

COVID-19 SCREENING TOOL FOR HOMELESSNESS SERVICE SETTINGS

Shelter, Support and Housing Administration

Based on Ontario Public Health Criteria and Inner City Health Associates Guidance

Current as of March 18 2020

Name: _____

SMIS ID (if applicable): _____

Instructions for Use

ALL clients should be actively screened for **new cough and/or fever and/or difficulty breathing** no matter how well they look or sound. Use this screening tool to help determine if you need to seek further care for the client.

Clients should be screened on intake. Existing clients admitted to shelter beds or 24-hour respite site spaces should also be screened. Clients should not be restricted from shelter if they decline to participate in screening.

If your client is having severe difficulty breathing or experiencing other severe symptoms, call 911 immediately. Advise them of their symptoms and travel history.

Step 1 –

Complete the assessment tool below with your client. If they respond 'No' to all of the questions in the screening tool, it is *unlikely* that they have COVID-19.

COVID-19 SCREENING TOOL FOR HOMELESSNESS SERVICE PROVIDERS		
Ask the Client:	Response	
(a) Do you have a new cough or any other symptoms of upper respiratory tract infection: (e.g. headache, muscle aches, fatigue, runny nose, and joint aches, and may also include nausea, diarrhea and stomach pains)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) and any of the following: Fever of 38°C or higher	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Underlying health condition(s) of concern Includes: cardiovascular disease, diabetes, chronic lung disease, cerebrovascular disease (e.g. previous stroke), cancer, immunosuppression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you 60 years or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES to (a) AND (b) <ul style="list-style-type: none">SANITIZE YOUR HANDS & PUT A MASK ON YOURSELFASK CLIENT TO SANITIZE HANDS & PUT ON A MASK		
(c) Have you traveled out of country in the last 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Step 2 –

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

If client responded 'Yes' to (c) out of country travel but 'No' to (a) presenting symptoms:

- Client should self-isolate (quarantine) in a separate room or space on site where possible.
- Here are [instructions for self-isolation](#).
- If client cannot self-isolate on site, please contact SSHA DOC at sshadoc@toronto.ca
- Continue to monitor for symptoms.

If client responded 'Yes' to (a) presenting symptoms but 'No' to (b) underlying risk factors and 'No' to (c) out of country travel:

- Continue normal homelessness services procedures and follow [Infection Prevention and Control \(IPAC\)](#) protocols.
- For questions about symptoms, contact Telehealth 1-866-797-0000

If client responded 'Yes' to (a) presenting symptoms and 'Yes' to ANY (b) underlying risk factors OR 'Yes' to (a) presenting symptoms and 'Yes' to (c) out of country travel:

- **Client should be clinically assessed for COVID-19 at a Toronto Region COVID-19 Assessment Centre (or Emergency Department if after hours).**
- If available, direct the client to an exam room to wait or to an isolation room if your shelter site has one while awaiting transportation for COVID-19 assessment.
- If there are no clients in the waiting room at the time, the client can be asked to wait in the waiting room. If there are other clients in the waiting area have the client wait in an exam room or in the isolation room, or if that is not possible have them sit at a distance of 2 meters from other clients in the waiting room and ask them to wear a mask.
- Immediately disinfect surfaces touched by the client in the reception area including door handles with Cavicide® or 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.

IF CLIENT IS REFERRED FOR CLINICAL ASSESSMENT FOR COVID-19:

Arrange for transport of client to the closest [Toronto Region COVID-19 Assessment Centre](#) (Check website for any updates to locations and hours). **Please refer to Instructions for Arranging Non-Emergency Transportation** & send this form as an email attachment (scan or .jpg) to sshadoc@toronto.ca for tracking purposes. Please title your email "**REQUESTING NON-EMERGENCY TRANSPORTATION TO COVID-19 ASSESSMENT CENTRE**".

IF CLIENT IS ASKED TO SELF-ISOLATE ON SITE AT SHELTER:

Please inform SSHA DOC at sshadoc@toronto.ca. Please title your email: "REPORTING CLIENT SELF-ISOLATING". Include this completed form as an email attachment (scan or .jpg).