

COVID-19 Client Screening Tool

The following screening tool was developed by the Atlanta, Georgia CoC after which THN included additional guidance from the CDC on how to screen clients for possible COVID-19 symptoms. The purpose of the tool is to identify people with symptoms that indicate they might have a respiratory infection. Although not every person who has respiratory infection symptoms will have COVID-19, using this tool during community spread of COVID-19 may help separate those who are more likely to have COVID-19 from the general population at entry to a homeless shelter or other homeless service program. Public Health officials have advised emergency shelters and street outreach programs to practice social distancing to the maximum extent possible for people who exhibit symptoms.

Items to consider when utilizing the screening tool:

- Identify and regularly monitor clients (and staff) who could be at high risk for complications. This includes individuals who are older, have underlying health conditions like heart disease, diabetes, high blood pressure, lung disease, or who are immune compromised.
- Determine if the client is a smoker and has a regular routine cough, which may allow you to rule out the possibility of a virus, if a cough is the only symptom the client is exhibiting.
- Service Providers are recommended to have infrared thermometers and protective masks on hand.
 - Temperature takers should keep as much distance as they can, wash their hands with soap and water or use alcohol-based hand sanitizer regularly, and use gloves if available.
 - Ensure to clean the thermometer between each use.
- The following severe symptoms must be addressed immediately. Call 911 if the client has:
 - Extremely difficult breathing (not being able to speak without gasping for air)
 - Bluish lips or face
 - Persistent pain or pressure in the chest
 - Severe persistent dizziness or lightheadedness
 - New confusion, or inability to arouse
 - New seizure or seizures that won't stop

The above list of severe symptoms is not all-inclusive. Please consult a medical professional for any other symptoms that are severe or concerning.

Become familiar with symptoms of COVID-19 and how they differ from the Flu and allergies.

COVID-19	FLU	ALLERGIES
<ul style="list-style-type: none"> ○ Fever ○ Dry Cough ○ Shortness of Breath <p>(Symptoms can occur 2 – 14 days after exposure)</p>	<ul style="list-style-type: none"> ○ Fever ○ Cough ○ Sore Throat ○ Headaches ○ Body, Muscle Aches ○ Runny, Stuffy Nose ○ Fatigue 	<ul style="list-style-type: none"> ○ Sneezing, Coughing ○ Runny Nose, Scratchy Throat ○ Itchy, Red Watery Eyes

Please contact sophia@thn.org and mollie@thn.org if you have questions regarding COVID-19 response best practices and resources. If you have data related questions, please contact kristin@thn.org.

COVID-19 Screening Tool

Assessor Name: _____

Assessment Date: _____

Client First and Last Name: _____

HMIS Client ID (if applicable): _____

Location: _____

Date of Birth: _____ Gender: _____ Age: _____

1. Do you have a fever right now or felt like you had one in the past day? ___ Yes ___ No
Only record the client's temperature if proper equipment is available and if it is safe for you and the client to do so. *If not, leave this field blank.*
 - Record temperature (100.4 or higher is considered a fever): _____
2. Do you have a new cough or worsening cough today? ___ Yes ___ No
3. Are you having more trouble breathing than usual? ___ Yes ___ No
4. Write the date for ANY client that answered yes to having one or more symptoms. If the client cannot remember, write **TODAY'S** date. *If the client is not symptomatic, leave this field blank.*
 - Date symptoms started: _____
5. Do you have ANY of the following conditions: diabetes, heart disease, high blood pressure, lung disease or any immunosuppressant illnesses? ___ Yes ___ No

Important Follow-up Information

- If client answers yes to **Questions 1-3**, they should be masked and isolated.
 - If masks are unavailable, advise the client on cough etiquette and provide tissues.
- If possible, direct the client to an isolation room or area that is designated for symptomatic persons.
 - If not possible, contact your public health department and/or Texas Homeless Network for assistance on client placement.
- If client answers yes to **Questions 1-3 and are over 55**, please reach out to your public health department or local health care provider for proper testing protocol.
- If client answers yes to **Questions 1-3 and has any illness listed for 5**, please reach out to your public health department or local health care provider for proper testing protocol.
- Let the client know the following:
 - If their symptoms worsen, they should notify someone immediately
 - Not to leave their room/symptomatic area except to use the restroom
 - If they leave their room/symptomatic area, they must wear a mask

Comments/Observations: