

Location: _____

COVID-19 (Novel Coronavirus) Screening Tool and Guidance (Version 5-12-20)

For use with *Interim Guidance on COVID-19 (Novel Coronavirus) for Homeless Shelters*

**Note this tool only screens for suspect COVID-19 cases that warrant medical evaluation and testing. It does NOT screen for other communicable diseases. Shelters should also be following their routine procedures to screen for other communicable diseases.*

Client Last Name: _____ Client First Name: _____

Date of Birth (MM/DD/YY): _____ Gender: Male Female Other

S C R E E N I N G	<p>1. Ask Client: Have you felt like you have had a fever in the past day? If YES, or if screening by temperature (T), document T here: _____ <input type="checkbox"/> If fever (T ≥ 100.4°F) → STOP, see SUSPECT COVID-19 (under box) <input type="checkbox"/> If no fever (T <100.4°F) or no temperature able to be taken → CONTINUE</p>
	<p>2. Ask Client: <input type="checkbox"/> Do you have <u>new</u> or <u>newly worsening</u> cough? <input type="checkbox"/> Do you have <u>new</u> or <u>newly worsening</u> shortness of breath? <input type="checkbox"/> Do you have new loss of taste or smell? ○ If YES to <u>any</u> of these → STOP, see SUSPECT COVID-19 (under box) ○ If NO to <u>all</u> → CONTINUE</p>
	<p>3. Ask Client: Do you have any of the following: <input type="checkbox"/> Feeling feverish (<i>can use answer to Question #1 above</i>) <input type="checkbox"/> Chills or repeated shaking with chills <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat ○ If YES to <u>two</u> of these → STOP, see SUSPECT COVID-19 (under box) If NO, implement routine facility procedures.</p>

SUSPECT COVID-19

Initial Management of Suspect COVID-19 Cases (as screened above with documented fever, cough, shortness of breath, new loss of taste or smell, OR two of the symptoms in Question 3):

- Mask* client. (*Note: mask=disposable facemask, not N-95 respirator. See guidance if no masks).
- Put on mask,* and eye protection if you must be within 6 feet of suspect case, and gloves and gown if you will have physical contact with the case or their secretions.
- Separate suspect COVID-19 case from other clients. Move client to your facility's designated isolation/holding area. See Isolation Area section of guidance.
- Call 911 if client unresponsive, has difficulty breathing, chest pain or pressure, new confusion, or needs emergent medical evaluation. Let them know that this is a suspect COVID-19 case so appropriate precautions are taken.**
- If between 8 a.m.-6 p.m. (7 days a week), call the Illumination Foundation (IF) Access Referral Line (714) 543-9400 for temporary isolation shelter (TIS) placement of suspect COVID-19 adults case. IF will coordinate transportation and COVID-19 testing after transfer as needed.
- If staying at shelter (in your isolation area) or at another non-IF isolation location (e.g., city/shelter arranged motel/hotel) and medical evaluation needed, refer client through usual medical care process, informing them that this is a suspect COVID-19 case so appropriate precautions are taken and testing is done by the medical provider at that time. See COVID-19 Shelter Resource Contact Numbers.
- For questions or assistance related to suspect/confirmed COVID-19 at the shelter, call HCA COVID-19 Disease Control for Shelters Help Line (714) 567-6246.

Person completing screening (print): _____ Date (MM/DD/YY): _____