

ACUTE INFECTIOUS ILLNESS SCREENING TOOL FOR HOMELESSNESS SERVICE SETTINGS

Revised April 8, 2025

The tool is used to assess the presence or absence of communicable disease symptoms in clients. Please complete this tool for all clients.

Any client with one or more symptoms is to be treated with appropriate personal protective equipment.

Staff should conduct a [personal risk assessment](#) prior to completing an active screening with a client and adhere to IPAC guidelines. In general, shelters, respites, 24-hour drop-ins, and warming centers are considered high-risk congregate living settings and should follow Public Health guidance for congregate settings.

Clients should not be restricted from service if they decline to participate in screening but should be isolated if they present with symptoms of an infectious illness, where possible.

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
First Name
Last Name
<input type="checkbox"/> Check this box if client uses a single name. Provide below:
Single Name
SMIS ID (if available):

STEP 1 – COMPLETE SCREENING TOOL WITH YOUR CLIENT

Risk Factors:

In the last 14 days, have you:

- ☐ Traveled outside of Ontario
- ☐ Been diagnosed with COVID-19 or other respiratory virus
- ☐ Had close contact or lived with someone diagnosed with a communicable disease
- ☐ Lived in a facility known to be experiencing an outbreak

Signs and Symptoms:

Do you have a new or worsening:

- ☐ Fever (temperature of 37.8C or higher)
- ☐ Cough
- ☐ Shortness of breath
- ☐ Sore throat
- ☐ Diarrhea, nausea or vomiting

- ☐ Fatigue, muscle aches
- ☐ Rash or skin lesions

STEP 2 – READ THE RESULTS OF THE SCREENING TOOL

	IPAC PRECAUTIONS
Answer NO to ALL questions →	Routine Practice
Answer YES to ANY questions →	Review room placement and need for additional precautions and personal protective equipment for staff.

If the client is interested in more information. Refer to the [Public Health Ontario](#) website for general referral information or contact Health Connected Ontario (Health811).

STEP 3 - REFERRAL TO THE TSSS ISOLATION PROGRAM

To make a referral to this program, complete the [paper](#) or [electronic](#) Referral Form for Toronto Shelter and Support Services Isolation Program for People Experiencing Homelessness.

Referrals should be made in line with a site's outbreak management and in-situ isolation plan. Admission to the program is open to infectious illnesses that cannot be managed in-situ.

A rapid antigen confirming that a client has tested positive for COVID-19 should be submitted for COVID-19 referrals, where possible. A positive result from a Rapid Antigen Test does not need to be confirmed with a PCR test.

Transportation services are provided for referrals to and discharges from the TSSS Isolation Program. Once the client is accepted, transportation will be arranged by TSSS staff on site.

DATE	TIME (24 h)	STAFF SIGNATURE	PRINT STAFF NAME

Toronto Shelter and Support Services collects personal information on this form under the legal authority of the City of Toronto Act, 2006, section 136(c); and the Item 2020.EC16.1, City Council Decision 8 as confirmed by the City of Toronto By-law 954-2020. The information will be used to improve the health, safety, and well-being of staff, clients, and visitors, enhance safety in homelessness services, and reduce the spread of infectious diseases within shelters. Questions about this collection can be directed to the Manager, Homelessness Initiatives and Prevention Services, 2180 Islington Avenue, Etobicoke, Ontario, M9P 3P1 or by telephone at 416-392-8741.