

**Medical Care to be delivered via Westminster COVID-19 Health plan**

**Health input from Great Chapel Street Medical Centre/Homeless Health Team**

**Based on Dr Al Story/Prof Andrew Hayward Protocol: COVID-19 Homeless Sector Plan:**

**Test-Triage-Cohort-Care**

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(Summary Protocol was modified by the authors in response to current limited testing capacity as of 20/3/20)

The aim of the protocol as per plan above:

1. **Protect the most vulnerable** - i.e. all adults who meet clinical criteria for influenza vaccination and those aged over 70 years of age
2. **Reduce/delay transmission risk**
3. **Prevent explosive outbreaks** in residential services and congregate setting
4. **Minimise impact on NHS and other essential services** - prevent inappropriate A&E and Secondary care attendance and reduce the need for hospital admission by effective supportive care in the community
5. **Prevent high mortality**

**(1) Interim COVID-PROTECT FACILITY for pending further/more central pan-London acquisition:**

- Hotel – single occupancy, own bathroom

IDENTIFY AND OFFER TRANSFER TO THESE ROOMS FOR:

- ASYMPTOMATIC HOMELESS PEOPLE (with NO new or worsening cough, SOB or fever) WHO MEET NEW GOVERNMENT CRITERIA TO STAY AT HOME WITHOUT CONTACT WITH OTHERS FOR A TWELVE-WEEK PERIOD (those eligible for influenza vaccination or are over 70 years of age).
  - a. These facilities aim to cohort ASYMPTOMATIC cases who are at very high risk of serious disease and death if infected during the period of intense community COVID-19 transmission
  - b. COVID-PROTECT facilities must initially quarantine residents in their own rooms and maintain high vigilance and regular (at least daily) symptom screening in order to ensure that cases admitted who were initially asymptomatic BUT infected can be rapidly identified, isolated and transferred to COVID-CARE facilities

c. Following a 14 day quarantine period residents are offered free movement and socialisation provided they remain within the facility.

#### **Choosing initial COVID-PROTECT cohort:**

- Outreach/day centre/night shelter staff drawing up list of patients highlighted as vulnerable from an outreach/keyworker perspective
- Great Chapel Street Medical Centre and Dr Hickey Surgery and HHT to draw up a list of vulnerable patients as felt by medical teams
- Cross-referencing of the lists; those appearing across all lists immediate approval
- Thereafter, the final decision should be based on **medical risk** – underlying medical conditions and multimorbidity and likelihood of complying with PHE guidance on isolation. This will be made by the healthcare team with consideration of information from keyworkers etc. GPs may request immediate access to/summary of medical records to facilitate this.
- Medical healthcare professionals to perform initial remote health screening before admission – to ensure no signs of COVID-19 related illness and final decision made on placement.

#### **Daily monitoring of the COVID-PROTECT cohort:**

- Mobile telephone should have been provided if none already in possession
- Daily telephone call from the health team to screen for symptoms / other health concerns – using proforma. Escalation to GP or clinical nurse specialist if trigger positive on proforma..
- However need to be mindful of the risk to the COVID-PROTECT cohort of the visiting professional who may be asymptomatic but infective – hence remote ‘check-in’ first instance with onward trigger for visit
- Visiting healthcare professional wears PPE as provided by NHSE if symptoms reported – mask, gloves, apron
- Rapid relay to ‘CARE’ facility -
- HCPs will also consider any non-COVID-19 related urgent healthcare needs whilst in isolation if patients can’t access their own GP. This may require temporary registration with GCS.

*\*\* There may need to be more detail as addendum to this protocol if opiate substitution or alcohol detoxification monitoring is required \*\**

## (2) Interim COVID-CARE facility:

- Self-contained apartments / Hotel
- Condition of entry re public health guidance – they are being put into ISOLATION for seven days and this means we recommend that they stay within their room (if they leave the apartments, they will immediately be in close proximity to people – therefore governmental advice that they can leave for exercise, or to shops, is very difficult to apply)
- Provision of food by council/amenities such that should not need to leave for these
- Consider liaising with local hospital (SMH) - inform A+E at SMH re facility

## Choosing initial COVID-CARE cohort:

- Outreach/day centre/night shelter staff drawing up list of patients highlighted as **symptomatic** (new continuous cough **OR** fever - other viral symptoms such as SOB/malaise to be discussed with health care professional)
- Great Chapel Street Medical Centre and Dr Hickey Surgery and HHT to draw up a list of symptomatic patients
- Cross-referencing of the lists; those appearing across all lists immediate approval
- Thereafter, if numbers exceed spaces available, the final decision should be based on **medical risk** – underlying medical conditions and multimorbidity and likelihood of complying with PHE guidance on isolation. This will be made by the healthcare team, with consideration of information from keyworkers etc. GPs may request immediate access to/summary of medical records to facilitate this.
- **Medical care:**
  - o Initial baseline observations on admission - oxygen sats, BP, temperature
  - o Daily review by healthcare professional – initial telephone contact to ascertain whether face-to-face review is needed. Some patients may need more regular health input if concerns re deteriorating health (or other reasons eg monitoring / treatment of alcohol withdrawal if appropriate)
    - Pulse oximeter to be provided in each room for patients to self-check during phone assessment - If ANY concerns re self reported symptoms – healthcare professional to visit and assess
  - o PPE by visiting healthcare professional to be worn at ALL times
  - o Clear guidance on transfer to hospital using the WHO guidance\*

*\*\* There may need to be more detail as addendum to this protocol if opiate substitution or alcohol detoxification monitoring is required \*\**

*\*\*Medical care protocol may change once (1) more readily available testing (2) central COVID-CARE facility sourced within London or (3) PHE guidance changes\*\**

**Visiting health care professionals will be equipped with the following for all visits:**

Equipment to take general observations (BP / oxygen sats / temperature)

Stethoscope

Emergency supplies of paracetamol for pain or fever

Resus equipment

Mobile phone for calling ambulance if needed

Sufficient PPE for visit

Clinical waste disposal bag.

Sharps bin

Clinell wipes

*\*Reference 'WHO - Clinical Management of severe acute respiratory infection when 2019-nCoV infection is suspected'*