**NOTE**: this template is provided as an example for establishing updated procedures in congregate homeless facilities (congregate emergency shelter, transitional housing, and day shelters). This template includes steps consistent with homeless crisis response system guidance and requirements as of date above for screening and, in some cases, referring clients for potential placement in a shelter for isolation/quarantine (SIQ) in conjunction with a Medical Provider/Partner. This template may be modified for use by street outreach programs.

1. All staff, volunteers and clients are temperature screened prior to ***[ENTER SHELTER PROGRAM].***
2. All clients are also screened everyday by ***[ENTER STAFF POSITION RESPONSIBLE FOR SCREENING]*** using the 7 question ***COVID-19 Initial Screening Questions for Non-Medical*** ***Staff.***
3. A client is screened positive by ***[ENTER STAFF and/or WHERE/WHEN/HOW CONDUCTED DAILY].*** This was done either before entering the shelter or after they were admitted.
	1. Clients that are screened positive by a Non-Medical Provider cannot stay in the emergency shelter until cleared by a Medical Provider *and* the Homeless Hotline.
	2. Clients screened as positive, symptomatic or who were in close contact with someone diagnosed with COVID-19 are immediately given a mask and physically separated from other clients and staff.
	3. The ***[ENTER SHELTER PROGRAM]***, contacts their Medical Partner to arrange a screening
4. For ***[ENTER SHELTER PROGRAM]***, the ***[ENTER MEDICAL PROVIDER]*** will serve as the Medical Partner. The ***[MEDICAL PROVIDER]*** team is available ***[ENTER DAYS AND TIMES OF THE WEEK]****.* For medical screening needed after hours or on the weekend, contact [***AFTER HOURS ORGANIZATION AND PHONE NUMBER]***
	1. The Non-Medical Provider can reach the ***[MEDICAL PROVIDER]*** by calling ***[MEDICAL PROVIDER POINT OF CONTACT]*** at ***[MEDICAL PROVIDER PHONE NUMBER].***
	2. The ***[MEDICAL PROVIDER]*** will triage the call and place the screening within their service queue.
5. Medical Partner Screening-These can be completed via phone, video or in person.
	1. A COVID 19 screening questionnaire (symptoms, temp, testing)
		1. IF THE SCREENING IS VIRTUAL- ***[ENTER SHELTER PROGRAM and WHO]***, should complete a temperature check and be able to share the outcome with the Medical Partner.
		2. IF THE SCREENING IS FACE TO FACE- The Medical Partner will interview the client and take a temperature.
	2. The screening will consist of a COVID 19 screening and an interview with the client to determine if he/she has any medical conditions, mental illness or substance use addiction that would make it difficult or impossible to manage while in at least 14 days of isolation or quarantine with only minimal medication and behavioral health support. The medical partner will review the client’s medications and supply of medications;
	3. If an electronic medical record is available, the medical provider may review the client’s history to investigate conditions.
6. Disposition
	1. The Medical Partner will complete the ***COVID-19 Medical Partner Screening*** form
	2. If the screening is Positive for COVID-19 and need for isolation or for close contact and need for quarantine, the Medical Provider will do the following
		1. Ask patient to wait for transport in case admitted to Shelter for Isolation & Quarantine (SIQ).
		2. Call the **Homeless Hotline (1-614-274-7000)** on patient behalf with client consent.
		3. Identify Medical Partner staff calling and associated hospital or medical program.
		4. Provide verbal results of ***COVID-19 Medical Partner Screening***, specifying whether patient is:
			1. in need of **ISOLATION** due to being positive or symptomatic for COVID-19 (“yes” to any question 1-3 with no other underlying cause), **OR**
			2. in need of **QUARANTINE** due to having close contact (ONLY “yes” to question 4).
		5. Homeless Hotline staff will assess for other safe, appropriate housing options where patient can isolate or quarantine, if indicated.
		6. If patient is deemed homeless, Homeless Hotline will review patient for potential referral to SIQ.
		7. **If client is deemed in need of and appropriate for SIQ (i.e., does not require more intensive medical or behavioral health care)**, Homeless Hotline will coordinate transportation from current location to SIQ.
		8. If client is not deemed in need of or appropriate for SIQ, Homeless Hotline will coordinate next step referral and placement with the appropriate shelter or medical provider.