

COVID-19 Shelter Client Triage Screening Tool

Date of Interview _____

1. Do you have a fever? Yes ___ No ___

2. Do you have a cough? Yes ___ No ___

3. Are you experiencing shortness of breath? Yes ___ No ___

If client answers YES to Question 1-3, they should be masked and isolate.

4. Are you over 55 years of age? Yes ___ No ___

If client answers yes to Questions 1-4, they should be transported to the hospital for testing.

5. Do you have diabetes, heart disease, high blood pressure, lung disease or any immunosuppressant illnesses? Yes ___ No ___

If client answers YES to 1-3 and has a YES for 5, they should be transported to the hospital for testing.

Prior to transporting, please call Hospital and alert them of the transport and client name, DOB, the shelter.

Also, please consider the following:

- Identify and regularly monitor clients (and staff) who could be at high risk for complications (those who are older, have underlying health conditions like heart disease, diabetes, high blood pressure, lung disease or who are immune compromised).
- Determine if the client is a smoker and has a regular routine cough which may allow you to rule out the possibility of a virus if that is the only symptom.

Should the client screen positive for these symptoms, it does not mean that they have the COVID-19 virus. They could have another type of flu or a common cold. They should be provided with a mask and be isolated from other clients.

Be advised that the following severe symptoms should be addressed immediately, Call 911:

- Extremely difficult breathing (not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness
- New confusion, or inability to arouse
- New seizure or seizures that won't stop