

# COVID-19 SCREENING TOOL FOR HOMELESS SERVICE SETTINGS - OXFORD

All clients should be actively screened using this tool on arrival. Existing clients should also be screened.

Screeners should keep at minimum a two-metre distance from clients. If this is not possible then the screeners should preform hand hygiene and don a surgical mask and goggles.

Ensure the client performs hand hygiene as soon as possible on entry to the building and is wearing a face-covering. If they don't have a face-covering, provide the client with a non-medical mask.

**If your client is having any severe symptoms including difficulty breathing chest pain, or losing consciousness call 911 immediately.**

COVID-19 Screening Tool for Homeless Service Providers		
	Response	
<b>Ask the Client:</b>		
Have you been out of the country in the last 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been in close contact with someone who recently travelled outside Canada, who tested positive for COVID-19, or who is sick with new respiratory symptoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently experiencing any of these symptoms?  Choose any/all that are new, worsening, and not related to other known causes or conditions: <input type="checkbox"/> Fever; Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher <input type="checkbox"/> Chills <input type="checkbox"/> Cough that's new or worsening; Continuous, more than usual, not related to other known causes or conditions (for example, COPD) <input type="checkbox"/> Barking cough, making a whistling noise when breathing; Croup, not related to other known causes or conditions <input type="checkbox"/> Shortness of breath; Out of breath, unable to breathe deeply, not related to other known causes or conditions (for example, asthma) <input type="checkbox"/> Sore throat; Not related to other known causes or conditions (for example, seasonal allergies, acid reflux) <input type="checkbox"/> Difficulty swallowing; Painful swallowing, not related to other known causes or conditions <input type="checkbox"/> Runny nose; Not related to other known causes or conditions (for example, seasonal allergies, being outside in cold weather) <input type="checkbox"/> Stuffy or congested nose; Not related to other known causes or conditions (for example, seasonal allergies)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- Decrease or loss of taste or smell; Not related to other known causes or conditions (for example, allergies, neurological disorders)
- Pink eye; Conjunctivitis, not related to other known causes or conditions (for example, reoccurring styes)
- Headache that's unusual or long-lasting; Not related to other known causes or conditions (for example, tension-type headaches, chronic migraines)
- Digestive issues like nausea/vomiting, diarrhea, stomach pain; Not related to other known causes or conditions (for example, irritable bowel syndrome, anxiety in children, menstrual cramps)
- Muscle aches that are unusual or long-lasting; Not related to other known causes or conditions (for example, a sudden injury, fibromyalgia)
- Extreme tiredness that is unusual; Fatigue, lack of energy, not related to other known causes or conditions (for example, depression, insomnia, thyroid dysfunction)
- Falling often; For older people
- Sluggishness or lack of appetite; For young children and infants

If the client answers **YES** to any of the questions above, provide them with a surgical mask to wear, direct the client to an isolation room or space if your site has one while awaiting testing and transportation to isolation space and activate the protocol **by calling (519) 421-4862**.

\*Ask the client if they have a place to self-isolate and arrange transportation and follow-up.

The client should be assessed and tested for COVID-19.

Be sure to practice physical distancing, keep the client two metres from other individuals, and ask them to wear a surgical mask, if available.

Immediately disinfect any surfaces touched by the client, including door handles with Cavicide® or a hospital-grade disinfectant while wearing gloves. If any other clients touched the surfaces after the client, they should be asked to wash and sanitize their hands. Encourage all clients to wash their hands regularly.

Clients should only stay in the shelter overnight to await transfer for testing and assessment if an isolation space is available on-site.

**If the client answers NO to all the above questions:**

- o It is unlikely that they have COVID-19.
- o No special assessment, isolation or COVID 19 testing is required.
- o The client and staff should wash and sanitize, their hands and remind them of social distancing and masking practices. Encourage all clients to wash their hands regularly.
- o Please follow guidelines on infection prevention and control.
- o For questions about symptoms, contact Telehealth at 1-866-797-0000.
- o If you or the client have questions, refer to the [Southwestern Public Health website](#) for general information or [covid19checkup.ca](https://www.covid19checkup.ca).

Client Information			
Client Name:	Contact Phone #:		
Location:	Client has medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staff:	Staff Contact Phone #:		
Other relevant information (e.g., extra supports required such as mental health supports, substance use supports)			