

Shelter/Supportive Housing Assessment COVID-19 – Screening Form (April 6)

- Screening to be perform by Shelter Staff or Supportive Housing
- Wear Gloves and Mask at all time while screening
- Screening to be perform twice a day minimum
- Screening to be perform when individual comes in and out of the Shelter or Supportive Housing

If Individuals **answer YES** to one or more screening questions

- Put on Gown & give mask to individual and isolate individuals from others
- If any of those symptoms are present, contact 519-503-6131
- On call medical support will help you troubleshoot if the individual need to be transfer to the designated shelter isolation unit

If deem **SYMPTOMATIC by the Medical Team**

- Transfer individual to the Designated Isolation Shelter Unit
- Call for Transportation – Medical Team will call for transportation
- Put on Gloves and Mask on the individual prior to entering provided Transportation

If Individuals **answer NO** to each screening questions

- Stay at the Shelter and screen as protocol above
- Provide education on self-isolation and self-distancing to individual

IF THE PERSON IS HAVING DIFFICULTY BREATHING, CALL 911 IMMEDIATELY

Please ASK the following QUESTIONS:

Are you experiencing any of the following (or combination of these)?	YES	NO
1. Have you felt feverish (chills, sweats, aches)?		
2. Do you have a new or changing cough?		
3. Are you experiencing difficulty breathing? (for example, struggling for each breath, cannot hold breath for more than 10 seconds, shortness of breath at rest)		
4. Have you been around someone who is sick?		