoms
-usually 5-6 days (can be between 1-14 days)

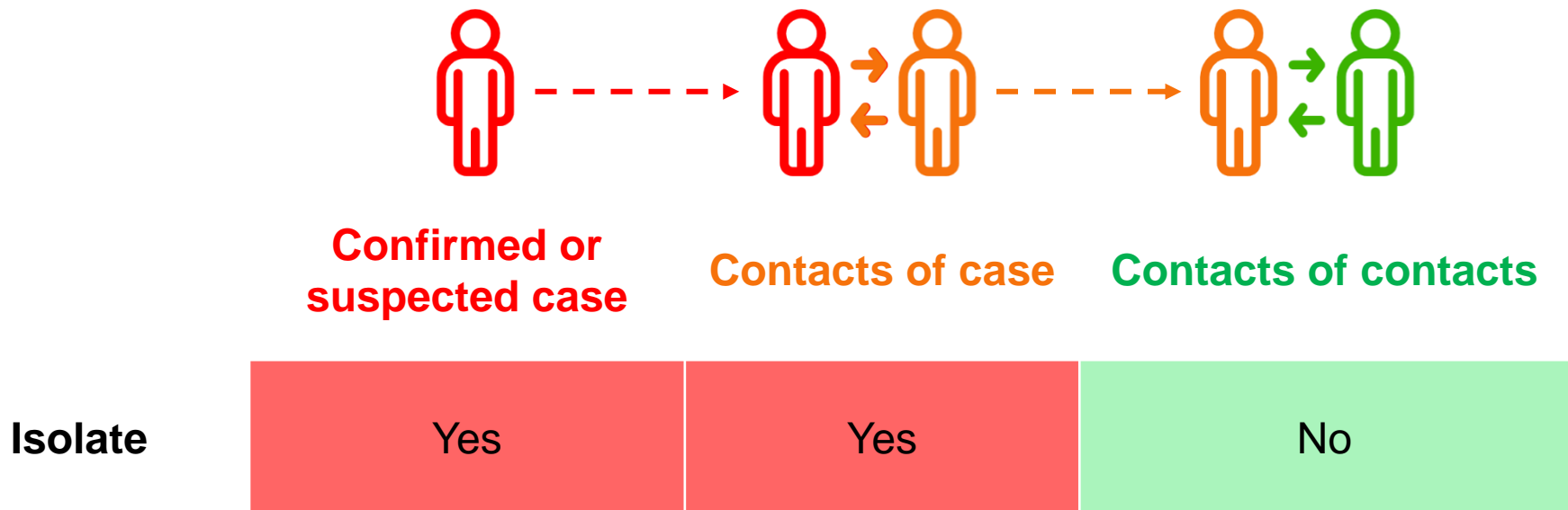


Infectious period: the time when you can infect others
-2 days before symptoms (or date of test if asymptomatic) and 10 days after



Recovery time: time taken to become well
-mild/moderate cases up to 14 days
-severe cases around 3-4 weeks

Who should isolate?



Types of Contacts?

HOUSEHOLD: living in same house or sharing accommodation with shared bathroom/kitchen

DIRECT: face-face, being coughed on or having a conversation within 1 metre. 1 metre for 1 minute or longer

INDIRECT: 2 metres more than 15 minutes (1 off or added up throughout the day)

Travel with a case in a vehicle or plane

Self-Isolation

Cases (someone who has tested positive or shows symptoms of COVID-19) must isolate for 10 full days from:

- Date of test (if asymptomatic)
Or
- When symptoms began

Contacts must isolate for 10 full days – **if they test negative within this period, they must still isolate.**



Isolate for 10 days

Testing

If residents or staff have any of the symptoms, they need to immediately self-isolate and a test should be arranged to see if they have COVID-19

Testing for residents:

Contact Find and Treat: haltTeam.cnwl@nhs.net

Or

Visit [NHS.UK](https://www.nhs.uk) to arrange or contact NHS 119 via telephone if internet access is not available

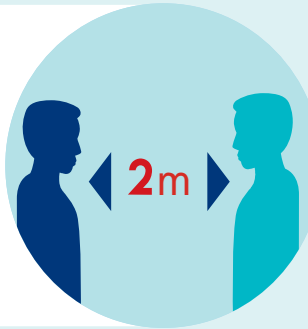
Testing for staff:

Those working in hostels are classed as essential workers and can apply for [priority testing](https://www.gov.uk/priority-testing) through GOV.UK.

Key elements of infection control

- **Social distancing**
- **Hand hygiene**
- **Respiratory hygiene**
- **Cleaning**
- **Face coverings**
- **Ventilation**

Keep a minimum distance of 2 metres where possible



Wash hands frequently (for at least 20 seconds) or use hand sanitizer with a minimum of 60% alcohol



Clean surfaces frequently including door handles, rails, hoists etc.

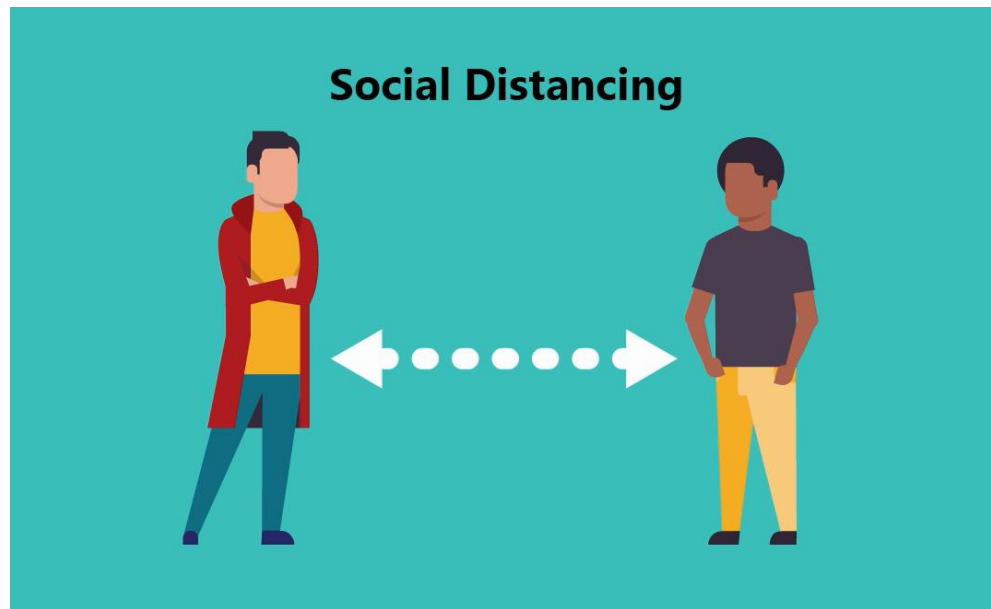


Avoid touching your face, nose and eyes



Social distancing

- Staff and residents should stay **2 metres** away from other people **at all times**
- Close communal areas where social distancing is not possible.
- If social distancing is not possible, devise rota
- Maintain social distancing even if having to wear PPE (when possible)
- Avoid sharing food and drink



Hand hygiene

As often as possible for at least 20 seconds:

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

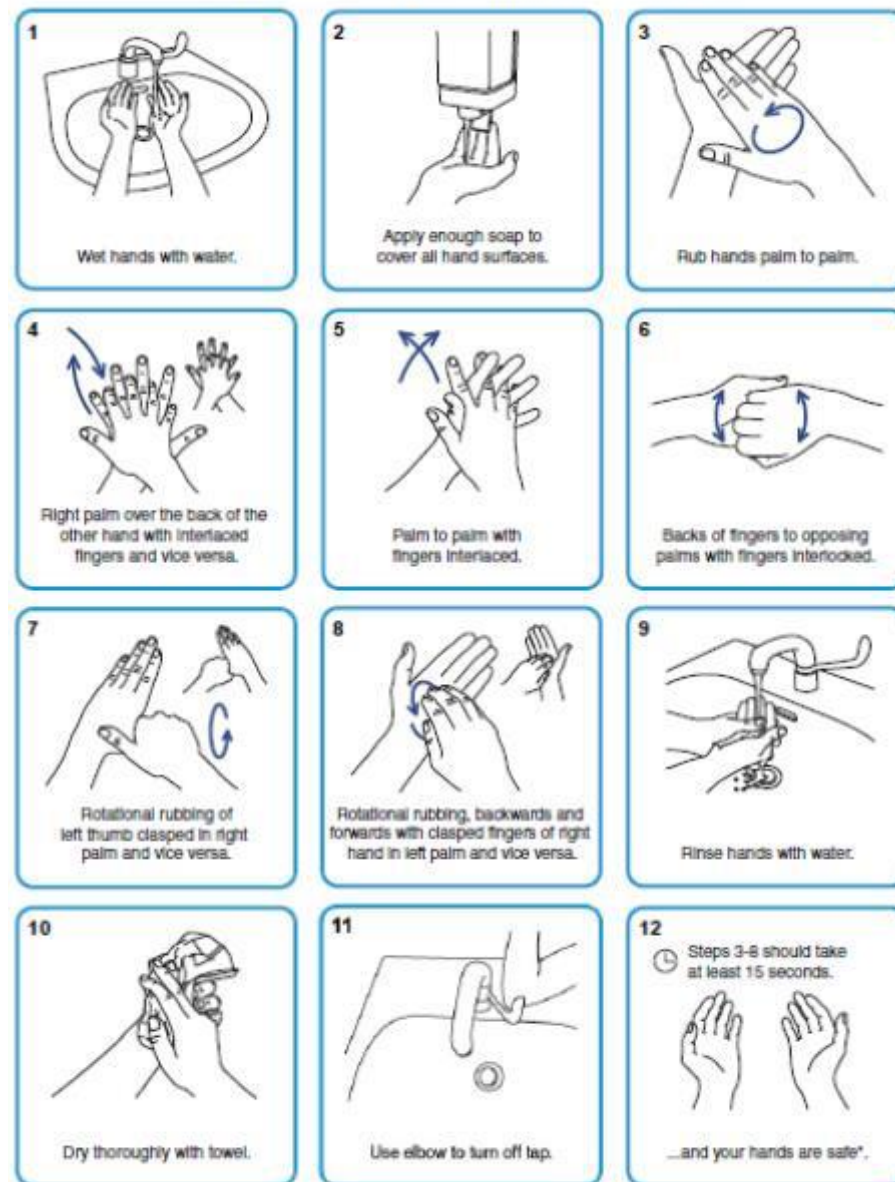
Definitely

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

Correct technique is essential

- Includes wrists and forearms

Steps 3-8 should take at least 15 seconds.



*Any skin complaints should be referred to local occupational health or GP.

Respiratory hygiene

CATCH IT

Germ spread easily. Always carry tissues and use them to catch your cough or sneeze.



BIN IT

Germ can live for several hours on tissues. Dispose of your tissue as soon as possible.



KILL IT

Hands can transfer germ to every surface you touch. Clean your hands as soon as you can.



© Crown Copyright 2019. All Rights Reserved. (P1)



Respiratory and cough hygiene



- Cough or sneeze into a clean tissue, not into your hands.



- Dispose of the tissue immediately into the nearest waste bin.



- If you do not have a tissue, cough or sneeze into your upper sleeve.



- Always clean your hands after coughing or sneezing, either using soap and warm running water, alcohol handrub or hand wipes.

These steps will help prevent the spread of colds, flu and other respiratory infections

Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust
www.infectionpreventioncontrol.co.uk June 2019
 © Harrogate and District NHS Foundation Trust

Cleaning – general principles

- Reduce clutter
- Increase frequent cleaning – at least twice a day
- Extra attention to frequently touched objects e.g. kettles, door handles
- Wash hands before and after cleaning
- Crockery and eating utensils should not be shared

Cleaning with COVID-19 resident

- All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected (including corridors, stair wells etc)
- Whilst isolating, cleaners should not be going into the room
- Consider whether residents can change their bed linen and clean their rooms
- If possible, do not clean for a further 72 hours (3 days) after isolation finishes
- 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

<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>

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)



<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#facecoverings>

PPE & Face Coverings

Support staff and residents to wear face coverings when in communal indoor spaces in hostels

When do you need PPE? Limited circumstances

If providing care any client who is **symptomatic or has had a positive test** and close contact is unavoidable

Or

If you are unable to maintain 2 metres social distance with any client who is **symptomatic or has had a positive test**

Or

If providing care to client whose care routinely already involves the use of PPE.

<https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own>

<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#facecoverings>

Ventilation

Fresh air reduces risk of spread

Open windows for short, sharp bursts of 10 to 15 minutes regularly throughout the day

Leave windows open a small amount continuously

This is to remove any infected particles lingering in the room.

<https://www.gov.uk/government/news/new-film-shows-importance-of-ventilation-to-reduce-spread-of-covid-19>

Vaccinations



Two doses is highly effective against hospitalisation with COVID-19



Vaccinated individuals can still become infected and spread the virus to others

How to get staff and residents the vaccine:

- 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)

Summary

HANDS, FACE, SPACE AND VENTILATION...

....even if you have been vaccinated the same guidance needs to be followed

Please scan the code to be taken to the guidance around cleaning in non-healthcare settings outside the home

Thank you to:

London Coronavirus Response Cell

T: 0300 303 0450

E: LCRC@phe.gov.uk





Roadmap Stage 4

July 19th

Guidance Group

Easing Out Lockdown – Roadmap

Stage 4 - Context

Covid secure measures. Strict Covid secure measures in our Supported Accommodation/Hotels have seen minimal serious illness, deaths and outbreaks.

Vulnerability. Our population of clients/service users are twice as likely to be categorised extremely clinically/clinically vulnerable.

Vaccine Levels. While we have relatively good uptake on Vaccines it remains on average 20 points lower on first and second doses than the national average - and low in some areas.

Delta Variant. We also know we are in a period of growth of infections through the Delta variant – greater transmissibility and severe disease in those unvaccinated.

Our staff, Clients, Commissioners and Public Health directors on the whole are wary of changing much of this in the current climate.

Covid Security Stage 4 Roadmap

We will continue to operate services that are Covid Secure into and through the **winter** while balancing the need to support our clients recovery.

- Maintain Enhanced Cleaning and Hand Washing Regime
- Maintain Face coverings indoors in our services in staff/client communal spaces.
- Maintain Social Distancing in Communal spaces/offices
- Ventilate and the Ventilate some moreand go outdoors
- Maintain our Covid Assessments and Welfare checking process re Symptoms/Wellbeing for Clients
- Ensure our approach to managing Symptomatic/Covid Positive cases and Outbreaks remains effective
- Lateral Flow tests for Staff at home

Taking Clients and Staff with us

How do we square different messages from government, health, us, peers...?

How we square that there is a wide range of views vulnerabilities in clients?

- Emphasise safety but also well-being and recovery – including work on the streets, move-on, activities, training.
- Open, honest communication - using peers, experts, working with colleagues such as Groundswell.
- Fact based and simple communication - guilty in the past of too much guidance.
- A culture of respect - people feel safe to say if they feel unsafe and this can be easily escalated.
- Have a Guidance group, Cline Communications group and Coronavirus@mungos.org inbox to ensure up to date guidance/messaging.

A word on Vaccines

St Mungo's committed to Vaccinating across our staff and client population as the efficacy is clear (and this will include Flu Vaccinations into winter)

- Multiple options and ways to be vaccinated.
- Good data - mapping not only who has the vaccine but hesitancy. Cross reference with Health.
- Good data means targeted interventions and effective use of resources
- What is effective - good keyworking, peer to peer, medical lead, cultural understanding.
- Understanding hesitancy as driven by a multiple factors – nuanced and creative in our approach.

Questions and contacts

You can contact us to discuss our approach

coronavirus@mungos.org

Public Health and Local Authority Perspective

Westminster Council

Vicki Piquet and Natasha Davies

PH and LA-Community Testing

- ▶ Testing will remain a key component
- ▶ Delta variant, increased transmissibility-continued vigilance
- ▶ 1 in 3 cases are asymptomatic
- ▶ Incentives used in the past for testing within hostels
- ▶ Mobile Testing Unit to hostels
- ▶ Delivery of testing kits
- ▶ Community testing sites-comprehensive testing programme and appreciated needed something more bespoke across settings
- ▶ One setting-testing used to serve as prevention and infection control-good uptake
- ▶ Vulnerable setting: good uptake-70%. Difficulty of testing fatigue and resource intense, as cases dropped, false positives and lack of ability to self-isolate
- ▶ Worked with Homeless Health Team-lateral flow testing and testing for Hep B

Support for Providers

Monthly meeting PH update and Q&A

Collaboration with Commissioners and Pathway Managers

SOP and regular updates

Bi-borough OMT-Wed meeting to identify any issues

Notifications on the OMT-advice provided via Commissioners

Other local considerations?

- ▶ Testing for rough sleepers continues to be a challenge
- ▶ Rough sleepers-getting to test and vaccinate-pathway a factor
- ▶ Trying to get to isolate
- ▶ Previous buddy-buddy system
- ▶ Covid fatigue, including around the vaccine
- ▶ High risk settings-post 19th July
- ▶ Testing capacity

Panel Q&A

Additional questions can be submitted to:
hlp.homelesshealthcovid19team@nhs.net

Today's webinar recording and accompanying resources will be available at:

<https://www.healthylondon.org/resource/homeless-health-during-covid-19/>

Thank you to all speakers and attendees for joining us today