

# COVID-19 Screening Questions for Non-Medical Staff

These questions should be used with all clients upon admission 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 also be re-administered daily for all clients 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. Do you have a fever (100.4°F or higher)? *(check temperature with thermometer, if available)*  
\_\_\_ Yes \_\_\_ No
4. Do you have a cough that developed in the last 14 days?  
\_\_\_ Yes \_\_\_ No
5. Are you experiencing shortness of breath?  
\_\_\_ Yes \_\_\_ No
6. 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? (close contact includes: living in same household, caring for, or being within 6 feet of for about 10 minutes or more.)  
\_\_\_ 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, etc.)

7. Does client have any of the following physical characteristics:  
\_\_\_ Over 60 years old  
\_\_\_ Serious underlying medical conditions (chronic or acute)  
\_\_\_ Pregnant

***If "Yes" to ANY question 1-6:***

8. Does client have any of the following behavioral health characteristics:

\_\_\_ Severe Mental Illness

If checked, does the person appear to be managing their symptoms? \_\_\_ Yes \_\_\_ No

If No, describe:

If in treatment, who is the provider? \_\_\_\_\_

\_\_\_ Substance Use Disorder

If checked, what substance(s) is the person regularly using?

If in treatment, who is the provider? \_\_\_\_\_

## **Initial Screening Triage Instructions**

### **Questions 1-6:**

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

- A. 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.
- B. Obtain release of information and, with client consent, share results of initial screening (all questions 1-8) with medical partner verbally or via secure transmission of screening form.
- C. Client should be immediately isolated away from other clients and staff and provided a surgical mask. Ensure client has all of their belongings and any prescription medications in their possession.
- D. 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.

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

### **Question 7:**

**IF YES to ANY characteristic:** Client has higher risk/vulnerability for severe illness resulting from COVID-19, should they become infected.

- A. If NO to all questions 1-6 and entering or remaining in shelter or other non-isolation or quarantine facility, client should be advised and assisted with additional protections, including:
  - 1) Maintaining maximum physical distance from others of at least 6 feet at all times
  - 2) Wearing a surgical mask
  - 3) Regular temperature monitoring for fever (ideally twice daily)

For questions regarding this protocol, please contact Erin Maus, Community Shelter Board at [emaus@csb.org](mailto:emaus@csb.org).