

COVID-19 Screening Tool for Homeless Service Settings

All clients should be actively screened using this tool on arrival. Existing clients should also be screened. Clients should not be restricted from service if they decline to participate in screening.

If your client is having severe difficulty breathing or experiencing other severe symptoms, call 911 immediately.

STEP 1: Complete COVID-19 screening tool with client

COVID-19 Screening Tool for Homeless Service Providers		
	Response	
(A) Is the client currently homeless (e.g., staying in a shelter, 24-hour respite site, 24-hour women's drop-in or sleeping outdoors)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ask the Client:		
(B) Do you have any of these symptoms: severe difficulty breathing, severe chest pain, feeling confused, losing consciousness? <ul style="list-style-type: none"> The above symptoms may be accompanied by fever, chills, cough, shortness of breath, sore throat, difficulty swallowing, hoarse voice, runny or stuffy nose, lost sense of taste or smell, headache, digestive issues (nausea, vomiting, diarrhea), fatigue, falling down more than usual, fatigue, delirium, functional decline, croup, conjunctivitis (eye infection), drop in blood pressure, unexplained tachycardia (racing heart) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES to (A) and (B) <ul style="list-style-type: none"> Sanitize your hands and put a mask on yourself Ask client to sanitize hands and put on a mask Client should be clinically assessed for COVID-19 Does individual already have a primary care provider to do initial assessment? If so, please attempt this provider first. If not, contact the physician ON-Call 519-637-3266 x0 		
(C) Do any of the following apply to you: <ul style="list-style-type: none"> Traveled out of country in the last 14 days 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 Have a chronic health condition (e.g., diabetes, emphysema, asthma, heart condition) or condition that affects immune system (e.g., HIV/AIDS, lupus, other autoimmune disorder) Getting treatment that effects my immune system (chemotherapy, corticosteroids, tNF inhibitors) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF NO to (A) and YES to (B) or (C) <ul style="list-style-type: none"> Complete online self-assessment at covid19checkup.ca 		

Client Information			
Client Name:	Client has pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location:	Client has medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staff:	Contact Phone #:		

Adapted from Toronto Public Health by Southwestern Public Health

COVID-19 SCREENING TOOL | UPDATED MAY 4, 2020

Other relevant information (e.g., extra supports required such as mental health supports, substance use supports)

STEP 2: Assess Client Responses

Based on client responses to the above questions, do the following:

Client needs a clinical assessment

- **If client responded 'Yes' to (A) homelessness and 'Yes' to (B) new presenting symptoms:**
 - Client should be assessed for COVID-19 at a COVID-19 assessment centre, by health care provider, or emergency department if after hours.
 - If available, direct the client to an isolation room or space if your site has one while awaiting transportation for COVID-19 assessment. Be sure to practice social distancing, keep the client two meters from other individuals, and ask them to wear a 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 disinfect their hands. Encourage all clients to clean their hands regularly.
 - Clients should only stay in shelter overnight to await transfer for assessment if an isolation space is available on-site.

Client self-isolation required

- **If client responded 'No' to (B) presenting symptoms & 'Yes' (C) other risk factors:**
 - If other risk factors include out of country travel or exposure to an individual diagnosed with COVID-19, client should self-isolate in a separate room or space where possible. See this shelter guidance document for more information.
 - If client is housed, ask client to self-isolate at home.
 - If client ONLY has underlying health condition(s) of concern and has not traveled/ been exposed to COVID-19, remind client of hand hygiene and social distancing practices. Self-isolation is not necessary.

Continue providing normal service delivery

- **If client responded 'No' to both (B) presenting symptoms & (C) other risk factors:**
 - It is unlikely that they have COVID-19.
 - No special assessment is required. Disinfect hands and remind the client of social distancing practices.
 - Please follow guidelines on infection prevention and control. For questions about symptoms, contact Telehealth 1-866-797-0000.
 - If the client answers 'No' to (A) and is housed, refer to the [Southwestern Public Health](#) website for general information or [covid19checkup.ca](#).