

# COVID-19 Client Screening Tool for Homelessness Service Settings

All new clients should be actively screened using this tool on admission/intake. There is no requirement for clients being admitted to be tested for COVID-19 unless they have been identified for testing using this screening tool. Existing clients should also be passively screened (using signage) as well as actively screened by asking screening questions twice daily. Clients should not be restricted from service if they decline to participate in screening but should be isolated where possible. Staff asking these questions should be behind a barrier (i.e., Plexiglass). If a barrier is not available, the screener should wear a medical mask and eye protection (e.g., a face shield, goggles) and stay 2 metres from those entering the facility. All staff and clients on site are required to wear a mask or face covering as per the [Shelter Directive](#).

**If the client is having severe difficulty breathing, severe chest pain, feeling confused, losing consciousness or experiencing other severe symptoms, call 9-1-1.**

## SCREENED CLIENT INFORMATION

☐ Existing Client ☐ New Client

First Name	Last Name
<input type="checkbox"/> Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.	
Single Name	
Date (yyyy-mm-dd)	Time

## Step 1 – COMPLETE COVID-19 SCREENING TOOL WITH YOUR CLIENT

A) Do you have a fever <u>OR</u> any new/worsening symptoms including cough, difficulty breathing, sore throat, difficulty swallowing, runny nose, lost sense of taste or smell, digestive issues such as nausea/vomiting or diarrhea.  If admitting clients with children, also ask parent/guardian these questions: Does your child have any of these symptoms: disorientation, confusion, sleeping more than usual or muscle aches, dizziness, weakness or falls?  Other symptoms for all ages may include: fatigue, falling down more than usual, chills, headache. See <a href="#">Ontario Ministry of Health COVID-19 Reference document</a> for full updated list of symptoms.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Have you been in close contact with someone who has tested positive for COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If client answers YES to (A) and/or (B)          CLIENT SHOULD BE CLINICALLY ASSESSED FOR COVID-19. See below for referral instructions.          CLOSE CONTACTS MUST SELF-ISOLATE FOR 14 DAYS. See <a href="#">TPH Fact Sheet For Self-Isolation In Congregate Living Settings</a>.</b>		

# Client Screening Tool for Homelessness Service Settings

C) Have you returned from travel outside of Canada in the past 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If client answers YES to (C)</b> <b>CLIENT MUST SELF-ISOLATE FOR 14 DAYS. See <a href="#">TPH Fact Sheet For Self-Isolation In Congregate Living Settings</a>.</b>		

If the client is interested in more information. Refer to the [Public Health Ontario](#) website for general referral information or contact Telehealth 1-866-797-0000.

## ACCESS TO COVID-19 ASSESSMENT FOR PEOPLE EXPERIENCING HOMELESSNESS REFERRAL INSTRUCTIONS

If the client screens 'YES' to (A) and/or (B), they should be referred for clinical assessment for COVID-19 at a [Toronto Region COVID-19 Assessment Centre](#). (Check website for any updates to locations and hours).

**For clients experiencing homelessness, please complete the referral form below to arrange transportation for the client to the Assessment Centre. Refer to [Instructions for Arranging Non-Emergency Transportation](#) and send this form as an email attachment (scan or .jpg) to [SSHACovidtransport@toronto.ca](mailto:SSHACovidtransport@toronto.ca) for tracking purposes. Please title your email "REQUESTING NON-EMERGENCY TRANSPORTATION TO COVID-19 ASSESSMENT CENTRE".**

**If client is not currently homeless**, please help to offer transportation supports to an Assessment Centre. If the individual is not well enough to personally transport themselves to an assessment centre, then 911 should be called.

### COMPLETE IF CLIENT IS HOMELESS & SCREENS 'YES' TO (A) or (B) FOR COVID-19 TESTING

<b>Client Name (First, Last or Single):</b>	<b>Client has pets?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>SMIS ID (if applicable):</b>	<b>Client has medication?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Location:</b>	<b>Referring Staff Name (First, Last):</b>	<b>Contact Telephone Number:</b>	
<b>Other relevant information (E.g. client requires accessible vehicle for transport to assessment centre, booster seat required for child). Please see <a href="#">Checklist for Clients Referred for Testing</a>.</b>			

Shelter, Support and Housing Administration collects personal information on this form under the legal authority of the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020, SO 2020, Chapter 17, section 2, the City of Toronto Act, 2006, SO 2006, Chapter 11, Schedule A, section 136(c), the Housing Services Act, 2011, SO 2011, Chapter 6, Schedule 1, section 6 and the Toronto Municipal Code, Chapter 59, Emergency Management. The information is used to record information related to the health, safety and well-being of staff, clients and visitors to enhance safety in the Homelessness Service Settings. Information will only be shared with Toronto Public Health when requested. Questions about this collection can be directed to the Manager, Homelessness Initiatives & Prevention Services (HIPS) Head Office, 625 Church Street, 5<sup>th</sup> Floor, Toronto, Ontario, M4Y 2G1, or by telephone at 416-392-8741.