

HMIS COVID-19 Data Collection Instruction

High-Risk Screening, Symptom-test-recovery Sub-Assessment, and COVID-19 Vaccination

HMIS COVID-19 Data Collection Overview

COVID-19 is spreading rapidly in the US, prompting an emergency response from homeless service providers. The COVID-19 Status questions collect necessary public health monitoring data. These are not official health screenings and should be treated as record collection.

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Where to record data:

1. **COVID-19 High-Risk Screening:** Recorded on the UDE Assessment. Data recorded at Entry. See sub-sections:
 - a) “How to record additional COVID-19 High-Risk Screening questions” **(pp 5-6)**
2. **COVID-19 Sub-Assessment:** Recorded on the UDE Assessment. Data recorded at Entry, Interim Update, and Exit as appropriate. See sub-sections:
 - a) “How to Record the COVID-19 Sub-Assessment” **(pp 3-4)**
3. **COVID-19 Vaccination Tracking:** Recorded on the UDE Assessment and as an Incident on the Client Profile tab. Data recorded at Entry, Interim Update, and Exit as appropriate. See sub-sections:
 - a) “How to record COVID-19 1st Vaccination” **(p 9)**
 - b) “How to record COVID-19 2nd Vaccination” **(p 10)**

When to record the [COVID-19 High-Risk Screening Questions](#):

1. These questions should be completed at any time you complete or verify questions on the UDE Assessment in HMIS. These additional COVID-19 High-Risk Screening questions are located at the bottom of the UDE Assessment. These questions may be updated through the course of normal service delivery.

Who should complete the [COVID-19 High-Risk Screening Questions](#):

1. All clients who are homeless or accessing Coordinated Entry resources. For families, this screening will be completed on the Head of Household’s profile.
 - a. **NOTE:** While the screening is completed on the Head of Household’s profile, the screening questions apply to **all** members of the family. For example, if **any** member of the family presents with heart disease – even if not the Head of Household – you would mark “Yes” for heart disease on the Head of Household’s profile.

When to record data on the [COVID-19 Symptom Test Recovery Sub-Assessment](#):

1. When clients **self-identify as having fever, cough, shortness of breath, chills, muscle pain, headache, sore throat, or new loss of taste or smell.**
 - a) If clients normally have these symptoms, case managers can ask if the symptoms are worse than usual. Be sure to record symptomatic cases on the same day or as closely to the date clients self-identify.
2. To record that a client has **recovered from COVID-19.**
3. To record that client has **taken a test (of any type) for COVID-19.**

[How to Record COVID-19 High-Risk Screening Questions](#)

Step 1: Follow the standard steps to search or create your client in HMIS. Create an Entry for your client. These questions should be completed only at a client’s Entry. For

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further guidance, please refer to the New User Introductory Training found here:
<https://hmisaz.org/online-training>.

Please Note: These questions may be updated as appropriate during the normal course of service delivery for a client or household, especially as new information is obtained.

Step 2: Navigate to the UDE Assessment.

Step 3: The COVID-19 High-Risk Screening questions are at the bottom of the UDE Assessment.

Step 4: These questions should be completed for clients who are literally homeless or accessing Coordinated Entry resources. For families, this screening will be completed on the Head of Household's profile.

*Please Note: While the screening is completed on the Head of Household's profile, the screening questions apply to **all members of the family**. For example, if **any** member of the family presents with heart disease – even if not the Head of Household – you would mark "Yes" for heart disease on the Head of Household's profile.*

Step 5: Complete the following fields:

- **Advanced Age:** Please select the most appropriate option. If more than 1 member of the family meets the advanced age risk, select the age range of the oldest household member.
- **Lung Disease or need to use an inhaler:** Please select "Yes" or "No". For families, you will select "Yes" if **any** member of the household presents with the condition.
- **Heart Disease:** Please select "Yes" or "No". For families, you will select "Yes" if **any** member of the household presents with the condition.
- **High Blood Pressure:** Please select "Yes" or "No". For families, you will select "Yes" if **any** member of the household presents with the condition.
- **High Cholesterol:** Please select "Yes" or "No". For families, you will select "Yes" if **any** member of the household presents with the condition.
- **Diabetes:** Please select "Yes" or "No". For families, you will select "Yes" if **any** member of the household presents with the condition.
- **Liver Disease:** Please select "Yes" or "No". For families, you will select "Yes" if **any** member of the household presents with the condition.
- **Kidney Disease:** Please select "Yes" or "No". For families, you will select "Yes" if **any** member of the household presents with the condition.

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- **Currently Pregnant:** Please select “Yes” or “No”. For families, you will select “Yes” if **any** member of the household presents as pregnant.
 - **If Yes – Expected Due Date:** Enter the expected due date of the pregnancy.
- **HIV/AIDS:** Please select “Yes” or “No”. For families, you will select “Yes” if **any** member of the household presents with the condition.
- **Other Immune Compromised:** Please select “Yes” or “No”. For families, you will select “Yes” if **any** member of the household presents with the condition.
 - **Other Immune Compromised Details:** Enter additional data in this field to provide more information on immune-compromised conditions. These details will be reviewed.
- **Does not know their medical history or refuses to answer questions:** Please select “Yes” or “No”.
- **Details or questions for review by a medical professional (leave blank if none):** Please select “Yes” or “No”. For families, you will select “Yes” if **any** member of the household presents with the condition.

How to Record the COVID-19 Symptom Test Recovery Sub-Assessment

Step 1: Follow the standard steps to search or create your client in HMIS. Create an Entry, an Interim Update, or an Exit as appropriate for your client. For further guidance, please refer to the New User Introductory Training found here: <https://hmisaz.org/online-training>.

Step 2: Navigate to the UDE Assessment

Step 3: The COVID-19 Sub-Assessment is toward the bottom of the UDE Assessment.

COVID Sub-Assessment

Complete the COVID-19 sub-assessment for any of the following:

- 1) Client shows symptoms consistent with COVID-19
- 2) To record recovery from COVID
- 3) *NEW* Client has been tested for COVID-19

COVID-19

Record Date *	Date Symptoms Started
<input type="text"/>	<input type="text"/>

Add

Please Note: DO NOT select the pencil icon to update any previous record. This sub-assessment is designed so that we have a new record date for the values recorded. **ONLY** create new records of the COVID-19 Sub-Assessment.

Step 4: If a client is displaying COVID-19 symptoms, recovered from COVID-19, or has taken a COVID-19 test, **Select the “Add” button** to complete the sub-assessment as described below.

Please Note: If a client does not meet any of the sub-assessment criteria, please skip the sub-assessment and complete the UDE questions.

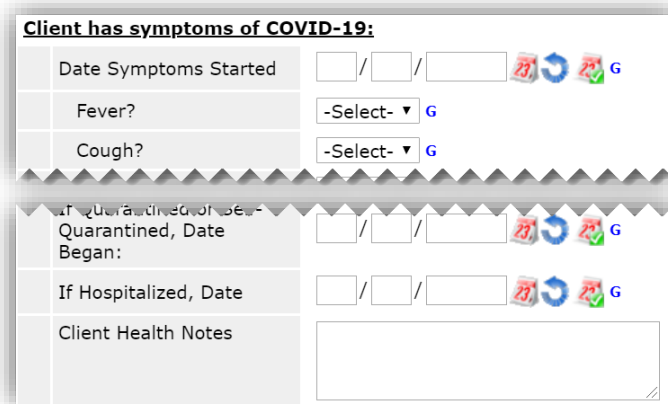
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Step 5: Complete the fields which **are relevant to your client**.

- **Record Date:** Enter today's date









- **Date Symptoms Started:** Enter date for ALL symptomatic clients. If a client can't remember, enter today's date.
- **Fever?:** Please select the most appropriate option
- **Cough?:** Please select the most appropriate option
- **Shortness of Breath?:** Please select the most appropriate option
- **Chills?:** Please select the most appropriate option
- **Muscle Pain?:** Please select the most appropriate option
- **Headache?:** Please select the most appropriate option
- **Sore Throat?:** Please select the most appropriate option
- **New Loss of taste or smell?:** Please select the most appropriate option
- **If Quarantined or Self-Quarantined, Date Began:** Enter if appropriate. Leave blank if NA or unknown.
- **If Hospitalized, Date:** Enter if appropriate. Leave blank if NA or unknown.
- **Client Health Notes:** Enter any important notes.



- **Date Tested for COVID-19:** Enter if appropriate. Leave blank if NA or unknown.
- **Type of COVID-19 Test:** Enter if the test was a viral or an antibody test.
- **If Known, Test Result or Confirmed Disease Status:** Enter if known. Leave blank if NA or unknown.
- **Date of COVID-19 Diagnosis:** Enter if known. Leave blank if NA or unknown.
- **Name of Health Provider Providing Diagnosis:** Enter if known. Leave blank if NA or unknown.

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Official COVID-19 Test Information	
Date Tested for COVID-19	<input type="text"/> / <input type="text"/> / <input type="text"/>    G
Type of COVID-19 Test	<input type="text" value="-Select-"/> G
If Known, Test Result or Confirmed Disease Status	<input type="text" value="-Select-"/> G
Date of COVID-19 Diagnosis	<input type="text"/> / <input type="text"/> / <input type="text"/>    G
Name of Health Provider Providing Diagnosis	<input type="text"/> G







- **Emergency Contact: Name & Relationship:** Enter client's emergency contact
- **Contact Information:** Enter the emergency contact's contact information
- **Recovery Date:** (Leave blank for clients still having symptoms)

How to Record the COVID-19 First Vaccination

Step 1: Follow the standard steps to search for your client and create an Entry, Interim Update or Exit. For further guidance, please refer to the New User Introductory Training found here: <https://hmisaz.org/online-training>.

Step 2: Navigate to the UDE Assessment.

Step 3: The COVID-19 Vaccination Questions are below the COVID-19 Sub-Assessment at the bottom of the UDE Assessment

COVID-19 Vaccination	
COVID-19 Vaccination	<input type="text" value="-Select-"/> G
Date 1st Vaccination Was Received	<input type="text"/> / <input type="text"/> / <input type="text"/>    G
Date 2nd Vaccination Was Received	<input type="text"/> / <input type="text"/> / <input type="text"/>    G

Step 4: Update the COVID-19 Vaccination dropdown with the most accurate response

- 1 of 2 Complete; On Schedule for 2nd
- 1 of 2 Complete; Overdue for 2nd
- Fully Vaccinated
- Not Vaccinated

Step 5: Update Date 1st Vaccination was Received – Date cannot be in the future must be the day they actually received the vaccine.

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Update or Exit. For further guidance, please refer to the New User Introductory Training found here: <https://hmisaz.org/online-training>.

Step 2: Navigate to the UDE Assessment.

Step 3: The COVID-19 Vaccination Questions are below the COVID-19 Sub-Assessment at the bottom of the UDE Assessment

COVID-19 Vaccination

COVID-19 Vaccination	-Select-	G
Date 1st Vaccination Was Received	<input type="text"/> / <input type="text"/> / <input type="text"/>	G
Date 2nd Vaccination Was Received	<input type="text"/> / <input type="text"/> / <input type="text"/>	G

Step 4: Update the COVID-19 Vaccination dropdown as Fully Vaccinated

Step 5: Update Date 2nd Vaccination was Received – Date cannot be in the future must be the day they actually received the vaccine.

Step 6: Save and Exit UDE Assessment and Navigate to Client Profile to resolve Incident Alert **IF** there is not active Incident alert do not add one

Incidents							
	Start Date	End Date	Incident	Incident Code	Provider	Ban Site	Staff
	02/02/2021	Indefinite	Public Health		*CRN - Crisis Response Network Servicepoint Operations	Yes	Organization that Administered 1st Vaccination

Add New Incident Showing 1-1 of 1

Step 7: Click Pencil Icon to Edit Previously Created Incident - **IF** there is not active incident alert do not add one

- Add End Date – Date of 2nd Dose
- Remove Ban

Additional Guidance:

- Multiple periods of symptoms:** The COVID-19 sub-assessment can be recorded within the UDE Assessment as many times as the client is displaying symptoms. Simply select the “Add” button to record a new instance of symptoms.

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- **Existing clients with symptoms:** The UDE Assessment is available at entry and at Interim update. If a client that is currently in your program is displaying symptoms, there is not a need to create a new entry. Please select the Interim Update icon, navigate to the UDE Assessment and choose the “Add” button for the COVID-19 sub-assessment.

Additional Emergency Data Guidance:

- Try to record every COVID-19 Case. The status of every client can aid response efforts.
- Due to emergency conditions, shelters should be diligent to complete this sub-assessment each night for returning symptomatic clients.
- Double-check long-term clients, actual physical addresses, and phone numbers if possible.
- Ask permanent housing and scattered-site clients to call and report to case managers if feeling unwell.
- Ask for support. How can we help you with this important health monitoring task?

What if the data is wrong?

The homelessness services sector has been instructed to respond to all symptomatic cases, therefore shelter and housing providers should track “**symptomatic**” cases, and not worry about a formal diagnosis. If we wait for a diagnosis, we will collect very little data. Caution demands we consistently flag and count all “**symptomatic**” clients. Undercounting in this situation could endanger clients.