



HM Government

COVID-19 homeless response checklist

This checklist provides important information to people and groups helping those sleeping on the streets, in night shelters and hostels to access accommodation and to keep them and others safe. It can also be used to assist this same group needing to leave hospital or being released from prison.

1. A simple approach to triaging, assessing and accommodating people is essential. There are three groups to consider:
 1. **The symptomatic** group would include people anyone (i.e. regardless of risk group) with a new persistent dry cough and fever/temperature over 37.8°C. This group should be placed in **COVID-CARE** sites.
 2. **The asymptomatic high clinical risk group** would include people who are eligible for the flu vaccination, and those who are extremely vulnerable. This group should be placed in **COVID-PROTECT** sites.
 3. **The asymptomatic and low risk** group would include people not included in either of the groups above. This group should continue to use current service provisions or be placed in accommodation to meet current guidance on self-isolation.

Existing risk management protocols for accommodation for specific client groups (for example people with substance dependency, mental ill health, a history of violent behaviour, and women) should be applied. More guidance on this will be available in due course.

This protocol should be implemented by local staff (e.g. outreach workers, hostel staff) following guidance and, where needed to identify clinical risk, instruction from NHS professionals either in-person or remotely (i.e. over the phone).

2. All partners need to be involved in a coordinated and planned way including:
 - **Local Authority** – for leading on securing and funding accommodation, Local Authority public health including commissioned drug and alcohol treatment services, social care and support
 - **NHS** –for commissioning and provision of primary care, community services, urgent and emergency care, hospital discharge and mental health
 - **Voluntary Sector** – providing shelters, hostels, outreach support and food banks.
3. The multi-agency response should be organised and coordinated through local emergency response arrangements, specifically with:
 - Local Resilience Forums to support those in our communities who are at the highest risk of severe illness

- **NHS** priority - leadership for people in COVID-Care (symptomatic) and COVID-Protect (asymptomatic, high clinical risk) using the COVID-19 emergency response structures
 - **Local Government** priority - leadership for people in the asymptomatic and low risk group.
4. If accommodation is provided it must be suitable for successful self-isolation, and should include:
- **Single ensuite rooms with catering** facilities, or alternative food provision
 - **Accessible** accommodation for people with disabilities
 - **Protocols** to respond appropriately to **on site alcohol** and **potential drug use**. Further guidance will follow but protocols will need to balance the risk of ongoing transmission of COVID-19.
5. Working together with local drug and alcohol treatment providers, local protocols should be agreed for prescribing, needle exchange and the provision of naloxone. Further substance misuse guidance will be provided.
6. Local COVID response teams need to agree a coordinated plan for effective distribution of appropriate Personal Protective Equipment (PPE). This will include identifying where staff should collect PPE, and staff training in the use of PPE. The following is proposed:
1. **Hospital-based** pathways teams to pick up from their **Trust**
 2. **GPs** and **primary care** staff to pick up from their **practice**
 3. Sites taking symptomatic people (COVID-Care) and clinically vulnerable (COVID-Protect) to pick up appropriate PPE from the nearest **Trust**.

Outreach staff do not routinely need PPE **unless** they are in close contact with symptomatic or confirmed cases of Covid-19 disease, in which case surgical masks, gloves and aprons and goggles/visors are recommended ([PHE guidance](#)).

7. Outreach and support staff should practise social distancing whenever possible as well as good hand and respiratory hygiene, such as regular handwashing for more than 20 seconds (<https://www.gov.uk/government/news/public-information-campaign-focuses-on-handwashing>).

Additional advice, guidance and protocols will be shared as the situation develops.