

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 19 2020

ALL clients should be actively screened using this tool on arrival. Existing clients should also be screened. Clients should not be restricted from service if they decline to participate in screening.

If your client is having severe difficulty breathing or experiencing other severe symptoms, call 911 immediately.

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

COVID-19 SCREENING TOOL FOR HOMELESSNESS SERVICE PROVIDERS		
	Response	
(A) Is the client currently homeless (i.e. staying in a shelter, 24-hour respite site, 24-hour women's drop-in or sleeping outdoors)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ask the Client:		
(B) Do you have any new symptoms of upper respiratory tract infection including fever, new cough or difficulty breathing? <ul style="list-style-type: none">The above symptoms may be accompanied by muscle aches, fatigue, headache, sore throat, runny nose or diarrhea.	<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 MASKCLIENT SHOULD BE CLINICIALLY ASSESSED FOR COVID-19		
(C) Do you have <u>any</u> of the following: <ul style="list-style-type: none">Traveled out of country in last 14 daysBeen exposed to someone diagnosed with/suspected COVID-19Have underlying health condition(s) of concern. Including: cardiovascular disease, diabetes, chronic lung disease, cerebrovascular disease (e.g. previous stroke), cancer, immunosuppression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF NO to (a) and YES to (b) or (c) <ul style="list-style-type: none">CALL TELEHEALTH ONTARIO AT 1-866-797-0000 FOR PHONE ASSESSMENT		

REFERRAL INFORMATION (COMPLETE IF CLIENT SCREENS 'YES' FOR COVID-19 TESTING)			
Client Name:	Client has pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMIS ID (if applicable):	Client has medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location:	Referring Staff:	Contact Phone #:	
Other relevant information (E.g. Extra supports required such as mental health supports, substance use supports)			

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Step 2 – ASSESS CLIENT RESPONSES

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

Client needs a clinical assessment

If client responded 'Yes' to (a) homelessness and 'Yes' to (b) new presenting symptoms:

- 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 isolation room or space if your site has one while awaiting transportation for COVID-19 assessment. Practice social distancing. Keep the client two (2) meters from other individuals and ask them to wear a mask, if available.
- Immediately disinfect any surfaces touched by the client including door handles with Cavicide® or a 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.
- Clients should only stay in shelter overnight to await transfer to a testing centre if an isolation space is available on-site.

Client self-isolation required

If client responded 'No' to (b) presenting symptoms & 'Yes' (c) other risk factors:

- If other risk factors include out of country travel or exposure to an individual diagnosed with COVID-19, client should self-isolate in a separate room or space where possible. Here are [instructions](#).
- If client cannot self-isolate on site, please contact SSHA DOC at sshadoc@toronto.ca and continue to [monitor for symptoms](#).
- If client is housed, ask client to self-isolate at home.
- If client **ONLY** has underlying health condition(s) of concern and has not traveled/been exposed to COVID-19, remind client of social distancing practices. Self-isolation is not necessary.

Continue providing normal service delivery

If client responded 'No' to both (b) presenting symptoms & (c) other risk factors:

- It is unlikely that they have COVID-19.
- No special testing is required. Disinfect hands; remind the client of social distancing practices.
- Please follow Toronto Public Health's guidelines on [Infection Prevention and Control \(IPAC\) for Homelessness Service Settings](#). For questions about symptoms, contact Telehealth 1-866-797-0000.

If the client answers 'No' to (a) and is housed, refer to the Ontario Public Health website for general referral information or contact Telehealth 1-866-797-0000.

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).

For homeless clients, 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 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.