

## Camden & Islington Public Health

# Frequently Asked Questions (FAQs): COVID-19 and supported housing

VERSION 1.0

19 May 2020

(Updated with new COVID-19 case definition)

**If you require further support or have questions about this guidance please contact Public Health:**  
**[CIPHAdmin@Islington.gov.uk](mailto:CIPHAdmin@Islington.gov.uk)**

This local guidance does not replace national guidance. Local guidance has been produced to facilitate the interpretation and application of national guidance to specific local services and situations, taking full account of national guidance and evidence.

This guidance is for all providers of supported accommodation

## This FAQ contains

- 1 About this guidance
- 2 What are the symptoms of COVID-19?
- 3 How to apply self-isolation advice for residents of supported housing if someone has symptoms of COVID-19?
- 4 How to support residents who are vulnerable to COVID-19 or extremely vulnerable 'shielding' group
- 5 Can someone who is self-isolating be housed in supported accommodation?
- 6 How should someone self-isolate in supported accommodation?
- 7 What if someone in supported accommodation develops COVID-19 symptoms whilst a resident?
- 8 What to do if a resident with symptoms of COVID-19 is unwilling or refusing to self-isolate
- 9 Use of Personal Protective Equipment
- 10 Advice for support workers if assisting someone who has symptoms of COVID-19
- 11 What other preventative steps should residents be taking to reduce risk of spreading COVID-19?
- 12 Cleaning, laundry and waste disposal for individuals showing symptoms of COVID-19
- 13 What should we do if there is a pregnant women in the supported housing accommodation?
- 14 Useful resources

## 1 About this guidance

This document provides information on managing COVID-19 in supported accommodation. This guide has been developed to support both commissioners and providers of supported housing. This guidance is developed from national guidance including [guidance for residents in supported living](#).

We will need to keep these FAQs under constant review in light of the evolving COVID-19 situation and national guidance.

## 2 What are the symptoms of COVID-19?

### Symptoms of COVID-19 include:

- A **high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- A **new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- A **loss of or change in your sense of smell or taste**

## 3 How to apply self-isolation advice for residents of supported housing if someone has symptoms of COVID-19

Guidance has been published recommending [action for individuals and anyone in their household to take if one person is showing symptoms](#). There are two reasons someone might be self-isolating:

- 1) **If the person develops COVID-19 symptoms** (see section 2) but does not require hospitalisation, they will be required to self-isolate for 7 days. If after 7 days they no longer have a high temperature they no longer need to self-isolate. If they continue to have a temperature they need to continue to self-isolate until they no longer have a high temperature.
- 2) **If a person has been living in the same household as someone with COVID-19 symptoms (see above)**, then they need to self-isolate for 14 days from their last contact with the person with symptoms. If they go on to develop symptoms themselves, they should 'restart the clock' and self-isolate for 7 days from the start of their symptoms.
- 3) **If a person has been discharged from hospital into supported housing**, then they must continue to self-isolate until their self-isolation period, of 14 days from a positive test for coronavirus, is over. If the patient continues to have a fever after the completion of their self-isolation period, they should continue to self-isolate until the fever has resolved for 48 hours consecutively without medication to reduce their fever.

### What is a 'household' in a supported housing situation?

Providers and residents will need to make judgements on a case-by-case basis. It is important to consider the unique nature of individual supported housing services, which range from individual self-contained properties that can be treated as separate households, through to shared environments with communal areas where the principles of household isolation may apply. In a supported housing situation, generally, a single household is defined as:

- All people who share the same bathroom and/or kitchen
- All people sharing a self-contained apartment or house

## 4 How to support residents who are vulnerable to COVID-19 or extremely vulnerable 'shielding' group

The NHS has defined two groups of people who are at increased risk of severe illness from coronavirus (COVID-19):

- Vulnerable group
- Shielded (extremely vulnerable) group

### Vulnerable group

This group includes those who are:


- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed [here](#) (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds)
- Pregnant women

This group is advised to be particularly stringent in following [social distancing](#). You might also look at what options exist to support more regular cleaning of shared spaces, especially hard surfaces that are frequently touched. You could consider how you could make essential shared spaces as easy to clean as possible. This may involve temporary removal of items (e.g. kettles from kitchens) to ensure surfaces are quick and easy to wipe down. In larger properties consideration could be given to 'zoning spaces' so that residents isolate to their floor rather accessing facilities across the whole premises to maximise social distancing within the accommodation.


### Shielding Group

People in the shielded group should have been contacted by the NHS to inform them that they are at increased risk of severe COVID-19 infection and that they should be self-isolating for at least 12 weeks. See box below for what conditions are included in the shielding group. If someone has not received a letter or has not been contacted by their GP and they are still concerned, this should be discussed with their GP or hospital clinician.


### Extremely vulnerable (shielding) group




Solid organ transplants




Certain cancers and treatments



Severe lung diseases



Weak immune systems (immunosuppressed)



Pregnant with significant heart disease

A full list of these conditions and related advice can be found [here](#)

### How to support shielding residents

It is particularly important that residents in the shielding group do not have contact with anyone who is self-isolating due to COVID-19 symptoms. Steps to support this include, wherever practical:

- Supporting shielding residents to follow shielding advice to stay at home and avoid all face-to-face contact for 12 weeks. If possible, and they are accepting of this, they should be moved to a self-contained premises.
- Facilitating delivery of essential food, supplies and medicines to their room/flats where appropriate. If the provider cannot support with access to food, medicines etc. it may be possible to get support from the council:

- In Islington you can contact [We Are Islington](mailto:weareislington@islington.gov.uk) on 020 7527 8222 or [weareislington@islington.gov.uk](mailto:weareislington@islington.gov.uk).
- Islington commissioners are also in the process of developing a directory of food resources to be used by supported housing providers. Link in directly with your commissioner regarding this.
- In Camden further information on support is available [HERE](#) or by calling 020 7974 4444 (option 9).
- Making sure residents who have symptoms of COVID-19 are placed in rooms/flats at maximum distance from those in the shielding group.

**If this is not possible** the following guidance should be followed:

- Use a separate bathroom from the rest of the household, where possible.
- Use separate towels from the other people in the household, both for drying themselves after bathing or showering and for hand-hygiene purposes.
- If sharing a toilet and bathroom with others, it is important that they are cleaned after use every time (for example, wiping surfaces they have come into contact with).
- Another tip is to consider drawing up a rota for bathing, with the person shielding using the facilities first.

Further details on who should be shielding and measures to be followed can be found [here](#).

**If shielding individual is reluctant to comply with shielding advice**, the individual should be encouraged to shield and be provided with relevant information to support an informed decision around this. However ultimately it is their decision around how rigorously they comply with this advice.

We recognise there will be capacity issues around decision making and we recommend that the usual processes are applied to support service users with reduced capacity to shield appropriately. It will also be important to link in with local learning disability services for advice, support and care planning as needed.

Public Health can provide additional advice when specific issues are identified, please email [CIPHAdmin@islington.gov.uk](mailto:CIPHAdmin@islington.gov.uk). National guidance is also available [HERE](#).

## 5 Can someone who is self-isolating be housed in supported accommodation?

Yes – someone who is self-isolating can be housed in supported accommodation provided they self-isolate in the facility.

Anyone coming into the premises who needs to self-isolate should be put in a self-contained room, with en-suite facilities and facilities for cooking. Where this is not possible the steps suggested in section 6 should be followed.

They should not access any communal areas until they have completed their self-isolation period. Other residents should not enter the room of the individual self-isolating and the individual self-isolating should not enter the rooms of others.

Further advice on how to support someone who is self-isolating is given in section 6.

If someone is discharged from hospital into supported housing accommodation, then they must continue to self-isolate until their self-isolation period, of 14 days from a positive test for coronavirus, is over. If the patient continues to have a fever after the completion of their self-isolation period, they should continue to self-isolate until the fever has resolved for 48 hours consecutively without medication to reduce their fever.

More information about how to safely transport a patient with coronavirus from hospital can be found [here](#).

## 6 How should someone self-isolate in supported accommodation?

**The best way to self-isolate is in a self-contained room or flat – i.e. one with internal bathroom and cooking facilities.**

**If a self-contained room/flat is not available** the steps below should be followed to minimise the chance that other residents and/staff come into contact with the individual during the self-isolation period:

- **Give the isolating resident a dedicated bathroom** for their personal use and as close to their room as possible.
- If this is not possible a **rota system** should be developed so that residents who **are not isolating** use the bathroom before the isolating resident.
- **Regular cleaning** of the bathroom is recommended using detergent and bleach. If anyone other than the resident who is isolating is involved in cleaning, e.g. domestic staff, they will require PPE. See section 12 for further guidance on cleaning.
- **Provide facilities to cook in their room** – e.g. provision of a microwave or kettle. Alternatively, meals can be brought to the person's room where this is possible. Meals should be left outside the room for collection or, where it is necessary to deliver the meal directly to the resident, staff should maintain a distance of 2m between themselves and the resident at all times. If this is not possible, staff should have access to personal protective equipment (PPE) (see section 9 below, for latest PPE guidance and advice email [CIPHAdmin@islington.gov.uk](mailto:CIPHAdmin@islington.gov.uk)).
- **Managing crockery and cutlery.** Consider using disposable items, which the individual could dispose of inside their room. If this is not an option, then use crockery and cutlery. If possible this should be cleaned by the individual in their room using washing up liquid and hot water and dried thoroughly using paper towel. If it is not possible for the individual to clean crockery/cutlery themselves within their room, this could be collected by staff from inside their room, maintaining a distance of 2m at all times. If it is not possible for them to stay more than 2 metres away from the individual, PPE should be used (see section 9 below, for latest PPE guidance and advice email [CIPHAdmin@islington.gov.uk](mailto:CIPHAdmin@islington.gov.uk)). Crockery/cutlery should be washed in a dishwasher. If a dishwasher is not available, dishes should be immediately washed using washing up liquid and hot water and dried thoroughly, using disposable paper towel.
- The individual who is self-isolating should not use any **communal areas** i.e. they won't be able to use shared kitchens, living room space etc.
- **Cleaning.** National [guidance](#) on cleaning of non-health care settings should be followed. Further guidance is available in section 12 below.
- **Delivery of medication to individuals who are self-isolating.** If someone who is self-isolating requires supervision in taking daily medication, staff should deliver an individual dose using a disposable vessel and deliver this to the individual. If possible,

staff should try and practice social distancing, and place the vessel containing the medication on a surface in the individual's room and then step away to a distance of 2 metres or more. If this is not possible and staff need to stay closer to the individual, they should wear Personal Protective Equipment (see section 9 below, for latest PPE guidance and advice email [CIPHAdmin@islington.gov.uk](mailto:CIPHAdmin@islington.gov.uk)).

## **7 What if someone in supported accommodation develops COVID-19 symptoms whilst a resident?**

If someone develops symptoms of COVID-19 whilst a resident in supported housing they should be supported to self-isolate as outlined in section 3 (how long to self-isolate) and 6 (how to self-isolate).

If the resident with COVID-19 symptoms feels like they cannot cope with their symptoms at home, or their condition worsens, or their symptoms do not get better after 7 days, then they should contact the NHS 111 online coronavirus service. If they do not have internet access, they should call NHS 111. And for a medical emergency they should dial 999.

A risk assessment should be completed to identify which other members in the supported housing accommodation need to self-isolate as a 'household' contact because they have been exposed to the person who has symptoms. Any person in this group will need to self-isolate as detailed in section 3. Please contact Public Health ([CIPHAdmin@islington.gov.uk](mailto:CIPHAdmin@islington.gov.uk)) for support around this assessment.

### **Protecting people who are shielding or vulnerable to COVID**

It is particularly important that residents who are shielding because they are extremely vulnerable do not have contact with anyone who is self-isolating because of COVID-19. A risk assessment should be done to identify anyone in shared accommodation who is shielding or vulnerable to COVID (see section 4) as it may be appropriate to move these residents to protect them from the household member who is self-isolating. Please contact Public Health to discuss this ([CIPHAdmin@islington.gov.uk](mailto:CIPHAdmin@islington.gov.uk)).

## **8 What to do if a resident with symptoms of COVID-19 is unwilling or refusing to self-isolate**

In the absence of national guidance on this situation, Camden and Islington Public Health have developed some local guidance to support staff where service users are unable or unwilling to self-isolate (please email [CIPHAdmin@islington.gov.uk](mailto:CIPHAdmin@islington.gov.uk)). This guidance offers practical advice on encouraging self-isolation or, where not possible, mitigating the risks to other service users and staff. We recognise that this is a live and challenging issue for local services. Steps to consider include:

- **Could the service user be persuaded to self-isolate?** If appropriate, discuss with the service user why they are leaving their room or premises, what could support them to stay in their room, and whether their needs can be met onsite. Consider whether taking a [trauma-informed approach](#) with services users, or offering incentives – such as food or laundry services – would be beneficial in supporting service users to comply. For service users with alcohol or drug dependency, we are aware of this issue and are working as a system on solutions. In the meantime, please contact your local drugs and alcohol service if you need to discuss this.

- **Could any other residents with underlying health conditions or those over 70 years old be temporarily re-located?**
- **Assess whether to close part or all of a site to new entries:** if considering this step we would advise a discussion between provider, commissioner and public health, and ensure a thorough assessment to weigh up likely consequences of clients not having access to your services.
- **What to do if a service user leaves their room or the premises?** If possible, put in place a system to review why the individual left their room, the impacts of this and how a similar event could be avoided in the future.

We recognise there will be capacity issues around decision making and we recommend that the usual processes are applied to support clients with reduced capacity to self-isolate appropriately. Public Health can provide additional advice when specific issues are identified, please email [CIPHAdmin@islington.gov.uk](mailto:CIPHAdmin@islington.gov.uk). National guidance is also available [HERE](#).

**Use of Emergency Powers.** Under public health legislation, Public Health England (PHE) has powers to test and isolate individuals in limited circumstances. However, these are very much a last resort. We understand that PHE are working on guidance which sets out the procedures for invoking emergency powers (via the police) where needed. However, if in the meantime you have a case where you think this is required, please see below interim guidance from the PHE London Coronavirus Response Cell (London Coronavirus Response Cell 0300 303 0450, [LCRC@phe.gov.uk](mailto:LCRC@phe.gov.uk) or [phe.lcrc@nhs.net](mailto:phe.lcrc@nhs.net)). In general, it is accepted that we can only do our best to support individuals to follow guidance and to take measures to protect those around them where this is not possible.

## 9 Use of Personal Protective Equipment

The use of personal protective equipment (PPE) is a rapidly evolving area and guidance changes frequently. Different client groups have different vulnerabilities meaning that the PPE requirements for staff working with them differ.

**As a baseline, PPE is always required when working with clients who have COVID-19 symptoms themselves or are having to self-isolate because of COVID-19 – see section 10.**

**In addition, when COVID-19 is circulating in the community at particularly high levels, Public Health may contact individual services to recommend that enhanced PPE protocols are put in place in addition to baseline recommendations set out in this document. If you require further guidance or have questions relating to when PPE is necessary please contact Public Health: [CIPHAdmin@Islington.gov.uk](mailto:CIPHAdmin@Islington.gov.uk)**

Information on how to access PPE can be found in the local full PPE Guidance.

**Safe working practices are needed when using PPE.** This includes:

- Ensuring staff know what PPE they should wear for each setting and context. Table 2 of the national guidance (which can be accessed [here](#)) sets out the recommended PPE use.
- Following good hygiene practices including washing with soap and water for 20 seconds and washing up to exposed forearms after removing any element of PPE.
- Ensuring staff are properly trained in putting on, wearing and taking off PPE (posters and videos for donning and doffing PPE can be found [here](#)).
- Carrying out risk assessments for the use of eye protection.



- Storing used personal protective equipment securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room for at least 72 hours before being put in the usual household waste bin for disposal.

### **Sessional use for masks and eye protection**

The recent [update](#) to national PPE guidance sets out that masks and eye protection are now subject to 'sessional use' whereas gloves and aprons remain single use items. What this means in practice is set out below:

- Gloves – always use a new pair for each client.
- Apron – always use a new apron for each client.
- Masks – can be worn continuously until you take a break from duties (e.g. to drink, eat, for your break time or end of shift). **You must change it sooner if it becomes damaged, soiled, uncomfortable, damp or difficult to breathe through.**
- Eye protection – can be worn continuously until you take a break from your duties (e.g. to drink, eat, for your break time or end of shift). **You must change it sooner if it becomes damaged, soiled, or uncomfortable.**

### **DOs and DON'Ts for using PPE**

#### **DO:**

- ✓ Organise your breaks to minimise removal and replacement of PPE.
- ✓ Ensure ALL PPE is removed when you take your break.
- ✓ Make sure you eat and drink enough; wearing PPE can get hot.
- ✓ Practice good hand hygiene. If masks are touched or adjusted, hand hygiene should be performed immediately.
- ✓ Always use new PPE (including mask and eye protection if needed) before seeing any clients who are shielding or where anyone in their household is shielding.

#### **DON'T:**

- X Don't remove PPE and then put it back on (e.g. for a coffee break, toilet break, drinking water, smoking a cigarette).
- X Don't hang your mask on your neck or on your head. If the mask is removed from your mouth it must be disposed of and replaced.
- X Don't touch your face especially if wearing gloves.

## **10 Advice for support workers if assisting someone who has symptoms of COVID-19**

**Support workers should always follow standard advice on general handwashing and respiratory hygiene** to help prevent the spread of airway and chest infections caused by respiratory viruses, including:

- Washing hands more often - with soap and water for at least 20 seconds or use a hand sanitiser with a minimum alcohol content of 60%. Do this after you blow your nose, sneeze or cough, and after you eat or handle food.
- Avoiding touching your eyes, nose, and mouth with unwashed hands.
- Try to maintain 2 metres distance between yourself and the person with symptoms.
- Covering your cough or sneeze with a tissue, then throw the tissue in a bin.
- Cleaning and disinfecting frequently touched objects and surfaces in the home.



**Unnecessary contact with staff members should be avoided.** Where possible, a distance of 2m should be maintained between the staff member and the person who is isolating.

**If staff need to have direct contact (less than 2 metres) with service users who have symptoms of COVID-19** (e.g. for support provision, safeguarding assessment etc.) they should have access to appropriate personal protection equipment (PPE). Camden and Islington Public Health guidance on personal protective equipment should be consulted. Guidance on the use of PPE can be found on the internal and external Camden and Islington council websites. Email [CIPHAdmin@islington.gov.uk](mailto:CIPHAdmin@islington.gov.uk) for further advice or to access the latest guidance.

#### **Personal protective equipment (see also section 9)**

- The risk of transmission should be minimised through safe working procedures.
- **Support workers should use personal protective equipment for activities that bring them into close personal contact (within 2m) of any person who has symptoms or is self-isolating because of COVID-19 symptoms.** This includes for activities such as washing and bathing, personal hygiene and contact with bodily fluids. There may be some activities and situations which do not involve personal care but where it is not practical to maintain a 2m distance, e.g. where behavioural or cognitive issues prevent this. PPE will also be needed in these situations. Please refer to PPE guidance or contact Public Health for further advice ([CIPHAdmin@islington.gov.uk](mailto:CIPHAdmin@islington.gov.uk))
- **Please note: when COVID-19 is circulating in the community at particularly high levels, Public Health may contact individual services to recommend that enhanced PPE protocols are put in place in addition to the baseline recommendations set out here.**
- **Staff working in reception areas or communal areas in a facility where someone is self-isolating and who are not able to maintain a distance of 2m between themselves and the person isolating should wear a surgical mask or fluid resistant surgical facemask.**
- **If there is an outbreak** in a setting (defined as two or more related cases in staff or residents occurring within 14 days), then a local risk assessment is needed around the use of PPE for contact with residents not currently displaying symptoms of COVID-19. Please contact Public Health on [CIPHAdmin@islington.gov.uk](mailto:CIPHAdmin@islington.gov.uk) for public health support.
- **Rubbish bags containing used PPE** should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin for disposal.
- **Cleaning:** Please see section 11 for guidance on cleaning, laundry and waste disposal.

## **11 What other preventative steps should residents be taking to reduce risk of spreading COVID-19?**

### **Handwashing and respiratory hygiene**

Residents and those within the accommodation should be reminded to follow general handwashing and respiratory hygiene principles to help prevent the spread of airway and chest infections caused by respiratory viruses, including:

- washing hands more often - with soap and water for at least 20 seconds or use a hand sanitiser with a minimum alcohol content of 60%. Do this after you blow your nose, sneeze or cough, and after you eat or handle food
- avoiding touching your eyes, nose, and mouth with unwashed hands
- avoiding close contact with people who have symptoms

- covering your cough or sneeze with a tissue, then throw the tissue in a bin
- cleaning and disinfecting frequently touched objects and surfaces in the home

A range of posters are available to increase awareness around handwashing – these can be downloaded [HERE](#). An easy read version is available [HERE](#)

### **Cleaning**

All residents should be encouraged to increase cleaning activity, particularly of any shared areas or frequently touched surfaces, to reduce risk of retention of the virus on hard surfaces. Normal household cleaning products, such as detergent and bleach, can be used for this purpose. The property should also be kept properly ventilated by opening windows whenever safe and appropriate.

### **Additional support**

A number of service users will not understand the national guidelines around social distances, isolating and shielding and will therefore need to link with local service for individual risk assessment/management plans, potentially capacity assessments that may lead on to best interest decision being made to inform risk management. Staff should contact their learning disability service for advice, support and care planning for advice where needed.

## **12 Cleaning, laundry and waste disposal for individuals showing symptoms of COVID-19**

Where household cleaning by support workers is required during the isolation period:

- Support workers should have access to PPE.
- Normal household cleaning products can be used, e.g. detergent and bleach.

Please see local guidance on PPE use, national guidance on use of [PPE](#) and [cleaning in non-health care settings](#).

**Cleaning in areas where someone with possible or confirmed COVID-19 has spent significant time** (for example, where unwell individuals have slept or sat for several hours) or there is visible contamination with body fluid, includes:

- If support workers assist the affected resident with cleaning, national [guidance](#) on cleaning of non-health care settings should be followed.
- Cleaning an area with normal household disinfectant after someone with suspected coronavirus (COVID-19) has left will reduce the risk of passing the infection on to other people
- Wear disposable gloves and aprons for cleaning as a minimum, and risk assess for fluid-resistant mask and eye protection based on risk of splashes from body fluids. Used PPE should be double-bagged, then stored securely for 72 hours then disposed of with the usual waste.
- Using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles.
- Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning
- Clean frequently touched surfaces.

**Cleaning public areas where a symptomatic individual has passed through** and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids:

- These areas can be cleaned as normal.

#### **Laundry**

- Dirty laundry should not be shaken, to avoid dispersing the virus.
- Wash items as appropriate, in accordance with the manufacturer's instructions.
- Dirty laundry that has been in contact with an ill person can be washed with other people's items. If the individual does not have a washing machine, wait a further 72 hours after the 7-day isolation period has ended. The laundry can then be taken to a public laundry.
- Items heavily soiled with body fluids, for example vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

#### **Waste disposal**

- Personal waste (for example used tissues, continence pads and other items soiled with bodily fluids) from any person who is self-isolating due to COVID-19 symptoms and disposable cleaning cloths should be placed in a normal rubbish bag and sealed. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin which can be disposed of as normal.

### **13 What should we do if there is a pregnant women in the supported housing accommodation?**

The government's decision to place pregnant women in the vulnerable category was cautionary as we know that some viral infections may be worse in pregnant women. Generally, pregnant women do not appear to be more likely to be seriously unwell than other healthy adults if they develop COVID-19. It is expected the large majority of pregnant women will experience only mild or moderate cold/flu like symptoms. Cough, fever, shortness of breath, headache and loss of sense of smell are other relevant symptoms.

There is no evidence that pregnant women who get this infection are more at risk of serious complications than any other healthy individuals.

The Royal College of Obstetrics and Gynaecology have produced some useful guidance around pregnancy and COVID-19, available [here](#).

Separate (more cautious advice) is given for pregnant women with severe heart disease (either congenital or acquired). These women fall into the shielding category, see section 4.

Pregnant women who are otherwise healthy sharing the accommodation should follow the same stay at home guidance as for vulnerable groups outlined in section 4. Staff should be reminded of social distancing measures, and where possible, keep a distance of 2 metres or more from residents.

## 14 Useful resources

**Related Local Guidance** developed by the Camden and Islington Public Health Team to support local teams to use national guidance, or where national guidance is not yet available (available on local intranet or email [CIPHAdmin@Islington.gov.uk](mailto:CIPHAdmin@Islington.gov.uk))

- Guidance on Home Visits during COVID-19
- Guidance on Transporting People During COVID-19
- Guidance on the use of personal protective equipment (PPE) in response to COVID-19

### **Related government guidance**

- [COVID-19: Residential care, supported living and home care guidance](#)
- [COVID-19: Stay at home guidance](#)
- [COVID 19: Guidance on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19](#)
- [COVID-19: Guidance for households with possible coronavirus infection](#)
- [COVID-19: Guidance for stepdown of infection control precautions and discharging COVID-19 patients](#)
- [COVID-19: Guidance on Home Care Provision](#)
- [COVID-19: Cleaning in non-healthcare settings](#)
- [COVID-19: Personal Protective Equipment \(PPE\)](#)

### **Easy read guidance and posters on COVID-19**

- [Mencap – ‘Information about Coronavirus’](#)
- [Down syndrome association: Coronavirus: what is it and how to stay safe](#)
- [Information to help you during the coronavirus outbreak](#)
- [Photosymbols – ‘Coronavirus: How to stay safe’ \(11 March 2020\)](#)
- [Photosymbols – ‘Coronavirus and health issues’ \(9 March 2020\)](#)
- [Photosymbols – ‘Coronavirus: What if you get ill?’ \(8 March 2020\)](#)