**COVID-19 Preparedness for**

**Ohio BoSCoC Homeless Assistance Providers**

**Frequently Asked Questions**

**Updated 4.2.20**

This document addresses frequently asked questions (FAQs) related to COVID-19 Preparedness for Ohio BoSCoC homeless assistance providers. This document will be updated as needed.

Additional questions should be directed to ohioboscoc@cohhio.org.

**Coordinating with Local Public Health**

**What should we do if we cannot get in touch with our local health department?**

Keep attempting to call and speak with someone. Find your [local health district directory](https://odh.ohio.gov/wps/portal/gov/odh/find-local-health-districts). You can also let the State of Ohio know via this portal: covid19housing@mha.ohio.gov. If you are still unable to reach anyone, you can contact [ohioboscoc@cohhio.org](file:///Users/erica/Desktop/ohioboscoc%40cohhio.org), and a member of the COHHIO team will assist you.

**Screening for Symptoms of COVID-19**

**Our facility lacks the ability to do health screenings/temperature taking at intake. Can we temporarily stop intake and concentrate on those currently in our shelter?**

The Ohio BoSCoC is strongly encouraging emergency shelters to continue to accept new clients. Additionally, we are also strongly encouraging Coordinated Entry Access Points (APs) to focus heavily on diversion at this time so that only those who have no other safe temporary housing option are entering shelter.

The Ohio BoSCoC strongly encourages all operators of congregate facilities, like TH and ES projects, to immediately begin using the Coronavirus Screening Tool. The tool is simply a set of questions that ask about possible symptomology and contact with a possible COVID-19 case. It neither encourages nor requires providers to check temperatures at intake. The screening tool is available here: <https://cohhio.org/wp-content/uploads/2020/03/Coronavirus-COVID-19-Screening-Tool.pdf>

**Where can we refer clients and staff for COVID-19 testing?**

Initiate contact with your local health department to formulate a plan for what to do if a client or staff member appears to have symptoms of COVID-19. If you need assistance finding your local health department, you can search using this link: <https://odh.ohio.gov/wps/portal/gov/odh/find-local-health-districts> If your local health department is not responsive, you can let the State of Ohio know via this portal: covid19housing@mha.ohio.gov

**If our shelter has a suspected case of COVID-19, and that person refuses to go to the hospital, what should we do?** UPDATED 3.26.20

At this time, it is extremely important to practice diversion, including engaging with all current residents to identify anyone who can be temporarily or permanently connected to another safe housing option. If a client is showing mild symptoms, isolate that person (if that is the plan that you have devised with your local health department) according to your isolation/quarantine plan, ideally in an off-site I/Q unit. If a client displays severe symptoms call 911. It is our hope that anyone showing severe COVID-19 symptoms would be willing to go to the hospital to seek proper medical attention. However, if they do not, please contact your health department for further guidance.

**Is it okay to check temperatures of prospective emergency shelter clients as they present for intake?**

Maybe. The protocol for checking temperatures safely and accurately is complex and time consuming (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3864059/>). If your agency wants to check temperatures of prospective clients, you need have detailed protocols in place to ensure safety of staff taking temperatures. For example, staff taking temperatures need to wear disposable gloves, thermometers should be disposable or if not using disposables properly disinfected before and after every use.

The Ohio BoSCoC is strongly encouraging providers to use a set of screening questions, rather than temperature checking, to screen at admission.

Verbal screening of symptoms (fever, cough, shortness of breath) should occur daily with all residents, volunteers, and visitors.

UPDATED 3.19.20 – Agencies should require all employees to take their temperature before reporting to work and if temperature is elevated they should NOT report to work.

**What do we do if a resident/client has tested positive for COVID-19?** UPDATED 4.6.20 If someone in your facility, (client, staff, or guest) appears to be infected with COVID-19, make sure you put your emergency response plan into action. If the client’s symptoms are severe, contact your local hospital, ER, or EMS ASAP. If symptoms are mild, move the client to your designated isolation/quarantine space off-site, monitor their symptoms, and follow protocols related to meeting basic needs in the I/Q unit. If you do not have immediate access to an off-site I/Q unit, move the individual to a private room and prohibit their interaction with any community space, provide private restroom access, etc. until an off-site I/Q unit can be secured. Be sure you understand how your local public health department wants you to handle reporting to them.

Additionally, you will need to determine if any other residents or staff have been in close contact with the symptomatic or COVID-19 positive client and follow appropriate protocols related to quarantining anyone who had close contact.

The CDC defines [‘close contact’](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html) as:

1. being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (some health depts say 10 minutes is sufficient)
	1. close contact can occur while caring for, living with, visiting, or sharing a waiting area or room with a COVID-19 case

*– or –*

1. having direct contact with infectious secretions of a COVID-19 case
	1. e.g., being coughed on, kissing, sharing utensils, etc.

**Social Distancing and Isolation/Quarantine**

**What should we do if we do not have the space to keep people 6ft apart?**

There are a few things your agency may be able to do to help ensure sufficient physical space, or reduce resident concentration, in your facility. You may consider moving some residents to hotel/motel units reduce the number of people staying in shelter. You should continue to focus on diversion and identifying safe housing options, including temporary options, for current residents. You should also focus on moving residents into their rental units with Rapid Re-housing assistance, prioritizing those who are elderly and who have underlying medical conditions. Consider using other spaces in your facility as “overflow” space to deconcentrate the sleeping rooms. If space remains tight, consider implementing physical barriers in sleeping spaces by using bed sheets.

Work with your local health department to help find solutions to this issue. If your public health department if unwilling or unable to assist, contact the CoC team at [ohioboscoc@cohhio.org,](http://ohioboscoc@cohhio.org)

**What should we do if our facility has no space to quarantine/isolate people who are symptomatic?** UPDATED 3.26.20

It is important that isolation/quarantine (I/Q) units are located off-site of congregate facilities. Working with a local motel is a common way to provide off-site I/Q units.

Agencies may need to provide very short-term I/Q space while waiting on transport to an off-site I/Q unit. Try to think creatively about how space in your facility could be used for this purpose. Is there and administrative office that could be used? Could you rearrange sleeping rooms to create a private room? Contact your local health department for assistance identifying resources to create off-site I/Q units. You can also let the State of Ohio know via this portal: covid19housing@mha.ohio.gov

Review more detailed guidance related to creating off-site I/Q spaces in the [Ohio BoSCoC COVID-19 Guidance for Homeless Assistance Providers](https://cohhio.org/boscoc/covid19/) and via CDC guidance [here](https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Falternative-care-sites.html).

**ODSA Guidance on Paying for Hotels/Motels** UPDATED 3.24.20

ODSA has communicated that agencies receiving emergency shelter grants through HCRP may use their ***current*** grant funds to provide temporary housing in motels when there is not space available in their shelter. Normally, assistance should continue just until there is room available at the shelter. Under current circumstances, however, clients should be able to stay in the motel indefinitely if they need to be isolated or quarantined, are a member of a medically vulnerable/older population, or if the use of the motel is meant to assist in deconcentrating the shelter space to provide sufficient social distancing.

Please note, HCRP-HP and RRH resources cannot be used for hotel/motel stays as outlined above, although they can be used for hotels if a rental unit has been identified for move-in within 30 days.

**What are the best ways to practice social distancing while still trying to house people?**

Ensure your staff and residents are trained on why and how to practice social distancing. Staff will need to gently reinforce the need to maintain separation.

Focus on moving clients into housing as quickly as possible.

* To help with this, HUD field office staff are permitting CoC-funded projects to complete project intake processes via phone and without client signatures.
* Staff should also continuously explore alternative, safe housing options with clients

Re-evaluate current facility configuration.

1. If needed, reduce the number of beds/mats to reduce overall facility capacity
2. Shelter overflow options may need to be identified if reconfiguration is required. ES overflow options could include using hotel/motel units or identifying another space in the community to provide temporary shelter accommodations
3. Rearrange furniture, such as desks, to create larger distances between clients or staff.
4. UPDATED 3.20.20 - Beds should be at least 3 ft apart for non-symptomatic persons. If clients are symptomatic or positive for COVID-19, they should sleep in a separate room. If separate rooms are unavailable, beds need to be at least 6 ft apart.

**Is it appropriate to ask shelter residents to remain at the shelter and avoid going out?**

Congregate facilities, including shelters, should communicate to residents the same messages about avoiding public spaces. However, shelters cannot legally restrict residents from leaving the facility. Additionally, if the facility is too concentrated with people, encouraging residents to remain in shelter may not be the safest option either. Identifying solutions to ensure sufficient physical space for residents is critical.

As needed, agencies should talk with their local public health departments for assistance addressing space needs.

**What does isolation/quarantine mean? Are those in isolation/quarantine permitted to walk around in common areas and eat in the dining area?** UPDATED 3.26.20

It is important that isolation/quarantine (I/Q) units are located off-site of congregate facilities. Working with a local motel is a common way to provide off-site I/Q units.

Agencies may need to provide very short-term I/Q space while waiting on transport to an off-site I/Q unit. Residents in I/Q must remain in the designated space. They should not enter community areas such as common areas, kitchens, etc. Staff (wearing appropriate protective gear such as disposable gloves and masks) should deliver meals to residents in quarantine with no person-to-person contact. Residents in I/Q must have access to a private restroom facility. If a restroom facility is not available for designation, detailed protocols must be followed related to disinfecting the restroom after each use by someone in isolation/quarantine. More information on disinfecting and cleaning best practices are located here: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

Review more detailed guidance related to creating off-site I/Q spaces in the [Ohio BoSCoC COVID-19 Guidance for Homeless Assistance Providers](https://cohhio.org/boscoc/covid19/) and via CDC guidance [here](https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Falternative-care-sites.html).

**What are smaller shelters doing to quarantine/isolate clients when individual rooms are not available?** UPDATED 3.26.20

Many smaller shelters intend to utilize hotel/motel units to meet isolation/quarantine needs. I/Q units should not be provided in congregate shelter facilities if at all possible.

Review more detailed guidance related to creating off-site I/Q spaces in the [Ohio BoSCoC COVID-19 Guidance for Homeless Assistance Providers](https://cohhio.org/boscoc/covid19/) and via CDC guidance [here](https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Falternative-care-sites.html).

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Please note, HCRP-HP and RRH resources cannot be used for hotel/motel stays as outlined above, although they can be used for hotels if a rental unit has been identified for move-in within 30 days.

**Administrative Responses**

**Can you address the legal components of subjecting staff to COVID-19?**

COHHIO and the BoSCoC team have no guidance related to possible legal issues related to COVID-19.

**How can our shelter get financial help to place senior clients or medically vulnerable clients into hotel/motels?**

The CoC team and COHHIO continue to advocate for the provision of emergency resources to help providers of congregate facilities be able to move out at-risk clients or to provide isolation/quarantine options. We also encourage providers to press on local health departments to assistance with the provision of hotel/motel vouchers for these purposes. Your agency should keep track of any COVID-19 related expenditures in case they are reimbursable in the future. You can also let the State of Ohio know via this portal: covid19housing@mha.ohio.gov

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Please note, HCRP-HP and RRH resources cannot be used for hotel/motel stays as outlined above, although they can be used for hotels if a rental unit has been identified for move-in within 30 days.

**How do you suggest we motivate staff to continue working during this time and keep up staff morale?**

While we recognize this is a challenging time for everyone, it is essential to keep open lines of communication amongst staff. Try holding daily meetings to check in with staff personally, and professionally. Be creative in thinking about what keeps your staff engaged and motivated during this time. This could be something like a staff outing once the crisis passes, or simply allowing staff to be heard and seeking out what they need in order to feel supported and motivated to continue being a vital part in mitigating the spread of COVID-19 in your community.

**Will there be funding available to assist in paying overtime for staff work hours? Is there funding available to help pay for more sanitation supplies that the health department cannot provide?**

Increasing salaries at this time to account for overtime and the extenuating circumstances may be a useful tool for agencies to retain staff. Currently there are no emergency funds to pay for additional staffing costs for additional supplies, although we hope this will change soon. Agencies should track COVID-19 related costs in the event there is cost reimbursement in the future.

Additionally, providers can communicate their COVID-19 related needs to the CoC team and COHHIO by completing the google form available at <https://cohhio.org/boscoc/covid19/>. You can also let the State of Ohio know via this portal: covid19housing@mha.ohio.gov

**Should we use existing funding to hire nurses?**

If you are able to pay for and identify a nurse or other health practitioner for your facility, and you have the need, agencies are permitted to hiring nursing staff. However, it will likely be difficult to find nurses to hire and it may make more sense to coordinate and communicate with local health care facilities to address your agency’s needs.

**Supportive Services and Daily Operations**

**Do local safety edicts supersede the** [**Ohio BoSCoC Homeless Program Standards**](https://cohhio.org/wp-content/uploads/2019/05/Ohio-BOSCOC-Program-Standards-revised-5.19.pdf) **in regards to home visits for PSH and RRH?**

Yes. At this time, we are asking that all home visits be suspended for the safety of staff and clients. However, we continue to encourage PH projects to continue to accept new clients in order to help deconcentrate shelters. Projects should strive to reduce person to person contact where possible and follow CDC recommendations when interactions must occur.

**Should non-shelter providers that are Coordinated Entry (CE) Access Points (APs) be using the COVID-19 screening tool as well as emergency shelters?**

Yes, APs should ask households that contact them about their symptoms, using the [Coronavirus Screening Tool](https://cohhio.org/boscoc/covid19/). APs should make every effort to screen households in crisis over the phone, in an effort to reduce in -person contacts. If in-person assessment is necessary, be sure staff and clients maintain separation and avoid contact (have wipes and hand sanitizer available clean surfaces, pens, etc.)

Additionally, CE APs need to be involved in the planning of local isolation/quarantine options, or at least informed of what those options are, in the event that a household seeking homeless assistance appears to have symptoms of COVID-19.

**How can we ensure clients in a hotel/motel, for either ES overflow or isolation/quarantine purposes, have access to food and support?**

Agencies have a few options to provide food and supplies to households in hotels. Agencies can have staff deliver meals, food, and supplies to their clients directly. Or they may be able to partner with local food/meal organizations such as Meals on Wheels, local food pantries, and request funding for food delivery for these clients. Focus on grab and go options with disposable utensils if possible. Review more detailed guidance related to creating off-site I/Q spaces in the [Ohio BoSCoC COVID-19 Guidance for Homeless Assistance Providers](https://cohhio.org/boscoc/covid19/)

Agencies should also seek to coordinate with local public health departments around this issue. You can also let the State of Ohio know via this portal: covid19housing@mha.ohio.gov

**Should Permanent Supportive Housing (PSH) and Rapid Re-Housing (RRH) projects be filling vacancies and having lease signings?**

Yes. Getting clients housed and out of the shelter will hopefully help curb the spread of this disease. Agencies should take precautions however, and seek to minimize in-person contact. Where that is not unavoidable, staff should ensure appropriate physical distance, etc.

UPDATED 4.2.20 –

**Waivers to HUD Program Requirements**

On April 2, 2020 HUD issued a [memorandum](https://hudexchange.us5.list-manage.com/track/click?u=87d7c8afc03ba69ee70d865b9&id=c7eebd3c89&e=7126f67efc) providing regulatory waivers of certain Continuum of Care (CoC) Program, Emergency Solutions Grant (ESG), Housing for Persons With AIDS (HOPWA), and Consolidated Plan requirements to help prevent the spread of COVID-19 and to provide additional supports to individuals and families eligible for CoC, ESG, and HOPWA assistance who are economically impacted by COVID-19.

Following are some of the waivers HUD is making available on a time-limited basis:

* CoC Program
	+ Waiving of physical HQS inspections
	+ Waiving on monthly case management requirements for RRH
	+ Waiving of disability documentation for PSH
	+ Waiving of initial one-year lease terms for PSH and RRH
* ESG Program
	+ Waiving on monthly case management requirements for RRH and HP
	+ Waiving of requirement to pay no more than Fair Market Rent

Recipients interested in using one of the permitted waivers must provide notification in writing, email or mail, to the CPD Director of the Columbus HUD Field Office no less than 2 days before the recipient anticipates using the waiver flexibility. The email for the Columbus Field Office is CPD\_COVID-19WaiverCOL@HUD.gov, and emails should copy your HUD field office representative.

CoC Program grantees submit their waivers directly to HUD. ODSA will submit waiver requests to HUD on behalf of HCRP grantees. ODSA will communicate directly to HCRP grantees once waiver requests have been submitted.

You can read the detailed memorandum [here](https://www.hudexchange.info/resource/6007/availability-of-waivers-of-community-cpd-grant-program-and-consolidated-plan-requirements-to-prevent-the-spread-of-covid19-and-mitigate-economic-impacts-caused-by-covid19/?utm_source=HUD+Exchange+Mailing+List&utm_campaign=912c2a3df8-COVID-19-SNAPS-Waivers-4.1.20&utm_medium=email&utm_term=0_f32b935a5f-912c2a3df8-19409793).

**HCRP and Unit Inspections** (Updated 4.7.20)

Effective April 7, 2020, ODSA has communicated that HCRP grantees are able to conduct visual habitability Standards inspections. This waiver of the requirement that the grantee physically inspect each unit to assure that the unit meets habitability standards before providing assistance on behalf of a program participant is in effect for six months beginning April 7, 2020 for grantees that are able to meet the following criteria:

1. The grantee is able to visually inspect the unit using technology, such as video streaming, to ensure the unit meets minimum habitability standards before any assistance is provided; and
2. The grantee has written policies to physically reinspect the unit within 3 months after the health officials determine special measures to prevent the spread of

COVID-19 are no longer necessary.

**Should clients actively be seeking employment at this time? This could potentially negatively impact outcome measure data.**

At this time, everyone’s priority needs to be safety around COVID-19. This may include discouraging residents/clients from actively seeking new employment via person-to-person contact.

The CoC team strongly encourages providers to focus on safety and COVID-19 preparedness, rather than project-level performance goals. The CoC Team will determine how to take project performance related to COVID-19 into consideration when evaluation project performance at a later date.

**Will Homeless Prevention clients be able to stay in the project longer than 90 days?**

We assume this question is about the requirement to re-certify income eligibility after 90 days of assistance, if seeking to provide ongoing assistance in an HP project. To date, we have not received information about income re-certification requirements being waived. However, COHHIO and the CoC team are seeking guidance on this issue and continuing to advocate for increased flexibility in program requirements for our HP and RRH projects in particular.

**Can things like inspections and lease signings be done by facetime or video chat? Are housing inspections being suspended?**

UPDATED 4.2.20 –

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2. The grantee has written policies to physically reinspect the unit within 3 months after the health officials determine special measures to prevent the spread of

COVID-19 are no longer necessary.

**Is it mandatory to accept new clients in our programs right now?**

The Ohio BoSCoC is strongly encouraging homeless assistance projects, especially shelters, to continue to accept and serve new clients who would otherwise be on the streets/unsheltered. The Ohio BoSCoC also encourages APs and shelters to focus heavily on diversion practices, in effort to reduce unneeded shelter entries and to move more households out of shelter.

**Our shelter does not have the capacity to stay open during the day. Is there anything I can do for my clients?**

Reassess and rearrange to determine if/how you can staff your shelter during the day. Speak with your local health department and other community partners for additional resources and help. You can also let the State of Ohio know via this portal: covid19housing@mha.ohio.gov

**What should we do if a volunteer group offers to come and provide activities for families with children in a small group setting?**

At this time, shelters should cease any unnecessary gatherings. This includes volunteer groups coming into facilities to lead activities. Alternatively, encourage those with an interest in volunteering to donate any entertainment supplies for children and families to use on their own.

**Our shelter staff is made up primarily of people who are 60 and over, and we will not be able to operate without them working. Are there any suggestions on how to stay operational during this time?**

If your agency relies heavily on a high-risk population, such as those 60 years of age and older, try finding younger volunteers who may be able to help cover staff loss during this outbreak. Also, if more funding is needed to keep staff in place, send detailed information to COHHIO and the CoC team to support the case for funding, and begin tracking COVID-related costs now. You can also let the State of Ohio know via this portal: covid19housing@mha.ohio.gov

**Resources**

**Where can I find training and guidance materials regarding Ohio BoSCoC specific COVID-19 response?**

Please visit <https://cohhio.org/boscoc/covid19/> to find response guidance, screening tools, recommended resources, and a Google form to communicate your COVID-19 needs to the Ohio BoSCoC team.

**Where can I find the COVID-19 screening tool?**

You can access the COVID-19 screening tool here: <https://cohhio.org/boscoc/covid19/> and here: <https://cohhio.org/wp-content/uploads/2020/03/Coronavirus-COVID-19-Screening-Tool.pdf>