

# **Standard Operating Procedure for when a person that is homeless becomes symptomatic of COVID-19 (COVID CARE cohort)**

**Public Health, Coventry City Council**

**Version 7**

**Date of issue: 14/05/20**

## **National guidance:**

There is a range of national guidance for various settings that is being frequently updated: [Coronavirus \(COVID-19\) guidance](#)

The documents of most importance in this setting are:

[COVID 19:Cleaning in non-healthcare settings](#)

[COVID-19: Infection prevention and control](#)

[Stay at home guidance for households with possible coronavirus \(COVID-19\)](#)

[COVID-19: Guidance on social distancing for vulnerable people](#)

[Clinical-homeless-sector-plan-160420-1.pdf](#)

This guidance is useful regarding supported living that may have communal areas: [COVID-19: Guidance for supported living provision](#)

Glossary





SPOC – Single Point Of Contact

HLH – Harnall Life House

PTS – Patient Transport Service

As of 05/05/20 five self contained units are available to support symptomatic patients who are homeless to self isolate at Harnall Life House. These units have been available since 27<sup>th</sup> March and to date have accommodated 3 people displaying symptoms.

SPOC details	TBC	
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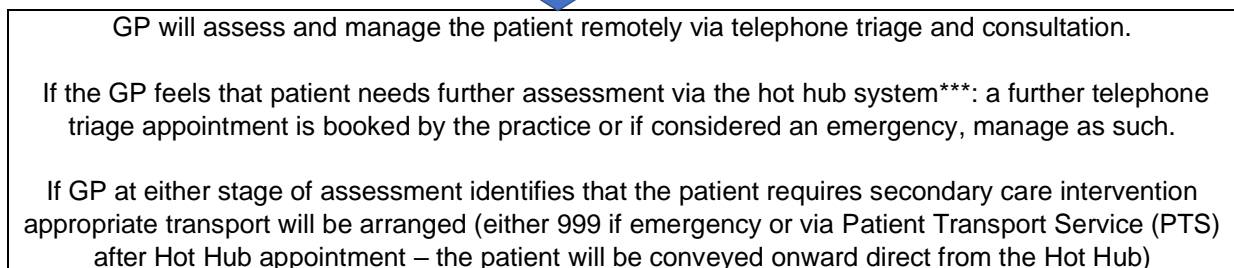
Section 1: Homeless individual identified, or self identifies with symptoms of COVID-19	
Does the individual have a:	
<ul style="list-style-type: none"> <li><b>High temperature</b> –feels hot to touch on their chest or back (you do not need to measure someone's temperature with a thermometer) <b>AND/OR</b></li> <li><b>New, continuous cough</b> –coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if someone usually has a cough, it may be worse than usual)</li> </ul>	
Cohort 1 Individual housed at HLH - They should be moved to one of the self isolation units immediately	Cohort 2 Individual housed at hotel -they should be given guidance on self-isolating and self isolate in their room until transport to HLH arranged. They should be moved to a self isolation unit immediately upon arrival at HLH
 	
Review the risk assessment and add COVID-19 symptoms to the individuals risk assessment and whether the individual indicates they will follow self-isolation guidance	Complete the HLH risk assessment remotely and include COVID-19 symptoms and whether the individual indicates they will follow self isolation guidance
Risk assessment outcome	
In exceptional circumstances the risk assessment may demonstrate that the individual refuses to follow self-isolation guidance and cannot be housed at HLH. Complete the Incident form – Appendix 1 and contact <a href="mailto:jane.craig@coventry.gov.uk">jane.craig@coventry.gov.uk</a> AND <a href="mailto:nadiainglis@warwickshire.gov.uk">nadiainglis@warwickshire.gov.uk</a> to arrange a same day incident meeting	Risk assessment demonstrates that the individual can be housed at HLH. Record change of address (room number if housed at HLH) to the central log.* Consent to be gained from the individual to share GP advice with staff.
 	
Individual not registered with a GP	
Individual to be supported to rapidly register with the Anchor Centre for a telephone consultation.	
Cleaning/Laundry/Waste disposal**	
<p>Cohort 1</p> <p><b>Cleaning:</b> Try to avoid cleaning the room until 72 hours after their isolation period has ended. For detailed cleaning advice see **</p> <p><b>Laundry:</b> Do not shake the laundry before putting into the machine. Wash and dry laundry at the warmest setting the manufacturer's instructions allow. Laundry of a symptomatic person needs to be washed separately. Clean anything used to transport laundry as per cleaning advice.</p> <p><b>Waste disposal:</b> Waste from a symptomatic individual should be double bagged and stored for 72 hours, then put with normal waste</p> <p>Cohort 2</p> <p>Provide the Hotel with the guidance listed under Cohort 1</p>	
Section 2: Maintenance of patient's health and well being whilst accommodated at HLH	
GP recommendation and prescribed medication	Patient to provide overview of GP recommendations for overall health or COVID-19 treatment advice if relevant to HLH, and record in the

	individuals record. Please note that other respiratory illnesses, other than COVID should be considered, to include TB.
Welcome pack provided	To include soap/handwash, towel, information leaflet on symptoms of Coronavirus and how to get help and female sanitary items if appropriate.
Mobile phone with credit and charger to be available in the room	Individual told to contact the staff team if their health worsens. If health worsens go to section 3. Patient to be told that the phone has to remain in the room when they are discharged.
Arrange food for entire length of isolation	Support workers are not to enter the room, they must leave the food at the door and the individual must leave the cutlery etc at the door. Follow internal clinical waste procedure for all waste produced by room. Any reusable items must be washed up separately to any other items.
Daily health and welfare calls	Support workers to daily check on health of the individual, action recommendations and record findings Appendix 3
Is PPE required	Outreach staff do not routinely need PPE as they should not be going closer than 2m. Avoid entering accommodation where possible, e.g. do doorstep drops. For cleaning purposes PPE to be used as recommended in cleaning section ** If close contact (closer than 2m is required) then please refer to local visiting staff PPE guidance: <a href="https://apps.warwickshire.gov.uk/api/documents/WCCC-630-2027">https://apps.warwickshire.gov.uk/api/documents/WCCC-630-2027</a>
If a second person becomes symptomatic within the same accommodation as patient	SPOC to notify Health Protection team at PHE and gain advice: In-hours: 0344 225 3560, option 0, option 2 Out of hours: 01384 679 031  This is important so that a risk assessment can be undertaken as to whether further measures are required to help prevent the spread of COVID-19
Patient substance misuser identified through risk assessment, and	For individuals engaged with CGL: contact Melissa Russell 07468352705 to be liaison with individual's key worker to arrange script to be delivered  For individuals not engaged with CGL: contact Dennis Smith from CGL (07468352751)  Out of hours: contact CGL on 02476 010241  HLH and CGL will jointly: <ul style="list-style-type: none"> <li>• Assess the individuals needs</li> <li>• Agree a joint care plan</li> <li>• Agree how the individual will be monitored to avoid withdrawal or escalation</li> </ul> Where the individual is alcohol dependant friends and family will be asked to provide alcohol within the safety parameters set out in the joint care plan. This alcohol should be stored safely and securely.  Where friends and family cannot/will not provide alcohol please complete an incident form Appendix 1 and contact <a href="mailto:jane.craig@coventry.gov.uk">jane.craig@coventry.gov.uk</a> AND <a href="mailto:nadiainglis@warwickshire.gov.uk">nadiainglis@warwickshire.gov.uk</a> to arrange a same day incident meeting
If GP treatment is required for any issue other than COVID-19	Patient to contact their registered GP or if not already done so to rapidly register with the Anchor Centre
If dental treatment is required	Patient to contact a local dental surgery to discuss, patient does not need to have been registered previously

Cleaning, laundry and waste disposal once individual has left the room	<p><b>Cleaning:</b> Try to avoid cleaning the room until 72 hours after the end of the isolation period. For detailed cleaning advice see **</p> <p><b>Laundry:</b> Wash and dry laundry at the warmest setting the manufacturer instructions allow. Laundry of a symptomatic person does not need to be washed separately. Clean anything used to transport laundry as per cleaning advice.</p> <p><b>Waste disposal:</b> Waste from a symptomatic individual should be double bagged and stored for 72 hours, then put with normal waste.</p>
Discharge planning	<p>Individuals need to isolate for at least 7 days. The isolation period is 14 days for those who are severely immunocompromised. If after the isolation period the individual is clinically better and has not had a temperature for 48 hours they can return to their original accommodation or new accommodation. Please note a cough alone may remain.</p> <p>If the patient needs to convalesce, they may remain at HLH but not in one of the self isolation units</p> <p>Discharge planning for those accommodated at the point of becoming symptomatic should commence upon presentation</p>

### Section 3: Management of individuals whose health worsens

<p><b>Individual registered with a GP</b></p> <p>Individual to telephone their GP and state they have symptoms of COVID-19 and their health is worsening</p>	<p><b>Individual not registered with a GP</b></p> <p>Individual to be supported to rapidly register with the Anchor Centre for a telephone consultation to discuss their worsening symptoms</p>
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Further telephone triage appointment is undertaken by hot hub and patient is managed remotely wherever possible.

Further telephone assessment by hot hub

If, following clinical assessment it is considered appropriate, a face to face consultation will be booked. Transport arrangements will be made as required at this stage. Face to face appointment booked at Hot Hub

If patient has transport (not public transport or walking) and phone, they proceed unsupported	If patient has no transport and/or phone: GP will make an appointment with the hot hub and arrange patient transport Homeless services will provide a phone for use during process ***
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Section 4. Individual who is homeless, has symptoms of COVID-19 and is not self isolating	
Reassess mental capacity	If individual is deemed not to have mental capacity (MCA form Appendix 2), and is not under the influence of drugs or alcohol complete the Incident form in Appendix 1 and send to <a href="mailto:jane.craig@coventry.gov.uk">jane.craig@coventry.gov.uk</a> and <a href="mailto:Nadiainglis@warwickshire.gov.uk">Nadiainglis@warwickshire.gov.uk</a> so a same day incident meeting can be arranged with the relevant partners
Ensure that the service user understands self-isolation guidance.	Clear, up-to- date verbal briefings, leaflets and/or posters can help inform them of the national situation, what this means for them, and how best they can protect themselves and others. (See resources at the end of this guidance for leaflets/posters)
Ensure regular cleaning of shared spaces that the service user continues to enter**	<ul style="list-style-type: none"> <li>• Encourage frequent handwashing for 20 seconds with soap and water for all who use shared spaces. Provide support with handwashing for those who need it.</li> <li>• Arrange regular cleaning of shared spaces, especially hard surfaces that are frequently touched.</li> <li>• Make essential shared spaces as easy to clean as possible. This may involve temporary removal of items (e.g. kettles from kitchens) to ensure surfaces are quick and easy to wipe down.</li> <li>• Ensure all shared spaces are well-ventilated, preferably by an open window.</li> <li>• Wear disposable gloves and aprons and a fluid resistant surgical mask for cleaning.</li> <li>• Stay up to date on cleaning guidance (<a href="https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings">https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings</a>).</li> </ul>
Limit access to shared spaces where possible	For non-essential shared spaces, close these or limit access. If a shared space is a throughway, remove or cover seating/resources to discourage service users from congregating. In larger buildings, consider if it is possible to restrict access between different areas, so you can reduce the amount of mixing that service users do
Could the service user be persuaded to self-isolate?	If appropriate, discuss with the service user why they are leaving their room / the premises, and whether their needs can be met onsite. If you are aware that the service user has a good relationship with a support worker within or external to your agency, ask them to discuss the barriers to self-isolating and work with yourself to remove/alleviate the barriers.
Service user continues to not self isolation	<p>SPOC to contact West Midlands Police to request a visit to reiterate isolation guidance if all other options have been exhausted or there is significant risk being posed to others.</p> <p>If behaviour continues SPOC to complete the COVID 19 incident form Appendix 1 and send to <a href="mailto:jane.craig@coventry.gov.uk">jane.craig@coventry.gov.uk</a> and <a href="mailto:Nadiainglis@warwickshire.gov.uk">Nadiainglis@warwickshire.gov.uk</a> so a same day incident meeting can be arranged with the relevant partners</p>

#### \*Transfer

Public transport should not be used. If travelling in a car or minibus with no partition between the driver and patient, all attempts should be made to maintain a 2m distance. The driver should wear a fluid-resistant surgical mask and windows should be left open for the duration of the journey. Surface cleaning of passenger areas should be performed after transfer.

## **\*Cleaning**

- Risk from virus in the environment is likely to be significantly reduced after 72h.
- Wear disposable gloves and aprons and a fluid resistant surgical mask (mask is only needed if cleaning cannot be deferred until 72 hours after isolation period) for cleaning. After use double bag these, store securely for 72 hours then thrown away with usual rubbish. Wash hands and exposed forearms with soap and water for 20 seconds after removal of personal protective equipment (PPE).
- Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.
- All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:
  - objects which are visibly contaminated with body fluids
  - all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells
- Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:
  - Clean with a detergent followed by disinfectant with chlorine (1000ppm) – example of disinfectants include Milton, Chlorclean or Tritan.
  - if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses
- When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.

## **\*\*\*Face to face hot hub consultation**

A face to face consultation for COVID-19 takes place at a hot hub, patient will see the GP for approximately 3 minutes and then be asked to wait in their car or patient transport. The GP will telephone the patient with their recommendation.

## **Resources**

For a range of resources go to <https://coronavirusresources.phe.gov.uk/>. Specific ones that may be valuable are detailed below:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/879412/coronavirus-leaflet-easy-read.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879412/coronavirus-leaflet-easy-read.pdf)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/877678/coronavirus-leaflet.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877678/coronavirus-leaflet.pdf)

Written advice in 49 different languages

<https://www.doctorsoftheworld.org.uk/coronavirus-information/>

Videos of advice in 10 languages <https://www.doctorsoftheworld.org.uk/coronavirus-video-advice/>

Posters on hand hygiene <https://coronavirusresources.phe.gov.uk/hand-hygiene/resources/>

What to do if you have symptom posters

<https://coronavirusresources.phe.gov.uk/Symptoms/resources/Posters/>

## Appendix 1

### COVID-19 – COVID-19 self isolation incident record

This form is intended for use by:

Services providing accommodation to someone who has the symptoms of coronavirus (Covid-19) but is unable or unwilling to follow self-isolation instructions.

Services locating a rough sleeper who has the symptoms of coronavirus (Covid-19) but is unable or unwilling to follow self-isolation instructions.

Date:
Name of agency and staff member completing the form:
Name of accommodation and number of residents:
Approximate location of rough sleeper:
Name of service user:
DOB :
Reason for self isolation:
Partners engaged with the service user/ key worker name and contact details if known:
Does the individual have mental capacity to understand self-isolation guidance and the risks to themselves and other? See MCA form Appendix 2. Please provide a copy of the form alongside your incident form
Police intervention
What are the risks to themselves and other people from the person's behaviour? E.g. who are they coming in contact with, or likely to come into contact with? Are they accessing shared areas and how often? Tactile / chatty person or someone who tends to keep quite private anyway?

Signed .....

Date .....

<b>For incident meeting record only</b>
Date
Time
Partners in attendance
What strengths are there in the person's network or environment which could

support them? E.g. family or friends who could help them to self-isolate

What mitigating actions could be taken to reduce the risks to themselves and others using the strengths identified above or other options?

What level of risk does the individual present to others?

High/Medium/Low

All agreed actions to be detailed here

## Appendix 2 Mental Capacity

This form is not legally binding as it will not be undertaken by a mental health professional

Step 1 - The diagnostic test		
Do you consider the individual to have an impairment or disturbance of the mind or brain?	Yes	No
Do you believe that this impairment means they are unable to make the decision to self-isolate at this time?	Yes	No
<p>If the answer is <b>NO</b> to <b>either</b> part in Step 1 then the <b>patient has capacity</b>.</p> <p>If the answer is <b>YES</b> to <b>both</b> parts in Step 1, proceed to Step 2.</p>		
Step 2 - The functional test		
Has the individual been given information about the decision in a way appropriate to them and are they able to understand it? Please explain how you have reached your answer:	Yes	No
Have you been able to have a rational conversation with the individual about the pros and cons of what is proposed, e.g. the individual does not answer yes or no to every question regardless? Please explain how you have reached your answer:	Yes	No
Do you think the individual can retain information for long enough to make the decision? Please explain how you have reached your answer:	Yes	No
Is the individual able to explain their decision using their own words? Please explain your answer:	Yes	No
If the answer is <b>NO</b> to <b>any</b> question in Step 2 then the <b>patient does not have capacity</b> to make the decision and you should proceed in their best interest.		
<b>Does the patient have Mental Capacity to make this decision to self-isolate?</b>		No
If individual is deemed not to have mental capacity to make the decision to self-isolate and is not under the influence of drugs or alcohol complete and send to <a href="mailto:jane.craig@coventry.gov.uk">jane.craig@coventry.gov.uk</a> and <a href="mailto:Nadiainglis@warwickshire.gov.uk">Nadiainglis@warwickshire.gov.uk</a> so a same day incident meeting can be arranged with the relevant partners		

## Appendix 3

### COVID 19 Welfare check

Please ask symptomatic individuals the following questions at least once every 24 hours, take action as recommended and record results in the individuals record (remembering to maintain a 2m distance at all times, or to wear appropriate PPE)

Please note that GP advice should be sought if staff are concerned about an individual, irrespective of answers to below question, and please call 999 if it is an emergency (explaining the individual has COVID symptoms).

Q1. Do you have a cough?

If Yes – go to Q2

If No - go to Q3

Q2. Has your cough got worse in the last 24 hours?

If Yes –individual to speak to their GP to discuss worsening of symptoms

If No – go to Q3

Q3. Do you feel short of breath?

If Yes – go to Q4

If No – go to Q5.

Q4. Has this shortness of breath got worse in the last 24 hours or are you finding it difficult to breathe?

If Yes –individual to speak to their GP to discuss worsening of symptoms

If No – go to Q6.

Q5. Do you feel like you have a high temperature or fever?

If Yes – go to Q6

If No – go to Q7

Q6. Has this temperature got worse in the last 24 hours

If yes - individual to speak to their GP to discuss worsening of symptoms

If no – go to Q7

Q7. Does the individual's record show they have had shortness of breath, and or a temperature for 7 days

If yes - individual should speak to their GP to discuss worsening of symptoms

If no – no action

Record the result of the welfare check and any clinical consultation with their GP, where relevant, in the individuals records and ensure that this is included in shift handover