



London COVID-19 Homeless Health Operations Centre (HHOC): Frequently Asked Questions

Homeless Health Operations Centre manual for managing hotels for London homeless during COVID-19

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1. Introduction

This document provides relevant resources and information for hotels currently accommodating people with experience of homelessness. For wider information and guidance on the homeless health response in London, please visit www.healthylondon.org/resource/homeless-health-during-covid-19/. This document may be updated in line with the changing situation, and you should always check the [UK Gov website \(www.gov.uk/coronavirus\)](http://www.gov.uk/coronavirus) for the most recent national guidance.

2. Key messages on infection control

- Many people with a history of homelessness have underlying health problems and so are likely to be at high risk of complications if they become infected with COVID-19
- The infection spreads by droplet from mouth/nose and can remain on hard surfaces for up to three days, 72 hours
- The infection control measures described in this document aim to prevent person to person transmission and environmental contamination to stop the spread of the virus
- Staff and residents should stay two metres away from other people at all times
- Staff should not go into work if they have symptoms
- Check daily, by asking, to see if residents have developed symptoms
- Isolate symptomatic residents and avoid all close contact (less than two metres) with them
- Wash your hands more often than usual, for at least 20 seconds using soap and hot water
- Frequently clean and disinfect regularly-touched objects and surfaces in communal and shared spaces
- Close communal areas where social distancing is not possible

3. What are the symptoms of COVID-19?

The main symptoms of coronavirus (COVID-19) are:

- **A high temperature** – feeling hot to touch on the chest or back (you do not need to measure the temperature)
- **A new or worsening, continuous cough** – this means coughing a lot for more than an hour, or three or more coughing episodes in 24 hours (if the person usually has a cough, it may be worse than usual)
- **Loss or change to sense of smell or taste** – this means the person notices they cannot smell or taste anything, or things smell or taste different to normal

You should regularly (at least daily) check residents have not developed symptoms. Ask all residents by phone or from outside their room if they have new symptoms such as a fever or cough.

4. What do I do if someone in the hotel has symptoms?

If a resident or staff member is showing signs of the above symptoms, as we have move in the contact tracing phase, you should:

- Access clinical advice by seeking advice from a qualified clinician ideally their GP (this should not be in person), visiting NHS 111 online (or by calling 111 if you don't have internet access)

*About the London COVID-19 Homeless Health Operations Centre

The London COVID-19 Homeless Health Operations Centre (HHOC) is staffed by the Healthy London Partnership (HLP) and acts on behalf of the London COVID-19 Homeless Health Response Cell (HHRC), which comprises representatives from the local and regional NHS in London, Greater London Authority, local authority providers, Public Health England, third sector partners and other key stakeholders.

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- If you know who to contact, please ensure your commissioner and/or local authority have been notified in the first instance, if you are unsure who this might be please contact our team on hlp.homelesshealthcovid19team@nhs.net
 - Complete the [UCL Collaborative Centre for Inclusion Health symptom surveillance survey](#) and sign up to daily reporting [Daily survey](#) A short linked referral form within the daily survey will alert the Find & Treat team should you have any new symptomatic cases.
 - The Find & Treat team will contact you to discuss the case further and arrange testing. If the individual is suitable for a COVID CARE facility (a hotel for those who are symptomatic who cannot self isolate and need some care) it may be possible to arrange a transfer out of the hostel.
 - Even for a single suspected or positive case contact the London Coronavirus Response Cell (LCRC) on 0300 303 0450 or LCRC@phe.gov.uk for public health advice. Please immediately inform LCRC on 0300 303 0450 if anyone dies, or if there is a large rise in the number of cases. The LCRC is also available for advice on implementing PHE guidance, if needed.
 - Ensure your commissioner is aware

5. What is COVID Care?

COVID Care is a site dedicated to supporting clients who are confirmed COVID-19 positive and are considered an infection risk (within 14 days of onset of clinical symptoms).

7. What happens after I make a referral to COVID Care?

Should there be more demand than beds available, referral into COVID-Care sites will be prioritised based on a combination factors including the clinical needs of the patient, suitability of the accommodation they are currently in and reducing outbreak risk, and non-medical support needs.

Any referring hotel is required to keep the bed free for the individual transferred for them to be discharged back to or for them to resume their occupancy upon recovery and discharge from COVID Care. All referrals will need to be approved prior to transfer/admission including a documented handover/transfer form available [here](#).

8. Will anyone who has been referred and tested positive for COVID-19 be accepted?

In practical terms, COVID Care will provide the client with a bedroom where they can self-isolate alone which has access to a separate bathroom facility. If the client is already in or able to be moved within the hotel site to a room with these features, it may be safer for the client to remain where they are. This will be on a case by case basis and the COVID Care team will have this discussion with you upon referral.

9. Will COVID Care accept a client who is exhibiting uncontrolled behaviour?

All individuals referred:

- Should be able to self-contain and manage with some support in a hotel setting
- Should **not** exhibit chaotic or uncontrolled behaviour due to unmanaged substance use or excessive alcohol use
- Should not be at risk of exhibiting violent behaviour towards others

10. How long does it take to refer someone into COVID Care?

Once referred into COVID Care the team aim to visit within 24 hours, test results currently take 1-2 days for a result. The COVID Care team will let the referrer know the result.

11. What measures should we take while awaiting test results?

Whilst awaiting assessment and transfer you must adopt a careful access rota and cleaning regime of shared bathroom facilities as described in the section about shared areas.

Residents with symptoms should not use communal areas e.g. kitchens or sitting areas, and where possible communal areas should be closed. To facilitate this, food, drink and medication should be delivered to their door. Residents with symptoms should wear a face mask whenever they leave their room for any reason.

'Catch-it, bin it, kill it' and regular and thorough handwashing practices should apply to everyone, but especially to those with symptoms.

All household type contacts (e.g. anyone sharing rooms or bathrooms/common areas) of a symptomatic resident should also self-isolate for 14 days, in line with the stay at home guidance.

12. Do we need to close the hotel?

It is not necessary to close the hotel or send any staff home if you have **a single case**, unless government policy changes. Keep monitoring the <https://www.gov.uk/coronavirus> website for the latest details. The LCRC (details above) is also available for advice on implementing PHE guidance, if needed.

13. How will people move out of hotels?

Work is taking place to assist residents to move out of hotels. Prior to residents moving out of hotel, a health and social care needs survey, organised by the homeless health service (Find and Treat at University College London Hospital) is being conducted. It is called the COVID-19 Homeless Rapid Integrated Screening Protocol (CHRISP) Survey.

This is a **voluntary** survey; not taking part will not affect health and social care eligibility of residents.

The survey will help with assessing the health and social care needs of residents currently living in hotels. The survey will help to plan for services in the future and can help inform health and housing needs of residents, with their consent. It may also help link residents with other health services if they are available.

No personal data of the residents will be shared without their consent. All data will be stored at University College London Hospital (UCLH). The team collecting the information will upload a summary of each residents' health on their care record at UCLH as well as with their GP/local medical team.

If the resident agrees, the team will share information about whether the resident is in a priority group for housing (at higher risk for severe COVID) with the housing team. This will only be done with their consent.

No data is collected about immigration. No data will be shared with immigration services. Next steps will be communicated in due course.

14. What personal protective equipment (PPE) should I use?

PPE is not required unless the client is shielded or there is likely to be close contact (less than two metres) with a resident with symptoms or cleaning of areas where symptomatic residents have been. Where possible, this type of close contact should be avoided.

If coming into close contact (within two metres) of a resident with symptoms of COVID-19 or entering the room of a symptomatic individual, staff should wear appropriate PPE. This consists of a fluid resistant surgical mask, gloves and a disposable plastic apron.

The only other circumstance when wearing PPE may be necessary is when engaging in the cleaning and sanitation of spaces or facilities used by a symptomatic person. For detailed information on PPE in this case refer to the [national guidance](#). Cleaners should not clean the room of people with symptoms during the 14-day isolation period. Ideally, the room should be left closed for 72 hours (three days) after the person has left the room and then cleaned as normal.

14.1 What about Face coverings?

Face coverings are not PPE. A face covering is not the same as the surgical masks or respirators used by healthcare and other workers as part of personal protective equipment.

Evidence suggests that wearing a face covering does not protect you. However, if you are infected but have not yet developed symptoms, it may provide some protection for others you come into close contact with. **You must wear face coverings at all times when on public transport**, or when attending a hospital as a visitor or outpatient, and generally when you are in other enclosed public spaces where social distancing isn't possible and where you will come into contact with people you do not normally meet.

Face coverings do not replace social distancing. If you have symptoms of COVID-19 (cough, and/or high temperature, and/or loss of, or change in, your normal sense of smell or taste - anosmia), you and your household must isolate at home: wearing a face covering does not change this. You should arrange to have a test to see if you have COVID-19.

For more up-to-date information about face coverings consult the national guidelines here: <https://www.gov.uk/government/publications/staying-safe-outside-your-home/staying-safe-outside-your-home#face-coverings>

And to learn how to make, maintain and wear your own face covering follow these instructions: <https://www.gov.uk/government/publications/how-to-wear-and-make-a-cloth-face-covering/how-to-wear-and-make-a-cloth-face-covering>

15. Who do I contact to get more PPE?

Please try to secure PPE supplies through your usual supply routes. We know stocks are being delivered through everyday orders and this should continue in the first instance.

Each of the five Sustainability and Transformation Partnerships (STP) across London have an escalation process for emergency supplies of PPE and have been distributing stock to local authorities and care

providers. There is a sub-regional local authority representative working in partnership with each STP; please make contact them if you have not already done so.

Only order through the emergency supply route above if you determine that your need is urgent (less than three days' PPE supply remaining) and you have exhausted all other options.

Please contact your local clinical commissioning group, Link GP practice or Local Authority to access PPE. If you have exhausted these routes please email hlp.homelesshealthcovid19team@nhs.net for further advice.

National guidance on PPE:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

Please note:

- [Recommended PPE for healthcare workers by secondary care clinical context poster.pdf](#)
- [Recommended PPE for primary outpatient and community care by setting poster.pdf](#)

16. What do I do if I've been in contact with someone who is unwell?

If a member of staff has helped someone who was taken unwell with a new, continuous cough or a high temperature or loss/ change to their sense of smell or taste, they do not need to go home unless they develop symptoms themselves.

They should wash their hands for 20 seconds thoroughly and regularly, especially after any contact with someone who is unwell.

17. How to get tested for COVID-19

Information on testing eligibility and pathways for access is available as part of national guidance here: <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#list-of-essential-workers-and-those-prioritised-for-testing-england-only>

All essential workers and/ or any member of their household who have COVID symptoms and can access a test. Apply within the first 3 days of having symptoms. The test is best taken within 5 days of symptoms starting.

<https://www.gov.uk/apply-coronavirus-test-essential-workers>

Essential workers have been identified as providing vital services throughout the COVID pandemic and are from a wide range of backgrounds including 'charities and workers delivering critical frontline services'. For the full range of backgrounds see the following list

<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#list-of-essential-workers-and-those-prioritised-for-testing-england-only>.

If you test positive for coronavirus you will be contacted by NHS Test and Trace and will need to share information about your recent interactions. People identified as having been in close contact* with someone who has a positive test must stay at home for 14 days, even if they do not have symptoms, to stop unknowingly spreading the virus. <https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>

*A close contact is currently defined as:

- Anyone in your household

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- having face-to-face contact with someone (less than 1 metre away)
 - spending more than 15 minutes within 2 metres of someone
 - travelling in a car or other small vehicle with someone (even on a short journey) or close to them on a plane

For more up to date information on the track and trace service do consult national guidelines online:

<https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>

- **Implications for GLA hotel settings** If hotel staff start to show COVID symptoms they (and all household members) should remain at home and apply for a test as essential workers. If the test is negative and if they feel well and no longer have symptoms similar to coronavirus, they can stop self-isolating. If the test is positive, they must complete the remainder of their 7-day self-isolation. Anyone in your household must also complete self-isolation for 14 days from when you started having symptoms.
<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>
- For symptomatic clients the route for testing remains referral to Find and Treat. When Find and Treat test an individual on site they will provide initial guidance about contacts along with infection control advice. If there is a positive test result you will be contacted again for further advice.
- Where staff may be contacts of a confirmed positive symptomatic case, they will need to isolate at home for 14 days. Your household doesn't need to self-isolate with you, if you do not have symptoms, but they must take extra care to follow the guidance on social distancing and handwashing and avoid contact with you at home. <https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works#people-who-have-had-close-contact-with-someone-who-has-coronavirus>

BBV testing

The Find and Treat team has commenced a Blood Born Virus testing programme to identify cases of HIV and Hepatitis B and C in the homeless population.

The same team is in charge of COVID testing for the homeless population in the outreach, hostels and hotel settings.

18. How do we clean an area after someone who is unwell has been transferred?

Once a patient has been transferred or has left the hotel, please note the following steps before attempting to clean a vacated room:

- Cleaners should only clean individual rooms when necessary, i.e. rooms should not be cleaned daily
- Cleaners should not clean the room of people with symptoms during the 14-day isolation period, and ideally should only clean once the room has been closed for 72 hours (three days) after the resident has left
- Consider whether guests can be facilitated to change their bed linen themselves and clean their own rooms (i.e. provided with cleaning materials)
- Staff and guests should not shake dirty laundry
- Cleaning of rooms should be conducted so that cleaning staff are able to stay more than two metres away from clients
- The official guidelines for cleaning, laundry and waste are published on the UK.Gov [website](#)

19. How should we clean common areas?

Clean regularly and thoroughly all frequently touched surfaces, this includes door handles, light switches, counters, tabletops, bedside tables, bathroom fixtures, phones, tablets, keyboards, elevator buttons, door buttons and doorbells. When cleaning and disinfecting facilities or spaces used by a symptomatic individual consult the guidelines for cleaning on the UK.Gov [website](#).

20. What is clinical waste?

By clinical waste we mean all items that have been soiled with bodily fluids by the individual and cannot be washed. Also, waste from cleaning areas where possible cases have been (including disposable cloths and tissues) are considered clinical waste and must be disposed of following the process below.

21. How do I dispose of clinical waste which has come into contact with someone displaying symptoms?

When disposing of clinical waste which has come into contact with someone displaying symptoms please follow the steps below:

1. Clinical waste should be put in a plastic rubbish bag and tied when full
 2. The plastic bag should then be placed in a second bin bag and tied
 3. It should be put in a suitable and secure place and marked for storage until the individual's test results are known
 4. Waste should be stored safely and kept away from children
 5. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours
- If the individual tests negative, this can be put in with the normal waste
 - If the individual tests positive, then store it for at least 72 hours and put in with the normal waste.

Please see full guidance [here](#).

Please note:

National guidance decontamination in non-healthcare settings –

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

National guidance advice to local authorities on prioritising waste collections –

<https://www.gov.uk/government/publications/coronavirus-covid-19-advice-to-local-authorities-on-prioritising-waste-collections/guidance-on-prioritising-waste-collection-services-during-coronavirus-covid-19-pandemic>

22. How should I dispose of sharps or needles?

Use a sharps bin to dispose of used needles or sharps. A sharps bin is a specially designed box with a lid that you can get on prescription (FP10 prescription form) from a GP or pharmacist. When full, the box may be collected for disposal by your local council. [Find your local council](#).

23. What should I do with new residents or visitors?

- You should ensure that new residents are not symptomatic at the time of admission
- You should have a strict **‘no visitors’ policy** in order to enforce social-isolation and protect your residents and staff
- Residents should be asked the [following](#) monitoring questions on arrival about their mental health
- Learn about the process of setting hotels up, the challenges and guidance [here](#)

24. Can we use shared spaces?

Ideally shared spaces such as **common recreational areas, kitchens and dining rooms should** be closed.

However, shared spaces may be used if arrangements to allow the two-metre social distancing can be observed at all times. This may mean staggering mealtimes and ideally delivering food to residents’ rooms. It is especially important for vulnerable residents to avoid communal areas.

All shared spaces must be kept well ventilated, ideally by opening a window. If someone is unwell, they should not visit shared spaces such as kitchens, bathrooms and sitting areas and must not share a bed with another person.

25. How do we communicate with guests and staff?

To reduce unnecessary face-to-face interactions with residents and keep a two-metre distance where these take place, consider alternative ways of communication for simple informational purposes. Like bulletin boards, signs, posters, audio messages, brochures, phone calls or sliding information under the door of rooms (particularly for those who are symptomatic) and vulnerable residents.

Reduce unnecessary in-person meetings or group activities involving staff. Where possible and appropriate use alternative ways of communication including phone calls or conference calls.

26. What if someone is exhibiting uncontrolled behaviour/if they need mental health support?

If staff are concerned about a client’s mental health the onward route will depend upon local services available.

Options to consider are:

- Discussion with the local primary healthcare team
- If the hotel has dedicated mental health support, discussion with/referral to that team
- The local Mental Health Trust may have a crisis line (often 24 hours). If it is unclear whether this is available – call 111 for advice.
- If there are immediate concerns about someone’s safety – e.g. risk to life – emergency services (police/ambulance) should be involved

27. Who do I contact for alcohol and drug support?

A single alcohol and drug provider *Change Grow Live* www.changegrowlive.org/ has been procured pan-London by the GLA to provide support to all hotel residents. They provide a single point of contact

for guidance and out of hours clinical support for substance misuse related emergencies for all GLA hotels. If you have identified a client in your hotel who requires alcohol or drug support please contact the following:

Key details:

- Homeless Hotels Drug and Alcohol Service (HDAS)
- Contact number: 020 8066 3738
- Available: Monday - Friday 09:00 - 17:00
- Out of hours (OOH) support for clinical substance misuse-related emergencies, using the same number between 17:00 - 09:00, and across the weekend
- Email: HDAS-London@turningpointpublic.onmicrosoft.com

Support for healthcare and homelessness staff working in hotels:

- Please contact the 09:00 - 17:00 SPOC (Single Point of Contact) service for substance misuse-related inquiries from professionals including (but not limited to):
 - Advice on managing drug, alcohol and nicotine issues, including harm reduction
 - New referrals into local treatment services
 - Prescribing arrangements for residents already in treatment

The OOH service (same phone number) can be used by **healthcare and support staff at GLA hotels** to access **emergency advice** from a senior addictions clinician for urgent substance misuse-related clinical queries, for example help with the management of acute unplanned alcohol or opiate withdrawal.

28. Who do I contact if someone needs dental care?

If a client has an **URGENT** dental problem such as:

- Dental pain which does not respond to over the counter painkillers
- Dental swelling
- Dental trauma such as a knocked out or broken tooth which is painful
- Bleeding following dental extraction which cannot be controlled by the patient

If the client has a regular dentist please make contact with them in the first instance for advice.

If the client is usually seen by one of the following homeless services in London, please contact them for further advice:

1. Whittington Health NHS Trust Community Dental services at Crowndale or
2. Finsbury Health Centres Tel: 020 3316 8353
3. Kings College Hospital NHS Mobile Van (South London) Contact via NHS 111
4. Kent Community Health Foundation Trust
5. Mobile Van (East London) Tel: 0330 1239 438
6. Central London Community Healthcare NHS at Great Chapel Street Clinic. Tel: 020 7437 9360

If the client has no regular dentist contact NHS 111 or alternatively contact:

1. Whittington Health NHS Trust Community Dental services at Crowndale or

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2. Finsbury Health Centres Tel: 020 3316 8353
 3. Kings College Hospital NHS Mobile Van (South London) Contact via NHS 111

29. Storing medications in locked cupboard?

Individuals with controlled drugs e.g. methadone should store this in their own individual lockbox or hotel room safe. A supply of lockboxes can be obtained from the local drug alcohol service. If after conducting a risk assessment you feel it is very dangerous for a specific individual to have a large supply of their substance this could be stored centrally in a lock box, or the hotel safe.

30. Who do I contact in case of a death?

The following guidance provides information on powers for local death management systems:
<https://www.gov.uk/government/publications/coronavirus-covid-19-local-death-management>

A new approach has been set up in London with the new London Pandemic Multi-Agency Response Team (PMART). PMART will operate across London and will respond to Covid-19 deaths that do not occur in hospital. The aim of PMART is to enable frontline services to focus on emergency cases.

The PMART is composed of a driver, two police officers (a detective and a police constable) and a suitably trained clinician. It will be dispatched to community locations when a community death is reported.

The PMART will:

- Verify life extinct and confirm identification of the deceased.
- Determine whether the circumstances of the death are suspicious or not
- Collect medical history and complete sudden death paperwork
- Prepare the deceased for removal to a mortuary facility by non-medical staff and safeguarding by funeral directors appointed on behalf of the family or the respective local authority
- Provide those present with information explaining where the deceased will be taken to, how to register the death and where to get further information and support

When a death is reported to 111 (or 999), London Ambulance will make the first assessment of a suspected Covid-19 death.

The Metropolitan Police will undertake first priority checks and a multi-agency car with members of the PMART will be dispatched to the place of death.

The PMART will complete a sudden death report which is fed into a central coordination team, which will share it with appropriate parties as required by law (for example GPs).

Officers attending deaths as part of the PMART response will conduct a rigorous assessment as to whether there is suspicion around the cause of death. If there is any concern or doubt around the cause of death, existing procedures to investigate homicides, or potential homicides, will be initiated. In such cases specialist officers will be deployed and the location treated as a crime scene. The death will be referred to the Coroner and dealt with as normal practice within coronial processes. The deceased will remain in-situ pending a decision by the Senior Investigating Officer and would not be arranged by or dealt with by PMART staff.

With non-suspicious, natural deaths PMART staff will prepare the body for safe removal ahead of collection either by funeral directors appointed on behalf of the family, or the respective local authority. As a mark of dignity and respect a white sheet will be placed on the body at the scene by the PMART.

31. Who do I contact if a client's dog is unwell?

StreetVet is a non-profit animal welfare charity and registered practice with the Royal College of Veterinary Surgeons. A team of professional vets and veterinary nurses provide essential care to homeless people's dogs across the capital. If a dog staying in a homeless hotel or hostel requires treatment, the hotel or owner can contact clinical director Jade Statt (jade.statt@streetvet.org.uk) for advice and support.

Other useful resources

Further information on primary care, mental health and palliative care is available on the Healthy London Partnership website www.healthy london.org/resource/homeless-health-during-covid-19/

[Communication processes for COVID Hotels and Hostels](#)

[Health model for care in COVID-PROTECT sites](#)

[COVID symptoms notice for hotels](#). To be edited with local details, printed out and put under everyone's door when they come in

[Homeless Hotel poster](#) (this can also be used in hostels)

[Useful contacts poster](#)

[FAQs on PPE and cleaning for GLA-funded COVID-19 response hotels](#)

[Guidance on referral into COVID CARE for non-clinical settings](#)

[COVID CARE referral form](#)

[Transfer form for people accepted into COVID CARE from hotel or hostel](#)

Managing COVID-19 hotels interview: Sam Dorney Smith, Senior Nursing Fellow at [Pathway](#), has shared her valuable insight to meeting this challenge with us. [Watch the video to learn about the process of setting them up, the challenges and guidance for other sites \(YouTube\)](#).