

COVID-19 Initial Screening Questions for Non-Medical Staff

These questions should be used with all new clients admitted to emergency shelter, transitional housing or engaged with street outreach and may be used in conjunction with a temperature check by staff or the client. Following shelter admission or program enrollment, questions should be readministered periodically or immediately if any symptoms noted below are indicated. Greet clients from a distance of 6 feet and explain that you are taking additional precautions to protect yourself and the client from COVID-19. If the client has a cough, immediately provide them with a surgical mask to wear. If at any point you do not feel that you are able to protect yourself from the spread of COVID-19 (e.g., client has cough and refuses mask), discontinue the interaction and notify your supervisor.

Client Name: _____ **Date:** _____

1. Have you been diagnosed with COVID-19 within the past 14 days? ___ Yes ___ No
2. Have you been tested for COVID-19 within the past 14 days and are awaiting test results? ___ Yes ___ No
3. In the last 24 hours, have you had a fever of 100.4°F or higher? ___ Yes ___ No
4. Are you experiencing any new cough, shortness of breath, or difficulty breathing? ___ Yes ___ No
5. Are you experiencing any new or unexplainable congestion or runny nose? ___ Yes ___ No
6. Are you experiencing any new chills or unexplainable muscle pains or aches? ___ Yes ___ No
7. Are you experiencing a sore throat or a new loss of taste or smell? ___ Yes ___ No
8. Are you experiencing any new nausea and vomiting or diarrhea? ___ Yes ___ No
9. In the past 14 days, have you had **close contact*** with a person who has tested positive for COVID-19, is being tested for COVID-19, or has exhibited the symptoms mentioned above while that person was ill? ___ Yes ___ No

***CLOSE CONTACT includes:**

- Living in the same household as a sick person with COVID-19
- Caring for a sick person with COVID-19
- Being within 6 feet of a sick person with COVID-19 for about 10 minutes
- Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, sharing cigarettes, etc.)

10. Does client have any of the following characteristics:

- ___ Over 60 years old
- ___ Serious underlying medical conditions (chronic or acute)
- ___ Pregnant

Initial Screening Triage Instructions

Questions 1-9:

IF YES to ANY: Client CANNOT stay in emergency shelter or transitional housing until further screened by a medical provider.

Client should be immediately referred to the program's medical partner (see program manager if not known) for medical screening and triage to appropriate shelter or medical option.

Client should be immediately isolated away from other clients and staff and provided a surgical mask.

If client shows or reports severe symptoms, such as persistent pain in the chest, dizziness, and/or bluish lips call 9-1-1 immediately.

If NO to ALL: Client CAN enter or remain in shelter or transitional housing.

Clients should be advised to proceed to wash their hands before having any contact with other clients or staff. Clients may need to be reminded of good handwashing techniques and other personal hygiene practices.

Question 10:

IF YES to ANY characteristic: Client has higher risk/vulnerability for severe illness resulting from COVID-19, should they become infected. Client should be advised and assisted with additional protections, including:

- Maintaining maximum physical distance from others of at least 6 feet at all times
- Wearing a surgical mask
- Regular temperature monitoring for fever (ideally twice daily)

For questions regarding this protocol, please contact Erin Maus, Community Shelter Board at emaus@csb.org.