

Wethersfield Infectious Diseases Management Plan

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Version 1

Version Control

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1. WethersfieldBackground. The Home Office commissioned the Wethersfield site to provide accommodation for destitute asylum seekers. Before moving to the Wethersfield site all people identified as potentially suitable for a move will be scrutinized against suitability criteria. Any individual identified as not suitable or clinically vulnerable will not be allocated accommodation at the Wethersfield site. The guidance followed within this document is referenced at the end.
2. Purpose of this Guidance. This guidance is specifically for use with contingency accommodation for asylum seekers in Wethersfield, Essex, CM74AZ. The general guidance for accommodation providers for asylum seekers can be found in a link at the end of this document.
3. What is COVID-19 and how is it spread? COVID-19 is a viral infection that can affect the respiratory system and causes a range of symptoms from mild to severe. The main route of transmission is through aerosols produced when an infected person coughs and sneezes. These aerosols can either be inhaled or land on surfaces and be transferred from hands to the face. Further information on transmission can be found on the link listed at the end of this document.
 - 3.1. Symptoms. There are thought to be a range of symptoms but the most common are:
 - a. a high temperature or shivering (chills) – a high temperature means you feel hot to touch on your chest or back (you do not need to measure your temperature)
 - b. a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours
 - c. a loss or change to your sense of smell or taste
 - d. shortness of breath
 - e. feeling tired or exhausted
 - f. an aching body
 - g. a headache,
 - h. a sore throat
 - i. a blocked or runny nose
 - j. loss of appetite
 - k. diarrhoea
 - l. feeling sick or being sick
 - 3.2. Government Guidance Update. In February 2022, guidance issued by Government was updated and the 'plan for living with COVID-19' was published. The main changes are as follows:
 - a. If a person tests positive for COVID-19 they are no longer legally required to self-isolate. It is, however, considered best practice to stay at home and avoid contact with people.
 - b. Routine contact tracing has ended.
 - c. Masks are no longer required in most public spaces.
 - 3.3. New Guidance and Wethersfield. Although new guidance has been issued by the government, CRH manages a vulnerable population of SUs with various levels of vaccination status. The accommodation at Wethersfield is communal in nature (shared facilities such as a canteen) and so CRH still intend to follow the best practice that encourages the prevention and spread of COVID-19. Below sets out the processes that Wethersfield will employ to ensure the safety of all SUs and staff.

3.4. Prevention. Accommodation and facilities at the Wethersfield site will be managed to reduce the risk of COVID-19 using infection control precautions, encouraging social distancing, and having protocols in place for recognizing early symptoms in a Service User and taking appropriate actions.

3.5. Travelling to and arriving at Wethersfield. If SU arrivals into the UK need to quarantine this will be completed before arrival at Wethersfield . The following process will then be used:

3.5.1. Before Arrival at Wethersfield. SU may be *offered* a Lateral Flow Device (LFD) at their current accommodation *before* travelling to Wethersfield. In the event of a positive test, onward travel will not be authorized and COVID-19 protocols at the current accommodation will be followed.

3.5.2. On Arrival at Wethersfield. LFD testing for all new arrivals stopped in April 2022, this is due following February 2022, guidance issued by the Government plan for living with COVID-19 was published. If a new arriving SU wishes to have an LFD test then an LFD test will be supplied. If that test is positive for COVID-19 the SU will be asked to self-isolate in the isolation accommodation. The SUs will still receive an Induction. For the process of what to do if SU tests positive for COVID-19, please see section 9.

3.6. Staying at Wethersfield. All SUs arriving at Wethersfield will be given an induction. SUs will be taken to the main waiting room that is configured to encourage social distancing, accommodating up to 20 people, and the adjoining waiting room that is configured in a socially distanced way to accommodate a further 10 people. All areas will be cleaned between cohorts being inducted. The induction is in written form in their language, which will include as a minimum:

- a. Site orientation
- b. Geographical area orientation
- c. Information regarding face coverings, handwashing, symptoms of COVID 19, and what to do if they develop symptoms.
- d. Advice on how to access healthcare while in Wethersfield and will be assisted to register with a local GP and what to do if they become unwell.
- e. Clear signage will also be displayed throughout Wethersfield containing COVID-19 advice.

3.6.1. Vaccinations. As SUs arrive at Wethersfield they are asked if they have had a COVID-19 vaccine and if they have had 1, 2, or 3 doses. The SUs are asked to produce their COVID-19 vaccine card or other evidence of their vaccine. This information is then recorded on to the Wethersfield Live Register. Vaccines remain our best line of defence. All adults are now eligible to receive a COVID-19 booster vaccine. All residents who have not yet received their first or second dose of the vaccine, or those who are eligible for their booster are encouraged to come forward to help protect themselves and others. Residents are encouraged to contact staff onsite as soon as possible to arrange their vaccination appointment. Staff can also provide further information on the vaccine if required. The Wethersfield staff team can help book the resident's vaccinations appointment and arrange transport there and back by the onsite transport.

3.6.2. Vaccine Hesitancy. Approaching vaccine hesitancy is complex, and therefore no single intervention can address this entirely, especially in the context of COVID-19 where evidence for effective strategies to address it is currently limited. When considering the most effective methods to increase vaccine uptake, a comprehensive multi-component approach, tailored to each SU, (and including staff members) combined with good communication at an individual level, and the

assistance of the on-site nurse and support from the Home Office. This could be in the form of one-to-one chats or directing SU to written information in their language. The staff has access to videos in different languages on COVID-19 vaccinations that can be shown to the residents. (Please see the guidance links used at the end of this document).

3.7. Wethersfield Accommodation. The accommodation arrangements at Wethersfield are detailed below:

- a. SU sharing accommodation blocks and bathroom facilities will be considered one household.
- b. Accommodation blocks vary in size and configuration at Wethersfield ; however, the maximum occupancy per block will be restricted to 130.
- c. Beds in each block are spaced a minimum of two meters apart; In some blocks, Triple double and single rooms are provided, ventilation is being promoted, there are signs/ posters up in all the dormitories asking windows to be open, and staff monitors this.
- d. Toilet and shower facilities vary per accommodation block however, toilets and shower provisions are based on the ratio of five SUs to one toilet.
- e. Disposable face coverings and hand sanitisers are available throughout all the buildings on the site.
- f. The use of face coverings does not replace the requirement to maintain social distancing or observing scrupulous hand hygiene.
- g. Wethersfield has an isolation Room in each block, [REDACTED] (Med) also has an isolation facility.

3.8. What to do if a Service User develops symptoms of COVID-19 or tests positive for COVID-19. If a SU develops symptoms of COVID-19, they will be given an LFD test from the onsite medical centre or from the reception. An SU may also take an LFD on arrival at Wethersfield. If the test result is positive, then the following process will be used:

- a. If a SU test positive for COVID-19 they will be advised the best practice is to self-isolate in the isolation block.
- b. The SU will be asked to complete another LFD on day five and day six of isolation. If these tests are positive, the SU will be asked to continue to isolate for a further two days. After those two days, the SU will complete another LFD test. This will continue every two days until two negative tests are received or have completed 10-day isolation.
- c. Once the negative test is provided, the SU can leave the isolation block.
- d. All self-isolating SUs in the accommodation block will be fully informed verbally about the process for self-isolation in their language.
- e. A risk assessment regarding mental health concerns will also be carried out at the beginning of the isolation period by the health care team to provide care at Wethersfield.
- f. Food and water will be provided to the door of the resident on disposable plates and cutlery with provisions made for disposal. Welfare checks will be carried out at this time.
- g. All non-clinical waste from dormitories will be bagged by the Service User. It will be allowed to rest for 72 hours in a designated area. Then placed outside the dormitory where it will be double bagged by cleaning staff and disposed of.
- h. Bed linen should be changed by the Service User if needed. If possible, placed it outside the dormitory in a bag where it will be double bagged by the cleaning staff. It will be allowed to rest for 72 hours in a designated area and then washed as normal at high heat.
- i. If the SU is already a resident of Wethersfield and has tested positive for COVID-19 on an LFD test, to reduce the spread of infection, individuals within his 'household' will be offered an LFD to identify any other cases of Covid -19.

- j. If single accommodation is not possible then cohorting with other SUs who have tested positive will be permissible.
- k. CRH [REDACTED] will advise on details of the current isolation period. Internal contact tracing should be carried out as soon as possible by speaking to the SU and identifying other individuals with who they may have come in contact with.
- l. The Wethersfield Site SPOC will contact the United Kingdom Health Security Agency (UKHSE) for guidance and recommendations.
- m. The healthcare team providing support to the site, UKHSE Kent the Local Authority will be notified if the test is positive (see the section on reporting).
- n. medical help should be sought if the Service User becomes significantly unwell. This can be accessed by using NHS 111 online service or calling 111. **Do not phone 999 unless it is a medical emergency.**

3.8.1. What to do if a SU is refusing to self-isolate. Although it is no longer a legal requirement to self-isolate after a positive LFD, it is still considered best practice to limit the spreading of the infection. It should be made clear to the SU, that this is a temporary measure until they test negative on an LFD. This is for their protection and the other SUs, staff, and visitors at Wethersfield.

3.8.2. Testing options. LFD Testing Kits are available on site for those SUs who are symptomatic and can be requested from the onsite Nurse who is trained to administer them. Any NHS care received for COVID-19 is free of charge, irrespective of immigration status, and no immigration checks are needed to enable testing or treatment of an asylum seeker for COVID-19.

3.8.3. Reporting. If any SU is tested and receives a positive COVID-19 result, the following organizations should be notified as soon as possible by completing the Notification Form. The spreadsheet should be password protected and sent to the following organizations:

- a. Clearsprings Ready Homes
- b. The Health Protection Team (HPT) will be updated with the results
- c. The relevant Local Authority Single Point of Contact (SPOC, KCC and Folkestone, and Hythe)

3.8.4. Self-Isolation Reporting. Self-Isolation reporting is now closed. Staff will monitor and keep internal records on isolation periods of SUs.

3.9. Internal Contact Tracing. Government contact tracing has now closed. However, CRH still considers it best practice to contact trace to help control the spread of COVID-19. Therefore, SU, staff, and visitors who have been in close contact with a SU who has tested positive will be alerted, using the criteria below:

- a. Household contacts – this generally refers to those living and sleeping in the same household as the affected person. In this setting, that would mean the same accommodation block
- b. Those who are in the same cohort, block, share the same dining schedule and bathroom facilities with a confirmed COVID 19 tested individual.
- c. Cleaners who have cleaned the household setting, even if the case was not present, without using PPE.
- d. Anyone who lives in the same cohort as another person who has COVID -19 symptoms or has been tested positive for COVID-19.
- e. Any staff, visitors, NGO workers, or contractor staff.
- f. Those that participated in on-site arranged activities.

- g. Direct contacts – Face-to-face contact with a case for any length of time, within one meter, including being coughed on, a face-to-face conversation, unprotected physical contact (skin to skin). Exposure without face-to-face contact within one meter for one minute or longer.
- h. Travel in a small vehicle (e.g. car or van) with a SU that has tested positive for COVID-19.
- i. Proximity contact: Contact within two meters for more than 15 minutes (either as a one-off contact or aggregated over one day with a positive case).
- j. Close contacts from two days before symptom onset or positive test, where asymptomatic should be identified.

3.9.1. Internal Reporting of Contact Tracing. The following managers are responsible for overseeing the execution of the CRH internal track and trace when the need arises, and who is to deputize if the employee with primary responsibility is absent: CRH Wethersfield Site Manager, xxxxxxxx , General Manager, xxxxxxxx, Shift supervisor xxxxxxxxxx. Should none of the above be available contact [REDACTED]

3.10. Staff and Visitor Testing. Staff will be *encouraged* to be checked for symptoms of COVID 19 upon arrival and *offered* a core body temperature taken using a handheld portable thermometer console. All visitors are checked for symptoms of COVID 19 upon arrival and *offered* a core body temperature taken using a handheld portable thermometer console. If the temperature of a staff member or visitor is equal to or above 37.8 C, they will be encouraged to take an LFD test. Staff and Visitors may decline the offer to be checked for symptoms, but it should be explained this is carried out to protect those in our care.

3.10.1. What to do if a staff member tests positive or develops symptoms of COVID-19: If a staff member develops symptoms of COVID-19 whilst at work, they should keep a distance from all staff and SUs, contact their line manager and they should arrange an LFD test from the onsite medical centre. It is seen as best practice for symptomatic staff to wear universal masks whiles symptomatic until a negative test result is received. If a positive LFD result is returned, they should leave work/ Wethersfield immediately and follow current employer guidance. Internal contact tracing should be carried out as soon as possible by the on-site staff.

3.10.2. What to do if a visitor tests positive or develops symptoms of COVID-19. If a visitor develops symptoms of COVID-19 whilst at Wethersfield, they should keep a distance from all staff and SUs, contact their line manager and they should arrange an LFD test from the onsite medical centre. It is best practice for the symptomatic visitor to be offered a universal mask whiles symptomatic until a negative test result is received. If a positive LFD result is returned, they should leave Wethersfield immediately and follow their current employer's guidance. Internal contact tracing should be carried out as soon as possible by the on-site staff.

3.11. Case and Outbreak Management. For the purposes of this document, the definition of an outbreak is 2 or more people testing positive for COVID-19 within 14 days. Further guidance can be found at the link at the end of this document.

- 3.11.1. Risk Assessment and Outbreak Management. The following criteria apply
- a. An outbreak of all infectious diseases will be managed by CRH and the Local authority. A risk assessment will be carried out using the IA setting checklist (see Appendix B)
 - b. A meeting will be convened by the OCT (Outbreak Control Team) and chaired by

UKHSE if numbers are increasing and appear to be linked. Attendees will include UKHSE, LA, NHS Kent and Medway Integrated Care Board (ICB), Home Office, and accommodation management, as well as the healthcare team, commissioned to provide support to Wethersfield

- c. In an outbreak situation, routine movements into and out of site should stop, and any movements out should be subject to a risk assessment.
- d. Daily symptom checks with all residents, conducted by the Housing Officers, is particularly important if there are SUs who have tested positive.
- e. Testing of all residents and staff will be considered by the OCT.
- f. SU will be accommodated in isolation
- g. During this time all meals will be delivered to their room (the person delivering is to place the food outside the room and knock then step back a safe distance).
- h. Staff will be provided with PPE
- i. CRH internal track and trace will take place to identify any persons (staff, visitors, SUs) who may have come into contact with the affected person.
- j. All remaining staff and anyone who has been in contact with the symptomatic case will be alerted and SUs will self-isolate in their accommodation block. UKHSE guidance will be sought at this point.
- k. All SUs affected will receive welfare checks regularly
- l. Once the self-isolation period is over, the facility will receive a 'deep' clean undertaken by a specialist certified sub-contractor.

3.12. Best Practice at Wethersfield to Control Infections. Staff are still encouraged to follow best practices with regards to staff training, cleaning regimes, use of PPE, hand hygiene, and social distancing.

3.12.1. Staff Training. Staff at Wethersfield receive basic training in infection control and the management and prevention of Covid-19. As part of their induction, the staff is required to complete the E-learning course, 'Infection Prevention and Control, including COVID-19'. The purpose of the E-Learning is to raise knowledge and awareness of COVID-19 or the Novel Coronavirus and the ways to minimize the risk of infection. Information is given on the definition and properties of the COVID-19 virus, how it spreads, the role of staff in the prevention of avoidable infection, and safe operating during the COVID-19 outbreak. Note that:

- a. Safeguarding training is completed by staff and reviewed every six months.
- b. All staff have the suitability criteria and knowledge to assess the continued suitability of residents at Wethersfield.
- c. COVID flashcards are also located in staff areas.

3.12.2. PPE. All staff are trained to follow guidelines on how to use PPE correctly, as follows:

- a. All PPE is readily available and includes face masks which are made from a 3-ply woven material that features ear loops to hold it in place, disposable unpowdered gloves, and disposable aprons.
- b. The use of face coverings and masks does not replace the requirement to maintain social distancing or to observe scrupulous hand hygiene.
- c. If coming into close contact (within two meters) of a resident with symptoms of COVID 19 or entering the room of an asymptomatic individual, staff will wear appropriate Personal Protective Equipment (PPE). This consists of a fluid-resistant surgical mask, gloves, and a disposable plastic apron. Where possible, this type of close contact should be avoided.

- d. Cleaners must wear a mask, apron, and gloves when cleaning and take particular care when cleaning spaces or facilities used by an asymptomatic person.
- e. Deep cleaning consists of a thorough wipe down of all hard surfaces as well as windows, walls, and floors, particularly door handles, light switches, and other high touch point areas.

3.12.3. Laundry. Used bed linen will be bagged and sealed by the SU in the room and placed outside the door for collection. The cleaning staff will double bag and remove items. Bed linen is changed every week and in addition also on request by the SU. Laundry should be washed at over 50 degrees.

3.12.4. Hand hygiene. All staff is required to always lead by example, including but not restricted to the following:

- a. All staff will wash their hands upon arrival at their workplace.
- b. Staff will be trained in hand washing techniques.
- c. Staff will be regularly reminded of the requirement for scrupulous hand hygiene. This means washing hands more often than usual, for a minimum of 20 seconds each time with soap and warm water, or to use a hand sanitiser if soap and water are not readily available. This is especially important when arriving home or at work; after nose-blowing, sneezing, or coughing; before eating or handling food; after contact with high-touch areas like door handles, lift buttons and light switches; going to the toilet or touching someone else.
- d. Hand sanitation points are available in all buildings and dormitories, particularly at the entrance/exit.
- e. Staff are all provided with personal pocket hand sanitiser and all SUs have access to soap, sanitiser, and handwashing facilities.
- f. Hand hygiene is particularly important for staff after using public transport when arriving at work, before eating, and throughout the day at work.
- g. Alcohol gels are not an alternative to handwashing with soap and water; they are a supplementary measure and should only be used on visibly clean hands.
- h. Residents and staff with diarrhoea and vomiting are encouraged to wash their hands with liquid soap and running water and avoid using alcohol hand gel.

3.12.5. Respiratory Hygiene. Staff and SUs should be *encouraged* to minimize potential COVID-19 transmission through good respiratory hygiene measures, such as the following:

- a. Guidance displayed throughout the site and on block notice boards translated in various languages and large banners placed on the main gate and the outside of buildings in the camp. (See the examples in Appendix C).
- b. Cover the mouth and nose with a tissue or sleeve (not hands) when coughing or sneezing.
- c. Dispose of used tissues in the bin immediately and wash hands afterwards.
- d. Hands should be cleaned (using soap and water, if possible, otherwise using hand sanitiser) after coughing, sneezing, using tissues, or after any contact with respiratory secretions and contaminated objects.
- e. Pictorial signage is provided regarding information in accessible formats to SUs about hand and respiratory hygiene.
- f. Windows will remain open whenever possible in accommodation blocks and facilities. The allocated Housing Officer will open the windows in the morning and monitor and encourage the SU to keep windows open to ensure adequate ventilation.

3.12.6. Face Coverings. Where asylum seekers are placed in Wethersfield accommodation, residents and staff should be *encouraged* to continue to wear face coverings in poorly ventilated, crowded, and enclosed spaces where social distancing would be difficult to maintain and in line with a risk assessment. The use of face coverings and masks does not replace the requirement to maintain social distancing or observing scrupulous hand hygiene.

3.12.7. Social distancing. SU should be encouraged to maintain reasonable personal space from others service users, instead of using Social distancing.

The following guidance is *encouraged* at Wethersfield.

- a. The floors of communal areas such as the dining room where queues form are marked to enable two-meter distancing and clear signage is also displayed in all communal areas (examples are in appendix C).
- b. Staff will maintain a two-meter distance from other staff and SUs and encourage SUs to do the same, markings should be placed on floors and walls with additional sources of the information displayed highlighting the importance of social distancing (see Appendix C)
- c. Face coverings are always available for the SU use in indoor communal areas such as corridors reception areas, worship rooms, and dining areas.
- d. One-way systems are in a place where possible. Where this is not possible; staff/security will manage the entry and exit of SUs as a control measure.
- e. In addition to the one-way system used for collecting food during mealtimes, each food element is placed to avoid SUs having to retrace their steps.

3.12.8. Cleaning at Wethersfield. The following criteria are considered when selecting the appropriate

cleaning process in Wethersfield 's areas:

- a. A combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.) is used in isolation block or where infectious SU have been staying. In all other areas, standard cleaning detergents for environmental cleaning are used.
- b. Floors including bed spaces in each block will be cleaned twice daily.
- c. High touchpoints i.e. door handles, chairs, tables will be cleaned after each use in the canteen, lecture room, faith room, rec rooms, and induction room. All other communal areas including toilet/shower blocks will be cleaned every two hours.
- d. Cleaning staff will wear appropriate PPE whilst completing their specific cleaning The task, as specified in the guidance below.
- e. Staff will ensure that all areas they have used are cleaned immediately after use and before the change of shifts.
- f. The cloths and mop heads used are disposable and separate cloths and mops are used for the individual blocks.
- g. Separate cloths and mops are used in the shower facilities.
- h. Waste will be bagged in the room by the Service User and placed outside the dormitory for collection. Cleaning staff will double bag and remove waste from dormitories twice daily.
- i. All refuse bins are emptied in communal areas at the start and the end of the day in addition to as required. Specific attention will also be given to refuse disposals after every cohort meal service regardless of fill level.

- j. All cleaning products and tools are kept in a secured unit in each dormitory.
- k. Accommodation blocks including sleeping spaces, toilet, and shower blocks are deep cleaned twice a day and cleaning products are provided for the SUs to use. The cleaning staff uses antibacterial spray, disposable cloths, mop heads, floor cleaning detergent, and disinfectant.
- l. SUs are supplied with a dustpan & brush and antibacterial spray to clean their pod whenever they wish, however as above their sleeping area will be mopped twice a day unless requested not to i.e. want to rest.
- m. All cleaning products and tools are considered single-use items. All clothes and mop heads will be bagged and disposed of after every use. Separate cleaning products and tools are used in every dormitory by the cleaning staff.
- n. Twice daily audits are conducted by on-site staff to confirm cleaning has taken place as above and records are kept.

3.13. Guidance References

Features of COVID-19
COVID-19: epidemiology, virology, and clinical features - GOV.UK (www.gov.uk) (updated 17th May 2022)
COVID-19 Advice for Asylum Seekers
https://www.gov.uk/government/publications/covid-19-guidance-for-providers-of-accommodation-for-asylum-seekers/covid-19-guidance-for-providers-of-accommodation-for-asylum-seekers
Taxis and PHVS
https://www.gov.uk/guidance/coronavirus-covid-19-taxis-and-phvs updated on 10th June 2022
Translated materials about COVID-19
https://www.doctorsoftheworld.org.uk/coronavirus-information/
https://www.london.gov.uk/coronavirus/covid-19-resources-and-services-your-language-0
https://coronavirusresources.UKHSE.gov.uk/National-Restrictions/resources/translations/
https://www.doctorsoftheworld.org.uk/coronavirus-information/
Video Promoting COVID-19 Vaccine
https://www.england.nhs.uk/london/our-work/covid-19-vaccine-communication-materials/
Cleaning Guidelines
https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings
Guidance on Outbreaks
https://www.gov.uk/government/publications/covid-19-epidemiological-definitions-of-outbreaks-and-clusters/covid-19-epidemiological-definitions-of-outbreaks-and-clusters-in-particular-settings
Living safely with respiratory infections, including COVID-19
Living safely with respiratory infections, including COVID-19 - GOV.UK (www.gov.uk)

4.0. Monkey Pox. Monkeypox is a rare disease that is caused by the Monkey Pox virus. Monkeypox is most commonly seen in central and west Africa but there has been a recent increase in cases in the UK as well as other parts of the world where it has not been seen before.

Monkeypox usually causes a mild illness that resolves without treatment and most people recover within a few weeks. However, severe illness can occur in some people. It is possible that young children, pregnant women and immunocompromised people, are more at risk of becoming severely unwell than others.

Many cases of monkeypox across the world are suspected to be caused by contact with infected animals. Monkeypox can also spread between people, but it does not spread easily.

Infection mainly spreads between people through direct (skin to skin) contact, including sexual contact, or close contact via particles containing the monkeypox virus. Infection can also be spread via contaminated objects such as linen and soft furnishings. The chances of catching the infection increase when there is close contact with an infected person who has monkeypox symptoms. Monkeypox is now a Notifiable Disease and any cases, suspected and confirmed should be reported to the local Health Protection Team

Monkeypox infection usually starts with symptoms such as Symptoms rash, fever, headache, muscle aches, backache, Joint pain, swollen lymph nodes, chills or exhaustion. This is followed by a rash a few days later that may start on the face, groin or hands, before spreading to the rest of the body. It starts as raised spots, which turn into small blisters filled with fluid (lesions). These blisters eventually form scabs which later fall off.

An individual with monkeypox is considered infectious from when their symptoms start until their lesions have scabbed over, all the scabs have fallen off and a fresh layer of skin has formed underneath. This may take several weeks.

The incubation period is the duration/time between contact with the infected person and the time that the first symptoms appear. The incubation period for MPX is between 5 and 21 days, usually 6 to 16 days.

4.1.0. How to isolate safely if you have a monkeypox infection.

4.1.1. Isolation. If the Service User, (SU) has been diagnosed with monkeypox and has been advised to self-isolate in the isolation block by an on-site Nurse or Doctor, the SU should not go to public areas.

4.1.2. Designated outside space. It is fine to use a designated outside space. As monkeypox spreads via close contact, to protect other Residents of Wethersfield the SU should keep at least 3 steps (1 metre) away from them even while you are in the designated outside space.

4.1.3. Essential Journey. SUs should only leave the accommodation for essential purposes such as emergencies, urgent medical appointments, or urgent health and wellbeing issues.

- a. If an SU needs to leave the accommodation, make sure the rash is completely covered for example by wearing a long-sleeved top and full-length trousers. Wear a well-fitting surgical face mask or a double-layered face covering while outside the accommodation.
- b. Keep the time spent outside the accommodation as short as possible and avoid all contact with objects such as furniture in public spaces. If SU needs to attend hospital transport and PPE will be provided. We will avoid busy periods, cover any lesions with cloth (for example using scarfs or bandages) and wear a face covering.
- c. SUs, to follow the current isolation guidance (no contact from friends).

4.2. Self-Isolation. SU who live in the same household as someone with monkeypox is at the highest risk of becoming infected themselves because they are most likely to have prolonged close contact. If the SU live with other people, they will have been advised to isolate themselves and be provided with public health advice.

4.2 .1. Bathrooms. SU must use the identified bathroom facility from the rest of the isolation Block. SUs will use separate towels from other SUs. SUs to use their own toothbrush and drinking utensils. SUs must clean all bathroom facilities after use, using the provided cleaning equipment. This is in addition to the existing cleaning regime.

4.2.2. Meals. Food and water will be provided to the door of the resident on disposable plates and cutlery with provisions made for disposal and welfare checks should be carried out at this time. SU is not to share food and drinks.

4.2.3. Personal Hygiene. While in Isolation SUs are required to cover their mouth and nose with disposable tissues when they cough or sneeze and dispose of them in a bag. Place this bag in another bag and follow the instructions for disposing of waste. Wash their hands thoroughly with soap and water for 20 seconds. Clean their hands frequently throughout the day by washing with soap and water for 20 seconds. Care should be taken if there are extensive or ulcerated hand lesions. If there are no hand lesions, then the SU will be provided with hand gel.

4.2.4. Sharing space. If SU needs to spend time in the same isolation room with another SU, SUs should avoid physical contact and aim to keep at least 1 metre away from the other SU. In addition, wearing a well-fitting surgical face mask or double-layered face covering may provide some additional protection.

4.2.5. Bedding. Bed linen should be changed by the SU. The SU will place bed linen outside the dormitory in a bag where it will be double bagged by cleaning staff.

4.2.6. Welfare Checks. All SU's affected will be welfare checked regularly by on-site staff wearing appropriate PPE.

4.3. Cleaning, disinfection and waste disposal.

4.3.1 Cutlery. While in Isolation SU is to only use disposable plates and cutlery. When the SU has finished eating then they should place them in the waste bag provided.

4.3.2. Cleaning. SU should regularly clean surfaces that they touch frequently, such as door handles and light switches and use a damp cloth to prevent dust from accumulating on surfaces, especially in their bedroom. The SU can use usual household cleaning products for this, such as detergents and bleach which will be provided.

4.3.3. Personal waste. Personal waste (such as used tissues) and disposable cleaning cloths can be stored securely within disposable rubbish bags. SUs to only use their own washcloths.

4.3.4. Disposable Rubbish. As an additional precaution, all disposable rubbish bags should be placed outside the dormitory in a bag where they will be double bagged and tied securely by cleaning staff, before being disposed of as usual with domestic waste.

4.3.4. Laundry. The infected SUs laundry must be kept separate from the rest of the SUs laundry, laundry staff must wear a PPE Mask and gloves when handling the laundry. The laundry can be washed using normal detergent, following the manufacturer's instructions. If possible, use the highest temperature which the items can withstand, do not overload the washing machine (aim for half or two-thirds full) and avoid shorter 'economy cycles' (those which reduce water and save energy) until the SU has left isolation.

When moving laundry to the washing machine it is important to avoid shaking the laundry, as this could spread virus particles into the air and onto the surfaces.

After each wash cycle of the infected SUs laundry the area will be cleaned down.

- 4.4. Ending self-isolation. You should self-isolate at home until:
- a. you have not had a high temperature for at least 72 hours.
 - b. you have had no new lesions in the previous 48 hours.
 - c. all your lesions have scabbed over.
 - d. you have no lesions in your mouth.

e. any lesions on your face, arms and hands have scabbed over, all the scabs have fallen off and a fresh layer of skin has formed underneath.

If SU meets all of the points above, they should be able to stop self-isolating, we will refer to the on-site nurse practitioner for advice.

4.4.1. Continue to avoid close contact. SU should continue to avoid close contact with other SUs, staff and immunosuppressed people until the scabs on all your lesions have fallen off and a fresh layer of skin has formed underneath. This is because SU may still be infectious until the scabs have fallen off.

4.4.2. After SU self-isolation. After SU self-isolation has ended they should cover any remaining lesions when moving around Wethersfield, including if they go off Wethersfield or have close contact with people until all the scabs have fallen off and a fresh layer of skin has formed underneath.

4.4.3. Isolation Room Cleaning. Once the self-isolation period is over, the facility will receive a 'deep' clean.

4.5. PPE and Cleaning.

4.5.1. PPE Training. All staff are trained to follow guidelines on how to use PPE correctly.

4.5.2. PPE. All PPE is readily available and includes face masks which are made from a 3-ply woven material that features ear loops to hold it in place, disposable unpowdered gloves and disposable aprons.

4.5.3. Close Contact. If coming into close contact (within 1 metres) of a SU with symptoms of Monkey Pox or entering the room of a symptomatic individual, staff will wear appropriate Personal Protective Equipment (PPE). This consists of a fluid resistant surgical mask, gloves and a disposable plastic apron. Where possible, this type of close contact should be avoided.

4.5.4. Isolation Room Cleaning. Cleaners must wear a Surgical mask, apron, and gloves when cleaning and take particular care when cleaning spaces or facilities used by a symptomatic person. Cleaners will not clean the room of people with Monkeypox during the isolation period. Deep cleaning consists of a thorough wipe-down of all hard surfaces as well as windows, walls, and floors.

4.6 Resuming sexual activity. All SUs will be informed that it is not known how long the monkeypox virus remains present in semen and other genital excretions. If SU wishes to resume sexual activity after their self-isolation has ended, SU should use a condom for 8 weeks after their rash has scabbed over and scabs have fallen off. This is a precaution to reduce the risk of spreading the infection to their partner.

Information on Monkeypox taken from [Monkeypox: infected people who are isolating at home - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/monkeypox-infected-people-who-are-isolating-at-home)

5.0 Scabies.

5.1. What is Scabies. Scabies is an infestation of the skin by the human itch mite (*Sarcoptes scabiei*). The microscopic scabies mite burrows into the upper layer of the skin where it lives and lays its eggs.

Scabies is not infectious but in a setting like Wethersfield, it can be contagious and can spread quickly through close physical contact in a dormitory-style setting.

5.2. What are the symptoms? After the initial exposure to scabies, it can take up to six weeks for symptoms to appear. The symptoms usually develop more quickly in people who've had scabies before.

The hallmark symptoms of scabies include a pimple-like rash and intense itching that gets worse at night. Continuous scratching of the infected area can create sores that become infected.

5.2.1. The incubation periods. This is up to 8 weeks after contact with an affected person. Skin penetration is visible as papules, vesicles or tiny linear burrows containing the mites and their eggs. The lesions occur mainly on the infants, the head, neck, palms and soles may be involved; these areas are often spared in older individuals.

The intense itching is aggravated by warmth and moistness. Itching occurs especially at night or after a hot bath or shower. Because of scratching lesions can develop a secondary infection.

5.2.2. Crusted scabies. (sometimes called Norwegian Scabies) is a more severe but less common form of scabies which tends to affect older people and people with weakened immune systems. Crusted scabies occurs when there are millions of mites on the body which cause thick, warty crusts to appear on the skin. Due to the high number of mites, crusted scabies is highly contagious. Even minimal physical contact with a person with crusted scabies or their bed linen or clothes can lead to infection. However, acquiring the infection from someone with crusted scabies will only lead to the normal type of scabies in those with a healthy immune system.

5.2.3. How is scabies transmitted? Scabies mites cannot fly or jump so they can only move from one human body to another if two people have direct and prolonged physical contact such as prolonged hand-holding or sharing a bed. Scabies mites can live outside the body for 24-36 hours. Therefore, it is possible to become infected by coming into contact with contaminated clothes or bed linen, but this is a much less common way of acquiring the infection.

5.2.4. When are infected people infectious to others? People are infectious before the rash develops as the itch and rash take 2-6 weeks to develop in a person who has been infested with scabies for the first time. The appearance of the rash is due to an allergic reaction to the mite, its eggs and faeces.

5.3. How to treat Scabies? Treatment for scabies usually involves getting rid of the infestation with prescription ointments, creams, and lotions that can be applied directly to the skin. Oral medications are also available. Wethersfield's on-site Nurse Practitioner will be available for any medical advice or treatment needed.

It's generally recommended to apply the medicine at night when the mites are most active.

SUs will follow the medical instructions very carefully. SU may need to repeat the treatment after a week.

A lotion or cream will be prescribed by the on-site Nurse Practitioner or GP that must be applied to the skin on the entire body.

The on-site Nurse Practitioner or GP may also prescribe additional medications to help relieve some of the bothersome symptoms associated with scabies. These medications include:

- a. antihistamines, such as Benadryl (diphenhydramine) or pramoxine lotion to help control the itching
- b. antibiotics to kill any infections that develop as a result of constantly scratching your skin
- c. steroid creams to relieve swelling and itching

5.3.1. How to apply the treatment. To be effective, treatment must be applied correctly.

- a. Manufacturer recommends application to the body, but excluding the head and neck, however, the application should be extended to the scalp, neck, face and ears. (BNF 2008)
- b. The skin should be cool and dry before treatment is applied (i.e., not after a hot

bath).

c. Wear gloves and aprons when treating residents.

d. Pay special attention to the areas between the fingers and toes and under the nails. Flexor of wrists and elbows.

e. Allow the cream or lotion to dry before dressing.

f. Wash the treatment off after the recommended time (*Permethrin – 8 to 12 hours, *Malathion – 24 hours).

g. Treatment should be re-applied if it is washed off at any time during the treatment period (i.e., after washing hands).

h. Treatment failure can occur if treatment of all cases and contacts is not applied correctly, within the 24-hour time frame, therefore, remain vigilant for 6 weeks.

The rash may continue to itch for some time after treatment has been completed but symptoms should have resolved within 6 weeks of the first treatment application. Advice on suitable creams to relieve symptoms should be sought from the onsite Nurse Practitioner or your GP.

5.4. How to reduce the spread of Scabies.

5.4.1. All potentially exposed SUs should be treated at the same time as the affected person to prevent possible re-exposure and reinfestation.

5.4.2. Scabies mites do not survive more than two to three days away from human skin.

5.4.3. Staff must wear PPE, and gloves and maintain standard handwashing procedures when entering these rooms.

5.4.4. Bedding and clothing worn or used next to the skin anytime during the 3 days before treatment should be machine washed and dried using hot water and hot dryer cycles or be dry-cleaned. Items that cannot be dry-cleaned or laundered can be disinfested by storing them in a closed plastic bag for several days to a week.

5.4.5. Rooms used by SUs with scabies should be thoroughly cleaned and vacuumed. Environmental disinfestation using pesticide sprays or fogs generally is unnecessary and is discouraged.

5.4.6. SUs who are being treated do not need to be isolated but are offered an isolation room, if available, to offer the SU some privacy during treatment.

5.5 Scabies outbreaks.

5.5.1 Transmission. Scabies remains infectious until treated and is transmitted most commonly through prolonged, direct skin-to-skin contact. Transmission normally occurs in those living in the same household or in residential settings.

5.5.2. Incubation. Scabies has a long incubation period of up to 2 months and individuals may pass on the infection before symptomatic, leading to a high risk of prolonged outbreaks if treatment is not managed effectively.

5.5.3. Outbreak definition. Two or more linked SUs with similar symptoms were confirmed through diagnosis by Wethersfield 's on-site Nurse Practitioner or the SUs GP.

5.5.4. Outbreaks in Wethersfield. Due to the process of residents coming to Wethersfield with prior health

screening in their previous accommodation, the amount of SUs arriving at Wethersfield with scabies is very low. Newly arriving SUs are made aware of the on-site Nurse Practitioner and informed that they can make an appointment.

If two or more linked SUs have been diagnosed with Scabies then, treatment will be given and the whole of the accommodation block will be monitored for symptoms of Scabies in the other SUs.

SUs who are being treated do not need to be isolated but are offered an isolation room, if available, to offer the SUs some privacy during treatment.

6.0. TUBERCULOSIS.

6.1. Tuberculosis (TB). TB is a bacterial infection spread through inhaling tiny droplets from the coughs or sneezes of an infected person.

It mainly affects the lungs, but it can affect any part of the body, including the tummy (abdomen), glands, bones and nervous system. **UKHSA Fact Sheet can be found in Appendix C**

6.1.1 The suitable criteria. The suitable criteria state that Asylum seekers are considered unsuitable for Wethersfield if they have complex health needs. If a SU is diagnosed with TB while at Wethersfield, an urgent internally suitable dispersal will be requested. While waiting for the dispersal the resident will be isolated.

6.1.2. Serious condition. TB is a potentially serious condition, but it can be cured if it's treated with the right antibiotics.

6.1.3. The following is for information and is taken from the NHS website, www.nhs.uk/conditions/tuberculosis-tb/

6.2. Symptoms of TB. Typical symptoms of TB include:

- a. a persistent cough that lasts more than 3 weeks and usually brings up phlegm, which may be bloody
- b. weight loss
- c. night sweats
- d. high-temperature
- e. tiredness and fatigue
- f. loss of appetite
- g. swellings in the neck

You should see a GP if you have a cough that lasts more than 3 weeks or if you cough up blood.

Read more about the symptoms of TB and diagnosing TB in the below links

<https://www.nhs.uk/conditions/tuberculosis-tb/symptoms/>

<https://www.nhs.uk/conditions/tuberculosis-tb/diagnosis/>

6.3. What causes TB? TB is a bacterial infection. TB that affects the lungs (pulmonary TB) is the most contagious type, but it usually only spreads after prolonged exposure to someone with the illness.

In most healthy people, the body's natural defence against infection and illness (the immune system) kills the bacteria and there are no symptoms.

Sometimes the immune system cannot kill the bacteria but manages to prevent it from spreading in the body.

6.4. Latent TB. You will not have any symptoms, but the bacteria will remain in your body. This is known as latent TB. People with latent TB are not infectious to others.

Latent TB could develop into an active TB disease at a later date, particularly if your immune system becomes weakened.

6.5. Active TB. If the immune system fails to kill or contain the infection, it can spread within the lungs or other parts of the body and symptoms will develop within a few weeks or months. This is known as active TB.

Read more about the causes of TB <https://www.nhs.uk/conditions/tuberculosis-tb/causes/>

6.6. Treating TB. With treatment, TB can almost always be cured. A course of antibiotics will usually need to be taken for 6 months.

Several different antibiotics are used because some forms of TB are resistant to certain antibiotics.

If you're infected with a drug-resistant form of TB, treatment with 6 or more different medications may be needed.

6.7. Contagious. If you're diagnosed with pulmonary TB, you'll be contagious for about 2 to 3 weeks into your course of treatment.

6.7.1 Isolated. You will not usually need to be isolated during this time, but it's important to take some basic precautions to stop the infection from spreading to your family and friends.

You should:

- a. stay away from work, school or college until your TB treatment team advises you it's safe to return.
- b. always cover your mouth when coughing, sneezing or laughing.
- c. carefully dispose of any used tissues in a sealed plastic bag.
- d. open windows, when possible, to ensure a good supply of fresh air in the areas where you spend time.
- e. avoid sleeping in the same room as other people.

6.7.2. Close Contact. If you're in close contact with someone who has TB, you may have tests to see whether you're also infected. These can include a chest X-ray, blood tests, and a skin test called the Mantoux test.

Read more about treating TB at <https://www.nhs.uk/conditions/tuberculosis-tb/causes/>

6.8. Vaccination for TB. The BCG vaccine offers protection against TB and is recommended on the NHS for babies, children and adults under the age of 35 who are considered to be at risk of catching TB.

6.8.1. BCG. The BCG vaccine is not routinely given to anyone over the age of 35 as there's no evidence that it works for people in this age group.

Read more about who should have the BCG vaccine at <https://www.nhs.uk/conditions/tuberculosis-tb/treatment/>

6.8.2. At-risk groups, include:

- a. children living in areas with high rates of TB.
- b. people with close family members from countries with high TB rates
- c. people going to live and work with local people for more than 3 months in an area with high rates of TB.

6.9. Countries with high TB rates. Parts of the world with high rates of TB include:

- a. Africa – particularly sub-Saharan Africa (all the African countries south of the Sahara desert) and west Africa.
- b. South Asia – including India, Pakistan, Indonesia and Bangladesh.
- c. Russia.
- d. China.
- e. South America.
- f. the western Pacific region (to the west of the Pacific Ocean) – including Vietnam, Cambodia and the Philippines.

GOV.UK has detailed information on each country's TB rates on

<https://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people>

7.0. Hepatitis B.

7.1. Hepatitis B (Hep B). is an infection of the liver caused by a virus that's spread through blood and body fluids. It often does not cause any obvious symptoms in adults, and typically passes in a few months without treatment.

Hepatitis B is less common in the UK than in other parts of the world, but certain groups are at an increased risk. This includes people originally from

- a. high-risk countries,
- b. people who inject drugs,
- c. people who have unprotected sex with multiple sexual partners.

A hepatitis B vaccine is available for people at high risk of the condition.

7.1.2 Suitable Criteria. The suitable criteria state that Asylum seekers are considered unsuitable for Wethersfield if they have complex health needs. Though this is not as infectious and can be treated, getting the treatment can take some time and if the SU is moved the treatment can be delayed or need to start the referral process. If a SU is diagnosed with Hepatitis B while at Wethersfield, an internally suitable dispersal will be requested. While waiting for the dispersal the resident will be isolated.

7.2. Symptoms of hepatitis B. Many people with hepatitis B will not experience any symptoms and may fight off the virus without realising they had it. If symptoms do develop, they tend to happen 2 or 3 months after exposure to the hepatitis B virus. Symptoms of hepatitis B include:

- a. flu-like symptoms, including tiredness, a fever, and general aches and pains
- b. loss of appetite
- c. feeling and being sick
- d. diarrhoea
- e. tummy pain
- f. yellowing of the skin and eyes (jaundice)

7.2.1 How long do symptoms of hepatitis B last? Hepatitis B in adults will usually pass within 1 to 3 months. This is known as acute hepatitis B and rarely causes any serious problems. Occasionally, the infection can last for 6 months or more. This is known as chronic hepatitis B.

7.3. When to get medical advice. Hepatitis B can be serious, so the resident should get medical advice if,

- a. they think they may have been exposed to the hepatitis B virus – emergency treatment can help prevent infection if given within a few days of exposure
- b. you have symptoms associated with hepatitis B
- c. you're at a high risk of hepatitis B – high-risk groups include people born in a country where the infection is common, babies born to mothers infected with hepatitis B, and people who have ever injected drugs

7.3.1 Help and Advice. Any resident can go to the on-site Nurse Practitioner if they have any concerns, and they can then be referred to receive a blood test. Other options are they can go to their local GP surgery, drug service, genitourinary medicine (GUM) clinic or sexual health clinic for help and advice.

7.3.2. Blood Test. A blood test can be carried out to check if the Resident has hepatitis B or has had it in the past.

The hepatitis B vaccine may also be recommended to reduce your risk of infection.

7.4. Treatments for Hepatitis B. Treatment for hepatitis B depends on how long you have been infected.

- a. If the resident has been exposed to the virus in the past few days, emergency treatment can help stop you becoming infected.

- b. If the resident has had the infection for a few weeks or months (acute hepatitis B), they may only need treatment to relieve your symptoms while your body fights off the infection.
- c. If the resident has had the infection for more than 6 months (chronic hepatitis B), they may be offered treatment with medicines that can keep the virus under control and reduce the risk of liver damage.
- d. Chronic hepatitis B often requires long-term or lifelong treatment and regular monitoring to check for any further liver problems.

7.4.1. Emergency hepatitis B treatment. The resident must see the onsite Nurse Practitioner or GP as soon as possible if they think they may have been exposed to the hepatitis B virus. To help stop them from becoming infected, they can give you:

- a. a dose of the hepatitis B vaccine – you'll also need 2 further doses over the next few months to give you long-term protection
- b. hepatitis B immunoglobulin – a preparation of antibodies that work against the hepatitis B virus and can offer immediate but short-term protection until the vaccine starts to take effect

These are most effective if given within 48 hours after possible exposure to hepatitis B, but you can still have them up to a week after exposure.

7.4.2. Treatment for acute hepatitis B. If you're diagnosed with hepatitis B, the onsite Nurse Practitioner or GP will usually refer you to a specialist, such as a hepatologist (liver specialist).

7.4.3. Treatment for chronic hepatitis B. If blood tests show that you still have hepatitis B after 6 months, your doctor may recommend medication to reduce the risk of complications of hepatitis B and regular tests to assess the health of your liver.

Treatment is usually offered if:

- a. your immune system is unable to control the hepatitis B by itself
- b. there's evidence of ongoing liver damage

7.5. How is Hepatitis B spread? The hepatitis B virus is found in the blood and bodily fluids, such as semen and vaginal fluids, of an infected person. It can be spread,

- a. from a mother to her newborn baby, particularly in countries where the infection is common.
- b. within families (child to child) in countries where the infection is common.
- c. by injecting drugs and sharing needles and other drug equipment, such as spoons and filters.
- d. by having sex with an infected person without using a condom.
- e. by having a tattoo, body piercing, or medical or dental treatment in an unhygienic environment with unsterilised equipment.
- f. by sharing toothbrushes or razors contaminated with infected blood.

Hepatitis B is not spread by kissing, holding hands, hugging, coughing, sneezing or sharing crockery and utensils.

7.6. Preventing Hepatitis B. A vaccine that offers protection against hepatitis B is available for people at high risk of infection or complications from it. This includes:

- a. babies born to hepatitis B-infected mothers
- b. close family and sexual partners of someone with hepatitis B
- c. people travelling to a part of the world where hepatitis B is widespread, such as sub-Saharan Africa, east and southeast Asia, and the Pacific Islands
- d. families adopting or fostering children from high-risk countries
- e. people who inject drugs or have a sexual partner who injects drugs
- f. people who change their sexual partner frequently
- g. men who have sex with men
- h. male and female sex workers

- i. people who work somewhere that places them at risk of contact with blood or body fluids, such as nurses, prison staff, doctors, dentists and laboratory staff
- j. people with chronic liver disease
- k. people with chronic kidney disease
- l. prisoners
- m. people who receive regular blood or blood products, and their carers

7.7. Outlook for Hepatitis B. The vast majority of people infected with hepatitis B in adulthood are able to fight off the virus and fully recover within 1 to 3 months. Most will then be immune to the infection for life.

7.7.1 Although treatment can help, there's a risk that people with chronic hepatitis B could eventually develop life-threatening problems, such as scarring of the liver (cirrhosis) or liver cancer.

7.7.2. Only some people with hepatitis B experience symptoms, which usually develop 2 or 3 months after exposure to the hepatitis B virus.

7.7.3. Many people infected in adulthood will not experience any symptoms and will fight off the infection without realising they had it. But they'll still be able to pass the virus on to others while they're infected.

7.8. Living with Hepatitis B. If a resident has hepatitis, they should:

- a. avoid having unprotected sex, including anal and oral sex, unless you're sure your partner has been vaccinated against hepatitis B
- b. avoid sharing needles used to inject drugs with other people
- c. take precautions to avoid the spread of infection, such as not sharing toothbrushes or razors with other people (close contacts, such as family members, may need to be vaccinated)
- d. eat a generally healthy, balanced diet – there's no special diet for people with hepatitis B
- e. avoid drinking alcohol – this can increase your risk of developing serious liver problems

8.0. Norovirus (vomiting bug).

8.1. Norovirus. This also called the "winter vomiting bug", is a stomach bug that causes vomiting and diarrhoea. It can be very unpleasant but usually goes away in about 2 days.

8.2. Symptoms. The main symptoms of norovirus are:

- a. feeling sick (nausea)
- b. diarrhoea
- c. being sick (vomiting)

You may also have:

- a. high-temperature
- b. headache
- c. aching arms and legs

The symptoms start suddenly within 1 to 2 days of being infected.

8.3. How to treat norovirus yourself. SUs can usually treat themselves at Wethersfield . The most important thing is to inform the on-site Nurse Practitioner or Welfare Officer and rest and have lots of fluids to avoid dehydration. You will usually start to feel better in 2 to 3 days.

Find out how to treat diarrhoea and vomiting in children and adults

8.4. Infectious Period. The first two to three days are when SUs are most infectious. During this time the resident will be offered a bed in the isolation room and advised not to leave the site during this time.

8.5. How Norovirus is spread. Norovirus can spread very easily. You can catch norovirus from:

- close contact with someone with norovirus.
- touching surfaces or objects that have the virus on them, then touching your mouth.
- eating food that's been prepared or handled by someone with norovirus

Washing your hands frequently with soap and water is the best way to stop it from spreading. Alcohol hand gels do not kill norovirus.

8.6 Room Cleaning. If SU moves to the isolation block his room will be deep cleaned. Cleaners must wear an apron, and gloves when cleaning and take particular care when cleaning spaces or facilities used by affected SU. Cleaners will not clean the room of the SU with Norovirus during the infectious period. Deep cleaning consists of a thorough wipe-down of all hard surfaces as well as windows, walls, and floors.

9.0. Influenza.

9.1. Influenza (Flu). Flu will often get better on its own, but it can make some people seriously ill. It's important to get the flu vaccine if you're advised to.

9.2. Check if you have flu. Flu symptoms come on very quickly and can include:

- a sudden high temperature of 38C or above
- an aching body
- feeling tired or exhausted
- a dry cough
- a sore throat
- a headache
- difficulty sleeping
- loss of appetite
- diarrhoea or tummy pain
- feeling sick and being sick

The symptoms are similar for children, but they can also get pain in their ears and appear less active.

9.3. How to treat flu yourself. A Service User, (SU) can help themselves get better more quickly by

- rest and sleep
- keep warm
- take paracetamol or ibuprofen to lower your temperature and treat aches and pains
- drink plenty of water to avoid dehydration (your pee should be light yellow or clear)
- Wethersfield 's on-site Nurse Practitioner or a pharmacist can give treatment advice and recommend flu remedies.

9.3.1. Be careful not to use flu remedies if you're taking paracetamol and ibuprofen tablets as it's easy to take more than the recommended dose.

9.4. Information. If an SU feels that they have Flu then they can make an appointment with the on-site Nurse Practitioner for advice. Also, the SU will be offered, if available, a bed in the isolation block

9.5. Antibiotics. The on-site Nurse Practitioner or GPs do not recommend antibiotics for flu because they will not relieve your symptoms or speed up your recovery.

9.6. Immediate action. If the SUs show the below symptoms then immediate action is required. Call 999 and inform the on-site Nurse Practitioner if the SU:

- develop sudden chest pain
- have difficulty breathing
- start coughing up blood

9.7. How to avoid spreading the flu. Flu is very infectious and easily spread to other people. You're more likely to give it to others in the first 5 days. Flu is spread by germs from coughs and sneezes, which can live on hands and surfaces for 24 hours.

9.8. To reduce the risk of spreading flu.

- Wash your hands often with warm water and soap
- Use tissues to trap germs when you cough or sneeze
- Bin used tissues as quickly as possible
- Try to stay on-site and avoid contact with other people if you have a high temperature or you do not feel well enough to do your normal activities. The SU will be offered, if available, a bed in the isolation block, to assist with recovery and reduce the risk of spreading Flu to other SUs.

9.9. How to get the flu vaccine. The flu vaccine is a safe and effective vaccine. It's offered every year on the NHS to help protect people at risk of flu and its complications. The best time to have the flu vaccine is in the autumn before the flu starts spreading. But you can get the vaccine later.

9.9.1 Who can have the flu vaccine. The flu vaccine is given by the NHS to people who,

- are 50 and over
- have certain health conditions
- are pregnant
- are in a long-stay residential care
- receive a carer's allowance, or are the main carer for an older or disabled person who may be at risk if you get sick
- live with someone who is more likely to get infections (such as someone who has HIV, has had a transplant or is having certain treatments for cancer, lupus or rheumatoid arthritis)
- frontline health or social care workers

If any resident wishes to have a Flu Vaccine outside of the above can pay for the vaccine, then advise the resident to speak to the on-site Nurse Practitioner.

Appendix A. List of key contacts for updates.

Kent County Council Public Health			
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

South East		
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

Wethersfield Site Team			
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

NHS			
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]		
[Redacted]	[Redacted]		

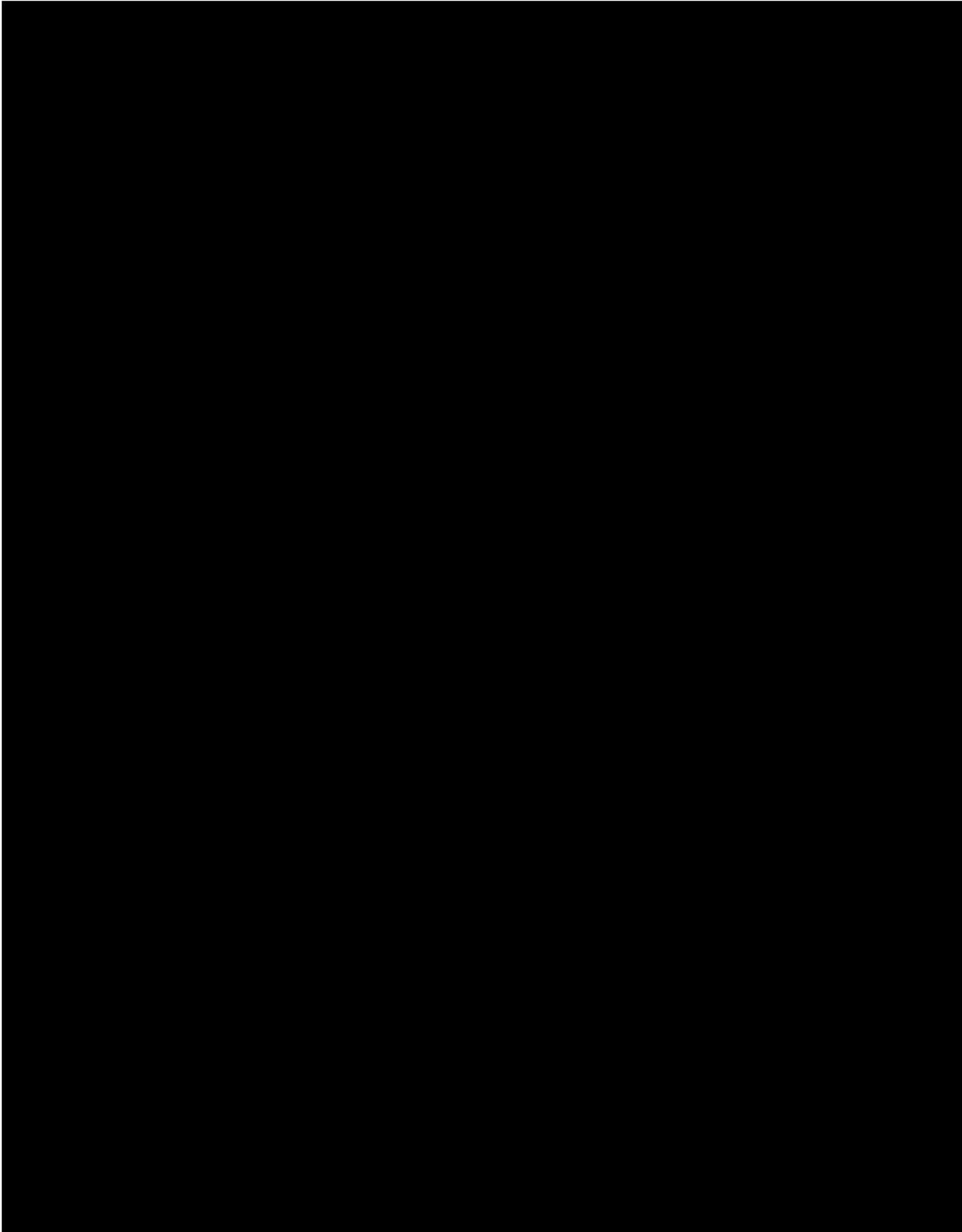
[REDACTED]	
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National and Internal		
Home Office		
[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]

APPENDIX B: COVID OUTBREAK CHECKLIST (TO BE COMPLETED BY ACCOMMODATION MANAGER AS PART OF THE RISK ASSESSMENT)

	Comments
Name and address of the affected setting.	
Contact details for a manager/appropriate person (including name, position, telephone number, and email).	
Contractor/subcontractor	
Nature of hostel: <ul style="list-style-type: none"> • Number of rooms • Number of residents • Number of staff • Layout of setting - floors/units • Room types - single/double/ensuite - number of each 	
Details of the outbreak: <ul style="list-style-type: none"> • Number of cases (SUs (SUs)/staff) • Date of onset in the first case • Date of onset in the most recent case • Nature of symptoms and severity • Any swabs already taken - obtain any details to f/u results • Any cases requiring admission to hospital • No of deaths due to COVID-19 (Service User suspected /confirmed) 	
Hand hygiene Reinforce education of staff and residents about hand and respiratory hygiene and display posters widely. Ensure infection control policies are up to date, read, and followed by all staff.	
Facilities Ensure liquid soap and disposable paper towels are available at each sink, an alcohol-based hand rub (at least 70%) is in every communal area, and stocks are adequately maintained.	
Social distancing All MOD site staff and residents should be observing social distancing, so contacts are not expected to extend beyond those sharing a room. Advise closure of all communal areas. Advise strict social distancing and rota system for communal areas that cannot be fully closed (e.g. dining halls, bathrooms, gardens)	

<p>Linen and waste</p> <p>Ideally, do not wash laundry until the isolation period is over. If this is not possible, laundry should be picked up by the SU, bagged in the room, and placed outside the room for double bagging. Do not shake dirty laundry and wash laundry using the warmest setting.</p>	
<p>Environmental cleaning</p> <p>Increase frequency of cleaning, depending on the extent of the outbreak and exposure in communal areas.</p> <p>Avoid cleaning of rooms of symptomatic residents until the isolation period is over. If possible, residents should clean rooms/flats themselves.</p> <p>Rooms to be deep cleaned after each resident.</p> <p>Use detergents and disinfectants as per guidance</p> <p>Cleaners should use disposable gloves, a mask, and an apron for cleaning.</p> <p>Public areas where an asymptomatic individual has passed through and spent minimal time, such as corridors, can be cleaned thoroughly as normal.</p>	
<p>Visitors</p> <p>No visiting whilst residents are self-isolating.</p>	
<p>Symptomatic residents</p>	<p>Comments</p>
<p>Isolation of symptomatic residents for 10 days after their onset of symptoms.</p> <ul style="list-style-type: none"> • Has the case been moved to the Covid-19 isolation unit. • Are staff conducting a daily symptom/welfare check for residents particularly for those identified to be contacts of a case. 	
<ul style="list-style-type: none"> • Allocate a separate staff cohort to support residents with symptoms. If possible, any staff who have recovered from confirmed COVID-19 should be allocated to this. • Staff must maintain strict social distancing when not wearing PPE e.g. at break times, meetings. 	
<p>Residential contacts</p>	<p>Comments</p>
<p>Isolate resident contacts for 10 days after last exposure to the confirmed case. Definition of household or residential contacts depends on the layout of the accommodation and how it is organized. In deciding what constitutes a household, the key factor is whether residents share living spaces, in particular: bathrooms, toilets, kitchens, and sleeping space. Residents who share any of these should be considered as a 'household'.</p> <ul style="list-style-type: none"> • No of residential/household contacts • Contacts advised to self-isolate for 10 days from last exposure • Provisions made to have personalized plans for food, water, support for physical and mental health needs, and communication (e.g. does the resident have a mobile phone?) • Contacts should be reminded to report any symptoms they experience during the isolation and seek testing 	





Factsheet: Tuberculosis (TB)

What is Tuberculosis (TB)?

Tuberculosis (TB) is an infectious disease that usually affects the lungs, but it can affect any part of the body. It is caused by bacteria called '*Mycobacterium tuberculosis*'. The bacteria can survive in the body for many years in a dormant or inactive state whereby people are infected but show no signs of TB disease. When the bacteria are awake and dividing people are said to have 'active TB'.

What are the symptoms?

The most common symptoms are persistent cough that does not get better with usual antibiotics; loss of weight, fever, heavy night sweats, tiredness and less commonly coughing up blood and in some cases swollen glands.

How common is it?

With better housing and nutrition and effective treatment TB had become uncommon in the last century. Over the last 20 years the numbers in the England have been rising slowly, but in the past 4 years it started to show a sustained decrease. About 6,500 people were diagnosed with TB in the England in 2014, approximately 12 persons in every 100,000 of population. London has higher rates compared to the rest of the England and more than 2,500 cases were reported among its residents, accounting for 39% of all cases in England.

How do you catch it?

TB is not easily caught. Only about 30% of healthy people closely exposed to TB will get infected and of those only 5% -10% will go on to develop active TB (usually in the first 5 years following infection). It is rare for children with TB to pass the infection to others – children get TB from adults with active respiratory TB. Those with TB can become non-infectious soon after beginning of treatment (usually 2 weeks) if they take the proper treatment as it is prescribed.

Who catches TB?

You have to be in close and lengthy contact (for example living in the same household) with someone with infectious TB in their lungs or throat. While anyone can catch TB some people are more at risk.

These include people who:

- Live in the same household as, or have been in close and lengthy contact with someone with infectious TB
- Living in unhealthy or overcrowded conditions, including those who are homeless or sleeping rough
- Have lived, worked or stayed for a long time in a country with a high rate of TB

- May have been exposed to TB in their youth when TB was more common in this country
- Are children of parents whose country of origin has a high rate of TB
- Have been in prison, addicted to drugs or misuse alcohol
- Are unable to fight off infection due to illness (such as HIV), some treatments or poor diet
- Young children and very elderly people

What is the incubation period?

From infection to showing a response to a TB skin test may take 4-12 weeks. From infection some people may never progress to the actual (active) disease. If they do, it happens more commonly the first 5 years after infection, but the bacteria may remain in the body for the rest of their life and cause the disease later, especially if the individual's immunity is weakened as a result of other serious infections (such as HIV), other diseases, or some treatments.

What should be done after exposure to someone with TB?

People diagnosed with active TB are assessed for infection risk to others. If the bacteria are found in their sputum, then their close contacts will be invited for TB screening to identify those who have been infected. Casual contacts such as friends, work colleagues and schoolmates, are only investigated if the TB patient is considered to pose a risk to them, for example if they had close and lengthy contact.

Screening will consist of a skin test (Mantoux test) which can be interpreted after 2 days or a blood test. A chest X-ray may also be carried out. Those who have a strongly positive skin test, or a positive blood test or an abnormal chest X-ray or who are unwell will be further investigated by the specialist TB team and may be treated with a course of antibiotics.

Is there any treatment?

TB infection with or without symptoms can be treated with special antibiotics. Treatment for the active form lasts at least 6 months. It is vitally important to complete the whole course of antibiotics as prescribed. If not, TB may return in a form that is resistant to some of the drugs and be much more difficult to treat. If TB is not treated properly, it may lead to serious illness and even death.

How can you protect yourself against TB?

The most effective way to prevent the spread of TB is by diagnosing people as soon as possible and make sure they have a full course of correct treatment.

BCG vaccine works best to prevent the most serious forms of TB in children but it does not prevent TB in all cases. It is offered to infants and children who are at higher risk of catching TB, for example infants born in areas with a high incidence of TB or those whose parents or grandparents were born in a country with a high TB incidence.

Further information can be obtained from NHS111 on 111.

<https://www.gov.uk/government/publications/tuberculosis-the-disease-its-treatment-and-prevention--2>



TB information in different languages:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_116689