Healthy London Partnership

Webinar: Covid infection prevention and control in initial accommodation settings

London Homeless Health Partnership

Wednesday 19 October 2021

Supported by and delivering for:

Public Health England

NHS

LONDON COUNCILS

SUPPORTED BY MAYOR OF LONDON

Housekeeping

- Today's event will be recorded so attendees are reminded to turn off their cameras if they do not wish to appear on screen.
- Please keep your microphones muted to minimise any background noise while speakers are presenting
- The webinar recording will be available to watch on the HLP website
- Attendees are welcome to use the MS Team Chat box to submit questions. If we are unable to answer a specific question, we will aim to respond directly following today's session

Overview

This webinar has been convened to highlight the importance of Covid-19 infection prevention and control measures within initial accommodation settings including asylum-seeker hotel provisions in London.

Presentations will offer health and practical guidance for staff who are supporting residents in asylum-seeker accommodation in London, as well as other colleagues working with inclusion health groups in communal settings.

This webinar will cover:

- Guidance on infection prevention and control measures
- Guidance on referral pathways for Covid-19 testing and management
- The local authority perspective
- Winter planning considerations for other Acute Respiratory Infections (ARI)

Webinar panel

Speakers
UCLH Find&Treat Team Prof Al Story, Clinical Lead Yasmin Appleby, Chief Nurse
London Coronavirus Response Cell, UK Health Security Agency Camilla Ghiassee
Lambeth Council Ruth Hutt, Director of Public Health
UK Health Security Agency Dr Maha Saaeed, Health Protection Consultant
Chaired by Healthy London Partnership

UK Health Security Agency

Initial and contingency accommodations for asylum seekers: COVID-19 Infection prevention and control

Camilla Ghiassee
London Coronavirus Response Cell, UK Health Security Agency

Overview

Aim: to discuss infection, prevention and control (IPC) measures required at settings, to reduce the risk of COVID-19 transmission and outbreaks

What we will cover today:

- COVID-19 signs/symptoms and routes of transmission
- Key IPC measures to reduce COVID-19 spread

Why?

- Prevention of cases
- Management and control of outbreaks

Initial accommodation settings

- High levels of transmission may occur in asylum seekers' accommodations, where there can be challenges associated with physical distancing and large numbers of people living in close proximity or using shared facilities

Other challenges in such settings can include:

- Language barriers
- As yet unaddressed or unreported vulnerabilities, mental and/or physical health needs

Nb: Further guidance on the specific health needs in this population can be found via: Assessing new patients from overseas: migrant health guide

Symptoms of COVID-19

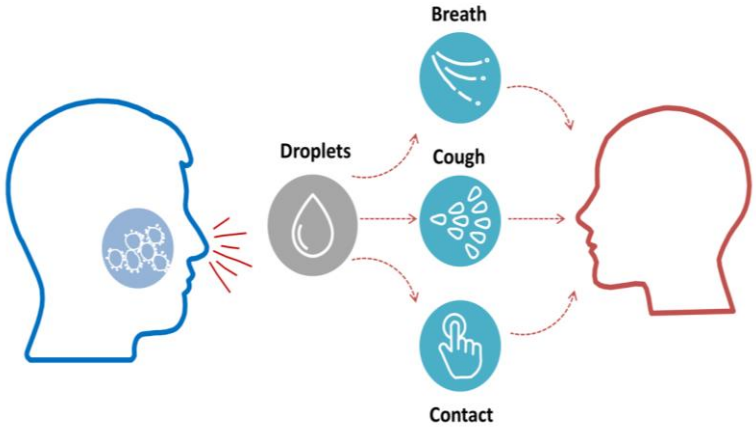
Primary symptoms include:

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

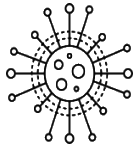
- COVID-19 is more likely to cause severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

How does it spread?

- COVID-19 is spread from person to person by airborne transmission, close contact via small droplets, aerosols and via direct contact with contaminated surfaces.
- The risk of catching COVID-19 is highest indoors and in crowded places.
- Airborne transmission is a very significant way that the virus circulates. It is possible to be infected by someone you don't have very close contact with, especially in a crowded and/or poorly ventilated space.



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

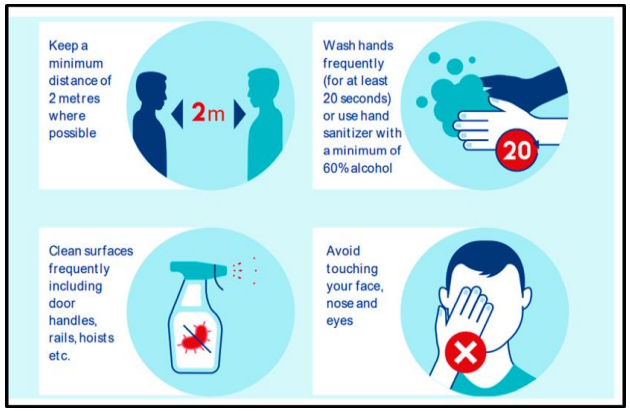
- -2 days/48 hours before symptoms (or positive test if asymptomatic) and 10 days after

Recovery time: time taken to become well

- mild/moderate cases up to 14 days
- severe cases around 3-4 weeks

Key elements of infection prevention & control

- **Testing/isolation**
- **Hand hygiene**
- **Respiratory hygiene**
- **Cleaning**
- **Face coverings**
- **Social distancing**
- **Ventilation**
- **Vaccination**



Testing

- Around 1 in 3 people with COVID-19 do not have any symptoms and regular testing of residents and staff, with isolation of positive cases, reduces the risk of transmission and outbreaks.
- Symptomatic service users (or staff) must immediately self-isolate and a PCR test should be arranged – continue to self isolate until the result is ready.
- Positive lateral flow tests require a confirmatory PCR.

Testing for service users:

- If symptomatic: contact Find and Treat team: **haltTeam.cnwl@nhs.net**
- Other: via Primary care or NHS.UK (contact NHS 119 via telephone if internet access is not available)

Testing for staff:

- Recommendation of minimum of 2 lateral flow tests every week, per workplace guidance. This will help identify staff who are carrying the virus without displaying symptoms, reducing the risk of transmission.
- Those working in these settings are classed as essential workers and can apply for priority testing (e.g. PCR tests) through GOV.UK.

Who should isolate?

	Confirmed or clinically suspected (symptomatic) case	Contacts of case (identified via contact tracing)	Contacts of contacts
Isolate	**Yes**	**Yes** Unless exempt	**No**

Self-isolation for cases

- Anyone (residents or staff) with a positive COVID-19 PCR test result must isolate for a full 10-days from:

Date of test (if asymptomatic)

Or

When their symptoms began

Isolate for 10 full days

- Food should delivered to rooms (left outside for collection) of residents to enable cases to self isolate, and regular welfare checks should be conducted.

- *Next step:* Contact tracing

Contact Tracing

- Contacts of cases will need to be identified, taking into account the case's infectious period; they need to isolate for 10 full days from the date of their last contact with the case (unless exempt).

Types of contacts:

- **Household contacts: anyone who lives in the same household or shares living spaces with someone who has tested positive or has COVID-19 symptoms.**
  - Accommodation providers will need to interpret the meaning of 'household' based on the set-up of their accommodation (do they share bathrooms, kitchens, sleeping areas? Etc)

- **Direct and indirect contacts:**
  - face-to-face contact, being coughed on or having directs conversation within one metre with case
  - been within one metre for one minute or longer without face-to-face contact
  - been within 2 metres of case for more than 15 minutes (either as a one-off contact, or added up together over one day)
- **Travelled with a case, during their infectious period, in a vehicle or plane**

Contacts who are not required to self-isolate

From 16 August, contacts are NOT required to self isolate if any of the following apply:

- they are fully vaccinated
- below the age of 18 years 6 months
- aren't able to be vaccinated for medical reasons

However, contacts should be have a PCR test as soon as possible and should follow the advice for household or non-household contacts as a precaution, e.g.:

- ✓ limit close contact with other people outside your household, especially in enclosed spaces
- ✓ wearing a face covering in enclosed spaces and where you are unable to maintain social distancing
- ✓ limiting contact with anyone who is clinically extremely vulnerable
- ✓ taking part in twice weekly lateral flow testing

Hand hygiene

Accommodation providers should ensure suitable hand washing facilities are available including running water, liquid soap and paper towels or hand driers.

Recommend that hand hygiene posters are displayed for staff and residents, acting as a guide and a prompt.

- **As often as possible for at least 20 seconds:**

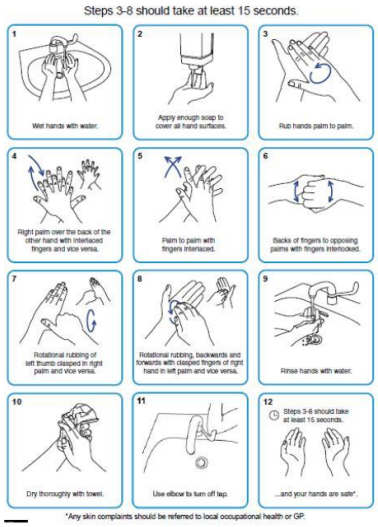
- Using soap and warm water
- Alcohol gel otherwise (allow to dry)

- **Definitely**

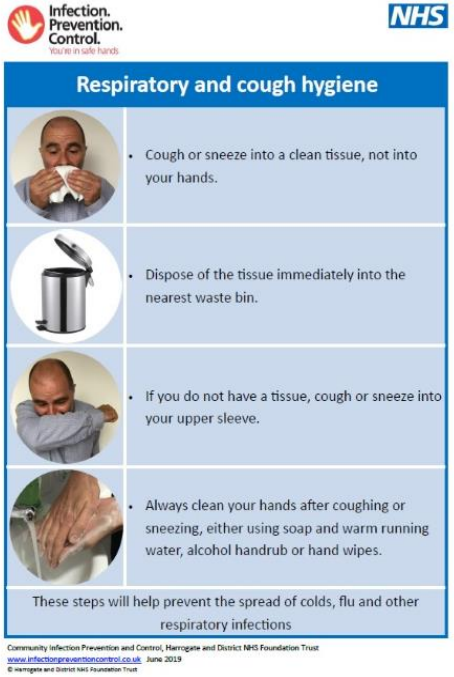
- After coughing/sneezing
- Before food preparation
- After toileting

- **Correct technique is essential**

- Includes wrists and forearms



Respiratory hygiene



Cleaning: general principles

Regular cleaning plays a vital role in limiting the transmission of COVID-19

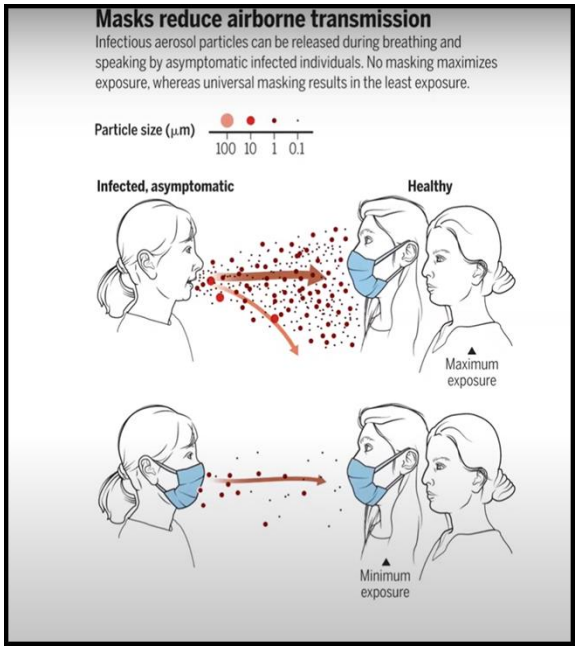
- Settings to follow guidance for cleaning in non-healthcare settings
- Min. twice daily cleaning of communal areas with extra attention to high-touch areas (lifts, door handles, light switches etc).
- Cleaning of frequently touched surfaces is particularly important in bathrooms and communal kitchens.
- Reducing clutter and removing difficult to clean items can make cleaning easier.

Cleaning: with COVID-19 cases or an outbreak

- All surfaces that the symptomatic person/ case has come into contact with must be cleaned and disinfected (including corridors, stair wells etc)
- Whilst a person is isolating, cleaners should not be entering their room.
- The minimum PPE to be worn for cleaning an area after a person with symptoms of COVID-19, or confirmed COVID-19, has finished self isolation, is disposable gloves and an apron. Wash hands with soap and water for 20 seconds after all PPE has been removed.
- Consider whether residents can change their bed linen and clean their rooms, and provide materials for them to do so
- If relevant - facilitate the isolating resident to clean communal bathrooms after use, followed by cleaning by staff
- Laundry: Use the warmest water setting and dry items completely. To minimise the possibility of dispersing virus through the air, do not shake dirty laundry prior to washing

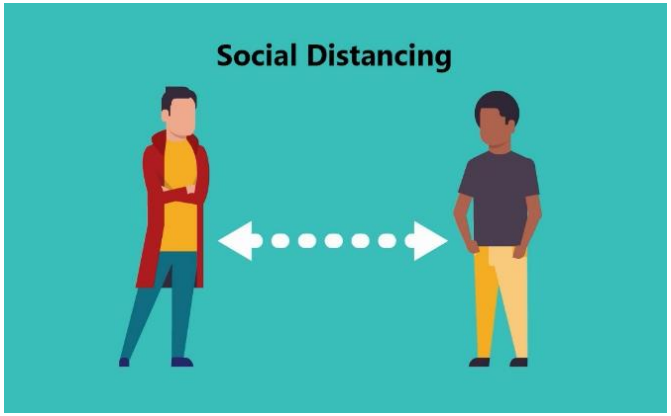
Face Coverings

- Accommodation providers 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.
- Face coverings should be provided for and worn by residents and staff when in communal indoor spaces
- It is important that face coverings fit securely around the face so as to safely cover the mouth and the nose.



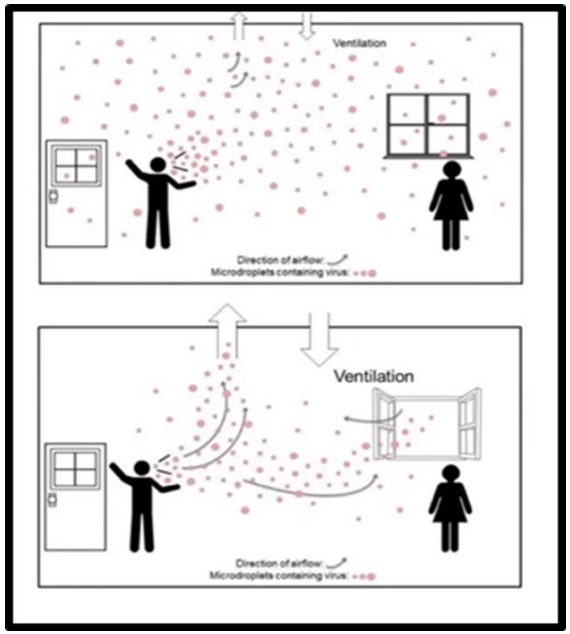
Social distancing

- Single/family rooms with en-suite bathrooms provide the lowest risk accommodation and should be prioritised for new arrivals, known cases and their contacts who need to quarantine or self-isolate.
- Single rooms essential for vulnerable service users
- If single occupancy accommodation is restricted, accommodation where cohorting in small groups is possible should be provided.
- Consider a rota system for communal areas if social distancing is not possible and input one-way systems around the accommodation.



Ventilation

- The risk of spread is greatest when people are close to each other, especially in poorly ventilated indoor spaces and when people spend a lot of time together in the same room.
- Fresh air reduces risk of spread by helping remove any infected particles lingering in the room.
- Open windows for short, sharp bursts of 10 to 15 minutes regularly throughout the day
- Passive ventilation: Leave windows open a small amount continuously if feasible and safe to do so



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

Outbreaks - additional measures

- **Outbreak** definition:

Two or more test-confirmed cases of COVID-19 or clinically suspected cases of COVID-19 among individuals associated with a specific setting with illness onset dates within 14 days.

- The LCRC will undertake a risk assessment with the setting once we are notified of a case or an outbreak.

Additional IPC measures to consider:

✓ **Enhanced communication with service users** (in a variety of languages as required) regarding the status of Covid-19 at the setting, testing arrangements, signs/symptoms, social distancing and usage of face coverings.

✓ **Temporary closure of communal areas**

✓ **Food delivered to rooms**

✓ **Temporarily halting transfers** of residents into and out of the setting

✓ **Testing:** Screening of all residents may be indicated.

Summary

- Stringent adherence to infection prevention and control measures can successfully reduce transmission of COVID-19 and reduce the risk of outbreaks.
- All possible efforts should be made to ensure effective communication with service users, in order to enable them to follow the latest guidance, access healthcare and stay safe. This includes offering professional language interpreting and translation services.
- The LCRC, in close working with local partners, can offer risk assessment support and advice to settings for outbreaks and complex situations.

Many thanks to:

Dr Sarah Kaddour

Dr Gunveer Plahe

West Midlands Health Protection Team, UKHSA

Find and Treat team

Links to guidance & resources

- **COVID-19: guidance for providers of accommodation for asylum seekers**
  https://www.gov.uk/government/publications/covid-19-guidance-for-providers-of-accommodation-for-asylum-seekers/covid-19-guidance-for-providers-of-accommodation-for-asylum-seekers

- **COVID-19 (and translated) resources:**
  Campaign Resource Centre: Coronavirus resources: https://coronavirusresources.phe.gov.uk/

- **To contact the London Coronavirus Response Cell, Please email:** LCRC@phe.gov.uk

Local authority perspective on planning and adhering to IPC guidelines

or

Managing IPC in tricky settings

20 October 2021
Ruth Hutt
Director of Public Health – London Borough of Lambeth

Lambeth

Lambeth context

- Lambeth has a long history of working with refugees and asylum seekers
- Well established health inclusion team & good links to Find and Treat
- Engaged primary care clinicians
- Extensive network of voluntary and community sector support for refugees/asylum seekers

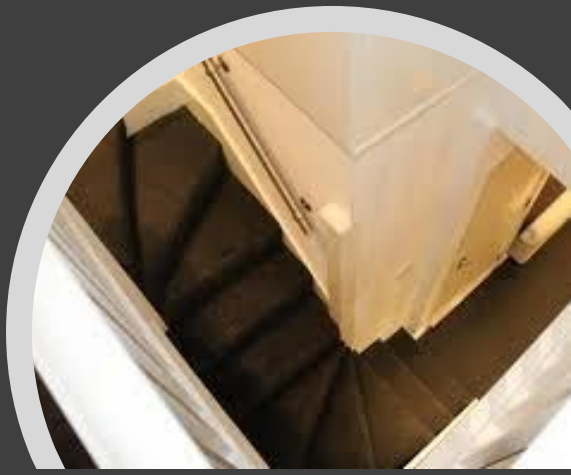
Outbreak Context

- New asylum seeker “initial” accommodation
- Rapidly commissioned
- Late engagement of local authority
- Old building - not high end luxury

Lambeth

Challenges

- No local IPC review by local authority prior to operating
- Not designed for families
- Difficulties with GP registration due to the number of residents
- Languages
- Multiple agencies involved – most not local
- Families split across rooms
- No outdoor space
- No kitchen/food preparation space
- Not everyone had access to UK mobile – comms a problem
- Difficult to contact hotel staff



Lambeth

Situation

- Notified of cases
- Number of sick residents
- Additional issues of accessing healthcare
- Adherence with self isolation unclear
- Not clear if residents had received their results
- No formal testing regime in place (after initial screening)
- Challenging to engage the right people and make contact on the ground

Response

- Convened rapid IMT including local primary care, health inclusion team, find and treat, home office, local public health and hotel operator
- Full hotel testing organised by find and treat
- EHO and IPC nurse visit organised
- Additional PPE and LFD tests made available
- Request for isolation of cases outside of setting due to the IPC limitations within the setting
- Additional welfare checks
- Access to phones

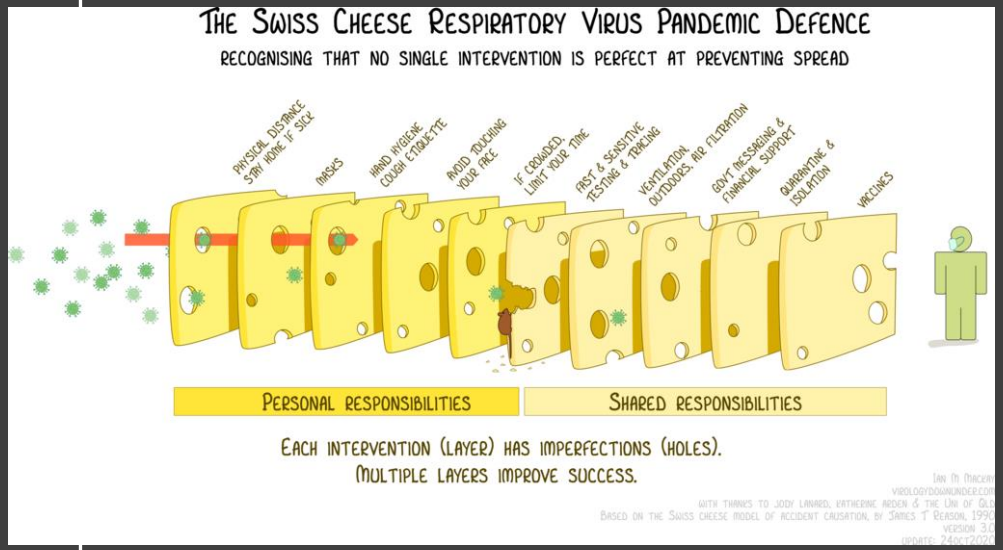
Infection Prevention & control measures

- ✓ Self isolation
- ✓ Cleaning
- ✓ Ventilation
- ✓ Use of face masks/PPE
- ✓ Access to communication
- ✓ Vaccination
- ✓ Laundry and waste disposal
- ✓ Social distancing
- ✓ Visiting and movement in and out

Lambeth

Making it work

- Early involvement with local authority
- Designated points of contact for communication and escalation
- Authority to make decisions/act with clear rationale (ie. Right people around the table)
- Guidance doesn't always work in real world settings- test out SOPs
- Visit the site – understand practical challenges
- Use tools and offers of help available
- Information sharing…… and risks of sharing
- Briefing – NHS/Politicians/agencies etc…



Secondary public health response

- Review primary care pathways and ensure understood by all involved
- Arrange vaccination of residents asap
- Support enrolment of school age children into school
- Link families to local childrens' centres
- Provide ongoing support to the setting

Lambeth

Considerations and conclusions

- IPC needs to be considered at the point of commissioning a hotel or immediately afterwards with mitigation and control put in place
- Limited ability to manage IPC risk in a settings like this so consideration to who is accommodated is critical
- Need to balance humane response with IPC response and risk
- Team work can help make the best of a bad situation
- The sooner the local authority teams aware the more helpful they can be.

Lambeth

UK Health Security Agency

ARI Outbreaks Management In high Risk Settings

Dr Maha Saeed- Health Protection Consultant

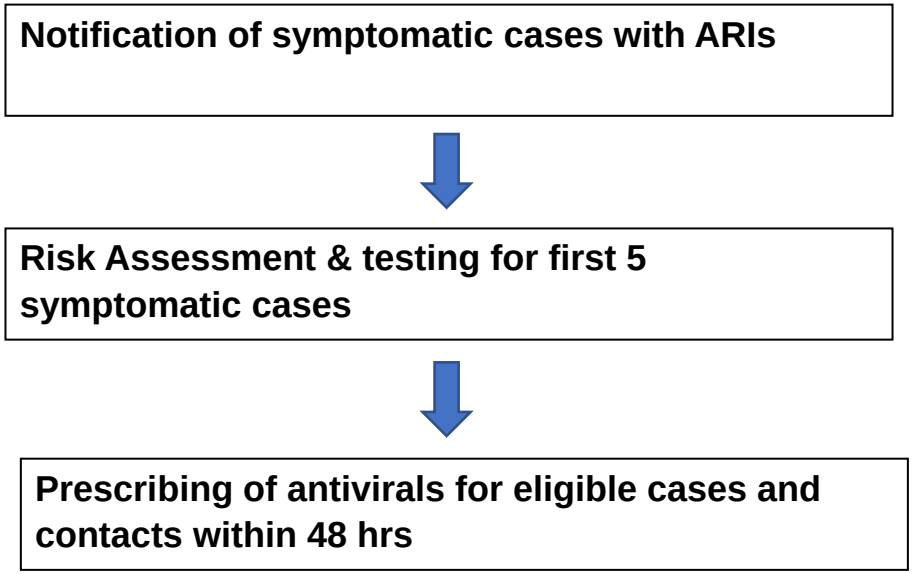
Acute Respiratory Illness (ARIs)

- Rhinovirus
- Adenovirus
- Parainfluenza
- Respiratory syncytial virus
- Human metapneumovirus
- Influenza

AND

- COVID-19

Process of Managing ARI Symptomatic Cases



What is required from settings?

- Reporting of symptomatic cases (Settings should NOT wait for the results of COVID-19 tests before reporting a symptomatic cases).
- Report symptomatic cases to GP (underlying conditions, disease severity, and time since symptom onset)
- Testing for COVID/ARIs
- Delivery on antivirals to cases and contacts if eligible (need to have a record of all clinically vulnerable residents)

Why Antivirals?

- Shorten illness resolution by ~3.5 days
- Reduce amount of influenza viral shedding
- preventing serious influenza-related complications & reduction in hospitalisations

Healthy London Partnership

Questions and close

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/our-work/homeless-health/covid-19-resources/

Thank you to all speakers and attendees for joining us today

Supported by and delivering for:

Public Health England

NHS

LONDON COUNCILS

SUPPORTED BY MAYOR OF LONDON