

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

Please contact [sophia@thn.org](mailto:sophia@thn.org) and [mollie@thn.org](mailto: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](mailto: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. ¿Usted tiene fiebre ahora o la tuvo ayer? \_\_\_ 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. ¿Usted tiene una tos nueva o se siente que su tos está empeorando? \_\_\_ Yes \_\_\_ No
3. ¿Usted tiene dificultad para respirar más que lo normal? \_\_\_ 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.*
  - ¿Cuándo empezó a sentir su(s) síntoma(s)?: \_\_\_\_\_
5. ¿Usted tiene alguna de las siguientes enfermedades: diabetes, enfermedad cardíaca, hipertensión, enfermedad pulmonar o alguna enfermedad inmunosupresora? \_\_\_ 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:
  - "Si usted se siente peor, avisa a alguien inmediatamente"
  - "No salga de su cuarto o área para gente con síntomas excepto para usar el baño"
  - "Si usted tiene que salir de su cuarto o área para gente con síntomas, usted debe de usar una máscara"

Comments/Observations: