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.
 - o 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
- Favor	- 50,000	- Casarina Cauchina
o Fever	o Fever	 Sneezing, Coughing
○ Dry Cough	○ Cough	 Runny Nose, Scratchy Throat
 Shortness of Breath 	○ Sore Throat	 Itchy, Red Watery Eyes
 Chills/repeated shaking with chills 	○ Headaches	
 Muscle Pain 	o Body, Muscle Aches	
 Headache 	o Runny, Stuffy Nose	
Sore throat	○ Fatigue	
 New loss of taste or smell 		
(Symptoms can occur 2 – 14 days		
after exposure)		

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

COVID-19 Screening Tool

Assess	ssessor Name:	_
Assess	ssessment Date:	
Client	lient First and Last Name:	
HMIS	MIS Client ID (if applicable):	
Locati	ocation:	
Date o	ate of Birth:Gender:	Age:
Below	elow is a short script that you can go over with the client if the	ey have questions about the screening tool.
What	/hat is coronavirus/COVID-19?	
docto 19 ma breath	oronavirus is a virus that can cause an infection in your nose, soctors discovered a new type of coronavirus, which they named may include fever, headache, dry cough, sore throat, or exhapment, severe chest congestion, and trouble breathing. COVID-and people who have severe medical conditions.	ed COVID-19. The early symptoms of COVID- austion. The virus can lead to shortness of
Who	/ho can catch coronavirus/COVID-19?	
days t feel ho sneez	nyone who is exposed to COVID-19 can become sick. Once expanse to show symptoms. You may be able to transmit the virus sel healthy (meaning you are asymptomatic). The virus is spreameeze. It is transmitted when people breathe in the droplets, couching a surface where the droplets have landed.	to your family and friends even when you ad through droplets when people cough or
Scree	creening Questions:	
1.	 Do you have a fever right now or felt like you had one in Only record the client's temperature if proper equipmes client to do so. If not, leave this field blank. Record temperature (100.4 or higher is considerable) 	nt is available and if it is safe for you and the
2.	2. Do you have a new cough or worsening cough today? _	Yes No
3.	3. Are you having more trouble breathing than usual?	_ Yes No
4.	4. Are you having chills/or repeated shaking with chills? _	Yes No
5.	5. Are you having any new muscle pain? Yes No	
6.	6. Are you experiencing new or worsening headaches?	_ Yes No
7.	7. Do you have a sore throat now? Yes No	
8.	8. Have you noticed a recent loss in your sense of taste or	smell? Yes No

9.	Write the date for ANY client that answered yes to having one or more symptoms. If the client cannot remember, write TODAY'S date. <i>If the client is not symptomatic, leave this field blank.</i> O Date symptoms started:
10	Do you have ANY of the following conditions: diabetes, heart disease, high blood pressure, lung disease or any immunosuppressant illnesses? Yes No
<u>Import</u>	ant Follow-up Information
•	If client answers yes to Questions 1-8 , they should be masked and isolated. O 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. O If not possible, contact your public health department and/or Texas Homeless Network for assistance on client placement. If client answers yes to Questions 1-8 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 1-8 and has any illness listed for Q10 , please reach out to your public health department or local health care provider for proper testing protocol. Let the client know the following: O 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
C	omments/Observations: