

COVID-19 and provision of night shelters (10 December)



Chartered
Institute of
Housing

Government has [published guidance for commissioners, staff and volunteers of 'rough sleeping accommodation' \(night shelters\)](#) and people who are experiencing rough sleeping themselves.

Night shelter settings should only be used as a last resort, where there is a risk to the health and life of people experiencing rough sleeping e.g. in very cold weather.

General principles:

Commissioners and providers of night shelter projects should:

- Consider whether they can provide self-contained accommodation options. For clear safety reasons individual rooms and individual washing facilities should be the default to appropriately protect individuals from communicable diseases such as COVID-19
- Base decisions about whether to open night shelters on a detailed COVID-19 risk assessment
- Not use 'rotating night shelter' models - where a different venue is used each night and people/belongings move each day - these carry a higher risk of infection
- Work closely with their local authority, including local housing and rough sleeping teams, and local public health teams, to follow these principles.

Deciding if a night shelter should or can reopen

Local housing and rough sleeping teams, within local authorities, should consider whether the risk to people experiencing sleeping rough in their area is so great that it requires a night shelter to open or whether there is a more COVID-19 safe option such as self-contained accommodation.

In making this determination, local authority housing and rough sleeping teams should:

- Regularly assess the current numbers of people experiencing rough sleeping rough and the availability of self-contained accommodation units
- Ensure that accommodation options include access to local authority self-contained accommodation if an individual needs to self-isolate
- Plan for possible future changes in circumstances, for example if the incidence of COVID-19 changes
- Engage with their local Public Health teams, delivery partners and shelter providers, to make these assessments as soon as possible
- Communicate proactively with voluntary, faith and community groups who usually provide shelter accommodation. If a local authority deems that a shelter provision is not required in an area, groups who usually provide shelter provision should not open their shelter in this area.

If a provider or delivery partner has concerns about the assessment made by a local authority, they should raise these concerns at their local homelessness multi-agency meeting.

Guidance for:
• England

COVID-19
FACT SHEET #10

#CV19HOUSING

Providing COVID-19 safe night shelters

If providing a communal night shelter is unavoidable, in opening a night shelter commissioners and providers should:

- Carry out an assessment on how they are able to meet current guidelines [on social distancing](#), [shielding](#) and [self-isolation](#) and plan their response accordingly
- Carry out a COVID-19 risk assessment in line with [Health and Safety Executive guidance](#), and consult with the local Director of Public Health in establishing appropriate protocols, pathways and measures to reduce transmission risk
- Ensure that they understand how they can apply guidance on COVID-19 case management and isolation to the shelter setting; particularly:
 - how definitions of [household](#) and [non-household](#) contacts will apply to shelter guests
 - Have a means to identify and contact individuals who have stayed in the shelter who have been in contact with a suspected or confirmed case
 - Have a pathway to access self-contained accommodation for suspected or confirmed cases, and their contacts and 'households' at short notice, to enable self-isolation
- Limit the transitions between households where possible to minimise contact. For example, keeping guests who stay in the shelter for several nights in the same household groups, and keeping staff and volunteers in the same teams
 - There is no legal maximum number of individuals that could be within the same household, but providers should try to limit household groups to no more than six
 - It is important that if guests share these facilities, they should be considered a household

- Where people are already in a "grouping" outside of the shelter (for example, a couple), then it is acceptable to consider them a household in shelter environments too

- Limit the number of guests using the same bathrooms and kitchens as much as possible
- Reduce the number of staff and volunteers in direct contact with guests
- Ensure that staff, volunteers, and guests are supported to adhere to this advice, and other legislation and guidance on social distancing, shielding, self-isolation, and working safely during COVID-19.

There is no number of people under which risk is suddenly reduced; the higher the number of people, the higher the risk for everyone. As a minimum, providers should ensure that guests do not gather inside the shelter, particularly in groups of more than six. Everyone in the night shelter should follow the general principles to help prevent the spread of COVID-19 and other respiratory viruses, including:

- Washing hands frequently with soap and water for at least 20 seconds, or use a hand sanitiser - doing this after blowing nose, sneezing or coughing, before eating or handling food and immediately when returning home
- Avoiding touching eyes, nose, and mouth with unwashed hands
- Covering coughs or sneezes with a tissue, then throwing the tissue in a bin and washing hands or using a hand sanitiser
- Cleaning and disinfecting frequently touched objects and surfaces in the shelter, such as door handles, handrails, tabletops, and electronic devices
- Wearing a face covering in enclosed spaces where they can't adequately socially distance.

Keeping people safe

Providers should work with local housing and/or rough sleeping and public health teams to ensure there is a clear pathway to refer individuals into a COVID-19 safe night shelter. This includes:

- Triaging health assessment of guests before they enter the shelter
- Agreeing a contingency plan with local housing and rough sleeping teams if a guest tries to access emergency accommodation by presenting directly during the night-time when a health assessment cannot take place
- Ensuring that alternative self-contained emergency accommodation can be made available at short notice until a health assessment has taken place.

Providers must ensure that everyone who would like to enter a shelter is first assessed for:

- COVID-19 signs and symptoms which include:
 - a high temperature
 - a new, continuous cough
 - a loss of, or change to, sense of smell or taste
- Contacts with a confirmed case in the previous 14 days
- Conditions which increase the risk of severe illness from COVID-19 - this is people who have [clinically extremely vulnerable](#) status or are at increased risk as a result of [underlying health conditions](#)
- Any recent travel from countries not exempt from border rules on quarantine, i.e. countries or territories not included in the government list.

Anyone who falls into the above categories must not enter a night shelter. This also applies to staff and volunteers working in night shelters.

People assessed as having signs and symptoms, or contact with people with signs and symptoms of COVID-19

Potential guests who are assessed as having signs and symptoms of COVID-19, contact with a confirmed case in the previous 14 days, or at increased risk of severe illness from COVID-19 should be placed in alternative accommodation with individual rooms and individual washing facilities for self-isolation.

- Symptoms of COVID-19 and contacts with a confirmed case can be self-reported by guests - shelter staff may wish to prompt guests to provide this information when entering the shelter each night
- Providers should note that health assessments do not eliminate all risk that individuals may be COVID-19 positive without experiencing symptoms:
- Providers must still follow the general principles to reduce the risk of COVID-19 transmission e.g. observing social distancing guidelines
- Assessments of whether an individual has an existing condition or conditions which increase the risk of severe illness from COVID-19 must be overseen by a clinician - local authorities and shelter providers should agree pathways with local Clinical Commissioning Groups (CCG) and NHS primary care commissioners to facilitate this support
- Providers should also work with these partners to consider how they can support guests with health conditions which might present a barrier to adhering to the COVID-19 guidance (e.g. mental ill health, substance misuse, or a learning disability).

Night shelters must have in place standard operating procedures for what to do if an individual develops symptoms whilst on site. These must be in place before a shelter opens, as a minimum:

- plans to isolate symptomatic individuals on site immediately and safely
- plans to provide urgent testing if required
- pathways to refer the symptomatic individual to accommodation with an individual room and individual washing facilities as soon as possible.

Further guidance on identifying and working with contacts is available at section 3.3 [here](#).

People arriving from outside the UK

Anyone who has recently arrived into the UK (within the last 14 days) from a country excluded from the '[travel corridor](#)' list will need to [self-isolate for 14 days](#), unless they are otherwise [exempt](#). Likewise, anyone that exhibits COVID-19 symptoms upon arrival into the UK should self-isolate, even if they are otherwise exempt. In exceptional circumstances, shelter staff may become aware that a guest has entered the country and failed to make arrangements at the border.

In this instance the shelter provider should either:

- provide accommodation (themselves or in partnership with the local authority) that is suitable for self-isolation for the 14-day period; or
- contact their local authority who will be able to refer the guest into government (Home Office provided) accommodation.

In all cases, guests must not be allowed to remain in the shelter if they are not able to self-isolate. Please note:

- To secure government accommodation, individuals will need to provide some basic information to the Home Office via the local authority that is making the arrangements

- local authorities not already familiar with the system for referring individuals into government accommodation can access supporting guidance through their Local Resilience Forums and Strategic Migration Partnerships
- 'government accommodation' in this guidance refers to hotel accommodation sourced via the Home Office to support health measures at the border policy requirements only - this accommodation is only available to those that have arrived into the UK within the past 14 days and do not have alternative accommodation to self-isolate
- health is a devolved matter - local guidance must be followed - exemptions are determined locally, and so separate rules may apply in the devolved administrations.

The CIH housing rights website has a [specific page](#) on COVID-19 and the rights of migrants in accessing housing and benefits.

People experiencing rough sleeping with COVID-19 symptoms or a positive test result

If a guest has symptoms of COVID-19, however mild, OR they have received a positive COVID-19 test result, the clear medical advice is that they should immediately self-isolate for at least 10 days from when their symptoms started, or the day the test was taken if the individual does not have symptoms. Any persons with symptoms or a positive COVID-19 test result should not go to a GP surgery, pharmacy, or hospital except in an emergency.

Staff should support people with symptoms, staying in the shelter, to arrange a test to see if they have COVID-19 only if the guest is able to be self-isolated safely on site. Staff should Visit [NHS.UK](#) to arrange a test or contact NHS 119 via telephone if internet access is not available. Arrangements for urgent testing should be in place if a guest develops symptoms while in the shelter, and arrangements for alternative pathways to testing should be considered to meet guests' needs.

Providers should work with their local public health teams to put these in place before the shelter opens.

Staff should inform their local [PHE Health Protection Team](#) as soon as possible and conduct a risk assessment to determine whether the guest should be safely moved to off-site, self-contained accommodation. Providers should work with local housing and rough sleeping teams to ensure that self-contained accommodation can be available at short notice if required. If guests who are symptomatic require transfer, public transport should not be used:

- if travelling in a car or minibus use a vehicle with a bulkhead or partition that separates the driver and passenger - the driver and passenger should maintain a distance of 2 metres from each other
- the passenger must wear a face mask
- if there is no partition between the driver and passenger or it is not possible to maintain a distance of 2 metres from each other, the driver should also use a face covering, and the windows should be left open for the duration of the journey
- residents must be taken straight to and returned from clinical departments and must not wait in shared areas
- surface cleaning of passenger areas should be performed after transfer.

Staff should follow [guidance for cleaning](#), which includes guidance on dealing with laundry and waste of someone with symptoms of COVID-19.

If a guest's symptoms do not get better after 10 days, or their condition gets worse, staff should use the [NHS 111](#) online coronavirus service, or call NHS 111 if internet access is not available.

Identifying contacts of guests that develop symptoms of COVID-19

The government guidance states that commissioners and providers MUST have clear operating procedures to identify contacts of guests that have COVID-19 symptoms or have tested positive. As a minimum, these should include:

- the means to identify and trace close contacts of positive cases - this can include guests, staff and volunteers, or other venue guests - providers should record details of venue guests to enable this, including name and contact telephone numbers, and dates and times of check-in and check-out for guests
- plans to immediately and safely isolate the identified contacts on site, if necessary
- the means to provide urgent testing if required
- pathways to safely refer the identified contacts to self-contained accommodation with an individual room and individual washing facilities as soon as possible, if the guest does not have anywhere else suitable to self-isolate.

Providing accommodation for self-isolation

Providers should work with local authority housing and rough sleeping teams to assess options for suitable self-contained accommodation for people who are symptomatic, test positive for COVID-19, or identified as a contact of someone who has tested positive for COVID-19.

Managing an outbreak

Government guidance defines an outbreak as two or more confirmed cases in a single facility within fourteen days of one another. In such an event, commissioners and/or providers should seek advice from their [local Health Protection Team](#).

Shelter providers should contact their local authority and local health services for support. Local authorities need to have a clear picture of all alternative local provision that could be used in the case of an outbreak.

As well as having their own room and bathroom facilities, guests who have stayed in the shelter who are now required to self-isolate as above should have personalised plans in place which include:

- provision of food and water
- support for physical and mental health (including drug, alcohol and nicotine dependence and/or treatment needs)
- other wellbeing needs
- communication (for example being provided with a mobile phone and credit/data).

There is specific guidance for services that support [people who use drugs and alcohol](#) that hostels should be familiar with. Homeless Link has guidance on [trauma and psychologically informed approaches](#), and Public Health England (PHE) has guidance for the public [on mental health and wellbeing](#).

Safeguarding

It is particularly important to safeguard adults with care and support needs. They may be more vulnerable to abuse and neglect as others may seek to exploit them due to age, disability, mental or physical impairment or illness. Commissioners, providers and their staff should refer to the [COVID-19 and safeguarding resources](#) and [positive practice in adult safeguarding and homelessness](#).

Personal Protective Equipment (PPE)

Before considering the need for PPE:

- Staff and volunteers who can work from home, should be supported to do so, particularly if they are clinically extremely vulnerable
- Staff and volunteers with COVID-19 symptoms should follow the [COVID-19: stay at home guidance](#)
- They should not visit the night shelter or care for guests until it is safe for them to do so. They are classed as essential workers and can apply for [priority testing](#) through GOV.UK
- Where temporary/agency staff are being used, they should not be switching between different shelter sites
- Providers should keep staff in the same teams and rotas as much as possible to minimise contact. This may include arranging staff so that the same people are working on the same shifts and not mixing these where possible.

The government guidance states that the majority of staff will not require PPE beyond what they would normally need for their work.

PPE is only needed in a very small number of circumstances:

- if having direct contact with a guest whose care elsewhere routinely already involves the use of PPE
- if having direct contact, where close contact cannot be avoided, with someone displaying symptoms or who has recently received a positive test - close contact is defined as spending a prolonged period of time (greater than 15 minutes) at closer than 2 metres distance from someone else.

If possible, in the latter case, PPE should include:

- a fluid-resistant surgical mask
- a single use disposable apron
- single use disposable gloves, and if appropriate following risk assessment, eye or face protection (the use of eye or face protection can be risk assessed for the particular situation).

Providers should use their local supply chains to obtain PPE. If they cannot obtain the PPE they need, they should approach their local authority, who should support them to access PPE according to priority need. If the local authority is not able to respond to an unmet urgent need for PPE, providers will need to make a judgement in line with their risk assessment as to whether it is safe to continue to operate.

Hand and respiratory hygiene

Frequent [hand hygiene](#) should be promoted for guests and staff throughout the shelter, with prominent notices and verbal prompts. You should:

- Ensure information is displayed in appropriate languages
- Make hand washing facilities or hand sanitiser available throughout the shelter, especially at entry points and in all shared/communal areas
- Consider making hand sanitiser available on entry to toilets where it is safe and practical
- Ensure suitable handwashing facilities including running water and liquid soap and suitable options for drying (either paper towels or hand driers) are available.

Respiratory hygiene should be promoted at all times. This means:

- Coughing and/or sneezing into a tissue and disposing of it immediately or
- Coughing and/or sneezing into the crook of the elbow followed by hand washing
- Provide disposable tissues and foot-operated waste bins throughout the shelter
- Support individuals to maintain social distancing.

Face coverings must be worn by residents and staff in all shared indoor places, unless exempt for health, disability or other reasons. You should consider providing face coverings for all guests (see further [guidance on face coverings](#)).

Social distancing

Wherever possible, social distancing of 2 metres between guests and between guests and staff must be facilitated. You should:

- Put up signs to remind guests of social distancing guidance
- Avoid sharing workstations
- Use floor tape or paint to mark out a 2 metre distance, and arrange one-way traffic through the venue if possible
- Ensure sleeping areas are clearly marked out with at least 2 metre distancing between each resident
- Minimise the number of accommodation residents, staff/volunteers, and other venue guests, to allow for social distancing
- Stagger arrival and departure times to reduce social contact
- Pay particular attention to social distancing at entry points and in shared areas such as smoking areas, dining areas and toilets
- Use floor markings for 2 metre queuing points and consider one in/one out systems
- Ensure all areas of the shelter are well-ventilated, with open windows and doors wherever possible (see also the guidance on air conditioning and ventilation)
- Where social distancing of 2 metres cannot be implemented, you should consider further mitigation measures such as plastic screens to protect residents and staff.

Individuals experiencing rough sleeping and homelessness may face particular challenges to maintaining social distancing and other measures to keep themselves and others safe from COVID-19. Providers should:

- Work with local primary care and rough sleeping teams to consider how they can support guests that face these challenges
- Work with local public health teams to understand additional measures they can put in place to encourage adherence to these measures.

These measures will not make a shelter completely safe, but they can and should be used to reduce the risk of transmission.

Severe Weather Emergency Protocols (SWEP)

Local authorities should have already begun planning for their winter period SWEP provision, alongside local providers.

The guidance for SWEP sits outside of the night shelter operating principles, but commissioners and providers should include the operating principles in their general winter provision planning.

SWEP is an emergency response where there is a risk to life due to extreme weather, and so assessing if a shelter should open and balancing the risk needs to take that into account. Homeless Link provides [guidance and case studies](#) to help areas develop suitable responses during the winter and periods of severe weather.

Other things to consider

Board members/trustees and managers of night shelter providers should:

- Confirm that their insurance remains valid for re-opening with robust mitigations
- Consider the impact of these mitigations on the capacity of your accommodation provision and your organisation's finances
- Seek to understand the maximum number of guests who can use your night shelter safely each night - remembering to include staff and volunteers in your planning

- Seek to understand what impact this level of capacity will have on your service, for example:
 - If your shelter relies on housing benefit payments, there could be a financial impact
 - If you have a grant or contract based on a housing a particular number of people, this may need review
- You should assess whether it will be financially viable to re-open with fewer guests.

Other useful resources

- [COVID-19: guidance for commissioners and providers of hostel services for people experiencing homelessness and rough sleeping \(GOV.UK\)](#)
- [COVID-19: guidance for the safe use of multi-purpose community facilities \(GOV.UK\)](#)
- [COVID-19: guidance for safely reopening businesses during coronavirus \(GOV.UK\)](#)
- [Guidance for food businesses on coronavirus \(COVID-19\) \(GOV.UK\)](#)
- [Clinical Homeless Sector Plan \(Pathway\)](#)
- [Homeless Health during COVID-19 \(Healthy London Partnership\)](#)
- [COVID-19 and Homelessness \(Homeless Link\)](#)
- [The role of Local Resilience Forums \(GOV.UK\)](#)
- [Homelessness and safeguarding practice briefing \(Social Care Institute for Excellence\)](#)
- [CIH Coronavirus resources](#)