

Supporting residents to self-isolate

Checklist & Resources – April 2022

This resource is for front-line staff supporting people who are homeless in Hostels, Specialist projects and Emergency Accommodation. See <https://tinyurl.com/yasn5kd7> for updated guidance.

From April 2022, although there is no legal requirement to self-isolate, government and public health guidance advises remains that people should self-isolate if they have COVID-19, and not enter communal/public spaces if symptomatic for COVID-19 and/or have a positive test for COVID-19. (<https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19>)

Who needs to self-isolate?

Suspected and confirmed COVID-19 cases

1. **Any asymptomatic resident** who tests positive on lateral flow test (LFT) should be supported to isolate and access PCR testing. If the PCR test is negative and the resident is asymptomatic then end isolation. If symptoms develop while awaiting PCR testing, then manage as per 2 (below).

As per government guidance:

- If the PCR or LFT test is positive then supported isolation is advised for 5 days after date of first positive.
- After the initial self-isolation period, for a further 5 days they should:
 - avoid contact with people at higher risk of COVID-19 complications, communal settings and public spaces where there may be lots of people
 - mask wearing to enter or leave the building and when in communal spaces or crowded public spaces

Any symptomatic resident should be supported to LFT or PCR and self-isolate. Residents with a negative LFT should continue to be supported to isolate until PCR test results are available. If the PCR test is negative, the resident can end isolation. From April 2022, there is no legal requirement to self-isolate BUT the public health guidance remains that people should self-isolate if they have COVID-19, and not enter communal/public spaces if symptomatic for COVID-19 and/or have a positive test for COVID-19.

As per government guidance:

- If the PCR or LFT test is positive then supported isolation is advised for 5 days after date of first positive.
- After the initial self-isolation period, for a further 5 days they should:

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- mask wearing to enter or leave the building and when in communal spaces or crowded public spaces

Contacts = Been within 1 metre of a PCR confirmed COVID-19 case for 1 minute or longer

2. From April 2022, although there is no legal requirement for contacts to self-isolate government and public health guidance advises the following for contacts of cases to reduce the risk to other people:
 - avoid contact with anyone you know who is at higher risk of becoming severely unwell if they are infected with COVID-19, those who are clinically vulnerable, despite vaccination. **This includes high proportion of people who experience homelessness**
 - limit close contact with other people outside your household, especially in crowded, enclosed or poorly ventilated spaces. **This includes residential inclusion health settings.**
 - wear a well-fitting face covering made with multiple layers or a surgical face mask if you do need to have close contact with other people, or you are in a crowded place
 - wash your hands frequently with soap and water or use hand sanitiser
 - If you develop symptoms of a respiratory infection try to stay in your residence and avoid contact with other people and follow the guidance for people with symptoms (as above).

Where can residents self-isolate?

3. **In-situ:** Experience to date demonstrates that the great majority of residents can safely self-isolate in their own single rooms with support from local staff teams. Government and public health guidance is people with confirmed or suspected COVID-19 should be supported to self-isolate in non-shared spaces (own room, own bathroom). They should be accommodated in spaces that are separate from clinically vulnerable residents.

Multiple residents who have COVID-19 infection at the same time can be 'cohorted' in the same area of a residence, (use the same bathrooms and kitchens), for the duration of their isolation period. These spaces should NOT be shared with people who do not have COVID-19.

4. **Mildmay Hospital:** Some older or clinically vulnerable residents need clinical support during isolation. We currently have very limited bed capacity at the Mildmay Hospital. These beds should be reserved for people who need clinical care while isolating. Some Boroughs are standing up local isolation capacity. The Find&Treat team and local Health teams can advise on who needs clinical support while isolating. The Mildmay hospital will also accept referrals for people sleeping rough who are symptomatic and need PCR testing or who have been confirmed PCR positive elsewhere but have no accommodation.

5. **Local Authority:** Isolation accommodation for people who cannot isolate safely in situ or people rough sleeping is being set up using the Self-isolation Framework Funding in some boroughs.

Checklist for supported isolation

6. **Clinical Safety and monitoring:** *All residents who need supported isolation [see 1-4 above] should be triaged by Find&Treat (referral pathway and form [here](#)) to identify clinical vulnerabilities irrespective of symptoms. Wherever practically possible local staff teams should ensure that patients have their own phone for the duration of isolation. Any person who is clinically vulnerable with PCR confirmed COVID-19 [or LFT confirmed COVID-19 if PCR confirmation not available] who does not require immediate escalation or transfer to a designated COVID-19 isolation facility, needs to be plugged into the local GP led [Oximetry@Home](#) service. This service will issue the resident with a Pulse Oximeter and check-in with patients at least daily. Some residents may require support to use and report Pulse Oximeter results – [training and advice](#) can be provided by local health teams and Find&Treat.*

Residents who are not clinically vulnerable and have mild [COVID-19 symptoms](#) only require welfare checks by local frontline teams alongside regular delivery of food, fluids and other essentials to their rooms.

7. **Addiction management and support:** Contact local drug service providers to support the client wherever possible. The Homeless Hotel Drug & Alcohol Support Service ([HDAS-London](#)) has established a 'cross-sector provider network' and programme of support services across London to help support people experiencing homelessness who have specific substance use related health issues. Staff teams should refer any person who needs specialist addictions support to hdas-london@turningpointpublic.onmicrosoft.com. Tel: 020 8066 3738
8. **Mental health support:** Contact local teams for support, especially if the client is already engaged with a local mental health team. Frontline staff and residents who need crisis guidance should call 111 and ask for the local mental health crisis line. Mental health resources are available on the Healthy London Partnership [Homeless Health Covid-19 Response Resources](#).
9. **Symptoms and recovery:** Both the Delta and [Omicron variant](#) most commonly cause cold-like symptoms - a runny nose, headache, fatigue and in some cases, sneezing. These symptoms are different to the fever, cough, and loss of sense of smell or taste that were the most common with the Alpha variant. Some residents will need to take paracetamol to [manage symptoms](#), dosing as per packaging instructions. Staff teams can purchase and provide residents with supplies of paracetamol from local shops.
10. **Smoking:** HDAS-London will provide [advice about smoking](#) and support to people who want to switch from smoking to a nicotine replacement product. Some residents who need to self-isolate will want to smoke and should be given a supply of surgical face masks and supported to safely exit and enter the building to a designated outside area where they can socially distance.
11. **Well-being:** Isolation can be extremely stressful and lonely. Local staff teams are highly skilled in supporting residents' well-being. Residents should have access to a mobile phone to contact staff family and friends. TV and internet access should be provided wherever possible to help

alleviate boredom. Homeless Link has produced an excellent [resource](#) that brings together ideas and materials that can help support residents who are self-isolating.

12. **Refusal to isolate:** Staff should contact local Public Health teams and the London Coronavirus Response Cell Telephone: 0300 303 0450 or email: LCRC@phe.gov.uk