

# Pandemic Swine flu and rough sleepers

## Considerations for emergency planners

July 2009

### Background

Homelessness covers a number of different groups of people, each of whom will have their own specific patterns of difficulty in a pandemic situation. This sheet covers considerations for **rough sleepers**.

Every area has some people who sleep rough, either outside, in derelict property, in camps or makeshift shelters or in cars. They often have medical conditions which could predispose them to a more severe flu response or are generally less well-nourished and are in circumstances which increase their vulnerability.

Services available depend on the locality. They range from voluntary faith-based responses to large networks of services in areas with high numbers of rough sleepers.

### Rough sleepers and pandemic swine flu

- People who have no accommodation in which they have a right to reside and are sleeping on the streets are obviously disadvantaged in the pandemic situation.
- The normal advice to stay at home, rest in bed and ring the National Pandemic Flu Service for advice and access to medication clearly does not work for someone who sleeps on the street.
- Rough sleepers with flu symptoms may be further disadvantaged if they are denied access to day centres which they may rely upon for food, shelter and personal hygiene.
- Access to a flu friend or to the requisite ID to allow for antiviral collection may also be difficult.
- So-called 'social admissions' to acute hospitals will not be appropriate in the pandemic scenario.
- Primary care services will find themselves with a patient who is ill with flu but has no where to go and need access to a suitable accommodation response.

***For all these reasons, emergency planners need to make arrangements which allow rough sleepers with flu symptoms to access the following:***

- A **'flu bed'**: this could be a single room in a hostel or other accommodation
- A **'flu pack'**: should include simple self care items such as tissues, disposal bag for tissues and drinks, which a rough sleeper may not otherwise have access to. Explore with PCT provision for dispensing of paracetamol.
- A **telephone** or internet terminal in order to be assessed for and access antivirals if necessary.
- Access to advice from a GP if in a high risk group.
- A **flu friend and ID** that will satisfy the antiviral collection centre.
- **Regular checks** by a support worker to ensure that fluids and nutrition are being taken and that a GP is called if the condition deteriorates.

***In areas with high numbers of rough sleepers, it may be expedient to designate certain facilities as flu free shelters and day centres, and others as day centres and shelters which can be used by rough sleepers who have flu symptoms. In a flu shelter, dormitory-type arrangements may be considered suitable as an emergency response.***

***Acute trusts should be reminded of the current guidance on hospital discharge of people who are homeless or in insecure housing, and should have access to low intensity community flu beds where people who are homeless can recuperate without occupying an acute bed.***

***[http://www.homeless.org.uk/policyandinfo/issues/health/discharge/Admissions\\_discharge29.11.pdf](http://www.homeless.org.uk/policyandinfo/issues/health/discharge/Admissions_discharge29.11.pdf)***