

Frequently Asked Questions (FAQs) for hostels, and homeless hotels when dealing with COVID-19

Updated by London Coronavirus Response Cell on 20/04/2021

Updates include:

- New variants
- Guidance on shielding and protecting those who are clinically extremely vulnerable

This brief FAQs for hostels and homeless hotels provides some guidance on adapting facilities and procedures during the coronavirus (COVID-19) pandemic, and in dealing with emerging cases among staff and residents. This document may be updated in line with the changing situation, but you should always check the [Gov.uk](#) website for the most recent national guidance. The current national guidance can be found [here](#)

Many people with a history of homelessness have underlying health problems and are likely to be at high risk of complications if they become infected with COVID-19. The infection control measures described in this document aim to stop person to person transmission and prevent environmental contamination from spreading the virus.

Key messages on infection control

- **Staff and residents should stay 2 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 2 metres) with them**
- **Wash your 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. The infection spreads by droplet from mouth/nose and can remain on hard surfaces for up to 3 days (72 hours).**
- **Close communal areas where social distancing is not possible.**
- **Wear a face covering when on public transport, visiting your general practitioner or hospital or if in an enclosed space**

The new variants

The new variants of Coronavirus transmit more easily but currently we have no evidence that it is more likely to cause severe disease. The way to control this virus is the same, whatever the variant. It will not spread if we avoid close contact with others. **Wash your hands, wear a mask, keep your distance from others, and reduce your social contacts.**

Symptoms

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 3 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

What to do if someone develops symptoms of COVID-19 in a hostel

If a **member of staff** develops a new continuous cough or a high temperature or loss/change to their sense of smell or taste, they should not be allowed to access the hostel and if they are already there they should be sent home and advised to follow the [stay at home](#) guidance. Staff will be eligible for statutory sick pay (SSP) when staying at home.

If a **resident of the hostel** develops a new or worsening, continuous cough or a high temperature, or loss/change to their sense of smell or taste they need to be immediately isolated in a separate room for 10 days from the onset of symptoms. In practical terms, this means identifying a bedroom where they can stay alone and ideally have access to a separate bathroom facility. This may mean moving another resident from an en-suite room or restricting access to a bathroom area to the person who is unwell or transferring to a nearby hostel.

If a resident or staff member is showing signs of the above symptoms, you should:

- For clinical advice go online to NHS 111 (or call 111 if they don't have internet access) or seek advice from a qualified clinician ideally their GP (this should not be in person).
- For a suspected case in a resident contact the **Find & Treat team** to arrange testing:
Email: haltTeam.cnwl@nhs.net
Tel: 020 3447 9842

If the individual is suitable for referral into a dedicated isolation facility (previously known as COVID CARE facility) it may be possible to arrange a transfer out of the hostel.

- Identify household contacts and advise them to self-isolate for 10 days.

• Contact the London Coronavirus Response Cell (LCRC) on 0300 303 0450 or LCRC@phe.gov.uk for the following:

- For any confirmed cases among residents
 - Two or more suspected cases (i.e. a suspected outbreak)
 - Rising tide in cases
 - Any deaths or hospitalisations of cases
 - Concern around isolation and/or infection control and preventative measures
- Ensure your commissioner is aware
 - 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 flats) of a symptomatic resident should also self-isolate for 10 days, in line with the stay at home guidance.

Testing

Testing is best done within the first 5 days of symptoms starting.

Essential Worker Testing for COVID

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-workersand-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 10 days, even if they do not have symptoms, to stop unknowingly spreading the virus. They must still self-isolate for 10 days, even if they have had a negative test since being asked to self-isolate as a contact.

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

*A close contact is currently defined as:

- anyone in your household
- 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

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

Implications for hostel settings

If hostel 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 10-day self-isolation. Anyone in your household must also complete self-isolation for 10 days from when you started having symptoms. <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

Hostel Clients Testing for COVID

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 10 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>

Should I close the hostel?

It is not necessary to close the hostel or send any staff home if you have **a single case**, unless government policy changes. Keep monitoring the [Gov.uk website](#) for the latest details.

The LCRC (details above) is also available for advice on implementing PHE guidance, if needed.

Where to seek clinical advice?

If anyone needs clinical advice, they should go online to NHS 111 (or call 111 if they don't have internet access) or seek advice from a qualified clinician ideally their GP (this should not be in person).

In an emergency, call 999 if they are seriously ill, injured or their life is at risk, and follow the advice. Do not visit a GP surgery, pharmacy, urgent care centre or a hospital.

When do face coverings need to be worn?

All residents must wear face coverings by law when in communal indoor spaces, unless they are exempt to do so. It is not mandatory for guests to wear them whilst sleeping in dormitories with others. Hostel staff should remind staff to wear a face covering when in communal indoor spaces within the hostel.

It is compulsory for staff to also wear a face covering in areas open to the public or when social distancing would be difficult, unless the individual is exempt to do so. For more guidance on face coverings please visit:

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

It is important to note that even when wearing a face covering, social distancing must be maintained as much as possible.

What protective equipment do I wear?

Personal protective equipment is not required unless there is likely to be close contact (less than 2 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 2 metres) of a resident with symptoms of COVID-19 or entering the room of a symptomatic individual, staff should wear appropriate Personal Protective Equipment (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 10-day isolation period. Ideally, the room should be left closed for 72 hours (3 days) after the person has left the room and then cleaned as normal. 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.

What do I need to do if I have been in touch with someone who was 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.

How do I clean?

- 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 10 day isolation period, and ideally should only clean once the room has been closed for 72 hours (3 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 2 metres away from clients.
- The official guidelines for cleaning, laundry and waste are published on the [Government's website](#).

How to protect vulnerable guests?

Those who are more vulnerable to COVID19 should be prioritised for any single rooms, with their own bathroom if available. Increased vulnerability in the homeless population is defined as:

- Those that meet the existing definition of “[extremely vulnerable](#)”
- Those who are at increased risk as a result of underlying health conditions, as set out in existing [guidelines](#) (e.g. anyone instructed to get a flu jab as an adult each year on medical grounds)
- Those aged over 55.

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

What to do with new residents and 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.

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 2 metre social distancing can be observed at all times. This may mean staggering meal times, having residents collect food to take to their rooms, or ideally delivering food to resident's rooms. It is especially important for vulnerable residents to avoid communal areas.

Residents and staff must wear face coverings in shared spaces, unless exempt to do so. All shared spaces must be kept well ventilated, ideally by opening a window. All occupants and staff should keep a distance of at least 2 metres from each other. 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.

Toilet and bathroom facilities

If someone has COVID-19 symptoms, a separate toilet/bathroom should be identified for their exclusive use. See "What to do if someone develops symptoms" above.

If a separate bathroom is not available, it should be cleaned and disinfected with your cleaning products as per the national guidance every time before being used by anyone else. A rota for showering or bathing should be drawn up with the person who is unwell using the facilities last, before thoroughly cleaning and disinfecting the bathroom themselves (if they are able or it is appropriate). Consult the national guidance on detergents and disinfectant to use for [cleaning](#).

Residents should not share towels. It is particularly important that anyone who is unwell uses separate towels from those used by other people.

How do we communicate with guests and staff?

Reduce unnecessary face-to-face interactions with residents and keep a 2 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.

How should we clean common areas?

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

Do vulnerable individuals still need to shield?

Currently the guidance is that people no longer need to shield, however those who are clinically extremely vulnerable must continue to follow the rules that are in place for everyone. It is advisable for those who are vulnerable to take extra precautions to protect themselves. This includes taking up the offer of the COVID-19 vaccine. For further information and guidance on shielding and protection people who are clinically extremely vulnerable from COVID-19 please visit:

<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>

Check you have the most recent version of this document

This is a living document. The most recent version of this document will be published on the HLP website <https://www.healthylondon.org/resource/homeless-healthduring-covid-19/> which we recommend that you check regularly alongside national guidelines. There are also a number of resources designed for hotel sites that may be useful to use in a hostel setting available on the website.

The HLP Homeless Health team can be contacted at:

hlp.homelesshealthcovid19team@nhs.net