



City of London Corporation

Protocol

SWEP – Severe Weather Emergency Provision

2022/23

Contents

1. Background
2. Aims
3. Flexible SWEP Response
4. Contributors & Roles
5. Method
6. Monitoring
7. Payment
8. Review
9. List of Appendices
 - Appendix 1 – Contact list
 - Appendix 2 – GLA SWEP guidance 2022/23
 - Appendix 3 – Hot Weather Arrangements
 - Appendix 4– COVID-19 measures



1. Background

The Greater London Authority (GLA) funds Pan-London ‘overflow’ severe weather accommodation but historically it has not provided guidance for London boroughs’ local SWEP plans. The protocols and provision in different boroughs vary significantly, both in terms of the number and location of emergency beds, and when the protocol is triggered. Previously, the Pan-London SWEP has been triggered when the temperature in Westminster¹ drops to freezing or below for three consecutive nights. Many local authorities have chosen to wait until this time to trigger their own provision, whilst others have used a different measure and some have failed to make any extra beds available during freezing temperatures, relying solely on Pan-London provision. As part of his wider efforts to tackle rough sleeping, the Mayor of London plans to ensure that nobody has to sleep rough in freezing weather this winter. As such, the GLA has made changes to when Pan-London overflow emergency accommodation will be available and has issued new guidance for London boroughs on SWEP provision.

The Mayor believes that triggering SWEP on the first night of freezing temperatures and standardising practice across London will help safeguard all the capital’s rough sleepers from the worst of the negative health effects of severe weather. In 2017 the City of London Corporation drafted a pilot SWEP protocol as a response to the refreshed GLA SWEP guidance². This protocol is an evolution of that pilot. Experience and learning from winter 2020-21 were recorded and explored and has been incorporated into this and all future protocols.

¹ This will still be taken into consideration along with the predicted temperature in City of London

² See appendix 1



Every year the SWEP protocol is reviewed by the Head of Homelessness Prevention and Rough Sleeping and circulated to SWEP partners.

2. Aims

The aim of SWEP is to prevent loss of life and to reduce rough sleeping during extreme weather to as near zero as possible by:

- Using SWEP to engage with entrenched rough sleepers with a local connection who would normally be resistant to coming inside
- Using SWEP to engage rough sleepers who do not have a local connection with support and reconnection services
- The priority of the above aims in all cases is to prevent loss of life over the intent to verify rough sleeping, respect local connection status or engage with support and reconnection protocols.

The City of London Corporation aims to make available not less than 16 beds that cater for a range of support needs to ensure every rough sleeper in the borough have an accommodation option during the extreme weather.

The provision available, plus extra capacity available should meet the full spectrum of support needs and characteristics present in the City rough sleeping population.

This information will be cascaded down through partners by the Head of Service, Service Manager or Rough Sleeping Coordinator in the first instance.

In the event the City of London wishes to activate SWEP independently of GLA activation, the Head of Service is responsible for making the decision. SWEP will normally be deactivated when a forecast predicts two or more consecutive nights of a temperature of one degree Celsius or higher. SWEP may be activated for several days at any one time. Providers will be encouraged to keep the same clients for the period to assist engagement services. However, the City of London recognise that this may not be possible and thus, requests as a minimum standard, clients are accepted for 1 night during the week, 3 days over the weekend (Friday, Saturday and Sunday) and 4 days over bank holidays.



In the Rough Sleeping Services Manager's absence authorisation to activate SWEP will fall to the Rough Sleeping Coordinator. In the absence of the first two officers the task will be escalated to The Head of Service in consultation with the Outreach Manager. As a last resort the Outreach Manager may trigger SWEP using the Pan London recommendation as a guide.

3. Flexible SWEP response

This protocol covers initial SWEP arrangements which are designed to meet the needs of the City rough sleeping cohort under 'typical' SWEP conditions. Atypical conditions are defined by the length and severity of the weather and/or the number of rough sleepers needing assistance. The response to atypical conditions will be a flexible approach that will scale up the amount of hostel beds and B&B placements depending on factors such as client support needs.

Initial steps are covered by parts 5, 6 and 7 of this protocol. Additional steps are described in more detail in appendix 3

Under most circumstances it is assumed that the City of London can meet the GLA's guidelines within the arrangements detailed below. Where SWEP periods extend beyond 7 days it is acknowledged that existing resources may become depleted. This is compounded by the cumulative effects of cold weather on rough sleepers who had previously remained outside. Individuals who may ordinarily reject SWEP offers or make arrangements which safeguard themselves, may now request assistance. This can result in demand for SWEP capacity that exceeds the arrangements described in part 2.

As per the guidance from the GLA and in line with Col's flexible approach to SWEP, shared air spaces accommodation will be considered if the risk of not placing someone outweighs the risk of introducing them to a shared air space. This will be arranged with commissioned accommodation providers and/or voluntary and faith sector groups if there is a capacity need identified in a SWEP period. It is Col's aim to avoid using shared airspace SWEP provision where possible in the first instance. Clients offered a shared airspace provision will only be placed after a full assessment of any health needs that may put them at a higher risk of serious harm from respiratory viruses. Providers of SWEP provision will be given up to date guidance from public bodies City and Hackney



Public Health, on the subject of advice regarding mitigation of health risk when using shared airspaces.

If SWEP periods exceed 7 days, or are particularly severe, additional and flexible SWEP resources will be activated by the Head of Homelessness Prevention and Rough Sleeping and Rough Sleeping Services Manager. Consultation will be required in advance of activation of additional capacity to ensure smooth progression of planning

4. Contributors & roles

City of London Homelessness Team

- Will notify SWEP providers that SWEP has been activated³
- Will confirm arrangements with the outreach team
- Will confirm that SWEP has been deactivated
- Will make supplementary spaces available in B&B accommodation upon request. These can be booked in advance of the first SWEP shift. In the event of an extended SWEP period, it will be at the Service Head's discretion whether to continue to re-book unused B&B spaces
- City of London Homeless Team will review SWEP capacity constantly and expand placements available if needed.

Thames Reach – City Outreach Team and Mobile Intervention Support Team (MIST)

- Will identify clients who are particularly vulnerable in advance. This data will include need and risk information as well a location where they can be found.
- Will adopt a flexible shift pattern through the SWEP period to ensure that rough sleepers are given as many opportunities as possible. It is recognised that this approach may need to adapt if the SWEP is of a long duration.
- Make use of the temporary housing situation to casework clients and offer solutions and alternatives to rough sleeping

³ City of London will follow GLA guidelines with regards to activating/deactivating SWEP appendix 1



- Contribute to pre-winter preparation meetings and post SWEP review.
- Support clients to safely maintain SWEP accommodation and arrange subsequent moves to longer-term and sustainable accommodation or reconnect to existing support professional and personal networks.
- To be aware of other accommodation provision over the winter period and utilise this recourse in addition to CoL SWEP accommodation (Crisis at Christmas and Winter Shelters)
- Ensure all accepted SWEP accommodation is recorded as such on CHAIN

St Mungos – Great Guildford St Hostel

- Will make one space available for rough sleepers
- Will ensure that this space is not shared with others during SWEP client accessing, to ensure is compliant with COVID-19 guidance.
- Will make use of their existing staffing provision to manage risk and meet needs
- Will arrange extra staff to cover staff cover in the event that daytime temperatures remain below zero
- Will agree any extra arrangements with the Head of Homelessness Prevention & Rough Sleeping and record any costs to be reimbursed by City of London
- Will record attendance on CHAIN and/or INFORM

St Mungos Grange Road Supported Accommodation

- Will make up to 6 spaces available for rough sleepers, on a flexible basis and depending on capacity.
- Will ensure that these spaces are not shared with others during SWEP clients accessing, to ensure is compliant with COVID-19 guidance.
- Will make use of their existing staffing provision to manage risk and meet needs
- Will arrange extra staff to cover staff cover in the event that daytime temperatures remain below zero
- Will agree any extra arrangements with the Head of Homelessness Prevention & Rough Sleeping and record any costs to be reimbursed by City of London
- Will record attendance on CHAIN and/or INFORM



Providence Row Housing Association – Crimscott St

- Will make one space available for rough sleepers
- Will source ancillary staff to cover the night shift and ensure these staff are fully qualified to manage risk and meet need
- Will arrange extra staff to cover staff cover in the event that daytime temperatures remain below zero
- Will agree any extra arrangements with the Head of Homelessness Prevention & Rough Sleeping and record any costs to be reimbursed by City of London - Will record attendance on CHAIN and/or INFORM

5. Method

The following steps should be taken by the outreach team:

- The additional SWEP spaces at Grange Road should be used first wherever possible
- Thereafter, the spaces at Great Guildford St, Crimscott St and B&B
- Consideration should be given to the needs profile of the client and their preferences – the priority remains bring the person in from the cold
- Some clients may go straight to B&B if they have a strong preference for this and the SWEP stay is dependent upon it
- Beds at the City Lodge should be reserved for clients whose characteristics and support needs reflect that service
- Extended SWEP periods or clients with particular needs may require the booking of B&B accommodation extra to the two beds already identified
- It's possible a client may prefer to leave the area; therefore, Pan London overflow SWEP may be used as a first option. The rationale for this will need to be prepared in advance.



Where a SWEP duration extends beyond 7 working days, or the weather is particularly severe, additional and flexible SWEP arrangements may be activated by the Head of Homelessness Prevention and Rough Sleeping or Rough Sleeping Services Manager

6. Monitoring

The City Outreach Team Manager will need to have oversight and capacity necessary to provide a nightly summary of SWEP shift activity, if requested by City of London staff. The Outreach Team will provide a SWEP monitoring sheet (Excel) which will be kept by both the project staff and the City Outreach Team. This will be the principal document for tracking use and determining and costs.

7. Payment

If necessary, providers will agree a nightly rate with City of London based on existing staff cover, the cost of existing cover and the cost, of arranging extra cover at short notice. Providers should also consider clients essential costs such as food, clothing, travel and toiletries and cost these to the CoL or make arrangements with outreach teams to cover. The number of nights that SWEP is accessed at each project should be recorded.

The sum total should be used to invoice City of London before March 31st each financial year.

8. Review

This is a protocol which will be reviewed annually after each winter. The review will include consultation with providers and stakeholders.

9. List of appendices

Appendix 1 – Contact list

Appendix 2 – GLA SWEP guidance 2022/23 (*including Appendix A - Mitigation measures in the event that small scale communal sleeping is needed for GLA overflow SWEP provision*)

Appendix 3 – Hot weather arrangements

Appendix 4– COVID-19 measures



Appendix 1

SWEP contact list 2022-23

Name	Organisation	Role
Will Norman	City of London	Head of Homelessness Prevention and Rough Sleeping
Kirsty Lowe	City of London	Rough Sleeping Service Manager
TBC	City of London	Rough Sleeping Coordinator
Nisha Backory	City of London	Pathway Coordinator
Benjamin Sebok	Thames Reach	Area Manager
Rowan Wyllie	Thames Reach	Outreach Manager
Ross Lambert	Thames Reach	MIST Manager
Seb Jackson	St Mungos	Regional Head
Hubert Johnson	St Mungos	Great Guildford Street Manager
Charlotte Baker	St Mungos	Grange Road Manager
Joseline Barahinduka	Providence Row HA	Project Manager
Charlene Joseph	Providence Row HA	Service Development Manager
Dominic Gates	Providence Row Dellow Centre	Operations Director
Rev'd Paul Kennedy	Diocese of London	Lead for rough sleeping
Rev'd Oliver Ross	Diocese of London	Area Dean
David Orton	Greater London Authority	Senior Policy and Project Officer – Rough Sleeping
Luke Oats	Greater London Authority	Senior Policy and Project Officer – Rough Sleeping

Appendix 2

Guidance for winter Severe Weather Emergency Protocol (SWEP) in Greater London 2022-23

This guidance is produced for London local authority rough sleeping lead officers and their colleagues involved in the provision of services for people sleeping rough in the capital.

This guidance should be read in conjunction with the *Winter Provision and SWEP Toolkit 2022*⁴, which provides advice for local authorities nationwide.⁵

Background

SWEP is an emergency humanitarian response to severe weather conditions, the primary aim of which is to preserve life.

Since winter 2017/18, the GLA has provided guidance for London's councils regarding local **SWEP** plans. This guidance, which has been agreed by all 33 London councils, introduced a trigger point for **pan-London SWEP activation** of 0°C on any one night to ensure consistency across the capital.

Each borough is expected to make its own local **SWEP** provisions for those sleeping rough in the area. The capacity of local provision should be informed by an assessment of need undertaken at the borough level.

In addition, the GLA funds '**overflow provision**' accessible by any London borough when local **SWEP** provision reaches capacity.

Terminology

SWEP is Severe Weather Emergency Protocol

Activation is the opening of SWEP to new referrals

Deactivation is the closing of SWEP to new referrals

Pan-London activation is the centrally coordinated activation of SWEP by the GLA across all London boroughs and including GLA overflow provision

Overflow provision is GLA-funded SWEP provision accessible by all London boroughs when local provision reaches capacity

⁴ The Homeless Link guidance can be found [here](#).

⁵ Reference can also be made to the Greater London Authority (GLA)'s Review of Winter SWEP 2017/18, which includes multiple best-practice recommendations, and Review of SWEP response during winter 2020/21, which outlines some learning around how London can continue to successfully deliver SWEP in the context of the pandemic. Both documents can be found attached at the bottom of [this webpage](#).



In for Good is the principle under which once a person is supported to access shelter or accommodation they are not asked to leave until there is a support plan in place to end their rough sleeping.

Guidance on borough SWEP provision

The Mayor asks that all London councils adhere to the following minimum standards for **SWEP**:

- local **SWEP** capacity should match the anticipated level of need in the area;
- councils should continue to ensure *at least* the same level of **SWEP** provision as in the previous year, unless there has discernibly been a reduction in anticipated need to below that number of beds;
- while **SWEP** may be provided in a variety of settings, each council should ensure that their accommodation can be easily accessed from across the borough (by foot, public transport, or SWEP-specific arrangements and by both people sleeping rough and the services working them);
- councils should ensure that local **SWEP** options can always be easily accessed, including out of hours, by all outreach teams operating in their borough;
- **SWEP** for every council across London will be triggered and activated when any part of the capital is forecast to be 0°C or lower overnight. The GLA will coordinate this **pan-London activation of SWEP**;
- councils will commit to implementing the '**In for Good**' principle. This means that once someone has accessed **SWEP** shelter, they are sheltered/accommodated until a support plan is in place to end their rough sleeping - regardless of whether the temperature has risen above 0°C^{6,7}.

It is also encouraged that councils try to ensure **SWEP** provision is well suited to the needs and circumstances of the people sleeping rough in the borough who are likely to need it. For example, where there is a need, providing women only spaces within SWEP accommodation⁸.

Councils should prepare for the need for daytime **SWEP** provision in the event of exceptionally prolonged or extreme cold weather. For example, this could be done by arranging 24/7 access to shelter or by working with local partners to extend opening hours or capacity in local day centres.

⁶ A support plan is considered to consist of an assessment of needs and eligibility, a service offer, and a nominated lead support agency.

⁷ It is recognised that some people will have very limited options due to issues outside of the local authority's control; for this reason it is expected that local authorities will work towards this goal, rather than being able to guarantee its delivery in every case.

⁸ Further information on setting up women's spaces within homelessness service can be found [here](#).



Where there are local protocols in boroughs that already exceed these guidelines, councils should of course continue operating their current good practice, local leads are simply requested to notify GLA where local provision is available outside of pan-London activation periods.

SWEP is an emergency response, and as such it is expected that councils will work together in that spirit of cooperation. Specifically, providing shelter should not be considered as accepting a local connection or constitute a relief duty.

Pan-London overflow SWEP provision

The GLA funds **overflow SWEP** provision. Once capacity is full within a given council's individual **SWEP** provision, **SWEP overflow provision** will be available for referrals from that council.

When **SWEP** is active, the SWEP coordinator for an area has the responsibility for notifying St Mungo's at swep@mungos.org and the GLA at roughsleepingcommissioning@london.gov.uk when their emergency accommodation is close to capacity and **overflow provision** may be required. Where possible, notification of anticipated need should be made by midday to allow the overflow provision to prepare.

Where there is capacity within the borough's own emergency provision, it is expected that all rough sleepers will be accommodated there, rather than in the GLA's **overflow provisions**.

Councils should ensure that where **local SWEP provision** is available, these beds can be easily and swiftly accessed at all times by outreach teams, including by the Rapid Response team. Boroughs are encouraged to thoroughly 'road test' their systems for accessing local SWEP provision (including out of hours) because **overflow SWEP** cannot be used where local provision isn't full, regardless of any difficulties accessing this.

Arrangements for access to **overflow SWEP** will be circulated to Local Authority Rough Sleeping Leads along with **SWEP** alerts if/when **SWEP** is activated. As usual, the GLA will collate information from boroughs of their key contacts and planned capacity.

Public health considerations

Historically, a large proportion of **SWEP** provision had been through the use of shelters and communal spaces in commissioned services. The COVID-19 pandemic meant that the nature of service provision, and the specifics of how services are operated had to be reconsidered. Evidence suggests that the rough sleeping population remain vulnerable to COVID-19 and other respiratory infections (e.g. flu). Therefore, single room accommodation remains the preference to minimise infectious disease transmission.

It may be possible that combining reductions in accommodation density, increases in social distancing, stringent hygiene measures, universal mask-wearing, and screening of staff/service



users, can help reduce COVID-19 incidence in communal accommodation for people experiencing rough sleeping, but is **unlikely to prevent all outbreaks**.

However, local authorities should also consider the other health risks posed by people remaining on the streets, particularly in cold weather, and the opportunity through providing accommodation and other support services to improve health.

The GLA's position for its **overflow SWEP provision** is that single-occupancy accommodation will always be the first preference. In the scenario that demand exceeds all available single occupancy bedspaces and there are no viable alternatives, some small-scale communal sleeping arrangements could be used for **SWEP**, with extensive mitigation measures in place (See Appendix A). However, this approach may need to be adjusted, should an increase in the prevalence or severity of respiratory infections change the balance of risks.

The above contingency plan for the delivery of the GLA's **overflow provision** is **not** given as guidance to councils for **local SWEP** arrangements. Should any local authority be considering using communal sleeping arrangements in the event of a shortage of single-occupancy accommodation during severe weather, it's recommended that this is first agreed with the relevant Director of Public Health and/or public health team.

Local authorities can also consult the [operating principles](#) for night shelters published by the Department for Levelling Up, Housing and Communities in August 2022. This outlines key principles for maintaining public health in night shelter settings. There is also extensive national guidance at gov.uk on managing COVID and other infectious diseases.

London-specific guidance and resources for the safe operation of homelessness services in the context of COVID-19 can be found on the [Healthy London Partnership website](#), including how to access COVID testing and advice from the Find and Treat service.

Monitoring

Councils and their services should make every attempt to record all local **SWEP** stays on CHAIN.. This should include recording of people accommodated each night and the demographics and support needs of those using the emergency spaces. This will allow councils to monitor use of their own SWEP accommodation and enable a comprehensive evaluation of **SWEP** provision at a pan-London level, informing future provision, and facilitating further improvements to the protocol in following years. The CHAIN team can provide more information about this at chain@homelesslink.org.uk.

It is, however, recognised that a requirement to record details on CHAIN can, in some instances, be a barrier to people accessing **SWEP**. So, while CHAIN recording is strongly encouraged it is not an absolute requirement.



If you have any questions regarding this document, please contact:
roughsleepingcommissioning@london.gov.uk.

Appendix A

Mitigation measures in the event that small scale communal sleeping (≤ 5 people) is needed for GLA overflow SWEP provision

- Those sharing the provision would be made aware of the potential infection risk.
- Shared accommodation would not be used for those who are clinically extremely vulnerable and other vulnerabilities, including age, will also be considered.
- Changes (throughput) in those sharing a room would be minimised.
- There would be symptom screening (for respiratory infections) prior to entry.
- A thorough health screening, including vaccination status, would be part of the initial assessment, with access to vaccines offered for all those who are eligible.
- Measures would be in place for rapid recognition of symptoms, rapid testing on entry and isolation of any symptomatic and/or positive cases.
- Staff regularly tested for COVID-19.
- A range of Infection Prevention Control (IPC) strategies such as hand washing, ventilation and social distancing would be put in place.
- Enhanced environmental cleaning implemented.
- Ensuring there is a means to contact trace individuals when they move on.
- Opportunities to promote vaccination and GP registration would be maximised.

These mitigation measures were agreed and presented to the Life Off the Streets Core Group on 10th October 2022.

Appendix 3

Hot weather arrangements

1. Background

The Greater London Authority SWEP guidelines published in November 2017 make no specific reference to hot weather arrangements. These guidelines set out the steps that should be taken in the event that the daytime temperature in the City exceeds a high that could be considered a risk to health or when relatively high temperatures endure for long period.

The following guidance does not constitute a formal SWEP procedure. The steps are designed to be flexible and adaptive to hot weather conditions and activated on an ad-hoc basis.

2. Parameters

As a guide, the Met Office offers the following definition of a 'heatwave': *A heatwave refers to a prolonged period of hot weather, which may be accompanied by high humidity. The World Meteorological Organization guidance around the definition of a heatwave is "A marked unusual hot weather (Max, Min and daily average) over a region persisting at least two consecutive days during the hot period of the year based on local climatological conditions, with thermal conditions recorded above given thresholds." They are common in the northern and southern hemisphere during summer, but classification and impacts vary globally.*

Public Health England has created a Heatwave Plan that can be used for reference.

This can be found here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/711503/Heatwave_plan_for_England_2018.pdf

A daytime high of 28 degrees centigrade as forecast by the Met Office and/or BBC Weather should be considered 'hot'. When this temperature endures for more that 2 consecutive days this should be considered a heatwave

When day time temperatures are expected to exceed 30 degrees centigrade for a single day, this should be considered a singular hot weather event



Consideration should be given to warm evening and night-time temperatures – a low of 15 degrees overnight should be considered unusually warm.

Met office issued 'Heat-Health Alert'⁹ Levels 0-4 should be used as trigger points for the different measures outlined in this guidance.

3. Aims

The aim of the hot weather arrangements is to prevent damage to health and potential loss of life during periods of hot weather. This is achieved by:

- Using distinct service offer of practical advice and guidance
- Applying a proactive shift model to seek out the most vulnerable Drawing on the assistance of local day service providers.

4. Method

Under heatwave conditions or a singular hot weather event (MET Office Heat Health Alert Level 3) the following actions should be undertaken by the commissioned outreach provider:

Provide written advice about seeking shade and wearing appropriate clothing – this can be drafted by the commissioned outreach provider but should be informed by advice provided by NHS England. Advice should be verbally restated, but every effort should be made to issue written guidance to every rough sleeper on at least one occasion. As a minimum, this advice should include:

- Seeking shade and avoiding the direct sun
- Wearing appropriate clothing
- Reducing alcohol consumption
- Remaining properly hydrated
- Seeking assistance if feeling unwell

⁹ <https://www.metoffice.gov.uk/public/weather/heat-health/?tab=heatHealth&season=normal>



Provide bottled water and sun cream – supplies should be prepared in advance of the summer period by the outreach provider. The costs of doing this can be recovered from the City of London Corporation.

Switch to a proactive shift model that utilizes extra day time shifts – during heatwave conditions it is expected that a daytime or 'mid-shift is undertaken every 24hrs. It may not be necessary to provide an extra shift

for a singular hot weather event, but efforts should be made to pre-warn rough sleepers.

Signpost clients to the Providence Row Dellow day centre where it's cooler and drinking water is free – this should be incorporated into the initial guidance given to rough sleepers in the City. The Providence Row Dellow Centre should be notified of any clients being directed there and the outreach provider will remain the lead agency in any ongoing support planning.

Signpost clients to Pan-London cool spaces made available by GLA.

Direct anyone with more acute symptoms to A&E – the outreach team is expected to be aware of the symptoms associated with exposure to the sun, heatstroke and dehydration.

Offer accommodation on an ad-hoc basis should anyone request it – this can be requested of the Service Manager for Homelessness & Rough Sleeping or the Rough Sleeping Coordinator. In cases where neither of these two people is available the commissioned outreach provider should draw upon its own resources until such a time as an alternative arrangement can be made in agreement with one of the two designated officers.

Under extreme heat, and under MET Office Heat-Health Alert Level 4, provisions will be made by CoL officers to open up CoL air-conditioned buildings for daytime use of rough sleepers to stay cool in extreme temperatures. All methodology carried out under Heat-Health Alert Level 3 should also continue to be carried out.

Hot weather arrangements will be activated in line with GLA activation based on MET Office High Heat Alert Levels. Preparations should be made in advance of the summer period and employed as and when the weather indicates that it is prudent to do so. The team manager of the



commissioned outreach service should brief outreach staff and ensure that written materials are up to date.

The Service Manager for Homelessness & Rough Sleeping is responsible for ensuring that the arrangements set out above are being followed by the outreach team.

The team manager of the outreach service is responsible for the operational integration of the hot weather arrangements

5. Recording and reporting

Preparation should be made before warm weather is expected, this should include the purchase of bottled water and sunscreen. At the end of any given hot weather period the commissioned outreach provider should be able to estimate the number of units of each distributed

Anyone accessing accommodation as a direct result of exposure to heat and/or sun should be recorded on CHAIN¹⁰ as a SWEP outcome

Any call to the emergency services should be recorded locally on the outreach providers systems.

Anyone accessing emergency cool spaces provided by CoL Corporation.

¹⁰ Combined Homelessness Information Network



Appendix 4

COVID-19 Measures

Coronavirus

(Covid-19)

Guidance for non CQC registered care accommodation based support settings, day centres and at home (domiciliary) care in Hackney and the City of London

Public Health Hackney and City of London Corporation

September 2021
Version 1

Introduction

This guidance is for registered non CQC care, accommodation-based support settings, day centres and at home (domiciliary) care and provides information for prevention, mitigation and control of Covid-19. We describe the support available locally and how you can manage Covid-19 cases linked to your settings. As this is a dynamic situation, please use this guidance in conjunction with relevant national guidance, including local restrictions and lockdown measures.

1. General guidelines to prevent the spread of Covid-19

Care and support staff in care settings and domiciliary carers supporting people at home should follow the government guidance on [management of staff and exposed residents](#), and [working safely in domiciliary care](#) and for those for whom it is relevant [provision of home care](#). This guidance includes requirements for the use of PPE, maintaining good hand hygiene, and ensuring that communal areas and high-touch points, such as door handles and light switches, are cleaned regularly with the appropriate products.

Settings and domiciliary carers should comply with infection protection control (IPC) guidance applicable to their setting, including appropriate use of disposable gloves, aprons and gowns, eye and face protection. Visitors to care homes should follow the guidance on [visiting care homes during Covid-19](#) and be supported to wear personal protective equipment (PPE).

Care settings can access infection control training and support from the NELCSU IPC team who can be contacted via email: thnelcsu.ipcteam@nhs.net Wherever possible people providing care and support services should be implementing social distancing measures, and supporting individuals to follow the [shielding guidance for the clinically extremely vulnerable](#). The [adult social care risk reduction framework](#) can also support care managers to keep residents and staff in care homes safe at this time.

For information about residents being discharged from hospital or interim care facilities or new residents from the community to the care home, Please refer to the latest guidance on [management of staff and exposed patients and residents in health and care settings](#) and [admission and care of residents in a care home during Covid-19](#).

2. Managing suspected or symptomatic cases

Symptomatic Clients/ Residents

If someone receiving care and support in a care setting or in their own home develops Covid19 symptoms, the following steps should be taken:

- The resident must be self-isolated from other residents for at least 14 days but longer if the individual is still unwell. This should be in a single room with a separate bathroom where possible.
- In communal care settings, this should be in a single room with a separate bathroom. Where this is not available, a dedicated bathroom near to the person's bedroom should be identified for their use only. If there are concerns about being able to isolate a client/ resident, this should be escalated to service commissioners and the City and Hackney Public Health Team testandtrace@hackney.gov.uk who will support you.

- Full infection control policies should be implemented and staff should follow the guidance in the [PPE resource for care workers working in care homes](#)
- Testing should be arranged for the symptomatic client/resident online; details can be found at www.gov.uk/get-coronavirus-test or by calling 119. If you have difficulty accessing testing please contact City and Hackney Public Health team testandtrace@hackney.gov.uk who will support you.
- If symptoms worsen during isolation or are no better after 7 days, contact NHS 111 or the resident's GP to get clinical advice. For a medical emergency dial 999.
- If staff members have been exposed to a confirmed case without PPE or with PPE breach please refer to the national guidance and risk-assess accordingly.

Symptomatic Staff

Staff with symptoms of Covid-19 should remain at home and inform their line manager who will complete a risk assessment to assess exposure to the symptomatic person(s).

If staff develop symptoms of Covid-19 while at work, they should:

- Put on a surgical face mask immediately (if not wearing one)
- Stop working
- Inform the care manager or line-manager and
- Go home safely, avoiding public transport, if possible

Staff members should arrange testing for themselves via the [self-referral portal for key workers](#) or [employee referral](#) as soon as possible. Testing is most effective during the first 3 days of symptoms. Staff can order home testing kits or attend a regional mobile testing centre.

If staff have been notified that they are a contact of a Covid-19 case

Exemptions from self isolation if a staff member is fully vaccinated and is identified as a contact of a Covid-19 case.

From the 16th August 2021, staff members notified that they are a contact of a COVID-19 case are not required to self-isolate if they are fully vaccinated. They should inform their line manager or employer immediately if they are required to work in the 10 days following their last contact with a COVID-19 case.

If the staff member develops symptoms of COVID-19 during this period, they should follow the stay at home guidance.

The majority of fully vaccinated health and social care staff will be able to continue in their usual role. The following apply to all staff returning to work following this exemption:

- the staff member should not have any [COVID-19 symptoms](#)
- the staff member should immediately arrange for a PCR test, either through their workplace arrangements or via the NHS Test and Trace service, and the result of this PCR test should be negative prior to returning to work
- following the negative PCR result, the staff member should undertake an LFD antigen test every day for the 10 days following their last contact with the case (even on days they are not at work)
- if a staff member has had a SARS-CoV-2 infection in the past 90 days, they should not have a PCR test and should only undertake daily LFD antigen tests
- on days the staff member is working, the LFD antigen test should be taken before starting their shift, and the result should be negative
- the staff member should comply with all relevant infection control precautions and PPE should be worn properly throughout the day
- if the staff member works with patients or residents who are highly vulnerable to COVID-19 (as determined by the organisation), a risk assessment should be undertaken, and consideration given to redeployment during their 10 day

If an unvaccinated or partially vaccinated staff member is identified as a contact of a Covid-19 case

- If an unvaccinated or partially vaccinated staff member is notified as a contact of a COVID-19 case, by NHS Test and Trace or their workplace, they must self-isolate as advised unless they are exempt (because they are under 18, unable to be vaccinated due to medical reasons or are taking part or have taken part in a clinical trial for a COVID-19 vaccine).
- If they are unvaccinated and are exempt from self-isolation they should not attend work, or should be redeployed for the period of time they would be required to self-isolate.

All staff who come into contact with COVID-19 cases – whether or not they are protected by the use of PPE or by other factors – should remain vigilant to the possibility of contracting infection and should self-isolate immediately [if they develop relevant symptoms](#).

If a staff member has tested COVID positive, they must self-isolate for 10 days where notified by NHS Test & Trace, or 14 days if they have been admitted to hospital, in line with the stay at home guidance. This applies even if the staff member is fully vaccinated. Vaccination reduces, but does not eliminate, the risk of acquiring and transmitting infection.

Anyone who tests positive following a PCR test will still be legally required to self-isolate, irrespective of their vaccination status.

It is still possible to catch and pass on coronavirus if you have been fully vaccinated. It's for this reason that if someone has been in close contact with a person who has tested positive, it is advised that they take a PCR test as soon as possible, and still consider self-isolating (for example, if they are able to work from home).

They should also be advised to take extra precautions for ten days from their last contact with the positive case. This could include minimising contact with other people, especially indoors, as well as measures like wearing a face covering in crowded places.

These actions can help to stop the potential onward spread of the virus to others, including those who may be clinically extremely vulnerable to COVID-19 and/ or those who are unvaccinated.

Isolation requirements for residents of social care settings who are identified as contacts of a case of Covid-19

Residents who are known to have been exposed to a confirmed COVID-19 case should be isolated or cohorted for 14 full days after their last exposure to a COVID-19 case. If they are cohorted, this should only be with other residents who do not have COVID-19 symptoms but who have also been exposed to a confirmed COVID-19 case. This also applies to residents who have previously recovered from COVID-19.

Asymptomatic and fully vaccinated residents will not require self-isolation if certain additional mitigations are in place. Refer to the guidance on [admission and care of residents in a care home during COVID-19](#) for further information.

Isolation following close contact

Care home residents who are fully vaccinated will not need to self-isolate following contact with someone who has tested positive for COVID-19 provided they:

- have received a negative PCR test
- undertake daily LFD testing during their contact period (up to 10 days)

During this period, they should:

- avoid contact with other highly vulnerable residents in the care home
- continue to follow all outbreak measures in the event of an outbreak, even where they have tested negative

If they become symptomatic then usual testing and isolation protocols apply until their COVID-19 status is confirmed.

If symptoms or signs consistent with COVID-19 develop in residents in the 14-day period since last exposure, then testing for SARS-CoV-2 (along with any relevant testing for other potential diagnoses) should be performed. If individuals who have been cohorted with other residents subsequently test positive for SARS-CoV-2, then all the residents they have been cohorted with will need to re-start their 14-day isolation period from the date of their last exposure to newly diagnosed case.

Arranging testing in non CQC registered care settings

Residents: Home test kits can be ordered online at www.gov.uk/get-coronavirustest, or by calling 119, for residents who are symptomatic only. Testing will be supported by the GP Confederation Swabbing Service who can be contacted via email: cahccg.gpcswabbingservice@nhs.net

Staff members should arrange testing for themselves via the [self-referral portal for key workers](#) or [employee referral](#) as soon as possible, routine testing will be supported by the GP Confederation. Please email: cahccg.gpcswabbingservice@nhs.net. **Testing Schedule in Care Settings**

The [Care Home Covid-19 Testing Guidance](#) provides more detailed information on the testing process and the [Admission and care of residents in a care home during Covid-19](#) and the [Covid-19 testing schedule for a suspected or confirmed outbreak in a care home](#) provide more information on managing outbreaks in care settings.

Staff Testing

- You should test all asymptomatic staff weekly using PCR test kits on the same day each week.
- Test twice weekly using Rapid lateral flow test kits on the same day as the weekly PCR test and with an additional Rapid lateral flow test 3 or 4 days after their regular PCR test
- Where staff are working in multiple locations: they should also be tested with Rapid lateral flow immediately before their shift if they have worked somewhere else since their last shift in the home
- Test with Rapid lateral flow on the first day back to work before the start of their shift, after a period of leave resulting in them missing their weekly PCR (i.e. i.e. after annual leave/ sick leave on entry back into the care home).

You should also test all staff on duty in the event of a positive result from Rapid lateral flow or PCR from either a resident or staff member, test daily with Rapid lateral flow as close to the beginning of their shift as possible for 7 days.

Any staff members who have tested positive should immediately take a confirmatory PCR, registered through the organisation route using the care home's UON and then self-isolate at home. The confirmatory PCR is in addition to the weekly PCR test that all staff undertake, unless they tested positive on the day they did their weekly PCR test.

You only need to test staff working in the home over the rapid response testing period.

You do not need to test those who are not working, there is no requirement to bring people into work to get tested on their non-working days.

If daily Rapid lateral flows return more positive results, you should continue testing until 5 days with no positives are recorded.

Any staff with symptoms should not be in work. They should not come into work for testing and should instead be tested via another channel – e.g., regional testing site, or home testing. As key workers, care home staff have priority access through the self-referral portal for testing.

Resident Testing

You should test all residents with PCR:

- monthly with test kits.
- as soon as they join your care home, if they are new.
- immediately if they develop symptoms, don't wait for the next retesting cycle.

In the event of an outbreak (two or more positive cases)

- PCR test residents on day 1 of the outbreak and once between days 4-7.
- Rapid lateral flow test residents on the same days.

What to do in case of a positive result

In the case of a positive Rapid lateral flow test result any staff or residents who test positive for coronavirus with a Rapid lateral flow test should take a confirmatory PCR test registered to the care home's UON and isolate until they receive their result.

Staff with symptoms should NOT be tested in the care home. Staff with symptoms should instead be referred for testing at a regional / local test centre or in their own home. Please visit www.gov.uk/get-coronavirus-test to arrange a test as an essential worker.

If the confirmatory PCR is negative, the staff member can return to work.

In the case of a positive PCR result

Any individual who tests positive for coronavirus with a PCR test should follow existing guidance on isolation and contact Test & Trace.

Begin rapid response daily testing If there are any staff or resident positives, either from Rapid lateral flow or PCR, all staff should conduct a daily Rapid lateral flow test before starting their shift if possible.

LFT test results guidance

Negative result

The staff member can proceed with work. The staff member should only enter designated parts of the care home and must wear appropriate PPE including a face mask, gloves, apron and follow IPC measures in line with the care home and national policy. IPC measures remain important because the test is not 100% sensitive.

Invalid or void result

Retest using a spare rapid lateral flow test kit to receive a conclusive result. If the re-test also comes back as void or invalid, the staff member should continue to work as normal and undertake a further rapid lateral flow test test on the next day

Positive result

The staff member must not proceed with work and requires an immediate confirmatory PCR test

- Provide the staff member with a PCR test kit and ask the staff member to test on site then isolate at home immediately, avoiding public transport and wearing a face mask appropriately.

- Before the staff member leaves they will need to register the confirmatory PCR kit online in the usual way, using the home's UON. Where possible, confirmatory PCR test kits should be sent to the labs using the closest Royal Mail priority post box. There is a Royal Mail priority post box return label included within each PCR test kit to facilitate this. Use the following link to find your closest priority post box and collection times: <https://www.royalmail.com/priority-postboxes>
- If the confirmatory PCR is negative, the staff member can return to work. If the confirmatory PCR is positive, care homes should contact their local HPT as soon as possible.

The PHE HPT will advise on the need for outbreak testing, with the first test on day 1 and second between day 4-7 of the outbreak.

If there are any staff or resident positives, either from rapid lateral flow test or the confirmatory PCR, all staff should conduct a daily rapid lateral flow test for 7 days before starting their shift until 5 days have passed with no new positives.

The exception to this is the person(s) who tested positive. They should not be tested with either PCR or rapid lateral flow for 90 days unless they become symptomatic.

Testing should be done for the whole home. Even where residents and staff are not symptomatic.

What to do if a resident tests positive with a rapid lateral flow test?

They will need to undertake a confirmatory PCR, registered through the organisation route using the care home's UON. They should then proceed to self-isolate immediately following current advice until they receive their result.

Testing all visitors, maintenance workers and professionals visiting care homes

- The default position is that without a negative test, the professional/visitor/maintenance worker should not be allowed into the care home

(unless in an emergency, unless overridden by the care home manager following a risk based decision, or unless their entry is required by law such as CQC inspectors) which is outlined in more detail in [Testing for professionals visiting care settings](#)

- For NHS professionals, care homes should see evidence from the professional of a negative rapid lateral flow test within the last 72 hours, which shows they are following the NHS testing regime. All NHS professionals visiting care homes must follow the NHS testing regime and be testing twice a week.
- If it has been more than 72 hours since the NHS professional was tested, the care home should test the individual before entry to the care home.
- Professionals who are not part of regular testing for NHS staff or CQC inspectors (for example podiatrists, engineers, electricians, cleaners etc) will now need to be testing twice a week using Lateral Flow Device tests and they can access these tests from community collect at rapid test sites, full details of these are available on the [Hackney Council](#) website.
- CQC inspectors will now test at home using a lateral flow test on the day of a care home inspection, in addition to their weekly PCR.
- Like care home staff, visiting professionals are exempt from testing for 90 days following a positive PCR test, unless they develop new symptoms.
- Void or invalid results are uncommon- If there is a void lateral flow result, retest using a spare rapid LFT kit to receive a conclusive result. If the re-test also comes back as void or invalid, the professional should continue to work as normal and undertake a further rapid LFT on the next day, and in the meantime show evidence of their void results.

3. What do in the event of a suspected outbreak?

Definition of a care home outbreak

An 'outbreak' constitutes 2 or more positive / clinically suspected cases among individuals (residents or staff) detected within 14 days of one another, whether the results are returned through a PCR or Rapid lateral flow test.

If you have two positive cases, please contact your PHE Health Protection Team for advice. One positive test result may be the first sign of an outbreak, so you should also contact your health protection team for advice in this instance.

The [Care Home Covid-19 Testing Guidance](#) provides more detailed information on the testing process and the [Covid-19 testing schedule for a suspected or confirmed outbreak in a care home](#) provide more information on managing outbreaks in care settings.

What to do if you only have 1 suspected or confirmed positive case in your home:

- Ensure the individuals who tested positive are appropriately isolated, and arrange confirmatory PCR tests if they tested positive with Rapid lateral flow tests
- Start rapid response daily staff testing immediately (7 days of daily Rapid lateral flow testing) and contact your local PHE Health Protection Team for advice.

One positive case in a staff member

In line with the updated guidance for care homes, you now need to:

1. Identify staff and residents, including external visitors such as GPs, chiropodists etc. who may have been in close contact with this member of staff during the 2 days before and 10 days after onset of symptoms (or date of test if case is asymptomatic).
2. Please consider not only care activities but also exposures which may have occurred in other settings such as resident lounges/communal areas, staff break rooms and offices within the care home.
3. All identified close contacts now require a PCR test. However, anyone who has received a positive PCR test results within the last 90 days should not be included in any targeted testing.
4. Staff - LFD testing once every day for 7 days. LFD kits can be sourced at <https://request-testing.test-for-coronavirus.service.gov.uk> .

If no further positives after 7 days continue with regular testing arrangements. **Confirmatory PCR is required for any additional positive cases identified**

One positive case in a resident:

In line with the updated guidance for care homes, you now need to:

1. Isolate the COVID positive resident for 14 days from the test date or onset of symptoms whichever is earlier.
2. Staff - LFD testing once every day for 7 days. LFD kits can be sourced at <https://request-testing.test-for-coronavirus.service.gov.uk> .

If no further positives after 7 days continue with regular testing arrangements.

- Confirmatory PCR is required for any additional positive cases identified
- Identify staff and residents, including external visitors such as GPs, chiropractors etc. who may have been in close contact with this resident during the 2 days before and 10 days after onset of symptoms (14 days for resident cases) (or date of test if case is asymptomatic).
- All identified close contacts now require a PCR test. However, anyone who has received a positive PCR test results within the last 90 days should not be included in any targeted testing.
- Update your Capacity tracker and seek support from your local authority team if needed

If there are 2 or more positive cases detected within the same 14 day period, this is considered an outbreak.

Notify your local PHE Health Protection Team of the situation and do the following:

- Conduct PCR for all staff and residents on day 1 of the outbreak and once between days 4-7 for those who tested negative

- Start (or continue depending on your circumstances) daily Rapid lateral flow testing of all staff until there has not been a new positive result in 5 days.
- When you carry out the outbreak PCR for residents (day 1 and once again between day 4-7), also test the resident with a rapid lateral flow test on the same day.
- Order more test kits if you think you will run out before the round of outbreak testing is complete. (You can do this by calling 119 in an emergency). Book courier collections if needed. Continue outbreak testing as advised.
- Once you have completed the above, return to the regular testing regime of testing staff twice a week (once with PCR and Rapid lateral flow, and once Rapid lateral flow only) and residents every 28 days with PCR. In discussion with HPT, undertake end of outbreak testing: Test all staff and residents using PCR 14 days after the last positive result (unless a Variant of Concern other than the “Kent variant” has been identified).
- The local HPT will contact the care home if, a Variant of Concern (VOC) (other than the “Kent variant”) has been identified and discuss additional measures which may include delaying the “end of outbreak testing” until 28 days after the last positive case.

An existing outbreak

If residents or staff have had symptoms and/or a positive test in the last 28 days, this is classified as an existing outbreak.

PHE LCRC and NEL can arrange for up to 5 testing kits to be provided in the event of a new outbreak to confirm that Covid-19 is present in the setting. Please contact PHE LCRC or City and Hackney Public Health team to request it.

Non-CQC registered settings which meet certain risk-based criteria will be offered extra support with initial and ongoing testing. This will be determined by the Director of Public Health within the City and Hackney Public Health team.

Care Settings should contact LCRC If they need any help, report a new case or cases.

Determining the end of an outbreak

The [Covid-19 testing schedule for a suspected or confirmed outbreak in a care home](#) outlines that the end of an outbreak is 14 days after the last positive test. However, this is likely to be 28 days if the outbreak involved a variant of concern (VOC).

All staff and residents should be tested with PCR 14 days after the last resident or staff had a positive test result or showed coronavirus-like symptoms.

The local HPT will contact the care home if, following genomic sequencing of test results, they have identified a VOC (other than the Alpha ('Kent' variant) and the Delta variant (the variant first identified in India)), at which point they will discuss whether additional measures need to be put in place to enable additional protection. This might include an extension to the period of an outbreak up to 28 days from the last positive test.

If there are no positive PCR results from this 'end of outbreak testing', the HPT will declare the outbreak over. The regular resident testing cycle of 28 days can be delayed to coincide with this 'end of outbreak testing' if the 2 test dates fall within a week of each other.

Any further positive cases after this point is a new suspected or confirmed outbreak. The care home must contact the HPT and immediately begin [rapid response testing](#) again.

If no further cases are identified at this point, the outbreak is considered to have ended. Resume the normal testing regime.

Positive Test results for Covid-19

On the 29th March the Government announced that a confirmatory PCR is required again following all positive (assisted and self) lateral flow tests. Self isolation commences for the individual and their family members/household when they test positive on a lateral flow device. Isolation must continue for the individual and their household (for 10 days) if the PCR test is positive.

Home PCR tests can be picked up from local test sites in Hackney, full details of these are available on the [Hackney Council](#) website. Help for those who will struggle with selfisolation can be accessed via the [Here to Help helpline](#).

Staff who have tested positive for Covid-19 by PCR (polymerase chain reaction) in the community or at work should self-isolate for at least 10 days after illness onset, their household will also need to self isolate for 10 days. The isolation period includes the day their symptoms started (or the day their test was taken if they do not have symptoms) and the next 10 full days, or until the PCR result is negative.

If, however, they have been admitted to hospital they should be isolated in hospital (or continue to self-isolate on discharge) for 14 days from their first positive PCR test result.

This is because Covid-19 cases admitted to hospital will have more severe disease and are more likely to have pre-existing conditions, such as severe immunosuppression. For the same reasons, the 14-day isolation rule also applies to other (non-staff) Covid-19 cases admitted to hospital.

Asymptomatic staff who have not been hospitalised and have tested positive for SARS-CoV2, should self-isolate for 10 days following their first positive PCR test.

The care setting must notify the following organisations if you have a confirmed case of Covid-19 in your setting:

- Local authority Single Point of Contact: jennifer.celaire@hackney.gov.uk ● City and Hackney Public Health Team: testandtrace@hackney.gov.uk; and
- The relevant GP of any care recipient with a positive result.

The Public Health England London Coronavirus Response Cell [PHE LCRC](https://www.phe.gov.uk) should be notified via email LCRC@phe.gov.uk or telephone **0300 303 0450** in the following circumstances:

- Where there is **one** confirmed case of Covid-19 amongst residents in residential care settings with communal areas; and
- If **two** or more members of staff working in the same setting develop Covid-19 symptoms.

Negative Test results for Covid-19

Residents with symptoms who test negative for Covid-19 should remain self-isolated for 14 days and until they no longer have a fever.

Staff who test negative for Covid-19 can [return to work](#) when they are medically fit to do so, following discussion with their line manager and appropriate local risk assessment.

Interpret negative results with caution together with clinical assessment.

Symptomatic staff who test positive for Covid-19 or who have an inconclusive test result, and symptomatic staff who have not had a test, can:

- [return to work](#) no earlier than 10 days from symptom onset, provided clinical improvement has occurred and they have been afebrile (not feverish) without medication for 48 hours and they are medically fit to return
- if a cough or a loss of or a change in normal sense of smell (anosmia) or taste is the only persistent symptom after 10 days (and they have been afebrile for 48 hours without medication), they can return to work if they are medically fit to return (these symptoms are known to persist for several weeks in some cases)

All members of a household shared with the individual should self-isolate for 10 days from the day the individual's symptoms started. However, if any household member develops symptoms of Covid-19, they should isolate for at least 10 days from the onset of their symptoms, in line with the [stay at home guidance](#).

There is return to work guidance available for staff depending on whether they were [symptomatic](#) or [asymptomatic](#) at the point of testing.

Routine asymptomatic retesting

Staff or residents who have been diagnosed with Covid-19 should not be included in routine asymptomatic retesting until **90 days** after symptom onset. If staff or residents develop new symptoms within the 90 day period they need to self isolate and take a PCR test.

Local support for care and accommodation based support settings

Your local authority, CCG, GP Confederation and the Homerton Hospital are working together to ensure care homes are supported in the following ways:

- Ongoing advice and support on infection prevention and control

- Local disease surveillance and alert systems
- Investigating and managing health protection incidents
- Training staff to do swab tests with access to clinical support for swabbing where necessary
- Workforce challenges due to symptomatic staff
- Sourcing personal protective equipment (PPE)
- Support for isolating symptomatic residents

Please contact testandtrace@hackney.gov.uk if you have any queries or need support. Testing support and infection prevention and control advice can be accessed by contacting the GP Confederation via email: cahccg.gpcswabbingservice@nhs.net

A pan-London approach has been developed for those in Covid19 hotel and hostel provision:
London Covid-19 Homeless Health Operations Centre (HHOC): [Frequently Asked Questions](#)

4. Visiting Care homes during Covid-19

Visiting should be supported and enabled wherever it is possible to do so safely – in line with the [Guidance on care home visits during Covid-19](#), the [London Borough of Hackney Care Setting Visitor Policy](#), and within a care home environment that takes proportionate steps to manage risks.

This means finding the right balance between the benefits of visiting on wellbeing and quality of life, and the risk of transmission of Covid-19 to social care staff and clinically vulnerable residents.

Care homes need to risk assess the measures that need to be put in place to provide Covid secure opportunities for families to meet care home residents. All decisions should be taken in light of general legal obligations, such as those under the Equality Act 2010 and Human Rights Act 1998, as applicable.

Providers must also have regard to the [DHSC ethical framework for adult social care - GOV.UK \(www.gov.uk\)](#).

Each care home (the registered manager) is responsible for setting a visiting policy in that home. They should do so on the basis of a dynamic risk assessment taking into consideration the needs of individuals within their home and with regard to the advice of the local Director of Public Health (DPH).

Further information for undertaking a risk assessment and developing a local visiting policy is available in the [Guidance on care home visits during Covid-19](#) and the [London Borough of Hackney Care Setting Visitor Policy](#).

Providers should develop a dynamic risk assessment to help them decide how to provide visiting opportunities, in a way that takes account of the individual needs of their residents, their family and friends and other relevant professionals, in addition to the physical and other features unique to the care home.

No visits will be permitted in the event of an outbreak (except in exceptional circumstances such as end of life).

On-site lateral flow testing must be used by visitors at each visit to the care setting.

While rapid testing can reduce the risks around visiting it does not completely remove the risk of infection. In addition to using testing, care homes must use robust infection prevention and control (IPC) measures, visitors must continue to wear the appropriate personal protective equipment (PPE), observe social distancing and practice good hand hygiene when in the care home.

Visitors and support bubbles for wider care and supported living settings

Supported living managers, care/support workers, people being supported and their families and friends should follow the [guidance for supported living visitors and support bubbles](#).

5. Everyone working in care homes to be fully vaccinated under new law to protect residents

A Department of Health and Social Care press release on 16th June 2021 stated that People working in CQC-registered care homes will need to be fully COVID-19 vaccinated with both doses. The new legislation means from October 2021 – subject to Parliamentary approval and a subsequent 16-week grace period – **anyone working in a CQC-registered care home in England for residents requiring nursing or personal care must have 2 doses of a COVID-19 vaccine unless they have a medical exemption.**

It will apply to all workers employed directly by the care home or care home provider (on a full-time or part-time basis), those employed by an agency and deployed by the care home, and volunteers deployed in the care home. Those coming into care homes to do other work, for example healthcare workers, tradespeople, hairdressers and beauticians, and CQC inspectors will also have to follow the new regulations, unless they have a medical exemption.

6. Further information and National Guidance:

- [Covid-19: management of staff and exposed patients and residents in health and social care settings](#)
- [Guidance on care home visits during Covid-19](#)
- [Care staff supporting adults with learning disabilities and autistic adults](#)
- [Symptomatic worker: flowchart describing return to work following a SARS-CoV-2 test](#)
- [How to work safely in care homes during Covid-19](#)
- [Adult social care risk reduction framework](#)
- [How to work safely in domiciliary care](#)
- [Covid-19: guidance for supported living](#)
- [Guidance for supported living visitors and support bubbles](#)

- [Guidance for stepdown of infection control precaution and discharging Covid-19 patients](#)
- [Adult Social Care Action Plan](#)
- [Admission and care of residents in a care home during Covid-19](#)
- [Discharge into care homes: designated settings](#)
- [Guidance for stepdown of infection control precaution and discharging Covid-19 patients](#)
- [London Borough of Hackney Care Setting Visitor Policy](#)
- [Covid-19 testing for homecare workers](#)
- [PPE resource for care workers working in care homes](#)
- [Covid-19 guidance for maintaining services within health and care settings: IPC recommendations](#)
- [Testing guidance for care homes](#)
- [On site testing for adult social care services rapid lateral flow test guide](#)
- [Arrangements for visiting out of the care home](#)
- [Covid-19 testing schedule for a suspected or confirmed outbreak in a care home](#)
- [Care Home Covid-19 Testing Guidance](#)
- [Covid-19 testing available for adult social care in England](#)

